SIGNATURE/TITLE PAGE

WEXFORD HEALTH SOURCES, INC.,
501 Holiday Drive, Foster Plaza Four, Pittsburgh, PA 15220
Phone: 412-937-8590 ext. 280; Fax: 412-937-8599
info@wexfordhealth.com
Contact Person: Daniel Conn, President & CEO
FEIN #59-2363973

SUBMITS THIS PROPOSAL IN RESPONSE TO
RFP #COR61566
Inmate Comprehensive
Health Care and Mental Health
ISSUED BY
State of West Virginia
Department of Administration
Technical Proposal

Tuesday, August 5, 2014

Proposal is valid for a period of 180 days.

AUTHORIZED REPRESENTATIVE FOR WEXFORD HEALTH SOURCES, INC.
John Froehlich
Vice President & Chief Financial Officer

John M Froehlich

Authorized Signature

August 4, 2014

08/05/14 08:14:11AM
West Virginia Purchasing Division

PROPOSAL FOR:

RFP # COR61566

Inmate Comprehensive Health Care and Mental Health

to

State of West Virginia

Department of Administration

Technical Proposal

ORIGINAL

BID DUE:

Tuesday, August 5, 2014 @ 1:30 p.m. EST

PREPARED FOR:

WV Department of Administration
Purchasing Division
Attention: Tara Lyle/REP COR61566
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

Wexford Health
SOURCES INCORPORATED

Monday, August 4, 2014

Ms. Tara Lyle
Senior Buyer: Division of Administration
2019 Washington Street, East
Charlestown, WV 25305

Subject: Transmittal letter for RFP #COR61566, WVDOC Inmate Comprehensive Health Care and Mental Health

Dear Ms. Lyle:

Wexford Health Sources is excited to have the opportunity to present our response to RFP #COR61566 for comprehensive health care and mental health services for inmates in the custody of the West Virginia Division of Corrections (WVDOC). We look forward to continuing to provide the state's prison health care program with additional cost and operational efficiencies. Our proposal not only complies with all requirements of the RFP, but also demonstrates Wexford Health's unique and thorough knowledge and understanding of the West Virginia correctional health care delivery system.

Having served as the State of West Virginia's inmate health care provider for the past six years, Wexford Health knows the people and the environment of the State, and understands the financial and political issues facing the WVDOC on a daily basis. Our regional and national presence, financial stability, robust infrastructure, and experienced management team enable us to provide the Division with consistent, cost-effective, quality services. In addition, our organizational structure and existing presence in West Virginia provide for immediate, ongoing responsiveness to the Division's needs. Wexford Health's deep commitment is to build upon our successful working relationship and to advance our partnership to the next level.

WVDOC/Wexford Health *joint accomplishments*

As highlighted below, Wexford Health's proven quality management, cost containment, and technology programs—applied in conjunction with our practical, current knowledge of the West Virginia correctional health care system—have formed a state-of-the-art health care delivery system that contains WVDOC inmate health care costs while maintaining quality of care. Throughout our current contractual partnership, we have worked closely with the WVDOC to creatively and cooperatively address concerns; and to implement measures that have enhanced access to and quality of care. We list below highlights of our relationship with the WVDOC.

- Working with multiple state agencies, as well as the State's legislative and executive branches, to successfully design and implement an inmate Medicaid claiming program that will save the State approximately $1.5 million annually
- Opening an infirmary at St. Mary's Correctional Center (SMCC) and playing a key role in the planned sheltered housing unit at that facility
- Taking on responsibility for the provision of medical and mental health services at the Parkersburg and Beckley Camps, at WVDOC request
- Developing, opening, and staffing the Behavioral Health Unit at Lakin Correctional Center (LCC)
- Working with PSIMED to establish a Parolee and Sex Offender Counseling Program
- Expanding access to dental services to the WVDOC RSAT (Residential Substance Abuse Treatment) centers
- Opening and staffing the Salem Correctional Center; including increasing its staffing complement to accommodate an increased inmate population
- Replacing the WVDOC dialysis equipment at no cost to the State
- Performing Audiology Testing, Pulmonary Function Testing, and Sleep Studies onsite at the WVDOC facilities, thereby reducing the Division's offsite transportation costs and eliminating a significant security risk to the community

- Instituting enhanced dental services and ADL (Activities of Daily Living) assistance services at SMCC, Huttonsville Correctional Center, and LCC
- Providing additional staffing at SMCC to address the increased medical needs of the facility's elderly and high acuity patients
- Providing additional medical staff and services at Huttonsville Work Camp
- Maintaining 100% facility accreditation from the American Correctional Association and the National Commission on Correctional Health Care
- Obtaining Health Professional Shortage Area (HPSA) designation for certain rural sites to enhance recruitment
- Partnering with Transitions, Inc. to ensure bridge services during inmate re-entry
- Establishing Doctoral Level internship program and a Forensic Psychiatric Fellowship program with the West Virginia University, not only to provide educational opportunities to State residents but also to function as a recruitment tool
- Partnering with Marshall University to establish a master's degree cohort in counseling, with emphasis in corrections and sex offender management

Additional opportunities for *quality improvement* and *cost savings*

In addition, having gained a strong understanding of the WVDOC through our six-year partnership, Wexford Health is able to *proactively* identify additional opportunities for cost containment, improved quality of care, and increased operational effectiveness. Our past achievements with the WVDOC give us a solid foundation for providing the Division with further innovation, quality, and efficiency. As described in detail throughout our proposal, we wish to work cooperatively with the WVDOC to achieve shared goals and to develop additional outstanding programming.

- Ultrasounds and Mobile Mammography at identified facilities, to reduce transportation and security costs and to further safeguard public welfare
- An Electronic Health Record (EHR) at no additional cost to the State
- Addition of two (2) new telemedicine suites
- A 340B pharmacy discount program that will enable the WVDOC to obtain specialty drugs at significantly discounted prices
- Ongoing enhanced data mining capabilities utilizing SharePoint and the EHR
- Further extensive assistance with Medicaid payment and reimbursement
- Expanded partnerships with the West Virginia University, Marshall University, and other academic institutions on 340B pharmacy programs and telehealth

Changing health care vendors could *negatively impact* the WVDOC program

As the state's incumbent health care vendor, Wexford Health can provide unique resources, experience, and insight into the West Virginia prison environment that other vendors cannot. Changing health care vendors—especially now in these unprecedented, unstable economic times—will create unnecessary disruption and cause tremendous inefficiencies that could cost the State millions of dollars over and above the actual value of the contract. In addition, selecting a different vendor to provide correctional health care services at the WVDOC facilities would result in service disruption and the loss of many Wexford Health-specific tools and resources, as outlined below.

- Interruption in **continuity of offender care**, with the corresponding potential adverse impact on treatment outcomes and exposure to increased litigation that should be expected as a result of a transition; as we have depicted in a "Health Related Lawsuits" graph in the litigation section of our technical proposal, the WVDOC/Wexford Health alliance has resulted in a very dramatic decrease in lawsuits filed during the term of our contracted relationship.

- **Loss of several years of the "learning curve"** required for any new vendor to transition the contract and acquire the in-depth knowledge of the West Virginia prison system that Wexford Health already possesses
- Loss of **qualified, experienced staff** from our corporate office; additionally, bringing in a new vendor can create an anxious environment at the site level which increases staff turnover. Wexford Health currently maintains a 95% fill rate throughout the State of West Virginia, with additional candidates in the pipeline for all position vacancies.
- Loss of our innovative **"Quality Scorecard" program** that audits key performance indicators; reviews and measures our clinical, operational, and administrative efficiency; and provides a valid indicator of how effectively we are providing quality care at each of our contracted facilities
- Loss of our **existing ancillary service agreements** with companies including Boswell Pharmacy Services, Labcorp, Stericyle, InFocus Eyeglasses, Compumed, Hanger/Linkia Orthotics and Prosthetics, and our Multiplan Provider Network; these existing arrangements effectively eliminate delays at contract start-up, as Wexford Health will not have to spend time and resources negotiating new vendor contracts and educating staff in new systems, practices, and protocols.
- Loss of Wexford Health's **West Virginia-specific risk management expertise**, which has saved the State a significant amount of money in liability and legal costs; our inmate litigation rate at the WVDOC facilities is among the lowest in the industry. In addition, our WVDOC inmate suicide rate for the past six years is significantly below the national average established by the Federal Bureau of Prisons.
- Loss of the **user-friendly, industry-leading technology we currently provide at no extra cost to the State** including our state-of-the-art *TIM: Talent Information Management* system (our customized Kronos® human resources information management system); our WexCare integrated utilization management and claims processing software; and our web-based *CORR-Educator* program that provides staff with 24/7 access to a multitude of trainings

Inevitably, any transition to a different health care provider includes a measurable degree of slippage in the overall quality in the health care delivery system. Wexford Health firmly believes the State's best choice to ensure uninterrupted and sustained quality of inmate health care is to continue the current WVDOC/Wexford Health Sources partnership. This will enable both the Division and Wexford Health to focus efforts on expanding and enhancing an already strong program partnership.

Wexford Health: ***A true partner***

Wexford Health functions as a true partner to the WVDOC. While many correctional health care companies make this claim in their marketing literature, Wexford Health has backed it up with actions, demonstrating our responsiveness to Division requests and our willingness to "go the extra mile" time and time again.

Throughout our relationship, Wexford Health has done all we can to make the WVDOC's job easier. Our willingness to take on responsibilities that fall beyond the strict letter of our contract has extended WVDOC resources, saving the State time and money by freeing up Division staff that would otherwise have to deal with issues such as creating a methodology and taking responsibility for re-pricing claims at Medicaid rates; managing care for state inmates housed in county facilities; and participating in developing processes that will enable the Division to maximize potential Medicaid reimbursement.

Wexford Health has *proven our value* to West Virginia.

Wexford Health's core purpose is to revolutionize health services, exceeding the ever changing expectations of our clients. This fits perfectly with the WVDOC Vision statement "to be recognized as an innovative leader in providing quality correctional services." Over the past six years, we have demonstrated on a daily basis our willingness to work with the WVDOC to achieve this shared vision by exhibiting the following characteristics.

- **Responsiveness:** "Always available. Ready to respond."
- **Accessibility:** "No layers. No administrative hurdles. A business model routed in a one-on-one relationship."
- **Flexibility:** "A customized approach that provides the very best solutions."
- **Strength and stability:** Wexford health has the strongest financial position in the industry based upon tangible net worth. "We are financially positioned to remain serving as your partner."

The selection of a vendor for this contract will set the tone for inmate health care in West Virginia for the next several years. Our proposal speaks for itself. Our value-added programs; the additional scope we are providing at little or no cost to the State; and the fact we are willing to absorb previous inflationary cost increases associated with the contract; all demonstrate Wexford Health's willingness and ability to establish the WVDOC as one of the premier inmate health care systems in the country.

The State of West Virginia has two options: Take a chance with a health care contractor that is unknown and unproven in West Virginia. Or continue with Wexford Health, who has proven to be a true partner to the WVDOC and the best vendor to provide the state's inmate health care program.

Wexford Health looks forward to continuing to collaborate with the State to maintain quality and increase efficiencies in the delivery of health care services to WVDOC inmate patients.

Sincerely,

Daniel L. Conn
President & Chief Executive Officer

REQUEST FOR PROPOSAL

COR61566 – Inmate Comprehensive Health Care and Mental Health

By signing below, I certify that I have reviewed this Request for Proposal in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that, to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.

Wexford Health Sources, Inc.
(Company)

Daniel Conn, President & CEO
(Representative Name, Title)

P: 412-937-8590 ext. 280/ F: 412-937-8599
(Contact Phone/Fax Number)

August 4, 2014
(Date)

State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

Solicitation

NUMBER	PAGE
COR61566	1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
TARA LYLE
304-558-2544

VENDOR
RFQ COPY
TYPE NAME/ADDRESS HERE
Wexford Health Sources, Inc.
501 Holiday Drive
Foster Plaza Four
Pittsburgh, PA 15220

SHIP TO
DIVISION OF CORRECTIONS
1409 GREENBRIER ST
CHARLESTON, WV
25311 304-558-8045

DATE PRINTED
12/19/2013

BID OPENING DATE: 01/22/2014 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT

****
PLEASE NOTE: A MANDATORY PRE-BID MEETING IS SCHEDULED FOR 01/08/2014 AT 10:00 AM AT THE WV DIVISION OF CORRECTIONS HEADQUARTERS LOCATED AT 1409 GREENBRIER STREET CHARLESTON, WV 25311.
****

0001 LS 948-74
1
PROFESSIONAL MEDICAL SERVICES

REQUEST FOR PROPOSAL

THE WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY, WV DIVISION OF CORRECTIONS, IS SOLICITING PROPOSALS TO PROVIDE INMATE HEALTH CARE SERVICES TO ALL WEST VIRGINIA DIVISION OF CORRECTIONS FACILITIES THROUGHOUT THE STATE, PER THE ATTACHED SPECIFICATIONS.

SIGNATURE	TELEPHONE	DATE
[signature]	412-937-8590	August 4, 2014

TITLE	FEIN	
VP of Finance & CFO	#59-2363973	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

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304-558-2544

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501 Holiday Drive
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SHIP TO
DIVISION OF CORRECTIONS
1409 GREENBRIER ST
CHARLESTON, WV
25311 304-558-8045

DATE PRINTED
01/15/2014

BID OPENING DATE: 02/11/2014 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 1		
				SEE ATTACHED PAGES.		
				END OF ADDENDUM NO. 1		
1	1	LS		948-74		
				PROFESSIONAL MEDICAL SERVICES		
				****** THIS IS THE END OF RFQ COR61566 ****** TOTAL:		

SIGNATURE [signature] TELEPHONE 412-937-8590 DATE August 4, 2014

TITLE VP of Finance & CFO FEIN #59-2363973 ADDRESS CHANGES TO BE NOTED ABOVE

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State of West Virginia
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TARA LYLE
304-558-2544

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VENDOR
Wexford Health Sources, Inc.
501 Holiday Drive
Foster Plaza Four
Pittsburgh, PA 15220

SHIP TO
DIVISION OF CORRECTIONS
1409 GREENBRIER ST
CHARLESTON, WV
25311 304-558-8045

DATE PRINTED
02/06/2014

BID OPENING DATE: 02/27/2014 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 2		
				SEE ATTACHED PAGES.		
				END OF ADDENDUM NO. 2		
0001	1	LS		948-74		
				PROFESSIONAL MEDICAL SERVICES		
				****** THIS IS THE END OF RFQ COR61566 ****** TOTAL:		

SIGNATURE John Frohlich
TELEPHONE 412-937-8590
DATE August 4, 2014
TITLE VP of Finance & CFO
FEIN #59-2363973
ADDRESS CHANGES TO BE NOTED ABOVE

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25311 304-558-8045

DATE PRINTED
02/21/2014

BID OPENING DATE: 03/20/2014 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 3		
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				END OF ADDENDUM NO. 3		
1	1	LS		948-74		
	PROFESSIONAL MEDICAL SERVICES					
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DATE PRINTED
03/17/2014

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LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 4		
				SEE ATTACHED PAGES.		
				END OF ADDENDUM NO. 4		
1	1	LS		948-74 PROFESSIONAL MEDICAL SERVICES		
				****** THIS IS THE END OF RFQ COR61566 ****** TOTAL:		

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DATE PRINTED
03/31/2014

BID OPENING DATE: 04/17/2014 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 5		
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0001	1	LS		948-74		
				PROFESSIONAL MEDICAL SERVICES		
				****** THIS IS THE END OF RFQ COR61566 ****** TOTAL:		

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DATE PRINTED
04/15/2014

BID OPENING DATE: 04/30/2014 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 6		
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-	1	LS		948-74		
				PROFESSIONAL MEDICAL SERVICES		
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DATE PRINTED
04/29/2014

BID OPENING DATE: 05/21/2014 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 7		
				SEE ATTACHED PAGES.		
				END OF ADDENDUM NO. 7		
1	1	LS		948-74		
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DATE PRINTED
05/02/2014

BID OPENING DATE: 06/03/2014 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
		ADDENDUM NO. 8				
	SEE ATTACHED PAGES.					
		END OF ADDENDUM NO. 8				
1	1	LS		948-74		
	PROFESSIONAL MEDICAL SERVICES					
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DATE PRINTED
05/30/2014

BID OPENING DATE: 06/10/2014 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 9		
				SEE ATTACHED PAGES.		
				END OF ADDENDUM NO. 9		
1	1	LS		948-74		
				PROFESSIONAL MEDICAL SERVICES		
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25311 304-558-8045

DATE PRINTED
06/09/2014

BID OPENING DATE: 06/24/2014 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 10		
				SEE ATTACHED PAGES.		
				END OF ADDENDUM NO. 10		
0001	1	LS		948-74		
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25311 304-558-8045

DATE PRINTED
06/24/2014

BID OPENING DATE: 07/10/2014 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 11		
				SEE ATTACHED PAGES.		
				END OF ADDENDUM NO. 11		
0	1	LS		948-74		
				PROFESSIONAL MEDICAL SERVICES		
				****** THIS IS THE END OF RFQ COR61566 ****** TOTAL:		

SIGNATURE [signature] TELEPHONE 412-937-8590 DATE August 4, 2014

TITLE VP of Finance & CFO FEIN #59-2363973 ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

Solicitation

NUMBER	PAGE
COR61566	1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
TARA LYLE
304-558-2544

VENDOR
RFQ COPY
TYPE NAME/ADDRESS HERE
Wexford Health Sources, Inc.
501 Holiday Drive
Foster Plaza Four
Pittsburgh, PA 15220

SHIP TO
DIVISION OF CORRECTIONS
1409 GREENBRIER ST
CHARLESTON, WV
25311 304-558-8045

DATE PRINTED
07/02/2014

BID OPENING DATE: 07/21/2014 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 12		
				SEE ATTACHED PAGES.		
				END OF ADDENDUM NO. 12		
0001	1	LS		948-74 PROFESSIONAL MEDICAL SERVICES		
				****** THIS IS THE END OF RFQ COR61566 ****** TOTAL:		

SIGNATURE [signature] TELEPHONE 412-937-8590 DATE August 4, 2014

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DATE PRINTED
07/15/2014

BID OPENING DATE: 07/30/2014 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 13		
				SEE ATTACHED PAGES.		
				END OF ADDENDUM NO. 13		
1	1	LS		948-74		
				PROFESSIONAL MEDICAL SERVICES		
				****** THIS IS THE END OF RFQ COR61566 ****** TOTAL:		

SIGNATURE [signature] TELEPHONE 412-937-8590 DATE August 4, 2014

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25311 304-558-8045

DATE PRINTED
07/21/2014

BID OPENING DATE: 07/30/2014 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 14		
				SEE ATTACHED PAGES.		
				END OF ADDENDUM NO. 14		
1	1	LS		948-74		
				PROFESSIONAL MEDICAL SERVICES		
				****** THIS IS THE END OF RFQ COR61566 ****** TOTAL:		

SIGNATURE
TELEPHONE 412-937-8590
DATE August 4, 2014
TITLE VP of Finance & CFO
FEIN #59-2363973
ADDRESS CHANGES TO BE NOTED ABOVE

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DIVISION OF CORRECTIONS
1409 GREENBRIER ST
CHARLESTON, WV
25311 304-558-8045

DATE PRINTED
07/24/2014

BID OPENING DATE: 08/05/2014 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 15		
				SEE ATTACHED PAGES.		
				END OF ADDENDUM NO. 15		
1	1	LS		948-74		
				PROFESSIONAL MEDICAL SERVICES		
				****** THIS IS THE END OF RFQ COR61566 ****** TOTAL:		

SIGNATURE [signature] TELEPHONE 412-937-8590 DATE August 4, 2014

TITLE VP of Finance & CFO FEIN #59-2363973 ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: COR61566

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:
(Check the box next to each addendum received)

[X]	Addendum No. 1	[X]	Addendum No. 6	[X]	Addendum No. 11	[ ]	Addendum No. 16
[X]	Addendum No. 2	[X]	Addendum No. 7	[X]	Addendum No. 12	[ ]	Addendum No.17
[X]	Addendum No. 3	[X]	Addendum No. 8	[X]	Addendum No. 13	[ ]	Addendum No.18
[X]	Addendum No. 4	[X]	Addendum No. 9	[X]	Addendum No. 14	[ ]	Addendum No.19
[X]	Addendum No. 5	[X]	Addendum No. 10	[X]	Addendum No. 15	[ ]	Addendum No.20

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Wexford Health Sources, Inc.
Company

Authorized Signature

August 4, 2014
Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.

Rev. 07/12

State of West Virginia

VENDOR PREFERENCE CERTIFICATE

Certification and application* is hereby made for Preference in accordance with ***West Virginia Code***, §5A-3-37. (Does not apply to construction contracts). ***West Virginia Code***, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the ***West Virginia Code***. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Resident Vendor Preference, if applicable.

1. **Application is made for 2.5% resident vendor preference for the reason checked:**
___ Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or,**
___ Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or,**
___ Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; **or,**

2. **Application is made for 2.5% resident vendor preference for the reason checked:**
___ Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or,**

3. **Application is made for 2.5% resident vendor preference for the reason checked:**
X Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or,**

4. **Application is made for 5% resident vendor preference for the reason checked:**
___ Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; **or,**

5. **Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**
___ Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; **or,**

6. **Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**
___ Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.

7. **Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with *West Virginia Code* §5A-3-59 and *West Virginia Code of State Rules*.**
___ Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Under penalty of law for false swearing (West Virginia Code, §61-5-3), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: Wexford Health Sources, Inc. **Signed:** _____

Date: August 4, 2014 **Title:** VP of Finance & CFO

RFQ No. COR61566

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

MANDATE: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (*W. Va. Code* §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: Wexford Health Sources, Inc.

Authorized Signature: _____ Date: August 4, 2014

State of Pennsylvania

County of Allegheny, to-wit:

Taken, subscribed, and sworn to before me this 4th day of August, 2014

My Commission expires June 17, 2018

AFFIX SEAL HERE

NOTARY PUBLIC Theodora M. Smith

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Theodora M. Smith, Notary Public
Green Tree Boro, Allegheny County
My Commission Expires June 17, 2018
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

State of West Virginia
Department of Administration
Purchasing Division

EMPLOYMENT HISTORY DISCLOSURE STATEMENT

Vendor shall identify any other work, similar or otherwise currently being performed for any agency, institution, educational facility, city, county, municipality or political subdivision of the State of West Virginia. The State of West Virginia is concerned that current work could logically prevent the vendor from responsibly completing the referenced contract.

The state of West Virginia reserves the sole and exclusive right to reject the bid of any vendor when the state believes any current work could logically prevent the vendor from successfully completing the bid/contract in question. Failure to provide or disclose the required information listed shall be grounds for immediate disqualification/cancellation of the contract.

Below, the vendor shall provide the agency name, effective dates, value, general description and time required to fulfill the duties of each contract.

Agency Name	Effective Dates	Value	General Description	Time Required Per Week
*Division of Corrections	5/2008 thru 10/2014	$23,055,489	Inmate health care services	173.30 FTEs
McDowell County	7/2014 thru 6/2015	Pass-through cost model	Inmate health care services	12.6 FTEs

☐ Check here if additional sheets are attached

* PLEASE NOTE: This contract will be replaced by the contract resulting from RFP COR61566.

I certify that the statements made above are true and accurate.

John Froehlich
Printed Name

August 4, 2014
Date


*Signature **

WV-73
Rev. 08/2013

State of West Virginia
DRUG FREE WORKPLACE CONFORMANCE AFFIDAVIT
West Virginia Code §21-1D-5

STATE OF ~~WEST VIRGINIA,~~ Pennsylvania

COUNTY OF Allegheny **, TO-WIT:**

I, Elaine J. Gedman, after being first duly sworn, depose and state as follows:

1. I am an employee of Wexford Health Sources, Inc. (Company Name); and,

2. I do hereby attest that Wexford Health Sources, Inc. (Company Name)

   maintains a valid written drug free workplace policy and that such policy is in compliance with ***West Virginia Code*** §21-1D.

The above statements are sworn to under the penalty of perjury.

By: _____

Title: SVP of Human Resources & Risk Management

Company Name: Wexford Health Sources, Inc.

Date: August 4, 2014

Taken, subscribed and sworn to before me this 4th day of August, 2014.

By Commission expires June 17, 2018

(Seal)

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Theodora M. Smith, Notary Public
Green Tree Boro, Allegheny County
My Commission Expires June 17, 2018
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Theodora M. Smith
(Notary Public)

THIS AFFIDAVIT MUST BE SUBMITTED WITH THE BID IN ORDER TO COMPLY WITH WV CODE PROVISIONS. FAILURE TO INCLUDE THE AFFIDAVIT WITH THE BID SHALL RESULT IN DISQUALIFICATION OF THE BID.

WV-96
Rev. 9/11

AGREEMENT ADDENDUM

In the event of conflict between this addendum and the agreement, this addendum shall control:

1. **DISPUTES** - Any references in the agreement to arbitration or to the jurisdiction of any court are hereby deleted. Disputes arising out of the agreement shall be presented to the West Virginia Court of Claims.

2. **HOLD HARMLESS** - Any provision requiring the Agency to indemnify or hold harmless any party is hereby deleted in its entirety.

3. **GOVERNING LAW** - The agreement shall be governed by the laws of the State of West Virginia. This provision replaces any references to any other State's governing law.

4. **TAXES** - Provisions in the agreement requiring the Agency to pay taxes are deleted. As a State entity, the Agency is exempt from Federal, State, and local taxes and will not pay taxes for any Vendor including individuals, nor will the Agency file any tax returns or reports on behalf of Vendor or any other party.

5. **PAYMENT** - Any references to prepayment are deleted. Payment will be in arrears.

6. **INTEREST** - Any provision for interest or charges on late payments is deleted. The Agency has no statutory authority to pay interest or late fees.

7. **NO WAIVER** - Any language in the agreement requiring the Agency to waive any rights, claims or defenses is hereby deleted.

8. **FISCAL YEAR FUNDING** - Service performed under the agreement may be continued in succeeding fiscal years for the term of the agreement, contingent upon funds being appropriated by the Legislature or otherwise being available for this service. In the event funds are not appropriated or otherwise available for this service, the agreement shall terminate without penalty on June 30. After that date, the agreement becomes of no effect and is null and void. However, the Agency agrees to use its best efforts to have the amounts contemplated under the agreement included in its budget. Non-appropriation or non-funding shall not be considered an event of default.

9. **STATUTE OF LIMITATION** - Any clauses limiting the time in which the Agency may bring suit against the Vendor, lessor, individual, or any other party are deleted.

10. **SIMILAR SERVICES** - Any provisions limiting the Agency's right to obtain similar services or equipment in the event of default or non-funding during the term of the agreement are hereby deleted.

11. **FEES OR COSTS** - The Agency recognizes an obligation to pay attorney's fees or costs only when assessed by a court of competent jurisdiction. Any other provision is invalid and considered null and void.

12. **ASSIGNMENT** - Notwithstanding any clause to the contrary, the Agency reserves the right to assign the agreement to another State of West Virginia agency, board or commission upon thirty (30) days written notice to the Vendor and Vendor shall obtain the written consent of Agency prior to assigning the agreement.

13. **LIMITATION OF LIABILITY** - The Agency, as a State entity, cannot agree to assume the potential liability of a Vendor. Accordingly, any provision limiting the Vendor's liability for direct damages to a certain dollar amount or to the amount of the agreement is hereby deleted. Limitations on special, incidental or consequential damages are acceptable. In addition, any limitation is null and void to the extent that it precludes any action for injury to persons or for damages to personal property.

14. **RIGHT TO TERMINATE** - Agency shall have the right to terminate the agreement upon thirty (30) days written notice to Vendor. Agency agrees to pay Vendor for services rendered or goods received prior to the effective date of termination.

15. **TERMINATION CHARGES** - Any provision requiring the Agency to pay a fixed amount or liquidated damages upon termination of the agreement is hereby deleted. The Agency may only agree to reimburse a Vendor for actual costs incurred or losses sustained during the current fiscal year due to wrongful termination by the Agency prior to the end of any current agreement term.

16. **RENEWAL** - Any reference to automatic renewal is deleted. The agreement may be renewed only upon mutual written agreement of the parties.

17. **INSURANCE** - Any provision requiring the Agency to purchase insurance for Vendor's property is deleted. The State of West Virginia is insured through the Board of Risk and Insurance Management, and will provide a certificate of property insurance upon request.

18. **RIGHT TO NOTICE** - Any provision for repossession of equipment without notice is hereby deleted. However, the Agency does recognize a right of repossession with notice.

19. **ACCELERATION** - Any reference to acceleration of payments in the event of default or non-funding is hereby deleted.

20. **CONFIDENTIALITY** -Any provision regarding confidentiality of the terms and conditions of the agreement is hereby deleted. State contracts are public records under the West Virginia Freedom of Information Act.

21. **AMENDMENTS** - All amendments, modifications, alterations or changes to the agreement shall be in writing and signed by both parties. No amendment, modification, alteration or change may be made to this addendum without the express written approval of the Purchasing Division and the Attorney General.

ACCEPTED BY:

STATE OF WEST VIRGINIA

Spending Unit: _____

Signed: _____

Title: _____

Date: _____

VENDOR

Company Name: Wexford Health Sources, Inc.

Signed: John Furbee

Title: VP of Finance & Chief Financial Officer

Date: August 4, 2014

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Wexford Health's Technical Proposal Structure

To better assist the Agency in reviewing our submission, we have structured our proposal as follows.

- We have followed the formatting requirements in *RFP Section Five: Vendor Proposal* as detailed on *pages 51 and 52*. Wexford Health has read, acknowledges, and agrees to all of the components of each of the following RFP sections.
  - *Section 1: General Information and Instructions*
  - *Section 2: Instructions to Vendors Submitting Bids*
  - *Section 3: General Terms and Conditions*
  - *Section 4: Project Specifications*
  - *Section 5: Vendor Proposal*
  - *Section 6: Evaluation and Award*
- All required forms and signatures that do not deal with cost or pricing have been placed in the very beginning of the proposal (before the table of contents).
- All technical proposal exhibits are at the end of this binder.
- Our cost proposal is sealed separately.

A. Attachment A: Vendor Response Sheet

Provide a response regarding the following: firm and staff qualifications and experience in completing similar projects; references; copies of any staff certifications or degrees applicable to this project; proposed staffing plan; descriptions of past projects completed entailing the location of the project, project manager name and contact information, type of project, and what the project goals and objectives where and how they were met.

List project goals and objectives contained in Section 4, Subsection 4:

A.A. Project and Goals

4. Project and Goals: The project goals and objectives are:

4.1. To provide an ACA and NCCHC delivery of cost efficient comprehensive health care and mental health services to the WV Division of Corrections inmate population as outlined in this RFP.

Vendor Response:

Wexford Health's main goal is to continue to provide an efficient and cost-effective comprehensive health care and mental health care program to the WV DOC inmate population that is in compliance with all ACA and NCCHC standards.

A.B. Qualifications and Experience in Completing Similar Projects

Wexford Health was originally incorporated in 1983 as Marc Management Services. The company re-organized in 1992 as Wexford Health Sources, whose sole purpose was (and is) providing health care services to correctional institutions. Our 22-year correctional health portfolio contains statewide or major regional programs for the corrections departments and/or human services agencies in 13 states, as well as programs for dozens of jail clients across the country. We are currently the proud provider of comprehensive inmate health care for the West Virginia Division of Corrections (WV DOC), and have been in this role since 2008.

Much like our current contract with the WV DOC, most of our contracts involve the provision of inmate medical care, mental health care, dental care, and pharmaceutical services, as well as health-related products and services including vision care, chemical dependency treatment, telehealth, electronic health records, utilization management, provider network development, and claims processing.

A.B.1. Correctional Health Care Experience

Wexford Health's current agreement with the State of Illinois represents the largest private comprehensive offender health care contract in the US.

As stated above, Wexford Health's sole purpose is providing health care services to correctional institutions. Our 22-year correctional health portfolio contains statewide or major regional programs for the corrections departments and/or human services agencies in 13 states, as well as programs for dozens of jail clients across the country. Most of our contracts involve the provision of inmate medical care, mental health care, dental care, and pharmaceutical services, as well as health-related products and services including vision care, chemical dependency treatment, telehealth, electronic health records, utilization management, provider network development, and claims processing.

We currently provide comprehensive health care services to close to 165,000 inmates and other residents at more than 175 institutions across the country. This makes us large enough to efficiently deliver the services required by the DOC, yet not so large that we cannot respond quickly to the Division and/or institution needs and concerns. As illustrated throughout our proposal, Wexford Health is ready and willing to continue our role as the primary provider of comprehensive services to the State of West Virginia.

Tailored to the specific needs and requirements of our clients and our clients' populations, Wexford Health's programs satisfy a broad range of correctional health care needs, even in the most demanding systems. Our programs combine industry expertise with innovative new concepts to produce responsive, quality service as well as cost saving opportunities. Wexford Health operates all programs in compliance with state regulations and industry standards.

A.B.1.a. Illinois Department of Corrections

Wexford Health's history of long-term partnership with the State of Illinois is unparalleled, beginning in 1992 — the year Wexford Health was founded — with the award of our first contract for six Illinois Department of Corrections (IDOC) correctional centers. Except for one brief five-month hiatus in 2005, we have without interruption provided comprehensive health care services to IDOC offenders for the past two decades. Most recently, Illinois re-awarded us a 10-year statewide contract for comprehensive offender health care, including four additional facilities that were previously managed by one of our competitors.

Our current agreement with the State of Illinois represents the largest private comprehensive offender health care contract currently in place in the United States. We provide a full range of medical, dental, mental health, and pharmacy services to just under 48,000 adult offenders in all 35 correctional centers and satellite facilities across the state.

Wexford Health was able to save the State of Illinois tens of millions of dollars over the course of our December 2005-2010 contract. Not only did we provide the IDOC with the lowest possible cost for offender health care — providing the same services for an annual price more than $17 million lower than their existing temporary contract — but we have continued to provide significant savings to the Department (as evidenced by our 2010 contract re-award).

This chart compares offsite care (per 1,000 offenders) for inpatient days, outpatient surgery, outpatient specialty services, offender admissions, and emergency room admission. Across the board, Illinois has one of the most efficiently managed offsite care programs. Wexford Health's ability to effectively manage offsite care has saved the IDOC hundreds of thousands of dollars annually, compared to other state costs.

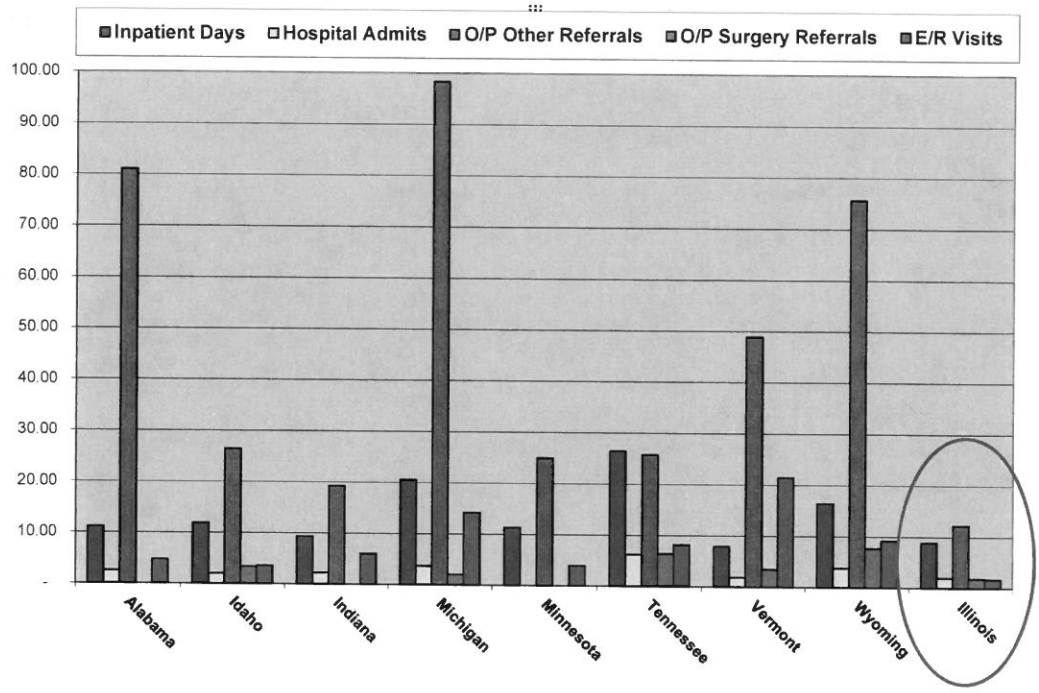


Figure 1: Offsite care (per 1,000 offenders) in various statewide prison contracts

Due to our consistent ability to maintain effective offender medical care, the State of Illinois has been pleased enough with Wexford Health's services to increase our number of contracted correctional facilities from 3 to the current 37 over the course of our partnership. Through a combination of strategic network alliances, aggressive utilization management, and claims adjudication/payment on a par with that found in free-world managed care systems, Wexford Health has been able to save the State literally tens of millions of dollars through our offender health care contracts.

A.B.1.b. Mississippi Department of Corrections

In April 2006, the Mississippi Department of Corrections (MDOC) awarded Wexford Health a three-year contract to provide comprehensive health care services to more than 14,000 offenders in 3 main correctional facilities, 11 county-regional facilities, and 17 work centers. We support the MDOC strategically and operationally on many program elements, and over the course of the contract, have been asked by the MDOC to expand our services to include an Electronic Health Record and a turnkey utilization management program for the Department's offsite care needs. Based on the service and value we provide to the State of Mississippi, the MDOC re-awarded us in 2011 a 5-year statewide contract for comprehensive onsite offender health care, expanding our program to include 35 facilities and more than 15,000 offenders.

Wexford Health has been able to generate savings for the MDOC since the beginning of our contract in June 2006. Not only did we provide the MDOC with a low cost, but as shown below, we have continued to provide savings to the Department.

- We successfully implemented a more-efficient staffing plan and pharmacy system, saving the MDOC millions of dollars over the five-year term of our initial contract.

- At no additional cost to the MDOC, Wexford Health purchased and installed additional video conferencing and telemedicine equipment so that we could expand telepsychiatry and telemedicine across the State.
- We worked with the MDOC to establish a Hospice and Palliative Care program for terminally ill offenders. This has increased access to compassionate care and minimized end-of-life costs associated with terminally ill patients.
- We successfully implemented a comprehensive Electronic Health Record (EHR) for the MDOC, not only at all state-operated prisons and county-regional facilities but also at all 5 of the state's privately managed institutions. This system will have a long-term impact on overall medical service delivery, generating efficiencies and improving quality for years to come.
- We collaborated with the University of Mississippi Medical Center (UMMC) to implement a 340B pharmacy discount program through which we coordinate care for HIV offender patients. UMMC physicians treat the patients and order the 340B drugs. UMMC bills Wexford Health for the drugs at 340B prices, and we pass this discounted pricing through to the Mississippi DOC.

A.B.1.c. Maryland Department of Public Safety & Correctional Services

Between 2005 and June 2012, Wexford Health partnered with the Maryland Department of Public Safety & Correctional Services (DPSCS) to provide comprehensive statewide utilization management (UM), claims processing, and provider network development and management services for approximately 26,000 offenders in the custody of that Department. Through cooperative interaction with the State's other vendors — including the medical, mental health, dental, pharmacy, and EHR contractors — we worked to reduce the State's offender health care costs while ensuring the quality of medical care.

For each of those contract years, Wexford Health earned incentive payments from the DPSCS for achieving the mutually agreed upon goal of reducing utilization while maintaining quality of care. In the eighteen months between the start of our relationship with the MDPSCS and January 2007, Wexford Health generated a cost savings for the Department of just under $9 million through our utilization management, network contracting, and claims processing services, including more than $6.7 million through more efficient and accurate claims processing and payments; more than $1 million by processing weekend discharges; and more than $900,000 in inpatient days. These cost savings do not include Wexford Health's positive impact on MDPSCS transportation and security costs, generated from the security officers who would otherwise have accompanied offenders on their consult or Emergency Room trips. The contract was a successful seven-year partnership for offender patients, the DPSCS, Maryland taxpayers, and Wexford Health.

In 2010, the State of Maryland decided to combine its offender medical and UM contracts. At the end of 2011, after a long and competitive solicitation process, the DPSCS recognized Wexford Health's consistently superior performance, collaborative efforts, and responsiveness by awarding us a three-year expanded contract for comprehensive on- and offsite offender medical and UM services. As of July 1, 2012, we began providing these services throughout the State's 27 correctional facilities. Among the reasons cited by the State for awarding the contract to Wexford Health were our cost-effectiveness, our cutting-edge re-entry programming, our EHR experience, and our violence reduction programs.

Our productive partnership with the State of Maryland was publicly affirmed at the recent American Correctional Association Congress of Correction held in Washington DC in August. DPSCS leadership and Wexford Health jointly delivered a presentation on Prison Health Care Quality Improvement, followed by a live demonstration of our recently

implemented enhanced telehealth system. For more information on this exciting program, please refer to *Proposal Exhibit 1: Maryland Telehealth Article.*

A.B.1.d. Florida Department of Corrections

In 2001, only a very few Florida correctional facilities were privatized. In the state's very first region-wide privatization of health care services, the Florida Department of Corrections awarded Wexford Health the contract for all of the Region IV (south Florida) sites. In an incremental start-up over a period of 90 days, we successfully transitioned four privatized and eight non-privatized sites so that all 12 facilities' medical services were under Wexford Health's management. With a thirteenth facility added to the contract in 2003, Wexford Health provided health services to more than 17,000 male, female, and "youthful offender" inmates across Region IV until our contract ended in December 2005.

After a lengthy and comprehensive bid process, we were re-awarded this contract in 2012 and began providing services (again) in March 2013. Under the contract, Wexford Health provides comprehensive on- and offsite medical, mental health, and dental services for approximately 15,000 offenders at 9 state correctional institutions throughout south Florida.

A.B.2. *Experience with Diverse Populations*

As outlined below, Wexford Health has delivered health care to inmate populations across a wide spectrum of demographic characteristics and security classifications.

- **Female offender programs:** Wexford Health currently provides and/or manages health care to patients at ten all-female units/facilities for a total population of more than 8,500 women at all levels of security. We are familiar with providing the care necessary for special needs female patients, including outpatient, residential, and crisis mental health care and housing, complete with specialized reception processes and all necessary ob-gyn services.
- **Special needs populations:** We have multiple client facilities where we successfully support special needs populations.
  - At the Mississippi State Penitentiary, we operate Unit 31, a Special Needs Unit for physically disabled, convalescent, or other health-challenged offenders; a 54-bed hospital (Unit 42); and the Christopher B. Epps' Compassionate and Palliative Care Ward that focuses on managing pain and affording the patient dignity, providing the best possible quality of life for terminally ill offenders.
  - At the Dixon Correctional Center (Dixon, IL), we provide health care and therapeutic services for not only the 520-bed Special Treatment Center, a medium-security unit housing physically disabled, convalescent, and developmentally disabled offenders; but also for the residents of Dixon's 85-bed geriatric Healthcare Unit (housing older offenders with special needs).

In addition to these entire sub-populations with special mental and/or physical needs, Wexford Health also has significant experience providing services to individual inmates with more unique needs. These patients include blind, hearing- and/or speech-impaired inmates, amputees, paraplegics, quadriplegics, stroke survivors, and offenders diagnosed with cancer.

- **Elderly offenders:** At the Florida DOC's South Florida Reception Center, Wexford Health assisted the client in the re-opening of that facility's South Unit, designated for use in housing offenders over the age of 59 years. We provided resources uniquely suited for the needs of an elderly population, including equipment, services, and staffing for the Unit. The facility houses more than 500 offenders, of which the majority are 59 years of age or older.

- **Non-English speaking offenders:** According to the last United States census, 18% of Americans do not speak English in their own homes. By their own acknowledgement, over 17 million of these Americans do not speak English very well, and nearly 7 million speak little or no English. These ratios are amplified in the correctional environment, where many offenders have limited education, cannot read above a certain grade level (if at all), and/or speak little English. Based on our many years of corrections experience in US border states, Wexford Health has developed programming to address the communications needs of criminal aliens and other non-English speaking offenders. These programs include focused recruitment efforts to identify, hire, and retain bilingual personnel; and on-demand translation services.

- **Prison Gangs/Security Threat Groups:** Wexford Health has two decades of experience managing and/or staffing medical programs in some of the toughest, most violent prison systems in the country. Much of this violence can be attributed to prison gangs or Security Threat Groups. We will collaborate with the DOC in any way possible to help ensure safe, secure, and orderly operations for staff, visitors, and offenders at the Division's institutions, including ensuring that our staff members adhere to all security regulations pertaining to the identification and management of gang members, and (as we did for another statewide correctional client) providing reports that present accurate, timely analyses of the health care costs attributable to violence in the prison system.

- **Mentally ill offenders:** Throughout our more than two decades of supplying correctional mental health services, Wexford Health has been involved with the management and provision of mental health care for a variety of program types and acuity levels, including outpatient services, crisis stabilization, transitional care, and acute psychiatric inpatient care. Our proven successes include the implementation of cost-saving telepsychiatry and our award-winning restoration to competency (RTC) programs for clients, as well as the development of statewide specialty programs, such as our Step-Down Unit for mentally ill offenders housed in administrative segregation.

  We maintain a variety of mental health resources, including dedicated internal personnel with years of experience in correctional, managed care, and other institutional behavioral health programs; and several external consultants widely recognized as leading experts in the fields of correctional mental health training and program development.

- **Juvenile and youthful offender programs:** Over the course of our history, Wexford Health has delivered health care to multiple facilities that house juveniles, adolescents, and youths adjudicated as adults. We understand the unique needs of the juvenile population, providing them with appropriate attention and treatment. Our clinicians recognize that when emotional and mental disorders are caught during youth, an adolescent has a much greater chance of overcoming these developmental hurdles. Therefore, our medical and mental health staff take special care in developing individualized treatment plans for each child or adolescent.

  We currently serve youthful offenders (adjudicated as adults) in West Virginia and also for our other state clients including Maryland, Mississippi, and Pennsylvania. In addition, we manage care for juvenile offenders in Yavapai County, Arizona; and provided services for the State of Illinois Department of Juvenile Justice youths until the State decided to separate youth and adult services in 2010.

A.B.3. Evidence of Successful Contract Operation & Cost Management

The following narratives provide evidence of Wexford Health's successful performance in other state correctional health care systems. It is not always easy to attribute our success to a single program, i.e., clinical protocols, utilization management, or TPA services. Our top quality performance can be attributed not to any one of these separate silos, but to our strategic integration of these areas to produce cost savings and operational efficiencies for our clients.

For example, the State of Illinois has been pleased enough with Wexford Health's services to increase our number of contracted facilities to the current 37 correctional centers and satellite facilities over the course of our partnership. This is due to the fact that through a combination of strategic network alliances, aggressive utilization management, and claims adjudication/payment on a par with that found in free-world managed care systems, Wexford Health has been able to save the State literally tens of millions of dollars through our medical management contracts.

In the paragraphs below, we give a variety of examples that validate not only Wexford Health's willingness to go the extra mile for our clients, but also our ability to smoothly and effectively manage the DOC contract.

A.B.3.a. Examples of Successful Contract Initiatives for Our Clients

With the exception of a short period from July to December 2005 when the Illinois Department of Corrections utilized an emergency vendor until labor negotiations were finalized and we were awarded a new contract through competitive bidding, Wexford Health's performance in our state contracts has been of a quality to maintain each client's business until such time as we chose to leave the contract; or lost the contract through a normal competitive solicitation process. We describe below some of the positive results that Wexford Health has achieved for several of our longer-term state prison clients.

A.B.3.a.i. Illinois Department of Corrections (IDOC)

- The IDOC obtained ACA health care accreditation for one of the State's most complex, difficult to manage facilities: the Tamms Correctional Center, a Super-Max close management institution. They are also currently pursuing NCCHC accreditation this Fall (October 2014).
- We successfully integrated our Quality Management Program with that of the IDOC, creating a more thorough and comprehensive program that allows a team approach to ensure and improve quality of all services.
- We raised the standard of care by identifying and hiring Medical Directors trained in Internal Medicine or Family Practice.
- Through unique recruitment strategies and outstanding staff retention, Wexford Health has achieved and maintained an overall compliance percentage of 96% for the filling of medical staff positions as required by the IDOC.
- We successfully implemented and continue to utilize telepsychiatry throughout the state, allowing psychiatric services to be brought to very remote, rural facilities.
- Working in collaboration with specialists from the University of Illinois-Chicago, we provide the equipment and clinicians necessary for onsite telemedicine in specialty areas including HIV, Hepatitis C, and nephrology.
- Wexford Health developed and implemented successful site-specific action plans that addressed staff shortages, procedural challenges, and patient access to care.
- We provide staff above and beyond the contract, in the absence of State staff due to vacancies or leave of absences.
- By developing a harmonious and mutually-beneficial relationship with the Union, Wexford Health has successfully negotiated multiple Collective Bargaining Agreements that allow very smooth, efficient operations.

- We have met the immediate equipment and commodity needs of the IDOC facilities through a purchase arrangement that bypasses the more time-burdened State purchasing program.
- Wexford Health worked with the IDOC to streamline its security clearance process for health care staff, which resulted in the clearance timeframe being shortened by two weeks.

A.B.3.a.ii. *Mississippi Department of Corrections (MDOC)*

- 100% ACA and NCCHC facility accreditation: Wexford Health has partnered with the MDOC to achieve 100% accreditation success at the three main prison facilities from both the National Commission on Correctional Health Care (NCCHC) and the American Correctional Association (ACA). In addition, we maintain ACA accreditation at all eligible County Regional facilities and Community Work Centers.
- Hospice and palliative care unit: In December 2009, Wexford Health and the MDOC partnered to open the Christopher B. Epps' Compassionate and Palliative Care Ward at Mississippi State Penitentiary to meet the physical, psycho-social, practical, and spiritual needs of terminally ill patients. The 6-bed unit focuses on managing pain and affording the patient dignity, providing the best possible quality of life for terminally ill offenders.
- Helping to clear the Presley v Epps consent decree: In April 2006, the MDOC entered into a consent decree to settle the Presley v Epps lawsuit. Upon transitioning the contract from Correctional Medical Services (now Corizon) three months later in July 2006, Wexford Health immediately began collaborating with not only the MDOC but also the American Civil Liberties Union (ACLU) to ensure that all services we provide meet the mandated medical and mental health treatment requirements. Now, after four years of successfully working in partnership with the MDOC and the ACLU, the consent decree has been dismissed by the US District Court.
- Staff professional certification initiative: We have also implemented an initiative to certify identified members of our nursing line staff as either Certified Corrections Nurses (CCNs) or Certified Corrections Nurse/Managers (CCN/Ms) by the ACA. Wexford Health believes such certification reflects our emphasis on clinical excellence, and is in line with our vision of not only enhancing the professional capabilities of our nursing staff, but ensuring that we provide optimal health care to our offender populations. In addition, two-thirds of our site managers as well as our statewide manager for the MDOC contract have achieved NCCHC Certified Correctional Health Professional (CCHP) designation.
- Step-down behavioral health unit: In March 2008, Wexford Health created and implemented programming for the Step-Down Unit (SDU) at MSP. The Unit is an Assertive Community Treatment Program for patients who have not achieved positive outcomes from traditional mental health treatment approaches. The SDU targets patients who are experiencing great functional impairment, and offers an alternative to inpatient care for those patients who require a level of psychiatric services equivalent to residential treatment and partial hospitalization. The SDU helps these patients' reintegrate into their former housing units by offering support, training, and various types of treatment.
- Female Special Treatment Unit: Building off the platform of the male Step-Down Unit at MSP, Wexford Health also partnered with the MDOC to implement a Female Special Treatment Unit (FSTU) at CMCF in 2009. The current program lasts approximately six months and focuses on providing a well-rounded regimen designed to translate into a balanced lifestyle when the offender returns to the community.

- An art enrichment program: The art enrichment component of our Female Special Treatment Unit gives offenders the valuable experience of expressing (through art) emotions that have been otherwise been left unaddressed, regarding their histories, traumas, and imprisonment. We pair the art program with a supportive treatment group, through which offenders are able to process the experience of healing through their art. The first group to graduate from our program completed a gallery art show aptly titled Despair to Destiny. The artwork was on public display at the Municipal Art Gallery in Jackson, Mississippi, as well as at galleries of the Mississippi Art Commission. The program was also featured in the November 2011 issue of VIP, a Jackson, Mississippi local magazine.
- Industry-leading Electronic Health Record (EHR): In 2009, Wexford Health completed a comprehensive implementation of GE Healthcare Technologies' Centricity EHR at all of the State-operated prisons in Mississippi. Our clinicians currently utilize the Centricity system to track and report on all medical, mental health, and dental services provided to the MDOC offender population. In addition, due to the success of this project, the MDOC amended our contract to include expanding the EHR to the state's five (5) privately operated (non-Wexford Health) correctional facilities. We completed implementing the EHR at those locations in 2011.
- Excellent relationship with MDOC security staff: Over the past four years, Wexford Health has established a strong working partnership with MDOC administrative and custody staff throughout the prison system. We have demonstrated our flexibility and responsiveness on many occasions, including accommodating Department-requested workforce reductions and working with the Central office to forego our annual increase to meet State budgetary requirements. This relationship has also optimized the smooth delivery of offender health care, as we work cooperatively with the Superintendents and Correctional Officers to adjust clinic, transportation, and transfer schedules to ensure that patients are seen in the most time- and cost-effective fashion.
- Offender movement from MSP to SMCI: In 2008, when the MDOC transferred 800 offenders from MSP to SMCI, Wexford Health worked hand-in-hand with the Department to adjust our staffing and other resources accordingly, and to ensure that the move occurred smoothly, with no interruption in patient care.

A.B.3.a.iii. *Recently Added State Correctional Clients*

Even in our newer clients like the Maryland and Pennsylvania state correctional agencies where our programs have been in place for less than a year, Wexford Health has accomplished multiple positive results for our client, as listed below.

Maryland Department of Public Safety & Correctional Services

- Implemented a statewide enhanced telehealth program
- Partnered with the State on an initiative to enroll offenders in Medicaid to maximize the federal funds matching program
- Deployed several inactive modules of the Department's electronic health record
- Initiated a successful Violence Reduction Program

A.B.3.b. Examples of Successful Cost Containment for Our Clients

A.B.3.b.i. Utilization Management & Claims Processing Cost Savings

Wexford Health's Utilization Management (UM) program, in concert with our other clinical programs, realized immediate and significant reductions in costly offsite services when we introduced it at our major state contracts, as illustrated below. Clients see the greatest impact in the initial 12 months of implementing a UM program.

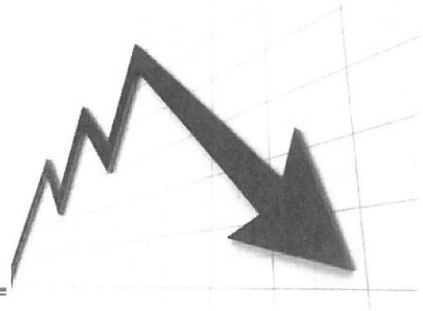
	Reduction In Unnecessary/ Duplicate Services In First Year of Program		
	Regional Contract A	State Contract B	State Contract C
Emergency Visits	54%	18%	31%
Outpatient Physician Visits	15%	15%	15%
Pharmacy	17%	15%	<1%
Inpatient Hospital Days	37%	Not applicable	26%
Inpatient Admissions	35%	Not applicable	46%

Figure 2: Reduction in unnecessary and/or duplicative services in first year of implementation of Wexford Health UM program

Under our contract with the Maryland Department of Public Safety and Correctional Services (MDPSCS), Wexford Health is responsible for the provision of comprehensive utilization management services at the 27 correctional institutions operated statewide by that Department. In the first eighteen months of our relationship with the MDPSCS, we generated a cost savings for the Department of just under $9 million through our utilization management, network contracting, and claims processing services, including more than $6.7 million through more efficient and accurate claims processing and payments; more than $1 million by processing weekend discharges; and more than $900,000 in inpatient days. These cost savings do not include Wexford Health's positive impact on decreased MDPSCS transportation and security costs, generated from the security officers who would otherwise have accompanied inmates on their consult or Emergency Room trips.

Through aggressive application of our UM program, Wexford Health shifts services for our clients from the most expensive options to less expensive, more controlled alternatives. In this way, we achieve cost savings without negatively impacting the quality of patient care provided.

- For a current jail client in Illinois, over the four years Wexford Health has held the contract we have achieved significant decreases in the county's utilization of offsite services, including a 74% reduction in the number of inpatient hospital days; a 38% reduction in the number of inpatient admissions; a 55% reduction in outpatient referrals; and a 31% reduction in trips to the ER.



- For a current multi-facility jail client in Arizona, we realized an 11% decrease in actual offsite care costs, despite a health care inflation rate that averaged more than 12% over the contract term. The savings were generated from a 44.64% reduction in inpatient days, along with a 50.54% reduction in Emergency Room visits.
- For one of our county prisons in Pennsylvania, we have steadily reduced offsite utilization over the two years we have worked with the client, decreasing inpatient days by 43% and 42% (in Years One and Two of the contract, respectively); inpatient admissions by 36% and 37% (Years One and Two, respectively); and outpatient care by 28% in Year One plus an additional 3% in Year Two.

These decreases in utilization not only generated savings relating to the actual health care services, but also resulted in significant savings for our clients in associated transportation and security costs. In all cases, Wexford Health was careful to maintain the quality and timeliness of patient care, and the clients experienced no increase in litigation.

A.B.4. Corporate Support

Wexford Health maintains a central office in Pittsburgh, Pennsylvania to provide our health care professionals with all necessary support in key administrative and management areas. Within driving distance we visit and work with WVDOC site staff on a regular basis. As shown below, centralizing this support at the corporate level not only produces consistency and economies of scale, but also leaves clinical personnel free to concentrate solely on health care delivery.

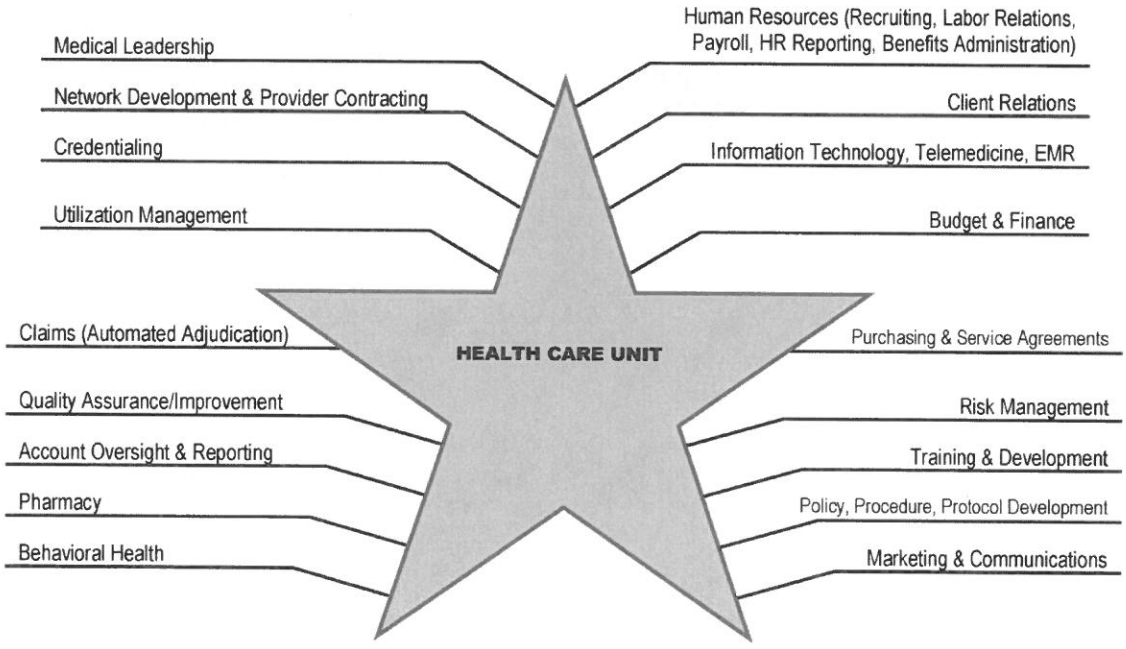


Figure 3: Corporate support provided to health care units

The Wexford Health management team that will be implementing and managing the WVDOC contract collectively represents more than 400 years of experience, education, and expertise

in private and public industries, all of which is directly relevant to the provision and management of correctional health care services. The following is a summary of qualifications and responsibilities for these individuals. We have also provided full resumes summarizing the professional experience and education of these key corporate staff members in *Proposal Exhibit 2: Key Corporate Staff*. We have also included the structure of our management in *Proposal Exhibit 3: Organizational Chart*. Each member of Wexford Health's corporate team will devote as much time and resources as necessary to ensure the continued success of the WVDOC contract.

Daniel L. Conn, MBA, CCHP
President & Chief Executive Officer
Mr. Conn has more than 23 years of wide-ranging, progressive, professional experience. More than 20 of those years have been in health care administration and management, including numerous years in correctional health care. His demonstrated leadership and analytical problem-solving skills enable him to expertly analyze all aspects of a company's operational and financial performance. He is well versed in regulatory and contract compliance, employee and customer relations, and administrative management, as well as contract negotiation. He has a proven track record of enhancing operational performance utilizing his extensive management expertise and coaching capabilities. Mr. Conn's ability to streamline services, improve efficiency, and reduce costs makes him a natural choice to lead Wexford Health. Prior to becoming President and Chief Executive Officer, Mr. Conn served as Director of Finance; Vice President and Chief Financial Officer; and as Executive Vice President, Chief Operating Officer & Chief Financial Officer.

John M. Froehlich, CPA, CCHP
Vice President and Chief Financial Officer
Mr. Froehlich serves as Wexford Health's Vice President and Chief Financial Officer. An experienced CPA with varied financial knowledge, he brings the company more than a decade of financial and management experience, including financial analysis and business plan development. Mr. Froehlich is responsible for leading Wexford Health's financial accounting, reporting, and forecasting, as well as for helping to formulate the company's long-term financial strategy, including business development, mergers and acquisitions, and investment management. A Certified Public Accountant, he holds a business degree from Miami University in Oxford, Ohio.

Elaine J. Gedman, CCHP
Senior Vice President of Human Resources & Risk Management
Ms. Gedman has been managing people and projects for more than 22 years — 20 of them in the fields of health insurance and institutional health care. Her strong, diverse background includes human resources, operations, strategic planning, mergers and acquisitions, payroll, and risk management. She also has extensive experience in labor relations, arbitration, and the negotiation of collective bargaining agreements. Ms. Gedman's versatility, business acumen, and expertise in identifying and developing strategic business relationships make her the natural leader for Wexford Health's vital human resources (staffing, employee/labor relations, benefit/compensation administration, reporting, training and development), risk management, and payroll functions.

Darius Holmes, CCHP
Senior Vice President of Operations/Strategic Development
With almost three decades of experience in health care—22 of them in the correctional health care environment—Mr. Holmes is a driving force behind the acquisition and development of Wexford Health's contracts. As Senior Vice President of Strategic Development, he is responsible for identifying and expanding our core business. This includes growing our correctional health business as well as examining new markets, partnerships, and acquisition possibilities. Prior to his current position, Mr. Holmes played an integral role in the successful operations of our contracts throughout the

United States. Mr. Holmes is highly adaptable to new environments, responsibilities, and challenges, and is an expert at developing strong and cohesive relationships with personnel, correctional and state officials, legislators, and clients. His experience in budget formulation, fiscal administration, contract negotiation, compliance, policy development, and operations are invaluable to Wexford Health.

Rodney B. Jones, Sr.
Vice President, Clinical Services
Mr. Jones is responsible for the establishment and oversight of all clinical services for Wexford Health's clients across the nation. He has extensive administrative and operational experience, including performance and quality improvement, budgeting, community outreach, and corporate strategic planning and business development. Prior to joining Wexford Health, Mr. Jones served as CEO of the Pittsburgh market of Kindred Healthcare – Hospital Division. Mr. Jones received his master's degree in health care management from the University of Pittsburgh, and is a certified physical therapist.

Diana L. Malloy, RN, MPM, CCHP
Vice President of Operations
Ms. Malloy possesses four decades of experience in health care, including 25 years in managed care. Her expertise includes the development and management of infrastructure to support utilization management, case management, quality management, contract management, demand management, and disease management. Prior to her current role, in which she is responsible for the operation of our contract with the Mississippi Department of Corrections, Ms. Malloy led Wexford Health's provider network contracting, utilization management, and claims processing and payment functions. Ms. Malloy is also the operational lead on Wexford Health's Electronic Health Record projects.

Nickolas Little, MBA, CCHP
Vice President of Quality, Compliance & Business Affairs
Mr. Little brings Wexford Health 22 years of experience in the financial and operational management of statewide prison systems. Most recently, he was the Chief Financial Officer for the Illinois Department of Corrections, with fiscal responsibility for the entire prison system of 48 facilities housing 44,000 offenders. Mr. Little's attention to detail and talent for asset management, contract negotiation, and fiscal policy development — combined with his proven track record of managing scarce resources, reducing costs, and identifying and developing business opportunities — give him the perfect skill set to price, negotiate, and monitor contracts that are mutually beneficial for both Wexford Health and our clients.

Mark E. Blewett, PHR, CCHP
Director of Human Resources
Mr. Blewett is a Human Resources professional with proven knowledge and hands-on experience across a broad-base of HR functions including employee and labor relations; recruitment and retention; manpower/succession planning; and mergers and acquisitions. He has more than 20 years of human resources experience, 13 of which are in the health care industry. Mr. Blewett provides Wexford Health with expertise in the areas of Human Resources policy development/implementation; collective bargaining agreement negotiation; and strategic response to employee relations issues. Additionally, he has created and delivered multiple management training programs on various human resource-related subjects including employment law, coaching/feedback, conflict resolution, sexual harassment, diversity, and many more. Mr. Blewett holds a Master's Degree in Business Administration and is a certified Professional in Human Resources Management (PHR).

Patricia E. Casey, RN, CCHP
UM Reporting and Compliance Director

In her role as UM Reporting and Compliance Director, Ms. Casey devotes her time to providing utilization management reports to our clients and for internal management of our contracts. In addition, she assists with facilitating the utilization management of all new start-up contracts; overseeing the UM case management department; and acting as a liaison with site personnel for problem resolution. She has over 30 years' experience in the health care field with 19 of those in managed care and 12 in corrections. Her background also includes intensive case management and appeals management.

Carlos Correa, CCHP
Director of Information Technology
Mr. Correa has 21 years of practical experience in the information technology field, including 10 years in the managed health care industry. His demonstrated expertise in managing the hardware, software, and telecommunications infrastructures of complex, multiple-site organizations makes him a vital part of the strategy development and technology implementation teams for every Wexford Health client. He is equally skilled at directing technology support teams and managing client and end-user relationships.

Richard Dull, CCHP
National Business Development & Client Relations Director
Mr. Dull has 28 years of experience in the health care industry — the last 20 of which have been spent in correctional health care operations. He has managed large contracts across the United States for both comprehensive correctional management companies (MTC) and health care-specific companies, including EMSA Correctional Care and Prison Health Services. Mr. Dull has directed operations for hospital and health system respiratory and cardiology departments, as well as for a compassionate care hospice. His experience in finance and clinical services gives him a unique blended operational/clinical/client relations style of management. A vital part of Wexford Health's success in attracting and retaining satisfied clients, he is an expert in identifying customer wants and needs, then crafting tailored solutions to meet the client's requirements. His ability to create products and programs that achieve the goals of both client and contractor makes Mr. Dull an excellent member of Wexford Health's client relations team.

Joseph Ebbitt, CCHP
Director, Risk Management, HIPAA Compliance and Legal Affairs
Mr. Ebbitt has more than 25 years of legal administration experience including medical malpractice, construction, products liability, civil rights, and toxic torts litigation. In his current role at Wexford Health, Mr. Ebbitt's responsibilities include management of claims on behalf of the company, facilitating corporate risk management meetings, implementing proactive approaches to minimize future claims, promoting employee safety, and serving as liaison among the company, institutional sites, insurance carriers, and panel counsel.

Neil Fisher, MD
Corporate Utilization Medical Director
Dr. Fisher has been a practicing physician for nearly 25 years — fifteen (15) of them in correctional health care. His focused experience and knowledge of the correctional health care environment, lends him to be a highly sought after health care professional. Dr. Fisher is responsible for coordinated consultant and inpatient care for several of our statewide contracts. In addition, he is currently utilizing HIV telemedicine to help direct and monitor utilization and quality of care for our clients. Dr. Fisher earned his medical degree from Albany Medical College, is a coveted speaker for NCCHC, ACA, ACHSA, and licensed in nine states.

Hector Garcia, MD, CCHP
Statewide Medical Director
After receiving his undergraduate degree from the University of Arizona, Dr. Garcia

obtained his medical degree, and then completed an internship in Internal Medicine, his residency, and a cardiology fellowship at Catholic Medical Center in New York City. After establishing and managing a private practice for thirteen years, he joined the federal Bureau of Prisons in 1999 and started a correctional career that has lasted more than a decade. Dr. Garcia has worked for all facets of correctional health care, including government agency (BOP), private contractors (CCA, CMS), and most recently, Wexford Health Sources. Fluent in both English and Spanish, he is a member of the American College of Cardiology, a former BOP Administrator of the Year, and licensed in multiple states.

Martha Ingram, RN, CCHP, CPHQ
Director of Quality Management & Performance Improvement
Ms. Ingram has 27 years of health care operations and management experience, including clinical nursing supervision, budget management, strategic planning, regulatory compliance, and business development. Prior to joining Wexford Health in 2004 as a Regional Manager for multiple correctional centers under our Illinois contract, she spent nine years as a hospital nursing manager. Ms. Ingram has also served as the executive director for a retirement and assisted living community, and the director of a wound management center, for which she produced significant growth in both programs and revenue. She is certified as both a Certified Correctional Healthcare Professional and a Certified Professional in Healthcare Quality.

Glenn D. Kramer, MBA, CMA, CFM, CIA, CRP, SSN
Director of Health Care Analysis
Mr. Kramer has more than 15 years of experience in finance and health care, including employee and budget management and financial analysis. In his current position, Mr. Kramer is responsible for completing not only thorough, financial analyses of all Wexford Health contracted jails and prisons, but also strategic financial reviews of all clinical operations within the company's book of business. Prior to joining Wexford Health in 2008, Mr. Kramer served as the Director of Finance for UPMC Insurance Services.

Thomas M. Lehman, MD, CCHP
Corporate Medical Director, Utilization Management & Clinical Services
Dr. Lehman has been a practicing physician for over 20 years — 8 of them in correctional health care. He is responsible for Wexford Health's company-wide utilization management (UM) program and all clinical services. With wide-ranging clinical and administrative expertise gained through years of experience in public, private, and institutional settings, his primary areas of focus are internal medicine and cardiology. Dr. Lehman reviews national guidelines for healthcare and adapts these guidelines to the correctional environment, including developing clinical content for the Electronic Health Records we develop and implement for clients. Dr. Lehman also has extensive experience in HIV care and lectures nationally on HIV as well as on cardiovascular disease. He is currently utilizing telemedicine to help direct and monitor utilization and quality of care for several state agencies. Dr. Lehman is an active member of the Society of Correctional Physicians, the National Commission of Correctional Physicians, and the American Academy of HIV Medicine.

Tina T. McGahey, PHR, CCHP
Director of HRIS, Compensation, & Payroll
Ms. McGahey has over 18 years of experience in field of Human Resources, HRIS, payroll, and data analysis. Her career experience includes a total of over 28 years with a strong cross-functional background in Human Resources, Finance, and IT. Ms. McGahey's background includes: extensive experience with planning and coordinating HR information system implementation; needs analysis, data computation; and the development and implementation of an e-time system which reported on the financial burden of accrued paid time off when it is not taken by the employee. In her experience, she has aligned departmental strategy with overall business objectives to achieve significant improvements in organizational profitability, cost control, and productivity.

Kathleen Ohleger
Director, Provider Network Development, Credentialing, & Claims
In her current role, Ms. Ohleger directs and implements network development strategies; identifies, negotiates, and contracts with efficient and cost-effective specialty, hospital, and ancillary service providers; conducts ongoing reviews of the effectiveness of existing provider networks to better identify potential providers; and maintains and supports ongoing relationships with network contracted providers. Ms. Ohleger has more than 20 years of health care experience in areas such as customer service, provider relations, market research, and management. She is also responsible for managing medical claims processing and payment, customer service, and credentialing of all professional providers. Her extensive experience includes cost containment, process improvement, quality assurance, and training and development.

Dina Paul, MD, MS
Chronic Disease and Case Management Director
A board-certified internist, Dr. Paul is responsible for the oversight of Wexford Health's Chronic Disease and Case Management programs. She has extensive clinical experience, working as our Internist, Hepatitis C Coordinator for over six (6) years. Dr. Paul earned her medical degree from The Pennsylvania State College of Medicine and her Master's Degree from Georgetown University. She is a Certified Diplomat of the American Board of Internal Medicine and Certified Medical Review Officer of the Medical Review Officer Certification Council.

Wendelyn R. Pekich, MBA, CCHP
Director of Marketing & Communications
Ms. Pekich is responsible for the company's marketing, communications, advertising, proposal development, and public relations functions, including establishing positive relationships with industry organizations, the media, community organizations, public interest groups, and governmental entities; and developing outreach programs for the communities where Wexford Health holds contracts. Ms. Pekich joined Wexford Health in 2005 with 19 years of sales, marketing, communications, and public relations experience. She has developed and implemented marketing plans, strategies, and programs for Fortune 500 corporations, small start-up organizations, and major health care organizations. Ms. Pekich has a proven history of managing successful marketing and communication campaigns from concept to completion, resulting in exceptional client service, cost management, and revenue maximization. She holds a Master's Degree in Business Administration from Carnegie Mellon and is a member of the Academy of Correctional Health Professionals, the American Correctional Association, and the American Marketing Association, where she is a past recipient of the Western Pennsylvania Marketer of the Year award.

Pat Perkins, RN, MSN
Director of Utilization Management
In her role as Director of Utilization Management, Ms. Perkins is responsible for facilitating the utilization management of all new start-up contracts; overseeing the UM case management department; and acting as a liaison with site personnel for problem resolution. She has over 14 years of experience in case management/utilization management. Her extensive health care and management background solidifies her valuable knowledge and leadership skills. The experience Ms. Perkins possesses has allowed her to transition with ease at Wexford Health.

Ellen S. Rappaport, MPH
Telemedicine and Re-Entry Director
Ms. Rappaport has more than 18 years of experience in public health and program administration, including nine years in corrections. In her current role, she is responsible for the development, delivery, and enhancement of our comprehensive telehealth and re-entry programs. Ms. Rappaport received her master's degree in Public

Health, with a concentration in Health Education and Disease Prevention, from Boston University's School of Public Health.

Ronald J. Smith, PsyD, CCHP
Director of Behavioral Health Services
Dr. Smith is responsible for the company's mental health, substance abuse, psychiatry, and forensic programs. He has more than 15 years of correctional and forensic experience, with an equivalent amount in adult and youth community-based behavioral health. Dr. Smith's background spans the continuum of behavioral health care, from military psychology to serving as the Chief of Mental Health Services for the Vermont Department of Corrections. In addition to his extensive experience within state youth correctional systems, he served as the Executive Director of a forensic institution for severely mentally ill adults with histories of arrest and incarceration. Both an operator and a clinician, Dr. Smith understands how to meld corrections and clinical services. As a result, he has developed industry-leading clinical modules; policies and procedures; proven risk management strategies; and specialized programs specifically geared toward the unique correctional environment. Dr. Smith also served as a Lieutenant and staff psychologist in the Medical Service Corps of US Naval Reserve.

Matthew Jackanic, MBA
Assistant Director of Financial Analysis & Pricing
Mr. Jackanic is responsible for financial analysis and reporting, including variance analysis, management, budget and business plan preparation, and contract pricing. In addition, he is responsible for contract compliance for current clients and for analyzing and alleviating client's issues. Prior to joining Wexford Health, Mr. Jackanic worked as a Senior Financial and Contracts Analyst on major military and other government contracts for the Parsons Group.

Dan Flecker, CPA
Controller
Mr. Flecker is responsible for the implementation, design, and maintenance of accounting systems for the preparation of complete, timely, and accurate financial records and reports. He specializes in financial reporting, forecasting, corporate accounting, and auditing. Mr. Flecker has 10 years of experience working in finance and is a Certified Professional Accountant. His experience and expertise makes him an important member of our financial team.

Hala Khalil, PharmD, PRH
Corporate Clinical Pharmacist
Ms. Khalil has more than 10 years' of experience as a licensed pharmacist. She has worked in numerous environments, including retail and institutional settings. She has experience in employee and project supervision, and has a track record of maintaining her departments under strict regulations. Her blend of outstanding organizational skills and diversified practice make Ms. Khalil an excellent fit for Wexford Health's pharmacy program.

Maryanne Hollerich, CCHP
Manager, Accounts Payable & Purchasing
Ms. Hollerich has more than 20 years of financial billing and receiving experience, including management, training, accounts payable, cost containment and purchasing experience. She is responsible for locating new vendors and negotiating special pricing for all contracts, as well as for cash management and processing the company's weekly Accounts Payable checks. Ms. Hollerich has extensive knowledge of the accounts payable process including month-end and year-end procedures. Prior to joining Wexford Health, she was the Accounts Payable Supervisor for a large electrical company.

Katie E. Poeschel
Manager, Staffing
Ms. Poeschel joined the team as the Manager of Staffing here at Wexford Health. She started her career as a Healthcare Recruiter and Staffing Coordinator and Manger, and has sense gained 8 years' experience in staffing. Not only did Ms. Poeschel earn a Bachelor of Science degree, she also carries a minor in nursing which makes her a well-rounded individual. She has always played a leader role from being the captain of her college tennis team to the office managing and staffing. Her teamwork attitude and positive outlook give her an edge in the department making her a key role in staffing. From volunteering at a senior citizen home to taking care of her two year old son, Ms. Poeschel has exceptional communication skills and multitasks to get the job done efficiently and effectively.

Anna Vozar, CCHP
Manager, Specialty Recruitment
Ms. Vozar is responsible for managing human resources staff through the recruitment, interview, and hiring processes. With extensive experience in human resources (HR), Ms. Vozar has successfully supervised HR staff, developed and executed recruitment plans, implemented recruiting and applicant tracking systems, and assisted in Labor Relations. Her background also includes extensive experience in training and mentoring new hires, promotional and event planning, negotiation, strategic planning and developing and fostering client and vendor relationships.

A.B.5. Financial Stability

As required by the RFP, Wexford Health has provided as *Proposal Exhibit 4: Audited Financial Statements – Proprietary,* our most recently issued audited financial statements. These statements include the following information for the fiscal years ended December 31, 2013 and December 31, 2012.

- Report of independent auditors (ParenteBeard)
- Balance sheets
- Statement of operations (statement of income)
- Statement of changes in shareholders' equity (statement of retained earnings)
- Statement of cash flows
- Notes to the financial statements

Wexford Health Sources, Inc. is a wholly owned subsidiary of The Bantry Group Corporation: a management company whose revenue is generated exclusively from providing management services to Wexford Health. While the two companies' financial data is consolidated, Bantry's revenue has been eliminated from the combined financial statements, resulting in dollar figures that reflect only Wexford Health amounts. Furthermore, Wexford Health's assets and revenues account for substantially all of the amounts shown on the combined balance sheets and statements of operations. All significant inter-company accounts and transactions have been eliminated in the combination.

Given the above statement, we want to ensure that Wexford Health completely fulfills the requirements of the RFP. Therefore, we asked our auditors to include Other Financial Information that provides a breakdown of Wexford Health-specific versus Bantry-combined financial data.

These documents illustrate that unlike some other large, well-known companies in correctional health care, Wexford Health maintains some of the strongest financials in the correctional health care industry. We call attention to Wexford Health's strong historic record

of consistently meeting financial commitments, and to the following points concerning our current financial strength and position.

- Continued profitability has allowed Wexford Health to fund operations without incurring any debt. In fact, as of December 31, 2013, we have no borrowings outstanding under our Line of Credit—a rare and remarkable feat for a company in the field of correctional health care.
- We have achieved and maintained positive tangible net worth.
- Wexford Health maintains a positive Current Ratio (Current Assets divided by Current Liabilities) of more than 1:1, a key generally accepted indicator of financial solvency.
- We have maintained a consistent history of timely payment to vendors, including medical providers.
- Wexford Health's independent auditors have for many years consistently reflected an unqualified opinion as to our financial statements, and have continuously reported finding no evidence of any significant weaknesses in internal control in our financial management processes and systems.

Further supporting Wexford Health's financial stability is our current $60 million credit agreement with an industry-leading banking institution. This agreement, renewed through June 2015, has been in place since 1996 and provides the means to meet any and all financial obligations. The execution and ongoing administration of such an agreement requires Wexford Health to substantiate our financial viability with the banking institution through a variety of methods, including but not limited to, monthly financial reports, compliance audits, select ratio covenants, and annual financial audits.

We also note that Wexford Health has consistently demonstrated sound financial management practices and has met all financial commitments throughout our entire corporate history, proving our financial stability on a day-to-day basis by displaying the following characteristics.

- Consistency in functioning within budget parameters, even through difficult privatizations and/or transitions of client correctional institutions
- An unblemished track record of meeting financial obligations in the face of sometimes challenging circumstances
- Continual improvements to operational and financial efficiency since our inception in 1992
- The financial community's willingness to invest in our continued growth and achievement

These factors combine to clearly validate our financial health and our ability to continue to provide the Agency with a stable, consistent source of inmate health care services.

In any financial dealing, the bottom line is the most important part. The bottom line here—as proven by our twenty-two years of steady, uninterrupted service to the correctional health care industry and six years of services to the WVDOC—is that Wexford Health is the most viable, financially stable, responsive and responsible vendor for the Agency.

A.C. Current Contract List

The following table lists all of the current contracts Wexford Health holds including institution, contact person, telephone number, and description of services provided and number of offenders served, including the WVDOC.

Client Name	Contract Start & End Dates	Number of Lives	Description of Contract
Tom Reimers Health Services Program Director Office of Health Services Florida Dept. of Corrections 501 S. Calhoun Street Tallahassee, FL 32399-2500 P: 850-717-3266 F: 850-921-9757 E: reimers.thomas@mail.dc.state.fl.us	3/2013 – 12/2017 with one additional five-year renewal	29 sites 15,000 lives	Comprehensive on- and offsite health services
Kathy Montag Correctional Health Care Administrator Bureau of Health Care Services Pennsylvania Dept. of Corrections 1920 Technology Parkway Mechanicsburg, PA 17050 P: 717.728.2099 F: 717.728.0309 E: kmontag@pa.gov	2/2013 – 9/2014	26 sites 47,000 lives	Comprehensive on- and offsite medical services
Steve Bass Director Office of Inmate Health Services MD Dept. of Public Safety & Corrtnl. Svcs. Plaza Office Center, Suite 210 6776 Reisterstown Road Baltimore, Maryland 21215 P: 410-585-3732 E: sbass@dpscs.state.md.us	6/2012 – 6/2015 with two additional one-year renewals Plus a continuous medical management contract from 2005-July 2012	27 sites 26,000 lives	Comprehensive on- and offsite medical services
Warden John R. Walton Westmoreland County Prison 3000 South Grande Boulevard Greensburg, PA 15601 P: (724) 830-6000 F: (724) 830-6006	5/1/2012 – 4/30/2017	1 site 524 lives	Comprehensive on- and offsite health services
Warden Richard Shaffer Butler County Prison 202 South Washington Street Butler, PA 16003 P: (724) 284-5256 E: rgigliot@co.butler.pa.us	2/2012 – 1/2013; 2/2013 – 1/2014; 2/2014 – 1/2015 with three additional one year renewals	1 site 350 lives	Comprehensive on- and offsite health services
Warden Kevin Sutter Erie County Prison 1618 Ash Street Erie, PA 16503 P: (814) 451-6000 E: ksutter@eriecountygov.org	1/2012 – 12/2012; 1/2013 – 12/2013; 1/2014 – 12/2014 with two additional one-year renewals	1 site 525 lives	On- and offsite medical services
Mr. Bryan Gleckler	12/2005 – 11/2007;	35 sites	Comprehensive

Client Name	Contract Start & End Dates	Number of Lives	Description of Contract
Chief Fiscal Officer Illinois Department of Corrections 1301 Concordia Court Springfield, IL 62794 P: 217-558-2200 x 2029 F: 217-522-7072 E: bryan.gleckler@doc.illinois.gov	12/2007 – 11/2008; 12/2008 – 11/2010; 12/2011 – 11/2016 with five additional one year renewals Plus multiple continuous IDOC regional contracts from 1992-July 2005	48,000 lives	on- and offsite health services
Commissioner Christopher B. Epps Mississippi Department of Corrections 723 North President Street Jackson, Mississippi 39202 P: 601-359-5621 F: 601-359-5680 E: cepps@mdoc.state.ms.us	7/2006 – 6/2009; 7/2009 – 6/2010, 7/2010 – 6/2011; 7/2011 – 6/2014; 7/2014 – 6/2015; with one additional one year renewal	35 sites 15,000 lives	Comprehensive onsite health services
Ms. Alyssa Williams-Schafer Coordinator, Sex Offender Services Illinois Department of Corrections 1301 Concordia Court P.O. Box 19277 Springfield, IL 62794-9277 P: 217-558-2200 ext. 6512 F: 217-522-1957 E: alyssa.williams-chafer@doc.illinois.gov	8/2010 – 7/2013; 8/2013 – 7/2016	As needed, across 35 sites and 48,000 lives	Sex offender evaluation services
Dr. Michael Bednarz Medical Director Treatment & Detention Facility R.R. #1, Box 6A Rushville, Illinois 62681 Phone: (217) 322-3204 x5059 Fax: (217) 322-2133 Email: Michael.Bednarz@illinois.gov	9/2007 – 6/2008; 7/2008 – 6/2009; 7/2007 – 6/2010, 7/2010 – 6/2011; 7/2011 – 6/2014; 7/2014 – 6/2015; with one additional one-year renewal	1 site 350 lives	Onsite health services
Lt. Lynn Woodruff Kane County Sheriff's Office 777 E. Fabyan Parkway Geneva, Illinois 60134 P: 630-232-6840	12/2011 – 11/2012; 12/2012 – 11/2013; 12/2013 – 11/2014 with ongoing annual renewals	1 site 600 lives	Onsite health services
Commissioner Jim Rubenstein West Virginia Division of Corrections 1409 Greenbrier Street Charleston, WV 25311 P: (304) 558-2036 x26 E: jrubens1@mail.wvnet.edu	5/2008 – 4/2009; 5/2009 – 4/2010, 5/2010 – 4/2011; 5/2011 – 4/2012; 5/2012 – 4/2013; 5/2013 – 8/2014	8 sites 4,500 lives	Comprehensive 24/7/365 on- and offsite health services
Commander John Russell Yavapai County Sheriff's Office 255 E Gurley Street	7/2003 – 6/2005; 7/2005 – 6/2008; 7/2008 – 6/2011;	2 sites 550 lives	Comprehensive on- and offsite health services

Client Name	Contract Start & End Dates	Number of Lives	Description of Contract
Prescott, AZ 86301 P: 928-777-7262 F: 928-777-7422 E: John.Russell@co.yavapai.az.us	7/2011 – 6/2012; 7/2012 – 6/2013; 7/2013 – 6/2016		
Commander John Russell Yavapai County Sheriff's Office 255 E Gurley Street Prescott, AZ 86301 P: 928-777-7262 F: 928-777-7422 E: John.Russell@co.yavapai.az.us	4/2010 – 6/2011; 7/2011 – 6/2012; 7/2012 – 6/2013; 7/2013 – 6/2016	1 site	Restoration to Competency program, currently available through IAG to two-thirds of the counties in Arizona
Executive Deputy Sheriff Thomas Knapp St. Clair County Sheriff's Office 700 N. 5th Street Belleville, IL 62220 P: 618-277-3505, extension 5721 F: 618-277-4213 E: tom.knapp@co.st-clair.il.us	1/2004 - 7/2013; 8/2013 – 6/2018, with ongoing annual renewals	1 site 420 lives	Comprehensive on- and offsite health services

A.D. References

As per the RFP, Wexford Health has provided below references for the WV DOC.

Client Name	Contract Start & End Dates	Number of Lives	Description of Contract
Steve Bass Director Office of Inmate Health Services MD Dept. of Public Safety & Corrtnl. Svcs. Plaza Office Center, Suite 210 6776 Reisterstown Road Baltimore, Maryland 21215 P: 410-585-3732 E: sbass@dpscs.state.md.us	7/2012 – 6/2015 with two additional one-year renewals Plus a continuous medical management contract from 2005-July 2012	27 sites 26,000 lives	Comprehensive on- and offsite medical services
Mr. Bryan Gleckler Chief Fiscal Officer Illinois Department of Corrections 1301 Concordia Court Springfield, IL 62794 P: 217-558-2200 x 2029 F: 217-522-7072 E: bryan.gleckler@doc.illinois.gov	12/2005 – 11/2007; 12/2007 – 11/2008; 12/2008 – 11/2010; 12/2011 – 11/2016 with five additional one year renewals Plus multiple continuous IDOC regional contracts from 1992-July 2005	35 sites 48,000 lives	Comprehensive on- and offsite health services
Commissioner Christopher B. Epps Mississippi Department of Corrections 723 North President Street	7/2006 – 6/2009; 7/2009 – 6/2010, 7/2010 – 6/2011;	35 sites 15,000 lives	Comprehensive onsite health services

Client Name	Contract Start & End Dates	Number of Lives	Description of Contract
Jackson, Mississippi 39202 P: 601-359-5621 F: 601-359-5680 E: cepps@mdoc.state.ms.us Commissioner's Assistant: Tiffany C. Powell P: (601) 359-5621 (direct line) E: TiPowell@mdc.state.ms.us	7/2011 – 6/2015 with one additional one year renewals		

A.E. Litigation History

In the five-year period from July 1, 2009 to July 1, 2014, a total of 537 claims were submitted to Wexford Health. Of the 537 claims described above, Wexford Health confidentially settled 9 claims for a total of $3,324,750. Two (2) of the claims were tried to conclusion resulting in a defense verdict for Wexford Health. 145 claims were dismissed or never actually materialized as lawsuits.

We do not know at this time what portion of the remaining 381 open claims will actually become lawsuits. As shown by the statistics cited above, the majority of these claims are frivolous "alleged deliberate indifference" suits — almost 95% of which are dismissed or closed without damages being paid to the inmate.

The US Bureau of Justice found that as a result of the implementation of the Prison Litigation Reform Act, lawsuits by inmates were reduced from 26 lawsuits filed per 1,000 inmates in 1995 to 11 lawsuits filed per 1,000 inmates a decade later (2005). To review our litigation history, please refer to *Proposal Exhibit 5: Litigation History.*

Our work in West Virginia over the past five (5) years has resulted in a significant decrease in litigation and lawsuits, as shown by the figure below.

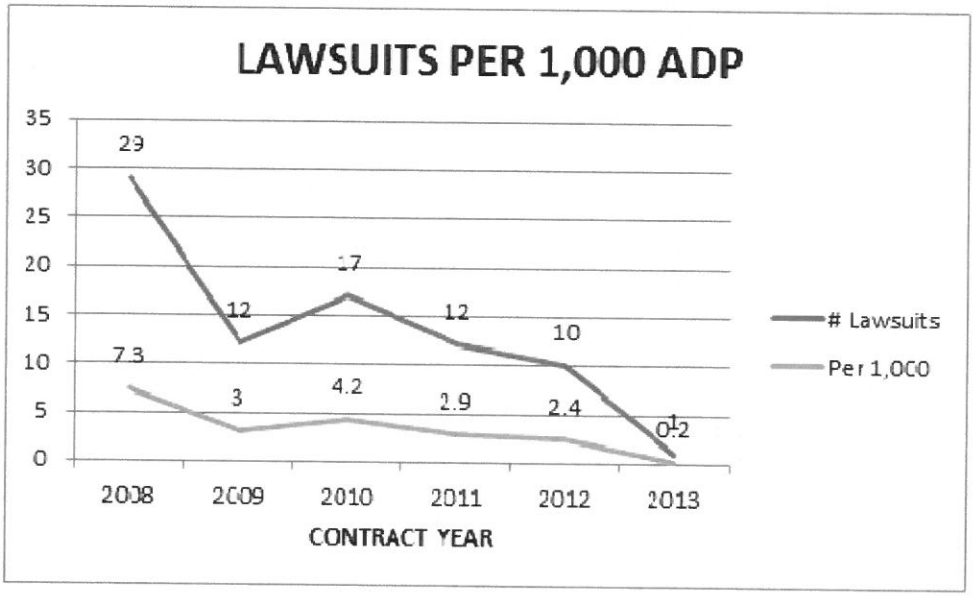


Figure 4: Wexford Health's Litigation History for WV DOC Contract

A.F. Proposed Staffing Plan

Wexford Health has provided for the State a proposed staffing plan. This plan includes all of the requirements listed in the RFP and subsequent addenda and also has the added benefit of our experience with the WVDOC for the past six (6) years. From this experience we know what works for this contract and in what ways we can improve upon our staffing. To review our proposed staffing plans, please refer to *Proposal Exhibit 6: Proposed Staffing Plans.*

A.G. Description of History, Commitment, and Success with WVDOC

Wexford Health is fully invested in the services, people, facilities, and communities we have had the pleasure of working with for the past six (6) years. Throughout our contract in West Virginia, we have made every effort at meeting the needs of the Division, and ensuring that all of our programming is proactive and efficient. Committed to providing the best possible services, we have made adjustments and improvements to how we deliver services. Examples of our responses to the ever-changing needs of the WVDOC are included below.

- Working in collaboration with the West Virginia Department of Health and Human Resources to ensure each site has trained HIV counseling staff.
- Continuously partnering with the WVDOC to achieve and/or maintain 100% accreditation success at the eight main prison facilities from both the National Commission on Correctional Health Care (NCCHC) and the American Correctional Association (ACA).
- Successfully utilization of telepsychiatry throughout the state, allowing psychiatric services to be brought to the remote, rural areas. We also implemented (and continue to utilize) telemedicine to provide infectious disease management of the HIV and Hepatitis C+ population at the Mount Olive Correctional Complex and Lakin Correctional Center.
- Opened a new, additional infirmary unit in 2011 for the WVDOC at the Saint Mary's Correctional Center.
- Maintain a staffing fill rate at or above 95%, thus (barring extraordinary circumstances) totally eliminating the need for Agency nursing.
- Partnered with the Central Plains Geriatric Education Center from the University of Kansas to open hospice beds at the Mount Olive Correctional Complex, Lakin Correctional Center, and St. Mary's Correctional Center in order to meet the physical, psycho-social, practical, and spiritual needs of terminally ill patients.
- Collaborating with our mental health partner, PSIMED, the program now includes partnerships with West Virginia University and Marshall University for internships and fellows rotations.
- Working diligently to ensure all staffing needs are met throughout the State. Examples of where we have added additional staff to meet the needs of the DOC, including the following.
  - Mental health professional and LPN FTEs in response to increased mental health and medical needs at Charleston Work Release, Huntington Work Release, Beckley RSAT, and Denmar Correctional Center. For Beckley RSAT, we also added lab services.
  - Mid-Level Practitioner, RN, and LPN FTEs in response to an increased population with more medical needs and required services for Huttonsville Work Camp.
  - Dentist, Dental Assistant, and Dental Hygienist FTEs to meet increased dental needs and provide preventative cleanings and oral education at Lakin.
  - Mental health staff to ensure adequate coverage and services for the opening of an 8-bed Behavioral Health Unit at Lakin.
  - CNAs to Mount Olive, Lakin, and St. Mary's in response to increased needs for ADL assistance for our elderly and chronically ill patients in our infirmaries.

- Director of Nursing and an Administrative Assistant to St. Mary's medical team in response to the increasing needs of the elderly and high acuity patients.

- Successfully began comprehensive health care services upon the opening of Salem Correctional Center in October 2013. Our staff members were hired, trained, and ready to start providing services prior to opening of the facility.

We truly enjoy our work with, and within, the State of West Virginia and actively participate in many of the Division's and community's activities. Some examples are listed below.

- **WVDOC Open House Activities**- Each year the WVDOC sites hold an "Open House", allowing the family and friends of the inmates to visit the prisons. During this Open House, they have games, food, and music. It is a huge event, and there are hundreds of visitors at each site that attend. At no cost to the WVDOC, Wexford Health and the medical units provide for this event additional licensed staff to check-in, and supervise, the storage of all medications that a visitor may bring with them. We are also on the yard during the event to provide any emergency care for inmates and visitors. We also provide any equipment for those visitors with handicaps, such as wheelchair or walker services.

- **Additional Care for an Inmate at Anthony Correctional Center** – In May of 2012, a judge in Clay County court-ordered that an inmate be sentenced to Anthony Correctional Center (Anthony). Anthony is a special facility housing for young adult male and female prisoners who serve up to 18 months at the facility and complete their GED and/or vocational courses along with community service hours and are then discharged. The facility is set up with a very small medical unit with only one (1) bed for up to 24-hours of observation and a small nursing staff. The inmate was a special needs infirmary patient (paraplegic with a stage 5 decubitus ulcer on right leg). When the judge would not allow this inmate to be moved to a facility that had infirmary services, Wexford Health responded. Our observation room became an infirmary bed; we increased our staffing to have an RN onsite 24/7; and we provided all the IV's, medications, and supplies needed for this patient. Our staff at Anthony provided infirmary level care which met NCCHC and ACA standards for this patient for the entire sentence, resulting in a successful discharge.

- **Involvement in the Community** - Our staff at several of the sites partner with WVDOC in community outreach and awareness.

  - The medical staff at Pruntytown Correctional Center participate in an annual blood drive, and an annual community walk to raise awareness during Domestic Violence Awareness Month each October (see below).



  - During the holidays, our staff participate in various charities, including Angel Trees and food drives, in partnership with the DOC to help those in need in the community.
  - Our current provider at Anthony, Dr. Bonnie Gifford, is a permanent volunteer and president of the local Hillsboro Library.
  - Several psychologists are adjunct professors at universities throughout the state.

- **Staff Recognition for their work in West Virginia** – Dr. Robert Must, who recently retired and was a long-time provider for Denmar Correctional Center, was named "Outstanding Rural Health Provider of the Year" in 2012 during the West Virginia Rural Health Conference. The conference bestows this award every year to recognize a direct service provider who exhibits outstanding leadership in the improvement of health care services to rural areas of West Virginia. Dr. Must retired in 2013 with more than 20 years of service at the Anthony and Denmar facilities.
- **Clinical Partnerships** - In 2013, Wexford Health partnered with United Technology Center of Practical Nursing in Clarksburg and entered into a one-year contract for the purpose of providing clinical supervised rotations for correctional health care. The LPN students provide weekly clinical rounds at Pruntytown Correctional Center, seeing first-hand how health care is provided in a correctional setting.
- **Mock Riot Involvement** – Wexford Health has continuously sponsored and participated in West Virginia's annual Mock Prison Riot, an invaluable hands-on training program that provides exposure to technology, techniques, and practice to corrections staff. For more information on our involvement in the Mock Riot, please refer to a recently published article in the Charleston Gazette (*Proposal Exhibit 7: WV Mock Riot Article).*

A.H. Project Manager for WVDOC

Wexford Health's Project Manager for the West Virginia contract is Mary Westfall, RN, CCHP. As the Regional Manager she oversees all operations of the West Virginia DOC contract. Working in the nursing field for the past 25 years, with 15 of those in corrections, Ms. Westfall has extensive knowledge of the West Virginia system. She has worked in Mt. Olive Correctional Center as a nurse and also in multiple leadership roles, utilizing her extensive skills and expertise to help maintain and strengthen this important contract. We have included Ms. Westfall's resume in *Proposal Exhibit 8: Regional Manager Resume.* A West Virginia native, Ms. Westfall is based out of central West Virginia and she can be reached at mwestfall@wexfordhealth.com.

B. Attachment B: Mandatory Specification Checklist

List mandatory specifications contained in Section 4, Subsection .5:

As per the RFP, we have replied to all of the mandatory specifications listed in Section 4, Subsection 5 below.

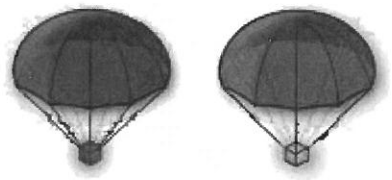
B.A. Transition (RFP Section 5.1.1)

Vendor must have proven ability for contract transition with an orderly and efficient startup or contract transition. A detailed plan with a proposed timetable is required for implementation and operation of the system. Services must be operating at required capacity within sixty (60) days of the contract start date.

Vendor Response:

Wexford Health recognizes that as the current provider of services to the WV DOC, we will not need to redo many of the core components that are already in place throughout the state. This will save the WV DOC time and money. Instead we will take this important time to provide any *enhancements and reconfigurations* the WVDOC would like to have for the health services program.

We apply our DEPLOY model during the transition process for all contracts we are awarded. DEPLOYment ensures not only a smooth implementation of services, but also continuity of patient care.



DEPLOY

Develop strong relationships with client and with site-level staff

Establish clearly defined timeframes and goals for project implementation

Partner with all appropriate stakeholders to develop the teams, processes, and programming required to meet the timeframes and goals

Limit any potential cost, disruption, or displacement associated with the contract transition

Operationalize the mutually agreed-upon teams, processes, and programming

Yield a viable, cost-efficient, clinically effective health care delivery system

Whether we are the incumbent provider, or new to a contract, there are key elements that contribute to Wexford Health's success at the transition, implementation, and management of large, complex correctional health programs. Key elements that contribute to Wexford Health's success at DEPLOYing large, complex correctional health programs, such as the WVDOC contract, include the following.

- Our willingness to visit each facility upon notification of re-award in order to communicate with existing staff, allay their fears, and control rumors
- Immediate and ongoing exchange of information with our client and the staff at each facility
- Immediate contact with the client's central office and facility personnel to develop schedules for regularly scheduled meetings and project updates for any new initiatives
- Increased responsiveness due to hands-on management by Wexford Health senior corporate staff, many of whom are already closely involved with the WVDOC
- Open communication among all appropriate client, facility, and Wexford Health staff on a continuing basis

Our program involves close coordination with the administration and current health care provider(s) — private or State-employed — at each facility on critical transition elements including continuity of care for the offender population during the transition period; continued retention of all eligible, qualified current health care employees; negotiation of interim agreements with all contract personnel, if necessary; and establishment of agreements with all necessary support vendors (i.e., hospitals, lab services, etc.), if necessary.

As the incumbent, we have strong relationships and solid programs in place with all of our vendors and subcontractors, including PSIMED, Boswell Pharmaceuticals, LabCorp, CompuMed, NFocus, Stericycle, and Linkia Prosthetics. Since all of these partnerships are already in place, and have proven to be efficient and effective in the past six (6) years, the WVDOC will not need to worry about programs being set up or implemented.

Wexford Health's transition and implementation process will ensure the satisfactory and continued provision of services to the WVDOC offender population. Our Gantt chart timeline (provided to the WV DOC in *Proposal Exhibit 9: Transition Plan*) illustrates how Wexford Health will manage the project, ensure completion of the scope of services, and accomplish required objectives within the WVDOC project schedule. This Gantt chart outlines the key steps, timeframes, target dates, and responsible parties that we will assign to supervise and monitor the transition, and to accomplish the following tasks.

- Recruitment of any new staff
- Contracting with subcontractors and specialists, if any additional services are needed outside of those already in place
- Hospital services, including the investigation to create of an offsite secure unit
- Pharmaceutical, laboratory, radiology, dental, and medical supplies, if any changes to the existing contracted providers are necessary
- Equipment and inventory
- Medical record management, including an electronic health record if the WVDOC chooses
- Orientation of new staff
- Coordination of transition which will be seamless as we are the incumbent provider

In addition to these tasks associated with the direct provision of health care services, Wexford Health will initiate positive relations with WVDOC groups that are involved with offender health care on a more tangential basis — e.g., Division custody and administrative staff — who are vital to our timely, efficient delivery of care to the State's inmate population.

B.A.1. Start-Up and Transition Team

Wexford Health will continue to provide the State of West Virginia with the personnel and resources necessary to assure a smooth transition for all new programming that is requested in this new RFP process. The WVDOC program is already a cost-effective, efficient health care program. If we are re-awarded this contract, we will ensure it stays this way. To accomplish this, we will utilize an implementation team of current Wexford Health and West Virginia and any other needed additional personnel with experience in the hands-on operation of correctional health units.

Upon notification of being re-awarded the WVDOC contract, Wexford Health will assemble the implementation team to review all RFP specifications, our proposal, the program budget, and the outline of services. At this initial meeting, we determine assignments and agree upon targeted completion dates. The implementation team then conducts regular (at least) weekly internal meetings to ensure timely progress. The Team will also schedule regular meetings with the Division and facility staff to ensure Wexford Health addresses and resolves any concerns or issues in a timely and appropriate fashion, including but not limited to those listed below.

- Daily operations
- Budgeting
- Data collection, analysis, and reporting
- Quality management
- Orientation
- In-service training program development
- Personnel management
- Work scheduling and post assignments
- Policies and procedures
- Contact with appropriate Wexford Health corporate staff
- Contact with WVDOC officials and institutional staff

Although specific members of the team vary depending upon the requirements of each unique transition, implementation team members generally include the following personnel.

- Regional Manager
- Corporate and Regional Medical Directors
- Senior Vice President of Human Resources/Risk Management
- Vice President of Quality, Compliance & Business Affairs
- Vice President of Clinical Services
- Director of Quality Management & Performance Improvement
- Director of Behavioral Health Services
- Director of Pharmacy & Ancillary Services
- Director of Information Technology
- Director of Provider Network Development, Credentialing, & Claims
- Director of Utilization Management

- Manager, Accounts Payable

Each implementation team member has specific duties and responsibilities relative to the contract start-up/transition, as outlined in the following representative descriptions.

B.A.1.a. Regional Manager

The Regional Manager, Mary Westfall, RN, CCHP, is responsible for the overall implementation of the contract, and is the client's liaison to Wexford Health's corporate offices and infrastructure. She has a solid background in medical administration and program management, and is highly qualified to serve in her current leadership position. The Regional Manager interacts with the site-level administrators on day-to-day matters regarding start-up activities. In addition, she is responsible for the following tasks.

- Develops the tasks and assigns timelines for the transition and implementation plan
- Ensures continuity of care throughout the transition process
- Supervises the initiation and high-level coordination of all start-up processes related to the contract
- Ensures operational compliance with all contract and RFP deliverables
- Meets with client administrators and establishes routine transition status meetings
- Survey the facilities and maintains contact and communication with security staff at the site and DOC level
- Acts as the liaison to the Corporate support office
- Facilitates the purchase of all communication equipment with IT
- Facilitates the purchase of any medical equipment and supplies with AP
- Works with contracting to ensure we maintain working agreements with hospitals, ambulance providers, and other offsite providers of health care services; assist with coordinating services
- Reconcile previous onsite staffing complement with positions and hours going forward
- Identifies personnel for employment and independent contractor agreements and works with staffing to establish routine calls
- Works with the sites to ensure appropriate schedules
- Ensures Wexford Health policies and procedures reflect any contractual changes and are consistent with those of the WVDOC
- Facilitates any transition training needs

B.A.1.b. Corporate and Regional Medical Directors

Our team of medical directors, including corporate medical directors Dr. Thomas Lehman and Dr. Neil Fisher, serve as a resource to Wexford Health's site Medical Directors. The corporate and regional medical director team will advise the site clinicians(s) on matters of corporate clinical policy and operating procedures. Together, they will coordinate the overall implementation of all utilization review and case management policies and procedures. Along with the site Physicians, the corporate and regional medical director team will review all current inpatient hospitalizations and coordinate the transition of responsibility for these cases from the current system to Wexford Health. Other start-up responsibilities of the corporate and regional medical director team include the following.

- Assists in interviewing new clinician staff
- Orients new clinician staff
- Performs site visits to review the clinical care being provided at the site
- Coordinates clinical peer review process
- Works with the Operations team in establishing medical –related committees
- Educates professional staff on Wexford Health Utilization Management procedures and the Collegial Review℠ process
- Assists operations with distributing documents including nursing protocols, site operations manual, and Wexford Health's corporate directory and Quality Management Program
- Contacts site managers for review of policies
- Works at sites as needed to supplement the clinical team

B.A.1.c. Senior VP of Human Resources/Risk Management (and staff)

The Senior VP of Human Resources and Risk Management (SVP), Elaine Gedman, is responsible for all personnel requirements of Wexford Health's contracts, including assessing incumbents, recruiting additional staff, and establishing wage and benefit programs. The SVP (with designated staff) also performs the following tasks.

- Develop and distribute Welcome/Introduction letter and FAQ documents to employees
- Design and execute a recruitment campaign, including any specialized focus necessary to enhance recruitment of bilingual staff
- Determine vacancies and then identify, assess and recruit qualified candidates
- Initiates the hiring process
- Offers employment to qualified candidates
- Work with operations management to ensure security training requirements are met
- Distributes, explains, and processes all new hire paperwork, including benefits information
- Develops agreements and establishes payroll schedules
- Establishes recruitment and retention programs

B.A.1.d. Vice President of Clinical Services

The Vice President of Clinical Services, Rodney Jones, provides leadership and direction to the following service areas: Pharmacy and Ancillary services; Utilization and Case Management; Provider Network Development, Credentialing, and Claims; as well as administrative leadership for Wexford Health's providers.

- Oversees all contract activities to support and enhance delivery of care, fiscal accountability, staff appointment, evaluation, and development.
- Promotes and ensures excellent service to the WVDOC
- Directs our leaders in resource utilization
- Participates in problem resolution to better address the needs of the WVDOC in an efficient and innovative manner

B.A.1.e. Vice President of Quality, Compliance & Business Affairs

The Vice President of Quality, Compliance & Business Affairs, Nick Little, is one of Wexford Health's primary decision makers during contract negotiation and transition. He provides our executive and operations teams with all necessary contract-specific support and information on the project; and ensures the terms of the final executed agreement are optimized and mutually beneficial for both Wexford Health and the client. The VP of Quality, Compliance & Business Affairs' responsibilities include management of the following processes.

- Contract negotiation
- Briefings on solicitation/proposal/contract requirements
- Detailed program budget(s)
- Staffing requirements/responsibilities

B.A.1.f. Director of Quality Management & Performance Improvement

Wexford Health's Director of Quality Management & Performance Improvement, Martha Ingram, functions as the contract's overall Director of Nursing during contract transition, ensuring that our site-level non-provider staff — the backbone of any correctional health care delivery system — are properly trained and oriented on approved client and Wexford Health policies and procedures. She ensures all clinical training programs and protocols are in place and also the following.

- Identifies contract deliverables and develops monitoring methodology and tools
- Develops clinical training materials for regional and site non-provider staff
- Carries out orientation for regional and site non-provider staff
- Coordinates orientation, training, and cross-training programs
- Develops specific job descriptions for all staff
- Ensures all processes and protocols are in compliance with applicable standards of the NCCHC, ACA, client, and/or other oversight organization

B.A.1.g. Director of Behavioral Health Services

The Director of Behavioral Health Services, Ronald Smith Psy.D, serves as a resource to Wexford Health's site mental health clinicians and our mental health subcontractor PsiMed, advising them on matters of corporate clinical policy and operating procedures. Other start-up responsibilities of the Director of Behavioral Health Services include the following.

- Reviews pending consultations
- Contacts PsiMed managers for review of any policy changes required under the new contract
- Meet with WVDOC Care Services Director to discuss ongoing communications plan
- Meet with mental health stakeholders to discuss ongoing communication plan and confirm any required changes to reports scheduling and distribution
- Meet with stakeholders to update site-specific needs outline program
- Liaises with the WVDOC's mental health staff and PSIMED's staff to ensure the collaborative, multidisciplinary delivery of services, if mental health services are carved out of Wexford Health's contract

B.A.1.h. Director of Information Technology

The Director of Information Technology, Carlos Correa, is responsible for implementing and educating staff on all technology (hardware and software) utilized for health care-related purposes at our contracted sites. This includes the following tasks.

- Identifies any additional computer, printer, fax and copier needs
- Develops purchase/replacement plan
- Arranges purchase, delivery and installation of any new office equipment
- Identifies location, number and contact person at each site for any additional computer, telephone and fax lines
- Ensures personnel message communication (e.g., cell phone/pager) requirements by site are met
- Coordinates delivery/configuration with the client's Information Technology department
- Coordinates implementation of any telehealth and/or Electronic Health Record (EHR) solutions

B.A.1.i. Director of Provider Network Development, Credentialing, & Claims

The Director of Provider Network Development, Credentialing, & Claims, Kathy Ohleger, establishes and/or enhances the provider networks necessary to support the requirements of each Wexford Health contract. Our internal Provider Network Development Department has already identified the necessary providers and already has them in place. The Director of Provider Network Development, Credentialing, & Claims also does the following.

- Obtains a list of the site's current onsite and offsite health care providers and service vendors
- Identifies other potential onsite and offsite providers and vendors
- Sends letters of introduction to select new onsite and offsite providers and vendors
- Negotiates onsite and offsite provider and vendor contracts
- Compares Wexford Health claims policies and procedures requirements to the contract model and makes revisions to reflect the client contract
- Identifies, recruits, and hires provider network development; credentialing; and claims processing staff
- Directs correct set-up for client sites in WexCare and establishes a process which ensures the timely payment of claims

B.A.1.j. Director of Utilization Management

The Director of Utilization Management, Patricia Perkins, is responsible for the daily UM process for all contracted sites. She works closely with regional and site physicians and correctional staff to implement Wexford Health systems that provide the most appropriate, cost-effective care to offenders. This includes the following tasks.

- Compares UM Policies and Procedures to requirements/contract model and makes revisions to reflect the client contract
- Trains all providers by site on UM expectations and processes, including ER process, hospital tracking, and the Collegial Review℠ process

- Provides training on UM processes for site administrators and schedulers
- Pre-certifies inpatient and selected outpatient services
- Conducts inpatient daily review with hospital
- Conducts daily review of Emergency Room incidents
- Reviews scheduled elective surgeries via Collegial Review℠
- Reviews cases where there is no pre-authorization; review pending cases

B.A.1.k. Manager, Accounts Payable

The Manager, Accounts Payable, Maryanne Hollerich, is responsible for making arrangements for the purchase of office and medical supplies at each facility, then educating site-level staff on these arrangements. In addition, the Manager, Accounts Payable performs the following tasks.

- Facilitates contracts for bio-hazardous waste pickup and other ancillary services
- Ensures special pricing with existing suppliers and vendors
- Sets up accounts with new vendors for the contract, if needed
- Reconfirms all work and agreements with our minority- and woman-owned entities
- Reviews and confirms preferred buying lists ("formularies") for medical, dental, and office supplies
- Reviews and confirms par levels (in conjunction with the sites) for medical, dental, and office supplies
- Works with each facility to confirm our current equipment and inventory information
- Ensures that the medical, dental, and office supplies already in place at each facility are still accurate and sufficient
- Continues to manage payments for all non-provider invoices
- Reviews and confirms petty cash protocols for each facility

B.A.1.l. Corporate Clinical Pharmacist

The Corporate Clinical Pharmacist is responsible for arranging and/or assisting with all aspects of pharmacy services for the contract including, but not limited to, the procurement, inventory control, dispensing, and disposal of all pharmaceuticals; and for arranging the provision of all laboratory services.

- Part of team that negotiates pricing with our current, qualified and licensed laboratory services vendor
- Part of team that negotiates pricing with our current, qualified and licensed pharmacy wholesaler and/or distributor
- Establishes contact with the state Board of Pharmacy and reviews standards and scope of practice to ensure operational compliance
- Part of team that reconfirms local pharmacy back-up providers
- Reviews and reconfirms the most efficient method of providing pharmacy inspections and pharmacy therapeutics meetings
- Part of team that reconfirms formulary process implementation

- Reviews and solidifies pharmacy audit tools reflecting standards and contractual obligations
- Reviews authorized pharmaceutical stock and par levels by site to include emergency medications
- Part of team that reviews psychotropic medication practices to ensure consistency with client guidelines
- Ensures required lab and pharmacy licensure is in place at all sites

B.B. Comprehensive Health Care and Mental Health Services (RFP Section 5.1.2)

The Vendor shall provide all services necessary to provide comprehensive health care to all inmates under the care and custody of the Agency institutions designated within this document.

The Vendor shall be responsible for the provision of on-site and, when required as Vendor deems necessary, off-site general medical, dental, optometry, and mental health specialty or diagnostic ancillary services.

The services shall also generally include the employment and payment of contractual staff and agencies necessary for the provision of said care.

The Vendor is expected to provide equipment and supplies necessary for the performance of these health care obligations except as outlined in this RFP.

The Vendor will make every attempt to schedule the delivery of all non-emergent services so as to coordinate within the operations and security schedule of each institution. In the event of a conflict, the security and operations of the institution must take precedence.

Vendor Response:

Wexford Health will continue to deliver (and start for those new facilities) all of the services necessary to provide comprehensive health care to all inmates under the custody and care of the Agency institutions designated within the RFP. We understand and acknowledge that we are responsible for the provision of onsite, and when necessary, offsite general medical, dental, optometry, and mental health specialty or diagnostic ancillary services. We will maintain and provide all of the equipment and supplies necessary for the performance of these health care obligations except as detailed and outlined in this RFP. In addition, we will continue to make every attempt to schedule the delivery of all non-emergent services so as to coordinate within the operations and security schedule of each institution. In the event of any conflict, we understand and acknowledge that the security and operations of the institution will always take precedence.

B.C. Standards of Services (RFP Section 5.1.3)

All comprehensive health and mental health care services provided shall be in compliance and accordance with the following:

- All applicable federal legislation;
- All applicable statutes, regulations, rules, and any "standards of care" implemented by the State of West Virginia;
- Any applicable court orders/mandates;
- Policy directives of the Agency;

- American Correctional Association (ACA) current standards
- National Commission on Correctional Health Care (NCCHC) current Standards for Health Services in Prisons
- The Vendor shall provide Agency with the most current copy of the Vendor's policy and procedure manual, the Vendor's physician's medical protocols, and the Vendor's nursing protocols after award of contract, but prior to commencement of contract services.
- In the event medical detoxification services are necessary, American Society of Addiction Medicine (ASAM) criteria will be adhered to.
- Current PREA Standards.

In the event of a conflict in standards, the highest standard shall prevail.

Vendor Response:

Wexford Health's effective programming for all comprehensive health and mental health care services in the State of West Virginia currently follow all of the requested guidelines, statutes, regulations, standards, and rules, and we will most certainly continue to provide these services in compliance and accordance with all of the following.

- All applicable federal legislation
- All applicable statutes, regulations, rules, and any "standards of care" implemented by the State of West Virginia
- Any applicable court orders/mandates
- Policy directives of the Agency
- American Correctional Association (ACA) current standards
- National Commission on Correctional Health Care (NCCHC) 2014 Standards for Health Services in Prisons
- Our most current copy of Wexford Health's policy and procedure manual, our physician's medical protocols, and our nursing protocols (an updated copy will be provided to the Agency after the award of the contract but prior to the commencement date detailed by the Agency)
- American Society of Addiction Medicine (ASAM) criteria in the event medical detoxification services are necessary
- Current PREA standards
- Current Regional Jail Authority standards

As per our current programming for the WVDOC, in the event that there is a conflict in standards, we will ensure that the highest standard will prevail.

B.D. Work Stoppage (RFP Section 5.1.4)

In the event of a strike, slowdown, or full or partial work stoppage of any kind by the employees of the Vendor, the Vendor hereby acknowledges its responsibility to continue to fulfill its obligations under this contract and will indemnify Agency of any reasonable losses it may incur in the event of such circumstances.

Vendor Response:

In the event of a strike, slowdown, or full or partial work stoppage of any kind by the employees of Wexford health, we acknowledge and accept our responsibility to continue to fulfill our obligations under this contract. We agree to indemnify the Agency of any reasonable losses we may incur in the event of such circumstances.

B.E. Compliance with DOC Policy Directives/Staff Notices (RFP Section 5.1.5)

All Vendor employees are responsible for complying with all applicable Agency Policy Directives and Facility Staff Notices/Operational Procedures.

Vendor Response:

Wexford Health will ensure that all of our employees for the WV DOC contract comply with all applicable Agency Policy Directives and Facility Staff Notices/Operational Procedures.

B.F. Accreditation (RFP Section 5.1.6)

The Vendor shall maintain all current levels of accreditation, both ACA and NCCHC, held at each institutional site, and NCCHC accreditation and reaccreditation shall be at Vendor's expense. The Vendor will comply with all ACA standards established within each facility. The Agency shall assume all costs associated with ACA accreditation and/or reaccreditation at all sites.

Currently, the following locations are NCCHC accredited: ACC, DCC, HCC, LCC, MCC, MOCC, PCC, and SMCC.

The Vendor shall maintain and keep current all documentation that may be necessary for any accrediting audits. Vendor will be responsible for NCCHC re-accreditation costs at all sites:

Date Accredited	Institution
2006	ACC
2006	DCC
2006	HCC
2004	LCC
2007	MCC
2005	MOCC
2006	PCC
2006	SMCC

The following facilities are ACA accredited: ACC, DCC, HCC, LCC, MCC, MOCC, PCC, and SMCC. The Agency shall assume all costs associated with ACA re-accreditation at all sites.

Vendor Response:

As we have successfully done for the past six (6) years, Wexford Health agrees to maintain all current levels of accreditation, both ACA and NCCHC held at each institutional site. We understand and acknowledge that NCCHC accreditation and reaccreditation will be our expense. We will continue to comply with all ACA standards established within each facility, and we understand that the Agency assumes all costs associated with ACA accreditation and/or reaccreditation at all sites. Per the RFP, and our experience working with these sites for the past six (6) years, we understand that ACC, DCC, HCC, LCC, MCC, MOCC, PCC, SMCC are NCCHC accredited.

We also understand that we will need to continue to maintain and keep current all documentation that may be necessary for accrediting audits. We are fully prepared, both financially and logistically, to be responsible for the upcoming NCCHC re-accreditations for the listed WVDOC sites.

We also understand that the ACC, DCC, HCC, LCC, MCC, MOCC, PCC, SMCC, NCC, and OCCCC are all ACA accredited.

As outlined in *Proposal Exhibit 10: Accredited Sites List*, Wexford Health has an excellent record of helping to achieve success for our clients who have chosen to undergo review in support of accreditation or re-accreditation from the National Commission on Correctional Health Care (NCCHC). 100% of our contracted prisons carry NCCHC accreditation, in those states where our clients choose to pursue such certification.



We are equally strong in supporting the larger group of clients who have decided to apply for accreditation from the American Correctional Association (ACA). Many of our contracted correctional facilities carry ACA accreditation, including the high acuity, maximum security Mount Olive Correctional Complex right here in West Virginia, where Wexford Health helped our DOC partners achieve **100% compliance on the comprehensive health care services components** of their audits.

Wexford Health has significant knowledge of each individual WVDOC facility and the ACA and NCCHC auditing processes so we can provide invaluable guidance in preparing for accreditation or re-accreditation. In addition, we have developed an *Accreditation Process Manual* that supports the efforts of our contracted facilities, including the WVDOC that choose to seek accreditation and reaccreditation. This manual provides guidelines, checklists, and timelines to accompany the re/accreditation process. Although the goal of the *Accreditation Process Manual* is for a facility to become successfully re/accredited, going through the process is in itself a useful tool for identifying opportunities for improvement as well as operational deficiencies. If these operational deficiencies were left unchecked, they would impede the successful delivery of health care services to the offender population.

Our fundamental approach to obtaining or maintaining any accreditation consists of quality improvement through corporate oversight, regional oversight, and onsite management.

- **Corporate Support for Accreditation:** Wexford Health's Corporate Medical Directors and Medical Advisory Committee monitor the performance of physicians and other clinical providers. Our team is able to use chart reviews, case reviews, and informal personnel evaluations to assess the level of care our site-level clinicians are providing to the offender population. Prior to an audit, Wexford Health corrects any noted deficiencies or deviations from accepted standards through education, counseling, or other similar action.
- **Regional Support for Accreditation:** Our regional management staff periodically conducts site visits of our contracted correctional facilities to inspect, monitor, and audit our medical programs and to ensure that we are completing the activities required for accreditation. Regional managers also conduct spot checks using Wexford Health's Accreditation Audit Tools; review medical records; monitor sick call activities; inspect files and record-keeping requirements; and perform any other activities required by NCCHC, ACA, or other applicable standards.
- **Onsite Support for Accreditation:** One of the primary responsibilities of a site's Quality Management Program (QMP) Committee is to monitor compliance with standards on a regular basis. Through a series or reviews, reports, audits and evaluations, the site-level committees monitor the quality of the medical services program, using NCCHC and ACA accreditation

standards as the benchmark to determine a minimum level of acceptable performance. In many instances, the committee utilizes peer review to help monitor compliance.

To further comply with all applicable standards, Wexford Health's site management team performs regularly scheduled monitoring and auditing activities at our contracted facilities. To assist in this process, Wexford Health has developed Accreditation Audit Tools to monitor compliance with required standards. Our site managers also oversee in-service training and education; and schedule in-service training, counseling, or other corrective action to correct deficiencies as recommended by site physicians or the QMP Committee. This series of checks and balances helps Wexford Health maintain a concerted effort to operate our medical services program at levels that meet or exceed NCCHC, ACA, or other accepted standards.

B.F.1. *The IDEAL Program*

One of Wexford Health's key initiatives to ensure quality of services is the company's **IDEAL** program: our **I**nitiative to **D**evelop **E**xpertise at **A**ll **L**evels. President & CEO Daniel Conn expects key personnel—including every member of our senior management team—to obtain designation as a Certified Correctional Health Professional (CCHP) from the NCCHC. This certification identifies our leaders as individuals who have demonstrated mastery of national standards and who possess the knowledge expected of managers in today's correctional health care environment.

In order to achieve CCHP certification, individuals must pass a rigorous test to prove their knowledge of correctional health care standards. In addition, CCHPs must log 18 hours of continuing education (at least 6 of which are specific to correctional health care) each year in order to maintain their certification. While not easy to obtain, Wexford Health believes our CCHP certification initiative will set us apart from our competitors and demonstrate our leadership in the ever-changing field of correctional health care.

Company leaders are also challenged to obtain additional certifications that relate to their specific occupations. For instance, Wexford Health asked the leaders of our Illinois contract management team to take ACA's Certified Corrections Manager (CCM) exam, for individuals who manage major units or programs within a corrections setting. We are pleased and proud to announce that our entire Illinois Regional Management Team passed the test and each member of the team was accredited as a Certified Correctional Manager.

Another IDEAL example is the project we began in 2008 with the Mississippi Department of Corrections to encourage Wexford Health nurses employed at the three main prison complexes across the state to achieve Certified Corrections Nurse (CCN) status from the ACA.

B.G. WV Vendors (RFP Section 5.1.7)

All contracted medical and mental health services (hospital, specialty referrals, etc.) shall be West Virginia providers, preferably in the community if possible.

Vendor Response:

Wexford Health currently works with a multitude of local, West Virginia-based companies for the WVDOC contract, and will continue to do so for the new contract. We are proud to partner these local vendors, specialists, facilities, and hospitals.

- American Quality Imaging, *Beckley, WV*
- Anwar Eye Center, Moundsville, WV
- Berkeley Medical Center, *Martinsburg, WV*

- CamdenClark Medical Center, *Parkersburg, WV*
- D. Kent Moss, DDS Equipment, *Elkins WV*
- Davis Memorial Hospital, *Elkins, WV*
- Dental Services Group, *South Charleston, WV*
- Fresenius Medical Care Ripley Dialysis Center, *Ripley, WV*
- Grafton City Hospital, *Grafton, WV*
- Greenbrier Valley Medical Center, *Ronceverte, WV*
- Montgomery Hospital, *Montgomery, WV*
- N-Focus Optical Labs, *Elkins, WV*
- Pleasant Valley Home Health , *Point Pleasant, WV*
- PSIMED CORRECTIONS, LCC, *Charleston, WV*
- Quality Mobile Imaging, LLC, *Huntingdon, WV*
- Robert N. Lohr Consultative Pharmacy Services, *Princeton, WV*
- United Hospital Center, *Clarksburg, WV*
- WV Pleasant Valley, *Point Pleasant WV*

In addition to these West Virginia-based vendors, we will also be utilizing other vendors who have been also been working with us in the State of West Virginia for the past six (6) years. They include the following.

- Boswell Pharmacy Services
- CharDonnay Dialysis, Inc.
- CompuMed
- LabCorp
- Linkia LLC
- Medline Industries
- Progressive Medical Supplies, Inc.

B.H. Utilities (RFP Section 5.1.8)

The Agency will provide all necessary utilities at each institutional site, including phone lines for local calls. The Vendor is responsible for the cost of long distance calls, as well as all other transmittal costs for fax, long distance, etc. Vendor is responsible for all postage costs incurred to provide services. Telemedicine line charges shall be the responsibility of the Vendor.

Vendor Response:

Wexford Health acknowledges and understands that the Agency will provide all necessary utilities at each institutional site, including phone lines for local calls. We understand and acknowledge that we, as the vendor, will be financially responsible for long distance calls, as well as all other transmittal costs for fax, long distance, etc. We understand that we are responsible for all postage and telemedicine costs incurred to provide services.

B.I. Maintenance and Housekeeping (RFP Section 5.1.9)

The Agency will provide for the general maintenance and housekeeping at each institutional site. This includes cleaning supplies in the areas where the Vendor is to provide health care services. The Vendor is Responsible for ensuring that the cleanliness and sanitation of the medical unit, clinical area, and infirmary area are in compliance with the standards of the medical community in general.

Vendor Response:

Wexford Health understands that the Agency will provide for the general maintenance and housekeeping of each institutional site, including the cleaning supplies in the areas where the vendor provides health care services. We will ensure that the cleanliness and sanitation of the medical unit, clinical area, and infirmary area are in compliance with the standards of the medical community in general.

B.J. Transportation (RFP Section 5.1.10)

The Agency shall provide for the secure transportation via state vehicle of incarcerated persons for outside medical services to a location within the State of West Virginia, as the Vendor deems necessary and appropriate in order to provide for health care of such person. The Vendor shall arrange and pay for the use of any emergency transportation vehicle, such as ambulances and medically equipped helicopters, as deemed necessary and appropriate for emergency transportation.

Vendor Response:

Wexford Health understands that the Agency provides for secure transportation via state vehicle or incarcerated persons for outside medical service, that we deem necessary and appropriate for health care of said inmate, within the State of West Virginia. We agree to arrange and pay for the use of any emergency transportation vehicle (i.e. ambulances and medically equipped helicopters) as deemed necessary and appropriate for emergency transportation.

B.K. Security (RFP Section 5.1.11)

It is understood and agreed upon that the Agency shall be responsible for the provision of security to the Vendor's employees and staff and that said security will be provided according to the same standard that is provided to Agency employees. It is further understood that the responsibility for DEA controlled substances and any other health care supplies or equipment that may jeopardize the security of the institution is the responsibility of the Vendor. Inmates shall not be notified in advance of the date or time of any off-site specialty appointments. Privileged information, that is information regarding security in regard to inmate patient care, will be provided only on a need-to-know basis.

Vendor Response:

Wexford Health understands and acknowledges that the Agency is responsible for the provision of security for our employees and staff, and that said security is provided according to the same standards as for Agency employees. We also understand that we, as the vendor, are responsible for DEA-controlled substances and any other health care supplies or equipment that may jeopardize the security of the institution. We will never notify an inmate in advance of the date or tie of any offsite specialty appointment. We recognize and acknowledge that privileged information, defined as information regarding security in regard to inmate patient care, will be provided only on a need-to-know basis.

B.L. Inmate Transfers (RFP Section 5.1.12)

The Agency reserves the right to transfer any adult inmate within a facility and/or between facilities. If an inmate is physically transferred from one facility to another facility, the facility from which the inmate is transferred is responsible for medical expenses up to the date of transfer, at which time the receiving facility will be responsible for provisions of services in accordance with the contract.

Vendor Response:

Wexford Health understands and acknowledges that the Agency reserves the right to transfer any adult inmate within a facility and/or between facilities. If the inmate is physical transferred from one facility to another facility, Wexford Health understands that the facility from which the inmate is transferred is responsible for medical expenses up to the date of transfer, at which time the receiving facility will then be responsible for the provision of services in accordance with the contract.

B.M. Reports, Statistics, and Meetings (RFP Section 5.1.13)

The Vendor shall furnish monthly reports and statistical data in the detail and format specified by the Agency, to include inmate medical co-pay information. A monthly meeting is to be held with the Warden and/or his/her designees and other staff as appropriate to review services provided for the previous month.

Vendor Response:

Wexford Health will continue to furnish monthly reports and statistical data in the detail and format specified by the Agency, including inmate medical co-pay information. We will ensure that the monthly meetings are still held with the Warden (and designee) and other staff as appropriate to review the services provided for the previous month.

B.M.1. Wexford Health's Comprehensive Reporting and Statistics Program

Correctional systems are faced with increasing demand for information related to the financial, clinical, administrative, and managed care aspects of delivering health care to their populations. With this in mind, correctional systems, such as the WVDOC, recognize that they must implement advanced technology to meet these complex demands, including the following.

- Reducing costs
- Improving the quality of patient care
- Implementing patient safety initiatives
- Complying with HIPAA, federal, and state coding regulations
- Measuring clinical performance outcomes
- Streamlining connectivity between laboratories, hospitals and other external care systems

Wexford Health has long been a proponent of incorporating state-of-the-art technology into our programs in order to provide high-quality health care services for our clients. We will further our partnership with the WVDOC to review existing and any updated required technology needs, utilizing appropriate technological resources extensively to execute the proposed health services for the contract.

Our Information Technology (IT) Group is committed to implementing and supporting all technology (hardware and software) utilized by Wexford Health staff at our contracted sites. Our IT Group includes the following areas.

- **Technical Support/Help Desk:** We make technical support available on a 24/7 basis to address hardware, software, or communications issues encountered by Wexford Health staff at our contracted sites. Employees submit trouble tickets to a dedicated IT telephone line or e-mail address. The IT staff then logs the issue and tracks it to resolution.
- **Network Administration:** Our network administration staff is responsible for ensuring that individual Wexford Health employees — at our corporate office as well as at each of our contracted sites — have access to the appropriate Wexford Health systems. The network administration group is also responsible for overall server maintenance (e.g., security, upgrades, back-ups, etc.).
- **System Administration:** Our system administration staff is responsible for developing, implementing, and maintaining Wexford Health's in-house and third-party management information systems to support the company's day-to-day operations. The system administration team also manages the company's reporting requirements.
- **Telecommunications:** The telecommunications team ensures the availability of voice communications for Wexford Health staff, including those shown below.
  - Local and long distance voice communications
  - Voice switch hardware and software (PBX)
  - Voice mail
  - Cell phones, pagers, and personal data devices (BlackBerry and other smart phone devices)
- **Telehealth:** The telehealth team focuses on the deployment and support of hardware and software for Wexford Health's telehealth partnerships with our clients, including telehealth program strategy, implementation, training, scheduling, and problem resolution.

Wexford Health maintains for the WVDOC multiple automated management information systems for collecting statistical data, analyzing efficiency, and reporting the utilization of health care services, including but not limited to, the following topics.

- Inpatient hospitalization
- Outpatient/offsite referrals
- Primary health care cost
- Medical encounter data
- Chronic care clients and clinics
- Pharmacy data
- Statistical aspects of the quality management program
- Medical grievances
- Mortalities

Our data tracking and reporting resources include systems that we developed in-house, as well as off-the-shelf packages that we purchased and customized. We describe some of these systems below. We use these systems and processes to support our corporate office as well as our customer base of contracted client facilities.

Wexford Health obtains the data we enter and track within our IT systems from multiple sources, including site-level data entry (e.g., medical encounter data, dental services data, etc.); corporate office data entry (e.g., amounts of submitted offsite care claims); and third-party vendor systems (e.g., pharmacy vendor software).

B.M.1.a. WexCare

WexCare — our state-of-the-art medical management information system specifically designed for the corrections industry — is the primary internal system that Wexford Health uses to support the WVDOC's reporting requirements. The fully integrated proprietary software operates at the highest levels of accuracy and efficiency, and is capable of tracking data, generating required reports, and ensuring the ongoing, systematic evaluation of offender health care utilization. We use WexCare at each contracted site to track, process, analyze, and report on offsite health services utilization and cost, provider claims, and provider contracts.

The WexCare system allows our utilization management, claims processing, and provider contracting departments to access information simultaneously. This enables us to verify authorizations deemed medically necessary by our clinical staff, expedite claims processing, and ensure claims are paid according to the proper fee schedules and reimbursement rates. As a result, Wexford Health employees work with far less redundancy and provide the WVDOC with extremely accurate health care utilization and cost information.

Our staff members have been formally trained on every component of the WexCare system. Additionally, the software is user-friendly, reducing opportunities for error, and adding to the reliability of this system.

A highly adaptable and flexible tool, WexCare provides clear, concise, current presentations of the reports and analyses correctional clients most often request. The system captures information within a wide variety of parameters in order to identify trends and anomalies. For example, WexCare offers multiple ways to sort data, including adaptive drill-down capability to an individual item or particular activity for analyses that require greater detail.

Wexford Health collects and tabulates statistical utilization and/or cost data from each of the WVDOC facilities. Our WexCare system generates a wide variety of standard reports that can be tailored to capture data within specific timeframes, including daily, weekly, monthly, bi-annually, year-to-date, and annually. We also have the ability to further modify these report templates (within reason) to client requirements

Through WexCare, Wexford Health can generate more than 400 productivity reports that deliver analyses of clinical costs and utilization. Examples of currently available WexCare reports are as follows.

- Emergency Room Roster
- Monthly Outpatient Report
- Inpatient Days Summary
- Daily Inpatient Log
- ER Event Summary
- Top 10 Diagnoses by Authorization
- Top 10 ER Diagnoses by Claims

Wexford Health can also provide contract-specific utilization trend reports that capture data on a rolling monthly basis for categories including those listed below.

- Inpatient Days
- Inpatient Admissions
- Outpatient Surgery Referrals
- Emergency Room Referrals

Additionally, Wexford Health tracks and analyzes clinical costs and utilization across care categories on a historical basis. In this way, we can monitor seasonal fluctuations as well as proactively identify potential negative trends, rather than reacting only after paid claims reveal there is an issue.

In addition to the customized cost and utilization reports we regularly provide to the Agency, Wexford Health has developed multiple West Virginia-specific internal reports over the course of our six-year partnership with the state. We use such resources to analyze our performance on the WV DOC contract and to identify any areas where we could realize financial, operational, and/or clinical improvements for the State. These internal tools include, but are not limited to, reports on pharmacy utilization; outpatient encounters by authorization type; trauma case summaries; inpatient admissions; etc. Please refer to our narrative on data mining for more detailed information about how we use these reports to support the cost- and clinical efficiency of WV DOC inmate health care.

We have provided samples of utilization reports generated from WexCare as *Proposal Exhibit 11: Wexcare Reports*

B.M.1.b. Other Utilization Reports

In addition to the reports we generate through WexCare, Wexford Health also provides site-level and contract summary reports on topics including those listed below.

- Summary of health services utilization
- Infection control
- Chronic care
- Health care grievances

We have provided samples of these reports as *Proposal Exhibit 12: Other UM Reports.*

Reviewing the reports we currently provide to the WVDOC, and some reports we have recently starting providing to new state contracts, we would like to recommend the following reports to the Agency. We think these reports will be very useful to controlling costs and tracking health care services for the inmates throughout the WVDOC. They include the following.

- Polypharmacy reporting
- Lab reporting including Triglyceride trending
- Readmissions

B.M.1.c. Applicant Tracking System

Staffing correctional health care programs is not easy. Between overcoming candidates' ignorance of what it is like to work in a prison or jail; complying with many overlapping

and complex equal opportunity requirements; and hiring a sufficient number of qualified individuals while staying within budget—a company has to have its own internal staffing intelligence agency in order to keep ahead of the game.

Luckily, Wexford Health does. We use the **CIA**—**C**andidate **I**nformation & **A**pplication system— to electronically manage our recruiting functions including posting open positions, interacting with candidates, generating required compliance reports, and managing any agencies with which we partner.

Our CIA system streamlines the traditional paper-based staffing process and enables Wexford Health to maintain a powerful talent pool for optimal job placement. Our staffing team can define job requisitions, post openings, set the full-time equivalency for a position, and store and track applicant data. With this information readily available, managers are able to quickly source and identify candidates who meet specific hiring criteria.

Our fully automated CIA system utilizes one central location to store all candidate information. This not only enables us to efficiently track applicants throughout the entire hiring process, but also lets us build custom reports from all captured job data, including time to fill, cost per hire, and EEO requirements.

We will apply multiple CIA resources to support the WVDOC contract, including webpages where candidates can apply online for WVDOC health care positions; and a Forms Library containing downloadable WVDOC-pertinent human resource forms, e.g., *Applicant Consent for Drug Testing*, Equality and Human Rights Commission paperwork, etc.

B.M.1.d. TIM (Talent Information Management system)



Move over, Siri! In keeping with our goal of continually providing state-of-the-art technology-based solutions, Wexford Health has implemented **TIM**: our internal **T**alent **I**nformation **M**anagement system (formerly known as Kronos® human resources information management system).

By customizing industry-leading third-party human resources software, Wexford Health created TIM specifically to meet the unique needs of correctional clients and employees. TIM brings a whole new level of efficiency to our recruitment, scheduling, and reporting functions, enabling us to respond more quickly to client and employee needs.

Through TIM, we can make available detailed personnel records, attendance data, staff vacancy reports, and any other relevant information required and requested by the WVDOC. This system increases Wexford Health's already high level of human resources efficiency, including recruiting; scheduling; tracking time, labor, and attendance; and processing payroll.

While other correctional health care companies use "ID card swipe" time clock systems, TIM utilizes advanced biometric capabilities. The system identifies employees by recording and recognizing each individual's unique fingerprint, thus reducing clerical errors and preventing staff members from "punching in" for their friends.

TIM also enables Wexford Health to manage a wide variety of compensation and benefit plans, to meet the needs of our diverse, nationwide workforce. The system also provides

vital information necessary to retain existing employees, reward top performers, and recruit new talent.

TIM's **powerful scheduling and planning tools** enable us to deploy the Wexford Health workforce in the most efficient manner. We align labor resources with the needs of our clients, making optimal use of our human capital. This gives us more control over labor costs, improves employee satisfaction with the work/life balance, and reduces any risk of non-compliance with contractual labor agreements or state/federal labor regulations.

TIM efficiently manages labor resources in real time, using **automated business processes to eliminate many routine administrative tasks**. This streamlines operations and increases accuracy by eliminating paper timesheets and other error-prone manual tasks. TIM enables us to monitor labor activity as it happens, make proactive business decisions, and better control labor costs with reliable, up-to-the-minute tracking of workforce data.

Our **entire payroll process is automated from source to net, enabling maximum accuracy and efficiency of workforce compensation**. TIM virtually eliminates payroll errors. This frees human resource personnel from spending unnecessary time on data entry, error correction, and other administrative tasks. In addition, Wexford Health leverages real-time payroll processing data from TIM to support other mission-critical contract management activities

TIM **manages all types of employee absence, including vacations, medical leave, illness, and tardiness**. This gives Wexford Health complete visibility into absence trends and patterns. With better understanding of who is on leave, for how long, and why, we can proactively manage our workforce and make well-informed decisions regarding policy enforcement. TIM provides for consistent, fair enforcement of leave policies, resulting in lower risk of labor actions and increased employee morale.

TIM has the **ability to compile more than 100 reports**, based on all aspects of human resources administration. Wexford Health can alter the data fields to include only as much data as needed, for a single employee or an entire group. Reports are customizable for individual clients, and include categories such as the ones below.

- Performance, goals, and training to ensure compliance
- Attendance and benefit plan details
- Compensation details and comparison
- Compliance information, such as health and safety records for OSHA
- Equal Employment Opportunity reports
- Position data by salary, pay grade and job codes, and shift differentials
- Hours worked by position, by facility, to ensure contract compliance

We have provided sample TIM reports in *Proposal Exhibit 13: TIM Reports.*

B.M.1.e. Financial Tracking & Reporting



Keeping a health care contract in good financial shape requires a dedicated team effort—from the client, the operators, the administrators, and the clinicians. Coaching all of these various elements to financial health is the job of Wexford Health's **FIT**

personnel: our **F**inancial **I**ntegrity **T**eam.

Made up of seasoned accountants, financial analysts, and reporting experts, the FIT uses industry-leading Microsoft financial software to streamline and enhance our accounting and financial reporting capabilities. These resources provide Wexford Health with great insight into our contracts' business performance and enable the FIT to quickly and effectively respond to external requirements or changing business conditions—a critical ingredient for financial health in today's changing economic climate.

Wexford Health's FIT collects and analyzes information from multiple departments and processes, in order to provide internal and client leadership with strategic analyses of key risk indicators. FIT members have access to real-time data, enabling the Team to build, format, and distribute easy-to-understand reports that aggregate data across the organization. This helps both Wexford Health and our clients to maintain a clear understanding of each contract's financial and operational status.

The FIT increases contract productivity and effectiveness by giving people the information they need to monitor performance, meet compliance deadlines, and make confident business decisions.

B.M.1.f. Value Added Program - MicroSoft SharePoint

SharePoint is a tool that allows organizations to share information, both internally and externally, manage documents, and publish reports. The most common uses of SharePoint include the following.

- **Intranet portal** - A SharePoint intranet portal is a way to centralize access to enterprise information and applications on a corporate network. It is a tool that helps a company manage its data, applications, and information more easily. This has organizational benefits such as increased employee engagement, centralizing process management, reducing new staff on-boarding costs, and providing tacit knowledge capture.
- **Enterprise content and document management** - SharePoint is often used to store and track electronic documents or images of paper documents. It is also capable of keeping track of the different versions created by different users. In addition to being a platform for digital record management systems that meet government and industry compliance standards, SharePoint also provides the benefit of a central location for storing and working on documents, which can significantly reduce emails and duplicated work in an organization.
- **Extranet sites** - SharePoint can be used to provide password-protected, web-facing access to people outside an organization. Organizations often use functionality like this to integrate third parties into supply chains or business processes.

A high level plan of this process includes the following tasks.

B.M.1.f.i. Task 1 - Requirements Definition

Upon contract award, Wexford Health will work with WVDOC contract management to fully define access and data requirements for the WVDOC.

B.M.1.f.i.A Access Requirements

Wexford Health will fully define the infrastructure and implemented to support the unique needs of the WVDOC.

B.M.1.f.i.B Data Requirements

We could provide access to the following types of data via the document management solution.

- **Credentialing Database** – Wexford Health currently utilizes the PrivPlus credentialing software for tracking provider credentials throughout our book of business. This software will be used to track our employee credentials in West Virginia as well. Wexford Health will work with WVDOC to identify the data fields the Agency needs. Wexford Health will extract the required data fields and deploy the data in an MS-Sql database.
- **Training Database** – Wexford Health will deploy a MS-Sql database that will include at a minimum the following fields:
  - Staff Name
  - Site
  - Training Class Titles
  - Training Class Start Dates
  - Training Class End Dates
  - Training Provider
  - Training Location

Wexford health will work with WVDOC to identify the data field would need in a training database.

- **Audits and Reports** – scanned PDF copies of all audit result documents and required reports could be available for WVDOC access.
- **Policies and Procedures** – scanned PDF copies of appropriate Wexford Health Policies and Procedures could be available for WVDOC access
- **Meeting Minutes** – scanned PDF copies of meeting minutes will be available for WVDOC access
- **Equipment Inventory Database** – Wexford Health can deploy a MS-Sql database to fully track required inventory at the individual DPSCS sites, including purchase, maintenance, repairs, etc. Wexford Health will work with WVDOC to identify the specific data elements that are required.

B.M.1.f.i.C Task 2 – MS SharePoint Configuration

Based on the agreed upon requirements, Wexford Health will configure deploy the SharePoint software. The configuration will be full tested by Wexford Health staff. Once tested, Wexford Health will work with WVDOC staff to ensure that the configuration provides the required access.

B.M.1.f.i.D Task 3 – Database Design and Development

Wexford Health can fully design and develop the required databases for WVDOC access.

B.M.1.f.i.E Task 4 – Document Management

In addition to the database requirements, DPSCS has a requirement to post static documents/reports for review (e.g., Policy and Procedures, Meeting

Minutes). Wexford Health will create the appropriate SharePoint sites for this information.

B.M.1.f.i.F Task 5 – User Administration

Wexford Health will work with the to identify the individual users that require access via the SharePoint solution. User profiles, IDs, and passwords will be created for each user.

B.N. Health Care Services (RFP Section 5.2.1)

Health care services provided at the expense of the Vendor shall include the following:

B.N.1. Administrative services (RFP Section 5.2.1.1)

The Vendor shall have in place, sixty (60) days after award, the administrative components and operational policies and procedures necessary for continuing compliance with contract specifications and maintenance of accreditation status. The Agency reserves the right to review policies and procedures of the Vendor in any areas affecting the performance of its responsibilities under law.

The Vendor shall be responsible for ensuring that its staff reports any problems and/or unusual incidents to both the institutional CEO and/or designee. This includes, but is not limited to, medical, security-related and personnel issues that might adversely impact the delivery of health care services or the security needs of the institution. This reporting may be initiated either verbally or in writing; however, any verbal communication must be followed up with written documentation within 24 hours of the incident.

The Vendor shall provide the Agency information regarding the inmate co-pay system in a format designed by the Agency regarding the utilization of services. All funds received for health care services shall be deposited into an Agency account.

Vendor Response:

Throughout the past six (6) years as WVDOC's comprehensive health provider, we have created a strong infrastructure of services and care for the inmates in the custody of the state. All of the necessary administrative components and operational policies and procedures necessary for the continuing compliance with contract specifications and maintenance of accreditation status are already in place for the state. We understand and acknowledge that the Agency reserves the right to review policies and procedure in any areas affecting the performance of our responsibilities, and we will to collaborate with the Agency to ensure that our programs and services are compliant and effective.

We always ensure that our staff reports any problems and/or unusual incidents to both the institutional CEO and/or designee, and we will ensure that they continue to do so. We understand and acknowledge that this includes, but is not limited to, medical security-related, and personnel issues that could adversely impact the delivery of health care services or the security needs of the institution. We currently provide our reporting verbally and/or in writing, ensuring that verbal communication is followed up with written documentation within 24 hours of the incident. We agree to continue this practice for the new contract.

Wexford Health agrees to continue providing the Agency information regarding the inmate copay system in a format designed by the Agency regarding the utilization of services. As per the RFP, we will ensure that all funds received for health care services are deposited into an Agency account.

B.N.2. *Vendor Personnel (RFP Section 5.2.1.2)*

The base compensation shall reflect the Vendor's system-wide complement of staff necessary to provide the health care and mental health services according to the Vendor's proposal. This includes the number of Full-time Equivalents (FTE's), their classification title, and the distribution of staff among facilities.

Agency's current staffing for healthcare and mental health is attached as Attachments E-I and E2.

The Vendor shall provide adequate qualified medical/mental health staff for the provision of the aforementioned health care services in compliance with NCCHC standards. The attached current staffing exhibit outlines the required minimum staffing levels.

The Vendor must submit a proposed staffing plan for the delivery of services delineated within the RFP. The Vendor shall cover periods of absences necessitated by vacations, holidays, and sick leave. The Vendor will comply with all keeping requirements set forth by the Agency to ensure that the integrity of the staffing plan is met.

The Vendor shall be responsible for providing educational services for all health services staff. The Vendor's contractual relationship with qualified health care professionals shall provide for support of continuing education activities required for maintenance of licensure. All qualified health care professionals are required to participate in annual continuing education.

The Vendor shall be responsible for assuring that all the required registrations, licenses, and credentials associated with the operation are active and in good-standing. This includes, but is not limited to, medical, dental, physician assistant (PA), nurse practitioner (NP), nursing, optometry, radiology, pharmacy, DEA registration, and license's and registration with appropriate state boards.

The Vendor shall provide the Agency with current resumes and licenses, required by state statute, on all applicable qualified health care professional employees as well as those subcontracted, if applicable, professional employees. All qualified health care professionals shall possess unrestricted licenses.

All persons working within any unit covered by the contract, whether Physician (MD, DO, DDS or otherwise), RN, LPN, nurse practitioners, nursing assistants, physician assistant, or any other individual providing health care shall be insured by the contractor to the same limits as required of the contractor and such insurance or coverage shall be paid for and provided by the contractor.

In order to be assigned to a facility under the control of the Agency, all contracted and subcontracted employees must pass a background investigation conducted by the Agency or its designee. Such investigation shall be the equivalent of the investigations conducted for all agency applicants. Health professionals who have been convicted of a felony in accordance with any State or Federal law are unacceptable. The Agency shall reserve the right to delay employment of any proposed staff member without cause.

The Vendor agrees to require all newly hired employees to attend a 40 hour training and orientation program provided by the Agency. When such a training program is available, the Vendor shall require such employees to be in attendance prior to engaging in the delivery of health care services within the correctional setting. If training is unavailable, the institutional CEO may grant a waiver until the next training class convenes. The 40 hour training and orientation, as well as annual in-service training, will be provided on-site at each location. Vendor will be responsible for ensuring there is no lapse in service to the institution during any training.

The Vendor shall require all employees to be in attendance at annual in-service security training. Cost of this training, with the exception of wages, travel, and incidental costs are to be incurred by the Agency.

Professional training hours may be substituted for a portion of the required institutional annual in-service, as approved by the Agency.

With respect to those employees and subcontractors engaged by the Vendor, the Agency, at its sole discretion, reserves the right to request random drug testing and to demand the immediate dismissal and replacement of any individual who fails said drug screening or who has violated the rules and/or regulations of the Agency, or who poses a risk or threat to the security of the institution. Agency shall provide written documentation to substantiate its demand for immediate replacement of the Vendor's employees or subcontractor. The employee will not be formally dismissed until there has been discussion between the Agency and the Vendor regarding the rationale for the Agency's request.

The Agency reserves the right to reassign FTE's among the various sites throughout the state based on need and site mission. The Vendor, with sufficient justification, may also request the reassignment of FTE's throughout the state. The Agency will consider and approve or disapprove the request.

In the event Agency opens new; expands existing facilities; changes an institution's operations; or receives mandated court orders, the Vendor agrees to provide services based on the needs of the Agency. This will be accomplished through a change order to the contract, based on needs and negotiated costs.

All individuals involved in the direct care of infirmary-level inmates shall be qualified health care professionals. Inmates are not to be involved in treatment decisions, confidential health information, or medication administration.

Vendor Response:

Wexford Health's base compensation will reflect our system-wide complement of staff necessary to provide the health care and mental health care services according to the services we have delineated in this proposal. Our staffing plan includes the number of FTEs, their classification titles, and the distribution of staff among facilities. We have a thorough understanding of the current staffing for health and mental health care as we are the incumbent and we have reviewed *RFP Attachments E-1* and *E-2* sent out in *RFP Addendum #8* and *Attachment #7 in RFP Addendum #12*. We will ensure that we continue to provide adequate and qualified medical and mental health staff for the provision of all health care services in compliance with NCCHC standards. We have reviewed and understand the continued minimum required staffing levels for the WVDOC facilities.

As per the RFP, we have submitted a proposed staffing plan for the delivery of services delineated within the RFP, and based upon our in-depth knowledge of the facilities throughout the State. Our staffing plan will ensure that there is coverage for periods of absences necessitated by vacations, holidays, and sick leave. We have shown our ability to remain compliant with the needs and requirements of the Agency in the past six (6) years of our contract, and we will ensure that we continue to do so, maintaining the integrity of the staffing plan and the contract.

We will ensure that all required registrations, licenses, and credentials associated with the operation of this contract are in good-standing and active. We will continue to provide to the State all current resumes and licenses, required by state statute, on all applicable qualified health care professional employees, as well as those subcontracted, if applicable. We will also ensure that all qualified health care professionals possess unrestricted licenses.

Please see the following narratives for more information.

B.N.2.a. Wexford Health Recruitment Programs

Interviewing an inappropriate candidate or making the wrong hiring decision can waste precious time and be very costly. To minimize these occurrences, Wexford Health's staffing consultants first source, screen, interview, and assess applicants. We will then identify and recommend the most qualified candidates to the WVDOC. We have found that this process reduces hiring errors, and saves time and resources for the site management team.

As a team, Wexford Health's staffing consultants and the WVDOC will identify the qualifications and experience necessary to meet the staffing requirements for each facility. Our staffing consultants will then identify, interview, assess, and facilitate the hiring of Wexford Health and WVDOC-approved candidates.

Wexford Health typically achieves greater than 98% retention of existing incumbent staff.

Wexford Health maintains a database of professional candidates from across the country. We enter each resume, curriculum vitae, or application we receive into this database. When a vacancy is identified, we contact those candidates in the database who have the requisite qualifications for the position.

For the WVDOC contract, we will continue to partner with the Placement Departments and Residency Directors at local West Virginia schools; as well as with nursing and other clinical programs at major colleges and universities throughout the state. The schools we currently partner with and utilize include, but are not limited to, the following.

- Academy of Careers and Technical School of Practical Nursing, Beckley, WV
- Alderson-Broaddus University, Philippi, WV
- James Rumsey Technical Institute School of Practical Nursing, Martinsburg, WV
- John D.Rockefeller, IV Career Center School of Practical Nursing, New Cumberland, WV
- Fayette Institute of Technology, Oak Hill, WV
- McDowell County Career and Technical Center School of Practical Nursing, Welch, WV
- Garnet Career Center School of Practical Nursing, Charleston, WV
- Greebrier County School of Practical Nursing, Lewisburg, WV
- Marshall University, Huntington, WV
- Monongalia County Vocational Technical Center School of Practical Nursing, Morgantown, WV
- Randolph County Vocational Center School of Practical Nursing, Elkins, WV
- Salem International University, Salem, WV
- Shepherd University, Sheperdstown, WV
- University of Charleston, Charleston, WV
- West Liberty University, West Liberty, WV
- West Virginia Wesleyan College, Buckhannon, WV
- West Virginia University, Morgantown, WV

- Wheeling Jesuit University, Wheeling, WV

On an ongoing basis, we follow the basic steps outlined below to fill identified vacancies and maintain a robust candidate pool, at all times placing a keen emphasis on diversity and ensuring equal opportunity employment.

- Recruit interested internal candidates with proper qualifications and credentials. This option saves external recruitment costs, along with fostering increased job satisfaction, higher morale, and continuity of services — without the downtime required for orienting/training new staff.
- Recruit from the local community and surrounding area. Wexford Health will advertise open WVDOC positions through media including local newspapers, clinical and corrections industry magazines, radio stations, and the Internet. This type of recruitment often produces candidates who are familiar with the correctional facility through local health care organizations, staffing agencies, or community hospitals that are involved in institutional health care, making local advertising a cost-effective technique.
- Recruit candidates from local private practice by cold calling the candidate and by providing notification via targeted mailings of career opportunities specific to licensure and location (site proximity).
- Recruit qualified national candidates from outside the area by maintaining a presence at job fairs, conferences, and conventions sponsored by professional correctional and health care organizations.
- Recruit qualified national candidates from outside the area by means of advertisements in professional journals and trade magazines such as *Corrections Today, CorrectCare, The Journal of Correctional Health Care, CorrDocs, Nursing Spectrum,* and other similar career-specific publications.

To optimize our use of potential advertising channels, Wexford Health's staffing consultants confer with the site's hiring managers on the best and most appropriate media for the specific area. We also partner with NAS Recruitment Communications, one of the nation's largest independent firms focusing on recruitment advertising and communications. With its global, national, and local market expertise, NAS provides Wexford Health with a distinct competitive advantage, including process maps designed to deliver customized talent management solutions and maximize recruitment strategy return on investment. The goal is to obtain the most effective exposure for the vacancy while using the least expensive media and increasing qualified applicant interest.

Print and Internet advertising have proven to be some of our most successful recruitment media. We place ads in newspapers that serve different areas of the state, including Charleston, Morgantown, and Wheeling. We can also target local business papers and college newspapers. Depending on the number of vacancies and applications received, we place basic ads, block ads, or display ads. Display ads are larger in size and tend to draw more attention from the reader.

Another key Wexford Health method of recruitment is use of the Internet. We are very successful in recruiting qualified professionals through on-line recruitment resources, using a variety of industry and career-specific websites that enable candidates nationwide to view employment opportunities and submit their resumes. We require all of our Staffing Consultants to take AIRS (Advanced Internet Recruitment Strategies) classes and pass the associated exams to become certified in using electronic media as recruitment tools.

We also utilize technology and social media in our recruitment programs, as described in more detail below. And, as in any specialized area, networking is a key cost-effective,

extremely successful method for recruiting qualified professionals. As a result of their years of experience, our recruitment team has established a highly developed and reliable network that is used to locate select individuals on a national basis for placement in specific positions.

As a contingency plan, Wexford Health also maintains relationships with recruitment firms, staffing agencies, and locum tenens services so that we are able to provide desired staffing in the case of an extraordinary situation that goes beyond the scope of our excellent internal resources.

B.N.2.a.i. *Use of Technology and Social Media in Recruitment*

Given the widespread use of technology in today's culture, Wexford Health has integrated faxing, email, and social media into our recruitment strategies, as described below. We purchase lists from data management companies of names, addresses, fax numbers, and email addresses of potential candidates. We tailor the scope of these lists to the specific position we are trying to fill, e.g., all RNs within thirty miles of the facility with an opening, or all Internal Medicine physicians in a certain zip code. Once we have this tightly focused contact information, we use it in a number of ways to support our comprehensive recruitment program.

- **LinkedIn:** LinkedIn is a business-related social networking site, used primarily for professional networking. Each of our staffing consultants and staffing coordinators has his or her own LinkedIn account, where we post the latest job openings and industry-related information. LinkedIn allows us to stay connected with former co-workers and employees, as well as with peers in our professional networks, to see what's new on the horizon within our industry and to share recruiting ideas and resources. LinkedIn also allows us to tap into parallel organizations, to see what new strategies are working for them.
- **Email:** In addition to phone and fax communications, we also use email as a channel to distribute our recruiting materials. On a regular basis, we send brief electronic "ads" to clinicians within a targeted specialty or location, promoting the field of corrections and giving them our contact information in case the benefits of a defined work week and a robust compensation package appeal to them.
- **Voice mail blasts:** Using the lists we have purchased, we collaborate with our advertising agency to draft and record a short voice message that informs the recipient of openings we have available within his or her specialty and geographic area. The message also talks about the benefits of working in corrections, and invites the recipient to return our call in order to speak with a Wexford Health recruitment team member.
- **Fax blasts:** Primarily used to recruit providers, we design a one-page letter that points out the benefits of a career in correctional health care, then use specialized software to fax the letter to hundreds of physicians' offices in our targeted category at the same time. The letter invites the physicians to call Wexford Health to complete a brief telephone survey, for which we reimburse the physician $100. During the phone survey, our recruiting staff further describes the many social and financial benefits of a career in corrections.
- **AIRS (Advanced Internet Recruitment Strategy) certification:** AIRS is a leader in recruitment training, offering six industry-recognized certifications and more than 35 recruiter courses conducted locally and/or online. All Wexford Health staffing consultants are AIRS certified, making our Recruitment Team the most proficient in the corrections industry at using advanced online search tools and strategies to find passive candidates on the Internet. With their AIRS training, our recruiters use alternative websites and search tools to find

candidates that are not openly looking for new job opportunities. AIRS also allows us to tap into industry-specific organizations and member associations.

Wexford Health also staffs two recruiters who have obtained official recognition as Certified Physician Recruiters through the National Association of Personnel Services. In order to obtain such certification, these individuals had to demonstrate their knowledge of hiring laws; physician training and certification; licensing; the ethics and standards of physician recruiting; and emerging trends affecting the physician marketplace. Certified Physician Recruiters status enables these recruiters to focus more specifically on the types of physicians, organizations, and specializations that will benefit Wexford Health's — and our clients' — staffing needs.

B.N.2.a.ii. *Other Innovative Recruitment Methods*

In addition to the basic recruiting techniques described above, Wexford Health is constantly developing innovative and community-specific methods to increase our pool of potential candidates for our clients. At several of our facilities, for example, we regularly conduct open houses, encouraging potential candidates to bring a spouse or guest with them. Wexford Health staff members answer questions and take prospective employees on tours of the health care unit. Most candidates — and their families — attain a comfort level about making the decision to work in correctional health care after attending an open house.

These techniques have been very successful in recruiting new staff throughout the country, including very rural locations. We describe below some of our less traditional recruiting measures, readily adaptable to the WVDOC contract.

- Partnering with schools like Nova University in Florida to support correctional residency programs, in which medical students participate in a two-year intensive rotation inside actual jail and prison facilities, to obtain first-hand experience with this unique niche market; correctional residency programs allow newly graduated providers to see the career benefits of working with offenders and help them to shed any preconceptions they may have about the often-misunderstood field of correctional health care.
- Recruiting nurses from local nursing schools; for example, nurses who are currently licensed as LPNs and are enrolled in the RN program may work in a correctional institution on a part-time or as-needed basis. These nurses are often interested in a full-time nursing position in a correctional facility after graduation. They will then have the advantage of correctional health care experience and existing professional relationships within the facilities.
- Creating a Staffing Crisis Mode program for situations when a correctional center's operational needs require the addition of staff from other facilities; when Staffing Crisis Mode is declared, we are approved to pay a shift bonus, time-and-a-half, and travel incentives to Wexford Health employees from our other client facilities who volunteer to work in their free time at the Staffing Crisis Mode facility.
- Identifying candidates by regularly contacting the hundreds of physicians who participate in Wexford Health's Preferred Provider Network for leads, referrals, and recommendations
- Maintaining a "Cash for Co-Workers" incentive program through which current staff members are given cash bonuses for referring candidates who successfully complete the interview process and become Wexford Health employees
- Identifying candidates through prospective employee referrals during the interviewing and reference-checking processes; by asking prospective employees about their colleagues, we identify additional candidates who may be interested

in pursuing opportunities with us because of their existing rapport with these prospective employees.

- Identifying candidates through our Corporate Citizenship Program, in which employees are recognized for participating in community events related to health care; through this vehicle, our employees help spread the word about correctional health care by volunteering with associations such as the American Heart Association, American Diabetes Association, Susan G. Komen Breast Cancer Foundation, and others.

B.N.2.a.iii. Strategic Recruitment of Physicians

The United States is currently experiencing a severe shortage of health care professionals, on both regional and national levels. Wexford Health knows that we must take bold, extraordinary action to ensure we continue to recruit and retain a pool of medical professionals to provide uninterrupted, quality health services for the WVDOC and its offenders.

Wexford Health maintains a Specials OPS (Optimal Provider Staffing) unit that focuses solely on the recruitment and retention of qualified physicians and mid-level practitioners.

To address the critical and ever-increasing physician shortage — as well as the acknowledged difficulties encountered when attempting to entice physicians to work in a correctional environment — Wexford Health has designed staffing programs specifically for the recruitment and retention of qualified physicians and other health professionals to work at our contracted institutions. We maintain a **Specials OPS** (**O**ptimal **P**rovider **S**taffing) unit within our Human Resources Department that focuses solely on the recruitment and retention of qualified physicians and mid-level practitioners. The five-person Special OPS team, led by Wexford Health's Manager of Specialty Recruitment, consists of staffing personnel who are specifically trained and/or certified in identifying, attracting, recruiting, hiring, and retaining both general practitioners and specialty clinicians. Our Special OPS unit is responsible for creating and implementing the aggressive provider recruitment techniques that have worked successfully for us with many other correctional clients.

Wexford Health also has programming in place to ensure that once hired, our practitioners remain with us. These include retention bonuses, flexible work schedules, the provision of additional time off for professional education and participation in external medical associations, and a "Medical Director Transition Plan" initiative we developed to ensure a smooth transition for new site-level Medical Directors.

B.N.2.a.iv. Strategic Recruitment of Nurses

Wexford Health understands the challenges faced by correctional institutions when recruiting facility staff. **While we initially developed the following recruitment programs for nurses, we have since expanded them and created and customized versions for physicians and mid-level practitioners as well.**

Recognizing the shortage of nurses in many areas of the country, we have developed creative ways of recruiting nurses into our medicine in corrections family. Utilizing these innovate methods in West Virginia, we have been very successful in our recruitment of nurses. We currently have a 96% fill rate for the WV contract.

Wexford Health currently employs methods such as hosting "Careers in Corrections" presentations, Shadow-A-Nurse programs, and other unique hiring strategies.

The following sections describe several of the unique programs we have successfully implemented in WV to promote nurse recruitment.

B.N.2.a.iv.A Careers in Corrections

Utilizing the resources readily available in the surrounding community, Wexford Health has created an informative presentation for nursing school students titled "Careers in Corrections." During this hour-long seminar, the Director of Nursing from a nearby correctional facility visits a nursing school and speaks with students who are nearing the completion of their studies and earning a nursing degree. This presentation includes a break period to allow the nursing students to compile questions that will later be answered during a question and answer session, as well as a catered lunch that marks the end of the formal presentation. During this lunch period, the Director of Nursing is available to answer further questions in an informal setting. We also distribute flyers that describe our current job openings, and information on our Shadow-A-Nurse program.

B.N.2.a.iv.B Shadow-A-Nurse Program

Wexford Health offers our Shadow-A-Nurse program to nursing schools in the areas surrounding our contracted facilities. Our corporate Human Resources Department contacts these schools and coordinates the implementation of the program. This unique experience allows newly graduated students, or students within 6 months of graduation, the opportunity to accompany a nurse at a nearby correctional facility for a full shift. The nurses to be shadowed must show great enthusiasm about working in a correctional environment. Wexford Health's HSAs hand-select these participants according to stringent guidelines. As respect and quality of care are always our first priority for our patients, the attendees must sign a confidentiality agreement and remain completely "hands-off" for the entirety of the program.

In order to capture the interest of nursing students, Wexford Health offers a $100 incentive for completing the Shadow-A-Nurse program. This allows students to focus their complete attention on the program instead of other obligations, such as missing a paid workday. Students are compensated upon completion of the program, after which time a recruiter contacts them for a follow-up discussion. The recruiter is then able to highlight further benefits of working for Wexford Health in a correctional institution.

B.N.2.a.iv.C Other Nurse Recruitment Strategies

Wexford Health utilizes a number of other creative hiring strategies to recruit nurses in remote facilities or locations with nursing shortages. These strategies include student loan repayment stipends and benefit opt-out options. Each of these strategies offers something different to potential candidates, depending on their individual situation. We will provide these unique methods of nursing recruitment in order to supply the appropriate quality of care to offender patients, according to the needs of the WVDOC.

B.N.2.a.iv.D Nurse Retention through Education

As a part of our continuing efforts to enhance the professional development of our employees, Wexford Health provides all of our nurse managers with

unlimited access to online continuing education programs approved by the American Nurses Credentialing Center (ANCC).

We understand that in many states, nurses must meet specific continuing education (CE) requirements in order to maintain their licensure. By providing online access to ANCC-approved continuing education programs, we assist and support our Nurse Managers in maintaining quality patient care through education. We also expect our Nurse Managers to use the online programs in planning and implementing the educational calendars at their sites. This is another way in which Wexford Health engages and empowers our employees while supporting their professional development.

In addition, Wexford Health maintains a full-time Nurse Educator, Ms. Linda Campbell, RN, MSN. This position focuses on developing, presenting, and monitoring training programs for Wexford Health's complement of correctional nurses. Ms. Campbell has thirty years of health care experience, as a floor nurse, a quality improvement specialist, and as a clinical instructor at several of western Pennsylvania's premier nursing schools and other institutions of higher learning. Her practical field experience, academic knowledge, and ability to motivate students to learn combine to create a powerful tool for developing nursing staff. In her role as the company's Nurse Educator, Ms. Campbell travels nationwide to ensure that our site-level nurses are qualified, informed, and kept up-to-date on industry, client, and Wexford Health clinical protocols.

B.N.2.b. Wexford Health Application & Hiring Process

Wexford Health will provide only qualified, verifiable West Virginia-licensed or -certified health care professionals, as well as other appropriately qualified and specialized support staff, to deliver our health care programs for the WVDOC. Our physicians, physician extenders, dental, nursing, and support staff will continue to be in good standing with all appropriate, pertinent agencies and organizations and meet all applicable licensure/registration/ certification requirements. We will continue to notify the WVDOC immediately of any lapse or expiration of licensure for any health staff member.

In support of the above statement and as per the RFP, Wexford Health will continue to provide the WVDOC with written documentation of each employee's credentials, including a complete work history and documentation of license, degree, and clinical skills. In conjunction with the hiring of a licensed health care provider, we also verify in writing from all applicable licensing or regulatory boards (including the state Board of Medicine, Board of Pharmacy, etc.) the current licensure status of that provider.

Wexford Health will ensure all applicable licenses and/or certificates for professional staff are on file with the WVDOC prior to employment. In addition, we will keep malpractice insurance information on file for all physicians, mid-level practitioners (nurse practitioners and physician assistants), dentists, and other professional or paraprofessional employees.

B.N.2.b.i. Interview Process

Wexford Health interviews each candidate with special focus on technical expertise, emotional stability, overall job fit, and motivation. We only consider for employment qualified candidates with the necessary training and background required by correctional health care. At a minimum, candidates are subject to the following.

- Completion of a detailed employment application

- Wexford Health-required criminal background check for candidates for Medical Director positions
- Verification of licenses, certifications, and references
- Employment eligibility check through E-Verify, a federal program that allows employers to quickly check the legal status of potential employees
- Prior employment verification including, at a minimum: dates employed, job position/title, reason for separation, and rehire eligibility. When possible, we obtain information regarding the applicant's capabilities, effectiveness, cooperation, and overall job performance
- Review to ensure the candidate is not on the US Office of the Inspector General (OIG) exclusion list, a collection of individuals and businesses who are excluded from participating in Medicare, Medicaid, and other federally-funded health care programs

B.N.2.b.ii. *Federal e-Verify Program*

In addition to the in-depth application and interview processes outlined in the preceding section, Wexford Health requires all employees to meet and comply with the terms of the US Department of Homeland Security, US Citizenship and Immigration Services' E-Verify program. E-Verify is an Internet-based system that confirms an individual's employment eligibility by comparing information from the applicant's Form I-9 (Employment Eligibility Verification) to data from Homeland Security and Social Security Administration records.

If the information matches, that employee is eligible to work in the United States. If there is a mismatch, E-Verify alerts us, and the employee is allowed to work while he or she resolves the problem. This ensures that Wexford Health follows the law and employs a legal workforce for our contracted health care programs.

B.N.2.b.iii. *OIG Exclusion Program*

Another protocol that Wexford Health utilizes to ensure the hiring of appropriate employees is the United States Office of the Inspector General (OIG) Exclusion Program. This program helps to protect the health and welfare of the nation's elderly and poor by maintaining a list of those individuals and businesses who are excluded from participating in Medicare, Medicaid, and other federally-funded health care programs because of a conviction for program-related fraud or patient abuse, a licensing board action, or default on a Health Education Assistance Loan.

As an institutional health care provider that receives revenue from government contracts—state, local, and municipal—Wexford Health believes that our duty is to refuse to employ any individual who has taken unfair advantage of Medicare, Medicaid, or any other federally funded health care program. To ensure that we do not accidentally do so, we have instituted an OIG Exclusion Program through which our Human Resources department—as part of our initial hiring process, and annually thereafter—compares the OIG List of Excluded Individuals/Entities (LEIE) with our candidate and employee lists. If Wexford Health locates the name of a candidate or employee in the OIG's exclusion database, we verify with the individual's Social Security Number (SSN) that the match is unique and that an exclusion is currently in effect. Inclusion on the LEIE immediately removes a candidate from consideration for employment with Wexford Health, and may result in termination for current employees.

B.N.2.c. Wexford Health Retention Programs

In addition to recruitment, the retention of good, qualified employees continues to be a concern in West Virginia. Wexford Health would be foolish to expend time, money, and resources recruiting personnel only to have them leave after a brief period. Our continued philosophy for the West Virginia contract is that a quality recruitment program is futile without a corresponding retention plan of equal depth and quality.

We truly believe that our employees are truly our most valuable assets. We use a variety of methods (e.g., team meetings, employee surveys, suggestion boxes, etc.) to obtain feedback from staff members regarding issues, concerns, improvement opportunities, benefits, satisfaction, suggestions, etc. These vehicles enable us to not only collect employee feedback, but to assess the feedback's value and use it to effect change.

Wexford Health continues to develop and conduct training sessions that emphasize positive employee relations and our belief in an "open-door" communication policy. By applying this management philosophy and through the use of various tools, programs, and initiatives described in more detail below, we strive to build a nurturing, team-oriented corporate culture that produces attractive work environments in the field.

In addition, we promote educational opportunities for our employees through participation in local community programs, and encourage employee membership in professional organizations, both correctional and health care-related.

Wexford Health also administers programs that provide more tangible rewards to employees that remain with the company and promote our mission and values, including retention bonuses for key positions where we have identified turnover issues; and a Safety Incentive Program to encourage all employees to play an active role in reducing the number and severity of work-related injuries. All of these programs enable Wexford Health to stabilize and solidify onsite staff and develop our site-level teams for the West Virginia contract.

B.N.2.c.i. Wexford Health Compensation Packages

To determine salary rates to include in a correctional health care contract, Wexford Health applies a detailed research and benchmarking process. We conduct extensive market research, basing our final proposed rates on data from multiple sources, including but not limited to the information provided in the solicitation materials; the US Department of Labor's Bureau of Labor Statistics; and third-party salary survey services. We regularly revisit these rates to ensure their ongoing appropriateness. In facilities where we notice a trend of turnover or vacancies, we perform more in-depth research to identify the changes in market conditions that are causing the situation; then adjust accordingly to remedy the issue.

Wexford Health offers employee benefit packages through some of the largest and most geographically comprehensive health care networks and insurers in the United States.

- **Blue Cross Blue Shield:** Delivering local solutions that improve access to affordable, quality health care, the Blue Cross and Blue Shield companies provide health insurance coverage for 100 million members across all 50 states, the District of Columbia, and Puerto Rico.
- **United Concordia:** One of the largest dental insurers in the US, United Concordia maximizes benefits and lowers dental care costs for more than 6 million members nationwide.

- **Vision Benefits of America (VBA):** VBA was one of the first PPOs to focus exclusively on managed vision care benefits. One of the nation's premier eye care networks, the company currently provides managed vision care benefits for more than 1.5 million covered members.
- **Lincoln Financial Group:** A Fortune 500 company, life insurance is one of this company's core strengths. Wexford Health offers employees company-paid life insurance, Accidental Death and Dismemberment (AD&D), and short-term disability coverage through Lincoln Financial.

We are particularly proud of the fact that for five of the past six years, we have held the cost of these benefits steady for our employees, making affordable, quality health insurance available to them and their families.

Wexford Health's competitive salary and benefit packages are essential to our retention plan. By offering the following attractive components, we are confident that we can retain qualified employees for the WVDOC contract.

- Paid time-off combining vacation and sick leave into a flexible "pool" of time
- Paid holidays
- Comprehensive health insurance
- Dental insurance and vision insurance
- Company-paid life insurance
- 401(k) retirement savings plan
- Company-paid short-term disability
- Long-term disability
- Optional supplemental life insurance
- Voluntary supplemental short term disability
- Voluntary accident insurance
- Voluntary cancer insurance
- Voluntary critical insurance
- Dependent care spending account
- Health care spending account (FSA)
- US savings bonds
- Direct deposit

Wexford Health has paid time off policies that afford our employees a great deal of flexibility in the use of their leave time, enabling them to better balance their work/life issues. We also continually monitor the markets where we do business to ensure that our total compensation packages are competitive.

B.N.2.c.ii. *Work/Life Balance Initiatives*

Understanding that working in the correctional environment can be stressful, Wexford Health appreciates the importance of maintaining balance between an employee's job and home life. We have instituted a variety of initiatives for the West Virginia contract to ensure that our team maintains this important balance and to minimize job burn-out.

Wexford Health encourages employees to participate in career-related activities outside of the prison environment. Staff members can apply for the company to sponsor (pay for) their membership in applicable, legitimate professional organizations such as medical, dental, psychiatric, nursing, correctional, and other groups.

And, as described above, our paid time off (PTO) program offers employees a great deal of flexibility in the use of their leave time, enabling them to better balance their work/life issues. Starting in the fourth quarter of each calendar year, we send reminders to any employees who have PTO left that will be lost at the end of the year, so they can make plans to use the days for leisure purposes.

B.N.2.c.iii. *Employee Assistance Programs*

Wexford Health recognizes that employees working in correctional or detention institutions function in a unique and sometimes stressful environment. Our Employee Assistance Program (EAP) provides counseling services and other resources to those employees seeking relief or assistance from job-related stresses. Wexford Health's EAP also provides services to assist employees in dealing with problems originating outside of the workplace.

The EAP is an employer-paid, round-the-clock service that helps employees and their families balance the demands of work, life, and personal issues. Wexford Health's EAP offers support and resources for concerns including the following.

- Stress
- Family/Parenting issues
- Anxiety/Depression
- Anger management
- Alcohol/Substance abuse problems
- Martial/Relationship issues

Trained professionals are available on a 24 hour, 7 day a week basis, either by phone or online, to confidentially assess employees' needs and provide them with referrals to local resources upon request.

In addition to the EAP, Wexford Health publishes a monthly Wexford Wellness newsletter to encourage employees to make healthy lifestyle choices. The newsletter includes articles on the latest trends in exercise and nutrition; healthy recipes; puzzles to stimulate brain health; first aid tips; and other information to support the health and wellbeing of our workforce.

B.N.2.c.iv. *Employee Satisfaction Survey*

On a biannual basis, Wexford Health creates and distributes an Employee Satisfaction Survey to all of our contracted sites and our corporate/regional offices. Employees respond anonymously (unless they wish to identify themselves) by completing the questionnaire, adding free-form comments, and dropping sealed envelopes off in designated collection areas at each site. The survey covers topics including but not limited to career paths, management styles, respect for leadership, and employee development.

Once we collect the survey responses, Wexford Health Human Resources team compiles the feedback from each location; analyzes employees' opinions about the

topics in the questionnaire; and creates a report that identifies any trends or significant, consistent data that would indicate an area we need to address.

The report is provided to our Senior Management team, which reviews the results and forms action committees to research and recommend potential solutions for any areas in need of improvement. After receiving more detailed intelligence and potential solutions from these committees, the senior management team selects and approves action plans to improve the areas identified by the survey. Wexford Health issues a complete summary report of the survey results and actions taken to all employees.

B.N.2.c.v. *Employee Recognition Program*

RAISE—our quarterly program where we **R**ecognize **A**nd **I**nspire **S**uperior **E**mployees—plays an important role in Wexford Health's efforts to achieve our mission.

Wexford Health Mission Statement

Wexford Health Sources' mission is to be a responsive, adaptable, and ethical partner.

We strive to provide innovative solutions that meet patients' needs and exceed clients' expectations.

culture fosters an empowered, engaged workforce that provides unparalleled customer ce and delivers quality, cost-effective results.

The goal of the program is to publicly recognize employees who consistently demonstrate our core values. In addition, the RAISE program rewards individuals who take the time to recognize and submit a nomination for a coworker who exhibits Wexford Health's core values.

Any Wexford Health employee may nominate any other Wexford Health employee, up to and including Site Managers. The nominated employee must consistently "RAISE the Standard" by demonstrating one or more of Wexford Health's core values.

Responsive & innovative partner

Adaptability & efficiency

Integrity & ethics

Superior service

Engaged and empowered workforce

Members of our senior management team review the nominations and select employees deserving of recognition in each of our contracts. Employees honored in the RAISE program receive an inspirational certificate that acknowledges their efforts, along with a gift certificate. We also recognize the selected individuals in our company newsletter, *The Revolution*, and place a copy of the award-winning nomination in the employee's permanent personnel file. Wexford Health also provides a gift certificate for the individual who nominated the selected RAISE honoree.

In addition, to further encourage our leaders to note employees' accomplishments—not just their shortcomings—Wexford Health has added a column to our monthly departmental Employee Information reports where managers can log the dates they provided positive feedback to their staff members.

B.N.2.d. Education and Training Services

We believe that strong staff orientation and training programs are essential to continued organizational growth and development. Our programs are designed to promote the continued acquisition of knowledge, skills, and practices that are consistent with contemporary health care standards. The topics reflect the particular professional education needs of the staff, such as illnesses common to the corrections environment, chemical dependency, and recognizing and handling of mental illness. Wexford Health also invites appropriate corrections staff to attend these education sessions. We have provided sample documents from our orientation and training programs as *Proposal Exhibit 14: Training Samples* that illustrate the depth and breadth of the employee development programs Wexford Health has already put in place in West Virginia and will continue to provide to the Agency.

B.N.2.d.i. Ongoing Training & Education

B.N.2.d.i.A For Wexford Health Employees

Wexford Health provides our staff members with appropriate ongoing in-service and other education sessions. Our staff development program makes annual continuing education available to all levels of health care staff. We encourage continuing medical education among our clinical staff by offering our Medical Directors, staff physicians, physician assistants, and certified nurse practitioners Paid Time Off and financial reimbursement to obtain CME credits. In addition, we provide regular and ad hoc clinical in-service education sessions to update clinical skills and technical information.

We encourage all full-time clinical staff (except for physicians) to complete 40 hours of in-service training per contract year. The training must be related to the staff member's professional responsibilities. We document this training in each employee's record, and can make such records available onsite for inspection by appropriate institution and/or WVDOC administration upon request.

Examples of we currently provide and would like to offer from Wexford Health's ongoing in-service trainings include, but are not limited to the following.

- Basic Life Support (BLS) techniques
- Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillator (AED) use
- Cardiovascular accidents (CVAs)
- Chest pain and EKGs
- Detoxification and withdrawal management
- Electronic Health Record (EHR) updates
- First aid
- Hepatitis in corrections
- HIV/AIDS

- Managing manipulative behavior
- Medication administration (required annually for all nursing staff)
- Nursing assessment series
- Occupational Safety & Health Administration (OSHA) training on infectious disease management, including tuberculosis
- Phlebotomy skills
- Prison Rape Elimination Act (PREA)
- Proper documentation
- Proper methods of lifting and carrying
- Recognizing signs and symptoms of mental disorders or chemical dependency
- Respiratory fit training and testing
- Response to medical emergency or disaster
- Review of medical protocols
- Review of policies and procedures
- Segregation rounds and segregation medication administration as a specialty
- Sharps and tool counts
- Standard precautions
- Suicide prevention
- Additional topics as requested and agreed upon by the MDOC and Wexford Health

Through our Quality Management Program, we identify on an ongoing basis additional topics that require staff training, adding such topics to the preceding list.

As explained earlier, Wexford Health program managers keep detailed records of the orientation and ongoing training our employees receive. We review this information on a regular basis in the Scorecard Reviews we conduct for our Quality Management Program.

B.N.2.d.i.B For WVDOC Personnel

For the health services program at the WVDOC facilities to operate at maximum efficiency levels, health care and facility staff must work as a team. Because Correctional Officers (COs) provide security in the clinic and examination areas, Wexford Health believes it is necessary for the officers to understand basic health care practices. This knowledge also allows COs and other facility staff to support Wexford Health clinicians by providing additional information regarding an inmate's behavior or symptoms. Moreover, in-service training and education fosters COs' personal growth and sense of participation.

In support of this philosophy, Wexford Health proposes that we provide regular training to all WVDOC COs with respect to basic identification of inmates requiring immediate medical/mental health attention, including training with regard to symptom recognition (shortness of breath, choking, bleeding, etc.) and the appropriate steps for triaging and obtaining medical/mental health services

for the inmate on an urgent or emergent basis. While we have provided training occasionally for COs in the past (i.e. CPR, First Aid, and AED use) we would like to assist the WVDOC on a more regular, mutually agreed upon basis. Our training will include in-person orientations as well as written materials.

Wexford Health designed our in-service training programs to support security staff members' ongoing development of knowledge, skills, and practices consistent with contemporary standards. Training topics reflect the typical professional requirements and educational needs of correctional staff, including, but not limited to, those listed below.

- First aid for COs, including use of items in first aid kits
- Basic Life Support (BLS)/Automated External Defibrillator (AED) resuscitation
- Response to medical emergency or disaster
- Recognizing signs and symptoms of a medical emergency
- Recognizing acute manifestations of chronic illnesses
- Trauma-informed care
- Recognizing signs and symptoms of mental disorders or chemical dependency
- Suicide prevention and interventions
- Effective interaction with mentally ill students
- HIV/AIDS and HCV
- Dealing with special needs inmate or populations
- Policies and procedures pertaining to health care services
- Infection diseases, infection control, and standard precautions
- Medication administration and side-effects
- Respirator fit testing
- Smoking cessation
- Stress management
- HIPAA compliance
- Additional topics as requested and agreed upon by the WVDOC, designated facility administration, and Wexford Health

We will also continue to provide the programming, materials, and staff necessary to offer WV COs vital training courses we have developed in-house. While some of the proposed training can take place during WVDOC's orientation training, much of it can be accomplished during mini-training sessions during shift changes.

While Wexford Health does not expect COs to assist in any way with our delivery of care to patients, we do appreciate that the unusual behaviors and sometimes aggressive attitudes displayed by ill inmate can present unique challenges to custody staff. Our training is designed to increase COs' understanding of why these patients act as they do; and to provide mechanisms on how to deal with inmates in order to maintain a calm, non-threatening, positive environment within the unit.

Upon re-award of this contract, and if agreed upon by the WVDOC, Wexford Health will coordinate with each of the WVDOC facilities to develop a site-specific training calendar that we will submit to the Agency and to facility wardens on a mutually agreed upon basis.

B.N.2.d.ii. *Training Methodologies*

Wexford Health realizes that different people learn best through different methods. We also understand that the choice of an appropriate teaching method depends largely on the information or skill that is being taught. Therefore, we offer in-service and continuing education trainings through a variety of methodologies, including but not limited to, the ones listed below.

- Face-to-face instruction (in person and via teleconference)
- DVD and Interactive CD-ROM Instruction
- Internet-based classes
- Printed educational materials (self-study)

B.N.2.d.ii.A Face-to-Face Instruction

Wexford Health is able to mobilize a wide variety of resources to provide face-to-face instruction for our site-level staff. While our corporate and regional medical directors supply ongoing clinical training and updates on an informal basis at every encounter with our site staff, they also provide formal structured education with records kept of all attendees.

Vendors and subcontractors frequently make themselves available for training as well. Examples of this include Wexford Health's partnering with Progressive Medical, our wound care products vendor for advanced training in wound treatments and the ConvaTec wound and skin care system; PharmaJet, to train our nursing staff on their needle-free injection system; Chardonnay to provide training on dialysis protocols; and Gulf South, who recently supported our corporate and regional staff in presenting a comprehensive clinical skills training day for the WV DOC.

Martha Ingram, Wexford Health's Director of Quality Management, provides nursing-related training upon request. Ms. Ingram is not only an NCCHC Certified Correctional Health Care professional (CCHP) and a Certified Professional in Healthcare Quality (CPHQ) by the National Association for Healthcare Quality, but also a Registered Nurse, and very in tune with the needs of our site-level nursing staff. Ms. Ingram mentors all of our nursing Preceptors, and also trains our site Nursing Managers on Wexford Health's Quality Management Program.

Ms. Ingram is supported by a full-time Nurse Educator, Ms. Linda Campbell, RN, MSN, CCHP. This position focuses on developing, presenting, and monitoring training programs for Wexford Health's complement of correctional nurses. Ms. Campbell has thirty years of health care experience, as a floor nurse, a quality improvement specialist, and as a clinical instructor at several of western Pennsylvania's premier nursing schools and other institutions of higher learning. Her practical field experience, academic knowledge, and ability to motivate students to learn combine to create a powerful tool for developing nursing staff. In her role as the company's Nurse Educator, Ms. Campbell travels nationwide to ensure that our site-level nurses are qualified, informed, and kept up-to-date on industry, client, and Wexford Health clinical protocols.

Wexford Health also employs a Training and Program Development Specialist at our Pittsburgh office. This person assesses individual and site needs for education; plans health education strategies and programs; and serves as a health education resource.

We list below some representative samples of the live "face-to-face" training Wexford Health has recently developed.

- **CPR Trainer Certification:** Wexford Health currently requires all personnel who have hands-on interaction with patients to be certified to perform CPR. For the WVDOC contract, we will expand this program to allow for onsite certification and re-certification, if the Agency is interested. Wexford Health will pay for a certain number of designated employees in varied locations to become CPR Instructors. The certification process involves face-to-face classes, web-based instruction, and hands-on student teaching. We recommend certification through the American Heart Association, the only CPR certification universally accepted by hospitals and EMS agencies.
- **Trauma Care:** Correctional health care personnel have to be quick on their feet, able to make split second decisions about health care for a patient that could make the difference between life and death. Trauma situations that commonly occur in a prison environment include, but are not limited to, heart attacks, suicide attempts, falls, sports injuries, facial trauma, and broken bones. Wexford Health will provide training for our clinical staff to ensure they are appropriately equipped to respond successfully to these types of situations. Instructional methods include in-person instruction in a "Minor Trauma: What to Do?" course, taught by a Wexford Health instructor and specifically designed by Wexford Health for correctional medical personnel.
- **Advanced Infirmary Care-IV Therapy:** Intravenous (IV) therapists are specially trained licensed practical nurses (LPNs) or registered nurses (RNs) who use venipuncture techniques to establish catheter lines for IV therapies, including hydration, drug administration, or blood transfusions. For most contracts, Wexford Health designates certain infirmary nurses as IV therapists. These nurses are educated in common intravenous medications and electrolyte and fluid calculations. They are skilled in phlebotomy and medical issues that arise from IV therapy, and knowledgeable on catheters specific to long- or short-term treatments, including peripherally inserted central catheters (PICCs) and central venous lines. Instructional methods include CD-ROMs, computer simulations, and hands-on instruction on IV mannequin arms. The Infusion Nurses Certification Corporation also offers a Certified Registered Nurse Infusion credential.
- **Advanced Infirmary Care-Suturing:** Skillful wound closure requires not only knowledge of proper surgical techniques but also knowledge of the physical characteristics and properties of the suture and needle. To enhance the skill levels of staff in our clients' infirmaries, Wexford Health can provide suturing training, so that our health care professionals can take on a larger role in the placement, monitoring, care, and removal of sutures for patients. Instructional methods include CD-ROMs and hands-on instruction on suture training kits.

B.N.2.d.ii.B DVD and Interactive CD-ROM Instruction

Wexford Health's Training and Program Development Department maintains an extensive library of educational CDs and DVDs. Our site-level staff can request these CDs/DVDs for use at staff meetings, nursing meetings, monthly in-service trainings, etc. We purchase new materials on an ongoing basis, to ensure that

our library is up-to-date and always expanding. Wexford Health sends quarterly updates of our educational CD/DVD inventory to all of our contracted sites, providing them with a description of each resource. Our Pittsburgh-based Training and Program Development Specialist oversees the library, identifying and researching new informational sources on an ongoing basis.

B.N.2.d.ii.C Internet-Based Classes

As part of our continuing efforts to enhance our employees' professional development, Wexford Health provides clinical staff with access to Care2Learn, an online continuing education program. The online courses offered through Care2Learn are approved by multiple clinical boards, enabling our clinicians to obtain the continuing education credits necessary to maintain their licensure. By providing online access to Care2Learn's continuing education resources, we assist and support our staff in maintaining quality patient care through education.

We also expect our clinical staff to use the online programs in planning and implementing education calendars at their sites. This is another way in which Wexford Health engages and empowers our employees while supporting their professional development. Our Training & Program development staff review licensure requirements on an ongoing basis to ensure the programs we offer meet the needs of our clinical staff.

In addition, Wexford Health recently started **CORR-Educator** which is an online training program. This customized training platform provides web-based learning for both full- and part-time employees to support the acquisition and maintenance of clinical and nonclinical skills. The content is corrections-specific and includes training developed by Wexford Health. Employees can access the site 24 hours per day, seven days per week, from any location where they have Internet connectivity. In addition, the CORR-Educator site allows Wexford Health to track and monitor staff participation in the initiative, so we always have accurate, up-to-date reports on who has taken classes, passed examinations, etc. CORR-Educator is now available to our entire workforce and will serve as an asset to the WVDOC contract. More than 25 Wexford Health personnel throughout the WVDOC contract have taken more than 80 online courses since the end of May, 2014. These courses include, but are not limited to, the following.

- **Basic ABCDE Assessments**
  - Documentation – WVDOC contract specific
  - Infection Control and Issues in Corrections
  - Medication Administration – contract specific
  - CVA
  - First Aid
  - Ethics and Code of Conduct
  - Ear-Nose Assessment
  - Responding to Emergencies
  - Eye Assessment
  - Minor Laceration Care
  - Alcohol and Opiate Withdrawal

- Orthopedic Assessment
- Suicide Prevention
- Traumatic Brain Injury
- PREA

- **Mental Health Topics** (for the non-mental health staff)
  - PREA and Mental Health Interventions
  - Self-injurious Behaviors
  - Suicide Detection, Intervention, and Prevention
  - Co-occurring Disorders
  - Criminal Thinking and Cognitive Behavioral Therapy
- **Drills4Skills** (100% on test allows person to be entered into quarterly drawing for gift card)
  - Dementia and the Aging Prison Population
  - It's Spring Cleaning Time- Get That Junk Out of Your Arteries
  - What we've got here . . . Is a failure to communicate
  - No Butts About It....COPD Training
  - Managing Nurse Sick Call to Reduce Risk

Employees that utilize the **Drills4Skills** test and receive a score of (100% are automatically entered into a quarterly drawing for a gift card.

We regularly review the list of courses we provide and will add more online educational opportunities moving forward.

B.N.2.d.ii.D Printed Educational Materials (Self-Study)

Self-study materials are another resource Wexford Health utilizes for education and training. We purchase these materials from industry organizations such as the NCCHC and ACA, as well as developing self-study trainings in-house. Each of our approved self-study modules includes a test at the end, as proof of the student's completion and competency. We collect and maintain this documentation in our site employee files.

Some of our most popular self-study programs are the internally developed materials we distribute company-wide on a quarterly (minimum) basis. Our Training and Program Development Department coordinates this initiative, which we designed to encourage review and application of the educational resources we make available to employees.

In this initiative, Wexford Health distributes educational packets to all of our contracted sites, along with quizzes that our employees return to our Training and Program Development Department. To encourage a high level of active and engaged participation, we enter all returned quizzes with a score of 100% into a drawing for a gift card or other prize. Employee participation in this training initiative has been outstanding. Recent examples of our trainings include:

- A "TB or Not TB" initiative to educate and raise awareness of the symptoms, transmission vectors, and treatments for tuberculosis;

- An "Infection Control Derby" that focuses on re-familiarizing our employees with the Wexford Health Infection Control Manual;
- A "Do You Know Your ABCs" program that focuses on educating our employees on Hepatitis A, B, and C; and
- A "Sugar Bowl" program that focuses on enhancing our employees' knowledge of Diabetes.

B.N.2.d.iii. Sexual Assault Nurse Examiner (SANE) Training (RFP Amendment #15)

Wexford Health will ensure that each WVDOC facility (excluding the work release facilities) has a registered nurse who is trained as a Sexual Assault Nurse Examiner (SANE). Wexford Health's Corporate Nurse Educator, Linda Campbell, MSN, RN, CCHP, has reached out to the West Virginia Foundation for Rape and Information Services, and received a full overview regarding SANE training and what we will need to do to ensure that our designated registered nurses are certified in a timely fashion. We understand that the didactic portion of the SANE training is 40 hours long. After the 40 hours is complete, the registered nurse will need to work with a preceptor to complete 25 hours of clinical time within one (1) year of completion of the 40 hours. We understand that the registered nurse will need to be cleared as being comfortable and able to do the clinical exams in the clinical training portion. Only when the registered nurse is cleared by the preceptor, they are eligible to take the certification exam. We will work with the West Virginia Foundation for Rape and Information Services to ensure we have a comprehensive, appropriate program for training SANE nurses.

B.N.2.e. Credentialing and Licensing

As described below, Wexford Health will maintain our credentialing process and program for all of our licensed and certified personnel in West Virginia. We commit to the continued provision of qualified, verifiable West Virginia-licensed or -certified health care professionals, as well as other appropriately qualified and specialized support staff, to deliver our health care programs for the WVDOC. We understand that this includes, but is not limited to, medical, dental, physician assistants, nurse practitioners, nursing, optometry, radiology, pharmacy, DEA registration, and licenses and registration with all appropriate state boards. Our providers and support staff will be in good standing with all appropriate, pertinent agencies and organizations and meet all applicable licensure/registration/ certification requirements.

In order to ensure quality care, as well as to fulfill federal and regulatory obligations, Wexford Health utilizes an extensive credentialing process that complies with the requirements of both the NCCHC (National Commission on Correctional Health Care) and the Joint Commission. Our Credentialing Department gathers data and verifies education and licensing, and our Human Resources Department obtains written or verbal references for professional candidates such as the following.

- Physicians, including psychiatrists and onsite specialty providers
- Certified Registered Nurse Practitioners (CRNPs) and Advanced Registered Nurse Practitioners (ARNPs)
- Dentists
- Optometrists
- Doctoral Psychologists
- Physician Assistants

- Podiatrists

To facilitate the process, Wexford Health uses PRIVplus™, an industry-standard software package that tracks all aspects of the credentialing and re-credentialing processes.

We also require that all applicable professional clinical staff undergo biannual recredentialing, in accordance with industry and Joint Commission recommendations and guidelines. We have summarized our standard credentialing process below.

- Qualified individual clinical professionals, as defined by Wexford Health's Initial Appointment Policy for Employees and Onsite Independent Contractors, are identified by our Human Resources Department and Contracting Department and are offered the opportunity to apply for privileges.
- Applicants must then submit the following documentation. We agree to provide the WVDOC with any or all of this documentation upon Department request.
  - Completed Wexford Health application
  - Resume and/or curriculum vitae
  - Current state license or other professional credentials
  - Proof of professional liability insurance
  - Current Bureau of Narcotics and Dangerous Drugs (BNDD) License
  - DEA license/registration, if applicable
  - Privilege delineation form
  - CPR card, as required, or ACLS certification, where indicated
  - Professional diploma, internship and residency training certificates
  - Board certification, if applicable
  - CME documentation for one year (unless already required by State Licensing Board for license renewal)
  - Certification from the Educational Commission for Foreign Medical Graduates (ECFMG), if applicable
  - Supervising physician paperwork, for nurse practitioners and physician assistants
- Wexford Health's Credentialing Department staff then performs a series of checks. We agree to continue to provide the WVDOC with any or all of this documentation upon Agency request.
  - Verification, through first-hand Internet research, of the applicant's professional licenses
  - Reference checks (by Human Resources Department)
  - Confirmation of the applicant's education history through American Medical Association website or written verification from the appropriate educational institutions
  - Confirmation of board certification with the American Medical Association website
  - Verification of the applicant's past clinical and risk management history with the National Practitioner Data Bank (NPDB) pursuant to the Health Care Quality Improvement Act of 1986
  - Information & competency letter from primary hospital, if applicable

- As defined by Wexford Health's Initial Appointment Policy for Offsite Independent Contractors, our Credentialing Department verifies competency, conducts reference checks, and requires applicants to submit the following documents.
  - Resume
  - License or other professional credentials
  - Proof of professional liability insurance
  - DEA registration, if applicable
  - CME documentation for one year (unless already required by State Licensing Board for license renewal)

Our credentialing process enables us to obtain full and complete disclosure of any and all restrictions, probations, sanctions, and impairments relating to the candidate, including ones that are not necessarily limited to the individual's current licensure.

Wexford Health agrees to maintain applicable credentialing documentation for each staff member in the health services unit of each WVDOC correctional facility; we will make this documentation available to the WVDOC upon request. We understand and appreciate the Department's commitment to maintaining the confidentiality of such documentation; and its agreement not make to any part of such documentation available to the public without Wexford Health's prior written consent (unless such information is required to be disclosed pursuant to federal or state law).

As per the RFP, we have provided for the Agency copies of resumes and/or CVs, and licenses for our contract's main personnel. To review these confidential and proprietary documents, please refer to *Proposal Exhibit 15: Contract Leadership Resumes & Licenses (if applicable).*

We have also included job descriptions for all positions listed in our medical staffing plan, and the regional mental health positions. To review these job descriptions, please refer to *Proposal Exhibit 16: Job Descriptions.*

B.N.2.f. Insurance Coverage of Personnel

Wexford Health will ensure that all persons working within any unit in this contract (i.e. physicians of any kind, RN, LPN, nurse practitioners, nursing assistants, physician assistants, or any other individual) will continue to be insured by Wexford Health to the same limits as required of our insurance or coverage will be paid for and provided by Wexford Health.

Please note that Wexford Health will provide all required insurance, as per *page 11* of the RFP including, but not limited to, the following.

- Commercial Liability - $1,000,000
- Professional Liability Insurance - $1,000,000 per occurrence
- Workers' Compensation Insurance
- Any other insurance the State and Agency may require upon contract re-award and throughout the tenure of the contract.

We have provided for the Agency a sample COI. To review this sample, please refer to *Proposal Exhibit 17: Sample Certificate of Insurance.*

B.N.2.g. Background Investigation

Wexford Health understands that all employees, contracted and subcontracted, must pass a background investigation conducted by the Agency (or designee) to be assigned to a WV DOC facility. We understand investigation is the equivalent of investigations conducted for all Agency applicants. We understand and acknowledge that any health professional that has been convicted of a felony, in accordance with State or Federal law, are unacceptable. We understand that the Agency reserves the right to delay employment of any proposed staff member without cause.

B.N.2.h. Orientation

Wexford Health will continue to ensure that all newly hired employees attend a 40 hour training and orientation provided by the Agency. We will ensure that when this training program is available, we will ensure our employees attend prior to engaging in the delivery of health care service in the correctional setting. We understand that if the training is unavailable, the institutional CEO may grant a waiver until the next training class convenes. We understand that all 40 hour training and orientation classes, along with annual in-service training, will be provided onsite at each location. We will continue to ensure that there is no lapse in service to the institution during any training.

For each contract, Wexford Health implements a comprehensive orientation program designed to familiarize new employees with Wexford Health, the client agency, the contracted facility's health care unit, and the facility itself. As described below, we will continue to work with the Agency and WVDOC correctional institutions to provide each of our new employees with orientation and appropriate training to the facility; to the health services area to which the staff member is assigned; and to the staff member's position.

Our orientation program quickly moves all new employees through the training, while ensuring that our health care professionals understand the essential components of safe, effective inmate care. For employees new to corrections, our program also addresses appropriate interaction in the correctional environment and includes training on prohibitions against fraternization, improper relationships with inmate, and trafficking.

We will ensure that all new Wexford Health personnel are properly cleared for entry into the correctional institution, and provided with orientation and appropriate training regarding medical practices and security. Wexford Health will provide all of our new site personnel with orientation regarding health services operations at the facilities, including the proper use and execution of Wexford Health and WVDOC forms, policies, and procedures. We will continue to document this training and orientation in each employed person's record, providing proof of the staff member's competency through checklists and tests; and to make such records available onsite for inspection by the Department at any time.

Our orientation program includes presentations related to specific job responsibilities, policies and procedures, and other Wexford Health, WVDOC, and/or site-level directives. In order to provide new employees with a better understanding of how various facility operations relate and interact with each other, Wexford Health prefers that a team including both medical staff and custody staff lead our onsite orientation program.

One important element of our comprehensive orientation program is a Personnel Skills Inventory. The new staff member signs this inventory, indicating that he or she has been informed of all applicable procedures and understands those procedures. At a minimum, our employee orientation will also address security, code of conduct, drug free workplace, blood-borne pathogen policies, and internal Wexford Health policies and procedures. Other elements of Wexford Health's orientation program include the following.

- General information packet
- Job descriptions
- Personnel policies and procedures (work rules)
- Orientation checklist
- Explanation of annual cycle training
- Pre-services orientation training
- Requirement to read and sign off on all policies
- Instruction in handling blood-borne pathogens
- OSHA training and completion of required documentation of training

As part of our orientation, Wexford Health provides all employees with a two-part checklist of items they will complete or learn during the orientation process. Part One describes the prerequisite skills and knowledge for the position. We verify the employee possesses this information through the orientation process. Part Two contains a list of items that the employee will learn during the orientation process. The employee keeps the list throughout the orientation period, working with a preceptor while completing the items contained in the list. Both the employee and preceptor sign next to each item on the list as it is completed.

We also provide all physicians and mid-level practitioners with a *Provider Handbook*. This handbook is designed to acquaint newly-hired providers with Wexford Health and to supply them with general information regarding the physician's role within the correctional health care setting. The guide offers optimal paths to inmate health care, and serves to remind our providers that the physician's role is vital to the overall success of correctional health care operations. The *Provider Handbook*, combined with our standard provider orientation program and our regular re-appointment process, ensures that our licensed and certified health care professionals understand the essential basics for safe inmate care.

Wexford Health believes that continuing education tracking and monitoring works most effectively when maintained at the site-level, as opposed to being tracked remotely at our corporate office. To ensure that our contracted sites keep current, detailed records on the training required to maintain contract compliance and to defend against potential litigation, we audit training information as part of our Scorecard Review (described in detail in Proposal Section XXXX, XXXX). We require our HSAs to document a brief description of the course/training; employee and manager and/or presenter signatures verifying that the staff member received the training.

B.N.2.h.i. *Preceptor Program*

Wexford Health understands that our processes, policies, and protocols are only as good as the people we employ to carry them out, and that building an exceptional team requires first class orientation and ongoing education for our team members. As a facility's nursing staff is the heart of any clinical unit, we invest a great deal of resources in assisting our nurses to become skillful and proficient in their delivery of care.

While Wexford Health initially developed our preceptor program for nurses, we have since expanded it and created customized versions for physicians and mid-level practitioners as well.

Specifically, we do this through hand-selecting and designating certain individuals as preceptors: experienced correctional health care nurses who provide the benefit of their expertise, practical experience, and training to new employees. Because we believe retention is as important as recruitment, Wexford Health trains our preceptors not only on the technical side of conducting orientation but also on the social components of welcoming and integrating new staff members into our team.

Assigned preceptors, in conjunction with the new employee's direct supervisor, have the ultimate responsibility to ensure new nurses receive a thorough and complete orientation that prepares them to perform their job duties at the site. We select our preceptors based on competency, initiative, and leadership qualities.

Wexford Health recognizes the need to provide basic train-the-trainer information for staff members who will be training others. While nurses may be strong clinicians, helping them learn how to teach their clinical skills to others is fundamental to the success of newly hired employees. Therefore, prior to functioning as a preceptor, we require the selected individual to attend Preceptor Training with Wexford Health's Director of Quality Management & Performance Improvement. We believe our thorough and well-coordinated orientation contributes significantly to the retention of new staff at our contracted sites.

We select our preceptors based on input from the onsite management team, after careful consideration of the qualities listed above. If a facility already has designated preceptors/mentors with whom the client is satisfied, we will retain them in this role after they complete our mandatory preceptor training. If the facility has no preceptors/mentors, or is dissatisfied with their existing preceptors/mentors, Wexford Health engages site management to help identify and select new preceptors.

All preceptors must have demonstrated knowledge and proficiency in the delivery of hands-on care, must be committed to the mentoring process, and must demonstrate a role model's exceptional attitude. Wexford Health determines the number of preceptors at each site after assessing the staff at each facility. We also take into consideration client and site management recommendations, history of turnover, and current vacancies. We hold training sessions as often as necessary to maintain the agreed-upon number of preceptors at all times. We typically hold preceptor training at a centralized location or locations, to decrease travel inconvenience for participants.

B.N.2.i. Annual In-Service Security Training

Wexford Health will ensure that all employees attend the Agency's annual in-service security training. We understand that the cost of this training, with the exception of wages, travel, and incidental costs are to be incurred by the Agency. We understand that professional training hours may be substituted for a portion of the required institutional annual in-service, as approved by the Agency.

B.N.2.j. Random Drug Testing

We understand that the Agency reserves the right to request random drug testing of employees and subcontractors, and to demand the immediate dismissal and replacement of any individual who fails said drug screening or who has violated the rules and/or regulations of the Agency or who poses a risk or threat to security. Wexford Health understands that the Agency will provide written documentation to substantiate its demand for immediate replacement of our employees or subcontractor. As per the RFP, we understand that the employee will not be formally dismissed until there is a discussion between the Agency and Wexford Health regarding the rational of the Agency's request.

B.N.2.k. Reassignment of Staff

Wexford Health appreciates and understands that the Agency reserves the right to reassign FTEs among the various sites throughout the State based on need and site mission. We also understand and appreciate that we may also request the reassignment of FTEs throughout the State, with sufficient justification made to the Agency, and the Agency will consider and approve or disapprove the request.

B.N.2.l. Opening of Facilities

As per the RFP, in the event the Agency opens a new facility, expands an existing facility, changes an institution's operations, or received mandated court orders, we agree to provide the services needed based on the needs of the Agency. We understand that this will be accomplished through a change order to the contract, based on the needs and negotiated costs. Throughout our six (6) years working with the WVDOC, we have already met the changes requested by the Agency with new facilities (Salem Correctional Facility health care unit), new services (Beckley Correctional Center and Parkersburg Correctional Center) or increased FTEs (multiple instances throughout the years). We will gladly continue to meet any changing needs of the WVDOC.

B.N.2.m. Infirmary Employees

All employees/individuals that are involved in the direct care of infirmary-level inmates will be qualified health care professionals. Inmates will not be, and never have been, involved in treatment decisions, confidential health information, or medication administration, nor will they provide any hands-on care or medical care.

B.N.3. Vendor Services Provided to Agency Staff (RFP Section 5.2.1.3)

The successful vendor will offer/provide the following health care services to Agency staff at each institutional site:

- The scheduling and performance of a limited medical examination for all applicants for employment with the Agency, to include a two-step tuberculin skin test, within 5 days of request. In the event of a positive tuberculin skin test, the Vendor will assume responsibility of obtaining a chest x-ray to confirm. The x-ray may be done on-site if capabilities are available, or at an outside facility.
- The scheduling and performance of annual, limited medical examinations for all Correctional Officers;
- The provision for all Agency employees of an annual two-step tuberculin skin test. In the event of a positive tuberculin skin test, the Vendor will assume responsibility of obtaining a chest x-ray to confirm. The x-ray may be done on-site if capabilities are available, or at an outside facility.
  - These exams will be at no charge to the employee or Agency. Testing for BCC and CWR will take place at MOCC. Testing for HWR will take place at LCC.
  - The Vendor shall provide emergency/first aid services to any staff member who becomes ill or injured while on duty as outlined in the Emergency Health Services section of this document.
  - The Vendor will offer and provide and Hepatitis B immunizations to all Agency institutional staff who so desire vaccination at no charge to the Agency or employee.
  - The administration of the influenza vaccine shall be offered to al staff. The cost of this vaccine shall be at no cost to the Agency or employee. ,

- Provide training to staff in areas identified to be in need in which health care staff demonstrate expertise or as requested by the CEO of the institution. Examples of such include infectious disease and hazardous material clean up.
- Agency employees, contractual employees, official institutional guests, and institutional visitors shall be provided emergency health services if necessary by the Vendor at no cost to the individual.

See Attachment F for Agency Staff Tum over Rate.

Vendor Response:

Wexford Health agrees to continue providing the following health care services to Agency staff at each institutional site.

- Scheduling and performance of a limited medical examination for all applicants for employment with the Agency, including a two-step tuberculin skin test, within five (5) days of request. In the event of a positive tuberculin test, we will assume responsibility of obtaining a chest x-ray to confirm. As per the RFP, we understand the x-ray may be done onsite (if available) or at an outside facility
- Scheduling and performance of annual, limited, medical examinations for all correctional officers
- Provision for all Agency employees of an annual two-step tuberculin skin test. As mentioned before, in the event of a positive tuberculin skin test, we will assume responsibility of obtaining chest x-ray to confirm. We understand that the x-ray may be done onsite (if available) or at an outside facility.
- In addition, we will provide the following.
  - These exams will be at no charge to the employee or Agency. Testing for BCC and CWR will take place at Mount Olive Correctional Center and testing for HWR will take place at Lakin Correctional Center.
  - We will provide all emergency and first aid services to any staff member who becomes ill or injured while on duty.
  - We will offer and provide Hepatitis B immunizations to all Agency institutional staff, who desire the vaccination at no charge to the Agency or the employee.
  - The administration of the influenza vaccine will be offered to all staff, at no cost to the Agency or the employee.
  - We will provide training to staff in areas identified to be in need in which health care staff demonstrate expertise or as requested by the CEO of the institution, including infectious disease and hazardous material clean up.
  - Agency, contractual, and official institutional guests and visitors will be provide emergency health services, if necessary, at no cost to the individual. For more on our emergency services program.

B.N.4. Emergency Offender Health Services (RFP Section 5.2.1.4)

Emergency Health Services will be provided at contracted facilities by qualified health care staff and in accordance with NCCHC and ACA standards. The Vendor shall make provisions and be responsible for all costs for 24 hour emergency medical, dental, and mental health care including, but not limited to 24 hour/7 days per week on call services. The Vendor shall ensure availability of emergency treatment through prearranged agreements with community agencies. The Vendor will coordinate all emergency transfers with facility staff.

All contractual sites will have, at a minimum, appropriate qualified health care professional staff on-site 24 hours a day, 7 days a week. This may also necessitate the physician's return to the site location after regularly scheduled hours. This must be in accordance with NCCHC and ACA standards.

Vendor Response:

Wexford Health will continue to provide onsite emergency services for WVDOC inmates, staff, volunteers, visitors, and vendors. In compliance with the applicable NCCHC and ACA standards, we agree to supply a sufficient number of qualified medical professionals to provide onsite care for the sudden onset of a medically emergent condition at the correctional facilities on a 24-hour-a-day, 7-day-a-week basis. For emergencies that occur after-hours and on weekends or holidays, our nurses will contact medical, dental, pharmaceutical, and mental health practitioners via telephone for consultation and directions.

We understand we are responsible for continuing to ensure adequate response to medical emergencies, consistent with industry standards (both NCCHC and ACA) and coordinating with facility and Agency administration to evaluate current policies and procedures (or to establish new ones) for responding immediately to onsite medical emergencies. Our qualified health care staff members will assist custody staff in providing emergency health services in compliance with all applicable standards, including first aid and cardiopulmonary resuscitation services, until emergency medical services (EMS) arrive.

We will provide for twenty-four (24) hour emergency or immediate medical services, including on-call providers, emergency transportation, and acute community hospital services with one or more health care providers or physicians. Our program for emergency services includes the following items.

- Arrangements with local EMS and ambulance services for emergency (Advanced Cardiac transportation and Basic Life Support) transport of the patient from the facility via an emergency medical vehicle; Wexford Health will ensure that transfer to the offsite facility occurs by the most appropriate means considering the medical needs of the inmate.
- Written agreement(s) with one or more local hospitals and/or other appropriate facilities to provide emergency services on a twenty-four (24) hour basis
- Arrangements for emergency 24-hour on-call physician, psychiatrist, or advanced practice nurse coverage
- Coordination with security for arrangements when the immediate transfer of an inmate is indicated
- Written policies and procedures — that are approved by the WVDOC — concerning emergency triage, transfer, and transportation of inmates, including protocols for the following
  - Onsite staff to immediately arrange for transport of an affected inmate to an offsite location for emergency care
  - Notification of appropriate facility and Division administrative staff
  - Physician or mid-level provider staff to see any inmate returning from an emergency (or other) offsite hospital admission or clinic visit
- In-service staff education on first aid and emergency procedures, including CPR and AED basic training for all health services staff and other designated staff members
- Provision and maintenance of Automatic External Defibrillators (AEDs) in designated areas of the institution as determined by the HSA or designee
- Regular maintenance of emergency drugs, supplies, and medical equipment
- Treatment for visitors and staff consisting of stabilization and referral (if required)

In the event that employees, visitors, or contractors become injured or ill while at a WVDOC facility, Wexford Health's onsite health care staff will immediately respond to the scene to assess and stabilize the patient. If requested, other appropriate medical personnel will also be notified and asked to respond. Once stabilized, Wexford Health will coordinate the transfer of the patient to a hospital emergency room for further treatment (if clinically indicated), or will refer the patient to his or her private physician. We understand that any required follow-up care is the financial responsibility of the person receiving the emergency care.

Wexford Health will ensure these incidents are adequately documented in the event that they should result in worker's compensation claims or other actions. We will not provide routine medical care, or medications, to WVDOC staff, Wexford Health staff, or visitors (with the exception of any staff-related services required by our contract).

B.N.5. Disaster Plan (RFP Section 5.2.1.5)

The Vendor will adopt and have in place within 60 days of contract award, a medical disaster plan to provide for the delivery of medical services in the event of a disaster, either naturally occurring or man-made. The medical disaster plan shall be in compliance with ACA and NCCHC standards of care. All health care staff shall be trained in their roles within the context of this plan.

The Vendor shall provide the institutional CEO's with a copy of the plan, as well as a contact list for recall of key health care staff and qualified health care professionals.

Vendor Response:

Wexford Health will continue to consult with the WVDOC regarding our role in the State's emergency response and disaster plan. Our current plan, and any enhancements the State would like us to make, will be in place within 60 days of the contract award, and our plan will remain in compliance with ACA and NCCHC standards of care. In any emergency, whether accidental, natural, or caused by man, Wexford Health will provide medical assistance to the WVDOC to whatever extent necessary.

We are familiar with implementing disaster and emergency plans for the WVDOC, and we are *well prepared and ready to continue* to provide medical assistance to the WVDOC facilities in the event of an accidental, natural, or man-made disaster.

In 2012, the state of West Virginia was hit with two (2) devastating, wide-spread storms – the "Mid-Atlantic Derecho" in June and "Superstorm Sandy" in October. Both storms caused extensive damage including downed trees and power lines, which caused electrical loss and hazardous driving. The governor declared a state of emergency in both cases.

During the June storm, the WVDOC sites were without phone, internet and electric for days. While generators kicked in, the power available was limited and it was particularly hot start to the summer. Wexford Health's staff caring for the WV DOC patients kept everything status quo, helping deliver meals and medications to the individual cells. Medical staff at St. Mary's Correctional Center ingeniously made a makeshift infirmary in one unit. In this temporary infirmary they provided hourly checks on the handicapped and wheelchair-bound patients, provided IV's for those patients with symptoms of dehydration. This quick thinking kept inmates and employees onsite, secure, safe, and healthy.

Wexford Health and our staff showed the same ingenuity and dedication during Super Storm Sandy in October. Severe rain and wind, and even several feet of snow in some areas, again caused hazardous travel conditions and power outages. Our staff continued to get to the sites and provide care to the inmates. At some sites that were severely affected, staff brought extra

changes of clothing and stayed overnight to ensure that quality around-the-clock care was provided.

In addition to our current track record in West Virginia, another excellent example of our ability and willingness to assist our contracted sites in the event of an emergency or disaster is our south Florida experience, where during the five years of our prior contract with the Florida Department of Corrections, 28 tropical storms and 29 hurricanes of various strengths passed through our facilities, including the record-breaking 2004-5 season with the massive damage of Hurricanes Frances and Charley.

Throughout the high winds, rain, flooding, power outages, and physical property damage associated with these natural disasters, Wexford Health maintained necessary medical coverage without interruption in addition to providing "above and beyond" medical and administrative support to the site staff and the Department, helping to meet the challenges caused by these storms.

During the 2004-5 hurricane season, many of our contracted facilities suffered leaks, power outages, and loss of phone services along with other physical damage, some of which resulted in the need for site evacuations and multiple inmate movements. One of our medical units was completely destroyed, losing part of its roof and suffering such severe damage that Wexford Health had to set up temporary comprehensive health care services in another building. In the face of these frightening conditions, our medical units remained operational, and our staff made sure that no security staff or inmates went without proper medical care.

If needed, we will provide each Warden (or designee), within 60 days, with an updated site-specific disaster plans that incorporate our plans for performing necessary emergency medical procedures, up to and including intubations and/or emergency airway management. We will coordinate our disaster plans with each facility's security program, incorporating the plan into the site's overall emergency procedures and making the disaster plan known to all facility personnel.

Wexford Health will continue to train all involved staff on the disaster plan. In addition, we will include a review of the health services components of the disaster plan in our initial orientation of new personnel at each site.

We will work closely with the WVDOC, as well as external agencies such as ambulance services, hospitals, and other local support providers, to review and make any necessary changes to these procedures throughout the course of the new contract. Wexford Health's medical disaster plan for a health care unit typically includes the following components.

- Establishment of a communications system
- Recall of key staff
- Assignment of health care staff
- Establishment of command post
- Establishment of a triage area
- Triage procedures
- Use of ambulance services
- Transfer of injured to local hospitals
- Safety/security of patient & staff areas
- Use and stocking of emergency equipment & supplies
- Medical records identification of injured

- Evacuation procedures (coordinated with security personnel)
- Back-up plan

Wexford Health will also continue to assist the WVDOC in developing and implementing disaster drills. We will conduct an annual mass casualty drill on a schedule that will allow for each shift to participate in the exercise. Critiques of these drills (or of actual events) will document items including response time, names and titles of the health staff, the roles and responses of all participants, and observations of appropriate and inappropriate staff response to the drill. Wexford Health will use these critiques to increase and improve responses.

Wexford Health is also a proud participant and sponsor of the Mock Prison Riots that are held on an annual basis in West Virginia. Wexford health will continue our involvement in this crucial training that benefits corrections and law enforcement professionals across the country.

B.N.6. *Non-Emergent Health Services (RFP Section 5.2.1.6)*

B.N.6.a. General Provisions (RFP Section 5.2.1.6.1)

All non-emergent health care services shall be in accordance with ACA and NCCHC standards of care. The Vendor will work with the Agency to coordinate the provision of these services within security parameters.

Vendor Response:

Wexford Health will ensure that all non-emergent health care services continue to be provided in accordance with ACA and NCCHC standards of care. As we have done for the past six (6) years, we will use our knowledge of the system and work with the Agency to coordinate these services within required security parameters.

B.N.6.b. Inmate Screening/Assessment (RFP Section 5.2.1.6.2)

All receiving and transfer screenings, mental health screenings, and health assessments shall comply with the guidelines delineated in the most current ACA and NCCHC Standards for Health Services in Prisons.

Vendor Response:

To identify those individuals with immediate and/or long-term health care needs — medical or mental health related — Wexford Health will operate under the same Agency-approved guidelines, practices, and protocols and continue to ensure that our qualified medical care personnel conduct a receiving screening for each new WVDOC inmate within a reasonable amount of time of his or her initial arrival at the reception and diagnostic center. NCCHC P-E-02 RECEIVING SCREENING

At a minimum, each receiving screening will include review and inquiry into the following topics.

- Current and past illnesses, health conditions, or special health requirements, e.g., special dietary needs
- Past serious infectious diseases

- Recent symptoms of communicable illness, e.g., chronic and/or bloody cough, lethargy or weakness, weight loss, loss of appetite, fever, night sweats, etc.
- Past or current mental illness, including hospitalizations
- History of suicidal ideation or current suicidal ideation
- Visual observation of the mouth, teeth, and gums, with special attention paid to any gross abnormalities, missing teeth, or other problems, that may require immediate attention
- Allergies
- Legal and illegal drug use including types, methods, amounts, frequency, and instance of last use; drug withdrawal symptoms; and history of problems related to stopping the drug use
- For females, a history of mammary and gynecological problems as well as current or recent pregnancies

Wexford Health's receiving screenings will also continue to include observation of each inmate to assess the following characteristics.

- Appearance, e.g., sweaty, exhibiting tremors, etc.
- Behavior, e.g., disorderly, insensible, etc.
- State of consciousness, e.g., alert, lethargic, etc.
- Ease of movement, e.g., deformities, gait, requirements for special equipment or mobility aids, etc.
- Breathing, e.g., labored
- Skin condition and body orifices, e.g., bruises, lesions, jaundice, rashes, infestations, needle marks, etc.

For inmates who arrive with a current medication in a properly labeled container, Wexford Health reception staff will make every effort to verify from outside sources that the medication is as described and prescribed. A properly licensed and credentialed practitioner will then make the decision to continue the medication; to take a therapeutic substitution to a formulary medication; or to stop the medication and monitor the patient for potential side effects of the discontinuation. Wexford Health will ensure an appropriately qualified practitioner sees the inmate within seven (7 days for continuation of the prescription.

For reception inmates on verifiable, prescribed psychotropic drugs, Wexford Health will continue the individual's existing medications (even if non-formulary) until such time as a psychiatrist can see the inmate and evaluate him or her for a change to a formulary medication. We will complete a non-formulary request in the event that we need to continue a verified prescription that is not on the WVDOC formulary.

In addition, our reception personnel will refer to mental health care staff any inmates identified during the reception process as exhibiting signs of acute mental illness, psychological distress, or danger of harm to self or others.

If possible, during the receiving screening Wexford Health will also obtain permission for notification of the inmate's next of kin in the event of an emergency.

In the event the intake screening reveals the presence/suspicion of an infectious disease, Wexford Health will inform WVDOC security staff so that they can place the inmate in the

appropriate type of isolation until an evaluation by medical staff determines the individual may be safely placed in the general population.

Wexford Health reception staff will continue to refer to an appropriate health professional any inmate who, in the intake professionals' judgment, exhibits medical needs beyond their scope of practice. We will not admit an unconscious person or a person who appears to be seriously ill or injured into a WVDOC facility. Wexford Health will immediately refer such a person for emergency medical attention, at which point his or her admission or return to the facility is predicated upon a written medical clearance.

Wexford Health will record the findings of the receiving screening on the WVDOC *Intake Health Screening* and *Intake Mental Health Screening* forms (paper or electronic, as the Agency directs); sign, date, and time-stamp the form immediately upon completion; and enter the information into the inmate's medical record. In addition, we will schedule the inmate for his/her initial physical assessment with a physician or mid-level practitioner.

Upon each inmate's arrival at a facility, Wexford Health will provide him or her with an orientation to health services, to include a written, easily understood description of medical, mental health, and dental services and how to access them, as well as verbal instructions on accessing available health services, consent or refusal of health services, and confidentiality.

For WVDOC inmates who cannot read, understand, or speak English, Wexford Health will make special arrangements such as the provision of bilingual personnel; or on-demand translation services, as described in more detail below. In this way, we will ensure that these individuals comprehend the intake health screening process and understand how to access health services.

B.N.6.b.i. Health Assessment

For any inmate who presents no history or evidence of health problems at his or her receiving screening (and therefore does not require a more immediate encounter), a Wexford Health physician (or other qualified medical care personnel as authorized) will continue to provide a full initial health appraisal examination within seven (7) days after the inmate's arrival at the reception and diagnostic center. As per RFP Addendum #12 (issued on July 2, 2014) we acknowledge that we will also be providing health assessment services for the Regional Jail Authority's (RJA's) Northern Correctional Center (NCC) and Ohio County Correctional Center (OCCC). As per standards, we will ensure that they RJA offender's receive their health assessments within 14 days, or a mutually agreed upon timeframe.

For inmates with documented evidence of a health assessment and physical examination within the previous 90 days (e.g., parole violators), a Wexford Health physician will determine the need for (and the extent of) a new health assessment.

If the WVDOC transfers an inmate from the reception/diagnostic center prior to the completion of his/her health assessment, Wexford Health will complete the assessment (including the physical examination) at the inmate's receiving facility.

The health appraisal will include, but not be limited to, the following compliance indicators. NCCHC P-E-04 INITIAL HEALTH ASSESSMENT

- Review of the inmate's receiving screening results
- Collection of additional data necessary to complete the medical, dental, and mental health histories, e.g., a significant family medical history, etc.

- Recording of vital signs including height, weight, pulse, blood pressure, temperature, and respiratory rate
- A physical examination including "system" exams as indicated by the inmate's gender, age, and risk factors
- Laboratory and/or diagnostic tests if not previously done, to include dipstick urinalysis, RPR (syphilis) test, and chlamydia and gonorrhea testing
- Hepatitis screening consisting of a verbal history of infection that was confirmed by diagnostics; then hepatitis testing as clinically indicated following referral/consultation between the physician and Wexford Health's corporate and regional Medical Director team
- Other laboratory and/or diagnostic tests and examinations as clinically indicated
- Review of immunization history with updating of vaccines, as appropriate
- For females: inquiry into last menstrual cycle, any unusual bleeding, use of contraceptives, medications, presence of an IUD, breast masses, nipple discharge, pap smears, pelvic exams, and pregnancy testing; for pregnant inmates, Wexford Health will discuss pre-natal health care and arrange for follow-up care; for females 40 or more years of age, we will request a mammogram within 30 calendar days of the inmate's arrival.
- An oral screening consisting of visual observation of the mouth, teeth, and gums by an appropriately trained health professional paying special attention to any gross abnormalities, missing teeth, or other problems that require immediate referral to the dentist. Wexford Health will also provide the inmate with oral hygiene instruction in the proper care of teeth and gums. NCCHC P-E-06 Oral Care
- Vision (Snellen) and hearing screening
- Development and implementation of indicated treatment plans (to include recommendations concerning housing, job assignment, and program participation)
- Appropriate and timely treatment, therapy, or referral when indicated, including hospitalization, if required

As indicated, Wexford Health will also perform additional investigation regarding the inmate's current and/or previous use of alcohol and/or drugs; current and/or previous psychiatric issues; and any medications and treatment for such the inmate has been prescribed.

In the event the health assessment reveals the presence/suspicion of an infectious disease, Wexford Health will inform facility security staff so that they can place the inmate in the appropriate type of isolation until an evaluation by medical staff determines the individual may be safely placed in the general population.

Wexford Health will continue to record the findings of the health assessment on a WVDOC-approved screening form (paper or electronic).

B.N.6.c. Sick Call (RFP Section 5.2.1.6.3)

Sick call shall be conducted within the parameters of ACA and NCCHC standards. During normal operations, sick call will be conducted in the designated medical unit for general population inmates. Offenders housed in segregated units may be handled within their unit, or at specified times in the medical unit. A primary care physician shall be on-site providing direct patient contact. The standard for direct patient contact is not inclusive of the time required for administrative tasks, such as chart

reviews, cosigning charts, reviewing diagnostic reports, and attending meetings. Additionally, the physician/patient ratio will be increased in certain institutions, such as those with large numbers of inmates in segregation or those with a high number of chronically ill, frail/elderly, or high acuity level inmates.

The Agency will coordinate facility sick call schedule with the vendor. Although this schedule will be given priority, the security needs of the facility shall prevail.

The Agency will provide sick call forms and secure collection points. The Vendor shall retrieve sick call forms. A Registered Nurse will triage all collected slips the same day that they are received and record the date and time of triage.

Those sick call slips asserting a medical complaint considered to be an emergency or time sensitive shall be responded to immediately. Immediate referral to a Clinician on-site or on-call shall occur. Those sick call slips determined not to constitute an emergency shall be scheduled for a sick call clinic so that the inmate is seen within 48 hours if submitted Sunday through Thursday, or 72 hours if submitted on Friday, Saturday, or a holiday. The Vendor must collect sick call slips daily at any facility for which 24/7 staffing is provided. For facilities where the Vendor does not provide 24/7 staffing, sick call slips should be collected daily Monday through Friday, except for state recognized holidays. However, in no instance shall the Contractor fail to collect sick call slips for more than three consecutive days.

For the General Population, the Vendor shall operate sick call clinics no less than five days a week (Monday through Friday, including holidays). On state holidays, staff shall triage sick call slips to identify acute and urgent/emergent inmate complaints and treat such as needed, up to and including referrals to off-sit providers or community hospitals. For non-emergency sick call slips submitted by inmates that the nurse could not manage, the inmate shall be placed on the sick call schedule for the next available day. Sick call hours shall be posted on each medical unit, and be of such duration that all inmates have been seen.

All documentation of sick call encounters shall be made the same day, including missed appointments and refusals. All refusals must be documented and a refusal slip must be signed by the inmate.

Each sick call clinic shall continue operation on that day until it is completed; i.e., when each inmate scheduled to be seen during that sick call clinic and who shows up for the appointment has been seen. There shall be no "backlogs" of inmates to be seen in sick call. Same day referrals from triage (emergent complaints) shall be seen during a clinic session on the same day the inmate appears for services.

The Vendor is responsible for providing sick call to inmates in segregation that is equivalent to the sick call services available to the general population.

A Registered Nurse or higher shall conduct rounds in each segregation unit daily and will speak with each inmate housed there to determine if there are any medical needs. Rounds shall be completed during inmate waking hours and in conjunction with security's ability to provide escort.

Chronic Care Clinic

The Vendor shall operate a comprehensive chronic care program that ensures that conditions requiring chronic care are appropriately diagnosed, treated, and controlled to prevent and minimize decompensation and/or complications of diseases/conditions.

Chronic care conditions include chronic medical problems such as asthma, diabetes, epilepsy, hypertension, cardiovascular and infectious diseases (HIV/AIDS, TB, hepatitis, etc.), and other disabilities or conditions related to aging, terminal illness, etc.

All chronic care clinics shall be documented.

Vendor Response:

Wexford Health will further ensure WVDOC inmates with unimpeded access to professional nursing care and physician care (as clinically required). We understand that the Agency will continue to coordinate sick call in collaboration with Wexford Health and while this schedule will be given priority, we understand that the security needs of each facility prevail.

Our triage and sick call systems classify health care requests to determine the priority of need, the proper provider, and an appropriate location of care. NCCHC P-E-07 NONEMERGENCY HEALTH CARE REQUESTS AND SERVICES

Wexford Health's nurses have demonstrated that they possess the appropriate skill set to perform such duties, and they will collect, triage, and respond to all sick call requests providing inmates with a daily opportunity to request health care by using the established WVDOC medical complaint process, We will collect the forms on a daily basis for those facilities with 24 hour per day, seven (7) day per week care. For those facilities without around-the-clock staff, sick call clips will be collected Monday through Friday, except for those state recognized holidays. We will ensure that we never fail to collect sick call slips for more than three (3) consecutive days.

We will also make alternate arrangements for inmates who do not have access to the standard medical complaint process. At each facility, Wexford Health will designate a health care staff member to visit the institution's segregation areas on a daily basis, to collect health care requests from segregated inmates. In these cases, our nursing staff will determine the need for an inmate to be brought to the health care unit for further assessment. We understand that the standards for direct patient contact is not inclusive of the time required for administrative tasks, such as chart reviews, cosigning charts, reviewing diagnostic reports, and attending meetings. As per the RFP, we will ensure that we continue to increase the physician/patient ratio in certain institutions, such as those with large numbers of inmates in segregation or those with a high number of chronically ill, frail/elderly, or high acuity level inmates.

Our nursing staff reviews call slips daily, and triages all non-emergent requests within 48 hours of receipt Sunday through Thursday, and within 72 hours if submitted on Friday, Saturday, or a holiday, thus ensuring the timely and efficient provision of an appropriate level of health care. Within twenty-four hours of triage, any patient whose request was classified as routine (i.e., patients who were not in need of emergent or urgent care) is seen at our Nurse Sick Call. We will ensure that a primary care physician is onsite providing direct patient contact.

For dental or mental health sick call requests, Wexford Health arranges a face-to-face encounter between the inmate and an appropriate health care professional. For requests for medical, dental, or mental health services deemed urgent or emergent by our nursing staff, Wexford Health arranges for a qualified provider to immediately provide appropriate care, either onsite or at a community facility.

For inmates who present with chest pain, Wexford Health will perform Troponin testing (unless clinically contraindicated).

Wexford Health conducts sick call clinics to ensure inmate's routine health care needs are met in accordance with NCCHC and other applicable client and industry standards. We will review and resubmit our written contract-specific sick call policies and procedures for the WVDOC contract, obtaining Division approval prior to implementing these protocols for a new contract term. NCCHC P-E-07 NONEMERGENCY HEALTH CARE REQUESTS AND SERVICES

At Nurse Sick Call, licensed nursing personnel examine and evaluate inmate patients in a manner that complies with state and federal privacy mandates within the scope of each facility's physical plant. According to WVDOC-and physician-approved protocols on how to handle various health complaints, appropriately trained Wexford Health nurses will either provide basic treatment or refer the patient to an appropriate clinician (e.g., physician, mental health professional, dentist, etc.) at the next available appropriate Provider Sick Call. Wexford Health will date and time stamp all requests for medical services, triage encounters, and treatment encounters, placing them in the patient's chart.

If an inmate's condition requires emergency care and/or services outside the scope of the approved nursing protocols or beyond the ability of Nurse Sick Call staff, the nurse will discuss the inmate's problem with the onsite or on-call provider so that Wexford Health can refer the patient for further evaluation and treatment as needed. Under no circumstances does Wexford Health defer or unnecessarily delay urgent or emergent care pending discussion with management or supervisory staff.

Additionally, if an inmate reports to Nurse Sick Call more than twice with the same complaint without being examined by a provider, Wexford Health's nursing staff will schedule an appointment for the patient at the next available Provider Sick Call. Our targeted timeframe for providers to see non-emergent referrals from Nurse Sick Call is 14 days, unless determined otherwise after consultation with the responsible physician.

Wexford Health holds Provider Sick Call (Provider Clinics) in order to address routine health issues beyond the scope of Nurse Sick Call but not of a nature requiring immediate care. For the WVDOC contract, we will continue to conduct Provider Sick Call according to a posted, mutually agreed-upon schedule that meets the needs of each facility and enables timely follow up for those inmates triaged and referred by nursing staff.

At Provider Sick Call, qualified Wexford Health providers review the records of any patients brought to the health care unit as requiring urgent or emergent care, and see those patients referred from the preceding Nurse Sick Call. Our licensed providers perform routine, non-invasive diagnostic procedures; prescribe, administer, and monitor patient medications; and identify any conditions requiring care beyond the capabilities of onsite WVDOC resources, referring such cases for offsite secondary or tertiary services.

If an inmate's custody status (e.g., administrative segregation, disciplinary segregation, protective custody, etc.) precludes his or her attendance at Nurse Sick Call or Provider Sick Call, Wexford Health will arrange for our personnel to conduct regularly scheduled sick call services at the place of the inmate's confinement.

All routine physician care will be provided onsite. A Wexford Health physician or mid-level provider will be onsite through the completion of call outs, treatments, and follow up care. In addition, a Wexford Health physician will be on-call 24 hours per day, 7 days per week.

All sick call clinics will continue operation on that day until they are complete, as we understand that there should be no "backlogs" of inmates to be seen in sick call. We also

understand that same day referrals from triage (emergent complaints) will be seen during a clinic session on the same day the inmate appears for services.

Wexford Health incorporates all information recorded at Nurse Sick Call and/or Provider Sick Call into the patient's permanent medical record, including the following items.

- Patient's health complaint
- Assessment made by the health care professional who evaluated the patient
- Immediate intervention
- The prescribed treatment
- Any follow-up required
- Education provided
- Resolution of problem

Our staff will document all health care encounters provided by the Wexford Health medical services team. Information will include the date, time, and location of each encounter, as well as the name of the involved patient, any referral, and the name/qualifications of the health services provider; as well as if the inmate was seen or was a no-show. As per the RFP, all refusals will be documented and a refusal slip will be signed by the inmate.

Wexford Health's triage and sick call programs provide for the best use of health care staff time, assuring inmates the most appropriate level of care and the WVDOC a cost-efficient program of health services.

B.N.6.c.i. Inmates Housed in Segregation

Wexford Health understands that in some cases, a patient's custody status may preclude his or her attendance at Sick Call, i.e., the patient is in segregation. To accommodate these cases (regardless of whether the segregation is resulting from disciplinary, administrative, or protective reasons), we will coordinate with facility administration to arrange for a registered nurse, mid-level, or physician to hold Sick Call assessments at a location accessible to the segregated patient daily during inmate waking hours and in conjunction with security's ability to provide escort.

Timely notification of medical staff when an inmate is placed into segregation is vital to ensure continued and appropriate care. As each institution handles these notifications differently, Wexford Health makes a point of working with administrative and custody staff at each of our contracted sites to ensure a current, mutually agreed-upon protocol is in place for letting our site staff know about segregation placements.

Upon receiving such notification, Wexford Health nursing staff will immediately review the patient's health record to determine whether his or her existing medical, dental, or mental health needs contraindicate the placement or require special accommodation; to identify any chronic illnesses; and to see if the inmate has any history of mental illness, especially threatened or actual self-harm. The nurse will document his or her findings in the inmate's chart and respond appropriately. Our medical staff will also make arrangements for uninterrupted administration of the inmate's medication therapies, with particular attention paid to insulin-dependent diabetics.

When permitted by security restrictions, we will request that custody staff bring the (non-combative) inmate to the medical unit for an assessment on the way to the segregation unit. This brief assessment will include a set of vital signs; documentation of any injuries; and a mini mental health status exam, to rule out any thoughts of harm to self or others.

If the nurse's review identifies that the inmate had prior contact with mental health staff (or that a mental disorder may be present), the nurse will immediately contact the lead mental health professional for the facility to communicate the findings. If the mental health professional agrees that segregation is contraindicated, s/he will contact the facility Warden to inform him or her of the reason.

In addition, within 24 hours of being notified of the inmate's placement, Wexford Health will arrange for a qualified clinician (mental health trained registered nurse at minimum) to visit any inmate placed in segregation to screen for suicide risk and mental health problems. If we identify any mental health needs, we will refer the inmate to mental health staff for further evaluation. A registered Nurse will conduct rounds in each segregation unit daily and will speak with each inmate house there to determine if there are any medical needs. These rounds will be completed during inmate waking hours and in conjunction with security's ability to provide escort. Wexford Health will immediately contact mental health staff regarding any inmate who presents with serious suicidal intent or psychotic symptoms; or who is a danger to self or others.

If an inmate who is already in a special housing cell suddenly becomes ill or is unable to be safely treated for a health problem within special housing, Wexford Health will provide care at an appropriate treatment facility, e.g., the institutional infirmary or a community hospital emergency room.

B.N.6.c.ii. Chronic Care

Wexford Health will continue to provide proactive, thorough disease management/chronic care clinic (CCC) programs at each WVDOC institution. Since the inception of our partnership with the Agency in 2008, we have started two (2) new chronic care clinics – Obstetrics/Gynecology and HIV/AIDS.

We will provide regular ongoing clinical assessment and treatment to inmates with chronic and/or infectious disease conditions, including inmates diagnosed with HIV or Hepatitis C. We will also provide these services to any inmate diagnosed with a chronic condition, regardless of where the inmate is housed in the correctional facility.

Inmates enrolled in the HIV program will continue to be supervised by a HIV specialist who monitors and changes each patient's therapeutic regimen as medically indicated. Dr. Tom Lehman, our Corporate Medical Director for Clinical Services, is certified as an HIV Specialist by the American Academy of HIV Medicine, has extensive experience in HIV care, and lectures nationally on HIV and cardiovascular disease. Dr. Lehman is currently utilizing telemedicine to help direct and monitor HIV care for the state departments of correction in Illinois, West Virginia, and Mississippi. In addition, Dr. Neil Fisher, Wexford Health's Corporate Utilization Management Director, has more than 14 years of experience caring for inmates with HIV and Hepatitis C. Dr. Fisher is a sought-after frequent lecturer on infectious disease at national correctional conferences including NCCHC, ACA, and ACHSA. He is currently involved in monitoring and supporting the care of HIV patients under Wexford Health's Florida and West Virginia contracts.

Wexford Health has in place for the WVDOC a chronic care management program that incorporates best practices, prevention strategies, clinical-practice improvement, clinical interventions and protocols, outcomes research, and information technology. If a chronic care program provides treatment based simply on each patient's current level of control of his or her condition, the program is likely to waste resources or (conversely) provide interventions at a level insufficient to adequately manage the illness. Based on this belief, Wexford Health has developed the strong chronic disease management program outlined below. Upon re-award, we will tailor this program to meet any new requirements or needs of the WVDOC. NCCHC P-G-01 CHRONIC DISEASE SERVICES

We believe delivering excellent correctional health care requires constant attention to the diagnosis and proper treatment of chronic diseases, including but not limited to diabetes mellitus, cardiovascular diseases, HIV/AIDS, and pulmonary diseases. To aid our clinical staff in the proper care of these disease states, we have developed chronic disease management clinic policies, procedures, treatment guidelines, and chronic care clinic forms that meet or exceed industry guidelines. Wexford Health also believes that monitoring data derived from laboratory and other clinical disease markers can drive better outcomes for the inmates under our care.

The first step in managing chronic disease is to identify inmate with serious cardiovascular disease, diabetes, HIV, pulmonary diseases (including tuberculosis), etc. upon intake to the correctional facility. To accomplish this, Wexford Health reviews the results of inmates' intake screenings and enrolls those with suspected or known disease into an appropriate CCC program.

As part of each chronically ill inmate's initial health appraisal, Wexford Health will measure and analyze illness-specific indicators, to establish the patient's degree of control of his or her illness (poor, fair, or good). Based on the identified level of control, we will determine the frequency of encounters necessary to medically manage the illness, and enroll the inmate in appropriate chronic or specialty care clinics. These clinics provide a recurring means for our clinical staff to evaluate, manage, and educate inmates with regard to their conditions, associated risks, and methods for increased wellness and improvement of their overall health and well-being.

For each type of CCC, Wexford Health has developed a set of encounter forms that outline parameters for the targeted condition, including guidelines for treatment goals and options; identification of risk factors and risk factor modifiers; frequency of encounters; history and physical assessment; specifications for laboratory and other diagnostic testing; standardized reporting frameworks; individual response of the patient to treatment; patient education; monitoring of patient compliance; and patient status (e.g., good, fair, or worsening). Our CCC forms meet or exceed current industry guidelines for chronic disease management. We have provided the diabetes CCC forms we currently use as *Proposal Exhibit 18: Chronic Care Clinic Protocol and Sample Forms*. We list below examples of other conditions for which we have prepared such guidelines.

- Cardiac disease
- Endocrinology/diabetes
- Gastroenterology (to include Hepatitis C management)
- General medicine for chronic conditions, e.g., frail or elderly inmates
- Hospice care
- Hypertension

- Infectious diseases, e.g., HIV/AIDS, Hepatitis
- Kidney disease, with the provision of hemodialysis and peritoneal dialysis
- Neurology/seizure disorder
- Obstetrics/gynecology
- Oncology
- Orthopedics
- Pain management
- Physical therapy and rehabilitation
- Podiatry
- Pulmonary disease/asthma/other respiratory conditions
- Sexually transmitted diseases
- Tuberculosis

As described in the preceding narrative, for each inmate assigned to a chronic or specialty care clinic Wexford Health's clinical staff will create an individualized, physician-approved treatment plan written to fit the patient's particular needs. This treatment plan provides the inmate with access to the supportive and rehabilitative services necessary to maintain or improve his or her health. The treatment plan is determined by the needs of the individual, but includes at a minimum such things as medications, dressing changes, therapeutic diets, physical therapy, type and frequency of laboratory tests, and the frequency of medical follow-up and adjustment of treatment modality.

- Special risks and adjustment needs relevant to the inmate, along with treatment to ameliorate such risks and difficulties during incarceration
- Direction for the health care and correctional staff regarding their roles in the care and supervision of the chronically ill resident
- A written initial evaluation by a licensed physician that includes short- and long-range treatment goals
- Baseline and monitoring laboratory work as required, along with other diagnostic tests appropriate for the inmate's disease or condition
- Concurrent treatment plan developed, reviewed, and co-signed by the attending physician (if different from the site physician)
- Regularly scheduled encounters where chronic care clinic participants are seen every 90 days (minimum)
- Regular reviews and updates to the short- and long-range medical and/or mental health goals for the resident, reviewed and co-signed by the attending physician, including the appropriate minimum intervals at which the inmate should be seen (minimum of every three months)

The site Physician will develop and initiate the chronic or specialty care treatment plan, which Wexford Health will maintain in the inmate's medical record. We will also list any special needs on the master problem list in each resident's medical record. We will maintain a list of special needs patients and provide the DOC with statistical reports describing the occurrence of chronic and specialty care clinics.

B.N.6.c.ii.A Clinical Guidelines & Best Practices

For those conditions commonly found in incarcerated populations, Wexford Health maintains a comprehensive set of clinical pathways, treatment protocols, and algorithms designed to ensure appropriate utilization of clinically proven, cost effective treatment modalities. The goal of each clinical pathway is to ensure our physicians provide a standard level of quality and care at our contracted sites, and to assist the physician in reaching the best possible outcome for each patient, while reducing opportunities for errors or inefficiencies. We require our physicians to incorporate these tools into their daily practice.

The *Medical Policies and Procedures Manual* was developed, and is maintained, by Wexford Health's Medical Advisory Committee (MAC). The MAC is composed of clinical and administrative peers charged with applying the most recent professional standards, evidence-based studies, and accepted practices to develop consensus on clinical issues common among inmate populations. The MAC bases the guidelines in our *Medical Policies and Procedures Manual* on clinical protocols developed by national level organizations such as federally-qualified Health Maintenance Organizations, the National Association of State Mental Health Program Directors Research Institute, the National Heart, Lung and Blood Institute, the United States Preventive Services Task Force, and others. We also utilize the NCCHC clinical guidelines for chronic disease management in correctional institutions.

Clinical pathways do not replace sound clinical judgment, nor are they intended to strictly apply to all patients. The specific strategies and pathways presented in Wexford Health's *Medical Policies and Procedures Manual* provide a clinical management approach, but their application is a decision made by the practitioner after taking into account each patient's individual circumstances.

Medical management and information is continually changing as better treatments, testing, or approaches are discovered. Consequently, the *Medical Policies and Procedures Manual* is continually evolving. Wexford Health encourages our physicians to assist in keeping the manual updated and useful by presenting new information, sharing successful clinical approaches, and informing the MAC of adverse or suboptimal outcomes.

B.N.6.c.ii.B Managing Chronic Care to Produce Improved Clinical Outcomes

Correctional health care has become an integral part of the United States' public health care system. Currently in our country, 2.3 million inmates — approximately 1% of our adult population — rely on health care delivery in the correctional setting as their only source of health services and disease maintenance.

An extremely high percentage of offenders and inmates have chronic diseases. A recent article in the *American Journal of Public Health* indicated the percentage of offenders suffering from chronic diseases is 38.5% (federal prisons), 42.8% (state prisons), and 38.7% (local jails). In addition to a higher incidence of chronic disease, the incarcerated population is aging. Because of historically poor health care prior to incarceration, many experts estimate the physiologic age of an offender to be 10 years greater than his or her chronologic age.

For all of the reasons stated above, the cost of correctional health care is rising steadily. Poorly controlled diabetes mellitus, HIV infection, Hepatitis B and C, and cardiovascular disease contribute significantly to onsite care, specialty offsite

care, and hospitalizations. Data from a 2007 report on diabetic control published by the National Committee for Quality Assurance (NCQA) suggests that poorly controlled diabetes mellitus alone accounts for up to 35% of extended hospitalizations.

Wexford Health takes a proactive position in the delivery of high quality, evidenced-based health care in the correctional setting. We believe that delivering excellent correctional health care requires constant attention to the diagnosis and proper treatment of chronic diseases, including but not limited to diabetes mellitus, cardiovascular diseases, HIV/AIDS, and pulmonary diseases.

To aid clinical staff in the proper care of these disease states, we have developed chronic disease management clinic policies, procedures, treatment guidelines, and chronic care clinic forms that allow the medical provider to quickly identify and intervene on the most important parameters of disease control. These forms are based on national guidelines of care and adhere to NCCHC Guidelines for chronic disease management.

Wexford Health also believes that monitoring data derived from laboratory and other clinical disease markers can drive better outcomes for offenders under our care, as shown in the examples below.

B.N.6.c.ii.B.1. *Hepatitis C*

Based on our many years of experience managing large correctional health care delivery systems, Wexford Health has developed an extensive evidence-based protocol for the monitoring and treatment of Hepatitis C. Dr. Dina Paul, our Corporate Medical Director of Chronic Care & Disease Management and an internist, uses non-invasive common laboratory data to supervise all of our Hepatitis C care via telemedicine consultations with onsite medical providers and patients. Over the past six months, through her application of internally developed protocols and tools, Dr. Paul has been able to appropriately exclude from therapy those cases where treatment could actually harm the patient. For that same timeframe, she has also reduced the number of liver biopsies by 50% and delivered appropriate Hepatitis C treatment to almost 100 patients for another large Wexford Health correctional client.

As per *RFP Addendum #12 (issued July 2, 2014)*, Wexford Health will treat the cost of Hepatitis C pharmaceutical treatment as a pass-through costs and will not include the costs of these medications in our proposed prices. We agree to provide the appropriate Hepatitis C treatment as per the adopted agency guidelines, invoice the Agency for the direct costs without mark-up, and provide the agency with documentation substantiating the costs of these medications.

B.N.6.c.ii.B.2. *Diabetes Mellitus*

In the United States, poorly controlled diabetes mellitus results in high incidences of blindness, kidney failure, heart attacks, strokes, and amputations. For one of our large correctional clients, Wexford Health developed system-wide reports that analyze quarterly HgbA1c and fasting lipid profiles of diabetic patients at each major prison facility and compare them to the patients' current diabetic medications. We collate and distribute this information to the site Medical Directors, assisting them in identifying and providing targeted treatment for patients with poor diabetic and lipid control.

Using a case management approach, offenders with high HgbA1c and lipids are targeted for provider intervention. The contract's corporate and regional medical director team initially reviews the reports and identifies patients at each site who could benefit from education and treatment adjustments. The team then collegially discusses these cases with site-level physicians. Additionally, the corporate and regional medical director team, site physicians, and patient can interact through telemedicine to improve care and, hopefully, outcomes.

This model has enabled the medical team at the client's largest facility to maintain for the past 2 years an average HgbA1c of 7.0 and average LDL cholesterol of 92 mg/dl across all diabetics at the facility.

B.N.6.c.ii.B.3. *HIV*

Guideline-based HIV care is essential in the correctional setting. Therefore, in a fashion similar to our diabetes program, Wexford Health has developed laboratory-based spreadsheets to monitor CD4 T-cell counts and viral loads on all HIV+ patients at guideline-specified intervals. We apply current US Department of Health & Human Services Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents.

In a recent independent review conducted by the University of Mississippi Medical Center comparing benchmark treatment for HIV infected patients, Wexford Health practitioners ranked in the nation's top 10% on the appropriate use of required annual and quarterly laboratory testing, immunizations, screening examinations, and pharmacologic therapy (as compared to other practitioners across the country). The study used HIVQUAL database guidelines to compare benchmark treatment for HIV-infected patients across the country.

B.N.6.c.ii.B.4. *Asthma*

Evidence-based practices can benefit correctional staff as well as clinical staff and patients, as shown in the following example. Accurate diagnosis and appropriate treatment of asthma is challenging in the correctional environment, as many inmates use a past history of childhood asthma for secondary gain, e.g., avoiding difficult work details and obtaining special treatment from medical professionals. To address this issue Wexford Health initiated spirometric testing (with and without bronchodilator treatment) of inmates claiming to have asthma. We perform this procedure using a portable hand-held spirometer attached to a laptop computer loaded with easy-to-install software (see Figure below). We currently utilize this testing for the WVDOC and will continue doing so upon re-award. We will do so as the data that has been collected suggests that only approximately 20% of the inmates who claim to have asthma actually exhibit clinically significant reactive airway disease that requires the prescription of a metered dose inhaler (MDI). Limiting MDI prescription to only those patients with documented disease not only prevents potential abuse and medication overdoses, but at this institution — where inmates were caught making hand-cuff keys from MDIs — helped to control a major security issue.

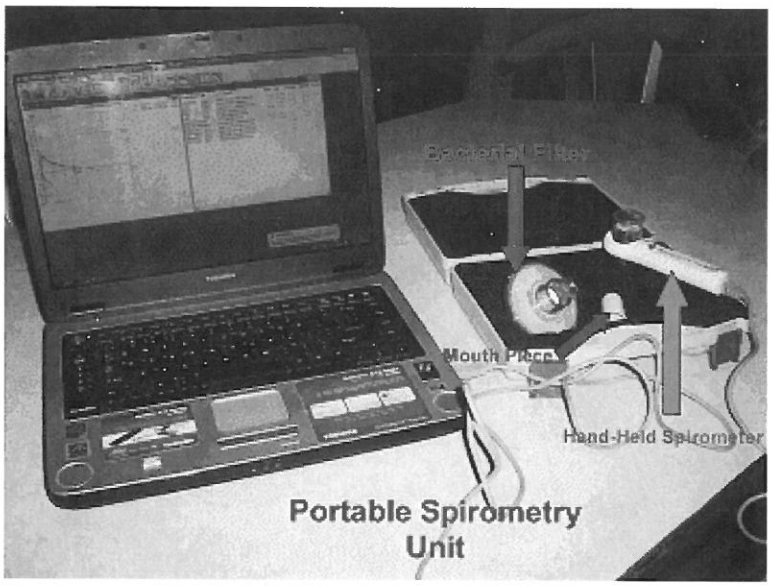


Figure 5: Portable spirometry unit

B.N.6.c.ii.B.5. *Chest Pain Evaluation*

Dr. Tom Lehman, Wexford Health's Corporate Medical Director for Clinical Services and a board-certified cardiologist, has developed an evidence-based evaluation and triage protocol for the management of chest pain in the correctional setting. Chest pain remains a common complaint among inmates, frequently resulting in unnecessary trips to the emergency room and hospitalizations for what should be outpatient procedures. Industry-accepted primary care data indicates that 60% of all chest pain complaints are non-medical in origin, 36% are from musculoskeletal disease, and 13% are of gastrointestinal origin. Only about 12% of chest pain is of cardiac origin, with only 1.5% relating to true clinical emergencies. By applying this evidence-based protocol, Wexford Health has been able to successfully reduce unnecessary emergency room visits and inpatient admissions relating to chest pain, without negatively impacting patient outcomes.

B.N.6.c.iii. *Detoxification*

Wexford Health will continue to work with all personnel—clinical as well as security—who supervise inmates that they have the knowledge, skills, and abilities to identify and respond to detoxifying persons. To this end, we will create and deliver to medical, mental health, and correctional staff an annual in-service detoxification training program that addresses (but is not limited to) the following topics.

- Recognition of alcohol and drug abuse withdrawal
- Training for clinical staff on the treatment of alcohol and drug abuse (to be conducted by Wexford Health's site physician)
- Training for security staff (including booking and housing unit officers) on detoxification unit policies and procedures (to be conducted by Wexford Health's physician)
- Providing residents with timely access to MHPs, including psychiatrists, as clinically appropriate

- Training for clinical staff on the treatment of alcohol and drug withdrawal, where medically appropriate

Detoxification is the first step in the sobering and recovery process, one that is critical in the path to recovery. Although most people in the field agree that detoxification is not a form of treatment, it can have a strong correlation to positive treatment outcomes. For this reason, Wexford Health's medical detoxification program is designed as a link, or pathway, to engage a resident into other treatment services and programs.

Detoxification is often seen as a physical or medical process in which the body rids itself of toxins. However, most agree that detoxification is much more than just physical withdrawal. For this reason, Wexford Health's Medical Detoxification Program is a structured set of interventions designed to address all aspects of the resident during the acute intoxication and withdrawal phases of their illness. Our program is designed to prevent potentially life threatening complications associated with withdrawal of the substances; and to decrease as much as possible the psychological, emotional, and physical pain and suffering that accompanies withdrawal from substances.

Our evaluation process is designed to assess multiple aspects of the resident's physical and mental state, as well as any current needs. Once our medical team assesses the patient and determines (a) that medical detox is the most appropriate level of care; and (b) the required level of intervention; Wexford Health will escort or transport the resident to the most appropriate place—within the HCSO or in the community, for extreme cases—for an intervention.

An intake nurse will begin the initial evaluation, screening for any urgent or emergent medical issues that may require a higher level of medical care. Our staff will monitor and note withdrawal signs and symptoms on an ongoing basis. The medical staff will continue to gather information, when possible, by exploring the following topics.

Biomedical intake assessment

Wexford Health will provide biomedical intake screenings to determine each resident's degree of risk for potentially life-threatening withdrawal from alcohol, benzodiazepines, and other substances. These screenings will include at minimum, the following components.

- General health history
- Mental status
- General physical assessment and neurological exam
- Temperature, pulse, blood pressure
- Patterns of substance abuse
- Urine toxicology screen
- Past substance abuse treatment and detoxification

Psychosocial intake assessment

- Demographic feature
- Living conditions
- Violence, self-abusive behaviors and suicidality

- Transportation
- Financial situation
- Dependent children
- Legal status
- Physical, sensory, and cognitive disabilities or limitation

Wexford Health will administer objective instruments as appropriate, such as the Clinical Institute Withdrawal Assessment for Alcohol (CIWA-Ar), Cocaine Selective Severity Assessment (CSSA), and/or the Opiate Withdrawal Scale-Handelsman (OOWS). We will take and monitor vital signs on a routine basis, as well as possible blood tests and other labs, as ordered. Once this information is gathered the nurse will contact the onsite or on-call physician and provide him or her with the assessment outcomes. The physician will determine the medical course of action per our standard detoxification protocols. (Upon contract award, we will collaborate with the Sheriff's Office to create a contract-specific detoxification procedure manual that describes intake screening, medical examination, and treatment protocols in great detail.)

The nurse will then initiate the physician orders, providing an opportunity for the resident to shower, put on clean clothes, and ingest fluids and food. Wexford Health will coordinate with HCSO classification staff to assign the resident a bed located where our staff can conduct constant monitoring and frequent medical checks. Our nursing staff will perform assessments of detoxing residents on individualized schedules as ordered by our qualified clinical staff, including observation of each patient's vital signs, e.g., blood pressure, etc.

As the detoxification (sobering) process is the gateway to the treatment process, a smooth pathway is essential. After we initiate detoxification protocols, Wexford Health's intake staff will initiate contact with our mental health subcontract staff so these clinicians can work with the intake nurse to continue the evaluation process as the resident progresses through detoxification.

Wexford Health will also address the resident's medical issues and chronic disease management. We strive for continuity of care by contacting community pharmacies to verify the patient's current medication orders; and the patient's other providers, to help ensure that we make appropriate treatment, appointments, and medications available to the resident during his or her detox process.

B.N.6.d. Dental Services (RFP Section 5.2.1.6.4)

Dental care services are to be provided in accordance with ACA and NCCHC standards. All dental services shall be provided under the direction and supervision of a dentist licensed by the State of West Virginia.

Dental laboratory services and all prosthetics shall be the responsibility of the Vendor. If an inmate has been edentulous for some time before being admitted into the custody of the Agency, and evaluation shall be made on an individual basis to determine the need for prosthetic devices and/or dentures.

Pursuant to court order, dental prosthetics for cosmetic purposes, specifically front teeth replacement, shall be provided at least six (6) months prior to the first possible release date.

Vendor will provide dental services, such as fillings and/or extractions, to RSAT inmates housed at work release centers. Inmate will be transported to the nearest Agency facility with dental capabilities.

Vendor Response:

For our dental program for the WVDOC facilities, Wexford Health will continue to utilize only dentists licensed in the State of West Virginia, and otherwise appropriately trained and credentialed staff. Where called for, we will also provide dental assistants to perform sterilization of dental tools, preparation and filing of dental paperwork, cleanings, and other allowable dental functions that do not require a dental license. In these cases, Wexford Health will ensure that all allied dental personnel are supervised by the dentist with whom they work, and undergo periodic performance evaluations as per Wexford Health human resources policy.

Wexford Health understands and acknowledges that we will bear ultimate responsibility for the delivery of dental health care to the WVDOC inmate population, including dental laboratory services and prosthetics, and we will do so in accordance with all ACA and NCCHC standards. As described below, we will provide this care through a system of intake diagnostic examinations, dental sick call, emergency care, and specialty care. NCCHC P-E-06 ORAL CARE

B.N.6.d.i. *Dental Screenings and Exams*

Within seven (7) calendar days of admission to the WVDOC system, Wexford Health will provide each inmate with an oral screening consisting of visual observation of the mouth, teeth, and gums by an appropriately trained health professional. The health professional will pay special attention to any gross abnormalities, missing teeth, or other problems that require immediate referral to a dentist. The health professional will also provide the inmate with instruction in oral hygiene and the proper care of teeth and gums.

Wexford Health will continue to provide each inmate with a full oral examination within thirty (30) calendar days of his or her admission to the WVDOC system. Dental examinations include reviewing the inmate's oral history, an extraoral head and neck examination, charting of teeth, examination of the hard and soft tissues of the oral cavity, and categorization of status/treatment needs according to the American Public Health Association's priorities for Dentists and Dental Hygienists.

B.N.6.d.ii. *Routine Dental Care*

Wexford Health's dental care program requires inmates to submit requests for dental care via the routine sick call procedure. Upon receiving a dental complaint, nursing staff will refer the inmate to the dentist for triage. When an inmate requests a specific routine non-emergency service, he or she may be scheduled for an appointment without a dental examination. Wexford Health staff will schedule treatment for the inmate according to established clinical priorities.

We will provide dental treatment, including fillings and extractions, based on our established priorities for care, when (in the dentist's opinion) the inmate's health would otherwise be adversely affected. We will create and maintain dental records as part of the inmate's medical record. As per the RFP, we will also continue to provide these dental services to RSAT inmates housed at the work release centers. We will transport the inmate to the nearest Agency facilities with dental capabilities to provide these fillings and/or extractions.

B.N.6.d.iii. *Specialty Dental Services*

We will continue to arrange for medically necessary specialty dental services when the attending dentist prescribes such treatments. Wexford Health will provide access to and utilize recognized specialties of dentistry, such as oral and maxillofacial surgery, as clinically indicated. While our dental care program does not routinely initiate cosmetic or elective dental therapies, such as crown and bridge, orthodontics, etc., our dentists do have the discretion (with medical authority approval) to make available endodontic services or procedures or to continue orthodontic care initiated prior to incarceration.

B.N.6.d.iv. *Emergency Dental Care*

Wexford Health's dental care program ensures that a dentist and/or staff are available 24 hours a day, 7 days a week — onsite or on call — for the treatment of dental emergencies. Emergencies will be responded to within 24 hours of occurrence and may involve the on-call physician.

For an inmate experiencing a dental emergency (as defined by the dentist), we will ensure that he or she receives a dental examination no later than the next working day after the emergency occurs, unless requested sooner by the examining physician. In the interim, Wexford Health medical staff will provide pain relief or other intervention to manage any pain, swelling, bleeding, infection, or trauma related to the dental emergency in accordance with established protocols.

B.N.6.d.v. *Dental Prosthetics*

As stated above, our dental care program provides for all dental laboratory services. Wexford Health will also continue to provide inmates with dental prosthetics pursuant to the court order. Prosthetics for cosmetic purposes, will be provided at least six (6) months prior to the first possible release date, specifically focusing on the front teeth.

B.N.6.e. Optometry Services (RFP Section 5.2.1.6.5)

Optometry examinations and treatment shall be provided on-site at every correctional center with the exception of MCC and ACC, so as to adequately attend the needs of all inmates. Adult commitments assigned to ACC shall be transported to DCC for optometric services as medically determined. The Agency will provide security transportation at no cost to the Vendor. Agency will provide all equipment necessary for these on-site services at all locations. Treatment and care beyond the scope of expertise of the optometrist shall be referred to an off-site specialist.

Generally, inmates who have 20/40 vision or better, and at least one eye uncorrected with neither eye being less than 20/40 corrected will not be issued corrective lenses unless he/she presently wears corrective lenses or has worn corrective lenses within the last 2 years.

An indication of need for further examination would be if the visual acuity is not at least 20/40 or if the intraocular pressure is above 20. Furthermore, if a disease process merits visual evaluation, additional follow-up and treatment will be performed. Routine eye examinations will be performed every two years in accordance with NCCHC standards.

Inmates 50 years of age or older, or persons with a suspected or confirmed diagnosis of Diabetes or severe vascular hypertensive or lipid disorders shall be afforded the opportunity to be examined by an Optometrist on an annual basis.

In the event of identification of a special need which arose prior to the defined frequency intervals, such as traumatic injury, disease, or disorder which impacts vision, the inmate may be evaluated by the Optometrist more often than specified herein and referred to an Ophthalmologist based upon demonstrated clinical need.

The Vendor shall not be responsible for any treatment or care involved in the use of contact lenses. Inmates who opt for use of contact lenses will be solely responsible for the purchase, care, and maintenance of said items.

There shall be no sunglasses or tinted lenses unless medically indicated; that is, the inmate's ophthalmologic integrity would suffer or be compromised without the use of these lenses.

Vendor Response:

Wexford Health will be responsible for the provision of onsite optometry services (e.g., regular eye exams and the prescribing, ordering, dispensing, and fitting of eyeglasses) at all of the correctional institutions except for MCC and ACC. As per the RFP, we will transport adult commitments assigned to ACC to DCC for optometric services, as medically determined. We understand and appreciate that the Agency will provide security transportation at no cost to Wexford Health. We also understand that the Agency will provide all equipment necessary for these onsite services at all locations.

Our standard optometry program currently in place throughout the state calls for each inmate to receive an eye screening and visual acuity assessment as part of his/her initial health appraisal. Wexford Health will arrange for a qualified optometrist to perform eye examinations for inmates with specific eye complaints. These optometric eye examinations will, at a minimum, include the following components.

- The taking of a problem-oriented history
- Visual acuity testing
- Eye health assessment including tonometry when indicted
- Refraction
- Disposition
- Eyeglass order generation
- Documentation and record keeping

We understand that an indication of need for further examination would be if the visual acuity is not at least 20/40 or if the intraocular pressure is above 20. We will also ensure that if a disease process merits visual evaluation, additional follow-up and treatment will be performed. Any inmate who requires optometry services beyond the scope of a routine onsite exam (e.g., more advanced ophthalmologic assessment of suspected eye disease, etc.) will be scheduled for an offsite appointment with a qualified optometrist or ophthalmologist.

All inmates that are 50 years of age or older, or those inmates with a suspected or confirmed diagnosis of Diabetes or severe vascular hypertensive or lipid disorders will be afforded to be examined by an Optometrist on an annual basis. In the event that there is the identification of a special need (i.e. traumatic injury, disease, or disorder which impacts vision) and it occurs prior to the defined frequency intervals, we understand that the inmate may be seen by the Optometrist more often than specified and also referred to an Ophthalmologist based upon clinical need.

Wexford Health will provide one pair of safety eyeglasses (with a limited and inexpensive frame choice) to an inmate when corrective lenses are determined medically necessary by an optometrist/ophthalmologist. As per the RFP, those inmates with 20/40 vision or better, and at least one eye uncorrected with neither eye being less than 20/40 corrected will not be issued corrective lenses unless that inmate has worn corrective lenses within the past two (2) years. Our program calls for the inmate to be financially responsible for the cost of replacing or repairing frames and/or lenses damaged or destroyed due to negligence or deliberate destruction.

Inmates wearing prescription eyeglasses at intake into a WVDOC institution are permitted to keep their current glasses if approved by the Division. An inmate wearing contact lenses at intake will be permitted to retain the current contact lenses only until he or she receives Wexford Health-issued prescription eyeglasses. We understand that we are not responsible for the care or treatment of contact lenses, and those inmates that opt to use them will be solely responsible for the purchase, care, and maintenance of the contact lenses.

Wexford Health will provide tinted lenses or contact lenses only when the site Medical Director or physician deems them medically necessary (i.e. the inmate's ophthalmologic integrity would suffer or be compromised without the use of these lenses).

Routine eye examinations will continue to be performed every two (2) years in accordance with NCCHC standards.

B.N.6.f. Auditory Services (RFP Section 5.2.1.6.6)

Auditory services will be provided as follows:

A hearing examination will be performed by a licensed audiologist when indicated by the results of health appraisals or assessments. Vendor is responsible for the purchase and provision of hearing amplification devices and batteries, and for any repairs to hearing amplification devices, unless it is evident that the impending repair is the result of intentional misuse. If the aforementioned is the case, then the inmate will be responsible for the cost of repairs.. If a hearing amplification device is indicated, the Vendor will not be expected to render payment for more than one amplification device per person per 3 year period, unless medically required.

Vendor Response:

Wexford Health's auditory services program calls for each inmate to receive a hearing screening as part of his or her initial health appraisal. We will refer those inmates who are identified at reception as requiring aural care to a licensed audiologist.

Wexford Health will continue to provide hearing devices and/or the clinical treatment necessary to manage an inmate's serious medical condition. Good health practice requires that an inmate with a hearing loss have a medical evaluation before a hearing aid is considered. The purpose of the medical evaluation is to assure that all medically treatable conditions that may affect hearing are identified and treated before a hearing aid is considered. After medically ruling out causes of hearing loss, we provide pure tone audiometric testing for the inmate.

With regard to hearing aids, hearing loss alone does not determine an offender's candidacy for amplification. Instead, we use the individual's ability to effectively communicate as our primary determining factor. Typically, Wexford Health provides a hearing aid if the offender's hearing loss is greater than 40 decibels.

If an appropriately qualified clinician determines that a hearing aid is medically necessary for the inmate to properly function, we will provide the most appropriate, cost-effective hearing aid (along with batteries to assure the appropriate use of the hearing device). We understand that we are not expected to render payment for more than one (1) amplification device per person per three (3) year period, unless it is medical required. We also understand that we are responsible for the repair of all amplification devices unless intentional misuse is evident. In those cases, we understand that the inmate is responsible for the cost of repairs.

B.N.6.g. Referrals to Off-site Health Care Providers (RFP Section 5.2.1.6.7)

All off-site referrals shall be at the expense of the Vendor and are to be applied towards the catastrophic capitation limit. The Vendor shall make referral arrangements per a Utilization Management Plan for off-site specialty treatment and care for those inmates whose health condition warrants the same, or for those problems which may extend beyond the capabilities of the primary health care provider.

All off-site referrals shall be coordinated with Agency institutional staff. The Vendor shall endeavor to consolidate the scheduling of appointments and services for inmates with community physicians, hospitals, and other health care providers and services. Every effort shall be made to minimize the impact upon security staff that must transport and provide custody to inmates during off-site referrals. There may be rare occasions, due to the non-availability of transportation vehicles, that non-urgent appointments must be rescheduled. The Agency shall make every effort to accommodate all off-site referrals.

Vendor Response:

Wexford Health understands that all off-site referrals will be at our expense, as the contracted vendor, and these expenses are to be applied toward the catastrophic capitation limit, as detailed in this RFP. We will continue to make referral arrangements per a utilization management plan for off-site specialty treatment and care for any and all inmates whose health condition warrants such care, and for those problems that extend beyond the capabilities of the care we can provide as the health care provider.

As per the RFP, all off-site referrals will maintain arrangements to coordinate with WVDOC institutional staff, and we will consolidate the scheduling of appointments and services for inmates with community physicians, hospitals, and other health care providers and services. Every effort will continue to be made to minimize the impact upon security staff that transport and provided custody to inmates during off-site referrals. We understand that there are rare occasions, due to non-availability of transportation vehicles, that non-urgent appointments must be rescheduled. We appreciate and understand that the Agency will make every effort to accommodate all off-site referrals.

B.N.6.h. Pharmaceutical Services (RFP Section 5.2.1.6.8)

Pharmaceutical services shall be provided in accordance with NCCHC and ACA standards, The Vendor shall develop a proposed formulary and submit a copy thereof to the Agency for review. It is recommended that the formulary is utilized for the majority of prescribed medications.

The Vendor shall be responsible for the provision of all necessary pharmaceuticals, to include prescription and nonprescription, to the institution. Pharmaceuticals are expected to be procured in a timely and expedient manner. Prescribed pharmaceuticals must be available for administration the next day following order transcription, excluding Saturday, Sunday, and/or Holidays.

The Vendor will provide the necessary equipment for the transmission and procurement of pharmaceutical orders. The "unit dose" system is the preferred means of packaging. When feasible, once a day or twice a day dosing is preferred. There shall be a procedure for the timely acquisition of newly prescribed, stat, and emergent pharmaceuticals.

When there is no staff pharmacist, the Vendor shall employ a consulting pharmacist who shall be utilized for Quality Assurance, pharmacy inspections, visits, and consultations on a regular basis, not less than quarterly.

A program of self-administration of medications, referred to as "keep on person" or KOP, with strict accountability will be implemented among those inmates who meet program criteria as mutually agreed upon by the Vendor and the Agency. No federally DEA controlled medications, psychotropic, injected medications, or medication for the treatment of AIDS or preventative tuberculosis therapy shall be dispensed through the use of the KOP program. All KOP medications will be packaged utilizing the "unit dose" system. Inmates who demonstrate noncompliance or lack of responsibility shall be removed from the program.

In order to facilitate continuity of care, whenever an inmate receiving prescription medication is discharged, paroled, or transferred from the Agency system, a minimum of a 10 day supply of mediation shall accompany the inmate, as well as, one prescription for a 30 day supply of non-controlled medication. This permits the inmate or the receiving facility sufficient time to arrange for follow-up care.

Vendor Response:

Wexford Health's pharmaceutical services for the renewal of our contract will continue to be provided in accordance with NCCHC and ACA standards. Our proposed program will once again provided with Boswell Pharmacy Services to the WVDOC. We will resubmit a formulary (with any updates and changes as determined) to the Agency for review and approval. As per the RFP, we will utilize this formulary for the majority of prescribed medications. We understand and agree to be responsible for the provision of all necessary pharmaceuticals (both prescription and nonprescription) to the institution, and they will be consistently procured in a timely and expedient manner. All prescribed pharmaceuticals will be available for administration the next day following order transcription, excluding Saturday, Sunday, and/or holidays.

We will continue to provide the necessary equipment for the transmission and procurement of pharmaceutical orders. We are familiar with the preferred means of packaging, "unit doses", and will continue to provide medications in this manner. We feasible, we will certainly provide once a day or twice a day dosing, as we understand it is preferred by the WVDOC.

Wexford Health agrees to provide a consulting pharmacist, when there is no staff pharmacist, and this consultant will be utilized for Quality Assurance, pharmacy inspections, visits, and consultations on at least a quarterly basis.

Wexford Health will continue the Keep on Person (KOP) program, utilizing strict accountability for those inmates who meet the program criteria as mutually agreed upon by the Agency and Wexford Health. As per the RFP, we will not dispense federally DEA controlled medications, psychotropics, injected medications, or medication for the treatment of AIDS or preventative tuberculosis therapy. As per the RFP, all KOP medications will be packaged in unit doses. Any inmate that demonstrates noncompliance or lack of responsibility will be removed from the program.

Wexford Health agrees to provide to all inmates with prescriptions who are being discharged, paroled, or transferred from the Agency system a minimum supply of their medication for 10 days, and one prescription for a 30 day supply of non-controlled medications.

Wexford Health provides below a more detailed narrative about our pharmacy program and how we will meeting all of the previously noted requirements.

B.N.6.h.i. *Pharmacy Cost Containment*

Wexford Health's pharmacy program employs multiple cost containment strategies, including but not limited to, the following programs and services.

B.N.6.h.i.A Drug Utilization Review (DUR)

As part of our pharmacy program, Wexford Health will provide comprehensive Drug Utilization Review (DUR) services for the WVDOC institutions. Our program works in two phases to ensure that prescribed drugs are appropriate, medically necessary, and not likely to result in adverse medical results. This not only contains pharmacy costs, but reduces the likelihood of pharmacy-related lawsuits.

Our **prospective DUR** system screens for potential drug interaction, known allergic reactions, and excessive dosage before the prescription is dispensed to the patient.

Our **retrospective DUR** program takes place after a prescription is dispensed. It focuses on physician adherence to approved drug standards and the identification of patterns of non-compliance among practitioners, pharmacists, and/or patients.

We established our DUR program in response to the requirements of the Omnibus Budget and Reconciliation Act of 1990 (OBRA '90). The main goals of our program are to ensure that prescription drug therapy is appropriate, is medically necessary, and is not likely to result in adverse medical results. To achieve these goals, we utilize the following internally developed tools.

- **DUR Committee:** Wexford Health's DUR Committee evaluates practitioner prescribing or dispensing behavior and, if necessary, determines an appropriate educational or corrective intervention.
- **A database of prescription drug and practitioner service claims:** This allows us to construct drug profiles for individual patients, and to analyze patient-specific data to identify physician prescribing and pharmacist dispensing profiles. Wexford Health reviews and evaluates these profiles to determine patterns of cost-ineffective, medically unnecessary, or potentially high risk drug use.
- **Drug use criteria:** Wexford Health pharmacy experts have blended our 20+ years of correctional health care experience with accepted industry standards to develop internal guidelines for the appropriate use of approximately 90% of the most commonly prescribed drug products in 15 therapeutic drug categories. These criteria also identify circumstances where specific drug therapies bear high risk for adverse effects.
- **Cost rankings:** We will review the approved WVDOC formulary and assign a relative price scale to assist providers in identifying high cost pharmaceuticals.

Please note that guidelines for the utilization of new generation medications, along with the management of high-cost biotech and injectable products, are discussed on a patient-by-patient basis. Wexford Health is a strong proponent of the theory that in order to effectively manage positive patient outcomes, it is imperative to take into account patient individuality.

In order to produce the most effective results, we apply prospective, as well as retrospective drug utilization review, as described in the following passages.

Prospective versus Retrospective Drug Utilization Review (DUR)	
Prospective DUR	Retrospective DUR
Performed before a drug is dispensed	Performed after a drug is dispensed
Identifies a potential problem before it occurs	Warns when a potential problem has occurred
Provides real-time response to potential problems	Useful for detecting patterns
Has preventive/corrective action	Useful for designing targets for intervention
	Has corrective action

Figure 6: Prospective versus Retrospective DUR

B.N.6.h.i.A.1. *Prospective DUR*

Wexford Health requires the physicians at our contracted facilities to prospectively incorporate all currently approved drug criteria into their daily professional practices at the time of prescribing. As a safeguard, and to enhance clinical quality and ensure cost-effective drug use, our prospective Drug Utilization Review (DUR) system screens certain drug categories for clinically significant potential drug therapy problems before the prescription is dispensed to the patient.

Prior to dispensing prescription medication, Wexford Health ensures that the pharmacist screens through Medi-Span, a leading provider of electronic drug information to the health care industry, for possible drug therapy problems including but not limited to the following.

- Potential drug-drug interactions
- Drug-disease interactions
- Duplicate therapy
- Additive toxicity
- Known patient allergies
- Pregnancy alerts
- Drug-age precautions
- Excessive or sub-therapeutic dosages
- Non-formulary medications

- Patients on more than three (3) psychoactive medications
- Medications being prescribed for a condition other than what is FDA approved
- Controlled substances being used for more than seven (7) days

If Medi-Span identifies a drug that has the potential to cause problems for the recipient, our pharmacist does not fill the prescription, but contacts the facility of origin to consult with the prescribing practitioner. If the prescribing practitioner is not available, the pharmacist sends a fax identifying the issue to the facility, and follows up to get a decision on the prescription from the appropriate on-duty or on-call physician.

B.N.6.h.i.A.2. Retrospective DUR

Wexford Health performs retrospective DUR after a prescription is dispensed. This program focuses on determining physician adherence to approved drug use standards, and identifies patterns of non-compliance among practitioners, pharmacists, and/or institutional patients.

Our retrospective review program checks for most of the same drug therapy issues as our prospective review program does. When an issue is identified, we perform an educational intervention that (a) ensures the prescribing practitioner is aware of the applicable standard and (b) promotes the proper, approved use of prescription medicines. An educational intervention consists of a letter to the prescriber, a response form for the prescriber to complete, a pre-addressed return envelope, a patient drug profile, and other applicable educational materials.

Additional education materials can include any of the following items.

- Current treatment protocols
- How to best use the information received in the intervention letter
- New drug/drug interactions
- Utilization and cost data for selected therapeutic classes of drugs
- Comparison of efficacy and cost of drugs within a therapeutic class

Additionally, educational interventions can generate additional inbound calls to Wexford Health's pharmacy staff, thus providing the opportunity for one-to-one educational activities with prescribers. Many prescribers who receive interventions inform us that such educational resources are very useful to them.

Our clinical pharmacists also review drug utilization and non-formulary requests with site physicians as part of our Quality Management Program. The pharmacists use these opportunities to train and educate site physicians about preferred options for pharmaceutical therapies.

B.N.6.h.i.B Pharmacy Purchasing Strategies

We apply the following purchasing approaches to reduce the cost of medications for our clients.

- **Volume discounts:** Throughout our nationwide book of business, Wexford Health requires physicians to utilize a formulary, thus increasing our

purchase volume for a smaller number of carefully screened and selected preferred products

- **Rebates:** By establishing solid vendor relationships and monitoring the proportions of brand drugs we purchase from each drug manufacturer, Wexford Health maximizes the amount of rebates we earn on necessary pharmaceutical purchases.
- **Participation in Group Purchasing Organizations:** Wexford Health belongs to several Group Purchasing Organizations (GPOs) that negotiate significant discounts for their members by guaranteeing manufacturers a minimum (pooled) purchase volume on many products.
- **Short-dated products:** For certain generic drugs with steady, predictable utilization rates, Wexford Health purchases reasonable quantities with closer-than-average expiration dates; in this way, we take advantage of manufacturers' willingness to discount products with short terms of expiration.

B.N.6.h.i.C Generic Drugs

Except for those instances where bioequivalence issues have been documented, Wexford Health uses generic medications, when available and as allowed by the client's approved formulary.

Our programs encourage the use of generic drugs. As generics offer the same options as their more expensive brand-name counterparts with regards to active ingredients, dosage, safety, strength, method of administration, quality, performance, and intended use, this allows Wexford Health to provide high quality pharmaceutical therapies at cost-effective pricing. We also utilize the concept of therapeutic substitution of specified medications or therapeutic classes.

Our generic substitution policy currently follows West Virginia Board of Pharmacy regulations. We automatically substitute any AB Rated generic drug unless the prescribing practitioner identifies BRAND MEDICALLY NECESSARY.

B.N.6.h.i.D Pill Splitting

As another cost containment strategy, Wexford Health can break in half (and appropriately label) any medications as requested by the WVDOC. We will not provide medications in half-tablets unless approved in advance, in writing, by the Division.

Free world studies tend to validate the cost-effectiveness of pill splitting. For example, in 2006, the University of Michigan launched a pill-splitting program that in its first full year saved the University $195,000, and saved more than 500 employees and retirees a total of more than $25,000 in drug co-pay costs.

After performing our own cost-benefit analysis of the process, Wexford Health invested in the purchase of a tablet splitting machine. We house this equipment at Boswell's fulfillment and distribution center. We currently split identified high-priced medications as a cost control methodology in all of our correctional health care contracts, saving up to 50% of standard pharmaceutical costs.

B.N.6.h.i.E Therapeutic Substitution

As the WVDOC is well aware, Wexford Health also offers a therapeutic substitution program that can create reductions in pharmaceutical expenditures without negatively impacting health outcomes. We currently provide this service for the State, and would like to continue doing so for the new contract.

Wexford Health defines therapeutic substitution or interchange as the use of a therapeutically equivalent, though not generically equivalent, agent in place of an ordered medication. We determine therapeutic equivalency by reviewing current industry literature and obtaining the expert opinions of specialist physicians and clinical pharmacists.

As per Wexford Health *Policy PH-101 Therapeutic Interchange*, our Corporate Medical Director must propose therapeutic interchange within a specific therapeutic class of medications based on a review of primary literature, regional utilization, and cost data. We also survey physicians knowledgeable in the utilization of the targeted therapeutic class of medications, and present all gathered information to the Wexford Health corporate Pharmacy and Therapeutics (P&T) Committee for round table discussion, review, and action.

If the Division approves the proposed therapeutic substitution, Wexford Health will distribute a memo to all institution Medical Directors, informing them of the decision and our intended date of initiation. We also include notification of the newly approved substitution in our monthly pharmacy utilization reports.

When we receive an order for a medication in a therapeutic class approved for substitution, a pharmacist reviews the order to assure the appropriateness of the interchange and to determine the appropriate dose of the substituted agent.

If the prescribing practitioner indicates "brand medically necessary," Wexford Health dispenses the non-formulary agent and flags the prescription for retrospective Drug Utilization Review and possible educational intervention with the prescribing practitioner.

B.N.6.h.i.F Pharmacy Reporting

Timely and accurate statistical reports are essential to monitor pharmaceutical utilization and to provide practitioners with critical data. Wexford Health ensures the monthly provision of any mutually agreed upon reports and statistical information. Our data analysis systems can sort these reports in a myriad of groupings, utilizing all captured pertinent defaults. Our pharmacy reports are extensive and include charts and graphs for ease of monitoring services and trending.

B.N.6.h.i.F.1. Secure Internet Pharmacy Reporting

As stated in the preceding narrative, Wexford Health will provide CIPS Remote for the WVDOC's use — a secure Internet (web)-based integrated reporting system – should the Agency elect to revisit this option. CIPS Remote provides up-to-date data (including the previous day's orders) on all pharmaceuticals. The system provides for reporting by dates, cost, facility, prescriber, prisoner/resident, drug or drug category utilization, or any combination thereof, as well as those prescriptions needing to be refilled. In addition, the system can provide monthly reporting of drug returns and prescription errors.

CIPS Remote contains comprehensive reporting capabilities. In addition to over 150 different standard reports and variations, the custom designed software system has a built-in report writer and a SQL database with Data Dictionary that will allow Wexford Health, Boswell, and WVDOC staff to create their own reports. The figure below shows a sample Patient Report that a facility can generate through CIPS Remote.

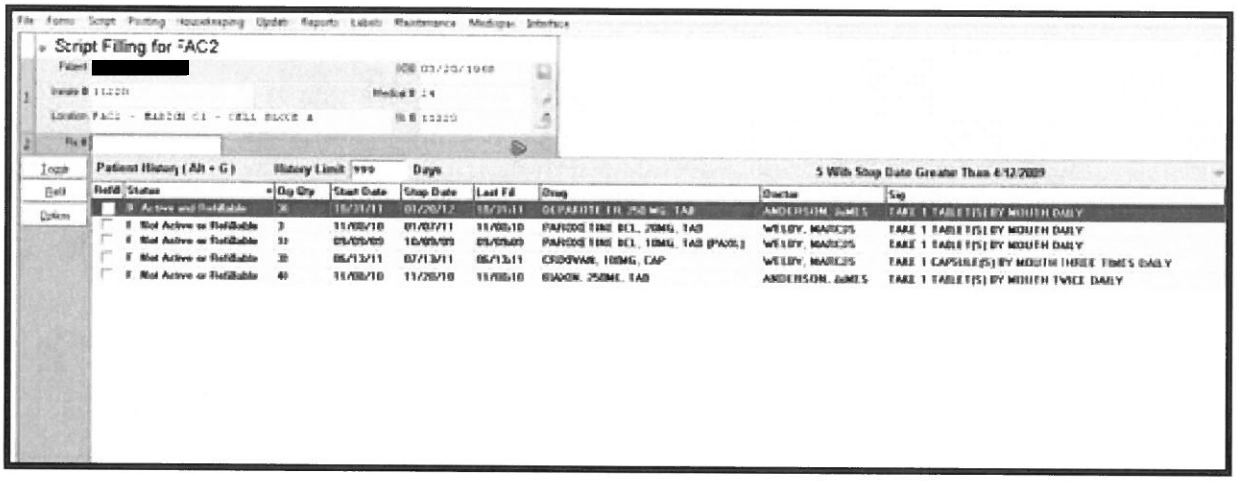


Figure 7: CIPS sample patient report

We list below a representative sample of the many additional reports that CIPS makes available to users. Please also refer to the sample CIPS Remote reports provided as *Proposal Exhibit 19: CIPS Reports*.

Patient Records

- Active Medication Profiles
- Daily Medication Sheets
- Leave of Absence Sheets
- Medication Discharge Summary

Facility Reports

- Medication Dispensed by Prescribers
- Report by Therapeutic Drug Class
- Alphabetical Listing of Medications

Other Reports

- 30-day MARs
- Daily Orders
- Inventory Destruction Sheet
- Medication Reconciliation Report

CIPS pharmacy reports are designed for ease of use. The customizable software is capable of sorting data to include extensive reporting parameters, as directed by the client. Along with spreadsheet reports, the system can

provide charts and graphs to enable users to see utilization patterns and trends at a glance.

All reports are readily available through a terminal-based report access system. CIPS provides open access to authorized personnel who choose to query the pharmacy database. Through the CIPS Remote software, the MDOC facilities will be able to electronically pull reports with customized parameters at any time. Wexford Health also has the capability to generate and submit all requested reports to the Department in Excel, PDF, and CSV formats. Users can also access an online portal to request reports with user-defined parameters.

B.N.6.h.i.G Drug Regimen Review

Drug-related illnesses and complications cost the health care system hundreds of billions of dollars each year. They are a red flag for poor quality of care, and perhaps more important, they are often avoidable.

Drug Regimen Review (DRR) can help avoid many of these issues, along with their associated costs. DRR is a process, typically conducted by a consultant pharmacist, where the reviewer checks for, identifies, and recommends solutions for the use of "unnecessary drugs." In a typical DRR, the consultant pharmacist examines the corresponding diagnosis for each medication; ensures that the prescription is ordered in an appropriate dose and duration; checks the patient's medical records for adverse drug reactions and adequate monitoring; and identifies any drug-related problems, e.g., drug interactions; drug use without indication; untreated medical problems, etc.

DRR can be general, where the consultant pharmacist reviews all of a patient's medications for appropriateness; or focused, where the review concentrates on a specific disease state or medication therapy. The goals of the process are to terminate unnecessary medications, correct drug-related problems, simplify dosing regimens, provide cost savings, and recommend any necessary medications that were not being used.

In an American Society of Consultant Pharmacists-funded study[1] that quantified the cost of medication-related problems in US nursing facilities, researchers discovered that for every dollar spent on drugs, $1.33 is spent on hospitalizations, lab tests, and physician and ancillary services to treat medication-related illnesses and complications. The study found that by conducting drug regimen review, optimal therapeutic outcomes for patients could be improved by 43%, with $3.6 billion saved annually by avoiding the costs of medication-related problems. Wexford Health believes we could achieve similar proportionate savings through drug regimen reviews in the correctional setting — a very similar type of long-term care environment.

A study[2] of drug-related problems (DRPs) among the Utah Medicaid population revealed similar results. As the demographics of the Medicaid population are

[1] Bootman JL, Harrison DL, Cox E. "The health care costs of drug-related morbidity and mortality in nursing facilities. " *Arch Int Med* 1997;157:1531–6.
[2] LaFleur J, McBeth C, Gunning K, Oderda L, Steinvoort C, Oderda GM. "Prevalence of drug-related problems and cost-savings opportunities in medicaid high utilizers identified by a pharmacist-run drug regimen review center." *J Manag Care Pharm.* 2006 Oct;12(8):677-85.

similar to those of the average offender population, these results can be extrapolated to correctional health care. 4.3% of the studied population exceeded the 7-medication limit imposed by the state Medicaid agency. Within this almost 17,000-patient group, drug regimen review on the 3,700 highest utilizers by volume identified the following easily corrected DRPs.

- Therapeutic duplications in 54.6% of patients
- Dose form optimization in 29.7%
- Inappropriate uncoordinated care in 25.3%

To put the results into "dollar and cents" format, the average monthly pharmacy cost was more than $1,000 for the patients with DRPs, while the same data point was only $91 for all other patients with prescriptions. A large portion of this significant cost difference could be identified and corrected through the application of drug regimen review.

In another study[3], a consultant pharmacist performing drug regimen review collaboratively with home health nurses and physicians reduced medication utilization and costs by 27% ($218.31 per patient) over a one-year period.

Wexford Health offers DRR by consultant pharmacists as an add-on to our basic pharmacy program.

B.N.6.h.i.H Value Added Program: 340B Pharmacy Discount Program

Wexford Health has done a lot of research and recently designed and started to manage 340B programs for the state prison systems in Illinois, Maryland, and Mississippi. Due to the similarities in contracts, we would like to undertake an analysis with the Agency to determine the feasibility of implementing a program for the State of West Virginia.

The 340B program requires a patient to receive actual health care services — not just drugs — from the covered entity (e.g., Federally Qualified Health Center (FQHC), Disproportionate Share Hospital (DSH), Rural Referral Center, Sole Community Hospital, etc.) providing the prescription. Our proposed initial program will provide services and prescriptions for AIDS and HIV patients only. To save the WVDOC the travel and security expenses associated with relocating patients to specialty physicians at these types of community health centers, Wexford Health recommends the use of telehealth technology for 340B specialty care follow-up encounters. We are currently in discussions exploring multiple ways we can partner with West Virginia University (WVU), including the provision of AIDS and HIV medications through a 340B program.

A 340B relationship operationalized through a telehealth program with a limited number of participants maintains the simplicity and stability of the program. Although this is the preferred method, Wexford Health possesses the necessary knowledge of the state, relationships, and logistical management capabilities to coordinate inmate travel to any qualified provider within a targeted geographic radius.

In Illinois, we coordinate with the University of Illinois-Chicago (UIC) to care for DOC offender patients with HIV and Hepatitis C. UIC providers write the

[3] Ryan PB, Rush DR, Dodd KF, Ponder BJ, Durnell MD. "Cost-effective drug regimen review program for home health care patients." *Home Health Care Serv Q.* 1988;9(4):5-18.

prescriptions and fill them through the UIC pharmacy. UIC bills the State of Illinois directly for the discounted 340B price of the drugs, under a contract between the State and the University.

In Maryland, we are collaborating with the Bon Secours Health System to implement a 340B program for that state's DOC. We contract with Bon Secours specialty physicians who will treat offender patients for certain identified conditions and prescribe necessary drugs through Bon Secours' 340B partner pharmacy.

And in Mississippi, we work with the University of Mississippi Medical Center (UMMC) to administer a similar program. We coordinate care for HIV offender patients with UMMC, whose physicians treat the patients and order the 340B drugs. UMMC has its own pharmacy, which fills the prescriptions. UMMC bills Wexford Health for the drugs at 340B prices, and we pass this discounted pricing through to the Mississippi DOC along with a small administrative fee to manage the program. Wexford Health also completes and files all required paperwork, and maintains all required records in support of the federally funded program.

If we are able to implement a program for the WVDOC, it would work in a similar fashion. We have developed a 340B strategy for the WVDOC and proactively identified several 340B entities, including WVU, we could potentially partner with on the project, along with a contracted 340B pharmacy. Upon re-award, we look forward to sharing further details of our 340B plan with the WVDOC and collaborating with the Agency to realize cost savings for the State on expensive specialty AIDS/HIV drugs.

B.N.6.h.ii. *Formulary Management*

The purpose of managing a client's formulary system is to optimize patient care through the rational selection and use of drugs within the correctional health care setting. Through aggressive and ongoing formulary management, Wexford Health continually assesses the effectiveness of the WVDOC pharmaceutical program, re-evaluating and improving the formulary system as necessary to improve the quality of the overall drug use process. In this way, we can optimize not only patients' therapeutic outcomes, but also the Division's costs relating to the drug use process.

Wexford Health applies various techniques to ensure high quality and cost-effective drug therapy throughout a client's formulary system.

B.N.6.h.ii.A **Wexford Health Corporate Formulary**

Our corporate formulary is an informational resource, which can be a useful tool in the management of the cost and quality of drug therapy. This tool is currently, and will continue to be, utilized by the Agency as a guide to our physicians and staff in the selection process of drug therapies.

The Wexford Health corporate Pharmacy and Therapeutics Committee (P&T) — comprised of pharmacists, nurses, and consulting physicians — developed our formulary through a process of evaluation of drug use with the selection of drug entities that illustrate the prescribing patterns within our facilities. The medications on the formulary have demonstrated their safety and effectiveness in their respective therapeutic classes.

Our formulary is designed to encourage the use of generic drugs. As generics offer the same options as their more expensive brand-name counterparts with

regards to active ingredients, dosage, safety, strength, method of administration, quality, performance, and intended use, this allows Wexford Health to provide high quality pharmaceutical therapies at cost-effective pricing. We also utilize the concept of therapeutic substitution of specified medications or therapeutic classes.

We update the formulary as necessary to reflect new advances in drug protocols and current practices of our physicians. Our P&T Committee uses several criteria to evaluate additions and deletions to the formulary, including but not limited to the following.

- Safety
- Approved indication
- Comparative effectiveness to formulary alternatives
- Patient compliance issues
- Nursing workload issues (with regard to administration route and frequency)
- Contraindications and adverse effects
- Outcome assessments
- Cost

Upon request, Wexford Health will submit any proposed formulary changes to the WVDOC for approval prior to implementation.

We also encourage input from site physicians and other providers. Individuals with suggestions and comments regarding the formulary should complete and submit a Wexford Health *Drug Formulary Addition and Deletion Request Form.* Upon completion of the P&T Committee's review of the request, we forward the consensus of the committee to the client for final approval.

The value and effectiveness of a formulary depends on the compliance and support of the prescribing practitioners. Wexford Health's Director of Pharmacy Services systematically analyzes aggregate patterns of medication usage, discusses the data with our providers at contracted facilities, and makes recommendations for reducing waste, increasing utilization of cost-effective medications or therapies, reducing nursing time required for medication administration, etc.

B.N.6.h.ii.A.1. Non-Formulary Medications

We direct providers at our contracted facilities to prescribe formulary items when at all possible. When we receive orders written for a non-formulary medication, our pharmacists contact the prescribing physician to discuss potential alternatives and confirm the need for a formulary exception. As part of our Drug Utilization Review (DUR) program, Wexford Health prospectively and retrospectively monitors prescribing at the provider level and communicates with physicians to encourage utilization of formulary medications.

We ask physicians who wish to utilize a non-preferred drug product for an individual patient to submit a written *Non-Formulary Request Form* to the appropriate designated clinician, who will review the request for the non-formulary agent. Physicians must also submit a *Non-Formulary Request Form* for drug dose variances, any non-approved use of an approved

medication, the prescribing of four or more psychotropics to the same patient, and the prescribing to the same patient of more than one medication in a mental health treatment category.

It is the responsibility of the prescribing provider to have all documentation in place to prevent a delay in the delivery of patient medication. Wexford Health provides instructions on requesting non-formulary medication in the policies and procedures manual we issue to each client at the start of our contract.

In emergent or urgent situations, certain senior clinical personnel (e.g., a Wexford Health Regional or Corporate Medical Director) may grant verbal approval for a non-formulary request to be processed by our pharmacy operations center.

Wexford Health will immediately dispense a properly approved non-formulary medication. However appropriate paperwork (described above) must then be filed by the requesting practitioner within five (5) working days. Wexford Health will track, and report to the WVDOC, any non-formulary medications ordered without the completion of appropriate paperwork.

B.N.6.h.ii.A.2. *Pharmacy & Therapeutics Committee*

With the sheer magnitude of available drugs and the complexities surrounding their safe and effective use make it imperative for a correctional health care setting to have a sound program for maximizing rational drug use. Wexford Health's Pharmacy & Therapeutics (P&T) Committee is the organizational keystone to this program.

For each contract, Wexford Health establishes a Pharmacy & Therapeutics Committee, and we currently have one in place for the WVDOC program. This committee meets quarterly and reports to the Quality Management Program (QMP) Committee. The P&T committee is typically chaired by the Regional Medical Director (or designee physician) and composed of representatives from among the following voting members: physicians, psychiatrists, pharmacists, dentists, nurses, administrators, quality-improvement coordinators, and others as appropriate.

The primary function of the P&T committee is policy development. The committee formulates policies regarding evaluation, selection, and therapeutic use of drugs and related devices, and is responsible for considering, evaluating, and recommending additions and deletions to the formulary. Another function of the committee is to monitor the use of all pharmaceuticals, including psychotropic drugs, in order to identify providers' prescribing patterns. The committee also assists with drug utilization audits, liaises with other clinical and support service committees as necessary, and communicates its activities to all personnel involved in patient care.

Another main function of the site P&T Committee is education. The committee recommends and assists in developing pharmacy education programs for clinical staff. Wexford Health's licensed pharmacists will provide site practitioners and WVDOC security staff with medical information/education on therapies, side effects, proper administration of medications, etc.

Wexford Health will also routinely provide quality, customized in-service training on a multitude of topics to ensure and enhance the staff's knowledge

of how to care for offenders. Some of our more recent educational topics include medication administration, medication charting and accountability, medication storage and security, newly FDA-approved medications, medication management, medication side effects/interactions, and disease management.

The committee operates in a manner that ensures objectivity. In formulating drug use policies, the committee is always attentive to current content and potential changes to pertinent guidelines and policies of correctional accrediting agencies.

The P&T Committee performs the following functions on a routine basis during each session.

- Evaluate, educate, and advise the medical staff and organizational administration in all matters pertaining to drug usage
- Develop recommendations for additions and deletions from the WVDOC formulary, based on therapeutic benefits, safety, and costs; update drug formularies as necessary to reflect current developments in pharmacological therapies
- Establish programs and procedures that help ensure safe, efficacious, and cost-effective drug therapy
- Establish or plan suitable pharmaceutical educational programs for professional staff
- Participate in quality-improvement activities related to distribution, administration, and use of medications
- Monitor and evaluate adverse drug reactions in the correctional population, including to biologics and vaccines, and make appropriate recommendations to prevent their occurrence
- Initiate and direct drug use evaluation programs and studies, review the results, and make appropriate recommendations to optimize drug use
- Advise the individual facilities on the implementation of effective drug distribution and control procedures

Wexford Health's consultant pharmacist(s) will schedule a visit prior to each P&T Committee Meeting, in order to share the results of inspection reports at the meeting, discuss any issues, and assist in the formulation of any necessary administrative actions.

B.N.6.h.ii.A.3. *Drug Use Evaluation*

Drug use evaluation (DUE) measures and compares the outcomes of patients whose treatment did comply with approved guidelines, against those of patients whose treatment did not comply. Based on this comparative information, Wexford Health can recommend revisions to the criteria or guidelines, encourage compliance, initiate educational programs, or work with the client to make changes to the overall formulary system.

We examine the three (3) important criteria listed below in any evaluation of drug use throughout a pharmacy system.

- Diagnosis criteria that restrict the use of a formulary drug to specific diagnoses or medical conditions

- Prescriber criteria that identify certain practitioners approved to use specific formulary drugs or drug classes
- Drug-specific criteria that identify approved doses, frequency of administration, duration of therapy, or other aspects for the use of a particular formulary drug

Additionally, Wexford Health works with each client and its health care providers to review the formulary system's treatment guidelines on recommended therapeutic approaches to specific diseases.

B.N.6.h.ii.A.4. *Formulary Maintenance*

On a regular basis, Wexford Health reviews the use and therapeutic effects of several classes of drug products on the client's formulary. We typically identify those classes based on the number of adverse drug reaction reports relating to the class, new information in the medical literature, or drug expenditures for the class.

Our goal is to identify preferred agents — within the same class — based on drug effectiveness, toxicity, or cost differences.

We conduct our formulary review through the appropriate Pharmacy & Therapeutics (P&T) Committee (ours and/or the client's). Throughout the process, we solicit input from a variety of health care professional involved in the client's treatment programs, including medical, dental, mental health, and substance abuse professionals. By utilizing this multidisciplinary approach, we can develop new drug use criteria and new treatment guidelines, in addition to simple changes to the formulary.

B.N.6.h.ii.A.5. *Drug Product Selection*

In order to identify those drugs to be included in (or removed from) a client's formulary, Wexford Health leads the P&T Committee in an evaluation of each product's bioequivalence data; storage, dispensing, and administration characteristics; cost; and other relevant information. We base our recommendations on research conducted at the national level, including but not limited to information from the following sources.

- American Psychiatric Association (APA), with emphasis on psychotropic medications
- Centers for Medicare and Medicaid Services
- CVS/Caremark
- Federal Bureau of Prisons, Clinical Practice Guidelines: Evaluation and Treatment of Hepatitis C and Cirrhosis, March 2012
- Journal of the American Medical Association (JAMA)
- Kaiser Permanente
- Medco
- US Department of Health & Human Services, with emphasis on medications for the treatment of HIV/AIDS
- US Department of Veterans Affairs

B.N.6.h.ii.A.6. Medication-Use Evaluation (MUE)

Wexford Health's medication-use evaluation (MUE) process focuses on evaluating and improving medication-use processes with the goal of promoting optimal medication therapy. MUE also supports the achievement of the following health program-wide goals.

- Preventing medication-related problems
- Evaluating the effectiveness of medication therapy
- Improving patient safety
- Establishing interdisciplinary consensus on medication-use processes
- Promoting standardization and improvements in medication-use processes
- Minimizing procedural variations that contribute to suboptimal outcomes of medication use
- Identifying areas in which further information and education for health care professionals may be needed
- Minimizing costs of medication therapy, not only through the direct cost of medications themselves, but also through the optimal selection and management of drug therapy, thus minimizing the incidence of complications and wasted resources
- Meeting or exceeding internal and external quality standards (e.g., professional practice standards, accreditation standards, or government laws and regulations)

Our pharmacists will perform a MUE review for any case where Wexford Health identifies an opportunity to improve a client's overall pharmaceutical delivery and administration program, e.g., adverse medication events (including medication errors, preventable adverse drug reactions, and toxicity); signs of treatment failures (such as unexpected readmissions and bacterial resistance to anti-infective therapy); requests for non-formulary medications; or deterioration in a patient's quality of life.

All components of the health care delivery system — medical care, mental health, pharmaceutical, and substance abuse, as well as security staff — play a role in the MUE process.

Staff members from each of these groups should contribute their unique perspectives based on how pharmaceutical treatment of a patient impacts their individual areas of expertise and responsibility. Wexford Health will also collaborate and coordinate with the WVDOC to form ad hoc multi-disciplinary working groups for any MUE initiative that requires more intense or specific attention.

B.N.6.h.iii. Medication Ordering Process

Wexford Health will implement an ordering, dispensing, and delivery system that efficiently provides pharmacy products to the WVDOC facilities in a timely fashion. As described earlier, we propose to purchase all pharmaceuticals for the contract from Boswell Pharmacy Services.

B.N.6.h.iii.A Ordering Systems

We will ensure that each WVDOC site continues to have the appropriate protocols and sufficient fax machine and telephone resources in place to transmit prescription orders, medication refill requests, stock medication requests, packaging requests, and stock requests to Boswell in a timely and efficient manner. Wexford Health will also continue to provide standard ordering/reordering forms for use at the WVDOC facilities, for faxed orders as well as for the occasional telephonic order.

For telephonic drug orders, Wexford Health will continue to maintain a toll-free 888-number that answers on a 24-hour/7-day per week basis. Outside of business hours, the number rings to an answering service that will page the on-call pharmacist every 15 minutes until he or she responds. Wexford Health's average response time to emergency calls is less than 15 minutes.

For drug orders submitted via fax machine, we will process the prescription through our fax server, in order to ensure efficient service and minimize any possibility of transcription or other human error. Our Docutrack fax-server eliminates the need for virtually all paper order documents, thereby also reducing associated paper-related costs, e.g., paper, toner, storage space, and staff time to handle paper processing.

The fax server allows Wexford Health to electronically track all pharmacy workflow. It enhances improved customer service by minimizing errors due to illegible handwriting and/or misfiled documents and by expediting responses to customer concerns with fast, simple electronic document searches.

Additionally, a fax server increases security through streamlining and centralizing operations while reducing the chance that unauthorized persons inadvertently view paper documents.

- **Receiving documents:** The integrated Docutrack fax-server handles all incoming and outgoing faxes, including pharmaceutical orders. The system is not only capable of auto-generating confirmation faxes (as described earlier in our proposal), but also provides fax failure alerts to notify staff if a fax fails to go through. Documents can also be entered into Docutrack by e-mail or scanner.
- **Manage documents:** The Docutrack fax-server assists with managing all document types, including prescriptions, refill orders, fill-lists, and delivery receipts. The system can prioritize documents based on either the time each item was received, or by the pre-defined priority level Wexford Health assigns to each item. Additionally, the fax-server automatically provides staff with an alert when a situation occurs that requires attention. For outgoing correspondence, our pharmacy staff can electronically fax documents — including attached comments — to clients.
- **Organize documents:** The Docutrack fax-server organizes documents into real-time folders and queues. Multiple users can simultaneously access each queue and process documents based on the workflow rules defined by Wexford Health's pharmacy management staff. Additionally, our staff can securely access the fax-server outside the pharmacy, enabling them to work remotely or to implement centralized order processing.

B.N.6.h.iii.A.1. CIPS Remote Online Ordering

If the Agency is interested in Wexford Health revisiting this program, we are able to order prescriptions online, through the CIPS Remote Online Ordering. This system feeds directly into the Boswell pharmacy management system, removing any need for faxing or phoning in prescriptions and thereby reducing the potential for transcription or other human error.

CIPS™ is a complete pharmacy software system designed specifically to optimize the prison or jail pharmacy. It is not a modified retail or hospital system. Designed in 1989 by the Pharmacy Systems division of Kalos, Inc., CIPS is a proven product, currently used nationwide in hundreds of correctional institutions.

The CIPS pharmacy management and prescription processing system provides an easy-to-use, graphical user interface that makes processing new prescriptions and refills quick and easy.

CIPS is a complete pharmacy software system, designed specifically to optimize information sharing and workflow between the pharmacy and the correctional institution. CIPS Remote is the electronic vehicle that facilitates the way we will obtain, manage, and exchange patient information with the MDOC facilities.

The advantage of CIPS Remote is that it operates on a single database, with information being exchanged between the MDOC facilities, eMed, Wexford Health and Boswell. A single database allows for tighter systems integration and enables a comprehensive eMAR solution to tie directly into the pharmacy.

CIPS also has a flexible platform, for data exchange and compatibility with other systems and standards. This platform is ideal for integration with any Electronic Medical Record. CIPS' flexible security settings can be structured to fit the needs of any correctional facility.

As soon as an order is placed within the software, it immediately appears in the patient's CIPS profile. These profiles, which hold all of the patient's current and past medication history, are available for viewing by multiple users at multiple stations. From these CIPS profiles, the facility will also have the ability to reorder medications, discontinue medications, place medications on hold, and view the log. The log contains detailed information on who placed the order, who received it at the facility, and who made any changes to the order.

CIPS Remote handles new prescriptions, refills, and renewals in seconds, using a simple, step-by-step process. Authorized site staff can easily add new and/or edit existing information on patients, prescriptions, and prescribers directly from the prescription processing screen. The system also enables users to check drug-drug and food-drug interactions; geriatric and pediatric precautions; min-max dosing; allergies; and duplicate therapy.

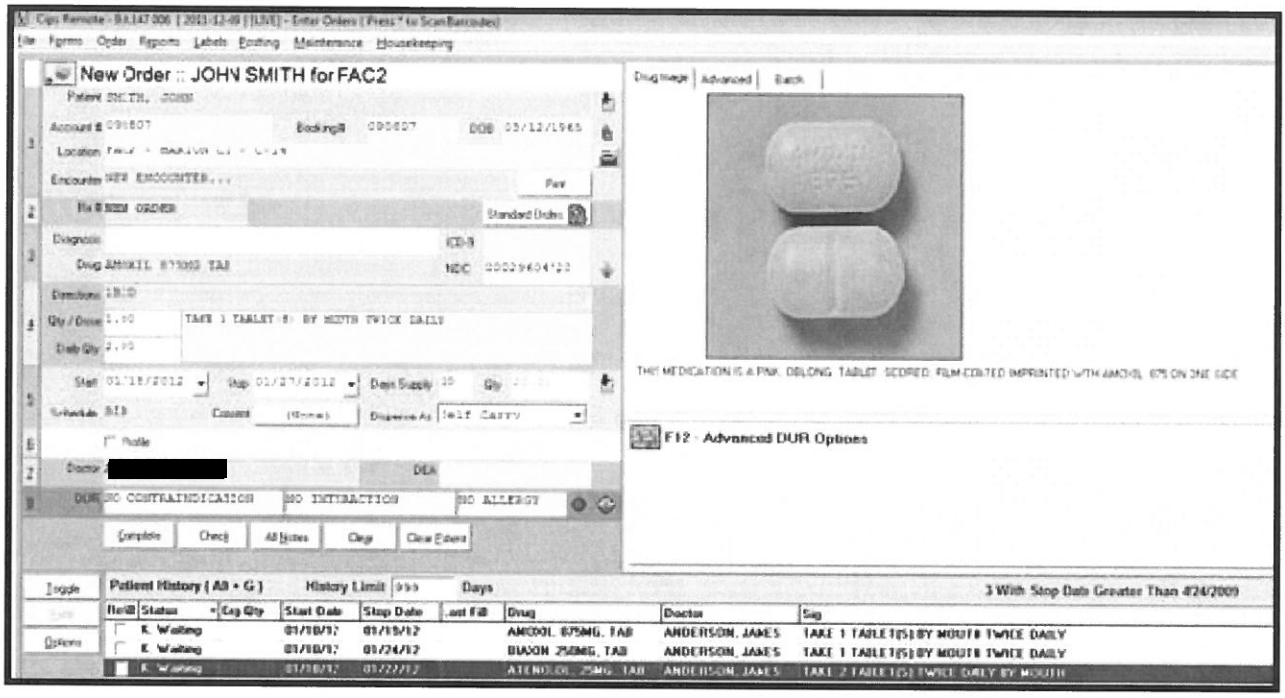


Figure 8: CIPS Remote new order entry screen

To place a new order for a patient, the user selects "Order/Enter Orders" from the menu tree on the left hand side of the screen. The cursor will automatically be located in the field labeled "Patient." The user enters the offender's last name, first name, or ID number; then presses "Enter."

In the "Drug" field, the user enters at least the first three letters of the medication he or she wishes to order, then presses "Enter."

A pop up box will appear with all of the medications that match the user's search criteria. This box will also alert the user to other important information such as medication strength, formulary status, and if a generic form is available. The user selects the correct medication, then presses "Finish."

In the "Directions" field, the user can quickly enter shortcuts for most standard directions sets, e.g., "1BID" for "Take one tablet twice daily by mouth. The user can also type in instructions if desired, or if the order has non-standard directions.

CIPS Remote will automatically enter the current date as the prescription start date. The user can choose the end date by manually typing in the date, or by using the calendar icon. The user can also type in the number of days the order is to be active, and CIPS Remote will automatically fill in the end date.

The user then chooses the dispensing status of the medication, i.e., whether it KOP, DOT, etc. A check box is available to mark the order as profile only, if applicable.

The user selects the prescribing practitioner by typing in the first few letters of the prescriber's last name and pressing "Enter." Once the prescriber is listed, the user simply presses "Complete" to electronically transmit the order to eMed and Boswell.

Users can also scan or manually enter prescription orders into CIPS Remote for quick and easy refilling. Orders may be refilled through the patient profile, or sent as a batch refill if requesting many orders at one time. The orders are then electronically transmitted to eMed and Boswell for processing.

To refill a medication from the patient profile, the user selects "Order/Enter orders" from the menu tree on the left side of the page. The user enters the offender's last name, first name, or ID number; then presses "Enter." The offender's medication profile will appear. The user selects the desired medication, and then clicks on the "Refill" button. The order details will appear and the box labeled "Complete" will be highlighted.

The user simply presses "Enter" to submit his or her request. If a refill is requested too soon, a box pops up alerting the user that it is an early request.

The user can also refill many orders at once by selecting "Order/Batch Refills" from the menu tree on the left side of the page. After the user begins to scan or manually enter prescription numbers in the field labeled "Rx Number," orders that are eligible for refills will appear on the left side of the screen under the heading "Ready to Refill." If the prescription is requested too soon or has expired, it appears on the right hand of the screen under the heading "Unable to Refill." CIPS will also display the reason that Boswell cannot process the order. To submit the refill requests, the user simply presses the "Process Refills" button.

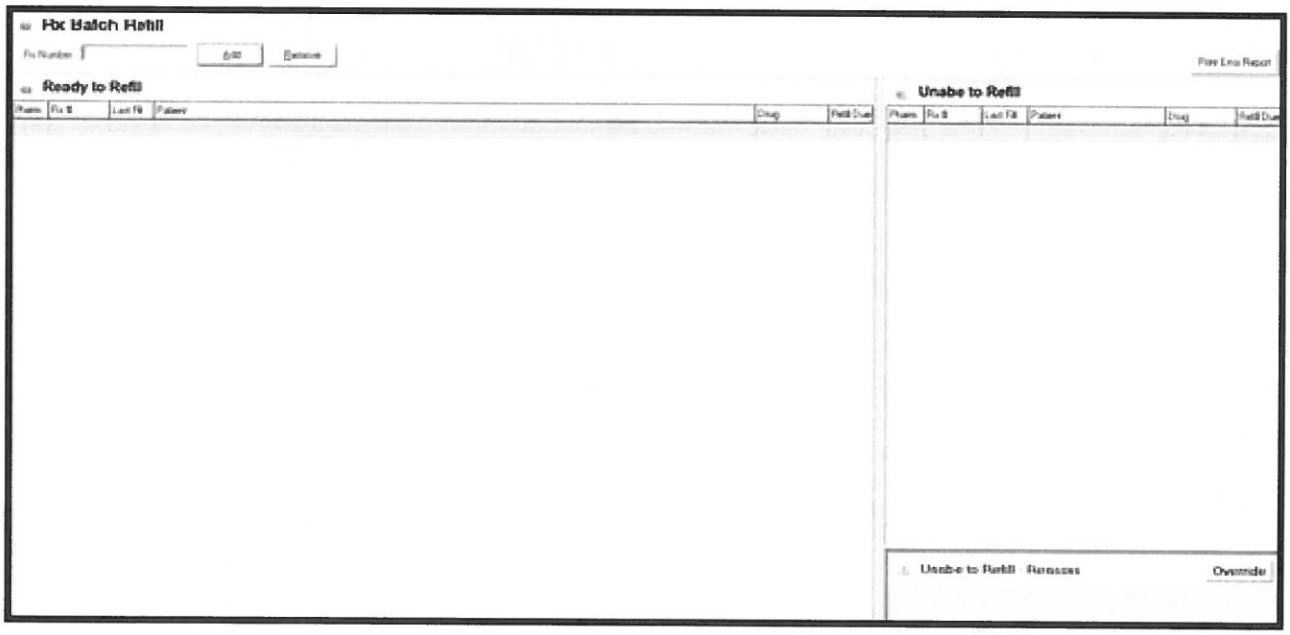


Figure 9: CIPS Remote batch refill order entry screen

The user may also print out a report of the ineligible refills by selecting "Print Error Report." This enables the user to present the medications to the provider for a new order, or to keep a reminder of when to send in a new fill request.

When site-level staff receives a shipment, they open the shipping container and scan all received medications. CIPS Remote performs a reconciliation of what was requested Boswell versus what was scanned into inventory. The scanned medications are stored in CIPS Remote which generates a discrepancy report for Wexford Health and the client to resolve if necessary.

CIPS Remote permits site-level staff to create notes. These notes are the facility's method for communicating changes, updates, or new information to Wexford Health and Boswell, who review the notes and update patient files accordingly.

B.N.6.h.iv. *Medication Dispensing Process*

Regardless of the method of transmission, Wexford Health and Boswell will process drug orders according to the following steps.

B.N.6.h.iv.A Receipt and Processing of Orders

Verification of receipt of order: For faxed or electronically transmitted orders, we will automatically send a confirmation of our receipt of the order — via our fax-server — to the WVDOC facility of origin. In the case of phoned-in orders, we will manually send confirmation of the order to the facility. Additionally, whether the order was placed via fax or phone, we will contact the facility of origin with any questions about illegible or incomplete orders. We will immediately organize the pharmaceutical orders we receive from the WVDOC facilities by facility and date received, in preparation for delivering them to the first step of our dispensing workflow.

Order entry: An Order Entry Technician at Boswell will process the order and manually enter it into the system.

Filling/dispensing of medications: A Pharmacy Technician — under the supervision of a licensed pharmacist — either fills the order with a pre-packed item or by dispensing and special packing the requested drugs.

Pharmacist review: A registered Pharmacist physically reviews each packaged order for accuracy against the original prescription request from the facility.

Shipping: Filled prescriptions are sent to the shipping area, where a Technician checks them against a delivery sheet for accuracy and ensures all items for a facility are packaged and manifested appropriately and ready to send out.

B.N.6.h.iv.B Drug Packaging and Labeling

Wexford Health will provide pharmaceuticals and medications to the WVDOC institutions utilizing a "unit dose" method of packaging.

Our pharmaceutical packaging is designed to minimize the waste of medication. We will arrange for all solid-form prescription medications (such as tablets and capsules) to be dispensed in patient-specific unit-dose blister packs that conform

to all existing material and labeling requirements for prescription drugs in the State of West Virginia.

Wexford Health will package medications in light and/or humidity resistant containers as needed. We will dispense prescription liquids in multi-dose bottles, with documentation as to the amount of cubic centimeters or milliliters enclosed in the container. We will dispense prescription creams as supplied by the manufacturer. Wexford Health will also provide compounded intravenous solutions (e.g., antibiotics, etc.) to be administered at the WVDOC institutions.

We will dispense non-prescription drugs and ointments in the same manner used for similar prescription pharmaceuticals, i.e., according to the protocols described above for prescription tablets, capsules, liquids, and creams.

Our pharmaceutical packaging will conform to all existing material and labeling requirements for prescription drugs in the State of West Virginia. Furthermore, we will ensure that each prescription pack is individually labeled with the following information.

- Inmate name and identification number
- Medication name and strength
- Generic information when applicable
- Quantity dispensed
- Manufacturer's name, lot number, and expiration date
- Pharmacy name and address (if applicable)
- Directions for use
- Offender location
- Prescription number
- Name of prescribing practitioner
- Original fill date
- Dispense Date
- Name or initials of dispensing or reviewing pharmacist
- Cautionary or accessory labels, as appropriate
- The acronym "DOT" if the medication is to be administered via Direct Observed Therapy

Additionally, we will ensure that each new prescription is accompanied by a computer-generated label outlining all applicable administration information, to be affixed to the inmate's Medication Administration Record (MAR).

Wexford Health will provide two-layer peel-off thermal reorder labels with every medication shipment. This allows nursing staff to simply and efficiently re-order prescriptions by peeling the top layer of the label off the package and faxing it to the supplier/pharmacy services provider. Auxiliary labels describing precautions, warnings, interactions, and possible reactions will be printed on each prescription label for safe and effective medication use.

Wexford Health will dispense each medication with a bar code, ensuring that the codes contain all info required by federal law. For any medication that comes

from the manufacturer with a bar code already in place, we will utilize that labeling. For medications without a pre-printed bar code, we will produce a bar code label that contains the National Drug Code (NDC) of the medication. We will utilize either Code 39 (the most popular non-retail bar coding system) or Code 128 (a universal alphanumeric coding system, used mainly in pharmacy and high technology) symbology.

Upon delivery of the package, our staff at the WVDOC institutions will use a hand-held scanner to check the medications into inventory. Our pharmacy information system will perform a reconciliation of what was requested from Wexford Health in the site's original order versus what was scanned into inventory upon the package's arrival at the facility, and will generate a discrepancy report for Wexford Health and the WVDOC to resolve, if necessary.

B.N.6.h.v. *Medication Delivery Process*

For orders received and verified prior to a mutually agreed-upon cut-off time, Wexford Health will continue to arrange next-day delivery of prescriptions to the WVDOC facilities, six (6) days per week, Monday through Saturday (excepting holidays). We will arrange for our shipping carrier (e.g., UPS) to generate a voice or e-mail message to notify each facility when we ship an order to its location, and again when the order arrives (and is signature received) at the institution.

Additionally, each one of Wexford Health's medication shipments will contain a detailed manifest for site-level personnel to use in reconciling prescriptions ordered versus prescriptions received. The manifest will include patient name and identification number; prescription number; institution name; medication name, strength, manufacturer, quantity dispensed, and dispensing date. The manifests will also clearly identify any back-ordered medications, to be flagged by the staff member who checks in the order for referral to the prescribing practitioner.

B.N.6.h.v.A **Back-Up Pharmacy Services**

Wexford Health will provide WVDOC offenders with twenty-four (24)-hour per day, seven (7)-day per week access to urgently needed medications through pre-arranged emergency delivery services with contracted, local back-up pharmacies (both retail and hospital-based).

If a necessary medication is not available in a facility's emergency medication kits or starter packs; the pharmaceutical therapy cannot be delayed until the next morning's scheduled delivery; and the prescribing physician will not accept an alternate drug, Wexford Health instructs our clients to contact our 24-hour Pharmacy Client Service line and fax a completed *Request for Emergency Medication Delivery Form* (provided by Wexford Health) to our order processing center.

Our team will transfer the prescription to one of our pre-arranged local back-up pharmacies (retail or hospital) and arrange for the expedited delivery of a minimum quantity to address the emergency situation. Wexford Health will then arrange for the balance of the prescription to be sent through normal delivery processes.

B.N.6.h.v.B **Medication Returns & Destruction**

To provide for the return of expired and discontinued non-controlled medications, Wexford Health will provide the WVDOC facilities with *Medication Return/Credit*

Request forms, along with pre-paid shipping labels and courier service to send such medications to the designated location.

Wexford Health will obtain credit (as permitted by State of West Virginia and federal law) for returned medications able to be re-issued and meeting the following conditions

- The returned items have at least ninety (90) days remaining until the expiration date.
- The items are tamper free and in the original packaging.
- Any medication originally dispensed by the pharmacy has been:
  - Stored properly at the WVDOC facility
  - Never been opened (except for unit dose "labeled" blister cards when the card has been partially used)
  - Has never been dispensed to an inmate

For expired and discontinued controlled substances, we will account for, reconcile, and remove or dispose of these as outlined by Federal Drug Enforcement Agency guidelines, WVDOC policy, and all state and federal rules and regulations pertaining to the practice of pharmacy in West Virginia. We utilize proof of use sheets for strict accountability and validate all documentation as required by federal, state, and local laws. Our Consulting Pharmacist will verify the documentation recorded and filed at our contracted WVDOC facilities.

Once a controlled medication expires, Wexford Health separates it and marks it as such, but still keeps it in the same container with the other controlled medications at the facility. We maintain such expired medications on the facility's perpetual inventory log and count them on each shift.

Our internal *policy PH-040 Return/Disposal of Medications* calls for facility nursing staff to not only complete a *Medication Return/Credit Request* for any discontinued or unusable controlled substance, but to also notify our Consultant Pharmacist, so that on the next scheduled facility visit the Consultant Pharmacist can appropriately deal with the medications.

When the Consultant Pharmacist comes onsite, he or she will review and sign the *Medication Return/Credit Request* form; sign the expired controlled medication out of stock on the perpetual inventory log (in front of witnesses); sign the individual patient's *Control Drug Record*; and place the medication in an envelope provided by the reverse distributor, which is then mailed. Wexford Health will maintain all completed forms, with signatures from designated client site-level staff member(s) and our Consultant Pharmacist, in the pharmacy files at the WVDOC facilities.

We agree to be responsible for all costs associated with the return and/or disposal of controlled medications.

B.N.6.h.vi. *Onsite Management of Medications*

B.N.6.h.vi.A Pharmacy Policy and Procedure Manual

As the Agency is already aware, Wexford Health has developed and maintains a standard *Pharmacy Services Manual* to serve as a reference tool for clinicians participating in pharmacy services in our contracted institutions. The manual

contains pharmaceutical policies and procedures, guidelines, and protocols designed to ensure a standard level of quality and care of pharmacy services among our contracted facilities.

While our standard *Pharmacy Services Manual* contains policies and procedures that meet all applicable federal governing standards and laws, we take care to recognize the subtle state, county, municipal, and site-level differences among our client facilities and to address these differences in each client's customized *Manual.* While we already have manuals in place for the WVDOC contract, Wexford Health will deliver additional copies of a customized *Pharmacy Services Manual* (including samples of all forms used) to all of the WVDOC facilities, if revised or more copies are needed. We always maintain at all times a current copy of the manual at each institution, updating these manuals regularly during the term of the contract.

The primary purpose of our *Pharmacy Services Manual* is to define Wexford Health's position regarding specific pharmaceutical issues including administrative matters, personnel requirements, the care and treatment of patients, and the services we provide. These formal written policies ensure consistency and provide us with a set of standards against which we can measure compliance and staff performance. Most audit organizations require facilities to maintain written policies in order to achieve accreditation. Additionally, formal written policies provide valuable documentation and legal support.

Our goal is to assist providers in reaching the best possible outcome for each patient, while reducing opportunities for errors or inefficiencies. We require the pharmacists, pharmacy technicians, physicians, mid-level practitioners (Physicians Assistants and Nurse Practitioners), and nurses at our client facilities to incorporate the tools in our *Pharmacy Services Manual* into their daily practices.

For the WVDOC contract, Wexford Health will take care to ensure that our *Pharmacy Services Manual* is compliant with all Division policies and procedures.

Our *Pharmacy Services Manual* was developed, and is maintained, by Wexford Health's Medical Advisory Committee (MAC). The clinical and administrative peers on this committee are charged with developing consensus on clinical issues by applying the most recent professional standards, evidence-based studies, and accepted practices. Along with site-level and other appropriate client personnel, the MAC will review the policies and procedures in the *Manual* on an annual basis (or more frequently, as changes occur), revising them as necessary.

Wexford Health also encourages our clinicians to assist in keeping the manuals updated and useful by presenting new information, sharing successful clinical approaches, and informing corporate clinical leadership of any adverse or suboptimal outcomes.

B.N.6.h.vi.B Starter & Emergency Medications

Wexford Health has a system to provide urgent, necessary medications ordered after hours by physicians carrying out their duties. Our "after hours" system ensures the continuation of any chronic medications where delaying the provision until normal refill time would adversely compromise the inmate's health. Wexford Health agrees to distribute all such medications in continued compliance with provider orders or approved nursing protocols.

As permitted by State of West Virginia and federal law, Wexford Health will provide at each of the WVDOC facilities an onsite "stat" dose inventory of drugs in modified unit dose packages to be used in emergency situations or until our regularly scheduled delivery of medications arrives.

The facility HSA and Medical Director will coordinate with the Pharmacy & Therapeutics (P&T) committee to determine the types and quantities of stat drugs to be kept on hand, based on the needs of the WVDOC inmate population and taking into account continuity of care upon inmate admission to the WVDOC system.

We will also provide sealed emergency medication kits (as permitted by State of West Virginia and federal law) for the facilities as requested by the Division. These kits will contain epipens and glucagon gel. At each facility, the HSA and the Medical Director will determine the medications and par levels to be included in the emergency kits. Each Wexford Health emergency kit will be accompanied by a reconciliation sheet for all doses. Additionally, our Consulting Pharmacist will monitor and inspect these kits monthly during routine inspections.

Wexford Health can also provide starter packs of specific medications for immediate administration, so that certain therapies can begin prior to the site receiving any patient-specific prescriptions. The facility HSA and the Medical Director will select these medications and determine their associated par levels. As with our emergency kits, a reconciliation sheet for all doses would accompany each starter pack.

B.N.6.h.vi.C **Stock Medications**

Wexford Health has a program of identified stock medications — to include both legend medications and over-the counter (OTC) medications — for administration to inmates prior to receipt of their actual patient-specific prescriptions. Implementing a Par-Level system of minimum and maximum supplies is not only cost-effective, but ensures proper inventory for continuity of care.

We will continue to provide each WVDOC facility with a stock medication order sheet listing all identified stock medications along with their order limits. The site Medical Director or Wexford Health's Consulting Pharmacist will monitor the ordering of stock medications and apply the agreed-upon Par Level system to prevent over-ordering while ensuring a proper inventory for medication availability and continuity of care.

Wexford Health will maintain stock medications in a safe and secure environment, using a perpetual inventory tracking system to ensure accountability. Additionally, we will implement a process for keeping track of medications pulled from the stock supply. We customize our standard *Stock Medication Inventory Form* for use at the WVDOC facilities to support the conduct of a perpetual inventory of stock medications at each institution.

When we send stock medications to an institution, Wexford Health ensures that the shipment contains a detailed inventory list, with the receiving institution's name, address, and DEA number; the sending entity's name, address, and DEA number; the name and quantity of the medication sent; and pedigree documentation. We send controlled substances on separate inventory listings.

We will maintain a supply of stock medications in each facility's drug room adequate to accommodate the majority of prescriptions ordered by health care practitioners until patients' medication cards arrive. Wexford Health will provide

"starter packs" of specific medications for immediate administration, so that certain therapies can begin prior to the site receiving any patient-specific prescriptions. The HSA and Medical Director will select these medications and determine their associated par levels. As with our emergency kits, a reconciliation sheet for all doses will accompany each starter pack. Whenever possible, we will use stock medications/starter packs to cover the first 48 hours of a prescribed order.

B.N.6.h.vi.D Medication Storage & Accountability

Wexford Health will reassess and continue to supply an appropriate number of lockable storage devices (medication carts) to hold all packaged medications at the WVDOC facilities. Each lockable storage device incorporates a door locking mechanism, to prevent unauthorized access to medication during non-medication administration time and during transit to the housing units.

Our pharmacy program provides a more stringent system of control over the distribution and use of controlled substances — defined as any substance named or described in DEA Schedules I through V or warranted by the Wexford Health P&T Committee to require treatment as a controlled substance within the WVDOC correctional facilities. We maintain accurate records on all controlled substances, so that we can account for each dose from the time the prescription arrives at the facility until the medication is administered, returned, shipped to a reclamation company, or destroyed. Our system not only effectively limits access to such substances to only those persons who demonstrate an appropriate sense of responsibility and have a lawful and legitimate reason to possess them, but also deters the unlawful and destructive abuse of controlled substances.

Wexford Health will house controlled substances in a secure, double-locked area in the medication storage area of each correctional facility. A physician, psychiatrist, or dentist must authorize all controlled substances administered from this storage area.

Our program also allows for controlled substances to be stored in certain areas located outside of the designated storage area, i.e., the medication storage area, the medical observation unit, in medication carts, and in crash carts. Double-locks secure all controlled substances stored outside of this designated storage area.

Wexford Health requires that only one nurse per shift be responsible for handling controlled substances and the corresponding key to the designated storage area. In the event that the designated controlled substance nurse must leave the medical unit or institution during the shift, another nurse will be assigned to take over this responsibility. Wexford Health's Policy *PH-017 Authorized Access and Distribution of Keys* calls for staff to perform a complete count of all controlled substances at that time, in addition to shift change times. Shift counts by the nurses accessing the controlled substances on each shift must be conducted by two (2) staff members, with both the incoming nurse and the outgoing nurse present. When the keys are transferred both nurses are to sign the Narcotic Accounting Log.

If the shift count determines that a controlled substance is missing, Wexford Health will inform the facility Warden (or designee), the WVDOC Director of Health Services, and the appropriate health services quality assurance monitor. We will take all steps necessary to locate or investigate the missing controlled substance.

At each WVDOC correctional facility, we will maintain a controlled substances perpetual inventory form that includes a record of the date, time, patient name and identification number, full signature of the nurse administering the medication, amount issued, and balance.

B.N.6.h.vi.E Medication Administration

As described below, Wexford Health will be responsible for prescribing and administering medications in accordance with ordered or recommended dosage schedules; for documenting such provision; for ensuring that all dispensed medications are properly stored; and for ensuring that all related duties are performed by properly licensed personnel. Our onsite nursing staff and consultant pharmacist will manage dispensed and stock supply medications in compliance with all applicable state and federal regulations regarding prescribing, dispensing, distributing, and administering pharmaceuticals.

Wexford Health nursing staff will administer prescription medication only upon orders from a West Virginia-licensed physician, psychiatrist, mid-level practitioner, optometrist, or dentist. Our licensed, designated medication administration nurses will be responsible for the administration and distribution of all prescription and prescribed over-the-counter pharmaceuticals to WVDOC inmates.

We will ensure the maintenance of extensive patient profiles and accurate hard copy or electronic Medication Administration Reports (MARs) (filed in the patient's medical record on a monthly basis) for each individual receiving pharmaceutical care. The MAR will contain the patient's name, allergies, diagnosis, practitioner, current list of medications, medication directions, and discontinuation date, providing a charting mechanism for safe and efficient medication administration.

Our standard Direct Observed Therapy (DOT) pharmacy policy requires that patients provide positive identification prior to drug administration. Our nurses will crush or float all medications in water (except where medically contraindicated and approved by physician order) and observe the patient swallow the medication, ensuring that the patient has swallowed the medicine by examining mouth and cheeks after administration.

After administering the medication, the nurse initials the proper box on the MAR and ensures that his or her full signature and initials appear on the form. If the patient refuses the medication, does not show up, or does not receive medication for any reason, the nurse circles his or her initials and indicates the appropriate administrative code on the MAR. Medication nurses must sign each MAR with their full names and licenses and/or titles.

The RN on duty is responsible for maintaining the accuracy of the MAR each shift; the RN on the following shift is responsible for ensuring that any inaccuracies on the MARs from the previous shift are corrected.

Our nursing staff will ensure that a copy of the current MAR for each patient is available at each medical encounter for review by the Medical Provider.

Wexford Health provides intensive Medication Administration training for health care staff both during orientation and periodically throughout the course of employment at in-service education sessions. Staff members receive training on the following topics.

- Actions, interactions, and side effects of drugs used within the facilities
- Security matters such as key control and the management and maintenance of controlled substances and sharps
- Accountability for providing medications according to practitioners' orders and in a timely manner
- Proper procedures for completion of Medical Administration Records
- Inventory of medications
- Potential for, and prevention of, medication theft
- Perpetual inventory of stock and controlled substances
- Adherence to therapeutic regimens
- Storage, handling, and disposal of syringes and needles
- Poison control response
- Overdoses

We have successfully reduced the amount of staff time spent on medication administration at several of our current or former contracted facilities, thereby freeing nurses and correctional officers to devote their time to other duties. Upon contract re-award, we will evaluate the current methods of medication distribution at the facilities and work with site administration to introduce any additional efficiencies into the medication distribution system.

B.N.6.h.vi.F Keep-On-Person Medications

One strategy that Wexford Health has successfully used to increase pharmacy program efficiency at the WVDOC facilities is the implementation of a Keep-on-Person (KOP) Program.

Wexford Health policies and procedures manual includes general procedures for the administration of a KOP program. As per the RFP, these procedures will adhere to the following guidelines.

- Medications may be provided via the KOP program as authorized by the Agency and Wexford Health, unless specifically excluded (i.e., federally DEA controlled medications, psychotropics, injected medications, medications for the treatment of AIDS, preventative tuberculosis therapy, etc.)
- All KOP medications will be packaged utilizing the "unit dose" system

Wexford Health's KOP procedures call for inmates to be excluded from the program for either of the following reasons.

- Failure to comply with the rules and regulations of the program
- Medical or mental health staff determine if the inmate is (a) at risk for abuse of the program or (b) unable to comprehend the program's rules and regulations; criteria include the inmate's known health or mental health status and any behavior and clinical concerns.
- If an inmate is excluded from participating in the KOP program for either of the first two reasons listed above, medical or mental health staff will document the decision, then sign, date, and place the documentation in the inmate's medical record. If an inmate's KOP privileges are revoked at any time for a rules or regulations infraction, the site Medical Director will

determine when KOP privileges may be reinstated, basing the decision on the inmate's compliance, mental health status, etc. The site Medical Director has the authority to terminate an inmate from the KOP program for non-compliance with the KOP program or other health care-related issues.

- Wexford Health nursing staff explains the KOP program to each inmate. Upon beginning actual participation in the KOP program, the inmate will complete and sign a witnessed *Keep on Person Medication Distribution Program Form*, which will be filed in the inmate's medical record.
- Our site staff will instruct the inmate on how to take his or her medication(s) and how to obtain refills if applicable. We also require the inmate to sign a receipt, which acknowledges an understanding and willingness to adhere to the KOP program, for all medication received.
- Wexford Health allows each inmate to possess only one prescription container of each ordered medication at any given time, e.g., one blister pack, one tube or container of a topical preparation, one container (not glass) of ophthalmic or optic drops, or one inhaler for each inhaled medication prescribed. All blister packs issued to inmates are clearly labeled with the inmate's name, date, medication, method of administration, start date, and stop date.
- Our nursing staff is responsible for ensuring that inmates return for refills on a timely basis, as identified in routine medication administration record checks. If an inmate is not adhering to the schedule, the nurse will provide counseling one time, documenting the contact in the inmate's medical record. If the inmate remains noncompliant, Wexford Health will remove him or her from the KOP program and may refer the inmate for a provider encounter or other follow-up. As outlined in Wexford Health's *Pharmacy Manual*, nurses must direct inmates to return to the health care unit to change medication stop dates as needed. If an inmate is transferred to another facility, he or she must return any medication blister packs to the medical unit for transfer to the new facility.
- If an inmate is temporarily removed from general population to a restricted area; e.g., segregation or medical unit, custody staff will return the inmate's KOP medications to the medical unit for Direct Observed Therapy administration. Exceptions to this procedure include nitroglycerin, oral glucose tablets, and inhalers. Security staff should, on a case-by-case basis, confirm with nursing staff that these medications have been prescribed as KOP medications. Nursing staff will then institute a MAR for the inmate and indicate on the MAR the amount of KOP medication received from custody staff. If not contraindicated, the inmate may re-enter the KOP program when he or she returns to general population.
- When an inmate's KOP medication order has expired and no refill is required, the inmate must turn in the medication blister pack or container to the nursing staff at the health services unit. Once a prescription expires versus passes the stop date, the blister card or container is considered contraband.

B.N.6.h.vi.G **Discharge Medications**

To support continuity of care, Wexford Health will provide any inmate for whom prescription drug therapy is clinically indicated at the time of his or her release, parole, or transfer from a WVDOC facility with a 10 day supply of medication, along with a prescription for a 30 day supply of medication. This will ensure the inmate has a sufficient quantity of medication to support pharmaceutical continuity until such time as he or she is able to see an outside provider. We will

require the inmate to sign for these medications, with the signed documentation to be filed in the inmate's medical record.

B.N.6.h.vii. *Pharmacy Quality Management*

To support our clients' quality management efforts, Wexford Health has designed a set of Pharmacy Quality Audit Tools and implemented a program of standards and procedures to identify and evaluate quality-related events and continuously enhance the efficiency and effectiveness of our pharmacy services. These audit documents are compliant with the accreditation requirements established by the NCCHC, ACA, and other industry standards.

Wexford Health reports, collates, and implements process changes pertaining to quality-related events at our site-level Quality Management Program (QMP) committee meetings. If either a client or a Wexford Health staff member notes a problem or error that requires follow-up and investigation by Wexford Health, we take the following steps.

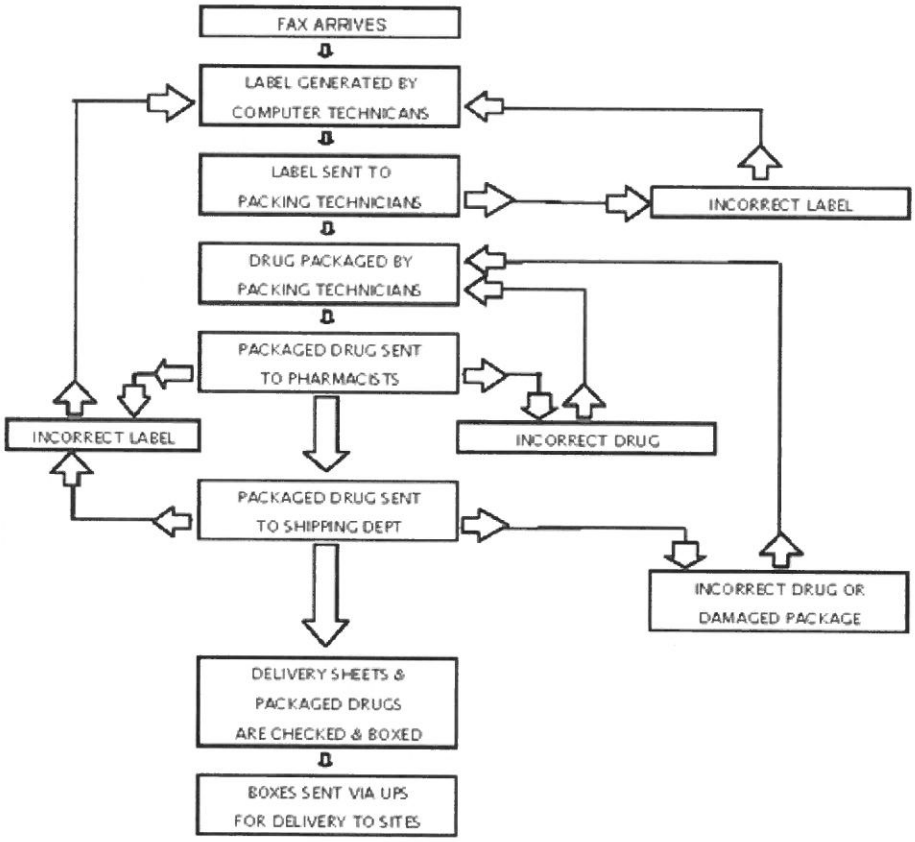
- Complete a *Pharmacy and Nursing Error/Incident Report*; if a nursing error occurred that may result in harm to the patient, we will report the incident promptly to appropriate WVDOC staff.
- Photocopy the blister pack or bottle with the label attached, making sure the initials of who filled the order appear on the photocopy (the stamped initials assist Wexford Health in documenting the error)
- Fax to the attention of Wexford Health's designated quality management personnel for resolution

WVDOC personnel may contact Wexford Health if there are any questions regarding the pharmacy program. Incomplete/incorrect labeling and concerns regarding appropriateness of medications are examples of issues that should be addressed using the *Pharmacy and Nursing Error/Incident Form*. For other issues, such as suggestions or requests that would improve Wexford Health's service, the Agency may contact Wexford Health in a variety of ways.

- Formally, at a Pharmacy and Therapeutics Committee meeting
- Formally, from the WVDOC to the appropriate Wexford Health Corporate Medical Director
- Informally, on an occurrence basis between Wexford Health's nursing and/or pharmacy staff and WVDOC site administration

Please refer to the Figure below for a visual description of how Wexford Health ensures accuracy in filling prescriptions.

PHARMACY WORK FLOW QUALITY ASSURANCE



Improved Accurancy: All drugs will be checked by the computer, then by the pharmacists.
Two Packaging Technicians will be check the delivery sheets to ensure the medications are put into the correct box.
Owed items will be printed on the delivery sheet.

Figure 10: Quality assurance for the pharmacy workflow

Wexford Health supplies Quality Management Report Tool software to assist in the identification of system process failures. As described in more detail below, the documentation provided by the tool allows for ease in tracking, involves all institutional personnel, and takes a global system review of the provision of pharmaceutical care.

B.N.6.h.vii.A Reporting of Medication Errors (Nurses)

If either a WVDOC or a Wexford Health staff member notes an onsite medication problem or error that requires follow-up and investigation by Wexford Health as part of the QMP, we take the following steps.

- Complete a *Pharmacy and Nursing Error/ Incident Report*; if a nursing error occurs that may result in harm to the patient, we also report the incident promptly to appropriate institution staff.

- Fax to the attention of Wexford Health's designated quality management personnel for resolution.

If the analysis of the *Nursing Error/ Incident Report* indicates that a medication error has occurred, Wexford Health's *Policy PH-014 Medication Errors Analysis Tool* will be implemented. The purpose of this policy is to establish procedures for documenting electronic trends and analysis of medication errors from each site on a monthly basis. The individual that discovers the mediation error will complete all sections of the *Medication Error Analysis Tool* form in its entirety. The form consists of a Medication Error Classification System including the following levels.

Level 0: No error occurred, potential error

Level 1: Error occurred without harm to patient

Level 2: Error occurred, increased monitoring but no change in vital signs or any patient harm

Level 3: Error resulted in need for increased monitoring; there was change in vital signs but no ultimate patient harm; any error needing increases in laboratory monitoring

Level 4: Error resulted in need for treatment with another drug, increased length of stay, patient transfer to a higher level of care (e.g. ICU), or required intervention to prevent permanent impairment or damage

Level 5: Error resulted in permanent patient harm

Level 6: Error resulted in patient death

We require our staff to notify the appropriate physician for all Level 2 and above medication errors. Once the form is completed it must be distributed as follows.

- Original completed *Medication Error Analysis Tool*, and a copy, must be given to the site HSA
- A copy must be faxed to our pharmacy fulfillment and distribution center
- A copy must be faxed to Wexford Health's corporate offices

Wexford Health will provide each of the WVDOC institutions with a CD containing the *Medication Error Analysis Tool* and a Trend Summary Sheet. The site HSA (or designee) will enter the data from the completed *Medication Error Analysis Tool* into the Trend Summary Sheet spreadsheet. The Trend Summary Sheet file will automatically trend the information into a summary sheet. By the first Friday of each month, the Trend Summary Sheet must be electronically sent to Wexford Health's designated QI Coordinator and Corporate Medical Director.

Analysis of the data obtained using the *Medication Error Analysis Tool* provides insight into medication error trends and promotes corrective action to be taken to improve the efficiency and accuracy of the medication distribution system. The information obtained using the tool will be an extremely valuable asset to the WVDOC and will contribute to inmates' quality of care. WVDOC personnel may contact Wexford Health if there are any questions regarding an incident report.

B.N.6.h.vii.B Reporting Of Medication Errors (Pharmacy)

When a medication error involving the pharmacy process is discovered, we require the correctional institution to contact Wexford Health as well as our pharmacy vendor, to notify us of the mistake. This type of error includes any of the following situations.

- Improper dose is packaged
- Improper medication is packaged
- Improper labeling

Depending on the type of error, we ask the site to send the pharmacy vendor a copy of the front of the blister card, with the prescription label that included the inmate's name, inmate's number, prescription number, medication directions, and the name of the medication. We sometimes also require the site to send a copy of the back of the medication packaging, as the back of the blister card contains the initials of the pharmacy packaging technician and other information that may be pertinent to the pharmacy CQI process.

Along with the medication packaging, we also require the institution's HSA or DON (or designee) to complete and submit a *Medication Errors Analysis Tool* (described in the preceding section) ranking the severity of the error and documenting the actions taken because of the incident.

Depending on the severity of the medication error, the institution may immediately contact one of our clinical pharmacists for a consult on the appropriate actions to take with the patient. For example, if a wrong medication is dispensed to an inmate, the pharmacist will check the patient's drug profile and allergies to identify any potential allergy or drug interaction. The pharmacist will make corrective recommendations to the health care professional.

Upon receipt of the necessary documentation, our pharmacy vendor will enter the data into a medication error spreadsheet. Once entered electronically, we can customize the information in various ways for reporting and analysis. The pharmacy vendor will report to Wexford Health any necessary Corrective Action due to the incident.

For the WVDOC contract, our proposed pharmaceutical packaging and distribution vendor is Boswell Pharmacy Services. Boswell is accredited by the Board of Certification and Accreditation (BOC) and the Center for Medicare and Medicaid Services (CMS). As part of CMS certification, Boswell is required to track and report all medication errors.

Boswell also maintains an internal CQI team that meets bi-weekly. The team consists of staff members from various departments including operations, pharmacists, purchasing, technician data entry, technician packaging, and shipping.

The goal of the CQI meeting is to identify internal and external processes that can be improved in an effort to provide safe and exemplary service to Boswell customers. Once an issue has been identified, the team decides on a resolution, as well as on how to proceed. The team then makes the entire Boswell staff aware of the CQI process for the targeted issue, either through small group meetings, internal memos, or e-mail.

All medication errors, including shipping errors, are discussed at all CQI meetings.

Boswell tracks all drug shipments through UPS, which is electronically linked to the company's shipping system. At any given time, they are able to account for each shipment's location. When a correctional facility receives a shipment, Boswell is able to verify the delivery signature and the time of receipt.

Every Boswell shipment also includes a computer-generated dated manifest of medications containing the following information: name of inmate with identification number, prescription number, name of medication, medication strength, quantity dispensed, and prescribing physician.

Boswell tracks and classifies all shipping issues reported by a facility. Upon being notified of an issue, their first action is to track the package for any exceptions that may have occurred through the contracted shipping couriers (UPS). Currently, Wexford Health's on-time shipping percentage through Boswell is 99.1%.

B.N.6.h.vii.C Consultant Pharmacist

Wexford Health will internally evaluate our program effectiveness throughout the entire life of the WVDOC contract, and will proactively ensure that the pharmacy program maintains compliance with all federal, state, and local laws and regulations as well as national standards.

We currently utilize a registered Consultant Pharmacist to utilize an NCCHC-compliant audit form to perform regular quarterly inspections of the medication room, crash carts, and emergency kits at the WVDOC facilities. The consultant pharmacist(s) will schedule these visits prior to each P&T Committee Meeting, in order to attend the event and share the results of inspection reports at the meeting, discuss any issues, and assist in the formulation of any necessary administrative actions. These independent inspections will ensure that the facilities are in complete compliance with the following.

- Federal, state, and local pharmacy regulations
- Drug Enforcement Agency Controlled Substances Act
- ACA standards

Wexford Health will provide dated, executed documentation of these inspections, including observed problems, recommendations, and implemented corrective actions, to the WVDOC. Our site Medical Directors will monitor all recommendations for compliance. The consultant pharmacist inspections will include the following.

- Verification of proper medication charting, documentation, and record keeping
- Review of all medication distribution procedures
- Inspection of the contents of the emergency medication kits and crash carts for outdated or missing items
- Review of inventory control and management procedures
- Removal and replacement of any outdated medications and stock supplies
- Review of all parameters of pharmaceutical care of inmates

- Review of medication utilization and individual therapies (drug regimen review)
- Verification of adequate safeguards for all psychotropic and controlled medications including secure, double-lock storage for controlled substances and sharps
- Review of temperature appropriateness for refrigerated medications
- Recommendations for changes
- Implementation of corrective action plans to address recommended changes, as well as the continued assessment of those corrective action plans
- Executed and dated inspection sheets outlining identified issues, recommendations, and implemented corrective action plans
- Provisions for all other requirements specific to federal or state laws, statutes, or regulations presently or hereafter enacted

B.N.6.h.viii. *Pharmacy Educational Resources*

B.N.6.h.viii.A Access to Clinical Pharmacist

Wexford Health's Pharmacy Services Department is centralized in our Pittsburgh corporate office. We provide our clients with 24-hour per day, 7-day per week on-call pharmacy coverage. Our 877# telephone line enables cost-effective access to our pharmacists, as well as providing an avenue for inbound customer service calls.

We will ensure that a clinical pharmacist is available by telephone to all medical units on a 24-hour/7-day per week basis for consultation regarding non-formulary requests, advice on drug choice, drug interactions, and new drug protocols.

We believe that Clinical Pharmacy includes all the services performed by pharmacists practicing in hospitals, community pharmacies, institutions, home-based care services, clinics, and any other setting where medicines are prescribed and used. Along with the dispensing of medication, Clinical Pharmacy also involves the analysis of a population's needs with regards to medicines, ways of administration, patterns of use, and drug effects. The focus of attention is not so much on the drug being dispensed, but on the patient or population receiving the drug.

The goals of Wexford Health's Clinical Pharmacy services are threefold.

- To maximize the positive clinical outcomes of medication by using the most effective treatment for each patient
- To minimize the risk of adverse pharmaceutical events by monitoring each patient's course and compliance with therapy
- To minimize pharmaceutical expenditures while providing the best treatment alternatives for the greatest number of patients

We work toward achieving these goals at all times — before a prescription is written (through our recommendations on which drugs should be included in the formulary, and which prescribing policies and treatment guidelines should be implemented); during the course of the prescription (through our monitoring, detection, and prevention of harmful drug interactions, adverse drug reactions,

and medication errors); and after a prescription is written (through our educational activities and retrospective drug utilization review).

B.N.6.h.viii.B Pharmacy Education for Inmates

For each medication order, Wexford Health will issue medication education materials to the inmate. Our education materials, at a minimum, describe major side effects associated with the medication.

Wexford Health provides medication education through our medical encounters. We maintain a library of *Informed Consent for Medication* forms (in both English and Spanish) that contain drug-specific information including the medication's common and scientific names, purpose, common side effects, alternative treatments, and approximate length of care. The prescribing practitioner discusses the appropriate *Informed Consent for Medication* form with the inmate each time the practitioner prescribes a medication for the treatment of a medical or mental health disorder.

B.N.6.h.viii.C Pharmacy Training and Education for Staff

While we already have the complete system in place, Wexford Health will provide pharmacy-related training for any new Wexford Health and (applicable) WVDOC staff through a variety of programs, including staff orientation, in-service sessions, Drug Utilization Review (DUR) educational interventions, medication consent forms, and drug monographs. We include details on our complete program below.

B.N.6.h.viii.C.1. Staff Orientation

Wexford Health will provide all applicable Wexford Health and Agency personnel with orientation regarding pharmacy operations at the WVDOC facilities, including the proper use and execution of Wexford Health and Agency forms, policies, and procedures. We will document this training and orientation for each employee and provide the information to facility administration.

Our transition program for the WVDOC contract will include presentations on specific pharmacy-related job responsibilities, policies and procedures, and other Wexford Health, Agency, and/or state directives. In order to provide employees with a better understanding of how various pharmacy operations relate and interact with clinical and non-clinical functions, we prefer that a team including both clinical staff and non-clinical staff join us for our onsite orientation program.

We can also arrange for specialized pharmacy training to be held at the WVDOC facilities through both WebEx (Internet seminar) classes and in-person education presented by trainers from Wexford Health and Boswell.

Additionally, our Director of Quality Management (Martha Ingram, RN, CCHP, CPHQ) and various personnel from Boswell will make themselves available on an ongoing basis throughout the course of the contract to provide additional refresher training or training for employees new to the Agency.

B.N.6.h.viii.C.2. Pharmacy In-Service Sessions

Wexford Health will provide intensive pharmaceutical training for our own and appropriate WVDOC staff — not only during orientation but also periodically throughout the course of the contract at in-service education sessions — on topics including but not limited to the following subjects.

- Medication administration techniques
- Actions, interactions, and side effects of drugs used within the facilities
- Security matters such as key control and the management and maintenance of controlled substances and sharps
- Accountability for providing medications according to practitioners' orders and in a timely manner
- Proper procedures for completion of Medical Administration Records
- Inventory of medications
- Potential for, and prevention of, medication theft
- Perpetual inventory of stock and controlled substances
- Adherence to therapeutic regimens
- Storage, handling, and disposal of syringes and needles
- Bio-hazard training for employees working with medical waste, medical spills, or bio-hazards
- Poison control response
- Overdoses
- Software and/or data entry training for pharmacy-related functions such as medication ordering and error reporting

B.N.6.h.viii.C.3. DUR Educational Interventions

A Drug Utilization Review (DUR) educational intervention consists of a letter to the prescriber, a response form for the prescriber to complete, a pre-addressed return envelope, a patient drug profile, and other applicable educational materials. Please refer to Proposal Section B.N.6.h.i.a for more detailed information on this component of Wexford Health's pharmacy management program.

B.N.6.h.viii.C.4. Drug Monographs

Wexford Health will also provide clinical staff with online access to drug monographs on various pharmaceutical treatments, which can be discussed with inmate patients or with fellow clinicians.

B.N.6.h.ix. Pharmacy Reporting

B.N.6.h.ix.A Pharmacy Reporting

Timely and accurate statistical reports are essential to monitor pharmaceutical utilization and to provide practitioners with critical data. Wexford Health will work with the WVDOC to collect and report on data, and to develop performance indicators to or management and administrative purposes. Our data analysis systems can sort pharmacy data in a myriad of groupings, utilizing all captured

pertinent defaults. Wexford Health reports are extensive and include charts and graphs for ease of monitoring services and trending.

Examples of Wexford Health's currently available pharmacy reports are as follows.

- Patient Profiles
- Formulary Management Report
- Therapeutic Class Report
- Psychotropic Report
- Practitioner Report
- Chronic Care Clinic Report
- Seven-Day Medication Stop Report
- Top Medications By Expenditure
- Top Medication By Quantity Dispensed
- Controlled Drug Report

Wexford Health's data systems also provide "reminder" files of those patients who have less than seven days remaining on their prescriptions. This enables Wexford Health practitioners to proactively review the patient's status and avoid medication lapses or delays.

In addition to the reports listed above, Wexford Health can generate a *Stop/Start Report* that provides the beginning and end dates for all pharmaceutical therapies within a designated time period. This report will notify a prescribing physician, psychiatrist, or dentist of the impending expiration date of a medication order, giving the provider a chance to review the patient's therapeutic response to the medication and either permit continuation or modify the medication order. Wexford Health will provide this report to the WVDOC on a mutually agreed-upon regular basis.

B.N.6.i. Infirmary Care (RFP Section 5.2.1.6.9)

Infirmary care shall be provided at the following institutions: MOCC, SMCC, and LCC. All infirmaries shall conform to ACA and NCCHC standards of care. The Vendor shall utilize the infirmary to its fullest extent within appropriate health care standards. The infirmary shall be staffed 24 hours per day, 7 days a week by sufficient and appropriate qualified health care professionals in order to provide skilled nursing care to those inmates whose health conditions merit such care.

Infirmary care shall adhere to the following guidelines:

1. A physician must be on call 24 hours per day/7 days a week. 2. Infirmary is to be supervised by a staff RN who is to be present daily for each shift.

Vendor Response:

Wexford Health understands the WVDOC institutional infirmaries and agrees to continue providing services for the Agency at MOCC, SMCC, and LCC. While these units are not hospital units and cannot provide a substitute for hospital care, we will ensure that the infirmaries are utilized to the fullest extent possible and comply with all applicable health care standards. We will provide clinical supervision for those inmates housed in the

WVDOC infirmaries, giving careful consideration to each patient's level of acuity as well as the available bed capacity, staff capabilities, and equipment of the infirmary. Under the overall supervision of a physician, our clinically trained nursing staff will provide 24-hour a day, 7-day a week care for those requiring medical observation in accordance with all WVDOC, NCCHC, ACA, and other applicable standards as well as with all applicable state and local statutes and licensing requirements. Wexford Health's continued efficient utilization of the WVDOC infirmaries will be a key factor in our ability to further reduce offsite inpatient days to the greatest clinically acceptable extent.

During our tenure as the health care provider for the WVDOC, we opened a new, additional infirmary unit in 2011 at the Saint Mary's Correctional Center. This made-from-scratch infirmary has assisted the WVDOC enormously with patient care at SMCC, and we were pleased to assist the DOC in its creation.

On a regular basis, we will provide the WVDOC with appropriate and usefully formatted reports on infirmary utilization, clinical status of all infirmary inpatients, and any deterioration in the health status of inmates with infirmary or medical housing status. Wexford Health's standard infirmary program includes the following components.
NCCHC P-G-03 INFIRMARY CARE

- Physician on-call coverage twenty-four (24) hours per day, seven (7) days per week, three hundred and sixty-five (365) days per year
- 24/7 onsite supervision by an RN on duty in the infirmary, with direct visual and aural observation of inmate patients by a QMCP
- Licensed medical care personnel on duty twenty-four (24) hours per day, including a Basic Life Support (BLS)-certified person trained in the use of Automated External Defibrillators and a registered nurse on each shift
- Documented daily physician rounds (Monday through Friday), with documentation of the date and time of the daily round in the infirmary chart or in the EHR (if the WVDOC elects to implement this system)
- Written policies and procedures for the provision of care, including emergency treatment protocols
- A manual of infirmary nursing policies and procedures, consistent with the West Virginia Nurse Practice Act and licensing requirements
- Admission and discharge on orders of a physician, dentist, nurse practitioner, or physician assistant; Wexford Health will give infirmary bed priority to inmates whose condition merits such care, admitting observation patients if and where beds are available.

  While offenders may be placed on close observation status by a qualified health care professional other than a physician, we require a physician's order to keep an inmate in the infirmary longer than twenty-four (24) hours. We treat close observation and suicide watch offenders who are housed in the infirmary with the same level of care and service as all other infirmary patients.
- Creation of a separate and complete infirmary medical record upon admission, to be incorporated into the inmate's health care record upon discharge
- Creation of a discharge summary and scheduling of a follow-up appointment with a physician upon discharge

To ensure an infirmary's integration into the overall health care delivery system for a facility, Wexford Health requires that the site Medical Director establish case management and infirmary discharge procedures tailored to the facility's unique needs and resources. While these procedures will vary according to each client's individual

requirements, the first step in a typical Wexford Health discharge procedure requires the physician to write orders for the offender's discharge from the infirmary. The nurse then receives the discharge order and prepares the inmate's individualized post-infirmary treatment plan based upon the physician's directions and recommendations. The infirmary discharge plan includes, but is not limited to, the items listed below.

- A written discharge summary report forwarded to facility correctional staff, including any post-discharge instructions related to housing, work assignment, or other accommodations required due to the inmate's condition
- Enrollment in chronic or special needs clinic(s), if necessary
- Scheduling of follow-up visit with specialist(s), if necessary
- A follow-up visit with a nurse within five days to review discharge instructions, medication education, and the possible taking of vital signs
- A follow-up visit with a physician within 10 days
- Regular evaluation by a nurse every 30 or 60 days
- Regular evaluation by a physician every 90 days

Wexford Health will ensure that inmates requiring care beyond the capability of the WVDOC infirmaries are hospitalized at licensed community hospitals or other appropriate health care facilities. Our site physicians determine the need to admit an offender to the infirmary, as well as any need to transfer an infirmary patient to a community impatient facility.

We have developed a set of guidelines (outlined in the Figure below) to support our site-level physicians in determining the need for infirmary care and the need for admission to a community hospital. Typically, inmates who present with any of the conditions described in the left-hand column of the Figure are treated in the site infirmary (or medical housing, if appropriate). Patients who exhibit the more serious conditions or require the more intense services described in the right-hand column are typically sent to a community facility.

At all times, the treating physician has the authority to send to a community hospital any patient whom he or she feels would be put at risk by attempting to provide treatment onsite.

If, in the opinion of the site Medical Director, the offender cannot be properly treated in the infirmary, the Medical Director will refer the patient for transfer to an approved licensed community facility that can provide the necessary treatment. The site Medical Director will determine the clinical appropriateness of the infirmary versus a hospital or appropriate licensed community facility based upon his or her clinical expertise as well as the level of service available in the infirmary. Other resources available to the site Medical Director when making the complex decision to treat onsite or recommend transfer to a hospital community facility are Wexford Health's Regional and Corporate Medical Directors.

General Guidelines For The Clinical Appropriateness Of Infirmary Care Versus Hospital Care

Infirmary Care	Hospital
Physical therapy, depending on equipment needs	Syncope, depending on symptoms
Pneumonia	Lower and upper Frank GI bleeding
Sprains	Frank hemoptysis, depending on vital signs, clinical stability & X-ray capability
General observation	Lumbar puncture, depending on physician skill level
Non-displaced fracture, or stabilized displaced fracture with no neuro-vascular compromise (until evaluated by physician)Cellulitis	Paracentesis, depending on physician skill level
Dehydration (hemodynamically stable)	Hospice care (must have signed DNR)
Urolithiasis	Chemotherapy at designated sites, i.e. certified nurses and/or appropriate on-site support Frank hemetemesis, depending on vital signs & clinical stability
1st & 2nd degree burns covering less than 20% of the body	Frank hematochezia, depending on vital signs & clinical stability
Osteomyelitis	Lacerated tendons
Hypertension without acute symptoms, i.e. severe headache, altered mental status, chest pain, nausea	Substantial open fracture
COPD with acute exacerbation, but oxygen saturation > 90%	2nd & 3rd degree burns covering more than 20% of the body
URI	Penetrating injuries, unless determined to be in a non-vital area
Mild to moderate CHF	New onset disrhythmia
Administration of I.V. antibiotics	DKA: BS > 500 associated with mental changes
Mild to moderate gastroenteritis	Semi-coma/coma
Abdominal pain without acute abdomen (with rebound tenderness)	Myocardial infarction
Diabetes stabilization without associated mental changes (hyperglycemia with mild dehydration)	Abdominal-peritoneal symptoms, due to inflammation or possible ruptured viscus or signs of rebound tenderness or abdominal rigidity
Wound care (including debridement of appropriate wounds)	Acute blood loss & hemodynamically unstable
Blood transfusion (if appropriate resources are available)	Acute paralysis
Asthma (not status asthmaticus)	Temperature > 105° or < 94° (lower temp taken rectally)
Chest pain management – non-cardiac or cardiac with normal EKG & negative troponin	Severe abnormal electrolytes: K+ < 2.5 or > 6.0; Na+ < 120, depending on clinical status, ie. abnormal EKG or altered mental status
Mild to moderate trauma (case-specific)	Acute altered mental state in non-mental health patient
UTI/pyelonephritis	Meningitis
Suicide observation	Respiratory emergency (Respiration > 30 or < 8; oxygen saturation < 90%; using accessory respiratory muscles)
Inflammatory bowel disease (uncomplicated by severe fluid loss or bleeding)	Status epilepticus
Opportunistic infections secondary to AIDS (uncomplicated)	Severe pulmonary edema
24 hour observation after ER visit & hospital discharge	Unstable angina
	Anaphylactic shock

General Guidelines For The Clinical Appropriateness Of Infirmary Care Versus Hospital Care	
Infirmary Care	Hospital
Rule out TB (negative airflow rooms)	

Figure 11: Infirmary care versus hospital care

B.N.6.j. Radiology Services (RFP Section 5.2.1.6.10)

All routing radiology services are to be provided on-site by the Vendor's radiology technician at those facilities which have radiology units. Radiology services for those sites which do not have radiology units, will be provided either through mobile units or off-site. All supplies and materials necessary for the provision of on-site radiology services shall be the responsibility of the Vendor as well as fees of mobile and off-site units.

All emergency radiographs are to be performed and interpreted at the community facility. For procedures that are beyond the capacities of on-site equipment, the inmate will be transported to an off-site referral facility capable of performing the diagnostic procedure at the expense of the Vendor and are to be applied towards the catastrophic capitation limit.

In the event that on-site radiology equipment becomes inoperable, the Vendor shall arrange for appropriate temporary radiology services until such time that the existing equipment is either replaced or repaired at the Agency expense. The Agency will incur those temporary radiology costs during the period in which the on-site equipment is inoperable.

Vendor Response:

Wexford Health commits to providing the WVDOC inmate population with all medically necessary and appropriate diagnostic x-ray procedures. We will continue to contract with qualified radiology technicians and utilize existing onsite WVDOC x-ray equipment to the greatest extent possible, to contain costs associated with having to transport offenders to offsite providers. For any instance where onsite x-ray resources are not available (e.g., a lack of equipment, existing equipment temporarily down due to need for repairs, etc.), we will continue to make provisions for routine x-ray services through onsite mobile x-ray services by Quality Mobile Imaging. As per the RFP, and also similar to our current contract, we will provide all supplies (e.g., film, development chemicals, etc.) necessary to take and process the x-rays.

For (a) emergency radiology studies required at times outside of normal working hours and (b) specialized studies that are beyond the capacity of onsite equipment or personnel, Wexford Health will utilize the services of one of our locally contracted hospitals or another appropriately certified local facilities in our preferred provider network. We understand that the transportation to an offsite referral facility capable of performing this procedure will be our expense, and is to be applied toward the catastrophic capitation limit detailed in this RFP.

We currently work with Quality Mobile X-Ray and they will continue to provide us with licensed radiologists to read x-rays and radiology special studies in a timely manner; notify the Medical Director or physician of all positive findings within 24 hours (immediately upon discovering unusual findings); and compile written reports of findings within two (2) working days of viewing the films. The radiologist will immediately report to the requesting physician any results that require urgent intervention.

Our Medical Director (or other designated physician or mid-level practitioner) will review, initial, and date the radiologist's findings no later than the next working day following receipt of the report. We will document and maintain all radiology reports in the patient's medical record.

In addition, the site-level provider (or appropriate designee) will follow up with the inmate to discuss all radiology results. For results of normal/routine x-rays, an RN will provide the patient with the results, but this visit will not replace follow-up by a medical provider. We will document such discussion between the offender and provider in the patient's medical record as a progress note.

As per the RFP, in the event that onsite radiology equipment becomes inoperable, we will arrange for appropriate temporary radiology services until the existing equipment is repaired or replaced (at the Agency's expense). We understand that the Agency will incur any temporary radiology costs during the period in which the onsite equipment is inoperable.

B.N.6.j.i. VALUE ADDED PROGRAM: Mobile Mammography and onsite ultrasonography

Wexford Health is currently in discussions with MobileX, a national x-ray provider, and starting to make arrangements to undertake a feasibility study for the use of mobile mammography and onsite ultrasonography for the WVDOC contact. If re-awarded, Wexford Health will do a complete study on the volume, sites, accessibility and where we should utilize mobile mammography to ensure that we provide the best services at the best cost for the state.

B.N.6.k. Laboratory/Diagnostic Services (RFP Section 5.2.1.6.11)

Routine laboratory/diagnostic services shall be provided by the Vendor at all contractual sites. Services should include laboratory/diagnostic supplies, capability for lab pick-up and deliver daily (Monday through Friday), printer to provide test results at each institution, reporting capability within 24 hours; and personnel capable of performing the appropriate collection procedures. Laboratory/diagnostic services may be subcontracted by the Vendor at the Vendor's expense and shall comply with all State and Federal standards.

All routine laboratory results shall be reviewed in a timely manner to ensure proper treatment and follow-up care. A procedure for timely communication of any grossly abnormal results or "critical" laboratory values shall be implemented. A record of the date and time of this communication, as well as resulting intervention orders are to be documented in the inmate health care record. It shall be the responsibility of the qualified health care professional receiving the lab results to ensure that appropriate intervention is initiated.

Vendor Response:

Wexford Health currently provides medically necessary and appropriate diagnostic laboratory procedures, including phlebotomy, supplies, and testing, and will continue to do so for the new contract. It is our experience, through the many transitions that we have successfully implemented for our clients that one of the most trying conversions is from one lab services provider to another. We plan to continue utilizing LabCorp to coordinate and monitor laboratory analysis services for the WVDOC contract. Laboratory services will include the following components.

- Laboratory/diagnostic supplies
- Daily lab pick-up and delivery, Monday through Friday

- A dedicated printer for the provision of laboratory test results
- Written reporting capability within 24 hours
- Personnel capable of performing the appropriate collection procedures

Our nursing staff will perform routine laboratory tests that can appropriately be conducted onsite using the same lab formulary, the same ordering system, and the same equipment and brand of supplies. Our staff will perform tests, such as finger-stick blood glucose testing, multiple test dipstick urinalysis, rapid strep test, urine analysis pregnancy test, guaiac stool test, peak flow testing, and hematocrit.

Wexford Health will continue to provide and staff an onsite laboratory at the Fulton Reception and Diagnostic Center, in order to facilitate the timely processing of samples and provision of test results. We propose a full-time Laboratory Technician as well as a part-time Director of Laboratory Services for this facility, to expedite the movement of offenders through reception with regard to their initial lab testing, e.g., HIV, syphilis, sickle cell anemia, pregnancy, etc.

Our staff will perform and package blood draws for shipment to LabCorp, so that a qualified laboratory technician from that lab vendor will be able to perform other diagnostic work, in compliance with all federal and state standards. We require our laboratory service vendor to provide documentation of routine quality control activities, as requested.

To ensure an appropriate stat turnaround response time, Wexford Health will use the services an already contracted and in use hospital or another appropriately certified local facility for all stat laboratory work. These facilities will convey telephone results immediately to the requesting physician with a written report following by fax or printout.

Wexford Health utilizes appropriate policies and procedures for reporting stat and critical values, as well as other non-routine lab results, ensuring that our staff members are well trained in these policies and procedures. We also have a policy and procedure manual to guide all onsite lab testing at the WVDOC institutions. In addition, Wexford Health maintains a log at each facility documenting the type and number of specimens sent and returned. We will immediately report any lost specimens, so that the lab test may be repeated as soon as possible.

A designated on-duty member of our staff will check all test results returned by the lab, forwarding the results and the inmate's medical record to the requesting provider for review. Our staff will also notify the on-call provider immediately if any grossly abnormal lab value is detected.

A provider will review, initial, and date all lab results, in conjunction with a medical record review, within 24 to 48 hours to assess the follow-up care indicated and to screen for discrepancies between the clinical observations and the laboratory results (in the event that the lab report and the clinical condition of the inmate do not correlate, or the results are sufficiently abnormal to necessitate action). Once reviewed, Wexford Health will inform the inmate of the test results in a timely fashion, and place a progress note in his or her health record regarding the lab findings. The physician will be responsible to re-order the lab test or make a decision concerning the next appropriate diagnostic step.

B.N.6.I. EKG Services (RFP Section 5.2.1.6.12)

The Vendor shall provide EKG services, equipment, and supplies at all contractual facility sites. EKG services shall include at a minimum:

1. Training and orientation of all qualified health care professional staff.
2. Printed EKG rhythm strip and computerized interpretation report within 10 minutes.
3. Cardiologist over-read with immediate response for those abnormal designated for over-read by the Medical Director.
4. Equipment maintenance and service within 24 hours of repair request.

Vendor Response:

As the incumbent provider we have EKG services in place at all contractual facility sites for the WVDOC. We agree to continue to make provisions for 24-hour per day, 7-day per week availability of onsite electrocardiogram (EKG) services, including all supplies, and we propose that we continue to utilize CompuMed for services, which include the following.

- Continued accurate diagnostic testing on current equipment which our current staff have already been trained and already demonstrate expertise.
- Onsite orientation and training of any new qualified health care staff
- Printed report of EKG with strip and computerized interpretation report available within 10 minutes, to be placed on the inmate's chart
- Cardiologist over-read with immediate response for STAT requests, within 24 hours for routine requests
- EKG equipment maintenance and service within 24 hours of repair request
- Review by a physician, to determine when an inmate may require a consult and/or offsite evaluation

B.N.6.m. Long Term Care (RFP Section 5.2.1.6.13)

The Vendor shall assist the Agency in the identification, planning, and care for those offenders who may require skilled nursing care for assistance with one or more "activities of daily living" or "ADL's".

Vendor Response:

Wexford Health agrees to assist the Agency in the identification, planning, and care for those inmates who require skilled nursing care for assistance with one or more "activities of daily living" or "ADL's".

Wexford Health defines personal care as care for those inmates who (a) need minimal assistance with basic Activities of Daily Living such as personal hygiene and grooming, dressing and undressing, self-feeding, functional transfers like moving from bed to wheelchair or getting onto or off of toilet, bowel and bladder management, and ambulation; and (b) could not safely function in the general inmate population. We will continue to provide personal care at any other institutions where the need arises.

B.N.6.m.i. SUCCESS STORY: Geriatric Care and ADL Training Program for Inmates

In the past six (6) years we have instituted a successful Geriatric Care Program through the WVDOC. Wexford Health recognizes the growing concern and financial burden of caring for the aging population in a corrections environment. During our tenure with the DOC, we have also successfully initiated a program that trains inmates to assist other inmates with managing their activities of daily living. This

program has effectively freed up staff to meet the more serious medical and clinical needs of the inmate population.

We focus our ADL training at locations that house handicapped, geriatric, and/or infirm inmates. The training is equivalent to that for a "Support Worker" position, based on industry standards for home health care and Certified Nursing Assistance training programs. The curriculum covers the following basic topics.

- Assistance in dressing and undressing
- Assistance in showering/bathing
- Assistance in hair care
- Assistance with transferring on/off shower chair/commode
- Transport to/from medical, education, recreation, dining
- Assistance with meals
- Training on the safe and proper use of equipment while providing assistance
- Performance of care using universal precautions

After completing the ADL training program, we test inmate volunteers using a written exam and a skills test. Upon successfully passing these tests, each graduate of the ADL training program is assigned to an inmate requiring assistance with the activities of daily living.

Wexford Health will be continuing this program with the WVDOC, ensuring that any adjustments that are made are always within the scope of WVDOC security policies and procedures.

B.N.6.m.ii. *Sheltered Housing Unit for St. Mary's Correctional Center*

Wexford Health has reviewed the current needs of the Agency would like to expand upon the geriatric and ADL care programs we have implemented (as detailed in the previous narrative) and agrees to cooperatively create a long term care unit for sheltered housing patients (*per RFP Addendum #15 received on July 24, 2014*). This sheltered housing unit will ensure that those inmates who cannot be housed in general population, but do not quality for infirmary care, will have appropriate housing with the appropriate care. We recognize and understand that there are some sheltered housing patients (non-acute care) in Mount Olive Correctional Center and a few other facilities, most of the eligible long term care patients are already placed in St. Mary's. The patients we suggest for treatment in this unit include those patients with ADL directives, wheelchair-dependent, oxygen-dependent, non-critical geriatric including those with dementia and Alzheimer's Disease. We have reviewed and included the staffing additions (4.2 CNAs and 1.0 LPN) for the unit. We will ensure that the LPN is responsible for administering medication and also minor medical treatments (as permitted by this position). We look forward to working with the WVDOC on the creation and implementation of this sheltered housing unit.

B.N.7. *Mental Health Services (RFP Section 5.2.1.7)*

Mental health services for offenders may be subcontracted to a single vendor. The delivery of mental health services shall be in accordance with NCCHC and ACA standards or care. Mental health policies and procedures guiding services for the individual contracted sites shall be in place sixty (60) days after award.

The mental health professionals shall provide or be responsible for, at a minimum:

Substance Abuse and Sex Offender Counselors

Vendor shall provide substance abuse and sex offender counselors, as required, to meet the counseling needs of paroled offenders and inmates as requested by the Agency.

Psychological Services

1. Diagnostic Evaluations - The completion and submission of a typewritten, court ordered Diagnostic evaluation comprising personality, academic and intellectual functioning and neurological screening with interview, in an approved format and within time frames.

2. Intake/Classification Evaluations - The interviewing, completion and submission of a typewritten Intake evaluations comprising personality, academic and intellectual functioning, neurological screening and sex offender assessment interpretation with interview. The evaluation report shall also address criminogenic risk/need, responsivity and addiction severity and shall be provided in an approved format within time frames.

3. Parole Updated/Parole Violator Update - The completion and submission of a required, psychological update report to include an interpretation of new testing, interview, file review and assignment of written psychological stability in an approved format within time frames.

4. Segregation Evaluations and Mental Health Updates - the completion and submission of a written segregation assessment, quarterly updates and required weekly cell checks to monitor current functioning within time frame and approved format.

5. Segregation Hearings and Quality of Life Programs/Special Management - Participation in hearings and meetings to review status of offenders placed in segregation, administrative segregation and quality of life status while housed in the segregation units as set forth in Agency policy and facility procedure.

6. Individual Therapy - The provision of individual therapy upon the referral of the psychiatrist.

7. Group Therapy - The provision of group therapy upon the referral of the Agency staff or as appropriate.

8. Crisis Intervention - The provision of crisis intervention either by referral or by observable behavior, including suicide risk assessment and management.

9. Critical Incident Debriefing - Participation in offender incident debriefing as requested by the Agency.

10. Sick Call Requests - Coordinate with the medical department to respond to inmate sick call requests within twenty-four (24) hours; and to an offender crisis sick call upon receipt.

11. Additional MH Information - Responsible to provide additional information to include but not limited to monthly statistical reports and surveys at the request of the Agency.

12. The completion and submission of a required psychological update report to include an Interpretation of new testing, interview, file review, and assignment of written psychological stability within timeframe and in approved format.

13. Provision of additional mental health information and/or evaluation at the request of the Agency.

Additionally, the Agency will conduct social/summary admission interviews, perform specified diagnostic testing and compile legal information on newly received offenders. This data will be provided to the psychologist.

It is the mental health provider's responsibility to provide a sufficient number of WV Board of Psychologists (WVBEP) licensed psychologists to provide appropriate clinical supervision of all psychologists employed pursuant to this contract.

The Provider may utilize the services of a qualified Therapist to perform all or part of the following tasks; weekly segregation rounds, individual and/or group therapy, crisis intervention, and response to inmate sick call requests.

Psychiatric Services:

1. The Psychiatrist must be board certified to practice adult psychiatry in the state of WV and have a minimum of three (3) years of experience working in a correctional system.

2. A Psychiatrist shall prescribe, monitor, and review psychotropic medications, pursuant to established time frames. Monitoring may include face to face interviews in order to adjust diagnosis and/or chart adjustment to medication. Face to face interviews may be accomplished via electronic means.

3. The Psychiatrist shall provide a treatment plan with an Axis Diagnosis and recommended plan of follow up.

4. The Psychiatrist will participate in medical treatment reviews to permit the involuntary use of medications and therapeutic restraints for an offender requiring psychopharmacological treatment and who, by well documented history of mental illness and violence, presents serious risk of danger to self, others, or property.

5. The Psychiatrist shall consult with Medical, Mental Health, and Agency staff in the management of suicidal inmates, therapeutic restraints, and forced medications.

6. The Psychiatrist shall provide consultation with face to face interview and provide a treatment plan with documented diagnosis on all Axes with recommended follow-up. A face to face interview may include an interview utilizing electronic means.

7. The Psychiatrist will act in compliance with all applicable standards of the Agency and with all licensing standards of the applicable licensure boards and authorities.

8. The Psychiatrist shall perform the following for the Mental Health Unit at MOCC:

   a. Admissions and discharges;
   b. Oversight multi-disciplinary treatment team meetings;
   c. Diagnosis and written approval of treatment plan;
   d. Availability for consultation and/or crisis intervention at all times.
   e. Charted weekly observation of inmates housed on the unit.

In the absence of a Psychiatrist, the site physician will assume these responsibilities, within the scope of the practitioner's license. The contractual site physicians will also refer offenders as appropriate for psychiatric evaluation.

Mental Health Unit - Mt. Olive Correctional Complex (MHU-MOCC)

Acutely male mentally ill offenders may be transferred to MOCC-MHU for intensive mental health assessment and stabilization. The Psychiatrist and Mental Health Director shall be informed of and approve all transfers prior to the inmate movement to the MHU.

The Vendor and the Mental Health Provider are solely responsible for the development and implementation of mental health services and the provision of qualified mental health staff for the mental health unit at MOCC. The Vendor and the Mental Health Provider will coordinate coverage and the MHU will be staffed twenty-four (24) hours/day, seven (7) days/week by qualified health professionals to monitor mental health status of offenders on the Unit. Those staff assigned to this unit shall be qualified and shall have extensive experience and knowledge in the care of mental health clients.

Admission criteria to the Mental Health Unit:

- Axis I diagnosis;
- Imminent risk for injury to self or others.
- Actively psychotic and unable to function in lesser secure unit;
- Imminent risk for acute medical status deterioration due to the presence and/or treatment of an active psychiatric symptom.
- The severity of the disorder and/or impairment of developmental progression require a supervised, structured, and supportive therapeutic milieu.
- Demonstrate impaired functioning that precludes the offender from adequately maintaining in a less structured or segregation setting;
- Acute serious deterioration of the individual's baseline ability to fulfill age-appropriate responsibilities to the extent that behavior is so disordered or bizarre that it would be unsafe for the individual to be treated in a lesser level of care;
- There is an active psychiatric disorder that can be more effectively treated to decrease the offender's suffering.
- Developmentally delayed and/or traumatic brain injury that the offender is unable to effectively provide self-care and is a potential health risk to themselves and/or others and unable to fulfill age-appropriate responsibilities.

In addition to psychiatric intervention, a comprehensive, multi-disciplinary treatment team will be established and maintained for each offender on the MHU at MOCC by the Subcontractor. All treatment plans will be developed in a manner that is consistent with reintegration of the offender back into general population. Qualified mental health professionals will be assigned to the unit to meet the individual needs of each offender and may include: individual therapy, group therapy, recreational and socialization activities, education on mental illness and related medications, symptoms and behavior management. All services provided on the MHU will adhere to social learning and cognitive behavioral approaches.

Treatment Programs

The mental health provider shall provide a 1.0 FTE Program Mentor whose sole duty and responsibility shall be for areas of assignment for all Agency sites. The areas include: program development, quality control of programming, consultation and communication and professional development of Agency staff. The program mentor shall liaison extensively with the Agency Director of Programs to fulfill Agency programming goals. A role description for this position is included in Attachment G.

The Program Mentor, at a minimum, must be credentialed as follows: Licensed Professional Counselor, Approved Licensed Professional Supervisor, WV Certified Clinical Addiction Counselor, and Certified Counselor Supervisor. The Program Mentor shall be responsible to provide curriculum development and training for Agency staff for the following Agency approved programs: Aladrue, Batterers Intervention and Prevention Programs (BIPPS), Crime Victim Awareness (CVA), Domestic Violence Intervention and Prevention (DVIP), Managing My Anger, Sex Offender Curriculum (SOPI, II, III), and Trauma Groups. The DVIP and Trauma Groups are specific for the Lakin Correctional Center. Prior approval shall be required by the Agency concerning additional program areas.

The Provider shall provide assistance with continuing education credits through the appropriate approved licensure and credentialing boards in West Virginia. The Provider shall provide qualified Therapists to facilitate the Agency approved Sex Offender treatment program for the following facilities: Anthony Correctional Center, Denmar Correctional Center, Huttonsville Correctional Center, Lakin Correctional Center, Mount Olive Correctional Complex, and St. Mary's Correctional Center.

The Provider shall provide qualified Therapists to facilitate the Agency approved Trauma and Women's Batterer's Intervention Prevention (DVIP) Programs for the Lakin Correctional Center. The minimum qualifications for the Therapist position and program descriptions for the agency approved programs are contained in Attachments H-I and B-2.

Training

The Contractor is responsible for the provision of approved training programs related to mental health issues and medical staff and to the Agency staff. Additionally, the Mental Health Provider employees shall attend all required specialized training programs as specified by the Agency.

Use of Interns

The use of student interns may be permitted by the medical and/or mental health providers with Agency knowledge and approval. Students shall be subject to security clearance and required onsite training as specified by the Agency. Students must work within the placement agreement with responsibilities assigned by knowledge and permission of the Agency.

Student Interns may NOT:

- Provide any emergency medical or psychiatric/psychological crisis intervention services;
- Perform any direct clinical services that a Vendor employee is responsible for completing;
- Act without a supervisor present guiding the delivery of services.

Behavioral Health Unit (BHU) - Lakin Correctional Center (Female Facility)

This unit provides mental and behavioral health services and interventions in an individualized contextual manner with the goal of promoting improved offender safety and functioning to give the offender the opportunity to function in the general population and the community upon release. The BHU will serve as a proactive program that provides care for special needs inmates who require close supervision or multidisciplinary care.

A. Admission Criteria:

- Functional Level - Unable to maintain in the general population for mental health related reasons;

- Chronic behavioral difficulties that have not been mitigated by use of SEG & AD SEG that prevent inmate from maintaining in general population. AD SEG Committee indicates that inmate may be at a place where they are open /susceptible to doing some work on improving their behavior
- Step down from suicide watch in the medical unit;
- Psychosis stabilization (basic psychotic disorders or mood disorders, self-mutilation, aggressive mentally ill, post-traumatic stress disorders);
- Behavioral observation for differential diagnosis.

Vendor Response:

Wexford Health is committed to the effective, efficient delivery of quality mental health services. Our programs will continue to ensure that inmates have access to mental health screening and evaluation, treatment and/or referral services.

- At a level of care commensurate with the inmate's needs;
- At a level of quality comparable to that found in the community;
- In accordance with the American Psychiatric Association (APA), NCCHC, and ACA standards, guidelines, and requirements.

We provide these mental health services in a manner that maintains the dignity of the inmate and affords him or her a reasonable degree of privacy in accordance with HIPAA laws and policies.

Wexford Health maintains an independent Behavioral Health Initiatives (BHI) Committee. Representatives from various disciplines and mental health directors from Wexford Health's contracted regions participate in these BHI committee meetings each month to confer on topics including mental health policies and procedures, treatment-resistant cases, suicide monitoring and prevention, risk management, psychotropic initiatives, and utilization management for inpatient and residential mental health units.

Based upon our 22 years of hands-on experience, Wexford Health is sensitive to the specific challenges faced by the correctional industry. Our mental health program is responsive to these challenges and offers viable, proven solutions. We based these solutions on the three main principles outlined below.

Clinically Effective Services

Focus on patient improvement and positive clinical and functional outcomes

Provide individualized, patient-specific treatment plans, developed by multi-disciplinary treatment teams, to ensure inmates receive the most appropriate care for their particular serious and persistent mental disorders

Adhere to mental health algorithms and clinical care pathways that are founded on research-based "best practice" approaches and tailored to each unique correctional setting

Apply appropriate diagnoses upon which Wexford Health clinicians will create a treatment plan discussing applicable mental health services (We are currently in the process of reviewing the revisions made in DSM-V for the WVDOC contract.)

Risk Management

Adherence to the highest ethical and professional standards applicable to the public and correctional environments

Standardized treatment protocols are based up on the American Psychiatric Associations (APA) treatment guidelines

Weekend and evening nursing staffing ensures 24 hour per day, seven (7) day per week access to mental health services, along with on-call psychiatry services

Offering of continuous professional education and training for correctional staff

Maintenance of a continuous quality management program that includes detailed reviews of sentinel events

Cost Containment Programs

Group therapy as a more efficient use of staff time versus individual therapy (although individual therapy remains available).

Case Management with clinical supervision of the case from opening to closure

Utilization management with clinical supervision of the case from opening to closure

Collegial Review [SM] among practitioners for treatment-resistant cases

Comprehensive psychotropic utilization review and management program

If re-awarded the WVDOC contract, Wexford Health intends to continue to sub-contract with PSIMED — PSIMED CORRECTIONS, LLC (PSIMED), a West Virginia-based behavioral health care management company. As West Virginia's largest provider of correctional behavioral health care, PSIMED has been providing statewide comprehensive services for offenders in the custody of the West Virginia Department of Military Affairs for more than 18 continuous years. PSIMED currently provides statewide behavioral health services for the WV Parole Services, the Division of Juvenile Services (WVDJS), and the WV Regional Jail and Correctional Facilities Authority (WVRJCFA), and also the West Virginia Division of Corrections. PSIMED has been successful in partnering with the West Virginia Department

of Military Affairs to develop and provide high quality cost effective behavioral health services for West Virginia's correctional facilities and community corrections offenders. PSIMED is committed, along with Wexford Health, to continuous quality improvement as a way to meet the changing needs of our customers.

To expand and improve programming on a regular basis, PSIMED provides and participates in professional development activities. The company's employees facilitate an educational process that not only de-stigmatizes mental illness in order to ensure the highest quality and continuum of care, but also maximize mentally ill offenders' chances of successful reintegration back into the community.

PSIMED's delivery of mental health services are, and will continue to be, in accordance with NCCHC and ACA standards of care. As per the RFP, all services (both current and any new services) will be updated or implemented accordingly and in place for all individual contracted sites within 60 days after the award.

We will continue to utilize PSIMED's existing mental health policies and procedures to guide services at the individual contracted sites. This will allow for the uninterrupted application of clinical and operational practices well within the RFP's timeframe of sixty (60) days after contract award. Wexford Health and PSIMED will review mental health policies and implement updates on an annual basis (at a minimum), performing this function more frequently as needed, based on service implementation changes.

B.N.7.a. Sex Offender and Substance Abuse Treatment

Wexford Health and PSIMED will continue to provide the Sex Offender Programming (SOP) currently used by the DOC. As the DOC is aware, PSIMED developed the current SOP, and continues to work with the DOC to ensure that it meets all of the needs of the inmates and Agency. Treatment of the sex offender is consistent with evidence-based standards, with the overall goal of teaching the offender how to identify their personal high risk triggers so they can use strengths-based techniques to control their behaviors and prevent a relapse.

- **Phase One Sex Offender Program (SOP I) - Psycho-educational phase of programming:** All offenders who have a sex offense or an offense determined to have an underlying sexual motivation are referred to SOP I. Offenders will attend 11 weekly group sessions covering topics such as legal consent, WV Sex Offender Registration, sexual deviancy, victim empathy, and anger management. Upon completion of SOP I, offenders will be referred for SOP II.
- **Phase Two Sex Offender Program (SOP II) - Treatment phase of programming:** All offenders who have completed SOP I are referred to SOP II. Offenders participating in SOP II will progress through 7 treatment modules addressing issues such as deviant sexual arousal, personal accountability, family dysfunction, development of healthy relationships, proper management of emotions, and relapse prevention. SOP II involves approximately 125 weekly group sessions, and 9 individual sessions. Upon completion of SOP II, offenders have the option of attending monthly aftercare group sessions for continued support.

Wexford Health and PSIMED will provide substance abuse counselors, as required, to meet the counseling needs of the paroled offenders and inmates, as requested by the Agency. We also provide consultation and assistance with credentialing for the Substance Abuse therapists who are employed by DOC.

B.N.7.b. Psychological Services

At a minimum, Wexford Health and PSIMED mental health professionals will provide and be responsible for the psychological services outlined in the following sections.

Wexford Health and PSIMED will also utilize the social history interviews, diagnostic testing results, and legal information compilations generated by WVDOC staff on each newly received inmate to support our medical and mental health programs. Upon being provided with this documentation, PSIMED psychologists will reference the data during a face-to-face interview with the inmate, and compile all accumulated mental health data into a psychological evaluation in compliance with current requirements. We understand and appreciate that as per the RFP, the WVDOC will allow these interviews to be conducted via telemedicine.

As per the RFP requirements, Wexford Health (through PSIMED) will supply fully licensed psychologists in a quantity sufficient to provide appropriate clinical supervision of all psychologists employed for this contract. These supervising psychologists will abide by all applicable guidelines of the West Virginia Board of Examiners of Psychologists (supervisor/supervisee gold-card status).

Upon contract award, PSIMED will continue to utilize qualified therapists to provide clinical encounters and administrative tasks including weekly segregation rounds; quality of life hearings; individual and/or group therapy; crisis intervention; and response to inmate mental health sick call requests. Wexford Health will ensure that the group therapy facilitators receive annual training with the Program Mentor in order to address curriculum revisions and to receive facilitation support.

B.N.7.b.i. Diagnostic Evaluations

Our mental health professionals will complete (in an approved format) and submit (within required time frames) typewritten reports describing court-ordered interviews and diagnostic evaluations of inmates' personality, academic, intellectual, and neurological functioning. PSIMED is skilled in conducting such diagnostic interviews, and will continue to ensure these court-ordered evaluations are of high quality and completed within the allotted timeframes.

B.N.7.b.i.A Appraisals and Evaluations for the RJA Sites

As per RFP Amendment #12 (*released July 2, 2014*), we will provide appraisals and evaluations for the Regional Jail Authority (RJA) Sites, Northern Correctional Center (NCC) and Ohio County Correctional Center (OCCC). Within the past year, PSIMED started providing mental health services to these facilities, and we will ensure that all services (those that are currently in place and any new requirements) are provided in accordance with all RJA rules and regulations. PSIMED will assign a mental health professional to do the appraisals, and a psychologist to review them.

We will ensure that all information on the psychological appraisals process are provided to the appropriate RJA administration. Please note that PSIMED does not requirement a minimum number of inmates at any jail to conduct psychological appraisals as these appraisals will continue to be conducted as needed.

The information procured from psychological appraisals will be entered into the IMIS under "Inmate Planning" by the Central Office's Inmate Movement Department. If any inmate, after the appraisal, is referred to have a full

psychological evaluation, they will be moved to a DOC facility. Sex offenders, along with any other inmates that the Parole Board deems appropriate, will need to be moved to intake for a full psychological evaluation. All of the information from the full psychological evaluation will also be entered in the IMIS under "Intake Planning".

We understand that the Movement Coordinator at the facility will share this information regarding the psychological appraisals with mental health at the intake unit. Inmates will need to be held at the jail until the appraisal interview is completed. To properly prepare for the appraisals, PSIMED will need a one (1) week notice for the appraisal, with a completed file from the Central Office's Inmate Movement Department.

Per all HIPAA and DOC/RJA rules and regulations, the psychological appraisal documentation and file will be sent to the intake unit when the inmates moves to the DOC. To ensure consistency, all files that are provided to PSIMED (before or after the process) will need to include the same items as those files provided to the intake units.

After the appraisal is complete, PSIMED will return the file to the Central Office's Inmate Movement department.

B.N.7.b.ii. *Intake Evaluations*

PSIMED's mental health professionals will complete the intake evaluation (mental health screening) by interviewing each inmate, reviewing his or her classification file, and compiling and submitting a report describing the inmate's personality, academic, intellectual, and neurological functioning. Inmates with a positive intake evaluation will receive further mental health evaluation.

As part of the mental health intake evaluation performed for each new inmate upon his or her arrival at a WVDOC, qualified PSIMED staff will inquire of each inmate about issues including the following.

- Past or current mental illness including hospitalizations
- Legal and illegal drug use including the time of last use; drug withdrawal symptoms
- Behavior observation, including state of consciousness, mental status, alcohol or drug history, appearance, and conduct
- History of or current suicidal ideation, gesture, or attempt

Acutely suicidal and psychotic inmates will be considered emergencies and will be placed immediately in a "safe" or observed treatment setting within the facility or transferred to an appropriate facility. We may place inmates who are not in acute distress, but who present with mental health issues upon admission, in a specially designated area with frequent observation by qualified health professionals or by health-trained correctional personnel.

With the exception of those individuals who present evidence of acute mental health problems in response to these inquiries and who require immediate intervention, inmates will receive additional WVDOC- and/or NCCHC-required psychological interviews (mental health screenings) as part of their health assessment and within the allowable timeframes.

During this comprehensive, thorough, one-to-one mental health interview, a mental health professional will ask the inmate about his or her history of suicidal ideation, suicide gestures or attempts, psychiatric hospitalizations or outpatient treatment programs, special education placement, substance abuse history, and sex offenses or history of sexual abuse. Additional inquiry will be made into past suicidal or homicidal violent behaviors and victimization.

If the inmate has a sex offense as part of his or her crime, PSIMED will include a sex offender assessment as part of the intake evaluation. In addition, our evaluation reports will address each inmate's criminogenic risk/need, responsivity, and addiction severity index.

As a final step, the mental health professional will check for the inmate's level of intellectual functioning, mental retardation, or any other developmental disability. Depending upon the setting and existing WVDOC criteria, basic intelligence screening and testing may be completed. In addition, substance abuse scales, risk scales and other tools may be utilized.

We will refer those inmates with positive mental health screenings to qualified mental health professionals for further evaluation, assessment, and case initiation. The urgency of the identified problem will determine the intensity and priority of Wexford Health's response.

Through PSIMED, Wexford Health will complete such evaluations and provide them in an approved format to the WVDOC within the allowable timeframes. We wish to point out that these timeframes are dependent on PSIMED and WVDOC staff completing each responsibility on time, as a single delayed activity can impact the viability of meeting overall program timelines. Additionally, PSIMED will forward the results of the inmate's mental health screening to health care staff so that they may include this information in the inmate's comprehensive medical records.

B.N.7.b.iii. *Psychological Update Report*

PSIMED mental health professionals will complete (in an approved format) and submit (within required time frames) all required Psychological Update Reports, to include an interpretation of any new testing; inmate interviews; file reviews; and assignment of a written psychological stability code.

These mental health professionals will work with the appropriate Institutional Parole Officer to obtain monthly lists for all offenders in need of an updated psychological evaluation for parole hearings. As the current WVDOC mental health provider, Wexford Health and PSIMED are well aware of the WV State Code requirements specifically addressing the evaluation and testing of sex offenders, and will continue to ensure these evaluations occur within the allotted timeframes.

B.N.7.b.iv. *Parole Update/Parole Violator Update*

Wexford Health and PSIMED will ensure the completion and submission of a required, psychological update report including an interpretation of new testing, interviews, file reviews, and assignment of written psychological stability in an approved format within appropriate time frames.

B.N.7.b.v. *Segregation Assessments*

Our mental health professionals will complete (in an approved format) and submit (within required time frames) segregation assessments based on ACA and NCCHC

guidelines. Segregation assessments include a mental status examination in addition to any other informal or formal evaluation needed to determine the inmate's suitability for continued confinement. Because of confidentiality issues, respect for the inmate's privacy, and HIPAA restrictions, Wexford Health and PSIMED never conduct psychiatric or psychological segregation assessments at the cell front.

Upon notification that an inmate is placed in segregation, a qualified health care professional will review the inmate's health record to determine whether his or her existing medical, dental, or mental health needs contraindicate the placement or require accommodation. Additionally, PSIMED mental health staff will evaluate the inmate upon notification of his or her placement in segregation, with the treating psychiatrist being notified if the inmate is on a psychiatric caseload. NCCHC J-E-09 SEGREGATED INMATES

PSIMED staff will evaluate the inmate within 30 days after being placed in segregation and every 90 days thereafter. Staff will conduct weekly walk-throughs in the pods to ensure that each inmate is monitored for hygiene, interaction, etc. and these weekly checks will be logged appropriately.

Wexford Health and PSIMED will make every reasonable effort to ensure that inmates in segregation receive all necessary and appropriate mental health care including evaluation, case management, individual therapy, group therapy, and psychotropic medication. We provide this mental health care in a segregation interview room whenever possible; however, if such a room is unavailable, we arrange for a security escort to the health services unit.

B.N.7.b.vi. *Segregation Rounds*

To accommodate segregation or lock down cases where an inmate's custody status precludes his or her attendance at Sick Call (regardless of whether the segregation is resulting from disciplinary, administrative, or protective reasons), PSIMED staff will continue to conduct weekly mental health segregation rounds at the place of the inmate's confinement for those individuals on current mental health caseload.

During these rounds, the mental health professionals will personally observe each inmate and inquire whether the inmate has any mental health-related issues or concerns. PSIMED staff will also use these rounds as opportunities to talk to security staff and identify any inmates who, although choosing not to self-refer, exhibit behavior that indicates a need for mental health evaluation.

The mental health staff will document these rounds in an approved format on a weekly charting form, noting any signs of destabilization, making referrals to the psychiatrist as appropriate, and placing the form in the inmate's medical chart at the end of each month.

B.N.7.b.vii. *Segregation Hearings and Quality of Life Programs/Special Management*

PSIMED staff members have actively participated in the WVDOC Administration Segregation (Ad Seg) and Special Management Committees since 1996, and will continue to participate in weekly Segregation Hearings and Special Management Hearings as scheduled on an ongoing basis. At these hearings, PSIMED will report any changes in psychological code assignments.

We understand that participation on these committees is by assignment from the facility warden, and will continue to comply with all applicable WVDOC and facility policy and procedure with regard to these groups.

B.N.7.b.viii. *Additional Mental Health Information and Evaluations*

As the agency's current mental health provider, PSIMED has on several past occasions provided the WVDOC with additional information and recommendations to assist in inmate transfers, victim notification, housing assignments, and parole recommendations. Upon request by the Division of Corrections, we will continue to provide such additional mental health information and/or evaluations.

B.N.7.b.ix. *Psychotherapy and Counseling*

As stated above, Wexford educates all inmates at intake regarding how to access mental health services. Typically, a PSIMED psychiatrist will make recommendations and refer inmates for individual and/or group therapy, as appropriate. Alternatively, inmates may self-refer for mental health services through regular Sick Call procedures. Inmates also may be referred at any time for mental health services by medical or psychiatric staff, officers, and/or WVDOC administrative staff. We will base our provision of individual and group therapy on the individual's clinical needs and treatment plan requirements, documenting all recommendations and encounters in the inmate's medical chart.

B.N.7.b.x. *Individualized Treatment Plans*

For each inmate identified as requiring mental health services, Wexford Health and PSIMED will develop an individualized treatment plan upon a mental health case being opened. The plan will be developed by a multidisciplinary treatment team comprised of the PSIMED Psychologist/ Mental Health Clinician, and nursing staff, with support and input from the inmate and WVDOC representatives, as necessary. The individualized treatment plan fulfills the following tasks.

- Reflect the inmate's current mental health status and needs based on his or her bio-psychosocial assessment, diagnosed mental disorders, and functional strengths and limitations attributable to mental disorder(s)
- Identify any mental health problems that may negatively impact the inmate's ability to adjust to incarceration
- Outline achievable, time-limited objectives (written in measurable terms) that may reduce symptoms, enhance current functioning, or maintain current functioning
- Identify any problems for which the institution currently has no available resources or which are not currently the focus of treatment

All members of the treatment team, including the inmate, will sign the plan. The team will meet at least once per month to monitor the inmate's progress and update the plan as necessary, at a minimum, once every six months. Team members and their general responsibilities are shown in the following table.

Team Member	Responsibilities
Psychiatrist	Evaluate need for pharmacological intervention and monitor treatment of clinical symptomatology.
Mental Health Director	Oversees case management, individual counseling, and group

Team Member	Responsibilities
	therapy participation.
Nursing Delegate	Reviews medical history, obtains appropriate consent forms, reviews prescriptions, monitors adherence to medications, educates patient regarding potential side effects, and coordinates care as necessary with mental health and medical staff.
Correctional Officer	Facilitates housing assignment, work duties, and other aspects of incarceration as appropriate for diagnosis and associated risks.
Patient	The inmate patient is encouraged and expected to be an active participant in the treatment plan. The patient signs the treatment plan as well as other required release and consent forms. The patient also reviews the plan with the team on a regular basis.

B.N.7.b.xi. *Group Psychotherapy and Counseling*

Group therapy has proven to be a very effective and cost-efficient mode of treatment in the correctional setting. Staffing and security constraints allowing, Wexford Health and PSIMED will continue to offer a comprehensive group therapy program as one of our primary modes of treatment for inmates requiring mental health services at WVDOC facilities. We will tailor these group therapy programs to the specific needs of inmates at crisis level/segregation, at transitional/reintegration level, and for the general outpatient mental health setting.

The table below presents an outline of the type of psycho-educational and cognitive behavioral groups Wexford Health has offered at other client facilities for inmates at crisis/segregation and transition levels, as well as for those within the general population who require outpatient mental health treatment. The table also presents Wexford Health's gender-specific groups for women.

Level	Proposed Group Topics
Crisis/Acute	1. Medication Education
	2. Anger Management
	3. Cognitive Behavioral Techniques
	4. Interpersonal Skills
	5. Relaxation Techniques
	6. Understanding/Coping with Depression
	7. Crisis Intervention Strategies
	8. Members' Status Update
Intermediate	1. Medication Compliance
	2. Anger Management
	3. Cognition and Behavior

Level	Proposed Group Topics
	4. Interpersonal Skills
	5. Relaxation Techniques
	6. Transitional/Reintegration Issues
	7. Coping with Depression
	8. Responsibility Assumption
	9. Dealing with Frustration
	10. Recreational Therapy
General/Outpatient	1. Anger Management
	2. Adjustment to Corrections
	3. Sleep Disruption
	4. Life After Prison
	5. Interpersonal Relationships
	6. Coping Skills
	7. Medication Management
	8. Pre-Release Planning
Women	1. Women's Issues
	2. Domestic Violence
	3. Parenting Issues (including custody issues)
	4. Coping Skills

In addition to the group therapy described above, Wexford Health and PSIMED's mental health program will include self-driven and self-directed activities. Mental health staff will encourage inmates to monitor their own behavior, maintain a diary, journal, or other record of their mastery of new skills, and assess their own responses to daily stressors they encounter in their housing units or work assignments. We will also encourage inmates who have work assignments to observe and practice socially appropriate skills when interacting with co-workers, fellow inmates, and others they encounter in the course of their work assignments.

During regularly scheduled treatment team meetings, PSIMED mental health clinicians will encourage inmates to review their self-directed activities and modify or update these activities as necessary to continue their improvement.

B.N.7.b.xii. Crisis Intervention and Management

Wexford Health will ensure that qualified personnel are available to provide crisis intervention — including suicide risk assessment and management — 24 hours per day, seven days per week. A 24-hour crisis intervention program of this type requires coordination, cooperation, and excellent communication among medical, mental health, and security personnel. To achieve these goals, Wexford site-level staff will take part in ongoing trainings (e.g., suicide identification and intervention training,

etc.) along with PSIMED mental health personnel and WVDOC security personnel in order to build familiarity and teamwork, and to attain a high level of ability to identify those inmates in need of critical mental health and psychiatry services.

Upon discovering an inmate in crisis, the medical, mental health, or security staff member who identified the crisis will notify the designated medical, mental health, and/or psychiatric staff on duty at the facility, who will ensure that the most appropriate person(s) responds to the crisis within a mutually agreed-upon minimal time of notification. PSIMED will provide a monthly mental health on-call list to ensure that a psychologist or psychiatrist — if not already present onsite — is available for telephone consultation to support the onsite evaluation.

The responding mental health professional and/or psychiatrist will rapidly assess the immediate needs of the inmate, working closely with security staff to ensure the inmate's safety and security, as well as that of staff, other inmates, and the facility. If necessary, we will transfer the inmate to the most appropriate location for his or her needs, e.g., crisis stabilization room, mental health unit, medical unit, offsite mental health or medical facility, etc.

For after-hours crises, PSIMED will provide an on-call schedule identifying the mental health and psychiatry personnel telephonically available in the event of a mental health or psychiatric emergency. If indicated by the severity of the emergency, Wexford requires our mental health and psychiatry staff to return to the site for direct involvement in the crisis intervention and stabilization. This ensures 24-hour/7-day availability of crisis intervention and stabilization resources.

Inmates in crisis require the utilization of mental health watches not only for their own safety, but oftentimes also for the safety of others. Wexford defines the following two types of mental health watch.

- **Continuous watch**: This watch consists of the inmate being in constant observation of a correctional officer or health care staff member. It is generally reserved for inmates who are imminently at risk for suicide or self-injurious behavior. For example, a recent, potentially lethal suicide attempt would warrant a continuous watch.
- **Fifteen-minute watch**: This watch requires a correctional officer or health care staff member to perform direct observation of the inmate at fifteen (15) minute intervals. The watch requires that the inmate be within full sight of the correctional officer or health care staff during the fifteen (15) minute check.

Wexford Health's standard procedure calls for inmates who have been on continuous watch to be moved to fifteen-minute watch, and then to a longer thirty-minute watch, before we take them off suicide precautions or crisis mental health watch. In similar fashion, we place inmates who were placed directly into fifteen-minute watch onto thirty-minute watch before we remove suicide precautions. Mental health staff will also complete daily progress notes on all inmates placed on mental health watch, with documentation placed in the proper medical and/or infirmary record.

When clinically justified, Wexford Health and PSIMED will use time-outs, seclusion, and/or therapeutic restraints to manage crises and prevent suicides. We will apply the least restrictive effective alternative, in accordance with all appropriate laws, professional standards, and WVDOC rules and regulations. Under no circumstances will we use these procedures to punish an inmate. We apply the procedures only to help the inmate regain self-control, to protect his or her emotional well being, and to preserve the safety of the inmate and others.

For any inmate placed on a mental health watch, time-out, seclusion, and/or therapeutic restraints to manage a crisis or prevent a suicide, the primary clinician (or other qualified clinician) will — within 24 hours of the intervention — complete an initial assessment of the inmate, along with a complete mental status examination and a written emergency treatment plan. In addition, the mental health team leader and/or psychiatrist will place documentation (i.e., a consultation note) in the inmate's progress notes outlining treatment options, including the use of psychotropic medications, restraint, and/or referral for consideration for civil commitment. Lastly, Wexford Health and/or PSIMED staff will enter into the inmate's medical record daily (at minimum) progress notes documenting the current mental status of the admitted inmate. An explanation for any changes (e.g., lowering the intensity of, or discontinuing, any mental health watch) will be written in the progress notes, accompanied by a concurrent evaluation of the inmate's mental status.

B.N.7.b.xii.A Suicide Prevention Program

Wexford Health and PSIMED strongly emphasize suicide prevention as a key component of our mental health program. We implement and maintain an aggressive approach to the prevention of suicides. It is therefore crucial that health care staff, security staff, and inmates have an understanding of suicidal behavior, our suicide prevention program, and related policies and procedures.

Our program reflects current research in the area of suicide prevention and has been reviewed and approved by qualified medical and mental health professionals. Essential elements of the program include the following.

- Staff training and responsibility for the recognition and immediate reporting of warning signs for self-injurious behavior and suicidal ideations or gestures
- Final responsibility and authority for the clinical management of inmates assessed as at-risk for serious self-injurious behavior or suicide
- Requirements for, and assignment (ordering) of, suicide observation status
- Orders for suicide observation status, to address observation frequency; housing (isolation management rooms and observation cells); diet and eating utensils; approved mattresses, blankets, and privacy apparel; and standard issue apparel and supplies, including clothing to be worn while attending activities outside of the isolation management room or observation cell
- Re-ordering of suicide observation status

B.N.7.b.xii.A.1. Suicide Prevention Training

An essential component of our suicide prevention program is training of all staff. Because many suicides are attempted in housing units when health care staff are not routinely interacting with inmates, training for officers is especially important. PSIMED will provide training to all staff, including officers, administrative staff, and health care staff.

Training topics include the following.

- Correctional environment and suicidal behavior
- Predisposing factors to suicide
- High-risk periods for suicide
- Warning signs and symptoms

- Verbal and behavioral cues
- Suicide prevention and response policy and procedure
- Use of emergency equipment located in housing areas
- Mock drills
- Observation and documentation requirements
- Property and activity restrictions
- Signs and symptoms of intoxification or detoxification
- Sudden behavioral changes
- Medication non-compliance

We will ensure that all Wexford Health staff members with routine contact with inmates are trained in basic First Aid and Cardiopulmonary Resuscitation (CPR) and the use of automated external defibrillators (AEDs).

B.N.7.b.xii.A.2. *Intake Screening/Assessment*

A critical element of a comprehensive suicide prevention program is the timely screening and assessment of any inmate who enters a facility or moves between facilities. Wexford Health and PSIMED will screen inmates for suicidal behaviors when entering a WVDOC facility, when moved between facilities and/or if possible, when returning from a court hearing. Our screening forms include but are not limited to the following variables.

- Past suicidal ideation or attempts; current ideation, threats, or plans
- Prior mental health treatment or hospitalizations
- Recent significant losses or changes
- History of suicides by family members
- Lack of a social support system
- Expression of extreme embarrassment, shame or feelings of humiliation as a result of charge/incarceration
- Suicidal behavior during a previous incarceration
- Intoxication
- Obtaining information regarding suicidal behavior from the transporting officer

In addition, our program includes an ongoing identification and referral procedure for assessment by a qualified mental health professional at any time during the inmate's incarceration.

B.N.7.b.xii.A.3. *Referral for Potentially Suicidal Inmates*

Wexford Health and PSIMED's suicide prevention program includes a detailed procedure and plan for referring potentially suicidal inmates to a qualified mental health practitioner and/or, in the case of an attempted suicide, a referral to health care providers and facilities for medical stabilization.

B.N.7.b.xii.A.4. Effective Communication

Effective communication can prevent many suicides. Communication between the transporting officer and correctional staff and among facility staff — including mental health and medical staff — is very important. The ability for officers, medical staff, and mental health staff to maintain awareness, share information and observations, and make referrals regarding mental health is paramount in preventing suicides. Our suicide prevention program provides direction for communication among all staff.

B.N.7.b.xii.A.5. Preventive Housing

Important to suicide prevention is the housing of an at-risk inmate. Our suicide prevention program specifies housing suicidal inmates in a location that will maximize staff interactions. In addition, housing areas for suicidal inmates should be free from obvious protrusions, contain tamper-resistant fixtures, and provide full visibility. Emergency equipment should be placed in all areas that house suicidal inmates.

Wexford Health and PSIMED will assign inmates with suicidal tendencies, as determined by medical authority, to quarters that have close observation. Our suicide prevention program specifies housing suicidal inmates in a location that will maximize staff interactions.

B.N.7.b.xii.A.6. Levels Of Supervision

Wexford Health and PSIMED's suicide prevention program calls for varying levels of supervision based on the suicide threat posed by each inmate. Our policies and procedures provide guidance for housing, property, and observation intervals (close observation and constant observation). In addition, PSIMED mental health staff will assess and interact with suicidal inmates daily (or more frequently) if indicated.

B.N.7.b.xii.A.7. Intervention

Swift and intense intervention is critical, increasing the likelihood that an individual may survive a suicide attempt. Wexford Health and PSIMED's suicide prevention program directs that health care staff who come into contact with inmates be trained in basic first aid, CPR, and the use of AEDs. When discovering an inmate attempting suicide, the staff is trained to quickly assess the severity of the emergency, alert staff members to call for medical staff, and begin standard first aid and CPR as necessary.

B.N.7.b.xii.A.8. Reporting/Notification

Our suicide prevention program provides clear direction for reporting and notification in the event of a suicide attempt or suicide. Reporting includes the correctional officials' chain of command, family (based on the severity of the attempt), and appropriate outside authorities. Additionally, all staff members who are involved or who have had recent contact with the inmate are required to submit a written statement summarizing their knowledge of the inmate and incident. Crisis response counseling for staff may be initiated.

B.N.7.b.xii.A.9. Suicide Follow-Up/Administrative Review

Our suicide prevention program includes offering supportive services and assistance to any staff member closely involved in a suicide event. In the event of a completed suicide or serious attempt, an administrative review will be completed. The procedure will involve a multidisciplinary group of security officers, facility administration officials, and health care staff who will review the circumstances surrounding the incident; procedures relevant to the incident; training completed by involved staff; and any medical and mental health services involving the inmate. The review may result in recommendations for changes in policy, training, physical plant, health care services, and/or operational procedures.

We will emphasize training medical and security staff to recognize and respond to any inmates exhibiting at risk behaCviors. Special attention will be given to intake, where it is critical that screeners clearly understand the need for immediate identification of inmates with problems with mental health crises. Wexford Health and PSIMED will work with WVDOC facility administration to identify additional areas and times when suicide screenings or brief assessments can be administered, such as transfer between facilities or returns from court after sentencing — a high risk time. An important key to a comprehensive and successful suicide prevention program is frequent screening throughout an inmate's incarceration for suicide behaviors.

B.N.7.b.xii.A.10. Psychological Autopsy

In the event of an inmate suicide, Wexford Health and PSIMED conducts a psychological autopsy to investigate the death by reconstructing what the inmate thought, felt, and did preceding his or her death. We initiate a psychological autopsy on any completed suicide within 14 days of occurrence. The psychological autopsy examines information including, but not limited to, the inmate's name, identification number, race, gender, age, offense, date of incarceration, expected release date, medical and mental health diagnoses, medication regimen, location of event, and classification. We also review all reports from medical and custody staff that responded to the suicide.

During the autopsy, Wexford Health and PSIMED reconstructs a timeline of the inmate's life in the prison system, including results from intake evaluations; any and all encounters with mental health staff; behavioral incidents; court dates; and medical conditions. If the inmate was an identified psychiatric patient, we also include any dates of refusal of medication, or changes in medication.

Other factors that we identify and include in the psychological autopsy are recent losses, mood/affective changes, suicide notes, any previous mental health or psychiatric emergencies, the inmate's job placement status, and any regression or decompensation. In addition (if we can obtain such data), Wexford Health considers historical information from family members to be instrumental in the reconstruction of our timeline.

We complete interviews with medical, mental health, and custody staff who were involved with the inmate. If telephone and familial visit records are available, we also include these items in the psychological autopsy as potential pivotal moments in the inmate's decision to end his or her life. Wexford Health's final product is a summary of what the inmate thought, felt, and did preceding his or her death, with suggested improvements to

further increase staff awareness of, and responsiveness to, potentially suicidal inmates.

Wexford Health and PSIMED will provide the final psychological autopsy report to the WVDOC, appropriate vendor and mental health vendor personnel, to be presented to our Serious Incident Review Committee. The Committee reviews the report to identify facts, precipitating events, interventions, staff responsiveness, and "flags" that we can utilize to prevent re-occurrences, improve our proactive approach, or identify areas for improvement.

B.N.7.b.xiii. Critical Incident Debriefings

As the agency's current provider, Wexford Health and PSIMED have on several past occasions participated in offender critical incident debriefings as requested by the WVDOC.

By special request, we have also provided services including employee debriefing and outside community resource contact information. Upon contract award, Wexford Health and PSIMED will continue to provide such services, by special request only, and as approved by the WVDOC Commissioner.

B.N.7.c. Sick Call Requests

Wexford Health educates all inmates at intake regarding how to access mental health services. Inmates may self-refer for mental health services through regular Sick Call procedures. Inmates also may be referred at any time for mental health services by medical or psychiatric staff, officers, and/or WVDOC administrative staff.

Based on facility staffing levels, Wexford Health and PSIMED will work in conjunction to ensure that appropriately qualified staff members respond to inmate sick call requests within twenty-four hours. We will make an exception to this timeframe for crisis sick call requests, which we will handle immediately upon receipt.

B.N.7.d. Consent to Treatment

Wexford Health will provide all inmates with an orientation to mental health services upon their arrival at a WVDOC facility. Our orientation includes not only a written, easily understood description of services and how to access them, but an oral presentation complete with instructions on accessing available mental health services, consent or refusal of mental health services, and confidentiality.

We will provide inmates with the information necessary to determine consent or refusal for any treatment, examination, or procedure including mental health service and psychotropic medications. Wexford Health defines "informed consent" as consent voluntarily given by an inmate, in writing, after he or she has been provided with a conscientious and sufficient explanation of the proposed treatment. We also advise inmates of the limits of confidentiality prior to their receiving any mental health services. With the exception of mental health emergencies, Wexford Health will obtain informed written consent from each inmate prior to initiating psychotropic medication treatment. Consent forms will be placed in the inmate's medical record.

B.N.7.d.i. Refusal of Mental Health Services

Wexford Health and PSIMED will ensure we inform all inmates presenting for mental health services of their right to refuse such services, unless those services are to be

delivered pursuant to a court order. If an inmate refuses treatment that mental health professionals deem necessary for his or her appropriate care and safety, we will provide treatment without consent only under the following circumstances.

- An emergency situation in which the inmate presents an immediate danger of causing serious bodily harm to self or others and no less intrusive or restrictive intervention is available or would be effective
- Situations involving court petitions for involuntary treatment of inmate patients
- Situations where an inmate is unable to give express consent to mental health treatment and, in the professional judgment of the mental health care provider, such treatment is immediately necessary to preserve the inmate's welfare

When an inmate refuses mental health care services, clinical staff (the provider and another staff member who witnessed the refusal) document the refusal in the inmate's medical record. A refusal of care that could endanger the inmate or others will be reported to the Medical Director and appropriate facility staff.

B.N.7.d.ii. *Confidentiality*

Wexford Health and PSIMED will refer requests from outside organizations for mental health-related information about inmates to the site Medical Director. We understand that the release of any confidential health records must be accompanied by a consent form or release of confidential information form signed by the inmate.

We consider inmate disclosures made to a health care professional in the course of receiving mental health services to be confidential and privileged, with the following exceptions.

- Threats to physically harm self and/or others
- Threats to escape or otherwise disrupt or breach the security of the institution
- Information about an identifiable minor child or elderly/disabled person who has been the victim of physical or sexual abuse

All other information obtained by a mental health care provider will retain its confidential status unless the inmate specifically consents to its disclosure.

B.N.7.e. Psychological Services

We understand that it is our responsibility to provide a sufficient number of West Virginia Board of Psychologists-licensed psychologists to provide appropriate clinical supervision of all psychologists employed pursuant to this contract. We understand and acknowledge that we may utilize the services of a qualified therapist to perform all or part of the following tasks.

- Weekly segregation rounds
- Individual and/or group therapy
- Crisis intervention
- Response to inmate sick call requests

B.N.7.f. Psychiatric Services

Working as a team, Wexford Health and PSIMED will address inmates' medical and mental health needs and ensure sufficient appropriately licensed health professionals to

provide the psychiatric services outlined in the following sections. In the absence of a psychiatrist, the site physician will assume responsibility for the provision of these services (within the scope of his or her practitioner's license). The site physician is also responsible for the appropriate referral of inmates for psychiatric evaluation.

B.N.7.f.i. *Responsibilities of Psychiatrists*

Wexford Health and PSIMED will ensure the following.

- Our psychiatrists are board-certified to practice adult psychiatry in the state of West Virginia, and have a minimum of three (3) years of experience working in a correctional system.
- Our psychiatrists will prescribe, monitor, and review psychotropic medications pursuant to all established timeframes. We understand that monitoring may include face-to-face or telemedical interviews in order to adjust diagnosis and/or chart adjustment to medication.
- Our psychiatrists will provide a treatment plan with an Axis Diagnosis and recommended plan of follow up.
- Our psychiatrists will participate in a medical treatment reviews to permit the involuntary use of medications and therapeutic restraints for an offender requirement psychopharmocological treatment and who, by well documented history of mental illness and violence, presents serious risk of danger to self, others, or property.
- Our psychiatrists will consult with medical, mental health, and agency staff in the management of suicidal inmates, therapeutic restraints, and forced medications.
- Our psychiatrists will provide consultation with face-to-face and/or telemedical interviews and provide a treatment plan with documented diagnosis on all Axes with a recommended follow-up.
- Our psychiatrists will be in compliance with all applicable standards of the WVDOC and with all licensing standards as set forth by all applicable licensure boards and authorities.

B.N.7.f.ii. *Mental Health Unit at MOCC*

PSIMED psychiatrists will be responsible for overseeing programs and services for the Mental Health Unit (MHU) located at Mount Olive Correctional Complex (MOCC) on an ongoing basis. At a minimum, these services and programs will include the following.

- A psychiatrist will provide physician orders for all admissions and discharges from the MHU.
- A psychiatrist will serve as Lead Team Member of any Multi-Disciplinary Treatment Team assigned to the MHU, and will conduct treatment team meetings on a bi-monthly basis with ad hoc team meetings held on an as needed basis, dependent on the inmate's needs. Please refer to Proposal Section B.N.7.b.x, Individualized Treatment Plans of our proposal for more discussion of the make-up and goals of Wexford and PSIMED's multidisciplinary treatment teams.
- A psychiatrist will provide a diagnosis for each inmate assigned to the MHU, documenting such diagnosis in the inmate's medical chart problem list and providing written approval of the inmate's individualized treatment and behavioral management plans.

- A psychiatrist will be available to provide consultation and/or crisis intervention — including suicide risk assessment and management — 24 hours per day, seven days per week for inmates assigned to the MHU. For after-hours crises, PSIMED will provide an on-call schedule identifying psychiatric personnel telephonically available in the event of a psychiatric emergency.
- On a minimum weekly basis, PSIMED psychiatrists will provide charted progress notes on inmates housed in the MHU in order to document observations, recommendations, and medication compliance. Upon consultation with the psychiatrist, a mental health nurse may physically complete such documentation for MHU inmates.

B.N.7.f.iii. *Psychotropic Medications*

Wexford Health is a strong advocate for the prudent use of psychotropic medications in correctional settings. We will ensure that psychotropic medications or other forms of pharmacotherapy are prescribed only by a psychiatrist (or psychiatric nurse practitioner, if applicable) and only after the provider has conducted a thorough examination, evaluated the patient (including, in the case of females, possible pregnancy), and determined that psychotropic medication is appropriate.

PSIMED psychiatrists will continue to prescribe, monitor, and review psychotropic medications, pursuant to established timeframes. Prior to the initial or continuing prescription of psychotropic medication, a psychiatrist will evaluate each inmate in a face-to-face interview in order to update the inmate's diagnosis and/or adjust the inmate's medication. We understand and appreciate that as per the RFP, the WVDOC will allow these interviews to be conducted via electronic means (e.g., telemedicine).

Psychiatric staff will always ensure that the inmate (a) has a basic understanding that he or she has a mental health problem, (b) understands that medication is being offered to produce relief from that problem, and (c) is able to give consent to treatment.

We will also inform the inmate about the risks of taking such medication, about alternative treatments, the appropriate length of care, and the fact that he or she may withdraw consent at any time without compromising access to other health care. We obtain informed consent from the inmate each time psychiatric staff prescribes a new psychotropic medication. Wexford Health will ensure that the consent for psychotropic medication is signed by the inmate and witnessed by two persons.

To maximize the effectiveness of pharmacotherapy and to reduce the toxicity and side effects of medication, Wexford Health and PSIMED will ensure that psychotropic medications are appropriately managed through the following measures.

- We will utilize psychotropic medication in liquid form where clinically appropriate.
- The psychiatrist (or psychiatric nurse practitioner, if applicable) will review the inmate's medical record to determine which medications the patient has been receiving prior to prescription of psychotropic medication.
- The psychiatrist (or psychiatric nurse practitioner, if applicable) will evaluate all inmates placed on psychotropic medication within 72 hours.
- The psychiatrist (or psychiatric nurse practitioner, if applicable) will reassess inmates classified as in need of psychotropic medications once a month for follow-up, even if the inmate is non-compliant with the treatment plan or refuses services.

- All inmates prescribed psychotropic medications will receive counseling and education from nursing staff regarding potential risks and side effects.
- Each inmate's individualized treatment plan will include a schedule for ongoing assessment of psychotropic medications for inmates, with routine monitoring during individual counseling sessions and formal evaluations.
- Wexford Health's proposed pharmacy contractor uses state-of-the-art software to maintain real-time patient medication profiles. Prior to dispensing, each order is audited at a minimum for potential drug-drug interactions, drug-disease interactions, duplicate therapy, allergies, excessive, or sub-therapeutic dosages.

Wexford Health's drug utilization review (DUR) and management program helps ensure that inmates receive appropriate and medically necessary prescription drug therapy through ongoing analysis and evaluation as part of our QMP program.

As part of our mental health evaluation process, Wexford Health and PSIMED will utilize a differential decision-tree to identify inmates who will most readily benefit from cognitive-behavioral therapy and case management services, as opposed to those who would benefit more from psychopharmacological intervention and those whose needs encompass both.

For appropriate patients, the above-described modalities are effective and successful alternatives to costly pharmacotherapy. Wexford Health and PSIMED will also employ the following specific measures to positively impact the use of psychotropics.

- Close collaboration between mental health and pharmacy staff to promote comprehensive patient assessments and ensure that psychotropic intervention is clinically indicated and appropriate
- Regular, ongoing multidisciplinary treatment team meetings to ensure that a patient's psychotropic therapy is consistently monitored and modified as warranted
- Ongoing education and in-service training to assist clinicians in staying current with new and alternate treatment strategies
- Implementation of a contract-wide Pharmacy and Therapeutics Committee to monitor the WVDOC formulary and update it as necessary to reflect new advances in drug protocols and current practices of our physicians

Additionally, the PSIMED Referral Coordinator will generate a follow-up list for those inmates referred for further evaluation and/or prescribed psychotropic medications, and will schedule necessary psychiatric clinics (based on the follow-up dates) to comply with all applicable ACA and NCCHC guidelines. PSIMED will forward this clinic schedule to the medical department at each WVDOC facility to assist in clinic preparation.

B.N.7.f.iv. Crisis Intervention Follow-Up

A PSIMED Psychiatrist will be available to provide follow-up consultation for all crisis intervention situations. Mental health staff will also be available to assist as needed. To facilitate this type of support, PSIMED will provide the nursing station(s) and central control station at each contracted facility with an on-call schedule identifying mental health personnel telephonically available in the event of an emergency.

B.N.7.f.v. *Psychiatric Diagnosis*

A PSIMED psychiatrist will provide consultation via face-to-face interview for any inmate in need of psychiatric evaluation, generating a treatment plan with charted diagnoses on all five levels (axes) relating to different aspects of disorder or disability, and including recommendations for follow-up services. We understand and appreciate that as per the RFP, the WVDOC will allow these interviews to be conducted via telemedicine.

B.N.7.f.vi. *Medical-Legal Issues*

As is both Wexford Health's and PSIMED's current practice, psychiatrists will consult with medical, mental health, and WVDOC staff on the management of suicidal inmates, therapeutic restraints, and forced medications.

B.N.7.f.vi.A Therapeutic Restraints

When clinically justified, Wexford Health and PSIMED will use time-outs, seclusion, and/or therapeutic restraints to manage crises and prevent suicides. In all cases, we will apply the least restrictive effective alternative, in accordance with all appropriate laws, professional standards, and WVDOC rules and regulations. Under no circumstances will we use these procedures to punish an inmate. We apply the procedures only to help the inmate regain self-control, to protect his or her emotional well-being, and to preserve the safety of the inmate and others.

After all alternatives are exhausted, in certain medical cases where restraint is critical (e.g., to prevent an inmate from removing intravenous lines or to maintain patient and/or staff safety), Wexford Health's Medical Director may opt to authorize the use of soft medical restraints in order to limit a patient's mobility. The health professional administering the restraints will be trained in their proper application and will restrain the inmate in the most natural position possible.

For any inmate placed in restraints to manage a crisis or prevent a suicide, the primary clinician (or other qualified clinician) will complete an initial assessment of the inmate as well as a complete mental status examination in order to create a written emergency treatment plan. The goal of the emergency treatment plan is to remove restraints as soon as possible, generally within twelve (12) hours. In the event that the inmate's condition necessitates the use of restraints for an extended period of time, a health professional will exercise each of the patient's limbs for ten (10) minutes every two (2) hours. In addition, every fifteen (15) minutes a health professional will make rounds and document the status of the inmate's circulation as well as any airway obstruction or psychological trauma.

In any case where restraints are used, the mental health team leader and/or psychiatrist will place documentation (i.e., a consultation note) in the inmate's progress notes outlining treatment options, including the use of psychotropic medications, restraints, and/or referral for consideration for civil commitment.

Lastly, PSIMED staff will enter daily (at minimum) progress notes into the inmate's medical record to document the current mental status of the inmate. Any changes in status (e.g., lowering the intensity of, or discontinuing, any mental health watch) will be explained in the progress notes, and will be accompanied by a concurrent evaluation of the inmate's mental status.

Wexford Health or PSIMED health care staff will not become involved in the application of security restraints or in use of force situations other than to observe; to treat individuals for incurred injuries; or to check circulation or other aspects of health status as a nursing function. We will ensure our nursing staff is familiar with the security restraint process and encourage our nurses to report any observations of improper application of security restraints.

Upon notification of event, we will immediately perform the following activities.

- Review the inmate's health record for any medical condition that would require accommodations.
- Initiate health monitoring every 15 minutes.
- Verify restraints are not jeopardizing the health of inmate and report any improper application.
- Exercise each limb for 10 minutes every 2 hours, to prevent blood clots.

B.N.7.f.vi.B Forced Psychotropic Medications

While Wexford Health and PSIMED respect an inmate's rejection of proposed psychotropic medication as long as the inmate understands the nature of his/her illness; the nature and expected consequences of that illness; and the nature and consequences of accepting or rejecting the proposed treatment; we recognize and allow for the use of emergency medication (for either medical or mental health rationale, with approval from the site Medical Director) in the case of a life-threatening situation where the inmate's behavior is destructive to self or others. We will document in the inmate's comprehensive treatment plan each less restrictive alternative we attempted and failed, or why these tactics were not considered sufficient.

Other than in such a life-threatening and emergent situation, we typically will not permit an inmate to receive involuntary medication unless the inmate has an existing court order for forced mental health drugs. Wexford Health and PSIMED will comply with applicable laws and community standards with regard to forced non-emergent psychotropic medication by involving at least two psychiatrists — one not involved in the ongoing care of the inmate.

When a physician orders psychotropic medication to be forced, our staff (the provider and another staff member who witnessed the refusal) document the refusal, the inmate's condition, threat posed, reason for forcing medication, other treatments attempted, and treatment plan goals for less restrictive treatment alternatives in the inmate's medical record. A refusal of care that could endanger the inmate or others will be reported to the Medical Director and appropriate WVDOC staff.

In all cases, Wexford Health and PSIMED will adhere to the internal WVDOC policy directive on forced medications, following the due process that the WVDOC worked so long and hard to develop, get approved, and implement, based on the Agency's many years of practical correctional experience.

B.N.7.g. Mental Health Unit (MHU) at MOCC

Wexford Health appreciates that we may continue to transfer acutely mentally ill male inmates to the Mental Health Unit (MHU) located at Mount Olive Correctional Complex (MOCC) for intensive mental health assessment and stabilization. We understand that the MHU is a restricted unit that serves the acute and chronic care needs of those

mentally ill offenders in need of more intensive services than what is commonly available at the other WVDOC facilities.

As the current WVDOC provider, we have policies and procedures in place that outline the course of action to be taken in initiating transfers to and from the MHU. Prior to inmate movement, all proposed transfers are triaged through the Mental Health Director and the Psychiatrist, who are responsible for approving or denying each proposed transfer. Additionally, the clinical team at the facility initiating the transfer must fax appropriate documentation to the MHU for review prior to approval of the transfer, in order to assist MHU staff to prepare for the newly arriving inmate. Finally, the Mental Health Director and the transferring psychologist are responsible for communicating any recommendations for transfer to the appropriate facility movement coordinators.

Wexford Health and PSIMED understand that we are solely responsible for providing qualified mental health staff, and for developing and implementing mental health services for the MHU. With regard to clinical coverage, we will continue to ensure that the MHU is staffed on a twenty-four (24) hour per day, seven (7) day per week basis by qualified mental health professionals and/or qualified medical staff in order to provide inmates with mental health services and monitor their mental health status. PSIMED and Wexford Health will continue to provide a qualified mental health professional to supervise and operate the MHU. Additionally, we will ensure that all staff assigned to work in or monitor the MHU are qualified; have been properly oriented and trained in the operation of the unit; and are experienced in the knowledge and care of mentally ill offenders.

Wexford Health and PSIMED will continue to utilize the following criteria when evaluating an inmate for admission to the MHU.

- Is the inmate an Axis I diagnosis?
- Is the inmate at imminent risk for self-injury?
- Does the inmate pose an imminent risk for injury to others?
- Is the inmate at imminent risk for acute medical status deterioration due to the presence and/or treatment of an active psychiatric symptom(s)?
- Does the severity of the inmate's disorder or the impairment of his developmental progression require a supervised, structured, and supportive therapeutic milieu?
- Does the inmate exhibit an acute serious deterioration of his baseline ability to fulfill age-appropriate responsibilities, to the extent that his behavior is so disordered, disorganized, or bizarre that it would be unsafe for the individual to be treated in a lesser level of care?
- Does the inmate suffer from an active psychiatric disorder that can be more effectively treated to decrease the individual's suffering?
- Does the inmate suffer from a developmentally delayed and/or traumatic brain injury such that the individual is unable to effectively provide self-care or fulfill other age-appropriate responsibilities, and thus presents a potential health risk to himself and others?

In addition to psychiatric intervention, Wexford Health and PSIMED will conduct multi-disciplinary team meetings in order to establish and maintain a comprehensive, multi-disciplinary treatment plan for each inmate assigned to the MHU (please refer to Proposal Section B.N.7.b.x, Individualized Treatment Plans of our proposal for more discussion of the make-up and goals of Wexford Health and PSIMED's multidisciplinary treatment teams). The goal of these meetings will be to develop and maintain MHU treatment plans that are consistent with reintegrating the offender back into the WVDOC general population.

In addition to these treatment plans, the multidisciplinary team will develop Behavior Management Plans — to be maintained at the officer's desks on Side One and Side Two of the MHU — in order to assist the facility's correctional officers with inmate management.

Wexford Health and PSIMED will also provide qualified mental health professionals (psychology, therapy, and nursing staff) to be assigned to the MHU to meet the individual needs of each offender through the provision of services including, but not limited to, individual and group therapy; recreational and socialization activities; education on mental illness and related medications; and symptom and behavior management. We will utilize cognitive behavioral approaches and the principles of social learning theory as our modalities for service delivery in the MHU.

B.N.7.h. Treatment Programs

Through PSIMED, Wexford Health will continue to provide 1.0 FTE Program Mentor whose sole duty, responsibility, and areas of assignment will be all Agency sites. We will ensure that the Program Mentor has the appropriate credentials, as required by the RFP.

Our Program Mentor will liaise extensively with the WVDOC Director of Programs to fulfill Agency programming goals, and will be responsible for the following areas.

- **Program Development:** The Program Mentor will collaborate with direct service providers to develop and/or redesign programs for offenders housed in the WVDOC, and to establish treatment guidelines and protocols in accordance with standards outlined by law, policy, and other state, federal, and professional organizations.
- **Quality Control of Programming:** The Program Mentor will encourage professional development and compliance with ethical standards in assigned areas, and will conduct routine site visits to all WVDOC facilities to ensure the consistency and high quality of program delivery.
- **Consultation and Communication:** The Program Mentor will serve as our primary consultant to staff responsible for treatment services in matters relating directly to program or service delivery. In this capacity, the Program Mentor will research and advise the Director of Programs on best practices in providing services in assigned areas; attend statewide meetings related to the assigned program areas; and make verbal presentations to the Programs Committee on a quarterly basis.
- **Professional Development of WVDOC staff:** The Program Mentor will identify training needs of WVDOC staff members who are responsible for providing treatment of services. In this capacity, the Program Mentor will coordinate the development of training within the WVDOC relating to the assigned program area; ensure initial and on-going training for program facilitators; and coordinate placement of staff in outside training programs.

The Program Mentor will be limited to the following WVDOC-approved programs outlined below. Wexford Health and PSIMED understand and acknowledge that we will need to obtain prior approval from the WVDOC for any additional program areas.

- **Aladrue:** The Agency's three-tiered non-residential substance abuse program for inmates in various stages of drug/alcohol abuse and addiction.
- **Batterer's Intervention Prevention Programs (BIPPS):** PSIMED's BIPPS program — licensed by the West Virginia Family Protective Services Board — is designed to work with inmates who have a history of perpetrating domestic violence. PSIMED maintains such licensing through annual reporting of services as well as annual audits conducted by the Board. The 34- to 36-week program is conducted through weekly two-hour sessions.

- **Crime Victim Awareness (CVA):** This program focuses on helping offenders develop empathy for victims by looking at crime's effects on victims, and other issues related to specific areas of criminal activity. Program participants meet weekly for a one-hour group for a total of 13-15 sessions. The thirteen to fifteen weekly one-hour sessions span two weeks, thus allowing for the coverage of additional topics as needed.
- **Domestic Violence Intervention Prevention (DVIP):** This program — recommended for any female offender whose offense involves family-based violence — is designed specifically to allow a female offender to address her criminal behavior while at the same time affording her the opportunity to recognize and address her own victimization. (Specific to Lakin Correctional Center)
- **Managing my Anger:** This program was developed to help offenders with a history of inappropriate responses improve their anger recognition and management skills. The program discusses the anger process, the origins of anger, and common responses to conflict, and investigates the way each offender handles anger-induced situations. Group role-play is encouraged to assist in developing not only creative problem solving, but also communication skills that can help the participant deal with difficult emotions.
- **Sex Offender Curriculum:** This program was developed by PSIMED to enhance offenders' ability to successfully address their history of sexual offending in a manner that causes no further harm to others. The program utilizes an educational, cognitive-behavioral approach to teach participants the components of sexual offending and how sexual offending affects others. At a minimum, covered topics include legal definitions of sexual offending; sex offender registration; offending cycles; victim empathy; and managing emotions.
- **Trauma Groups**: The Trauma Groups are for women who have experienced abuse (physical, emotional, and/or sexual) across their life spans. PSIMED's design addresses trauma-related issues within women's lives, and calls for program facilitators to conduct in-depth assessments in order to determine referred candidates' actual appropriateness for program placement. (Specific to Lakin Correctional Center)

The PSIMED Program Mentor will meet regularly with the WVDOC Director of Programs to discuss the need for new program development. As new programs are mutually agreed upon, the Program Mentor will research, develop, and propose curricula to be approved by the WVDOC prior to implementation.

We agree to provide assistance with continuing education credits through the appropriate approved licensure and credentialing boards in West Virginia.

We will provide qualified therapists to facility the Agency-approved Sex Offender treatment program for the following facilities.

- Anthony Correctional Center
- Denmar Correctional Cennter
- Huttonsville Correctional Center
- Lakin Correctional Center
- Mount Olive Correctional Complex
- St. Mary's Correctional Center

Wexford Health and PSIMED agree to provide qualified therapists to facility the Agency-approved Trauma and Women's Batterer's Intervention Prevention programs

for the Lakin Correctional Center. We have reviewed and understand the minimum qualifications for the therapist position and the program description, as per *RFP Attachments H-1 and H-2.*

B.N.7.i. Training

Wexford Health and PSIMED understand and acknowledge that we are responsible for providing mental health staff, medical staff, and WVDOC staff with approved training programs related to mental health issues. We believe that strong health education and training programs are not only vital to our own organizations, but also essential to the continued growth and development of other clinical staff, security staff, inmates, and our client organizations. Our health education programs are designed to promote the continued development of knowledge, skills, and practices that are consistent with contemporary health care standards.

As discussed more comprehensively in Proposal Section B.N.2.d of our proposal, Wexford Health and PSIMED maintain comprehensive staff development programs, including opportunities for Continuing Medical Education (CME) credits, industry certifications, and our other ongoing clinical health education programs. In addition to these staff development programs, PSIMED employees (and appropriate Wexford employees) will attend all required specialized training programs as specified by the WVDOC.

For WVDOC personnel, Wexford Health and PSIMED will design and provide in-service training programs to support security staff members' ongoing development of knowledge, skills, and practices related to mental health issues. As shown by the examples below, typical training topics reflect the professional requirements and educational needs of correctional staff with regard to mental health care.

- Suicide prevention
- First aid for corrections officers, including use of items in first aid kits
- Recognizing signs and symptoms of mental disorders or chemical dependency
- Recognizing signs and symptoms of a mental health emergency
- Response to a mental health emergency
- Dealing with special needs inmates or populations
- Additional topics as requested and agreed upon by the WVDOC, designated facility administration, PSIMED, and Wexford Health

We will ensure that mental health employees also attend all required specialized training programs as specified by the Agency.

B.N.7.j. Use of Interns

Wexford Health and PSIMED understand and appreciate that with Agency knowledge and approval, we may utilize student interns to support our medical and mental health programs. In these cases, we will ensure that all such students are subject to security clearance by the WVDOC, and also specific site training as specified by the Agency.

Should we utilize student interns in any capacity, we acknowledge that students are not permitted to perform any of the following actions.

- Providing any emergency medical or psychiatric/psychological crisis intervention services

- Performing any direct clinical services that a Wexford Health or PSIMED employee is responsible for completing
- Acting without a Supervisor present to guide the delivery of services

Notwithstanding the restrictions listed above, Wexford Health and PSIMED will continue their current partnership with Marshall University and West Virginia University utilizing graduate-level student interns who are recommended by the dean of their graduate school program. We will continue to ensure that approval to utilize these students will also require the candidate's acceptance into the internship program; a positive recommendation from the appropriate WVDOC facility warden after a group interview; attainment of security clearance; and any additional prior approval from the WVDOC.

B.N.7.k. Behavioral Health Unit (BHU) at Lakin Correctional Center (Female Facility)

Wexford Health and PSIMED understand that this unit provides mental and behavioral health services and interventions in an individualized contextual manner with the goal of promoting improved offender safety and functioning to give the offender the opportunity to function in the general population and the community upon release. We appreciate that this is a proactive program that provides care for special needs inmates who require close supervision and multidisciplinary care.

Wexford Health and PSIMED will continue to utilize the following criteria when evaluating an inmate for admission to the MHU.

- Is the inmate unable to maintain the general population for mental health-related reasons?
- Doe the inmate have chronic behavioral difficulties that have not been mitigated by the use of SEG and AD SEG that prevents the inmate from maintaining in general population?
- Is the inmate on step down from suicide watch in the medical unit?
- Does the inmate need psychosis stabilization (basic psychotic disorders or mood disorders, self-mutilation, aggressive mentally ill, post-traumatic stress disorders)?
- Does the inmate need a behavioral observation for a differential diagnosis?

B.N.7.l. PSIMED Background and Information

We have included a PSIMED organization chart for the WVDOC contract, and provided full resumes summarizing the professional experience and education of key mental health personnel who will be working on the WVDOC project in *Proposal Exhibit 20: PSIMED Organizational Chart and Key Resumes* and *Proposal Exhibit 21: PSIMED Overview* (respectively).

B.N.8. Hospitalization (RFP Section 5.2.1.8)

All inmates who require hospitalization will receive such care within the appropriate type of licensed facility warranted by their condition pursuant to standards. Inpatient health care facilities utilized by the Vendor must meet the legal requirements for a licensed general hospital within the State of West Virginia.

Vendor Response:

Wexford Health will ensure that we continue to utilize hospitals that are appropriately licensed for the condition that each inmate's case needs and also meet the legal requirements

for a licensed general hospital within the State of West Virginia. We currently utilize via memorandums of agreement, and will continue to utilize, the following hospitals and medical centers throughout the state.

- Berkeley Medical Center, Martinsburg, WV
- CamdenClark Medical Center, Parkersburg, WV
- Davis Memorial Hospital, Elkins, WV
- Grafton City Hospital, Grafton, WV
- Greenbrier Valley Medical Center, Ronceverte, WV
- Montgomery Hospital, Montgomery, WV
- United Hospital Center, Clarksburg, WV
- WV Pleasant Valley, Point Pleasant WV

We are currently investigating and communicating with local West Virginia hospitals and health systems about the creation of a secure locked unit for the DOC contract. We will work with the DOC to identify an appropriate licensed facility for the creation of a secure locked unit for DOC inmates.

B.N.9. *Medical Records (RFP Section 5.2.1.9)*

Medical records shall be managed according to ACA and NCCHC standards. Agency shall possess sole ownership of all inmate medical records. The Vendor will utilize the medical record format and standard Agency medical record forms as specified by the Agency.

Vendor Response:

All of the WVDOC's records will continue to be managed according to ACA and NCCHC standards. We understand that the Agency will continue to possess sole ownership of all inmate medical records. We will continue to utilize the medical record format and standard Agency medical record forms as specified and directed by the Agency.

B.N.9.a. Confidentiality of Health Care Record (RFP Section 5.2.1.9.1)

Active health care records shall be maintained under secure conditions and separately from confinement records pursuant to standards. Access to active inmate records is controlled by the health care authority. The Vendor shall not deny the Commissioner of the Agency or his designee, or the Institutional CEO or his/her designee access to such records for examination and/or photocopying.

Vendor Response:

Wexford Health will maintain appropriate confidentiality and medico-legal access/disclosure to inmate medical records. We ensure the information contained in the health record is not accessible to inmates or correctional staff, and is kept separately from the inmate's confinement record.

On an as-needed basis — and in accordance with HIPAA — Wexford Health will share inmate health information with designated WVDOC personnel under the following circumstances, with ultimate control of access by the health care authority.

- With the informed consent of the inmate

- When required by law, e.g., the reporting of communicable diseases
- When the security of the institution or the safety of the individual requires disclosure of such information (and then only to the extent necessary for the protection of the inmate and the security of the facility)
- The defense of a cause of action by any inmate against the Division of Corrections

We will not deny the Commissioner of the Agency (or designee), or the Institutional CEO (or designee) access to these records for examination, copying, etc.

Only authorized Wexford Health personnel perform transcription of medical information into health records. Wexford Health will comply with the rules, directives, and policies of the State of West Virginia concerning confidentiality.

With the exception of pertinent health care information necessary for an offsite consultation or specialty referral, Wexford Health will release detailed health care information to an outside agency only upon written authorization from the inmate.

B.N.9.b. Inmate Transfer (RFP Section 5.2.1.9.2)

In the event that an inmate is transferred to another facility within the Agency, the entire inmate health record shall be transferred with the inmate in the care and custody of the senior transporting officer. When the decision has been made to transfer the individual, the medical department shall alert the receiving facility and inform them of any pertinent medical information.

Vendor Response:

If and when an inmate is transferred to another facility within the Agency, and if we are still utilizing a paper record, we will ensure that the entire inmate health record is transferred with the inmate in the care and custody of the senior transporting officer. When the decision has been made to transfer the individual, we will ensure our medical department alerts the receiving facility and inform them of any pertinent medical information.

B.N.9.c. Release of Health Care Information (RFP Section 5.2.1.9.3)

Detailed health care information shall only be released to an outside agency only upon written authorization from the inmate. Exempt from this policy is the pertinent health care information necessary for any off-sit consultation/specialty referral.

Vendor Response:

Wexford Health will ensure that detailed health care information is only released to an outside agency upon written authorization from the inmate. We understand that an exemption from this policy is when pertinent health care information is released for an off-site medical consultation or specialty referral.

When an inmate receives an offsite examination or treatment, Wexford Health will ensure that a summary of the patient's health record accompanies him or her. We seal any medical records or related documentation sent with a patient to an outside provider into a sealed envelope, to be delivered — seal intact — by security personnel to the intended party. For multiple files going to the same location, we group the files, seal them individually, and then seal them again into a larger box. Our goal is to restrict access to critical confidential medical information to health care providers or other individuals with a legitimate need to possess the information.

We require that the external provider return the health records to the facility with the inmate or, in the event of hospital admission, as soon as possible thereafter. Additionally, when an inmate is treated or hospitalized offsite, Wexford Health requires the immediate provision of discharge instructions; and the submission of treatment reports and summary forms within seven days (electronic format preferred); documenting the care and treatment provided including the inpatient discharge summary from the hospital record. Such reports are reviewed by a member of the medical staff as part of a post-care follow-up visit and added to the patient's chart.

B.N.9.d. Record Retention (RFP Section 5.2.1.9.4)

Inactive medical records shall be sealed, properly identified, and archived in the central storage area with the balance of the inmate's confinement record. Retention of these documents shall be for the legal requirements of the State of West Virginia, or other jurisdiction, if applicable.

Vendor Response:

All inactive paper records will be sealed, properly identified, and archived in the central storage area with the balance of the inmate's confinement record. As per the RFP, the retention of these documents will be for the legal requirements of the State of West Virginia, or other jurisdiction, if applicable.

B.N.9.e. Transfer of Health Care Information (RFP Section 5.2.1.9.5)

In the event that an inmate is transferred to a correctional facility outside of the jurisdiction of the Agency, an inmate health care summary sheet shall accompany the inmate.

Vendor Response:

When an inmate is transferred to another facility outside of the jurisdiction of the Agency, Wexford Health will ensure that a summary or complete print-out (as necessary and appropriate) of the patient's chart accompanies him or her.

B.N.9.f. Data Mining (RFP Section 5.2.1.9.6)

The Vendor shall provide a method of "data mining" for collection and analyzing of medical information to assist in the identification, treatment, and reporting in order to provide a predictive model for risk management.

Vendor Response:

The United States' population is growing, as is the nation's crime rate. These two factors combine to pretty much guarantee incarceration rates will continue to increase in the foreseeable future.

Data mining and predictive modeling enable Wexford Health to steer services toward more cost-effective treatments and providers, while being careful to maintain the desired level of positive patient

At the same time, the age of our prison population is increasing. Diversion and other "alternative to incarceration" programs across the country exacerbate this issue by ensuring our prisons primarily house dangerous criminals with long sentences.

Given these circumstances, the ability for a prison system to collect, analyze, and act on data becomes vital to the operational and financial decision making processes. Wexford Health has given the WV DOC this ability for the past six years, and—with the implementation of an Electronic Medical record—will help the Agency move forward to even more sophisticated data mining and predictive modeling efforts.

At this time, Wexford Health's maintains a comprehensive internal data warehouse that pools a wide variety of offender health care demographics, including offsite care, diagnostic, and pharmacy utilization and outcomes. We maintain an internal panel of experts, led by Mr. Glenn D. Kramer, MBA, CMA, CFM, CIA, CRP, SSN (Wexford Health Director of Health Care Analysis), to dissect and analyze this data for the benefit of our clients and patients. Mr. Kramer is experienced with probability, statistical analysis, and predictive modeling, having performed these functions for many years in the managed care environment.

Our data mining efforts focus on two major areas: utilization of offsite services and pharmacy services. We use the data housed in our SQL relational database management system to review multiple topics in these areas.

- One-day hospital stays and Emergency Room trips, to identify instances and/or trends where we could likely have treated patients at the facilities rather than sending them offsite
- Long inpatient stays, to track recurring serious illness and/or injury trends among the inmate population
- Practitioner formulary compliance, to identify individual providers that require further education on the preferred drugs Wexford Health and the WV DOC have agreed upon
- Instances of polypharmacy (the use of multiple, excessive, and/or unnecessary medications by a patient), increasingly common given the aging inmate population
- Instances where inmates are prescribed drugs but refuse treatment or choose not to comply with the prescribed medication regimen

One instance of data mining specific to the WV DOC occurred when we investigated the correlation between certain prescription drugs and related, additional health issues. Our analytical team found that in two of our statewide contracts (including West Virginia) the widespread use of certain analgesics was causing gastrointestinal (GI) problems among users. Our clinical team digested the data provided by the analysts and created an alternative treatment protocol that reduced the instance of these GI problems.

When Wexford Health implements an Electronic Medical Record (EMR) for the WV DOC, our data mining and predictive modeling capabilities will become even more advanced. An EMR, linked to the DOC's offender management system, will provide us with the vital information necessary to create "risk bands" across the inmate population. With inmates' gender, age, and sentencing information added to our data warehouse—data currently not in our possession—we can use accepted actuarial protocols to fine tune our predictive modeling to account for variances among male/female, elderly/young, and long-term/short-term inmate patients.

As an example, if the data reflects an increase in the percentage of young female crystal meth users among the WV DOC inmate population, our models would predict some related increase in the several areas, including pregnancies and the volume of certain female-specific diagnostic testing. Another example of data mining through the EMR would be determining any increased risk of diabetes among the inmate population due to an increase in the prescribing of certain antipsychotic medications (e.g., Geodon, Seroquel) that require the patient to intake additional calories. Qualifying risk in this

manner will enable Wexford Health and the WV DOC to proactively choose those treatment protocols with the highest cost-effectiveness and the most optimal health outcomes.

By using patient information housed in the EMR to support our existing data mining and predictive modeling capabilities, Wexford Health will be able to analyze risk-adjusted utilization trends for the WV DOC in the same way the federal Centers for Medicare & Medicaid Services evaluates tendencies among its covered populations. The result is ongoing optimization of the WV DOC inmate health care system.

B.N.9.g. VALUE ADD PROGRAM – Electronic Health Record

As the Agency knows, the correctional health care industry is faced with increasing demand for information related to the financial, clinical, administrative, and managed care aspects of delivering health services to the inmate population. With this in mind, more and more correctional systems are implementing advanced technology to meet the complex demands of state/federal agencies, accrediting bodies, patients, physicians, and governing boards, including the goals listed below.

- Reduced costs
- Improved quality of inmate patient care
- Implementation of patient safety initiatives, i.e., reduced errors
- Compliance with HIPAA, federal, and state coding regulations
- Measurement of advanced clinical performance indicators
- Streamlined connectivity among laboratories, hospitals, and other external care systems

Wexford Health's philosophy is to incorporate advanced technology into our delivery of health services. This includes implementations of Electronic Health Record (EHR). In addition to offering the following features and benefits, an EHR will significantly improve the quality of information available to the DOC and increase the efficiency of staff resources.

- Electronic availability of onsite treatment plans during corporate UR department reviews of offsite consult requests (as opposed to faxed copies or verbal contact with the facility to confirm the current treatment plan)
- Simplified management of complex cases and medical transfers between sites and/or agencies
- Availability of Quality Management indicator reports
- Optimization of FTE resources currently allocated to management of hard copy medical records and charts
- Automated task management that ensures lab results, authorizations, referrals, and health maintenance information are updated and completed in a timely manner
- Customized point-and-click templates that enable clinicians to rapidly create specialty-specific progress notes
- A pharmaceutical database that allows clinicians to write prescriptions for commonly used formulary drugs faster and more easily, increasing efficiency and saving valuable time
- A complete and current medical coding database with medical necessity warnings, to reduce errors and provide the key elements necessary for detailed reporting

- A database of educational handouts
- Inmate summary sheets that allow quick review of an entire chart, including previous progress notes, diagnoses, medication history and outstanding labs
- Permanent non-editable note closures with a date/time stamp ensure legal protection
- HL7 compliance that enables seamless industry-standard interfacing with laboratory, pharmacy, and claims processing systems

In Wexford Health's experience, a successful technology project is based as much on proper planning and teamwork as on the excellent technical solutions. We believe that a successful deployment is a direct result of proper planning, effective processes, and strong team communication

B.N.9.g.i. *Wexford Health's Experience with Electronic Health Records*

Wexford Health has worked with and evaluated many EHR vendors and EHR solutions, including market-leading commercial vendors/solutions (such as Uniek, Business Computer Applications' PEARL; GE Healthcare Technologies' Centricity; MedUnison's DocSynergy™; and NextGen Healthcare Information Systems' NextGen); proprietary solutions (including the University of Texas Medical Branch correctional EHR); and small company/niche solutions (e.g., CorEMR, BioReference Laboratories' ChartEvolve, and Ulrich Medical Concepts' CorrecTek).

Each of these EHR systems provides a comprehensive solution that not only improves records management and reporting but also provides extensive medical resources to facilitate onsite services, reducing costs for specialists and unnecessary offsite services. The projected savings attributable to an EHR more than offset the system's implementation cost.

Having worked closely with multiple EHR providers, Wexford Health is in the unique position of being able to help our clients identify requirements and select/implement the ideal EHR solution while providing comprehensive health care to inmates.

- As an adjunct to our statewide inmate health care contract, the Mississippi Department of Corrections (MDOC) asked Wexford Health to oversee the selection of an EHR for its prisoner population. As a result of the Department's approval of our EHR recommendation and execution of the resulting contract, we successfully completed implementation of the GE Centricity EHR at all of the State-operated prisons in 2009. Due to the success of this project, the MDOC amended our contract to include expanding the EHR to the state's five (5) privately operated (non-Wexford Health) correctional facilities. We successfully finished this component of the project in 2011, and continue to utilize Centricity on a daily basis.
- In 2010, the Illinois Department of Corrections (IDOC) decided to investigate the benefits of electronic health records, and included an EHR as a component of its then-current inmate health care solicitation. Understanding the positive impact that this technology would have on inmate health care, Wexford Health offered to implement an EHR for the DOC at no cost, as part of our proposed programming. As a result of our being re-awarded the state's inmate health care contract, we are currently in the first stage of rolling out BCA's PEARL solution across 38 adult prisons and satellite facilities for the IDOC.
- We currently utilize the agency's NextGen EHR in our medical management programs for the Maryland Department of Public Safety & Correctional Services. In addition, as part of our newly awarded statewide inmate medical contract that begins July 1, 2012, Wexford Health has committed to implementing several EHR

modules that are not currently being used. We are working with NextGen and the DPSCS to retrain users and to optimize the configuration and hosting of the EHR.

- Since early 2011, Wexford Health has utilized the CorEMR solution in our contracted jail facilities in Yavapai County, Arizona. We also recently completed the installation of CorEMR at our county prison facilities in Erie and Westmoreland counties in Pennsylvania, and are in the process of implementing the system in Lake County, Illinois.

B.N.9.g.ii. *Benefits of a Non-Proprietary EHR*

After performing a strategic analysis of the EHR marketplace and its impact on correctional health care, Wexford Health has actively chosen not to internally develop and maintain a proprietary EHR solution, unlike many of our competitors. Instead, we actively partner with a wide variety of third party EHR vendors to offer our clients the broadest selection of potential solutions.

An EHR that perfectly fits one client may not even come close to fulfilling the needs of a different client. By not promoting an internal solution, Wexford Health can explore the EHR marketplace in an unbiased fashion and recommend a product that provides the best operational fit and greatest value for each client's unique situation — without being unduly influenced by our company's financial gain.

A proprietary EHR (i.e., one where the correctional health care contractor owns the EHR) cannot be transferred over from the incumbent vendor to a new vendor when there is a change in health care contractors. An independent non-proprietary EHR solution gives the client the option of contracting directly with the EHR vendor, thereby never having to deal with end-of-health-care-contract transition to a new medical record system. Often times, a proprietary EHR will result in problematic transitions and patients at risk, when information is not transferred appropriately.

Since the client can maintain an independent EHR across multiple health care vendors, a non-proprietary system also provides the following benefits to the client at expiration of the health care contract.

- Simplifies transition of health care vendors, as no negotiations are required relating to ownership of EHR data or financial responsibility for software licenses
- Ensures data integrity, as no file transfer, import/export process, or data conversion is required between the outgoing health care vendor's EHR and that of the incoming vendor
- Maintains continuity of inmate care, as there is no data disruption or learning curve to deal with between the outgoing and incoming health care vendors

If Wexford Health installs either of the non-proprietary electronic health record systems listed below, the continuation of electronic health record's use is at the sole discretion of the Agency. Unlike proprietary versions offered by other health care companies, we will not take our electronic health record if we are ever to discontinue business with the State.

B.N.9.g.ii.A The Archonix[SM] Uniek EMR

After careful review and analysis Wexford Health also



proposes, as an option to the WVDOC, Archonix to install the Uniek (pronounced "*unique*") EMR at all DOC facilities and the two listed RJA facilities (NCC and OCCC).

Archonix—based in New Jersey with a regional office in Tennessee—is a rapidly growing provider of advanced software to detention and correctional departments and other public safety agencies. While public safety agencies have been using Archonix software for more than 20 years, the company has recently undergone a period of expansion, acquiring and integrating several other established entities that operate in the public safety market. Part of this growth was the development and implementation of the Uniek EMR. Archonix public safety software solutions are now installed in more than 100 agencies in 16 states across the nation.

B.N.9.g.ii.A.1. *Uniek EMR Overview*

The HIPAA-compliant Uniek EMR is more than capable of cost-effectively meeting the needs of the multi-facility WVDOC system. The web-based solution delivers the speed, security, and functionality required by correctional medical professionals. Historically, clinicians quickly embrace Uniek's combination of medically sound functions and intuitive features. In addition to the user-friendly interface, the EMR offers comprehensive dashboard reporting functions, so site, regional, and corporate Wexford Health leaders can respond quickly to the ever-changing needs of the WVDOC. Uniek's message alerts, workflow processes, and interactive response capability improve the coordination of patient care and support the timely completion of assigned clinical tasks.

B.N.9.g.ii.A.2. *Proposed EMR Architecture and Hosting Model*

As depicted in the system architecture diagram below, the Uniek EMR is a hosted solution with all data stored in the cloud (as opposed to storage at the WVDOC facilities). This reliable, cost-effective model offers built-in disaster recovery protection so the system can be up and running as quickly as possible after a power outage or other unforeseen interruption. The primary Archonix hosting (cloud) location is in Dallas, Texas, with a redundant backup location in Atlanta, Georgia.

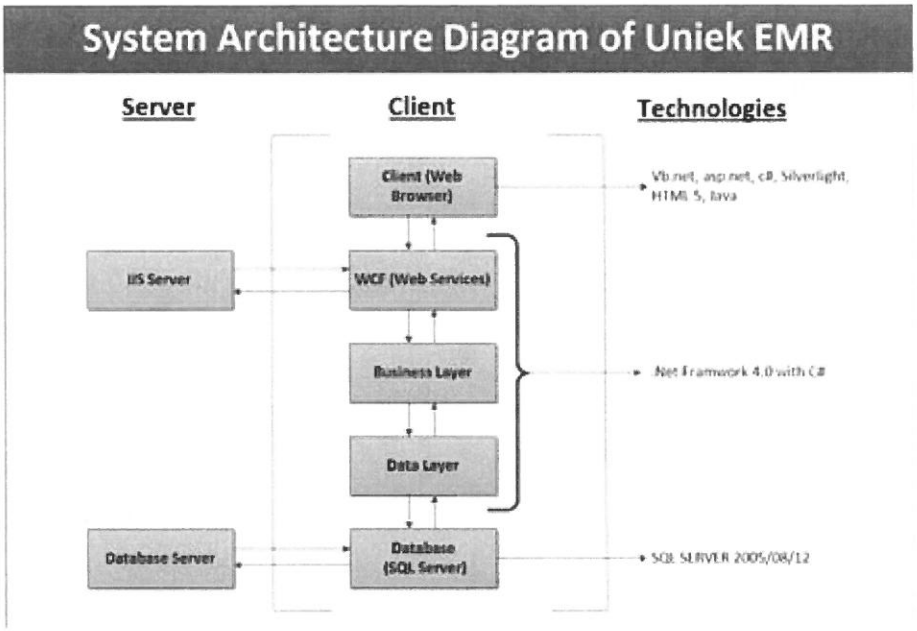


Figure 12: System architecture for the Uniek EMR

The web-based Uniek EMR solution uses the latest technologies to ensure data integrity, transaction security, transmission speed, and ease of use.

- Microsoft standards and best practices, including 64-bit native application
- Support for exchanging data with OLE, Office XML, Word ML, and other Microsoft applications
- An industry standard, open system environment, including XML and web services
- Integration with other applications, including most Jail Management Systems
- Real time information retrieval from other databases
- Integration with Active Directory (utilizing LDAP) for data authentication
- EMR access through multiple standard browsers, including Internet Explorer, Google Chrome, and Mozilla Firefox

B.N.9.g.ii.A.3. Uniek EMR Project Implementation Methodology

With appropriate backing and cooperation from the WVDOC, Wexford Health will be able to import all existing medical information, train users, and implement the Uniek EMR within a As shown in the figure below, our implementation methodology uses a thorough, multi-phase approach.



Figure 13: Multi-phase approach to implementation of the Uniek EMR

- **Planning:** We propose to hold an initial planning meeting in Tampa, to include all key WVDOC, Wexford Health, and Archonix project team members. At this initial meeting, we will review team members' responsibilities as well as applicable WVDOC policies and procedures, to ensure state protocols are followed throughout the project. At this time, the EMR project team will establish communication protocols and escalation procedures for issue resolution. The team will also define a formal project plan; identify targeted objectives and milestones; and assess allocated resources to ensure project success.
- **Knowledge Transfer:** This vital phase of the project plan includes classroom training for all users of the Uniek EMR. During this phase we will also work to resolve any user-identified constraints or gaps.
- **Implementation:** Wexford Health and Archonix will execute the project plan, utilizing identified resources, maintaining the project schedule, and managing any project scope changes or issues. WVDOC stakeholders will be active participants in all decisions that impact expected outcomes.
- **Transition:** Communication and ownership are essential to the EMR's transition phase. At this point, we perform final testing of the data conversion, system load, interfaces, and program modules. We ready and finalize the production environment and activate (in advance) all details of the cutover to the "live" system. After this phase, the Uniek EMR is live and the implementation is complete.

- **Continuous Improvement:** The final phase of any EMR implementation is ongoing, involving a strategic partnership between Wexford Health, Archonix, and the WVDOC. This ensures the State will benefit from system enhancements, new technologies, and/or new products for the life of the system.

B.N.9.g.ii.A.4. *Uniek EMR System Features*

Designed specifically for correctional facilities, Uniek's workflows, processes and procedures are intuitive and safe. The system's "drag and drop" functionality makes it simple for authorized users to modify screens and create reports without the need for programming knowledge or IT staff involvement. We illustrate below several important features that enhance Uniek's security, reliability, and usability.

Inmate Registration & Search

By integrating with the current WVDOC Jail Management System, Uniek's inmate registration and search module can automatically import inmates' demographic and medical history data. Users can effectively and efficiently search for inmates based on demographic fields, fingerprints, and barcode data.

Medical Chart

The figure below illustrates one of Uniek's main screens (the medical chart), which allows users to navigate among all health information pertaining to the inmate.

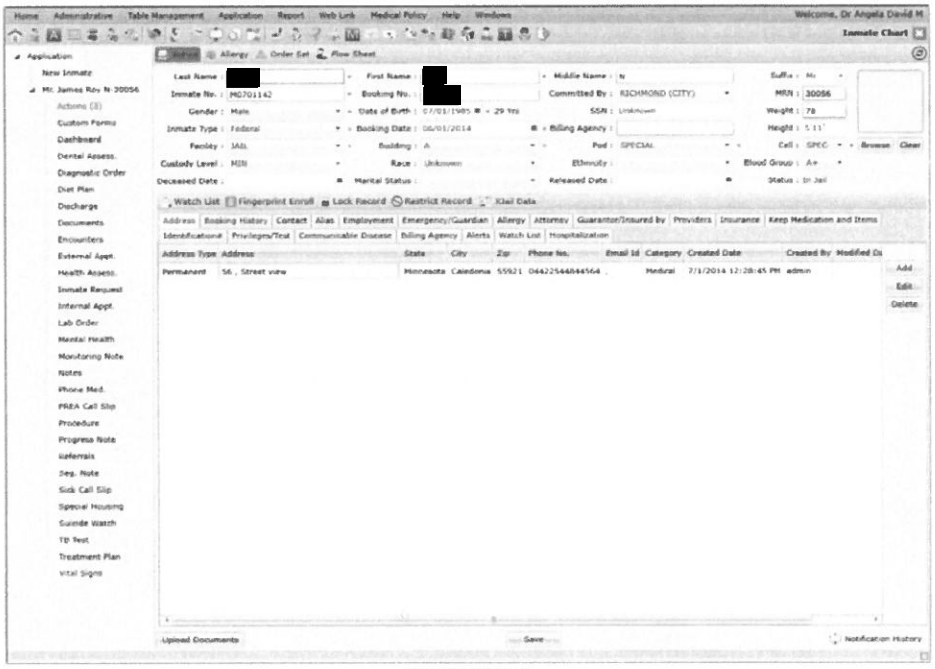
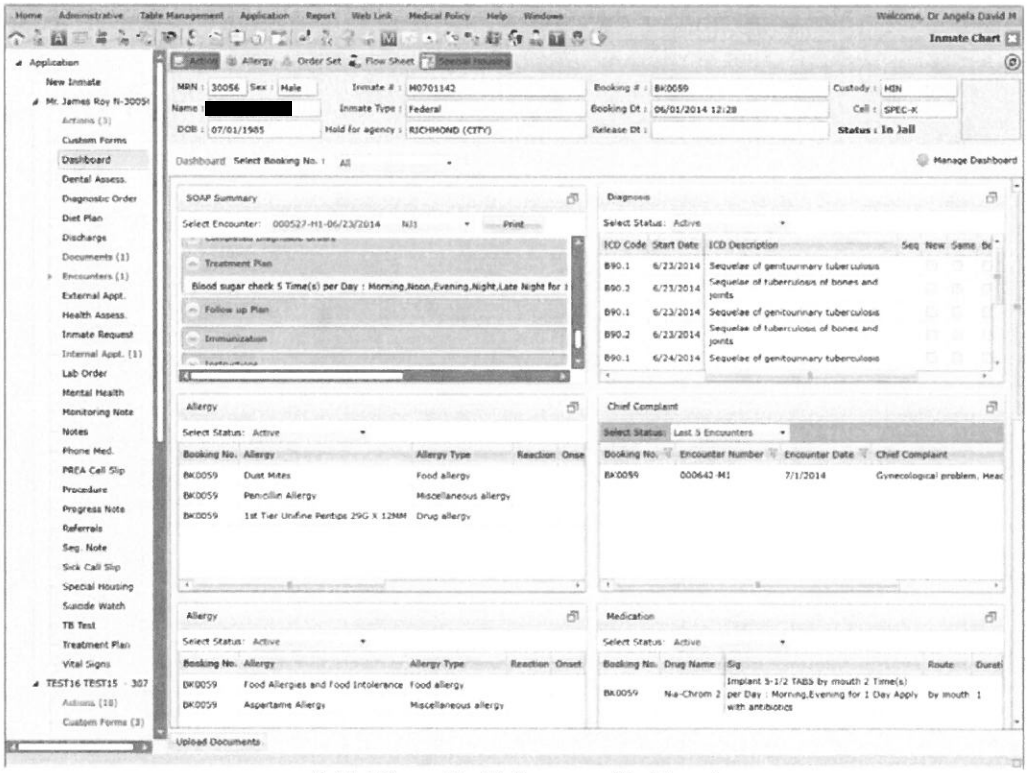


Figure 14: Uniek EMR main medical chart screen

Health Summary

The Health Summary is a snapshot of the inmate's entire medical record. It provides an overview of the inmate's medical problems, treatments, medications, labs, and care plans on a single-page.



Tablet View – Health Summary/Dashboard

Figure 15: Uniek EMR health summary (dashboard) screen

Work Queue

With Uniek's work queue feature, users can assign actions to be performed based on characteristics such as new bookings, re-bookings, federal inmates, state inmates, inmates in segregation/confinement, sick calls, PREA calls, etc.

TB Screening

Uniek EMR contains a comprehensive TB screening form that records all details obtained during the clinical encounter. It alerts appropriate users if there are positive test results and prompts them to schedule X-ray appointments per the facility-specific workflow.

Medical Assessment

This feature allows the user to enter data collected from the inmate's primary medical assessment, using a SOAP note format or other applicable form.

This screen is customizable to meet the needs and requirements of the WVDOC.

Mental Health Assessment

The Uniek mental health assessment form enables the user to record psychiatric evaluation details from an inmate's mental health screening. The three-stage assessment form provides a user-friendly format and the ability to capture every detail of the encounter.

Dental Assessment

Users can record all details of the inmate's primary dental assessment encounter on this screen. Dental assessment forms are customizable to accommodate WVDOC-specific requirements.

Sick Call/PREA Call

The feature allows the user to enter inmate sick call and PREA call requests directly into the patient chart. The user can also refer specific sick call/ PREA call requests to a group of users or to a specific clinician, while creating a patient appointment at the same time.

Nurse Call/Nurse Notes

The Nurse Call/Nurse Notes screen allows the user, nurse, or medical assistant to identify and prioritize sick calls and PREA calls that have been referred to them. It also enables the user to capture primary medical information and assessments; and to refer the patient to a physician.

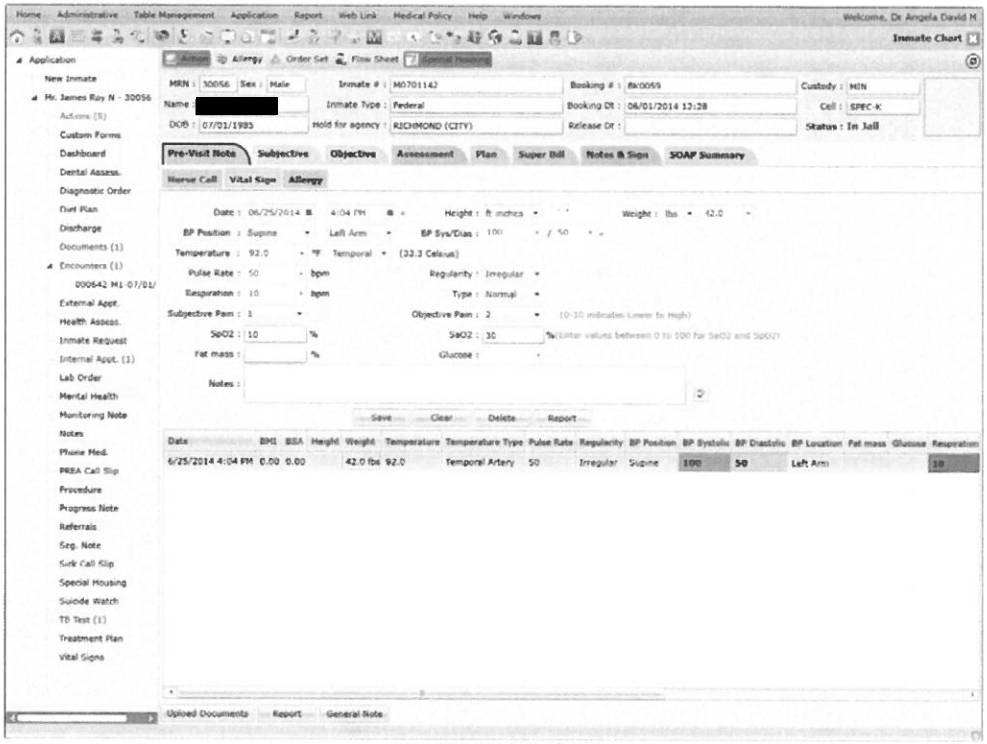


Figure 16: Uniek EMR nursing SOAP notes screen

Doctor Calls and Encounter Entries

The Doctor Call/Encounter module is used to document encounter findings such as the inmate's chief complaint, vital signs, lab orders, and treatment plans. Physicians can also document notes and assign orders to nursing and other medical staff.

Progress Notes

Uniek users can track the health condition of an inmate chronologically through the Progress Note feature, which allows the clinician to record vital signs and notes at multiple times in a single day. A separate progress note section for inmates in segregation can also be maintained in the chart.

Vital Signs

The Vital Signs module is used to record the inmate's height, weight, temperature, pulse rate, blood pressure, blood oxygen level, glucose, respiration, and saturation of peripheral oxygen. Normal ranges can be set for all vital sign data.

Prescriptions and Medications

Wexford Health is proposing to continue using Boswell Pharmacy to order and manage prescription medications for the WVDOC inmate population. However, we want to point out that Uniek does offer the capability for

prescribers to order medications and generate electronic prescriptions (if the WVDOC ever wants to use this electronic pharmacy interface). The EMR includes a comprehensive medication database that enables users to search for and select medications. Once a medication is selected, the prescription template enables users to specify quantity, doses, refills, and other necessary details, which are then sent to the pharmacy for processing.

eMAR (Electronic Medical Administration Record)

Similarly, Uniek also offers an eMAR that provides a legal record of all medications administered to an inmate. This function assists and supports the efficient and accurate administration of prescribed medications and helps to improve patient safety. A biometric system of inmate identification can also be used in conjunction with the Uniek eMAR.

Pill Cart Auditing

Uniek's Pill Cart Auditing feature provides the ability to track the status of the total number of pills administered (or not administered) at any given med pass. In addition, users can easily maintain the medication inventory using this module.

Automated Pill Return

This unique feature displays updated release information for inmates who have active medications. It provides a list of medicines that have been prescribed and allows the return of particular medicines back to the pharmacy if the inmate will no longer be taking the medications for the duration of the order.

Automated Pill Ordering

Automated Pill Ordering is a useful module for inmates who are undergoing treatment for a chronic disease and require a medication to be taken over an extended period of time. This module allows for the automatic refill of the medication and generates an automatic order when the refill order has expired.

TAR (Treatment Administration Record)

The TAR is similar to an eMAR except it is used to document treatments and other inmate medical care activities, rather than the administration of prescription medications.

Meal Plan Management

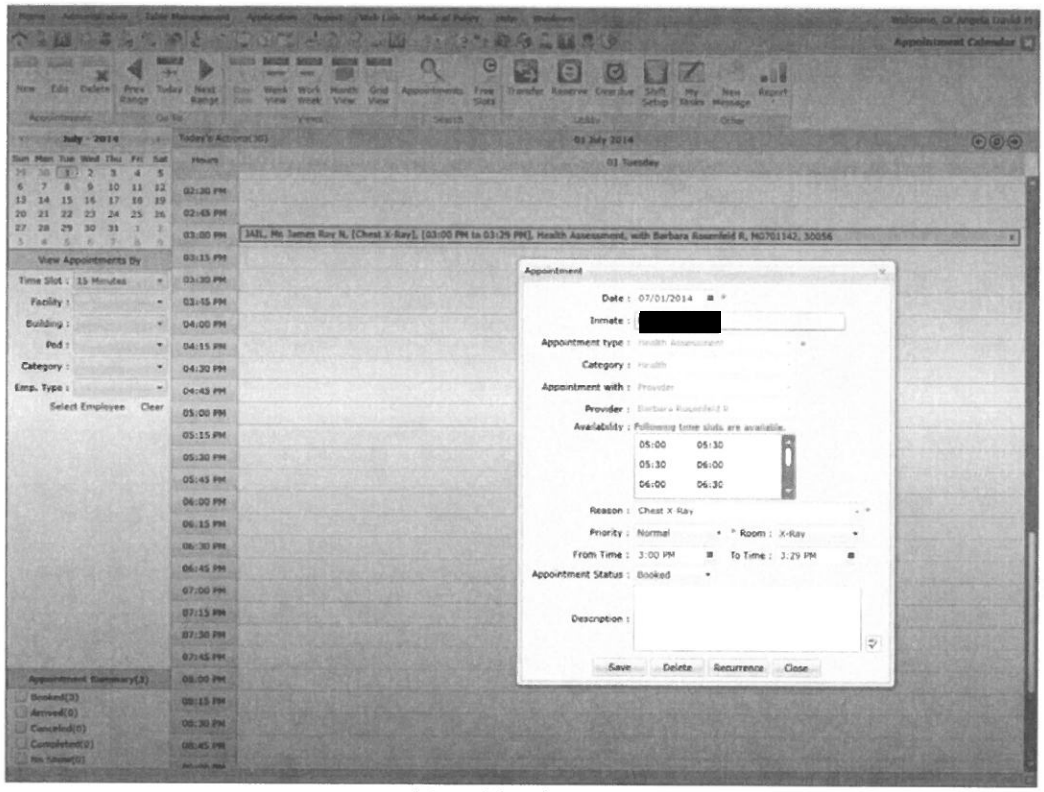
This module assists in the documentation and administration of patient-specific meal plans.

Care Plan Management

This module enables the user to easily administer and review individualized patient care plans.

Internal Appointments

With the Uniek appointment module, staff members can schedule inmate encounters with various WVDOC medical and security staff such as nurses, physicians, jail administration, etc.



Internal Appointments

Figure 17: Uniek EMR appointment scheduling module

External Referrals

If an inmate requires the care of a specialist or other medical facility, users can use Uniek's External Referrals screen to record, track, and schedule offsite appointments.

Task Management

This module is used to assign tasks to users and groups. Overdue tasks can be tracked by individual or group.

Immunization and Vaccines

This module is used to record details on immunization and vaccines administered to inmates. The configurable module allows system administrators to set a due date/time for each immunization based on facility protocol. Notification alerts can be sent to users when specific immunizations are due.

Lab Orders and Results

The lab module facilitates the entry of provider orders for diagnostic tests. Physicians can also assign orders to nursing staff through Uniek's Task Management tool. Nurses can then complete the orders and enter details such as type of diagnostic test, test name, specimen, and other required details. In addition to having results auto-populated in the inmate's chart via an interface with Wexford Health laboratory services vendor, Uniek allows for faxed/printed lab results to be scanned and attached to the corresponding patient chart.

Intra-System Messaging and Notification

This module facilitates communication among users. Messages can be sent both internally to WVDOC and WVRJA EMR users, as well as to authorized external entities. Notifications based on inmate alerts/conditions can also be sent to different users (as defined in the Uniek configuration for the WVDOC).

Physician Order Set

Order sets can be configured based on diagnosis, lab test, procedure, medication, treatment plan, and referral to outside providers. Order sets can include orders for labs, medications, and follow-up appointments.

Disease Management

Using this module, Wexford Health and the WVDOC can configure a detailed list of actions based on industry-standard disease management guidelines.

Document Management System

Uniek's document management system allows users to scan, attach, and update documents to designated categories within a patient chart.

Customized Forms and Report Designer

With Uniek, Wexford Health and the WVDOC can design and customize facility-specific forms and reports. Users can build forms from scratch or easily edit pre-installed forms. Medical assessment, mental assessment, specific disease protocol forms, etc., are just a few examples of the EMR's customizable forms.

Inmate Watch List

This module enables users to create a Watch List of frequently viewed patients. If the user needs to access a particular inmate chart at frequent intervals, he/she can simply add the inmate to the Watch List and access the record with a single click, eliminating the need to search for the inmate record each time.

Equipment Inventory

The Equipment Inventory module allows users to record and maintain information regarding medical equipment purchases.

Drug Inventory

This module is used to record, manage, and maintain the facility's medication inventory. Medications designated as narcotics can be maintained separately from other medications in a Narcotic Inventory module.

Privilege Management

This module is used to track inmate privileges. Properly integrated, this module can be configured to retrieve privilege data from the WVDOC Jail Management System.

Diet Management

The Diet Management module facilitates the management of daily inmate diets. Users can add or delete diet plans directly from this module.

Digital Approval

Digital Approval assists in the authorization of prescriptions, assessments, encounters, documents, etc.

Android Application

The Uniek EMR offers a feature that enables users to access a patient's MAR, TAR, and assessment forms from an Android application.



Android Welcome Screen

Figure 18: Uniek EMR Android application welcome screen

B.N.9.g.ii.A.5. Uniek EMR Software Updates

The WVDOC will incur no additional cost for Uniek EMR software updates. All modifications and/or enhancements to improve the system's speed, efficiency, or ease-of-use (or to provide additional functionality) are included in the original software agreement.

If the WVDOC requires modifications to the EMR (e.g., special forms, inclusion of additional modules or functionality, etc.), Wexford Health and Archonix will interview appropriate staff to define the desired change(s);

gather all necessary data regarding the modification; then submit the proposed change to the WVDOC prior to making any adjustments to the EMR.

B.N.9.g.ii.B CorEMR Solution

In addition to our primary recommendation of the Uniek electronic health record option, we also offer CorEMR as a feasible alternate solution to the Agency as we understand that the Regioal Jail Authority (RJA) utilizes CorEMR and we will implement it if you want consist Since early 2011, Wexford Health has utilized the CorEMR solution in our contracted jail facilities in Yavapai County, Arizona. This past year we completed the implementation of CorEMR at our county prison facilities in Erie and Westmoreland counties in Pennsylvania. CorEMR is compliant with all rules for the Health Information Technology for Economic and Clinical Health (HITECH) Act, Title 42 CFR Sections 412, 413, 422, & 495, and Title 45 CFR Section 170. Our additional recommendation of CorEMR is unique as we are providing a customized version that will meet the complex needs of a multi-facility, prison system, and will join with the Regional Jail Authority who is already utilizing a similar CorEMR product.

CorEMR was designed specifically for the correctional environment. It includes only those components that will be used in a correctional facility (e.g., appointment scheduling, receiving screenings, medication monitoring and administration, and record retrieval, etc.) but none of the free-world modules that some EMRs charge for, e.g., practice management, insurance billing, etc.

In 2013, Wexford Health implemented two newer features of the CorEMR software. Real Time Drug-to-Drug interaction checking and the laboratory results interface. These features provide additional safeguards for the providers and other medical staff.

Wexford Health realizes that most correctional facilities do not have the extra budget dollars or available Information Technology staff to allocate toward a comprehensive EMR solution. By allowing us to fully implement the CorEMR system, the Agency can solve both of those problems, as well as obtain sole possession of the EMR, if and when the DOC decides to go a different route with health care services.

Wexford Health believes that the DOC will see an additional benefit in the continuation of care when an offender is adjudicated and transferred from one of the Regional Jails. Also in the fact that the NCC and OCCC have been added to this solicitation and will assist in creating further efficiencies.

The CorEMR software will provide a fully paperless process that will allow the chart to be available to different DOC facilities as soon as a transfer is completed. As an offender moves from one location to another the electronic chart will be available to the receiving facility. This will be accomplished by installing a single instance of the software installed in an enterprise configuration where each Facility will be configured as a unique location within the software. Each facility will be able to maintain their individual population while allowing for system wide reporting.

The CorEMR system allows multiple users, at different workstations, across multiple facilities, to access information simultaneously. This allows employees to work with far less redundancy and can provide the State with extremely accurate health care utilization and cost information.

The EMR will run on a local network (intranet) and can be housed on one central server (Linux or Windows). The system is also accessible via the Internet, allowing access for clinicians who are not physically in a facility at the time they need to review a patient's chart.

B.N.9.g.ii.B.1. Patient Charts

CorEMR can be used as an entirely paperless system. With the system's scanning and file upload capabilities, Wexford Health and the Agency can integrate even hard copy, third-party documents into an inmate's EMR chart.



Figure 19: Patient Chart

Users can search for an inmate chart by booking number, name, social security number, or other identifier. The system offers a chart summary or "dashboard" outlining the patient's current medical problems and medications, a task summary, intake form summary, and recent medical history (e.g., appointments, sick calls, prescriptions, completed forms, flow sheet entries, scanned documents, notes, etc.). Each part of the chart summary links to detailed information about the corresponding section of the inmate's medical record.

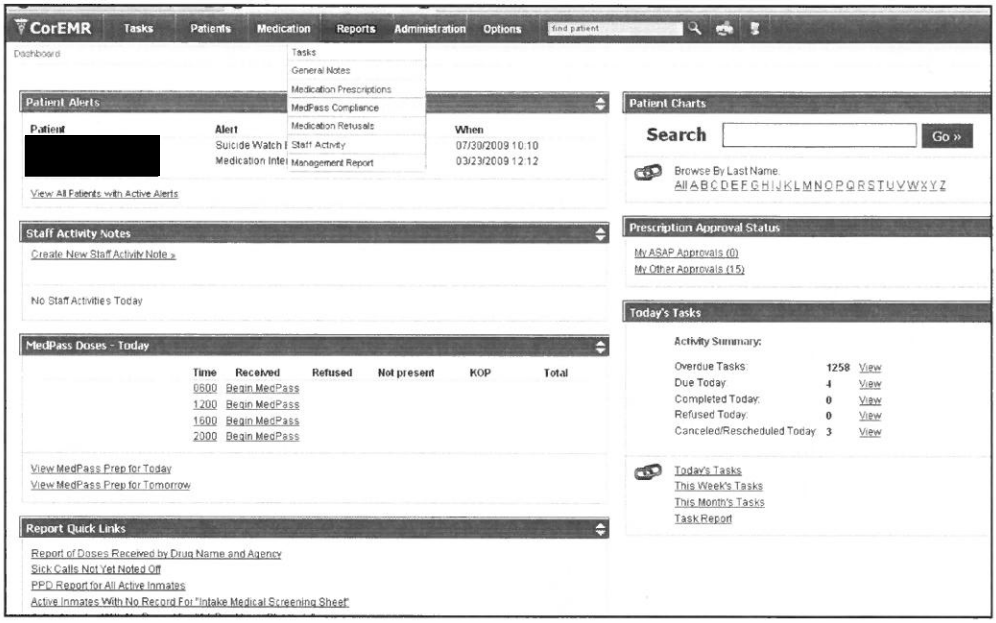


Figure 20: CorEMR Dashboard

CorEMR maintains an active medical problem list for each inmate patient, as well as a complete historical summary of every action recorded in the system for each patient. Flow sheets for vital signs and blood sugar levels can be recorded and logged, and any inmate requests, outside provider visits, lab reports, or any other non-system documents can be scanned and stored in the patient's chart.



Figure 21: Daily Task List

B.N.9.g.ii.B.2. Medical Forms

With CorEMR, the Agency will be able to easily create and modify its own forms. The system contains a proprietary form creation tool that Wexford Health and the Agency can use to design customized intake, transfer, and other forms to capture clinical and administrative information. The form

creation tool can also add "triggers" to a form, so that when certain information is entered into the inmate's chart, a second, related action occurs automatically in the EMR. For example, a test result outside of normal range can be set to trigger a flag for the clinician on duty to review that inmate's chart.

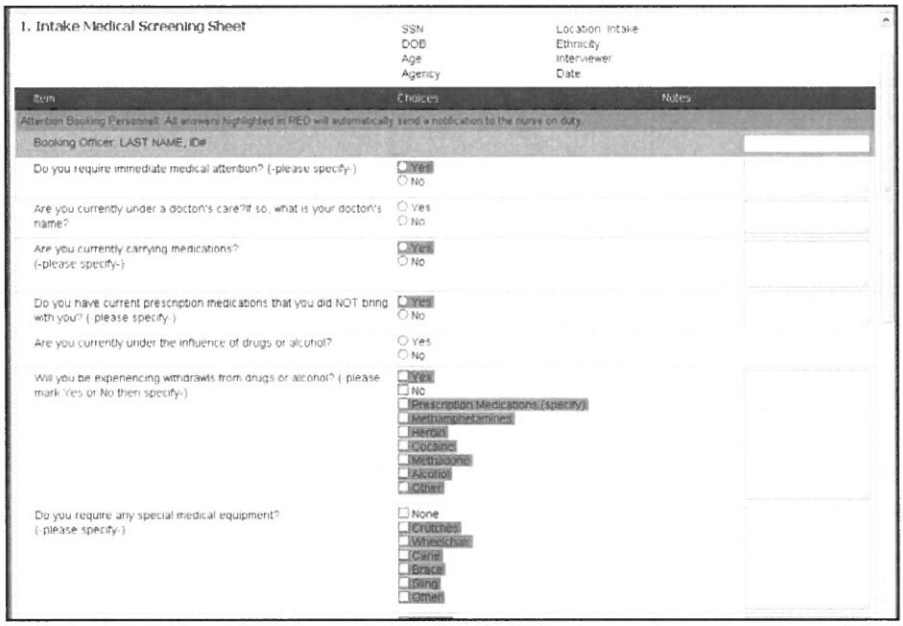


Figure 22: Intake/Receiving Screening Form

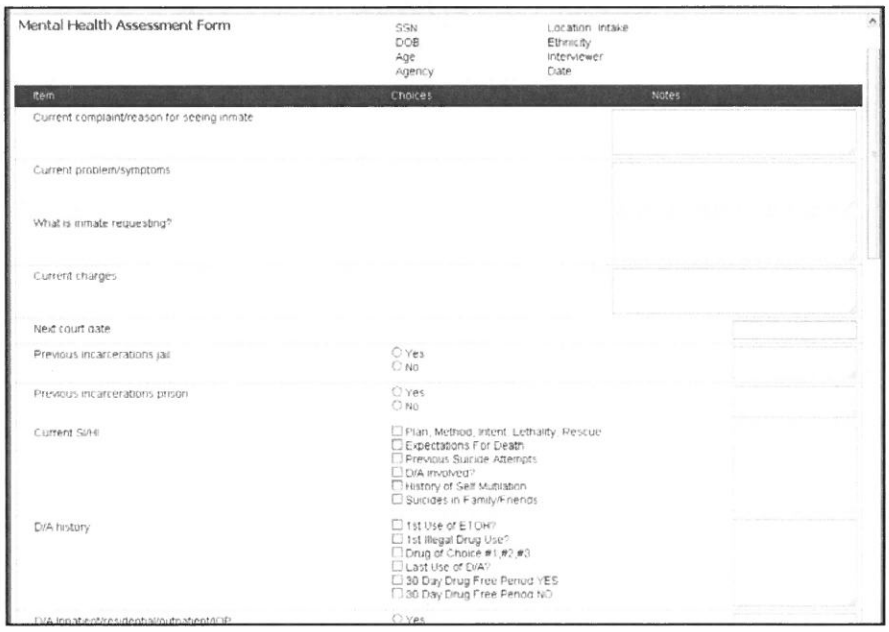


Figure 23: Mental Health Assessment Form

B.N.9.g.ii.B.3. Appointment Scheduling

CorEMR contains an appointment scheduling function to manage onsite and offsite clinician encounters. Users are able to view appointment calendars by day, by week, or by month. Appointments can be sorted by type of clinician (e.g., physician, dentist, nurse, social worker, etc.), acuity level, inmate housing location, etc. The system also allows the user to initiate Sick Call appointments directly from the scheduler function.

B.N.9.g.ii.B.4. *Electronic Medication Administration Record (eMAR)*

CorEMR's MedPass electronic medication administration record (eMAR) allows for full integration with any pharmacy, as well as complete medication ordering, check-in, and distribution. The MedPass module can operate with or without network connectivity and—by nature of its design—loads quickly. With a laptop on the medication cart, staff members are able to distribute and record MedPass results with a mouse or a barcode scanner. Resident photos can also be made available in MedPass to enhance patient identification.

With MedPass's multiple reporting tools, administrators are easily able to track medications given, compliance percentages, and medication types administered. The eMAR's reporting function shows all medications given, including a date and time stamp of the staff member who administered the medication. CorEMR is fully capable to order, deliver, track, search and generate reports for medications. The MedPass prep list assists staff in preparing medication for distribution in a simple, clear format.



Figure 24: CorEMR MedPass eMAR screen

Medication sets: This feature of MedPass enables users to create and edit medication sets directly from the patient's chart during sick call visits. The medication set feature allows for an unlimited number of medications, with different start times and dosages. The built-in permissions grid provides protection against unwanted or accidental changes to the medication set.

MedPass preparation list: The "prep" list is used to organize medication carts and to review medication distribution planning for the entire day. The list is sortable, and can be filtered both alphabetically and by housing area. The feature-rich screen shows considerable detail about the medications scheduled for any given day. The list is also used by many facilities as a "print to file" option in case the need arises for disaster recovery.

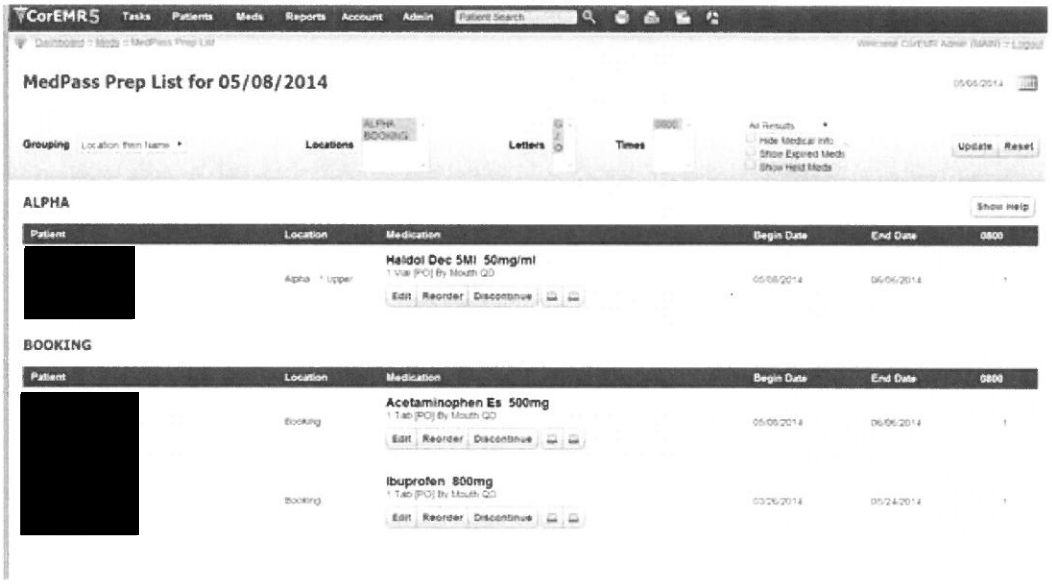


Figure 25: CorEMR MedPass medication preparation screen

B.N.9.g.ii.B.5. Reports

From the large amount of information the CorEMR system captures on each inmate, Wexford Health can easily generate monthly management reports for

the Agency. Examples of reports available from the CorEMR system include, but are not limited to, those listed below.

- Medication pass compliance/non-compliance
- Current inmates with TB
- Active inmates yet to receive 14 day physical/nurse evaluation
- Most common medications distributed
- Most common clinical problems
- Age, gender, and race distributions of inmate population

B.N.10. *Materials, Supplies, and Equipment (RFP Section 5.2.1.10)*

Vendor shall supply all materials and supplies necessary to perform the provisions of this RFP. The Vendor shall provide prosthetics (spectacles, dentures, artificial limbs, hearing aids, etc.) and orthotics (braces, splints, shoes, etc.) deemed necessary by the appropriate clinician. All prosthetic appliances deemed necessary by the appropriate clinician shall be provided by the Vendor. The Vendor shall repair or replace appliances and aids, if medically necessary, that inmates may have upon intake. This shall include any type of nutritional supplements deemed necessary by the clinician. A special diet is not considered a nutritional supplement. The Vendor shall provide all other aids to impairment deemed medically necessary and ordered by the Vendor.

All current medical equipment onsite at each facility owned by the Agency shall remain the property of the Agency. Agency shall repair and/or replace all currently owned medical equipment when the need arises. Vendor shall supply all other office and/or medical equipment necessary during the term of said contract. Upon expiration or cancellation of said contract, Vendor shall retain ownership to all equipment purchased by vendor and shall remove the equipment from Agency's property at Vendor's expense. Vendor shall be responsible for any and all equipment rental or leasing fees for equipment it deems necessary to fulfill its obligations of this contract.

The Agency warrants that it has examined the inventory lists of the Agency-owned health care equipment. The Agency represents that unless otherwise noted, all listed equipment is in functional working order. If and when Agency's equipment requires repair and is inoperable, Agency shall be responsible for the equipment rental fees and the repair costs of the inoperable Agency-owned equipment.

Vendors are encouraged to examine all onsite medical equipment. An inventory of all onsite medical equipment is detailed on Attachments 1-1 through 1-11.

Vendor Response:

Wexford Health agrees to continue to supply all materials and supplies necessary to perform the provisions of this RFP. We agree to provide prosthetics (spectacles, dentures, artificial limbs, hearing aids, etc.), orthotics (braces, splints, shoes, etc.), prosthetic appliances, and all other aids to impairment deemed necessary by the appropriate clinician and ordered by Wexford Health. We will continue to repair or replace appliance and aids that the inmate may have upon intake, as medically appropriate and necessary. We understand that this includes any type of nutritional supplements, and we understand that nutritional supplements are not considered special diets.

In-line with the specifications of our current contract, we understand that all current medical equipment onsite at each facility is owned by the Agency and will remain property of the Agency. We also understand that the Agency is responsible for the repair and/or replacement of all currently owned medical equipment when the need arises. We also supply

all other office and/or medical equipment necessary during the term of this contract. We understand that we will retain ownership to all equipment we purchase during this contract, and will remove it from Agency property at our expense. All of the equipment that is already in place with the current contract, such as additional computers, will remain in place if we are re-awarded the contract, eliminating another obstacle during transition. We agree to be responsible for any and all equipment rental or leasing fees for equipment we deem necessary to fulfill our obligation for this renewed contract.

Wexford Health is very familiar with the equipment and supplies currently available, and we also appreciate that the Agency has reviewed and examined the inventory lists of the Agency-owned health care equipment. We understand that unless otherwise noted, all listed equipment is in functional working order. We understand and appreciate that if and when Agency equipment requires repair and is inoperable the Agency will be responsible for the equipment rental fees and the repair costs of the inoperable Agency-owned equipment.

B.N.10.a. Prosthetics and Orthotics

Wexford Health will continue to provide durable medical equipment and other aids to alleviate impairment, based on the specific needs of each inmate patient. We will supply inmates with all medically necessary orthotics (e.g., braces, foot inserts, hand splints, and other mechanical devices used to support weakened or abnormal joints or limbs); prostheses (e.g., artificial limbs, eyes, and other devices used to replace missing body parts); and other aids to impairment, including, but not limited to, eyeglasses and hearing aids.

We propose to renew our contract with Linkia/Hanger Orthopedic Group, as we have worked with Linkia/Hanger Orthopedic Group for more than a decade (six of those years in West Virginia) and we both are very familiar with the needs and requirements of the WVDOC contract. Linkia/Hanger is the nation's largest, most trusted provider of orthotics and prosthetic (O&P) services. Since its founding more than 140 years ago, Hanger continues to be a pioneer in the development of O&P solutions.

We will document in the inmate's health record that all prescribed orthotics, prostheses, or other aids to impairment are received. If security issues contraindicate the use of specific aids to impairment, Wexford Health's clinical staff will make every attempt to create and implement an alternative that meets the health needs of the inmate.

B.N.11. Disposal of Biomedical Hazardous Waste (RFP Section 5.2.1.11)

The Vendor shall be responsible for all bio hazardous waste material, as well as to provide for and bear the cost for an approved appropriate method of disposal of contaminated waste. This includes needles, syringes, and other materials used in the provision of health care services. These disposal methods shall be in compliance with any applicable standards and/or regulations relevant to the disposal of bio hazardous waste material.

The Vendor shall take appropriate measures to ensure that only biomedical waste material is deposited within the designated contaminated waste containers. Air filters used in air recirculation and air conditioning units which are removed or replaced by the maintenance department in rooms considered to harbor airborne pathogens shall also be treated as biomedical hazardous waste and disposed of accordingly.

The Vendor will be responsible for utilization and cost associated with the services of a biomedical waste disposal company. It is the responsibility of the Vendor to arrange for routine disposal of these waste materials by said disposal company.

The Vendor is also responsible for the training of all staff, including WDOC, in the proper handling and disposal of biomedical waste material .In addition, the Vendor shall comply with all applicable laws and record keeping involving the handling and disposal of biomedical waste material.

Vendor Response:

Wexford Health agrees to be physically and financially responsible for the disposal of all bio-hazardous waste material in compliance with state and federal regulations and WVDOC policies and procedures. We propose to continue to utilize Stericycle — a full service medical waste/biohazard management company that maintains the nation's largest network of medical waste transport vehicles, collection sites, and treatment facilities — for the appropriate disposition and/or destruction of these materials as we are both very familiar with the contract and the needs of the individual facilities throughout the Agency. We understand that these services include the removal of needles, syringes, and other materials used in the provision of health care services.

At each correctional facility we will provide adequate systems for the appropriate cleanup, handling, and disposal of biohazardous, hazardous, and/or other regulated EPA waste generated by the WVDOC health services program, including needles, syringes, and other materials used in offender treatment. Our program includes appropriate storage procedures; transport of waste to appropriate pick-up point; transport away from each facility; and documentation of appropriate disposal of all medical waste; in compliance with industry standards and all other applicable state or federal regulations.

Additionally, Wexford Health has proper processes in place and trains all health services staff in the appropriate methods of handling, storing, and disposing of biomedical hazardous wastes. Upon WVDOC request, Wexford Health will also train facility staff and/or inmates in the proper cleanup and handling of biomedical hazardous waste.

We will continue to take the appropriate measures to ensure that only biomedical waste material is deposited within the designated contaminated waste containers. We understand that air filters used in air recirculation and air conditioning units which are removed or replaced by the maintenance department in rooms considered to harbor airborne pathogens will also treated as biomedical hazardous waste and disposed accordingly.

B.N.12. *Area and Informational Security (RFP Section 5.2.1.12)*

Without exception, it is the responsibility of the Vendor to ensure that all work areas, equipment, and supplies are kept secure, and that any information pertaining to security matters and inmate health care is properly controlled.

Not inmate or visitor is to be left unattended or unobserved within any treatment or procedural area at any time. The Vendor shall control entry and access into its assigned work areas. Areas that provide for the storage of medications, instruments, or sharps are to be kept locked at all times. Non-vendor personnel shall not be left unattended in these areas. Inmates shall not be permitted access to these areas.

Inmates and/or family members shall not be notified in advance of the date or time of any off-site appointment. Information relating to patient out-trips/transfer will only be provided to security and/or other personnel on a need-to-know basis.

Vendor Response:

As we have worked alongside the WVDOC for the past six (6) years, we certainly understand the relationship between security and the medical services team. Wexford Health understands it is our responsibility to ensure that all work areas, equipment, and supplies

are kept secure, and that any information pertaining to security matters and inmate health care is properly controlled. We will ensure that no inmate or visitor is left unattended or unobserved with any instrument or procedural area at any time. We will contract entry and access into all of our assigned work areas, and any areas that provide for the storage of medications, instruments, or sharps are kept locked at all times. Non-vendor personal will not be left unattended and inmates will not be permitted access at all to any of these locked areas.

We never notify inmates or their family members in advance of the date or time of any offsite appointment. Information relating to patient off-site trips or transfers will only be provided to security and/or other personnel on a need-to-know basis.

B.N.13. *Inmate Health Education (RFP Section 5.2.1.13)*

The Vendor shall provide health education and training in self-care skills to inmates. Topics for health education may include, but are not limited to, personal hygiene, nutrition, physical fitness, methods for self-examination and disease prevention, chemical dependency, sexually transmitted diseases, stress management, prenatal care, and chronic disease education. Methods for health education may include individual instruction, classes, group discussion, videotapes, pamphlets, and/or brochures. The Vendor must provide health educational services.

In the interest of the public health of the community, the Vendor shall participate in any state or federal programs (pilot) that will assist Agency in further promoting public safety. Technical assistance and training shall be made available for nurses conducting HIV, STD, and Hepatitis counseling, testing, and referral services.

Vendor shall deliver at intake, during inmate orientation, and prior to release, a formal infectious disease education class.

In accordance with the Federal Prisoner Re-entry Initiative, medical referrals for chronically ill offenders shall be made to general practitioners in the community of the offenders intended release. Referral services shall be conducted prior to release and include: locating general practitioners who are willing to accept offenders as a new patient and the transfer of all applicable medical records to that general practitioner. All action taken on behalf of the offender must be documented.

Vendor Response:

Wexford Health understands the importance of encouraging individuals to become more knowledgeable about and to take active roles in managing their health. For this reason, we will develop and implement a health education and preventive services program for the WVDOC inmate population. Our program will include group and/or individual education on health promotion to increase awareness of risk factors that result in injury or disease.

To promote the inmate health education process, we will make informational programs available based on the requirements established by the WVDOC, to include printed information (e.g., approved pamphlets, flyers, posters, etc.) posted in areas easily accessed by inmates.

We use a variety of instructional methods to provide group and/or individual health education to inmates. Media types typically include group classes, audio and video tapes, and written materials (e.g., posters, brochures, pamphlets) posted in areas easily accessed by offenders. Another resource that Wexford Health can utilize for educational purposes includes local and national health agencies and community educators, and West Virginia's accredited schools of public health. These groups provide a wide range of health education materials, from standardized materials to guest speakers. Wexford Health is currently

looking into the possibility of an addition of such partnerships for the education of inmates, including physicians or educational materials from the Infectious Disease department at West Virginia University.

For the WVDOC contract, we will coordinate with such groups to provide inmates with a variety of education programs. With our extensive background and years of experience in health care delivery, Wexford Health is able to provide individualized and/or group training on many pertinent topics. These topics for may include, but are not limited to, the subjects listed below. We have provided sample education resources on smoking cessation, weight reduction, fitness promotion, and stress reduction in *Proposal Exhibit 22: Inmate Health Education Samples.*

- Advance directives
- Care of minor skin wounds
- Chemical dependency and the effects of drug and alcohol use
- Dermatology and skin care
- Diabetes management including dietary needs
- Epilepsy
- Family Planning and Parenting
- Female-specific topics, including breast self-examination, pregnancy, and contraception
- Gastroenteritis
- Health Fairs
- Heart disease
- Hepatitis A, B, C
- HIV/AIDS
- Hypertension/Cardiac
- Infection control for kitchen workers
- Introduction to Medical Services (co-pays, access, etc.)
- Managing Chronic Diseases
- Medication Management (how to obtain, refusal of meds, etc.)
- Methicillin resistant staphylococcus aureus (MRSA)
- Nutrition
- Personal and oral hygiene
- Physical fitness and exercise
- Pregnancy
- Prison Rape Elimination Act of 2003
- Rehabilitation
- Stress management
- Sexually transmitted diseases
- Smoking cessation and the effects of smoking
- Standard Precautions

- Tuberculosis and other communicable diseases
- Weight management

As we identify specific populations in need of health improvement, we will establish additional educational programs that address these health care needs in culturally appropriate group settings.

To further support our health education initiative, we commit to coordinating and providing an annual inmate-oriented health fair at each correctional facility. We will also conduct health screenings; provide immunizations; and perform colorectal cancer screenings, mammographies, and pap smears as indicated by recognized professional standards.

B.N.14. Catastrophic Capitation (RFP Section 5.2.1.14)

The Vendor shall be responsible for medical obligations incurred up to the below listed limitation:

$5,000 for the treatment of anyone person with a single injury or illness with consistent primary diagnosis.

The Agency shall be responsible for costs exceeding the above limitations. However, the Vendor shall remit payment to the appropriate community providers in excess of the capitation and submit documentation to Agency for reimbursement. The Vendor shall invoice the Agency on a quarterly basis for reimbursement of the costs exceeding the above limitations.

In the event of contract renewal by both parties, these limits are a capitation figure as delineated per each contract year. Capitation figures are not to be construed as a total for the initial year in addition to subsequent renewal periods. The capitation limits will follow the inmate throughout the system.

Vendor Response:

Wexford Health understands and acknowledges that we are responsible for all medical obligations incurred up to $5,000. We understand that this includes the treatment of any one person with a single injury or illness with consistent primary diagnosis.

We also understand and acknowledge that the Agency is responsible for costs exceeding $5,000 for any one person. We agree to remit payment to the appropriate community providers for any excess of the capitation limit, and submit the appropriate document to the Agency for reimbursement. We will invoice the Agency on a quarterly basis for reimbursement of the costs exceeding the above limitations.

As per the RFP, in the event of contract renewal by both parties, we understand that these limits are a capitation figure as delineated for each contract year. We understand that capitation figures are not to be construed as a total for the initial year in addition to subsequent renewal periods. We also acknowledge and understand that the capitation limits will follow each individual inmate throughout the system.

B.N.15. Medical Payments (RFP Section 5.2.1.15)

WV State Code 25-1-4 establishes payments to outside providers of medical care for inmates at 73% of billed charges, provided that critical access hospitals shall be reimbursed at 85% of billed charges. Vendor must comply with this law. This payment structure of 73% of billed charges applies to all medical care services, goods, and medications provided to a person who is in the custody of a correctional facility and is provided those services outside of said facility.

This law also provides, effective July 1, 2008, that the Vendor may not pay an amount to an outside provider of a medical service for a person residing in a correctional facility greater than the reimbursement rate applicable to service providers established by legislative rule of the Bureau for Medical Service within the Department of Health and Human Resources: Provided that the critical access hospitals shall be reimbursed at 75% of the billed charges. These limitations apply to all medical care, services, goods, and medications provided to a person who is in the custody of a correctional facility, and is provided these services outside of said facility. Vendor will be responsible to remit payment for any of the above services in accordance with the applicable reimbursement rates set forth by Bureau for Medical Services within the Department of Health and Human Resources.

The Vendor shall re-price/adjust all medical services invoices at the WV Medicaid rate prior to payment, this includes any invoices Agency may be responsible for paying. Once adjusted, Vendor shall remit payment to the medical provider or return the invoice to the Agency within fourteen (14) days if the Agency is responsible for paying said invoice.

The Vendor is responsible for the timely payment of all claims by offsite hospital or specialty care to Agency's inmates pursuant to referral by the provider and in emergency cases. Any legal action, late fees, interest, etc. for unpaid claims or partial claim payment shall be the exclusive responsibility of the Vendor. This responsibility survives the life of this contract for any services that were performed at any time while the contract was in effect.

Upon expiration or termination of said contract, the Vendor shall remain responsible for the payment of any medical services rendered during the term of the contract.

Affordable Health Care Act: The Vendor shall assist the Agency in the implementation of the Affordable Care Act/Medicaid Expansion.

Vendor and Agency shall coordinate with the WV Department of Health and Human Resources for the review of eligibility for the inmates for Medicaid and submit applications. When an inmate is hospitalized for a period of 24 hours or more, Vendor shall, if necessary, assist with the Medicaid applications. Any Medicaid reimbursements shall be remitted to the Agency.

Vendor Response:

Wexford Health has been a significant partner with the WVDOC in the implementation of a broad-based Medicaid cost savings initiative since the commencement of our contact on March 1, 2008. This initiative included the following key pieces.

- Implementation of a Medicaid rate payment structure for all offsite care
- Development of a Medicaid Claiming Program for inmates prior to the passage of the federal Affordable Care Act (ACA
- Participation in the development and implementation of Medicaid enrolment process' to facilitate federal reimbursement in accordance with ACA.

Immediately upon the award of our contract in 2008, Wexford Health coordinated with the WVDOC the procedures necessary to implement the statutory changes in the payment rules for inmate offsite care which stipulated payment of vendors at Medicaid rates. Wexford Health worked directly with WVDOC and the Department of Health and Human Resources (DHHR) throughout this process. Under the change in the law, DHHR was to establish procedures to pay and process payments; this would have been an additional expense to the WVDOC. Wexford Health worked with DHHR and successfully implemented internal Medicaid payment processes within Wexford Health's operation saving the WVDOC hundreds of thousands of dollars in processing fees annually.

Over the past three (3) years Wexford Health staff has participated in comprehensive discussions between the WVDOC, DHHR, and legislative staff on the implementation of a Medicaid claiming program. The results of these meetings have been very productive. In December of 2011, Wexford Health developed and presented a *Medicaid Claiming Guide for Inmates of the WVDOC* along with background and knowledge transfer papers. This documentation and *Guide* helped set the stage and provided the basis for the current WVDOC ACA program. Wexford Health participated directly with the ACA implementation committee for Corrections and helped develop the current protocols to enroll inmates in Medicaid and is assisting DOC with the payment reconciliation process.

Wexford Health will continue to assist the WVDOC to fully implement ACA. Now that West Virginia has chosen to expand its Medicaid eligible population in accordance with the ACA. Provisions of ACA allow any person to qualify for Medicaid if their income is less than 138% of the Federal Poverty Level or $15,856 for a family of one. It is expected the vast majority of inmates will qualify for Medicaid based upon their income being less than $15,856 per year.

DHHR has worked closely with the WVDOC on enrolling inmates that are admitted to a hospital. Initially there was to be Presumptive eligibility which allows the inmate to immediately qualify for Medicaid and allows the hospital to bill Medicaid for eligible services. It will then be the responsibility of DOC to complete a Medicaid application shortly after the inmate's release from the hospital. If the inmate does not qualify for Medicaid then the WVDOC will reimburse Medicaid for the balance of the old reimbursement level at approximately 29% of the Medicaid rate.

However, this program has been suspended at this time which requires WVDOC to adjust their process to enroll inmates who are hospitalized over 24 hours.

Wexford Health will work closely with the WVDOC to assist in the Medicaid enrollment process for WVDOC inmates in any manner necessary to ensure timely processing and expedite claims payments to hospital providers. The process will include partnering with the WVDOC to work with DHHR to resume the Presumptive eligibility program. In addition, after an inmate is enrolled in Medicaid they must requalify annually. Wexford Health will help coordinate monitoring of requalification and provide any assistance to process enrollment.

Wexford Health is uniquely positioned as not only the incumbent, but also as the vendor with extensive experience and a deep understanding of both the corrections industry and Medicaid. Wexford Health's experience developing and implementing similar Medicaid programs for inmates in other states will continue to be a great benefit to the WVDOC. .

B.N.15.a. Claims Administration and Payment

Wexford Health's software systems facilitate the provider payment process by accurately adjudicating all types of claims, including those from hospitals, physicians, ancillary service providers, etc. Our WexCare system—an automated, fully integrated, HIPAA-compliant authorization/claims/provider administrative system, based on commercial managed care software but customized to the unique needs of correctional health care—enables us to streamline the authorization and claims process in order to expedite provider payment.

The system is designed to help institutions dramatically improve operational efficiencies and reduce operating costs integrating utilization management, claims, and provider data; claims management and auto adjudication; and flexible provider contracting and reimbursement schemes.

WexCare can create user-defined claims review criteria based on client guidelines and/or medical policies; allow for flexible provider contracting and reimbursement schemes as

well as extensive data capture of provider credentials; and store all medical claim data in-house, including the following fields.

Patient name	Type of service
Provider name	Place of service
Provider tax ID	Patient account number
Date of birth	Total billed
Date received	Total paid
Diagnosis code & brief description	Hospital claims including:
All services including:	Type of bill
Date of service	Admission date and hours
Procedure code	Occurrence codes and dates
Brief description	Admit and discharge diagnosis
Modifiers	Revenue codes
Units	Billed per line
Billed per line	Paid per line
Paid per line	Principle and other procedure codes and dates

The system offers an unmatched level of real-time availability of information and service in a secure environment. As WexCare processes transactions, data is instantaneously updated to Wexford Health's administrative system. This capability ensures that all information is automatically in sync, eliminating duplication of data and allowing for accurate reporting. In addition, real-time processing makes the most recent information available to authorized personnel for responding to additional questions and inquiries more quickly and efficiently.

While technology and standards are important, comprehensive functionality and flexibility are paramount in the world of correctional health care. WexCare's modular software approach provides a high degree of integrated core functionality, which allows multiple departments within Wexford Health to access information simultaneously in real-time. As a result, employees work with far less redundancy and far more accuracy.

WexCare fully adjudicates health service authorizations linked to the correct providers and fee schedules so that Wexford Health can obtain a prospective view of accruals and liabilities. The system also assists in improving provider relations by minimizing claims processing time, producing an industry-standard remittance advice, and allowing flexible contract administration and complex reimbursement schemes.

B.N.15.b. ICD-9 and CPT Diagnostic Codes

While WexCare is customized to the unique needs of correctional health care, the system is based on commercial managed care software and processes WVDOC health care claims using the same rates (i.e., Medicaid) and coding and data sets as are used in the "free world." Wexford Health processes WVDOC inmate care claims using International Statistical Classification of Diseases and Related Health Problems (ICD-9 diagnostic codes) and Current Procedural Terminology (CPT) diagnostic codes.

B.N.15.b.i. Claims Turnaround Times

With regard to claims processing, Wexford Health requires each processor in our Claims Department to handle a minimum (on average) of 100 claims per day. Our goal is to process each claim within ten (10) to fifteen (15) days of receipt.

With regard to claims payment, we prioritize claims based on their specific pre-arranged contracted timeframes, e.g., payment within thirty (30), forty-five (45), or sixty (60) days from receipt.

WexCare automatically identifies incomplete claims, which are denied until the provider submits a corrected, complete version. As part of our claims process, Wexford Health's notification to the provider specifies the missing information that resulting in the claim being denied.

B.N.15.b.ii. Detection of Erroneous or Fraudulent Billing Practices

Our WexCare system is integrated with industry-leading McKesson ClaimCheck® cost containment software that utilizes guidelines from the American Medical Association and the Centers for Medicare & Medicaid Services (formerly Health Care Financing Administration), along with medical specialty and industry standards, to review claims. This software processes claims in a highly efficient manner based on clinically accurate auditing logic and rules about likely medical code combinations. The system automatically assesses claims for deliberate fraud or abuse (i.e., upcoding, deliberate unbundling, misrepresented diagnosis, etc.) and identifies improper claims, which are denied until the provider submits a corrected version. All Wexford Health claim denials include detailed information on the reasons for the denial and the provider's right to appeal.

Wexford Health's claims processing system involves checking claims for legitimacy and accuracy, including identifying the following scenarios.

- Rebundling
- Incidental procedures
- Mutually exclusive procedures
- Duplicate charges
- Medical visits/Pre- and post-operative inclusive care
- Assistant surgeon
- Multiple surgeries
- Age/Gender conflicts
- Experimental procedures
- CPT modifier
- Obsolete codes
- Unlisted procedures

B.N.15.b.iii. Claims Quality Control

Wexford Health has established high standards for financial, procedural, and non-procedural accuracy for our claims processing. To ensure we continually meet or exceed these standards, we have implemented the following internal Claims Quality Management Program.

Prior to payment, we individually review claims that fall into the following categories.

- All claims payments greater than $5,000
- All claims payments that were calculated manually
- All claims greater than $20,000
- Two percent of all claims processed
- Our Payment Pending Report (payments by provider)

Additionally, after payment, we individually review claims that fall into the following categories.

- All claims that generate a status inquiry from the provider to a Wexford Health Customer Service Representative
- Ten randomly selected checks from the weekly check run
- All claims requiring adjustments
- All returned WexCare checks
- All refund checks received from providers

The chart below illustrates Wexford Health's claims quality assurance results throughout 2013.

2013 WEXFORD HEALTH CLAIMS ACCURACY	
Financial Rating	98.53%
Procedural Rating	97.36%
Non-Procedural Rating	97.15%
OVERALL ACCURACY	97.68%

Figure 26: 2013 Wexford Health claims accuracy

Wexford Health also conducts monthly audits to ensure that claims have been paid accurately and in accordance with each provider's contract.

B.N.16. Quality Management Support Services (RFP Section 5.2.1.16)

The contract shall provide quality management services to support the provision of the comprehensive health service program. The Vendor shall be responsible for all costs incurred for these services. Quality management support services shall be system-wide and shall be in place within 6 months of contract

award. The Vendor shall provide written documentation to substantiate these services. This shall include, at a minimum, the following:

1. Continuous quality improvement (CQI): This is designed to monitor the quality of health services deliver. This includes such items as chart review by a qualified health care professional, with the appropriate recommendations for corrections of any discrepancies.

2. Infection control: This is designed to provide surveillance of infections, to institute preventative measures, and to report those infections in accordance with applicable laws. Infection control monitoring shall be an ongoing process.

3. Utilization management: This is designed to monitor and review all outside consultations and inpatient services. The Vendor shall submit a written plan of action which addresses, at minimum, mechanisms which will facilitate timely and appropriate consultations, specialty referrals, and inpatient and outpatient hospitalizations. The plan ,must demonstrate an appropriate mechanism for ensuring timely and appropriate access to off-site health care services.

4. Peer review: This is designed to monitor physician services and shall take place annually. Peer review shall include activities such as chart review, medical treatment plan review, review of off-site consultations and specialty referrals, emergencies, and inpatient hospitalizations. All cost incurred for peer review shall be at the cost of the Vendor.

5. Risk management: This is designed to manage critical incidents. It shall include mortality review procedures.

6. Policy review: Health services policies and protocols shall be reviewed annually by the Medical Director and the DCS. Therapeutic guidelines shall be reviewed quarterly by the Medical Director.

Vendor Response:

Wexford Health provides an array of quality management services which provides support to all of the health services programs. As per the RFP, we understand and acknowledge that we are responsible for all of the costs incurred for these services. As we are the incumbent vendor, the WVDOC does not need to worry about transitioning and implementing these crucial quality management services. Our comprehensive program is in place, and will continue to run smoothly for the WVDOC into the new contract award. To ensure we provide these services in an appropriate and efficient manner, we will review and adjust any components as needed, or per the request of the WVDOC.

B.N.16.a. Continuous Quality Improvement/Quality Management Program

Wexford Health implements for each of our clients a written Continuous Quality Improvement/Quality Management Program (CQI/QMP) for the purpose of monitoring and objectively evaluating the quality and appropriateness of patient care delivered at each facility. Our monitoring and evaluation process is designed to identify, assess, and resolve issues that impact the delivery of health care services and to continually improve patient care services.

For the WVDOC contract, we will customize our standard CQI/QMP (described in the following narratives) to develop and implement a program that fits the specific needs of the Agency, clearly defining and describing how we will monitor, analyze, evaluate, and improve the quality of health care we deliver to WVDOC offenders. Our written CQI/QMP for the West Virginia contract will incorporate pre-defined processes to measure the effectiveness and appropriateness of care and to identify problems; as well as a timeline

for implementing and quantifying improvements on a continuous basis across the entire spectrum of care required by the RFP.

Our standard program also includes, but is not limited to, regular physician reviews of patient health records to confirm the quality and appropriateness of treatment procedures; peer review; mortality review; process and outcome studies; an annual review of our health care policies and procedures as they apply to client facilities; and an annual review of the effectiveness of the CQI/QMP.

Wexford Health designed our CQI/QMP to enable us to improve our offender health care systems, processes, and patient outcomes on an ongoing basis. One essential element of this quality management initiative is the monitoring of high-risk, high volume procedures that are known to be prone to problems. To achieve this, our program is evidence-based, encompassing periodic chart reviews, approved clinical pathways, treatment algorithms and disease management guidelines, and ongoing data collection on all service programs we provide under the contract. On an overall level, Wexford Health's standard CQI/QMP encompasses the following activities.

- Regular CQI/QMP Committee meetings
- Policy and procedure review by the Medical Advisory Committee
- Pharmacy and Therapeutics Committee meetings
- Statistical utilization reporting
- Monthly health care staff meetings
- Safety, sanitation, and infection control
- Risk management review
- Credentialing review
- Utilization review
- Offender grievance review

With our 22 years of corporate experience, and six (6) years in West Virginia, delivering correctional health care services, Wexford Health continues brings the WVDOC a wealth of experience and knowledge in the concept of quality assurance. Ultimately, this benefits the Division, but also inmates, staff, and supporting taxpayers through improved health care and controlled costs.

B.N.16.a.i. *Site-Level CQI/QMP Committee*

The CQI/QMP is a continuous quality improvement/quality assurance effort that integrates all elements of a health care delivery system — medical, dental, behavioral health, and pharmacy — to ensure compliance with all pertinent NCCHC, WVDOC, or other applicable standards. The program governing body — the site CQI/QMP Committee — will be chaired by Wexford Health's site medical director and made up of representatives from each of the major health care disciplines (medical, mental health, pharmacy, dental, nursing), the Health Services Administrator (HSA) or designee, and any logistical department heads, as necessary. This committee will provide oversight of the quality management process through the analysis of monthly activity reports and approval of the annual CQI/QMP. The activity and quality of each facility's program will be monitored and reviewed by Wexford Health clinical and administrative management staff, our Corporate Medical Directors, and any designated WVDOC contract management staff.

Wexford Health will continue to provide the Division with its contract-specific *Quality Manual*, along with regular updates to the manual thereafter. In addition, Wexford Health will ensure that regularly scheduled meetings are held between institution staff and appropriate Wexford Health staff to review significant issues and changes, and to provide feedback relative to the CQI/QMP, so we may act upon any deficiencies or recommendations.

At each WVDOC facility, we will continue our site CQI/QMP Committee and designate a Wexford Health staff member to oversee the activities of that Committee. The site CQI/QMP Committee meets on a regularly scheduled basis (typically monthly) basis to review the total operation of the facility's health care unit as well as offsite services. The committee completes analyses of issues referred to it from outside sources as well as those identified internally through the quality process. The committee takes corrective action and follows-up to assess the effectiveness of those actions. All such activities will be included in and reported through the site CQI/QMP Committee meeting minutes. To support our mutual goals of ensuring adequate access to care for seriously ill inmates; improving patient outcomes; and meeting all applicable industry and WVDOC standards, Wexford Health will provide the Agency with regular monthly/quarterly reports on the activities and results of the CQI/QMP.

Potential participants of the site CQI/QMP Committee include the following.

- Wexford Health Regional Manager (or designee)
- Wexford Health Regional Medical Director (or designee)
- Facility Warden (or designee)
- Other appropriate WVDOC and/or facility representatives
- Facility HSA
- Facility Medical Director and physician(s)
- Designated facility Quality Management Coordinator
- Facility mental health professional(s)
- Facility dentists
- Representatives from nursing services
- Medical Records Supervisor or designee
- Representatives from local community providers and hospitals who provide services to committed persons will participate as requested

Other facility staff can participate in the CQI/QMP on a rotating or as needed basis.

B.N.16.a.ii. *Executive CQI/QMP Committee*

Wexford Health's Regional Medical Director (or designated corporate physician) for the WVDOC contract will be continue to be responsible for chairing our Executive CQI/QMP Committee. The purpose of the Executive CQI/QMP Committee is to review site-level meeting minutes, identify trends in health care compliance across all WVDOC facilities, monitor corrective action planning, offer input into any needed corrective action, and provide higher level monitoring of all issues affecting the quality of care delivered. Our Corporate Medical Directors will review and approve Wexford Health's Executive CQI/QMP at least annually. Potential participants of the Executive CQI/QMP Committee include, but are not limited to, the following.

- Wexford Health Corporate Medical Director(s)

- Wexford Health Vice President of Quality, Compliance, & Business Affairs
- Wexford Health Director of Quality Management & Performance Improvement
- Wexford Health WVDOC Regional Manager
- Wexford Health WVDOC Regional Medical Director (or designee)
- Wexford Health WVDOC Regional Director of Nursing (or designee)
- WVDOC Director, Division of Adult Institutions
- WVDOC contract monitoring representative

B.N.16.a.iii. *Corporate QMP Committee*

Wexford Health's senior management staff monitors and reviews the activity and performance of each site-level and Executive CQI/QMP through our Corporate Quality Management Program (QMP) Committee. This committee is comprised of Statewide and Regional Medical Directors, Vice Presidents of Operations, representatives of the major medical disciplines, and various departmental representatives, as necessary.

Martha Ingram, RN, CCHP, CPHQ, Wexford Health's Director of Quality Management & Performance Improvement, chairs the committee, which has the ultimate responsibility for ensuring the delivery of quality health care for each facility Wexford Health serves. The Corporate QMP Committee reviews and analyzes all clinical care delivery data, clinical outcomes data, and quality improvement action plans from each Wexford Health operating region. Based on its findings, the Committee makes recommendations to continually improve the quality of the company's health care delivery and to improve clinical outcomes.

B.N.16.a.iv. *CQI/QMP-Sponsored Staff Meetings*

To maintain good communications between Wexford Health clinical staff and WVDOC site-level custody or other correctional staff, we will continue to coordinate periodic meetings for the purpose of reviewing operations, systems, operating costs, and new procedures or requirements from either the WVDOC or Wexford Health. These meetings include the Regional Manager, Regional Medical Director, the site HSAs and Medical Director(s), the Facility Warden(s), and other designated facility, WVDOC, and Wexford Health administrative and clinical staff.

Wexford Health incorporates these monthly medical and health care staff meetings into our CQI/QMP, taking full advantage of the opportunity to evaluate employee performance and other related clinical care issues. The meetings also provide a chance to introduce new or modified procedures, as well as a forum for staff to express ideas or concerns requiring action or approval.

B.N.16.a.v. *Quality Monitoring and Compliance Reporting*

Wexford Health provides WVDOC contract monitoring staff with monthly summaries of all CQI/QMP activity across the contract, including compliance thresholds, problem tracking reports, and corrective action plans. To ensure accurate monitoring and reporting of CQI/QMP activities and to document consistent and credible results, Wexford Health has developed a series of data-based quality measurement tools that demonstrate our effectiveness in meeting quality objectives and identify areas that require improvement and/or corrective action. These tools (outlined below) aid in measuring the degree to which Wexford Health is meeting the

mutually agreed-upon CQI/QMP principles, objectives, and quality indicators for the WVDOC contract.

- Audit reports summarizing the operational effectiveness of our clinical and administrative processes by percent compliance per category and by category item
- Backlog reports that assess proper staffing ratios, productivity, and procedural effectiveness of scheduling for our chronic and acute care programs
- Disease management reports that compare the effectiveness of our collective clinical efforts to summary data from nationally recognized disease management outcome measures
- Grievance reports that compile the number of grievances related to medical, dental, and mental health services for each site
- UM tracking reports that not only identify problem areas but also showcase superior performance in our real-time operational processes
- Key financial measures (budget goals/cost reports) that serve not only as a traditional basis of performance analysis, but also as a secondary source for identifying operational effectiveness
- Corrective Action Plans (CAPs) that determine the potential cause or actual cause of problems and prevent their occurrence or recurrence

B.N.16.a.vi. *Quality Scorecard*

To further ensure that our staff complies with contract requirements and provides the required quality of clinical care at each facility, Wexford Health has developed a site-level "Scorecard" review program. The "Scorecard" review is a quarterly audit of key performance indicators, conducted by our internal quality auditors and based on NCCHC standards. The audit covers major clinical functions that are performed at each facility and provides a valid indicator of the effective performance of quality care. Current areas of review which we currently utilize for the WVDOC include those listed below.

- Sick call
- Infirmary care
- Segregation rounds
- Reception and classification process
- Chronic care
- Mental health
- Medication administration
- Staff training and credentialing
- Quality management
- Mortality review
- Infectious disease
- Use of restraints

Our auditors review and score each of these areas as to compliance with appropriate standards and contract requirements, providing a clear indication of how the facility staff and Wexford Health are performing at the particular location.

The "Scorecard" also focuses attention on areas that need improvement, allowing site-level and corporate quality improvement staff to concentrate resources where needed. The program essentially results in a Report Card for the facility's medical operations and for Wexford Health's Regional and Corporate Management.

B.N.16.a.vii. *Aspects of Care/Clinical Outcomes Measurement*

Each year, Wexford Health's Director of Quality Management & Performance Improvement (in conjunction with the client and Wexford Health Corporate quality committees) identifies key areas of focus for outcomes measurement and performance improvement for the entire scope of clinical operations such as access to care, disease management, and accreditation and state compliance.

Each contracted facility reports this information at their site CQI/QMP Committee meetings and then reports a summary of their findings and plans for improvement quarterly to the Corporate QMP Committee.

To facilitate an annual review of the facility's health services, Wexford Health has developed a series of audit tools that serve as checklists to identify problem areas. Each facility may individualize the tools as necessary to better meet the specific needs and operational requirements of the site. The following aspects of health care comprise the audit tools available to the facility and are used as a basis for corrective action plans.

- Access to care
- Health maintenance
- Nursing care
- Mental health care
- Offender grievances
- Medical records
- Contraband control
- Adverse patient occurrences
- Receiving screening
- Continuity of care
- Pharmacy services
- Dental care
- Infection control
- Administration
- Laboratory services
- Environmental inspection reports
- Health assessment
- Infirmary care
- Diagnostic services
- Emergency care
- Peer review
- Employee files
- Disaster drills

B.N.16.a.viii. *Process & Outcome Quality Improvement Studies*

Under the direction of the Corporate QMP Committee, each Wexford Health facility performs one or more process quality improvement studies and one or more outcome quality improvement studies each year.

The process quality improvement study examines the effectiveness of a process or method used in the delivery of health care services. For example, a study evaluating the use of the SOAP format when documenting clinical encounters will determine whether expectations for consistency, accuracy, or completeness are being met.

The outcome quality improvement study examines whether expected outcomes of patient care or treatment goals are being achieved. For example, an outcome study examining hypertension in patients would be measured against the pre-determined expectations for treating patients with high blood pressure.

The findings of both types of studies are summarized and forwarded to the Corporate QMP Committee for evaluation and action.

B.N.16.a.ix. *Chart Reviews*

Wexford Health's QMP is designed to monitor the quality of the care delivered to our patients. In order to do this, we perform frequent chart review, as the medical record consists of information gathered during and for the care of the patients. Most of our monthly audits require chart reviews that assess a variety of information. Our audit reports utilize a series of standardized checklists and summarize the operational effectiveness of m processes. This data, which can only be found in the medical record, helps us to achieve positive outcomes and efficiency. Only by reviewing medical data in the patient record can Wexford Health meet the following objectives of our QMP program.

- Establish and validate criteria used to monitor and evaluate patient care
- Ensure timely treatment and continuity of care
- Monitor health care provider performance and practices
- Ensure compliance with national standards and contract requirements
- Ensure appropriate information is shared with necessary disciplines to maintain improve the level of patient care

B.N.16.a.x. *Corrective Action Plans*

Wexford Health emphasizes the use of corrective action to determine the potential cause or actual cause of problems and prevent their occurrence or recurrence. When a problem with a process, provider, or policy is identified, the site-level CQI/QMP Committee will develop a Corrective Action Plan (CAP). This CAP defines the following parameters.

- What the Committee wishes to change
- The action that will be utilized to produce the change
- Specific timeframes for implementation
- Who is responsible for implementing the change

The Committee monitors the data collected through the CAP on an ongoing basis to assess the Plan's effectiveness. If no improvement or resolution occurs, we restructure the CAP. Each site-level CQI/QMP Committee (and eventually, Wexford Health's corporate QMP) is responsible for ensuring that all corrective action plans are implemented and resolved.

B.N.16.a.xi. *Confidentiality of the QMP*

Wexford Health maintains and identifies as confidential all records of activities related to the CQI/QMP, including meeting minutes, corrective action plans, mortality reviews, and peer reviews. These records will continue to remain th property of the State of West Virginia.

B.N.16.b. Infection Control

Wexford Health will maintain an infection control program at each of the WVDOC facilities. We work with available public health officials and site administration at each of our contracted facilities to establish and manage a program that accomplishes the following tasks.

- Monitors the incidence of infectious and communicable diseases (e.g., HIV, TB, HCV, HBV, MRSA, varicella, influenza, etc.) and sexually transmitted diseases (e.g., gonorrhea, chlamydia, syphilis, herpes, etc.)
- Prevents the spread of such diseases with strict adherence to the guidelines of the Centers for Disease Control
- Complies with Occupational Safety and Health Administration (OSHA) regulations
- Transmits the appropriate reports to the state and county health departments, outside hospitals/health care delivery facilities, and the client
- Reports all subject infections in accordance with applicable laws.

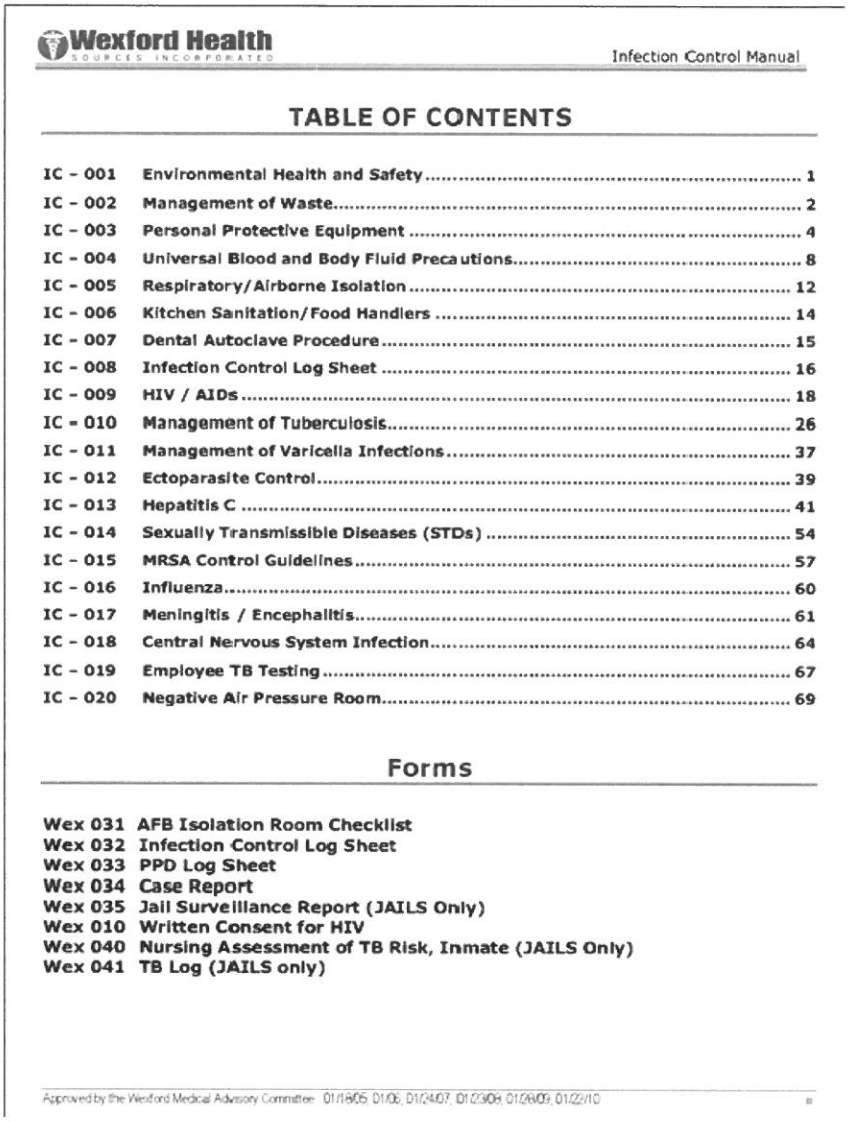
We will ensure the WVDOC infection control program continues to be successful and meets all applicable professional standards (including those of the NCCHC, ACA, WVDOC, and the State) relating to the diagnosis and treatment of infectious disease.

Other vital components of our program, which are in place now and will continue with the new contract, include the monitoring and management of nosocomial (hospital-acquired) infections in inpatient units and the general institution units; pediculosis (body lice); sterilization and sanitation practices (especially in dental departments); management of isolation activities; kitchen sanitation (monitored but not managed by Wexford Health); sanitation inspections; the creation and implementation of appropriate policies and procedures; and education and training for both Wexford Health and WVDOC staff. These topics include, but are not limited to, infectious disease control and prevention; precautions and appropriate use of personal protective equipment such as hepa-masks; standards for bio-hazardous waste disposal; infection control practices for equipment management; and the availability and accessibility of appropriate protective gear.

We will continue to provide activity reports, through our MAC meetings and reports, to the WVDOC, with a designated Infection Control Coordinator who monitors infectious diseases and reports to the county and state health departments as required; ensures that the portion of the intake screening relevant to infectious disease is carried out appropriately; monitors that inmates are followed through chronic/communicable disease clinics with consistent diagnostic testing; and ensures that inmates receive treatment consistent with community standards. Also attending the MAC meetings are representatives from site security staff; medical, nursing, dental, and pharmacy services; and (if applicable) the facilities' kitchen, laundry, and cleaning staffs.

When communicable diseases are diagnosed, Wexford Health immediately notifies site and WVDOC administration and follows appropriate isolation protocols and provide care and treatment following Centers for Disease Control guidelines for managing infectious and communicable diseases. Our program stresses early identification, prevention, and control of infectious diseases. This focus contributes to the overall quality of patient care by reducing the risk of infection. It is also crucial to the safety of inmates and staff who live and work in the WVDOC facilities.

Wexford Health recognizes the importance of educating both health care staff and security staff on the infection control program's policies and procedures, and will provide continuing education through both the Infection Control Committee and our *Infection Control Manual.* The *Infection Control Manual* provides detailed policies and procedures which we will specifically tailor to meet the needs of the WVDOC facilities. The figure below shows the Table of Contents pages from Wexford Health's standard *Infection Control Manual.*



Wexford Health SOURCES INCORPORATED — Infection Control Manual

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Approved by the Wexford Medical Advisory Committee: 01/18/05, 01/08, 01/24/07, 01/23/08, 01/26/09, 01/22/10

Figure 27: Table of Contents from standard Infection Control Manual

B.N.16.c. Utilization Management

In the six years Wexford Health has partnered with the West Virginia DOC to provide inmate health care, we have had a substantial positive impact on the Agency's efforts to control the cost and utilization of services. Specifically, we have **reduced offsite outpatient specialty care by more than 51%** since we took over responsibility for the contract. We have also **reduced unnecessary trips to the Emergency Room by 24%** over that time period.

Furthermore, we accomplished these tasks without negatively impacting the quality of inmate health care, as illustrated by the fact that **the instance of inmate lawsuits (per 1,000 inmates) has also decreased each year Wexford Health has held the West Virginia contract.**



Our ability to appropriately control the WV DOC inmate population's utilization of ER and offsite specialty services has **saved the state literally millions of dollars** over the six years of our contract—in what the State is actually paying to Wexford Health for providing services; as well as in what the State would otherwise have to pay out-of-pocket for "over cap" service costs.

These significant savings are in addition to the hefty dollar amount the DOC realized by avoiding security and transportation costs that would have been associated with those medical services. Wexford Health looks forward to continuing our partnership with the State, so we may identify even more savings opportunities in the future.

Our ability to contain inmate health care costs extends to our jail clients as well.

- For a current jail client in Illinois, over the four years Wexford Health has held the contract we have achieved significant decreases in the county's utilization of offsite services, including a 74% reduction in the number of inpatient hospital days; a 38% reduction in the number of inpatient admissions; a 55% reduction in outpatient referrals; and a 31% reduction in trips to the ER.
- For a current multi-facility jail client in Arizona, we realized an 11% decrease in actual offsite care costs, despite a health care inflation rate that averaged more than 12% over the contract term. The savings were generated from a 44.64% reduction in inpatient days, along with a 50.54% reduction in Emergency Room visits.
- For one of our county prisons in Pennsylvania, we have steadily reduced offsite utilization over the two years we have worked with the client, decreasing inpatient days by 43% and 42% (in Years One and Two of the contract, respectively); inpatient admissions by 36% and 37% (Years One and Two, respectively); and outpatient care by 28% in Year One plus an additional 3% in Year Two.

We will save the State even more money by applying a similar same level of attention and innovation to the Regional Jails included under the new WV DOC contract.

Wexford Health's UM program is a multi-stage process that reviews and authorizes specialty services and hospital care, ensuring timely and appropriate access to offsite (and atypical onsite) health care services. Our UM program differs from those of our competitors in several key ways.

- **Quality-centered:** Wexford Health's internal quality improvement program monitors the accuracy and effectiveness of our UM nurses on a monthly basis. In 2012, Wexford Health nurses averaged 99.3% compliance, far exceeding our target of 96%.
- **Peer-oriented:** Our Collegial Review℠ program provides a forum in which physicians can confer freely about cases, discuss best practices, and receive training and support from corporate and medical leaders. This not only leads to improved quality of care, but also promotes a non-threatening professional environment among clinicians, utilization review nurses, schedulers, and security staff.
- **Comprehensive:** The comprehensive nature of our UM program assures effective, efficient oversight of our health care staff's use of facilities, services, and resources. We accomplish this through a combination of prospective, concurrent, readmission, and retrospective reviews.
  - *Prospective review* occurs prior to the delivery of elective care. Wexford Health's collegial prospective review eliminates denial of care as the best plan of

treatment, and ensures that care is agreed upon between the physicians prior to a referral submission.

- *Concurrent review* by a Wexford Health inpatient review nurse and onsite physician begins immediately after admission and continues throughout a patient's hospital stay. Our clinicians are in daily contact with hospital UM staff and the patient's attending physician to ensure the most appropriate treatment plan and timely discharge planning. Wexford Health's concurrent review process has resulted in a 2.8% to 3.6% decrease in Average Length of Stay across our various contracts.
- In *readmission review*, Wexford Health's UM Medical Directors review all hospital readmissions occurring within 30 days of initial patient discharge. To identify continuity of care issues and opportunities for improvement, Wexford Health researches whether the readmission was preventable, unavoidable, expected, or unrelated to the last hospitalization. The UM Medical Directors then refer such cases back to the onsite physicians for peer review and further recommendations for quality improvement.
- *Retrospective review* occurs if a question or concern arises about the quality or appropriateness of care. Wexford Health routinely uses retrospective review of emergency room (ER) referrals as part of a program to educate physicians about using onsite resources to treat injuries and illnesses. In its first year of implementation at one of our large statewide contracts, our retrospective ER review resulted in a 19% decrease in ER referrals across 11 prison facilities.

- **Outcome-focused:** Wexford Health utilizes clinical outcomes as the measure of our success. Our clinical leadership team focuses on delivering outstanding clinical outcomes in the most cost-effective manner. In fact, our aggressive adherence to nationally recognized, evidence-based treatment guidelines for all major diseases (e.g., hypertension, diabetes, congestive heart failure) has allowed Wexford Health to meet and exceed national guidelines for chronic care delivery.
- **Technologically advanced:** Wexford Health offers WexCare, a fully integrated, HIPAA-compliant utilization management, provider contracting, and claims management electronic information system for reporting, analysis, and adjudication purposes.

Ms. Patricia Perkins, (Wexford Health's Director of Utilization Management) manages the program, supported by professional advisory personnel including our Corporate Utilization Management Medical Directors. In addition, our UM team consults with multiple appropriate specialists and sub-specialists when reviewing hospital, physician, and/or other outpatient services.

B.N.16.c.i. *Use of Nationally Accepted Criteria*

As evidenced by our many years of providing successful medical services to state corrections agencies, including the past six years with the State of West Virginia, Wexford Health bases UM decisions and processes on nationally accepted criteria. We do this to manage costs and minimize potential liability for both inpatient and outpatient medical care. We currently utilize the McKesson InterQual Criteria and Milliman Health Care Management Guidelines (MCG) for preauthorization, concurrent review, and retrospective reviews, as well as for discharge planning.

The McKesson InterQual Criteria are developed by McKesson's clinical research staff, which includes physicians, registered nurses, and many other health care professionals. The clinical component is reviewed annually, updated, and validated by a national panel of clinicians and medical experts, including those in the community and academic practice settings throughout the United States. InterQual

criteria produces clinical evidence based standards of care. Wexford Health uses the MCG as a baseline for length of stay (LOS) assignment. Milliman has a full time clinical staff that adheres to the industry's most rigorous evidence-based methodology. Both sets of criteria/guidelines provide clinicians with a range of treatment plans and resources that research experts and real world experience have shown to be efficient and effective in delivering appropriate quality medical care.

We license and update these screening criteria at least annually or as new releases occur. In addition, our internal Medical Advisory Committee reviews and approves the criteria annually. Wexford Health applies these nationally accepted criteria as guidelines to determine whether requested non-emergent care is appropriate and medically necessary. In special circumstances, we may deviate from the norm stated in the criteria. Wexford Health's Corporate UM Medical Director makes such determinations on a case-by-case basis.

B.N.16.c.ii. *Prospective Collegial Review*

Wexford Health's pre-authorization system ensures that inmates with serious medical needs receive timely, appropriate services, consistent with accepted clinical pathways that have been established for evidence-based care. At the same time, our system ensures that for each patient, our physicians are requesting the most conservative, medically acceptable care that will adequately address the offender's medical needs. If this is not the case, Wexford Health quickly redirects the requested services to equally medically acceptable, yet more cost-efficient alternatives (if such alternatives are available). In all cases — including referrals that were not approved or had an alternate treatment recommended — we will document the specialty care treatment that was authorized and provided.

We have a comprehensive prospective review program in place to ensure the medical necessity of all requests for specialty consultations; scheduled outpatient surgical, diagnostic, or other non-surgical procedures; scheduled hospital admissions (inpatient or observation); and scheduled courses of outpatient treatment. Our prospective review occurs prior to the delivery of elective care and serves to ensure the most appropriate care, at the right time, in the most cost-effective setting.

Wexford Health has established Collegial Review℠ — a sophisticated prospective review process for referrals that effectively and efficiently meets the health care needs of the offender population. Collegial Review℠ is accomplished through regularly scheduled (or as-needed) teleconference calls. If necessary, the process can also be performed onsite, through face-to-face encounters. Participants in Collegial Review℠ meetings typically include the Regional and/or UM Medical Director, site Medical Director and/or site physicians, Wexford Health's Corporate UM Medical Director, UM Registered Nurses, and the site schedulers. These professionals discuss all proposed non-emergent services and determine the most appropriate and medically necessary approach to the health care issue.

Wexford Health introduced Collegial Review℠ at two of our regional/statewide contracts in 2002, and the program was instrumental in reducing inappropriate referrals by 30% and 25%, respectively. These figures demonstrate that Collegial Review℠ improves the quality of referrals being presented, resulting both in fewer referrals and fewer denials. In 2003, the second year of the Collegial Review℠ program, Wexford Health realized an additional substantial overall decrease in referrals denied as inappropriate, from 11% to 2%. We continue to maintain a less than 2% denial rate.

The Collegial Review℠ program's proactive team approach — where physicians interact to exchange ideas and share education, experience, and expertise — provides

for efficient use of resources and cost-effective health care management. Typical Collegial Review℠ discussions encompass the following topics.

- Referral requests for offsite services, as well as for some specialized onsite services
- Routine and complex patient management issues; this is accomplished by reviewing the offender's medical history, physical findings, work-ups to date, and chief complaint(s)
- Progress of patients with complex medical problems, as well as the relative effectiveness of selected clinical interventions
- Site-specific operational issues that affect and impact the delivery of medical care
- Services that have a reasonable probability of altering management
- Wexford Health's UM staff has access to resources (e.g., Up To Date, MD Consult, Medscape, Internet, etc.) that enable them to resolve many medical issues without the need for specialty consultation. The Medical Director and UM nurses also bring additional expertise garnered from working with Wexford Health's large, diverse inmate populations.
- Our physicians use research- and evidence-based criteria for average length of stay and McKesson InterQual criteria to determine medical necessity. We update our internal screening criteria annually or as InterQual issues new releases — whichever occurs more frequently. Wexford Health's corporate Medical Advisory Committee reviews and approves our internal screening criteria on an annual basis.
- The physician dialogue attained through Collegial Review℠ fosters a non-threatening, professional environment in which knowledge, experience, and ideas are freely discussed and shared. This culture reduces — even prevents — the adversarial relationship inherent to most utilization management processes, allowing Wexford Health's UM Medical Director to better gauge the physical and operational environment of the correctional institution.
- Collegial Review℠ discussions provide an ideal setting in which site physicians can strengthen and reinforce their medical knowledge, utilization of resources, leadership capabilities, attitude, and understanding of Wexford Health's mission. These discussions elicit immediate utilization decisions, thus helping to expedite the scheduling of necessary offsite services, increase sites' operational efficiencies, and ensure contractual compliance.
- The physician-to-physician discussion of Collegial Review℠ results in mutually agreed-upon, appropriate, cost-effective treatment plans. The ready availability of a second opinion and solid clinical discussion supports site physicians by increasing their confidence and reducing any feelings of isolation. These regular discussions also provide an opportunity to review recent medical literature and standards of care. Collegial Review℠ has proven to be very popular with site physicians. These professionals routinely validate the value of peer support and report an improved quality of offender heath care.
- Collegial Review℠ results in significant improvements to all phases of correctional health care. As illustrated in our cost narrative, Wexford Health has recorded a decrease in "inappropriate" referral requests, a resultant increase in our approval rate for valid referral requests, and an overall decrease in specialty consults. Through Collegial Review℠, physicians are better equipped to anticipate disease progression, practice preventive medicine, and question — prior to ordering the tests — how procedures will impact treatments and outcomes.

B.N.16.c.iii. *Concurrent & Retrospective Review Programs*

Wexford Health will also provide prospective and retrospective review of all hospital placements to assure inpatient stays are appropriate.

B.N.16.c.iii.A Concurrent Inpatient Review

Wexford Health's concurrent inpatient review/case management begins immediately after inpatient admission and continues throughout a hospital stay to ensure the offender receives the most appropriate treatment, in the correct setting, with timely and effective discharge planning. Our UM team holds daily discussions with site and hospital personnel, not only to ensure appropriate length of stay, but also to ensure the WVDOC institutions can accommodate the inmate's discharge needs with regard to treatment plans, medication, durable medical equipment (DME), etc.

Our comprehensive concurrent review process includes participation by a Wexford Health UM Case Manager/Inpatient Review Nurse as well as site-level care providers and our UM Medical Director (or designee). On a daily basis, we contact and coordinate with the hospital's utilization management department and the inmate's attending physician to develop an appropriate discharge plan. Our case managers also provide each client facility with daily and timely feedback on the patient's inpatient status.

Our UM Case Managers/Inpatient Review Nurses also collaborate with the WVDOC on inmate transfers — especially those relating to inpatient medical/surgical case management; specialty referrals and consults; diagnostic procedures; surgery; inpatient admissions; discharge planning; and catastrophic case management — to ensure appropriate placement based on medical needs.

Wexford Health UM Case Managers/Inpatient Review Nurses aggressively review inpatient services to expedite the return of inmates as soon as clinically indicated or when onsite staff can provide the same level of care in the WVDOC infirmaries. High compliance with these protocols expedites discharge planning and results in shorter — yet equally effective — hospital stays. The increased involvement of Wexford Health UM staff with hospital attending physicians (due to our concurrent review process) resulted in a companywide 3.4% decrease in unapproved inpatient days in the first two years of the program. We continue to maintain less than a 2% unapproved rate. Wexford Health will collaborate with community hospital and institutional staff to ensure a similar high standard of services for the WVDOC.

B.N.16.c.iii.B Readmission Review

As part of Wexford Health's readmission review process, we flag all hospital readmissions occurring within 30 days of initial patient discharge for review by our UM Medical Directors. To identify continuity of care issues and opportunities for improvement, Wexford Health researches whether the readmission was preventable, unavoidable, expected, or unrelated to the last hospitalization. The UM Medical Director then refers such cases back to the site physicians for peer review and further recommendations for quality improvement.

B.N.16.c.iii.C Retrospective Review of Cases & ER Visits

Retrospective review occurs if a question or concern arises about the quality or appropriateness of an offender's care. Wexford Health uses the data collected in our many UM reports to drive the retrospective review process.

In addition, we apply retrospective review to Emergency Room visits to evaluate their appropriateness, identify trends in utilization of the ER, and compose recommendations to decrease inappropriate use of emergency facilities.

The site physician is clinically responsible for the decision to refer an offender to an emergency room for treatment. As part of our Quality Management Program, Wexford Health's Corporate UM Medical Director reviews these ER referrals retrospectively with site physicians. The Corporate UM Medical Director uses these opportunities to train and educate the site physicians about using infirmaries and other onsite resources to treat injuries and illnesses. When we introduced the program, Wexford Health's retrospective review process contributed to a 19% decrease in emergency room referrals for one of our major clients.

For the WVDOC contract, we utilize WexCare to produce emergency room rosters and emergency room referral trend reports. This data, combined with our retrospective review of emergency room (ER) referrals, allows us to support onsite primary care providers in increasing their use of onsite resources to treat injuries and illnesses.

B.N.16.c.iv. Timeframes for Authorizations

Wexford Health's standard is a 48-hour turnaround time for urgent or emergent authorizations; and a 5-business day turnaround time for routine authorizations (measured from the time we receive the referral request).

B.N.16.c.v. Expedited UM Processing

Wexford Health has established procedures in place for obtaining approval for urgent and emergent referrals without delaying necessary services. As stated above, our standard is a 48-hour turnaround time for urgent or emergent authorizations, and a five-business day turnaround time for routine authorizations. For West Virginia, we are currently completing a three day turnaround for routine authorizations. For expedited requests, our UM Medical Directors are available 24/7 to discuss coverage determinations with the attending physician or requesting provider. (Wexford Health provides all such contact information to our contracted sites at the start of a contract, updating it as necessary.) In addition, our UM RNs are available directly from 8:00 a.m. to 5:00 p.m. ET Monday through Friday, and on-call after hours and on weekends. (The message on our toll-free line provides the current on-call cell phone number that sites can use to contact the UM Nurse on call.)

All UM staff members identify themselves by first name, title, and Wexford Health's company name when answering their phones. Our UM Department returns routine calls (during work hours) within one (1) business day. We return after-hours calls immediately, via the on-call cell phone.

B.N.16.c.vi. UM Policies, Procedures & Training

Wexford Health's UM program includes specific policies and procedures to govern all aspects of the process. Our UM policies and procedures outline the overall process

for delivery of UM services, and include standards for the timeliness of decisions, consistency of data gathering, correct use of criteria, accountability for decision making, and client satisfaction with the UM process. The UM policies and procedures are in compliance with all applicable state and federal regulatory requirements and accreditation standards. The Director of UM monitors the team's compliance with established UM standards.

All UM Policies and Procedures are reviewed on an annual basis, at a minimum, and revised as necessary. All polices include the effective, review, and revision dates.

All staff involved in UM activities are trained on Wexford Health UM policies upon initial orientation, and on an annual basis. We provide individual or group training more frequently as needed, especially if we identify any pattern of non- compliance.

B.N.16.c.vii. *UM Quality Assurance*

Wexford Health has policies and procedures in place that clearly define all components of our UM process. To ensure that our clinicians are adhering to these policies and procedures, we created an internal Utilization Management Quality Management Program to monitor not only the accuracy and effectiveness of our UM nurses, but (as described above) the turnaround times for authorizations and denials.

Wexford Health's Corporate UM Medical Director evaluates, revises, and approves our UM program on an annual basis, presenting his findings to the Corporate Medical Director for UM and Clinical Services at the Corporate Quality Committee meeting.

The UM Department is responsible for developing, implementing, and evaluating the department's adherence with the UM program requirements. At a minimum, Wexford Health requires our UM Department to audit the following criteria.

- Inter-rater reliability of use of criteria among staff involved in the Utilization Management process
- Compliance with regulatory requirements and accreditation standards related to any non-approvals in medical coverage determination
- Compliance with authorization requirements with contracted turnaround times in processing requests

The UM Corporate Medical Director and Director of UM collect audit results in order to evaluate the Department's effectiveness and overall compliance with UM requirements and standards. Opportunities for quality improvement are identified and appropriate action plans are implemented.

For each UM Nurse, we review a random sample of ten cases (referrals and hospital records) each month, auditing them for compliance with Wexford Health UM policies and procedures and documenting the results on monthly and YTD summaries. Criteria for review include, but are not limited to, provision of service within contracted timeframes; inclusion of appropriate medical documentation; and inclusion of all appropriate personnel in utilization review discussions and correspondence.

Our minimum standard for monthly compliance is 96%. Throughout 2013, our UM nurses surpassed this target, maintaining an average compliance of 97.0% with internal Quality Management Program policies and procedures. Additionally, as Wexford Health performs Utilization Management, we identify any inappropriate use

of the emergency room (or any other potential quality of care issues that result in hospitalization) and evaluate the appropriate use of onsite medical resources.

B.N.16.d. Peer Review

As required by industry standards, Wexford Health requires our primary care clinicians to undergo a peer review process at least annually. We define "primary clinicians" to include all Wexford Health medical physicians, psychiatrists, dentists, mid-level practitioners (nurse practitioners, physician assistants), and PhD-level psychologists.

In addition to Wexford Health's formal corporate Human Resource Department policies guiding professional conduct, our corporate Medical Advisory Committee (MAC) is charged with guiding medical and behavioral health practices through the review and adoption of nationally accepted, evidence-based guidelines. As a result, we have developed a formalized clinical performance enhancement process or "Peer Review" program — completely separate and distinct from annual performance reviews and our clinical case conference process — that monitors clinicians' practice patterns against published internal Medical Advisory Committee standards, identifies clinicians' strengths and weaknesses, and holds our providers accountable for the integrity and quality of patient care.

Our standard program calls for Wexford Health clinical leadership to conduct annual (at a minimum) peer reviews and performance evaluations for all medical practitioners, MDs and DOs, physician assistants, ARNPs, dentists, psychiatrists, and PhD-level psychologists in order to ensure our employed and contracted providers are in compliance with MAC guidelines and to ensure that providers' contributions to the clinical team are appropriate and supportive of all clinical staff roles.

Wexford Health's peer review program also includes a simple questionnaire that is used to query site-level staff at random (correctional officers, nursing, secretarial, and clerical staff) as to the clinician's ability to communicate, cooperate, respect, and listen; his or her professional appearance and demeanor; comportment; and sense of judgment. We also try to include, when possible and appropriate, a random sampling of patients as to their levels of confidence in their care, the health education provided by the clinician, etc.

If these peer reviews and performance evaluations indicate that a provider has not conducted himself professionally or has performed at a level that does not meet Wexford Health's clinical quality standards, the provider's direct supervisor (usually a Regional or Corporate Medical Director) offers a corrective action plan and follow up in the form of coaching as well as educational opportunities (internal or external to Wexford Health) to see if the deficit can be remedied through such means. If coaching and education are not enough, or if concerns are repeatedly raised, Wexford Health then applies official verbal and written notice/sanctions, as per Human Resources Department policy.

When completed, peer reviews are forwarded to Wexford Health's Corporate Medical Directors for review. We maintain a log of the names of the primary care providers and the dates and results of their reviews, utilizing this information as part of each provider's re-credentialing appointment every two years.

B.N.17. Telemedicine (RFP Section 5.2.1.17)

Vendor shall provide telemedicine services when appropriate. Vendor shall submit its policy and procedures for the use of telemedicine. Agency owned telemedicine equipment onsite at any location may be utilized by the Vendor. Any additional telemedicine equipment required shall be provided by the Vendor.

Vendor Response:

Wexford Health will provide telemedicine (also referred to as telehealth in our narrative) services when appropriate. We have provided below our complete program for telemedicine, which includes our policies and procedures. We understand that we may continue to utilize Agency-owned telemedicine equipment at any location, and we will be responsible for providing all additional required equipment.

In Wexford Health's experience, telemedicine is a significant way to control security and transportation costs, ensure public safety, and expedite access to specialty care. We currently use telehealth equipment for both behavioral health and medical purposes in the WVDOC facilities, and we propose to continue delivering a portion of WVDOC inmate health services requiring specialty consultation with a specialist physician via telemedicine — to provide faster access to care at remote sites and to reduce the number of offsite visits.

Providing specialized medical care can represent a significant challenge in the correctional environment. Statistics indicate that most correctional agencies currently meet a large portion of inmates' specialty care needs through offsite transport and the utilization of community providers. Such offsite transport not only creates unnecessary costs, but also increases operational difficulties and public safety risk.

Telemedicine allows for face-to-face consultations between inmates and specialty providers without transporting the patient offsite. With geographic barriers removed, the same practitioner can provide quality service at multiple facilities, for competitive fees. Telemedicine technology can be utilized for many aspects of medical care, including emergency care, behavioral and mental health services, dermatology, ENT, cardiology, nephrology, oncology, gerontology, rheumatology, and the treatment of HIV/AIDS and Hepatitis C.

Our philosophy is to incorporate cutting edge technology into the delivery of medical services. Wexford Health's proposed telehealth program for the WVDOC is based on our implementation and management of actual programs. Over the past decade, our clients, including the WVDOC, have not only realized substantial reductions in inmate transportation costs but have also increased the availability of specialty care as a direct result of implementing telemedicine technology.

B.N.17.a. Wexford Health Telemedicine Experience

Since 1998, Wexford Health has used telemedicine technology to provide our clients with substantial reductions in offender transportation costs as well as increased availability and quality of care. We have significant experience, including the implementation and operation of telemedicine programs for current and former clients in several states.

- West Virginia Division of Corrections
- Maryland Department of Public Safety and Correctional Services
- Erie County (PA) Prison
- Illinois Department of Corrections
- Mississippi Department of Corrections
- Pennsylvania Department of Corrections
- Yavapai County (AZ) Sheriff's Office
- New Mexico Corrections Department
- Ohio Department of Rehabilitation and Correction

In just the last six years, our experience includes more than 150,000 total sessions across specialty areas including psychiatry and mental health, emergency care, dermatology, infectious disease (HIV/AIDS and Hepatitis C), and pre-admission review.

Wexford Health advocates the use of telehealth in both the community and correctional settings. In order to stay current with new technology applications and legal aspects, we attend regular telehealth meetings on Capitol Hill in Washington, DC as well as national conferences of such organizations as the Health Information and Management System Society (HIMSS) and the American Telemedicine Association (ATA). We also use telehealth technology in support of prospective review of health services, administrative meetings (both ours and our clients'), and Continuing Medical Education.

B.N.17.b. Examples of How Telemedicine Is Used

Wexford Health has practical clinical experience with multiple telemedical specialties, including emergency care, cardiology, nephrology, and the treatment of HIV/AIDS and Hepatitis C. As described in more detail below, upon contract award Wexford Health will analyze current specialty care needs within each of the WVDOC facilities in order to identify any of the following areas that could feasibly support the use of telemedicine technology among the Division's inmate population.

B.N.17.b.i. Cardiac Telemedicine

On a national level, cardiac-related illnesses account for a significant portion of the country's health care costs. In corrections, cardiac related diseases (and complications resulting from cardiac disease) often account for 30% to 50% of state medical spend. It is widely recognized that increased preventive services will improve cardiovascular fitness and decrease the progression of disease. Likewise, the use of appropriate cardiac specialty care following cardiac disease manifestations will reduce the morbidity and mortality — and therefore the costs — of complications resulting from cardiac disease progression.

Telecardiology can bring real-time diagnoses to correctional facilities that do not maintain in-house cardiologists. Reports suggest that telecardiology is accurate, improves patient care, is cost-effective, enhances echocardiogram quality, and prevents unnecessary offsite transports.

Through the use of telemedicine, cardiologists can become more readily available for consultation with onsite providers when questions of clinical management arise. Site providers are able to refer increased numbers of offenders to cardiologists for the promotion of cardiovascular fitness in patients at high risk; for the medical management of difficult to treat hypertension; for the improvement of medical management of congestive heart disease; and for the complicated disease management of congestive heart failure. The use of telecardiology allows for significantly increased referral without the increased costs associated with offsite transport.

Echocardiography is a primary diagnostic tool used to rule out congenital heart disease. In one study[4], investigators developed the capacity to perform tele-echocardiography at 2 community hospitals in Maryland. Under the visual and audio direction of cardiologists 15 miles away, sonographers performed 500 echocardiograms in 364 patients over 30 months.

[4] Sable, CA, et al; Impact of telemedicine on the practice of pediatric cardiology in community hospitals; *Pediatrics* 2002 Jan 1; 109:e3

When final videotape interpretations were compared with initial telemedicine diagnoses, there was only 1 minor diagnostic change. In addition, initial diagnoses were altered in just 3 of 264 patients who underwent subsequent echocardiograms. The telemedicine encounter altered immediate patient management in 151 studies. Nineteen patients were transported to community hospitals because of the telehealth diagnoses.

The number of echocardiograms that were performed at the 2 community hospitals did not differ significantly during the 12 months before, or the 30 months after, the initiation of telehealth. This study shows that tele-echocardiography can be used successfully to enhance quality of care and reduce unnecessary transports, while not resulting in more echocardiograms.

In another study[5], researchers reviewed 1,285 echocardiograms performed at a Missouri medical center and transmitted to a hospital 160 miles away for interpretation. Of the 905 echocardiograms that were first-time studies, 99 percent were judged by the interpreting cardiologist to be complete and adequate in quality.

B.N.17.b.ii. *HIV Counseling*

Through telemedicine, HIV specialists see HIV patients for counseling and consultation. HIV disease is complicated and requires up-to-date, evidence-based treatment that follows best practice in order to avoid complications, treatment failure, and the development of resistance. It is a rare provider in a general practice that can keep up with the rapid advances and treatment guideline changes that occur regularly in HIV treatment.

Through the use of telemedicine, community specialists in infectious disease become available for onsite providers to consult with regarding laboratory changes, diagnostic testing, acute care investigation, and chronic HIV management.

Inmates see the HIV specialists on a regularly scheduled basis for chronic care management. Wexford Health programs are based on nationally recognized guidelines, and provide access to specialists without creating costly burden to security/transport.

B.N.17.b.iii. *Management of Hepatitis C*

Based on our many years of experience managing statewide correctional health care delivery systems, including our work with the WVDOC, Wexford Health has developed an extensive evidence-based protocol for the monitoring and treatment of Hepatitis C. Dr. Dina Paul, one of our corporate medical directors and an internist, uses non-invasive common laboratory data to supervise all of our Hepatitis C care via telehealth consultations with onsite medical providers and patients. Over the past six months, through her application of internally developed protocols and tools, Dr. Paul has delivered appropriate Hepatitis C treatment to almost 100 patients for another Wexford Health statewide correctional client.

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[5] *HDM Breaking News*, October 4, 2010, http://www.healthdatamanagement.com/news/health-care-technology-news-telemedicine-study-cardiology-pediatrics-41120-1.html?zkPrintable=true

B.N.17.b.iv. Telehealth Management of Other Chronic Diseases

Telemedicine can also be employed to treat common chronic illnesses such as diabetes and asthma, for which inmates should be checked regularly but do not typically require unusual, complex, or offsite procedures. Wexford Health has multiple specialty physicians in our corporate office that can provide telemedical services to the WVDOC. Upon contract award, Wexford Health will analyze current specialty care needs within each of the WVDOC facilities in order to identify any additional specialties (i.e. orthopedic care, wound care, dermatology, gastroenterology,etc.) that could feasibly support the use of telemedicine technology among the Division's inmate population.

B.N.17.c. Integration of Telemedicine with Standard Care Delivery

Wexford Health operational processes for telemedicine seamlessly integrate with our clients' existing medical record and health care delivery systems. We use secure digital communication (scan-to-email) to facilitate the bi-directional communication required due to the physical separation of patients and telemedicine providers. This completely removes any need for time-consuming and expensive faxing or USPS mailing of medical records for those inmates receiving telemedicine services.

With our system, the provider receives preparatory medical records, completes the telemedicine encounter, and delivers his or her notes and orders — clearly, legibly, and electronically rather than in a hard-to-read handwritten format — to the site nursing staff, all through our secure digital communication process. There is no difference in how the nursing staff transcribes the practitioner's orders into the patient's medical record.

Wexford Health's system also provides a detailed monitoring and tracking system capable of developing specific telemedicine reports. Through our system, we are able to gather detailed metrics for each provider's telemedicine clinics. We centralize this information into a database for monitoring report development purposes.

With regard to Electronic Health Records (EHRs), recording and reporting on care delivered via telehealth can seamlessly integrate with care delivered through face-to-face encounters. Telehealth providers simply need to log-in to the EHR from their remote location and update patient files in the same manner as onsite providers do. This increases efficiency as it enables the provider to review the patient's chart prior to the actual live telehealth encounter, thus reducing the on-screen time required for examination and diagnosis. In some cases, review of the patient's chart via remote access to the EHR could remove the need for an actual telehealth encounter.

B.N.17.d. Additional Uses for Telemedicine Infrastructure

With client approval, Wexford Health uses telemedicine infrastructure extensively in support of a large variety of services for our contracted facilities, including both medical services and education for all staff members. By using the telemedicine system, many of the meetings that physicians and other practitioners are required to attend can be conducted without the clinician leaving the site. Examples of other uses are provided below.

B.N.17.d.i. Education and Training

Telemedicine infrastructure can be used to provide training for site-level staff without personnel having to leave the facility. Medical staff can attend CME training, in-services, and clinical meetings while remaining at the site.

Wexford Health believes that correctional health care staff should receive the same type of training they would if they were a part of a hospital staff. Since new procedures and treatment plans develop on a regular basis, site-level staff can receive training from qualified hospital staff via the telemedicine equipment.

In addition, the infrastructure can be used to provide Category 1 CME credits to physicians and physician assistants, as well as to nurses and other clinicians. Many academic institutions and health-related corporations currently provide CME presentations via telemedicine.

B.N.17.d.ii. *Collegial Review*

In addition to clinic encounters, Wexford Health also uses telemedicine equipment during our Collegial Review℠ process. This enables our clinicians to electronically coordinate with other experts to identify and treat various disease processes. As a practical example of how telemedicine can be used outside of clinic encounters, we used the program at several of our other contracted state prison facilities last year to reduce durable medical equipment (DME) costs by repairing rather than replacing items. The possibilities for using telemedicine during a collegial discussion are endless.

Utilization management (UM) is an important element of Wexford Health's telemedicine program. When a physician submits a consult that does not meet the InterQual criteria, our UM department will suggest a more effective alternate treatment plan. If the site physician should appeal the UM decision, the offender may be examined via the telemedicine equipment by the UM team. The UM team includes a credentialed physician, a UM nurse, and when necessary, members from Wexford Health's panel of specialists.

When a patient is examined through the telemedicine program, the utilization review team is able to speak with the patient and determine his or her own assessment and diagnosis. The decision may be to approve the consult, provide education to the offender, or prescribe an alternate treatment plan. The offender can actually be present when the utilization review team makes a decision based upon the exam.

B.N.17.e. Value Added Program: Proposed Enhanced Telemedicine for the WVDOC

Wexford Health commits to providing two (2) additional telemedicine suites for the WVDOC contract to ensure that appropriate telemedicine coverage is provided throughout the state. Our goal is to have these operational within three (3) months of the new contract start.

Wexford Health has reviewed telemedicine equipment through the WVDOC facilities , and understands where the current telemedicine equipment is located through the State. Upon award of the contract, and mutual agreement, Wexford Health will assess all the locations of all current telemedicine suites. Based on that assessment, we will add two (2) telemedicine suites to mutually agreed upon locations. These suites will include any necessary peripherals to ensure maximum availability for services. The locations of these sites will be based on our thorough assessment of the current telemedicine program, and we agree to install these telemedicine suites in mutually agreed upon locations. Wexford Health agrees to implement these two (2) additional telemedicine suites in timeframe consistent with start-up (approximately 90 days). Wexford Health will ensure that all employees that will be utilizing these suites are properly trained in a mutually agreed upon timeframe.

B.N.18. *Inmate Death (RFP Section 5.2.1.18)*

All inmate deaths are treated as per West Virginia State Statute regarding unattended deaths. The Vendor shall be responsible for adherence to State Statute, as well as the performance of a mortality review. The Medical Director will meet with the Warden or designee within 24 hours of an inmate death to provide necessary medical information. The Medical Director will also provide a written morbidity and mortality review report within 48 hours of the death.

Vendor Response:

One of the most useful studies involving a correctional facility's experience with disease in its population is a thorough review of all inmates' deaths. To support this type of analysis, Wexford Health will continue to coordinate with the WVDOC in any case involving inmate loss of life to acquire all relevant information concerning the incident, perform a mortality review, and prepare reports as mandated by industry standards, WVDOC protocols, and state and/or federal laws.

The review will involve physicians, nursing staff, and personnel from other departments, placing special emphasis on trying to determine the appropriateness and timeliness of care from the offender's entry into the institution through the time of his or her death. The mortality review will investigate whether a pattern of symptoms was present that could have resulted in earlier diagnosis and intervention. Additionally, a thorough mortality review examines events immediately surrounding the death to see if appropriate interventions were instituted at that time.

Examining mortality at a particular facility over a given period of time can reveal if there is a particular pattern to the deaths, such as individuals dying at a younger age than might be expected. Wexford Health's standard mortality review includes the following questions and considerations.

- Cause of inmate's death?
- Type of death (e.g. cardiovascular, pulmonary, neurology, cancer, other)?
- Inmate's admission diagnosis?
- Final diagnosis?
- Complications (if any) that developed?
- What was the offender's past history? Heredity? Family history? Risk factors?
- Did death result from an acute illness versus from a chronic condition?
- What were the offender's vital signs?
- What was the offender's triage evaluation, if the episode involved an emergency?
- Was the offender's history and physical adequate?
- Were appropriate lab, X-ray, and other tests ordered, based on the offender's chief complaint/presenting complaint? Were services over- or under-utilized?
- Were the diagnosis and impression consistent with the offender's history, physical, lab, and X-ray studies?
- If death resulted from a chronic disease, was the offender enrolled in the appropriate Chronic Disease Clinic(s)?
- Were therapy and/or treatment appropriate and timely?

- Was there surgical intervention?
- Was a consultation requested?
- What was the offender's prognosis/follow-up?
- Of what quality was the overall management of the terminal episode?
- Was CPR initiated? An AED utilized? A defibrillator utilized?
- Was the death explained by a primary condition plus a secondary diagnosis?
- Should the record be reviewed further?
- If the death occurred in a correctional institution, did it take place in a housing unit? The Health Care Unit? The infirmary?
- If the death occurred in a community hospital, did it take place in the ICU/CCU? The Operating Room? The ER? On a general floor?
- Comments

Wexford Health has developed a formal process for incident reporting. Our field staff reports serious incidents, such as patient suicide, medication errors affecting patient condition/outcome, and of course, any offender fatality to the corporate Risk Management department in our Pittsburgh office, which investigates and resolves potential issues relating to serious incidents.

We will inform designated WVDOC site-level staff immediately of any death regardless of circumstances. Our regional or site-level Medical Director will review the inmate's chart within 24 hours and meet with the Warden and/or WVDOC assistant division director of health services (or designee) to provide necessary medical information. In addition, we will provide a confidential death summary report within 48 hours of the inmate's death and assist in convening an initial Mortality Review Committee. The Medical Director will then lead the Mortality Review Committee in ensuring that each practitioner involved with the inmate during the final events participates in documented interviews regarding the circumstances surrounding the death; providing written findings and a summary report to the WVDOC using all appropriate reporting forms.

After receiving autopsy and toxicology reports from the County Medical Examiner's office, our Medical Director will convene a final Mortality Review Committee to review the autopsy and toxicology information. This final Mortality Review will occur within 30 days of the inmate's death. This Committee will update the facts and conclusions of the Mortality Review report as appropriate; and forward the file and the inmate's medical record to the WVDOC and (in the case of suicide) to the appropriate mental health administrators to initiate a Suicide Review Committee

B.N.19. DNA Databank (RFP Section 5.2.1.19)

Vendor shall be responsible for drawing blood at intake for offenders convicted of identified crimes. The sample taken is shipping and processed by the WV State Police at no cost to the vendor. Test results become part of a statewide informational DNA databank.

Vendor Response:

Wexford Health understands that we are responsible for drawing blood at intake for identified crimes and we agree to continue doing so for the WVDOC. As per the RFP and current protocol already followed, we understand that the sample taken from an inmate is shipped and processed by the WV State Police at no additional cost to us as the vendor. We understand that the test results become part of a statewide informational DNA databank.

B.N.20. Research Data Submission Requirements (RFP Section 5.2.1.20)

Vendor must submit a monthly report by the lOth of each month that contains key indicators as dictated by the Association of State Correctional Administrator's Performance Based Measures System (PBMS) (Attachment J). Reports will be submitted in Microsoft Excel Format and will be separated by functional location (facility) and include an agency wide total.

Vendor Response:

Wexford Health agrees to submit a monthly report which contains key indicators as dictated by the Association of State Correctional Administrator's (ASCA) Performance-Based Measures System (PBMS). As per the RFP, we will submit this report in Microsoft Excel format by the 10th of the month, and it will be separated by functional location (facility) and include an agency-wide total.

B.N.21. Sexual Assault Nurse Examiner (RFP Amendment #15)

As per RFP Amendment #15 (*released on July 24, 2014*), we will ensure that at least one (1) registered nurse at each facility (excluding the work release facilities) is trained as a Sexual Assault Nurse Examiner (SANE). We have spoken with representatives from the West Virginia Foundation for Rape and Information Services (WVFRIS) and learned more about the Foundation and the WV SANE program. We understand that a Sexual Assault Nurse Examiner (SANE) is a registered nurse who has been specially trained to care for the complex issues surrounding victims of sexual assault. We will provide the appropriate training to teach each facility's designated Registered Nurse on the appropriate methodology and protocols for providing an examination. All training and examinations will be in accordance with all appropriate protocols and standards including, but not limited to, NCCHC, ACA, and State of West Virginia. For more information on our SANE Training, please refer to Proposal Section B.N.2.d.iii.

B.N.22. Discharge Planning

Wexford Health's discharge planning program actually begins when a resident enters the facility , at which time our clinical staff use the intake exam as an opportunity to identify those patients with chronic illnesses or special needs. With early awareness of these inmates' conditions, we can not only prepare and implement individually tailored special needs care and treatment plans, but make the necessary arrangements for housing and disposition (low bunk or tier, wheelchair-accessible facility), job-duty restrictions, durable medical equipment, and—with an eye on the future—continuity of care upon discharge to the free world.

Upon notification of an inmate's pending release, a member of Wexford Health's staff reviews the individual's medical record to determine if he or she will require any follow-up services with community providers. If post-discharge medical care is indicated, a clinician meets with the resident to discuss his or her medical needs. In accordance with the Federal Prisoner Re-entry Initiative, we can also make referrals for residents with identified medical needs to qualified health professionals in the community of each patient's intended release. Other referral services Wexford Health conducts prior to an resident's release include locating health professionals who are willing to accept released offenders as new patients, and (with the individual's consent and in compliance with HIPAA regulations) forwarding the health record in a timely fashion to an appropriate community provider of the inmate's choosing.

We can also arrange for necessary follow-up health care before the resident's release to the community, including the following services.

- Ensuring the completion and processing of required eligibility applications, determinations, and other required evaluations
- Arranging post-release appointments or health placements

Wexford Health charts in the inmate's health record all discharge planning actions taken on behalf of the individual.

To further support medical discharge planning and continuity of care, we will continue to coordinate with our pharmacy vendor, Boswell, a minimum of a 10 day supply of medication, along with one prescription for a 30 day supply of non-controlled medication. Wexford Health will write the prescription in a sufficient quantity to ensure pharmaceutical continuity until such time as the resident is able to see an outside provider. This not only meets, but also exceeds, industry protocol for residents who are released prior to completing their prescribed regimens of medication.

Our site-level staff members not only maintain up-to-date listings of area health care resources, but establish and maintain relationships with city and state departments of health, community-based providers, and other local health organizations, including medical and mental health centers, volunteer organizations, advocacy groups, and homeless shelters.

Supporting each client in its effort to limit recidivism is an ongoing focus of Wexford Health. We currently offer our discharge planning services and recidivism reduction programming at all of our larger correctional contracts.

For example, in 2010 the National Strategic Planning and Analysis Center published a study that noted the state of Mississippi has a recidivism rate 22% lower than the national average. The study reveals that participation in formalized programming is the contributing factor to this achievement. As per the study, counseling, training, and educational programs were crucial to ensuring that released residents did not re-offend.

Through our multifaceted programming—medical, spiritual, educational, social, and mental health—Wexford Health actively participates with our clients to help reduce and prevent recidivism. We welcome the opportunity to continue our inmate discharge planning program with the WVDOC.

B.N.23. *Female Inmate Program*

Female inmates are subject to most of the same illnesses, physical, and mental impairments as males, many times with a greater frequency. For treatment staff at a correctional facility that houses women, sensitivity and awareness of this fact is critical. Beyond this, there are unique requirements necessary to satisfy the health care needs of the female population in custody. Wexford Health's provider resources include OB/GYN-trained health care practitioners qualified to meet the needs of female patients and familiar with the health care needs of women across all life years. In addition to the basic health care and specialty services provided to males, we will ensure the provision of medically necessary health services to the WVDOC female population, including, at a minimum, the deliverables listed below.

Our intake history will include pregnancy testing, as well as inquiry into menstrual cycle, other pregnancies, gynecological problems, and personal/family history of breast cancer.

- We will administer lab tests to detect pregnancies and STDs (including syphilis, gonorrhea, and chlamydia), and offer HIV testing for any pregnant residents.
- We will provide female preventive health care services in keeping with US Preventative Task Force recommendations, to include screening PAP tests; and annual PAP and breast examinations on female residents in custody for longer than 365 consecutive days, unless contra-indicated by a qualified medical professional.

- We will perform annual mammograms on residents as determined necessary by age, medical history, or an abnormal breast examination, unless contra-indicated by a qualified medical professional.
- We will coordinate with custody staff to ensure the availability of adequate sanitary supplies.
- We will provide information and health education on breast self-examination, pregnancy, contraception, and family planning.
- We will, to the extent permitted by Sheriff's Office and community physical and financial resources, provide gynecological services both onsite and offsite.
- We will provide pregnancy counseling and information in accordance with state laws and regulations.

B.N.23.a. Pregnant Residents

Wexford Health has developed and maintains a comprehensive set of policies, procedures, and staff training initiatives that support the provision of safe, timely, and appropriate prenatal care and pregnancy counseling, including specialized obstetrical care services (as needed) and the opportunity for the resident to engage in a discussion of options. Our internal *Policy J-114 Care of the Pregnant Inmate* ensures that all pregnant residents receive timely and appropriate prenatal, obstetrical, and postpartum care by qualified health care professionals as defined by the American College of Obstetrics and Gynecology (ACOG), including medical examinations, health education on pregnancy, and all needed laboratory and other diagnostic testing.

We will arrange for pregnant residents to be provided with pre-natal services and regular monitoring from a qualified obstetrician by establishing onsite or offsite OB/GYN specialty clinics (as necessary) at the RCJC. Our pre-natal care program provides the following care.

- Routine urine testing for proteins and ketones
- Monitoring for gestational diabetes
- Vital signs and weight
- Assessment of fundal height and heart tone
- Observation for signs of toxemia
- Dispensing of pre-natal vitamin supplements
- Diet and exercise instructions
- Submitting requests to the Food Service Department for special OB diet
- Education on the care of infants
- Identification and disposition of high-risk pregnancies, including appropriate referrals
- Creation and delivery of a post-partum after-care plan for the mother, developed prior to delivery

If the resident is determined to have a high risk pregnancy, Wexford Health will identify, and arrange for consultation with, an appropriate high risk obstetrical provider and hospital. We will not be responsible for neonatal or newborn care after the moment of the infant's recorded birth time.

B.N.24. Acknowledgement of Requirements of RFP and RFP Addenda

Wexford Health has followed the formatting requirements in *RFP Section Five: Vendor Proposal* as detailed on *pages 51 and 52*. It needs to be noted that Wexford Health has read, acknowledges, and agrees to all of the components of each of the following RFP sections, and any other information provided in the RFP.

- *Section 1: General Information and Instructions*
- *Section 2: Instructions to Vendors Submitting Bids*
- *Section 3: General Terms and Conditions*
- *Section 4: Project Specifications*
- *Section 5: Vendor Proposal*
- *Section 6: Evaluation and Award*

In addition, we have read, acknowledge, and agree to all of the RFP Addenda sent out by the Agency. We have provided in the very front of our proposal all required signed forms to confirm this acknowledgement.

C. PROPOSAL EXHIBITS

Proposal Exhibit 1: Maryland Telehealth Article

Maryland Invests in Cloud-Based Telehealth to Improve Correctional Health Care, Cut Costs

BY: David Raths | May 21, 2014

To get a clear sense of the state of Maryland's cost issues related to transporting prisoners to medical appointments with specialists, Sharon Baucom, M.D., didn't have to study spreadsheets or crunch numbers. The executive director of clinical services for the Department of Public Safety and Correctional Services (DPSCS) just had to look in the parking lot at one of the correctional facilities.

"In the parking lot, not on the doctors' side, but on the officer transport side, were Mercedes, Jaguars and BMWs, all realized from overtime pay that was approximately $100,000 more than their average salary," Baucom said in a presentation May 19 at the American Telemedicine Association annual meeting in Baltimore.

In 2013, facing declining budgets and determined to cut transportation costs as well as improve both public safety and inmates' clinical care, Baucom and the DPSCS's private-sector partner, Pittsburgh-based Wexford Health Sources, began a journey to enhance the use of telehealth services. "We thought we could reduce overtime, improve public safety, and improve the quality of care through our relationships with providers and hospitals in the community," she said.

DPSCS cares for 22,000 inmates in 26 facilities, including the Baltimore city jail, the sixth-largest jail in the country and the fourth-most overcrowded, Baucom said, and it contracts with Wexford to provide medical services and utilization management. To cut costs and improve access to providers, the department set a goal of increasing the number of telehealth visits by specialty physicians.

To estimate the potential savings, they turned to a formula developed initially by the correctional department in the state of Iowa to calculate savings by not transporting inmates off site. They identified a vehicle cost of $72.11 per trip. The custody officers cost $62 per hour, and the average time of a trip was 6.5 hours.

We realized in our budget we were spending $5 million to $6 million annually in transport and overtime pay to take prisoners to off-site clinics," Baucom said. "We decided to take a look at the opportunities that enhanced telehealth offers."

Wexford has been involved in telemedicine for more than seven years, said Thomas Lehman, M.D., the company's corporate medical director, and handled 12,000 telemedicine visits last year. He said Maryland is not alone in expressing increased interest in expanding its use. "When we look at the new bids and proposals, all corrections departments across the country are now interested, not only from the aspect of public safety and decreasing overtime costs, but also of delivering good care and access to specialists for inmate patients."

"It didn't take me long to understand how important this was when I attended a meeting with Secretary Gary Maynard [of the Maryland Department of Public Safety and Correctional Services], and he called it their No. 1 priority for the healthcare delivery system," Lehman recalled. "He was very dedicated to supporting this."

After considering several options, Wexford and DPSCS chose to deploy a system from Santa Barbara, Calif.-based InTouch Health that features 18 RP-Lite telemedicine units. Each provides a moveable platform for delivering remote presence capabilities. It features a pan-tilt-zoom camera system to optimize viewing of patients. Accessories include a stethoscope, a privacy headset, and composite and S-Video ports. They also deployed 28 laptops on the specialists' end with software linking them into the system.

"It has often been said that in prison, things move at a glacial pace. I think this was a program that moved at a lightning pace," said Ellen Rappaport, Wexford's telemedicine program director. "We got it all up and running in a three-month project, including getting them installed, trained and ready to go. It really was an amazing implementation."

The IT team is crucial to success, Lehman said. "What many people don't realize is that Internet access in a prison is a security issue. But because state governments are giving less funding to corrections each year, their IT support is not ideal." With telemedicine, system uptime is crucial. "If I am a specialist and I dedicate two hours to see patients via a telehealth unit and the system doesn't work, I am not going to be very interested in continuing. It is a waste of my time," he added. "That's why we chose a cloud-based system."

InTouch's cloud-based technology includes offering the 24/7 monitoring of the machines. "They know if a machine goes down and they fix it," Lehman said. "They also have the data, so we can tell how much time each specialist is spending with each patient."

Because Wexford handles utilization management for DPSCS, it collects lots of data on utilization of various specialty services. "We looked at those services to decide which services we wanted to first utilize this telehealth program," Lehman explained. "We also looked at volume of trips by region to help decide where to deploy the 18 RP- Lite units."

Training was an integral part of the rollout. "Telehealth is still new to a lot of specialists in the community and we had to get their buy-in, as well as the buy-in of onsite medical providers and nursing staff," Lehman explained. "There will always be some sense of not feeling comfortable if you don't have support on the other end, where the patient is, so we decided early on that we would insist that the site's medical director be present during each telehealth visit to help the specialist feel more comfortable."

Since the program was just launched last year, It may be too early to tell if all the envisioned savings will materialize. But Baucom said that the 726 telehealth visits done using the new system have generated an estimated savings of $344,930. The initial investment in equipment and training was a little over $800,000. "We are almost halfway there already," she said.

This article was printed from: **http://www.govtech.com/health/Maryland-Invests-in-Cloud-Based-Telehealth-to-Improve-Correctional-Health-Care-Cut-Costs.html**

Proposal Exhibit 2: Key Corporate Staff

Wexford Health
SOURCES INCORPORATED

DANIEL L. CONN, MBA, CCHP
PRESIDENT, CHIEF EXECUTIVE OFFICER

Mr. Conn has 23 years of wide-ranging, progressive, professional experience. More than 20 of those years have been in health care administration and management, including numerous years in correctional health care. His demonstrated leadership and analytical problem-solving skills enable him to expertly analyze all aspects of a company's operational and financial performance. He is well versed in regulatory and contract compliance, employee and customer relations, and administrative management, as well as contract negotiation. He has a proven track record of enhancing operational performance utilizing his extensive management expertise and coaching capabilities. Mr. Conn's ability to streamline services, improve efficiency, and reduce costs makes him a natural choice to lead Wexford Health as President and CEO.

EXPERIENCE

President, Chief Executive Officer	Wexford Health Sources, Inc. Pittsburgh, PA	2014 – present
Executive Vice President, Chief Operating Officer	Wexford Health Sources, Inc. Pittsburgh, PA	2008 – present
Executive Vice President, Chief Operating Officer, & Chief Financial Officer	Wexford Health Sources, Inc. Pittsburgh, PA	2006 – 2008
Vice President, Chief Financial Officer	Wexford Health Sources, Inc. Pittsburgh, PA	2004 - 2006
Director of Finance, Controller	Wexford Health Sources, Inc. Pittsburgh, PA	2003 – 2004
Vice President – Accounting Controller	Dental Benefit Providers, Inc. Bethesda, MD	2000 - 2003
Vice President – Accounting Services	Integrated Health Services, Inc. Owings Mills, MD	1999 - 2000
Director of Accounting Services	Integrated Health Services, Inc. Pittsburgh, PA	1996 – 1999
Assistant Regional Controller	Integrated Health Services, Inc. Owings Mills, MD	1995 - 1996
Senior Treasury Analyst	Integrated Health Services, Inc. Owings Mills, MD	1993 – 1995
Senior Analyst	Westinghouse Electric Corporation Linthicum, MD	1991 - 1993

EDUCATION

Executive Master of Business Administration
Joseph M. Katz Graduate School of Business — 2009
University of Pittsburgh — Pittsburgh, PA

Bachelor of Science — 1991
Waynesburg College — Waynesburg, PA

PROFESSIONAL ASSOCIATIONS

- Pittsburgh Association for Financial Professionals

LICENSURE, CERTIFICATION, AND TRAINING

- Certified Correctional Health Professional, National Commission on Correctional Health Care

AWARDS AND ACHIEVEMENTS

- CoSIDA/GTE Academic All-American – 1991
- Waynesburg College Varsity Basketball Squad – 1987 through 1991
  - Most Valuable Player (1991)
  - Three-year Captain
  - Four-year letterman

PUBLIC AND COMMUNITY SERVICE

- Upper St. Clair Athletic Association, Volunteer Basketball Coach

Wexford Health
SOURCES INCORPORATED

JOHN M. FROEHLICH, CPA, CCHP
VICE PRESIDENT AND CHIEF FINANCIAL OFFICER

Mr. Froehlich serves as Wexford Health's Vice President and Chief Financial Officer. An experienced CPA with varied financial knowledge, he brings the company 16 years of financial and management experience, including financial analysis and business plan development. Mr. Froehlich is responsible for leading Wexford Health's financial accounting, reporting, and forecasting, as well as for helping to formulate the company's long-term financial strategy, including business development, mergers and acquisitions, and investment management. A Certified Public Accountant, he holds a business degree from Miami University in Oxford, Ohio.

EXPERIENCE

Vice President and Chief Financial Officer	Wexford Health Sources, Inc. Pittsburgh, PA	2011 – present
Vice President of Finance	Millennium Pharmacy Systems, Inc. Pittsburgh, PA	2007 – 2010
Corporate Controller	Millennium Pharmacy Systems, Inc. Pittsburgh, PA	2005 – 2007
Corporate Controller	Comanage Corporation, Inc. Pittsburgh, PA	2004 – 2005
Senior Accountant	Comanage Corporation, Inc. Pittsburgh, PA	1999 - 2004
Senior Auditor	Ernst & Young, LLP Pittsburgh, PA	1999
Staff Auditor	Ernst & Young, LLP Pittsburgh, PA	1998 – 1999

EDUCATION

Bachelor of Science in Accounting and Finance Miami University	1997 Oxford, OH

LICENSURE, CERTIFICATION, AND TRAINING

- Certified Correctional Health Professional, National Commission on Correctional Health Care
- Certified Public Accountant, State of Pennsylvania, (1998)

Wexford Health
SOURCES INCORPORATED

ELAINE J. GEDMAN, CCHP
SENIOR VICE PRESIDENT OF HUMAN RESOURCES & RISK MANAGEMENT

Ms. Gedman has been managing people and projects for more than 26 years — 24 of them in the fields of health insurance and institutional health care. Her strong, diverse background includes operations, strategic planning, human resources, mergers and acquisitions, payroll, and risk management. She also has extensive experience in labor relations, arbitration, and collective bargaining agreement negotiation. Ms. Gedman's versatility, business acumen, and expertise in identifying, researching, analyzing, and developing strategic business relationship makes her the natural leader for Wexford Health's vital Human Resources (e.g., staffing, employee/labor relations, benefit/compensation administration, reporting, training and development), Risk Management, and Payroll functions.

EXPERIENCE

Senior Vice President of Human Resources & Risk Management	Wexford Health Sources, Inc. Pittsburgh, PA	2010 – present
Vice President of Human Resources & Risk Management	Wexford Health Sources, Inc. Pittsburgh, PA	2003 – 2010
Director, Business Development	Highmark Blue Cross Blue Shield Pittsburgh, PA	2001 – 2003
Director, Corporate Workforce Initiatives	Highmark Blue Cross Blue Shield Pittsburgh, PA	2000 - 2001
Director, Corporate Staffing & Diversity	Highmark Blue Cross Blue Shield Pittsburgh, PA	2000 – 2000
Director, Human Resources	Highmark Blue Cross Blue Shield Pittsburgh, PA	1997 – 2000
Director, Human Resources Program Development	Highmark Blue Cross Blue Shield Pittsburgh, PA	1995 - 1997
Employee Relations Consultant	Highmark Blue Cross Blue Shield Pittsburgh, PA	1993 – 1995
Employment Specialist	Highmark Blue Cross Blue Shield Pittsburgh, PA	1990 - 1993
Assistant Store Manager/ Manager of Human Resources & Operations	Joseph Horne Company Pittsburgh, PA	1989 - 1990

EDUCATION

Master of Business Administration (with Honors) Regis University	2003 Denver, CO
Bachelor of Science (Summa Cum Laude) West Virginia University	1986 Morgantown, WV

PROFESSIONAL ASSOCIATIONS

- Pittsburgh Human Resources Association
- Society of Human Resource Management
- Certified Correctional Healthcare Professional (CCHP)

PUBLIC AND COMMUNITY SERVICE

- Presenter and Coach, New Choices/ New Options Program (provides career development services for single parents, displaced homemakers, and single pregnant women)
- Instructor, Greater Pittsburgh Chamber of Commerce "School-to-Work" Taskforce (educates teachers and recommends school curricula redesign that maximizes students' readiness to meet the challenges of the real-world workforce)
- Program Committee Chairperson, Life'sWork Business Advisory Council
- Human Resources Committee, Urban League of Pittsburgh
- Active Member, Thomas Jefferson PTA, Jefferson Hills

AWARDS AND ACHIEVEMENTS

- Kappa Tau Alpha journalism and mass communication honor society
- Vice President, Public Relations Student Society of America
- Delegate, Hugh O'Brian Youth Leadership (HOBY) program

Wexford Health
SOURCES INCORPORATED

DARIUS HOLMES, CCHP
SENIOR VICE PRESIDENT OF STRATEGIC DEVELOPMENT

With more than 24 years of experience in health care — 16 of them in the correctional environment — Mr. Holmes is a driving force behind the acquisition and development of Wexford Health's client contracts. As Senior Vice President of Strategic Development, he is responsible for the growth and expansion into new lines of business. This includes identifying new markets, business opportunities and examining partnership or acquisition possibilities. His experience in correctional budget formulation, fiscal administration, contract negotiation and compliance, policy development, and organizational training and education are invaluable to Wexford Health.

EXPERIENCE

Senior Vice President of Strategic Development	Wexford Health Sources, Inc. Pittsburgh, PA	2009 – present
Senior Vice President of Operations	Wexford Health Sources, Inc. Pittsburgh, PA	2005 – 2009
Vice President	Wexford Health Sources, Inc. Pittsburgh, PA	2002 - 2005
Director of Operations	Wexford Health Sources, Inc. Pittsburgh, PA	2000 - 2001
Regional Manager	Wexford Health Sources, Inc. Pittsburgh, PA	1996 - 2000
Plan Manager	FHP Healthcare Phoenix, AZ	1993 - 1996
Center Manager, Country Club Medical Center	FHP Healthcare Phoenix, AZ	1992 - 1993
Center Manager, Dobson Medical Center	FHP Healthcare Phoenix, AZ	1990 – 1992
Medical Center Administrator	Correctional Medical Systems Grateford, PA	1987 – 1989
Medical Center Administrator	Correctional Medical Systems Vandalia, IL	1987 - 1989
Intern	Depaul Health Center Bridgeton, MI	1986 - 1987

EDUCATION

Bachelor of Science, Planning and Administration — 1986
University of Illinois — Champaign, IL

PROFESSIONAL ASSOCIATIONS

- American Correctional Health Services Association (former Illinois Chapter Secretary)
- American Management Association
- Illinois Alumni Association
- Medical Group Management Association (MGMA)

Wexford Health
SOURCES INCORPORATED

NICKOLAS LITTLE, MBA, CCHP
VICE PRESIDENT, QUALITY, COMPLIANCE AND BUSINESS AFFAIRS

Mr. Little brings Wexford Health three-plus decades of experience in the financial and operational management of statewide prison systems. Most recently, he was the Chief Financial Officer for the Illinois Department of Corrections, with fiscal responsibility for the entire prison system of 48 facilities housing 44,000 offenders. Mr. Little's attention to detail and talent for asset management, contract negotiation, and fiscal policy development — combined with his proven track record of managing scarce resources, reducing costs, and identifying and developing business opportunities — give him the perfect skill set to price, negotiate, and monitor contracts that are mutually beneficial for both Wexford Health and our clients.

EXPERIENCE

Vice President, Quality, Compliance and Business Affairs	Wexford Health Sources, Inc. Pittsburgh, PA	2009 – present
Director, Underwriting and Contract Compliance	Wexford Health Sources, Inc. Pittsburgh, PA	2006 – 2009
Manager, Financial Projects	Wexford Health Sources, Inc. Pittsburgh, PA	2004 - 2006
Chief Financial Officer	Illinois Department of Corrections Springfield, IL	2000 - 2004
Manager Fiscal Support	Illinois Department of Corrections Springfield, IL	1994 - 2000
Business Administrator II	Illinois Department of Corrections Springfield, IL	1985 – 1994
Business Administrator I East Moline Correctional Center	Illinois Department of Corrections East Moline, IL	1982 – 1985
Instructor	Blackhawk Junior College East Moline, IL	1982 - 1984

EDUCATION

Master of Business Administration Southern Illinois University	1982 Carbondale, Illinois
Bachelor of Science – Political Science Quincy College	1976 Quincy, Illinois

LICENSURE, CERTIFICATION, AND TRAINING

- Trained hostage negotiator, Illinois Department of Corrections
- Certified Corrections Health Care Professional

PUBLIC AND COMMUNITY SERVICE

- Missions Committee, First United Methodist Church, Springfield, Illinois
- Sunday School Instructor, Springfield, Illinois
- Den Leader and Cub Master, Boy Scouts of America, Springfield, Illinois
- Assistant Scout Master, Boy Scouts of America, Springfield, Illinois
- President, PTO, Lincoln Middle School, Springfield, Illinois
- Vice President, PTO, Lincoln Middle School, Springfield, Illinois
- School District 186 Parent Advisory Board for the establishment of facility-based management, Springfield Illinois

Wexford Health
SOURCES INCORPORATED

DIANA L. MALLOY, RN, MPM, CCHP
VICE PRESIDENT OF OPERATIONS

Ms. Malloy joined Wexford Health with 37 years' experience in health care, including 19 years in managed care. Her expertise includes the development and management of infrastructure to support utilization management, case management, quality management, contract management, demand management, and disease management. Prior to her current role, in which she is responsible for the operation of our contracts with the Mississippi Department of Corrections and the Maryland Department of Public Safety & Correctional Services, Ms. Malloy led Wexford Health's provider network contracting, utilization management, and claims processing and payment functions.

EXPERIENCE

Vice President of Operations	Wexford Health Sources, Inc. Pittsburgh, PA	2006 – present
Vice President of Medical Services	Wexford Health Sources, Inc. Pittsburgh, PA	2003 – 2006
Director of Utilization Management	Wexford Health Sources, Inc. Pittsburgh, PA	2002 - 2003
Executive Director, Disease Management	American Healthways Pittsburgh, PA	2000 - 2001
Assistant VP, Care Management	Medstar Health Columbia, MD	2000 - 2000
Director of Care Management	Pittsburgh Mercy Health System Pittsburgh, PA	1997 - 1999
Senior Associate	Medmetrix Group Cleveland, OH	1994 – 1997
Manager of Operations	Metlife Pittsburgh, PH	1989 - 1994
Registered Nurse	Allegheny Valley Hosptial Natrona Heights, PA	1976 – 1989
Registered Nurse	Montefiore Hospital Pittsburgh, PA	1974 - 1976

EDUCATION

Masters Degree in Public Management w/Focus in Healthcare Administration Carnegie Mellon University	1994 Pittsburgh, PA

Bachelors Degree in Legal Studies (Cum Laude) University of Pittsburgh	1991 Pittsburgh, PA
Registered Nurse Liliane S. Kaufman School of Nursing	1974 Pittsburgh, PA

LICENSURE, CERTIFICATION, AND TRAINING

- Certified Corrections Health Professional, National Commission on Correctional Health Care
- Pennsylvania RN License 202537-L

Wexford Health
SOURCES INCORPORATED

MARK E. BLEWETT, MBA, PHR, CCHP
DIRECTOR, HUMAN RESOURCES

Mr. Blewett is a Human Resources professional with proven knowledge and hands-on experience across a broad-base of HR functions including employee and labor relations; recruitment and retention; manpower/succession planning; and mergers and acquisitions. He has more than 20 years of human resources experience, 13 of which are in the health care industry. Mr. Blewett provides Wexford Health with expertise in the areas of Human Resources policy development/implementation; collective bargaining agreement negotiation; and strategic response to employee relations issues. Additionally, he has created and delivered multiple management training programs on various human resource-related subjects including employment law, coaching/feedback, conflict resolution, sexual harassment, diversity, and many more. Mr. Blewett holds a Master's Degree in Business Administration and is a certified Professional in Human Resources Management (PHR).

EXPERIENCE

Director, Human Resources	Wexford Health Sources, Inc. Pittsburgh, PA	8/2008 – present
Regional Director, Human Resources	Linens-N-Things Pittsburgh, PA	Through 2008 (Corporate Restructuring)
Regional Director, Human Resources	Comcast Corporation Pittsburgh, PA	2000 - 2007
Director, Human Resources	Presbyterian SeniorCare Oakmont, PA	1/1996 - 2000
Human Resources Generalist	Pittsburgh Mercy Health System Pittsburgh, PA	1991 – 12/1995

EDUCATION

Master of Business Administration Katz Graduate School of Business, University of Pittsburgh	1998 Pittsburgh, PA
Bachelor of Arts – Management Science St. Bonaventure University	1991 St. Bonaventure, NY

LICENSURE, CERTIFICATION, AND TRAINING

- Professional in Human Resources Management (PHR) Certification

Wexford Health
SOURCES INCORPORATED

PATRICIA E. CASEY, RN, CCHP
UM REPORTING AND COMPLIANCE DIRECTOR

In her role as UM Reporting and Compliance Director, Ms. Casey devotes her time to providing utilization management reports to our clients and for internal management of our contracts. In addition, she assists with facilitating the utilization management of all new start-up contracts; overseeing the UM case management department; and acting as a liaison with site personnel for problem resolution. She has 40 years' experience in the health care field with 28 of those in managed care and 14 in corrections. Her background also includes intensive case management and appeals management.

EXPERIENCE

UM Reporting and Compliance Director	Wexford Health Sources, Inc. Pittsburgh, PA	2014 – present
Director, Utilization and Case Management	Wexford Health Sources, Inc. Pittsburgh, PA	2012 - 2014
Manager, Utilization and Case Management	Wexford Health Sources, Inc. Pittsburgh, PA	2000 – 2012
Service Line Leader – Appeals Management Services	Unicare Corporation Pittsburgh, PA	1999 - 2000
Supervisor of Case Management	RX HealthCare Group, Inc. Monroeville, PA	1999
Director of Utilization Management	Three Rivers Health Plans, Inc. Monroeville, PA	1997 - 1999
Intensified Case Manager	Forbes Regional Hospital Monroeville, PA	1992 - 1997
Medical Review/ Reimbursement Specialist	Presbyterian University Hospital Pittsburgh, PA	1990 - 1992
Area Review Coordinator	Keystone Peer Review Organization Pittsburgh, PA	1986 – 1990
Home Care Nurse	Family Home Health Services Oakmont, PA	1985 - 1986
Registered Nurse	St. Francis General Hospital Pittsburgh, PA	1982 – 1985
Registered Nurse	Nurse Professional Registry of Pittsburgh, Inc. Pittsburgh, PA	1979 - 1980

Registered Nurse	Forbes Health System Pittsburgh, PA	1975 - 1978

EDUCATION

Bachelors Degree in Health Arts College of St. Francis	1996 Joliet, IL
Diploma in Nursing Pittsburgh Hospital School of Nursing	1975 Pittburgh, PA

LICENSURE, CERTIFICATION, AND TRAINING

- Maryland Licensed - 001173772
- Pennsylvania Licensed - RN-209045-L
- Virginia Licensed – R170026
- Dale Carnegie Leadership Training Course, Pittsburgh, PA, 1998

PROFESSIONAL ASSOCIATIONS

- Pittsburgh Hospital Alumnae Association

Wexford Health
SOURCES INCORPORATED

CARLOS CORREA, CCHP
DIRECTOR OF INFORMATION TECHNOLOGY

Mr. Correa has over 20 years of practical experience in the information technology field, including 12 years in the correctional and managed health care industries. His demonstrated expertise in managing the hardware, software, and telecommunications infrastructures of complex, multiple-site correctional organizations makes him a vital part of the strategy development and technology implementation teams for every Wexford Health client. He is equally skilled at directing technology support teams and managing client and end-user relationships.

EXPERIENCE

Director of Information Technology	Wexford Health Sources, Inc. Pittsburgh, PA	2004 – present
Acting Director/ Technical Support Manager, Electronic Health Record Production Support	University of Pittsburgh Medical Center Pittsburgh, PA	2001 - 2003
Director of Information Services	Peak Technical Services Pittsburgh, PA	2000 - 2001
Manager of Infrastructure Services	FreeMarkets Pittsburgh, PA	1999 - 2000
Director of Information Technology	UPMC Health Plan Pittsburgh, PA	1997 – 1999
Senior Technology Consultant, Advanced Technology Group	Highmark Blue Cross Blue Shield Pittsburgh, PA	1996 - 1997
Senior Electronic Commerce Consultant, Management Systems and Technology	American Management Systems Fairfax, VA	1989 - 1996

EDUCATION

Master of Telecommunications University of Pittsburgh	1989 Pittsburgh, PA
Bachelor of Arts – Computer Science University of Pittsburgh	1987 Pittsburgh, PA

Wexford Health
SOURCES INCORPORATED

JOE EBBITT, CCHP
DIRECTOR OF RISK MANAGEMENT, HIPPA COMPLIANCE AND LEGAL AFFAIRS

Mr. Ebbitt has more than 20 years of legal administration experience including medical malpractice, construction, products liability, and toxic torts litigation. In his current role at Wexford Health, Mr. Ebbitt's responsibilities include management of claims on behalf of the company, facilitating corporate risk management meetings, implementing proactive approaches to minimize future claims, promoting employee safety, and serving as liaison between the company, institutional sites, insurance carriers and panel counsel.

EXPERIENCE

Director of Risk Management, HIPPA Compliance and Legal Affairs	Wexford Health Sources, Inc. Pittsburgh, PA	2013 – present
Manager, Risk Management	Wexford Health Sources, Inc. Pittsburgh, PA	2006 – 2013
Senior Paralegal	Murphy Taylor LLC Pittsburgh, PA	1986 - 2006

EDUCATION

Bachelor of Arts (Dual Degrees), Criminology and Psychology Indiana University of Pennsylvania	1985 Indiana, PA

LICENSURE, CERTIFICATION, AND TRAINING

Paralegal Certification, Litigation Duquesne University	1987 Pittsburgh, PA

Wexford Health
SOURCES INCORPORATED

NEIL FISHER, MD
CORPORATE UTILIZATION MEDICAL DIRECTOR

Dr. Fisher has been a practicing physician for 25 years—15 of them in correctional health care. His focused experience and knowledge of the correctional health care environment, lends him to be a highly sought after health care professional. Dr. Fisher is responsible for coordinated consultant and inpatient care for several of our statewide contracts. In addition, he is currently utilizing HIV telemedicine to help direct and monitor utilization and quality of care for our clients. Dr. Fisher earned his medical degree from Albany Medical College, is a coveted speaker for NCCHC, ACA, ACHSA, and is licensed in nine states (including the Commonwealth of Virginia).

EXPERIENCE

Corporate Utilization Medical Director	Wexford Health Sources, Inc. Pittsburgh, PA	2012 – present
Clinical Director	GEO Group Folkston, GA	2011 – 2012
Corporate Medical Director	GEO Group Boca Raton, FL	2006 – 2012
Medical Director & Chief Health Officer	PHS Indiantown, FL	2001 – 2006
Medical Director & Chief Health Officer	PHS Okeechobee, FL	2001 – 2001
Medical Director	PHS Fort Lauderdale, FL	2000 – 2001
Medical Director	CMS Miami, FL	1999 – 2000
Staff Physician	Locum Tenens	1998 – 1999
Chief Physician	Physician's Corporation of America Hallandale, FL	1994 – 1998
Clinic Physician	U.S. Army Wiesbaden, Germany	1991 – 1993
Clinic Physician	U.S. Army Dexheim, Germany	1989 – 1991
Clinic Staff Physician	Letterman Army Hospital San Francisco, CA	1989 – 1989

EDUCATION

Doctor of Medicine Albany Medical College	1988 Albany, NY
Bachelor of Science Northeastern University	1984 Boston, MA

LICENSURE, CERTIFICATION, AND TRAINING

- Arizona
- California
- Florida
- Georgia
- Mississippi
- New York
- North Carolina
- Texas
- Virginia

PROFESSIONAL ASSOCIATIONS

- Honorable Discharge Army
- ACHSA

Wexford Health
SOURCES INCORPORATED

MARTHA DIEDRICH INGRAM, CCHP, CPHQ
DIRECTOR, QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT

Ms. Ingram has 27 years of health care operations and management experience, including clinical nursing supervision, budget management, strategic planning, regulatory compliance, and business development. Prior to joining Wexford Health in 2004 as a Regional Manager for multiple correctional centers under our Illinois contract, she spent nine years as a hospital nursing manager. Ms. Ingram has also served as the executive director for a retirement and assisted living community, and the director of a wound management center, for which she produced significant growth in both programs and revenue. She is certified as both a Certified Correctional Healthcare Professional and a Certified Professional in Healthcare Quality.

EXPERIENCE

Director, Quality Management and Performance Improvement	Wexford Health Sources, Inc. Pittsburgh, PA	2009 – present
Regional Operations Director	Wexford Health Sources, Inc. Pittsburgh, PA	2004 - 2009
Director, Wound Management Center	Curative Health Services Nashua, NH	2001 – 2004
Executive Director	Atria Communities (Retirement and Assisted Living) Louisville, KY	1998 - 2001
Nurse Manager	Welborn Baptist Hospital Evansville, IN	1979 - 1998

EDUCATION

Bachelor of Science College of St. Francis	1994 Joliet, IL
Diploma of Nursing Deaconess College of Nursing	1979 St. Louis, MO

LICENSURE, CERTIFICATION, AND TRAINING

- Certified Correctional Health Professional
- Certified Professional in Healthcare Quality

PROFESSIONAL ASSOCIATIONS

- Academy of Correctional Health Professionals

Wexford Health
SOURCES INCORPORATED

HALA KHALIL, PHARMD, RPH
CORPORATE CLINICAL PHARMACIST

Ms. Khalil has more than 10 years' of experience as a licensed pharmacist. She has worked in numerous environments, including retail and institutional settings. She has experience in employee and project supervision, and has a track record of maintaining her departments under strict regulations. Her blend of outstanding organizational skills and diversified practice make Ms. Khalil an excellent fit for Wexford Health's pharmacy program.

EXPERIENCE

Clinical Pharmacist	Wexford Health Sources, Inc. Pittsburgh, PA	2014 – present
Pharmacist	Rite Aid Pharmacy Pittsburgh, PA and Los Angeles, CA	2006 - 2014
Staff Pharmacist	Century City Hospital & West Hills Hospital Los Angeles, CA	2006 - 2007
Staff Pharmacist	Forbes Hospital Monroeville, PA	2003 – 2006
Pharmacist	Formally Eckerd Pharmacy Pittsburgh, PA	2003

EDUCATION

PharmD Temple University School of Pharmacy	2003 Philadelphia, PA
Bachelor of Biology University of Pittsburgh	1999 Pittsburgh, PA

LICENSES AND AFFILIATIONS

- Licensed in Pennsylvania and California
- Immunizing pharmacist
- CPR, First Aid, and Basic Life Support

Wexford Health
SOURCES INCORPORATED

GLENN D. KRAMER, MBA, CMA, CFM, CIA, CRP, SSN
DIRECTOR, HEALTHCARE ANALYSIS

Mr. Kramer has more than 17 years of experience in finance and health care, including two years in correctional health care. In his current position, Mr. Kramer is responsible for completing not only thorough, financial analyses of all Wexford Health contracted jails and prisons, but also strategic financial reviews of all clinical operations within the company's book of business. Prior to joining Wexford Health in 2008, Mr. Kramer served as the Director of Finance for UPMC Insurance Services.

EXPERIENCE

Director, Healthcare Analysis	Wexford Health Sources, Inc. Pittsburgh, PA	2008 – present
Director of Finance	UPMC Insurance Services Pittsburgh, PA	2005 – 2008
Senior Healthcare Consultant	Coventry Healthcare Pittsburgh, PA	2003 – 2005
Manager - Finance	HealthAmerica Pittsburgh, PA	1997 – 2003
Financial Analyst	Mellon Bank Pittsburgh, PA	1996 – 1997
Accountant/ Business Manager	University of Pittsburgh Medical Center Pittsburgh, PA	1993 – 1996

EDUCATION

Masters in Business Administration – With Honors Robert Morris University	2001 Pittsburgh, PA
Bachelor of Science in Accounting Duquesne University	1991 Pittsburgh, PA

LICENSURE, CERTIFICATION, AND TRAINING

- Cognus Training (2007)
- SQL Training (2007)

PUBLIC AND COMMUNITY SERVICE

- Youth Baseball Coach

AWARDS AND ACHIEVEMENTS

- HealthAmerica "Share the Vision" Award (2001)
- Coventry Outstanding Achievement Award (2001)
- HealthAmerica "Heart Award" (2000)

Wexford Health
SOURCES INCORPORATED

THOMAS M. LEHMAN, MD, CCHP
CORPORATE MEDICAL DIRECTOR, UTILIZATION MANAGEMENT AND CLINICAL SERVICES

During his 6 years directly involved in correctional medicine, Dr. Lehman's impact can be felt. He is responsible not only for Wexford Health's company-wide utilization management (UM) program, but also for the nationwide work of our Telemedicine physicians. With wide-ranging clinical and administrative expertise gained through years of experience in public, private, and institutional settings, his primary areas of focus are internal medicine and cardiology. Dr. Lehman also has extensive experience in HIV care and lectures nationally on HIV as well as on cardiovascular disease. He is currently utilizing telemedicine to help direct and monitor utilization of care for the state agencies in Illinois, West Virginia, and Mississippi. Dr. Lehman earned his medical degree from the University of Cincinnati College of Medicine, and is an active member of the Society of Correctional Physicians, the National Commission of Correctional Physicians, and the American Academy of HIV Medicine.

EXPERIENCE

Corporate Medical Director, Utilization Management and Clinical Services	Wexford Health Sources, Inc. Pittsburgh, PA	06/2009 – present
Medical Director, Utilization Management	Wexford Health Sources, Inc. Pittsburgh, PA	02/2009 – 06/2009
Associate Regional Medical Director for Mississippi, Site Medical Director and Director of HIV Care	Wexford Health Sources, Inc. Parchman, MS	2008 – 2009
Site Medical Director, Director of HIV Care, Staff Physician, Associate Medical Director	Correctional Medical Services Parchman, MS	2004 - 2008
Assistant Professor, Biological Sciences and School of Nursing	Delta State University Cleveland, MS	2002 – present
Cardiologist	Ark-La-Tex Cardiology, APMC Shreveport, LA	January 2001 – May 2001
Cardiologist, Medical Director, Cardiovascular Services and Cardiac Catheterization Lab	Southwest Mississippi Regional Medical Center McComb, MS	1999 - December 2000
Cardiologist	Greenville Clinic Greenville, MS	1998 – 1999
Medical Director, Cardiac Rehabilitation	Delta Regional Medical Center Greenville, MS	1998 –1999
Medical Director, ICU, Cardiopulmonary Department, Cardiovascular Imaging and Pacemaker Clinic	Stone County Hospital Wiggins, MS	1995 –1998

Chief of Staff	Stone County Hospital Wiggins, MS	1995 – 1996
Medical Director	Whole Family Healthcare Clinic, P.A. Wiggins, MS	1993 – 1998
Cardiologist	Northshore Regional Medical Center and Cardiovascular Clinic Sidell, LA	1992 – 1993
Multiple roles including Cardiologist, Medical Director, Coronary Unit, Noninvasive Cardiology Laboratory, Pacemaker Clinic, Coumadin Clinic and Coronary Step-Down Clinic	Keesler U. S. Air Force Medical Center Biloxi, MS	1988 – 1992

EDUCATION

Fellowship in Clinical Cardiology University Hospital Medical Center	1988 Cincinnati, OH
Residency in Internal Medicine University Hospital Medical Center	1986 Cincinnati, OH
Doctor of Medicine University of Cincinnati College of Medicine	1983 Cincinnati, OH
Bachelor of Science Wright State University	1978 Dayton, OH

LICENSURE, CERTIFICATION, AND TRAINING

- AAHIVM Specialty Certification, HIV
- ABIM Specialty Board Certification, Cardiovascular Diseases
- ABIM Specialty, Internal Medicine

PROFESSIONAL ASSOCIATIONS

- Society of Correctional Physicians
- National Commission of Correctional Physicians
- American Academy of HIV Medicine

PUBLIC AND COMMUNITY SERVICE

- Board of Directors, Helping Hands of Cleveland/Bolivar County, Inc., Cleveland, MS
- Elder, First Presbyterian Church, Cleveland, MS
- Kairos Prison Ministry, Parchman, MS

Wexford Health
SOURCES INCORPORATED

TINA T. MCGAHEY, PHR, CCHP
DIRECTOR, HRIS, COMPENSATION AND PAYROLL

Ms. McGahey has over 18 years of experience in field of Human Resources, HRIS, payroll, and data analysis, with 2 of those in the correctional health care field. Her career experience includes a total of over 28 years with a strong cross-functional background in Human Resources, Finance, and IT. Ms. McGahey's background includes: extensive experience with planning and coordinating HR information system implementation; needs analysis, data computation; and the development and implementation of an e-time system which reported on the financial burden of accrued paid time off when it is not taken by the employee. In her experience, she has aligned departmental strategy with overall business objectives to achieve significant improvements in organizational profitability, cost control, and productivity.

EXPERIENCE

Director, HRIS, Compensation and Payroll	Wexford Health Sources, Inc. Pittsburgh, PA	2008 – present
Manager HRIS, Global HRSAP Implementation Manager, U.S.	LANXESS Corporation Pittsburgh, PA	2004 – 2008
Senior HR Representative, Senior HR Consultant, Senior IS Analyst	Bayer Corporation Pittsburgh, PA	1998 - 2004
HRIS Analyst	Bayer Corporation Pittsburgh, PA	1995 - 1998
Project Leader	United Parcel Service Mahwah, New Jersey	1991 - 1993
Project Leader	General Electric Corporation Cleveland, OH	1986 - 1991
Specialist Decision Support Systems	General Electric Corporation Bridgeport, CT	1982 – 1986
Programmer Analyst	General Electric Corporation Bridgeport, CT	1979 - 1982
Accountant	Mervin D. Newton, CPA Nashua, NH	1978 - 1979

EDUCATION

Master of Business Administration, Finance University of Bridgeport	1985 Bridgeport, CT
Bachelor of Science, Business Administration University of Massachusetts	1979 Amherst, MA

LICENSURE, CERTIFICATION, AND TRAINING

- PHR – Recertified 2007-01-01 through 2009-12-31

PROFESSIONAL ASSOCIATIONS

- Society for Human Resources Management

PUBLIC AND COMMUNITY SERVICE

- Volunteer, Animal Friends of Pittsburgh
- Church Group Member and Volunteer, St. John Capistran, Pittsburgh
- Volunteer, Washington County Humane Society

PUBLICATIONS AND LECTURES

- Electronic Resumes and the Impact of Equal Employee Opportunity Data, Bayer Corporation EEO Conference, Washington, D.C. (2004)

Wexford Health
SOURCES INCORPORATED

KATHLEEN OHLEGER
DIRECTOR, PROVIDER NETWORK DEVELOPMENT, CREDENTIALING, AND CLAIMS

In her current role, Ms. Ohleger directs and implements network development strategies; identifies, negotiates and contracts with efficient and cost-effective specialty, hospital and ancillary providers; conducts ongoing reviews and analysis of the effectiveness of existing provider networks to better identify potential providers; and maintains and supports ongoing relationships with network contracted providers. In addition, she oversees all credentialing of all Wexford Health clinicians and Network providers and all claims functions for the entire corporation. Ms. Ohleger has more than 23 years of health care experience in areas such as customer service, provider relations, market research and management.

EXPERIENCE

Director, Provider Network Development and Credentialing	Wexford Health Sources, Inc. Pittsburgh, PA	2012 – Present
Manager, Provider Network Development, Credentialing, and Claims	Wexford Health Sources, Inc. Pittsburgh, PA	2011 – 2012
Manager, Provider Network Development, and Credentialing	Wexford Health Sources, Inc. Pittsburgh, PA	2009 – 2011
Manager, Provider Network Development	Wexford Health Sources, Inc. Pittsburgh, PA	2005 – 2009
Service Operations Supervisor	Coventry Health Care Cranberry Township, PA	2002 – 2005
Customer Service/ Provider Relations Manager	WorkWell Carnegie, PA	1999 – 2002
Operations Manager	PriceWell, a division of WorkWell Carnegie, PA	1999
Provider Relations Manager	PriceWell, a division of WorkWell Carnegie, PA	1996 - 1999
Clinical Research Technician	University of Pittsburgh Medical Center Pittsburgh, PA	1989 – 1996

EDUCATION

Bachelor of Science, Biology University of Pittsburgh	1983 Pittsburgh, PA

Wexford Health
SOURCES INCORPORATED

DINA PAUL, MD, MS, CCHP
CHRONIC DISEASE AND CASE MANAGEMENT DIRECTOR

A board-certified internist, Dr. Paul is responsible for the oversight of Wexford Health's Chronic Disease and Case Management programs. She has extensive clinical experience, working as our Internist, Hepatitis C Coordinator for over six (6) years. Dr. Paul earned her medical degree from The Pennsylvania State College of Medicine and her Master's Degree from Georgetown University. She is a Certified Diplomat of the American Board of Internal Medicine and Certified Medical Review Officer of the Medical Review Officer Certification Council.

EXPERIENCE

Chronic Disease and Case Management Director	Wexford Health Sources, Inc. Pittsburgh, PA	2012 – present
Internist, Hepatitis C Coordinator	Wexford Health Sources, Inc. Pittsburgh, PA	2006 – 2012
General Practitioner, Internal Medicine	Pine Hollow Medical Associates McKees Rocks, PA	2002 - 2005
General Practitioner, Internal Medicine	Pine Richland Medical Associates Gibsonia, PA	2000 – 2002

EDUCATION

Internal Medicine Residency – Primary Care Track Allegheny General Hospital, West Penn Allegheny Health System	1997 – 2000 Pittsburgh, PA
Doctor of Medicine The Pennsylvania State College of Medicine	1997 Hershey, PA
Master of Science, Physiology and Biophysics Georgetown University	1992 Washington, DC
Bachelor of Science, Biology Indiana University	1990 Bloomington, IN

LICENSURE, CERTIFICATION, AND TRAINING

- Certified Diplomat of the American Board of Internal Medicine
- Certified Medical Review Officer, Medical Review Officer Certification Council
- Medical license, State of Pennsylvania

PROFESSIONAL ASSOCIATIONS

- Allegheny County Medical Society
- American Medical Association

PUBLICATIONS AND LECTURES

- Postmenopausal Hormone Replacement Therapy, Grand Rounds presentation, Allegheny General Hospital, Pittsburgh, PA (2000)
- The Outpatient Management of Obesity, Grand Rounds presentation, Allegheny General Hospital, Pittsburgh, PA (1998)

Wexford Health
SOURCES INCORPORATED

WENDELYN R. PEKICH, MBA, CCHP
DIRECTOR, MARKETING AND COMMUNICATIONS

Ms. Pekich has over 9 years of experience in the health care industry, with 5 of those directly dedicated to correctional medicine. She joined Wexford Health with 19 years of sales, marketing, communications, and public relations experience. In her current role, she is responsible for the company's marketing, communications, advertising, proposal development, and public relations functions, including establishing positive relationships with industry organizations, the media, community organizations, public interest groups, and governmental entities; and developing outreach programs for the communities where Wexford Health holds contracts. She has developed and implemented marketing plans, strategies, and programs for Fortune 500 corporations, small start-up organizations, and major health care organizations. Ms. Pekich has a proven history of managing successful marketing and communication campaigns from concept to completion, resulting in exceptional client service, cost management, and revenue maximization. She holds a Master's Degree in Business Administration from Carnegie Mellon and is a member of the Academy of Correctional Health Professionals, the American Correctional Association, the Business Marketing Association, and the American Marketing Association, where she is a past recipient of the Western Pennsylvania Marketer of the Year award.

EXPERIENCE

Director, Marketing and Communications	Wexford Health Sources, Inc. Pittsburgh, PA	2009 – present
Director, Marketing and Proposal Development	Wexford Health Sources, Inc. Pittsburgh, PA	2005 – 2009
Manager, Market Research and Communications, UPMC Health Plan	University of Pittsburgh Medical Center Pittsburgh, PA	2001 – 2005
Consultant, Marketing and Communications	Donohue & Associates Pittsburgh, PA	2000 - 2001
General Manager, Pittsburgh	Venture Investments Livonia, MI	1993 - 2000
Assistant Manager, Pittsburgh	Petland, Inc. Chilicothe, OH	1988 - 1993
Marketing Specialist	Avery Dennison Concord, OH	1987 - 1988

EDUCATION

Master of Business Administration, Marketing Tepper School of Business, Carnegie Mellon	1987 Pittsburgh, PA
Bachelor of Arts, Political Science and Psychology University of Pittsburgh	1985 Pittsburgh, PA

LICENSURE, CERTIFICATION, AND TRAINING

- *An In-Depth Look at NCCHC's Standards*, National Commission on Correctional Health Care (2006)
- *An In-Depth Look at NCCHC's Mental Health Care Guidelines*, National Commission on Correctional Health Care (2006)

PROFESSIONAL ASSOCIATIONS

- Academy of Correctional Health Professionals
- American Correctional Associations
- American Marketing Association
  - Leadership Team
  - Chair, Communications Committee
  - Newsletter Editor
- Lifetime Member, University of Pittsburgh Alumni Association
- Phi Beta Kappa
- University of Pittsburgh Panther Club

PUBLIC AND COMMUNITY SERVICE

- Delta Zeta national social sorority
- Management Game Board Member, Tepper School of Business, Carnegie Mellon

AWARDS AND ACHIEVEMENTS

- American Marketing Association Member of the Year (2006)
- University of Pittsburgh Medical Center ACES Award for Commitment and Excellence in Service, given to fewer than 1% of the medical center's more than 40,000 employees (2005)

Wexford Health
SOURCES INCORPORATED

PATRICIA PERKINS RN, MSN
DIRECTOR OF UTILIZATION MANAGEMENT

In her role as Director of Utilization Management, Ms. Perkins is responsible for facilitating the utilization management of all new start-up contracts; overseeing the UM case management department; and acting as a liaison with site personnel for problem resolution. She has over 14 years of experience in case management/utilization management. Her extensive health care and management background solidifies her valuable knowledge and leadership skills. The experience Ms. Perkins possesses has allowed her to transition with ease at Wexford Health.

EXPERIENCE

Director of Utilization Management	Wexford Health Sources, Inc. Pittsburgh, PA	2013 – present
Director PA Health Plan, Clinical Health Services	United Healthcare Pittsburgh, PA	2006 – 2013
Education Coordinator and Manager	UPMC Pittsburgh, PA	2006
Manager and Educator	UPMC Pittsburgh, PA	2004 – 2006
Insurance Marketer, Liaison Supervisor, and Education Program Development	Health South Rehabilitation Hospital Pittsburgh, PA	2003 – 2004
Concurrent Review, Case Manager and Educator	Coventry Health America Pittsburgh, PA	2000 – 2004

EDUCATION

Master of Science Degree in Nursing Slippery Rock University	2004 Clarion, PA
Bachelor of Science Degree in Nursing Slippery Rock University	2001 Clarion, PA
Business Management Introduction Entrepreneurship Butler Community College	2004-2009 Butler, PA

Wexford Health
SOURCES INCORPORATED

ELLEN S. RAPPAPORT, MPH, CCHP
TELEMEDICINE AND RE-ENTRY DIRECTOR

Ms. Rappaport has more than 18 years of experience in public health and program administration, including nine years in corrections. In her current role, she is responsible for the development, delivery, and enhancement of our comprehensive telehealth and re-entry programs. Ms. Rappaport received her master's degree in Public Health, with a concentration in Health Education and Disease Prevention, from Boston University's School of Public Health.

EXPERIENCE

Telemedicine and Re-Entry Director	Wexford Health Sources, Inc. Pittsburgh, PA	2012 – present
Senior Manager, National Accounts	Gilead Sciences, Inc. Baltimore, MD	2005 – 2012
Director, AIDS Education and Training Center	Johns Hopkins University, School of Medicine Baltimore, MD	2002 – 2005
Coordinator	Department of Public Safety and Correctional Services Baltimore, MD	2002 – 2004
Coordinator, AIDS Education and Training Center	John Hopkins University, School of Medicine Baltimore, MD	2001 – 2002
Director, HIV Case Management Program	Corizon (formerly Correctional Medical Services) Dedham, MA	1998 – 2001
Coordinator, HIV Program	Corizon (formerly Correctional Medical Services) Dedham, MA	1994 – 1998

EDUCATION

Master of Public Health Boston University, School of Public Heatlh	1996 Boston, MA
Bachelor of Science, Health Education Northeastern University	1988 Boston, MA

PROFESSIONAL ASSOCIATIONS

- American Correctional Health Services Association

- American Public Health Association

PUBLICATIONS AND LECTURES

- HIV and Pregnancy: Helping Your Patients Decide, Training Video; J. Anderson, P. Barditch-Crovo, W. Ruby, E, Rappaport (2005)
- Anal Pap Smear: A Simple, Fast & Easy Procedure, Training Video; C. .Martin, W, Ruby, E. Rappaport, M. Paradise (2004)
- Increased Prevalence of Severe Hepatoxicity in Incarcerated HIV-Seropositive Patients with Underlying Hepatitis C Infection; B. McGovern, E. Rappaport, K. McKee, R. Dhar, M. Landa, P. Stark, D. Snydman (2002)
- Validation of self-reported risk as a method for identifying anti-hepatitis C positive individuals at time of intake physical examination at Massachusetts Department of Correction Facilities; E. Eastman, E. Rappaport, A. DeMaria, B. Werner (2001)
- The Complexity of Hepatitis C in the Correctional Setting, CME monograph; W. Ruby and E, Rappaport (2001)
- Adherence to HIV Therapy: Building a Bridge to Success – Special Populations – Correctional Institutions; Forum for Collaborative HIV Research; E. Rappaport (1999)

Wexford Health
SOURCES INCORPORATED

RONALD J. SMITH, PSY.D, CCHP-MH
DIRECTOR, BEHAVIORAL HEALTH SERVICES

Dr. Smith has 6 years experience providing quality correctional health care, with over 15 years in the institutional and private sector. Dr. Smith specializes in Clinical Psychology with a secondary area of expertise in Health Psychology. His experience runs the gamut of mental health care, from developing independent living skills programs for neurologically handicapped and learning-handicapped patients, to diagnostic testing and assessment in the private practice environment, to serving as the Chief Clinical Officer for a large rural community mental health center. Prior to joining Wexford Health, Dr. Smith was the Chief of Mental Health Services for the Vermont Department of Corrections. His institutional behavioral health experience includes stints with the Idaho Department of Juvenile Correction and as the Executive Director of the Arkansas Partnership Program, a residential mental health and drug abuse treatment facility that works in close coordination with the criminal justice system to serve severely mentally ill adults with histories of arrest and incarceration. Dr. Smith also served as a Lieutenant and staff psychologist in the Medical Service Corps of US Naval Reserve.

EXPERIENCE

Director, Mental Health Services	Wexford Health Sources, Inc. Pittsburgh, PA	2009 – present
Chief of Mental Health Services	State of Vermont, Department of Corrections Waterbury, VT	2006 - 2009
Executive Director	Liberty Healthcare- Arkansas Partnership Program Little Rock, AR	2000 - 2006
Statewide Placement Manager	State of Idaho, Department of Juvenile Correction Nampa, ID	1998 - 2000
Chief Clinical Officer	Guidance Center of Lea County, Inc. Hobbs, NM	1996-1997
Clinical Director	Guidance Center of Lea County, Inc. Hobbs, NM	1995 - 1996
LT, Medical Services Corps, USNR, Staff Psychologist	United States Navy, Naval Hospital Twenty-nine Palms United States Marine Corps Air Ground Combat Center Twenty-nine Palms, CA	1992 - 1995
Psychology Assistant	Dr. Michael Diamond, PhD (Private Practice) Chicago, IL	1991 – 1992

Youth Care Advocate Supervisor	Mercy Boys Home Chicago, IL	1990 - 1991
Substance Abuse Counselor	Center for Addictive Problems Chicago, IL	1989 - 1989
Instructional Counselor	Diagnostic Center for Neurologically Handicapped Children Fresno, CA	1988 - 1988
Counselor	Diagnostic Center for Neurologically Handicapped Children Fresno, CA	1984 - 1988
Instructor	Fresno City College Fresno, CA	1985 - 1987
Teacher	Liz Bowers Child Development Center Fresno, CA	1983 - 1984
Instructor	Independent Living Program, Fresno High School Fresno, CA	1981 - 1982
Recreational Leader	Fresno City Parks and Recreation, Therapeutic Services Fresno, CA	1980 - 1984

EDUCATION

Doctor of Psychology Illinois School of Professional Psychology	1994 Chicago, IL
Clinical Psychology Internship National Naval Medical Center	1992 - 1993 Bethesda, MD
Masters of Arts California State University	1988 Fresno, CA
Bachelor of Arts California State University	1985 Fresno, CA

LICENSURE, CERTIFICATION, AND TRAINING

- Psychology License, State of Vermont

Wexford Health
SOURCES INCORPORATED

ABDI Y. TINWALLA, MD, CCM
CORPORATE CHIEF OF PSYCHIATRY

After receiving his Master of Science degree in Pharmaceutics from the University of Utah, Dr. Tinwalla went back to school and received his MD from the Medical College of Ohio in 2001. He completed a residency in Psychiatry at Rush University Medical Center in Chicago, as well as a fellowship in Forensic Psychiatry at the University of Rochester's Strong Memorial Hospital in New York. Dr. Tinwalla started his career in corrections in 2006 with the Cook County Department of Correction, working at one of the nation's largest single-site county pre-detention facilities with an average daily population of 9,000 inmates. He has also served as a forensic psychiatrist for the Illinois Department of Human Services, overseeing their conditional release and sex offender programs. Dr. Tinwalla is currently Wexford Health's Chief of Psychiatry and is personally responsible for overseeing mental health services for our contract with the Illinois Department of Corrections. He is also a Certified Corrections Manager (CCM), an American Correctional Association designation reserved for individuals who manage major programs within the correctional setting.

EXPERIENCE

Chief of Psychiatry	Wexford Health Sources, Inc. Pittsburgh, PA	2010 – present
Forensic Psychiatrist Group Therapist	Jubilee Health, Inc. Glendale Heights, IL	2009 – present
Forensic Psychiatrist	Illinois Department of Human Services Treatment and Detention Center Rushville, IL	2006 – present
Forensic Psychiatrist	Illinois Department of Human Services Conditional Release Program Chicago, IL	2006 – present
Psychiatrist	Cook County Department of Correction Chicago, IL	2006 – 2010
Group Therapist	Oak Forest Psychological Services Oak Forest, IL	2003 - 2009
Quality Control Chemist	SoloPak Pharmaceuticals Elk Grove Village, IL	1994 – 1997

EDUCATION

Forensic Psychiatry Fellow University of Rochester, Strong Memorial Hospital	2005 – 2006 Rochester, NY
Resident in Psychiatry Rush University Medical Center	2001 – 2005 Chicago, IL
Doctor of Medicine Medical College of Ohio	2001 Toledo, OH
Masters of Science in Pharmaceutics University of Utah	1993 Salt Lake City, UT
Bachelor of Science in Pharmacy K.M. Kundnani College of Pharmacy, University of Bombay	1990 Bombay, India

LICENSURE, CERTIFICATION, AND TRAINING

- Medical license, State of Illinois
- DEA License
- Diplomate of the American Board of Psychiatry and Neurology (Psychiatry and Forensic Psychiatry)

PROFESSIONAL ASSOCIATIONS

- American Psychiatric Association
- American Academy of Psychiatry and the Law
- Sex Offender Committee – American Academy of Psychiatry and the Law Special Committees
- Sex Offender Management Board's Approved Provider

LECTURES

- Pharmacological Treatment of Sex Offenders, Sex Offender Management Symposium, Normal, Illinois (2008)
- Effectiveness of Lupron in Civil Commitment Settings, Sex Offender Civil Commitment Programs Network Tenth Annual Summit, Atlanta, GA (2008)
- Treatment of Sex Offenders, National Mental Health Conference 2008, Indianapolis, IN (2008)
- Sex Offenders (Grand Rounds Presentation), Rush University Medical Center, Chicago, IL (2005)
- Why am I getting fat, Doc? (Grand Rounds Presentation), Rush University Medical Center, Chicago, IL (2003)
- A Novel Approach for the Solubilization of Thiazolobenzimidazole Using a Combination of pH Adjustment and Complexation with 2-Hydroxypropyl – B-Cyclodextrin, American Association of Pharmaceutical Sciences National Meeting, San Antonio, TX (1992)
- Thermally Induced Aggregation and Precipitation of Bovine Somatotropin (rbst) (Seminar Presentation), The Upjohn Company, Kalamazoo, MI (1992)
- Solubilization of Thiazolobenzimidazole Using a Combination of pH Adjustment and Complexation with 2-Hydroxypropyl-B-Cyclodextrin (Poster Presentation), American Association of Pharmaceutical Sciences, Reno, NV (1992)

PUBLICATIONS

- "Legal Digest - Health Insurance and Mental Illness." Tinwalla A. & Ciccone RJ , J AM Academy of Psychiatry Law. (2006)
- "Legal Digest – ADA and Medical Examinations." Tinwalla A. & Ciccone RJ, J AM Academy of Psychiatry Law (2006)
- "Solubilization of Thiazolobenzimidazole Using a Combination of pH Adjustment and Complexation with 2-Hydroxypropyl-B-Cyclodextrin." Tinwalla A., Hoestery B., Xiang T., Lim K., & Anderson B., Pharmaceutical Research, Kluwer Academic Publishers (1993)

AWARDS AND ACHIEVEMENTS

- Rush University Medical Center's "Applause" Award in 2002 for outstanding patient care in the Department of Psychiatry (2002)
- Medical College of Ohio's Vernon Volland Memorial Scholarship for Academic Achievement in Medical School (1999)
- K.M. Kundnani College of Pharmacy Gold Medalist (1990)

Wexford Health
SOURCES INCORPORATED

MATTHEW JACKANIC, MBA
ASSISTANT DIRECTOR OF FINANCIAL ANALYSIS & PRICING

During the 3 years, Mr. Jackanic has been operating in the correctional health care industry; Mr. Jackanic has been responsible for financial analysis and reporting, including variance analysis, management, budget and business plan preparation, and contract pricing. In addition, he is responsible for contract compliance for current clients and for analyzing and alleviating client's issues. Prior to joining Wexford Health, Mr. Jackanic worked as a Senior Financial and Contracts Analyst on major military and other government contracts for the Parsons Group.

EXPERIENCE

Assistant Director of Financial Analysis & Pricing	Wexford Health Sources, Inc. Pittsburgh, PA	2007 – present
Manager, Estimating & Pricing/ Senior Financial Analyst	Parsons Infrastructure and Technology Group Inc. Pittsburgh, PA	2006 – 2007
Financial Analyst/ Project Controls Specialist	Parsons Infrastructure and Technology Group Inc. Pittsburgh, PA	2003 – 2006

EDUCATION

Master of Business Administration The Pennsylvania State University, The Behrend College	2003 Erie, PA
Bachelor of Science The Pennsylvania State University, The Behrend College	2000 Erie, PA

PROFESSIONAL ASSOCIATIONS

- Vice-President of Finance, Sigma Tau Gamma Alumni Association (2000 – present)

Wexford Health
SOURCES INCORPORATED

MARYANNE HOLLERICH,CCHP
Manager, Accounts Payable & Purchasing

Ms. Hollerich has more than 20 years of financial billing and receiving experience, including management, training, and purchasing experience. During the last 6 years, she has been focused on the distinctive nature of the corrections industry and contract specific variations. She also has extensive knowledge of accounts payable systems. Prior to joining Wexford Health, she was the Accounts Payable Supervisor for a large electrical company.

EXPERIENCE

Purchasing/ Accounts Payable Manager	Wexford Health Sources, Inc. Pittsburgh, PA	2004 – present
Accounts Payable Supervisor	Sargent Electric Company Pittsburgh, PA	2001 – 2004
Accounts Payable Manager/ Expense Coordinator	iGATE Corporation (formerly MASTECH) Pittsburgh, PA	1998 – 2000
Accounts Payable Manager	Centimark Corporation Pittsburgh, PA	1987 – 1998

LICENSURE, CERTIFICATION, AND TRAINING

- Microsoft Training – Excel, Word, Quickbooks
- Sales and Use Tax Training
- Multiple Accounts Payable Seminars

Wexford Health
SOURCES INCORPORATED

KATIE E. POESCHEL
MANAGER, STAFFING

Ms. Poeschel joined the team as the Manager of Staffing here at Wexford Health. She started her career as a Healthcare Recruiter and Staffing Coordinator and Manger, and has sense gained 8 years' experience in staffing. Not only did Ms. Poeschel earn a Bachelor of Science degree, she also carries a minor in nursing which makes her a well-rounded individual. Her teamwork attitude and positive outlook give her an edge in the department making her a key role in staffing. Ms. Poeschel has exceptional communication skills and multitasks to get the job done efficiently and effectively.

EXPERIENCE

Manager, Staffing	Wexford Health Sources, Inc. Pittsburgh, PA	2014 – present
Director of Home Care	Gallagher Home Health Services Carnegie, PA	December, 2009 – 2014
Business Office Manager	Amedisys Home Health Services Jacksonville, FL	August, 2008 – April, 2009
Patient Liaison/Health Care Recruiter	ProCare Home Health Services Jacksonville, FL	January 2008 – September 2008
Healthcare Recruiter/Staffing Coordinator and Manager	Maxim Healthcare Services Jacksonville, FL	July 2006 – January 2008

EDUCATION

Bachelor of Science in Communication and Rhetorical Studies
Minor in Nursing
Duquesne University
2006
Pittsburgh, PA

PUBLIC AND COMMUNITY SERVICE

- Volunteer work at senior citizen home

Wexford Health
SOURCES INCORPORATED

ANNA R. VOZAR
MANAGER, STAFFING AND RECRUITMENT

Ms. Vozar has 6 years of experience in effective recruitment and staffing strategies that are used in the correctional health care environment. She is responsible for managing human resources staff through the recruitment, interview, and hiring processes. With extensive experience in human resources (HR), Ms. Vozar has successfully supervised HR staff, developed and executed recruitment plans, implemented recruiting and applicant tracking systems, and assisted in Labor Relations. Her background also includes extensive experience in training and mentoring new hires, promotional and event planning, negotiation, strategic planning and developing and fostering client and vendor relationships.

EXPERIENCE

Manager, Staffing and Recruitment	Wexford Health Sources, Inc. Pittsburgh, PA	2009 – present
Senior Staffing Consultant	Wexford Health Sources, Inc. Pittsburgh, PA	August, 2004 – 2009
Staffing Consultant	Wexford Health Sources, Inc. Pittsburgh, PA	February, 2004 – August, 2004
Division Director	Robert Half International Pittsburgh, PA	2003 - 2004
Staffing Manager	Robert Half International Pittsburgh, PA	2001 - 2004
Inflight Instructor, Supervisor, Recruiter	Atlantic Coast Airlines/ United Express Dulles, VA	2000 - 2001
Flight Attendant	Atlantic Coast Airlines/ United Express Dulles, VA	1998 - 2001

EDUCATION

Bachelor of Science
University of Delaware
1998
Newark, DE

PROFESSIONAL ASSOCIATIONS

- Member, National Healthcare Recruitment Association
- Certified Medical Staff Recruiter

PUBLIC AND COMMUNITY SERVICE

- Volunteer, Pleasant Hills United Presbyterian Church, Pleasant Hills, PA,

- Former Member of Board of Directors (2005 – 2009), Mount Lebanon United Methodist Church, Mount Lebanon, PA

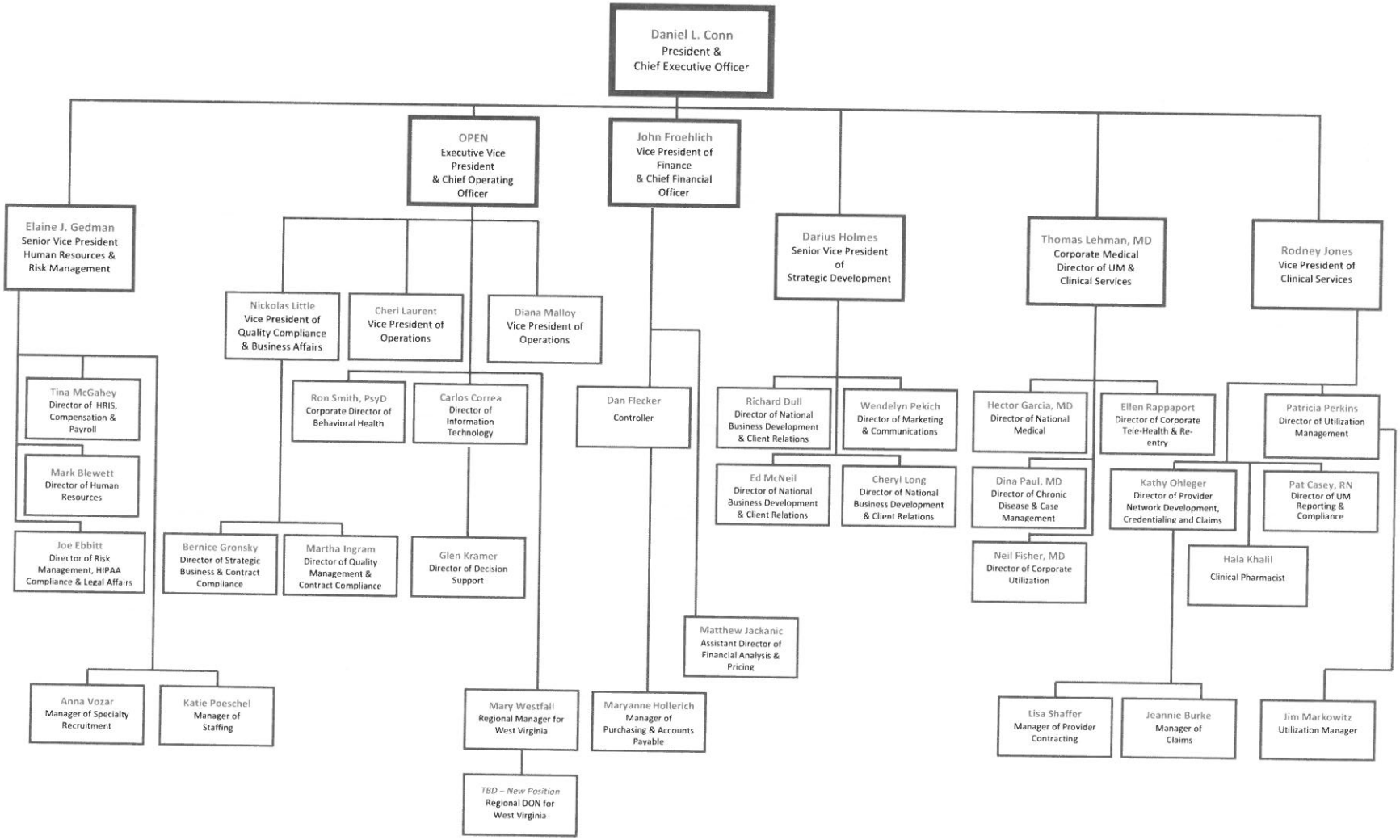
AWARDS AND ACHIEVEMENTS

- Wexford Health Sources, Inc "Employee of the Quarter" (Second Quarter, 2008)
- Robert Half International's "Presidents Club Award" for outstanding performance
- Atlantic Coast Airline's "Outstanding Student Award" (1998) and "Rising Star Award" (2000)

Proposal Exhibit 3: Organizational Chart

Wexford Health
SOURCES INCORPORATED

Corporate Organizational Chart



Proposal Exhibit 4: Audited Financial Statements – Proprietary

Bantry Group Corporation and Subsidiary

Consolidated Financial Statements and Supplementary Information

December 31, 2013 and 2012

Proprietary - Not for Public Distribution

ParenteBeard

CONFIDENCE THROUGH CLARITY

Bantry Group Corporation and Subsidiary

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December 31, 2013 and 2012

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Independent Auditors' Report

Board of Directors
Bantry Group Corporation

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of Bantry Group Corporation and Subsidiary (collectively, the "Company"), which comprise the consolidated balance sheet as of December 31, 2013 and 2012, and the related consolidated statements of operations, changes in shareholders' equity, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Bantry Group Corporation and Subsidiary as of December 31, 2013 and 2012, and the results of their operations and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating information presented on pages 11 to 13 is presented for purposes of additional analysis rather than to present the financial position, results of operations, and cash flows of the individual companies and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

ParenteBeard LLC

Pittsburgh, Pennsylvania
March 28, 2014

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Bantry Group Corporation and Subsidiary

Consolidated Balance Sheet
December 31, 2013 and 2012

	2013	2012
Assets		
Current Assets		
Cash	$ 4,119,406	$ 23,741,533
Accounts receivable	71,838,679	53,018,088
Prepaid expenses and other current assets	1,485,198	3,044,942
Total current assets	77,443,283	79,804,563
Equipment, net of accumulated depreciation of $3,967,400 in 2013 and $3,175,200 in 2012	2,506,573	2,021,125
Total assets	$ 79,949,856	$ 81,825,688
Liabilities and Shareholders' Equity		
Current Liabilities		
Accounts payable and accrued expenses	$ 12,995,521	$ 15,432,884
Medical costs payable	27,733,169	31,818,409
Accrued salaries and benefits	16,223,317	13,199,613
Total current liabilities	56,952,007	60,450,906
Accrued professional liability and other	14,113,966	10,295,019
Total liabilities	71,065,973	70,745,925
Shareholders' Equity		
Common stock, $.0003 par value; 3,352,920 shares issued and 3,295,920 shares outstanding in 2013 and 2012; 15,000,000 shares authorized in 2013 and 2012	1,118	1,118
Additional paid-in capital	543,026	543,026
Treasury stock	(637,195)	(637,195)
Shareholder loans	(911,276)	(911,276)
Accumulated equity	9,888,210	12,084,090
Total shareholders' equity	8,883,883	11,079,763
Total liabilities and shareholders' equity	$ 79,949,856	$ 81,825,688

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See notes to consolidated financial statements

Bantry Group Corporation and Subsidiary

Consolidated Statement of Operations
Years Ended December 31, 2013 and 2012

	2013	2012
Revenue	$ 397,344,473	$ 300,686,135
Expenses		
Cost of operations	347,935,383	276,645,902
General and administrative	22,675,432	18,992,509
Total expenses	370,610,815	295,638,411
Income from operations before interest expense and depreciation and amortization	26,733,658	5,047,724
Interest expense	(11,585)	-
Depreciation and amortization	(842,628)	(479,751)
Net income	$ 25,879,445	$ 4,567,973

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See notes to consolidated financial statements

Bantry Group Corporation and Subsidiary

Consolidated Statement of Changes in Shareholders' Equity
Years Ended December 31, 2013 and 2012

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	Common Stock Shares	Common Stock Amount	Additional Paid-in Capital	Treasury Stock	Shareholder Loans	Accumulated Equity	Total
Balances at January 1, 2012	3,295,920	$ 1,118	$ 543,026	$ (637,195)	$ (557,000)	$ 25,716,785	$ 25,066,734
Net income	-	-	-	-	-	4,567,973	4,567,973
Purchase of stock into treasury	-	-	-	(555,951)	201,675	-	(354,276)
Sale of stock to employees in exchange for notes	-	-	-	555,951	(555,951)	-	-
Shareholder distributions	-	-	-	-	-	(18,200,668)	(18,200,668)
Balances at December 31, 2012	3,295,920	1,118	543,026	(637,195)	(911,276)	12,084,090	11,079,763
Net income	-	-	-	-	-	25,879,445	25,879,445
Shareholder distributions	-	-	-	-	-	(28,075,325)	(28,075,325)
Balances at December 31, 2013	3,295,920	$ 1,118	$ 543,026	$ (637,195)	$ (911,276)	$ 9,888,210	$ 8,883,883

See notes to consolidated financial statements

Bantry Group Corporation and Subsidiary

Consolidated Statement of Cash Flows
Years Ended December 31, 2013 and 2012

	2013	2012
Operating Activities		
Net income	$ 25,879,445	$ 4,567,973
Adjustments to reconcile net income to net cash provided by operating activities:		
Depreciation	792,278	406,028
Amortization	50,350	73,723
Changes in assets and liabilities:		
Accounts receivable	(18,820,591)	(10,140,192)
Prepaid expenses and other current assets	1,509,394	(903,662)
Accounts payable and accrued expenses	(2,437,368)	7,978,548
Medical costs payable	(4,085,240)	20,439,516
Accrued salaries and benefits	3,023,704	3,252,709
Accrued professional liability and other	3,818,947	2,539,159
Net cash provided by operating activities	9,730,924	28,213,802
Investing Activities		
Purchases of equipment	(1,277,726)	(2,100,588)
Financing Activities		
Shareholder distributions	(28,075,325)	(18,200,668)
Purchase of stock into treasury	-	(354,276)
Net cash used in financing activities	(28,075,325)	(18,554,944)
Net (decrease) increase in cash	(19,622,127)	7,558,270
Cash, Beginning of Year	23,741,533	16,183,263
Cash, End of Year	$ 4,119,406	$ 23,741,533
Supplemental Cash Flow Information		
Sale of common stock in exchange for notes	$ -	$ 555,951
Cash paid for interest	$ 11,585	$ -

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See notes to consolidated financial statements

1. Organization and Description of Business

The consolidated financial statements include Bantry Group Corporation ("Bantry") and Wexford Health Sources, Inc. ("Wexford"), a wholly owned subsidiary (collectively, the "Company").

Bantry is a management company that provides all management services to Wexford. Wexford provides comprehensive medical services to inmates in prisons and jails throughout the United States under various contract agreements.

Wexford represents substantially all of the consolidated balance sheet and statement of operations as of and for the years ended December 31, 2013 and 2012. All significant intercompany accounts and transactions have been eliminated in the consolidation.

2. Summary of Significant Accounting Policies

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect amounts reported in the consolidated financial statements and accompanying notes. As future events and their effects cannot be determined with absolute certainty, actual results may differ from the estimates used in preparing the accompanying consolidated financial statements.

Equipment

Equipment is recorded at cost. Depreciation is provided using the straight-line method over the estimated useful lives of the respective assets, generally ranging from three to seven years.

Accounts Receivable

Accounts receivable are reported at net realizable value. Accounts are written off when they are determined to be uncollectible based upon management's assessment of individual accounts. The potential need for an allowance for doubtful accounts is estimated based upon a periodic review of the accounts receivable aging and individual accounts. Accounts receivable are considered fully collectible by management and, accordingly, no allowance for doubtful accounts is considered necessary.

Revenue

Wexford's revenue is derived under contracts with correctional departments of various state and local governments. Revenues are generally due monthly and in some cases are subject to adjustment based on inmate census, staffing levels, or other contract performance criteria. Revenues are recognized during the period in which Wexford is obligated to provide services to inmates.

Bantry's revenue is generated exclusively from providing management services to Wexford, and its revenue has been eliminated in preparation of the consolidated financial statements.

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Medical Costs and Medical Costs Payable

The majority of health care services provided to inmates by Wexford are provided directly by Wexford's staff within the correctional institution. Depending on the contract, Wexford is responsible for all, some, or none of the cost of services provided to inmates outside of the correctional institution, such as services provided at hospitals and physician offices.

The cost of providing health care services to inmates outside of the correctional institution is accrued for in the period in which it was provided. Included in these costs are estimates for services rendered for which Wexford has not yet been billed. These amounts are included in medical costs payable in the accompanying consolidated balance sheet.

The estimate for medical costs payable is based on historical claims-paid data modified for current conditions. This estimate is reviewed and adjusted periodically and, as adjustments are made, differences are included in current operations. Management believes the estimate of medical costs payable is reasonable; however, there is uncertainty as to whether the actual medical costs payable will conform to the assumptions inherent in the determination of the amount. As a result, the ultimate settlement of medical costs payable may vary from estimated amounts. All health care service costs are included in cost of operations in the accompanying consolidated statement of operations.

As a provider of health care services under fixed fee arrangements, Wexford may be at risk for increases in the cost of providing health care services due to inflation or changes in medical treatments that were unforeseen at the time the contract was signed. To mitigate this risk, many of these arrangements are structured using per-inmate-per-year, per-inmate-per-incident, or annual aggregate limits for medical, pharmacy, and ancillary health care services. A provision for the periodic settlement of certain shared medical claim costs for services provided to inmates outside of the correctional institution is included in accounts receivable in the accompanying consolidated balance sheet.

Income Taxes

The shareholders of each company have elected Subchapter S status under the Internal Revenue Code. This election generally provides that in lieu of corporate income taxes, shareholders will be taxed on each company's taxable income in accordance with their ownership interest. As a result, the accompanying consolidated financial statements do not include a provision for income taxes.

The Company's federal and state income tax returns are no longer subject to examination by federal or state taxing authorities for years before 2010.

Subsequent Events

The Company evaluated subsequent events for recognition or disclosure through March 28, 2014, the date the financial statements were available to be issued.

Reclassifications

Certain reclassifications were made to the 2012 consolidated financial statements to conform with the 2013 presentation. These reclassifications had no effect on previously reported results of operations or accumulated equity.

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3. Major Customers and Geographical Concentrations

Revenue from contracts with the states of Illinois and Maryland was approximately 31% and 27%, respectively, of total revenue for the year ended December 31, 2013, and approximately 39% and 18%, respectively, of total revenue for the year ended December 31, 2012.

Accounts receivable from contracts with the states of Illinois and Maryland were approximately 47% and 20%, respectively, of total accounts receivable at December 31, 2013, and approximately 55% and 16%, respectively, of total accounts receivable at December 31, 2012.

The Company executed new contracts with Arizona, Maryland, Pennsylvania, and Florida in 2012. The contracts with Maryland, Pennsylvania, and Florida extend through dates ranging from 2016 thru 2022 with renewals. The Company has other contracts that are subject to renewal at various dates through 2016.

4. Line of Credit

Wexford has available a $60 million working capital line of credit. Wexford may borrow up to 85% of eligible accounts receivable, as defined. The line of credit expires in June 2015. Borrowings under the line of credit bear interest at either LIBOR plus 2% or the bank's prime commercial rate.

Amounts outstanding under the line of credit are collateralized by accounts receivable and are required to be repaid as the related receivables are collected; accordingly, outstanding borrowings, if any, are recorded as a current liability in the accompanying consolidated balance sheet. Any remaining balance at the date of expiration will be paid at that date. There was no outstanding balance on the line of credit at December 31, 2013 or 2012. Borrowings under the line of credit are subject to certain financial covenants. As of December 31, 2013, Wexford is in compliance with all covenants.

At December 31, 2013 and 2012, Wexford had letters of credit in the amount of approximately $6,330,000 and $10,750,000, respectively, related to performance guarantees and workers' compensation and professional liability insurance policies. The letters of credit are secured by the line of credit.

5. General and Professional Liability Insurance

Beginning October 1, 2008, the Company maintains claims-made general liability and professional liability insurance coverage with a commercial insurance carrier with a $50,000 per case deductible and limits of $3 million per occurrence and $10 million in the aggregate. Prior to October 1, 2008, the Company maintained occurrence-based general liability and professional liability insurance coverage with a commercial insurance carrier with the same deductible and limits.

The Company accrues for estimated losses under its claims-made coverage for claims incurred but not reported, as of the balance sheet date, based on historical loss experience. Adjustments to estimates resulting from ultimate claim payments are reflected in operations in the period such adjustments are known.

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The estimated future payments of asserted and unasserted claims liability were approximately $15,115,000 and $9,734,000 at December 31, 2013 and 2012, respectively. The Company has included approximately $5,016,000 and $3,593,000 at December 31, 2013 and 2012, respectively, in accounts payable and accrued expenses in the accompanying consolidated balance sheet. The remaining portion of the liability is included in accrued professional liability and other in the accompanying consolidated balance sheet.

The Company is subject to numerous claims and lawsuits from inmates alleging lack of or inadequate medical care or civil rights violations. Most of these actions are dismissed as being without merit. Management is unaware of any pending case or aggregate of cases in which the cost to resolve the case or cases would exceed existing insurance coverages.

6. Retirement Plan

The Company offers a 401(k) retirement plan to qualifying employees. The Company made no contributions to the 401(k) retirement plan in 2013 and 2012, other than for employees covered under a collective bargaining agreement in one state. Company contributions for the 401(k) collective bargaining unit were approximately $1,352,000 in 2013 and $1,139,000 in 2012.

7. Shareholders' Equity

In January 2012, the Company acquired 67,225 shares of stock for $555,951 from an employee who resigned and the shares were placed into treasury. In March 2012, the Company sold 67,225 shares of stock to certain employees in exchange for promissory notes and security agreements totaling $555,951 which bear interest at 2.65% and are payable on the earlier of ten days following the employees' termination date, five years from the date of the note, or an event of default, as defined. All of the promissory notes issued in exchange for stock are classified as a component of shareholders' equity in the accompanying consolidated balance sheet.

8. Loss Contingency

On January 30, 2013, the Company entered into a mutual agreement with the Arizona Department of Corrections to terminate the parties' contract effective March 3, 2013. In connection with this contract termination, the Company recorded a loss contingency accrual of approximately $7,475,000 at December 31, 2012, of which approximately $2,606,000 remained as of December 31, 2013. The Company has included approximately $4,765,000 and $943,000 at December 31, 2012 and 2013, respectively, in accounts payable and accrued expenses in the accompanying consolidated balance sheet. The remaining portion of the accrual is included in accrued professional liability and other in the accompanying consolidated balance sheet. This accrual represents the estimated losses from operations on the contract through the termination date, as well as the estimated costs to wind down the contract.

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Bantry Group Corporation and Subsidiary

Consolidating Schedule of Balance Sheet Information
December 31, 2013 and 2012

Proprietary - Not for Public Distribution

Assets	Wexford	Bantry	Eliminations	Consolidated 2013	Consolidated 2012
Current Assets					
Cash	$ 4,354,701	$ (235,295)	$ -	$ 4,119,406	$ 23,741,533
Accounts receivable	71,838,679	-	-	71,838,679	53,018,088
Prepaid expenses and other current assets	288,017	1,197,181	-	1,485,198	3,044,942
Total current assets	76,481,397	961,886	-	77,443,283	79,804,563
Equipment, net	673,157	1,833,416	-	2,506,573	2,021,125
Total assets	$ 77,154,554	$ 2,795,302	$ -	$ 79,949,856	$ 81,825,688
Liabilities and Shareholders' Equity					
Current Liabilities					
Accounts payable and accrued expenses	$ 11,960,501	$ 1,035,020	$ -	$ 12,995,521	$ 15,432,884
Medical costs payable	27,733,169	-	-	27,733,169	31,818,409
Accrued salaries and benefits	12,588,234	3,635,083	-	16,223,317	13,199,613
Total current liabilities	52,281,904	4,670,103	-	56,952,007	60,450,906
Accrued professional liability and other	14,113,966	-	-	14,113,966	10,295,019
Total liabilities	66,395,870	4,670,103	-	71,065,973	70,745,925
Shareholders' Equity					
Common stock	1,000	1,118	(1,000)	1,118	1,118
Additional paid-in capital	-	543,026	-	543,026	543,026
Treasury stock	-	(637,195)	-	(637,195)	(637,195)
Shareholder loans	-	(911,276)	-	(911,276)	(911,276)
Accumulated equity (deficit)	10,757,684	(870,474)	1,000	9,888,210	12,084,090
Total shareholders' equity (deficit)	10,758,684	(1,874,801)	-	8,883,883	11,079,763
Total liabilities and shareholders' equity	$ 77,154,554	$ 2,795,302	$ -	$ 79,949,856	$ 81,825,688

Bantry Group Corporation and Subsidiary

Consolidating Schedule of Operations
Years Ended December 31, 2013 and 2012

	Wexford	Bantry	Eliminations	Consolidated 2013	Consolidated 2012
Revenue	$ 397,344,473	$ 23,323,223	$ (23,323,223)	$ 397,344,473	$ 300,686,135
Expenses					
Cost of operations	347,935,383	-	-	347,935,383	276,645,902
General and administrative	-	22,675,432	-	22,675,432	18,992,509
Total expenses	347,935,383	22,675,432	-	370,610,815	295,638,411
Income from operations before interest expense, depreciation and amortization, and management fees	49,409,090	647,791	(23,323,223)	26,733,658	5,047,724
Interest expense	(11,585)	-	-	(11,585)	-
Depreciation and amortization	(194,837)	(647,791)	-	(842,628)	(479,751)
Management fees	(23,323,223)	-	23,323,223	-	-
Net income	$ 25,879,445	$ -	$ -	$ 25,879,445	$ 4,567,973

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Bantry Group Corporation and Subsidiary

Consolidating Schedule of Cash Flows
Years Ended December 31, 2013 and 2012

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	Wexford	Bantry	Eliminations	Consolidated 2013	Consolidated 2012
Operating Activities					
Net income	$ 25,879,445	$ -	$ -	$ 25,879,445	$ 4,567,973
Adjustments to reconcile net income to net cash provided by (used in) operating activities:					
Depreciation	144,487	647,791	-	792,278	406,028
Amortization	50,350	-	-	50,350	73,723
Changes in assets and liabilities:					
Accounts receivable	(18,820,591)	-	-	(18,820,591)	(10,140,192)
Prepaid expenses and other current assets	1,235,200	274,194	-	1,509,394	(903,662)
Accounts payable and accrued expenses	(1,628,830)	(808,533)	-	(2,437,363)	7,978,548
Medical costs payable	(4,085,240)	-	-	(4,085,240)	20,439,516
Accrued salaries and benefits	1,861,455	1,162,249	-	3,023,704	3,252,709
Accrued professional liability and other	3,818,947	-	-	3,818,947	2,539,159
Transfers	(27,454,285)	27,454,285	-	-	-
Net cash provided by (used in) operating activities	(18,999,062)	28,729,986	-	9,730,924	28,213,802
Investing Activities					
Purchases of equipment	(711,036)	(566,690)	-	(1,277,726)	(2,100,588)
Financing Activities					
Shareholder distributions	-	(28,075,325)	-	(28,075,325)	(18,200,668)
Purchase of stock into treasury	-	-	-	-	(354,276)
Net cash used in financing activities	-	(28,075,325)	-	(28,075,325)	(18,554,944)
Net (decrease) increase in cash	(19,710,098)	87,971	-	(19,622,127)	7,558,270
Cash, Beginning of Year	24,070,299	(323,266)	-	23,741,533	16,183,263
Cash, End of Year	$ 4,360,201	$ (235,295)	$ -	$ 4,119,406	$ 23,741,533

Bantry Group Corporation and Subsidiary

Financial Statements and
Supplementary Information

December 31, 2012 and 2011

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Independent Auditors' Report

Board of Directors
Bantry Group Corporation

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of Bantry Group Corporation and Subsidiary (collectively, the "Company"), which comprise the consolidated balance sheet as of December 31, 2012 and 2011, and the related consolidated statements of operations, changes in shareholders' equity, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Bantry Group Corporation and Subsidiary as of December 31, 2012 and 2011, and the results of their operations and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating information presented on pages 11 to 13 is presented for purposes of additional analysis rather than to present the financial position, results of operations, and cash flows of the individual companies and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Parente Beard LLC

Pittsburgh, Pennsylvania
March 28, 2013

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Bantry Group Corporation and Subsidiary

Consolidated Balance Sheet
December 31, 2012 and 2011

	2012	2011
Assets		
Current Assets		
Cash	$ 23,747,033	$ 16,183,263
Accounts receivable	53,018,088	42,877,896
Prepaid expenses and other current assets	3,039,442	2,215,003
Total current assets	79,804,563	61,276,162
Equipment, net of accumulated depreciation of $ 3,175,200 in 2012 and $2,775,900 in 2011	2,021,125	326,565
Total assets	$ 81,825,688	$ 61,602,727
Liabilities and Shareholders' Equity		
Current Liabilities		
Accounts payable and accrued expenses	$ 15,432,884	$ 7,454,336
Medical costs payable	31,818,409	11,378,893
Accrued salaries and benefits	13,199,613	9,946,904
Total current liabilities	60,450,906	28,780,133
Accrued professional liability and other	10,295,019	7,755,860
Total liabilities	70,745,925	36,535,993
Shareholders' Equity		
Common stock, $.0003 par value; 3,352,920 shares issued and 3,295,920 shares outstanding in 2012 and 2011; 15,000,000 shares authorized in 2012 and 2011	1,118	1,118
Additional paid-in capital	543,026	543,026
Treasury stock	(637,195)	(637,195)
Shareholder loans	(911,276)	(557,000)
Accumulated equity	12,084,090	25,716,785
Total shareholders' equity	11,079,763	25,066,734
Total liabilities and shareholders' equity	$ 81,825,688	$ 61,602,727

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See notes to consolidated financial statements

Bantry Group Corporation and Subsidiary

Consolidated Statement of Operations
Years Ended December 31, 2012 and 2011

	2012	2011
Revenue	$ 299,576,410	$ 177,975,133
Expenses		
Cost of operations	276,645,902	145,034,167
General and administrative	18,992,509	15,070,611
Total expenses	295,638,411	160,104,778
Income from operations before interest income and depreciation and amortization	3,937,999	17,870,355
Interest income, net	1,109,725	1,827,699
Depreciation and amortization	(479,751)	(323,414)
Net income	$ 4,567,973	$ 19,374,640

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See notes to consolidated financial statements

Bantry Group Corporation and Subsidiary

Consolidated Statement of Changes in Shareholders' Equity
Years Ended December 31, 2012 and 2011

	Common Stock		Additional Paid-in	Treasury	Shareholder	Accumulated	
	Shares	Amount	Capital	Stock	Loans	Equity	Total
Balances at January 1, 2011	3,295,920	$ 1,118	$ 543,026	$ (637,195)	$ (557,000)	$ 23,981,270	$ 23,331,219
Net income	-	-	-	-	-	19,374,640	19,374,640
Shareholder distributions	-	-	-	-	-	(17,639,125)	(17,639,125)
Balances at December 31, 2011	3,295,920	1,118	543,026	(637,195)	(557,000)	25,716,785	25,066,734
Net income	-	-	-	-	-	4,567,973	4,567,973
Purchase of stock into treasury	-	-	-	(555,951)	201,675	-	(354,276)
Sale of stock to employees in exchange for notes	-	-	-	555,951	(555,951)	-	-
Shareholder distributions	-	-	-	-	-	(18,200,668)	(18,200,668)
Balances at December 31, 2012	3,295,920	$ 1,118	$ 543,026	$ (637,195)	$ (911,276)	$ 12,084,090	$ 11,079,763

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See notes to consolidated financial statements

Bantry Group Corporation and Subsidiary

Consolidated Statement of Cash Flows
Years Ended December 31, 2012 and 2011

	2012	2011
Operating Activities		
Net income	$ 4,567,973	$ 19,374,640
Adjustments to reconcile net income to net cash provided by operating activities:		
Depreciation	406,028	299,858
Amortization	73,723	23,556
Changes in assets and liabilities:		
Accounts receivable	(10,140,192)	(9,013,261)
Deposits on contracts	-	100,000
Prepaid expenses and other current assets	(898,162)	(459,453)
Accounts payable and accrued expenses	7,978,548	(113,966)
Medical costs payable	20,439,516	3,974,223
Accrued salaries and benefits	3,252,709	1,378,231
Accrued professional liability and other	2,539,159	(29,029)
Net cash provided by operating activities	28,219,302	15,534,799
Investing Activities		
Purchases of equipment	(2,100,588)	(99,444)
Financing Activities		
Shareholder distributions	(18,200,668)	(17,639,125)
Purchase of stock into treasury	(354,276)	-
Changes in borrowings under line of credit	-	(19,319)
Net cash used in financing activities	(18,554,944)	(17,658,444)
Net increase (decrease) in cash	7,563,770	(2,223,089)
Cash, Beginning of Year	16,183,263	18,406,352
Cash, End of Year	$ 23,747,033	$ 16,183,263
Supplemental Cash Flow Information		
Sale of common stock in exchange for notes	$ 555,951	$ -
Cash paid for interest	$ -	$ 20,809

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See notes to consolidated financial statements

1. Organization and Description of Business

The consolidated financial statements include Bantry Group Corporation ("Bantry") and Wexford Health Sources, Inc. ("Wexford"), a wholly owned subsidiary (collectively, the "Company").

Bantry is a management company that provides all management services to Wexford. Wexford provides comprehensive medical services to inmates in prisons and jails throughout the United States under various contract agreements.

Wexford represents substantially all of the consolidated balance sheet and statement of operations as of and for the years ended December 31, 2012 and 2011. All significant intercompany accounts and transactions have been eliminated in the consolidation.

2. Summary of Significant Accounting Policies

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect amounts reported in the consolidated financial statements and accompanying notes. As future events and their effects cannot be determined with absolute certainty, actual results may differ from the estimates used in preparing the accompanying consolidated financial statements.

Equipment

Equipment is recorded at cost. Depreciation is provided using the straight-line method over the estimated useful lives of the respective assets, generally ranging from three to seven years.

Accounts Receivable

Accounts receivable are reported at net realizable value. Accounts are written off when they are determined to be uncollectible based upon management's assessment of individual accounts. The potential need for an allowance for doubtful accounts is estimated based upon a periodic review of the accounts receivable aging and individual accounts. Accounts receivable are considered fully collectible by management and, accordingly, no allowance for doubtful accounts is considered necessary.

Revenue

Wexford's revenue is derived under contracts with correctional departments of various state and local governments. Revenues are generally due monthly and in some cases are subject to adjustment based on inmate census, staffing levels, or other contract performance criteria. Revenues are recognized during the period in which Wexford is obligated to provide services to inmates. Interest income is generated by customer payments received outside of contracted terms.

Bantry's revenue is generated exclusively from providing management services to Wexford, and its revenue has been eliminated in preparation of the consolidated financial statements.

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Medical Costs and Medical Costs Payable

The majority of health care services provided to inmates by Wexford are provided directly by Wexford's staff within the correctional institution. Depending on the contract, Wexford is responsible for all, some, or none of the cost of services provided to inmates outside of the correctional institution, such as services provided at hospitals and physician offices.

The cost of providing health care services is accrued for in the period in which it was provided to an inmate. Included in these costs are estimates for services rendered for which Wexford has not yet been billed. These amounts are included in medical costs payable in the accompanying consolidated balance sheet.

The estimate for medical costs payable is based on historical claims-paid data modified for current conditions. This estimate is reviewed and adjusted periodically and, as adjustments are made, differences are included in current operations. Management believes the estimate of medical costs payable is reasonable; however, there is uncertainty as to whether the actual medical costs payable will conform to the assumptions inherent in the determination of the amount. As a result, the ultimate settlement of medical costs payable may vary from estimated amounts. All health care service costs are included in cost of operations in the accompanying consolidated statement of operations.

As a provider of health care services under fixed fee arrangements, Wexford is at risk for increases in the cost of providing health care services due to inflation or changes in medical treatments that were unforeseen at the time the contract was signed. To mitigate this risk, Wexford structures many of these arrangements using per-inmate-per-year, per-inmate-per-incident, or annual aggregate limits for medical, pharmacy, and ancillary health care services. A provision for the periodic settlement of certain shared medical claim costs for services provided to inmates outside of the correctional institution is included in accounts receivable in the accompanying consolidated balance sheet.

Income Taxes

The shareholders of each company have elected Subchapter S status under the Internal Revenue Code. This election generally provides that in lieu of corporate income taxes, shareholders will be taxed on each company's taxable income in accordance with their ownership interest. As a result, the accompanying consolidated financial statements do not include a provision for income taxes.

The Company's federal and state income tax returns are no longer subject to examination by federal or state taxing authorities for years before 2009.

Subsequent Events

The Company evaluated subsequent events for recognition or disclosure through March 28, 2013, the date the financial statements were available to be issued. With the exception of the matter discussed in Note 8, there were no material subsequent events that required recognition or additional disclosure in the consolidated financial statements.

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3. Major Customers and Geographical Concentrations

Revenue from a contract with the state of Illinois was approximately 39% and 59% of total revenue for the years ended 2012 and 2011, respectively. Accounts receivable from this contract were approximately 55% and 72% of total accounts receivable at December 31, 2012 and 2011, respectively.

The Company executed new contracts with Arizona, Maryland, Pennsylvania, and Florida in 2012 and with Illinois and Mississippi in 2011. These contracts extend through dates ranging from 2016 thru 2022 with renewals. The Company has other contracts that are subject to renewal at various dates through 2016.

4. Line of Credit

Wexford has available a $60 million working capital line of credit. Wexford may borrow up to 85% of eligible accounts receivable, as defined. The line of credit expires in June 2015. Borrowings under the line of credit bear interest at either LIBOR plus 2% or the bank's prime commercial rate.

Amounts outstanding under the line of credit are collateralized by accounts receivable and are required to be repaid as the related receivables are collected; accordingly, outstanding borrowings are recorded as a current liability in the accompanying consolidated balance sheet. Any remaining balance at the date of expiration will be paid at that date. There was no outstanding balance on the line of credit at December 31, 2012 or 2011. Borrowings under the line of credit are subject to certain financial covenants. As of December 31, 2012, Wexford is in compliance with all covenants.

At December 31, 2012 and 2011, Wexford had letters of credit in the amount of approximately $10,750,160 and $4,809,160, respectively, related to performance guarantees and workers' compensation and professional liability insurance policies. The letters of credit are secured by the line of credit.

5. General and Professional Liability Insurance

Beginning October 1, 2008, the Company maintains claims-made general liability and professional liability insurance coverage with a commercial insurance carrier with a $50,000 per case deductible and limits of $3 million per occurrence and $10 million in the aggregate. Prior to October 1, 2008, the Company maintained occurrence-based general liability and professional liability insurance coverage with a commercial insurance carrier with the same deductible and limits.

The Company accrues for estimated losses under its claims-made coverage for claims incurred but not reported, as of the balance sheet date, based on historical loss experience. Adjustments to estimates resulting from ultimate claim payments are reflected in operations in the period such adjustments are known. The estimated future payments of asserted and unasserted claims liability were approximately $9,734,000 and $9,358,000 at December 31, 2012 and 2011, respectively. The Company has included approximately $3,593,000 and $3,349,000 at December 31, 2012 and 2011, respectively, in accounts payable and accrued expenses in the

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accompanying consolidated balance sheet. The remaining portion of the liability is included in accrued professional liability and other in the accompanying consolidated balance sheet.

The Company is subject to numerous claims and lawsuits from inmates alleging lack of or inadequate medical care or civil rights violations. Most of these actions are dismissed as being without merit. Management is unaware of any pending case or aggregate of cases in which the cost to resolve the case or cases would exceed existing insurance coverages.

6. Retirement Plan

The Company offers a 401(k) retirement plan to qualifying employees. The Company made no contributions to the 401(k) retirement plan in 2012 and 2011, other than for employees covered under a collective bargaining agreement in one state. Company contributions for the 401(k) collective bargaining unit were approximately $1,139,000 in 2012 and $838,000 in 2011.

7. Shareholders' Equity

In January 2012, the Company acquired 67,225 shares of stock for $555,951 from an employee who resigned and the shares were placed into treasury. In March 2012, the Company sold 67,225 shares of stock to certain employees in exchange for promissory notes and security agreements totaling $555,951 which bear interest at 2.65% and are payable on the earlier of ten days following the employees termination date, five years from the date of the note, or an event of default, as defined. All of the promissory notes issued in exchange for stock are classified as a component of shareholders' equity in the accompanying consolidated balance sheet.

8. Loss Contingency and Subsequent Event

On January 30, 2013, the Company entered into a mutual agreement with the Arizona Department of Corrections to terminate the parties' contract effective March 3, 2013. In connection with this contract termination, the Company recorded a loss contingency accrual of approximately $7,475,000 at December 31, 2012. The Company has included approximately $4,765,000 at December 31, 2012 in accounts payable and accrued expenses in the accompanying consolidated balance sheet. The remaining portion of the accrual is included in accrued professional liability and other in the accompanying consolidated balance sheet. This accrual represents the estimated losses from operations on the contract through the termination date, as well as the estimated costs to wind down the contract.

On January 1, 2013, the Company began performing service under a new contract with the state of Pennsylvania, and on March 10, 2013, the Company began performing service under a new contract with the state of Florida. Each of these contracts are for a five year initial term, with renewal options for up to an additional five years.

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Bantry Group Corporation and Subsidiary

Consolidating Schedule of Balance Sheet Information
December 31, 2012 and 2011

Assets	Wexford	Bantry	Eliminations	Consolidated 2012	Consolidated 2011
Current Assets					
Cash	$ 24,070,299	$ (323,266)	$ -	$ 23,747,033	$ 16,183,263
Accounts receivable	53,018,088	-	-	53,018,088	42,877,896
Prepaid expenses and other current assets	1,568,067	1,471,375	-	3,039,442	2,215,003
Total current assets	78,656,454	1,148,109	-	79,804,563	61,276,162
Equipment, net	106,614	1,914,511	-	2,021,125	326,565
Total assets	$ 78,763,068	$ 3,062,620	$ -	$ 81,825,688	$ 61,602,727
Liabilities and Shareholders' Equity					
Current Liabilities					
Accounts payable and accrued expenses	$ 13,589,331	$ 1,843,553	$ -	$ 15,432,884	$ 7,454,336
Medical costs payable	31,818,409	-	-	31,818,409	11,378,893
Accrued salaries and benefits	10,726,779	2,472,834	-	13,199,613	9,946,904
Total current liabilities	56,134,519	4,316,387	-	60,450,906	28,780,133
Accrued professional liability and other	10,295,019	-	-	10,295,019	7,755,860
Total liabilities	66,429,538	4,316,387	-	70,745,925	36,535,993
Shareholders' Equity					
Common stock	1,000	1,118	(1,000)	1,118	1,118
Additional paid-in capital	-	543,026	-	543,026	543,026
Treasury stock	-	(637,195)	-	(637,195)	(637,195)
Shareholder loans	-	(911,276)	-	(911,276)	(557,000)
Accumulated equity (deficit)	12,332,530	(249,440)	1,000	12,084,090	25,716,785
Total shareholders' equity (deficit)	12,333,530	(1,253,767)	-	11,079,763	25,066,734
Total liabilities and shareholders' equity	$ 78,763,068	$ 3,062,620	$ -	$ 81,825,688	$ 61,602,727

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Bantry Group Corporation and Subsidiary

Consolidating Schedule of Operations
Years Ended December 31, 2012 and 2011

	Wexford	Bantry	Eliminations	Consolidated 2012	Consolidated 2011
Revenue	$ 299,576,410	$ 19,355,261	$ (19,355,261)	$ 299,576,410	$ 177,975,133
Expenses					
Cost of operations	276,645,902	-	-	276,645,902	145,034,167
General and administrative	-	18,992,509	-	18,992,509	15,070,611
Total expenses	276,645,902	18,992,509	-	295,638,411	160,104,778
Income from operations before interest income, depreciation and amortization, and management fees	22,930,508	362,752	(19,355,261)	3,937,999	17,870,355
Interest income, net	1,109,725	-	-	1,109,725	1,827,699
Depreciation and amortization	(116,999)	(362,752)	-	(479,751)	(323,414)
Management fees	(19,355,261)	-	19,355,261	-	-
Net income	$ 4,567,973	$ -	$ -	$ 4,567,973	$ 19,374,640

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Bantry Group Corporation and Subsidiary

Consolidating Schedule of Cash Flows
Years Ended December 31, 2012 and 2011

	Wexford	Bantry	Eliminations	Consolidated 2012	Consolidated 2011
Operating Activities					
Net income	$ 4,567,973	$ -	$ -	$ 4,567,973	$ 19,374,640
Adjustments to reconcile net income to net cash provided by operating activities:					
Depreciation	43,276	362,752	-	406,028	299,858
Amortization	73,723	-	-	73,723	23,556
Changes in assets and liabilities:					
Accounts receivable	(10,140,192)	-	-	(10,140,192)	(9,013,261)
Deposits on contracts	-	-	-	-	100,000
Prepaid expenses and other current assets	352,122	(1,250,284)	-	(898,162)	(459,453)
Accounts payable and accrued expenses	6,986,223	992,325	-	7,978,548	(113,966)
Medical costs payable	20,439,516	-	-	20,439,516	3,974,223
Accrued salaries and benefits	4,464,555	(1,211,846)	-	3,252,709	1,378,231
Accrued professional liability and other	2,539,159	-	-	2,539,159	(29,029)
Transfers	(21,388,232)	21,388,232	-	-	-
Net cash provided by operating activities	7,938,123	20,281,179	-	28,219,302	15,534,799
Investing Activities					
Purchases of equipment	(88,953)	(2,011,635)	-	(2,100,588)	(99,444)
Financing Activities					
Shareholder distributions	-	(18,200,668)	-	(18,200,668)	(17,639,125)
Purchase of stock into treasury	-	(354,276)	-	(354,276)	-
Changes in borrowings under line of credit	-	-	-	-	(19,319)
Net cash used in financing activities	-	(18,554,944)	-	(18,554,944)	(17,658,444)
Net increase (decrease) in cash	7,849,170	(285,400)	-	7,563,770	(2,223,089)
Cash, Beginning of Year	16,221,129	(37,866)	-	16,183,263	18,406,352
Cash, End of Year	$ 24,070,299	$ (323,266)	$ -	$ 23,747,033	$ 16,183,263

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Proposal Exhibit 5: Litigation History

Wexford Health Sources, Inc.
LITIGATION HISTORY
July 1, 2009 to July 1, 2014

DATE	Claim	State	Type	Status	Indemnity
07/06/09	C137852	MS	Delb Indiff	Closed	0
07/10/09	C137925	NM	Delb Indiff	Closed	Confidential
07/17/09	C138024	WV	Delb Indiff	Closed	0
07/28/09	SM 25 3613	WA	Delb Indiff	Closed	0
08/11/09	SM253757	IL	Delb Indiff	Closed	0
08/31/09	SM25 7432	MD	Delb Indiff	Closed	0
09/14/09	C138992	IL	Delb Indiff	Closed	Confidential
09/20/09	SM254233	WV	Delb Indiff	Closed	0
09/23/09	SM254155	WV	Delb Indiff	Closed	0
09/25/09	SM254183	IL	Negligence	Closed	0
09/29/09	SM24 4212	IL	Delb Indiff	Closed	0
09/29/09	SM254208	IL	Delb Indiff	Closed	0
09/29/09	SM254217	IL	Delb Indiff	Closed	0
09/29/09	SM254218	IL	Delb Indiff	Closed	0
10/01/09	SM254227	IL	Delb Indiff	Closed	0
10/12/09	SM254346-3	AZ	Wdth	Closed	0
10/15/09	SM867977	WV	Delb Indiff	Closed	0
11/03/09	C139758	IL	Delb Indiff	Open	0
11/10/09	SM254674	PA	Delb Indiff	Closed	0
11/20/09	C140047	IL	Delb Indiff	Closed	0
11/23/09	C140054	IL	Delb Indiff	Closed	0
12/03/09	SM255140	WV	Negligence	Open	0
12/15/09	SM254962	WA	Delb Indiff	Closed	0
12/17/09	SM254496	WA	Wdth	Closed	0
12/28/09	SM254346	WA	Delb Indiff	Closed	0
12/28/09	C140490	NM	Delb Indiff	Closed	0
12/28/09	SM254346	IL	Delb Indiff	Open	0
02/03/10	SM255411	IL	Delb Indiff	Closed	0
02/03/10	C140989	MD	Delb Indiff	Closed	0
02/11/10	SM255178	MS	Delb Indiff	Closed	0
02/16/10	SM25 5562	IL	Delb Indiff	Open	0
02/17/10	SM255563	IL	Delb Indiff	Closed	0
03/10/10	C141525	IL	Negligence	Closed	0
03/16/10	SM25 5815	IL	Delb Indiff	Closed	0
03/18/10	SM255860	OH	Delb Indiff	Closed	0
03/18/10	SM255881	WV	Delb Indiff	Closed	0
03/18/10	SM255886	MS	Delb Indiff	Closed	0
03/18/10	SM255887	MS	Delb Indiff	Closed	0
03/19/10	SM255906	AZ	Delb Indiff	Closed	0
03/19/10	C141651	IL	Delb Indiff	Closed	0
03/23/10	SM25434629	WV	Delb Indiff	Open	0
03/23/10	SM255926	MS	Delb Indiff	Open	0
03/30/10	C141822	IL	Delb Indiff	Open	0

03/31/10	C141823	IL	Delb Indiff	Closed	0
04/09/10	C145216	IL	Delb Indiff	Closed	0
04/21/10	SM256202	WV	Delb Indiff	Closed	0
04/28/10	SM25 6290	MS	Delb Indiff	Closed	0
04/29/10	SM25 6287	IL	Delb Indiff	Closed	0
05/10/10	C142368 SM257728-81		Delb Indiff	Closed	Confidential
05/11/10	C1423881	IL	Delb Indiff	Closed	0
05/14/10	SM256434	IL	Delb Indiff	Open	0
05/19/10	SM256455	OH	Delb Indiff	Closed	0
05/19/10	SM258806	AZ	Wdth	Open	0
05/24/10	SM256507	WV	Delb Indiff	Closed	0
05/24/10	C142659		Delb Indiff	Closed	0
05/24/10	C142660		Delb Indiff	Open	0
05/25/10	SM256513	MS	Delb Indiff	Closed	0
05/25/10	SM256535	MS	Delb Indiff	Closed	0
05/27/10	SM262661	IL	Delb Indiff	Open	0
05/28/10	SM256582	IL	Delb Indiff	Open	0
06/04/10	SM25 4346-52	MS	Delb Indiff	Closed	0
06/04/10	C14 2733	NM	Delb Indiff	Closed	Confidential
06/04/10	SM25 4346-53	IL	Delb Indiff	Open	0
06/06/10	SM25 4346-59	WV	Delb Indiff	Open	0
06/06/10	SM25 4346-61	IL	Delb Indiff	Open	0
06/08/10	SM25 6619	MS	Delb Indiff	Closed	0
06/14/10	SM256704	MS	Delb Indiff	Closed	0
06/17/10	SM25 6736	WV	Delb Indiff	Closed	0
06/24/10	SM25 6833	MS	Delb Indiff	Closed	0
06/24/10	C142932		Delb Indiff	Open	0
07/02/10	SM256897	IL	Delb Indiff	Open	0
07/06/10	SM256910	MD	Delb Indiff	Closed	0
07/12/10	C143157		Delb Indiff	Closed	0
07/13/10	SM256972	OH	Delb Indiff	Closed	0
07/14/10	C149339		Delb Indiff	Open	0
07/30/10	SM259990	IL	Delb Indiff	Closed	Confidential
07/30/10	SM257139	IL	Delb Indiff	Closed	0
08/03/10	SM25 7245	MS	Delb Indiff	Closed	0
08/03/10	SM25 7183	IL	Delb Indiff	Open	0
08/05/10	C143554		Delb Indiff	Closed	0
08/20/10	SM25 4346-90	MS	Delb Indiff	Closed	0
08/20/10	SM25	MS	Delb Indiff	Open	0
08/23/10	SM25 4346-93	WV	Delb Indiff	Closed	0
08/24/10	C143797		Delb Indiff	Open	0
09/08/10	SM25 7472	WV	Delb Indiff	Open	0
10/06/10	SM258128	MS	Delb Indiff	Closed	0
10/12/10	C144466		Delb Indiff	Closed	0
10/13/10	SM261172	IL	Delb Indiff	Closed	0
10/18/10	SM257861	MD	Delb Indiff	Closed	0
10/21/10	C144591		Delb Indiff	Closed	0

10/28/10	SM257992	MS	Delb Indiff	Closed	0
10/29/10	SM258002	IL	Negligence	Open	0
11/02/10	SM258126	WV	Negligence	Closed	0
11/04/10	SM258037	OH	Delb Indiff	Closed	0
11/29/10	C145029	IL	Delb Indiff	Closed	0
11/29/10	C145066	MS	Delb Indiff	Closed	0
11/30/10	SM258245	IL	Delb Indiff	Closed	0
01/06/11	C145463	NM	Negligence	Closed	Confidential
01/07/11	SM258627	IL	Delb Indiff	Open	0
01/17/11	SM258694	WV	Delb Indiff	Open	0
01/17/11	SM258703	MS	Delb Indiff	Open	0
01/18/11	SM258705	MS	Delb Indiff	Closed	0
01/25/11	SM258793	WV	Delb Indiff	Closed	0
01/25/11	C145679 / SM257728-35	IL	Delb Indiff	Closed	0
01/31/11	SM258839	IL	Delb Indiff	Open	0
02/08/11	SM258930	WV	Delb Indiff	Closed	0
02/09/11	SM258960	IL	Delb Indiff	Closed	Defense Verdict
02/10/11	SM257728-54	IL	Delb Indiff	Closed	0
02/11/11	C145969 SM259051	IL	Delb Indiff	Open	0
02/14/11	C145955 SM257728 41	IL	Delb Indiff	Open	0
02/21/11	C146099	IL	Delb Indiff	Closed	Confidential
02/21/11	C146115	NM	Wdth	Closed	0
02/28/11	SM259132	IL	Delb Indiff	Closed	0
02/28/11	SM259133	IL	Delb Indiff	Open	0
03/03/11	SM259197	OH	Delb Indiff	Closed	0
03/08/11	C146206 SM257728 53	IL	Delb Indiff	Closed	0
03/10/11	C147956	IL	Notice	Closed	Confidential
03/10/11	SM259235	IL	Delb Indiff	Open	0
03/22/11	SM257728 63	IL	Delb Indiff	Open	0
03/29/11	SM259441	IL	Delb Indiff	Open	0
03/31/11	SM261021	WV	Delb Indiff	Open	0
04/05/11	SM260624	IL	Delb Indiff	Open	0
04/26/11	SM259730	IL	Delb Indiff	Closed	0
04/26/11	SM259728	MS	Delb Indiff	Open	0
04/29/11	SM259775	IL	Delb Indiff	Open	0
05/11/11	SM259875	MS	Delb Indiff	Closed	0
05/11/11	SM259883	MS	Delb Indiff	Closed	0
05/11/11	C14 6957	MS	Delb Indiff	Closed	0
05/17/11	C147022 SM257728 88	IL	Delb Indiff	Open	0
05/25/11	SM259997	MS	Delb Indiff	Closed	0
05/25/11	SM259998	MS	Delb Indiff	Closed	0
06/07/11	SM260104	WV	Delb Indiff	Open	0
06/09/11	SM260133	IL	Delb Indiff	Open	0
06/14/11	SM262115	IL	Delb Indiff	Open	0
06/15/11	SM260199	IL	Delb Indiff	Open	0
06/16/11	C14 7421	IL	Delb Indiff	Closed	Confidential
06/16/11	SM260213	IL	Delb Indiff	Open	0

06/20/11	SM260226	IL	Delb Indiff	Open	0
06/23/11	C14 7516	IL	Delb Indiff	Open	0
06/28/11	SM260327	WV	Delb Indiff	Open	0
06/28/11	C14 7585 SM257728 103	IL	Delb Indiff	Open	0
06/29/11	SM260341	IL	Delb Indiff	Closed	Defense Verdict
07/01/11	SM260369	IL	Delb Indiff	Open	0
07/06/11	SM260401	IL	Delb Indiff	Open	0
07/13/11	SM260465	WV	Delb Indiff	Closed	0
07/13/11	SM260465	WV	Delb Indiff	Open	0
07/27/11	SM260614	WV	Delb Indiff	Closed	0
07/27/11	SM260615	IL	Delb Indiff	Open	0
07/29/11	C147965	IL	Delb Indiff	Open	0
08/02/11	C147972	IL	Delb Indiff	Closed	0
08/15/11	SM260770	IL	Delb Indiff	Open	0
08/16/11	SM260790	MD	Delb Indiff	Open	0
08/17/11	SM260804	IL	Delb Indiff	Open	0
09/06/11	SM260939	MS	Delb Indiff	Open	0
09/15/11	SM261054	WV	Delb Indiff	Open	0
09/16/11	SM261065	IL	Delb Indiff	Open	0
09/21/11	SM261898	WV	Delb Indiff	Open	0
09/22/11	SM261103	MS	Delb Indiff	Open	0
09/22/11	C148519 SM257728 122	IL	Delb Indiff	Open	0
09/26/11	SM261131	MD	Delb Indiff	Closed	0
09/30/11	SM261171	IL	Delb Indiff	Open	0
10/05/11	SM261242	IL	Delb Indiff	Open	0
10/05/11	SM261243	IL	Delb Indiff	Open	0
10/20/11	C14 8816 SM261229 8	MS	Delb Indiff	Closed	0
10/28/11	SM261229 11	WV	Delb Indiff	Open	0
11/02/11	SM264180	IL	Delb Indiff	Open	0
11/03/11	SM261229 14	MS	Delb Indiff	Open	0
11/04/11	SM261496	IL	Delb Indiff	Open	0
11/04/11	SM261501	IL	Delb Indiff	Open	0
11/08/11	SM261532	WV	Delb Indiff	Closed	0
11/08/11	SM261533	WV	Delb Indiff	Closed	0
11/15/11	C149121 SM261229 21	IL	Delb Indiff	Closed	0
11/18/11	SM261620	IL	Delb Indiff	Closed	0
11/29/11	SM261698	IL	Delb Indiff	Closed	0
11/29/11	C149239 SM261229-27	IL	Delb Indiff	Open	0
11/30/11	SM261719	MS	Delb Indiff	Open	0
12/12/11	SM261810	IL	Delb Indiff	Open	0
12/15/11	SM261841	IL	Delb Indiff	Open	0
12/15/11	SM261848	MS	Delb Indiff	Open	0
12/16/11	SM261849	IL	Delb Indiff	Closed	0
12/20/11	SM261870	IL	Delb Indiff	Open	0
12/21/11	SM261881	IL	Delb Indiff	Closed	0
12/28/11	SM261940	IL	Delb Indiff	Closed	0
01/16/12	SM262095	IL	Delb Indiff	Open	0

01/23/12	SM262839	IL	Notice	Open	0
01/30/12	SM262218	WV	Delb Indiff	Closed	0
02/13/12	SM262371	IL	Delb Indiff	Open	0
02/24/12	C15 0235 SM261229 55	IL	Delb Indiff	Closed	0
02/24/12	SM262487	IL	Delb Indiff	Open	0
02/27/12	SM262499	IL	Delb Indiff	Open	0
02/28/12	SM262513	IL	Delb Indiff	Closed	0
03/01/12	SM262552	WV	Delb Indiff	Open	0
03/05/12	SM262571	IL	Delb Indiff	Open	0
03/13/12	SM262653	IL	Wdth	Open	0
03/16/12	SM262703	IL	Delb Indiff	Open	0
03/20/12	SM262724	IL	Delb Indiff	Open	0
03/27/12	SM262773	IL	Delb Indiff	Open	0
03/29/12	SM262798	WV	Delb Indiff	Open	0
04/09/12	SM262883	IL	Delb Indiff	Open	0
04/11/12	SM262916	IL	Delb Indiff	Open	0
04/17/12	SM262961	IL	Delb Indiff	Open	0
04/23/12	SM263028	WV	Delb Indiff	Open	0
05/07/12	C15 1014 SM263301	IL	Delb Indiff	Open	0
05/11/12	SM263202	IL	Delb Indiff	Open	0
05/21/12	SM263277	WV	Delb Indiff	Open	0
05/22/12	SM263297	IL	Delb Indiff	Open	0
05/22/12	SM263298	IL	Delb Indiff	Open	0
05/30/12	SM263361	PA	Delb Indiff	Closed	0
05/31/12	SM263372	MD	Delb Indiff	Closed	0
05/31/12	SM263373	IL	Delb Indiff	Open	0
05/31/12	SM263374	IL	Delb Indiff	Open	0
05/31/12	SM263375	IL	Delb Indiff	Open	0
06/06/12	C15 1358 SM261229 93	IL	Delb Indiff	Open	0
06/18/12	SM263534	AZ	Delb Indiff	Closed	0
06/18/12	SM263530	IL	Delb Indiff	Open	0
06/19/12	SM263535	AZ	Delb Indiff	Open	0
06/19/12	SM263542	IL	Delb Indiff	Open	0
06/26/12	SM263614	MD	Delb Indiff	Closed	0
06/28/12	SM263650	IL	Delb Indiff	Open	0
07/02/12	SM263680	IL	Delb Indiff	Open	0
07/02/12	SM263681	IL	Delb Indiff	Open	0
07/09/12	SM263724	IL	Delb Indiff	Open	0
07/10/12	SM263741	WV	Delb Indiff	Closed	0
07/10/12	SM263842 C151661	MS	Delb Indiff	Open	0
07/11/12	SM263754	WV	Delb Indiff	Closed	0
07/13/12	SM263783	AZ	Delb Indiff	Open	0
07/13/12	C151736 SM261229 102	IL	Delb Indiff	Open	0
07/20/12	SM263836	IL	Delb Indiff	Open	0
07/23/12	SM263848	IL	Delb Indiff	Open	0
07/27/12	SM263928	MD	Delb Indiff	Open	0
08/07/12	SM263989	MD	Delb Indiff	Closed	0

08/08/12	SM264010	IL	Delb Indiff	Open	0
08/09/12	SM264017	WV	Delb Indiff	Open	0
08/09/12	SM264018	WV	Delb Indiff	Open	0
08/09/12	SM264029	IL	Delb Indiff	Open	0
08/14/12	SM264061	IL	Delb Indiff	Open	0
08/15/12	SM264082	IL	Delb Indiff	Open	0
08/23/12	SM264159	IL	Delb Indiff	Open	0
08/23/12	SM264160	MS	Delb Indiff	Open	0
08/24/12	SM264176	IL	Delb Indiff	Open	0
08/24/12	SM264177	IL	Delb Indiff	Open	0
08/24/12	SM264182	IL	Delb Indiff	Open	0
08/29/12	SM264238	IL	Delb Indiff	Closed	0
08/30/12	SM264248	IL	Delb Indiff	Open	0
09/05/12	SM264271	IL	Delb Indiff	Open	0
09/06/12	SM264483	IL	Delb Indiff	Open	0
09/10/12	SM264310	IL	Delb Indiff	Open	0
09/11/12	SM266092	WV	Negligence	Open	0
09/20/12	SM264415	IL	Delb Indiff	Open	0
09/24/12	SM264446	MS	Delb Indiff	Closed	0
09/24/12	SM264439	IL	Delb Indiff	Open	0
09/24/12	SM264442	IL	Delb Indiff	Open	0
09/24/12	SM264443	IL	Delb Indiff	Open	0
09/24/12	SM264445	IL	Delb Indiff	Open	0
09/27/12	SM264497	MD	Delb Indiff	Closed	0
09/28/12	SM264506	IL	Delb Indiff	Open	0
09/28/12	SM264507	MD	Delb Indiff	Open	0
10/02/12	SM264543	IL	Delb Indiff	Open	0
10/02/12	SM264545	IL	Delb Indiff	Open	0
10/04/12	SM264584	MD	Delb Indiff	Open	0
10/08/12	SM264616	WV	Delb Indiff	Closed	0
10/16/12	SM264709	MS	Delb Indiff	Open	0
10/19/12	SM264766	IL	Delb Indiff	Open	0
10/19/12	SM264786	MD	Delb Indiff	Open	0
10/24/12	SM264812	MS	Delb Indiff	Open	0
10/24/12	SM264813	IL	Delb Indiff	Open	0
10/30/12	SM264900	IL	Delb Indiff	Open	0
11/08/12	SM264942	IL	Delb Indiff	Open	0
11/08/12	SM264950	IL	Delb Indiff	Open	0
11/16/12	SM265018	PA	Delb Indiff	Open	0
11/19/12	SM265032	IL	Delb Indiff	Open	0
11/19/12	SM265034	IL	Delb Indiff	Open	0
11/20/12	SM265040	IL	Delb Indiff	Open	0
11/20/12	SM265041	AZ	Delb Indiff	Open	0
11/26/12	SM265068	MD	Delb Indiff	Closed	0
11/28/12	SM265735	AZ	Delb Indiff	Open	0
11/29/12	C153144 SM265194	MS	Delb Indiff	Closed	0
11/29/12	SM265194	MD	Delb Indiff	Open	0

12/04/12	SM265132	IL	Delb Indiff	Open	0
12/04/12	SM265133	AZ	Delb Indiff	Open	0
12/05/12	SM265182	IL	Delb Indiff	Open	0
12/12/12	SM266363	AZ	Delb Indiff	Open	0
12/13/12	SM265268	IL	Delb Indiff	Open	0
12/19/12	SM265275	WV	Delb Indiff	Closed	0
12/21/12	SM265321	MD	Delb Indiff	Open	0
01/02/13	SM265369	MD	Delb Indiff	Closed	0
01/02/13	SM265370	IL	Delb Indiff	Open	0
01/04/13	SM265380	IL	Delb Indiff	Open	0
01/08/13	SM265481	MD	Delb Indiff	Closed	0
01/08/13	SM265413	IL	Delb Indiff	Open	0
01/14/13	SM265480	MD	Delb Indiff	Open	0
01/15/13	SM265474	IL	Delb Indiff	Open	0
01/15/13	SM265477	MS	Delb Indiff	Open	0
01/16/13	SM265486	IL	Delb Indiff	Open	0
01/22/13	SM265540	AZ	Delb Indiff	Open	0
02/14/13	SM265790	IL	Delb Indiff	Open	0
02/21/13	SM265862	IL	Delb Indiff	Open	0
02/26/13	SM265900	AZ	Delb Indiff	Open	0
03/01/13	SM265938	MD	Delb Indiff	Open	0
03/01/13	SM265943	IL	Delb Indiff	Open	0
03/04/13	SM265956	MD	Delb Indiff	Closed	0
03/04/13	SM265958	IL	Delb Indiff	Open	0
03/06/13	C154064	IL	Delb Indiff	Open	0
03/08/13	SM266015	IL	Delb Indiff	Open	0
03/08/13	SM265993	IL	Delb Indiff	Open	0
03/08/13	SM265995	IL	Delb Indiff	Open	0
03/08/13	SM265996	IL	Delb Indiff	Open	0
03/08/13	SM266014	IL	Delb Indiff	Open	0
03/08/13	SM266017	AZ	Delb Indiff	Open	0
03/11/13	SM266020	PA	Delb Indiff	Open	0
03/13/13	SM266052	WV	Delb Indiff	Open	0
03/19/13	C154226	IL	Delb Indiff	Closed	0
03/20/13	SM266125	IL	Delb Indiff	Open	0
03/21/13	SM266141	WV	Delb Indiff	Closed	0
03/21/13	SM266139	MS	Delb Indiff	Closed	0
03/26/13	SM266187	IL	Delb Indiff	Open	0
03/26/13	SM266188	IL	Delb Indiff	Open	0
03/27/13	SM266220	IL	Negligence	Open	0
03/28/13	SM266223	IL	Delb Indiff	Open	0
04/04/13	SM266287	MD	Delb Indiff	Closed	0
04/04/13	SM266302	MD	Delb Indiff	Open	0
04/09/13	SM266348	IL	Delb Indiff	Open	0
04/10/13	SM266611	MD	Delb Indiff		0
04/10/13	SM266370	MD	Delb Indiff	Closed	0
04/10/13	SM266373	IL	Delb Indiff	Open	0

04/10/13	SM266375	MD	Delb Indiff	Open	0
04/16/13	SM266425	MD	Delb Indiff	Open	0
04/22/13	SM266484	WV	Delb Indiff	Open	0
04/22/13	SM266485	IL	Delb Indiff	Open	0
04/23/13	SM266499	MD	Delb Indiff	Closed	0
04/23/13	SM266500	IL	Delb Indiff	Open	0
05/01/13	SM266587	MD	Delb Indiff	Closed	0
05/02/13	SM264272 (under #1)	IL	Delb Indiff	Open	0
05/03/13	SM266613	PA	Delb Indiff	Closed	0
05/07/13	SM266655	IL	Delb Indiff	Open	0
05/07/13	SM266657	IL	Delb Indiff	Open	0
05/14/13	SM266713	IL	Delb Indiff	Open	0
05/14/13	SM266717	AZ	Delb Indiff	Open	0
05/22/13	SM266805	IL	Delb Indiff	Open	0
05/28/13	SM266850	IL	Delb Indiff	Open	0
05/30/13	SM266895	IL	Delb Indiff	Open	0
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05/31/13	SM266938	MD	Delb Indiff	Open	0
06/03/13	SM266932	IL	Delb Indiff	Open	0
06/10/13	SM267014	IL	Delb Indiff	Open	0
06/10/13	SM267015	WV	Delb Indiff	Open	0
06/14/13	SM267085	MD	Delb Indiff	Open	0
06/20/13	SM267163	MD	Delb Indiff	Closed	0
06/20/13	SM267161	MD	Delb Indiff	Open	0
06/20/13	SM267164	MD	Delb Indiff	Open	0
06/20/13	SM267165	MD	Delb Indiff	Open	0
06/20/13	SM267162	AZ	Delb Indiff	Open	0
06/21/13	SM267172	MD	Delb Indiff	Open	0
06/26/13	SM267527	PA	Delb Indiff	Open	0
07/01/13	SM267273	PA	Delb Indiff	Open	0
07/02/13	SM267283	MD	Delb Indiff	Open	0
07/03/13	SM267305	MD	Delb Indiff	Closed	0
07/03/13	SM267304	IL	Delb Indiff	Open	0
07/03/13	SM267312	AZ	Delb Indiff	Open	0
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07/15/13	SM267379	IL	Delb Indiff	Open	0
07/15/13	SM267383	MD	Delb Indiff	Open	0
07/16/13	SM267399	PA	Delb Indiff	Open	0
07/29/13	SM267514	MD	Delb Indiff	Open	0
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07/29/13	SM267516	MD	Delb Indiff	Open	0
07/31/13	SM267551	AZ	Wdth	Open	0
08/01/13	SM267577	MS	Delb Indiff	Open	0
08/01/13	C15 5588 SM268360	IL	Delb Indiff	Open	0
08/06/13	SM267622	AZ	Delb Indiff	Open	0
08/07/13	SM267631	IL	Delb Indiff	Open	0
08/07/13	SM267632	IL	Delb Indiff	Open	0

08/12/13	SM267684	IL	Delb Indiff	Open	0
08/12/13	SM267685	PA	Delb Indiff	Open	0
08/14/13	SM267722	AZ	Delb Indiff	Open	0
08/14/13	SM267717	AZ	Delb Indiff	Open	0
08/14/13	SM267723	AZ	Delb Indiff	Open	0
08/14/13	SM267726	IL	Delb Indiff	Open	0
08/19/13	SM267772	IL	Delb Indiff	Open	0
08/26/13	SM267827	WV	Delb Indiff	Open	0
08/26/13	SM267831	AZ	Delb Indiff	Open	0
08/26/13	SM267832	MS	Delb Indiff	Open	0
08/27/13	SM267845	IL	Delb Indiff	Open	0
08/27/13	SM267844	MD	Delb Indiff	Open	0
08/27/13	SM267848	WV	Delb Indiff	Open	0
08/30/13	SM267912	MD	Delb Indiff	Open	0
08/30/13	SM267909	IL	Delb Indiff	Open	0
08/30/13	SM267926	IL	Delb Indiff	Open	0
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09/04/13	SM267934	IL	Delb Indiff	Open	0
09/06/13	SM267956	IL	Delb Indiff	Open	0
09/06/13	SM267955	IL	Delb Indiff	Open	0
09/10/13	SM267983	IL	Delb Indiff	Open	0
09/11/13	SM267999	OH	Delb Indiff	Open	0
09/12/13	SM268019	MD	Delb Indiff	Open	0
09/23/13	SM268115	IL	Delb Indiff	Open	0
09/24/13	SM268136	IL	Delb Indiff	Open	0
09/24/13	SM268139	IL	Delb Indiff	Open	0
09/25/13	SM268152	IL	Delb Indiff	Open	0
09/26/13	SM268225	MD	Delb Indiff	Open	0
09/27/13	SM268221	MD	Delb Indiff	Open	0
09/30/13	SM268228	PA	Delb Indiff	Open	0
10/01/13	SM268248	IL	Delb Indiff	Open	0
10/07/13	SM268300	IL	Delb Indiff	Open	0
10/08/13	SM268334	IL	Delb Indiff	Open	0
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10/11/13	SM268365	MD	Delb Indiff	Open	0
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10/11/13	SM268356	IL	Delb Indiff	Open	0
10/23/13	SM268472	IL	Delb Indiff	Open	0
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10/25/13	SM268505	PA	Delb Indiff	Open	0
10/28/13	SM268587	MD	Delb Indiff	Open	0
10/28/13	SM268583	IL	Delb Indiff	Open	0
10/31/13	SM268565	IL	Delb Indiff	Open	0

10/31/13	SM268566	MD	Delb Indiff	Open	0
10/31/13	SM268571	IL	Delb Indiff	Open	0
11/07/13	SM268657	IL	DELB	OPEN	0
11/07/13	SM268661	IL	DELB	OPEN	0
11/08/13	SM268876	IL	DELB	OPEN	0
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11/18/13	SM268781	IL	DELB	CLOSED	0
11/21/13	SM268852	MD	DELB	CLOSED	0
11/26/13	SM268889	IL	DELB	OPEN	0
11/26/13	SM268891	MD	DELB	OPEN	0
11/27/13	SM268934	MD	DELB	OPEN	0
12/06/13	SM269000	MD	DELB	OPEN	0
12/10/13	SM269020	IL	NEGL	OPEN	0
12/10/13	SM269027	MD	DELB	OPEN	0
12/11/13	SM269057	MD	DELB	OPEN	0
12/17/13	SM269117	MD	DELB	OPEN	0
12/20/13	SM269205	IL	DELB	OPEN	0
01/02/14	handled under SM268879	IL	DELB	OPEN	0
01/02/14	SM269278	IL	DELB	OPEN	0
01/02/14	SM269277	IL	DELB	OPEN	0
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01/08/14	SM269337	IL	DELB	OPEN	0
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01/09/14	SM269352	IL	DELB	OPEN	0
01/09/14	SM269488	IL	DELB	OPEN	0
01/13/14	SM269418	IL	DELB	OPEN	0
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01/22/14	SM269504	IL	DELB	OPEN	0
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01/22/14	SM269506	MD	DELB	OPEN	0
01/22/14	SM269518	MS	NEGL/WDTH	OPEN	0
01/24/14	SM269548	IL	DELB	OPEN	0
01/29/14	SM269594	IL	DELB	OPEN	0
01/30/14	SM269620	IL	DELB	OPEN	0
01/30/14	SM269621	MD	DELB	OPEN	0
01/30/14	SM269622	MD	DELB	OPEN	0
02/05/14	SM269695	MD	DELB	OPEN	0
02/07/14	SM269741	MD	DELB	OPEN	0
02/11/14	SM269768	IL	DELB	OPEN	0
02/11/14	SM269775	FL	NEGL	OPEN	0
02/11/14	SM269924	MD	DELB	OPEN	0
02/13/14	SM269808	PA	DELB	OPEN	0
02/18/14	SM269838	FL	DELB	OPEN	0
02/20/14	SM269869	PA	NEGL	OPEN	0

02/20/14	SM269866	MD	DELB	OPEN	0
02/21/14	SM269886	IL	DELB	OPEN	0
02/21/14	SM269887	MD	DELB	OPEN	0
02/26/14	SM269965	PA	DELB	CLOSED	0
02/26/14	SM269948	MD	DELB	OPEN	0
02/26/14	SM269952	IL	DELB	OPEN	0
02/27/14	SM269964	MD	DELB	OPEN	0
03/03/14	SM270007	IL	DELB	OPEN	0
03/04/14	SM270026	MD	DELB	OPEN	0
03/04/14	SM270028	MD	NEGL	OPEN	0
03/04/14	SM270023	IL	DELB and NEC	OPEN	0
03/11/14	SM270105	IL	DELB	OPEN	0
03/11/14	SM270097	FL	NEGL	OPEN	0
03/11/14	SM270119	PA	DELB	OPEN	0
03/11/14	SM270101	FL	DELB	OPEN	0
03/11/14	SM270103	MD	DELB and NEC	OPEN	0
03/18/14	SM270180	IL	DELB	OPEN	0
03/19/14	SM270204	IL	DELB	OPEN	0
03/20/14	SM270214	IL	DELB	OPEN	0
03/24/14	SM270266	MD	DELB	OPEN	0
03/25/14	SM270289	AZ	DELB, NEGL, I	OPEN	0
03/25/14	SM270293	IL	DELB	OPEN	0
03/26/14	SM270323	MD	DELB	CLOSED	0
03/31/14	SM270379	IL	DELB	OPEN	0
04/02/14	SM270410	IL	DELB	OPEN	0
04/02/14	SM270417	IL	DELB	OPEN	0
04/02/14	SM270413	IL	DELB	OPEN	0
04/03/14	SM270431	MD	DELB	OPEN	0
04/10/14	SM270524	AZ	NEGL	OPEN	0
04/10/14	SM270522	AZ	DELB and NEC	OPEN	0
04/22/14	SM270687	FL	DELB	OPEN	0
04/23/14	SM270686	MD	DELB	CLOSED	0
04/25/14	SM270723	MD	DELB	OPEN	0
04/25/14	SM270724	MD	DELB	OPEN	0
04/29/14	SM270771	IL	DELB	OPEN	0
04/30/14	SM270787	MS	DELB	OPEN	0
04/30/14	SM270791	MS	DELB	OPEN	0
05/02/14	SM270834	MD	CONT	OPEN	0
05/06/14	SM270879	AZ	DELB/discrimin	OPEN	0
05/07/14	SM270887	IL	DELB	OPEN	0
05/09/14	SM270934	IL	DELB	OPEN	0
05/12/14	SM270945	PA	DELB	OPEN	0
05/12/14	SM270951	MD	DELB	OPEN	0
05/14/14	SM270992	IL	DELB	OPEN	0
05/14/14	SM270994	IL	DELB	OPEN	0
05/15/14	SM271010	IL	DELB	OPEN	0
05/15/14	SM271013	IL	DELB	OPEN	0

05/16/14	SM271035	AZ	DELB	OPEN	0
05/20/14	SM271058	MD	DELB	CLOSED	0
05/20/14	SM271060	IL	DELB	OPEN	0
05/20/14	SM271056	MD	DELB	OPEN	0
05/22/14	SM271095	IL	DELB	OPEN	0
05/22/14	SM271100	IL	DELB	OPEN	0
05/22/14	SM271096	MD	DELB	OPEN	0
05/28/14	SM271137	IL	DELB	OPEN	0
06/03/14	SM271216	MD	DELB	OPEN	0
06/04/14	SM271235	IL	DELB	OPEN	0
06/04/14	SM271249	MD	DELB	OPEN	0
06/05/14	SM271259	IL	DELB	OPEN	0
06/11/14	SM271331	MD	DELB	OPEN	0
06/12/14	SM271352	IL	DELB	OPEN	0
06/12/14	SM271354	IL	DELB	OPEN	0
06/12/14	SM271363	IL	DELB	OPEN	0
06/17/14	SM271410	MD	DELB	OPEN	0
06/19/14	SM271460	IL	DELB	OPEN	0
06/23/14	SM271493	MD	DELB	OPEN	0
06/24/14	SM271507	PA	DELB/NEGL	OPEN	0
06/27/14	SM271561	PA	DELB	OPEN	0
06/27/14	SM271568	AZ	DELB	OPEN	0
06/27/14	SM271559	PA	DELB	OPEN	0
06/27/14	SM271560	PA	DELB/NEGL	OPEN	0

Proposal Exhibit 6: Proposed Staffing Plans

West Virginia Division of Corrections

Staffing Plan

Wexford Health SOURCES INCORPORATED

PCC	SUN	MON	TUE	WED	THUR	FRI	SAT	Hours	FTEs
ealth Services Administrator	0	8	8	8	8	8	0	40	1.00
edical Director	0	8	0	8	0	0	0	16	0.40
Dentist	0	5	5	0	0	0	0	10	0.25
Psychologist	0	8	8	8	8	8	0	40	1.00
RN Day	8	8	8	8	8	8	8	56	1.40
LPN Day	16	16	16	16	16	16	16	112	2.80
Medical Records Clerk	0	4	4	4	4	4	0	20	0.50
Dental Assistant	0	5	5	0	0	0	0	10	0.25
Admin Asst	0	8	8	8	8	8	0	40	1.00
Optometrist	0	2	0	0	0	0	0	2	0.05
Total:	**24**	**72**	**62**	**60**	**52**	**52**	**24**	**346**	**8.65**
				EVENING SHIFT					
LPN Evening	8	8	8	8	8	8	8	56	1.40
RN Evening	8	8	8	16	8	8	8	64	1.60
Total:	**16**	**16**	**16**	**24**	**16**	**16**	**16**	**120**	**3.00**
				NIGHT SHIFT					
LPN Night	8	8	8	8	8	8	8	56	1.40
Total:	**8**	**8**	**8**	**8**	**8**	**8**	**8**	**56**	**1.40**
Subtotal:	**48**	**96**	**86**	**92**	**76**	**76**	**48**	**522**	**13.05**

HCC	SUN	MON	TUE	WED	THUR	FRI	SAT	Hours	FTEs
Health Services Administrator	0	8	8	8	8	8	0	40	1.00
Medical Director	0	8	8	8	8	8	0	40	1.00
PA/NP	0	10	10	10	10	0	0	40	1.00
DON	0	8	8	8	8	8	0	40	1.00
Dentist	0	8	8	8	8	8	0	40	1.00
RN Day	16	24	24	24	24	24	16	152	3.80
LPN Day	16	24	24	24	24	24	16	152	3.80
Medical Records Clerk	0	16	16	16	16	16	0	80	2.00
Dental Assistant	0	8	8	8	8	4	0	36	0.90
Admin Asst	0	8	8	8	8	8	0	40	1.00
C.N.A. Day	0	16	16	16	16	16	0	80	2.00
ental Hygienist	0	8	8	8	8	8	0	40	1.00
Optometrist	0	0	8	0	0	0	0	8	0.20
X-Ray Tech	0	5	0	0	5	0	0	10	0.25
Mental Health Therapist	0	16	16	16	16	16	0	80	2.00
Psych Assistant	0	8	8	8	8	8	0	40	1.00
Psychologist	0	16	16	16	16	16	0	80	2.00
Total:	**32**	**191**	**194**	**186**	**191**	**172**	**32**	**998**	**24.95**
				EVENING SHIFT					
RN Evening	16	16	16	16	16	16	16	112	2.80
LPN Evening	16	16	16	16	16	16	16	112	2.80
Total:	**32**	**32**	**32**	**32**	**32**	**32**	**32**	**224**	**5.60**
				NIGHT SHIFT					
RN Night	8	8	8	8	8	8	8	56	1.40
LPN Night	8	8	8	8	8	8	8	56	1.40
Total:	**16**	**16**	**16**	**16**	**16**	**16**	**16**	**112**	**2.80**
Subtotal:	**80**	**239**	**242**	**234**	**239**	**220**	**80**	**1,334**	**33.35**

DCC	SUN	MON	TUE	WED	THUR	FRI	SAT	Hours	FTEs
Medical Director	0	8	0	0	8	0	0	16	0.40
Nurse Manager	0	8	8	8	8	8	0	40	1.00
Dentist	0	8	0	0	0	0	0	8	0.20
Psychologist	0	4	0	0	0	0	0	4	0.10
Mental Health Therapist	0	4	4	4	4	4	0	20	0.50
RN Day	0	8	8	8	8	8	0	40	1.00
LPN Day	8	8	8	8	8	8	8	56	1.40
Medical Records Clerk	0	8	8	8	8	8	0	40	1.00
Dental Assistant	0	8	0	0	0	0	0	8	0.20
Optometrist	0	2	0	0	0	0	0	2	0.05
Total:	**8**	**66**	**36**	**36**	**44**	**36**	**8**	**234**	**5.85**
				EVENING SHIFT					
LPN Evening	8	8	8	8	8	8	8	56	1.40
Total:	**8**	**8**	**8**	**8**	**8**	**8**	**8**	**56**	**1.40**
				NIGHT SHIFT					
LPN Night	8	8	8	8	8	8	8	56	1.40
Total:	**8**	**8**	**8**	**8**	**8**	**8**	**8**	**56**	**1.40**
Subtotal:	**24**	**82**	**52**	**52**	**60**	**52**	**24**	**346**	**8.65**

West Virginia Division of Corrections
Staffing Plan

Wexford Health SOURCES INCORPORATED

MOCC	SUN	MON	TUE	WED	THUR	FRI	SAT	Hours	FTEs
ealth Services Administrator	0	8	8	8	8	8	0	40	1.00
ıedical Director	0	8	8	8	8	8	0	40	1.00
DON	0	8	8	8	8	8	0	40	1.00
Assistant Director of Nursing	0	16	16	16	16	16	0	80	2.00
Dentist	0	8	8	8	8	8	0	40	1.00
RN Day	8	8	8	8	8	8	8	56	1.40
Charge RN Day	0	8	8	8	8	8	0	40	1.00
LPN Day	46	40	40	40	40	40	46	292	7.30
Medical Records Supervisor	0	8	8	8	8	8	0	40	1.00
Medical Records Clerk	0	16	16	16	16	16	0	80	2.00
Dental Assistant	0	8	8	8	8	8	0	40	1.00
Admin Asst	0	8	8	8	8	8	0	40	1.00
C.N.A. Day	16	8	8	8	8	8	16	72	1.80
Dental Hygienist	0	8	8	8	8	8	0	40	1.00
Optometrist	0	0	0	8	0	0	0	8	0.20
PA/NP	0	16	16	16	16	8	8	80	2.00
X-Ray Tech	0	8	8	8	8	8	0	40	1.00
MH Administrator	0	8	8	8	8	8	0	40	1.00
Admin Assistant MH	0	8	8	8	8	8	0	40	1.00
Psychologist	0	16	16	16	16	16	0	80	2.00
Mental Health Therapist	0	16	16	16	16	16	0	80	2.00
Behavioral Health Technician	0	12	12	12	12	12	0	60	1.50
Psych LPN	0	8	8	8	8	8	0	40	1.00
Total:	**70**	**252**	**252**	**260**	**252**	**244**	**78**	**1408**	**35.20**
				EVENING SHIFT					
RN Evening	8	0	0	0	0	0	8	16	0.40
Charge RN Evening	0	8	8	8	8	8	0	40	1.00
LPN Evening	16	16	16	16	16	16	16	112	2.80
C.N.A. Evening	16	16	16	16	16	16	16	112	2.80
Total:	**40**	**40**	**40**	**40**	**40**	**40**	**40**	**280**	**7.00**
				NIGHT SHIFT					
RN Night	4	0	0	0	0	0	4	8	0.20
harge RN Night	0	8	8	8	8	8	0	40	1.00
PN Night	8	8	8	8	8	8	8	56	1.40
C.N.A. Night	8	8	8	8	8	8	8	56	1.40
Total:	**20**	**24**	**24**	**24**	**24**	**24**	**20**	**160**	**4.00**
Subtotal:	**130**	**316**	**316**	**324**	**316**	**308**	**138**	**1,848**	**46.20**

MCC	SUN	MON	TUE	WED	THUR	FRI	SAT	Hours	FTEs
Health Services Administrator	0	8	8	8	8	8	0	40	1.00
Medical Director	0	5	0	0	5	0	0	10	0.25
Charge RN Day	0	8	8	8	8	8	0	40	1.00
Dentist	0	0	5	5	0	0	0	10	0.25
Psychologist	0	16	16	16	16	16	0	80	2.00
LPN Day	8	0	0	0	0	0	8	16	0.40
Dental Assistant	0	0	5	5	0	0	0	10	0.25
Admin Asst	0	8	8	8	8	8	0	40	1.00
Admin Assistant MH	0	8	8	8	8	8	0	40	1.00
C.N.A. Day	0	8	8	8	8	8	0	40	1.00
Total:	**8**	**61**	**66**	**66**	**61**	**56**	**8**	**326**	**8.15**
				EVENING SHIFT					
LPN Evening	8	8	8	8	8	8	8	56	1.40
C.N.A. Evening	0	8	8	8	8	8	0	40	1.00
Total:	**8**	**16**	**16**	**16**	**16**	**16**	**8**	**96**	**2.40**
				NIGHT SHIFT					
LPN Night	8	8	8	8	8	8	8	56	1.40
Total:	**8**	**8**	**8**	**8**	**8**	**8**	**8**	**56**	**1.40**
Subtotal:	**24**	**85**	**90**	**90**	**85**	**80**	**24**	**478**	**11.95**

Wexford Health SOURCES INCORPORATED

West Virginia Division of Corrections

Staffing Plan

LCC	SUN	MON	TUE	WED	THUR	FRI	SAT	Hours	FTEs
ealth Services Administrator	0	8	8	8	8	8	0	40	1.00
edical Director	0	0	8	0	0	8	0	16	0.40
Dentist	0	8	8	8	8	0	0	32	0.80
Psychologist	0	16	16	16	16	16	0	80	2.00
RN Day	12	16	16	16	16	16	12	104	2.60
DON	0	8	8	8	8	8	0	40	1.00
LPN Day	24	24	24	24	24	24	24	168	4.20
Medical Records Clerk	0	8	8	8	8	8	0	40	1.00
Dental Hygienist	0	0	0	0	0	8	0	8	0.20
Dental Assistant	0	8	8	8	8	0	0	32	0.80
Admin Asst	0	8	8	8	8	8	0	40	1.00
C.N.A. Day	8	8	8	8	8	8	8	56	1.40
Optometrist	0	4	0	0	0	0	0	4	0.10
PA/NP	0	8	8	8	8	8	0	40	1.00
Mental Health Therapist	0	16	16	16	16	16	0	80	2.00
Psych Assistant	0	8	8	8	8	8	0	40	1.00
Behavioral Health Technician	0	8	8	8	8	8	0	40	1.00
Total:	**44**	**156**	**160**	**152**	**152**	**152**	**44**	**860**	**21.50**
				EVENING SHIFT					
RN Evening	8	8	8	8	8	8	8	56	1.40
LPN Evening	16	16	16	16	16	16	16	112	2.80
C.N.A. Evening	8	8	8	8	8	8	8	56	1.40
Total:	**32**	**32**	**32**	**32**	**32**	**32**	**32**	**224**	**5.60**
				NIGHT SHIFT					
RN Night	8	8	8	8	8	8	8	56	1.40
C.N.A. Night	8	8	8	8	8	8	8	56	1.40
Total:	**16**	**16**	**16**	**16**	**16**	**16**	**16**	**56**	**2.80**
Subtotal:	**92**	**204**	**208**	**200**	**200**	**200**	**92**	**1,140**	**29.90**

SMCC	SUN	MON	TUE	WED	THUR	FRI	SAT	Hours	FTEs
Medical Director	0	8	8	8	8	8	0	40	1.00
Dentist	0	8	8	8	8	8	0	40	1.00
sychologist	0	8	8	8	8	8	0	40	1.00
DON	0	8	8	8	8	8	0	40	1.00
Admin Asst	0	8	8	8	8	8	0	40	1.00
RN Day	8	8	8	8	8	8	8	56	1.40
Nurse Manager	0	8	8	8	8	8	0	40	1.00
LPN Day	24	24	24	24	24	24	24	168	4.20
Medical Records Clerk	0	8	8	8	8	8	0	40	1.00
Dental Assistant	0	8	8	8	8	8	0	40	1.00
C.N.A. Day	16	16	16	16	16	16	16	112	2.80
Optometrist	0	4	0	0	0	0	0	4	0.10
X-Ray Tech	0	0	2	0	0	0	0	2	0.05
Psych Assistant	0	8	8	8	8	8	0	40	1.00
Mental Health Therapist	0	8	8	8	8	8	0	40	1.00
Total:	**48**	**132**	**130**	**128**	**128**	**128**	**48**	**742**	**18.55**
				EVENING SHIFT					
RN Evening	8	8	8	8	8	8	8	56	1.40
C.N.A. Evening	8	16	16	16	16	16	8	96	2.40
LPN Evening	20	16	16	16	16	16	20	120	3.00
Total:	**36**	**40**	**40**	**40**	**40**	**40**	**36**	**272**	**6.80**
				NIGHT SHIFT					
RN Night	8	8	8	8	8	8	8	56	1.40
LPN Night	16	16	16	16	16	16	16	112	2.80
C.N.A. Night	8	16	16	16	16	16	8	96	2.40
Total:	**32**	**40**	**40**	**40**	**40**	**40**	**32**	**264**	**6.60**
Subtotal:	**116**	**212**	**210**	**208**	**208**	**208**	**116**	**1,278**	**31.95**

Wexford Health SOURCES INCORPORATED

West Virginia Division of Corrections

Staffing Plan

ACC	SUN	MON	TUE	WED	THUR	FRI	SAT	Hours	FTEs
Medical Director	0	8	0	0	8	0	0	16	0.40
Dentist	0	8	0	8	0	0	0	16	0.40
Psych Assistant	0	4	4	4	4	4	0	20	0.50
RN Day	0	8	8	8	8	8	0	40	1.00
Nurse Manager	0	8	8	8	8	8	0	40	1.00
LPN Day	8	8	8	8	8	8	8	56	1.40
Medical Records Clerk	0	8	8	8	8	8	0	40	1.00
Dental Assistant	0	8	0	8	0	0	0	16	0.40
Mental Health Therapist	0	8	8	8	8	8	0	40	1.00
Total:	**8**	**68**	**44**	**60**	**52**	**44**	**8**	**284**	**7.10**
				EVENING SHIFT					
LPN Evening	8	8	8	8	8	8	8	56	1.40
Total:	**8**	**8**	**8**	**8**	**8**	**8**	**8**	**56**	**1.40**
				NIGHT SHIFT					
LPN Night	8	8	8	8	8	8	8	56	1.40
Total:	**8**	**8**	**8**	**8**	**8**	**8**	**8**	**56**	**1.40**
Subtotal:	**24**	**84**	**60**	**76**	**68**	**60**	**24**	**396**	**9.90**

SCC	SUN	MON	TUE	WED	THUR	FRI	SAT	Hours	FTEs
Health Services Administrator	0	8	8	8	8	8	0	40	1.00
Medical Director	0	0	8	0	8	0	0	16	0.40
Admin Asst	0	8	8	8	8	8	0	40	1.00
Dentist	0	5	0	5	0	0	0	10	0.25
RN Day	0	8	8	8	8	8	0	40	1.00
LPN Day	20	16	16	16	16	16	20	120	3.00
Medical Records Clerk	0	0	8	0	8	0	0	16	0.40
Dental Assistant	0	5	0	5	0	0	0	10	0.25
Optometrist	0	2	0	0	0	0	0	2	0.05
Psychologist	8	8	8	8	8	8	8	56	1.40
Psych Assistant	0	8	8	8	8	8	0	40	1.00
Total:	**28**	**68**	**72**	**66**	**72**	**56**	**28**	**390**	**9.75**
				EVENING SHIFT					
RN Evening	0	8	8	8	8	8	0	40	1.00
LPN Evening	8	8	8	8	8	8	8	56	1.40
Total:	**8**	**16**	**16**	**16**	**16**	**16**	**8**	**96**	**2.40**
				NIGHT SHIFT					
RN Night	0	8	8	8	8	8	0	40	1.00
LPN Night	8	8	8	8	8	8	8	56	1.40
Total:	**8**	**16**	**16**	**16**	**16**	**16**	**8**	**96**	**2.40**
Subtotal:	**44**	**100**	**104**	**98**	**104**	**88**	**44**	**582**	**14.55**

Beckley	SUN	MON	TUE	WED	THUR	FRI	SAT	Hours	FTEs
PA/NP	0	8	0	0	0	0	0	8	0.20
LPN Day	0	8	0	0	0	0	0	8	0.20
	-	**16**	-	-	-	-	-	**16**	**0.40**

Parkersburg	SUN	MON	TUE	WED	THUR	FRI	SAT	Hours	FTEs
PA/NP	0	8	0	0	0	0	0	8	0.20
LPN Day	0	8	0	0	0	0	0	8	0.20
	-	**16**	-	-	-	-	-	**16**	**0.40**

Wexford Health SOURCES INCORPORATED

West Virginia Division of Corrections

Staffing Plan

NCC	SUN	MON	TUE	WED	THUR	FRI	SAT	Hours	FTEs
ychologist	0	4	4	4	4	4	0	20	0.50
	-	4	4	4	4	4	-	20	0.50

OCCC	SUN	MON	TUE	WED	THUR	FRI	SAT	Hours	FTEs
Psychologist	0	8	0	0	0	0	0	8	0.20
	-	8	-	-	-	-	-	8	0.20

Sex Offender/Subs Abuse	SUN	MON	TUE	WED	THUR	FRI	SAT	Hours	FTEs
Sex Offender Counselor / Master MHP	0	10	10	10	10	10	0	50	1.25
Subs Abuse Counselor / Master MHP	0	8	8	8	8	8	0	40	1.00
Subtotal:	-	18.0	18	18	18	18	-	90.0	2.25

Regional Office	SUN	MON	TUE	WED	THUR	FRI	SAT	Hours	FTEs
Regional Manager	0	8	8	8	8	8	0	40	1.00
Regional Medical Director	0	8	8	8	8	8	0	40	1.00
Regional Director of Nursing	0	8	8	8	8	8	0	40	1.00
Regional Admin Assistant	0	8	8	8	8	8	0	40	1.00
Regional Psychiatrist	0	12	12	12	12	12	0	60	1.50
Regional Admin Assistant MH	0	8	8	8	8	8	0	40	1.00
Regional Psychologist	0	16	16	16	16	16	0	80	2.00
Regional Physician Extender/Video Tech	0	4	4	4	4	4	0	20	0.50
Regional Psych RN	0	8	8	8	8	8	0	40	1.00
Regional MH Administrator	0	8	8	8	8	8	0	40	1.00
Regional Referral Coordinator	0	12	12	12	12	12	0	60	1.50
Regional Program Mentor	0	8	8	8	8	8	0	40	1.00
Subtotal:	-	108	108	108	108	108	-	540	13.50

West Virginia Division of Corrections

Staffing Plan

Wexford Health SOURCES INCORPORATED

Total WVDOC - Medical	SUN	MON	TUE	WED	THUR	FRI	SAT	Hours	FTEs
dmin Asst	0	56	56	56	56	56	0	280	7.00
ssistant Director of Nursing	0	16	16	16	16	16	0	80	2.00
C.N.A. Day	40	56	56	56	56	56	40	360	9.00
C.N.A. Evening	32	48	48	48	48	48	32	304	7.60
C.N.A. Night	24	32	32	32	32	32	24	208	5.20
Charge RN Day	0	16	16	16	16	16	0	80	2.00
Charge RN Evening	0	8	8	8	8	8	0	40	1.00
Charge RN Night	0	8	8	8	8	8	0	40	1.00
Dental Assistant	0	58	42	50	32	20	0	202	5.05
Dental Hygienist	0	16	16	16	16	24	0	88	2.20
Dentist	0	58	42	50	32	24	0	206	5.15
DON	0	32	32	32	32	32	0	160	4.00
Health Services Administrator	0	48	48	48	48	48	0	240	6.00
LPN Day	170	176	160	160	160	160	170	1156	28.90
LPN Evening	108	104	104	104	104	104	108	736	18.40
LPN Night	72	72	72	72	72	72	72	504	12.60
Medical Director	0	53	40	32	53	32	0	210	5.25
Medical Records Clerk	0	68	76	68	76	68	0	356	8.90
Medical Records Supervisor	0	8	8	8	8	8	0	40	1.00
Nurse Manager	0	24	24	24	24	24	0	120	3.00
Optometrist	0	14	8	8	0	0	0	30	0.75
PA/NP	0	50	34	34	34	16	8	176	4.40
Regional Admin Assistant	0	8	8	8	8	8	0	40	1.00
Regional Manager	0	8	8	8	8	8	0	40	1.00
Regional Director of Nursing	0	8	8	8	8	8	0	40	1.00
Regional Medical Director	0	8	8	8	8	8	0	40	1.00
RN Day	52	88	88	88	88	88	52	544	13.60
RN Evening	48	48	48	56	48	48	48	344	8.60
RN Night	28	32	32	32	32	32	28	216	5.40
X-Ray Tech	0	13	10	8	13	8	0	52	1.30
Subtotal Medical:	**574**	**1,234**	**1,156**	**1,162**	**1,144**	**1,080**	**582**	**6,932**	**173.30**

Total WVDOC - Mental Health	SUN	MON	TUE	WED	THUR	FRI	SAT	Hours	FTEs
Admin Assistant MH	0	16	16	16	16	16	0	80	2.00
Behavioral Health Technician	0	20	20	20	20	20	0	100	2.50
Mental Health Therapist	0	68	68	68	68	68	0	340	8.50
MH Administrator	0	8	8	8	8	8	0	40	1.00
Psych Assistant	0	36	36	36	36	36	0	180	4.50
Psych LPN	0	8	8	8	8	8	0	40	1.00
Psychologist	8	104	92	92	92	92	8	488	12.20
Regional Admin Assistant MH	0	8	8	8	8	8	0	40	1.00
Regional MH Administrator	0	8	8	8	8	8	0	40	1.00
Regional Physician Extender/Video Tech	0	4	4	4	4	4	0	20	0.50
Regional Program Mentor	0	8	8	8	8	8	0	40	1.00
Regional Psych RN	0	8	8	8	8	8	0	40	1.00
Regional Psychiatrist	0	12	12	12	12	12	0	60	1.50
Regional Psychologist	0	16	16	16	16	16	0	80	2.00
Regional Referral Coordinator	0	12	12	12	12	12	0	60	1.50
Sex Offender Counselor / Master MHP	0	10	10	10	10	10	0	50	1.25
Subs Abuse Counselor / Master MHP	0	8	8	8	8	8	0	40	1.00
Subtotal Mental Health:	**8.0**	**354.0**	**342.0**	**342.0**	**342.0**	**342.0**	**8.0**	**1,738.0**	**43.45**

Grand Total - WVDOC	**582**	**1,588**	**1,498**	**1,504**	**1,486**	**1,422**	**590**	**8,670**	**216.75**

Staffing Plan

West Virginia NRJ, NCC, & OCCC

Wexford Health SOURCES INCORPORATED

NR NCC	SUN	MON	TUE	WED	THUR	FRI	SAT	Hours	FTEs
Program Administrator	0	8	8	8	8	8	0	40	1.00
Medical Director (physician)	0	7	0	7	0	0	0	14	0.35
PA/NP	0	0	3	0	3	0	0	6	0.15
RN Day	0	8	8	8	8	8	0	40	1.00
LPN Day	24	24	28	24	28	24	24	176	4.40
Dentist	0	5	5	0	0	0	0	10	0.25
Psychologist	0	8	0	0	0	0	0	8	0.20
Psychiatrist	0	4	0	0	0	0	0	4	0.10
Clerical/Support Staff	0	8	8	8	8	8	0	40	1.00
Total:	**24**	**72**	**60**	**55**	**55**	**48**	**24**	**338**	**8.45**
			EVENING SHIFT						
LPN Evening	16	16	16	16	16	16	16	112	2.80
Total:	**16**	**16**	**16**	**16**	**16**	**16**	**16**	**112**	**2.80**
			NIGHT SHIFT						
LPN Night	8	8	8	8	8	8	8	56	1.40
Total:	**8**	**8**	**8**	**8**	**8**	**8**	**8**	**56**	**1.40**
Subtotal:	**48**	**96**	**84**	**79**	**79**	**72**	**48**	**506**	**12.65**

OCCC	SUN	MON	TUE	WED	THUR	FRI	SAT	Hours	FTEs
Program Administrator	0	8	8	8	8	8	0	40	1.00
Medical Director (physician)	0	2	0	0	0	0	0	2	0.05
PA/NP					PRN				
Dentist					NRJ				
Psychiatrist					NRJ				
Psychologist	0	2	0	0	0	0	0	2	0.05
LPN Day	8	12	8	12	8	12	8	68	1.70
Total:	**8**	**24**	**16**	**20**	**16**	**20**	**8**	**112**	**2.80**
			EVENING SHIFT						
LPN Evening	8	8	8	8	8	8	8	56	1.40
Total:	**8**	**8**	**8**	**8**	**8**	**8**	**8**	**56**	**1.40**
			NIGHT SHIFT						
LPN Night	8	8	8	8	8	8	8	56	1.40
Total:	**8**	**8**	**8**	**8**	**8**	**8**	**8**	**56**	**1.40**
Subtotal:	**24**	**40**	**32**	**36**	**32**	**36**	**24**	**224**	**5.60**

Total R A - NR /NCC/OCCC	SUN	MON	TUE	WED	THUR	FRI	SAT	Hours	FTEs
Program Administrator	0	16	16	16	16	16	0	80	2.00
Clerical/Support Staff	0	8	8	8	8	8	0	40	1.00
Dentist	0	5	5	0	0	0	0	10	0.25
LPN Day	32	36	36	36	36	36	32	244	6.10
LPN Evening	24	24	24	24	24	24	24	168	4.20
LPN Night	16	16	16	16	16	16	16	112	2.80
Medical Director (physician)	0	9	0	7	0	0	0	16	0.40
PA/NP	0	0	3	0	3	0	0	6	0.15
Psychiatrist	0	4	0	0	0	0	0	4	0.10
Psychologist	0	10	0	0	0	0	0	10	0.25
RN Day	0	8	8	8	8	8	0	40	1.00
Subtotal:	**72**	**136**	**116**	**115**	**111**	**108**	**72**	**730**	**18.25**

Proposal Exhibit 7: WV Mock Riot Article

URL: http://www.wvgazette.com/article/20140609/ARTICLE/140609249

Mark W. Hale: A 'riot' that helps save lives

By Mark W. Hale

Sometimes, a prison riot can be a good thing.

In early May, hundreds of people behind bars ran wild at a penitentiary in northern West Virginia. Even though law enforcement personnel from around the country responded to the event, the outburst did not make national headlines. That's because it was part of the annual Mock Prison Riot, a real-time training exercise hosted since 1997 by the West Virginia Department of Military Affairs and Public Safety, the West Virginia Division of Corrections and the West Virginia Corrections Training Foundation.

Each year, hundreds of security staff from across the globe travel to the decommissioned West Virginia State Penitentiary in Moundsville to participate in one of the premier training events in correctional safety and defense. The mock riot provides corrections, law enforcement, military and other public safety personnel with the chance to test their skills against volunteers posing as hostile inmates and to learn where they have room for improvement — all without any actual risk to the officers or to the public.

Safety is what the mock riot is all about. And the real beneficiaries of the event are the law-abiding citizens of West Virginia and other participating jurisdictions. As a society, we trust the dedicated men and women working "behind the walls" of our jails and prisons to protect us from individuals our justice system has deemed dangerous. The exercise helps our protectors do this better.

Live demonstrations, skills competitions and certification workshops at the Mock Prison Riot give participants hands-on experience deploying new technologies under realistic conditions. Participants then receive immediate feedback on their performance. The better their training, the better their ability to keep us safe.

West Virginia does an outstanding job organizing the event each year. Its willingness to host it is a testament to the state's commitment to public safety. As the health-care provider for West Virginia's prison inmates, Wexford Health is also committed to public safety. We witness on a daily basis the responsibility placed on correctional officers and understand the necessity of training events like the Mock Prison Riot. We are proud to be a major sponsor of this nationally recognized event. There can be no doubt participants left the event with more knowledge, training and preparation than when they arrived. When they share those lessons with their colleagues back home, public safety will be improved not just in West Virginia but across the nation. It is Wexford Health's privilege to support the West Virginia Division of Corrections and the brave men and women who put their lives on the line every day to keep us safe by ensuring that offenders remain appropriately incarcerated and managed.

Mark W. Hale is president and chief executive officer of Wexford Health Sources.

Proposal Exhibit 8: Regional Manager Resume

MARY WESTFALL, RN, CCHP
REGIONAL MANAGER, WEST VIRGINIA

Ms. Westfall has more than thirteen years of experience working specifically in prisons in the state of West Virginia, holding positions such as DON, HSA, and Regional Director of Nursing. Her current role as Regional Manager for West Virginia includes managing care at ten sites in the state, ensuring quality care and auditing standards.

EXPERIENCE

Regional Manager — 2012–Present
Wexford Health, WV DOC
West Virginia

Regional Director of Nursing — 2011–2012
Corizon
Hagerstown, Maryland

Clinical Programs Specialist — 2008–2011
CMS
St. Louis, Missouri

Health Services Administrator — 2005–2008
CMS
Mt. Olive, West Virginia

Statewide Resource DON, West Virginia — 2003–2005
CMS
Mt. Olive, West Virginia

Assistant Director of Nursing — 2001–2003
Mt. Olive Correctional Center
Mt. Olive, West Virginia

Staff RN — 1999–2001
Mt. Olive Correctional Center
Mt. Olive, West Virginia

Manager, In-house Skilled Nursing Unit — 1998–1999
Plateau Medical Center
Oak Hill, West Virginia

Staff RN — 1996–1998
Summersville Memorial Hospital
Summersville, West Virginia

PRN LPN — 1992–1996
Kanawha County Hospice
Dunbar, West Virginia

Staff LPN 1989–1992
Plateau Medical Center
Oak Hill, West Virginia

EDUCATION

Currently Studying Public Relations, Advertising, and Applied Communication
WVU, Expected graduation date Dec. 2015 Montgomery, West Virginia

AS, Nursing
WVU Institute of Technology Montgomery, West Virginia

LICENSURE

- West Virginia, 1996–Present

Proposal Exhibit 9: Transition Plan

Proposal Exhibit 10: Accredited Sites List

Wexford Health Accredited Facilities

Wexford Health SOURCES INCORPORATED

Wexford Health Current NCCHC-Accredited Sites		
Facility	State	Last Audit Date
Martinsburg Correctional Center	WV	February 2014
Chesapeake Detention Center	MD	April 2013
Baltimore Central Booking Intake Center	MD	January 2013
Baltimore City Detention Center	MD	January 2013
Huttonsville Correctional Center	WV	December 2012
Pruntytown Correctional Center	WV	December 2012
Anthony Correctional Center	WV	November 2012
Denmar Correctional Center	WV	November 2012
Mount Olive Correctional Center	WV	November 2012
Lakin Correctional Center	WV	June 2012
St. Mary's Correctional Center	WV	June 2012
Westmoreland County Prison	PA	March 2012
Central Mississippi Correctional Facility	MS	February 2012
South Mississippi Correctional Institution	MS	January 2012
Baltimore City Detention Center – Opioid Treatment Program	MD	January 2012
Mississippi State Penitentiary	MS	December 2011

Wexford Health Current ACA-Accredited Sites		
Facility	State	Last Audit Date
SCI - Cambridge Springs	PA	September 2014 (scheduled); Last accredited March 2011
SCI - Mahanoy	PA	June 2014 (scheduled); Last accredited May 2011
South Mississippi Correctional Institution	MS	May 2014
Greenwood Restitution Center	MS	April 2014
Dade Correctional Institution	FL	March 2014
Homestead Correctional Institution	FL	March 2014
Huttonsville Correctional Center	WV	March 2014

Wexford Health Accredited Facilities

Wexford Health SOURCES INCORPORATED

Wexford Health Current ACA-Accredited Sites		
Facility	State	Last Audit Date
Okeechobee Correctional Institution	FL	March 2014
DeSoto Correctional Institution	FL	February 2014
Kemper-Neshoba County Correctional Facility	MS	February 2014
Stone County Correctional Facility	MS	February 2014
Martin Correctional Center	FL	October 2013
Mount Olive Correctional Center	WV	August 2013
Graterford State Correctional Institution	PA	June 2013
Washington County Community Work Center	MS	June 2013
Houtzdale State Correctional Institution	PA	May 2013
Lakin Correctional Center	WV	May 2013
Alcorn County Community Work Center	MS	March 2013
Denmar Correctional Center	WV	March 2013
South Florida Reception Center	FL	March 2013
Marion-Walthall County Correctional Facility	MS	January 2013
George-Greene County Correctional Facility	MS	January 2013
Everglades Correctional Institution	FL	January 2013
SCI - Muncy	PA	October 2012
SCI - Quehanna Boot Camp	PA	October 2012
Harrison County Community Work Center	MS	October 2012
Jackson County Work Camp	MS	October 2012
Erie County Prison	PA	October 2012
Carroll-Montgomery County Regional	MS	October 2012
Martinsburg Correctional Center	WV	October 2012
Charlotte Correctional Institution	FL	October 2012
SCI - Cresson	PA	September 2012
SCI - Retreat	PA	September 2012
SCI - Cresson	PA	September 2012
Anthony Correctional Center	WV	September 2012

Wexford Health Accredited Facilities

Wexford Health SOURCES INCORPORATED

Wexford Health Current ACA-Accredited Sites		
Facility	State	Last Audit Date
Pruntytown Correctional Center	WV	August 2012
SCI - Laurel Highlands	PA	June 2012
SCI - Pine Grove	PA	June 2012
St. Mary's Correctional Center	WV	June 2012
SCI - Coal Township	PA	May 2012
SCI - Forest	PA	April 2012
SCI - Somerset	PA	April 2012
Hardee Correctional Institution	FL	April 2012
Jefferson County Correctional Work Center	MS	April 2012
Wilkinson County Correctional Work Center	MS	April 2012
SCI - Fayette	PA	March 2012
Quitman County Correctional Work Center	MS	March 2012
Bolivar County Correctional Work Center	MS	March 2012
Forrest County Community Work Center	MS	February 2012
Leake County Correctional Facility	MS	February 2012
Simpson County Community Work Center	MS	February 2012
Leflore County Community Work Center	MS	November 2011
Mississippi State Penitentiary	MS	November 2011
SCI - Dallas	PA	November 2011
SCI - Frackville	PA	November 2011
SCI - Waymart	PA	November 2011
Yazoo County Community Work Center	MS	November 2011
Central Mississippi Correctional Facility	MS	October 2011
Madison County Community Work Center	MS	October 2011
SCI - Huntingdon	PA	October 2011
SCI - Smithfield	PA	October 2011
SCI - Camp Hill	PA	September 2011
SCI - Mercer	PA	August 2011

Wexford Health Accredited Facilities

Wexford Health SOURCES INCORPORATED

Wexford Health Current ACA-Accredited Sites		
Facility	State	Last Audit Date
SCI - Chester	PA	August 2011
SCI – Albion	PA	May 2011
SCI - Greene	PA	April 2011

Proposal Exhibit 11: Wexcare Reports

Region: FLORIDA
Site: BROWARD
Vendor: LARKIN COMMUNITY HOSPITAL **In / Out of Network:** In
Inmate: XXXXXXXXXXXXXXX
Reference #: 12053861 **Member #:** XXXXX

Event Date: 1/14/2005

Procedure: EMERGENCY DEPT VISIT
Diagnosis: DISLOCATION JAW-CLOSED

Events	Reim Event	Events Recorded not Paid	Net Event for Period	Events in this Period
1	0	0	1	1

Vendor: LARKIN COMMUNITY HOSPITAL **In / Out of Network:** In
Inmate: XXXXXXXXXXXXXXX
Reference #: 335553047 **Member #:** XXXXX

Event Date: 1/12/2005

Procedure: EMERGENCY DEPT VISIT
Diagnosis: FX ARM MULT/NOS-CLOSED

Events	Reim Event	Events Recorded not Paid	Net Event for Period	Events in this Period
1	0	0	1	1

Summary for BROWARDF (1 detail record)

Site Totals:	2	0	0	2	2

Site: DESOTO
Vendor: DESOTO MEMORIAL HOSPITAL **In / Out of Network:** In
Inmate: XXXXXXXXXXXXXXX
Reference #: 130190827 **Member #:** XXXXX

Event Date: 1/17/2005

Procedure: EMERGENCY DEPT VISIT
Diagnosis: ABDMNAL PAIN UNSPCF SITE

Events	Reim Event	Events Recorded not Paid	Net Event for Period	Events in this Period
1	0	0	1	1

Summary for DESOTOIF (1 detail record)

Site Totals:	1	0	0	1	1

Report ID: UM00008

Ohio ***Summary for Paid Outpatient Surgery/Services*** *from* **11/6/2003** *to* **12/7/2004**

NOBLE, OH

Summary for 'Site'= NOBLE, OH (16 detail records)

Description of Auth Code	*Total Billed*	*Total Discounted*	*Total Paid*	*# of Procedures*
CYSTO W/RENAL STRICTURE TX	18,421.00	1,191.22	17,229.78	1
CYSTOSCOPY	2,433.33	958.57	1,474.76	1
CYSTOSCOPY & URETER CATHETER	170.00	6.00	164.00	1
DIAGNOSTIC COLONOSCOPY	1,985.15	957.66	1,027.49	1
DRAIN MOUTH LESION	317.61	103.14	214.47	1
EXC TR-EXT MLG+MARG 3.1-4 CM	1,349.00	311.23	1,037.77	2
EXCISE SUBMAXILLARY GLAND	700.00	22.84	677.16	2
FRAGMENT KIDNEY STONE	14,483.71	6,882.77	7,600.94	1
PRP I/HERN INIT BLOCK>5 YR	250.00	85.44	164.56	1
REMOVE NECK/ARMPIT LESION	1,400.00	661.18	738.82	1
RPR UMBIL HERN, BLOCK > 5 YR	9,112.04	6,094.12	3,017.92	1
TREAT EYELID LESION	1,218.71	539.10	679.61	1
TREAT FINGER FRACTURE, EACH	3,041.47	908.79	2,132.68	1
TREAT LOWER JAW FRACTURE	21,105.50	140.37	20,965.13	1
TREAT METACARPAL FRACTURE	16,743.00	817.90	15,925.10	1
UPPR GI ENDOSCOPY, DIAGNOSIS	1,911.13	976.26	934.87	1
Sum	***94,641.65***	***20,656.59***	***73,985.06***	***18***
Grand Total	*94,641.65*	*20,656.59*	*73,985.06*	*18*

Report ID: UM[illegible]06

Date Range: 3[illegible]005 to 3/18/2005

Inpatient D[illegible] Summary

Region	Site	Start Date	End Date	Inpatient Days in period	Days with no Liability	Denied Days	Reimbursable Days	Net Days For Period	In Network days	Out of network Days	RMC Days
FLORIDA	BROWARD	3/1/2005	3/18/2005	7	0	0	0	7	7	0	0
FLORIDA	DADEMN2F	3/1/2005	3/18/2005	36	0	0	0	36	35	1	0
FLORIDA	EVERGLADES	3/1/2005	3/18/2005	6	0	0	0	6	6	0	0
FLORIDA	GLADES	3/1/2005	3/18/2005	3	0	0	0	3	3	0	0
FLORIDA	HARDEE	3/1/2005	3/18/2005	18	0	0	0	18	18	0	17
FLORIDA	HOMESTEAD	3/1/2005	3/18/2005	13	0	0	0	13	13	0	5
FLORIDA	OKEECHOBEE	3/1/2005	3/18/2005	25	0	0	0	25	25	0	0
FLORIDA	SFRC	3/1/2005	3/18/2005	50	0	3	0	47	47	0	0
	FLORIDA SUBTOTALS:			158	0	3	0	155	154	1	22
ILLINOIS	BIG MUDDY	3/1/2005	3/18/2005	15	10	0	0	5	5	0	0
ILLINOIS	DANVILLE	3/1/2005	3/18/2005	13	0	0	0	13	7	6	0
ILLINOIS	DWIGHT	3/1/2005	3/18/2005	1	0	0	0	1	1	0	0
ILLINOIS	EAST MOLINE	3/1/2005	3/18/2005	0	0	0	0	0	0	0	0
ILLINOIS	GRAHAMCI	3/1/2005	3/18/2005	9	0	0	3	6	6	0	0
ILLINOIS	HILL	3/1/2005	3/18/2005	11	0	0	0	11	11	0	0
ILLINOIS	JACKSONVILLE	3/1/2005	3/18/2005	7	0	0	0	7	7	0	0
ILLINOIS	LINCOLN	3/1/2005	3/18/2005	5	0	0	0	5	5	0	0
ILLINOIS	LOGAN	3/1/2005	3/18/2005	12	0	0	0	12	12	0	0
ILLINOIS	MENARD	3/1/2005	3/18/2005	8	0	0	0	8	8	0	0
ILLINOIS	PINCKNEYVILLE	3/1/2005	3/18/2005	1	0	1	0	0	0	0	0
ILLINOIS	ROBINSON	3/1/2005	3/18/2005	1	0	0	0	1	1	0	0
ILLINOIS	SHAWNEE	3/1/2005	3/18/2005	9	0	0	0	9	9	0	0
ILLINOIS	SHERIDAN CORRECTIONAL CENTER	3/1/2005	3/18/2005	7	5	0	0	2	2	0	0
ILLINOIS	STATEVILLE CC	3/1/2005	3/18/2005	42	42	0	0	0	0	0	0
ILLINOIS	STATEVILLE RC	3/1/2005	3/18/2005	4	0	0	2	2	2	0	0
ILLINOIS	VIENNA	3/1/2005	3/18/2005	2	0	0	2	0	0	0	0
ILLINOIS	WEST ILLINOIS	3/1/2005	3/18/2005	4	0	0	0	4	4	0	0
	ILLINOIS SUBTOTALS:			151	57	1	7	86	80	6	0
JAILS	WILL COUNTY,IL	3/1/2005	3/18/2005	1	0	0	0	1	1	0	0
JAILS	YAVAPAI PRESCOTT	3/1/2005	3/18/2005	3	0	0	0	3	3	0	0
	JAILS SUBTOTALS:			4	0	0	0	4	4	0	0
NEW MEXICO	CENTRAL NEW MEXICO CORRECTIONAL	3/1/2005	3/18/2005	29	0	0	0	29	29	0	0
NEW MEXICO	GUADALUPE COUNTY CORRECTIONAL FCLTY	3/1/2005	3/18/2005	2	0	0	0	2	2	0	0
NEW MEXICO	LEA COUNTY CORRECTIONAL FACILITY	3/1/2005	3/18/2005	6	0	0	0	6	6	0	0
NEW MEXICO	SOUTHERN NEW MEXICO CORRECTIONAL	3/1/2005	3/18/2005	5	0	0	0	5	5	0	0
	NEW MEXICO SUBTOTALS:			42	0	0	0	42	42	0	0
	GRAND TOTALS:			355	57	4	7	287	280	7	22

Daily Inpatient Log

REGION: FLORIDA

Site: DADEMN2F

Reference Id	Admit Date	Vendor Name	Inmate Name	Network	Status	Procedure	Diagnosis	Day
296833984	1/19/2005	LARKIN COMMUNITY HOSPITAL	XXXXXXXXXXXXXXX	IN	APP	INITIAL HOSPITAL CARE	DECUBITUS ULCER,BUTTOCK	1
Attending Physician: SUAREZ, JOSE D., MD								
146512708	1/16/2005	LARKIN COMMUNITY HOSPITAL	XXXXXXXXXXXXXXX	IN	APP	INITIAL HOSPITAL CARE	HYPOGLYCEMIA NOS	5
Attending Physician: SUAREZ, JOSE D., MD								

Total hospitalized inmates located in DADEMN2F = 2 **Subtotal Inpatient Days: 6**

Site: SFRC

Reference Id	Admit Date	Vendor Name	Inmate Name	Network	Status	Procedure	Diagnosis	Day
762782018	1/13/2005	LARKIN COMMUNITY HOSPITAL	XXXXXXXXXXXXXXX	IN	APP	INITIAL HOSPITAL CARE	ABDMNAL PAIN RT UPR QUAD	8
Attending Physician: SUAREZ, JOSE D., MD								
117977657	12/30/2004	LARKIN COMMUNITY HOSPITAL	XXXXXXXXXXXXXXX	IN	APP	INITIAL HOSPITAL CARE	ANEMIA NOS	22
Attending Physician: SUAREZ, JOSE D., MD								
79922300	1/17/2005	LARKIN COMMUNITY HOSPITAL	XXXXXXXXXXXXXXX	IN	APP	INITIAL HOSPITAL CARE	CALCULUS OF KIDNEY	4
Attending Physician: SUAREZ, JOSE D., MD								
950610354	10/7/2004	RECEPTION AND MEDICAL CENTER	XXXXXXXXXXXXXXX	IN	APP	INITIAL HOSPITAL CARE	FEVER	106
Attending Physician: THAYER, SCOTT								

Total hospitalized inmates located in SFRC = **4** **Subtotal Inpatient Days: 140**

Total hospitalized inmates in the FLORIDA Region = 6 Total non-discharged inpatient days in the FLORIDA region = **146**

REGION: ILLINOIS

Site: BIG MUDDY

Reference Id	Admit Date	Vendor Name	Inmate Name	Network	Status	Procedure	Diagnosis	Day
340034777	1/7/2005	UNIVERSITY OF ILLINOIS HOSPITAL	XXXXXXXXXXXXXXX	IN	APP	INITIAL HOSPITAL CARE	CHEST PAIN NOS	14
Attending Physician: UNIVERSITY OF ILLINOIS HOSPITAL								

Total hospitalized inmates located in BIG MUDDY = 1 **Subtotal Inpatient Days: 14**

Site: DI

Reference Id	Admit Date	Vendor Name	Inmate Name	Network	Status	Procedure	Diagnosis	Day
937683000	1/14/2005	UNIVERSITY OF ILLINOIS HOSPITAL	XXXXXXXXXXXXXXX	IN	APP	OFFICE/OUTPATIENT VISIT, EST	ENDOMYOCARDIAL FIBROSIS	7

Attending Physician: UNIVERSITY OF ILLINOIS HOSPITAL

Total hospitalized inmates located in DIXON = 1

Subtotal Inpatient Days: 7

Site: DWIGHT

Reference Id	Admit Date	Vendor Name	Inmate Name	Network	Status	Procedure	Diagnosis	Day
554522213	1/19/2005	MORRIS HOSPITAL	XXXXXXXXXXXXXXX	IN	APP	CESAREAN DELIVERY	SUPRV HIGH-RISK PREG NEC	1

Attending Physician: TOUSSAINT, DOUGLAS N., DO

Total hospitalized inmates located in DWIGHT = 1

Subtotal Inpatient Days: 1

Site: GRAHAMCI

Reference Id	Admit Date	Vendor Name	Inmate Name	Network	Status	Procedure	Diagnosis	Day
163293126	1/14/2005	MEMORIAL MEDICAL CENTER	XXXXXXXXXXXXXXX	IN	APP	REMOVE KIDNEY & URETER	COMPL KIDNEY TRANSPLANT	7

Attending Physician: SPRINGFIELD CLINIC, LLP

Total hospitalized inmates located in GRAHAMCI = 1

Subtotal Inpatient Days: 7

Site: LOGAN

Reference Id	Admit Date	Vendor Name	Inmate Name	Network	Status	Procedure	Diagnosis	Day
428203230	1/19/2005	MEMORIAL MEDICAL CENTER	XXXXXXXXXXXXXXX	IN	APP	INITIAL HOSPITAL CARE	CHF NOS	1

Attending Physician: PROVIDER NOT IN WEXCARE

Total hospitalized inmates located in LOGAN = 1

Subtotal Inpatient Days: 1

Site: PONTIAC

Reference Id	Admit Date	Vendor Name	Inmate Name	Network	Status	Procedure	Diagnosis	Day
250234492	1/19/2005	SAINT JAMES HOSPITAL	XXXXXXXXXXXXXXX	OUT	APP	INITIAL HOSPITAL CARE	OTHER ALTER CONSCIOUSNES	1

Attending Physician: PROVIDER NOT IN WEXCARE

Total hospitalized inmates located in PONTIAC = 1

Subtotal Inpatient Days: 1

Site: STATEVILLE CC

Reference Id	Admit Date	Vendor Name	Inmate Name	Network	Status	Procedure	Diagnosis	Day
859045091	1/10/2005	UNIVERSITY OF ILLINOIS HOSPITAL	XXXXXXXXXXXXXXX	IN	APP	INITIAL HOSPITAL CARE	CHRONIC RENAL FAILURE	11

Attending Physician: UNIVERSITY OF ILLINOIS HOSPITAL

Total hospitalized inmates located in STATEVILLE CC = 1

Subtotal Inpatient Days: 11

Total hospitalized inmates in the ILLINOIS Region = 7

Total non-discharged inpatient days in the ILLINOIS region = **42**

REGION: NEW MEXICO

Site: CE AL NEW MEXICO CORRECTIONAL

Reference Id	Admit Date	Vendor Name	Inmate Name	Network	Status	Procedure	Diagnosis	Day
166901822	12/28/2004	UNM HEALTH SCIENCES CENTER	XXXXXXXXXXXXXXX	IN	APP	INITIAL HOSPITAL CARE	STAPHYLCOCC SEPTICEM NOS	24

Attending Physician: PROVIDER NOT IN WEXCARE

Total hospitalized inmates located in CENTRAL NEW MEXICO CORRECTIONAL = 1

Subtotal Inpatient Days: 24

Site: LEA COUNTY CORRECTIONAL FACILITY

Reference Id	Admit Date	Vendor Name	Inmate Name	Network	Status	Procedure	Diagnosis	Day
71056234	1/19/2005	LEA REGIONAL MEDICAL CENTER	XXXXXXXXXXXXXXX	IN	APP	INITIAL HOSPITAL CARE	PNEUMONIA, ORGANISM NOS	1

Attending Physician: PROVIDER NOT IN WEXCARE

Total hospitalized inmates located in LEA COUNTY CORRECTIONAL FACILITY = 1

Subtotal Inpatient Days: 1

Total hospitalized inmates in the NEW MEXICO Region = 2

Total non-discharged inpatient days in the NEW MEXICO region = **25**

REGION: OHIO

Site: NOBLE, OH

Reference Id	Admit Date	Vendor Name	Inmate Name	Network	Status	Procedure	Diagnosis	Day
869182600	1/11/2005	CORRECTIONS MEDICAL CENTER	XXXXXXXXXXXXXXX	OUT	APP	INITIAL HOSPITAL CARE	EFFECTS OF HUNGER	10

Attending Physician: PROVIDER NOT IN WEXCARE

Total hospitalized inmates located in NOBLE, OH = 1

Subtotal Inpatient Days: 10

Total hospitalized inmates in the OHIO Region = 1

Total non-discharged inpatient days in the OHIO region = **10**

***Grand Total Inpatient days all Regions :* 223**

Report ID: UM[illegible]021

Date Range: [illegible]005 to 3/18/2005

ER Event Summary

Region	Site	Start Date	End Date	ER Events in Period	ER Events with No Liability	Reimursable ER Events	Net ER Events for Period	In Network Events	Out of Network Events
FLORIDA	CHARLOTTE	3/1/2005	3/18/2005	1	0	0	1	1	0
FLORIDA	DADEMN2F	3/1/2005	3/18/2005	1	0	0	1	0	1
FLORIDA	HOMESTEAD	3/1/2005	3/18/2005	2	0	0	2	1	1
	FLORIDA TOTALS:			4	0	0	4	2	2
ILLINOIS	BIG MUDDY	3/1/2005	3/18/2005	1	0	0	1	1	0
ILLINOIS	DANVILLE	3/1/2005	3/18/2005	1	0	0	1	1	0
ILLINOIS	DIXON	3/1/2005	3/18/2005	3	0	0	3	3	0
ILLINOIS	EAST MOLINE	3/1/2005	3/18/2005	1	0	0	1	1	0
ILLINOIS	GRAHAMCI	3/1/2005	3/18/2005	3	0	0	3	3	0
ILLINOIS	HILL	3/1/2005	3/18/2005	1	0	0	1	1	0
ILLINOIS	ILLINOIS RIVER	3/1/2005	3/18/2005	1	0	0	1	1	0
ILLINOIS	JACKSONVILLE	3/1/2005	3/18/2005	1	0	0	1	1	0
ILLINOIS	LINCOLN	3/1/2005	3/18/2005	3	0	0	3	3	0
ILLINOIS	LOGAN	3/1/2005	3/18/2005	3	0	0	3	3	0
ILLINOIS	MENARD	3/1/2005	3/18/2005	2	0	0	2	2	0
ILLINOIS	PINCKNEYVILLE	3/1/2005	3/18/2005	3	0	0	3	3	0
ILLINOIS	PONTIAC	3/1/2005	3/18/2005	1	0	0	1	0	1
ILLINOIS	STATEVILLE CC	3/1/2005	3/18/2005	1	0	0	1	1	0
ILLINOIS	STATEVILLE RC	3/1/2005	3/18/2005	1	0	0	1	1	0
ILLINOIS	WEST ILLINOIS	3/1/2005	3/18/2005	2	0	0	2	2	0
	ILLINOIS TOTALS:			28	0	0	28	27	1
JAILS	CITY OF CHESAPEAKE, VA	3/1/2005	3/18/2005	4	0	0	4	4	0
JAILS	KANE COUNTY JAIL	3/1/2005	3/18/2005	2	0	0	2	0	2
JAILS	ST CLAIR CO IL.	3/1/2005	3/18/2005	1	0	0	1	1	0
JAILS	YAVAPAI JUVENILE CTR	3/1/2005	3/18/2005	2	0	0	2	2	0
JAILS	YAVAPAI PRESCOTT	3/1/2005	3/18/2005	4	0	0	4	4	0
	JAILS TOTALS:			13	0	0	13	11	2
NEW MEXICO	CENTRAL NEW MEXICO CORRECTIONAL	3/1/2005	3/18/2005	2	0	0	2	2	0
NEW MEXICO	LEA COUNTY CORRECTIONAL FACILITY	3/1/2005	3/18/2005	2	0	0	2	2	0
NEW MEXICO	NEW MEXICO WOMEN'S CORRECTIONAL FAC	3/1/2005	3/18/2005	3	0	0	3	0	3
NEW MEXICO	PENITENTIARY OF NEW MEXICO	3/1/2005	3/18/2005	2	0	0	2	2	0
	NEW MEXICO TOTALS:			9	0	0	9	6	3
OHIO	NOBLE, OH	3/1/2005	3/18/2005	5	0	0	5	5	0
	OHIO TOTALS:			5	0	0	5	5	0
	GRAND TOTALS:			59	0	0	59	51	8

Top 10 ER Diagnoses by Authorization

Region: BROWARD

Site: BROWARD COUNTY JAIL

	Diagnosis Code	Diagnosis Description	Volume
1	7803	CONVULSIONS	8
2	V222	PREG STATE, INCIDENTAL	8
3	831	DISLOCATION OF SHOULDER	4
4	780	GENERAL SYMPTOMS	3
5	78009	OTHER ALTER CONSCIOUSNES	3
6	78039	CONVULSIONS NEC	3
7	78650	CHEST PAIN NOS	3
8	9009	INJ HEAD/NECK VESSEL NOS	3
9	250	DIABETES MELLITUS	2
10	34590	EPILEP NOS W/O INTR EPIL	2

Region: FLORIDA

Site: DADEMN2F

	Diagnosis Code	Diagnosis Description	Volume
1	7245	BACKACHE NOS	2
2	78900	ABDMNAL PAIN UNSPCF SITE	2
3	55090	UNILAT INGUINAL HERNIA	1
4	71941	JOINT PAIN-SHLDER	1
5	71947	JOINT PAIN-ANKLE	1
6	7295	PAIN IN LIMB	1
7	7803	CONVULSIONS	1
8	7823	EDEMA	1
9	78650	CHEST PAIN NOS	1
10	802	FRACTURE OF FACE BONES	1

Site: HARDEE

	Diagnosis Code	Diagnosis Description	Volume
1	78900	ABDMNAL PAIN UNSPCF SITE	8
2	78650	CHEST PAIN NOS	2
3	9599	INJURY-SITE NOS	2
4	493	ASTHMA	1
5	78009	OTHER ALTER CONSCIOUSNES	1
6	78605	SHORTNESS OF BREATH	1
7	78820	RETENTION URINE NOS	1
8	8028	FX FACIAL BONE NEC-CLOSE	1
9	816	FX PHALANGE HAND	1
10	88100	OPEN WOUND OF FOREARM	1

Site: BROWARD

	Diagnosis Code	Diagnosis Description	Volume
1	78609	RESPIRATORY ABNORM NEC	3
2	7802	SYNCOPE AND COLLAPSE	2
3	2512	HYPOGLYCEMIA NOS	1
4	585	CHRONIC RENAL FAILURE	1
5	71947	JOINT PAIN-ANKLE	1
6	724	OT/UNS DISORDER OF BACK	1
7	78650	CHEST PAIN NOS	1
8	7873	FLATUL/ERUCTAT/GAS PAIN	1
9	78900	ABDMNAL PAIN UNSPCF SITE	1
10	8748	OPEN WOUND OF NECK NEC	1

Top 10 Inpatient Primary Diagnoses by Claims

Region: BROWARD

Site: BROWARD COUNTY JAIL

	Diagnosis Code	Diagnosis Description	Volume	Total Inpatient Days	Total Amount Paid
	4280	CHF NOS	22	35	XXXXXXXXXX
2	78609	RESPIRATORY ABNORM NEC	19	27	XXXXXXXXXX
3	2859	ANEMIA NOS	17	33	XXXXXXXXXX
4	51881	ACUTE RESPIRATRY FAILURE	17	37	XXXXXXXXXX
5	585	CHRONIC RENAL FAILURE	15	21	XXXXXXXXXX
6	78605	SHORTNESS OF BREATH	15	28	XXXXXXXXXX
7	78650	CHEST PAIN NOS	15	23	XXXXXXXXXX
8	5849	ACUTE RENAL FAILURE NOS	14	49	XXXXXXXXXX
9	78099	OTHER GENERAL SYMPTOMS	14	24	XXXXXXXXXX
10	V5889	OTHER SPECFIED AFTERCARE	14	14	XXXXXXXXXX

Region: FLORIDA

Site:

	Diagnosis Code	Diagnosis Description	Volume	Total Inpatient Days	Total Amount Paid
1	5722	HEPATIC COMA	1	3	XXXXXXXXXX

Site: BROWARD

	Diagnosis Code	Diagnosis Description	Volume	Total Inpatient Days	Total Amount Paid
1	5789	GASTROINTEST HEMORR NOS	10	12	XXXXXXXXXX
2	5849	ACUTE RENAL FAILURE NOS	10	25	XXXXXXXXXX
3	78650	CHEST PAIN NOS	9	16	XXXXXXXXXX
4	5780	HEMATEMESIS	8	8	XXXXXXXXXX
5	585	CHRONIC RENAL FAILURE	8	17	XXXXXXXXXX
6	496	CHR AIRWAY OBSTRUCT NEC	7	23	XXXXXXXXXX
7	51881	ACUTE RESPIRATRY FAILURE	7	16	XXXXXXXXXX
8	2859	ANEMIA NOS	6	16	XXXXXXXXXX
9	514	PULM CONGEST/HYPOSTASIS	6	7	XXXXXXXXXX
10	586	RENAL FAILURE NOS	6	14	XXXXXXXXXX

Site: CHARLOTTE

	Diagnosis Code	Diagnosis Description	Volume	Total Inpatient Days	Total Amount Paid
1	6822	CELLULITIS OF TRUNK	4	12	XXXXXXXXXX
2	4270	PAROX ATRIAL TACHYCARDIA	3	3	XXXXXXXXXX
3	7998	INVALID	3	57	XXXXXXXXXX
4	80226	FX SYMPHY MANDIB BODY-CL	3	3	XXXXXXXXXX
5	2880	AGRANULOCYTOSIS	2	2	XXXXXXXXXX
6	3319	CEREB DEGENERATION NOS	2	2	XXXXXXXXXX
7	34830	ENCEPHALOPATHY NOS	2	4	XXXXXXXXXX
8	42781	SINOATRIAL NODE DYSFUNCT	2	9	XXXXXXXXXX
9	42789	CARDIAC DYSRHYTHMIAS NEC	2	2	XXXXXXXXXX
10	7862	COUGH	2	2	XXXXXXXXXX

Proposal Exhibit 12: Other UM Reports

Health Services Report

	an-	Feb-	Mar-	A r-	May-	un-	ul-	Aug-	Se -	Oct-	No -	Dec-	TD
Summary Data													
Physician Clinical Visits	892	757	709	547	628	684	511	799	789	786	547	876	8,525
PA/NP Clinical Visits	281	309	353	342	215	463	369	386	361	364	442	496	4,381
Nurse Clinical Visit	9,937	8,899	8,044	8,838	8,784	8,286	8,458	8,822	9,151	9,140	9,833	8,154	106,346
Other Clinical	525	438	280	428	490	464	443	471	341	346	424	399	5,049
Total Clinical Visits	**11,635**	**11,564**	**11,858**	**9,756**	**11,985**	**8,148**	**9,634**	**9,894**	**11,177**	**11,145**	**9,202**	**10,175**	126,173
Segregation Physician	22	23	30	31	18	18	35	23	14	13	39	13	279
Segregation PA/NP	42	43	34	26	49	29	47	48	41	25	30	48	462
Segregation Nurse	5,307	5,715	4,251	5,455	5,705	4,672	4,739	4,958	5,768	5,738	5,516	4,973	62,797
Segregation Other	537	657	690	367	464	567	363	449	450	232	249	343	5,368
Total Segregation Visits	**5,908**	**4,479**	**729**	**7,514**	**3,396**	**6,145**	**11,724**	**10,547**	**10,649**	**11,945**	**2,085**	**6,452**	81,573
Mental Health Visit Psychiatrist	209	311	372	337	240	365	360	381	299	276	311	332	3,793
Mental Health Visit Psychologist	1,234	748	831	370	734	747	476	673	829	816	486	263	8,207
Mental Health Visit Therapist	586	426	686	246	677	487	201	596	342	420	287	427	5,381
Mental Health Visit Other	424	242	223	405	279	700	535	699	384	573	399	403	5,266
Total Mental Health Visits	**2,453**	**683**	**854**	**992**	**623**	**447**	**694**	**381**	**701**	**218**	**971**	**260**	9,277
Dental Visits	882	420	260	521	669	555	279	689	358	379	347	417	5,776
Intake Screening	253	250	223	309	275	309	389	379	238	227	204	220	3,276
Transfer Screenings	134	340	228	362	200	237	391	348	325	260	278	277	3,380
Release Screening	151	36	50	43	47	39	50	29	31	38	50	25	589
Health Assessments	242	376	295	334	200	282	316	341	381	281	370	396	3,814
Annual Physicals	88	33	17	17	36	33	11	29	24	27	32	30	377
Community Referrals													
ER Visits	20	16	16	11	8	5	19	18	8	9	10	9	149
Admitted from ER	9	18	16	20	6	9	8	5	10	18	14	20	153
In-Patient Surgical Admits	0	14	13	11	20	16	20	5	6	11	16	14	146
Hospital Admissions	13	10	12	18	19	10	10	18	15	13	17	13	168
Hospital Days	47	14	16	8	13	11	7	19	11	8	18	18	190
Average Hospital Length of Stay	11	16	6	19	13	15	8	6	13	13	14	19	153
Out-Patient Surgeries	8	9	10	11	11	7	17	17	11	6	5	10	122
No. of Ambulance Trans.	14	5	8	20	17	11	14	18	18	19	10	10	164

Health Services Report

	an-	Feb-	Mar-	A r-	May-	un-	ul-	Aug-	Se -	Oct-	No -	Dec-	TD
Chronic Care Clinics # Visits per month													
Pulmonary	73	63	74	75	59	59	68	59	56	72	54	74	786
Cardiac	76	65	60	55	59	52	73	62	51	51	53	79	736
Diabetic	73	79	74	65	75	54	72	54	84	70	77	50	827
GI	84	72	62	77	68	75	71	56	71	79	51	78	844
Special Needs	98	71	63	72	56	61	51	56	82	58	65	55	788
Hypertension	171	58	85	56	58	57	74	64	61	62	79	83	908
Seizure	67	50	55	82	55	77	64	64	56	64	82	64	780
Infectious Disease	130	69	71	61	59	71	85	76	52	73	55	69	871
Orthopedics	6	71	65	53	79	80	80	71	65	83	53	78	784
Pain	0	64	72	80	50	56	62	50	62	70	59	62	687
Derm	2	65	61	77	69	62	70	53	80	77	50	58	724
Total Chronic Care Visits	780	59	78	58	63	66	62	50	85	65	65	55	1,486
Dental													
No. of Filling Surfaces	296	240	147	240	106	143	215	120	157	161	189	194	2,208
No. of Extractions	241	249	181	246	199	246	129	197	230	193	237	113	2,461
No. of Prosthesis	65	110	148	188	214	112	197	152	243	100	169	159	1,857
No. I/M Receiving X-Rays	108	200	196	125	230	133	224	241	239	152	232	108	2,188
30 Day Dental Exams	221	143	212	214	233	229	137	227	121	116	239	245	2,337
Cleanings performed	96	162	217	227	219	241	142	239	207	117	129	151	2,147
Xray													
No. of I/M Xrayed	161	232	102	152	162	149	141	166	229	147	175	176	1,992
No. I/M's for lab studies	907	189	210	233	156	144	153	118	224	183	197	134	2,848
No. Labs ordered	1,901	154	104	191	151	134	249	170	127	150	124	105	3,560
No. of DNA's	215	220	227	146	196	216	138	187	159	153	163	141	2,161
No. of EKG's	138	243	103	123	134	113	116	172	103	182	145	116	1,688
Prescription Medication													
I/M's on Rx Meds	2,331	2,400	2,381	3,076	2,917	3,194	2,711	2,143	2,152	3,733	2,286	3,616	32,940
% of Population on Rx Meds	1	4	32	20	24	40	6	29	24	12	5	14	211
I/M On Psychotropic Meds	689	130	144	100	113	231	143	240	223	241	100	154	2,508
% of Population on Psych. Meds	0	40	34	6	9	15	13	18	25	6	4	1	171
# of Prescriptions (all)	6,925	7,985	7,922	6,988	6,042	8,091	8,772	8,133	5,071	9,116	7,775	7,100	89,920
# of Non-Formulary Prescriptions	182	150	127	193	109	103	137	174	123	199	144	183	1,824

Health Services Report

	an-	Feb-	Mar-	A r-	May-	un-	ul-	Aug-	Se -	Oct-	No -	Dec-	TD
Miscellaneous													
No. of Deaths	3	19	3	16	7	13	17	5	11	20	13	7	134
No. of New HIV carriers	0	15	20	3	1	5	18	20	19	18	19	17	155
No. of HIV carriers	13	15	18	16	3	13	3	14	4	16	3	2	120
I/M T4 Cells < 500	4	15	5	3	10	13	9	12	18	13	17	14	133
No. of AIDS I/M	4	5	10	12	13	4	15	14	6	12	17	17	129
# Patients on Dialysis	2	6	11	4	18	10	1	17	15	19	15	19	137
# Cancer patients	19	1	13	18	5	17	2	6	20	3	5	3	112
# Chemotherapy treatments	1	9	3	13	2	15	5	3	15	9	6	12	93
# Radiation treatments	0	4	5	13	4	17	13	11	17	7	10	11	112
Medical Housing													
Observation	6	18	6	16	15	6	1	10	5	13	8	10	114
# of infirmary beds/ Neg Flow	27	62	13	19	5	13	13	3	1	14	3	16	189
I/M Admitted to Infirmary	61	74	91	78	96	99	70	78	77	72	68	97	961
Infirmary Days	658	600	577	557	668	671	576	584	663	626	533	527	7,240
Infirmary LOS	13	2	2	8	9	1	3	17	4	8	15	18	100
Mental Health													
# of Mental Health Beds	30	16	18	1	17	13	4	18	12	11	8	3	151
# Inmates Admitted to Mental Health Unit	6	3	12	14	7	9	8	16	2	11	12	3	103
Unit	4	1	19	17	9	9	20	11	10	9	3	19	131
Total Mental Health Days	817	562	557	625	536	612	613	598	628	587	694	624	7,453
Average Mental Health Daily Census	33	12	8	11	13	1	11	4	5	9	8	6	121
Suicide													
#attempted suicide	0	3	1	4	2	1	4	2	1	3	4	1	17
#Suicide observations	3	3	2	3	5	4	2	4	3	4	1	5	26
# Completed suicides	0	5	4	2	4	3	4	5	3	5	4	2	27
Correctional Staff													
Physicals	48	46	59	55	45	40	43	56	45	41	41	59	578
Emergency Response	3	46	56	44	47	42	51	57	46	44	46	59	541
Hepatits B Vaccines	19	56	47	45	42	46	46	51	40	41	52	52	537
Flu Vaccines	0	57	56	44	42	49	59	48	59	50	44	57	565
PPD	50	43	57	40	55	46	55	54	43	47	58	55	603

Health Services Report

	an-	Feb-	Mar-	A r-	May-	un-	ul-	Aug-	Se -	Oct-	No -	Dec-	TD
On-Site Specialty Care													
Dermatology	9	49	46	48	41	41	50	42	51	53	42	56	528
Dialysis	22	41	55	55	41	53	59	60	47	58	44	58	593
General Surgery	0	49	44	42	59	40	43	54	55	52	56	41	535
Gynecology/OB.	6	48	50	42	51	57	43	50	44	49	42	47	529
Internal Medicine	0	53	46	43	55	49	45	52	46	55	53	43	540
Neurology	0	54	42	57	55	52	59	60	58	41	40	48	566
Occup. Therapy	0	52	42	42	58	42	55	46	43	44	60	41	525
Ophthalmology	0	55	51	47	57	49	44	43	55	55	59	49	564
Optometry	155	42	43	56	44	58	58	42	60	48	55	47	708
Oral Surgery	1	54	49	51	46	50	46	57	57	40	40	52	543
Orthopedics	0	51	53	47	49	41	60	55	40	48	60	55	559
ENT	0	49	42	53	54	59	48	45	56	44	54	50	554
Physical Therapy	0	49	42	59	54	43	58	40	59	54	56	60	574
Podiatry	0	59	49	55	58	45	45	50	44	60	44	48	557
Urology	0	52	51	50	56	58	45	60	60	56	55	40	583
Total On-Site Specialty Care Visits	**172**	**43**	**58**	**54**	**57**	**45**	**55**	**55**	**49**	**45**	**42**	**43**	718
Off-Site Specialty Care													
Dermatology	4	3	3	4	2	3	1	3	3	3	3	2	34
Dialysis	1	2	3	3	4	5	3	3	3	2	2	2	33
General Surgery	7	4	4	5	2	5	4	3	3	1	1	1	40
Gynecology/OB.	7	2	5	5	5	4	1	4	3	5	5	2	48
Internal Medicine	8	4	2	2	5	2	3	1	2	5	1	5	40
Neurology	1	5	2	3	4	3	3	3	1	3	4	1	33
Occup. Therapy	0	1	5	5	5	5	5	2	2	4	1	2	37
Ophthalmology	1	2	3	3	5	2	3	1	2	5	5	4	36
Optometry	8	3	1	5	5	3	1	1	1	5	2	1	36
Oral Surgery	9	2	2	2	3	5	1	4	4	2	2	4	40
Orthopedics	3	2	2	4	3	4	3	2	4	3	5	3	38
ENT	6	3	5	4	3	3	5	2	1	4	4	3	43
Physical Therapy	0	2	4	5	5	1	4	3	5	3	3	3	38
Podiatry	0	2	2	4	3	5	1	1	5	5	4	4	36
Urology	2	5	3	1	5	4	1	1	1	5	5	4	37
Total Off-Site Specialty Care Visits	**57**	**42**	**46**	**55**	**59**	**54**	**39**	**34**	**40**	**55**	**47**	**41**	569

Health Services Report

	an-	Feb-	Mar-	A r-	May-	un-	ul-	Aug-	Se -	Oct-	No -	Dec-	TD
Co-pays charged	541	648	691	582	555	700	577	543	570	580	518	687	7,192
# Pregnant Patients	8	4	2	5	4	2	3	2	1	1	5	5	42
# deliveries	0	1	4	2	4	5	4	2	5	4	1	3	35
# miscarriages	0	1	1	2	3	1	4	5	4	3	5	2	31

Infection Control Report

	an-	Feb-	Mar-	A r-	May-	un-	ul-	Aug-	Se -	Oct-	No -	Dec-	TD
PPD													
# of Employee PPD's Administered	26	27	32	38	25	37	37	45	47	49	25	35	**423**
# of Employee PPD Conversions	0	6	3	3	10	6	8	4	8	4	10	0	**62**
# of Inmate PPD's Administered	318	331	421	239	361	493	363	316	445	227	442	201	**4157**
# of Inmate PPD Conversions	1	0	6	5	6	0	10	5	1	9	7	10	**60**
# of inmates on INH or TB medications	0	3	5	7	1	0	7	5	2	1	5	0	**36**
Hepatitis													
# of newly diagnosed Hepatitis A	0	1	0	10	8	0	7	10	6	6	8	14	**70**
# of newly diagnosed Hepatitis B	1	2	12	5	2	0	7	5	10	10	11	7	**72**
# of Hepatitis B patients	5	15	3	14	10	5	11	11	4	13	2	13	**106**
# of Hep C screening labs performed	38	34	48	41	45	52	34	21	45	25	47	47	**477**
# of positive Hepatitis C lab results	8	15	8	11	11	9	10	8	9	14	8	12	**123**
# of HCV EIA tests performed	10	7	7	6	11	15	10	0	9	11	13	8	**107**
# of tests for Hep. C viral RNA performed	0	11	15	5	5	6	2	13	0	5	5	7	**74**
# of Liver Biopsies completed	1	9	3	1	10	12	14	15	15	8	5	13	**106**
# of Hep C patients	293	324	201	303	327	307	446	235	443	357	481	246	**3963**
# of Hep C patients discharged from unit	13	10	13	10	12	4	14	13	12	5	3	11	**120**
# of newly diagnosed Hepatitis C	8	9	6	10	15	8	7	8	5	6	3	15	**100**
# of offenders in Hepatitis C CCC	362	275	303	218	498	446	249	417	454	266	412	318	**4218**
# of offenders receiving Interferon therapy	1	14	11	13	10	3	15	6	13	3	9	1	**99**
Total # HCV Patients Receiving Treatment	0	3	15	9	12	11	11	1	12	9	13	14	**110**
Completions	0	12	1	3	13	8	11	8	9	15	9	11	**100**
# with EVR	0	4	7	15	11	11	8	1	5	13	3	1	**79**
# with SVR	0	13	8	14	12	0	7	11	3	8	6	0	**82**
# with Treatment Aborted	0	15	13	13	6	2	13	15	15	8	10	4	**114**
# with Treatment Failure	0	0	0	3	6	11	9	6	4	8	1	14	**62**
Refusal	0	1	7	9	13	14	5	3	3	5	15	6	**81**
HIV/AIDS													
# of AIDS patients	4	6	13	8	3	3	12	1	13	5	6	6	**80**
# of inmates with HIV at this unit in CCC	13	15	11	13	13	10	7	13	4	6	9	4	**118**
# of "newly diagnosed " HIV	0	15	9	6	11	2	8	3	9	13	9	6	**91**
# of Paroled or Discharged HIV	1	12	3	4	2	8	10	14	7	1	11	7	**80**
# of Paroled or Discharged AIDS	0	10	0	0	4	1	9	1	8	4	13	9	**59**
# of diagnosed AIDS at this unit-diagnosed due to symptomatic problems and/or CD4 200 or less	2	1	8	15	15	6	6	9	2	14	9	12	**99**
# on HIV Medication	16	43	24	37	24	20	47	37	47	41	50	36	**422**

Infection Control Report

	an-	Feb-	Mar-	A r-	May-	un-	ul-	Aug-	Se -	Oct-	No -	Dec-	TD
Misc. Testing													
# tested for Gonorrhea/ # positive	60	53	42	58	58	57	53	66	41	41	44	50	**623**
Positive for Gonorrhea	0	15	8	12	1	3	12	12	15	5	9	6	**98**
# tested for Syphillis/ # positive	92	44	43	51	50	64	63	65	52	49	69	41	**683**
Positive for Syphillis	0	2	0	8	0	14	3	14	8	10	13	9	**81**
# tested for Chlamydia/ # positive	60	65	46	40	62	53	59	69	62	60	62	62	**700**
Positive for Chlamydia	1	7	2	6	8	0	8	13	15	10	2	7	**79**
# of scabies and/or pediculosis cases	4	13	0	12	6	2	10	0	12	7	7	2	**75**
# of biopsies done at the unit	4	11	7	5	11	11	11	1	11	10	6	9	**97**
# of minor surgeries done at the unit	4	4	11	12	14	6	6	11	4	5	9	9	**95**
MRSA													
# of MRSA cases	5	8	5	6	4	9	15	0	2	4	8	2	**68**
# of MRSA cases transferred into facility	1	3	4	4	15	10	13	14	7	14	3	3	**91**

Chronic Care Report

	an-	Feb-	Mar-	A r-	May-	un-	ul-	Aug-	Se -	Oct-	No -	Dec-	TD
Hypertension													
Enrolled	666	599	502	513	609	549	606	547	596	639	516	573	**576**
Doctor Visit	51	57	40	48	53	48	53	55	57	55	53	46	**51**
Mid-Level Visit	2	6	1	2	5	7	1	6	9	2	1	3	**4**
Nurse Visit	118	124	120	126	112	106	139	146	107	148	142	109	**125**
Total Visits	171	187	161	176	170	161	193	207	173	205	196	158	**180**
Cardiac													
Enrolled	495	597	561	475	529	482	548	549	576	581	455	448	**525**
Doctor Visit	36	42	56	55	45	42	46	44	51	60	58	54	**49**
Mid-Level Visit	0	3	10	7	7	1	9	9	10	1	10	1	**6**
Nurse Visit	40	45	41	52	53	57	45	41	56	49	48	55	**49**
Total Visits	76	90	107	114	105	100	100	94	117	110	116	110	**103**
Pulmonary													
Enrolled	269	110	145	135	115	103	150	142	119	137	145	117	**141**
Doctor Visit	29	21	22	24	29	38	40	38	24	38	36	30	**31**
Mid-Level Visit	0	1	1	7	3	9	2	9	4	1	7	7	**4**
Nurse Visit	44	41	48	48	44	57	54	55	59	45	42	45	**49**
Total Visits	73	63	71	79	76	104	96	102	87	84	85	82	**84**
Endo/Diabetic													
Enrolled	251	128	113	122	100	136	150	106	122	129	148	130	**136**
Doctor Visit	20	42	22	20	20	28	33	48	46	30	41	23	**31**
Mid-Level Visit	0	4	3	4	9	6	7	6	9	8	7	9	**6**
Nurse Visit	53	57	57	59	54	46	55	50	51	46	47	43	**52**
Total Visits	73	103	82	83	83	80	95	104	106	84	95	75	**89**
GI													
Enrolled	452	405	437	461	610	552	542	451	652	668	519	665	**535**
Doctor Visit	27	32	42	43	26	38	28	48	35	20	39	35	**34**
Mid-Level Visit	0	4	6	9	6	2	2	8	8	1	3	2	**4**
Nurse Visit	57	40	43	41	41	57	53	40	47	47	58	58	**49**
Total Visits	84	76	91	93	73	97	83	96	90	68	100	95	**87**

Chronic Care Report

	an-	Feb-	Mar-	A r-	May-	un-	ul-	Aug-	Se -	Oct-	No -	Dec-	TD
Seizures													
Enrolled	107	111	113	104	125	124	144	128	113	122	103	113	117
Doctor Visit	58	46	48	45	46	54	59	53	40	54	58	44	50
Mid-Level Visit	0	2	10	5	8	10	7	1	6	4	3	7	5
Nurse Visit	9	9	10	1	3	3	1	6	3	5	10	4	5
Total Visits	67	57	68	51	57	67	67	60	49	63	71	55	61
Special Needs													
Enrolled	210	120	150	146	120	143	140	133	106	123	150	108	137
Doctor Visit	17	44	29	48	37	26	37	24	47	28	47	46	36
Mid-Level Visit	0	1	8	4	4	10	3	8	5	2	4	2	4
Nurse Visit	81	38	42	28	46	33	32	30	47	45	43	32	41
Total Visits	98	83	79	80	87	69	72	62	99	75	94	80	82
Orthopedic													
Enrolled	17	16	12	15	43	40	17	38	42	34	28	21	27
Doctor Visit	2	5	6	10	7	10	9	3	10	10	5	2	7
Mid-Level Visit	0	3	8	1	10	1	7	5	5	8	3	8	5
Nurse Visit	4	5	6	1	1	3	9	1	8	4	8	2	4
Total Visits	6	13	20	12	18	14	25	9	23	22	16	12	16
Infectious Disease													
Enrolled	415	478	689	503	437	428	642	405	671	518	678	656	543
Doctor Visit	29	27	39	44	12	18	48	32	36	42	15	42	32
Mid-Level Visit	0	7	4	3	2	9	8	8	8	3	2	1	5
Nurse Visit	101	147	139	143	123	125	143	136	147	126	101	145	131
Total Visits	130	181	182	190	137	152	199	176	191	171	118	188	168
Pain													
Enrolled	2	7	10	5	4	7	3	2	5	3	1	1	4
Doctor Visit	0	3	9	4	6	4	2	7	9	1	3	5	4
Mid-Level Visit	0	6	7	5	10	9	1	6	7	1	6	8	6
Nurse Visit	0	4	1	3	7	5	9	8	2	10	10	5	5
Total Visits	0	13	17	12	23	18	12	21	18	12	19	18	15

Chronic Care Report

	an-	Feb-	Mar-	A r-	May-	un-	ul-	Aug-	Se -	Oct-	No -	Dec-	TD
Derm													
Enrolled	8	4	4	10	9	10	6	8	1	10	5	3	7
Doctor Visit	1	1	1	4	3	4	3	4	9	5	10	7	4
Mid-Level Visit	0	6	8	2	6	4	8	1	9	2	9	9	5
Nurse Visit	1	8	5	6	10	7	4	3	4	2	7	5	5
Total Visits	2	15	14	12	19	15	15	8	22	9	26	21	15

Grievance Report

	an-	Feb-	Mar-	A r-	May-	un-	ul-	Aug-	Se -	Oct-	No -	Dec-	TD
Site A													
Total		29	31	31	34	38	35	31	26	38	34	36	363
Quality of Medical Care	0	1	2	2	5	2	1	5	3	4	4	2	31
Quality of Dental Care	0	2	2	3	1	5	5	3	1	3	4	4	33
Quality of Mental Health	0	1	2	3	5	4	4	1	3	5	3	4	35
Non Medical	0	2	1	2	5	5	3	3	1	5	3	2	32
Conduct	0	5	3	5	3	3	3	1	5	5	1	5	39
Medication	0	3	4	2	1	2	2	2	2	1	3	1	23
Delay	0	3	3	3	1	4	3	2	3	1	1	5	29
Request to be seen	0	4	4	1	2	3	2	5	3	5	5	3	37
Request Off sight	0	4	2	4	5	4	3	5	1	4	3	1	36
Copay	0	2	3	4	4	2	5	1	1	3	4	4	33
Other	0	2	5	2	2	4	4	3	3	2	3	5	35
G-2													0
Inmate Population			204	220	212	208	209	216	203	214	219	201	2323
Site B													
Total		31	33	32	30	32	36	34	30	30	32	34	354
Quality of Medical Care	0	2	5	3	5	1	3	5	5	3	2	1	35
Quality of Dental Care	0	2	4	1	3	4	4	3	1	3	5	5	35
Quality of Mental Health	0	3	2	2	2	5	2	2	2	2	1	5	28
Non Medical	0	5	2	5	1	4	5	2	3	3	1	2	33
Conduct	0	3	1	4	3	1	1	3	4	2	2	4	28
Medication	0	4	1	2	2	5	3	2	3	3	3	5	33
Delay	0	1	2	4	1	3	4	5	3	2	3	1	29
Request to be seen	0	2	4	2	1	2	5	4	2	2	2	3	29
Request Off sight	0	1	5	4	3	3	3	4	1	2	4	2	32
Copay	0	5	3	4	5	1	5	2	2	3	4	1	35
Other	0	3	4	1	4	3	1	2	4	5	5	5	37
G-2													0
Inmate Population		206	204	205	214	211	209	220	212	217	200	214	2521

Grievance Report

	an-	Feb-	Mar-	A r-	May-	un-	ul-	Aug-	Se -	Oct-	No -	Dec-	TD
Site C													
Total		50	57	50	60	60	71	56	70	62	67	61	708
Quality of Medical Care	16	7	1	5	7	3	7	6	6	2	2	4	66
Quality of Dental Care	4	6	1	2	6	4	3	6	7	6	6	7	58
Quality of Mental Health	0	1	6	9	9	9	8	3	7	6	10	9	77
Non Medical	0	4	9	5	9	5	7	8	6	9	1	1	64
Conduct	4	2	9	6	3	4	10	10	2	3	8	10	71
Medication	12	5	5	7	9	2	6	1	10	4	4	5	70
Delay	3	1	3	4	4	9	9	5	9	8	8	7	70
Request to be seen	0	8	10	4	1	7	3	8	6	5	9	9	70
Request Off sight	2	6	8	4	4	3	6	2	9	6	8	3	61
Copay	0	5	1	1	7	9	9	2	6	10	3	5	58
Other	3	5	4	3	1	5	3	5	2	3	8	1	43
G-2													0
Inmate Population		1194	1192	1189	1127	1167	1180	1193	1101	1152	1102	1193	13906
Site D													
Total		62	66	66	81	59	59	54	55	57	68	62	692
Quality of Medical Care	2	8	5	5	3	6	5	5	9	1	3	8	60
Quality of Dental Care	1	1	6	6	9	10	2	2	6	4	9	1	57
Quality of Mental Health	0	8	6	4	6	5	5	1	2	9	2	7	55
Non Medical	0	7	10	4	7	5	3	5	3	2	7	6	59
Conduct	0	8	7	9	5	4	6	8	8	3	1	2	61
Medication	0	10	8	5	9	5	10	5	1	3	10	2	68
Delay	0	3	7	9	9	3	10	7	1	10	10	9	78
Request to be seen	0	3	9	6	10	2	4	7	2	6	5	10	64
Request Off sight	0	8	1	2	9	2	5	3	7	3	5	5	50
Copay	0	5	4	8	7	8	8	1	8	8	10	5	72
Other	0	1	3	8	7	9	1	10	8	8	6	7	68
G-2													0
Inmate Population		501	571	538	470	545	577	483	514	545	436	407	6033

Grievance Report

	an-	Feb-	Mar-	A r-	May-	un-	ul-	Aug-	Se -	Oct-	No -	Dec-	TD
Site E													
Total		58	54	61	67	69	54	64	60	62	56	66	671
Quality of Medical Care	0	4	7	2	6	9	10	9	8	7	5	3	70
Quality of Dental Care	0	10	1	5	8	7	1	1	1	5	6	10	55
Quality of Mental Health	0	6	9	2	6	7	4	7	2	8	6	3	60
Non Medical	0	5	1	5	8	10	4	6	8	3	7	5	62
Conduct	0	2	9	6	1	1	2	6	4	9	3	5	48
Medication	0	9	8	10	6	4	10	8	9	2	6	9	81
Delay	0	3	4	7	7	7	6	2	5	2	5	7	55
Request to be seen	0	8	3	6	3	7	5	5	8	9	8	3	65
Request Off sight	0	4	4	5	7	7	3	9	5	5	4	9	62
Copay	0	3	1	6	5	4	8	9	8	5	2	7	58
Other	0	4	7	7	10	6	1	2	2	7	4	5	55
G-2													0
Inmate Population	109	103	103	101	110	109	105	100	104	106	107	110	1267
Site F													
Total	1	68	41	58	65	75	56	43	48	65	57	51	628
Quality of Medical Care	1	10	3	2	10	8	2	6	3	4	6	1	56
Quality of Dental Care	0	9	1	2	9	9	8	2	3	4	2	4	53
Quality of Mental Health	0	2	4	9	10	7	2	5	6	1	10	1	57
Non Medical	0	3	2	9	9	4	1	3	7	8	4	1	51
Conduct	0	7	8	9	4	5	7	3	2	1	5	10	61
Medication	0	5	1	1	3	8	8	1	5	4	6	5	47
Delay	0	8	4	3	1	8	2	6	4	9	3	1	49
Request to be seen	0	5	1	5	2	9	6	7	9	7	7	10	68
Request Off sight	0	5	5	9	10	8	10	2	5	8	8	4	74
Copay	0	8	10	8	6	1	5	6	1	10	4	8	67
Other	0	6	2	1	1	8	5	2	3	9	2	6	45
G-2													0
Inmate Population	985	972	998	992	972	995	951	976	987	982	956	976	11742

Grievance Report

	an-	Feb-	Mar-	A r-	May-	un-	ul-	Aug-	Se -	Oct-	No -	Dec-	TD
Site G													
Total	4	0	0	0	0	0	0	0	0	0	0	0	4
Quality of Medical Care	2												2
Quality of Dental Care	1												1
Quality of Mental Health	0												0
Non Medical	0												0
Conduct	0												0
Medication	1												1
Delay	0												0
Request to be seen	0												0
Request Off sight	0												0
Copay	0												0
Other	0												0
G-2													0
Inmate Population	350	340	306	339	320	322	302	335	303	318	303	348	3886
Site H													
Total	0	0	0	0	0	0	0	0	0	0	0	0	0
Quality of Medical Care	0												0
Quality of Dental Care	0												0
Quality of Mental Health	0												0
Non Medical	0												0
Conduct	0												0
Medication	0												0
Delay	0												0
Request to be seen	0												0
Request Off sight	0												0
Copay	0												0
Other	0												0
G-2													0
Inmate Population	528	502	549	542	529	507	539	525	504	527	532	536	6320

Grievance Report

	an-	Feb-	Mar-	A r-	May-	un-	ul-	Aug-	Se -	Oct-	No -	Dec-	TD
Totals													
Total	52	240	228	237	270	264	257	218	229	252	258	244	2749
Quality of Medical Care	5	28	16	17	30	20	18	27	26	14	17	16	250
Quality of Dental Care	2	20	14	14	28	32	22	16	18	20	26	21	237
Quality of Mental Health	0	21	29	29	38	37	25	19	22	31	32	29	252
Non Medical	0	26	25	30	39	33	23	27	28	30	23	17	239
Conduct	4	27	37	39	19	18	29	31	25	23	20	36	260
Medication	13	36	27	27	30	26	39	19	30	17	32	27	242
Delay	3	19	23	30	23	34	34	27	25	32	30	30	255
Request to be seen	0	30	31	24	19	30	25	36	30	34	36	38	268
Request Off sight	2	28	25	28	38	27	30	25	28	28	32	24	253
Copay	0	28	22	31	34	25	40	21	26	39	27	30	265
Other	3	21	25	22	25	35	15	24	22	34	28	29	228
G-2	0												
Inmate Population	3960	3818	4127	4126	3954	4064	4072	4048	3928	4061	3855	3985	47998

Inmate Population Summary

	an-	Feb-	Mar-	A r-	May-	un-	ul-	Aug-	Se -	Oct-	No -	Dec-
Site A	217	204	220	212	208	209	216	203	214	219	201	214
Site B	209	206	204	205	214	211	209	220	212	217	200	214
Site C	1116	1194	1192	1189	1127	1167	1180	1193	1101	1152	1102	1193
Site D	446	501	571	538	470	545	577	483	514	545	436	407
Site E	109	103	103	101	110	109	105	100	104	106	107	110
Site F	985	972	998	992	972	995	951	976	987	982	956	976
Site G	350	340	306	339	320	322	302	335	303	318	303	348
Site H	528	502	549	542	529	507	539	525	504	527	532	536
Monthly total	**3960**	**4022**	**4143**	**4118**	**3950**	**4065**	**4079**	**4035**	**3939**	**4066**	**3837**	**3998**
Monthly avg.	**495**	**503**	**518**	**515**	**494**	**508**	**510**	**504**	**492**	**508**	**480**	**500**

Health Services Site Summary

Month: 'Jan-07

	Site A	Site B	Site C	Site D	Site E	Site F	Site	Site H	TOTAL
Summary									
Physician Clinical Visits	92	133	128	19	23	140	155	202	**892**
PA/NP Clinical Visits	0	0	0	44	0	237	0	0	**281**
Nurse Clinical Visit	803	159	882	766	397	5132	626	1172	**9,937**
Other Clinical	0	0	525	0	0	0	0	0	**525**
Total Clinical Visits	895	292	1535	829	420	5509	781	1374	**11,635**
Segregation Physician	0	0	2	0	0	20	0	0	**22**
Segregation PA/NP	0	0	0	2	0	40	0	0	**42**
Segregation Nurse	0	0	5041	48	2	212	4	0	**5,307**
Segregation Other	0	0	0	0	0	537	0	0	**537**
Total Segregation Visits	0	0	5043	50	2	809	4	0	**5,908**
Mental Health Visit Psychiatrist	25	0	0	60	14	84	13	13	**209**
Mental Health Visit Psychologist	35	0	0	102	86	998	0	13	**1,234**
Mental Health Visit Therapist	50	0	0	322	0	214	0	0	**586**
Mental Health Visit Other	0	0	0	0	0	424	0	0	**424**
Total Mental Health Visits	110	0	0	484	100	1720	13	26	**2,453**
Dental Visits	102	29	199	176.5	69	157	69	80	**882**
Intake Screening	28	0	48	36	57	17	37	30	**253**
Transfer Screenings	1	12	28	2	52	8	15	16	**134**
Release Screening	18	17	8	30	1	8	62	7	**151**
Health Assessments	29	12	0	38	23	25	69	46	**242**
Annual Physicals	0	5	0	8	0	2	53	20	**88**
Community Referrals									
ER Visits	0	1	4	4	0	5	1	5	**20**
Admitted from ER	0	1	3	3	0	2	0	0	**9**
In-Patient Surgical Admits	0	0	0	0	0	0	0	0	**0**
Hospital Admissions	0	1	3	3	0	6	0	0	**13**
Hospital Days	0	5	12	11	0	19	0	0	**47**
Average Hospital Length of Stay	0	0	4	3.6	0	3.16	0	0	**11**
Out-Patient Surgeries	0	0	3	0	0	4	0	1	**8**
No. of Ambulance Trans.	0	1	4	3	0	5	0	1	**14**

Health Services Site Summary

Month: 'Jan-07

	Site A	Site B	Site C	Site D	Site E	Site F	Site	Site H	TOTAL
Chronic Care Clinics # Visits per month									
Pulmonary	3	5	24	7	0	10	15	6	**70**
Cardiac	0	10	10	5	0	23	4	24	**76**
Diabetic	2	8	25	4	1	9	8	5	**62**
GI	1	10	41	0	1	13	10	8	**84**
Special Needs	1	3	78	0	0	0	11	4	**97**
Hypertension	3	12	78	18	5	17	13	0	**146**
Seizure	1	0	5	0	0	56	3	1	**66**
Infectious Disease	12	9	45	26	1	4	13	8	**118**
Orthopedics	0	0	0	0	0	0	3	3	**6**
Pain	0	0	0	0	0	0	0	0	**0**
Derm	1	0	0	0	0	0	0	0	**1**
Total Chronic Care Visits	**24**	**57**	**306**	**60**	**8**	**132**	**80**	**59**	**726**
Dental									
No. of Filling Surfaces	47	7	60	45	0	63	49	25	**296**
No. of Extractions	10	11	108	48	0	21	6	37	**241**
No. of Prosthesis	0	1	21	13	0	0	6	24	**65**
No. I/M Receiving X-Rays	10	9	0	23	0	23	8	35	**108**
30 Day Dental Exams	27	6	78	23	69	1	5	12	**221**
Cleanings performed	0	5	0	24.5	0	56	1	9	**96**
Xray									
No. of I/M Xrayed	0	3	32	14	2	70	16	24	**161**
No. I/M's for lab studies	30	48	207	131	57	228	106	100	**907**
No. Labs ordered	43	99	360	382	70	556	223	168	**1,901**
No. of DNA's	27	0	77	32	49	7	23	0	**215**
No. of EKG's		0	41	12	7	43	19	16	**138**
Prescription Medication									
I/M's on Rx Meds	100	127	463	341	63	698	244	295	**2,331**
% of Population on Rx Meds	46.08%	61.06%	41.56%	76.46%	55.00%	70.86%	69.71%	55.87%	**59.58%**
I/M On Psychotropic Meds	42	50	143	160	20	160	45	69	**689**
% of Population on Psych. Meds	19.35%	55.77%	12.84%	35.87%	18.30%	16.24%	12.86%	13.07%	**23.04%**
# of Prescriptions (all)	282	664	22	1823	83	4457	9	1408	**6925**
# of Non-Formulary Prescriptions	0	4	38	0	13		0	127	**182**

Health Services Site Summary

Month: 'Jan-07

	Site A	Site B	Site C	Site D	Site E	Site F	Site	Site H	TOTAL
Miscellaneous									
No. of Deaths	0	0	0	0	0	3	0	0	3
No. of New HIV carriers	0	0	0	0	0	0	0	0	0
No. of HIV carriers	0	0	4	2	0	4	1	2	13
I/M T4 Cells < 500	0	0	1	0	0	2	0	1	4
No. of AIDS I/M	0	0	2	0	0	2	0	0	4
# Patients on Dialysis	0	0	0	1	0	1	0	0	2
# Cancer patients	0	1	6	4	0	6	0	2	19
# Chemotherapy treatments	0	0	1	0	0	0	0	0	1
# Radiation treatments	0	0	0	0	0	0	0	0	0
Medical Housing									
Observation	0	0	0	4	0	0	2	0	6
# of infirmary beds/ Neg Flow	0	0	0	0	0	27	0	0/0	27
I/M Admitted to Infirmary	0	0	0	3	0	58	0	0	61
Infirmary Days	0	0	0	6	0	652	0	0	658
Infirmary LOS	0	0	0	2	0	11.24	0	0	13
Mental Health									
# of Mental Health Beds	0	0	0	0	0	30	0	0	30
# Inmates Admitted to Mental Health Unit	0	0	0	0	0	6	0	0	6
# Inmates Discharged from Mental Health Unit	0	0	0	0	0	4	0	0	4
Total Mental Health Days	0	0	0	0	0	817	0	0	817
Average Mental Health Daily Census	0	0	0	0	0	32.68	0	0	33
Suicide									
#attempted suicide	0	0	0	0	0	0	0	0	0
#Suicide observations	0	0	0	0	0	0	1	2	3
# Completed suicides	0	0	0	0	0	0	0	0	0
Correctional Staff									
Physicals	0	3	15	5	2	14	8	1	48
Emergency Response	1	0	1	0	0	0	0	1	3
Hepatits B Vaccines	0	1	8	0	0	0	7	3	19
Flu Vaccines	0	0	0	0	0	0	0	0	0
PPD	0	1	12	0	8	14	15	0	50

Health Services Site Summary

Month: 'Jan-07

	Site A	Site B	Site C	Site D	Site E	Site F	Site	Site H	TOTAL
On-Site Specialty Care									
Dermatology	0	0	0	0	0	0	0	9	9
Dialysis	0	0	0	1	0	21	0	0	22
General Surgery	0	0	0	0	0	0	0	0	0
Gynecology/OB.	0	0	0	6	0	0	0	0	6
Internal Medicine	0	0	0	0	0	0	0	0	0
Neurology	0	0	0	0	0	0	0	0	0
Occup. Therapy	0	0	0	0	0	0	0	0	0
Ophthalmology	0	0	0	0	0	0	0	0	0
Optometry	0	13	45	53	0	0	15	29	155
Oral Surgery	0	0	1	0	0	0	0	0	1
Orthopedics	0	0	0	0	0	0	0	0	0
ENT	0	0	0	0	0	0	0	0	0
Physical Therapy	0	0	0	0	0	0	0	0	0
Podiatry	0	0	0	0	0	0	0	0	0
Urology	0	0	0	0	0	0	0	0	0
Total On-Site Specialty Care Visits	0	13	46	60	0	0	15	38	172
Off-Site Specialty Care									
Dermatology	0	0	0	4	0	0	0	0	4
Dialysis	0	0	0	0	0	1	0	0	1
General Surgery	0	0	2	1	0	2	0	2	7
Gynecology/OB.	1	0	0	6	0	0	0	0	7
Internal Medicine	0	0	2	5	0	0	0	1	8
Neurology	1	0	0	0	0	0	0	0	1
Occup. Therapy	0	0	0	0	0	0	0	0	0
Ophthalmology	0	0	0	0	0	1	0	0	1
Optometry	6	0	0	2	0	0	0	0	8
Oral Surgery	0	0	3	1	0	5	0	0	9
Orthopedics	0	0	1	0	0	1	1	0	3
ENT	0	0	2	0	0	3	0	1	6
Physical Therapy	0	0	0	0	0	0	0	0	0
Podiatry	0	0	0	0	0	0	0	0	0
Urology	0	0	1	1	0	0	0	0	2

Health Services Site Summary

Month: 'Jan-07

	Site A	Site B	Site C	Site D	Site E	Site F	Site	Site H	TOTAL
Total Off-Site Specialty Care Visits	8	0	11	20	0	23	1	4	**67**
Co-pays charged	46	0	162	177	18	48	48	42	**541**
# Pregnant Patients	2	0	0	6	0	0	0	0	**8**
# deliveries	0	0	0	0	0	0	0	0	**0**
# miscarriages	0	0	0	0	0	0	0	0	**0**

Infection Control Site Summary

Month: 'Jan-07

	Site A	Site B	Site C	Site D	Site E	Site F	Site	Site H	TOTAL
# of cases reported to the Health Dept.	0	0	0	2	0	0	0	0	2
# of HIV labs sent to the Health Department	1	0	0	0	0	0	12	1	14
PPD									
# of Employee PPD's Administered	0	1		0	8	0	16	1	26
# of Employee PPD Conversions	0	0	0	0	0	0	0	0	0
# of Inmate PPD's Administered	41	20		59	67	11	57	63	318
# of Inmate PPD Conversions	0	0	0	0	1	0	0	0	1
# of inmates on INH or TB medications	0	0	0	0	0	0	0	0	0
Hepatitis									
# of newly diagnosed Hepatitis A	0	0	0	0	0	0	0	0	0
# of newly diagnosed Hepatitis B	0	0	0	1	0	0	0	0	1
# of Hepatitis B patients	0	0	0	4	0	1	0	0	5
# of Hep C screening labs performed	3	0	9	10	0	6	5	5	38
# of positive Hepatitis C lab results	1	0	0	5	0	0	2	0	8
# of HCV EIA tests performed	0	0	0	10	0	0	0	0	10
# of tests for Hep. C viral RNA performed	0	0	0	0	0		0	0	0
# of Liver Biopsies completed	0	0	0	1	0	0	0	0	1
# of Hep C patients	22	35	0	94	4	65	35	38	293
# of Hep C patients discharged from unit	3	0	0	7	0	0	3	0	13
# of newly diagnosed Hepatitis C	1	0	0	5	0	0	2	0	8
# of offenders in Hepatitis C CCC	22		104	94	4	65	35	38	362
# of offenders receiving Interferon therapy	0	0	0	0	0	1	0	0	1
Total # HCV Patients Receiving Treatment	0	0	0	0	0		0	0	0
Completions	0	0	0	0	0	0	0	0	0
# with EVR	0	0	0	0	0	0	0	0	0
# with SVR	0	0	0	0	0	0	0	0	0
# with Treatment Aborted	0	0	0	0	0	0	0	0	0
# with Treatment Failure	0	0	0	0	0	0	0	0	0
Refusal	0	0	0	0	0	0	0	0	0

Infection Control Site Summary

Month: 'Jan-07

	Site A	Site B	Site C	Site D	Site E	Site F	Site	Site H	TOTAL
HIV/AIDS									
# of AIDS patients	0	0	2	0	0	2	0	0	4
# of inmates with HIV at this unit in CCC	0	0	4	2	0	4	1	2	13
# of "newly diagnosed " HIV	0	0	0	0	0	0	0	0	0
# of Paroled or Discharged HIV	0	0	0	0	0	0	0	1	1
# of Paroled or Discharged AIDS	0	0	0	0	0	0	0	0	0
# of diagnosed AIDS at this unit-diagnosed due to symptomatic problems and/or CD4 200 or less	0	0	0	0	0	2	0	0	2
# on HIV Medication	0	0	6	1	0	6	1	2	16
Misc. Testing									
# tested for Gonorrhea	0	0	0	0	57	0	3	0	60
Positive for Gonorrhea	0	0	0	0	0	0	0	0	0
# tested for Syphillis	14	0	17	0	57	4	0	0	92
Positive for Syphillis	0	0	0	0	0	0	0	0	0
# tested for Chlamydia	0	0	0	0	57	0	3	0	60
Positive for Chlamydia	0	0	0	0	1	0	0	0	1
# of scabies and/or pediculosis cases	3	0	0	0	0	0	0	1	4
# of biopsies done at the unit	0	0	0	0	0	4	0	0	4
# of minor surgeries done at the unit	0	0	0	0	0	4	0	0	4
MRSA									
# of MRSA cases	0	0		1	1	1	0	2	5
# of MRSA cases transferred into facility	0	0	0	0	1	0	0	0	1

Chronic Care Site Summary

Month: 'Jan-07

	Site A	Site B	Site C	Site D	Site E	Site F	Site	Site H	TOTAL
Hypertension									
Enrolled	4	26	163	68	8	264	50	83	**666**
Doctor Visit	3	0	16	0	0	17	8	7	**51**
Mid-Level Visit	0	0	0	2	0	0	0	0	**2**
Nurse Visit	3	12	62	18	5	0	5	13	**118**
Total Visits	10	38	241	88	13	281	63	103	**837**
Cardiac									
Enrolled	3	20	22	8	4	341	10	87	**495**
Doctor Visit	0	0	2	0	0	23	1	10	**36**
Mid-Level Visit	0	0	0	0	0	0	0	0	**0**
Nurse Visit	0	10	8	5	0	0	3	14	**40**
Total Visits	3	30	32	13	4	364	14	111	**571**
Pulmonary									
Enrolled	6	10	44	59	1	96	23	30	**269**
Doctor Visit	3	0	6	0	0	10	8	2	**29**
Mid-Level Visit	0	0	0	0	0	0	0	0	**0**
Nurse Visit	3	5	18	7	0	0	7	4	**44**
Total Visits	12	15	68	66	1	106	38	36	**342**
Endo/Diabetic									
Enrolled	4	9	50	59	2	92	12	23	**251**
Doctor Visit	2	0	5	0	0	9	3	1	**20**
Mid-Level Visit	0	0	0	0	0	0	0	0	**0**
Nurse Visit	2	8	20	14	0	0	5	4	**53**
Total Visits	8	17	75	73	2	101	20	28	**324**
GI									
Enrolled	2	20	91	44	4	251	20	20	**452**
Doctor Visit	1	0	7	0	0	13	4	2	**27**
Mid-Level Visit	0	0	0	0	0	0	0	0	**0**
Nurse Visit	1	10	34	0	0	0	6	6	**57**
Total Visits	4	30	132	44	4	264	30	28	**536**

Chronic Care Site Summary

Month: 'Jan-07

	Site A	Site B	Site C	Site D	Site E	Site F	Site	Site H	TOTAL
Seizures									
Enrolled	4	5	9	21	0	56	4	8	**107**
Doctor Visit	1	0	1	0	0	56	0	0	**58**
Mid-Level Visit	0	0	0	0	0	0	0	0	**0**
Nurse Visit	1	0	4	0	0	0	3	1	**9**
Total Visits	6	5	14	21	0	112	7	9	**174**
Special Needs									
Enrolled	5	5	145	0	1	17	16	21	**210**
Doctor Visit	1	0	13	0	0	0	1	2	**17**
Mid-Level Visit	0	0	0	0	0	0	0	0	**0**
Nurse Visit	1	3	65	0	0	0	10	2	**81**
Total Visits	7	8	223	0	1	17	27	25	**308**
Orthopedic									
Enrolled	0	0	0	0	0	0	7	10	**17**
Doctor Visit	0	0	0	0	0	0	0	2	**2**
Mid-Level Visit	0	0	0	0	0	0	0	0	**0**
Nurse Visit	0	0	0	0	0	0	3	1	**4**
Total Visits	0	0	0	0	0	0	10	13	**23**
Infectious Disease									
Enrolled	22	26	108	88	4	74	36	57	**415**
Doctor Visit	12	0	10	0	0	4	3	0	**29**
Mid-Level Visit	0	0	0	0	0	0	0	0	**0**
Nurse Visit	12	9	35	26	1	0	10	8	**101**
Total Visits	46	35	153	114	5	78	49	65	**545**
Pain									
Enrolled	0	0	0	0	0	2	0	0	**2**
Doctor Visit	0	0	0	0	0	0	0	0	**0**
Mid-Level Visit	0	0	0	0	0	0	0	0	**0**
Nurse Visit	0	0	0	0	0	0	0	0	**0**
Total Visits	0	0	0	0	0	2	0	0	**2**

Chronic Care Site Summary

Month: 'Jan-07

	Site A	Site B	Site C	Site D	Site E	Site F	Site	Site H	TOTAL
Derm									
Enrolled	1	1	0	0	0	3	0	3	**8**
Doctor Visit	1	0	0	0	0	0	0	0	**1**
Mid-Level Visit	0	0	0	0	0	0	0	0	**0**
Nurse Visit	1	0	0	0	0	0	0	0	**1**
Total Visits	3	0	0	0	0	0	0	0	**3**

	A	B	C	D	E	F		H
Nurse	23	57	246	70	6	0	52	53
Mid Level	1	0	0	2	0	0	0	0
Doctor	25	0	60	0	0	132	28	26

Proposal Exhibit 13: TIM Reports

Worked vs. Scheduled Hours Report

Previous Pay Period
3/22/2010 - 4/2/2010

Run Date: [redacted]
Hyperfind: Previously Selected Employee(s)

[redacted]	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
Position: [redacted]								
Weekly Expected Hrs: 40.000000								
Week of 3/21/2010								
Worked Hours:	0.00	8.00	8.00	8.00	8.00	8.00	0.00	40.00
Scheduled Hours:	0.00	8.00	8.00	8.00	8.00	8.00	0.00	40.00
Week of 3/28/2010								
Worked Hours:	0.00	8.00	8.25	8.00	8.00	8.00	0.00	40.25
Scheduled Hours:	0.00	8.00	8.00	8.00	8.00	8.00	0.00	40.00
Total Worked Hours:	0.00	16.00	16.25	16.00	16.00	16.00	0.00	80.25
Total Scheduled Hours:	0.00	16.00	16.00	16.00	16.00	16.00	0.00	80.00

Number of Employees: 1 [redacted]

Hours by Labor Account

Data Up to Date:
Executed on:
Printed for: [redacted]

Time Period: Previous Pay Period
Query: Previously Selected Employee(s)
Pay Codes: (383): |PTO-S Union|PTO-S Non-union|PTO-U|Personal-S|Personal-U|Sick-S|Sick-U|SharpsOT|Holiday Credit Adjustment|...
Actual/Adjusted: Show hours credited to this period only.

	Money	Hours	Days	Wages
01/0639/RFT/MEDICAL/ANCMEDTECH/RADTECHDIX/-				
Day	$0.00	72.00	0.00	[redacted]
Day OT	$0.00	0.25	0.00	
Non-worked Total	$0.00	8.00	0.00	
OT Total For Running Totals	$0.00	0.25	0.00	
Overtime Total	$0.00	0.25	0.00	
PTO-S Union	$0.00	8.00	0.00	
Regular Total	$0.00	72.00	0.00	
Total Hours	$0.00	80.25	0.00	
Totals:	$0.00	241.00	0.00	
Totals for 01:	$0.00	241.00	0.00	
Grand Totals:	**$0.00**	**241.00**	**0.00**	

Pay Code Summary	Money	Hours	Days	Wages
Day	$0.00	72.00	0.00	[redacted]
Day OT	$0.00	0.25	0.00	
Non-worked Total	$0.00	8.00	0.00	
OT Total For Running Totals	$0.00	0.25	0.00	
Overtime Total	$0.00	0.25	0.00	
PTO-S Union	$0.00	8.00	0.00	
Regular Total	$0.00	72.00	0.00	
Total Hours	$0.00	80.25	0.00	
Grand Totals:	**$0.00**	**241.00**	**0.00**	

Time Detail

Time Period:	Previous Pay Period	Data Up to Date:	[redacted]
Query:	Previously Selected Employee(s)	Executed on:	
Actual/Adjusted:	Show hours credited to this period only.	Printed for:	
		Insert Page Break After Each Employee:	No

Employee: [redacted] ID: 7881 Time Zone: Central

Status: Active Status Date: 11/5/2007 Pay Rule: AFSCME-Non-nursing

Primary Account Start End

01/0639/RFT/MEDICAL/ANCMEDTECH/RADTECHDIX/- 5/18/2008 Forever Organization/IL/DIX/Non-nursing/RADTECHDIX

Date / Xfr/Move:	Apply To / Account	In Punch / Comment	In Exc	Out Punch	Out Exc / Xfr:	Money Amount / Work Rule	Adj/Ent Amount	Totaled Amount	Cum. Tot. Amount
3/22/2010		6:25:00 AM		2:27:00 PM				8.00	8.00
3/23/2010		6:26:00 AM		2:26:00 PM				8.00	16.00
3/24/2010		6:23:00 AM		2:24:00 PM	EV			8.00	24.00
3/25/2010		6:26:00 AM		2:29:00 PM				8.00	32.00
3/26/2010		6:26:00 AM		2:23:00 PM	EV			8.00	40.00
3/29/2010		6:25:00 AM		2:25:00 PM	EV			8.00	48.00
3/30/2010		6:26:00 AM		2:40:00 PM	LV			8.25	56.25
3/31/2010		6:25:00 AM		2:23:00 PM	EV			8.00	64.25
4/1/2010		6:23:00 AM		2:28:00 PM				8.00	72.25
4/2/2010	PTO-S Union						8.00		80.25

Job Summary	Pay Code	Money	Hours
RADTECHDIX	Organization/IL/DIX/Non-nursing		
	Day		72.00
	Day OT		0.25
	Non-worked Total		8.00
	OT Total For Running Totals		0.25
	Overtime Total		0.25
	PTO-S Union		8.00
	Regular Total		72.00
	Total Hours		80.25
Totals:		$0.00	241.00

[redacted]

WEXFORD - [redacted] CONTRACT 02/01/2010 010

[redacted]

	Budgeted FTEs	Budgeted Bi-Weekly Hours	Regular Hours	Hol Work Hours	IC Hours	OT Hours	Agency Hours	Hours Provided	Non-Work Hours	Total Hours	Variance total actual to Budget	Variance Hrs Provided to Budget	Variance Percent	Sharps
Administrative Assistant - [redacted]	1.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-80.00	-80.00	0.0%	0.00
Director of Nursing - [redacted]	1.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-80.00	-80.00	0.0%	0.00
Licensed Practical Nurse - [redacted]	3.60	288.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-288.00	-288.00	0.0%	0.00
Medical Director - [redacted]	0.20	16.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-16.00	-16.00	0.0%	0.00
Medical Records Clerk CNA - [redacted]	2.00	160.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-160.00	-160.00	0.0%	0.00
Mental Health Counselor - [redacted]	2.00	160.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-160.00	-160.00	0.0%	0.00
PA/ARNP - [redacted]	1.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-80.00	-80.00	0.0%	0.00
Psychiatric ARNP - [redacted]	0.75	60.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-60.00	-60.00	0.0%	0.00
Registered Nurse - [redacted]	9.55	764.00	0.00	0.00	0.00	0.00	0.00	0.00	182.73	182.73	-581.27	-764.00	0.0%	0.00
Site Administrator - [redacted]	1.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-80.00	-80.00	0.0%	0.00
Dentist - [redacted]	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	0.00
	22.10	1768.00	0.00	0.00	0.00	0.00	0.00	0.00	182.73	182.73	-1,585.27	-1,768.00	0.00%	0.00
Add Allowance for OT		54.00												
Add Allowance for Agency		69.00												
Less Vacancy Provision		0.00												
Reconcile Budget		0.00												
		1,891.00	0.00	0.00	0.00	0.00	0.00	0.00	182.73	182.73	1,708.27	1,891.00	0.00%	

Proposal Exhibit 14: Training Samples

Wexford Health
SOURCES INCORPORATED

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Correctional Healthcare is a growing field. With one in 31 adults being incarcerated at some point in their life and over two million people currently in prison, the need for properly trained healthcare professionals is growing.

You are an asset to Wexford Health Sources and Corrections. By providing you with the tools to succeed, we hope Correctional Healthcare will be a long-term career.

This booklet will be used as a tool to ensure you receive all pertinent information to perform your job to the best of your ability. You, your Preceptor and Manager will need to complete this booklet.

Below is a key to ensure each position receives all pertinent information pertaining to their job classification.

Position	KEY
ALL	All Employees who are hired by Wexford Health Sources to work at Facility
N	Director of Nursing, Registered Nurse, Licensed Practical Nurse, Certified Nursing Assistant
P	Physician, Nurse Practitioner, Physician Assistant
Ph	Phlebotomist
D	Dentist, Dental Assistant
MR	Medical Records Employees et al
Pr	Pharmacist, Pharmacy Technician
PSY	Psychologist, Psychiatrist

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Wexford Health
SOURCES INCORPORATED

Orientation Checklist

Employee Name (Please Print):	Facility Location:
HCUA/HSA (Please Print):	
Orientation Period: From: _____ To: _____ Items listed on Orientation Checklist must be reviewed/completed within first 30 days of employment	

Position	TOPIC	ORIENTEE	PRECEPTOR	DATE COMPLETED
	THE EMPLOYEE HAS SUCCESSFULLY COMPLETED AND/OR LOCATED THE FOLLOWING			
ALL	GENERAL CORRECTIONS INFORMATION			
ALL	Overview of Orientation			
ALL	Correctional Terminology			
ALL	Organization Structure of Corrections: State Department/ Division of Corrections Key Employees Positions Contact Information			

THE EMPLOYEE HAS SUCCESSFULLY COMPLETED AND/OR LOCATED THE FOLLOWING				
Position	**TOPIC**	**ORIENTEE**	**PRECEPTOR**	**DATE COMPLETED**
ALL	**GENERAL SITE INFORMATION**			
ALL	Introduction to Facility and Employees: Tour of Facility Resident Blocks Women's Division (if applicable) Men's Division (if applicable) Work Release Segregation Trustee Dorms Inmate Classifications and Assignments Support Services—Facility Administrative Office Key Dept/ Division of Corrections Employees: Name Position Contact Information			
ALL	Safety: Fire Safety Location of and Use of Fire Extinguisher Evacuation Plan			
ALL	Disaster Plan Responsibilities Evacuation Plan Annual Drill			

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THE EMPLOYEE HAS SUCCESSFULLY COMPLETED AND/OR LOCATED THE FOLLOWING				
Position	**TOPIC**	**ORIENTEE**	**PRECEPTOR**	**DATE COMPLETED**
ALL	**GENERAL SITE INFORMATION**			
ALL	Approach to Inmates: Inmate Handbook Inmate Manipulation: Power Point & *Games Inmates Play DVD (VHS)*			
ALL	Correctional Health Care: Standards Accreditation Process Special Legal Situations			
ALL	**HEALTH CARE UNIT**			
ALL	Correctional Health Care Services Delivery Wexford Health Sources Health Services Unit Policies/Procedures			
ALL	Security Requirements Affecting Health Care Personnel Contraband Wexford Health Sources ID Fingerprinting Background Clearance Lockdown/Counts Key Control Behavioral Approaches			
ALL	Tour of Medical Unit			
ALL	General Health Services Unit Responsibilities			
ALL	Key Employees: Name/Position/Contact Information			
ALL	Role Expectations & Job Descriptions of Health Services Unit Employees			

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THE EMPLOYEE HAS SUCCESSFULLY COMPLETED AND/OR LOCATED THE FOLLOWING				
Position	**TOPIC**	**ORIENTEE**	**PRECEPTOR**	**DATE COMPLETED**
ALL	**HEALTH CARE UNIT**			
ALL	Responsibilities of Each Shift			
ALL	Employee Schedules/ Open Shift Postings			
ALL	Staff Meetings			
ALL	Emergency Phone Numbers			
ALL	Nurses Station			
ALL	HCUA/HSA Office			
ALL	Exam Room			
ALL	Dental Office			
ALL	Pharmacy, Radiology, Etc.			
ALL	Introduction to Security Duties and Functions Relationship to Health Services Unit			
ALL	**SAFETY AND INFECTION CONTROL**			
ALL	Universal Precautions Film: *Universal Precautions* Location of Personal Protective Equipment Location of Biohazard Waste Location of Eye Wash Station Needle Stick Precaution/Prevention			

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THE EMPLOYEE HAS SUCCESSFULLY COMPLETED AND/OR LOCATED THE FOLLOWING				
Position	**TOPIC**	**ORIENTEE**	**PRECEPTOR**	**DATE COMPLETED**
ALL	**SAFETY AND INFECTION CONTROL**			
ALL	Communicable Infectious Disease HIV/AIDS Tuberculosis MRSA and VRE Health Department Referral and Follow-up VD, TB, Chest and Prenatal HIV Counseling			
ALL	Emergency Equipment Ambu-Bag Oxygen Emergency Care/Box Contents Life Pack/ Defibrillator			
ALL	Special Issues Use of Force Use of Restraints Sexual Assault			
	SICK CALL			
N, P	Scheduled Nurse Sick Call			
N, P	Physician Sick Call Clinic Time Schedule/Flow of Clients Preparation of Charts Schedule to Security Staff Referral Lists for Consults Completing Consultation Transfer Form Emergency Numbers			

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THE EMPLOYEE HAS SUCCESSFULLY COMPLETED AND/OR LOCATED THE FOLLOWING				
Position	**TOPIC**	**ORIENTEE**	**PRECEPTOR**	**DATE COMPLETED**
	SICK CALL			
N, D	Dental Sick Call Preparation of List of Patients to be Seen: Prioritize Initial Dental Screening Copy of Schedule to Security Staff Care of Dental Equipment Dental Emergencies			
N, P	**NURSING RESPONSIBILITIES**			
N, P	Intake Screening			
N, P	Health History and Physical Examination			
N	Nursing Rounds, Nursing Sick Call, Shift Report			
N, P	Infirmary Patients			
N, P	Health Infirmary Rounds; Documentation			
N. P	Segregation/ Isolation			
N, P	Administrative Segregation Rounds, Documentation			
N, P	SOAP Method of Documentation			
N, P	Standing Orders/ Treatment Protocols; Documentation			
N, P	Special Health Care Needs Juveniles Females			
N, P	Specialty Care			
N, P	Emergency Care Completion of Transfer Form Record Documentation/Security Notification Emergency Numbers Continuity of Care			

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THE EMPLOYEE HAS SUCCESSFULLY COMPLETED AND/OR LOCATED THE FOLLOWING				
Position	**TOPIC**	**ORIENTEE**	**PRECEPTOR**	**DATE COMPLETED**
	NURSING RESPONSIBILITIES			
ALL	Refusal of Treatment/Release of Responsibility			
N, P	Food Service Screening Exams			
N, P	Special Diets Diet Schedules Notification to Kitchen Nutritional Supplements			
N, P	Location of Medical Supplies Bandages, Dressings, Tape, Gloves, Masks Inventory of Medical/Nursing Supplies Blades, Splints Oxygen Tank, Tubing, Masks, Cannulas Ace Bandages, Alcohol, Wipes, Cotton Balls, Gauze Hydrogen Peroxide, Rubbing Alcohol Enema Packs Equipment OB Pack (Emergency) Electronic Thermometer Glucometer Sphygmomanometer Pentamidine Nebulizer Aids Nebulizer: Asthma IV Poles and Supplies Linens/clothing for infirmary patients **Space available for additional medical supplies**			

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THE EMPLOYEE HAS SUCCESSFULLY COMPLETED AND/OR LOCATED THE FOLLOWING				
Position	**TOPIC**	**ORIENTEE**	**PRECEPTOR**	**DATE COMPLETED**
	NURSING RESPONSIBILITIES			
N, MR	**Medical Records**: Organization Documentation: Problem Oriented Medical Report			
N, MR	Access: Active Files: Location/Security Inactive Files: Procedure Review Location/Security			
N, MR	Release of Information/Confidentiality			
N, MR	Authorization for Treatment			
N, MR	Preparation of New Charts			
N, P, Ph, Pr	**Pharmacy** Controlled Substances, Sharp Needles: Count and Documentation Preparation and Pouring of Medication, Administration Observe Medication Administration Film: Six Rights of Medication Administration Kardex-Medical Administration Record (MAR) Procedure for Transferring Medication Orders from MD Order to MAR Ordering Medication from Pharmacy Use of Pharmacy Log Psychotropic Suspensions and Liquids Stock Medications Suppositories Stock Non-Prescription Preparations Injectable Medications Irrigation Solutions			

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THE EMPLOYEE HAS SUCCESSFULLY COMPLETED AND/OR LOCATED THE FOLLOWING				
Position	**TOPIC**	**ORIENTEE**	**PRECEPTOR**	**DATE COMPLETED**
	NURSING RESPONSIBILITIES			
N,P,Pb MR	**Laboratory Services and Procedures** Reference Lab Services Contractor Ordering Supplies Lab Pick-Up Location and Times Syringes/Needles Intracatheters Vacutainer Needles and Tubes Culturette Swabs Cultures Slides Lab Requisition Slips Specimen Processing Lab and Other Consults: Location of Reports Results Reporting to Inmates Follow-Up of Abnormal Results CLIA Waiver Requirements All Reports: MD Reviewed, Dated, Initialed, the Filed			
N, P, Pb,	Review of Exposure to Blood-borne Pathogens—Demonstrated Clear Understanding and Use of Appropriate Process			
N, P, Pb	Appropriate Procedure for Drawing Blood Specimens			
N, Pb	Appropriate Procedure for all Paperwork, Packaging of Laboratory Specimens			
N, P	**Oncology** Hours and Schedule Nurses' Responsibility			

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THE EMPLOYEE HAS SUCCESSFULLY COMPLETED AND/OR LOCATED THE FOLLOWING				
Position	**TOPIC**	**ORIENTEE**	**PRECEPTOR**	**DATE COMPLETED**
	NURSING RESPONSIBILITIES			
PSY, N	**Mental Health** Initial Screening Services Available: Psychologist: Time Schedule/Flow of Clients Psychiatrist: Time Schedule/Flow of Clients Emergency Commitment Forensic & Mini-Forensic Units Referral to Psychiatrist/Psychologist Detoxification Process Preventing Suicide in Correctional Facilities: Power Point and Video			
	REPORTS/LOGS			
ALL	Incident Reports			
ALL	Statistics Type of Information Required Daily for Monthly Tally (Nurse Sick Call, Medical/Psychologist/Psychiatrist/Other Sub-Specialties and Reports)			
ALL	Monthly Logs Daily Population Outside Consult/ER In-House EKG/X-RAY Hospitalization Utilization Review Reports and Requirements Infirmary Prescription Log Other—As Necessary			

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THE EMPLOYEE HAS SUCCESSFULLY COMPLETED AND/OR LOCATED THE FOLLOWING				
Position	**TOPIC**	**ORIENTEE**	**PRECEPTOR**	**DATE COMPLETED**
ALL	**PROFESSIONAL RESOURCES, LICENSES, CERTIFICATIONS**			
	Resources Nursing Orientation Manual Prison or Jail Operations Manual Department of Corrections (or Jail) Policies/Procedures Infection Control Manual Quality Management Program Manual Nursing Protocols & Progress Notes Chronic Care Guidelines In-Service Education Quality Assurance CPR Certification First Aid Certification AED Utilization ACLS Certification			
ALL	**WEXFORD HEALTH SOURCES, INC**			
	Communication System Key Employees/Positions/Contact Information Facility: Phone Numbers/Extensions Community Agencies/Referral Sources			

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THE EMPLOYEE HAS SUCCESSFULLY COMPLETED AND/OR LOCATED THE FOLLOWING				
Position	**TOPIC**	**ORIENTEE**	**PRECEPTOR**	**DATE COMPLETED**
ALL	**WEXFORD HEALTH SOURCES, INC**			
	Key Employees Sick Call Management Nursing Protocols Employee Tuberculosis Testing Hepatitis B Vaccination Tuberculosis Control Infectious Disease Control Chronic Clinic Management Reception Process Nursing Schedule Initial and Periodic Physical Examinations Intake, Discharges and Parole Aftercare Planning and Linkage Health Insurance (Medical, Dental, Vision) Other Benefits (Life, STD, 401K, AD&D) Employee Assistance Program FMLA & Other Leave of Absence Worker's Compensation Employee Handbook Dress Code and Professional Attire Rate of Pay and Pay date Schedule Holiday Schedule PTO Forms—Completing and Approval Process Missed Punch Form Additional Comp Forms Exempt Employees—Payroll Procedures			

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THE EMPLOYEE HAS SUCCESSFULLY COMPLETED AND/OR LOCATED THE FOLLOWING				
Position	**TOPIC**	**ORIENTEE**	**PRECEPTOR**	**DATE COMPLETED**
ALL	**WEXFORD HEALTH SOURCES, INC**			
	Employee Handbook I/C and Agency Reporting Forms Timecards/Timeclock—How to use Work Schedules and Overtime Annual Reviews—Performance Management On the Job Safety Attendance Policy Absenteeism/ Tardiness Telephone Usage Sexual Harassment/Workplace Violence Code of Conduct Conflict Resolution Corrective Action Process			
Please include all additional training provided to orientee				

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Upon completion of the orientation program, the new employee, preceptor and HCUA/ HSA must sign confirming all aspects of the orientation program are complete. A copy of the orientation checklist is to be filed in the employee's folder. Another copy is to be sent to the Training and Program Development Specialist in Pittsburgh, Corporate Office.

Employee Name (Please Print): _____
Employee Signature: _____

Preceptor Name (Please Print): _____
Preceptor Signature: _____

HCUA/ HSA Name (Please Print): _____
HCUA/ HSA Signature: _____

April 2009
Sample Orientation Calendar

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Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6 day shift Tour of Unit /into Tour of Facility Intro to DOC Nsg Orient. Mod 1,2,3	7 day shift Morning : NSC w/ _____ Afternoon: Nsg Orient Module 4,5,6	8 day shift Morning: med pass with _____ Afternoon: Nsg Orient module 7,8,9	9 day shift Morning : NSC w/ _____ Afternoon: DOC P&P, WHS P&P	10 day shift NSC w/ _____ Review of status w/ preceptor	11
12	13 day shift DSC w/ _____	14 day shift DSC w/_____	15 day shift Med distribution w/ _____	16 day shift Infirmary Services w/ _____	17 day shift Infirmary Services w/ _____ Review of Status w/ preceptor	18
19	20 eve shift Med distribution w/ _____	21 eve shift NSC w/_____	22 eve shift Infirmary w_____ Review of status w/ preceptor	23	24	25
26	27	28	29	30		

Reference:	Policy Number
Date Adopted:	Page
Approved By: Dr. Thomas Lundquist, Chief Medical Director	

WEXFORD STAFF ORIENTATION

POLICY:

Wexford will ensure that every new nursing, clinical staff will receive an appropriate orientation which will enable them to perform satisfactorily within their job description.

PROCESS:

I. Each Wexford site will identify a nursing preceptor who will have the ultimate responsibility to see that new nurses are given a thorough and complete orientation that will prepare them to perform their job duties at the site.

II. The new nurse will immediately be familiarized with the location and contents of the following manuals to be used as a resource throughout the orientation process.

A. Nursing Orientation Manual

B. Prison or Jail Operations Manual

C. Department of Corrections (or Jail) Policies/ Procedures

D. Infection Control Manual

E. Quality Management Program Manual

F. Nursing Protocols & Progress Notes

G. Chronic Care Guidelines

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III. The preceptor will be responsible to see that the orientation check sheet is completed in a timely manner. The length of orientation will be decided on a case by case and individual site basis but a general rule of thumb would be 2-4 classroom days & 5-7 "unit" days.

IV. Should it be impossible for the preceptor to be present for the entire orientation, the relieving nurse should be given clear instructions/ directions in what need to be covered on the unit. However, every attempt will be made to ensure that the preceptor is available for the entire orientation process.

V. The Wexford Nursing Orientation Manual can be review by the selected Preceptor, Wexford's Quality Team, or in some cases can be done by self study. If done by self study the preceptor is responsible for seeing that all checklists and post tests are completed and submitted in a timely fashion.

VI. Prior to functioning as a preceptor, the selected person will be required to attend Preceptor Training with Wexford's Director of Quality, Wexford's Training and Program Development Specialist or their designee. These classes will be held at various times throughout the year but may be scheduled if need arises by contacting one of the above people. It is highly recommended that the H.S.A. or D.O.N. at each site also attend the class to fill this need in case of vacancies.

APPROVED:

This policy will be reviewed annually and revised as necessary.

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1

2 **Why Does Documentation Matter?**

- Provides clinical picture and chronological history of a patient's health care.
- #1 way to communicate the care that we give.
- Allows us to coordinate care with all disciplines.
- Legal protection for you, your client and your employer.

3 **Why Does Documentation Matter? (Cont'd)**

- Proof that we are providing good care
  - Patient
  - Client
  - Other disciplines
  - Accrediting organizations

4 **SOAPE Documentation**

S Sub ecti e

- Patient's description of his problem.
- Why he is seeking care.
- Patient's answers to our questions.
- Best if we use direct quotes.
  - Details
  - Onset
  - Intensity

5 **SOAPE Documentation (Cont'd)**

O Ob ecti e infor ation

- What we see:
  - Color
  - Temperature
  - Size
  - Facial expressions
- What you find during your assessment.
- Description of your observations.
- Result of lab tests.
- Should be as specific as possible.

6 **SOAPE Documentation (Cont'd)**

A Assess ent

- Conclusion
- Nursing diagnosis
- Nursing opinion and judgments
  - Showing improvement.
  - Problem worsening
  - Showing symptoms of infection

7 **SOAPE Documentation (Cont'd)**

P Plan

- What are we planning to do?
  - Interventions of treatment plan.
  - What you are doing right now (notified physician).

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- What will you do in the future (will repeat VS in 2 hours).
- Discharge plans.

8 **SOAPE Documentation (Cont'd)**

E E aluation

- How well did your plan work.
- Example:
  - P - Given Tylenol 2 tabs for pain
  - E - Pt. verbalizes relief

9 **General Guidelines for Good Nursing Documentation**

- Timely
  - Chart as you go. The longer you wait the more chance of forgetting some detail. Never chart BEFORE encounter.
- Legible
  - It does little good to write it if others can't read it.
- Thorough
  - You want to "paint" a complete picture for those following you.

10 **Guidelines (Cont'd)**

- Document interventions.
  - If it's not charted, it's not done.
- Fill out forms completely.
  - Use N/A to avoid blank spaces.
- Use correct method to document an error.
  - Single line / error / initials.

11 **Documentation of Medication**

MARs

- Document single dose administered by entering your initials in the corresponding box.
- Circle your initials for any missed dose and document the reason on the back of the MAR
- There should be NO blank spaces.
- Don't document until med is passed.
- MAR should also reflect any OTC meds given during med pass.

12 **Documenting Discontinued Meds**

- Name of medication is highlighted.
- Mark D/C on the appropriate date and initial.
- X out the remaining boxes.

13 **Documentation of KOP Medication**

- Documentation of KOP meds should always include:
  - Date
  - Number of pills given to inmate
  - Your signature
  - Inmate's signature

14 **Documenting Treatment on MAR**

- Treatments such as BP's, finger sticks, weight, etc., may also be documented on the MAR.
- Same requirements as meds.

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- No spaces should be left blank.

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EMPLOYEE NAME: _____

TITLE: _____

DEPARTMENT: _____

DOCUMENTATION – CHECKLIST

Topic	Date	Preceptor initials
Purpose of Adequate Documentation		
SOAPE charting		
S = Subjective		
O = Objective		
A = Assessment		
P = Plan		
E = Evaluation		
Timely Documentation		
Legible Documentation		
Thorough Documentation		
Documentation Error		
Documentation of Medication		
Missed dose Documentation		
OTC Documentation		
Documenting Discontinued Medication		
Documentation of KOP Medication		
Documenting Treatments on MAR		

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_____ _____

Preceptor Signature **Date**

_____ _____

Employee Signature **Date**

1 ☐

2 ☐ **Waste Management**

- All Medical waste will be discarded into containers lined with red biohazard bags.
- All red biohazard bags are labeled appropriately and discarded into the appropriate containers designated by your facility.
- Nothing that can puncture the bag should be put in red biohazard bags.
- Needles and other sharps must be discarded into puncture-resistant sharps containers.

3 ☐ **Management of Spills**

- Cover with paper towels and immediately obtain a spill kit.
- Wear protective equipment (mandatory).
- Sprinkle the powder from the kit onto the spill.
- Pick up the waste with the scoop and place soil in the red biohazard bag.

4 ☐ **Universal Precautions**

- We are to assume that every direct contact with body fluids is infectious.
- We are to protect ourselves during all rendered patient care.
- Eating, drinking, smoking, applying cosmetics or handling contact lenses are prohibited in work areas where there is a potential for exposure to any health habit.

5 ☐ **Gloves**

- Required for performing venipuncture and other vascular access procedures.
- If any contact with blood, body fluids, mucous membranes or non-intact skin is expected.
- For handling items/ equipment or surfaces potentially soiled with body fluids.

6 ☐ **Masks/Eyeglasses/Gowns**

Should be worn during procedures that are likely to generate droplets of blood or fluids to prevent exposure of mucous membranes of the mouth, nose and eyes.

7 ☐ **Needlestick Injures**

- The easiest way to treat a needle stick is to AVOID a needlestick.
- Be AWARE. Don't be complacent when dealing with needles/ sharps.
- Never recap needles.
- Report needlestick immediately to supervisor.
- Report to Medical Director immediately who will decide if it is a significant exposure.
- Sites should maintain 2 doses of post exposure meds which will be ordered to be given immediately after physician makes the determination of significant exposure. (Basic regimen Retovir 300 mg Epivir 150 mg.)

8 ☐ **TB**

- All inmates are screened at intake with 1-step.
- HIV positive inmates shall have 2 step TB testing annually.
- All inmates (except known positive reactors) are screened annually.
- Test results are read 48 to 72 hours. If not read then, must be redone.
- ICN shall ensure that test is documented showing date, site and results in MM of duration.
- Any inmate showing a new positive reaction will be PROMPTLY evaluated for active disease.
- Must maintain a record showing the manufacturer and lot number of the PPD solutions used for each inmate.
- Positive reactors do not have to have annual chest x rays. The health care professionals will annually assess regarding symptoms of TB and document.

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9 ☐ **TB (Cont'd)**

- If there a need to screen for TB as determined by facility Medical Director:
  - 3 morning sputum specimens shall be collected and set for Acid-Fast Bacillus smear and culture.
  - Collection may only occur in respiratory isolation rooms
  - Early morning specimens
  - Done of consecutive days
  - Staff must wear HEPA filter

10 ☐ **TB (Cont'd)**

- Any inmate suspected of having TB should be tested for HIV unless he/she is known to be positive.
- Obtain adequate sputum specimen. Enc the inmate to breathe deeply and cough forcefully.
- May assist with nebulized saline if unable to produce specimen on his/ her own.
- Induced specimens are watery and may be mistaken for saliva if lab doesn't know it was induced specimen.
- Contact investigation is comprised of 2 step testing 7- 10 days apart.

11 ☐ **Employee Contact with TB**

- Employee contacts with a new positive PPD will be referred to private MC or public health office for further evaluation.
- A normal chest x-ray report and a statement certifying freedom of TB disease is required prior to return to job.
- All confirmed or suspected cases of active TB disease must be reported to public health office within 24 hours.

12 ☐ **Treatment of TB**

- All TB medication therapy must be DOT.
- Inmates mouths are to be checked after swallowing.
- Any inmate who refuses shall remain in respiratory isolation until he/she agrees to complete the therapy.
- LAW MANDATES TREATMENT OF ACTIVE DISEASE.
- Treatment effective and inmate can be released from isolation when 3 sputum's on consec days are negative.

13 ☐ **TB Contact Investigation**

- The decision to test contacts shall depend on whether TB suspected or confirmed, proximity and duration of contact and the presence of any accompanying factors that could increase the chance of contact being infected.
- A contact investigation is comprised of 2 step testing 7-10 days apart.
- Indurations of 5 mm or greater will be considered positive for contact investigations (immunocompromised less than 5 mm).

14 ☐ **Hep C**

- Leading cause of liver disease
- Infection rate 1.8% general pop but 35-40% in prison pop.
- 10-15% develop cirrhosis 20 years after initial infection with Hep C.
- Alcohol use, older age at time of infection, males, HIV and Chronis Hep B all increase the risk substantially.

15 ☐ **Diagnosis of Hep C**

- Hepatitis C antibody by enzyme immunoassay (EIA).
- Once a patient has Hep C by EIA the protocol must by followed.

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16 **Treatment of Hep C**

- Once treatment is started it is CRITICAL to its success that patient completes treatment. Therefore education, management of side effects and close monitoring of patient is essential.
- There are patient education materials in the Infection Control Manual at the back of the policy. These include facts about Hep B&C, general instructions for Hep C patients, and understanding side effects of treatment.
  - SE:
    - Interferon flu-like symptoms, depression (serious) cytopenias.
    - Ribavirin: Hemoloysis (dose dependent)

17 **Treatment of Hep C (Cont'd)**

- Many factors are taken into consideration when deciding whether or not to treat. Any inmate who is not eligible for HCV treatment will be followed in HCV chronic clinic.
- All inmates who request HCV screening will have an ALT drawn. If elevated, redrawn in 2 months and if again elevated an HCV test will be drawn.

18 **MRSA Guidelines**

- MRSA skin infections are commonly mistaken for spider bites or other soft tissue infections
- All inmates should be screened on intake.
- If it oozes, culture it!
- Any positive findings on screening should be referred to a clinician on the same day.

19 **MRSA Guidelines (Cont'd)**

- Isolation not required if wound is non-draining.
- Single cell isolation if:
  - Wound draining
  - Weeping cellulitis
  - Multiple sites
  - Isolation until cultures negative
  - Medical Hold until infection is resolved.
  - Report # of cases monthly to Medical Director

20 **Outbreak of MRSA**

- 2 or more from same housing unit.
- Notify Medical Director immediately.
- Immediate investigation to determine the extent.
- Wexford Health will work together to determine measures to implement.
  - Antibacterial soap
  - Daily linen changes
  - Shift cell sanitation
  - Appropriate antibiotic use

21 **HIV**

- As a matter of policy, universal precautions shall be applied to ALL individuals. WHS follows CDC guidelines/ recommendations to treat everyone as if he/she is infected.
- Corrections HCW's greatest risk for exposure are needlesticks and infectious body fluids contact to mucous membranes or non-intact skin.

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22 ☐ **HIV (Cont'd)**

- HIV testing shall only be ordered by a physician or via a physician approved protocol.
- Inmate requests for HIV testing shall be routinely approved even if the inmate does not admit to high-risk behavior.
- If an inmate does not request an HIV test but has exhibited early symptoms of HIV illness or high risk behavior the MD may order an HIV test with consent of the inmate.

23 ☐ **Nursing Assessment**

- As nurses, we should be ever cognizant of signs & symptoms of HIV or high risk behavior:
  - Mouth/ gum sores
  - Yeast infections of mucous membranes
  - Rashes or skin changes
  - Wt. loss
  - Unexplained fever
  - Track marks

24 ☐ **Discharge Planning for HIV+**

- About 6 months prior to discharge if physician feels its appropriate, inmate may be given the opportunity to KOP.
- About 6 months prior to release the Medical Director and ICN will begin to coordinate continuity of care with a community care provider/ health department.
- Referral will be made to the DOH HIV/AIDS program and an appointment will be made at the DOH as soon as release date is known.
- A maximum 30 day supply of prescribed meds will be given to the inmate.

25 ☐ **Resource Websites**

26 ☐ **Documentation / Reports**

- Infection control log sheet (documents all infectious or communicable disease).
- Case report (filled out by nursing staff and forwarded to ICN if outbreak is suspected).
- Monthly report to Wexford Health includes list of inmates with infectious diseases. Due 25th of following month. Can be assessed liquidated damages if late!

27 ☐ **Infection Control Manual**

WHS Infection Control Manual is a very complete and detailed resource for staff use. Many other infectious processes are discussed and direction/ guidance given. Please utilize as you would any other excellent resource in your clinical delivery of care.

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1

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The Manipulation Game

- Personality Traits
- The Setup
  - Techniques
  - Tools
  - Turnouts
- Tips to Avoid a Setup
- Principles to Follow
- Summary

5 The Manipulation Game

- Recognizing one is vulnerable does NOT mean one is unfit for a career in corrections.
- It does NOT mean you must change your personality.
- It DOES mean you need an alternative approach to your way of dealing with inmates.

6 The Manipulation Game

Personality Traits

- Manipulation is accomplished on an individual victim basis
- In this instance Wexford Health employees may be the victim.
- Victims selected based on their personality traits.
- Any trait possessed by the "target"employee that inmates can construe as a weakness may result in that employee being selected as a victim in a setup.

7 The Manipulation Game

Personality Traits

Staff can be placed into three basic categories:

1. Soft
2. Medium
3. Hard

8 The Manipulation Game

Soft:

- Usually very trusting
- Naïve
- Strong desire to help the inmate
- Sympathetic and understanding

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– Inability to say "no" or take command

9 ☐ The Manipulation Game

Hard

– Go strictly by the book
– Everything is black and white/ No "in-between"
– Grant no leeway

Medium:

– Know how to use traits of both the soft and hard categories at appropriate times in the right manner.

10 ☐

- **Personality Traits**
  – Inmates will concentrate on the **soft** and **hard** employees.
  – **Soft**: Because of inability or hesitancy to say no and their understanding/ sympathetic traits.
  – **Hard**: Because inmates feel the hardness and the "by the book" attitude disguises a weakness.

11 ☐ The Manipulation Game

Ask yourself the following questions:

- Am I overly friendly or familiar?
- Do I appear gullible?
- Do inmates consider me too trusting?
- Am I excessively sympathetic?
- Is my demeanor timid?
- Do I handle compliments in a non-professional or embarrassing manner?
- Do I share personal problems with inmates?

12 ☐ The Manipulation Game

Ask yourself the following questions: *(continued)*

- Have I been known to forget to check the validity of inmate information and stories?
- Do I sometimes let issues slide that should be addressed immediately?
- Do I have difficulty with command, control or with saying no?
- Do I circumvent minor rules?
- Do I allow the taking of license or liberties?
- Can I be made to feel obligated?
- Am I easily distracted?

13 ☐ The Manipulation Game

The Setup

- There is a process with selecting a victim for manipulation.
- Inmates will use:
  – Techniques
  – Tools
  – Turnout

  To get what they want from the victim.

14 ☐

The Setup

Techniques:

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– Observation Process
  - Precise, close silent study by inmate
  - Slow and calculated observation.
  - Watches and listens to "victim"
  - "Victim's" movement, words and actions in every aspect of job supply information.

15

Techniques *(continued)*

Observation Process *(continued)*

- Pay close attention to victim who uses inmate jargon, ignores minor rule violations, plays favorites and is easily distracted.
- Responses to inmate questions will assist in construction of their profile on victim.
  – Observation could take place over several months. In some instances the entire process may take less than a few weeks.

16

Observation Process *(continued)*

- Body Language
- Shows a lack of confidence/ unsure in certain situations
- Can fear be instilled in "victim"
- Portrays a like/ dislike for the job
- Way uniform is worn:
  – Un-pressed clothing, unkempt personal hygiene.
  – Sloppy look indicates lack of self-esteem and professionalism.

17

Techniques *(continued)*

Observation Process *(continued)*

- Listening Observation
  – Listen to EVERYTHING victim says and how they say it.
    - If the victim likes/dislikes certain inmates
    - How the victim responds to Supervisors/ Peers
    - Personal Information: Hobbies, home address, marital status
    - Personal Likes/ Dislikes

18

Techniques *(continued)*

Observation Process *(continued)*

- Listening Observation
  – Likes and Dislikes
    - Inmates will adopt same likes/dislikes as employees
    - Conversations will be based on employee's likes/dislikes in attempt to form relationship.
    - Several inmates may take part in listening observation process.

19

Techniques *(continued)*

Observation Process *(continued)*

- Verbal Observation
  – The Turner (An Inmate)
    - Chosen by inmates.

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- Will confront employee
- Other inmates will accompany "turner" to see how the turner will be received by the employee.

20 ☐ The Manipulation Game

The Setup

Tools:

– The Support System

– Development of "togetherness and understanding"

- Verbal support to build "victim's" ego. For example, "You're the best (Employee's job title) in the joint."

21 ☐ The Manipulation Game

Tools:

- Nonverbal support:
  - Going extra mile for victim
  - Enthusiastic about work assignment
  - Always performing well with no complaints
- Inmate wants to make him/herself indispensable

– Empathy/ Sympathy

- Shared experiences, attitude, thoughts and beliefs
  - More areas shared by victim/ inmate, the greater the bond.

22 ☐ The Manipulation Game

Tools:

- Plea for Help
  - Inmate is trying to build a "you/me" relationship
  - Inmate will draw in the victim using the need for help.
    - "You are the only one who can help me:
    - "I have been a failure my entire life. I am such a waste. Please help."

23 ☐ The Manipulation Game

Tools

Plea for Help *(continued)*

– Employee's job is to help within the prescribed manner—does not mean keeping things confidential between employee and the inmate

– Inmates try to establish strong "you/me situation"

- "I have to tell you something, but do not tell anyone"
- THERE IS NOTHING CONFIDENTIAL BETWEEN AN EMPLOYEE AND AN INMATE.

24 ☐ The Manipulation Game

Tools

- We/They Syndrome
  - Most Subtle of the setup steps
  - Pits one staff member against another
  - Inmate may make comments such as:
    - "They treat you like they treat us"

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- "They're wrong about you"
- "They don't know you like I do"

- Inmate wants to separate "victim" from other staff
  - Inmate will tell victim they overheard staff talking down about the victim.

25 ☐ The Manipulation Game

Tools

We/They Syndrome *(Continued)*

- If this approach does not work, inmate will go to other staff members about victim.
  - Effort to "divide and conquer"
  - Create dissention among ranks
  - Will try to remove victim from his/her support system
- Dwell on a cause
  - Whatever position an employee takes on a topic/ inmate will follow.

26 ☐ The Manipulation Game

1 **Minor Protection**

- Friendliness and trust
- "Taking the heat" for something he/she is requesting from victim.

2 **Serious Protection**

- **Use of fear**
- **Staging an event:**
  - **Inmate may stage an event to demonstrate inmates will be there to protect victim**
  - **Takes place when no other staff members are in area**
  - **Wants victim to feel his/her peers are not able to assist in time of trouble.**

27 ☐ The Manipulation Game

Tools

- Allusion to Sex
  - Inmate will approach when he/she feels friendship with victim will tolerate it.
  - Comments directed toward victim but away from inmate:

28 ☐ The Manipulation Game

Tools

Allusion to Sex *(continued)*

- Inmate claims another inmate made comments and 'manipulator' is sticking up for employee.
- For example, "Last night while the men were sitting around talking; one of the men said if it were not for being in prison he would have sex with you freely. I said you were not like that."
  - The inmate waits for a response to determine next step.
  - NO RESPONSE could lead the inmate to conclude that it is acceptable to have this type of conversation.

29 ☐ The Manipulation Game

Tools

- The Touch System
  - Does not have to be sexual

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- Males: handshake, pat on back, placing of hand on shoulder
- Females: flicking dirt from the uniform, straightening the collar, pat on the back
- "Accidental" touching of a breast has proven to increase personal bond.
  - Inmate will apologize profusely until incident is forgotten.

30 ☐ The Manipulation Game

Tools

The Touch System *(continued)*

- The Touching will grow:
  - More frequent
  - Prolonged
  - Better timed—no other employee is around
  - More Serious

31 ☐ The Manipulation Game

Tools

The Rumor

- Inmates will start rumor that will not bring attention to him/her self.
  - In area away from victim's work
    - Lessens chances the rumor being associated to the inmates
    - Allows the rumor to gain strength
    - Creates a feeling of isolation in subject of rumor
    - Creates a strengthening of bond between victim and inmate.

32 ☐ The Manipulation Game

Up to this point inmates have violated no laws and rule infractions have been minor.

The previous tools/ steps have taken place over a couple weeks to several months.

Before taking the next steps, inmates need to be sure victim is being deceived and can also be controlled

The final three steps are the point of no return for all involved.

33 ☐ The Manipulation Game

<u>The Setup</u>

Turnout:

- **The Shopping List**
- **The Lever**
- **The Sting**

34 ☐ The Manipulation Game

<u>Turnout:</u>

The Shopping List

- Inmates now make demands and expose their true intentions.
- List of contraband items
  - Goods
  - Sexual favors
  - List tells the victim he/she has been compromised

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35 ☐ The Manipulation Game

The Lever

- If the inmate (turner) has done his/her job properly, he/she will get their demands met.
- If inmate has gotten this far; there has been some type of indiscretion on victim's behalf—inmate can threaten to expose.
- If victim does not submit to demands, he/she will be at inmate's mercy and could pay with his/her life.
- Victims are led to believe this is a one-time request.
  - Not a one-time request
  - Things will not return to normal.

36 ☐ The Manipulation Game

The Sting

- Victim has a choice:
  - Do as you are told or suffer consequences.
    - Some will comply
    - Some will resign

37 ☐ The Manipulation Game

✓Inmate setups go on right under our noses
✓Involves peers, supervisors and administrators.
✓If you see someone headed down the path:
Stop them
Report inmate's actions
Help each other

38 ☐ The Manipulation Game

Tips to Avoid a Set-Up

- **Professionalism**: Respect your environment, never become unduly familiar with inmates.
- **Recognition training**: Learn the techniques and methods used in set-up
- **Communication Monitoring**: Remember that what you say and how you say it is constantly being monitored by inmates
- **Information gathering**: This works both ways. Know the inmates that work in areas of facility and learn their behavior.
- **Procedural knowledge:** Know the inmate rules and regulations as well as employee rules and regulations.

39 ☐ The Manipulation Game

Tips to Avoid a Set-Up

- **Confident Command:** Be firm, fair, consistent and objective in your contact with inmates.
- **Chain of Command:** Use your supervision of inmates as a source of information and keep your chain of command informed of situations, questions and problems.
- **Documentation:** This is your best form of protection. If it is not in writing, then it did not happen. File reports and interdepartmental memos on incidents. Keep your notebook complete with information regarding times, dates and names.

40 ☐ The Manipulation Game

Tips to Avoid a Set-Up

- Learn the Effective and Appropriate use of the word "NO"
- **Crisis Judgment:** Protect yourself; report it, respond appropriately, using the minimum force necessary, communicate it, and document, document, document.

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41 ☐ The Manipulation Game

Adhere to Following Principles

- Never do anything to, for, or with an inmate that you would be ashamed to share with your peers or supervisor.
- Keep everything out in the open.
- If you suspect a request or an action of some type that could lead to manipulation, tell several peers what took place. Let the inmate know you told—Better yet, tell your peers in front of the inmate.
- Know the rules, regulations, policies and daily procedures you are expected to enforce and enforce them.

42 ☐ The Manipulation Game

Adhere to Following Principles *(continued)*

- Be aware of the body language messages you transmit. Send the message, "I am a professional."
- Document suspicious or unusual behavior and be sure the inmate in question receives a copy.
- Verify information and stories before taking action. Address issues as the arise.
- If you have done something inappropriate, tell your supervisor, regardless of what happened. It is far better to be reprimanded than to get involved in criminal activity.

43 ☐ The Manipulation Game

1
- **Flattery**: Stroke the Ego
- **Empathy**: Identify without feeling sorry: "I can relate to that"
- **Sympathy**: make you feel sorry for them.
- **Helplessness**: Beware of the inmate asking for help

2
- **Confidentiality**: to share a "secret" or create a bond.
- **Isolation and Protect**: rumors, playing employee against employee.
- **Touching, Sexual References**: ALWAYS unacceptable.

44 ☐ Wexford Health Sources, Inc.

- Recognizing one is vulnerable does NOT mean one is unfit for a career in corrections.
- It does NOT mean you must change your personality.
- It DOES mean you need an alternative approach to your way of dealing with inmates.

45 ☐ The Manipulation Game

46 ☐ The Manipulation Game

47 ☐ The Manipulation Game

What is it Worth to You?

The Scenario of Nurse Vicky

48 ☐ The Manipulation Game

Nurse Vicky is a 38 year old, married, white, female with 3 young daughters. She has been married for 20 years to her high school sweetheart. Her husband is a good provider. He has worked at the same local factory for 18 years where his father and grandfather both worked. Her daughters, age 16, 12 and 7, are considered well mannered and academic achievers. Vicky and her family are law abiding citizens, active members in their church, and volunteer to help in community projects. They are considered an asset to the community and are respected by all.

Vicky works as an RN at a local juvenile detention center in Tallulah, LA. She has worked in this facility for 5 years and has received an excellent evaluation by her supervisor each year of her employment. She has never exhibited and form of inappropriate behavior with clients or coworkers. She is diligent in her work and a role-model for other employees.

Vicky's life had become routine and lacked excitement. Following the birth of her three children, she gained an extra 60 lbs that she has not been able to shed. She has never been what you consider a beauty and she no longer tried to be one. Her husband was supportive, but he had also gained weight and led a fairly routine and sedate lifestyle. Things were not the same as they were 20 years ago when they got married.

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49 ☐ The Manipulation Game

In 2001, a new minimum security prison for adult males opened only two miles from where she currently worked. The new facility was in need of nurses and offered much more money than her current employer. Within two weeks, Vicky was hired.

Vicky worked in the infirmary of the new facility. She was assigned Jack, an inmate to help her maintain the infirmary and ensure that it was sanitary. Jack was a 28 year old Single, White, Male serving a 10 year sentence for rape and possession of marijuana. This was not his first incarceration for a sex crime or drug related charges. Jack was previously charged with rape when he was 16, served 2 years in a juvenile facility, was released at 18, and his file was sealed because of his age. Needless to say, Jack had a history.

When Jack first started his work detail in the infirmary, he was quiet and observant. He rarely contributed to conversations, completed his detail and would leave. One day, after several months, Jack began a conversation with Nurse Vicky. It was a bit more personal than the general yes, no, do that, thank you exchanges they had had before.

50 ☐ The Manipulation Game

Jack was an experienced and cunning con. He was good looking, smart, and well versed. One day Jack overheard Nurse Vicky discussing an argument she recently had with her husband over money. Jack seized the opportunity. Jack politely asked Nurse Vicky if he could help her. He stressed that he knew it was inappropriate to offer, BUT according to Jack, a beautiful, kind, smart woman who works hard and is a wonderful mother like her should not have to stress over money. He told her that he would loan her money to help her and her daughters as long as she would keep it quiet.

Nurse Vicky is an honest person and a good nurse who would not dare take money from an inmate. She told Jack she would not take the money and the conversation was over. Nurse Vicky knew she should report Jack, but there was something in his words that touched her and made her feel something she had not felt in many years. Vicky told no one about the offer. Her secrecy let Jack know he was through the door.

The next 24 months were amazing for Nurse Vicky. She and Jack became very close in a discrete way. He told her about the hard times he had gone through as a young man falsely accused of rape and then again falsely accused as an adult because of his history. According to him, he was framed and there was nothing he could do about it.

51 ☐ The Manipulation Game

Nurse Vicky told Jack how her husband neglected her, found her physically unattractive, and sexually undesirable. He stressed to Vicky that when he got out of jail he wanted a family of his own; he wanted daughters and a beautiful wife like her that he could take care of, love and appreciate. He told Nurse Vicky he wanted HER!

Vicky was now on a mission to have Jack and Jack was on a mission to ensure Vicky would have him a nice place to live for free when he got out of jail. In detail, Jack would tell Vicky what to do: divorce your husband, get an apartment of your own, and save as much money as you can because Jack knew she would end up losing her job if she helped him. Vicky did exactly what he wanted including having sex with him in the infirmary bathroom whenever they opportunity would present itself.

The day Jack was released from jail, Vicky was waiting for him in the parking lot. She immediately moved him in with her and her 3 daughters and her plan was for them to live happily ever after.

52 ☐ The Manipulation Game

Within a month, Jack was selling drugs and all of the money Vicky had saved was gone. As soon as Jack was released, she spent thousands of dollars on clothes, trips and gifts for the man who had been done so wrong by society and the legal system. Jack eventually began to show some interest in Nurse Vicky's oldest daughter. Her daughter told her father and Vicky denied the accusation and stood by Jack. Within another month, Vicky had lost custody of her 3 daughters. She had supervised visitation only.

Nurse Vicky's life continued to spiral downward. She lost her job once the Warden found out she had a former inmate living with her. Nurse Vicky was arrested for selling marijuana. Jack was smart, he knew if he got caught selling drugs he would go back to jail for a long time so he made Vicky sell it for him. Because she was arrested on a drug charge, she was placed on probation by the State Board of Nursing. Eventually she was arrested again and lost her license to nurse. Because she had a rapist living with her, had been arrested for selling drugs, lost her license to nurse, and had no form of income, all parental rights for Nurse Vicky were terminated. Her ex-husband won sole custody of their children and she was no longer granted supervised visitation.

53 ☐ The Manipulation Game

Thing continued to get worse for Nurse Vicky and Jack. In order to support Jack, Vicky violated her probation by selling cocaine and she was caught a third time. Vicky is now in jail and Jack is happily living with another woman.

This is a true story!

54 ☐ The Manipulation Game

Nurse Vicky's Strengths

- Happy, healthy home
- Law abiding citizen
- Active member in church
- Volunteer
- Respected in her community
- Never involved in inappropriate behaviors
- Great employee

55 ☐ The Manipulation Game

Nurse Vicky's Weaknesses

- Felt insecure about her appearance and weight/ low self-esteem
- Routine, sedate life-style

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56 ☐ The Manipulation Game

Jack's Strengths (Your Weaknesses)

- Good Looking
- Smart and well-versed
- Quiet and observant
- Had time to observe Vicky's actions
- Close proximity to overhear employee conversations
- Wanted to be seen as the good guy

57 ☐ The Manipulation Game

Self Reflection

- You are in the medical profession. You have a desire to help and to heal.
- Realize your emotional triggers. Are you lonely? Are you dissatisfied with your life?
- Self image. How do you feel about your own self-worth?

58 ☐ The Manipulation Game

But what if it's not ALL about the inmate?

What could YOU be doing to possibly keep this manipulation process going?

59 ☐ The Manipulation Game

Changes You May Need to Make:

- Stop Talking about your personal issues at Work.
- Think about the way you wear your clothes.
- See yourself as valuable
- You deserve a strong, healthy relationship.

REMEMBER
YOU are an educated, employed, law-abiding, productive adult.
That all changes when you step over the line!

60 ☐ The Manipulation Game

What Would it Feel Like to be a Part of It:

A Role-Playing Exercise

61 ☐ The Manipulation Game

What Would Your Life Look Like?

62 ☐ The Manipulation Game

63 ☐ The Manipulation Game

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64 ☐ The Manipulation Game

65 ☐ The Manipulation Game

66 ☐ The Manipulation Game

67 ☐ The Manipulation Game

All of this changes when you choose to cross the line...

68 ☐ The Manipulation Game

69 ☐ The Manipulation Game

70 ☐ The Manipulation Game

71 ☐ The Manipulation Game

72 ☐ The Manipulation Game

73 ☐ The Manipulation Game

74 ☐ The Manipulation Game

75 ☐ The Manipulation Game

In Summary:

1.Don't Give anything other than medically necessary.
2.Don't Touch other than medically necessary.
3.Don't Talk about yourself with or in front of an inmate.
4.Don't Take anything from an inmate.

At the end of the day, they are still inmates
YOU ARE NOT!

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Manipulative Behavior Checklist

Topic	Date	Preceptor initials
Knows and understands terminology		
Demonstrates understanding of vulnerability		
Demonstrates understanding of selection of victims		
Demonstrates understanding of personality traits		
Process of selection of victims based on personality.		
Demonstrates understanding of inmates attempts to form relationship with victim/ confidentiality tool		
Demonstrates understanding of we/they syndrome.		
Demonstrates understanding of inmates "dwell on a cause" tool		
Demonstrates understanding of offering protection to victim, both minor and serious.		
Demonstrates understanding of touch as a potential tool.		
Understands the principals of the shopping list, the lever and the sting.		
Effective and appropriate use of "NO"		
Verbalizes appropriate responses to inmates attempt to victimize		
Knows tips to avoid set up		

Preceptor Signature _____

Employee Signature _____

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Sample List of Annual Competency Based Service Training

Detoxification

Documentation

Electronic Medical Records - Refresher and Updates

Employee Handbook/Code of Conduct

Harassment in the Workplace

Hazard Communication/MSDS

Hepatitis A, B and C

HIV in Corrections

HIV Rapid Testing

Infection Control/Blood Borne Pathogens/Standard Precautions/PPE

Inmate Manipulation

Managing Manipulative Behavior

Medication Administration

MRSA/VRE

Phlebotomy Skills

Segregation Rounds/Segregation Medication Administration

Sharp and Tool Count

Suicide Prevention

Tuberculosis in Corrections

Workplace Bullying

Workplace Violence

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Proposal Exhibit 15: Contract Leadership Resumes & Licenses (if applicable)

BURKS, CHERYL

License Information

Address: [redacted]
License Number: [redacted]
Primary Status: Active
Secondary Status: N/A
License First Issued: 10/17/2006
License Expiration Date: 10/31/2013
License Renewal: Renewed through October 31, 2014

Disciplinary Information: No disciplinary information in file.
Permanent license.

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CHERYL BURKS
HEALTH SERVICES ADMINISTRATOR, DENMAR CORRECTIONAL CENTER

EXPERIENCE

Health Services Administrator — 2012–Present
Denmar Correctional Center
Hillsboro, West Virginia

Nurse Supervisor — 2007–2012
Pocahontas County Senior Center
Marlinton, West Virginia

Staff RN — 2003–2007
Pocahontas Care Center
Marlinton, West Virginia

LPN — 1998–2003
Correctional Medical Services at Denmar Correctional Center
Hillsboro, West Virginia

Medical Assistant — 1991–1997
Robert T. Must, D.O.
Hillsboro, West Virginia

EDUCATION

LPN
Region IV School of Practical Nursing — Lewisburg, West Virginia

RN, BSN
Mountain State University — Beckley West Virginia

LICENSURE

- West Virginia, 2006–present

DAVIS, PATRICIA

License Information

Address:	[redacted]
License Number:	[redacted]
Primary Status:	Active
Secondary Status:	N/A
License First Issued:	7/11/1979
License Expiration Date:	10/31/2014
License Renewal:	N/A

Disciplinary Information: No disciplinary information in file.

Permanent license.

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PATRICIA DAVIS
HEALTH SERVICES ADMINISTRATOR, SALEM CORRECTIONAL CENTER

EXPERIENCE

Health Services Administrator — 2008 – present
Salem Correctional Center
Industrial, West Virginia

RN — 2006 – 2008
CMS
St. Louis, Missouri

RN — 2006
Healthsouth
Morgantown, West Virginia

RN, HSA, Regional Coordinator — 2001 – 2006
Prime Care Medical
Harrisburg, Pennsylvania

Home Health Nurse — 2000 – 2001
Doddridge County Home Health
Smithburg, West Virginia

EDUCATION

RN/BSN/MSN (Finishing MSN Currently)
Wheeling Jesuit University — Wheeling, WV

Associate's Degree — 1979
Salem International University (formerly Salem College) — Salem, WV

LICENSURE

- West Virginia, 2008–Present

:st virginia
(http://www.wv.gov)

State Agency Directory (http://www.wv.gov/Pages/agencies.aspx)

Online Services (http://www.wv.gov/Pages/services.aspx)

West Virginia Board of Examiners for Registered Professional Nurses (http://wvrnboard.com/)

/wvrnboard.com/)

ESTEP, ELIZABETH

License Information

Address:	[redacted]
License Number:	[redacted]
Primary Status:	Active
Secondary Status:	N/A
License First Issued:	5/17/2010
License Expiration Date:	10/31/2014
License Renewal:	N/A

Disciplinary Information: No disciplinary information in file.

Permanent license.

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Wexford Health
SOURCES INCORPORATED

ELIZABETH ESTEP
ASSISTANT DIRECTOR OF NURSING, MT. OLIVE CORRECTIONAL COMPLEX

EXPERIENCE

Assistant Director of Nursing — 2012–Present
Mt. Olive Correctional Complex,
Mt. Olive, West Virginia

RN, Circulator in Cath Lab — 2010–2012
CAMC Memorial Hospital
Charleston, West Virginia

Nurse Extern — 2008–2010
CAMC Memorial Hospital
Charleston, West Virginia

Pharmacy Technician — 2005–2010
CVS Pharmacy
Montgomery, West Virginia

EDUCATION

RN
University of Charleston — Charleston, West Virginia

CERTIFICATION AND TRAINING

- CPR Certified, 2012
- BLS Certified

LICENSURE

- West Virginia, 2010–present

Wexford Health
SOURCES INCORPORATED

TRACI FACCIANI
REGIONAL ADMINISTRATIVE ASSISTANT

EXPERIENCE

Regional Administrative Assistant — 2011–Present
Wexford Health, WV DOC
Prunytown, West Virginia

Correctional Officer 2 — 2009–2011
Prunytown Correctional Center
Prunytown, Pennsylvania

CAD Technician, Graphic Design and Administration — 1998–2009
Parsons Brinckerhoff
New York, New York

EDUCATION

Associate's Degree, Specialized Technology
Pittsburgh Technical Institute — Pittsburgh, Pennsylvania

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ttp://www.wv.gov)

State Agency Directory (http://www.wv.gov/Pages/agencies.aspx)

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West Virginia Board of Examiners for Registered Professional Nurses (http://wvrnboard.com/)

//wvrnboard.com/)

GIBBS, PATRICIA

License Information

Address:	[redacted]
License Number:	[redacted]
Primary Status:	Active
Secondary Status:	N/A
License First Issued:	8/27/1992
License Expiration Date:	10/31/2013
License Renewal:	Renewed through 10/31/2014
Disciplinary Information:	No disciplinary information in file.

Permanent license.

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Back (/Nursing/RNSearch/Results?FirstName=patricia&LastName=gibb

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WEST VIRGINIA DIVISION OF CORRECTIONS
CPR / AED CARD

Patricia Gibbs

Has successfully completed a course in
Standard Infant / Child / Adult CPR / AED held at:
Lakin Correctional On 11-26-13
This Card Expires One year From The Completion Date

Paula Tomlin — Instructor's Signature
Patricia Gibbs — Card Holder's Signature

WEST VIRGINIA DIVISION OF CORRECTIONS
STANDARD FIRST AID CARD

Patricia Gibbs

Has successfully completed a course in
Standard First Aid held at:
Lakin Correctional On 11-26-13
This Card Expires One Year From The Completion Date

Paula Tomlin — Instructor's Signature
Patricia Gibbs — Card Holder's Signature

Wexford Health
SOURCES INCORPORATED

PATRICIA GIBBS
DIRECTOR OF NURSING, LAKIN CORRECTIONAL CENTER

EXPERIENCE

Director of Nursing — 2007–Present
Lakin Correctional Center
West Columbia, West Virginia

Unit Manager, Pediatrics — 2005–2007
Holzer Medical Center
Gallipolis, Ohio

Nursing Administrator — 1998–2005
Holzer Medical Center
Gallipolis, Ohio

Staff Nurse, Emergency Department — 1997–1998
O'Bleness Memorial Hospital
Athens, Ohio

Pediatric Staff Nurse — 1992–1997
Holzer Medical Center
Athens, Ohio

EDUCATION

BS in Nursing, Summa Cum Laude
Ohio University — Athens, Ohio

AS in Nursing
University of Rio Grande — Rio Grande, Ohio

LICENSURE

- West Virginia, 1992–Present

HONORS

- 1992 University of Rio Grande, Outstanding Academic Achievement Award

CERTIFICATIONS

- CPR/AED Certified

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To determine if a physician is Board Certified in a particular specialty, you may call the American Board of Medical Specialties toll-free at 866.275.2267, or you may visit their website at www.abms.org.

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Search Results: **Licensee Detailed Information**

Full Name:	**BONNIE DUPPER GIFFORD, M.D.**
Born:	1954
Primary Work Location:	ANTHONY CORRECTIONAL CENTER HC 70 RT 92 WHITE SULPHUR SPRINGS, WV 24986 (GREENBRIER CO.)
Permanent License:	PERMANENT MEDICAL #[redacted] ACTIVE
Originally Granted:	1/13/2003
Next Expires:	6/30/2016
Drug Dispensing Certificate:	#[redacted] ACTIVE
Originally Granted:	7/9/2003
Next Expires:	6/30/2015
Also Licensed Or Has Been Licensed In:	OHIO
Medical School:	OHIO STATE UNIVERSITY COLLEGE OF MEDICINE AND PUBLIC HEALTH, OH (06/08/1979)
Post-Graduate Training:	RIVERSIDE METH HOSPITAL, COLUMBUS, OH (06/30/1982)
Primary Specialty (Self-Designated):	INTERNAL MEDICINE
Secondary Specialty (Self-Designated):	NO SECONDARY SPECIALTY ON FILE
PAs Currently Supervised:	NO CURRENT SUPERVISION
Board Actions:	NO DISCIPLINE CASES ON RECORD
Malpractice:	NO MALPRACTICE CASES ON RECORD

1 Results Found
Last Name Like: **"Gifford"** First Name Like: **"Bonnie"** Profession: **Any**

Name	Profession	City, State
GIFFORD, BONNIE DUPPER	MD	[redacted]

New Search

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Please send any questions, comments or suggestions to our Web Administrator.

Wexford Health
SOURCES INCORPORATED

BONNIE DUPPER GIFFORD, M.D.
MEDICAL DIRECTOR, ANTHONY CORRECTIONAL CENTER

EXPERIENCE

Medical Director	Wexford Health Sources, Inc. Pittsburgh, PA	2007 – present
Locum Tenen Physician	Medical Doctor Associates Norcross, GA	2004 - present
Physician	Physicians Quick Care Plus Lewisburg, WV	2003 – 2004
Physician	Doctor's Immedicare Beckley, WV	2003 – 2004
Physician, Occupational Health Center	Hocking Valley Community Hospital Logan, OH	1995 – 2003
Physician	Pickaway Health Services Circleville, OH	1995 – 1996
Physician, Alcohol and Drug Dependency Services	Riverside Methodist Hospital Columbus, OH	1991 – 1995
Physician	Riverside Physician Centers Columbus, OH	1986 – 1991
Physician	Private Practice Dublin, OH	1983 – 1986
Physician	MedFirst Physician Care Columbus, OH	1982 – 1983

EDUCATION

Residency – Internal Medicine Riverside Methodist Hospital	1980 – 1982 Columbus, OH
Internship – Internal Medicine Riverside Methodist Hospital	1980 Columbus, OH
Doctor of Medicine The Ohio State University College of Medicine	1979 Columbus, OH
Bachelors of Science Muskingum College	1976 New Concord, OH

LICENSURE, CERTIFICATION, AND TRAINING

- Occupational Medicine Training Course
- Board Certified in Internal Medicine
- Licensed in State of West Virginia
- Advanced Cardiac Life Support certified

PROFESSIONAL ASSOCIATIONS

- Diplomat – American Board of Internal Medicine

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State Agency Directory (http://www.wv.gov/Pages/agencies.aspx)

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://wvrnboard.com/)

GIVENS, PAMELA

License Information

Address:	[redacted]
License Number:	[redacted]
Primary Status:	Active
Secondary Status:	N/A
License First Issued:	7/29/2004
License Expiration Date:	10/31/2014
License Renewal:	N/A
Disciplinary Information:	No disciplinary information in file.

Permanent license.

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Back (/Nursing/RNSearch/Results?FirstName=Pamela&LastName=Giver

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ProCPR Basic

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This card certifies that the individual has successfully completed the National Cognitive Evaluation in accordance with ProTrainings Curriculum and the American Heart Association Guidelines

PAMELA GIVENS

has completed Adult CPR and AED Training

Date Issued: 30 Sep 2012 Renew By: 30 Sep 2014

Certificate # [redacted]

This Certification includes the following objectives and is consistent with national consensus 2010 ECC/ILCOR and American Heart Association® Guidelines.

- Adult CPR
- AED
- Shock
- Heart Attack
- Stroke
- Conscious Choking
- Unconscious Choking
- Bleeding Control
- Universal Precautions

Instructor: ROY W SHAW

1-866-406-7467 adult.procpr.org support@protrainings.com

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SOURCES INCORPORATED

PAMELA GIVENS
DIRECTOR OF NURSING, MT. OLIVE CORRECTIONAL COMPLEX

EXPERIENCE

Director of Nursing 2008–Present
Mt. Olive Correctional Complex
Mt. Olive, West Virginia

RN
Mt. Olive Correctional Complex, CMS
Mt. Olive, West Virginia

EDUCATION

BSRN
Mountain State University Charleston, West Virginia

CERTIFICATION AND TRAINING

- CPR Certified, 2012

LICENSURE

- West Virginia, 2004–present

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Fax: (304) 558-2084

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Search Results: **Licensee Detailed Information**

Full Name:	**ANDREA ARLENE HUFFMAN, M.D.**
Born:	1980
Preferred Mailing Address:	SALEM FAMILY MEDICINE PO BOX 392 SALEM, WV 26426
Primary Work Location:	SALEM FAMILY MEDICINE PO BOX 392 SALEM, WV 26426 (HARRISON CO.)
Permanent License:	PERMANENT MEDICAL [redacted] ACTIVE
Originally Granted:	5/10/2010
Next Expires:	6/30/2014
Also Licensed Or Has Been Licensed In:	OKLAHOMA
Medical School:	WEST VIRGINIA UNIVERSITY SCHOOL OF MEDICINE, WV (05/13/2007)
Post-Graduate Training:	IN HIS IMAGE, INC, TULSA, OK (06/30/2010)
Primary Specialty (Self-Designated):	FAMILY PRACTICE
Secondary Specialty (Self-Designated):	NO SECONDARY SPECIALTY ON FILE
PAs Currently Supervised:	NO CURRENT SUPERVISION
Board Actions:	NO DISCIPLINE CASES ON RECORD
Malpractice:	NO MALPRACTICE CASES ON RECORD

1 Results Found
Last Name Like: **"Huffman"** First Name Like: **"Andrea"** Profession: **MD**

Name ▲	Profession	City, State
HUFFMAN, ANDREA ARLENE	MD	[redacted]

New Search

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Wexford Health
SOURCES INCORPORATED

ANDREA A. HUFFMAN, MD
MEDICAL DIRECTOR, SALEM CORRECTIONAL CENTER

EXPERIENCE

Medical Director, Salem Correctional Center	Wexford Health Sources, Inc. Pittsburgh, PA	2013 – present

EDUCATION

Internship and Residency In His Image Family Medicine	2007 – 2010 Tulsa, OK
Doctor of Medicine West Virginia University School of Medicine	2007 Morgantown, WV
Bachelor of Science, Biochemistry Campbell University	2003 Buies Creek, NC

LICENSURE, CERTIFICATION, AND TRAINING

- State of West Virginia
- BLS
- PALS
- ACLS

PROFESSIONAL ASSOCIATIONS

- Diplomate, American Board of Family Medicine

WV Board of Osteopathic Medicine

Licensee Verification: Details

Name	Title	License Number	Status	Office Address
Jessica L. Irvine	D.O.	[redacted]	Active	PO Box 66 Marlinton, WV 24954

License Date	Expiration Date	Other State Licenses	Primary Specialty (Self-Designated)	Secondary Specialty (Self-Designated)
06/07/2012	06/30/2016		FM	

Controlled Substance License

CSL Number	CSL Expiration Date
[redacted]	06/30/2015

Discipline History

Action Taken	Date Action Taken	Public Disciplinary Documents
		None

Other History

License History	Date of Action

Education History

Medical School	Graduation Date
WVSOM	2011

Postgraduate Training	Graduation Date

Wexford Health
SOURCES INCORPORATED

JESSICA IRVINE, D.O.
MEDICAL DIRECTOR, DENMAR CORRECTIONAL FACILITY

EXPERIENCE

Medical Director	Wexford Health Sources, Inc. Pittsburgh, PA	2014 – present
Family Medicine Residency	Greenbrier Valley Medical Center Ronceverte, WV	2011 – 2014

EDUCATION

Doctor of Osteopathy West Virginia School of Osteopathic Medicine	2011 Lewisburg, WV
Bachelors of Science in Forest Resources Management West Virginia University	2004 Morgantown, WV

LICENSURE, CERTIFICATION, AND TRAINING

- State of West Virginia Board of Osteopathy
- Advanced Cardiac Life Support
- Pediatric Advanced Cardiac Life Support
- Basic Life Support

PROFESSIONAL ASSOCIATIONS

- American Osteopathic Association
- American College of Osteopathic Family Physicians

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Search Results: **Licensee Detailed Information**

Full Name:	**SHERRI LYNNE JOHNSON, M.D.**
Born:	1968
Primary Work Location:	ST. FRANCIS HOSPITAL 333 LAIDLEY ST. CHARLESTON, WV 25301 (KANAWHA CO.)
Permanent License:	PERMANENT MEDICAL [redacted] ACTIVE
Originally Granted:	5/14/2007
Next Expires:	6/30/2016
Drug Dispensing Certificate:	#[redacted] ACTIVE
Originally Granted:	4/17/2014
Next Expires:	6/30/2015
Also Licensed Or Has Been Licensed In:	KENTUCKY WEST VIRGINIA
Medical School:	UNIVERSITY HOSPITAL AR, LITTLE ROCK, AR (05/17/2003)
Post-Graduate Training:	UNIVERSITY TN AFL HOSPITAL, MEMPHIS, TN (06/30/2007)
Primary Specialty (Self-Designated):	INTERNAL MEDICINE/PEDIATRICS
Secondary Specialty (Self-Designated):	HOSPITALIST
PAs Currently Supervised:	NO CURRENT SUPERVISION
Board Actions:	NO DISCIPLINE CASES ON RECORD
Malpractice:	NO MALPRACTICE CASES ON RECORD

1 Results Found
Last Name Like: **"Johnson"** First Name Like: **"Sherri"** Profession: **Any**

Name	Profession	City, State
JOHNSON, SHERRI LYNNE	MD	[redacted]

New Search

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Wexford Health
SOURCES INCORPORATED

SHERRI L. JOHNSON, MD
MEDICAL DIRECTOR, LAKIN CORRECTIONAL FACILITY

EXPERIENCE

Medical Director	Wexford Health Sources, Inc. Pittsburgh, PA	2014 – present
Hospitalist – Internal Medicine	St. Francis Medical Center Charleston, WV	2013 – 2014
Hospitalist – Internal Medicine/Pediatrics	St. Mary's Medical Center Huntington, WV 25702	2010 – 2013
Hospitalist – Internal Medicine	Pikeville Medical Center Pikeville, KY	2009 – 2010
Hospitalist – Internal Medicine	St. Mary's Medical Center Huntington, WV	2007 – 2009
Staff RN, CCRN, ICU	Volunteer Community Hospital Martin, TN	1997 – 1999
Nurse Manager, ICU/Telemetry	Baptist Memorial Hospital Blytheville, AR	1996 – 1997
Staff Nurse, RN, Med-Surg & ICU	Baptist Memorial Hospital Memphis, AR Blyethville, AR North Carolina Baptist Winston-Salem, NC	1992 - 1996

EDUCATION

Residency, Internal Medicine/Pediatrics University of Tennessee Health Science Center	2003 – 2007 Memphis, TN
Doctor of Medicine University of Arkansas for Medical Sciences	2003 Little Rock, AR
Associate of Applied Science, Nursing Mississippi County Community College	1992 Blytheville, AR
Bachelors of Science, Biology Rhodes College	1990 Memphis, TN

LICENSURE, CERTIFICATION, AND TRAINING

- State of West Virginia
- State of Kentucky
- ABIM
- ABP
- PALS
- NRP
- ACLS

PROFESSIONAL ASSOCIATIONS

- American Academy of Pediatrics
- American Board of Internal Medicine
- American College of Physicians
- Society of Hospital Medicine

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KINCAID, ANNA

License Information

Address:	[redacted]
License Number:	[redacted]
Primary Status:	Active
Secondary Status:	N/A
License First Issued:	10/23/2007
License Expiration Date:	10/31/2014
License Renewal:	N/A

Disciplinary Information: No disciplinary information in file.

Permanent license.

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ANNA KINCAID

has completed Adult/Child/Infant CPR & AED Certification for Health Care Provider (BLS)

Date Issued: **08 Aug 2012** Renew By: **08 Aug 2014**
Certificate # [redacted]

This Certification includes the following objectives and is consistent with national consensus 2010 ECC/ILCOR and American Heart Association® Guidelines.

- AED
- 2 Person CPR
- Bag Valve Mask
- Bleeding Control
- Shock Management
- Heart Attack and Stroke
- Breathing Emergency
- Universal Precautions
- Adult, Child, Infant CPR (Health Care Provider)
- Choking, Conscious and Unconscious

Instructor: ROY W. SHAW

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Dear Anna,

Above you will find your ProCPR certification card. You may also access this page at a later time by logging into www.procpr.org and clicking the Print Certificate button.

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If there are any problems with any part of this card or address please let us know

ProTrainings Customer Solutions Mon - Fri, 9am - 5pm EST
Phone: 1-888-406-7487
Email: support@protrainings.com

ANNA KINCAID
[redacted]

Wexford Health
SOURCES INCORPORATED

ANNA KINCAID
ASSISTANT DIRECTOR OF NURSING, MT. OLIVE CORRECTIONAL COMPLEX

EXPERIENCE

Assistant Director of Nursing — 2010–Present
Mt. Olive Correctional Complex
Mt. Olive, West Virginia

RN Charge Nurse — 2007–2010
Golden Living Center
Glasgow, West Virginia

RN — 1990–2007
Hidden Valley Center
Oak Hill, West Virginia

LPN — 2003–2005
Brian Health and Rehab Center
Statesville, NC

LPN — 1990–2003
New River Health Center
Scarbro, West Virginia

EDUCATION

LPN
Raleigh County Vocational Technical Center
School of Practical Nursing — Raleigh, North Carolina

RN, BSN
Montana State University — Bozeman, Montana

CERTIFICATION AND TRAINING

- CPR Certified, 2012

LICENSURE

- West Virginia, 2007–present

MANN, RONALD

License Information

Address:	[redacted]
License Number:	[redacted]
Primary Status:	Active
Secondary Status:	N/A
License First Issued:	10/11/2006
License Expiration Date:	10/31/2014
License Renewal:	N/A

Disciplinary Information: No disciplinary information in file.

Permanent license.

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Wexford Health
SOURCES INCORPORATED

RONALD E. MANN
HEALTH SERVICES ADMINISTRATOR, ANTHONY CORRECTIONAL CENTER

EXPERIENCE

Health Services Administrator — 2008–Present
Anthony Correctional Center
White Sulphur Springs, West Virginia

Correctional Medical Services — 2007–2008
St. Louis, Missouri

Licensed Respiratory Therapist — 1996–2007
Greenbrier Valley Medical Center
Ronceverte, West Virginia

EDUCATION

BSN
Mountain State University
Beckley, West Virginia — Beckley, West Virginia

LPN
Region IV School of Practical Nursing
Lewisburg, West Virginia — Lewisburg, West Virginia

LICENSURE

- State of West Virginia

MATTHEWS, AMANDA

License Information

Address: [redacted]
License Number: [redacted]
Primary Status: Active
Secondary Status: N/A
License First Issued: 11/2/2011
License Expiration Date: 10/31/2013
License Renewal: Renewed through October 31, 2014

Disciplinary Information: No disciplinary information in file.
Permanent license.

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WEST VIRGINIA DIVISION OF CORRECTIONS CPR / AED CARD	WEST VIRGINIA DIVISION OF CORRECTIONS STANDARD FIRST AID CARD
Amanda Matthews	Amanda Matthews
Has successfully completed a course in Standard Infant / Child / Adult CPR / AED held at:	Has successfully completed a course in Standard First Aid held at:
Martinsburg Correctional Center On 4 June 13	Martinsburg Correctional Center On 4 June 13
This Card Expires One Year From The Completion Date.	This Card Expires One Year From The Completion Date.
Instructor's Signature / Card Holder's Signature	Instructor's Signature / Card Holder's Signature

Wexford Health
SOURCES INCORPORATED

AMANDA MATTHEWS
HEALTH SERVICES ADMINISTRATOR, MARTINSBURG CORRECTIONAL CENTER

EXPERIENCE

Health Services Administrator — 2013–Present
Martinsburg Correctional Center
Martinsburg, West Virginia

RN Charge Nurse — 5/2013–7/2013
Golden Living Center
Hagerstown, Maryland

RN Charge Nurse — 2011–2012
City Hospital
Martinsburg, West Virginia

RN — 2003–2011
Meritus Medical Center
Hagerstown, Maryland

RN — 2002–2003
Conway Hospital
Conway South Carolina

EDUCATION

Nursing Science
Horry Georgetown Technical College — Conway, South Carolina

CERTIFICATION AND TRAINING

- CPR Certified, 2013

LICENSURE

- West Virginia, 2013–present

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West Virginia Board of Examiners for Registered Professional Nurses (http://wvrnboard.com/)

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MOORE, REBECCA

License Information

Address:	[redacted]
License Number:	[redacted]
Primary Status:	Active
Secondary Status:	N/A
License First Issued:	8/31/1990
License Expiration Date:	10/31/2013
License Renewal:	Renewed through 10/31/2014

Disciplinary Information: No disciplinary information in file.

Permanent license.

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WEST VIRGINIA DIVISION OF CORRECTIONS

CPR / AED CARD

Rebecca Moore

Has successfully completed a course in Standard Infant / Child / Adult CPR / AED held at:

Lakin Correctional On 11-26-13

This Card Expires One Year From The Completion Date.

Paula Yomlin — Instructor's Signature

Rebecca J Moore — Card Holder's Signature

WEST VIRGINIA DIVISION OF CORRECTIONS

STANDARD FIRST AID CARD

Rebecca Moore

Has Successfullycompleted a course in Standard First Aid held at:

Lakin Correctional On 11-26-13

This Card Expires One Year From The Completion Date

Paula Yomlin — Instructor's Signature

Rebecca J Moore — Card Holder's Signature

Wexford Health
SOURCES INCORPORATED

REBECCA MOORE
HEALTH SERVICES ADMINISTRATOR, LAKIN CORRECTIONAL CENTER

EXPERIENCE

Health Services Administrator — 2008–Present
Lakin Correctional Center
West Columbia, West Virginia

Health Services Administrator — 2003–2008
Correctional Medical Services
West Columbia, West Virginia

Nurse Manager — 1996–2004
Correctional Medical Services
Hillsboro, West Virginia

Director of Nursing — 1996
State of West Virginia
White Sulphur Springs, West Virginia

Director of Nursing — 1994–1996
State of West Virginia
Hillsboro, West Virginia

Director — 1994–1996
Greenbrier Birthing Center
Hillsboro, West Virginia

RN — 1990
Monongalia General Hospital
Morgantown, West Virginia

LPN and RN — 1984–1994
Correctional Medical Services
Huttonsville, West Virginia

EDUCATION

RN
Davis and Elkins College — Elkins, West Virginia

LPN
Upshur County School of Practical Nursing — Buckhannon, West Virginia

LICENSURE

- West Virginia, 2008–Present
- North Carolina, 1985–2006

HONORS

- 2007 Correctional Medical Services Nurse of the Year, West Columbia West Virginia

CERTIFICATIONS

- CPR/AED Certified

WV.GOV - WVBOM



West Virginia
Board of Medicine



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WV Board of Medicine
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Charleston, WV 25311
Phone: (304) 558-2921
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West Virginia Board of Medicine Licensee Search

Choose a search type, enter search information, select from the results, and view details. For help with searching or understanding the information displayed, go to Help. This link will open a new screen which you may keep available for reference.

To determine if a physician is Board Certified in a particular specialty, you may call the American Board of Medical Specialties toll-free at 866.275.2267, or you may visit their website at www.abms.org.

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Printer Friendly

Search Results: **Licensee Detailed Information**

Full Name:	**PORFIRIO R. PASCASIO, SR., M.D.**
Born:	1935
Primary Work Location:	PRUNTYTOWN CORRECTIONAL CENTER PO BOX 159 GRAFTON, WV 26354 (TAYLOR CO.)
Permanent License:	PERMANENT MEDICAL [redacted] ACTIVE
Originally Granted:	4/8/1974
Next Expires:	6/30/2015
Drug Dispensing Certificate:	[redacted] ACTIVE
Originally Granted:	7/1/1991
Next Expires:	6/30/2015
Also Licensed Or Has Been Licensed In:	NEW YORK
Medical School:	COLLEGE OF MEDICINE, UNIVERSITY OF THE PHILIPPINES SYSTEM (PHILIPPINES) (04/16/1961)
Post-Graduate Training:	YONKERS GEN HOSPITAL, YONKERS, NY (12/31/1962) HARLEM HOSPITAL, NEW YORK CITY, NY (06/30/1966) ST FRANCIS HOSPITAL, NEW YORK CITY, NY (12/31/1966)
Primary Specialty (Self-Designated):	ABDOMINAL SURGERY
Secondary Specialty (Self-Designated):	FAMILY PRACTICE
PAs Currently Supervised:	NO CURRENT SUPERVISION
Board Actions:	NO DISCIPLINE CASES ON RECORD
Malpractice:	4 CASES -- MORE INFORMATION

2 Results Found
Last Name Like: **"Pascasio"** First Name Like: **""** Profession: **Any**

Name	Profession	City, State
PASCASIO, ERNESTO A.	MD	
PASCASIO, SR., PORFIRIO R.	MD	[redacted]

New Search

This licensee search was developed by Tygart Technology, Inc.

Please send any questions, comments or suggestions to our Web Administrator.

Wexford Health
SOURCES INCORPORATED

PORFIRIO R. PASCASIO, M.D.
MEDICAL DIRECTOR, PRUNTYTOWN CORRECTIONAL CENTER

EXPERIENCE

Medical Director, Pruntytown Correctional Center	Wexford Health Sources, Inc. Pittsburgh, PA	2009 – present
Physician, St. Mary's Correctional Center	Wexford Health Sources, Inc. Pittsburgh, PA	2008 - 2009
Medical Consultant	Social Security Clarksburg, WV	2004 – present
Medical Director, Pruntytown Correctional Center	Wexford Health Sources, Inc. Pittsburgh, PA	2008
Regional Medical Director, State of West Virginia	Corizon (formerly Correctional Medical Services) St. Louis, MO	2007 – 2008
Physician, Pruntytown Correctional Center	Corizon (formerly Correctional Medical Services) St. Louis, MO	2004 – 2008
Physician	General Surgery & Family Practice Weston, WV	1971 – 2004

EDUCATION

General Surgery Residency Charleston Area Medical Center	1967 – 1968 Charleston, WV
General Surgery Residency Harlem Hospital	1963 – 1966 NYC, NY
Medical Intern Yonkers General Hospital	1962 Yonkers, NY
Doctor of Medicine University of the Philippines	1961 Manila, Philippines

LICENSURE, CERTIFICATION, AND TRAINING

- State of West Virginia

05/21/2013 09:54 3045363396 WEXFORD HEALTH PAGE 02/02

DIONISIO E. POLICARPIO M.D

2013 STATE MEDICAL LICENSE

WEST VIRGINIA BOARD OF MEDICINE

LICENSE NO [redacted] ISSUED 2/10/1978

THIS IS TO CERTIFY THAT THE LICENSE OF

DIONISIO ENRIQUEZ POLICARPIO, M.D.

TO PRACTICE MEDICINE AND SURGERY IN THE STATE OF WEST VIRGINIA HAS BEEN RENEWED FOR THE PERIOD OF 7/1/2013 TO 6/30/2015

ROBERT C. KNITTLE, *Executive Director*

WEST VIRGINIA BOARD OF MEDICINE

For the Period: July 25, 2014 to June 30, 2015

Registration Number: [redacted]

This certifies that

DIONISIO ENRIQUEZ POLICARPIO, M.D.

is registered as a dispensing physician in the State of West Virginia, under the authority of the laws of the State and the regulations of the Board. This registration is valid only when the registrant holds an active license under the provisions of the West Virginia Medical Practice Act. This registration is valid for dispensing at:

[redacted]

Robert C. Knittle, Executive Director

Wexford Health
SOURCES INCORPORATED

DIONISIO ENRIQUEZ POLICARPIO, MD
MEDICAL DIRECTOR, ST. MARY'S CORRECTIONAL CENTER

EXPERIENCE

Medical Director, St. Mary's Correctional Center	Wexford Health Sources, Inc. Pittsburgh, PA	2011 – present
Physician/Surgeon	CAMC – Teays Valley Hospital Hurricane, WV	2000 - 2011
Physician/Surgeon	CAMC – Women and Children's Hospital (formerly Kanawha Valley Memorial Hospital Charleston, WV	1978 - 2011
Physician/Surgeon	St. Francis Hospital Charleston, WV	1978 - 2011
Physician/Surgeon	Thomas Memorial Hospital Charleston, WV	1978 - 2011
Surgeon	Private Practice Charleston, WV	1978 – 2011

EDUCATION

Chief Surgical Resident St. Peter's Medical Center	1974 – 1975 New Brunswick, NJ
Senior Surgical Residency St. Peter's Medical Center	1973 – 1974 New Brunswick, NJ
Surgical Residency St. Peter's Medical Center	1970 – 1973 New Brunswick, NJ
Rotating Medical Internship United Hospital Medical Center	1969 – 1970 Newark, NJ
Residency, Surgical St. Luke's Hospital	1966 – 1968 Quezon City, Philippines
Rotating Medical Internship Far Eastern University	1965 Manila, Philippines
Doctorate of Medicine Far Eastern University	1964 Manila, Philippines
Associate's Degree of Arts Far Easter University	1960 Manila, Philippines

LICENSURE, CERTIFICATION, AND TRAINING

- State of West Virginia
- ACLS

PROFESSIONAL ASSOCIATIONS

- Association of American Abdominal Surgeons of American
- Association of Philippine Physicians in America

WV Board of Osteopathic Medicine

Licensee Verification: Details

Name	Title	License Number	Status	Office Address
David Allen Proctor	D.O.	[redacted]	Active	Huttonsville Correctional Ctr. Route 250 South Box #1 Huttonsville, WV 26273

License Date	Expiration Date	Other State Licenses	Primary Specialty (Self-Designated)	Secondary Specialty (Self-Designated)
03/31/1988	6/30/2016		FM	

Controlled Substance License

CSL Number	CSL Expiration Date
[redacted]	06/30/2015

Discipline History

Action Taken	Date Action Taken	Public Disciplinary Documents
		None

Physician Assistant(s) Supervised

Name
Richard Corley, PA-C

Other History

License History	Date of Action

Education History

Wexford Health
SOURCES INCORPORATED

DAVID PROCTOR, D.O.
MEDICAL DIRECTOR, HUTTONSVILLE & MARTINSBURG CORRECTIONAL CENTERS

EXPERIENCE

Medical Director, *Huttonsville Correctional Center*	Wexford Health Sources, Inc. Pittsburgh, PA	2007 – present
Medical Director, *Huttonsville Correctional Center*	Corizon (formerly Correctional Medical Services St. Louis, MO	2000 – 2007
Owner, Physician	Glenville Family Practice Glenville, WV	1988 – 2000
Anatomy Instructor	Glenville State College Glenville, WV	1990

EDUCATION

Residency – Family Practice Cuyahoga Falls General Hospital	1987 - 1988 Cuyahoga Falls, OH
Internship Cuyahoga Falls General Hospital	1986 - 1987 Columbus, OH
Doctor of Osteopathic Medicine WV School of Osteopathic Medicine	1986 Lewisburg, WV
Bachelors of Science Glenville State College	1982 Glenville, WV

LICENSURE, CERTIFICATION, AND TRAINING

- Licensed in State of West Virginia

PROFESSIONAL ASSOCIATIONS

- WV Society of Osteopathic Medicine
- American Osteopathic Association

west virginia
(http://www.wv.gov)

State Agency Directory (http://www.wv.gov/Pages/agencies.aspx)

Online Services (http://www.wv.gov/Pages/services.aspx)

West Virginia Board of Examiners for Registered Professional Nurses (http://wvrnboard.com/)

/wvrnboard.com/)

TENNEY, LENORA

License Information

Address:	[redacted]
License Number:	[redacted]
Primary Status:	Active
Secondary Status:	N/A
License First Issued:	6/18/1997
License Expiration Date:	10/31/2013
License Renewal:	Renewed through 10/31/2014
Disciplinary Information:	No disciplinary information in file.

Permanent license.

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Pruntytown

FIRST AID WEB INC

AND

NATIONAL HEALTH & SAFETY FOUNDATION

LET IT BE KNOWN THAT

Lenora Tenney

HAS COMPLETED A TRAINING COURSE IN

Adult CPR, Child CPR and Infant CPR

[illegible]

August 2014

Wexford Health
SOURCES INCORPORATED

LENORA TENNEY, RN, CCHP
HEALTH SERVICES ADMINISTRATOR

After graduating first in her nursing class from Davis & Elkins College in Elkins, West Virginia, Ms. Tenney worked in a variety of nursing positions at hospitals, nursing homes, and private practices before becoming part of the correctional health care industry in 1997. With more than 16 years of experience managing correctional health care units, she is a published author in the industry, as well as a certified counselor in women's health and in HIV pre- and post-test counseling. An NCCHC Certified Correctional Healthcare Professional, Ms. Tenney has been selected as Employee of the Quarter/Year by both Wexford Health and former employers.

EXPERIENCE

Correctional Health Services Administrator Wexford Health Sources, Inc. Pruntytown Correctional Center	2012–Present
Regional Manager Wexford Health Sources, Inc. Pittsburgh, PA	2008–2012
Correctional Medical Services St. Louis, MO	1997–2008
Davis Memorial Hospital Elkins, WV	1997–1999
Plymouth Long-term Care & Skilled Unit Plymouth, IN	1991–1992
Miller's Merry Manor Nursing Home Walkerton, IN	1988–1991
Elkins Chest Clinic Elkins, WV	1984–1988
Memorial General Hospital Elkins, WV	1975–1984

EDUCATION

LPN Davis Memorial School of Practical Nursing	Elkins, WV
AS, Nursing David & Elkins College	Elkins, WV

LICENSURE, CERTIFICATION, AND TRAINING

- Certified HIV Counselor in Women's Health
- Certified HIV Pre and Post Test Counselor

AWARDS AND ACHIEVEMENTS

- West Virginia Department of Corrections Anthony Correctional Center "Employee of the Quarter" (2003)
- Miller's Merry Manor "Employee of the Year" (1987)

PUBLICATIONS

Tenney, Lenora. *Correctional Nursing: the Best Kept Secret in Nursing*, West Virginia Nurse. 2001.

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.http://www.wv.gov)

State Agency Directory (http://www.wv.gov/Pages/agencies.aspx)

Online Services (http://www.wv.gov/Pages/services.aspx)

West Virginia Board of Examiners for Registered Professional Nurses (http://wvrnboard.com/)

/wvrnboard.com/)

WARDEN, DONNA

License Information

Address:	[redacted]
License Number:	[redacted]
Primary Status:	Active
Secondary Status:	N/A
License First Issued:	7/9/1981
License Expiration Date:	10/31/2014
License Renewal:	N/A

Disciplinary Information: No disciplinary information in file.

Permanent license.

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This card certifies that the individual has successfully completed the National Cognitive Evaluation in accordance with ProTrainings Curriculum and the American Heart Association® guidelines

DONNA WARDEN

has completed Adult/Child/Infant CPR & AED Certification for Health Care Provider (BLS)

Date Issued: **29 Apr 2013** Renew By: **29 Apr 2015**

Certificate # [redacted]

This Certification includes the following objectives and is consistent with national consensus 2010 ECC/ILCOR and American Heart Association® Guidelines.

- AED
- 2 Person CPR
- Bag Valve Mask
- Bleeding Control
- Shock Management
- Heart Attack and Stroke
- Breathing Emergency
- Universal Precautions
- Adult, Child, Infant CPR (Health Care Provider)
- Choking, Conscious and Unconscious

Instructor: ROY W. SHAW

1-888-406-7487 www.procpr.org support@protrainings.com

Dear Donna,

Above you will find your ProCPR certification card. You may also access this page at a later time by logging into www.procpr.org and clicking the Print Certificate button.

You will also receive a permanent copy of your card in the mail 5-7 business days after the date of purchase.

Below is the mailing address to which we will mail your card.
If there are any problems with any part of this card or address please let us know

ProTrainings Customer Solutions Mon - Fri, 9am - 5pm EST
Phone: 1-888-406-7487
Email: support@protrainings.com

DONNA WARDEN
[redacted]

Wexford Health
SOURCES INCORPORATED

DONNA WARDEN
HEALTH SERVICES ADMINISTRATOR, MT. OLIVE CORRECTIONAL COMPLEX

EXPERIENCE

Health Services Administrator — 2012–Present
Mt. Olive Correctional Complex
Mt. Olive, West Virginia

RN — 2011–2012
VA Medical Center
Beckley, West Virginia

Legal Nurse Case Manager — 2008–2011
Mike Lewis Attorneys
Winston-Salem, North Carolina

Consultant for Medical Program Development — 2006–2008
Blue Cliff College
Baton Rouge, Louisiana

Medical Program Coordinator/Instructor — 1999–2006
Brookstone College
Greensboro, North Carolina

RN — 1989–2000
High Point Regional Hospital
High Point, North Carolina

Urological Office Nurse — 1990–1994
Piedmont Urological Services
High Point, North Carolina

Cardiology Office Nurse — 1987–1989
Drs. Crowell, Erdin and Gatlin
High Point, North Carolina

Charge Nurse — 1985–1987
Gaston Memorial Hospital
Gastonia, North Carolina

Charge Nurse — 1979–1981
Appalachian Regional Hospital
Beckley, West Virginia

EDUCATION

Associate Degree in Nursing
Bluefield State College — Bluefield, West Virginia

Computerized Accounting Specialist with Certification
Brookstone College — Greensboro, North Carolina

LICENSURE

- West Virginia, 2008–Present
- North Carolina, 1985–2006

CERTIFICATIONS

- CPR Trainer/BLS and ACLS Provider AHA

West Virginia Board of Examiners for Registered Professional Nurses (http://wvrnboard.com/)

(http://wvrnboard.com/)

WESTFALL, MARY

License Information

Address:	[redacted]
License Number:	[redacted]
Primary Status:	Active
Secondary Status:	N/A
License First Issued:	12/4/1995
License Expiration Date:	10/31/2014
License Renewal:	N/A

Disciplinary Information: No disciplinary information in file.

Permanent license.

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Search Again (/Nursing/RNSearch)

Wexford Health
SOURCES INCORPORATED

MARY WESTFALL, RN, CCHP
REGIONAL MANAGER, WEST VIRGINIA

Ms. Westfall has more than thirteen years of experience working specifically in prisons in the state of West Virginia, holding positions such as DON, HSA, and Regional Director of Nursing. Her current role as Regional Manager for West Virginia includes managing care at ten sites in the state, ensuring quality care and auditing standards.

EXPERIENCE

Regional Manager — 2012–Present
Wexford Health, WV DOC
West Virginia

Regional Director of Nursing — 2011–2012
Corizon
Hagerstown, Maryland

Clinical Programs Specialist — 2008–2011
CMS
St. Louis, Missouri

Health Services Administrator — 2005–2008
CMS
Mt. Olive, West Virginia

Statewide Resource DON, West Virginia — 2003–2005
CMS
Mt. Olive, West Virginia

Assistant Director of Nursing — 2001–2003
Mt. Olive Correctional Center
Mt. Olive, West Virginia

Staff RN — 1999–2001
Mt. Olive Correctional Center
Mt. Olive, West Virginia

Manager, In-house Skilled Nursing Unit — 1998–1999
Plateau Medical Center
Oak Hill, West Virginia

Staff RN — 1996–1998
Summersville Memorial Hospital
Summersville, West Virginia

PRN LPN — 1992–1996
Kanawha County Hospice
Dunbar, West Virginia

Staff LPN 1989–1992
Plateau Medical Center
Oak Hill, West Virginia

EDUCATION

Currently Studying Public Relations, Advertising, and Applied Communication
WVU, Expected graduation date Dec. 2015 Montgomery, West Virginia

AS, Nursing
WVU Institute of Technology Montgomery, West Virginia

LICENSURE

- West Virginia, 1996–Present

WILSON, CYNTHIA

License Information

Address:	[redacted]
License Number:	[redacted]
Primary Status:	Active
Secondary Status:	N/A
License First Issued:	8/31/1990
License Expiration Date:	10/31/2014
License Renewal:	N/A
Disciplinary Information:	No disciplinary information in file.

Permanent license.

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Wexford Health
SOURCES INCORPORATED

LEANN WILSON
HEALTH SERVICES ADMINISTRATOR, ST. MARY'S CORRECTIONAL CENTER

EXPERIENCE

Health Services Administrator, *St. Mary's Correctional Center*	Wexford Health Sources, Inc. Pittsburgh, PA	2014 – present
Director of Nursing	ResCare Louisville, KY	2012 – 2013
RN	House Calls Hospice Parkersburg, WV	2007 – 2001
RN, Radiology	Marietta Memorial Hospital Marietta, OH	2006 – 2007
RN, Urgent Care	MedExpress Vienna, WV	2006
RN, Emergency Room	Camden Clark Hospital Parkersburg, WV	2003 – 2006
RN, Orthopedic Department	Camden Clark Hospital Parkersburg, WV	2000 – 2003
Staff RN	ServCare Home Health Wood & Ritchie Counties, WV	1997 – 2000
Staff RN/Charge Nurse	St. Joseph's Hospital Parkersburg, WV	1990 – 1997

EDUCATION

Associates Degree, Applied Science - Nursing
West Virginia University — Parkersburg, WV

LICENSURE, CERTIFICATION, AND TRAINING

- BLS
- ACLS
- CPR
- PALS
- TNCC
- ICU
- CCU

Proposal Exhibit 16: Job Descriptions

Wexford Health
SOURCES INCORPORATED

HUMAN RESOURCES
JOB DESCRIPTION

POSITION TITLE	Administrative Assistant		
DEPARTMENT	Medical	PREPARED BY:	Alissa Zinninger Human Resources Specialist
REPORTS TO	Health Services Administrator/Medical Director	APPROVED BY :	Mark Blewett Director, Human Resources
LOCATION	West Virginia	PREPARED DATE	August 2013
STATUS	Non-Exempt	REVISION DATE REVISION NO.	

POSITION SUMMARY

Under the direct supervision of the designated Wexford Health manager, provides general secretarial and receptionist services to the Health Services Administrator of the Unit.

JOB RELATIONS

SUPERVISION RECEIVED	▪ Health Services Administrator ▪ Site Medical Director ▪ WHS and WVDOC Personnel as appropriate, including but not limited to Warden and DON.
SUPERVISION EXERCISED	▪ None
RELATIONSHIPS	▪ Inter-relates and works effectively with all health care unit personnel, site administration staff, patients, security staff, clinical providers, regional team members and corporate staff on all levels and at all locations.

DUTIES/RESPONSIBILITIES

1. Perform Clerical / Technical duties
2. Prepare and type reports/correspondence for HSA and Medical Director.
3. Answer telephone, relay messages and transfer calls as appropriate.
4. Develop and maintain filing system for all material.
5. Schedule appointments for HSA and Medical Director.
6. Collect, sort and distribute daily mail.
7. Orders office supplies as needed.
8. Takes minutes of meetings and other dictation as requested.

9. Inputs missed punches into the TIM/KRONOS system utilizing approved Missed Punch Forms. Runs TIM/KRONOS reports as directed and distributes them to appropriate supervisors for review.
10. Maintain inmate correspondence file.
11. Secure information for responses of inquires.
12. Maintains the confidentiality of all correspondence and files.
13. Approaches change in a positive manner.
14. Makes suggestions for improving work conditions.
15. Accepts constructive advice/criticism and learns from it.
16. Upon receiving the necessary training and/or instruction, perform other duties as required or assigned.

ADDITIONAL DUTIES AND RESPONSIBILITIES

- Maintains composure in stressful situations.
- Participate in in-service education.
- Support philosophy, objectives and goals of the health services unit.
- Conforms to Wexford Health Sources, Inc., and facility regulations as appropriate, to include, but not limited to:
    - Dress code
    - Schedule/time sheet
    - Safety and security regulations
    - Procedure for paid time off (PTO)/education seminars

The duties and responsibilities outlined herein are for payroll purposes and are not all-inclusive; employees may be assigned other duties as required.

PHYSICAL DEMANDS

The physical demands that are described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Essential duties are routinely performed in a general office and clinical environment. Duties may require work in at a station/desk and entail paperwork, use of computers, fax machines, copiers, and other business machines and medical equipment. Essential duties may require the following physical demands: the strength to lift and carry material weighing up to 30 pounds; vision to read printed materials and computer screen; walking; reaching; carrying; stooping; bending; squatting; prolonged sitting; handling (hand movement); hearing and speech to communicate in person and

over the telephone; intellectual skills including short and long term memory, abstract reasoning, and decision making.

Must be able to ambulate throughout the facility. Specific vision abilities required by this job include close vision and distant vision, color vision, peripheral vision, depth perception, and the ability to adjust focus. Must be able to clearly communicate orally and via written and typed correspondence and notes using various forms, records, charts, and electronic media. Duties may require the use of a personal vehicle to attend meetings at other sites.

Employee may be exposed to a challenging environment, which may include exposure to bloodborne and airborne pathogens, verbal and physical assault, loud noises

ENVIRONMENTAL CONDITIONS

OFFICE	Standard medical setting in a correctional facility, which includes daily interfacing with inmates, correctional staff, and health care personnel. Temperature extremes may be encountered while moving throughout the facility outdoors and indoors in buildings without air conditioning.
TRAVEL	N/A

EDUCATION/EXPERIENCE REQUIREMENTS

The following requirements list the minimum to qualify. An equivalent combination of education and experience may be accepted.

LICENSING	None required
CERTIFICATION	Current CPR certification
EXPERIENCE	Minimum 2 years administrative experience. Proficient in the use of computer, dictating and copying equipment.
EDUCATION	High school graduate or equivalent.

I affirm that the job description was reviewed with me.

_____ _____

Employee Date

_____ _____

Designated Wexford Health Manager Date

Wexford Health
SOURCES INCORPORATED

HUMAN RESOURCES
JOB DESCRIPTION

POSITION TITLE	Assistant Director of Nursing		
DEPARTMENT	Medical	PREPARED DATE REVISION DATE	November 2002 N/A
REPORTS TO	Director of Nursing	REVISION NO.	-0-
LOCATION		STATUS	Exempt

POSITION SUMMARY

Responsible for planning, directing and evaluating nursing services. Develops nursing policies and procedures; evaluates quality of nursing care provided; coordinates nursing services with other treatment and facility programs; and develops solutions to identified nursing problems. Exercises supervision over subordinate professional and paraprofessional nursing staff. Supervision is received from the Director of Nursing, Medical Director or other designated administrative superior; however, the employee is expected to function with considerable independence and initiative in managing nursing services.

DUTIES/RESPONSIBILITIES

Assists with planning and directing the work of professional and paraprofessional nursing staff including, but not limited to:

1. Coordinates the work of nursing services with other facility programs; confers with physicians, therapists and other treatment personnel to plan patient/client care and treatment.
2. Develops, implements and evaluates standards of care for the nursing department; develops or assists in developing nursing procedures and administrative manuals.
3. Develops evaluation protocols and mechanisms to review the quality of nursing care.
4. Evaluates nursing staffing requirements and recommends adjustment of staff levels based on changes in patient acuity levels, census and program goals.
5. Supervises the preparation and maintenance of nursing reports and records.
6. Recruits and screens professional and paraprofessional nursing staff.
7. Performs other related duties as assigned.

OTHER DUTIES

	▪ As Required

INITIATIVE & ATTITUDE	▪ Conforms to Wexford Health Sources, Inc., and facility regulations as appropriate, to include, but not be limited to: 1. Dress code 2. Schedule/time sheet 3. Safety and security regulations 4. Procedure for sick leave/vacation time/education seminars ▪ Maintains the confidentiality of inmate records. ▪ Approaches change in a positive manner. ▪ Makes suggestions for improving work conditions to the Medical Director and Health Care Unit Administrator. ▪ Accepts constructive criticism in stressful situations.

ENVIRONMENTAL CONDITIONS

OFFICE	Medical unit within correctional facility.
TRAVEL	Minimal travel required.

EDUCATION/EXPERIENCE REQUIREMENTS

LICENSING	Current State license
CERTIFICATION	CPR certification
EXPERIENCE	Minimum 2 years experience as a Director of Nursing or Assistant Director of Nursing, preferred
EDUCATION	Graduate of an accredited nursing program.

Wexford Health
SOURCES INCORPORATED

HUMAN RESOURCES
JOB DESCRIPTION

POSITION TITLE	Certified Nurse Assistant		
DEPARTMENT	Medical	PREPARED DATE REVISION DATE	December 2006 N/A
REPORTS TO	Director of Nursing	REVISION NO.	-0-
LOCATION		STATUS	Non-Exempt

POSITION SUMMARY

Assists nursing staff with daily operations.

JOB RELATIONS

RESPONSIBLE TO	▪ Director of Nursing
INTER-RELATIONSHIPS	▪ Coordinates the management of the Health Care Unit with the clinical supervision and responsibilities of the Medical Director

DUTIES/RESPONSIBILITIES

1. Assists inmates with activities of daily living such as feeding, bathing, bed making, shaving, dressing and other related tasks.
2. Assists in checking vital signs, height and weight as assigned; collects and maintains records of fluid intake and output; reports on the condition of inmates.
3. Follows established infection control practices and emergency protocols.
4. Assists inmates in wheel chairs, on stretchers and walking.
5. Promotes and encourages resident hydration and elimination.
6. Assists inmates with ambulation, turning and repositioning, and range of motion activities.
7. Cleans bedside units, nursing workrooms and equipment; assists nursing staff with washing and sterilizing equipment.
8. Prepares and maintains written reports and records.

9. Assists with medications ordinarily self-administered when specifically ordered by a physician.
10. Responds to call lights promptly and courteously.
11. Receives formal and on-the-job training in the theory and techniques of direct care support.
12. Receives close supervision; work is reviewed through inspections and observations.
13. Performs related work as assigned.

OTHER DUTIES

Conforms to Wexford Health Sources, Inc. and facility regulations as appropriate, to include, but be limited to:

- Dress code
- Schedule/time sheet
- Safety and security regulations
- Procedure for sick leave/vacation time/education seminars.
- Maintains confidentiality of inmate records.
- Approaches changes in a positive manner.
- Makes suggestions for improving work conditions to the Medical Director.
- Accepts constructive criticism in stressful situations.

ENVIRONMENTAL CONDITIONS

OFFICE	▪ Standard office environment within correctional facility
TRAVEL	▪ 0%

EDUCATION/EXPERIENCE REQUIREMENTS

LICENSING	▪ N/A
CERTIFICATION	▪ Nursing assistant certificate
EXPERIENCE	▪ 0-2 Years
EDUCATION	▪ Completion of a certification program from accredited nursing assistant program

Wexford Health
SOURCES INCORPORATED

HUMAN RESOURCES
JOB DESCRIPTION

POSITION TITLE	Dental Assistant		
DEPARTMENT	Medical	PREPARED DATE REVISION DATE	March 2010
RESPONSIBLE TO:	Health Services Administrator/Dentist	REVISION NO.	-0-
		STATUS	Non-Exempt

POSITION SUMMARY

The dental assistant works under the direct supervision of the dentist and perform job related non-professional work assisting the dentist during examinations and treatment of patients and in the routine handling of instruments and supplies. The proper candidate will work effectively with patients, dentists, medical and nursing staff, security staff at all levels, and administrative and support staff (i.e., pharmacy, laboratory, consulting physicians and dentists, etc).

DUTIES/RESPONSIBILITIES

1. Maintains supplies, materials and records of treatment.
2. Sets up instruments, equipment and supplies as directed by the dentist or dental hygienist.
3. Prepares the patient for treatment.
4. Ensures proper clean up, packaging and sterilizing of instruments.
5. Assists in instruction of patients in proper dental hygiene.
6. Other duties as required and/or assigned

ENVIRONMENTAL CONDITIONS

OFFICE	▪ Dental clinic setting within the correctional facility, which includes daily interfacing with inmates, correctional staff and health care personnel.

EDUCATION/EXPERIENCE REQUIREMENTS

CERTIFICATION	▪ Current CPR certification
EXPERIENCE	▪ Experience working in a dental setting and/or correctional health care preferred
EDUCATION	▪ High School Graduate or GED certificate

Wexford Health
SOURCES INCORPORATED

HUMAN RESOURCES
JOB DESCRIPTION

POSITION TITLE:	Dental Hygienist		
DEPARTMENT:	Medical	PREPARED BY:	Alissa Zinninger Human Resources Specialist
REPORTS TO:	Dentist /HSA	APPROVED BY :	Mark Blewett Director, Human Resources
LOCATION :	WVDOC Correctional Facilities	PREPARED DATE REVISION DATE	July 2013
STATUS:	Exempt	REVISION NO.	

POSITION SUMMARY

Under direct supervision of the dentist, a dental hygienist assistant performs technical and advisory services in oral and dental hygiene involving oral prophylaxis.

JOB RELATIONS

SUPERVISION RECEIVED	▪ Dentist
SUPERVISION EXERCISED	▪ N/A
RELATIONSHIPS	▪ Interacts with all health care unit personnel, patients, site administration staff, security staff, clinical providers, regional team members and corporate staff as required.

ESSENTIAL DUTIES/RESPONSIBILITIES

1. Sets up clinic as assigned by supervisor.
2. Scaling and cleaning of teeth as prescribed by dentist.
3. Assist dentist in administering fluoride treatments
4. Assist dentist in completing x-rays
5. Accurately record services in the patient's medical record and classify dental conditions utilizing APHA standards.
6. Screen for dental emergencies and sick call.
7. Check and maintain instruments, equipment and supplies including ordering replacements and submitting work orders.
8. Complete oral prophylactic care including set up of instruments, equipment and supplies.
9. Ensure proper cleanup, packaging and sterilizing of instruments.
10. Maintain a clean and orderly working environment
11. Develop oral hygiene education program for residents.
12. Participate in in-service education

13. Instructs patients about oral hygiene and proper care of teeth.
14. Maintains cleanliness and sterile conditions of dental unit.
15. Assist dentist at clinic sessions.
16. Ensures continuity of care.
17. Make appropriate entries on patient's dental chart.
18. Supplies data for clinic reports.
19. The hygienist must be CPR certified and skilled in recognizing the symptoms of shock and fainting and must be prepared to provide necessary aid as directed.
20. Responsible for dental office security to include instrument counts. Maintains constant alertness to conditions which might endanger the security of the institution.
21. Conforms to Wexford Health Sources, Inc., and facility regulations as appropriate, to include, but not be limited to:
    a. Dress Code
    b. Schedule/time sheet
    c. Safety and security regulations
    d. Procedure for sick leave/vacation time/education seminars
22. Maintains confidentiality of inmate records.
23. Accepts constructive criticism in stressful situations.
25. Makes suggestions for improving work conditions to the Regional Dental Director.

The duties and responsibilities outlined herein are not all-inclusive and are for payroll purposes only; employees may be assigned other duties as required.

PHYSICAL DEMANDS

The physical demands that are described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Essential duties are routinely performed in a general office and clinical environment. Duties may require work in at a station/desk and entail paperwork, use of computers, fax machines, copiers, and other business machines and medical equipment. Essential duties may require the following physical demands: the strength to lift and carry material weighing up to 30 pounds; vision to read printed materials and computer screen; walking; reaching; carrying; stooping; bending; squatting; prolonged sitting; handling (hand movement); hearing and speech to communicate in person and over the telephone; intellectual skills including short and long term memory, abstract reasoning, and decision making.

Must be able to ambulate throughout the facility for extended periods of time; specific vision abilities required by this job include close vision and distant vision, color vision, peripheral vision, depth perception, and the ability to adjust focus; must be able to clearly communicate

orally and via written and typed correspondence and notes using various forms, records, charts, and electronic media.

This position may require rotating assignments, operating on a 24 hour a day, 7 days a week schedule where employee is subject to both voluntary and mandatory overtime.

Employee may be exposed to a challenging environment, which may include exposure to bloodborne and airborne pathogens, verbal and physical assault, and loud noises.

ENVIRONMENTAL CONDITIONS

OFFICE	Dental clinic setting within the correctional facility, which includes daily interfacing with inmates, correctional staff, and health care personnel. Temperature extremes may be encountered while moving throughout the facility outdoors and indoors in buildings without air conditioning.
TRAVEL	N/A

EDUCATION/EXPERIENCE REQUIREMENTS

LICENSING	West Virginia Dental Hygienist License
CERTIFICATION	Current CPR Certification
EDUCATION	Graduate of accredited Dental Hygienist program
PREFERRED EXPERIENCE	Experience working in a dental setting and/or correctional health care preferred.
OTHER PREFERRED KNOWLEDGE, SKILLS AND ABILITIES	• Ability to maintain regular and reliable attendance • Flexible, dependable, and reliable • Strong interpersonal skills • Strong verbal and written communication skills • Demonstrates knowledge of dental policies and procedures • Ability to competently manage multiple priorities simultaneously • Ability to work in a stressful environment • Support philosophy, objectives and goals of the dental department • Assume individual accountability for own conduct and maintenance of professional appearance • Approach change in a positive manner • Must be able assist staff with various policies, administrative and organizational projects. "team-player" as this position requires daily coordination with other coworkers.

I affirm that the job description was reviewed with me.

_____ _____

Employee Date

_____ _____

Designated Wexford Health Manager Date

Wexford Health
SOURCES INCORPORATED

HUMAN RESOURCES
JOB DESCRIPTION

POSITION TITLE:	Dentist		
DEPARTMENT:	Medical	**PREPARED BY:**	Alissa Zinninger, Human Resources Specialist
REPORTS TO:	Regional Dental Director/Health Services Administrator	**APPROVED BY :**	Mark Blewett Director, Human Resources
LOCATION :	WVDOC Correctional Institutions	**PREPARED DATE:**	July 2013
		REVISION DATE:	
STATUS:	Exempt	**REVISION NO.**	

POSITION SUMMARY

Under the supervision of the Regional Dental Director, a dentist licensed in the state of West Virginia, responsible and accountable for supervising the dental staff and managing the dental activity as well as for providing oral health care to patients such as fillings, extractions, dentures, root canals, etc.

JOB RELATIONS

SUPERVISION RECEIVED	▪ Regional Medical Director ▪ Health Services Administrator
SUPERVISION EXERCISED	▪ Dental Assistant ▪ Dental Hygienist
RELATIONSHIPS	▪ Interrelates and works effectively with patients, dental staff, medical and nursing staff, security staff at all levels, administrative and support staff, consulting physicians and dentists, etc.

DUTIES/RESPONSIBILITIES

1. Provides overall supervision of the dental department including hiring, coaching, counseling, administering discipline and termination of subordinate staff as needed.
2. Provides preventative and restorative treatment to all inmates.
3. Performs and interprets radiographic examinations as indicated.
4. Performs all general dentistry services including, but not limited to restorative, surgical, periodontal, endodontic and prosthodontic services.
5. Supervise staff in: cleaning of teeth, making impressions for prosthetic devices, planning and maintaining an oral hygiene program, completing appropriate records accurately and all procedures associated with the provision of dental care.
6. Arrange proper referral for procedures that cannot be performed on-site at facility.

7. Provides supervision of staff in instruction of offenders in preventative practices for maintaining proper oral hygiene.
8. Submit monthly report of Dental Department activities.
9. Participate in staff development programs.
10. Develop and update departmental policies and procedures.
11. Supervise and evaluate all assigned dental staff.
12. Forward all outside referrals of offenders to the Regional Dental Director to assure the necessity for such referrals.
13. Serves as clinical authority on all matters related to the delivery of dental services, and provides direction, guidance, and oversight to the dental staff and programs.
14. Determines the timeframes for non-emergent and elective treatments according to priority and availability.
15. Determines the appropriateness of non-routine treatment and ensure that such treatment will not interfere with the provision of greater priority services.
16. Examines patients and documents findings on standard forms, utilizing applicable dental classification systems (i.e., APHA).
17. Provides or arranges for appropriate preventative restorative dental care as needed within the administrative guidelines to all inmates.
18. Provides or arranges for appropriate care for emergency patients as soon as possible.
19. Ensures continuity of care.
20. Supplies data for clinic reports as requested.
21. Keeps dental licenses up-to-date, and ensure current copy is on file in the Health Care Unit.
22. Must be CPR certified and skilled in recognizing the symptoms of shock and fainting, and must be prepared to provide necessary aid as directed during emergency procedures.
23. Responsible for dental office security to include instrument, medicine and needle counts.
24. Responsible to ensure appropriate and quality orientation for all newly hired dental staff.
25. Notifies the Wexford Health Staffing Department of vacant or upcoming vacant positions in a timely manner and actively assists the Staffing Department in the filling of vacant positions.
26. Is familiar with overtime and commodities budgets and works to remain within budget.
27. Notifies Regional Manager of staffing vacancies related to the Schedule E.
28. Obtains approval of Wexford Health and WVDOC administration prior to exceeding staffing hours as stipulated in the Schedule E.
29. Strives to ensure 100% compliance of Schedule E staffing hours.
30. Complies with and enforces Wexford Health/Facility Policy and procedures and ensures subordinate compliance.
31. Member of the Quality Assurance Committee.

32. Receives direction from WVDOC personnel as appropriate, including but not limited to Wardens, Assistant Wardens and Health Services Administrators.
33. Conforms to Wexford Health Sources and facility regulations as appropriate, to include, but not be limited to:
    a. Dress Code
    b. Schedule/time sheet/time clock
    c. Safety and security regulations
    d. Procedure for sick leave/vacation time/education seminars
34. Maintains the confidentiality of inmate records.
35. Approaches change in a positive manner.
36. Accepts constructive criticism in stressful situations.
37. Makes suggestions for improving work conditions to the Medical Director, Health Services Administrator and Regional Manager.

The duties and responsibilities outlined herein are not all-inclusive and are for payroll purposes only; employees may be assigned other duties as required.

PHYSICAL DEMANDS

The physical demands that are described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Essential duties are routinely performed in a general office and clinical environment. Duties may require work in at a station/desk and entail paperwork, use of computers, fax machines, copiers, and other business machines and medical equipment. Essential duties may require the following physical demands: the strength to lift and carry material weighing up to 30 pounds; vision to read printed materials and computer screen; walking; reaching; carrying; stooping; bending; squatting; prolonged sitting; handling (hand movement); hearing and speech to communicate in person and over the telephone; intellectual skills including short and long term memory, abstract reasoning, and decision making.

Must be able to ambulate throughout the facility for extended periods of time; specific vision abilities required by this job include close vision and distant vision, color vision, peripheral vision, depth perception, and the ability to adjust focus; must be able to clearly communicate orally and via written and typed correspondence and notes using various forms, records, charts, and electronic media.

This position may require rotating assignments, operating on a 24 hour a day, 7 days a week schedule where employee is subject to both voluntary and mandatory overtime.

Employee may be exposed to a challenging environment, which may include exposure to bloodborne and airborne pathogens, verbal and physical assault, and loud noises.

ENVIRONMENTAL CONDITIONS

OFFICE	Standard dental setting in a correctional facility, which includes daily interfacing with inmates, correctional staff, and health care personnel. Temperature extremes may be encountered while moving throughout the facility outdoors and indoors in buildings without air conditioning.
TRAVEL	Minimal travel required.

EDUCATION/EXPERIENCE REQUIREMENTS

LICENSING	Current West Virginia Dental license Current DEA license
CERTIFICATION	Current CPR certification
EDUCATION	Doctor of Dental Surgery (DDS) or Doctor of Dental Medicine (DDM) degree
PREFERRED EXPERIENCE	Minimum 1 year practicing dentistry. Skilled in recognizing the symptoms of shock and fainting; must be prepared to provide necessary aid as directed during procedures. Correctional Experience Preferred. Supervisory Experience preferred.

I affirm that the job description was reviewed with me.

_____ _____

Employee Date

_____ _____

Designated Wexford Health Manager Date

Wexford Health
SOURCES INCORPORATED

HUMAN RESOURCES
JOB DESCRIPTION

POSITION TITLE	Director of Nursing		
DEPARTMENT	Health Services	PREPARED DATE REVISION DATE	November 2002 N/A
REPORTS TO	Health Services Administrator	REVISION NO.	-0-
LOCATION		STATUS	Exempt

POSITION SUMMARY

The Director of Nursing has the authority, responsibility and accountability for structuring, comprehensive planning and implementing the Nursing Services Program that guides the delivery of a quality health care program.

JOB RELATIONS

RESPONSIBLE TO	▪ Health Services Administrator ▪ Medical Director
WORKERS SUPERVISED	▪ Charge Registered Nurse ▪ Staff Registered Nurses ▪ Staff Licensed Practical Nurses ▪ All unlicensed clinical staff
INTER-RELATIONSHIPS	▪ Interrelates and works effectively with patients, patient families as appropriate, medical and nursing staff, security staff at all levels, and administrative and support staff (i.e., pharmacy, laboratory, and consulting physicians and dentists, etc.)

DUTIES/RESPONSIBILITIES

1. Receives and reviews daily outpatient and infirmary reports.
2. Participates in planning, priority setting and the development of policies and procedures for health care activities that are in compliance with contractual requirements, Department of Corrections, and national standards.
3. Directs planning, priority setting and the development of policies and procedures.

4. Coordinates and monitors orientation, in-services and continuing education.

5. Coordinates the development, provision and evaluation of patient care according to the standards of quality care.

6. Conducts recruitment/retention efforts for the division of Nursing Services.

7. Prepares and submits monthly reports to the Health Services Administrator.

8. Conducts regular meetings with nursing staff.

9. Acts as administrator on call for nursing emergencies or nursing staff needs.

10. Responsible for coordinating and providing clinical orientation and nursing in-service training.

11.

12. Develops and maintains staff schedule in accordance with contract terms of nursing coverage. Responsible for making changes in time schedules, and granting special requests for time off, if applicable.

13. Develops, implements and evaluates the philosophy, goals and objectives.

14. Ensures the practice of nursing is consistent with current standards.

15. Serves as representative for, and/or liaison between, Nursing services and other health care providers, as well as Health Services Administrator, and coordinates patient care with other departments.

16. Provides guidance to the nursing staff in patient care problems; delegates responsibility within the scope of the employee's abilities.

17. Remains visible and is responsive to all medical disciplines.

18. Supports and participates in evaluation designed to improve work conditions and patient care. Evaluates employees' performance, and maintains accurate care.

19. Participates in, and maintains good relationship with community organizations.

20. Keeps abreast and follows through on incidents occurring on all shifts.

21. Available for conferences on all shifts.

22. Counsels nursing personnel in following established protocols.

23. Reports all communicable diseases to the local/state health authorities.

24. Reviews all discrepancies in sharps and tool counts, investigates, reconciles and forwards written findings to the Health Services Administrator.

25. Review all mediation errors, and forwards written findings to the Health Services Administrator.

26. Assists in responding to applicable grievances.
27. Assesses established policies, and reviews policies as needed.
28. Submits monthly report of audits.
29. Perform additional duties as assigned.

OTHER DUTIES

	▪ As Required
INITIATIVE & ATTITUDE	▪ Conforms to Wexford Health Sources, Inc., and facility regulations as appropriate, to include, but not be limited to: 1. Dress code 2. Schedule/time sheet 3. Safety and security regulations 4. Procedure for sick leave/vacation time/education seminars ▪ Maintains the confidentiality of inmate records. ▪ Approaches change in a positive manner. ▪ Makes suggestions for improving work conditions to the Medical Director and Health Care Unit Administrator. ▪ Accepts constructive criticism in stressful situations.

ENVIRONMENTAL CONDITIONS

OFFICE	Medical unit within correctional facility.
TRAVEL	Minimal travel required.

EDUCATION/EXPERIENCE REQUIREMENTS

LICENSING	Current State license
CERTIFICATION	CPR certification
EXPERIENCE	Minimum 2 years experience in a Supervisory Nursing role, preferred.
EDUCATION	Graduate of an accredited nursing program.

Wexford Health
SOURCES INCORPORATED

HUMAN RESOURCES
JOB DESCRIPTION

POSITION TITLE:	Health Services Administrator (HSA)		
DEPARTMENT:	Medical	PREPARED BY:	Alissa Zinninger Human Resources Specialist
REPORTS TO:	Regional Manager	APPROVED BY :	Mark Blewett Director, Human Resources
LOCATION :	WVDOC	PREPARED DATE REVISION DATE	August 2013
STATUS:	Exempt	REVISION NO.	

POSITION SUMMARY

The Health Services Administrator is responsible for effectively and efficiently managing the institution's overall health care delivery system and monitoring all health service contract activities; consults with the Regional Manager or designee regarding routine institutional issues of an administrative nature, and discusses issues of a complex or unusual clinical nature involving patient management with clinical leadership.

JOB RELATIONS

SUPERVISION RECEIVED	▪ Direct supervision from Wexford Health Regional Manager and/or Regional Director of Operations
SUPERVISION EXERCISED	▪ Direct supervision of all health care unit department heads, clinical and administrative staff
RELATIONSHIPS	▪ Inter-relates and works effectively with all health care unit personnel, site administration staff, patients, security staff, clinical providers, regional team members and corporate staff on all levels and at all locations.

ESSENTIAL DUTIES/RESPONSIBILITIES

1. Act as a liaison between Health Services and the institutional administration, department heads, subordinates, as well as with the Pittsburgh Office.
    - Develop and implement institutional directives and procedures to comply with administrative directives of the facility.
    - Conduct department health and staff meetings, and attend facility meetings and training as required. ADD MAC Meetings, CQI MEETINGS, etc.
    - Direct orientation to the facility, the institution, and in-service educational programs for health service staff, to comply with the facilities', ACA, NCCHC, and JCAHO standards, as applicable.

2. Supervise department heads in the resolution of health care unit personnel issues or complaints, and/or directly intervening in problem areas to ensure prompt resolution involving the institutional administration, contractor, if applicable, or Pittsburgh office personnel as necessary.
    - Supervise department heads in the operations of pharmacy, medical records, nursing, lab, x-ray, etc.
    - Provide for the routine meetings and functions required by administrative directives, including Quality Assurance, Chronic Clinics, Pharmacy and Therapeutics, and Health Care Unit Staff Meetings. Submit meeting minutes to Regional Manager.
3. Coordinate and monitor preparation of the institutional health services budget with the Regional Manager.
4. Supervise requisition of supplies and equipment to ensure appropriate usage and availability; and maintain property and equipment control records as required.
5. Approve monthly statistical reports and ensure timely submission; complete all necessary reports on a timely basis.
6. Ensure the confidential maintenance and safekeeping of all medical records and information to comply with HIPAA regulations.
7. Perform administrative employee relations functions to include: supervision of performance, recruitment and selection, developing job descriptions, conducting performance reviews, implement corrective action and individual development plans, scheduling and approving PTO, etc.
8. Supervise scheduling of patients for outside appointments. Review initial hospital specialty referrals with the Medical Director to ensure appropriateness and oversee interactions with medical specialists.

ADDITIONAL DUTIES AND RESPONSIBILITIES

- Resolution of audit findings by the development, implementation and monitoring of corrective action plans.
- Evaluate and respond to Risk Management Department inquiries, complaints or grievances by patients, family members, lawyers or other advocates.
- Work(s) jointly with Clinical and Education staff to ensure that appropriate training in CPR and First Aid is completed per regulatory and contractual requirements.
- Assist staff with various policies administrative and organizational projects.
- Collaborate with co-workers and coordinate internal projects, as directed.
- Participate in a company and state approved CQI Program.
- Maintains composure in stressful situations.
- Participate in in-service education.

- Make suggestions for improving work conditions.
- Conforms to Wexford Health Sources, Inc., and facility regulations as appropriate, to include, but not limited to:
    - Dress code
    - Schedule/time sheet
    - Safety and security regulations
    - Procedure for paid-time-off/education seminars

The duties and responsibilities outlined herein are for payroll purposes and are not all-inclusive; employees may be assigned other duties as required.

PHYSICAL DEMANDS

The physical demands that are described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Essential duties are routinely performed in a general office and clinical environment. Duties may require work in at a station/desk and entail paperwork, use of computers, fax machines, copiers, and other business machines and medical equipment. Essential duties may require the following physical demands: the strength to lift and carry material weighing up to 30 pounds; vision to read printed materials and computer screen; walking; reaching; carrying; stooping; bending; squatting; prolonged sitting; handling (hand movement); hearing and speech to communicate in person and over the telephone; intellectual skills including short and long term memory, abstract reasoning, and decision making.

Must be able to ambulate throughout the facility for extended periods of time. Specific vision abilities required by this job include close vision and distant vision, color vision, peripheral vision, depth perception, and the ability to adjust focus. Must be able to clearly communicate orally and via written and typed correspondence and notes using various forms, records, charts, and electronic media. Duties may require the use of a personal vehicle to attend meetings at other sites.

Employee may be exposed to a challenging environment, which may include exposure to bloodborne and airborne pathogens, verbal and physical assault, loud noises.

ENVIRONMENTAL CONDITIONS

OFFICE	▪ Standard medical setting in a correctional facility, which includes daily interfacing with inmates, correctional staff, and health care personnel. Temperature extremes may be encountered while moving throughout the facility outdoors and indoors in buildings without air conditioning.
TRAVEL	▪ Minimal travel within the region required

EDUCATION/EXPERIENCE REQUIREMENTS

LICENSING	• RN license strongly preferred
CERTIFICATION	• Current CPR certification required.
EDUCATION	• Post-secondary education required, preferably in a health care related field. Associate's degree or equivalent required. Bachelor's degree preferred.
PREFERRED EXPERIENCE	• Two to three years of management experience in a health care setting
OTHER PREFERRED KNOWLEDGE, SKILLS AND ABILITIES	• Self-directed • Ability to maintain regular and reliable attendance • Flexible, dependable, and reliable • Strong verbal and written communication skills • General math and analytical skills, and planning, administrative and organizational skills essential. • Demonstrated experience meeting multiple deadlines. • Ability to competently manage multiple priorities simultaneously • Ability to work in a stressful environment • Assume individual accountability for own conduct and maintenance of professional appearance • Approach change in a positive manner • Strong interpersonal skills and ability to function as a "team player" coordinating efforts with managers, peers and subordinates.

I affirm that the job description was reviewed with me.

_____ _____

Employee Date

_____ _____

Designated Wexford Health Manager Date

Wexford Health
SOURCES INCORPORATED

HUMAN RESOURCES
JOB DESCRIPTION

POSITION TITLE:	Licensed Practical Nurse (LPN)		
DEPARTMENT:	Health Services	PREPARED BY:	Alissa Zinninger Human Resources Specialist
REPORTS TO:	Site Director of Nursing/Charge Nurse	APPROVED BY :	Mark Blewett Director, Human Resources
LOCATION :	WV DOC Correctional Facilities	PREPARED DATE REVISION DATE	July 2013
STATUS:	Non-Exempt	REVISION NO.	

POSITION SUMMARY

Responsible for assisting in the delivery of patient care through the nursing process of assessment, planning, implementation and evaluation. Under the supervision of Registered Nurses, directs and guides patient teaching activities commensurate with education and demonstrated competencies.

JOB RELATIONS

SUPERVISION RECEIVED	▪ Direct supervision from Wexford Health Site Director of Nursing (DON) or Designee (Charge Nurse/RN)
SUPERVISION EXERCISED	▪ N/A
RELATIONSHIPS	▪ LPNs interact with all health care personnel and always work as part of a team. His/her duties may be assigned or delegated by the DON or Registered Nurse.

ESSENTIAL DUTIES/RESPONSIBILITIES

1. Under the guidance of a Registered Nurse, assists in the assessment of the physical, psychological and social dimensions of patients in the Health Care Unit and as necessary in the Housing Units.
2. Assist in planning and implementing individual treatment programs in the Health Care Unit and housing unit by utilizing available resources and consulting with registered nurses, physicians and correctional officers.
3. Implement medical plan through administering medications and intervention in accordance with physician instructions.
4. Document nursing encounters, patient response, effectiveness, complications etc., and communicate information to supervisory personnel and physicians in accordance with physician's orders.
5. Assist in maintaining working and living areas and supplies in good order.
6. Serve as a member of a nursing care and treatment team and assist physician as assigned.

7. Use available in-house resource personnel and departments for treatment/consultation.
8. Implement clinical and technical aspects of care in accordance with established policies and procedures.
9. Take vital signs (temperature, pulse, respiration and blood pressure).
10. Apply and change dressings.
11. Provide for emotional and physical comfort and safety of patients.
12. Assist with activities of daily living with special attention to therapeutic significance.
13. Supervise inmates in the maintenance, cleanliness and sanitation of the environment.

ADDITIONAL DUTIES AND RESPONSIBILITIES

- Demonstrate respect, dignity of patients and confidentiality of patient information.
- Assists with orientation of new employees.
- Assess personal and learning development needs.
- Comply with correctional facility's policies and procedures.
- Performs within the normal limits of the West Virginia Code of Ethics for Nurses, Wexford Health and facility policies, procedures and standards.

The duties and responsibilities outlined herein are not all-inclusive and are for payroll purposes only; employees may be assigned other duties as required.

PHYSICAL DEMANDS

The physical demands that are described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Essential duties are routinely performed in a general office and clinical environment. Duties may require work in at a station/desk and entail paperwork, use of computers, fax machines, copiers, and other business machines and medical equipment. Essential duties may require the following physical demands: the strength to lift and carry material weighing up to 30 pounds; may be required to lift and/or move persons, carts, emergency equipment and other objects; vision to read printed materials and computer screen; walking; reaching; carrying; stooping; bending; squatting; prolonged sitting; handling (hand movement); hearing and speech to communicate in person and over the telephone; intellectual skills including short and long term memory, abstract reasoning, and decision making.

Must be able to ambulate throughout the facility for extended periods of time; specific vision abilities required by this job include close vision and distant vision, color vision, peripheral vision, depth perception, and the ability to adjust focus; must be able to clearly communicate orally and via written and typed correspondence and notes using various forms, records, charts, and electronic media.

This position may require rotating assignments operating on a 24 hour a day, 7 days a week schedule where employee is subject to both voluntary and mandatory overtime.

Employee may be exposed to a challenging environment, which may include exposure to bloodborne and airborne pathogens, verbal and physical assault, and loud noises.

ENVIRONMENTAL CONDITIONS

OFFICE	Standard medical setting in a correctional facility, which includes daily interfacing with inmates, correctional staff, and health care personnel. Temperature extremes may be encountered while moving throughout the facility outdoors and indoors in buildings without air conditioning.
TRAVEL	N/A

EDUCATION/EXPERIENCE REQUIREMENTS

LICENSING	• Current West Virginia Licensed Practical Nursing (LPN) License
CERTIFICATION	• Current CPR Certification
EDUCATION	• Graduate from an accredited school of nursing
PREFERRED EXPERIENCE	• Minimum of one (1) year of clinical experience; correctional experience preferred
OTHER PREFERRED KNOWLEDGE, SKILLS AND ABILITIES	• Strong interpersonal skills. • Strong verbal and written communication skills. • Demonstrated knowledge and performance of nursing policies and procedures. • Ability to maintain a set work schedule and report to work on a timely basis. • General math and analytical skills, planning, administrative and organizational skills essential. • Ability to competently manage multiple priorities simultaneously. • Ability to work in a stressful environment. • Ability to maintain confidentiality.

I affirm that the job description was reviewed with me.

_____ _____

Employee Date

_____ _____

Designated Wexford Health Manager Date

Wexford Health
SOURCES INCORPORATED

HUMAN RESOURCES
JOB DESCRIPTION

POSITION TITLE:	Site Medical Director		
DEPARTMENT:	Medical	PREPARED BY:	Thomas Lehman, Corporate Medical Director
REPORTS TO:	Regional Medical Director	APPROVED BY :	Elaine Gedman, Sr. VP, HR & Risk Mgt
LOCATION :	West Virginia Sites	PREPARED DATE REVISION DATE	August 2014
FLSA STATUS:	Exempt	REVISION NO.	

POSITION SUMMARY

Under administrative and clinical supervision of the Regional Medical Director, the Site Medical Director is responsible for promoting and providing high-quality medical care. Works collegially and cooperatively with the Regional Medical Director, other physicians, physician extenders (e.g., physician assistants, nurse practitioners, etc.), dentists, psychiatrists, psychologists, and any other medical professionals working within the medical facilities at the site. Actively participates in discussions regarding the resolution of problems related to quality of care, patient safety issues and patient complaints/grievances arising at their site. Responsible for maintaining utilization management and clinical practice standards through the application of the organization's clinical criteria. Participates in the development of medical/clinical policies and case consultation to clinical staff when asked. Maintains the highest level of medical quality and service at the assigned site and represents organization clinical philosophy to patients, providers, facility personnel, and the community. Utilizes electronic medical record system as applicable throughout the scope of duties and responsibilities.

JOB RELATIONS

SUPERVISION RECEIVED	▪ Regional Medical Director
SUPERVISION EXERCISED	▪ Staff Physicians ▪ Mid-level Providers
RELATIONSHIPS	▪ Works effectively with patients, patient families as appropriate, medical and nursing staff, site administration, security staff at all levels and administrative and support staff (i.e., pharmacy, laboratory, consulting physicians, dentists, etc.)

DUTIES/RESPONSIBILITIES

1. Participate in Clinical Case/Disease Management initiatives.
    - Treats difficult to manage patients with chronic disease.
    - Utilizes Corporate clinical experts to assist in chronic disease management.
    - Reviews all patients to be presented at Collegial Review for off-site/specialty care Prepares and presents cases at the Collegial Review.

- Ensures that no backlogs occur for chronic care clinics and sick call by working with site providers and site manager.
- Ensures appropriate infirmary care is delivered. Supervises infirmary rounds.
- Reviews care plans for all patients returning from hospitalizations, ER runs, and off-site specialty care visits.
- Reviews and signs-off on labs daily.

2. Provides clinical supervision (a leader and mentor for) staff physicians and mid-level providers at the site level.
3. Works closely with the site manager to ensure successful, efficient and effective patient care.
4. Responsive to Corporate, State-wide, Regional Medical Directors and Regional and Site Managers.
    - Checks email at least twice daily.
    - Respond to the Agency Medical Director with guidance from the Regional and State-wide Medical Directors.
5. Addresses medical grievances with assistance of Site Managers.
6. Communicates regularly with dentists, mental health professionals, and optometrists on site to develop a more holistic approach to healthcare for our patients.
7. Responsible for communicating clinical and administrative issues to Site Manager and Regional Medical Director quickly and efficiently.
    - Develops corrective action plans for clinical and administrative deficiencies in conjunction with the Site and Regional Managers and Regional Medical Director.
8. Performs death and case reviews prior to sending these reviews to the Regional Medical Director.
9. Performs Peer Reviews on Medical Directors/providers from other facilities.
10. Participates in monthly reviews of off-site care, DME utilization, provider prescriptive practice, laboratory, and x-ray services for their site in conjunction with the State-wide Medical Director, Regional Medical Director and Corporate Director of Pharmacy Services or designee.
11. Meets with the Warden/AWP regularly and develop good working relationships with security.
12. Assists Staffing in provider recruiting initiatives.
13. Participates in provider training.
14. Participates in audits.
15. Ensures site clinical coverage. Shares in after-hours and weekend call duties.
16. Other duties as assigned by the State-wide and Regional Medical Directors.

The duties and responsibilities outlined herein are for payroll purposes only; employees may be assigned other duties as required.

PHYSICAL DEMANDS

The physical demands that are described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to talk, to hear and to see, to stand, walk, and sit, use hands to finger, handle or feel objects, instruments or controls, to reach with hands and arms, to stoop or crouch, balance and kneel, may be required to lift and/or move persons, carts, emergency equipment or other objects. Must be able to ambulate throughout the facility for extended periods of time. Specific vision abilities required by this job include close vision and distant vision, color vision, peripheral vision, depth perception, and the ability to adjust focus. Must be able to clearly communicate orally and via written and typed correspondence and notes using various forms, records, charts, and electronic media.

ENVIRONMENTAL CONDITIONS

OFFICE	Standard medical setting in a correctional facility, which includes daily interfacing with inmates, correctional staff, and health care personnel. Temperature extremes may be encountered while moving throughout the facility outdoors and indoors in buildings without air conditioning.
TRAVEL	Minimal travel required.

EDUCATION/EXPERIENCE REQUIREMENTS

LICENSING	Must have a current license in the state of West Virginia
CERTIFICATION	Current CPR certification
EDUCATION	▪ Must be a graduate of medical school ▪ Board certified or Board eligible preferred
PREFERRED EXPERIENCE	▪ Five (5) years of clinical experience preferred ▪ Prior experience with use of electronic medical record system

I affirm that the job description was reviewed with me.

_____ _____

Employee Date

_____ _____

Designated Wexford Health Manager Date

Wexford Health
SOURCES INCORPORATED

HUMAN RESOURCES
JOB DESCRIPTION

POSITION TITLE:	Medical Records Clerk		
DEPARTMENT:	Medical	PREPARED BY:	Alissa Zinninger Human Resources Specialist
REPORTS TO:	Medical Records Supervisor/HSA	APPROVED BY :	Mark Blewett Director, Human Resources
LOCATION :	WVDOC	PREPARED DATE REVISION DATE	August 2013
STATUS:	Non-exempt	REVISION NO.	

POSITION SUMMARY

The Medical Records Clerk is responsible and accountable for the maintenance of health records. In this capacity, the employee organizes and maintains a system of health files and logs concerning patient diagnosis, treatment, admissions, discharges and daily patient census changes. The employee is expected to exercise good judgment and confidentiality and function independently.

JOB RELATIONS

SUPERVISION RECEIVED	▪ Direct supervision from Medical Records Supervisor and/or Health Services Administrator
SUPERVISION EXERCISED	N/A
RELATIONSHIPS	▪ Inter-relates and works effectively with all health care unit personnel, site administration staff, patients, security staff, clinical providers, regional team members and Pittsburgh staff on all levels and at all locations.

ESSENTIAL DUTIES/RESPONSIBILITIES

1. Maintain system and update facility health status requirements for inmate physical, laboratory, PPD, etc.
2. File loose documentation generated from inside and outside institutions such as laboratory reports, radiology results, completed consultation reports, progress notes, etc.
3. Ensure confidentiality of all medical records information.
4. Retrieve medical charts for all healthcare staff or clinics as requested
   - Validate and ensure that forms for the releases of information are current, accurate and complete as defined by HIPAA.
   - Retrieve, deliver, and file health records daily as needed.
   - File daily all currently used medical records to ensure ease of availability.

- Check to ensure that health files are complete (contains all necessary documents) with all loose notes properly secured, and in the correct sections.
- Ensure that the guidelines for hardcopy clinical entries are met at all times (use of hardcopy when Electronic Health Records is not available).

5. Release information at the direction of the Medical Records Supervisor, Medical Director, or Health Services Administrator.
    - Refer to supervisor any requests of a questionable nature.
    - Ensure the security of all active and inactive medical records.
6. Assist in preparing periodic statistical reports and other management information system requirements. Maintain logs for appropriate medical unit onsite staff.
7. Answer telephone, relay messages and transfer calls as appropriate.
    - Exercise professional telephone etiquette.
    - Ensure that messages are complete (contain return number, correct spelling or names, and nature of the call)
8. Perform Clerical/Technical Duties.
    - Prepare, type and distribute letters, reports and other correspondence.
    - Maintain a roster of appointment book based on scheduled appointments for both on and off-site appointments.
    - Order, receive and maintain office supplies to include unit par-levels.
    - Maintain cabinets and shelves used for supporting the health files.
9. Understand and comply with all state, facility and company policies, procedures and protocols as related to the medical records department.
    - Meet timelines as related to death records, released inmates health records and case management and departmental productivity guidelines.

ADDITIONAL DUTIES AND RESPONSIBILITIES

- Adhere to PHI regulations as defined by HIPAA.
- Participate in in-service education.
- Makes suggestions for improving work conditions.
- Support philosophy, objectives and goals of the medical records department.
- Conforms to Wexford Health Services, Inc., and facility regulations as appropriate, to include, but not limited to:
    - Dress code
    - Schedule/time sheet
    - Safety and security regulations
    - Procedure for paid-time-off/education seminars

The duties and responsibilities outlined herein are for payroll purposes and are not all-inclusive; employees may be assigned other duties as required.

PHYSICAL DEMANDS

The physical demands that are described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Essential duties are routinely performed in a general office and clinical environment. Duties may require work at a station/desk and entail paperwork, use of computers, fax machines, copiers, and other business machines and medical equipment. Essential duties may require the following physical demands: the strength to lift and carry material weighing up to 30 pounds; vision to read printed materials and computer screen; walking; reaching; carrying; stooping; bending; squatting; prolonged sitting; handling (hand movement); hearing and speech to communicate in person and over the telephone; intellectual skills including short and long term memory, abstract reasoning, and decision making.

Must be able to ambulate throughout the facility for extended periods of time; specific vision abilities required by this job include close vision and distant vision, color vision, peripheral vision, depth perception, and the ability to adjust focus; must be able to clearly communicate orally and via written and typed correspondence and notes using various forms, records, charts, and electronic media.

Employee may be exposed to a challenging environment, which may include exposure to bloodborne and airborne pathogens, verbal and physical assault and loud noises.

ENVIRONMENTAL CONDITIONS

OFFICE	Standard medical setting in a correctional facility, which includes daily interfacing with inmates, correctional staff, and health care personnel. Temperature extremes may be encountered while moving throughout the facility outdoors and indoors in buildings without air conditioning.
TRAVEL	N/A

EDUCATION/EXPERIENCE REQUIREMENTS

LICENSING	• N/A
CERTIFICATION	• Current CPR Certification
EDUCATION	• High School Diploma or GED equivalent required.
PREFERRED EXPERIENCE	• Minimum of one (1) year medical records experience.
OTHER PREFERRED KNOWLEDGE, SKILLS AND ABILITIES	• Ability to maintain regular and reliable attendance • Flexible, dependable, and reliable • Strong verbal and written communication skills • Strong interpersonal skills • Knowledge of the Problem Oriented Medical Record System • Demonstrated experience meeting multiple deadlines. Must ensure documents are ready for review well in advance of any deadline. • Ability to competently manage multiple priorities simultaneously • Ability to work in a stressful environment

	• Assume individual accountability for own conduct and maintenance of professional appearance • Approach change in a positive manner • Must be a "team-player" as this position requires daily coordination with other coworkers.

I affirm that the job description was reviewed with me.

_____ _____

Employee Date

_____ _____

Designated Wexford Health Manager Date

Wexford Health
SOURCES INCORPORATED

HUMAN RESOURCES
JOB DESCRIPTION

POSITION TITLE:	Medical Records Director		
DEPARTMENT:	Health Services	PREPARED BY:	Alissa Zinninger Human Resources Specialist
REPORTS TO:	Health Services Administrator/ Regional Manager	APPROVED BY :	Mark Blewett Director, Human Resources
LOCATION :	WVDOC	PREPARED DATE REVISION DATE	August 2013
STATUS:	Exempt	REVISION NO.	

POSITION SUMMARY

The Medical Records Director is responsible for assuring that a standardized medical records system is implemented and maintained in accordance with state guidelines, as well as in accordance with Wexford Health's established policies and procedures. He/she directs the Medical Records Supervisors and other medical records clerical staff. In addition, the Medical Records Director represents Wexford Health in all health records court related correspondence.

JOB RELATIONS

SUPERVISION RECEIVED	▪ Direct supervision from the Health Services Administrator and/or Regional Manager
SUPERVISION EXERCISED	▪ Supervision of Medical Records Supervisor and medical records department.
RELATIONSHIPS	▪ Inter-relates and works effectively with all health care unit personnel, site administration staff, patients, security staff, clinical providers, regional team members and Pittsburgh staff on all levels and at all locations.

ESSENTIAL DUTIES/RESPONSIBILITIES

1. Maintain a documented, organized system, which safeguards and protects the integrity of all medical records while ensuring information is readily accessible to authorized staff and medical professionals.
2. Ensure that a health record is maintained on each inmate in a confidential and secure manner.
3. Direct the creation and updating of these records, ensuring that medical facilities have the most accurate and most current information possible when they need to diagnose or treat a patient's illness or injury.
4. Direct day-to-day activities of personnel engaged in analyzing, compiling, indexing and filing medical records of patients.

5. Assign staff members to routinely review health records for signature/name stamp, dates, and time deficiencies and reports non-compliance of health care providers to the HSA, Medical Director, Director of Nursing and/or the Regional Manager as appropriate.
6. Ensure compliance with all established Wexford Health/facility policies, procedures and regulations by all medical records staff.
7. Train and supervise clinical and medical record personnel in medical record procedures, protocols and guidelines.
8. Ensure that continuous quality improvement is evident and ongoing with regard to health information and medical record management.
9. Participate in the Quality Improvement program by attending meetings and reporting on data assigned for collection or in a capacity as requested.
10. Develop appropriate and ongoing monitoring of CQI programs.
11. Conduct ongoing chart audits to ensure quality and accuracy of patient records. Collect and submit information for monthly statistical reports.
12. Ensure that all facility and Wexford Health's contractual agreements are met in regards to medical records.
13. Identify and assess areas that need improvement and participate in process improvement as needed.
14. Represent the Medical Records Department at all appropriate medical and facility meetings.
15. Address all court/legal-related correspondence as it related to health records in a timely manner in accordance with established policies and procedures.
16. Ensure that medical records are prepared for court trials and serve as the medical records custodian when necessary.
17. Develop and update appropriate policies and procedures.
18. Develop and implement corrective action plans for health records contract audit issues.
19. Communicate with HCUA and designated Wexford Health manager on issues or deficiencies related to the medical records department.
20. Quarterly review Department of Correction guidelines and monitors for compliance.
21. Manage staff activities, to include attendance, disciplinary action, policy and procedure compliance, performance review and training.
22. Ensure appropriate and quality orientation for all newly hired staff.
23. Develop employee improvement programs, orientation programs and health records in-services for staff and staff orienteer.
24. Train and supervise clerical and medical record personnel in medical record procedures and medical terminology.

ADDITIONAL DUTIES AND RESPONSIBILITIES

- Familiarize self with all rules, regulations, statutes, policies and procedures governing patient health records.
- Act as a consultant to all health unit departments regarding their record keeping procedures.
- Adhere to PHI regulations as defined by HIPAA.
- Maintains composure in stressful situations.
- Participate in in-service education.
- Make suggestions for improving work conditions.
- Support philosophy, objectives and goals of the medical records department.
- Conforms to Wexford Health Sources, Inc., and facility regulations as appropriate, to include, but not limited to:
    - Dress code
    - Schedule/time sheet
    - Safety and security regulations
    - Procedure for paid-time-off (PTO)/education seminars

The duties and responsibilities outlined herein are for payroll purposes and are not all-inclusive; employees may be assigned other duties as required.

PHYSICAL DEMANDS

The physical demands that are described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Essential duties are routinely performed in a general office and clinical environment. Duties may require work at a station/desk and entail paperwork, use of computers, fax machines, copiers, and other business machines and medical equipment. Essential duties may require the following physical demands: the strength to lift and carry material weighing up to 30 pounds; vision to read printed materials and computer screen; walking; reaching; carrying; stooping; bending; squatting; prolonged sitting; handling (hand movement); hearing and speech to communicate in person and over the telephone; intellectual skills including short and long term memory, abstract reasoning, and decision making.

Must be able to ambulate throughout the facility for extended periods of time; specific vision abilities required by this job include close vision and distant vision, color vision, peripheral vision, depth perception, and the ability to adjust focus; must be able to clearly communicate orally and via written and typed correspondence and notes using various forms, records, charts, and electronic media.

Employee may be exposed to a challenging environment, which may include exposure to bloodborne and airborne pathogens, verbal and physical assault, and loud noises.

ENVIRONMENTAL CONDITIONS

OFFICE	Standard medical setting in a correctional facility, which includes daily interfacing with inmates, correctional staff, and health care personnel. Temperature extremes may be encountered while moving throughout the facility outdoors and indoors in buildings without air conditioning.
TRAVEL	Minimal travel throughout region is required

EDUCATION/EXPERIENCE REQUIREMENTS

LICENSING	Must have passed the American Health Information Management Association examination (A.H.I.M.A.)
CERTIFICATION	• Registered Health Information Technologist (R.H.I.T.), or Registered Health Information Administrator (R.H.I.A.) • Maintain Credential Licensure and CPR certificate
EDUCATION	• Familiarity with the Joint Commission on Accreditation of Healthcare Organizations preferred • Management of Ambulatory Care preferred
PREFERRED EXPERIENCE	• Minimum of two (2) years of relevant experience • Correctional Experience preferred
OTHER PREFERRED KNOWLEDGE, SKILLS AND ABILITIES	• Self-directed • Ability to maintain regular and reliable attendance • Flexible, dependable, and reliable • Strong verbal and written communication skills • Knowledge of the Problem Oriented Medical Record System • Demonstrated experience meeting multiple deadlines. Must ensure documents are ready for review well in advance of any deadline. • Ability to competently manage multiple priorities simultaneously • Ability to work in a stressful environment • Assume individual accountability for own conduct and maintenance of professional appearance • Approach change in a positive manner • Strong interpersonal skills and ability to function as a "team player" coordinating efforts with managers, peers and subordinates.

I affirm that the job description was reviewed with me.

_____ _____

Employee Date

_____ _____

Designated Wexford Health Manager Date

Wexford Health
SOURCES INCORPORATED

HUMAN RESOURCES
JOB DESCRIPTION

POSITION TITLE:	RN Supervisor		
DEPARTMENT:	Health Services	PREPARED BY:	Alissa Zinninger Human Resources Specialist
REPORTS TO:	Health Services Administrator Regional Director of Nursing	APPROVED BY :	Mark Blewett Director, Human Resources
LOCATION :	WVDOC	PREPARED DATE REVISION DATE	August 2013
STATUS:	Exempt	REVISION NO.	

POSITION SUMMARY

The RN Supervisor is responsible and accountable for structuring comprehensive planning and implementing the Nursing Services Program that guides the delivery of a quality health care program. The RN Supervisor must work effectively with patients, patient families, medical and nursing staff, security staff at all levels, and the administrative and support staff.

JOB RELATIONS

SUPERVISION RECEIVED	Direct supervision from Regional Director of Nursing, Health Services Administrator (HSA) and Regional Manager
SUPERVISION EXERCISED	Direct supervision of all Assistant Directors of Nursing, Charge Nurses, RNs, LPNs, and NAs.
RELATIONSHIPS	Interacts with all health care unit personnel, site administration staff, security staff, clinical providers, regional team members and corporate staff as required.

ESSENTIAL DUTIES/RESPONSIBILITIES

1. Participate and/or direct planning, priority setting and the development of policies and procedures for health care activities that are in compliance with contractual requirements, Department of Corrections and national standards.
2. Coordinate and monitor orientation, in-services and continuing education within Nursing Services. Responsible for coordinating and providing clinical orientation and nursing in-service training.
3. Coordinate the development, provision and evaluation of patient care according to the standards of quality care.
4. Conduct recruitment/retention efforts for Nursing Services.
5. Participate in the development and administration of a budget for Nursing Services.
6. Participates in and chair the Utilization Review Committee, Quality Assurance Committee and Infection Control Committee; develop and implement procedures, audits and nursing in-services.

7. Receive and review daily outpatient and infirmary reports
8. Conduct regular meetings with nursing staff and ensure the practice of nursing is consistent with current standards.
9. Act as administrator on call for nursing emergencies or nursing staff needs.
10. Develop and maintain staff schedule for Nursing Service in accordance with contract terms of nursing coverage. Responsible for making changes in time schedules, and granting special requests for time off, if applicable.
11. Serve as representative for, and/or liaison between, nursing services and other health care providers, as well as Health Services Administrator, and coordinate patient care with other departments.
12. Provide guidance to the nursing staff in patient care problems and following established protocols, and delegate responsibility within the scope of the employee's abilities
13. Support and participate in evaluation designed to improve work conditions and patient care. Evaluate employees' performance to ensure and maintain quality care.
14. Keep abreast of and follow through on incidents occurring on all shifts.
15. Review all discrepancies in sharps and tool counts, investigate, reconcile and forward written findings to the Health Services Administrator.
16. Review all medication errors and forward written findings to the Health Services Administrator.
17. Prepare and submit monthly reports to the Health Services Administrator.
18. Assist in responding to applicable grievances.
19. Assess established policies and review policies as needed.
20. Submit monthly report of audits.

ADDITIONAL DUTIES AND RESPONSIBILITIES

- Remain visible and responsive to all medical disciplines.
- Participate in and maintain good relationship with community organizations.
- Available for conferences on all shifts.
- Report all communicable diseases to the local/state health authorities.
- Maintain the confidentiality of inmate records.
- Approach change in a positive manner.
- Make suggestions for improving work conditions to the Medical Director and Health Services Administrator.
- Comply with the correctional facility's policies and procedures.

The duties and responsibilities outlined herein are not all-inclusive and are for payroll purposes only; employees may be assigned other duties as required.

PHYSICAL DEMANDS

The physical demands that are described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Essential duties are routinely performed in a general office and clinical environment. Duties may require work in at a station/desk and entail paperwork, use of computers, fax machines, copiers, and other business machines and medical equipment. Essential duties may require the following physical demands: the strength to lift and carry material weighing up to 30 pounds; vision to read printed materials and computer screen; walking; reaching; carrying; stooping; bending; squatting; prolonged sitting; handling (hand movement); hearing and speech to communicate in person and over the telephone; intellectual skills including short and long term memory, abstract reasoning, and decision making.

Must be able to ambulate throughout the facility for extended periods of time; specific vision abilities required by this job include close vision and distant vision, color vision, peripheral vision, depth perception, and the ability to adjust focus; must be able to clearly communicate orally and via written and typed correspondence and notes using various forms, records, charts, and electronic media.

This position may require rotating assignments, operating on a 24 hour a day, 7 days a week schedule where employee is subject to working non-traditional hours, either voluntarily or via mandate, on occasion as needed

Employee may be exposed to a challenging environment, which may include exposure to bloodborne and airborne pathogens, verbal and physical assault, and loud noises.

ENVIRONMENTAL CONDITIONS

OFFICE	Standard medical setting in a correctional facility, which includes daily interfacing with inmates, correctional staff, and health care personnel. Temperature extremes may be encountered while moving throughout the facility outdoors and indoors in buildings without air conditioning.
TRAVEL	Minimal travel throughout region is required.

EDUCATION/EXPERIENCE REQUIREMENTS

LICENSING	Current West Virginia Registered Nursing License
CERTIFICATION	Current CPR Certification
EDUCATION	Graduate of an accredited nursing school; BSN, preferred

PREFERRED EXPERIENCE	Minimum two to three (2-3) years of experience in a supervisory nursing role, preferred Minimum of two (2) years of administrative and/or correctional nursing experience preferred Management experience, a plus
OTHER PREFERRED KNOWLEDGE, SKILLS AND ABILITIES	• Strong interpersonal skills. • Strong verbal and written communication skills. • General math and analytical skills, and planning, administrative and organizational skills essential. • Demonstrated experience meeting multiple deadlines. Must ensure documents are ready for review well in advance of any deadline. • Ability to competently manage multiple priorities simultaneously. • Ability to work in a stressful environment. • Must be able assist staff with various policies, administrative and organizational projects. "Team-player" as this position requires daily coordination with other coworkers.

I affirm that the job description was reviewed with me.

_____ _____

Employee Date

_____ _____

Designated Wexford Health Manager Date

Wexford Health
SOURCES INCORPORATED

HUMAN RESOURCES
JOB DESCRIPTION

POSITION TITLE	Optometrist		
DEPARTMENT	Medical	PREPARED DATE REVISION DATE	January 2002 N/A
REPORTS TO	Medical Director	REVISION NO.	-0-
LOCATION		STATUS	Exempt

POSITION SUMMARY

Optometrists examine eyes, administer sight tests, give advice on visual problems and prescribe and fit glasses or contact lenses. To do this involves the use of specialist equipment. They can also recommend other treatments or visual aids where appropriate and recognize eye disease, referring such cases to medical practitioners as necessary. Some optometrists may help people to choose frames. Once qualified, they may have the opportunity to develop their interests in specialist aspects of practice such as pediatrics, contact lenses, low vision, and sports vision.

JOB RELATIONS

RESPONSIBLE TO	▪ Medical Director
INTER-RELATIONSHIPS	▪ Inter-relates and works effectively with patients, medical and nursing staff, security staff at all levels, administrative and support staff, and consulting physicians.

DUTIES/RESPONSIBILITIES

1. Examining the eyes of patients of all ages to detect signs of injury, disease, abnormality and defects in vision;
2. Checking for signs and symptoms of general health conditions (for example diabetes);
3. Communicating with patients to get detailed case histories;
4. Using specialist electronic equipment for diagnosis and testing;
5. Writing prescriptions for glasses, contact lenses and other optical appliances;
6. Fitting and checking prescribed lenses in order to correct vision defects;
7. Offering advice and reassurance about matters related to vision;
8. Offering help and advice for patients choosing frames and lenses;
9. Writing referral notices to doctors;
10. Managing staff including dispensing opticians and clerical staff;

11. Managing the retail aspects of glasses, contact lenses and other vision care products;
12. Liaising with sales representatives from vision care product suppliers;
13. Administering, organizing and planning development of the practice;
14. Supervising and training junior staff;
15. Undertaking training and continuous professional development (CPD) in order to keep up to date with the latest techniques.

OTHER DUTIES

	▪ As Required
INITIATIVE & ATTITUDE	▪ Conforms to Wexford Health Sources, Inc. and facility regulations as appropriate, to include, but not be limited to: 1. Dress code 2. Schedule/time sheet 3. Safety and security regulations 4. Procedure for sick leave/vacation time/education seminars. ▪ Maintains confidentiality of inmate records. ▪ Approaches changes in a positive manner. ▪ Makes suggestions for improving work conditions to the Medical Director. ▪ Accepts constructive criticism in stressful situations.

ENVIRONMENTAL CONDITIONS

OFFICE	▪ Standard medical setting in a correctional facility.
TRAVEL	▪ Minimum travel required

EDUCATION/EXPERIENCE REQUIREMENTS

LICENSING	Current State Optometry license.
CERTIFICATION	CPR
EDUCATION	Minimum 3 years practicing optometry.
EXPERIENCE	Skilled in recognizing the symptoms of shock and fainting; must be prepared to provide necessary aid as directed during procedures.

Wexford Health
SOURCES INCORPORATED

HUMAN RESOURCES
JOB DESCRIPTION

POSITION TITLE	Physician Assistant		
DEPARTMENT	Health Services	PREPARED DATE REVISION DATE	January 2006 N/A
REPORTS TO	Site Medical Director	REVISION NO.	-0-
LOCATION		STATUS	Exempt

POSITION SUMMARY

A Physician Assistant licensed in the state of assignment responsible and accountable for evaluating and treating inmates upon referral and will act as a consultant to the nursing staff.

JOB RELATIONS

RESPONSIBLE TO	▪ Medical Director ▪ Health Services Administrator
WORKERS SUPERVISED	▪ N/A
INTER-RELATIONSHIPS	▪ Inter-relates and works effectively with patients, medical and nursing staff, security staff at all levels, administrative and support staff, and consulting physicians.

DUTIES/RESPONSIBILITIES

1. Utilize the SOAP charting format to document pertinent inmate information in chronological order in the health record.
2. Orders appropriate diagnostic tests and procedures to effectively diagnose and treat the inmate's health condition.
3. Draws blood specimens for testing and performing other comparable procedures when personnel that customarily perform these procedures are not available.
4. Initiates referrals to other members of the health care team, monitors the schedule of patients for special tests.
5. Counsels inmates on preventative care, medical problems, and use of prescribed treatment.
6. Performs routine wound care, minor debridement, and dressing changes.
7. Generally assesses inmate's medical status and assists the assigned physician with inmate management as required.
8. Utilizes appropriate infection control techniques.

9. Establishes individualized treatment plans and insures the continuity of care for inmates requiring on-going health care services.
10. Completes a minimum of fifty continuing medical education credits every two years and maintains PA licensure.
11. Performing additional duties as assigned.

OTHER DUTIES

	▪ As Required
INITIATIVE & ATTITUDE	▪ Conforms to Wexford Health Sources, Inc. and facility regulations as appropriate, to include, but not be limited to: 1. Dress code 2. Schedule/time sheet 3. Safety and security regulations 4. Procedure for sick leave/vacation time/education seminars. ▪ Maintains confidentiality of inmate records. ▪ Approaches changes in a positive manner. ▪ Makes suggestions for improving work conditions to the Medical Director. ▪ Accepts constructive criticism in stressful situations.

ENVIRONMENTAL CONDITIONS

OFFICE	▪ Standard medical setting in a correctional facility.
TRAVEL	▪ Minimum travel required

EDUCATION/EXPERIENCE REQUIREMENTS

LICENSING	▪ Current State Physician Assistant license
CERTIFICATION	▪ CPR
EXPERIENCE	▪ Minimum 2 years experience in a correctional health setting, preferred.
EDUCATION	▪ Graduate of an accreditated college/university program

Wexford Health
SOURCES INCORPORATED

HUMAN RESOURCES
JOB DESCRIPTION

POSITION TITLE	Charge Nurse		
DEPARTMENT	Medical	PREPARED DATE REVISION DATE	June 2002 N/A
REPORTS TO	Director of Nursing RN Supervisor Health Care Unit Administrator	REVISION NO.	-0-
LOCATION		STATUS	Exempt

POSITION SUMMARY

The Charge Nurse is responsible for directing and overseeing the daily activities of the unit on an assigned shift.

JOB RELATIONS

RESPONSIBLE TO	▪ Director of Nursing ▪ RN Supervisor ▪ Health Services Administrator
WORKERS SUPERVISED	▪ RN Staff ▪ LPN Staff ▪ C.N.A. Staff
INTER-RELATIONSHIPS	▪ Inter-relates and work effectively with patients, medical and nursing staff, security staff at all levels, administrative and support staff, and consulting physicians.

DUTIES/RESPONSIBILITIES

1. Coordinates and directs the daily patient care operations of the unit.
2. Analyzes workloads and skill requirements to meet patient care needs.
3. Assesses staff competencies and makes patient care assignments.
4. Delegates appropriate tasks to appropriate personnel, consistent with legal and professional guidelines and departmental standards.
5. Maintains clear communications with the DON or RN Supervisor regarding unit needs and/or incidents.
6. Serves as a resource person on the unit.
7. Assists with patients care as needed.
8. Identifies appropriate internal controls for department; provides mechanisms to monitor and enforce compliance.
9. Performs related duties as required.

10. May be required to be on standby and work extended shifts in situation deemed necessary by a designated DON.

OTHER DUTIES

	▪ As Required ▪ Shift work may be required
INITIATIVE & ATTITUDE	▪ Conforms to Wexford Health Sources, Inc. and facility regulations as appropriate, to include, but not be limited to: 1. Dress code 2. Schedule/time sheet 3. Safety and security regulations 4. Procedure for sick leave/vacation time/education seminars. ▪ Maintains confidentiality of inmate records. ▪ Approaches changes in a positive manner. ▪ Makes suggestions for improving work conditions to the HCUA. ▪ Accepts constructive criticism in stressful situations

PHYSICAL DEMANDS

LIFTING	▪ Occasional lifting of items over fifty (50) pounds.

ENVIRONMENTAL CONDITIONS

OFFICE	▪ Standard medical setting in a correctional facility, which included daily interfacing with inmates/patients, correctional staff, and health care personnel. ▪ May be exposed to such occupational hazards as communicable diseases, radiation, chemotherapeutic agents, and disoriented or combative patients.
TRAVEL	▪ Minimal travel required.

EDUCATION/EXPERIENCE REQUIREMENTS

LICENSING	▪ Current State Nursing license.
CERTIFICATION	▪ CPR
EXPERIENCE	▪ Two (2) years clinical experience.
EDUCATION	▪ Nursing degree

Wexford Health
SOURCES INCORPORATED

HUMAN RESOURCES
JOB DESCRIPTION

POSITION TITLE	Registered Nurse		
DEPARTMENT	Health Services	PREPARED DATE REVISION DATE	April 2003 N/A
REPORTS TO	Director of Nursing	REVISION NO.	-0-
LOCATION		STATUS	Non-Exempt

POSITION SUMMARY

Responsible for delivery of patient care through the nursing process of assessment, planning, implementation and evaluation. Also directs and guides patient teaching activities and ancillary personnel, while maintaining standards of professional nursing.

JOB RELATIONS

RESPONSIBLE TO	▪ Director of Nursing ▪ Charge Nurse ▪ Health Services Administrator
WORKERS SUPERVISED	▪ Licensed Practical Nurses ▪ All unlicensed clinical staff
INTER-RELATIONSHIPS	▪ Interrelates and works effectively with patients, dentists, medical and other nursing staff, security staff at all levels, administrative and support staff (i.e., pharmacy, laboratory, consulting physicians, etc.)

DUTIES/RESPONSIBILITIES

1. Assesses physical, psychological and psychosocial dimensions of patients within the Health Care Unit and, as necessary, in the housing units.
2. Applies knowledge of illnesses, injuries and diseases using available resources in obtaining a health history, and in the assessment process.
3. Provides a written assessment of patient on admission, during confinement and on discharge as requested.
4. Summarizes assessment data, and makes a triage decision which is documented and communicated to other patient care providers.
5. Plans an individual treatment program.
6. Utilizes available treatment protocols as written by the Medical Director.
7. Utilizes referral process to appropriate health care providers as necessary.

8. Applies knowledge and utilizes available resources in planning care and patient teaching.
9. Consults as necessary with other nurses, physician assistants, physicians, correctional officers, etc.
10. Implements an Individual Treatment Program in the Health Care Unit and, as necessary, in the housing units.
11. Implements clinical and technical aspects of care in accordance with established policies and procedures.
12. Intervenes with proper techniques, procedures and safety precautions utilizing aseptic technique and infection control to meet individual needs of patients.
13. Implements medical plan through administering medications in accordance with physician's orders.
14. Intervenes by administering medications according to proper techniques and procedures, including IV therapy, and all other approved routes of administration.
15. Utilizes pharmacology knowledge and available resources, to include drug reaction and overdose information in administering medications.
16. Implements medical plans through obtaining diagnostic tests in accordance with physician's orders.
17. Intervenes by obtaining body fluid specimens and performing EKG's using proper techniques and procedures.
18. Communicates information to ancillary departments using established referral process.
19. Implements treatment plans as ordered by the physician.
20. Intervenes with proper techniques, procedures and available resources.
21. Assists the physician or physician assistant in medical or minor surgical procedures as necessary and/or requested to meet individual needs of patients.
22. Implements nutrition and therapeutic diet plan as ordered by physician or physician assistant.
23. Intervenes with proper techniques and procedures and available resources of therapeutic diets and nutrition as established by the Facility.
24. Utilizes knowledge and available resources of therapeutic diets and nutrition as established by the Facility.
25. Documents' nursing encounters utilizing the Problem Oriented Medial Records format of charting as required by the Facility.
26. Communicates information to other nursing staff, Health Care Unit physicians, physician assistants, Health Care Unit supervisory personnel, and department correctional officers and departments.
27. Respects dignity and confidentiality of patients.
28. Performing additional duties as assigned.

OTHER DUTIES

	▪ As Required
	▪ Demonstrates knowledge of, and performs nursing policies and procedures ▪ Supports philosophy, objectives and goals of nursing department. ▪ Accepts staffing assignments, and performs other related duties as required or assigned by the Nurse Supervisor. Performs within the normal limits of the State Nurse Practice Act, Code of Ethics for Nurses, policies and procedures and facility policy/procedures and standards ▪ Promotes quality assurance standards by participating in the quality of chart audits. ▪ Develops and maintains professional relationships with patients, visitors, and medical and correctional personnel. Promotes good working relationships among staff and between other disciplines and departments. ▪ Provides leadership to nursing staff ▪ Supervises and strives for excellence in patient care by challenging and, as necessary, correcting errors of peers to ensure the safety and well-being of the patient. ▪ Identifies existing and potential problems, and takes effective action. ▪ Develops and maintains an awareness of needed improvements in patient care, procedures, equipment and supplies, and makes recommendations to supervisors. ▪ As requested, assists in the presentation of in-service education. ▪ Assumes individual accountability for own conduct and maintenance of professional appearance. ▪ Participates in nursing activities in corrections which promote the growth and development of nursing and/or patient care.
INITIATIVE & ATTITUDE	▪ Conforms to Wexford Health Sources, Inc., and Facility regulations as appropriate, to include, but not be limited to: 1. Dress code 2. Schedule/time sheet 3. Safety and security regulations 4. Procedure for sick leave/vacation time/education seminars ▪ Maintains the confidentiality of inmate records. ▪ Approaches change in a positive manner. ▪ Makes suggestions for improving work conditions. ▪ Accepts constructive criticism in stressful situations.

ENVIRONMENTAL CONDITIONS

OFFICE	Medical unit within a correctional facility.
TRAVEL	Minimal travel required.

EDUCATION/EXPERIENCE REQUIREMENTS

LICENSING	Currently licenses as a registered nurse within the state
CERTIFICATION	Current CPR certification
EXPERIENCE	Prefer a minimum of one year clinical experience
EDUCATION	Graduate from an accredited School of Nursing

Wexford Health
SOURCES INCORPORATED

HUMAN RESOURCES
JOB DESCRIPTION

POSITION TITLE:	X-Ray Technician		
DEPARTMENT:	Medical	**PREPARED DATE REVISION DATE::**	February 2005
REPORTS TO:	Health Services Administrator	**REVISION NO.:**	-0-
		STATUS:	Active
LOCATION:	WVDOC Facilities		

POSITION SUMMARY

Responsible for direct patient care, supervision and training of medical staff in basic radiology techniques and protocol, assurance of proper function and supply of radiological equipment, and some basic clinical administrative functions.

DUTIES/RESPONSIBILITIES

- Must be able to operate X-ray and fluoroscopic equipment for assisting radiologists and/or physicians with diagnosing and/or treating disease and/or injury.
- Experience in running single-phase, high frequency fixed and portable radiology equipment.
- Prepares the room properly for the patient.
- Selects and operates the equipment according to the examination protocols and the characteristics of the equipment.
- Practices sterile techniques to prevent cross contamination.
- Provides radiation protection in accordance with prescribed safety standards and legislation.

OTHER DUTIES

	• As required

ENVIRONMENTAL CONDITIONS

Office	Correctional Facility
Travel	none

REQUIREMENTS

Licensing	Appropriate licensing in radiological technology as required by state.
Certification	Appropriate certification in radiological technology as required by state.
Education	Associates Degree, preferred.
Experience	Two years of relevant experience, preferred.

Wexford Health
SOURCES INCORPORATED

HUMAN RESOURCES
JOB DESCRIPTION

POSITION TITLE:	Regional Medical Director		
DEPARTMENT:	Medical	PREPARED BY:	Thomas Lehman, Corporate Medical Director
REPORTS TO:	Corporate Medical Director	APPROVED BY :	Elaine Gedman, Sr. VP, HR & Risk Mgt
LOCATION :	West Virginia	PREPARED DATE REVISION DATE	August 2014
FLSA STATUS:	Exempt	REVISION NO.	

POSITION SUMMARY

Under administrative and clinical supervision of the Corporate Medical Director, the Regional Medical Director is responsible for promoting and providing high-quality medical care throughout the assigned region. Works collegially and cooperatively with the Corporate Medical Director, Site Medical Directors, other physicians, physician extenders (e.g., physician assistants, nurse practitioners, etc.), dentists, psychiatrists, psychologists, and any other medical professionals working within the medical facilities at the site. Actively participates in discussions regarding the resolution of problems related to quality of care, patient safety issues and patient complaints/grievances region-wide. Responsible for ensuring and maintaining utilization management and clinical practice standards through the application of the organization's clinical criteria. Participates in the development of medical/clinical policies and case consultation to clinical staff when asked. Maintains the highest level of medical quality and services region-wide and represents organization clinical philosophy to patients, providers, facility personnel, site administration and the community. Utilizes electronic medical record system as applicable throughout the scope of duties and responsibilities.

JOB RELATIONS

SUPERVISION RECEIVED	▪ Corporate Medical Director
SUPERVISION EXERCISED	▪ Site Medical Directors
RELATIONSHIPS	▪ Works effectively with Corporate personnel, patients, patient families as appropriate, medical and nursing staff, site administration, security staff at all levels and administrative and support staff (i.e., pharmacy, laboratory, consulting physicians, dentists, etc.)

DUTIES/RESPONSIBILITIES

1. Exemplifies and promotes the Wexford Health Vision and Mission framework.
2. Functions as subject matter expert on Corporate Contract and DOC Administrative Directives/Policies/Procedures.
3. Acts as clinical leader for the contract in assigned region.
4. Participates in Clinical Case/Disease Management initiatives.

5. Provides clinical and administrative supervision of all Site Medical Directors in conjunction with the Regional and Site Administrators.
6. Works closely with the Director of Operations for the contract.
7. Works with the Director of Behavioral Health to ensure a holistic approach to patient care.
8. Responsible for communicating clinical and administrative issues to the Director of Operations and the Corporate Medical Director of Clinical Services quickly and efficiently.
    - Develops corrective action plans for clinical and administrative deficiencies in conjunction with the Director of Operations and the Corporate Medical Director of Clinical Services.
9. Acts as liaison to the DOC/Agency Medical Director in conjunction with the Corporate Medical Director of Clinical Services and the Director of Operations
10. Reviews death and case reviews prior to sending these reviews to the Agency Medical Director.
11. Attends Corporate MAC, P&T, Credentials, Risk Management, Quality, and Business meetings internally, and specified meetings with the DOC/Agency Medical Director.
12. Performs monthly reviews of off-site care, DME utilization, clinician prescriptive practice, laboratory, and x-ray services for each site in conjunction with the Corporate Medical Director of Utilization Management and Corporate Director of Pharmacy Services.
    - Provides Site Medical Directors feedback on utilization of the above services with the goals of improving patient care and patient safety.
13. Coordinates and leads Regional Medical Director Meetings with input from Corporate Medical Directors, Chief Operating Officer, and Director of Operations.
14. Assists Staffing in provider recruiting initiatives.
    - Attends and speaks at provider recruiting dinners.
    - Interview perspective provider candidates.
15. Participates in provider training.
16. Participate in audits.
    - Participates in external audits (NCCHC/ACA).
    - Performs internal clinical and process audits in conjunction with the Director of Quality, Director of Operations, Regional Administrators, Regional Medical Directors, and National Medical Director.
17. Ensures site clinical site coverage.
    - Takes call for Regional Medical Directors during RMD PTO.
    - Fills in at sites during critical provider shortages.
18. Other duties as assigned by the Medical Director of Clinical Services.

The duties and responsibilities outlined herein are for payroll purposes only; employees may be assigned other duties as required.

PHYSICAL DEMANDS

The physical demands that are described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to talk, to hear and to see, to stand, walk, and sit, use hands to finger, handle or feel objects, instruments or controls, to reach with hands and arms, to stoop or crouch, balance and kneel, may be required to lift and/or move persons, carts, emergency equipment or other objects. Must be able to ambulate throughout the facility for extended periods of time. Specific vision abilities required by this job include close vision and distant vision, color vision, peripheral vision, depth perception, and the ability to adjust focus. Must be able to clearly communicate orally and via written and typed correspondence and notes using various forms, records, charts, and electronic media.

ENVIRONMENTAL CONDITIONS

OFFICE	Standard medical setting in a correctional facility, which includes daily interfacing with inmates, correctional staff, and health care personnel. Temperature extremes may be encountered while moving throughout the facility outdoors and indoors in buildings without air conditioning.
TRAVEL	Extensive travel required within assigned region.

EDUCATION/EXPERIENCE REQUIREMENTS

LICENSING	Must have a current license in the state of West Virginia
CERTIFICATION	Current CPR certification
EDUCATION	▪ Must be a graduate of medical school ▪ Board certified or Board eligible preferred
PREFERRED EXPERIENCE	▪ Five (5) years of clinical experience preferred ▪ Prior experience with use of electronic medical record system

I affirm that the job description was reviewed with me.

_____ _____

Employee Date

_____ _____

Designated Wexford Health Manager Date

Wexford Health
SOURCES INCORPORATED

HUMAN RESOURCES
JOB DESCRIPTION

POSITION TITLE	Regional Administrative Assistant		
DEPARTMENT	Medical	PREPARED DATE REVISION DATE	N/A
REPORTS TO	Regional Manager	REVISION NO.	-0-
LOCATION		STATUS	Non-Exempt

POSITION SUMMARY

The Regional Administrative Assistant provides administrative assistance and support to the Regional Manager and overall operations of contract.

JOB RELATIONS

RESPONSIBLE TO	▪ Regional Manager
INTER-RELATIONSHIPS	▪ Inter-relates and works effectively with patients, medical and nursing staff, security staff at all levels, administrative and support staff, and consulting physicians.

DUTIES/RESPONSIBILITIES

1. Distribution and dissemination of information to sites and employees across contract.
2. Answer telephones and respond to phone requests
3. Prepare outgoing correspondence as required.
4. Create and maintain all files
5. Assist with typing and word processing for the department.
6. Assist with applicable meeting minutes and meeting preparation.
7. Provide training and other information to site administrative assistant staff.

OTHER DUTIES

	▪ As Required
INITIATIVE & ATTITUDE	▪ Conforms to Wexford Health and facility regulations as appropriate, to include, but not be limited to: 1. Dress code 2. Schedule/time sheet 3. Safety and security regulations 4. Procedure for sick leave/vacation time/education seminars.

	▪ Maintains confidentiality of inmate records. ▪ Approaches changes in a positive manner. ▪ Makes suggestions for improving work conditions to the Medical Director. ▪ Accepts constructive criticism in stressful situations. ▪ Has good assessment skills and good communication skills.

ENVIRONMENTAL CONDITIONS

OFFICE	▪ Standard medical setting in a correctional facility, which included daily interfacing with inmates/patients, correctional staff, and health care personnel.
TRAVEL	▪ Minimum travel required

EDUCATION/EXPERIENCE REQUIREMENTS

SKILLS	▪ Excellent oral and written communication skills ▪ Typing skills of 50 WPM ▪ Proficiency in Microsoft Word, Power Point, and Excel. Microsoft Access a plus.
EXPERIENCE	▪ Previous experience in an Administrative Secretarial position ▪ Previous experience with supervision preferred.
EDUCATION	▪ Possess a high school diploma or GED.

Wexford Health
SOURCES INCORPORATED

HUMAN RESOURCES
JOB DESCRIPTION

POSITION TITLE	Regional Manager		
DEPARTMENT	Medical	PREPARED DATE REVISION DATE	
REPORTS TO	Vice President of Operations	REVISION NO.	
LOCATION	WV DOC Facilities	STATUS	Exempt

POSITION SUMMARY

JOB DESCRIPTION:
Provide leadership and direction to unit/unit managers at assigned correctional health care facilities.

- Oversee the daily regional operations.
- Help recruit regional staff; assign, monitor, and evaluate the work of staff; provide for identified staff training needs.
- Develop and monitor goals and objectives for the region in conjunction with overall Wexford goals and objectives; assist in the development and implementation of statewide Wexford Health Sources policies and procedures.
- Conduct site visits to provide supervision, complete record reviews, and collect data and information to determine program effectiveness and compliance.
- Provide staff training and development programs as well as technical advice; interpret complex ACA and NCCHC policy; provide procedural steps to assigned facility staff to enhance their skills in resolving problems related to these areas.
- Participate in local, regional, and national representative meetings related to the trends and developments in Wexford Health and Correctional health care.
- Assist, monitor, and audit budgets.

JOB RELATIONS

RESPONSIBLE TO	▪ Vice President of Operations
WORKERS SUPERVISED	▪ Site Managers
INTER-RELATIONSHIPS	▪ Unit managers at assigned correctional health care facilities

OTHER DUTIES

	▪ As Required
INITIATIVE & ATTITUDE	▪ Conforms to Wexford Health Sources, Inc., and facility regulations as appropriate, to include, but not be limited to: 1. Dress code 2. Schedule/time sheet 3. Safety and security regulations 4. Procedure for sick leave/vacation time/education seminars ▪ Maintains the confidentiality of inmate records. ▪ Approaches change in a positive manner. ▪ Makes suggestions for improving work conditions to the Medical Director. ▪ Accepts constructive criticism in stressful situations.

ENVIRONMENTAL CONDITIONS

OFFICE	Standard settings in correctional facility/home office.
TRAVEL	Minimal travel required.

EDUCATION/EXPERIENCE REQUIREMENTS

EDUCATION	Associate or Bachelor's degree, preferred.
EXPERIENCE	▪ 8-10 years overall experience in healthcare operations, preferred. ▪ Corrections experience a plus ▪ Experience as a Registered nurse preferred but not a prerequisite.

Wexford Health
SOURCES INCORPORATED

HUMAN RESOURCES
JOB DESCRIPTION

POSITION TITLE	Regional Director of Nursing		
DEPARTMENT	Health Services	PREPARED DATE REVISION DATE	November 2002 N/A
REPORTS TO	Regional Manager	REVISION NO.	-0-
LOCATION		STATUS	Exempt

POSITION SUMMARY

A professional nurse registered in the state of assignment with experience in practice of nursing and possessing advanced studies and expertise in administration of nursing services. The Regional Director of Nursing has the authority, responsibility and accountability for structuring, comprehensive planning and implementing the Nursing Services Program that guides the delivery of a quality health care program across the state.

JOB RELATIONS

RESPONSIBLE TO	▪ Regional Manager ▪ Regional and Corporate Medical Directors
WORKERS SUPERVISED	▪ Site Directors of Nurses ▪ Charge Registered Nurses ▪ Staff Registered and Licensed Practical Nurses ▪ Staff Licensed Practical Nurses
INTER-RELATIONSHIPS	▪ Interrelates and works effectively with patients, patient families as appropriate, medical and nursing staff, security staff at all levels, and administrative and support staff (i.e., pharmacy, laboratory, and consulting physicians and dentists, etc.)

DUTIES/RESPONSIBILITIES

1. Receives and reviews daily outpatient and infirmary reports.
2. Participates in planning, priority setting and the development of policies and procedures for health care activities that are in compliance with contractual requirements, Department of Corrections, and national standards.
3. Directs planning, priority setting and the development of policies and procedures for the Division of Nursing Services that comply with contractual requirements, Department of Corrections and national standards.

4. Coordinates and monitors orientation, in-services and continuing education within the Division of Nursing Services.
5. Coordinates the development, provision and evaluation of patient care according to the standards of quality care.
6. Conducts recruitment/retention efforts for the division of Nursing Services.
7. Participates in the development and administration of a budget for Nursing Services.
8. Participates in and chairs the Utilization Review Committee, Quality Assurance Committee and Infection Control Committee; develops and implements procedures, audits and nursing in-services.
9. Prepares and submits monthly reports to the Regional Manager, if necessary.
10. Conducts regular meetings with management nursing staff.
11. Acts as administrator on call for nursing emergencies or nursing staff needs.
12. Responsible for coordinating and providing clinical orientation and nursing in-service training.
13. Develops and maintains staff schedule for Division of Nursing Service in accordance with contract terms of nursing coverage. Responsible for making changes in time schedules, and granting special requests for time off, if applicable.
14. Develops, implements and evaluates the philosophy, goals and objectives.
15. Ensures the practice of nursing is consistent with current standards.
16. Serves as representative for, and/or liaison between, Nursing services and other health care providers, as well as site Health Services Administrators and site Directors of Nursing and coordinates patient care with other departments.
17. Remains visible and is responsive to all medical disciplines.
18. Supports and participates in evaluation designed to improve work conditions and patient care. Evaluates employees' performance, and maintains accurate care.
19. Participates in, and maintains good relationship with community organizations.
20. Keeps abreast and follows through on incidents occurring on all shifts.
21. Available for conferences on all shifts.
22. Counsels nursing personnel in following established protocols.
23. Perform additional duties as assigned.

OTHER DUTIES

	▪ As Required
INITIATIVE & ATTITUDE	▪ Conforms to Wexford Health Sources, Inc., and facility regulations as appropriate, to include, but not be limited to: 1. Dress code 2. Schedule/time sheet 3. Safety and security regulations 4. Procedure for sick leave/vacation time/education seminars ▪ Maintains the confidentiality of inmate records. ▪ Approaches change in a positive manner. ▪ Makes suggestions for improving work conditions to the Medical Director and Health Care Unit Administrator. ▪ Accepts constructive criticism in stressful situations.

ENVIRONMENTAL CONDITIONS

OFFICE	Medical unit within correctional facility.
TRAVEL	Minimal travel required.

EDUCATION/EXPERIENCE REQUIREMENTS

LICENSING	Current State license
CERTIFICATION	CPR certification
EXPERIENCE	Minimum 2 years experience in a Supervisory Nursing role, preferred.
EDUCATION	Graduate of an accredited nursing program. BSN, preferred.

PSIMED CORRECTIONS, LLC
MENTAL HEALTH SERVICES
POLICY AND PROCEDURE MANUAL

Approved:

Position Title: Regional Administrator

Effective: October 1, 2002

Revised: February 21, 2006

Position Qualifications:

1. Master's Degree in Clinical Psychology or other behavioral science field from an accredited college or university.

2. Minimum of five years professional experience in providing direct clinical evaluation, treatment, and consultation services in a correctional setting.

3. Minimum of three years professional experience in a supervisory position administrating a mental health program.

Performance Expectations:

1. Responsible to develop and monitor the implementation of policies and procedures for PSIMED CORRECTIONS, LLC, to ensure that the mental health services offered comply with the following standards: American Correctional Association, National Commission on Correctional Health Care, American Psychological Association, American Medical Association, American Psychiatric Association, National Association of Social Work Examiners, as well as the policies and procedures of WVDOC.

2. Responsible to monitor and coordinate the implementation of the PSIMED CORRECTIONS, LLC, mental health services.

3. Responsible to attend scheduled MAC and CQI meetings for all contracted WVDOC facilities.

4. Responsible to provide the medical vendor and WVDOC a comprehensive monthly statistical report for statewide mental health services to include all contracted facilities.

5. Responsible to maintain open communications with WVDOC central office staff as well as administrative staff at each contracted facility to facilitate the provision of mental health services to promote cooperation and to minimize difficulties in the delivery of clinical services within the WVDOC.

6. Responsible for overseeing weekly time tracking for all employees (full time and contractual staff) to ensure contracted hours are provided at each facility.

7. Responsible to monitor the quality of the delivery of mental health services provided by PSIMED CORRECTIONS, LLC, as per the sub-contract agreement with the medical service provider.

8. Responsible to respond in writing to all surveys, audits and peer reviews in a timely manner.

9. Responsible to review and manage travel and expense requests for PSIMED CORRECTIONS, LLC, employees.

Specific Duties:

1. Development of policies and procedures for the identification, assessment and provision of required clinical services for the inmates within the custody of the WVDOC.

2. Establish plans to develop, implement and assess the quality of treatment programs provided by the PSIMED CORRECTIONS, LLC, staff.

3. Monitoring the PSIMED CORRECTIONS, LLC, staff to ensure compliance with the policies and procedures of the Mental Health Services program in a timely and professional manner.

4. Provision of documentation to WVDOC to permit monitoring the type and quality of clinical services provided by the PSIMED CORRECTIONS, LLC, staff.

5. Maintain frequent contact with WVDOC central office and site-specific administrative staff to monitor the level of satisfaction with clinical services provided.

6. Provision of consultant services to WVDOC, site-specific medical departments, WVDOC staff and PSIMED CORRECTIONS, LLC, staff.

7. Provision of in-service training programs to institutional, medical and PSIMED CORRECTIONS, LLC, to promote staff development and knowledge of mental health services.

8. Attendance to appropriate seminars/conferences to facilitate dissemination of updated knowledge and/or techniques to PSIMED CORRECTIONS, LLC, staff.

9. Notification to the medical service administrators and appropriate WVDOC personnel, in a timely manner, of PSIMED CORRECTIONS, LLC, concerns which require central office attention.

10. Acceptance of additional duties as assigned by WVDOC central office administrative staff as agreed upon by the medical provider and PSIMED CORRECTIONS, LLC.

11. Compliance with PSIMED CORRECTIONS, LLC, employee standards as well as applicable employee standards of WVDOC.

PSIMED CORRECTIONS, LLC
MENTAL HEALTH SERVICES
OLICY AND PROCEDURE MANUAL

Approved:

Position Title: Regional Psychologist

Effective: November 14, 2005

Revised: September 1, 2007

Position Qualifications:

1. Master's, Psy D or PhD Degree in Psychology from an accredited college or university.
2. Currently licensed as a Psychologist by the West Virginia Board of Examiner's of Psychologists.
3. Professional experience which indicates knowledge of psychological testing, mental health counseling, group and individual psychotherapy, diagnosis and treatment of major mental disorders, and psychological evaluation techniques.

Performance Expectations:

1. Responsible to provide direct clinical supervision in accordance with the policies and procedures of Mental Health Services, the policy and regulations of the WVDOC and in accordance with the licensing standards of the American Psychological Association.
2. Responsible to maintain confidentiality of inmate information in accordance within the limits of WVDOC, the standards of the American Psychological Association, the National Commission on Correctional Health Care and the American Correctional Association.
3. Provision of training and coaching on mental health issues to PSIMED employees as requested by the Regional Administrator and as scheduling allows.

Specific Duties:

1. Supervision should include the review of psychological testing interpretation and assessment techniques within the scope of the staff member's education and professional experience.
2. Inform the Regional Administrator of personal need for additional clinical supervisor time needed, overall problems in delivery of clinical services and/or proposals to improve clinical skills.
3. Responsible to complete psychological evaluations at various facilities depending on movement and classification trends.
4. Compliance with employee standards of PSIMED, as well as applicable employee standards of the WVDOC.

PSIMED CORRECTIONS, LLC
MENTAL HEALTH SERVICES
POLICY AND PROCEDURE MANUAL

Approved:

Position Title: Medical Director

Effective: December 13, 1999

Revised: December 1, 2005 - REVISED

Position Qualifications:

1. Physician who is licensed to practice medicine in the state of West Virginia.
2. Must be board certified or board eligible in adult psychiatry.
3. Must have training and experience providing psychiatric services to the adult population.

Performance Expectations:

1. Responsible to provide psychiatric services as outlined in the contractual agreement and within the standards of psychiatric and medical care.
2. Responsible to provide a final medical judgment for PSIMED CORRECTIONS, LLC, regarding clinical decisions.
3. Responsible to abide by the security regulations of WVDOC to which psychiatric services are provided, and the policies and procedures of Correctional Medical Services and PSIMED CORRECTIONS, LLC.
4. Responsible to work cooperatively with the PSIMED CORRECTIONS, LLC Regional Administrator to ensure coordination of mental health service delivery.
5. Responsible to provide documentation of psychiatric services to permit monitoring of compliance with policy and procedures of PSIMED CORRECTIONS, LLC and the contractual agreement with the medical provider.
6. Responsible for the development of the monthly psychiatric clinic schedule for statewide coverage. Any diversions from the monthly schedule must be approved by the PSIMED CORRECTIONS, LLC, Regional Administrator.
7. Responsible to attend and participate in the Statewide Medical Audit Committee (MAC) Meetings and any other scheduled meetings to address psychiatric services as requested by the WVDOC, CMS and PSIMED CORRECTIONS, LLC.
8. Responsible to be available for specific presentations and training events as schedule allows.

Specific Duties:

1. Review all PSIMED CORRECTIONS, LLC, policies and procedures annually and make recommendations and revisions as needed.
2. Supervise clinical judgment regarding mental health care provided to inmates.

3. Establish and implement policies for clinical pathways of PSIMED CORRECTIONS, LLC to ensure delivery of services in regards the appropriateness, timeliness and responsiveness of care and treatment.

4. Review recommendations for treatment of inmates made by health care providers in the community.

5. Provision and documentation of psychiatric services in accordance with the policies and procedures of PSIMED CORRECTIONS, LLC.

6. Evaluation and treatment in a timely manner of inmates referred for psychiatric services by mental health or medical staff.

7. Documentation of all psychiatric evaluations and/or treatment in inmate's mental health file and medical record file.

8. Monitoring of inmates prescribed psychotropic medications to assess treatment effectiveness and medication side effects by psychiatric interview at least once a quarter.

9. Ensure frequent support services and monitoring of patients as needed by a referral to mental health staff.

10. Assistance to PSIMED CORRECTIONS, LLC staff in the arrangement of a commitment to an appropriate state or local hospital as determined in optimum treatment.

11. Participation in medical treatment reviews to permit the involuntary use of medications for an inmate requiring psychopharmacological treatment and who, by well documented history of mental illness and violence, presents serious risk of danger to self, others, or property.

12. Provisions of consultation and training services to PSIMED CORRECTIONS, LLC staff and to medical staff.

13. Provision of on-call psychiatric services.

14. Responsible to comply with all applicable standards of the WVDOC and CMS, and with all licensing standards of the applicable professional licensing boards and authorities

15. Provision of documentation of psychiatric service contacts to the PSIMED CORRECTIONS, LLC, Regional Coordinator using the DRT Forms.

16. Responsible to review and submit a monthly invoice to PSIMED CORRECTIONS, LLC for psychiatric services by the 5th day of each month for the prior month of psychiatric services provided.

17. Notification of PSIMED CORRECTIONS, LLC, Regional Administrator in timely manner of clinical or administrative concerns.

18. Compliance with employee standards of PSIMED CORRECTIONS, LLC, as well as applicable employee standards of WVDOC.

PSIMED CORRECTIONS, LLC.
MENTAL HEALTH SERVICES
POLICY AND PROCEDURE MANUAL

Approved:

Position Title: Mental Health Director

Effective: October 14, 2002

Revised: February 21, 2006

Position Qualifications:

1. Master's Degree in Clinical Psychology or other behavioral science field from an accredited college or university.
2. Minimum of five years professional experience in providing direct clinical evaluation, treatment, and consultation services in a correctional setting.
3. Minimum of three years professional experience in a supervisory position administrating a mental health program.

Performance Expectations:

1. Responsible to ensure the PSIMED CORRECTIONS, LLC, services offered comply with the following standards: American Correctional Association, National Commission on Correctional Health Care, American Psychological Association, American Medical Association, American Psychiatric Association, National Association of Social Work Examiners, as well as the policies and procedures of WVDOC.
2. Responsible to monitor and coordinate the implementation of the PSIMED CORRECTIONS, LLC, services at the Mount Olive Correctional Complex (MOCC).
3. Responsible to attend scheduled MAC and CQI meetings.
4. Responsible to provide the medical administrator and the PSIMED CORRECTIONS, LLC, Regional Administrator with a comprehensive monthly statistical report for MOCC by the third (3rd) day of each month.
5. Responsible to maintain open communications with WVDOC staff and medical staff to facilitate the provision of mental health services to promote cooperation and to minimize difficulties in the delivery of clinical services within the WVDOC.
6. Responsible for overseeing monthly time tracking and leave reports for PSI-MED CORRECTIONS, LLC, employees assigned to MOCC to ensure contracted hours are provided at each facility.
7. Responsible to respond in writing to all surveys, audits and peer reviews in a timely manner.

Specific Duties:

1. Responsible to attend the morning briefings with the warden and administrative staff.
2. Responsible to participate in meetings to address CQI, Death Reviews, ACA etc. as scheduled by the warden or the warden's designee.
3. Responsible to schedule, conduct and document annual performance evaluations on employees assigned to MOCC.
4. Establish plans to develop, implement and assess the quality of treatment programs provided by PSIMED CORRECTIONS, LLC, staff.

5. Monitoring mental health services to ensure compliance with the policies and procedures of the PSIMED CORRECTIONS, LLC.

6. Provision of documentation to WVDOC to permit monitoring the type and quality of clinical services provided by PSIMED CORRECTIONS, LLC staff.

7. Provision of consultation services to WVDOC, site-specific medical departments, WVDOC staff and PSIMED CORRECTIONS, LLC, personnel.

8. Provision of in-service training programs to institutional, medical and PSIMED CORRECTIONS, LLC, staff to promote staff development and knowledge of mental health services.

9. Attendance to appropriate seminars/conferences to facilitate dissemination of updated information and/or techniques to PSIMED CORRECTIONS, LLC, staff.

10. Notification to the Regional Administrator of any mental health concerns which require central office attention.

11. Acceptance of additional duties as assigned by the Regional Administrator

12. Compliance with PSI-MED CORRECTIONS, LLC, employee standards as well as applicable employee standards of WVDOC.

PSIMED CORRECTIONS, LLC
MENTAL HEALTH SERVICES
POLICY AND PROCEDURE MANUAL

Approved:

Position Title: MH Registered Nurse

Effective: November 23, 2002

Revised: December 5, 2006

Position Qualifications:

1. Registered Nurse who is licensed to practice nursing in the state of West Virginia
2. A minimum of three years experience working in adult correctional facilities.
3. Professional experience which indicates knowledge of mental health services, diagnosis and treatment of major mental disorders, and mental status techniques.

Performance Expectations:

1. Responsible to provide psychiatric nursing services as outlined in the contractual agreement with the medical service provider within the applicable standards of psychiatric and medical care.

2. Responsible to abide by the policies and procedures of PSIMED CORRECTIONS, LLC, the medical service provider and the security regulations of the WVDOC facility to which psychiatric services are provided.

3. Serve as an extender to the psychiatrist and cooperate with the Medical Director and Regional Administrator to ensure coordination of PSIMED CORRECTIONS, LLC, mental health services.

4. Responsible to provide documentation of psychiatric nursing services to permit monitoring of compliance with policy and procedures of mental health services and the contractual agreement with the medical services provider.

Specific Duties:

1. Completion of specific duties and responsibilities as designated by the Medical Director or Regional Administrator. Designation of duties will be determined by current facility needs taking into consideration staff member's interest whenever possible.

2. Provision of documentation in the "Mental Health" section of the medical chart of individual's treatment in accordance with PSIMED CORRECTIONS, LLC, policy and procedure.

3. Provision of administration support and/or monitoring of offender's mental condition for psychiatric staff as appropriate.

4. Monitoring of offenders prescribed psychotropic medications to assess treatment effectiveness and medication side effects by ensuring all mental health caseload offender's are evaluated by the psychiatrist at least one time per quarter.

5. Assistance to PSIMED CORRECTIONS, LLC, staff in the arrangement of a commitment to an appropriate state or local hospital as determined in optimum treatment.

6. Participation in medical treatment review to permit the involuntary use of medications for an offender requiring psychopharmacological treatment and who, by well documented history of mental illness and violence, presents serious risk of danger to self, others, or property.

7. Provisions of consultation and training services to PSIMED CORRECTIONS, LLC, and medical staff as coordinated by the Regional Administrator.

8. Provision of on-call triage of psychiatric services as outlined in the contractual agreement with the medical services provider and the WVDOC.

9. Provision of documentation of all on-call psychiatric service contacts to the Mental Health Referral Coordinator using the Service Activity Log Notification Tracking Form.

10. Provision of information to the Regional Administrator and Medical Director in a timely manner of mental health services concerns which require central office attention.

11. Complete the Initial Individualized Psychiatric Treatment Plan for all new psychiatric intake evaluations at Mount Olive Correctional Complex and screen all other submitted intake evaluations prior to the inmate being scheduled for follow up with the psychiatrist with the exception of emergency situations.

12. Responsible to ensure each diagnosis for offenders on a psychiatric caseload is documented in the PSIMED CORRECTIONS, LLC, tracking database on a monthly basis.

13. Responsible to renew psychotropic medications as ordered by the psychiatrist.

14. Participation in MHU Treatment Team Meetings at MOCC as well as monthly staff meetings and in-service training programs.

15. Responsible to be flexible with work schedule to assist in medication administration for the inmates on the MHU when the shift coverage is limited.

16. Acceptance of additional duties as assigned by the PSIMED CORRECTIONS LLC site supervisor, Regional Administrator, or Medical Director.

17. Compliance with employee standards of PSIMED CORRECTIONS LLC as well as applicable employee standards of WVDOC.

Approved:

PSIMED CORRECTIONS, LLC
MENTAL HEALTH SERVICES
POLICY AND PROCEDURE MANUAL

Position Title: Program Mentor

Effective: August 17, 2005

Revised: February 21, 2006

Position Qualifications:

1. Master's degree in counseling or a related behavioral science field from an accredited college or university and licensed or license eligible in the state of West Virginia.

2. Must have professional experience which indicates knowledge of mental health counseling, group and individual psychotherapy, diagnosis and treatment of major mental disorders.

Performance Expectations:

1. Responsible to provide direct clinical, mentoring and consultation services in accordance with the policies and procedures of PSIMED CORRECTIONS, LLC, the policies and regulations of the WVDOC and in accordance with the ethics and standards of the West Virginia licensing board for which the mental health professional is trained and licensed under.

2. Responsible to interrelate and work effectively with other Mental Health Services staff, WVDOC personnel, inmates, and outside support agencies as assigned by the PSIMED CORRECTIONS, LLC site supervisor or Regional Administrator.

3. Responsible to maintain confidentiality of inmate information in accordance within the limits of WVDOC policy, the National Commission on Correctional Health Care, American Correctional Association, and West Virginia Board of Social Workers.

4. Completion of specific duties and responsibilities as designated by the PSIMED CORRECTIONS, LLC, site supervisor or Regional Administrator. Designation of duties will be determined by current needs of the inmate population and the mental health professional's expertise; taking into consideration staff member's interest whenever possible.

Specific Duties:

1. Conduct semi-annual group module reviews in January and July for Sex Offender Management, Batterer's Intervention Prevention Program, Domestic Violence Intervention Program, Anger Management and Crime Victim Awareness. Documentation of these reviews will be forwarded to the PSIMED CORRECTIONS, LLC, Regional Administrator and the WVDOC Director of Programs.

2. Revise group modules on an as needed basis and coordinate communication with all contracted facilities to provide them with the most recent revisions of the program modules.

3. Coordinate scheduling and conduct annual training for statewide facilitators for Sex Offender Management, Batterer's Intervention Prevention Program, Domestic Violence Intervention Program, Anger Management and Crime Victim Awareness.

4. Maintain and submit documentation as well as audit and reviews as required by the licensing board for the Batterer's Intervention Prevention Program on an annual basis.

5. Collect and report monthly group therapy statistics for all WVDOC facilities by the third working day of each month. These statistics should be submitted to the Regional Administrator via fax.

6. Participate in audits as requested by the WVDOC Director of Programs.

7. Provision of consultation services as assigned on committees (e.g. Sex Offender Management) as well as consultation to institutional staff concerning the mental status and management of offenders.

8. Provision of training on mental health issues and program area content modules in accordance with the facility's training program and as assigned by the PSIMED CORRECTIONS, LLC site supervisor or Regional Administrator.

9. Provision of individual and/or group therapy to inmates with the goals of reducing maladaptive behavior and fostering effective functioning. Group duties include screening and documentation of inmate participation in each group session in accordance with the policy and procedures of PSIMED CORRECTIONS, LLC.

10. Provision of crisis intervention services to inmates as referred by the WVDOC staff, medical staff or inmate self-referral. Crisis intervention is required when an inmate demonstrates self-mutilation, suicidal behavior, psychotic behavior, or psychological distress. Crisis intervention duties may be assigned as needed and may include altering the regular work schedule to include nights and weekends.

11. Provision of documentation in the "Mental Health" section of the medical chart of individual's treatment in accordance with PSIMED CORRECTIONS, LLC policy and procedure.

12. Provision of administration support and/or monitoring of offender's mental condition for psychiatric staff as appropriate.

13. Participation in staff meetings and in-service training programs.

14. Inform PSIMED CORRECTIONS, LLC site supervisor or Regional Administrator of personal need for additional clinical supervision, of any problems in delivery of clinical services, and/or proposals to improve clinical skills.

15. Compliance with employee standards of PSIMED CORRECTIONS, LLC, as well as WVDOC applicable employee standards.

16. Acceptance of additional duties as assigned by the PSIMED CORRECTIONS, LLC site supervisor or Regional Administrator.

Proposal Exhibit 17: Sample Certificate of Insurance

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 1/10/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Benna Milliken
Rodgers Insurance Group Foster Plaza V 651 Holiday Drive Pittsburgh PA 15220	PHONE (A/C, No, Ext): (412) 922-1651 FAX (A/C, No): (412) 922-5117 E-MAIL ADDRESS: bmilliken@rodgersgrp.com

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Wexford Health Sources, Inc 501 Holiday Drive Foster Plaza IV Pittsburgh PA 15220	INSURER A: Evanston Insurance Company	35378
	INSURER B: Brickstreet Insurance	12372
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL1310704565 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY ☐ PRO-JECT ☐ LOC			SM896570	10/1/2013	10/1/2014	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ Included $ 3,000,000 $ Included
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N ☐ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WC125926001	9/30/2013	9/30/2014	WC STATU-TORY LIMITS ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 100,000 $ 100,000 $ 500,000
A	Professional Liability Claims Made			SM896570 $50,000 Deductible	10/1/2013	10/1/2014	Occurrence Aggregate	$1,000,000 $3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
The above policies cover all Wexford employees for work performed on behalf of Wexford Health Sources, Inc. at any location RFP #COR61566 Division of Corrections

CERTIFICATE HOLDER

West Virginia Division of
Corrections/Regional Jail Auth
Purchasing Division
P.O. Box 50130
Charleston, WV 25305-0130

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Tony Reda/BM

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Proposal Exhibit 18: Chronic Care Clinic Protocol and Sample Forms

Wexford Health
SOURCES INCORPORATED

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Chronic Care Clinic Manual

Compiled by Dr. Thomas Lehman

Region: Global

Wexford Health Sources, Inc.
Foster Plaza 4
501 Holiday Drive
Pittsburgh, PA 15220
Phone: 412-937-8590

Introduction

Wexford Health believes that delivering excellent correctional health care requires constant attention to the diagnosis and proper treatment of chronic diseases, including but not limited to diabetes mellitus, cardiovascular diseases, HIV/AIDS, and pulmonary diseases. To aid our clinical staff in the proper care of patients with these disease states, we have developed chronic disease management clinic policies, procedures, treatment guidelines, and chronic care clinic forms that meet or exceed NCCHC guidelines. Wexford Health also believes that monitoring data derived from laboratory and other clinical disease markers can drive better outcomes for the offenders under our care.

The first step in managing chronic disease is to identify offenders with serious chronic diseases upon intake to the correctional facility. During health screening and physical examination, nursing and provider staff should identify patients with chronic disease, and enroll these patients in the appropriate Chronic Care Clinics. ***In general, patients should be seen for their first chronic clinic no more than 1 month after new chronic care diagnosis or 1 month after intake to a facility if chronic care diagnosis is known.*** If the patient has poor control, they should be seen much sooner than 1 month. As chronic diseases can develop at any time, during nursing and provider sick calls, healthcare staff should also identify patients who have developed signs and symptoms of chronic disease and enroll these patients in the appropriate chronic care clinics. Annual physical examinations are another opportunity to identify and enroll patients in appropriate chronic clinics. ***Figure 1*** illustrates our approach to enrollment and evaluation of the patient with a chronic disease process.

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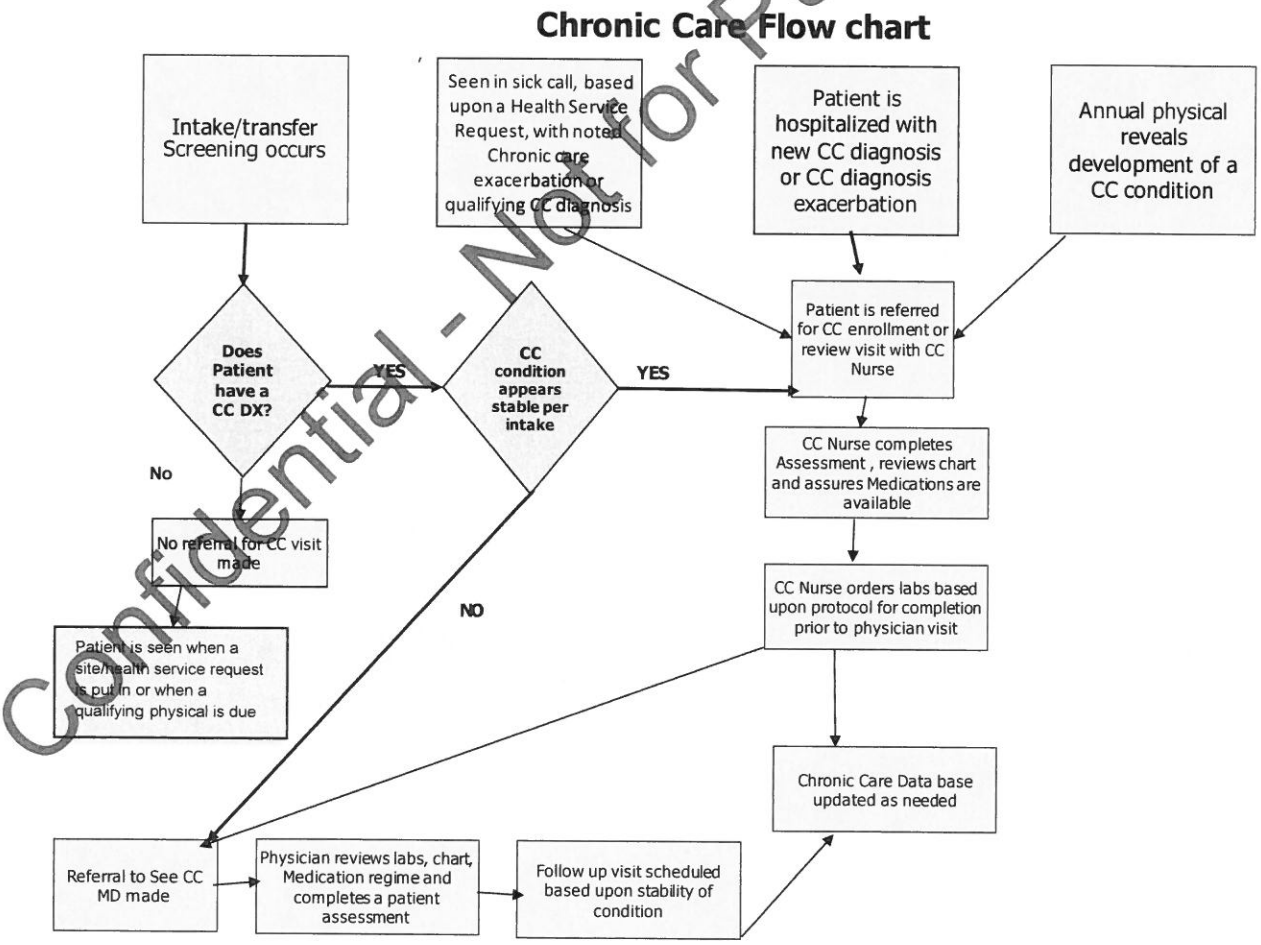

Figure 1 Chronic Care Flow Chart

For each type of chronic care clinic, Wexford Health has developed a set of forms that provide standardized reporting frameworks and guidelines for treatment goals and options, identification of risk factors, risk factor modifiers, history and physical assessment, laboratory data, individual response of the patient to treatment, and patient status (e.g., good, fair, or worsening). Our chronic care clinic forms meet or exceed current NCCHC guidelines for chronic disease management. In addition to the individual clinic forms, we have also developed provider and nursing follow up forms to be used when a briefer, targeted visit is indicated, usually during close follow up and monitoring of a disease process that has yet to be adequately controlled.

I. USE OF THE CHRONIC CARE CLINIC FORMS

Each chronic clinic has a primary form that should be completed at the time of the clinical encounter. The chronic clinic nurse should fill out the ***demographic section*** of the form with each visit. The chronic clinic nurse should fill out the ***Nursing Assessment*** section of the form, review and document the appropriate vaccination history with the patient, and fill out the ***laboratory section*** with the most recent labs available from the patient's chart. Finally, the chronic clinic nurse should fill out the ***vital sign section*** for each encounter.

The provider is responsible for filling out the ***provider section*** of each visit which includes a brief history, targeted review of systems, physical examination, an assessment and plan. The ***assessment section*** must reflect the ***degree of control*** for each problem ie. ***Good, Fair, or Poor***, and the ***clinical status*** which is a comparison of how the control has changed since the last patient encounter ie. ***Improved, Same, or Worsened.*** Each chronic clinic document defines Good, Fair, or Poor control for the clinician. Both the chronic care nurse and the provider evaluating the patient should sign and date both pages of the form. Providers must determine when the next chronic clinic visit should occur based on the degree of control of the patient's chronic disease. Providers should update the ***Problem List*** on each clinical encounter to ensure an accurate list of the patient's problems. All orders including medications, follow up visits, laboratories and dietary changes etc. must be placed on the appropriate provider order form. Medications should be written for ***1 month longer*** than the time to the next scheduled chronic clinic visit. In other words, if the patient is going to be seen in 3 months, the medication orders should be written for 4 months to ensure that the patient does not run out of medications before they are seen. Likewise, follow-up laboratories should be scheduled to be drawn ***2 weeks before*** the time for the next scheduled chronic clinic visit. In other words, if a patient is going to be re-seen in 3 months, follow-up labs should be ordered to be drawn at the 21/2 month time to ensure lab results are available and ready to review by the clinic date.

There will be times when the provider will need to reassess a patient closely when the degree of control of the patient's problem is poor. For example, when a provider has an encounter with a patient who has poorly controlled blood pressure and adjustment to the medications is initiated, the patient will need to be re-evaluated to assess the success of the change in therapy in a relatively short period of time. Rather than see the patient for a complete cardiovascular visit, the provider may choose to have the patient seen in several days by the nurse, using the ***Nursing Chronic Care Encounter Form*** for a blood pressure check and a ***Provider Follow Up Form*** to see the patient back in 2 weeks. For most chronic conditions, the specific complete chronic care form for each disease state should be used no less than every 3 months during the provider visit as most diseases will require follow up at no more than three months. There are exceptions to this 3 month timeline. Obviously, if the patient's disease is not well controlled, more frequent follow up should be scheduled. Likewise, if a patient has mild hypertension, well controlled on a single medication for several years, 6 month follow up would be appropriate. When follow up is at greater than 3 month intervals, clinical justification for increasing the length between visits should be documented by the provider.

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I. LABORATORY ORDERS

In the body of each chronic clinic document, there is a list of laboratories that should be ordered during enrollment into each chronic clinic and those laboratories that should be ordered during a specific follow up period for each clinic. ***The initial enrollment labs should be available for the first chronic clinic provider encounter.*** The chronic clinic nurse should order these labs and have the Site Medical Director sign off on these orders to ensure availability for the first chronic clinic visit. Likewise, follow-up laboratories should be ordered by the provider to be drawn ***2 weeks before*** the time for the next scheduled chronic clinic visit. In other words, if a patient is going to be re-seen in 3 months, follow-up labs should be ordered to be drawn at the 2 1/2 month time to ensure lab results are available and ready to review by the clinic date.

These recommended laboratories are based on national clinical guidelines including NCCHC. Below is a list specific for each chronic clinic. Please note other laboratories may be ordered by the treating physician, but should have clinical justification documented in the medical record.

A. Cardiovascular Chronic Clinic Labs:

1. Initial Laboratories
   a. Fasting Complete Metabolic Profile (Chem 20) with calculated GFR
   b. Fasting Lipid panel (if patient is being treated for dyslipidemia, fasting lipids should be drawn every 3 months until patient at target, then annually)
   c. CBC with differential WBC
   d. TSH
   e. Urinalysis with microalbumin
   f. Chest X-ray if over 40 or there is a concern of CHF
   g. ECG
2. Annually:
   a. Fasting Chem 20 with calculated GFR, Fasting Lipid panel, and Urinalysis
3. Patients on Coumadin
   a. Monthly PT/INR
4. All other labs at the discretion of the provider based on clinical grounds

B. Diabetic Chronic Clinic Labs:

1. Initial Laboratories
   a. Fasting Complete Metabolic Profile (Chem 20) with calculated GFR
   b. Fasting Lipid panel (if patient is being treated for dyslipidemia, fasting lipids should be drawn every 3 months until patient is at target, then annually)
   c. CBC with differential WBC
   d. TSH
   e. Urinalysis with microalbumin
   f. Hemoglobin A1c
   g. ECG if 40 years old or older
   h. CXR only as clinically indicated

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2. Annual Laboratories
    a. Fasting Complete Metabolic Profile (Chem 20) with calculated GFR
    b. Fasting Lipid panel
    c. Urinalysis with microalbumin
    d. Hemoglobin A1c no more than quarterly depending on the degree of glycemic control
3. All other labs at the discretion of the provider based on clinical grounds.

C. Asthma and COPD Chronic Clinic Labs
1. Initial Labs:
    a. Chest X-ray only if asthma difficult to control or history of COPD
    b. Theophylline levels as appropriate
2. All other labs at the discretion of the provider based on clinical grounds

D. Chronic Liver Disease Chronic Care Clinic
1. Initial Labs:
    a. Fasting Complete Metabolic Profile (Chem 20) with calculated GFR
    b. CBC with platelets and differential WBC
    c. Chronic Hepatitis Panel (Hepatitis A IgG, Hepatitis B surface Antibody and Surface Antigen, Hepatitis C Antibody)
    d. PT/INR
2. Semiannually:
    a. Fasting Complete Metabolic Profile (Chem 20) with calculated GFR
    b. CBC with platelets and differential WBC
3. Annually:
    a. PT/INR
4. All other labs at the discretion of the provider based on clinical grounds

E. Seizure Chronic Care Clinic
1. Initial Labs:
    a. Fasting Complete Metabolic Profile (Chem 20) with calculated GFR
    b. CBC with platelets and differential WBC
    c. Urinalysis
    d. Serum drug levels as clinically indicated based on anticonvulsant medication
2. Semiannually:
    a. Serum drug levels based on anticonvulsant medication and clinical response
3. Annually
    a. Fasting Complete Metabolic Profile (Chem 20) with calculated GFR
    b. CBC with platelets and differential WBC
    c. Serum Drug levels based on anticonvulsant medication and clinical response

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F. HIV Chronic Care Clinic

1. Initial Labs:
   a. CD4 Count and HIV Viral Load
   b. CBC with platelets and differential WBC
   c. Complete Metabolic Panel (Chem 20) with calculated GFR
   d. Fasting Lipid Profile
   e. Chronic Hepatitis Panel (Hepatitis A IgG, Hepatitis B surface Antibody and Surface Antigen, Hepatitis C Antibody)
   f. Urinalysis with microalbumin
   g. Chest X-ray if clinically indicated
   h. Serology for Syphilis, Toxoplasmosis, and Cytomegalovirus
2. Quarterly Labs:
   a. HIV Viral Load and CD4 Count
   b. CBC with platelets and differential WBC
3. Annual Labs:
   a. CD4 Count and HIV Viral Load
   b. Complete Metabolic Panel (Chem 20) with calculated GFR
   c. Urinalysis with microalbumin
   d. Fasting Lipid profile
4. All other labs at the discretion of the provider based on clinical grounds

G. General Medicine Chronic Care Clinic

1. Initial Labs:
   a. Based on disease processes being followed
2. All other labs at the discretion of the provider based on clinical grounds

H. Lipid Chronic Care Clinic

1. Initial Labs:
   a. Same as Cardiovascular Chronic Care Clinic
2. Quarterly
   a. Fasting Lipid Profile until patient lipids are at target for age and risk factors
3. Annually
   a. Fasting Complete Metabolic Panel (Chem 20)
   b. Fasting Lipid Profile
4. All other labs as clinically indicated based on clinical grounds.

In the next chapter of this manual, all of the forms used for each clinic are compiled. These forms may be copied and utilized for patient encounters. The following chapters are divided into the individual guidelines for each chronic care clinic.

All medical providers and nurses involved in the chronic clinics should familiarize themselves with these guidelines and forms.

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Wexford Health
SOURCES INCORPORATED

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DIABETES CHRONIC CARE CLINIC

Compiled by Dr. Thomas Lehman

Wexford Health Sources, Inc.
Foster Plaza 4
501 Holiday Drive
Pittsburgh, PA 15220
Phone: 412-937-8590

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DIABETES MANAGEMENT ALGORITHM 8

Related Forms

- DIABETES CHRONIC CARE CLINIC FORM
- ANNUAL DIABETIC FOOT SCREENING FORM
- DIABETES MELLITUS TREATMENT PLAN

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Diabetes Chronic Care Clinic

I. PURPOSE

The purposes of this protocol are to:

A. Properly diagnose patients with Type 1 or Type 2 diabetes and to initiate appropriate therapeutic regimens

B. Prevent, reduce, or eliminate risk factors and complications associated with Type 1 or Type 2 diabetes

C. Provide patient education to promote a better understanding of causes, symptoms, and treatments of diabetes and the importance of compliance with the therapeutic regimen and lifestyle changes that optimize their outcome.

II. DEFINITIONS

A. **Good Diabetic Control:** HgbA1c ≤ 7, BP ≤ 135/85 mmHg, and LDL cholesterol ≤ 100.

B. **Fair Diabetic Control:** HgbA1c between 7-9 or BP < 150/95 mmHg or LDL cholesterol < 120.

C. **Poor Diabetic Control:** HgbA1c > 9 or BP > 150/95 mmHg or LDL cholesterol > 120.

Please note: Patients in the Diabetes Chronic Care Clinic do not need to be enrolled in the Cardiovascular Chronic Care Clinic unless the provider feels the cardiovascular problems are more complex than blood pressure and lipid control.

D. **Improved Diabetic Status:** There is a reduction in the HgbA1c, of finger-stick blood levels, improvement in lipid or blood pressure control or an intentional weight loss.

E. **Unchanged Diabetic Status:** The HgbA1c, finger-stick levels, lipid or BP control and/or weight have not changed from previous readings.

F. **Worsened Diabetic Status:** The HgbA1c or the finger-stick levels have increased significantly. Or, for type 2 diabetes, there has been a weight gain of 5% or more.

G. **Type 1 Diabetes:** Caused by absolute insulin deficiency, which results in inadequate amounts of insulin to facilitate glucose metabolism. Type 1 diabetes can occur at any age but usually presents at a younger age, with fairly severe symptoms such as polyuria, polydipsia, and polyphagia. Patients are often prone to developing severe acute complications such as ketoacidosis.

H. **Type 2 Diabetes:** Usually caused by insulin resistance, which may be related to excess body weight; the available insulin is ineffective in facilitating glucose metabolism. The 2 diabetes most commonly presents in patients who are 30 years of age or older. These patients are often diagnosed initially on the basis of abnormal blood or urine tests. This type of diabetes most commonly presents in patients who are among certain minorities and who are overweight.

III. TREATMENT OF DIABETES

The clinical management goal for diabetes is to reduce morbidity and mortality by the least intrusive means possible. Treatment objectives include:

A. Glycemic control:

1. Elevated blood sugar levels over a period of time may result in serious vascular complications. Frequent finger-stick glucose monitoring may be required and must be made available to patients as follows:

   a. Type 1 diabetes: as frequently as needed to adequately monitor glycemic variations.

   b. Type 2 diabetes with insulin: initially before meals until good control is attained, then minimally every month or more frequently as required to monitor glycemic control.

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c. Type 2 diabetes without insulin: initially every week, then at least monthly.

B. Lifestyle Management/Modification:

1. Patients with diabetes must be referred to the provider or dietician for evaluation and recommendation of the appropriate diet.

2. Upon receipt of a diet, the institution chronic care nurse will provide each patient with education about appropriate dietary choices and monitoring.

3. Patients determined to be in poor degree of control need commissary monitoring by the provider or nurse and possibly a medical limitation on commissary purchases when indicated.

4. Regular exercise is an important adjunct treatment for all diabetics; good glycemic control is difficult without adequate exercise. Patients should be educated about the need for exercise.

5. Weight reduction: Insulin ineffectiveness, associated with Type 2 diabetes, may be related to excess body weight. Therefore, for many patients a primary treatment focus is achieving weight reduction toward ideal body weight.

6. Patients who use tobacco products should be repeatedly and clearly counseled to stop. Does insulin work?

7. Patients should be counseled about the ill effects of alcohol and other substances of abuse on diabetic control.

8. To the degree possible, patients should be permitted to self-test, self-prepare, and self-administer insulin.

9. Diabetic patients tend to have more problems with periodontal diseases, and poor periodontal health may compromise control of diabetes. Good oral health is very important for a diabetic patient.

a. Diabetic patients must be educated on the link between periodontal diseases and diabetic control and offered an opportunity for a yearly dental exam.

b. Patients determined by the provider to be in need of additional dental education or follow-up shall be referred to the institution dental staff.

C. Medication Management:

1. Medications ordered for diabetes should be selected from the Wexford Health Formulary or the agency formulary when contractually required. If it is determined that the patient requires a non-formulary medication, a *Request for Non-Formulary Medication* form must be completed and forwarded to the Wexford Health Director of Pharmacy and Ancillary Services.

D. Type I Diabetes:

1. Therapy for Type 1 diabetes includes intensive insulin management. While this regimen is mostly recommended to prevent end-organ damage, it carries the greatest risk of hypoglycemic complications. Intensive insulin management requires intensive staff and patient monitoring, including frequent capillary blood glucose monitoring and frequent insulin injections.

a. Type 1 diabetics generally require 0.5-1.0 units per kg of body weight per day of insulin divided into multiple daily doses.

b. If intensive management is contraindicated, a morning/evening schedule may be implemented. Adjust the morning insulin first to achieve the pre-supper glucose goal and then adjust the evening insulin dose to achieve the next day's morning fasting glucose goal.

c. When fasting glucose levels are within goal range, the HgbA1c should be rechecked no earlier than 60 days.

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E. Type 2 Diabetes:

1. Oral agents and/or insulin can be used in combination for the medical treatment of glycemic control. See Diabetic Clinical Pathway for multiple options.

F. Other Medical Therapies for Type 1 and Type 2 Diabetes:

1. An angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) should be considered for those inmates diagnosed with diabetes and microalbuminuria or gross proteinuria, unless contraindicated.
2. Aspirin therapy at 81 mg/day should be ordered for patients diagnosed with diabetes who are age 30 and older, as well as for those with a history of claudication or angina.
3. Hyperlipidemia must be aggressively controlled in all diabetics; refer to Lipid Chronic Clinic and Clinical Pathway.
4. Hypertension must be aggressively controlled to a blood pressure of less than 135/85 mm Hg.
5. Immunizations: each inmate enrolled in Diabetes Chronic Care Clinic must be offered an influenza vaccination annually and a single lifetime pneumococcal vaccine.

IV. ENROLLMENT IN DIABETES CHRONIC CARE CLINIC

A. All patients who are received at a reception center or parent institution with a diagnosis of diabetes or who are subsequently diagnosed with diabetes shall be referred to the medical provider for enrollment in the Diabetes Chronic Care Clinic (CCC). Such diagnoses may include but are not limited to:

1. Type 1 diabetes
2. Type 2 diabetes
3. Impaired Glucose Tolerance
4. Gestational diabetes

B. Providers who diagnose a patient with a diabetic diagnosis will write an order to enroll the inmate in the Diabetes CCC.

C. The provider will enter the diagnosis to include the type of diabetes (type 1, type 2, gestational) on the *Problem List* and document all findings of the initial comprehensive history and physical examination (see attached forms).

D. At the first comprehensive visit, medical history must address the following criteria with regard to diabetes:

1. Age of onset
2. Symptom review, including any records of fasting and postprandial blood sugar readings and results of laboratory tests
3. Review of the frequency, severity, and causes of acute complications (i.e. diabetic ketoacidosis and hypoglycemia)
4. Review of the symptoms and treatment of chronic complications (i.e. retinopathy, nephropathy, cardiovascular, peripheral vascular, neurological, skin and foot problems)
5. Eating patterns and nutritional status
6. Use of insulin and/or hypoglycemic agents
7. Current medications, including prescribed medications, over-the-counter medications, supplements, and herbal remedies
8. Hospitalizations

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9. Risk factors for diabetes include obesity, family history, and ethnicity. Risk factors for cardiovascular disease include family history, diabetes, smoking, hypertension, and elevated cholesterol.

E. Enrollment into Diabetes CCC requires a full physical examination completed within the previous 12 months. This physical examination must include the following elements:

1. Vital signs, including height, weight, BMI, temperature, pulse, respiration, and blood pressure measurements
2. Fundoscopic examination, preferably with pupillary dilation, completed by an optometrist via referral to optometry.
3. Dental examination and oral hygiene education, completed by the institutional dental staff
4. Thyroid palpation
5. Cardiac examination and examination of peripheral pulses
6. Abdominal examination to rule out hepatomegaly, as well as bruits and enlargement of the abdominal aorta
7. Hand and finger examination
8. Foot examination for infections, skin breakdown, and neuropathy to include palpation of pedal pulses and microfilament examination.
9. Skin examination
10. Neurological examination

F. Providers should order the following diagnostic tests for all patients received who have a diagnosis of diabetes, in addition to routine tests. When patients are newly diagnosed with diabetes, the provider may order these tests during the initial comprehensive visit. Baseline laboratory tests must include, at minimum, the following:

1. Glycosylated hemoglobin (HgbA1c)
2. Urinalysis, to include glucose, ketones, protein, and sediment
3. Urine test for microalbumin (performed in a laboratory)
4. Fasting lipid profile (triglycerides, HDL, LDL, total cholesterol)
5. Thyroid function (usually TSH) must be ordered for diabetics
6. EKG, if patient is more than 40 years old
7. Serum Chem 20 profile

V. PERIODIC EVALUATIONS

A. The frequency of subsequent clinic visits shall be determined by the ALP using the following guidelines:

1. Good control:
   a. Type 1 diabetes: no less often than every three (3) months
   b. Type 2 diabetes: initially at least every three (3) months, then after six (6) months of good control may consider every six (6) months.
2. Fair control:
   a. Type 1 and type 2 patients shall be seen no less often than every two (2) months.
3. Poor control:
   a. Patients shall be seen as necessary but no less than every month until control improves.

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B. Non-insulin-dependent patients who do not require medication and have been able to maintain normal blood glucose levels through diet, exercise, and weight control for one (1) year should have their blood glucose levels monitored at least every year.

C. The provider may elect to refer CCC patients to a nurse for an interim visit between regular chronic care visits for additional medication adherence monitoring, counseling, patient education, or lab work monitoring Nurse Chronic Care Clinic Flow sheet.

D. All periodic evaluations shall contain the following elements:

1. Interval History: This must include inquiry about the presence or absence of symptoms, particularly regarding hypoglycemia and hyperglycemia, the results of glucose monitoring, history of acute complications, dietary adherence, exercise, smoking, and daily foot care.

2. Assessment, documented on the *Chronic Care Clinic* form (see attached forms) – provider shall document, at minimum, the degree of control and the status of each patient.

3. Objective data shall include the following information:

   a. Vital signs and weight, BMI

   b. Focused exam on organ systems targeted by self-reported diabetic complications

   c. Foot examinations at each provider visit and ~~-~~ microfilament examination annually (see attached forms).

   d. Annual Dilated fundoscopic exam (by an optometrist) via referral to optometry.

4. Diagnostic studies will be ordered in advance of the clinic visit and must include, at minimum:

   a. Chemistry Profile (BUN/Creatinine, Electrolytes, fasting glucose) annually

   b. HgbA1c, at least two (2) times yearly for patients who are able to maintain adequate glycemic control; every three (3) months for those patients unable to maintain glycemic control

   c. Fasting Lipid profile (annually)

   d. U/A

   e. Urinalysis for albumin/creatinine ratio (annually)

   f. Completion of the Diabetes CCC treatment plan (see forms below)

VI. PATIENT'S REFUSAL TO PARTICIPATE

A. Patients who refuse any part of the medical treatment regimen (i.e. medication, diet, etc.) shall be brought to the medical department for counseling as to the importance of the therapy and shall be asked to sign a *Release of Responsibility or Refusal Form.*

B. Patients who refuse three (3) CCC appointments shall be referred to an institution provider for additional counseling on the importance of chronic care management of diabetes.

1. If the patient continues to refuse treatment, the ALP shall ask the patient to sign another *Release of Responsibility or Refusal Form.*

2. The provider shall document the refusal and counseling in the *Interdisciplinary Progress Notes.*

C. Patients who refuse to participate in Diabetes CCC treatment regimens shall be offered a follow-up visit at least every three (3) months and when presenting for sick call.

D. Health care staff may elect to admit an unstable patient who is refusing treatment to the institution infirmary for observation.

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'II. HOW TO USE CHRONIC CLINIC FORMS

A. See Diabetic Management Algorithm (**Algorithm**) below. Once a patient is diagnosed with diabetes, a management plan is developed based on the patient's HgbA1c, blood pressure, and lipid levels. He/she is enrolled in the chronic care clinic and followed periodically based on the degree of control for HgbA1c, BP, and Lipid level. Good control can be followed up at three-month (3) intervals, Fair control should be followed up at one- to two-month intervals, and Poor control should be followed up at one-month (1) intervals.

B. **The interval between follow-up visits should be based on the poorest controlled parameter** (e.g. if the patient's HgbA1c is < 7 but his/her BP is 170/100, then the patient should be seen monthly until the BP is improved. A separate Cardiovascular Chronic Care clinic visit is not necessary unless the provider feels that the patient's cardiovascular issues are more complex than simply the management of hypertension and dyslipidemia.

C. In the assessment section of the chronic clinic form, Clinical Status is I = improved, S = same, and W = worsened when compared to the last visit.

D. The *Diabetic Foot Screening* form should be performed annually on all patients in the Diabetic Chronic Care (see attached forms).

E. The Diabetic Treatment Plan should be filled out at each Diabetic Chronic Clinic Visit.

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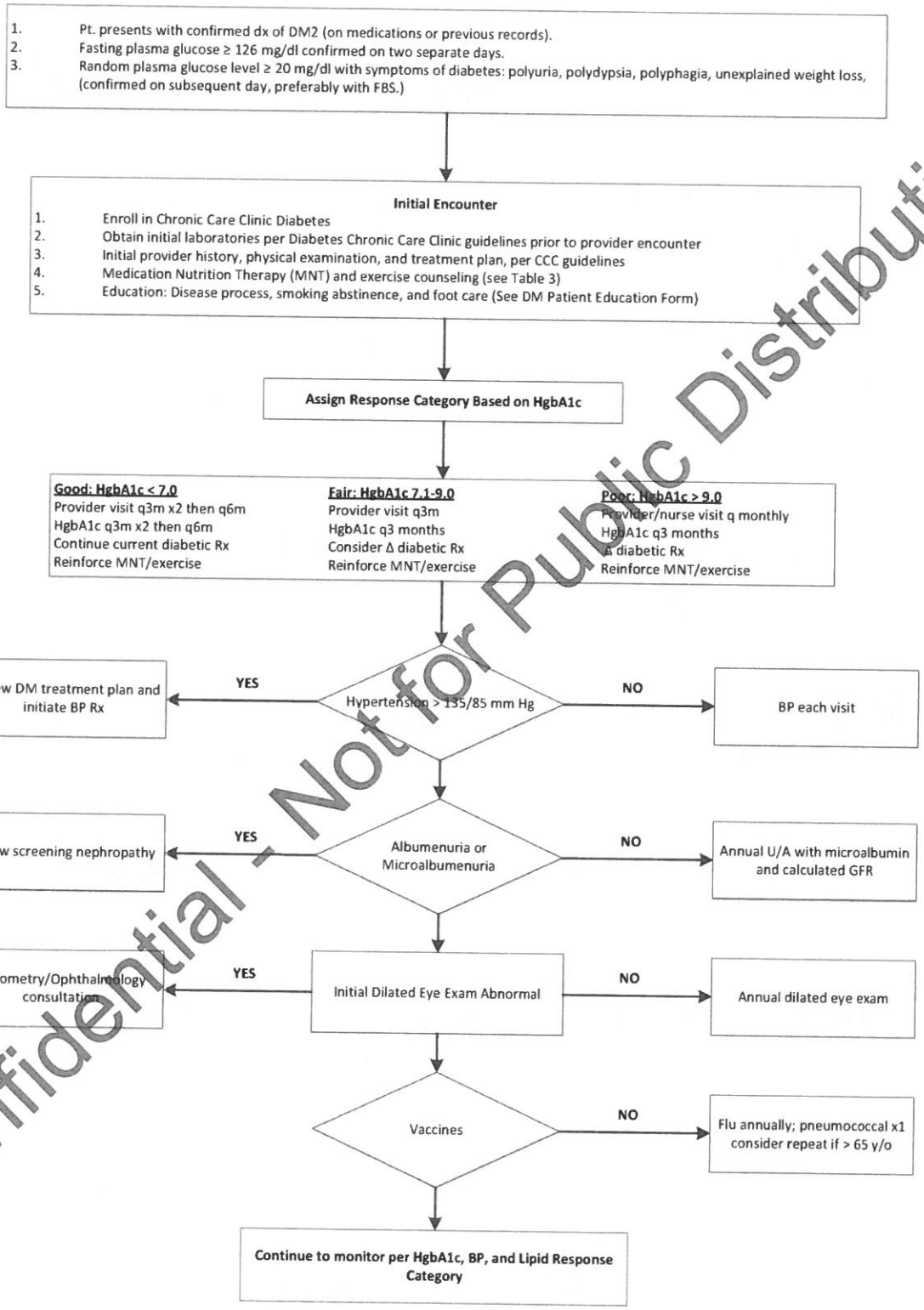
Diabetes Management Algorithm



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Wexford Health SOURCES INCORPORATED

Diabetes Chronic Care Clinic Form

Name: _____ Date: _____ Time: _____ ID Number: _____ Race: _____

Institution: _____ DOB/Age: _____/_____ Sex: ☐ Male ☐ Female Allergies: _____

Nursing Assessment:

Medications:

☐ Oral Hypoglycemic Agents: _____

☐ Insulin (Type and dosage): _____

☐ Sliding scale: _____

☐ ACE/ARB: _____

☐ Antiplatelet/Anticoagulant Agents: _____

☐ Lipid Lowering Agents: _____

☐ Antihypertensives: _____

☐ Other Meds: _____

Hospitalizations/Infirmary Admissions since last visit: _____

Comorbidities: ☐ Smoking ☐ Yes ☐ No PPD: _____ Years: _____ ☐ Renal Insufficiency/Microalbuminuria

☐ Hypertension ☐ Family History ☐ Hyperlipidemia ☐ Clinical Cardiovascular Disease ☐ CHF

☐ Other _____

Prophylactic Care:

☐ Pneumococcal Date: _____ ☐ Influenza Date: _____ ☐ Dilated Eye Exam Date: _____

☐ Dental Exam Date: _____ ☑ Other: _____

Random Accu-check today: _____ Hours postprandial: _____

Vital Signs:

BP Seated/Supine RA: _____ BP Seated/Supine LA: _____ BP Standing: _____ Temperature: _____

Pulse: _____ RR: _____ Weight: _____ Height: _____ BMI: _____ Waist: _____

Provider Assessment:

☐ Type 1 Diabetes Mellitus ☐ Type II Diabetes Mellitus ☐ Hypertension ☐ Metabolic Syndrome ☐ CHD ☐ Dyslipidemia

Complaints:

☐ Blurred Vision ☐ Hypoglycemia ☐ Polyuria ☐ Nocturia ☐ Chest Pain ☐ SOB ☐ Orthopnea
☐ Palpations ☐ Claudication ☐ Leg Swelling ☐ Weight Loss ☐ Weight Gain ☐ Foot Problems

☐ Neurologic Symptoms ☐ Dizziness ☐ Syncope ☐ Other: _____

Nurse Signature: _____ **Date:** _____

Provider Signature: _____ **Date:** _____

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*Each state/region may have individual variances, and a copy of those variances should be attached to this policy.
Approved by the Medical Advisory Committee.

Wexford Health
SOURCES INCORPORATED

Diabetes Chronic Care Clinic Form

Subjective – Details of boxes checked:

_____

_____

_____

Provider Exam:

Retinal Exam: _____ Lungs: _____ Heart: _____

Abdomen: _____ Skin: _____ Neurologic: _____

Pulses (0 – 4 + B = Bruit) Carotid: R/L _____ / _____ Femoral: R/L _____ / _____ DP: R/L _____ / _____ PT: R/L _____ / _____

Thyroid: _____ Foot Exam: _____

Other: _____

Laboratory Studies Reviewed (Include most recent values and dates for each entry):

HgbA1c: _____ Date: _____ Lipid Profile TChol: _____ TG: _____ HDL: _____ LDL: _____ Date: _____

Urine Microalbumin: _____ Date: _____ Hgb/Hct: _____ / _____ Date: _____ Calcium: _____ Date: _____

ECG: _____ Date: _____ ☐ TSH/Thyroid Profile: _____ Date: _____

☐ BUN/Cr _____ / _____ Date: _____ Calc GFR: _____ ☐ Other: _____

Assessment: **Diabetic Control:** Good = A1c ≤ 7.0 Fair = A1c 7.1-8.9 Poor = A1c ≥ 8.9 **Hypertension:** Good ≤ 135/85 Fair < 150/95 Poor ≥ 150/95 **Lipids:** Good = LDL < 100 Fair = LDL < 120 Poor = LDL > 120	**Degree of Control**			**Clinical Status**		
	G	**F**	**P**	**I**	**S**	**W**
1	☐	☐	☐	☐	☐	☐
2	☐	☐	☐	☐	☐	☐
3	☐	☐	☐	☐	☐	☐
4	☐	☐	☐	☐	☐	☐

Plan:

Medication changes: _____

Infirmary Admission: _____ Diet Change: _____

Diagnostics/Specialty Consult: _____

Accuchecks and Laboratories ordered: _____

Follow-up Visits: ☐ BP√ Weekly: _____ Monthly: _____ Provider: ☐ 30d ☐ 60d ☐ 90d Nurse: ☐ 30d ☐ 60d ☐ 90d

Compliance/Adherence: Diet: ☐ Yes ☐ No Disease Self-management: ☐ Yes ☐ No Medications: ☐ Yes ☐ No

Education Provided: ☐ Nutrition ☐ Exercise ☐ Smoking ☐ Test Results ☐ Medication ☐ Sodium Intake

Nurse Signature: _____ **Date:** _____

Provider Signature: _____ **Date:** _____

***Each state/region may have individual variances, and a copy of those variances should be attached to this policy. Approved by the Medical Advisory Committee.**

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Wexford Health
SOURCES INCORPORATED

Annual Diabetic Foot Screening Form

ame: _____ Date: _____ Time: _____ ID Number: _____ Race: _____

Institution: _____ DOB/Age: _____/_____ Sex: ☐ Male ☐ Female Allergies: _____

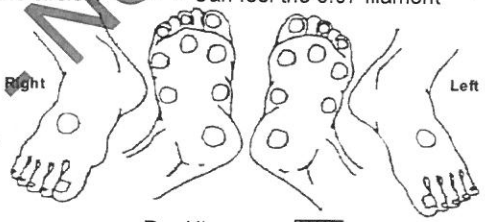
Fill in the following blanks with a "Y" or "N" to indicate findings in the right or left foot

	Right	Left
Is there a history of a foot ulcer?		
Is there a foot ulcer now?		
Is there a toe deformity?		
Is there an abnormal foot shape?		
Is there foot swelling?		
Is there elevated skin temperature?		
Are the toenails long, thick, or ingrown?		
Is there heavy callous build-up on plantar surfaces?		
Is there foot or ankle muscle weakness?		
Is the Dorsalis Pedis pulse absent?		
Can the patient see the bottom of their feet?		
Are there lesions between adjacent toes?		
Are there macerated areas between toes – athlete's foot?		
Are there bunions (callused areas)?		
Risk Category: (see definitions below)		

ɔnofilament Pressure Test

The filament is placed at the right angle to the skin of the foot; pressure is then increased until the filament buckles, indicating that a known amount of pressure has been applied. The patient is asked if he or she felt the pressure induced by the monofilament.

Note the level of sensation in the circles: + = Can feel the 5.07 filament – = Can't feel the 5.07 filament



Callous ▤ Pre-Ulcer ▦ Ulcer ■

Label with: **R** – Redness, **Dis** – Discoloration, **M** – Maceration, **D** – Dryness, **W** – Increased Warmth

Risk Category:
0 No loss of protective sensation
_____ 1 Loss of protective sensation
_____ 2 Loss of protective sensation with callous, deformity, or poor circulation
_____ 3 History of plantar ulceration or neuropathic fracture (Charcot Foot)

Nurse Signature: _____ **Date:** _____

Provider Signature: _____ **Date:** _____

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Name: DOC#:

Goals:

- *Identify individuals with early diabetes or pre-diabetes to initiate risk factor and life-style modifications toward prevention or delay of overt disease.*
- *Minimize, prevent, or delay complications of diabetes.*
- *Achieve target blood glucose, HgbA1c, blood pressure, and lipid goals.*
- *Early identification of disease complications including retinopathy, nephropathy, neuropathy, and cardiovascular disease to prevent or delay complications and progression.*
- *Provide self-management education.*

Complications/End Organ Damage

- ☐ Hyperlipidemia
- ☐ Retinopathy
- ☐ Neuropathy
- ☐ Nephropathy
- ☐ Clinically evident cardiovascular disease
- ☐ Diabetic foot disease
- ☐ Abdominal obesity

Plan

- ☐ Educate disease process and other self-management education.
- ☐ Life style modification.
- ☐ Chronic Care Visit Schedule: Initial then by disease response classification.
- ☐ Diabetic complication assessment at each visit.
- ☐ Weight, BMI, and multiple Blood Pressure assessments on each visit.
- ☐ Pharmacological management as indicated by patient response on each visit.
- ☐ Yearly dilated eye examination, Carville diabetic foot screen, and calculated GFR
- ☐ Initial fasting complete metabolic panel, Lipid profile, HgbA1c, CBC, Urinalysis w/Microalbumin, ECG, TSH and chest X-ray
- ☐ Yearly complete metabolic panel, Lipid profile, HgbA1c, CBC, Urinalysis w/Microalbumin, ECG, other labs per guidelines and response category.
- ☐ Annual flu vaccine; pneumonia vaccine, as indicated by guidelines.

Patient Response

- ☐ **Good Control:** HgbA1c < 7 **and** blood pressure < 135/85; LDL cholesterol < 100; no evidence of end organ damage, diabetic complications, or foot disease. Monthly fasting or two-hour (2) post-prandial accu-checks and chronic care visit every three (3) months (twice) then every 4-6 months.
- ☐ **Fair Control:** HgbA1c 7.1 – 9.0 **or** blood pressure > 135/90 **or** LDL cholesterol > 100 **but** < 120 **or** evidence of end organ damage **or** foot disease. Pharmacologic intervention to move toward target HgbA1c, blood pressure, or lipid level and reinforce lifestyle modification and weight loss. Accu-checks as determined by provider, periodic nurse evaluation, and chronic care provider visit every 1-2 months.
- ☐ **Poor Control:** HgbA1c > 9.1 **or** blood pressure > 150/95 **or** LDL cholesterol > 120. Pharmacologic intervention to move toward target HgbA1c, blood pressure, and lipid level and reinforce lifestyle modification and weight loss. Accu-checks and sliding scale as determined by provider. Consider infirmary admission for medication and diet adjustment and intensive education. Nursing assessments and monthly chronic care provider visit until HgbA1c below 9.

Provider Signature: _____ **Date:** _____

***Each state/region may have individual variances, and a copy of those variances should be attached to this policy. Approved by the Medical Advisory Committee.**

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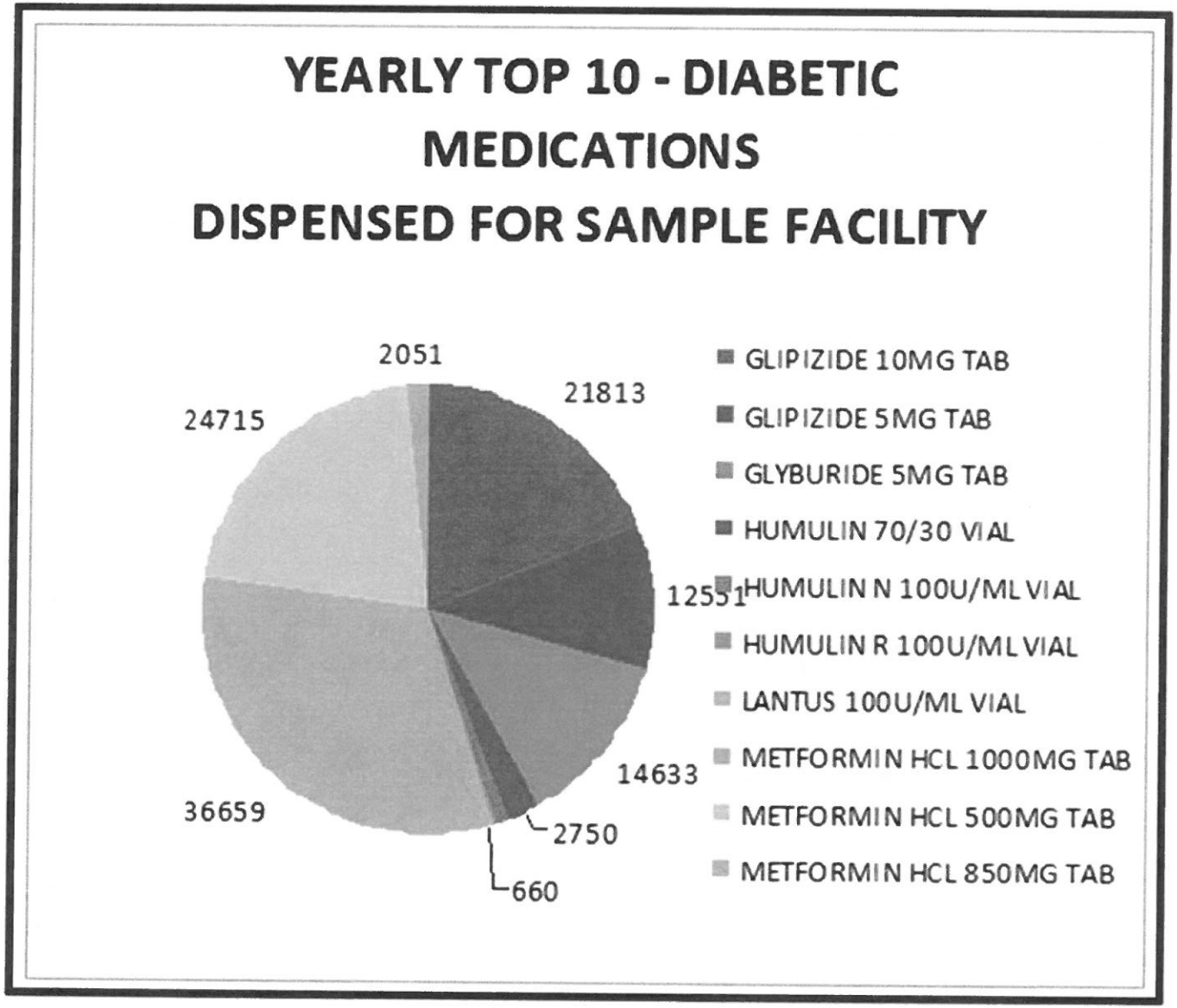
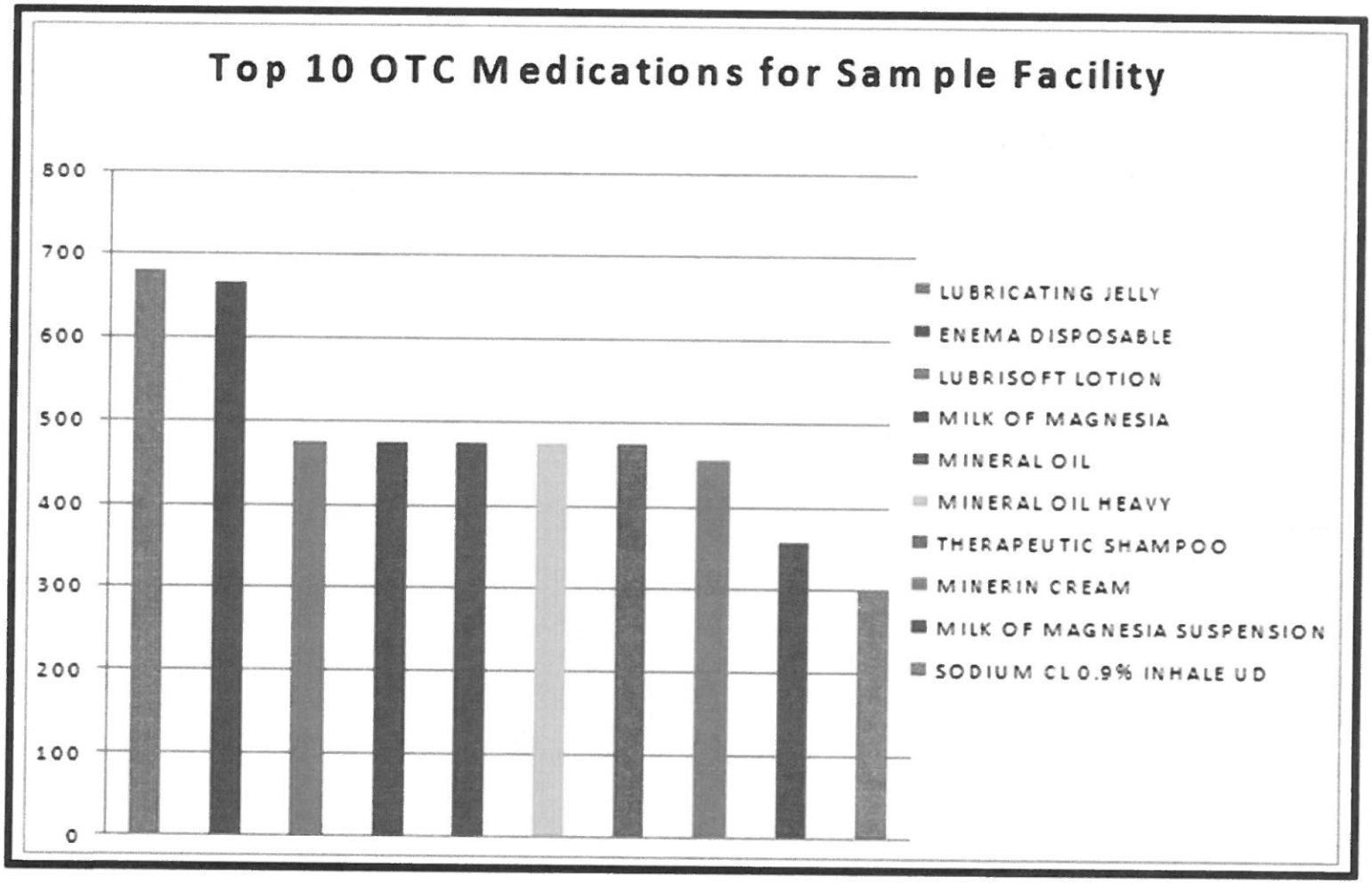
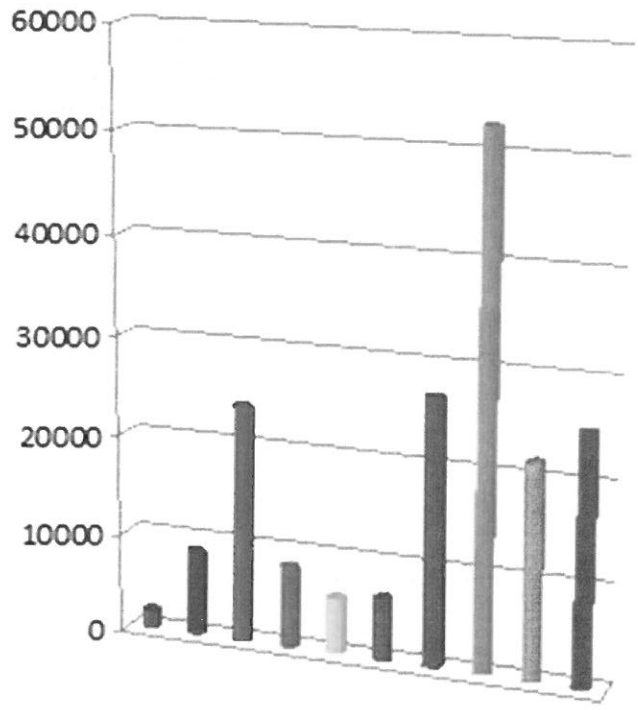
Proposal Exhibit 19: CIPS Reports


YEARLY TOP 10 - DIABETIC MEDICATIONS DISPENSED FOR SAMPLE FACILITY
2051
21813
24715
12551
14633
36659
2750
660
GLIPIZIDE 10MG TAB
GLIPIZIDE 5MG TAB
GLYBURIDE 5MG TAB
HUMULIN 70/30 VIAL
HUMULIN N 100U/ML VIAL
HUMULIN R 100U/ML VIAL
LANTUS 100U/ML VIAL
METFORMIN HCL 1000MG TAB
METFORMIN HCL 500MG TAB
METFORMIN HCL 850MG TAB


Top 10 OTC Medications for Sample Facility
800
700
600
500
400
300
200
100
0
LUBRICATING JELLY
ENEMA DISPOSABLE
LUBRISOFT LOTION
MILK OF MAGNESIA
MINERAL OIL
MINERAL OIL HEAVY
THERAPEUTIC SHAMPOO
MINERIN CREAM
MILK OF MAGNESIA SUSPENSION
SODIUM CL 0.9% INHALE UD

TOP 10 PSYCHOTROPIC MEDICATIONS DISPENSED IN 2011 FOR SAMPLE FACILITY

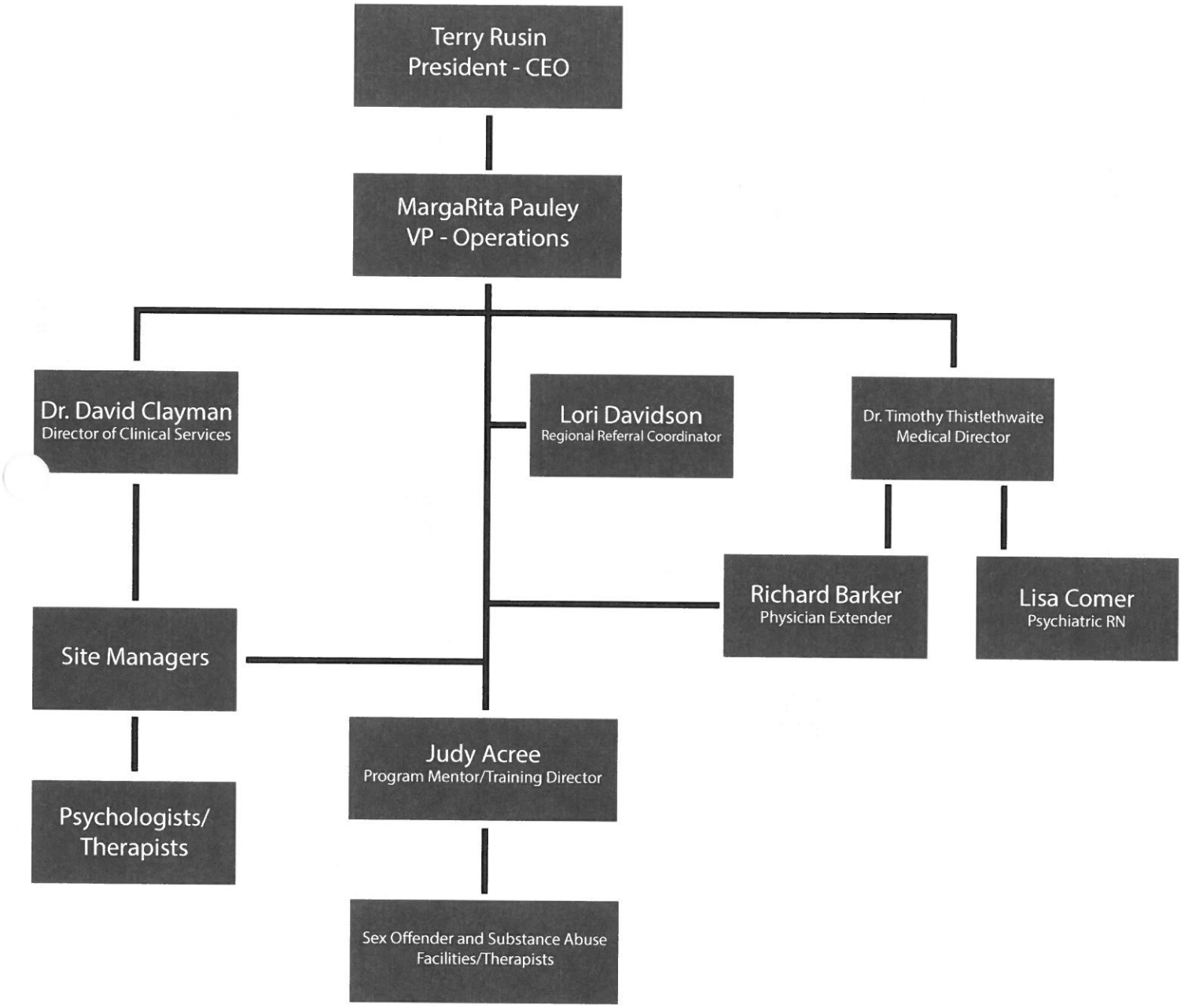


- AMITRIPTYLINE HCL 50MG TAB
- BUPROPION HCL 100MG TAB
- BUPROPION HCL 75MG TAB
- CHLORPROMAZINE 100MG TAB
- CHLORPROMAZINE 50MG TAB
- CITALOPRAM HBR 20MG TAB
- CITALOPRAM HBR 40MG TAB
- FLUOXETINE 20MG CAP
- HALOPERIDOL 5MG TAB
- LITHIUM CARBONATE 300MG CAP

Proposal Exhibit 20: PSIMED Organizational Chart and Key Resumes

PSIMED

PSIMED ORGANIZATIONAL CHART



Terrence Rusin

President/CEO

Terrence Rusin, President and CEO, first joined PSIMED as a marketing and sales director in 1991. He became the Chief Operating Officer and a partner in 1993, the controlling partner in 2000 and became the sole owner in January, 2006. Mr. Rusin was instrumental in developing OASIS, the rehabilitation Division of PSIMED as well as securing the mental health services contract for the WV Division of Corrections Mount Olive Correctional Complex. PSIMED was able to expand this contract to include statewide mental health services. In addition to this contract, in 2007, Mr. Rusin was successful in obtaining mental health contracts to service the West Virginia Division of Juvenile Services and the West Virginia Regional Jail Authority.

Judith Rae Acree

Education

West Virginia University
Morgantown, W V
Master of Arts - Counseling
GPA 3.9

West Virginia Wesleyan College — Buckhannon, WV
Bachelor of Arts – Youth Services; Minor Psychology
Dean's List 1977-1978

Merrill-Palmer Institute of Human Growth and Development
Detroit, MI
January 1977-May 1977 Requirement of West Virginia Wesleyan College
Youth Services Major Program

Nicholas County High School — Summersville, WV
"Who's Who Among American High School Students"

Accreditations

Licensed Professional Counselor (LPC)

Approved Licensed Professional Supervisor (ALPS)

West Virginia Advanced Alcohol and Drug Counselor - Supervisor (AADC-S)

Professional experience

September 2009- Currently — PSIMED CORRECTIONS, LLC - Program Mentor

Responsible for curriculum oversight, training and development
Clinical supervisor for those in the LPC licensing track and AADC certification process.

1997 – September 2009 — Valley HealthCare System

Fairmont, Morgantown, Kingwood, Grafton, WV

Regional Manager Chemical Dependency Outpatient

- Program management of all outpatient programs including: DUI, adult/adolescent treatment, adult/adolescent intensive outpatient
- Responsible for program development
- Clinical Supervision

- Administrative supervision
- Provide therapy – individual, family, couple and group
- Drug/Alcohol Assessment
- Mandt Instructor Trainer/Presenter since 2002

1996-1997 United Summit Center Clarksburg, WV

Addiction Recovery Manager

- Same as with Summit Center. United Hospital Center purchased the assets of Summit Center when that organization filed for bankruptcy. At that time I was hired by United Summit Center to perform the same duties I had at the Summit Center.

1985-1996 Summit Center for Human Development, Inc. Clarksburg, WV

Addiction Recovery Manager/Emergency Services Manager (1992-1996)

- Program management for all Addiction/ACOA Recovery services, i.e. DUI, adult and adolescent outpatient services
- Clinical supervision of staff
- Administrative supervision of staff
- Budgeting
- Therapist for individual, families and groups
- Program manager for emergency services for mental health and substance abuse
- Scheduling of crisis workers
- Crisis intervention
- On-call after hours
- Presenter/Trainer
- Public Relations

Regional Youth Specialist (1986-1991)

(Summit Center)

- Coordination of Adolescent Addiction Recovery/Children of Addicts Outpatient programs
- Clinical supervision of staff
- Administrative supervision of staff
- Development of community networks
- Prevention
- Consultation with other community groups and agencies
- Consultation with school systems
- Development of identification and referral systems in schools, such as, Student Assistance Programs, Natural Helpers, Peer Helpers Counseling
- Presenter/Trainer

Emergency Services Counselor (1985-1986)

(Summit Center)

- Crisis intervention
- Assessments
- Brief therapy
- Referrals
- After hours emergency services

(1978-1985) Seneca Mental Health/Mental Retardation Council, Inc.
Summersville, WV

Mental Health/Substance Abuse Therapist (1982-1985)

- Group, Individual and Family therapy
- Initial evaluations
- Bio-feedback/Relaxation therapy
- Case manager of AMI/CMI clients
- On-call crisis intervention
- Consultation and education
- Commitments
- Drug/Alcohol therapy
- Children of Addicts/Co-dependents

Group Home Director (1979-1982)

(Seneca MH/MR Council)

- Budgeting
- Overall financial management
- Administrative and clinical supervision of staff
- Scheduling, interviewing and hiring of staff
- Monthly reports
- Evaluation/Admission/Discharge of residents
- Case manager of CMI/MR/DD residents
- Public Relations
- Program development
- 24 hour on call for group home
- Crisis on call for Center
- Individual therapist for AMI clients

Youth Services Counselor/Aftercare Case Aide (1978-1979)

- Therapist for youth ages 11 – 19
- Group therapist for school groups
- Initial evaluations
- Aftercare Case Aide for CMI/MR/DD aftercare program
- Program development for clients

- Organized the "Annual Talent Show" for CMI/MR/DD clients
- Organized the "Annual Super Sports Event"
- Taught independent living skills and basic education

1977 Nicholas County Mental Health Center (Later named Seneca Mental Health/Mental Retardation Council Inc.)
Summersville, WV

Internship

- Aftercare case aide for CMI/MR/DD clients
- Taught independent living skills and basic education
- Activities groups
- Liaison for Weston State Hospital

Interests and activities

President West Virginia Association of Alcoholism and Drug Abuse Counselors (2004-2006)

President-elect West Virginia Association of Alcoholism and Drug Abuse Professionals (2001-2004)

Past West Virginia Association of Alcoholism and Drug Abuse Professionals Conference Chairperson (1998-2000)

Clarksburg Mission Board President (2002-2004)

Clarksburg Mission Board Secretary (1999-2002)

Awards received

1999 West Virginia Association of Alcoholism and Drug Abuse Professional "Lisa Grossi Award for Inspiring Dedication to the Field of Addictions"

References

Available upon request

Curriculum Vita

David A. Clayman, Ph.D.

Clinical & Forensic Psychologist

EDUCATION

Ph.D. Clinical Psychology 1970-1975

University of Vermont—Burlington, Vermont
- APA Approved Program
- Specialty Training in Medical Psychology

B.A. Psychology 1966-1970

Trinity College— Hartford, Connecticut
- Departmental Honors

INTERNSHIPS

Clinical Psychology – APA Approved

Medical Center Hospital of Vermont 1971-1972
Psychology Service
Burlington, Vermont

Howard Mental Health Services 1972-1973
Community Behavioral Health Center
Burlington, Vermont

Creamery Mental Health Offices 1973-1974
Private Clinic
Burlington, Vermont

LICENSE AND REGISTRATION

State of West Virginia License # 147 (Granted April 1, 1977)

Commonwealth of Virginia License #0810003945 (Granted 05/30/08)

State of West Virginia Qualified Forensic Examiner

National Register of Health Service Providers in Psychology
Certificate Number: 30940 (Granted February, 1983)

Association of State and Provincial Psychology Boards
Certificate of Professional Qualification in Psychology
Certificate Number: 2346 (expires June 8, 2013)

MEMBERSHIP CERTIFICATES

American College of Forensic Examiners Institute
Diplomate-Board Certified Forensic Examiner
Identification Number: 3072 (through January 2012)

American Board of Disability Analysts
Senior Disability Analyst and Diplomate
Number: 2649-96 (Inactive)

PROFESSIONAL EMPLOYMENT

Clayman & Associates, pllc
Clinical & Forensic Psychology
Director 2004-present
Responsibilities: Overall clinical, administrative, development and fiscal oversight of practice consisting of a total of four psychologists, two paraprofessionals and three support staff. Primary focus continues in **Forensic Psychology** and other historical areas of interest, involvement and expertise including **Medical Psychology**. Serve as media consultant to all four major networks. Offers specialized assessment and strategic intervention services to business to help manage employee dysfunction.

Process Strategies 2001–2004
(Highland Behavioral Health Services)
Charleston, WV
Chief Clinical Officer
Responsibilities: Clinical and administrative supervision of multidiscipline staff as well as participation in program development, budget, credentialing and community relations. Primary focus is **Forensic Psychology** (see Forensic Activities section). Additional interests in

Critical Incident Debriefing, Crisis Management, Intensive Executive Consultation, and Law Enforcement and Public Safety. Serve as Clinical Director for Advantage Valley Behavioral Health Services.

Process Strategies Institute 1981-2001
Charleston, WV
CEO/Director/Founder
Responsibilities: Provided overall administrative, management and development leadership to multidiscipline full-service mental health practice. This included budget and other financial functions, personnel, public relations and clinical direction. Clinical services were provided to adults and adolescents with a broad range of problems. Specialization in **Medical Psychology** which is the field concerned with the interaction between physical and emotional factors involved in health and illness. Advisor regarding health related issues in legal and business settings. Specific interests in stress management, panic disorders, medical compliance and eating disorders. Extensive experience in **Forensic Psychology** in civil and criminal cases (see Forensic Activities section). Business consultant focusing on distressed executives, crisis intervention, team building and values-based leadership.

West Virginia University Medical Center 1974-1981
Charleston Division
Department of Behavioral Medicine and Psychiatry
Charleston, WV
Coordinator-Consultation Liaison Service (1974-1979)
Outpatient Therapist (1974-1981)
Responsibilities: Supervision of doctorate and master's level psychology interns, Psychiatry, Internal Medicine and Family Medicine residents, and Medical Students. Served as liaison officer to all Critical Care Units (Medical, Surgical, Coronary and Neonatal) and Dialysis. Administratively responsible for program design and implementation, curricula development, research planning and funding for Consultation/Liaison Service. Traditional therapeutic and assessment activities carried out as part of outpatient responsibilities. Research interests included: Patient Compliance with Dialysis, Psychosocial Complications of Physical Disease and Impact of Psychological Consultation Services on Medical Patients

Other positions:

Lynn Hospital
Lynn, Massachusetts
Inhalation Therapy Aide (Summers and vacations, 1963 & 1964)
Corpsman (Summers and vacations, 1965 & 1966)

HOSPITAL STAFF PRIVILEGES

Charleston Area Medical Center – Independent Allied Staff
Thomas Memorial Hospital – Allied Staff

BUSINESS INVOLVEMENT

Profiles International, Inc. 2001-present
Waco, TX
Special Consultant: Law Enforcement/Public Safety and other projects
Technical Advisory Panel 2010-present

Profiles of West Virginia 1995-2002
Area Director
Responsibilities: Dealer development in West Virginia and throughout the United States and Canada.

PSI-MED, Inc. 1991-2001
Charleston, WV
Vice President & Founder
Health care management and program development in corrections and pain management programs.

Senior Consultant 2004 – 2009

Clinical Director *2009-present*

Oversight of professional quality standards.

PSIVENCO, LLC 1998-2001
Charleston, WV
Chairman of the Board/CEO
Responsibilities: Developed concepts for businesses that combine the benefits of technology and the internet with more traditional services to enhance work performance. Providing training and consultation as well as innovative applications of data. Professional speaking. Umbrella for other ventures.

- **CastleLight Consulting** 1995-2000
  President
  Responsibilities: Provided specialized interventions for management and leadership as well the MBA (Managing by Assessment) seminar for businesses and organizations of all sizes. A strategic business partner of Profiles International, Inc offering job based assessments.
- **CorEx, LLC** 1998-2000
  President & Member
  Responsibilities: Specialty programs addressing the unique needs of corrections professionals in the hiring, managing, and training processes. Also, dealt with career and professional development.

Personal Performance Consultants 1985-1995
Franchisee – Employee Assistance Programs

Learning Enhancement Centers, Inc.
Charleston & Morgantown, WV
Vice President & Founder
Specialized programming for children with academic and behavioral difficulties including a self-contained, certified school.

Psybron Systems, Inc.
Charleston, WV
Vice President & Founder
Development of business and personal software applications for the Apple computer.

ACADEMIC APPOINTMENTS

West Virginia University Medical Center-Charleston Division
Department of Behavioral Medicine & Psychiatry

- Clinical Associate Professor 1981-present
- Associate Professor 1979-1981
- Tenure Granted 1980
- Assistant Professor 1974-1979

West Virginia University-Morgantown
Department of Psychology

- Adjunct Associate Professor 1979-1982
- Adjunct Assistant Professor 1975-1979

West Virginia College of Graduate Studies
Institute, WV
Department of Psychology

- Adjunct Assistant Professor 1974-1982

University of Charleston 2006-2008
School of Business – Executive MBA and Executive Masters in Forensic Accounting

- Visiting Lecturer

Selected courses taught: Abnormal Psychology, Psychological Testing, Forensic Psychology, Psychological Aspects of Medical Disease, Health Psychology, Introduction to Psychotherapy, Advanced Issues in Psychotherapy, Personality Theory, Youth & Violence, and Human Sexuality; Leadership and Self Awareness; Personal values and Work Performance.

GRADUATE SCHOOL EXPERIENCE

University of Vermont—Burlington, VT

- Psychology Department-Graduate Instructor 1971-1974
- Project ABETS 1970-1971

(Aspects Behavioral & Environmental in Traffic Safety)
Graduate Research Assistant

- Project CRASH 1971

(Countermeasures Related to Accident Safety
on the Highways)
Team Coordinator

Part-Time Consultant

- Planned Parenthood
- Burlington Correctional Center
- Elizabeth Lund Home for Unwed Mothers
- Department of Neurology—Medical Center Hospital of Vermont

PROFESSIONAL AFFILIATIONS/MEMBERSHIP

American Psychological Association 1976-present

Division 38: Health Psychology

- Founding Member
- Secretary Treasurer (1978-1979)
- Treasurer/Membership Chair (1979-1985)
- Delegate: National Working Conference on Education & Training in Health Psychology (1983)
- Delegate: National Conference on Research in Health & Behavior (1988)
- Technical Advisory Panel on Managed Mental Health Care (1992)

Division 12: Clinical Psychology
Division 22: Rehabilitation (Inactive)
Division 41: Law
Division 42: Independent Practice (Inactive)
CHAMPUS Peer Reviewer 1983-1988
Public Education Coordinator 2012-present

Society of Behavioral Medicine 1978-present

Founding Board Member (1978-1979)

West Virginia Psychological Association 1977-present

Committee Assignments:

- Co-Chair Health Services Committee
- Chair Professional Standards Review Committee
- Supervision
- Legislation
- Private Practice

Board Member at Large 2010-present

American Association of Correctional Psychology 2004-present

Academy of Behavioral Medicine Research 1978-2004

Association for the Advancement of Psychology 1978-1998

Biofeedback Society of America 1982-1986

FORENSIC ACTIVITIES

Extensive experience (involvement in approximately 4500 cases) in criminal and civil litigation throughout West Virginia. Approved as an expert in 28 counties and all Federal jurisdictions in the state. In addition to Forensic evaluations, provide consultation on trial strategy, witness preparation and jury selection. Serve as a Medical Expert with the Office of Hearing & Appeals of the Social Security Administration (involvement in approximately 3000 cases). Cases have included the following issues:

- Competence to Stand Trial
- Criminal Responsibility
- Competency to Understand Legal Rights
- Competency to Understand Miranda Rights
- Competency to Waive Rights
- Capacity to Accept a Plea
- Sexual Offender Presentence Evaluation
- Presentence / Probation Recommendations
- Violence Risk Assessment
- Habeas Consultation
- Transfer to Adult Status
- Fitness for Duty
- Sexual Harassment
- Fitness for Parenting
- Civil Competencies
- Mental Health Malpractice
- Personal Injury & Medical Malpractice (Liability & Damages)
- Workers Compensation
- Posttraumatic Stress Evaluations
- IME (Psychological)

WVDHHR - Forensic Advisory Panel (2008-present) and Special Project Consultant (2011)
PrimeCare Medical – Quality Control Consultant to Regional Jails (1994-1996)

Mount Olive Correctional Complex Mental Health Unit – Clinical Director (1996-1999)

Forensic Evaluation Unit – Clinical Director (1993-2004)

Forensic Services Task Force – WV DHHR (1999, 2003 & 2004)

Forensic Task Force – Office of Behavioral Health & Health Facilities (2002)

West Virginia Division of Corrections – Prehire Evaluation Program (1997-2002)

West Virginia Public Service Commission – Firearm Screening for Highway Officers (1998-present)

Sexually Violent Predator Management Task Force – (2006-2007)

Eyewitness Identification Task Force – (2007-2008)

PSI-MED Corrections - Clinical consultant for WV Division of Corrections; Division of Juvenile Services and Regional Jail Authority (2007- 2010); Clinical Director (2010-)

AWARDS & RECOGNITION

Entrepreneur of the Year-West Virginia Finalist (1991 and 1998)

The Superintendent's Blue Ribbon Award for Contributions to Kanawha County Schools (1991)

Who's Who in West Virginia Business, *The State Journal* (1997)

Mildred Mitchell Bateman Tribute Award, Mental Health Association (2009)

COMMUNITY ACTIVITIES & CONSULTING

Media:

On Air Consultant to WSAZ 3 (NBC), WCHS 8 (ABC); WVAH 11 (Fox) and WOWK 13 (CBS) (Ongoing)

Life Challenges produced by WV Library Commission (1992-present)

Resource for Educational Tapes

Eckerd Youth Facilities Consultant (2007)

National Alliance of the Mentally Ill – Consultant to Executive Director (2006-presen8) and Clinical Coordinator for CIT Training Program

The Clay Center – Consultant (2006)

Appalachian Pain Foundation Board of Directors (2006-2008)

Workers Compensation Fund Health Care Advisory Panel (2005)

Chain Breakers Board of Directors (2004-2007)

Communities That Care Steering Committee (2004-present)

Garnet Career Center School of Health Care Advisory Committee (2004)

WV DHHR Consultant to Develop Statewide EAP (2004)

Kanawha County Commission Behavioral Health Services Grant Consultant (2004)

YMCA Spirit of the Valley – Team Captain (2003-2006)

APS Provider Quality Improvement Council (2003-2007)

Mission West Virginia (1997-present)
Chair (1997-2001)

Leadership West Virginia (1998)
- Board of Directors (1999 and 2009-present)
- Alumni Committee, Chair (2009-present)

Rotary Club of Charleston (1983-present)

Charleston Area Regional Chamber of Commerce and Development (1981-1999)
- Small Business Advisory Committee
- Employee Involvement Sub-Committee
- Legislative Affairs Sub-Committee
- Expect the Best (Founder)
- Board of Directors

West Virginia Chamber of Commerce (1982-present)

- Workers' Compensation Committee (1982-1983)
- Small Business, Chair (2008-2011)

Kanawha Valley Business Forum (1984-1994)

Uniform Credentialing Committee (2001-2007)

Hartley Crisis Management Consultant - WV Office of Behavioral Health Services (2001)

Ad hoc Committee on Behavioral Health Standards (1995)

West Virginia Board of Examiners of Psychologists (1987-1990)

- Supervision Coordinator

Behavioral Health Services Consultant to Montgomery General Hospital (1993-1997)

West Virginia Department of Health & Human Resources

- Consultant to HR Staff
- Program and Staff Consultant to the Secretary
- Office of Behavioral Health Services
- Bureau of Public Health
- Office of Children's Services

Special Consultant on P.E.I.A. Mental Health Benefits and Co-Chair Mental Health Services Steering Committee (1989-1990)

Governor's Workers' Compensation Fund Advisory Committee (1989-1991)

- Chair, Rehabilitation Services Committee

Statewide Health Coordinating Council (1984-1986)

- Executive Committee
- Chair, Plan Development Committee

West Virginia Health Systems Agency (1977-1983)

- Chair, Regional III (1978-1983)
- State Project Review Committee (1978-1979)
- Chairperson's Forum (1978-1983)
    - Chair (1980-1983)

West Virginia Continuum of Care Committee, Alternate (1982-1984)

Health Service Integration Project – West Virginia Department of Health (1979-1982)

Governor's Commission on Alcoholism & Alcohol Abuse (1978-1982)

West Virginia Department of Welfare- Medical Service and Crippled Children's Division, *Program on Assessment, Treatment and Impact of Illness* (1978-1979)

Kanawha Hospice Care, Inc.

- Founder
- President (1980-1982)
- Consultant

Hospice Consortium Kanawha/Charleston Health Department (1978-1980)

EPI-LAB Seizure Control Program, West Virginia Department of Rehabilitation Services (1977-1980)

Compassionate Friends Advisory Board, WV Chapter (1989-1990)

P.L.E.A.S.E. – Kanawha County Sheriff Department Drunk Driving Task Force (1986-1988)

West Virginia Kidney Foundation (1978-1980)

- Board of Directors

Caring and Sharing, American Cancer Society (1979-1982)

Easy Breathing Program, West Virginia Lung Association (1977-1982)
River School Board of Trustees (1981-1983)

Sample of businesses and other organizations to which Consulting, Training or Lectures provided:

Canadian Training & Development Group
DuPont
FMC
University of Charleston
US Army & Air Force Reserve
WV Manufacturer's Association
Financial Women International
Anker Energy
Peabody Coal/Eastern Associated Coal
Charleston Area Medical Center
Putnam General Hospital
Thomas Memorial Hospital
St. Francis Hospital
Fox Run Hospital
Spilman & Thomas
Jackson & Kelly, PLLC
Bowles, McDavid, Graff & Love
Pfaff & Smith, Inc.
Clarksburg Casket Co.
TV Fox 11
WV Public Health Association
Funeral Directors International
Seven States Veterinary Association
Old Colony Realty
Corridor L Regional Tourism
Century Aluminum
RMI, Ltd.
Equitable Insurance Group

Akron General Hospital
Eye Physicians & Surgeons
WV Department of Highways
WV State Auditor
WV Department of Environmental Protection
WV Department of Natural Resources
WV Chamber of Commerce
Jefferson Pilot/MedCert
WV Adult Education Association
WV State Police
WV School Board Association
Ntelos
Alzheimer's Association
Leadership West Virginia
International Association of Administrative Professionals
St. Mary's Hospital Cardiac Care Conference
St. Mary's Hospital Medical Staff
WV Association of Student Financial Aid Administrators
Dow Chemical
WV American Water Company
Farrell, Farrell & Farrell Law Firm
West Virginia Mutual Insurance Company
HR Statewide Conference
WV Broadcasters' Association
WV Realtors Association
WV Insurance Commission
WV Mental Health Association
Advanced Courtroom Training -WV Prosecuting Attorney's Institute
PSI-MED, Inc. – Prison Mental Health
Robert C. Byrd Health Sciences Center – Department of Behavioral Medicine
Marshall University Forensic Science Program
Marshall University Medical School
Solo & Small Firm Conference – WV Continuing Legal Education
United Stated Federal Probation Officers
WV Judicial Conference

Recent topics include:

- Surviving Medical Malpractice – Physician's Guide
- Assessing Sexual Offenders
- Reluctant Witnesses in Domestic Violence and Sexual Assault
- Executive Stress Management
- Dealing with Corporate Change
- Maximizing Performance for Realtors
- Forensic Assessment – A guide for attorneys
- Understanding White Collar Criminals
- Establishing and Managing a Forensic Practice
- Coping with Maturation
- Advocacy for Mental Health Services – Giving a Voice to the Voiceless
- Managing Federal Probationers – Practical Guidelines for Officers
- Managing Difficult Employees
- Psychological Fitness for Duty and Return to Work: Assessments and Interventions

SELECTED CONTINUING EDUCATION

APA Peer Reviewer Workshop (1985)
Preparing and Using the Mental Health Professional as Expert Witness (1986)
Meeting Challenges to Testimony of Mental Health Professionals (1986)
Roles for the Expert Witness (1986)

Practice Options for the Next Decade (1986)
Cleft Palate: Adjustment Factors (1987)
Advanced MMPI-2 Workshop (1991)
Anxiety Disorders: Psychological and Pharmacological Treatment (1992)
Psychological & Psychiatric Testimony in Court (1993)
Professional Review Standards and Practice (1993)
Managed Care in Clinical Practice (1993)
Preparing for the Diplomate in Forensic Psychology (1993)
Short Term Psychotherapy with Difficult Patients (1995)
Criminal and Juvenile Justice: Clinical and Legal Issues (1997)
Advanced Forensic Psychology Practice: Issues in Applications (2000)
The Ethical and Professional Challenges of Court Testimony (2001)
Forensic Application of the MMPI-2 (2003)
Excusing and the New Excuses (2003)
Comprehensive Child Custody Evaluations (2003)
Ethics and the Business of Forensic Practice (2004)
Assessment and Management of Workplace Violence (2004)
Psychological Evaluation and Testimony in Cases of Clergy and Teacher Sex Abuse (2004)
Overview of Neuropsychological Assessment (2004)
An MMPI-2 Update for Correctional Psychologists (2006)
Forensic Psychological Evaluations: Process, Protocol and Billing (2008)
Children, Divorce, and Custody: New Research & Roles for Psychologists (2009)
Psychological Experts in Malpractice Litigation (2009)
Psychological Independent Medical Examinations in Disability Matters (2009)
Supervision for Psychologists (2009)
Risk Management in Specific High Risk Areas (2010)
MMPI-2-RF (2009 & 2010)
WAIS-IV/WMS-IV and ACS (2010)

MargaRita L. Pauley, M.A., M.A., LSW

EXPERIENCE

Vice President of Operations, October 2007 - Present
PSIMED CORRECTIONS, LLC, P.O. Box 9569, South Charleston, West Virginia 25309

- Responsible for the oversight of statewide mental health services for the West Virginia Division of Corrections (WVDOC) contract with approximately 6,500 adult male/female offenders in fifteen (15) state correctional facilities.
- Responsible for the coordination and supervision of substance abuse and sex offender services for offenders on parole supervision in WVDOC.
- Responsible for the set up and development of new contracts with the Veterans Administration working with veterans diagnosed with PTSD (Post Traumatic Stress Disorder) providing readjustment counseling services.
- Responsible for oversight, billing and audit compliance for the community based mental health and substance abuse treatment services for the federal Mothers and Infants Together (MINT) Program located in Hillsboro, WV.
- Responsible for billing and collections for psychological services provided to the WVDOC offenders housed at the McDowell County Correctional Center.
- Coordinated classes for PSIMED's Cohort Degree Program through Marshall University – Master's of Arts Degree in Counseling with an emphasis in Corrections and Certification in Sex Offender Management.
- Responsible for the partnership with Marshall University Psychological Consortium for the application and implementation of APPIC and APA Internship Programs.
- Planning and implementation of continuing education training opportunities for employees, students and community members (WAIS-IV, Sex Offender Programming, MMPI-2-RF).
- Staffing plan and proposal development for new business contracts.
- Responsible for oversight and management of individualized site contracts.
- Human Resource Management for new hires and existing employees.
- Development, planning and implementation of annual training for all employees to include: agenda, speaker confirmations, continuing education approvals, etc.
- Provide quarterly summary reports to the Medical Audit Committee for current contracts.
- Audit expense reports submitted for reimbursement.
- Develop business plans for contract proposals.

Adjunct Professor – Counseling Department
Marshall University Graduate College, May 2009 – 2012

- Responsible for teaching adjunct classes on correctional counseling:

- Provide feedback and updated grades to students through utilization of the WebCT.
- Courses Taught - 574 – Social and Cultural Issues in Counseling(summer 2009)
  603 – Counseling Theories (spring 2010)
  641 – Seminar in Correctional Counseling (fall 2010)
  691 – Internship (Spring 2011) – Assisted Dr. Bob Rubenstein
  691 – Internship (Summer 2011) – Assisted Dr. Bob Rubenstein
- Responsible to recognize and use appropriate resources for effective counseling of people of different cultural, ethnic, social, class, racial, geographic or other backgrounds.
- Develop appropriate practicum and internship placements for graduate students.
- Responsible for assisting the student in meeting the requirements for placement to include individual and group counseling, documentation, crisis intervention, etc.
- Development and set up of the Counseling 602 – Developmental and Adjustment Issues for the fall 2009 class session.

Correctional Mental Health Regional Administrator, September 2001 – October 2007
PSIMED CORRECTIONS, LLC, P.O. Box 9569, South Charleston, West Virginia 25309

- Complete annual performance evaluations for statewide mental health staffing in contracted correctional facilities
- Assist in the coordination of ACA and NCCHC Standards compliance
- Responsible for ensuring NCCHC (mental health) accreditation in five correctional facilities
- Responsible for ensuring ACA accreditation in one correctional facility
- Completion of monthly staffing matrix, staffing reports and billing audits for seven correctional facilities
- Responsible to track and submit monthly statewide mental health services statistics
- Responsible for the oversight and supervision of statewide mental health services for the West Virginia Division of Corrections
- Provide monthly summary reports to the Medical Audit Committee at each contracted facility on a monthly basis.
- Audit expense reports submitted for reimbursement
- Develop business plans for contracted facilities

Correctional Mental Health Director, September 1999 – September 2001
Mt. Olive Correctional Complex, One Mountainside Way, Mt. Olive WV 25185

- Participate in monthly budget meetings

- Responsible for the supervision of mental health staff
- Development of employee handbook
- Complete annual performance evaluations for staff
- Assist in the coordination of ACA Standards compliance
- Calculate monthly statistics for mental health services provided

Correctional Mental Health Psychologist, July 1999 – September 1999
Mt. Olive Correctional Complex, One Mountainside Way, Mt. Olive WV 25185

- Complete intake assessments
- Responsible for conducting segregation unit weekly rounds
- Communicate with the segregation unit commanders on a daily basis
- Develop step-down plans for high risk offenders being released from segregation status
- Crisis response to the medical, mental health and segregation units

Correctional Mental Health Therapist, March 1996 - July 1999
Mt. Olive Correctional Complex, One Mountainside Way, Mt. Olive WV 25185

- Coordinate mental health evaluations for inmates at MOCC
- Participate in administrative segregation hearings for offenders in segregation
- Develop parole and step-down group modules for offenders
- Develop and propose individualized step-down plans for long term segregation offenders

SHAWNEE HILLS, INC.
Intensive Outpatient Services Team Leader, August 1989 to March 1996

- Assess, link, & coordinate services of consumers on caseload
- Monitor relapse and de-compensation of individuals, arranging the necessary treatment therapy for a variety of psychiatric emergencies
- Develop treatment plans using measurable and behavioral goals and objectives
- Daily and quarterly monitoring of progress/issues through detailed documentation
- Regular assessment and annual summarization of bio-psychosocial information on treatment progress, treatment issues and unmet needs

EDUCATION

MARSHALL UNIVERSITY GRADUATE COLLEGE
Master of Arts, Psychology, May 1999
-Concentration on Diagnosis and Intervention
3.85 GPA

UNIVERSITY OF WEST VIRGINIA COLLEGE OF GRADUATE STUDIES
Master of Arts, Counseling, May 1994
-Concentration on Corrections
3.86 GPA

WEST VIRGINIA STATE COLLEGE
Bachelor of Arts, Psychology, May 1990

SPECIALIZED TRAINING

Crisis Intervention Teams: A Frontline Response to Mental Illness in Corrections
National Institute of Corrections Academy, Aurora, Colorado
March 12, 2012 – March 15, 2012

Information Security Awareness
Veterans Administration
Joy Hunter, PhD
January 26, 2010

Privacy Policy FY10
Veterans Administration
Joy Hunter, PhD
January 28, 2010

Individuals with Mental Illness in the Criminal Justice System: Addressing Criminogenic Risks and Mental Health Needs
Jennifer Skeems, PhD
November 18, 2009

LEAD Master's Phase III
WVDOC Correction's Academy
November 16-18, 2009

EMERGE-Batterer's Intervention Prevention Program
WV Coalition Against Domestic Violence
June 18-20, 2009

Knowing When to Recommend RSAT
WV Division of Corrections
June 23-24, 2009

How to Excel at Managing and Supervising People
SkillPath Seminars
June 26-27, 2008

PROFESSIONAL LICENSE / COMMITTEES

Supervised Psychologist
Effective Date: September 1999 (inactive status)
Supervisors: David A. Clayman, Ph.D
Steven Dreyer, Ph.D

WV Social Work License
Effective Date: December 1, 2003 - Current
License Number: AP00941336

Basic Life Support Instructor
American Heart Association
Instructor Number: 272

LS/CMI Statewide Implementation Committee
June 2010 – February 2012
WVDOC has been tasked with the implementation of the LS-CMI for Accelerated Parole and incarcerated offenders. Also, currently serving on the Policy and Procedures Sub-Committee for oversight of how this instrument will interface with current psychological practices.

In Defense of Battered Women Committee
April 2009 – November 2011
WV Coalition Against Domestic Violence and the National Clearinghouse for the Defense of Battered Women (National Clearinghouse) formed a partnership and developed an oversight committee to identify approaches that are working and to help build consensus in our understanding of the best ways to assist battered women who themselves are charged with crime.

WV Division of Juvenile Services Advisory Committee
July 2007 – Present
Responsible to assist in curriculum review and program development oversight for the WVDJS.

Risk Assessment and Classification Identification Committee
January 2005 – June 2009
Responsible for the development of psychological stability code review assignment and risk assessments for inmates incarcerated in the WVDOC. This committee completed assigned tasks and disbanded.

WV Serious and Violent Offender Reentry Committee Member
September 2002 – January 2008
Partnership between the West Virginia Department of Corrections and several community stakeholders.
Grant funding expired and the committee disbanded.

Correctional Mental Health Sub-Committee Member
December 2004 – 2006

This committee is made up of community providers to identify the treatment needs of offenders being released from prison and returning to our communities. This is a subcommittee to the WV Serious and Violent Offender Reentry Committee.

Administrative Segregation Committee Member
May 1996 – September 2000
This committee is charged with considering and reviewing placement of offenders at MOCC in Administrative Segregation and Step-Down Custody, to review offender requests for Special Management Status, and to perform related tasks as assigned by the Warden.

Hostage Negotiation Team
May 1999 – September 2000
This team is charged with responding to crisis situations involving staff and inmates. Bi-annual training to role-play hostage situations is provided through the Federal Bureau of Investigations.

PRESENTATIONS

Connecting the Dots –
American Correctional Association Winter Conference
New Orleans, LA, Saturday, August 9, 2008

Connecting the Dots –
Women Working In Corrections & Juvenile Justice 12th Annual Conference
Des Moines, Iowa, Monday, October 27, 2008

Journey Through the Mountains - Women Working In Corrections& Juvenile Justice 12th Annual Conference
Des Moines, Iowa, Tuesday, October 28, 2008

CURRICULUM VITA

Timothy Lawrence Thistlethwaite, MD

Education and Training

1983-1987	West Virginia University – Bachelor of Arts in Chemistry
1987-1991	West Virginia University - School of Medicine~ MD
1991-1993	Charleston Area Medical Center / WVU School of Medicine- Charleston Division – Two years Residency Training in Internal Medicine
1991-1994	Charleston Area Medical Center / WVU School of Medicine- Charleston Division- Residency Training in Psychiatry
1994-1995	Charleston Area Medical Center, Charleston, WV Chief Resident in Department of Behavioral Medicine and Psychiatry

Board Certification

April 1996	American Board of Psychiatry and Neurology
September 2006	Recertified, American Board of Psychiatry and Neurology

Medical Licensure

1993- present	West Virginia Board of Medicine- License # 17498

Work Experience

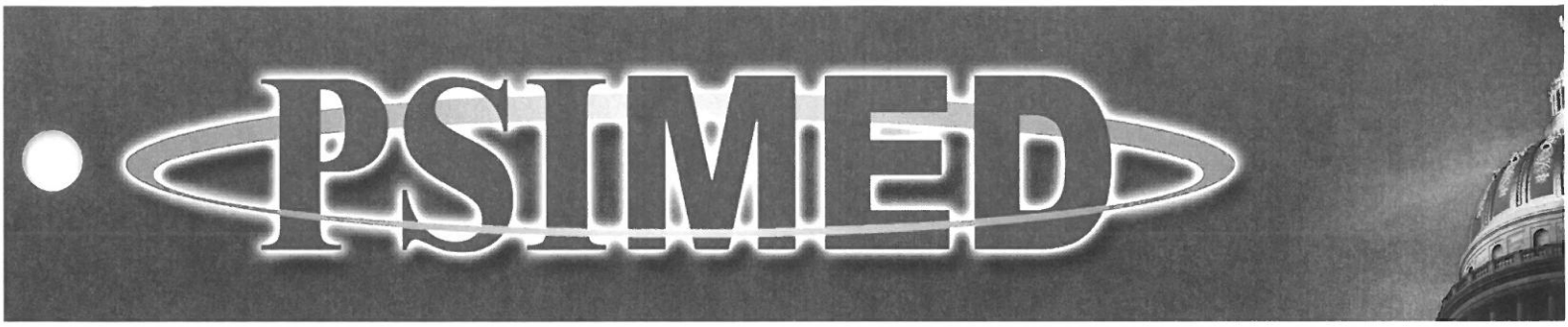
1993-1995	Thomas Memorial Hospital, South Charleston, WV Part-time Psychiatrist for Chemical Dependency and Psychiatric Unit
1993-1995	PsyCare, Inc., South Charleston, WV Part-time Psychiatrist in private setting, outpatient setting
7/95-9/06	PsyCare, Inc., South Charleston, WV Full-time private practice Psychiatry
1995-2002	Thomas Memorial Hospital, South Charleston, WV Medical Staff

1995- present	Mount Olive Correctional Center, Mount Olive, WV Medical Director for Mental Health Services
1995-1999	Psychiatric Services- South Central, Southern and Southwestern Regional Jails
1995-10/04	Forensic Psychiatric Evaluations at South Central Regional Jail Forensic Evaluation Unit
2002- present	PSIMED Corrections, LLC Medical Director, Corrections Division
10/04- 9/06	Psychiatric Consultant to Forensic Evaluation Unit- South Central Regional Jail
9/06- present	Tim Thistlethwaite, MD, PLLC, Charleston, WV Full-time Private Practice, Psychiatry

ORGANIZATIONS

1993- present	Member, American Psychiatric Association
1993- present	Member, West Virginia Psychiatric Association
1996- present	Diplomat, American Board of Psychiatry and Neurology

Proposal Exhibit 21: PSIMED Overview



PSIMED CORRECTIONS, LLC, a West Virginia based behavioral healthcare management company, is West Virginia's largest provider of correctional behavioral healthcare and has been providing statewide comprehensive services for offenders in the custody of the West Virginia Department of Military Affairs for more than 18 continuous years. Current PSIMED Corrections contracts consist of providing statewide behavioral health services for the WV Division of Corrections (WVDOC), Parole Services, the Division of Juvenile Services (WVDJS) and the WV Regional Jail and Correctional Facilities Authority (WVRJCFA). PSIMED has been successful in partnering with the West Virginia Department of Military Affairs to develop and provide high quality cost effective behavioral health services for West Virginia's Correctional Facilities and community corrections offenders.

In addition, PSIMED currently holds contracts to provide services to the Western Regional Day Report Drug Court and the Federal Bureau of Prisons Community Transitional Drug Abuse Treatment and Mental Health Services to the offenders in the Mothers and Infants Nurturing Together (MINT) program located in Hillsboro, West Virginia. Through a Memorandum of Understanding (MOU), PSIMED partners with the Cabell County Adult Drug Court and the Human Resources Development Foundation (HRDF) to provide community based counseling services.

PSIMED is committed to continuous quality improvement as a way to meet the changing needs of our customers. It is our practice to be acutely sensitive to business and work environments by consistently exploring the advantages of partnering with other state agencies to allow us to maximize utilization of resources available throughout the state. Services provided by PSIMED enhance the provision of a safe, secure, and humane correctional system by providing a standard of care for consistent and cost effective mental health services. PSIMED is committed to utilizing the most recent, effective and cost efficient modalities in order to meet and exceed accepted standards of professional practice.

PSIMED's continued commitment to quality mental health services has resulted in a network of services, which exceed expectations. PSIMED recognizes Community Reintegration Programs (Reentry) as a key component necessary for the continued success of inmates upon discharge from the correctional system. PSIMED has been successful in assisting with community based on-site staff orientation and consultation for inmates placed in community group home settings. This program has been a key factor to ensure successful community reentry based placements. In addition, PSIMED has partnered with a community based non-profit company, Transitions, Inc., to assist in the bridging of services for offenders transitioning out of the prison system who are in need of continued psychotropic services until they are able to receive follow-up care with a community mental health agency.

PSIMED staff has developed a strong partnership with the WV State Police Department, beginning in 1996, to provide Sex Offender Community Notification Meetings of discharged or paroled sexual offenders. This partnership involves traveling to all 55 counties in WV to participate in community notification meetings for the public. This illustrates PSIMED's commitment to community safety and to provide quality services based on the needs of the state.

PSIMED was the first private company in the nation to provide a licensed Batterer's Intervention Prevention Program (BIPPS) in a maximum-security correctional facility and is the only correctional behavioral healthcare company in the state of West Virginia to currently meet and exceed the mandated standards for licensure of BIPPS. In addition, the WV Coalition Against Domestic Violence approached PSIMED and requested approval to implement PSIMED's BIPP's model to community providers. PSIMED has assisted with this project by designating staff hours and training to help with the curriculum development and training for community providers. In addition, PSIMED provides volunteer consultants to participate on the Family Services Protection Board (FSPB) to assist with licensure for BIPPS programs throughout the state.

PSIMED

PSIMED provides specialized training to various agencies including the United States Attorney's Crimes Against Children Task Force, WV State Police, WV Sheriffs Association Leadership Academy, Children's Justice Task Force, Women's Resource Center for Summers County Multi-Disciplinary Investigative Teams and for the Mental Health in Corrections Consortium.

PSIMED has experience designing statewide systems with comprehensive mental health services to include service delivery and statistical reporting congruent with national reporting measures (see attachment for details)

STATEWIDE SYSTEMS EXPERIENCE INCLUDES:

PSIMED is experienced in building statewide systems of comprehensive mental health services for prisons, jails and juvenile facilities. Services are provided at all levels of security to include: administrative segregation, quality of life, medical unit, mental health unit, mainline population, work release centers, community corrections, youth report centers, youth detention centers and youth correctional centers.

Statewide System of Care for the West Virginia Division of Corrections
Inception Date: March 1996. (Map Attached).

Statewide System of Care for the West Virginia Division of Juvenile Services
Inception Date: March 2007. (Map Attached).

Statewide Psychiatric and Psychological Services System of Care for the West Virginia Regional Jail and Correctional Facility Authority
Inception Date: June 2008. (Map Attached).

TELEMEDICINE:

In 2002, PSIMED effectively developed and implemented West Virginia's first statewide telemedicine program which was integrated with the Division of Corrections' technology to include the use of T-1 lines and high security maintenance systems. PSIMED found this to be an effective tool for reducing inmate transfers and providing a more efficient delivery of psychiatric and psychological services. PSIMED is experienced in network development and technical support as well as the implementation, enhancement, and expansion of successful correctional telemedicine programs. PSIMED recognized the benefits that telemedicine programs has offered our customers by creating a continuum of care providing for more timely and comprehensive mental health programming through the marriage of telemedicine with psychiatry and psychological services. PSIMED has significantly improved the delivery and quality of services to small rural communities rivaling that of larger urban areas through the use of telemedicine.

Telemedicine has:

- Increased the continuity of care among offenders on psychiatric caseloads within the WV Depart ment of Military Affairs.
- Increased the availability of services to rural areas.
- Allowed more effective utilization of psychiatric FTE's creating an economy of scale in small markets.
- Maximized mental health services to facilities with limited availability of service hours.
- Supported PSIMED in maintaining a high standard of care throughout statewide systems.
- Enabled inmates to be maintained on the same psychiatric caseload which reduced pharmacy costs and duplication of services.
- Increased ability to offer emergency and critical care services in a timely manner.

- Eliminated the need for unnecessary off-site or inter-facility transportation.
- Significantly decrease the cost of inmate movement for the Department of Corrections.

SERVICE MODEL:

PSIMED works cooperatively with the medical provider to conduct mental health screenings on every inmate that is received in the intake center. Inmates who are identified with mental health indicators are immediately referred to a master's level licensed clinician for a more in depth clinical evaluation. Inmates are referred for individual and group therapy based on current issues and level of services needed. Individual therapy is based on a brief cognitive therapy model in order to provide solution focused therapy and to decrease staff over-familiarity issues with the inmate. Service needs are dynamic and program plans are tailored around these ever changing needs. PSIMED works with the facility staff to develop individualized treatment plans and curriculum for special needs populations.

PROGRAM DEVELOPMENT:

PSIMED provides program development for correctional and community based criminal justice agencies. We utilize the latest research regarding offender programs to address risk factors related to recidivism that follows national best practice guidelines, and tailor services based on individual and institutional need. This is accomplished by gathering information from the National Institute of Corrections, Center for Sex Offender Management, Association for the Treatment of Sexual Abusers, Office of Juvenile Justice and Delinquency Prevention, Substance Abuse and Mental Health Services Administration and various other offender-based journals and publications.

To address various learning styles of the program participants, multimedia resources are used to deliver content (i.e. videos, role play, etc.) and homework is utilized to provide focus on content between group sessions. All program participants must sign appropriate consent for treatment and acknowledgement of limits of confidentiality forms prior to beginning group. Group notes are maintained on each offender in the group, tracking their progress throughout their participation in the program.

In the initial stage of program development, we work directly with leadership, institutional staff and those participating in the program to complete a detailed assessment of current programs offered. This information is then compared to national research to identify strengths and weaknesses of the programs. Once the assessment is completed, PSIMED staff works directly with institutional staff to develop standardized programs.

With our experience working inside a variety of institutions, we recognize and address the unique needs of the correctional environment. As best practice programming models are utilized, we are also able to address needs such as:

- Security of the institution
- Offender movement
- Various educational levels of the population
- Difficulty of maintaining consistent staff
- Training needs for treatment and security staff

PSIMED utilizes group counseling based on a cognitive-behavioral model. Psycho-educational phases are incorporated in programs to ensure cost-effective implementation by utilizing correctional staff as facilitators. To ensure appropriate implementation, correctional personnel are trained to facilitate the specific programs. Quality assurance is monitored by peer and mentor evaluations of facilitators. For the 'treatment' components of each program, PSIMED provides qualified, professional staff in each area for direct service implementation. Our professional staff

understands the importance of working as a team and the importance of providing support, resources, and training to institutional personnel at all levels.

To compliment program development, PSIMED may also participate in developing institutional policies and procedures, victim-related services, designing legislative mandates, gathering statistical information, grant writing, grant implementation, community education, partnership with community agencies and committee memberships.

Anger Management Program (Managing My Anger)

This program is designed to address inappropriate responses to anger in general situations. Those with a history of domestic violence should not be referred to the Anger Management (MMAB) Program, even if they have previously completed the Batterer's Intervention Prevention Program (BIPP).

Offenders are referred through standard referral procedures within facilities (in most cases, through the case manager in the form of a resource referral form based on information contained in the offender's Individual Re-Entry Program Plan (IRPP). The program facilitator will conduct an initial screening to determine appropriate group placement. If domestic violence issues are discovered, an offender is immediately referred to BIPPS, and will NOT participate in the Anger Management (MMA) Program.

To be eligible for this program, an offender should have a documented history of issues involving inappropriate responses to anger (i.e. multiple institutional write-ups, criminal history, etc.) All participants must sign appropriate consent for treatment and acknowledgement of limits of confidentiality forms prior to beginning group. Group notes are maintained on each offender in the group, tracking their progress throughout their participation in the program.

This program lasts approximately ten sessions, with one-hour sessions held at least once a week. Offenders are encouraged to look at how anger was dealt with in their home as a child, and how their coping skills in dealing with anger developed throughout different stages in their life. Offenders are educated on anger as a process, and are encouraged to examine how their own anger progresses in an attempt to identify early warning signs for more effective management of anger. Inmates are educated on different types of responses to anger (identifying both inappropriate and appropriate responses.) They are also educated on common origins of conflict, and common characteristics that impede and/or benefit conflict resolution. Offenders are also educated on critical thinking skills and how to set goals effectively. The program is divided into sections dealing with past anger (roots of anger), self anger, dealing with situations within the prison setting and dealing with situations outside of the prison setting.

Program Report Cards and certificates of participation are granted upon completion of the program, and maintained in the offender's file.

In order to become a MMA group facilitator, the facilitator must complete 16 (sixteen) hours of group facilitation training and 16 hours of training specific to the MMA curriculum. Facilitators are required to re-certify every 2 years with eight (8) hour recertification training.

Batterer's Intervention and Prevention Program (BIPP)

This program is licensed by the State of West Virginia's Family Services Protection Board, and annually reviewed to assure quality of services as well as adherence to state guidelines. West Virginia Division of Corrections (WVDOC) in partnership with PSIMED was the first correctional system in the nation to have a licensed domestic violence perpetrator program within their correctional facilities. Facilitators must complete an initial 30 hour training to become a certified BIPPS Facilitator. Recertification is required every 2 years and a sixteen (16) hour recertification class must be complet-

ed. Three (3) hours of continuing education is required in the year between recertification.
The program is a minimum of 32 sessions, meeting once or twice weekly for at least an hour long session. To be eligible for admittance into the group, and offender must meet at least one of the following criteria:

1. The offender must have a history of domestic violence behavior, with or without a history of domestic violence related charges. The offender may or may not be serving his current sentence for this type of charge. (This includes, any history of charges with a domestic violence component – i.e. Burglary of a partner's residence, destruction of property, harassing communications, etc.)

2. The offender has been observed to exhibit behaviors related to domestic violence during incarceration (i.e. abusive communication during phone calls/visits, violence towards same-sex partner, etc.)

This program uses the "Power and Control" model and is largely based on the groundwork laid by the Duluth and Emerge programs. It addresses forms of domestic violence as set in the "Power and Control Wheel." This program incorporates multimedia resources (i.e. videos, role plays, etc.) to educate offenders on their use of violence and alternative, appropriate, respectful responses to replace abusive/controlling behaviors. Homework is utilized for offenders to work on program content between sessions.

Taking responsibility and being accountable for abusive, controlling behaviors is emphasized and reinforced within the group. Offenders are encouraged to examine and challenge their beliefs about women and relationships in general, in an effort to make a permanent change in their behavior and attitudes. Offenders are educated on different forms of abuse such as isolation, economic abuse, emotional abuse, physical abuse, sexual abuse, use of culture/religion to be abusive, etc. They are educated on appropriate forms of communication, negotiation of needs and how to develop safe and supportive relationships. Distorted thinking is confronted, and offenders are educated on how to rationally challenge these thoughts. Offenders are also required to complete a reinvestment project as part of the program. Past examples of these projects include printable brochures, vignettes for use within the group, and outreach projects.

Crime Victim Awareness (CVA)

The Crime Victim Awareness program addresses the development of empathy in offenders for victims of criminal acts. This program is approximately 15 sessions in duration, meeting at least once a week for at least an hour-long session.

This program examines the various effects on victims of criminal behavior, and the specifics of different areas of criminal behaviors (i.e. gang-related crimes, murder, etc.) Offenders are educated on primary and secondary victims as well as the different areas in which victims are affected by criminal activity (i.e. physical, financial, spiritual and psychological). Understanding empathy, compassion and learning to develop it for others is a large part of this program. Offenders are encouraged to begin to think empathically and compassionately when dealing with other people. The impact of media on victims is examined and Victims' Rights are reviewed.

Offenders are referred through standard referral procedures within facilities (in most cases, through the case manager in the form of a resource referral form based on information contained in the offender's Individual Re-Entry Program Plan (IRPP). Once a referral is received, an initial screening is conducted by the facilitator.

Upon the offender's completion of the 15-session program, an exit interview is conducted by the facilitator. The offender's participation is reviewed with that offender and the victim empathy assessment is re-administered to help determine if the program had any impact on the offender's level of thinking/empathy for victims. Program Report Cards and certificates of participation are granted upon completion of the program, and maintained in the offender's classification file. Facilitator training for this program consists of sixteen (16) hours with an annual refresher training of eight (8) hours.

Group Facilitation

Group facilitation skills is a sixteen (16) hour training for new facilitators or those wanting to "refresh" their group facilitation skills. This training covers the basic components of group facilitation. Topics addressed during this training include, but are not limited to: motivational interviewing, stages of group development, stages of individual change, setting up your group, group screening and orientation, strategies for getting group members involved and dealing with difficult group members. This training also addresses the different styles of learning and provides an opportunity for new facilitators to plan and practice making a presentation before the group.

Sex Offender Program (SOP)

In order to become a SOP group facilitator, sixteen (16) hours of training specific to the SOP curriculum must be completed. Facilitators are required to complete a sixteen (16) hour re-certification training every 2 years.

The Sex Offender Program is developed to work with inmates who have a history of sexual offending behaviors. The participating offender may or may not be currently incarcerated for a sexual offense. Any history of a sexually-related offense makes the offender eligible for the SOP.

The SOP is a three-tiered program. Every participating offender begins this program in Phase I. All offenders with a history of sexual offending behaviors should be referred to Phase I of SOP. Offenders are referred through standard referral procedures within facilities (in most cases through the case manager in the form of a resource referral form based on information contained in the offender's Individual Re-Entry Program Plan (IRPP)). Once a referral is received, the SOP facilitator will conduct an initial screening session to gain necessary information. A victim empathy assessment is administered to help determine an offender's initial level of empathy for victims.

This initial phase is educationally based, and does not require the offender to admit any guilt for sexual offending. It is 10-12 sessions, meeting once a week for at least an hour per session. Topics addressed include content vs. cooperation, WV sex offender registry laws, the "Deviant Cycle," thinking distortions/psychological defenses, effects of sexual assault on victims, legal issues, anger management, etc. Multimedia resources are used to deliver content (i.e. videos, role plays, small group work, etc.)

Upon the offender's completion of Phase I, an exit interview is conducted by the facilitator. The offender's participation is reviewed and the victim empathy assessment is re-administered to help determine if the program had any impact on the offender's level of thinking/empathy for victims. Program Report Cards and certificates of participation are granted upon completion of the program, and maintained in the offender's file. If an offender wishes to continue with the SOP, an initial screening is conducted to prepare the inmate to enter Phase II of the SOP.

Phase II of the SOP is a more treatment-based and completely voluntary phase which requires the offender to admit to some form of sexual deviance which can be addressed by participation in the group (the offender does not have to admit guilt to the crime for which they are currently incarcerated.) All participants must sign appropriate consent for treatment and acknowledgement of limits of confidentiality forms prior to beginning group. Group notes are maintained on each offender in the group, tracking their progress throughout their participation in the program.

The group addresses such issues as accepting responsibility, behavior modification, including the "Deviant Cycle," cognitive restructuring, motivation of offense, victim empathy, healthy relationships, social skills, human sexuality, etc. The offender is expected to openly discuss the content in relation to their specific sexual deviance issues. Offenders are encouraged to develop insight into the motivation for their offense, and to challenge irrational and distorted thoughts with realistic and rational thinking. Offenders are educated on healthy relationship boundaries, and appropriate and

safe sexual relationships. Further work on empathy is done in this phase, with support in developing and implementing empathic responding in relationships. This phase of the SOP is a minimum of 150 sessions and is point based. In order to successfully complete this phase, the participant must achieve 85% of the total points.

Once the offender completes Phase II he will complete at least one year of Aftercare, which is considered the third phase of treatment. This phase focuses on relapse prevention and community transition issues. Offenders are encouraged to begin developing a reliable support system, and identify resources for meeting their needs in the community. Offenders focus on realistic, effective goal development, and emphasis is placed on continued structure upon reentry into society. Offenders are asked to develop a relapse prevention plan to immediately address any high risk behaviors upon release.

Group notes are maintained on each offender in the group, tracking their progress throughout their participation in the program. This program is ongoing until the offender's release from the facility, meeting weekly for at least an hour per session.

IPV Survivors' Group (DVIP)

This program focuses on issues faced by women who have been in abusive intimate relationships. Topics focus on understanding the coercive control tactics used by perpetrators, developing a safety plan for leaving an abusive relationship, and developing healthy intimate relationships. The group extends for 12 sessions, and uses a variety of multi-media teaching methods. Emphasis is placed on behavior accountability while assisting participants in recognizing warning signs early in relationships.

Female Non-Defensive IPV Perpetrators' Group

This is a 10 session psycho-educational group for women who have perpetrated violence against a domestic partner that was not defensive. Emphasis is placed on the context of violence perpetration among women, and understanding means for developing healthy, non-abusive intimate relationships. During the screening process, emphasis is placed on excluding inmates who engaged in defensive violence.

Female Sex Offender Program (SOP)

The F-SOP program is conducted in 2 phases. Phase I represents an introduction to treatment concepts and legal responsibilities for sexual offenders, and lasts for 12 sessions. In addition to providing orientation to the deviant cycles, the program presents registration requirements and residency restrictions in accordance with WV State Code.

Phase II represents the treatment phase. This is an ongoing, time-unlimited, open group. Each inmate is required to present their autobiography in order to remain in the group. Topics focus on addressing risk factors and personal issues related to each participant's history of offending. As an open group, with no specific treatment manual, the group attempts to incorporate up-to-date research regarding female sexual offenders.

PSIMED

VALUE ADDED SERVICES

PSIMED strives to exceed expectations set by the client. Some examples of these value added services include:

1. PSIMED CORRECTIONS, LLC, established a doctoral level internship program with West Virginia University to provide an opportunity for up to four students to be placed on a one year rotation at the Pruntytown (PCC) and Salem Correctional Centers (SCC). These two facilities are minimum custody to low medium custody state correctional facilities for male offenders. Students gain competencies with the following: psychological evaluations, mental health screenings, psychiatric triage, consultation with medical staff, individual therapy, crisis intervention, and psycho/educational classes.

The population of these facilities is becoming increasingly diverse and the numbers of offenders with undiagnosed medical problems, brain trauma, severe substance abuse history, cognitive disorders, behavioral disorders, personality disorder, anxiety and depression, and psychotic disorders has increased over the past few years. This provides an excellent training opportunity for the students to gain competencies working with mentally ill offenders.

Students function as an integral part of the evaluation and treatment team at both facilities. Students work closely with supervisors, correctional, and medical staff to conduct evaluations. Students learn to review court documents, probation/parole reports, police reports, and, staff and disciplinary reports for use in evaluations. Students gain experience in interviewing offenders with personality disorder, serious substances use disorders, cognitive disorders, history of abuse and trauma, and anxiety and affective disorders. Students learn to interpret the MMPI-2-RF, the BETA-3, WRAT-4, WAIS and Trails.

2. PSIMED Provides a Forensic Psychiatry Fellowship opportunity for trainees in the West Virginia University Behavioral Medicine and Psychiatry Department. As part of this training program, the forensic fellows gain competencies in the delivery of psychiatric services to offenders, research, consultation and participation in supervision and didactic learning experiences for the correctional population within the state of West Virginia as well as community based treatment services. In addition, as part of this program, the forensic fellows are provided clinical oversight by a licensed psychiatrist or designee based on location of service delivery. Dr. Timothy Thistlethwaite, is approved by the Psychiatry Section Chief for the WVU Behavioral Medicine and Psychiatry Department to provide oversight for the fellows placed in this program.

3. Health Professional Shortage Area (HPSA) Site Approvals – PSIMED and Wexford have been working with the Department of Health and Human Resources, Bureau for Public Health, Office of Community Health Systems and Health Promotion, Division of Rural Health and Recruitment and has successfully submitted many of the state correctional facilities for consideration at the Federal level for facility HPSA designation. It is likely that there will be several facility HPSA designations rendered for either. Primary Care, dental and/or mental health. These designations will be helpful with recruiting efforts and for employees eligible for loan repayment. This will also allow for submission of J-1 Physicians Visa applications.

4. West Virginia Employee Benefit Fund – PSIMED partnered with the WVDOC and the Correctional Peace Officers Foundation (CPOF) in 2009 to sponsor a golf tournament in conjunction with the Mock Prison Riot in an effort to support the surviving families of correctional officers who lose their lives in pursuit of their chosen profession of protecting the public from those remanded to correctional custody and supervision in the nation's prisons and jails. In 2010, PSIMED was instrumental in establishing the West Virginia Employee Benefit Fund which models the CPOF mission but keeps the funds in WV and makes the funds available to support West Virginia correctional employees and their families.

5. Transitions – PSIMED has partnered with a non-profit organization, Transitions, Inc., to help secure grants in order to provide services for offenders transitioning out of the correctional system into the community. An identified gap in services between release and implementation of community based services led to the partnership with this non-profit organization. Offenders who are on a psychiatric caseload within the WV correctional system are provided psychotropic medication upon release. However, there is an extended period of time between release and appointment availability within the community mental health system. The mission of PSIMED's partnership with Transitions, Inc. is to provide services during the interim between release and the offender's community appointment in order to continue uninterrupted mental health services. In

addition, Transitions, Inc., utilizes PSIMED staff to provide training for community agencies working with the mentally ill offender population. Working with offenders in the community can be challenging. Training is provided to help community providers understand the key features and best practices in working with the offender population. The main outcome of this training is to see changes in the way staff view difficult behaviors presented by the offenders and gain a new understanding behind the difficulties offenders face adjusting to living in a community based setting.

6. PSIMED supports employees being involved with higher education and encourages staff to gain Adjunct Faculty Member Status. Current universities where PSIMED employees are providing bachelors or masters level instruction include: West Virginia University, Marshall University, Alderson Broadus University, West Virginia State University, Fairmont University and Bridgemont Community and Technical College. These relationships help with recruiting and highlighting employment opportunities available in the correctional field.

7. PSIMED, in partnership with the Marshall University Graduate College, established a degree cohort for students to graduate with a master's degree in counseling with an emphasis in corrections and specialization in sex offender management. This was a two year program with twenty two students beginning the program, twenty students completed the program and two students were recruited to work for PSIMED in the correctional system. In addition, three students are now employed by the West Virginia Supreme Court of Appeals, the Division of Juvenile Services and Forensic Unit at Sharpe Hospital, a mental health facility. This program strengthened the credential level of professionals by improving the availability and quality of service providers in this area of expertise throughout the state of West Virginia.

8. Behavioral Health Unit, Lakin Correctional Center - The Behavioral Health Unit is an intensive 10 week (minimum) program that is primarily designed to work with offenders who have difficulty maintaining appropriate behavior while housed in general population. While these offenders are on administrative-segregation status they are offered the opportunity to participate in and graduate from the BHU as an alternative to their segregation status. These offenders tend to be insubordinate, and sometimes assaultive. During the course of the BHU programming they undergo psychological programming that includes psychoeducation in Emotional Regulation, Interpersonal Effectiveness, Recognition of Criminal Thinking, and Distress Tolerance.

9. West Virginia Association of Alcohol and Drug Counselors (WVAADC)-Judy Acree, Program Mentor, is an active WVAADC board member and Public Policy Co-Chair. She is responsible for organizing public policy events and information. She works with a Legislative Consultant to keep the Board and membership up to date on legislative issues that affect substance abuse clients, treatment, and the addiction field in general. She assists in organizing the "Awareness Day at the Capitol" which includes a workshop and meeting time with the legislators. To highlight, one particular campaign, "Ed-gislate 2012", was successful during the legislative sessions to "educate" them on issues regarding WVAADC and about substance abuse concerns throughout WV. As part of this campaign, foam bricks were sold in the months leading up to the legislative session. We called this "Tearing down walls and building brick roads – The New Brick Brigade." These "bricks" were purchased by anyone who wanted legislators to know their lives were somehow touched by substance abuse issues. Written on the "bricks" were the names of someone who died from substance abuse, the names of someone in recovery or struggling with recovery from substances, and/or the names of family members affected by substance abuse or the names of those in treatment. On the Awareness Day at the Capitol all of the bricks were divided by county and volunteers delivered the bricks to the legislator that represented those counties. It was very impactful – some legislators were given many bricks and it really helped them see how many people in their area were represented by those bricks.

10. Governor's Regional Substance Abuse Task Force – Governor Tomlin initiated a Regional Substance Abuse Task Force. PSIMED was involved in the regional meetings which met on a monthly basis. The Governor utilized the feedback from the task force to make recommendations to the legislators in addressing substance abuse issues throughout the state.

11. Domestic Violence and Crime Victim Awareness Walks – PSIMED employees participate in organized walks through Grafton, WV, to bring awareness to the community on issues regarding those victims of domestic violence and walks for Crime Victim Awareness.

12. Domestic Violence Remembrance at the Lake – Judy Acree is a member of Pruntytown Correctional Center (PCC) Domestic Violence planning committee. PCC hosts an annual memorial event at Tygart Lake in remembrance of those who have died as a direct result of domestic violence. This is a brief ceremony that includes a speaker from the local chapter of the Domestic Violence Coalition or a survivor of domestic violence.

13. Partnerships (Rita/Debbie/Mary) The partnership between WVDOC, WEXFORD and PSIMED at the leadership level has been an asset as evidenced by improved communication, efficiency in addressing medical and mental health items, problem resolution, advocate interactions, and overall quality of medical and mental health service delivery.

14. Mount Olive Correctional Complex (MOCC) - Mental Health Unit (MHU)
Some highlights for services provided on and through the MHU Include:

a. PSIMED staff has established programming that utilizes the best practices in mental health treatments to improve the offender's functioning and mental stability, as well as ensure safety on the unit. The most effective program uses weekly chips, sodas, and movies to reward positive behavior and medication compliance. In order to implement this program, PSIMED staff petitioned the MOCC Warden for use of the Offender Benefit Fund to pay for these incentives. Additionally, PSIMED has established a petty cash fund to provide positive incentives to increase pro-social activities. For example, the petty cash fund has purchased video games that increase socialization and cooperation and daily newspapers to increase involvement with the community outside MOCC. Overall, these programs and the daily monitoring of offender functioning have helped establish a safe and therapeutic community for the offenders housed on the MHU.

b. Providing treatment on the MHU extends beyond the individual offender to include the families. PSIMED staff handles daily phone calls with offender families. They work with the families and offenders to problem solve crises and manage emotional crises such as deaths in the offender's family. They ensure the offenders are able to maintain family connections, giving a sense of stability to both the offender and the family members.

c. PSIMED staff has also provided services outside the MHU. When offenders with a higher level of behavioral and medical needs go to the outside hospital, PSIMED staff will accompany them to help establish a safe and stable environment for the offender. Recently when an offender had to be taken to the hospital for blood pressure problems, he left the hospital against medical advice because a PSIMED staff member was not with him. Upon his return to the MHU, the staff person talked with the offender about why he needed to continue his treatment at the hospital. The Warden asked if the staff person would accompany this offender to the hospital the next time and he agreed. Later, the offender was returned to the hospital around 8:00pm, after the staff person's work shift had ended. Despite this, he drove to the hospital to be with the offender until midnight and then returned the next day. He helped this offender while he received his medical care, increasing the offender's comfort and willingness to receive the medical treatment.

d. PSIMED involvement extends beyond treatment on the MHU in order to help facilitate successful community integration. Mental health staff accompany offenders to their community placement when they are granted parole or are discharged from the facility and assist with setting up mental health appointments for the offender in his new home area. Follow-up will often continue for an extended period, increasing the offender's success at community living.

e. One example of a successful discharge is a former offender. Finding him a suitable discharge plan was difficult due to his violent crime. He had to stay on the mental health unit for almost a year, after he was granted parole status, until PSIMED staff

was able to secure a group home placement in another county willing to take him. Two PSIMED staff members personally accompanied the offender to his new home. One staff member continued to make weekly and eventually biweekly in-person visits to him to monitor his functioning and provided him opportunities for short field trips, such as going for hot dogs. The visits continued until the offender moved to a living situation closer to family members, with whom he had recently reconciled. This reconciliation and successful integration into the community could not have happened without PSIMED's persistence in finding an appropriate housing situation and then providing continued follow-up visits.

f. Another offender was on the MHU for twelve years due to a diagnosis of schizophrenia and unstable functioning. He continued to exhibit unstable behavior even when discharging; due to his mental health, he would need extensive mental health care and supervision. To ensure he received the proper level of care in the community, PSIMED staff began the process of filing a mental hygiene petition to have him committed to a hospital upon discharge. However, at his mental hygiene hearing the commissioner did not find sufficient reason to commit him. This finding went against the significant level of evidence presented by PSIMED staff, including the fact he had almost set a fire to staff's car on the way to the hearing. PSIMED staff returned to Kanawha County and worked with the Kanawha County Mental Hygiene Commissioner to commit the offender to a facility that could provide the level of mental health care he needed. This case example happened more than fifteen (15) years ago and to this day, this offender continues to reside in a state run mental hospital due to his need for a high level of mental health needs.

g. PSIMED staff has often responded to requests for help with offenders living in the general population. Two years ago, the MOCC Warden asked one of our staff for help finding housing for an offender who did not have a home plan in place for his upcoming discharge that week. He had significant medical problems that resulted in him being confined to his bed and in need of a high level of medical care. The Warden knew he could ask for PSIMED's help, because we had handled similar difficult discharge problems. Staff worked with the Division of Health and Human Resources to qualify the offender for Medicare/Medicaid, which was a requirement for nursing home place. In order to do this, staff became his surrogate and found a nursing home that was willing to house him. On the day of his discharge, PSIMED staff accompanied the offender in the ambulance to his new home. PSIMED staff served as the offender's surrogate for two years, until this October when he was informed that he had died. PSIMED's actions to help the offender, MOCC, and the Warden earned a staff member the Employee of the Year title.

h. Sherrill Snyder, Director of Mental Health Services at MOCC, was recommended and continues to be a member of the Crime Victim's Awareness Committee which is a statewide committee that addresses safety issues for crime victims throughout WV.

i. PSIMED staff have been involved with Operation Reach Out, which is held annually at the WV State Capitol, since it's inception 14 years ago. Staff volunteers escort school age children through a variety of informative displays and lectures regarding such topics
as gangs, bullying, and drug use. The students are afforded the opportunity to talk one-on-one with law enforcement professionals.

j. PSIMED staff attends and participate in Corrections Day at the Legislature each year, and attends Victim's Day, often in a supportive role for the victim who is the guest speaker.

k. PSIMED staff has spoken to classes at various schools about what we do in an incarcerated setting, and about what it is like to be incarcerated. PSIMED staff has escorted and talked to school age children touring Mount Olive Correctional Complex about prison life and how it differs from the media's version of incarceration.

PSIMED

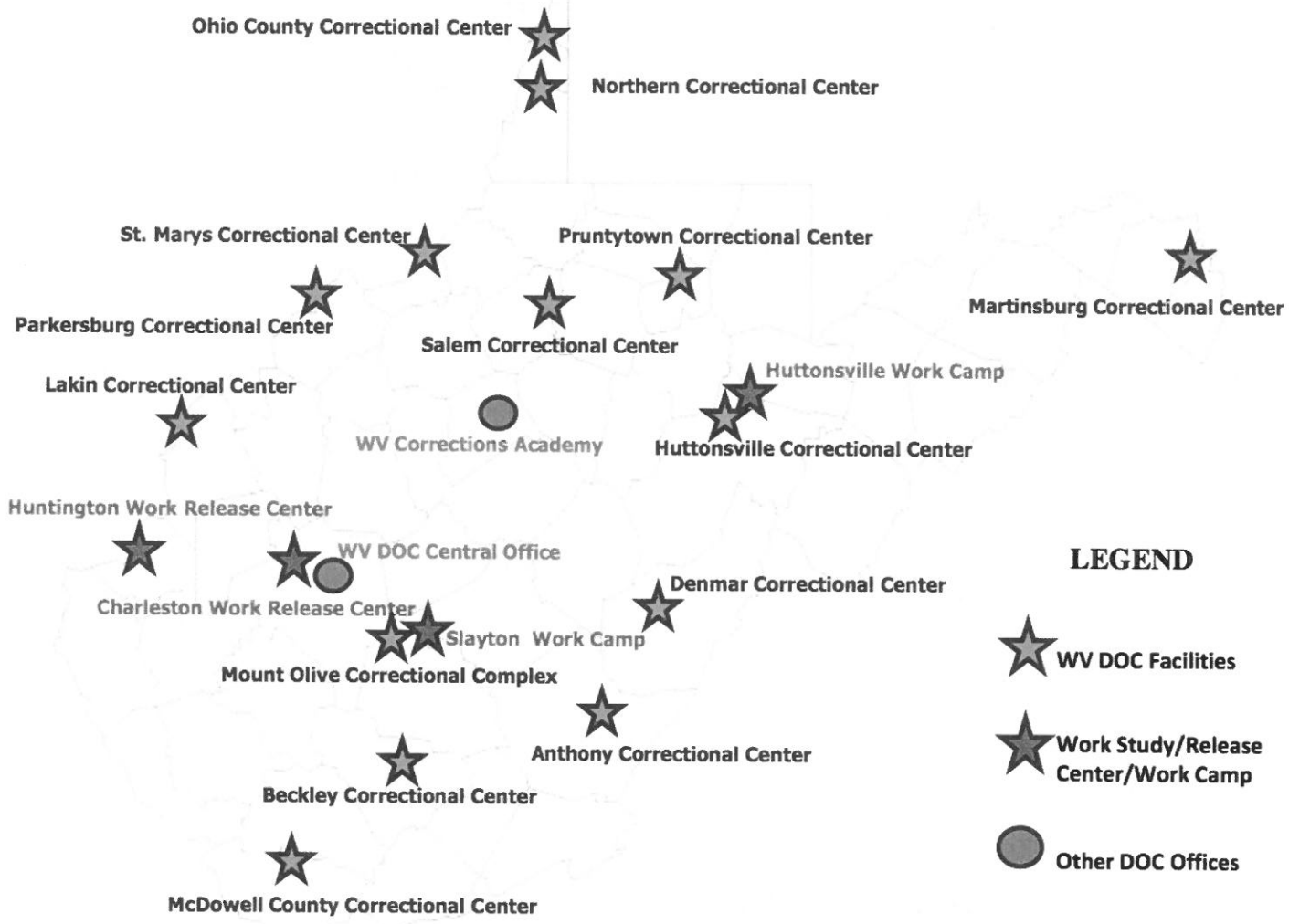
STATISTIC SHEET

PSIMED CORRECTIONS, LLC:
PSYCHIATRIC SERVICES
Psychiatric New Referral
Psychiatric Follow Up
Segregation Contacts
New Referrals placed on Psych Rx - reporting month (V.2.1)
Inmates on Psych Rx - total (V.2.2)
% Inmates on Psych Rx
# Inmates with a mental health diagnosis - reporting month (V.1.2)
# Inmates with a mental health diagnosis - total (V.1.3)
# Inmates with Axis I Diagnosis - reporting month (V.1.4)
# Inmates with Axis I Diagnosis - total (V.1.5)
# Inmates with MRDD Diagnosis
# Inmates with a SA Diagnosis
Average Facility Population
PSYCHOLOGICAL SERVICES
Psychological Assessments(implemented July 2013)
Psychological Evaluations - reporting month (V.1.1)
Diagnostic Evaluations
Psych Stability Reviews
Psych Testing
Sick Call Requests
Psychiatric Triage Tx Plans
Individual Therapy Session
Suicide Assessments
Suicide Attempts (III.8.2)
Suicides (III.8.1)
Treatment Team Meetings
GROUP THERAPY SERVICES
# of Group Screenings
# of Offender Treatment Groups
# of Offender Group Contacts
INPATIENT SERVICES - MOCC/MHU
Administrative Hearings
MH Admissions
MH Discharges
Restraints Ordered
Group Therapy Contacts

Tx Plans // Beh.Mgnt. Plans
Commissary/Gym Trips
Family Contacts
INPATIENT SERVICES - LCC/BHU
Admissions
Discharges
Total # of Inmates on Unit in the Month
Total # of Inmate Days on the Unit in the Month
Treatment Team Meetings and Plan Reviews
# of BHU Offender Groups
# of BHU Offender Group Contacts
Special Supervised Family Contact
Supervised Off-Unit Contacts (meals, rec, etc.)
Activities Off-Unit
Number of Inmates Attended Off-Unit Activities
SEGREGATION SERVICES
Segregation Evaluations
Segregation Weekly Rounds
Ad Seg & Special Mgnt. Hearings
MENTAL HEALTH TOTALS
MH Visit Psychiatrist
MH Visit Psychologist
MH Therapist
MH Visit Other
Mental Health Services
MHU count

PSIMED

WEST VIRGINIA DOC LOCATIONS

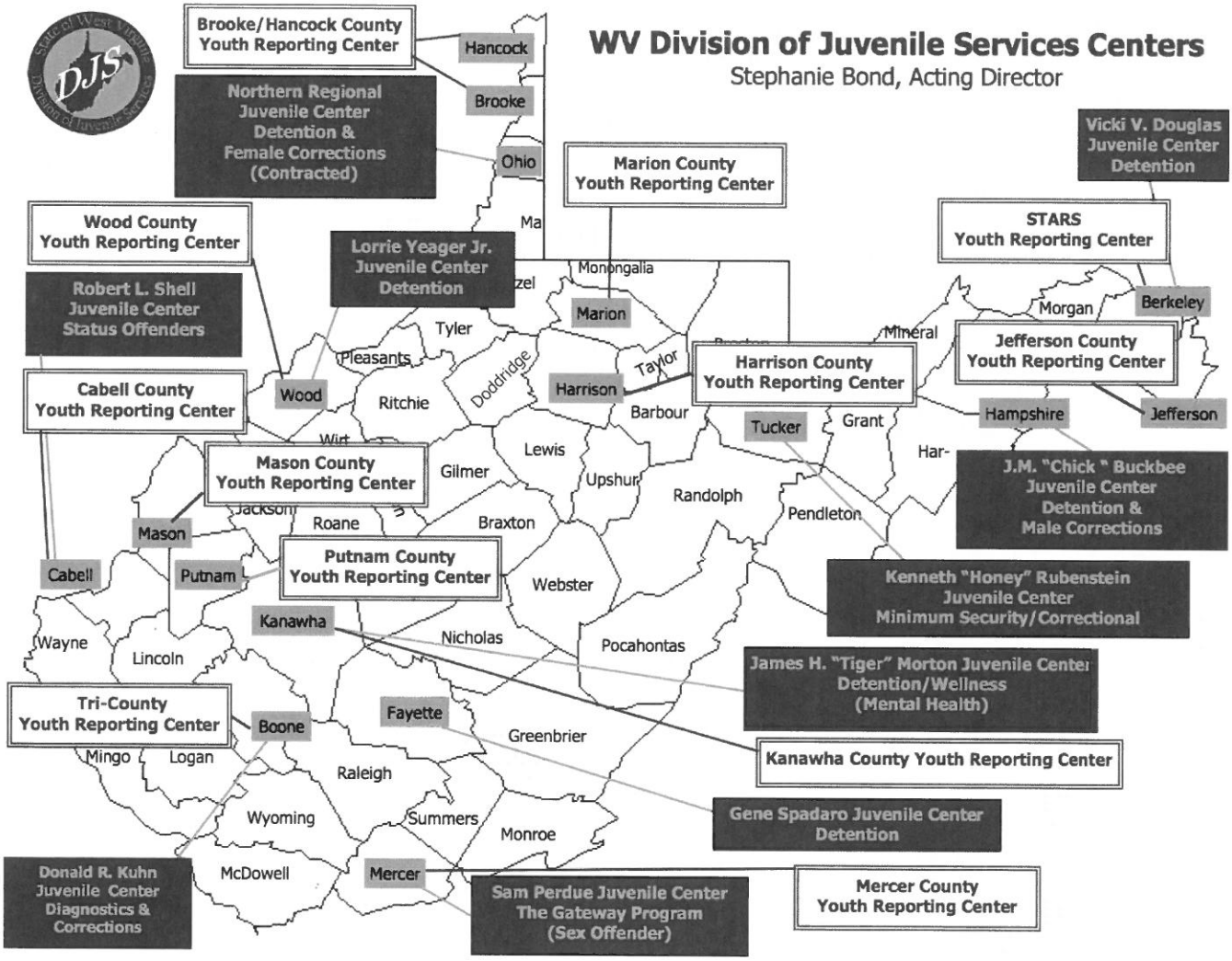


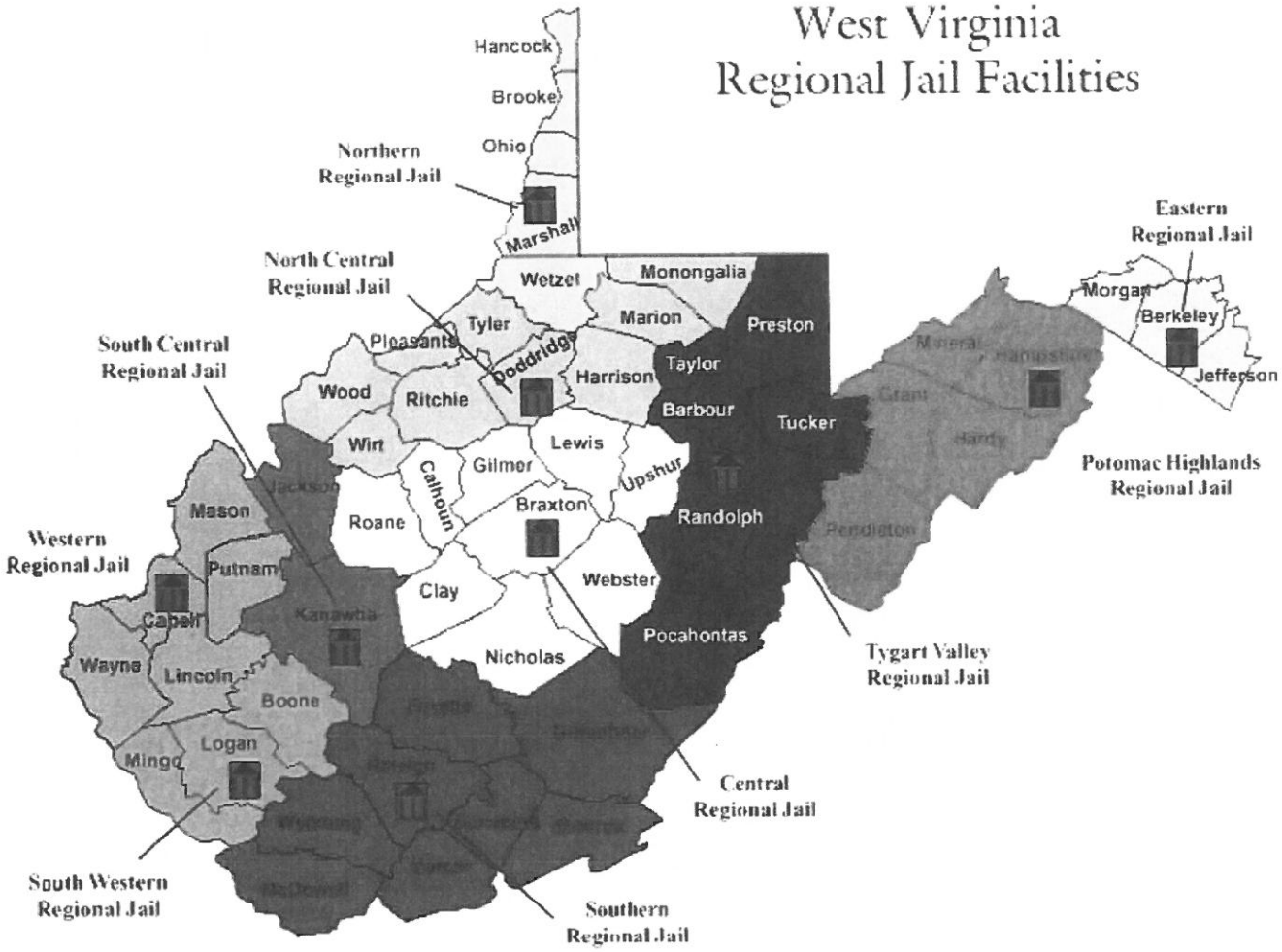
ABBREVIATIONS

CO:	Central Office
ACC:	Anthony Correctional Center
BCC:	Beckley Correctional Center
CWRC:	Charleston Work/Study Release Center
DCC:	Denmar Correctional Center
HWRC:	Huntington Work/Study Release Center
HCC:	Huttonsville Correctional Center
HWC:	Huttonsville Work Camp
LCC:	Lakin Correctional Center
MCC:	Martinsburg Correctional Center
MCDO:	McDowell County Correctional Center
MOCC:	Mount Olive Correctional Complex
NCC:	Northern Correctional Center
OCCC:	Ohio County Correctional Center
PBCC:	Parkersburg Correctional Center
PCC:	Pruntytown Correctional Center
SCC:	Salem Correctional Center
SMCC:	St. Marys Correctional Center
SWC:	Slayton Work Camp

PSIMED

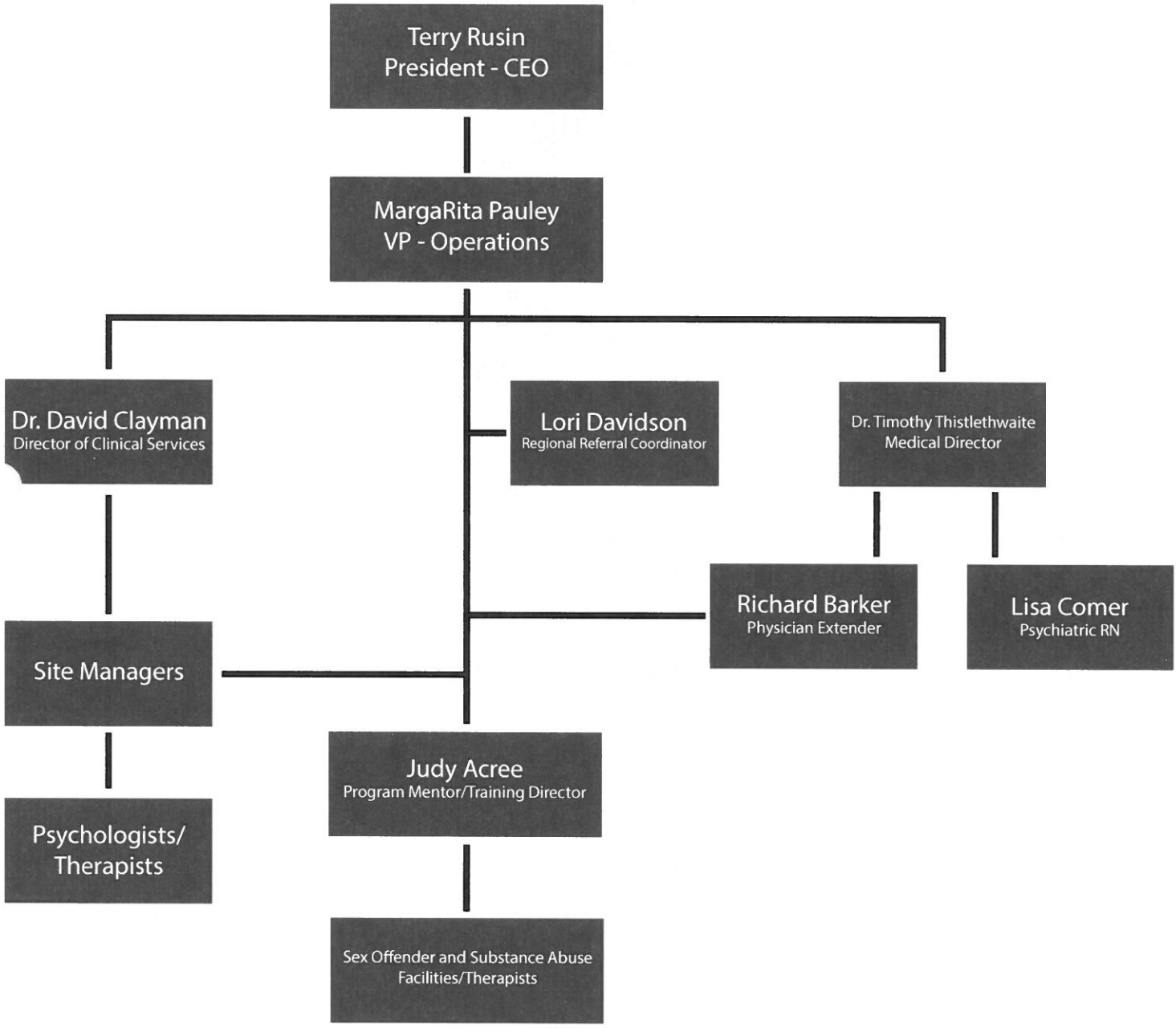
WEST VIRGINIA DJS LOCATIONS




West Virginia
Regional Jail Facilities
Hancock
Brooke
Ohio
Northern
Regional Jail
Marshall
North Central
Regional Jail
Wetzel
Monongalia
Marion
Preston
Tyler
Pleasants
Doddridge
Harrison
Taylor
Barbour
Tucker
Wood
Ritchie
Wirt
Lewis
Gilmer
Upshur
Calhoun
Roane
Braxton
Randolph
Clay
Webster
Nicholas
Pocahontas
South Central
Regional Jail
Western
Regional Jail
Mason
Putnam
Kanawha
Wayne
Lincoln
Boone
Logan
Mingo
South Western
Regional Jail
Central
Regional Jail
Southern
Regional Jail
Tygart Valley
Regional Jail
Eastern
Regional Jail
Morgan
Berkeley
Jefferson
Potomac Highlands
Regional Jail

PSIMED

PSIMED ORGANIZATIONAL CHART



Proposal Exhibit 22: Inmate Health Education Samples

Wexford Health
SOURCES INCORPORATED

Patient Education

Wexford Health Sources, Inc.
Foster Plaza 2
425 Holiday Drive
Pittsburgh, PA 15220

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PATIENT EDUCATION POSTERS – Internet Resources

The contents of this manual are proprietary and confidential. This manual must be returned to the Wexford corporate office upon employee termination or end of contract.

CUTS, SCRAPES AND STITCHES

How Should I Clean A Wound?

The best way to clean a cut, scrape or puncture wound (such as from a nail) is with cool water. You can hold the wound under running water or fill a tub with cool water and pour it from a cup over the wound.

Use soap and a soft washcloth to clean the skin around the wound. Try to keep soap out of the wound itself because soap can cause irritation. Use tweezers that have been cleaned in isopropyl alcohol to remove any dirt that remains in the wound after washing.

Ask your family doctor if you feel you must use something other than water.

What About Bleeding?

Bleeding helps clean out wounds. Most small cuts or scrapes will stop bleeding in a short time. Wounds on the face, head or mouth will sometimes bleed a lot because these areas are rich in blood vessels.

To stop the bleeding, apply firm but gentle pressure on the cut with a clean cloth, tissue or piece of gauze. If the blood soaks through the gauze or cloth you're holding over the cut, don't take it off. Just put more gauze or another cloth on top of what you already have in place and apply more pressure.

If your wound is on an arm or leg, raising it above your heart will also help slow the bleeding.

Should I Use A Bandage?

Leaving a wound uncovered helps it stay dry and helps it heal. If the wound isn't in an area that will get dirty or be rubbed by clothing, you don't have to cover it.

If it's in an area that will get dirty (such as your hand) or be irritated by clothing (such as your knee), cover it with an adhesive strip (Band-Aid) or with sterile gauze and adhesive tape. Change the bandage each day to keep the wound clean and dry.

Certain wounds, such as scrapes that cover a large area of the body, should be kept moist and clean to help reduce scarring and speed healing. Bandages used for this purpose are called occlusive or semiocclusive bandages. You can buy them in drug stores without a prescription. Your family doctor will tell you if he or she thinks this type of bandage is best for you.

Should I Use An Antibiotic Ointment?

Antibiotic ointments (such as Bacitracin) help healing by keeping out infection and by keeping the wound clean and moist. A bandage does pretty much the same thing. If you have stitches, your doctor will tell you whether he or she wants you to use an antibiotic ointment. Most minor cuts and scrapes will heal just fine without antibiotic ointment, but it can speed healing and help reduce scarring.

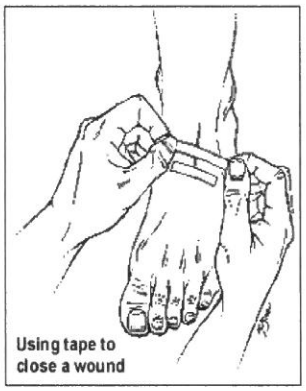
What Should I Do About Scabs?

Nothing. Scabs are the body's way of bandaging itself. They form to protect wounds from dirt. It's best to leave them alone and not pick at them. They will fall off by themselves when the time is right.

When Should I Call My Doctor?

Call your doctor if your wound is deep, if you can't get the edges to stay together or if the edges are jagged. Your doctor may want to close your wound with stitches or skin adhesive. These things can help reduce the amount of scarring.

You can close small cuts yourself with special tape, called butterfly tape, or special adhesive strips, such as Steri-Strips.


Using tape to close a wound

Call your family doctor if any of the following things occur

- The wound is jagged.
- The wound is on your face.
- The edges of the cut gape open.
- The cut has dirt in it that won't come out.
- The cut becomes tender or inflamed.
- The cut drains a thick, creamy, grayish fluid.
- You start to run a temperature over 100°F.
- The area around the wound feels numb.
- You can't move comfortably.
- Red streaks form near the wound.
- It's a puncture wound or a deep cut and you haven't had a tetanus shot in the past 5 years.
- The cut bleeds in spurts, blood soaks through the bandage or the bleeding doesn't stop after 10 minutes of firm, direct pressure.

How Do I Take Care of Stitches?

You can usually wash an area that has been stitched in one to three days. Washing off dirt and the crust that may form around the stitches helps reduce scarring. If the wound drains clear yellow fluid, you may need to cover it.

Your doctor may suggest that you rinse the wound with water and rebandage it in 24 hours. Be sure to dry it well after washing. You may want to keep the wound elevated above your heart for the first day or two to help lessen swelling, reduce pain and speed healing.

Your doctor may also suggest using a small amount of antibiotic ointment to prevent infection. The ointment also keeps a heavy scab from forming and may reduce the size of a scar.

Stitches are usually removed in 3 to 14 days, depending on where the cut is located. Areas that move, such as over or around the joints, require more time to heal.

What Is Skin Adhesive?

Skin adhesive (such as Dermabond) is a new way to close small wounds. Your doctor will apply a liquid film to your wound and let it dry. The film holds the edges of your wound together. You can leave the film on your skin until it falls off (usually in 5 to 10 days).

It's important not to scratch or pick at the adhesive on your wound. If your doctor puts a bandage over the adhesive, you

should be careful to keep the bandage dry. Your doctor will probably ask you to change the bandage every day.

Don't put any ointment, including antibiotic ointment, on your wound when the skin adhesive is in place. This could cause the adhesive to loosen and fall off too soon. You should also keep your wound out of direct light (such as sunlight or tanning booth lamps).

Keep an eye on your wound. If the skin around your wound becomes very red and warm to touch, or if the wound reopens, call your doctor.

Do I Need aTetanus Shot?

Tetanus is a serious infection you can get after a wound. The infection is also called "lockjaw," because stiffness of the jaw is the most frequent symptom.

To prevent tetanus infection when the wound is clean and minor, you'll need a tetanus shot if you haven't had at least three doses before or haven't had a dose in the last 10 years.

When the wound is more serious, you'll need a tetanus shot if you haven't had at least 3 doses before or if you haven't had a shot in the last 5 years. The best way to avoid tetanus infection is to talk to your family doctor to make sure your shots are up to date.

The handout was adapted from the following source:
"Cuts, Scrapes, and Itches." Reviewed May 2006. American Academy of Family Physician, www.familydoctor.org (Accessed April 2007)

DIABETES

What is Diabetes?

It's a condition that makes it hard for the body to convert food into energy. This happens when an internal organ called the **pancreas** doesn't operate normally. It doesn't produce enough **insulin** that the body needs to change the food we eat into sugar (**glucose**) that give us energy.



There are several forms of diabetes. People with **Type 1 diabetes** do not produce any insulin. They have to receive insulin for the rest of their lives. People with **Type 2 diabetes** have a pancreas that makes either not enough insulin or has trouble using the insulin it does make. Both of these conditions cause people to have **high blood sugar.** High blood sugar is the key sign in untreated diabetes.

Could You Have Diabetes?

Diabetes can cause the following symptoms:



- Intense thirst
- A frequent need to urinate
- Extreme hunger
- Rapid weight loss
- Nausea or vomiting
- Blurred vision
- Pain, numbness or tingling in the hands or feet
- A lack of energy

See your health care provider if you have any of these symptoms.

Are You At Risk?

Type 1 diabetes usually begins at an early age. This is typically an inherited condition and there are no known ways to prevent Type 1 diabetes.

On the other hand, Type 2 diabetes has several risks factors. Some of these risk factors are genetic so you have little control over them. These include:

- Age—If you're over 45, you have a greater risk.
- Heredity—If a parent of sibling has diabetes, you have a greater chance of developing the disease.
- Ethnicity—There are some minority groups that are at higher risk than others, for reasons that are unknown. These groups include African-Americans, Asians, Hispanics and Native Americans.

Risk Factors You Can Control

Even though you may have a higher risk because of your age, ethnicity or heredity, you can lower your risk in the following ways:



- Exercise regularly
- Lose weight
- Eat more healthfully (eat fewer carbohydrates, fat, and sugar; and eat more fiber)

How Can I Manage Diabetes?

If you have diabetes, it is possible to control it through diet and exercise. If your blood sugar levels are still too high, you may have to take medication to lower it. Medication is not a substitute for healthy eating, weight control, and exercise.

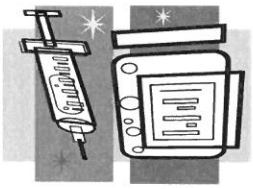
Medications

There are two types of medications used to control high blood sugar levels:

Insulin

Insulin is an injected drug and is always prescribed for Type 1 diabetes. It can also help with Type 2 diabetes. A health care provider will prescribe this medication and tell you how often to take it.

Pills



Diabetic pills may be prescribed for Type 2 diabetes. Sometimes, these pills, either alone or when used with other treatments, may lower your blood sugar too much. Be sure to test your blood sugar regularly and let your doctor know if you often have blood sugar that is too low.

Low and High Blood Sugar

Blood Sugar Can Fall

If you use medications to help you control your blood sugar, your blood sugar level may drop too low from time to time. This can be caused by:

- Eating less or later than usual
- Being more active than usual
- Taking too much medication

Low blood sugar can make you feel shaky, sleepy, sweaty, irritable, confused, hungry, dizzy, or restless during nighttime sleep.

Treatment: Drink or eat something sugary or sweet (hard candy, fruit juice, etc.) right away.

Blood Sugar Can Rise

Blood sugar can also rise in any person with diabetes. This can be caused by:

- Eating too much food
- Being less active than usual
- Being ill or under stress
- Taking too little medication

Treatment: Drink water or other sugarless fluids – and see a health care provider right away.

Living with Diabetes

- Understand diabetes and know its symptoms.
- Have regular check-ups – especially if you are at higher risk.
- Maintain a healthy balance between healthy eating, exercise and weight control.
- Monitor your blood sugar levels.

If you have diabetes, it is very important to keep your blood sugar levels within a normal range. If you have further questions, talk to your health care provider.

This handout was adapted from the following sources:

"Frequently Asked Questions. Facts About Diabetes." Center for Disease Control, National Center for Chronic Disease Prevention and Health Promotion. October 14, 2004. http://www.cds.gov/diabetes/faq/basics.htm (accessed Dec.16, 2004)

"The Facts About Diabetes." Net Wellness®, Consumer Health Information. September 14, 2004. http://www.netwellness.org/healthtopics/diabetes (accessed Dec. 29, 2004)

"Diabetes." Arizona Department of Corrections, Inmate Wellness Program. April 2, 1998.

PATIENT EDUCATION POSTERS

Internet Resources

The following Patient Education posters are available to download from the internet. All are available for FREE to order, with the exception of the Heart Disease poster.

NOTE: The Site Medical Director and/or Director of Nursing must review and approve all posters prior to posting in the medical unit.

NOTE: Regional Medicals must review this information with state or county medical leadership for their review and approval.

DIABETES



Working Together to Manage Diabetes

NIDDK Clearinghouse Publications Catalog

http://catalog.niddk.nih.gov/detail.cfm?ID=597&CH=NDIC

To obtain: Order online or download pdf
Language: English

DENTAL



Various Posters

American Dental Hygienist Association

http://www.adha.org/ndhm/

To obtain: Download pdf
Language: English

DRUG ABUSE



Drugs and the Body - It Isn't Pretty

Centers for Disease Control

http://ncadistore.samhsa.gov/catalogNIDA/Pub_Details.aspx?ItemID=17325

To obtain: Order online
Language: English/Spanish

HEART DISEASE



Act In Time to Heart Attack Signs

National Heart and Lung Blood Institute
http://www.nhlbi.nih.gov/health/public/heart/mi/poster.htm

To obtain: Order online for $1.50 or download pdf
Language: English/Spanish

INFLUENZA



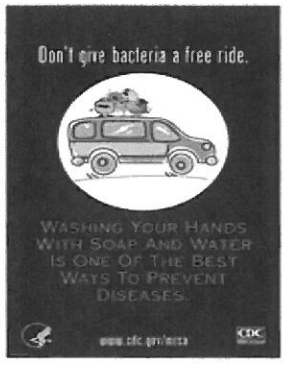
Cover Your Cough

Centers for Disease Control

http://www.cdc.gov/flu/protect/covercough.htm

To obtain: Order online or download pdf
Language: Many languages available

MRSA



Don't Give Bacteria a Free Ride

Centers for Disease Control

http://www.cdc.gov/ncidod/dhqp/ar_mrsa_ca_posters.html

To obtain: Order online or download pdf
Language: English



Don't Open the Door to Infection

Centers for Disease Control

http://www.cdc.gov/ncidod/dhqp/ar_mrsa_ca_posters.html

To obtain: Order online or download pdf
Language: English

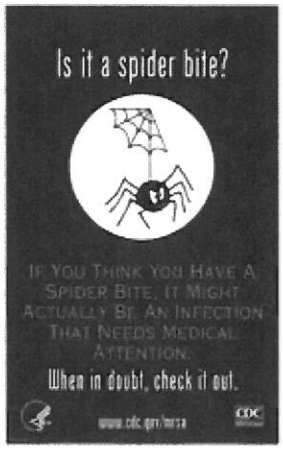


Sharing Isn't Always Caring

Centers for Disease Control

http://www.cdc.gov/ncidod/dhqp/ar_mrsa_ca_posters.html

To obtain: Order online or download pdf
Language: English



Is it A Spider Bite?

Centers for Disease Control

http://www.cdc.gov/ncidod/dhqp/ar_mrsa_ca_posters.html

To obtain: Order online or download pdf
Language: English

MRSA Patient Info Sheet also available at

http://www.cdc.gov/ncidod/dhqp/pdf/ar/MRSAPatientInfoSheet.pdf

SECOND-HAND SMOKE



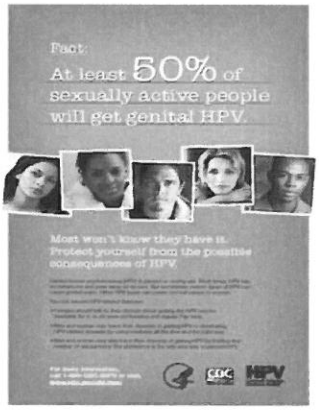
Protect Yourself from Secondhand Smoke
There's No Such Thing as a No Smoking Section
Secondhand Smoke Is Toxic

Centers for Disease Control

http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_2006/sgrposters.htm

To obtain: Order online
Language: English / Available in Spanish

SEXUALLY TRANSMITTED DISEASES (HPV)



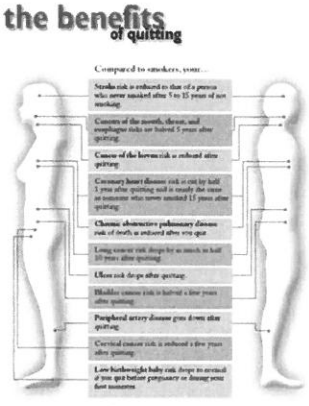
HPV Common Infection, Common Reality Poster

Centers for Disease Control

http://www2a.cdc.gov/nchstp_od/piweb/stdorderform.asp

To obtain: Order online or download PDF
Language: English / Available in Spanish

SMOKING CESSATION



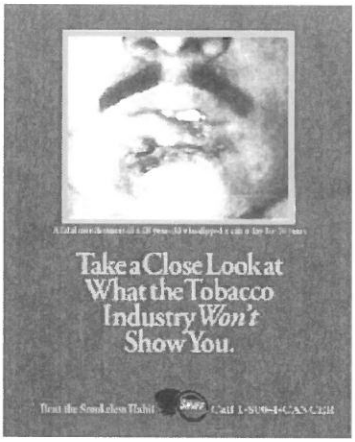
The Benefits of Quitting Smoking

Centers for Disease Control

http://apps.nccd.cdc.gov/osh_pub_catalog/PublicationList.aspx

To obtain: Order online
Language: English / Available in Spanish

TOBACCO USE

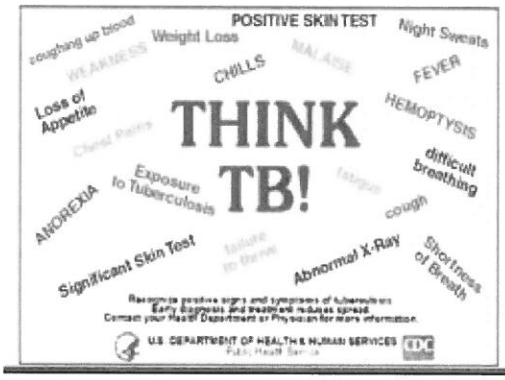


Take a Close Look at What the Tobacco Industry Won't Show You

National Oral Health Information Clearinghouse

To obtain: Call 1-301-402-7364

TUBERCULOSIS



Think TB Poster

Centers for Disease Control

http://www.cdc.gov/tb/pubs/Posters/ThinkTB.htm

To obtain: Order online or download pdf
Language: English / Available in Spanish

VIRAL HEPATITIS (Hepatitis C)



Hepatitis C Poster

Centers for Disease Control

http://wwwn.cdc.gov/pubs/hepa.aspx

To obtain: Order online or download pdf
Language: English / Available in Spanish

INFORMED CONSENT FOR PSYCHOTROPIC MEDICATION

MEDICATION: **HALDOL (Haloperidol), HALDOL DECANOATE (Haloperidol Decanoate)**

PURPOSE: This medication is used to treat symptoms associated with disorders of thoughts, perceptions, and/or behavior.

COMMON SIDE EFFECTS INCLUDE, BUT ARE NOT LIMITED TO: Sleepiness, muscle stiffness, abnormal involuntary movements (some of which may be persistent and are called Tardive Dyskinesia), difficulty urinating, lowered blood pressure (which may be experienced as light-headedness), blurred vision, dry mouth, constipation, and/or weight gain.

OTHER POTENTIAL SIGNIFICANT SIDE EFFECTS INCLUDE, BUT ARE NOT LIMITED TO: Increased risk of seizures, problems with blood cells, lower ability to fight infection, reduced urine output, neuroleptic malignant syndrome.

ALTERNATIVE TREATMENT: It has been determined, at this time, that this category of medication is the most effective therapy available and that this class of medication will relieve undesirable symptoms better and more quickly than other treatments. Alternative treatments may include other medications, activity therapies, and talk therapies such as counseling or behavior therapy.

APPROXIMATE LENGTH OF CARE: The medication usually acts within a few days (though some may take several weeks or months), and significant benefit may require regular and long-term usage. The doctor may adjust the dosage during treatment, in most cases, to the minimum dosage that meets the needs of the inmate. The doctor may order laboratory tests from time to time to ensure that the medication is not causing any serious physiological problems.

NOTIFICATION: You should understand that you can decide to stop taking this medication at any time by notifying the doctor or any other health care staff orally or in writing. If you decide to stop taking the medication, it will not affect your ability to receive other health care. Notify your physician if there is a possibility that you are pregnant

RISK AND HAZARDS: Avoid alcohol and other nonprescription drugs; avoid driving a vehicle and other activities that require alertness until adjusted to side effects. Avoid long periods of time in sunlight without use of sunscreen; avoid exposure to sunlamps. Avoid too much exercise, extreme heat, or other activities that are likely to dehydrate you unless you are able to get enough water. Antacids containing aluminum or magnesium should not be taken 1 hour before taking this medication and never right after.

I understand that by signing this form, I am agreeing to let Department of Corrections staff treat me with a psychotropic drug. Departmental staff have given me, and explained, information about the nature of this treatment and the reason I am being treated. I have also been informed about alternative treatments, the risks and hazards associated with this treatment, the possible side effects that I may experience from this treatment, and the length of time that I may be taking this drug. Departmental staff have given me a chance to ask questions about my treatment and have answered all my questions. I understand that I can discuss any other questions I might have about my treatment with the doctor and that a signed copy of this form will be given to me.

Time/Date:_____ Inmate Signature:_____

Time/Date:_____ Prescribing Practitioner Signature:_____
Name/Title Stamp

Inmate Name_____
ID#_____**Race/Sex**_____
Date of Birth _____
Institution _____

CONSENTIMIENTO INFORMADO PARA MEDICACIÓN PSICOTRÓPICA

MEDICACIÓN: **HALDOL (Haloperidol), HALDOL DECANOATE (Decanoato de Haloperidol)**

PROPÓSITO: Esta medicación es usada para tratar los síntomas asociados con los trastornos de pensamientos, percepciones, y/o el comportamiento.

LOS EFECTOS SECUNDARIOS COMUNES INCLUYEN, PERO SIN LIMITACIONES: Somnolencia, endurecimiento muscular, movimientos involuntarios anómalos (algunos de los cuales pudieran ser persistentes y son llamados Disquinesia Tardiva), dificultad al orinar, presión arterial reducida (lo cual pudiera experimentarse como mareos), visión borrosa, sequedad bucal, estreñimiento, y/ó aumento de peso.

OTROS EFECTOS SECUNDARIOS SIGNIFICATIVOS POTENCIALES INCLUYEN, PERO SIN LIMITACIONES: Riesgo incrementado de temblores, problemas con los glóbulos de la sangre, menor capacidad para combatir infecciones, producción reducida de orina, síndrome neuroléptico maligno.

TRATAMIENTO ALTERNATIVO: Se ha determinado, en estos momentos, que esta categoría de medicación es la terapia disponible más eficaz y que esta clase de medicación aliviará mejor y más rápidamente los síntomas indeseables que otros tratamientos. Los tratamientos alternativos pudieran incluir otras medicaciones, terapias ocupacionales y terapias verbales tales como la socio-psicológica o terapia del comportamiento.

DURACIÓN APROXIMADA DE LA ATENCIÓN MÉDICA: La medicación usualmente actúa dentro del lapso de tiempo de unos pocos días (aunque algunos pudieran llevar varias semanas o meses), y para lograr un beneficio significativo podría requerir un uso regular y a largo plazo. El doctor pudiera ajustar la dosificación durante el tratamiento, en la mayoría de los casos, a la dosificación mínima que colme las necesidades del recluso. El doctor pudiera ordenar análisis de laboratorio de vez en cuando, para asegurarse que la medicación no este causando ningún problema fisiológico serio.

NOTIFICACIÓN: Usted debería entender que puede decidir dejar de tomar esta medicación en cualquier momento, notificándole al doctor o a cualquier otro miembro del personal de atención médica, verbalmente y por escrito. Si usted decide dejar de tomar la medicación, ello no afectará su capacidad para recibir otra atención médica. Notifíquele a su médico si existe una posibilidad de que usted esté embarazada.

RIESGOS Y PELIGROS: Evite el alcohol y otros medicamentos de venta libre; evite manejar un vehículo y otras actividades que le requieran estar alerta, hasta que se haya ajustado a los efectos secundarios. Evite largos períodos de tiempo al sol sin el uso de protector solar [*sunscreen*], evite exponerse a lámparas solares. Evite hacer mucho ejercicio, el calor extremo, u otras actividades que tengan probabilidad de deshidratarlo, al menos que pueda obtener suficiente agua. Los antiácidos que contengan aluminio o magnesio no deberían ser tomados 1 hora antes de tomar esta medicación y nunca inmediatamente después

Yo entiendo que al firmar este formulario me estoy poniendo de acuerdo en permitirle al personal del Departamento Correccional que me traten con un fármaco psicotrópico. El personal departamental me ha dado y explicado información acerca de la naturaleza de este tratamiento y de la razón por la cual estoy siendo tratado. También me han informado acerca de tratamientos alternativos, los riesgos y los peligros relacionados con este tratamiento, los efectos secundarios posibles que yo pudiera experimentar por causa de este tratamiento y la cantidad de tiempo que estaré tomando este fármaco. El personal departamental me ha dado una oportunidad de hacer preguntas acerca de mi tratamiento y han contestado a todas mis preguntas. Yo entiendo que puedo hablar con el doctor acerca de otras preguntas que yo pudiera tener acerca de mi tratamiento y entiendo que me darán una copia firmada de este formulario.

Hora/Fecha: _____ Firma del Recluso: _____

Hora/Fecha: _____ Firma del Médico que Receta: _____
Nombre/Título Sello

Nombre del Recluso _____
ID Nº _____ **Raza/Sexo** _____
Fecha de Nacimiento: _____
nstitución _____

Transition & Implementation Plan

West Virginia Division of Correction: Inmate Comprehensive Health Care and Mental Health

TRANSITION ACTIVITY	INDIVIDUAL(S) RESPONSIBLE	Pre-Award	Days Prior to Contract Start												Contract Start	Post-Contract Start						Status	Comments
			1	5	10	15	20	25	30	35	40	45	50	55	60		30	60	90	120	150	180		
Contract Notice, Execution, and Distribution																								
Receive notification of contract award	CEO & President, D. Conn																							
Upon Notice of Award, meet with WVDOC designated liaison to discuss provision of contractual services including new RJA sites	CEO & President, D. Conn																							
Within 7 calendar days of the Notice of Award, provide WVDOC with the name of the WHS liaison.	CEO & President, D. Conn																							
Negotiate Contract	CEO & President, D. Conn																							
Distribute executed contract within Wexford Health Health for orientation	VP, Quality Compliance and Business Affairs, N. Little																							
Identify other key documents for distribution/publication on shared drive	VP, Quality Compliance and Business Affairs, N. Little																							
Develop transition team meeting schedule and assign areas of responsibility	CEO & President, D. Conn Regional Manager, M. Westfall																							
Notify all staff, independent contractors, subcontractors and providers	CEO & President, D. Conn																							
Ensure full terms of the contract have been implemented	CEO & President, D. Conn Regional Manager, M. Westfall																							
Client Communications																								
Establish schedule of work initiation and kick-off meetings with the WVDOC to chart transition progress of any new initiatives and sites	Regional Manager, M. Westfall																							
Establish contact lists for WVDOC key contacts and distribute within Wexford Health Health (if there are changes)	Regional Manager, M. Westfall																							
Update and prepare for distribution to the WVDOC current Wexford Health Health directory	Regional Manager, M. Westfall																							
Develop written weekly summary of transition team progress and supply to the WVDOC for new initiatives	Regional Manager, M. Westfall																							
Work with WVDOC to ensure appropriate attendance at all required meetings	Regional Manager, M. Westfall																							
Update, as needed, facility directory including phone numbers to site, fax numbers and addresses	Office Manager, T. Smith Regional Manager, M. Westfall																							

As the incumbent provider, all items are already complete and accounted for prior to contract award and start date.

TRANSITION ACTIVITY	INDIVIDUAL(S) RESPONSIBLE	Pre-Award	Days Prior to Contract Start: 1	5	10	15	20	25	30	35	40	45	50	55	60	Contract Start	Post-Contract Start: 30	60	90	120	150	180	Status	Comments
Contract Terms																								
Identify contract deliverables and develop monitoring methodology and tools	VP, Quality Compliance and Business Affairs, N. Little																							
Identify reporting requirements within in contract; define accountability, who is responsible	VP, Quality Compliance and Business Affairs, N. Little																							
Submit reports, statistical data, and co-pay information to the DOC on a monthly basis.	VP, Quality Compliance and Business Affairs, N. Little																							
Develop training materials for regional and site staff on terms of contract	VP, Quality Compliance and Business Affairs, N. Little																							
Carry out orientation regarding contract terms	VP, Quality Compliance and Business Affairs, N. Little																							
Submit uniform policies, procedures and guidelines/protocols for approval within 60 days of Award.	Director, QM & Performance Improvement: M. Ingram																							
Budget and Financial Management																								
Establish Chart of Accounts for site and financial reporting mechanisms	VP, Quality Compliance and Business Affairs, N. Little																							
Identify financial reporting requirement, including frequency and accountability	VP, Quality Compliance and Business Affairs, N. Little																							
Identify performance indicators that could result in fines, develop method of monitoring these indicators and assign accountability	VP, Quality Compliance and Business Affairs, N. Little																							
Provide facility Warden with a State approved copy of orientation materials concerning the requirements of the contract	VP, Quality Compliance and Business Affairs, N. Little																							
Establish billing process using Agency established payment structures; reprice all medical services invoices at the WV Medicaid rate	VP, Quality Compliance and Business Affairs, N. Little																							
Assist the Agency with Medicaid applications for any inmate hospitalized over 24 hours	VP, Quality Compliance and Business Affairs, N. Little																							
Assist the Agency in the implementation of the Affordable care Act / Medicaid Expansion	VP, Quality Compliance and Business Affairs, N. Little																							
Provide a method of data mining for collection and analysis of medical information in order to provide a predictive model for risk management	VP, Quality Compliance and Business Affairs, N. Little																							

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		Pre-Award		Days Prior to Contract Start												Contract Start	Post-Contract Start						Status	Comments
TRANSITION ACTIVITY	INDIVIDUAL(S) RESPONSIBLE			1	5	10	15	20	25	30	35	40	45	50	55	60		30	60	90	120	150	180		
Human Resources																									
Identify key positions, physician, regional team, administrator. Determine intent to transition to Wexford Health Health	SVP of Human Resources & Risk Mgmt.: E. Gedman Regional Manager: M. Westfall Manager, Specialty Recruitment: A. Vozar Manager, Staffing: K. Poeschel																								
Obtain list of current employees by site, FTE and position	Manager, Specialty Recruitment: A. Vozar Manager, Staffing: K. Poeschel																								
Develop list of current vacancies, reconcile with staffing plan and prioritize recruitment needs	Manager, Specialty Recruitment: A. Vozar Manager, Staffing: K. Poeschel																								
Share recruitment plan; prioritize with regional team	Manager, Specialty Recruitment: A. Vozar Manager, Staffing: K. Poeschel																								
Contact and facilitate interviews with current staff for employment	Manager, Specialty Recruitment: A. Vozar Manager, Staffing: K. Poeschel																								
Identify local nursing trends, availability and salary ranges	Manager, Specialty Recruitment: A. Vozar Manager, Staffing: K. Poeschel																								
Establish nursing recruitment, retention, referral incentive and community educational programs, as needed	Director, QM & Performance Improvement: M. Ingram Manager, Specialty Recruitment: A. Vozar Manager, Staffing: K. Poeschel																								
Identify local nursing programs and establish interest in student intern program	Manager, Speciality Recruitment: A. Vozar Manager, Staffing: K. Poeschel Training and Program Development Specialist:L. Vith																								
Identify potential vacancies in key positions and begin aggressively recruiting	Regional Manager: M. Westfall Manager, Specialty Recruitment: A. Vozar Manager, Staffing: K. Poeschel																								
Coordinate interview, hire, personal data entry, security screen and site orientation process	Regional and Institutional HSAs																								
Receive approval by WVDOC for any contracted personnel assigned to the Contract . Each must submit to, and pass, the WVDOC background investigation.	Manager, Specialty Recruitment: A. Vozar Manager, Staffing: K. Poeschel																								
Ensure all staff to be hired complete new application packet	Manager, Specialty Recruitment: A. Vozar Manager, Staffing: K. Poeschel																								
Submit resumes prior to assignment for management, supervisory, physician, psychiatrist, and dentist positions.	Manager, Specialty Recruitment: A. Vozar Manager, Staffing: K. Poeschel																								
Distribute offer letter to identified key positions	Manager, Specialty Recruitment: A. Vozar Manager, Staffing: K. Poeschel																								
Wexford Health Health participates in the federal E-Verify program to verify the identity and employment eligibility of all persons hired by Wexford Health Health	Manager, Specialty Recruitment: A. Vozar Manager, Staffing: K. Poeschel																								

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TRANSITION ACTIVITY	INDIVIDUAL(S) RESPONSIBLE	Pre-Award	Days Prior to Contract Start												Contract Start	Post-Contract Start						Status	Comments
			1	5	10	15	20	25	30	35	40	45	50	55	60		30	60	90	120	150	180		
Send introduction letter to all current employees including interview dates, time and locations	Staffing Consultant																						
Hold informational calls for site staff (re: benefits, organizational structure and new hire process)	Manager, Specialty Recruitment: A. Vozar Manager, Staffing: K. Poeschel Training and Program Development Specialist:L. Vith																						
Establish the WVDOC security clearance process and mandatory orientation for new employees	Manager, Specialty Recruitment: A. Vozar Manager, Staffing: K. Poeschel																						
Ensure that all new hired employees attend a 40 hour training/orientation program provided by the Agency	Manager, Specialty Recruitment: A. Vozar Manager, Staffing: K. Poeschel																						
Develop specific job descriptions for all staff	Manager, Specialty Recruitment: A. Vozar Manager, Staffing: K. Poeschel Training and Program Development Specialist:L. Vith																						
Revise current work schedules according to final proposal staffing plan	Regional and Institutional HSAs																						
Develop staff roster with names, addresses and phone numbers	Staffing Consultant																						
Give notice to Kronos (timekeeping system) about new contract	Director, HRIS, Compensation & Payroll:T. McGahey																						
Provide first week work schedule at least two weeks prior to the implementation of services.	Regional and Institutional HSAs																						
Establish Payroll Schedule	Director, HRIS, Compensation & Payroll: T. McGahey																						

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		Pre-Award		Days Prior to Contract Start												Contract Start	Post-Contract Start						Status	Comments
TRANSITION ACTIVITY	INDIVIDUAL(S) RESPONSIBLE			1	5	10	15	20	25	30	35	40	45	50	55	60		30	60	90	120	150	180		
Administrative Office / Equipment / Supplies																									
Select and secure vendors for medical and office supplies	Manager Purchasing A/P: M. Hollerich																								
Examine all onsite medical equipment to ensure that it is in functional working order	Manager Purchasing A/P: M. Hollerich																								
Establish par levels for supplies. Conduct training of appropriate site staff on par levels and ordering process	Manager Purchasing A/P: M. Hollerich																								
Receive start-up supplies and coordinate unpacking and placement of supplies	Manager Purchasing A/P: M. Hollerich																								
Assess quantity and frequency of bio hazardous waste needs and arrange for routine disposal by the biomedical waste disposal company	Manager Purchasing A/P: M. Hollerich																								
Create and administer FedEx accounts for sites	Manager Purchasing A/P: M. Hollerich																								
Determine necessary diabetic syringe rolling inventory and appropriate numbers of onsite glucometers	Manager Purchasing A/P: M. Hollerich																								
Information Technology																									
ID location, number, and contact person at each site for technology needs (e.g., PC, printer, telephone, fax, etc.)	Director of IT: C. Correa																								
Assess current office and medical equipment for replacement needs, including PC, printer, copier, fax	Director of IT: C. Correa																								
Order required equipment; supply a copy machine at each correctional facility health services unit	Director of IT: C. Correa																								
Finalize cell phone/pager requirements by site	Director of IT: C. Correa																								
Coordinate delivery/configuration with West Virginia IT staff	Director of IT: C. Correa																								
Perform onsite equipment setup (PCs, printers, KRONOS time clocks, etc.)	Director of IT: C. Correa																								
Distribute cell phones/pagers	Director of IT: C. Correa																								
Order additional phone/internet lines as needed	Director of IT: C. Correa																								

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		Pre-Award		Days Prior to Contract Start												Contract Start	Post-Contract Start						Status	Comments
TRANSITION ACTIVITY	INDIVIDUAL(S) RESPONSIBLE			1	5	10	15	20	25	30	35	40	45	50	55	60		30	60	90	120	150	180		
Medical Services																									
Review WVDOC Medical policies to assess compatibility with Wexford Health Health's medical policies	Corporate Medical Director: T. Lehman Regional Medical Director Corporate Director Utilization Management: N. Fisher																							
Identify and train Sexual Assault Nurse Examiners (SANE) for each applicable site	Corporate Medical Director: T. Lehman Regional Medical Director Regional Manager: M. Westfall																							
Review Wexford Health's policies with the Agency to ensure congruence, consistency and client satisfaction	Corporate Medical Director: T. Lehman Regional Medical Director Corporate Director Utilization Management: N. Fisher																							
Interview and select Regional Medical Director and educate on Wexford Health Health policy	Corporate Medical Director: T. Lehman Regional Medical Director Corporate Director Utilization Management: N. Fisher																							
Coordinate with Regional Director on scheduling training of new clinician staff	Corporate Medical Director: T. Lehman Regional Medical Director Corporate Director Utilization Management: N. Fisher																							
Establish and ensure the provision of onsite medical and mental health services to the RSAT inmates	Corporate Medical Director: T. Lehman Regional Medical Director Corporate Director Utilization Management: N. Fisher																							
Orient new clinician staff to Wexford Health including policies, procedures, UM, Pharmacy, Sick Call, resources available	Corporate Medical Director: T. Lehman Regional Medical Director Corporate Director Utilization Management: N. Fisher																							
Establish Hep C treatment guidelines based upon the AASLD guidelines in place as of 11/27/13	Corporate Medical Director: T. Lehman Regional Medical Director Corporate Director Utilization Management: N. Fisher																							
Introduce new clinician staff to Wexford Health Corporate resources available: Oncology, Nephology, Cardiology, Nephrology, Hep B+C management, Rheumatology	Corporate Medical Director: T. Lehman Regional Medical Director Corporate Director Utilization Management: N. Fisher																							

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TRANSITION ACTIVITY	INDIVIDUAL(S) RESPONSIBLE	Pre-Award	Days Prior to Contract Start: 1	5	10	15	20	25	30	35	40	45	50	55	60	Contract Start	Post-Contract Start: 30	60	90	120	150	180	Status	Comments
Telehealth																								
Meet with the WVDOC to review our telemed plan. Coordinate requirements with West Virginia DOC	Director of IT: C. Correa Regional Medical Director Regional Manager: M.Westfall																							
Document any additional equipment, peripherals, and telemed line requirements for potential expansion	Director of IT: C. Correa																							
Order required telemed lines/equipment/peripherals	Director of IT: C. Correa																							
Pharmacy																								
Contact 340B Entities to discuss opportunities to partner	VP, Clinical Services: R. Jones Director. Pharmacy Services Pharmacist Clinical																							
Ensure that the pharmacies at each correctional facility comply with DEA guidelines and have any appropriate Registration/State -licensed Pharmacy permits	VP, Clinical Services: R. Jones Director. Pharmacy Services Pharmacist Clinical																							
Meet with state to partner with formulary management	VP, Clinical Services: R. Jones Director. Pharmacy Services Pharmacist Clinical																							
Develop site P&T schedules	VP, Clinical Services: R. Jones Director. Pharmacy Services Pharmacist Clinical																							
Preview current standards & scope of practice to ensure operational compliance	VP, Clinical Services: R. Jones Director. Pharmacy Services Pharmacist Clinical																							
Arrange onsite review of current pharmacy practice and provide staff provider orientation to new system.	VP, Clinical Services: R. Jones Director. Pharmacy Services Pharmacist Clinical																							
Complete initial inspection to determine pharmacy needs at each facility	VP, Clinical Services: R. Jones Director. Pharmacy Services Pharmacist Clinical																							
Establish local pharmacy back-up providers	VP, Clinical Services: R. Jones Director. Pharmacy Services Pharmacist Clinical																							
Develop and prepare for pharmacy inspections and Pharmacy & Therapeutics meetings (pharmacy consult)	VP, Clinical Services: R. Jones Director. Pharmacy Services Pharmacist Clinical																							
Create pharmacy audit tools reflecting standards and contractual obligations	VP, Clinical Services: R. Jones Director. Pharmacy Services Pharmacist Clinical																							

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		Pre-Award		Days Prior to Contract Start												Contract Start	Post-Contract Start						Status	Comments
TRANSITION ACTIVITY	INDIVIDUAL(S) RESPONSIBLE			1	5	10	15	20	25	30	35	40	45	50	55	60		30	60	90	120	150	180		
Establish site transition meetings which include representatives as determined by the WVDOC	VP, Clinical Services: R. Jones Director. Pharmacy Services Pharmacist Clinical																							
Determine equipment and transition needs including computers, printers, fax machines, bar code scanners, and date required	VP, Clinical Services: R. Jones Director. Pharmacy Services Pharmacist Clinical																							
Establish a stock medication system to include emergency medications which includes an inventory tracking system of approved medications and approved training program	VP, Clinical Services: R. Jones Director. Pharmacy Services Pharmacist Clinical																							
Train all appropriate site staff on existing processes, delivery schedule, return meds procedure and par levels/stock meds procedures	VP, Clinical Services: R. Jones Director. Pharmacy Services Pharmacist Clinical																							
Ensure processing of 10 days discharge medication and one 30 day prescription for non controlled medication for released inmates	VP, Clinical Services: R. Jones Director. Pharmacy Services Pharmacist Clinical																							
Mental Health																								
Work with PSIMED to identify full time Statewide Mental Health Director	Director Behavioral Health: R. Smith Mental Health Vendor: PSIMED																							
Ensure that Psychiatrist is board certified to practice adult psychiatry in WV and has a minimum of three years experience working in a correctional system	Director Behavioral Health: R. Smith Mental Health Vendor: PSIMED																							
Develop communication plan, including reporting of data and meeting	Director Behavioral Health: R. Smith Mental Health Vendor: PSIMED																							
Complete Mental Health Policies and Procedures and submit to Agency within 60 days after Award.	Director Behavioral Health: R. Smith Mental Health Vendor: PSIMED																							
Distribute mental health polices and procedures to sites	Director Behavioral Health: R. Smith Mental Health Vendor: PSIMED																							
Ensure proper licensing and credentials for all new Mental Health staff	Director Behavioral Health: R. Smith Mental Health Vendor: PSIMED																							
Establish training program for all Mental Health Staff, including providers	Director Behavioral Health: R. Smith Mental Health Vendor: PSIMED																							
Conduct mental health training orientation	Director Behavioral Health: R. Smith Mental Health Vendor: PSIMED																							
Identify Mental health program supplies and materials required by site	Director Behavioral Health: R. Smith Mental Health Vendor: PSIMED																							
Order and delivery of Mental Health supplies to sites	Director Behavioral Health: R. Smith Mental Health Vendor: PSIMED																							
Ensure transfer of information necessary for re-entry service transition	Director Behavioral Health: R. Smith Mental Health Vendor: PSIMED																							
Work with WVDOC to establish process for provision of treatment summaries and consultation to community providers as needed to ensure continuity of care for inmates	Director Behavioral Health: R. Smith Mental Health Vendor: PSIMED																							

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		Pre-Award		Days Prior to Contract Start												Contract Start	Post-Contract Start						Status	Comments
TRANSITION ACTIVITY	INDIVIDUAL(S) RESPONSIBLE			1	5	10	15	20	25	30	35	40	45	50	55	60		30	60	90	120	150	180		
West Virginia DOC Treatment Programs																									
Identify Program Mentor	Director Behavioral Health: R. Smith Mental Health Vendor: PSIMED																								
Mentor to liaison with the Agency Director of programs to understand and fulfill Agency programming goals.	Director Behavioral Health: R. Smith Mental Health Vendor: PSIMED																								
Mentor to provide curriculum development and training for Agency Staff for BIPPS, CVA, DVIP, SOPI, II, and Trauma Groups	Director Behavioral Health: R. Smith Mental Health Vendor: PSIMED																								
Mentor to provide assistance with continuing education credits; and qualified Therapists to facilitate the Agency approved programs	Director Behavioral Health: R. Smith Mental Health Vendor: PSIMED																								
Dental Services																									
Review WVDOC Dental policies to assess compatibility with Wexford Health Health's dental policies	Corporate Medical Director: T. Lehman Dental Director Regional Medical Director																								
Review Wexford Health Health's dental policies with the Agency to ensure congruence, consistency and client satisfaction	Corporate Medical Director: T. Lehman Dental Director Regional Medical Director																								
Coordinate with Regional Medical Director on scheduling training of dental staff	Corporate Medical Director: T. Lehman Dental Director Regional Medical Director																								
Orient new dental staff to Wexford Health Health and WVDOC including policies, procedures, UM, Pharmacy, Sick Call, resources available	Corporate Medical Director: T. Lehman Dental Director Regional Medical Director																								
Review dental inventories/equipment to ensure adequate and appropriate	Corporate Medical Director: T. Lehman Dental Director Regional Medical Director																								
Ensure provision of dental services for RSAT inmates at the nearest Agency facility	Corporate Medical Director: T. Lehman Dental Director Regional Medical Director																								
Assess Dental backlogs and adherence to mandated timeframes	Corporate Medical Director: T. Lehman Dental Director Regional Medical Director																								

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TRANSITION ACTIVITY	INDIVIDUAL(S) RESPONSIBLE	Pre-Award		Days Prior to Contract Start: 1	5	10	15	20	25	30	35	40	45	50	55	60	Contract Start	Post-Contract Start: 30	60	90	120	150	180	Status	Comments
Quality Management Program																									
Review clinical job descriptions and revise as needed for operational compliance	Director, Quality Management and Compliance: M. Ingram																								
Provide a NCCHC/ACA compliant medical disaster plan within 60 days of contract award	Director, Quality Management and Compliance: M. Ingram																								
Obtain NCCHC accreditation for BCC, CCC, PBCC, and SCC within one year of the operational effective date	Director, Quality Management and Compliance: M. Ingram																								
Upon Notice of Award, request complete copy of healthcare services policies and procedures	Director, Quality Management and Compliance: M. Ingram																								
Request and review WVDOC Quality Assurance criteria, revise current WH QMP tools to reflect all WVDOC criteria.	Director, Quality Management and Compliance: M. Ingram																								
Implement sentinel event training including root cause analysis, design and corrective action plan development.	Director, Quality Management and Compliance: M. Ingram																								
Ensure /Establish site and Regional QI Committees. Train regional teams on QI process. Develop calendar and notify attendees.	Director, Quality Management and Compliance: M. Ingram																								
Institute a quality improvement program including a written CQI program, Executive CQI Committee, monthly Health Audit Committees, and Physician Peer Reviews	Director, Quality Management and Compliance: M. Ingram																								
Review and submit nursing protocols to WVDOC for approval.	Director, Quality Management and Compliance: M. Ingram																								
Review and submit to WVDOC WHS Patient Education manual.	Director, Quality Management and Compliance: M. Ingram																								
Develop schedule and submit outline of infirmary core competency training for all sites with infirmaries to include IV, O2, CPAP. Nebulizer, tracheostomy care, wound care, PIC lines.	Director, Quality Management and Compliance: M. Ingram																								
Establish schedule and submit to WVDOC for approval outline of nursing supervisor orientation, nursing orientation.	Director, Quality Management and Compliance: M. Ingram																								
Train employees based upon competency evaluations and new processes or protocols	Director, Quality Management and Compliance: M. Ingram																								
Identify process for recertification of staff on basic life support and CPR and certified staff training	Director, Quality Management and Compliance: M. Ingram																								

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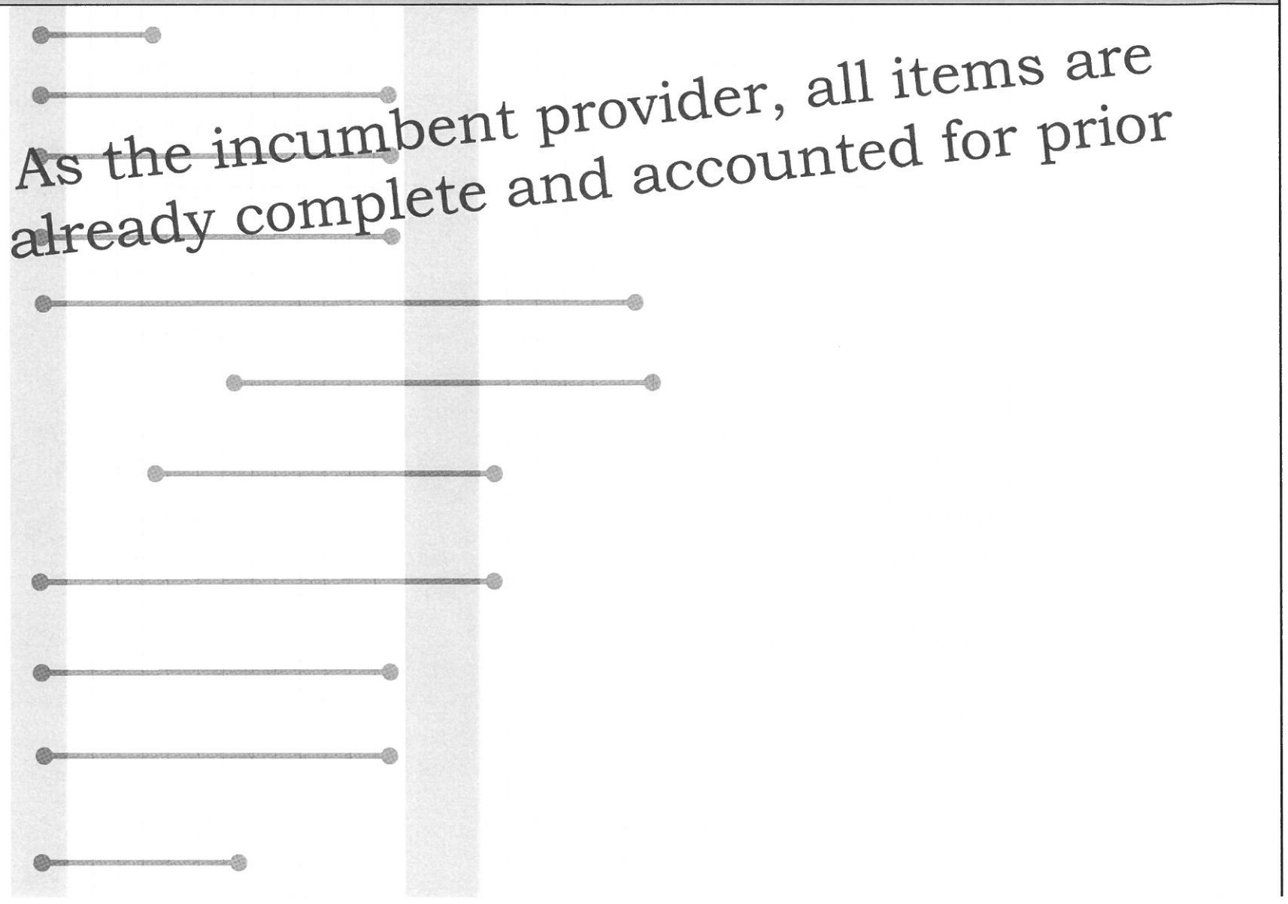
		Pre-Award		Days Prior to Contract Start												Contract Start	Post-Contract Start						Status	Comments
TRANSITION ACTIVITY	INDIVIDUAL(S) RESPONSIBLE			1	5	10	15	20	25	30	35	40	45	50	55	60		30	60	90	120	150	180		
Provider Network Contracting																									
Confirm all current hospital providers and subcontractors contact and cost information	Director, Provider Network Development, Credentialing, & Claims: K. Ohleger																							
Confirm and update all contracted provider and subcontractor contact information	Director, Provider Network Development, Credentialing, & Claims: K. Ohleger																							
Identify current independent contractors at site level and begin negotiation of contracts as appropriate	Director, Provider Network Development, Credentialing, & Claims: K. Ohleger																							
Ensure emergency services are available to every facilities through written agreements with local hospitals and ambulance service	Director, Provider Network Development, Credentialing, & Claims: K. Ohleger																							
Contact and negotiate/develop and finalize agreements with all other providers/vendors	Director, Provider Network Development, Credentialing, & Claims: K. Ohleger																							
Review credentialing process with WVDOC. Establish a credentialing process and maintain required documentation in the health services unit of each correctional facility.	Director, Provider Network Development, Credentialing, & Claims: K. Ohleger																							
Collaborate with Director of Operations to assess onsite specialty clinic needs and contract with identified specialty providers for onsite clinics	Director, Provider Network Development, Credentialing, & Claims: K. Ohleger																							
Obtain initial credentialing documentation for all applicable employees and contracted providers, begin provisional appointments and credentialing process, establish quarterly reports	Director, Provider Network Development, Credentialing, & Claims: K. Ohleger																							
Contract laboratory vendor; notify sites, provide contact information and coordinate training	Director, Provider Network Development, Credentialing, & Claims: K. Ohleger																							
Contract dialysis, EKG, Optometry, Physical Therapy, Audiology Services, Durable Medical Vendors (DME), and Radiology vendor; notify sites, provide contact information and coordinate training	Director, Provider Network Development, Credentialing, & Claims: K. Ohleger																							
Contract facility specific ambulance services; notify sites and provide contact numbers	Director, Provider Network Development, Credentialing, & Claims: K. Ohleger																							



TRANSITION ACTIVITY	INDIVIDUAL(S) RESPONSIBLE	Pre-Award	Days Prior to Contract Start 1 5 10 15 20 25 30 35 40 45 50 55 60	Contract Start	Post-Contract Start 30 60 90 120 150 180	Status	Comments
Provide training to regional staff, site medical director and others identified as appropriate on all processes and expectations	Director, Provider Network Development, Credentialing, & Claims: K. Ohleger						
Provide training to regional staff, site medical directors and others identified as appropriate on Preferred Provider Lists and any contractor or vendor issues	Director, Provider Network Development, Credentialing, & Claims: K. Ohleger						
Develop site specific Preferred Provider Lists for all specialty services and distribute to all operations staff and internal staff as appropriate	Director, Provider Network Development, Credentialing, & Claims: K. Ohleger						
Meet with identified critical providers to continue to reinforce relationships	Director, Provider Network Development, Credentialing, & Claims: K. Ohleger						
Provide education program to provider network	Director, Provider Network Development, Credentialing, & Claims: K. Ohleger						
Load any new contracts; create paper and electronic provider files	Director, Provider Network Development, Credentialing, & Claims: K. Ohleger						
Utilization Management							
Compare UM P&P's to requirements/contract model. Revise to reflect the WVDOC contract model	Director, Utilization: P.Perkins						
Review UM P&P and Reporting with WVDOC	Director, Utilization: P.Perkins Utilization Reporting & Analysis Director: P. Casey						
Select Corporate UM Director for West Virginia contract	Corporate Medical Director: T. Lehman VP, Clinical Services: R. Jones Corporate Director Utilization Management: N. Fisher						
Train all providers on UM expectations and processes including ER process, hospital tracking, and Collegial Review process	Director, Utilization: P.Perkins Utilization Reporting & Analysis Director: P. Casey						
Reinforce contacts with all hospital provider UM Divisions; explain Wexford Health Health processes and supply them with all needed contact numbers as needed	Director, Utilization: P.Perkins						
Review list of all impending specialty appointments and facilitate Regional Medical Director review to determine authorization	Director, Utilization: P.Perkins						
Provide training on UM processes for H.S.A., and nurses	Director, Utilization and Case Mgmt.: P.Perkins Utilization Reporting & Analysis Director: P. Casey						
Pre-certify inpatient and selected outpatient services	Director, Utilization and Case Mgmt.: P.Perkins						
Conduct inpatient daily review with hospitals	Director, Utilization: P.Perkins Corporate Director Utilization Management: N. Fisher						
Review all UM specialty referral requests	Director, Utilization: P.Perkins Corporate Director Utilization Management: N. Fisher						
Conduct daily review of Emergency Room incidents	Corporate Director Utilization Management: N. Fisher						
Lead Collegial Reviews with onsite clinicians and nurses	Corporate Medical Director: T. Lehman VP, Clinical Services: R. Jones Corporate Director Utilization Management: N. Fisher						

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TRANSITION ACTIVITY	INDIVIDUAL(S) RESPONSIBLE	Pre-Award		Days Prior to Contract Start												Contract Start	Post-Contract Start						Status	Comments
				1	5	10	15	20	25	30	35	40	45	50	55	60		30	60	90	120	150	180		
Claims																								
Compare claims P&P to contract model, and revise to reflect the WVDOC contract	Director, Provider Network Development, Credentialing, & Claims: K. Ohleger																							
Identify sites and update WexCare to ensure process for timely payment of claims	Director, Provider Network Development, Credentialing, & Claims: K. Ohleger																							
Train all staff on the West Virginia Contract	Director, Provider Network Development, Credentialing, & Claims: K. Ohleger																							
Vendor Services provided to Agency Staff																								
Scheduling and performance of a limited medical exam, including PPD, for all Agency applicants within 5 days	Corporate Medical Director: T. Lehman VP, Clinical Services: R. Jones Corporate Director Utilization Management: N. Fisher																							
Scheduling and performance of annual , limited medical exams for all Correctional Officers	Corporate Medical Director: T. Lehman VP, Clinical Services: R. Jones Corporate Director Utilization Management: N. Fisher																							
Provision for all Agency employees of an annual two-step TB skin test; in the event of a positive test, obtain an x ray	Corporate Medical Director: T. Lehman VP, Clinical Services: R. Jones Corporate Director Utilization Management: N. Fisher																							
Offer and provide Hep b immunizations to all Agency Institutional Staff	Corporate Medical Director: T. Lehman VP, Clinical Services: R. Jones Corporate Director Utilization Management: N. Fisher																							
Administration of the flu vaccine to all Staff	Corporate Medical Director: T. Lehman VP, Clinical Services: R. Jones Corporate Director Utilization Management: N. Fisher																							
Provide Staff training as requested by the Warden of each Institution	Corporate Medical Director: T. Lehman VP, Clinical Services: R. Jones Corporate Director Utilization Management: N. Fisher																							
Provide emergency health services to Agency Staff, contractual employees, official Institutional Guests, and Institutional visitors	Corporate Medical Director: T. Lehman VP, Clinical Services: R. Jones Corporate Director Utilization Management: N. Fisher																							
INNOVATIVE SOLUTION - Electronic Medical Record																								
Work with WVDOC to establish regular EMR Team meetings	EMR & Project Manager: W. Melocchi																							
Evaluate current infrastructure and make recommendations for additional hardware	Director, IT: C. Correa																							
Review current training guides and prepare new employee orientation protocol	EMR & Project Manager: W. Melocchi																							
Work with WVDOC to establish appropriate interfaces (i.e. lab)	EMR & Project Manager: W. Melocchi																							
With cooperation of the Agency, begin work flow analysis and systems review.	EMR & Project Manager: W. Melocchi																							

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