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Solicitation Response(SR)

Dept: 0621

ID: ESR11061400000000882

Ver.: 1

Function: New

Phase: Final

Modified by batch , 11/06/2014

Header

 List View

General Information

[Contact](#)

[Default Values](#)

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[Document Information](#)

Procurement Folder: 33208

SO Doc Code: CRFQ

Procurement Type: Central Master Agreement

SO Dept: 0621

Vendor ID: 000000174949 

SO Doc ID: DJS1500000007

Legal Name: CORRECT CARE SOLUTIONS LLC

Published Date: 10/24/14

Alias/DBA:

Close Date: 11/6/14

Total Bid: \$2,937,130.80

Close Time: 13:30

Response Date: 11/06/2014 

Status: Closed

Response Time: 12:24

Solicitation Description: ADDENDUM NO. 4 MEDICAL
HEALTHCARE SERVICES

Total of Header Attachments: 0

Total of All Attachments: 0



Purchasing Division
2019 Washinton Street East
Post Office Box 50130
Charleston, WV 25305-0130

State Of West Virginia
Solicitation Response

Proc Folder : 33208

Solicitation Description : ADDENDUM NO. 4 MEDICAL HEALTHCARE SERVICES

Proc Type : Central Master Agreement

Date issued	Solicitation Closes	Solicitation No	Version
	2014-11-06 13:30:00	SR 0621 ESR11061400000000882	1

VENDOR

000000174949

CORRECT CARE SOLUTIONS LLC

FOR INFORMATION CONTACT THE BUYER

Dean Wingerd
(304) 558-0468
dean.c.wingerd@wv.gov

Signature X

FEIN #

DATE

All offers subject to all terms and conditions contained in this solicitation

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Monthly Administration Fee	1.00000	EA	\$564,000.00	

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :	Monthly Administration Fee- Contract Administrator. Vendor will bid an all inclusive fee to cover the cost of managing the contract. "See Attached Specifications"
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Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	Monthly Maintenance Fee-Bed Count of 15-30 (7) facilities	1.00000	EA	\$306,600.00	

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :	The vendor will bid an all inclusive fee to cover the cost of maintaining and stocking the Medical Section in each facility based on the number of beds. There are seven (7) facilities with this bed count. "See Attached Specifications"
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Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	Monthly Maintenance Fee-Bed Count of 31-50 (1) facility	1.00000	EA	\$76,435.32	

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :	The vendor will bid an all inclusive fee to cover the cost of maintaining and stocking the Medical Section in each facility based on the number of beds. There is one(1) facility with this bed count."See Attached Specifications"
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Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	Monthly Maintenance Fee-Bed Count of 50-100 (1) facility	1.00000	EA	\$120,900.00	

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :	The vendor will bid an all inclusive fee to cover the cost of maintaining and stocking the Medical Section in each facility based on the number of beds. There is one(1) facility with this bed count."See Attached Specifications"
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Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
5	Hourly rate for Medical Personnel PHYSICIAN (MEDICAL DIRECTOR)	1092.00000	HOUR	\$146.42	

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description : Hourly Rate for Medical Personnel- PHYSICIAN (MEDICAL DIRECTOR)
The vendor will bid an hourly rates for the each category of medical personnel requested. "See Attached Specifications"

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
6	Hourly Rate for Medical Personnel- DENTIST	312.00000	HOUR	\$91.22	

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description : Hourly Rate for Medical Personnel- DENTIST.
The vendor will bid an hourly rates for the each category of medical personnel requested. "See Attached Specifications"

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
7	Hourly Rate for Medical Personnel- PHYSICIAN ASSISTANT.	150.00000	HOUR	\$53.79	

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description : Hourly Rate for Medical Personnel- PHYSICIAN ASSISTANT.
The vendor will bid an hourly rates for the each category of medical personnel requested. "See Attached Specifications"

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
8	Hourly Rate for Medical Personel-NURSE PRACTITIONER	150.00000	HOUR	\$53.79	

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description : Hourly Rate for Medical Personnel- NURSE PRACTITIONER
The vendor will bid an hourly rates for the each category of medical personnel requested. "See Attached Specifications"

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
9	Hourly Rate for Medical Personnel- REGISTERED NURSE.	18720.00000	HOURL	\$33.96	

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :	Hourly Rate for Medical Personnel- REGISTERED NURSE. The vendor will bid an hourly rates for the each category of medical personnel requested. "See Attached Specifications"
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Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
10	Hourly Rate for Medical Personnel- LICENSED PRACTICAL NURSE	42432.00000	HOURL	\$24.25	

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :	Hourly Rate for Medical Personnel- LICENSED PRACTICAL NURSE. The vendor will bid an hourly rates for the each category of medical personnel requested. "See Attached Specifications"
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**West Virginia Division of Juvenile Services
Charleston, West Virginia**

**Medical Healthcare Services
CRFQ 0621 DJS1500000007**

Bid Document

**November 6, 2014
1:30 p.m. EST**



Respectfully Submitted to:

Greg Clay, Senior Buyer
Department of Administration
Purchasing Division
2019 Washington Street East
Charleston, WV 25305
304-558-2566
Gregory.C.Clay@wv.gov



Submitted by:

Correct Care Solutions, LLC
1283 Murfreesboro Road
Suite 500
Nashville, TN 37217
800-592-2974 x5777
Tax ID# 32-0092573

Point of Contact:

Patrick Cummiskey
President of CCS Correctional Healthcare
P: 615-324-5777
F: 615-324-5731
Patrick@correctcaresolutions.com

Submitted electronically via wvOASIS



November 4, 2014

Dear Mr. Clay and Members of the Review Board:

Correct Care Solutions (CCS) is pleased to submit our response to CRFQ 0621 DJS1500000007 for Medical Healthcare Services for the West Virginia Division of Juvenile Services (DJS). CCS is uniquely qualified to provide the services required by the RFQ. We are passionate about what we do and we value the clients we serve. Most importantly, we deliver high-quality healthcare for each of our patients at a competitive price. CCS continually strives to be the correctional healthcare company clients want to work with and employees want to work for! We are confident that CCS will make an excellent partner for the DJS, and we would like to take this opportunity to explain why.

CCS is the most experienced juvenile care provider that can offer a seamless, corrections-based, youth-focused program for the DJS. While other providers may bid on these services, CCS has developed our medical program plan with youth offenders in mind based on our experience providing comprehensive healthcare services for statewide juvenile systems. With CCS, the DJS would be aligned with a quality provider who is proficient in the care of a youth population and adept in the provision of comprehensive services. We have unique insight into the DJS's vision with regard to the health of your youth population, and we have the experience, the resources, and the commitment to partner with you as you seek a comprehensive solution. CCS has a strong sense of commitment to this unique and vulnerable segment of our patient pool and to the development of programming specifically focused on youth in correctional environments.

CCS provides comprehensive medical and mental health services to incarcerated juveniles across the country. Our experience with assessing and treating this young and developing population has provided us with the expertise to offer them unique care rather than treating them the same as adult offenders. CCS and our subsidiary companies have been providing comprehensive juvenile healthcare services for more than 20 years. We provide exceptional care for nearly 5,500 juveniles in more than 75 dedicated juvenile facilities nationwide, including statewide juvenile systems in Florida, Louisiana, and Illinois. Our programs in these facilities include the design and successful operation of comprehensive medical, dental, mental health, and educational programs specifically for juvenile populations.

Where our juvenile clients have sought NCCHC or ACA accreditation, we have succeeded in attaining that benchmark. In Louisiana, we have worked with the Office of Juvenile Justice to ensure first-time ACA accreditation of their medical programs. CCS operates all of our programs at an appropriate level of care consistent with NCCHC and ACA standards. Our accreditation and licensing history is well-documented: ***CCS has never failed to obtain nor lost accreditation status at any of our client facilities.*** We have never been denied for continued accreditation, and we have never been subject to any fines or penalties from accrediting agencies. CCS currently provides correctional healthcare services in 168 accredited facilities, including four juvenile facilities accredited by the NCCHC and several others accredited by the ACA.



CCS provides primary and preventative care, sick call and episodic care, acute and chronic medical treatment, and follow-up care for the juveniles in our care at each of the juvenile detention centers we serve. The CCS health programs are based on documented policies and procedures addressing the provision of health services, including assessment and evaluation, suicide prevention, special needs treatment plans, referrals for care, ongoing care, and discharge planning from Day One. CCS develops customized policies and procedures for each of our contracted juvenile facilities to meet the specific needs of their individual populations. In our Louisiana Office of Juvenile Justice (OJJ) sites, where we provide state-wide comprehensive juvenile healthcare services, we developed a juvenile-specific formulary to ensure proper management of medication regimens. We also implemented customized health education programs for the Louisiana OJJ, where CCS nurses coordinate with the OJJ teachers to provide health education in the classroom setting. By maintaining a focus on health education, CCS helps our juvenile patients realize the importance of proper health management.

CCS is acutely aware of the distinctive needs related to the provision of health services to our young patients, and is prepared to apply focused leadership to ensure success. Our vast experience and knowledge gained while providing these services nationwide benefits both the staff and patients at our facilities. We understand and recognize this patient group is still developing and growing both physically and mentally, which can present challenges during incarceration. Identifying this key factor and using our experience working with juvenile patients is essential to appropriately assessing and treating the healthcare needs of this special population.

In closing, I respectfully ask for your business and I thank you for considering CCS as your partner. I personally commit to delivering all necessary resources to create a successful CCS program for the West Virginia Department of Juvenile Services.

Sincerely,

Patrick Cummiskey
President of CCS Correctional Healthcare
P: 615-324-5777
F: 615-324-5731
Patrick@correctcaresolutions.com



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CCS has registered with the West Virginia Purchasing Division and has paid the \$125 registration fee. We have reviewed and understand all requirements and specifications of CRFQ 0621 DJS1500000007 for Medical Healthcare Services, including all addenda and Q&A provided throughout the RFQ process. We acknowledge each of the terms and conditions listed in the RFQ and will meet or exceed the functional and technical requirements specified therein. CCS hereby acknowledges receipt of the following documents provided by the West Virginia Division of Purchasing subsequent to the RFQ:

- Addendum No. 1, rec'd 10/22/14
- Addendum No. 2, rec'd 10/24/14
- Addendum No. 3, rec'd 10/24/14
- Addendum No. 4, rec'd 10/24/14

We have provided a signed Addendum Acknowledgement in section **6 Required Forms**.



Our Mission

Our mission is to be the premier provider of effective and efficient healthcare to specialized populations.

Our Vision

Our philosophy is simple: we listen to our clients; we assess the situation; and we offer targeted, implementable solutions. We focus on creating and maintaining successful partnerships with our clients, and we create value in our partnerships through long-term cost savings and improved patient care.

We are committed to being a true solutions provider in the healthcare industry and in the communities we serve. We concentrate on establishing partnerships with county, state, or federal agencies that are experiencing challenges meeting their healthcare delivery needs in a fiscally responsible way. With a constant focus on patient care, we will offer innovative solutions to the DJS and efficiently execute our operational plans in coordination with your program objectives, and all applicable local, state, and federal laws and guidelines.

Services Provided

CCS provides comprehensive healthcare services as well as many ancillary services and products for our clients, including:

- Medical care
- Dental care
- Optical care
- Mental health care
- On-site care
- Receiving screenings
- Triage and sick call
- Suicide prevention/intervention
- Substance abuse/detox programs
- Health assessments
- Radiology and laboratory services
- Medically necessary diet programs
- Special needs and chronic care
- Continuity of care and discharge planning
- Telemedicine services
- Collaboration with community services agencies
- Network development
- Hiring/staffing
- Inmate health education and awareness programs
- Facility/custody/law enforcement staff training programs
- Emergency and hospitalization arrangements
- Utilization management
- Pharmaceutical supply and medication management
- Recruitment/retention plans
- Third-party reimbursement follow-up and processing
- Co-pay programs
- Cost recovery programs
- Catastrophic re-insurance coverage
- Continuous Quality Improvement Program (CQIP)
- Electronic Record Management Application (ERMA)
- National Accreditation – NCCHC/ACA/CALEA



Core Competencies and Strengths

CCS is committed to maintaining a mutually beneficial partnership with the DJS based on continued communication that will create cost savings while helping you meet your program objectives.

Hands-on Approach

The CCS Executive Team is closely involved with the implementation and operation of services for our clients. Continuous communication helps minimize surprises and ensures a mutual understanding of decisions and protocols. To ease the transition of services, CCS prefers to meet with new clients and valued medical personnel within 48 hours of notice of contract award; the members of our proposed Regional Management Team will become familiar faces as they provide guidance and insight to members of the on-site medical team at the DJS facilities.

Employee Advocates

Our employees are our most valued assets, and we are committed to equipping CCS team members with the necessary tools for success. CCS provides our site leaders with management training that allows them to foster the proper culture for working in a challenging environment. It is our belief that in order to be the company that clients want to work with, we must be the company that employees want to work for. Upon notification of award, CCS will work very closely with the DJS to retain any valued current members of your healthcare team. Prior to contract start-up, our team will personally meet with current staff to address any questions and concerns. We believe this gesture of respect and consideration initiates a positive relationship to sustain a long-term commitment in a productive environment.

Community Connection

A successful healthcare program has a positive community impact, and CCS is dedicated to establishing relationships within the communities we serve. We partner with local organizations to maximize continuity of care for each patient; we work with local agencies to develop training programs for nursing students and new security staff; and we seek out local charities that allow us to give back to the community. As we perform due diligence for the DJS medical program, we will reach out to area providers to form partnerships that will help to enhance continuity of care and reduce recidivism for your patient population. CCS has already been in discussions with your mental health provider, PsiMed, regarding future collaboration between our two companies to enhance continuity of care for patients housed in the DJS facilities. Specifically, we have spoken with Terry Rusin, President and CEO of PsiMed, and both parties are excited about the prospect of working together in West Virginia.

Cost Containment

In all programs we design and operate, our objective is to uncover all possible areas of savings without sacrificing quality. As your partner, CCS will negotiate contracts for goods and services that benefit the DJS medical program. We will work to create efficiencies in staffing, pharmacy, and off-site costs for the DJS. Our vendor contracts commonly offer an economy of scale to generate savings that we're able to pass on to our clients. Because we care for more than 250,000 patients nationwide, we have significant buying power and we will negotiate to secure the best possible rates with all on-site and off-site providers.



Advanced Utilization Management

CCS is prepared to implement our Care Management system, a browser-based web application designed to manage off-site medical services. The CCS Care Management system allows us to track off-site care, ensure timely return to the facility, manage claims, and provide reports to assist with cost containment and budget preparation. The Care Management system will function along with your Offender Information System (OIS) to create more clinical control and cost efficiencies for off-site healthcare services.

Proven Success Managing Chronic Care

CCS has successfully established many on-site programs and specialty care clinics for our current clients. Our continued focus on the identification, referral, and treatment of patients with chronic conditions allows CCS to manage healthcare needs before they escalate and require off-site consultation, or result in grievances or litigation.

Key Personnel

Following is an overview of key leadership staff who will be involved with the implementation of services at the DJS facilities and the subsequent management of operations. These are more than just names in a proposal, but rather faces you will see walking the hallways of the DJS facilities supporting our program.

Regional Management

Strengthening communication and operational workflows in the CCS program will be our Regional Management Team, containing individuals who are familiar with West Virginia requirements and will be readily available to the DJS. The CCS leadership team for the DJS will include:

- **Regional Vice President:** Lisel Browe, RN, BSN, MSN, CCHP
- **Program Administrator:** TBD
- **Regional Medical Director:** Patricia Rodgers, DO

Regional Vice President

Ms. Browe, a Registered Nurse, joined CCS in 2009 as a Health Services Administrator (HSA) for the Western Virginia Regional Jail (WVRJ) located in Salem, Virginia. She has also served as an HSA Mentor and a Transition Team Member with responsibility for new startup locations. In 2011, Ms. Browe was promoted to Regional Vice President with operational oversight of CCS sites throughout Virginia, including Norfolk, Newport News, Virginia Beach, and Roanoke. She has been a Certified Correctional Healthcare Professional with the National Commission on Correctional Healthcare since 2010 and a national surveyor with the Commission since 2012. Ms. Browe earned a Master's degree in Health Care Administration from Bellevue University in Bellevue, Nebraska, and a Master's Degree in Nursing Education from Liberty University in Lynchburg, Virginia. As Regional Vice President, Ms. Browe will be responsible for supervisory training, risk minimization, troubleshooting, and staffing issue resolution, as well as accreditation compliance and preparation for accreditation audits. She will also serve as the DJS liaison for Home Office staff and will maintain a focus on client relations.



Program Administrator

CCS will assign a Program Administrator who will oversee the administrative requirements of the DJS medical program, including recruitment, staffing, contracts, data gathering and review, monthly reports as required, medical record keeping, and other contract services management. The Program Administrator will report to and work with the CCS Regional Vice President to ensure standards-compliant programming as well as consistency of care and continuous quality improvement. The Program Administrator will directly support, monitor, and guide the DJS medical program's contract compliance through on-site visits, close monitoring of outcomes, and ongoing interactions with medical and detention staff. This position will be based out of the Rubenstein Center and will regularly visit the other DJS facilities, typically on a monthly basis or more often as needed.

The Program Administrator will manage the DJS medical program based on defined goals, objectives, policies, and procedures, and will ensure that the medical program is conducted in accordance with state and local regulations, as well as NCCHC and ACA standards, and Performance-based Standards (PbS) where applicable. The Program Administrator will be responsible for coordinating contract requirements with the Facility Superintendent/Director and the Central Office Contract Monitor. The Program Administrator will monitor the implementation and effectiveness of procedures and programs, and will work with the DJS to address and resolve any issues in the performance of services. The Program Administrator will provide administrative supervision for the CCS Medical Director and all other medical staff, and will also perform the following essential job functions for the DJS facilities:

- Monitor the implementation and effectiveness of procedures and programs
- Evaluate financial/statistical data and program needs/problems, and make recommendations for improvements
- Develop, utilize, revise, interpret, and ensure compliance with CCS and facility policies and procedures, which will be tailored for juveniles
- Monitor subcontracted services, including pharmacy, lab, X-ray, and specialty providers
- Maintain communication and a good working relationship with facility administration, CCS employees, correctional personnel, contracted providers, and outside agencies
- Evaluate and recommend methods of improving operational efficiency and cost effectiveness

Contract Manager

CCS will designate and maintain a primary Contract Manager responsible for overseeing our responsibilities under this contract. This individual will be available during normal business hours to address any customer service or other issues related to this contract. The Contract Manager for the DJS will be:

Cristina Capoot
Office: 720-622-8016
Cell: 303-618-6100
CCapoot@correctcaresolutions.com

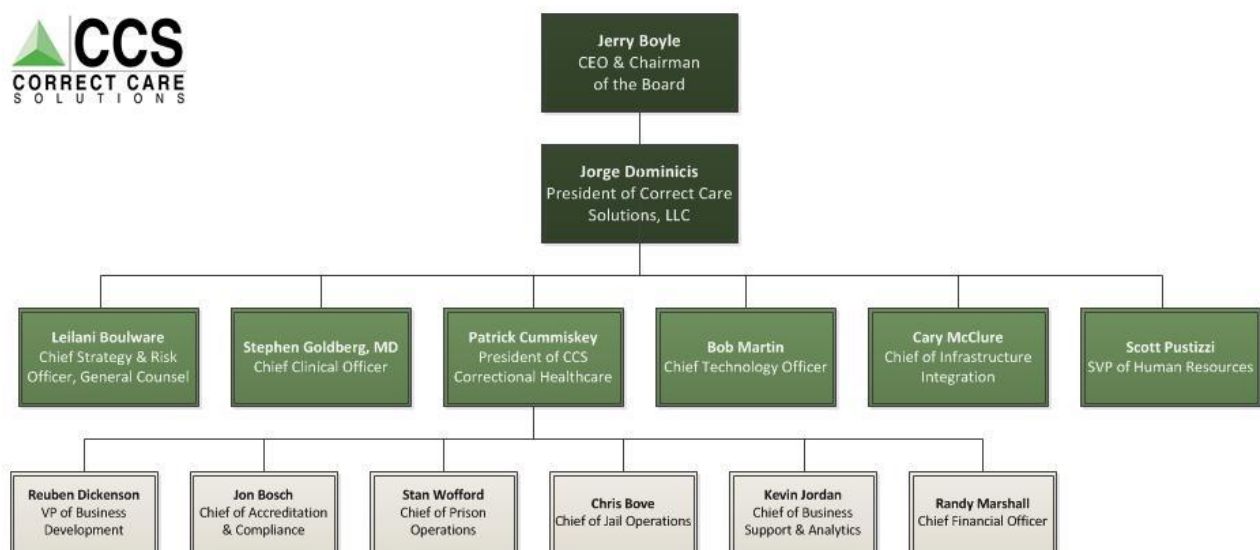
Home Office Support

The CCS Home Office in Nashville, Tennessee will directly support our on-site medical and administrative staff at the DJS facilities. Our Home Office support includes a staff of Human Resource professionals to guide all recruiting and hiring as well as a strong People Strategies department to train new and retained staff members. Our Finance and Accounting teams will provide regular, thorough reporting for the DJS. Our Information Technology department will ensure that all technology meets your needs and requires minimal resources.

Organization

CCS is focused on a strategic plan that allows our organization to work efficiently and promotes success through enhanced communication. All CCS employees function as a team, and every team member expects to be part of the solution. Our corporate organizational structure is simple, effective, and functional by design. It ensures that everyone, from the highest level of management to each member of our line staff, understands accountability and responsibility for all actions. As such, the full extent of our company resources will be available to you as we serve the DJS. Please see the following company organizational chart.

Company Organizational Chart



1.2 State License

We have provided the required documentation for Correct Care Solutions, LLC on the following pages, including:

1. Certificate of Registration authorizing Correct Care Solutions, LLC to conduct business in the State of West Virginia
2. West Virginia Business Registration Receipt (for the Application for Certificate of Authority of Limited Liability Company, the Business Registration Fee, the WV Treasury Convenience Fee, and Unemployment Compensation)
3. Certificate of Good Standing from the State of Kansas (our state of incorporation)

State of West Virginia



Certificate

*I, Natalie E. Tennant, Secretary of State,
of the State of West Virginia, hereby certify that*

Correct Care Solutions, LLC

has filed the appropriate registration documents in my office according to the provisions of the West Virginia Code and hereby declare the organization listed above as duly registered with the Secretary of State's Office.

*Given under my hand and
the Great Seal of West Virginia
on this day of
October 20, 2014*



Natalie E. Tennant

Secretary of State



West Virginia Business Registration Receipt

Business for West Virginia
www.business4wv.com

Fees for Registration of Correct Care Solutions, LLC

Unified Business ID: UF000368665001

Secretary of State

Application for Certificate of Authority of Limited Liability Company	\$150.00
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WV State Tax Department

Business Registration Fee	\$30.00
WV Treasury Convenience Fee	\$1.00

Unemployment Compensation

No deposit required. First payment due at end of initial quarter.	N/A
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Business Registration Total Fees	\$181.00
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STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
KRIS W. KOBACH

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 3516663

Entity Name: CORRECT CARE SOLUTIONS, LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: BUSINESS FILINGS INTERNATIONAL, INC.

Registered Office: 112 SW 7th Street Suite 3C, TOPEKA, KS 66603

was filed in this office on August 29, 2003, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of October 17, 2014



KRIS W. KOBACH
SECRETARY OF STATE

Certificate ID: 619848 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.

1.3 Relevant Experience

The CCS Executive Team has over 250 years of combined correctional healthcare experience, and the entire team will be fully engaged in the operation of programs and services for the DJS. CCS is the industry leader in designing and operating juvenile and adult healthcare programs. The significant difference with CCS is that we have a proven history of success with similar contracts. CCS currently serves clients in 38 states, but understanding the regional differences from state to state gives CCS a competitive edge. With CCS actively serving the Federal Correctional Institution (FCI) McDowell in West Virginia, company knowledge, best practices, and resources will be readily available to support the success of the DJS medical program. CCS also provides services for 12 clients in Virginia (including the Newport News Juvenile Detention Center), further strengthening our regional presence.

Juvenile Experience

CCS manages juvenile healthcare programs at several of our client sites. We provide comprehensive medical and mental health services to incarcerated juveniles across the country. Our experience with assessing and treating this young and developing population has provided us with the expertise to offer them unique care rather than treating them the same as adult offenders. CCS provides exceptional care for nearly 5,500 juveniles in more than 75 dedicated youth facilities nationwide, including statewide juvenile systems in Florida, Louisiana, and Illinois. Our programs in these facilities include the design and successful operation of comprehensive medical, dental, and mental health programs for juveniles. Where our clients have sought NCCHC or ACA accreditation, we have succeeded in attaining that benchmark. In Louisiana, we have worked with the Office of Juvenile Justice to ensure first-time ACA accreditation of their medical programs.

CCS provides primary and preventative care, sick call and episodic care, acute and chronic medical treatment, and follow-up care for the juveniles in our care at each of the detention centers we service. The CCS health programs are based on documented policies and procedures addressing the provision of health services, including assessment and evaluation, suicide prevention, special needs treatment plans, referrals for care, ongoing care, and discharge planning from Day One. CCS develops customized policies and procedures for each of our contracted juvenile facilities to meet the specific needs of their individual populations. For example, in Louisiana, we developed a juvenile-specific formulary to ensure proper management of medication regimens. CCS provides health education to juveniles with chronic conditions such as asthma or diabetes to help them realize the importance of proper health management. Acknowledging the importance of family interaction for juveniles, CCS maintains a focus on keeping parents and/or guardians informed regarding their condition as appropriate.

CCS has a dedicated Juvenile Specialist, Stephanie Peskowitz, RN, BSN, who serves as a Regional Manager for CCS overseeing our juvenile facilities in Florida and Louisiana. Ms. Peskowitz brings over 12 years of correctional healthcare experience working with juveniles in county and state-wide settings. She will be a tremendous resource to CCS staff at the Juvenile Detention Center for juvenile policy and procedural matters, juvenile-specific education and programming, and orientation focused on our juvenile patients.



Juvenile References

CCS and our subsidiary companies have been providing comprehensive juvenile healthcare services for more than 20 years. We encourage you to contact the following juvenile-specific references and ask them why they chose CCS as their comprehensive medical services provider. *We offer all of our clients as references!*

Juvenile References	
Louisiana Office of Juvenile Justice Kelly Smith, Director of Health Services 225-287-7995 Kelly.D.Smith@la.gov	ADP: 380 juveniles Period of Performance: 9/1/10 – Present Scope: Comprehensive medical, mental health, dental, pharmaceutical, and off-site care management services
Florida Dept. of Juvenile Justice – North Region Gwen Harris, Contract Manager 850-717-2829 gwen.harris@djj.state.fl.us	ADP: 360 juveniles Period of Performance: 9/1/12 – Present Scope: Comprehensive medical, mental health, dental, pharmaceutical, and off-site care management services
Illinois Dept. of Juvenile Justice Bryan Gleckler, CFO 217-558-2200 x2029 bryan.gleckler@doc.illinois.gov	ADP: 1097 Period of Performance: 9/20/00 – Present Scope: Comprehensive medical, mental health, dental, pharmaceutical, and off-site care management services
Will County (IL) Sheriff's Office River Valley Juvenile Detention Center John Prinzi 815-730-7070 jprinzi@willcountyillinois.com	ADP: 72 juveniles Period of Performance: 11/1/06 – Present Scope: Comprehensive medical, mental health, dental, pharmaceutical, and off-site care management services
Wyandotte County (KS) Sheriff's Office Wyandotte County Juvenile Detention Center Terri Broadus, Juvenile Administrator 913-573-2865 tbroadus@wycokck.org	ADP: 50 juveniles Period of Performance: 7/1/06 – Present Scope: Comprehensive medical, mental health, dental, pharmaceutical, and off-site care management services

Mental Health Experience

CCS has experience partnering with local mental health providers to enhance patient care and wellbeing. Our clients in Lexington County, SC; Will County, IL; and Johnson County, KS have separate contracts with local providers for the provision of mental health services, and CCS has established positive working relationships in each of these programs. In other locations, including Davidson County, TN and Richland County, SC, we have demonstrated our commitment to local partnerships by subcontracting mental health services (which are part of our client contracts) to local agencies. CCS has already been in discussions with your mental health provider, PsiMed, regarding future collaboration between our two companies to enhance continuity of care for patients housed in the DJS facilities.



Accreditation Experience

The CCS program for the DJS will meet or exceed community standards of care, as well as standards established by the National Commission on Correctional Health Care (NCCHC) and American Correctional Association (ACA). We will also strive to comply with Performance-based Standards (PbS) as applicable, with the goal of adopting PbS statewide within one year of contract start. CCS operates all of our programs at an appropriate level of care consistent with national standards for correctional healthcare. Our internal quality improvement programs ensure that all CCS clients meet or exceed these standards.

Accreditation Guarantee

CCS has extensive experience achieving and maintaining NCCHC accreditation. We conduct mock accreditation surveys at our facilities prior to the actual on-site audit, and we discuss our findings and recommendations with the on-site staff. CCS has never been denied for continued accreditation, and we have never been subject to any fines or penalties from accrediting agencies.

Our accreditation and licensing history is well-documented: ***CCS has never failed to obtain nor lost accreditation status at any of our client facilities.*** We will ensure that the DJS facilities maintain NCCHC accreditation for the duration of the contract. In fact, we are so confident in the quality of our programming that ***we will pay the DJS a self-imposed penalty of \$50,000 should any of the facilities lose NCCHC accreditation during the term of our contract.***

Unique Accreditation Perspective

CCS has strong connections to the NCCHC and ACA. Jon Bosch, who oversees compliance for CCS, is the former Director of Accreditation for the NCCHC. Lisel Browe, the CCS Regional Vice President for Richmond, is a Certified Correctional Health Professional (CCHP) and an NCCHC surveyor. CCS has a unique perspective into the accreditation process due to our employees' participation in the following NCCHC activities:

- Standards development
- Standards interpretation
- Conducting on-site accreditation surveys
- Training NCCHC lead surveyors
- Hosting and conducting Certified Correctional Health Professional (CCHP) exams to encourage advancement and professional certification of our employees

CCS personnel have participated in NCCHC standards development and interpretation; on-site accreditation surveys; and training of lead surveyors. We typically send over 50 staff members to the annual NCCHC conference each year for training. CCS staff members regularly serve as presenters and educational session leaders at the conference. In 2012, CCS hosted a CCHP examination at our Home Office in Nashville, Tennessee. Our employees passed the examination with a 100% success rate.



CCS is also proud to include ACA Immediate Past President Daron Hall (Sheriff for Davidson County, Tennessee), ACA President-Elect Mary Livers (Secretary for the Louisiana Office of Juvenile Justice), and ACA Vice President Michael Wade (Sheriff for Henrico County, Virginia) among our clients.

ACA Immediate Past President Endorses CCS

*"As advertised, your organization has been extremely responsive to our needs and **the proactive manner in which you operate is in stark contrast to our previous provider...** While I have been extremely impressed with CCS' responsiveness, I have been even more impressed with the level of excitement and enthusiasm which has been instilled in your line staff. This is refreshing! It gives me great comfort to know that your staff respects your organization and its commitment to quality."*

Sheriff Daron Hall

ACA Immediate Past President
Davidson County, TN
(Transitioned from Corizon)

NCCHC and ACA Certification

CCS encourages our medical professionals to obtain certification through the NCCHC and ACA. Becoming a Certified Correctional Health Professional (CCHP) through the NCCHC and a Certified Correctional Nurse Manager (CCN-M) through the ACA offers immeasurable benefits and is highly regarded by management, peers, staff, and others. It is a step toward increased knowledge, greater professional recognition, and identification as a leader in the complex and ever-changing field of correctional healthcare. Health professionals working in correctional settings face unique challenges including working within strict security regulations, dealing with crowded facilities, and understanding the complex legal and public health considerations of providing care to incarcerated populations. Achieving professional certification ensures that our employees possess the skills needed to meet these challenges. CCS reimburses testing fees to employees who successfully pass.

NCCHC Excellence

Each year, the NCCHC presents their prestigious Facility of the Year Award to one facility from the NCCHC national accreditation program. In 2012, they selected the Chittenden Regional Correctional Facility in Vermont, whose healthcare program has been managed by CCS since 2010. The professional delivery of healthcare services at the Chittenden facility was recognized in 2012 at the National Conference on Correctional Health Care in Las Vegas, Nevada. We have provided the following award letter from the NCCHC for your review.



National Commission on
Correctional Health Care

1145 W Diversey Pkwy 773-880-1460 phone
Chicago, Illinois 773-880-2424 fax
60614-1318 www.ncchc.org

June 26, 2012

Superintendent Bob Arnell
Chittenden Regional Correctional Facility
7 Farrell Street
South Burlington, VT 05403

Dear Superintendent Arnell:

It is a great pleasure to inform you that the National Commission on Correctional Health Care, upon the recommendation of its Accreditation Committee, has selected the Chittenden Regional Correctional Facility to receive this year's *NCCHC Facility of the Year Award*. This prestigious award is presented each year to only one facility or system selected from among the 500 jails, prisons, and juvenile confinement facilities that participate in NCCHC's nationwide accreditation program.

The accreditation surveyors and committee were particularly impressed with how well your staff consistently demonstrated excellence in health services delivery, correctional health care professionalism, and a commitment to mothers and their children. The award will be presented on Monday morning, October 22, 2012, in Las Vegas, Nevada, as part of the opening ceremony at our National Conference on Correctional Health Care. Some two thousand people from across the country will be in attendance, and we hope you will be present to receive the award. The conference runs from October 22 through 24 and it is our pleasure to provide you with one (1) complimentary registration.

Congratulations to you and your fine staff who have worked so hard to achieve and maintain NCCHC accreditation. Please let us know with whom from your office we should coordinate the awards presentation and other logistics, and who will be present to accept the award and receive the complimentary registration.

Sincerely,

Edward A. Harrison, CCHP
President

EAH: JES

cc: James Bessette, LPN, CCHP, Health Services Administrator



Client Accreditation Status

CCS currently provides correctional healthcare services in 175 accredited facilities. ***We have never failed to obtain nor lost accreditation status at any of our client sites.*** The following table shows a summary of our current accreditation status. We have provided a detailed list of our accredited facilities on the following pages.

CCS Accreditations by the Numbers	
Accrediting Agency	Number of Facilities
NCCHC, ACA, and CALEA (Triple Crown)	12
NCCHC and ACA	17
NCCHC Only	53
ACA Only	93
TOTAL	175

CCS has enjoyed unparalleled success in our accreditation experience. Many CCS sites have been named 100% compliant during their accreditation surveys. Furthermore, ***CCS carries the distinction of counting nearly one-third of the 38 Triple Crown sites in the country among our clients.*** A total of 12 CCS sites are accredited by the NCCHC, ACA, and CALEA, making them “Triple Crown” facilities. CCS is proud to manage Triple Crown facilities in:

- Arapahoe County, CO
- DeKalb County, GA
- Douglas County, CO
- El Paso County, CO
- Jefferson County, CO
- Larimer County, CO
- Marion County, IN
- McHenry County, IL
- Monmouth County, NJ
- Pueblo County, CO
- Shelby County, TN (*two Triple Crown facilities*)



Transition Experience

CCS stands ready and prepared to implement a comprehensive turnkey program for the DJS, and we will work to ensure a successful and smooth transition for the DJS. CCS and our subsidiary Conmed have **transitioned five of our current clients from the other companies present at your pre-bid conference**, including Chesapeake, Virginia; Clark County, Washington; Will County, Illinois; and the Pennsylvania Department of Corrections. We also transitioned Washington County, Maryland from your incumbent provider. As evidence of our success versus the previous provider, Washington County recently re-awarded the contract to CCS following the required RFP process. With our unique experience, CCS is confident in our ability to effectively transition and manage the DJS medical program.

Quote from Our Client

*"Prior to Conmed's award of the health services contract at Chesapeake, the previous provider was unable to retain and recruit quality, full-time medical staff, and filled all but one full-time position with PRN staff. Also, unbeknownst to us at the time, the **previous provider also left a legacy of poor relations** with community healthcare providers. Upon **early termination of the existing contract** and a very competitive RFP process, Conmed was awarded the contract with less than 30 days to start-up. It was impressive how Conmed's Transition Team in that short period of time installed a highly qualified HSA from their corporate management team, recruited and trained quality, full-time medical staff to complete the staffing matrix, and began providing services on day-one without the use of PRN staffing...*

*Conmed has also worked diligently to improve the community relations, which were damaged by the previous provider...Conmed has earned a well deserved reputation a team player and important contributor to the Chesapeake community. **The seamless transition by Conmed, the quality of services, and the cost savings we have experienced** at the Chesapeake Correctional Center in these two short years is a testament to Conmed's management team, their hands on approach to problem solving, and their steadfast commitment to quality and excellence."*

Col. James J. O'Sullivan
Undersheriff
Chesapeake Sheriff's Office
(Transitioned from Wexford)



Transition Success Stories

On June 27, 2014, the **Pennsylvania Department of Corrections (transitioned from Wexford)** issued an Emergency Invitation for Bid to select a new healthcare services provider to replace their incumbent. Following the emergency bid process, CCS was awarded the contract on July 16. With only six weeks' lead time, CCS successfully transitioned services for 28 facilities and 48,000 inmates on September 1, to the satisfaction of the Bureau. In addition to a seamless transition, CCS has successfully brought additional on-site specialty clinic providers to the Pennsylvania DOC facilities in just the first 30 days of service.

In **Will County, Illinois (transitioned from Wexford)**, CCS made a positive impact on the County's bottom line with efficient staffing adjustments immediately following our transition. We saved over \$120,000 in staffing costs after our first 90 days on the contract, savings which we reimbursed directly to the client. CCS operating efficiencies have resulted in the refund of budgeted dollars to Will County for each year of the contract. After year three, CCS was under the off-site Cap by \$1.4 million, which was refunded to the County.

CCS has verifiable experience where we have successfully transitioned services within 30 days, but in the case of **Jefferson County, Texas (transitioned from NaphCare)**, we did so in just under two weeks. The previous provider was asked to extend their contract month-to-month when the RFP process ran long. Despite a 10-year working relationship, the provider declined. When asked in mid-January to stay on until the end of February to ensure a smooth transition, the provider informed the Sheriff's Office they would be leaving just 12 days later. With only 12 days' lead time, CCS transitioned the Jefferson County contract and implemented our Electronic Record Management Application (ERMA) to be functional on Day One. Our ability to rally the staff and transition services without disruption of care allowed us to reinforce why the Sheriff's Office made the correct decision in awarding the contract to CCS.

In **Onondaga County, New York (transitioned from CMC)**, the Sheriff's contract with the incumbent was scheduled to end on December 31, 2013. However, the Sheriff's Office requested that we begin providing services early. CCS transitioned services at all three Onondaga County facilities more than a month ahead of schedule on November 15, 2013. CCS immediately conducted baseline CQI studies and identified areas where improvements were needed so that a Corrective Action Plan could be operational on Day One to address significant issues identified prior to the CCS transition.

Prior to transitioning to CCS, **Elkhart County, Indiana (transitioned from Advanced Correctional Healthcare)** was late on 600 of their 14-day health assessments. CCS brought the health assessments current within four months of contract startup. We implemented a site-specific orientation/CEU program and we revised the sick call process, both of which meet NCCHC standards. With these changes in place, Elkhart County achieved NCCHC accreditation in August 2011. The County participated in a State Jail Inspection and received full accreditation in August 2012. CCS partnered with Bethel College and Goshen College to provide clinical rotations for nursing students, and partnered with NAMI to develop a peer-to-peer program to teach coping mechanisms to the County's special needs population.



Transition Team

Accomplishing a successful transition and implementation means looking beyond the tasks themselves and placing experienced CCS team members “on the ground,” working hand-in-hand with our new staff. The members of our proposed Regional Management Team will become familiar faces as they provide guidance and insight to members of the on-site medical team at the DJS facilities. The CCS Executive Team will also be closely involved with the implementation and operation of services for the DJS. CCS has assembled a strong leadership team to manage the start-up and implementation process at the DJS facilities. The following individuals will support the transition and operation of the DJS medical program:

- **Regional Vice President:** Lisel Browe, RN, BSN, MSN, CCHP
- **Regional Medical Director:** Patricia Rodgers, DO
- **Juvenile Specialist:** Stephanie Peskowitz, RN, BSN
- **Charlene Donovan, Ph.D.:** Chief of Behavioral Health
- **Ilana Iacobovici, MD:** Deputy Chief Psychiatric Officer
- **Dean Rieger, MD:** Deputy Chief Clinical Officer
- **Chris Bove:** Chief of Jail Operations

Each of these team members will be responsible for ensuring that programming follows the tenets of the contract between CCS and the DJS, as well as CCS protocols and industry standards. CCS also has more than 200 additional Home Office team members prepared to support the DJS medical program. We will communicate with the DJS and with current medical and mental health teams throughout the transition process to identify and care for those residents requiring medical attention. We will require knowledge of any residents currently hospitalized, those in need of specialized chronic care, those with off-site appointments scheduled for the next 30 days, and all residents currently on suicide watch.

Quote from Our Client

“In the past year, I have seen major improvements in the quality of services provided to prisoners. We now provide Nurse Sick Call, H&P’s and other clinical encounters in the Medical Unit, as opposed to housing units. We also have streamlined and shortened med pass, which saves us countless hours each week. Medical records are (for the first time) computerized; healthcare encounters are scheduled electronically and receiving screenings are done dynamically. The result is that prisoners are being seen in a timely manner, information is shared and available at each encounter; care is a coordinated effort, and safeguards are in place to prevent negative outcomes.”

Michelle Sanborn

Jail Administrator

Macomb County Sheriff's Office
(Transitioned from Corizon)



Transition Plan

To ease the transition of services, CCS prefers to meet with new clients and valued medical personnel within 48 hours of notice of contract award. We will provide informational sessions to medical personnel and distribute applications and paperwork to all on-site staff. CCS will conduct meetings with DJS command staff to ensure a clear understanding of expectations and channels of communication. Continuous communication helps minimize surprises and ensures a mutual understanding of decisions and protocols.

CCS will develop a comprehensive Contract Implementation Plan (CIP) describing our approach for transitioning the DJS medical program, including specifications for the recruitment of current and new staff; on-site medical services; pharmaceutical, laboratory, radiology, and medical supplies; equipment and inventory; and utilization management. The CIP will provide a comprehensive listing of tasks, the individuals responsible, and the projected dates for completion. CIP meetings will include various members of the Nashville-based Regional Support departments to ensure that all transition planning activities are efficient and effective. The final site-specific CIP will be revised as needed to meet the specific needs of the DJS facilities and will be updated weekly.

CCS takes accountability very seriously. Once we receive notification of intent to award the contract, we will immediately prepare for the transition. We will complete a detailed transition plan to ensure proper delegation of responsibility and completion of tasks and to ensure that our program meets all tenets of the contract. CCS will use this transition plan to communicate responsibilities and to ensure the completion of all required tasks. Although we have transitioned contracts with as little as seven days' notice, we are planning for a 60-day transition to allow for optimal communication and management of the entire transition process. With that in mind, we present the following sample timeline for on-site services beginning January 1, 2015.

CCS Sample Transition Timeline	
Date	Activity
After Notification of Award, First Two Weeks	<ul style="list-style-type: none">• CCS on-site to meet with facility administration and current healthcare employees• CCS begins recruiting current healthcare employees• Issue first implementation plan with all items to be completed, expected due dates and person responsible; this plan is a working document and will be provided weekly to appropriate facility staff• Begin development of site-specific policy and procedure manual
Day 10 – 20	<ul style="list-style-type: none">• Human Resources will process all staff paperwork• Operations team will have finalized travel schedule and begin creating all binders and training materials
Day 20 – 30	<ul style="list-style-type: none">• Begin recruiting process for any new positions or expected openings• Network Development will solidify all agreements with vendors and outside providers. This list would include medical waste, mobile x-ray, lab services, etc.• IT ensures connectivity, time clocks, computers, printers and copiers are ordered



CCS Sample Transition Timeline	
Day 30 – 40	<ul style="list-style-type: none">• Offer letters will be delivered• Any declination letters will be delivered in person and in private; this list will be discussed with DJS staff prior to ensure no issues• Orientation schedule will be posted and sign-up will begin• Updated implementation plan provided to DJS staff, many items will be marked as complete and travel schedule for CCS Senior Management Team will be provided
Day 40 – 50	<ul style="list-style-type: none">• Work schedule will be complete with any potential openings identified• In-person benefit enrollment sessions.• Clinical team will review all patients with scheduled off-site appointments, and will review all scheduled chronic care clinics• All pharmacy orders reviewed to ensure continuity at start-up and accuracy of MARs
Day 50 – 60	<ul style="list-style-type: none">• Multiple people on-site to ensure smooth start-up and begin laying out specific responsibilities for all employees on all shifts; CCS start up team mobilizes• Orientation will occur for all employees outside of work schedule and all staff will be paid for these hours on first CCS paycheck; orientation will cover CCS policies, culture and expectations; orientation is conducted by members of Senior Management and any DJS staff members are welcome to attend• Vendor orientation will occur just prior or during the first few days for lab services, pharmacy, etc.
January 1	<ul style="list-style-type: none">• CCS takes over operations and is on-site at 12:00 a.m. on January 1, 2015• Computers, copies, lab equipment, pharmacy carts, etc. are all delivered and inventoried
Post Transition, Day 1 – 30	<ul style="list-style-type: none">• Monthly reporting begins• Policies and Procedures developed and approved• Process improvements identified• Care Management system implementation begins
Post Transition, Day 31 – 60	<ul style="list-style-type: none">• Process improvements implemented• CQIP Meetings• Monthly Infection Control Meetings

1.4 Terminated Contracts

CCS has never had a medical contract terminated due to noncompliance or failure to fulfill the terms of the contract. We have provided our signed Non-Termination Affidavit on the following page.



Attachment # 3

Non-termination of Medical Contract

As per the specifications contained in the Medical Healthcare RFQ, Section 3.3, by signing below, vendor acknowledges that there has been no termination of a medical contract within the last four (4) years prior to the release of this RFQ. This form must be signed, notarized and submitted with the bid.

I hereby acknowledge that Correct Care Solutions, LLC has not
(Vendor Name)

had a contract terminated for lack of compliance or for the failure to fulfill the terms of a contract within the last four years.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: Correct Care Solutions, LLC

Authorized Signature: [Signature] Date: October 22, 2014

State of Tennessee

County of Davidson, to-wit:

Taken, subscribed, and sworn to before me this 22nd day of October, 2014.

My Commission expires May 8, 2018.



NOTARY PUBLIC

Angela Davis



2 Personnel

CCS values the input of our clients regarding current employees and we will seek such input before discussing their potential employment. Our goal is to retain all qualified, properly credentialed individuals who have the attributes to succeed as a part of our team. Upon notification of award, CCS will work very closely with the DJS to retain all valued current members of your healthcare team. With permission from the DJS, we will individually contact all qualified current staff and ideally meet in person with each employee. Prior to contract start-up, our team will personally meet with current staff to address any questions and concerns. We believe this gesture of respect and consideration initiates a positive relationship to sustain a long-term commitment in a productive environment.

2.1 Recruitment and Retention

CCS focuses on prudent staff deployment in order to promote high efficiency, fewer mistakes, and improved morale. As a result, we have an excellent retention rate with low turnover. In order to consistently recruit and retain highly qualified employees, CCS has developed industry-leading employee retention programs, including competitive benefits programs and opportunities for professional development. By showing our employees that they are a valued part of our company, CCS is able to save our clients unnecessary operational expense and added costs created by turnover.

Recruiting Practices

The CCS Home Office provides on-site support to our clients through our highly skilled Human Resources department, which facilitates the recruitment, development, and retention of healthcare professionals in our client communities. The HR department understands the importance of team continuity, and conducts continuous recruiting initiatives through local, state, regional, and national advertising campaigns. Our dedicated team of recruiters assists clients with application screening, interviewing, and hiring decisions, and researches rates of pay in different areas to ensure that our rates remain competitive. Upon notification of contract award, CCS will immediately begin recruiting efforts for any vacant positions, both within the community and within CCS through internal postings. Hiring leaders can view applications for job openings via the CCS online applicant database. Once the DJS facilities are fully staffed, CCS recruiters will monitor the success of their efforts and adjust their strategy accordingly.

Equal Employment Opportunities

CCS is an Equal Employment Opportunity (EEO) employer, and we have a thorough diversity policy in place to appropriately guide our recruiting and hiring processes. We will comply with all provisions of federal, state, and local regulations to ensure that no employee or applicant for employee is discriminated against because of race, religion, color, gender, sexual preference, marital status, age, disability, or national origin.

Internal Recruiting

It is CCS practice to post all job openings within the company first so that internal team members have the opportunity to be considered for opportunities before any external offers are made. Team members are eligible to apply for an internal opportunity after completing six months in their current role. If a team member is interested in transferring to another position and/or location, they must complete an internal transfer request form and submit it to their supervisor for signature. Interviews are typically conducted by the hiring leader or regional staff. CCS also welcomes input from our clients during the interview process for key positions.

College and University On-site Recruitment

A key part of the CCS recruitment plan includes reaching out to local nursing schools to attract healthcare professionals to a career in corrections. CCS has developed programs for nursing students in several of our client facilities.

- CCS successfully partnered with the University of Kansas to develop a rotation for students in the Nurse Master's Program.
- We partnered with Creighton University in Omaha, Nebraska to develop a correctional nurse training curriculum and rotation.
- In the State of Delaware, CCS developed a correctional clinical rotation for University of Pennsylvania Advanced Registered Nurse Practitioners at the Howard Young Correctional Institution in the Delaware Department of Corrections.
- In the States of Kansas and Nebraska, Mental Health Professionals have completed internships working with CCS Mental Health providers.

These are just a few examples of the local programs we have developed in our local communities. We have found that by increasing community interest and education regarding corrections, we have been able to attract and recruit healthcare providers who may have otherwise overlooked a career in our industry.

National Searchable Databases

CCS uses a wide variety of national recruiting databases that provide access to healthcare professionals throughout the country, including:

- CareerBuilder.com
- Monster.com
- MiracleWorkers.com
- PracticeLink.com
- RCI Recruitment Solutions

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



Employee Retention

CCS understands the importance, for continuity of care, of ensuring the majority of our employees are full-time employees. Consistent staffing improves the quality of patient care and minimizes issues that can lead to grievances and lawsuits. CCS offers benefit-related incentives to entice those who may be looking at a slightly higher rate of pay as per diem staff to commit to full-time employment with our company. We are proud to say that over 96% of all CCS jail positions are filled with permanent employees. Any open positions are temporarily filled through overtime and PRN staffing pools.

Pride in Our People

As our references will attest, CCS is constantly taking action to improve employee retention rates for all of our locations. We are proud to say that over 96% of all CCS jail positions are filled with permanent employees.

Commitment to People Development

CCS created our People Development program to invest in our staff's long-term professional satisfaction and well-being. Our dedication to People Development creates lower employee turnover, reduces costs due to replacement and training, and strengthens team spirit through mutual respect and recognition for each person's contributions. CCS believes that a successful operation begins with motivated employees who are well-equipped to satisfy the needs of our clients. We begin with the identification, validation, and recruitment of the very best people, and then we orient them to our CCS culture and operations through an established onboarding process. CCS offers a full range of opportunities for our employees' continued professional development, including training programs, continuing education, clinical exposure, promotion preparation, succession planning, and peer reviews.

Professional Development/Tuition Assistance

CCS encourages employees to take advantage of opportunities for advancement and professional growth. The CCS education and training program facilitates professional development and provides tuition assistance to employees as an opportunity to advance their skills and their career. Each year, CCS employees and their children who have graduated high school are encouraged to apply for two CCS-sponsored college scholarships. In 2014, CCS awarded three scholarships, two to CCS employees and one to the child of a CCS employee.

Responses from a Recent Employee Survey

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

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

Employee Recognition

CCS has a formal Employee Recognition Program based on our company slogan: “The *Right* People Doing the *Right* Things *Right*.” The program, known as “R³ Recognition,” is designed to reward employees for outstanding performance and exemplary service. The purpose of the Employee Recognition Program is to motivate positive job behavior and build a sense of pride in each employee. CCS presents recognition awards each quarter based on attendance, customer service, teamwork, and overall performance.



Nursing Outreach

CCS has adopted several outreach techniques for our valued nursing professionals, including advanced training opportunities and open communication through newsletters and the Nurse Channel, an online resource for CCS nursing professionals. In addition to providing useful information, the Nurse Channel also recognizes CCS nurses that have done an outstanding job upholding our high standards for patient care. CCS created the School of Nursing Newsletter in an effort to keep our nurses informed about nursing education and other initiatives within CCS. The newsletters include information on a new Nurse Competency exam and training program developed with input from nurse trainers and other CCS medical professionals, as well as the CCS People Strategies team.

CCS presents company-wide training in Nashville to all of our DONs. The intensive two-day educational event provides hands-on skills training and advanced correctional nursing instruction. This year’s conference was held in September with 110 DONs in attendance.

CCS also offers a “Train the Trainer” program. Known as “T3,” the program is designed to increase awareness and educate staff regarding a variety of nursing-related topics such as creating a healthy work environment, maintaining professionalism, managing withdrawal symptoms, and many more. Learning objectives and training materials, including videos and PowerPoint presentations, are posted on our Nurse Channel website and advertised with posters and flyers. CCS already has more than 120 Certified Nurse Trainers in place. By emphasizing ongoing communication and continued education, CCS has developed a team of nursing professionals that are well-equipped to care for our patients.

Flexible Scheduling

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

Human Resources Hotline

CCS offers a 24/7 Human Resources hotline for employees who need guidance regarding an issue outside of regular business hours.



GPS – Great People Skills

CCS believes that our employees have a valuable perspective and we are committed to fostering open communication of feedback and ideas. We regularly conduct employee surveys at our facilities and responses are overwhelmingly positive. Many employees have expressed excitement at having an official avenue to voice their opinions.

Wellness Program

CCS places a great deal of importance on the health and well-being of our staff. Employees are encouraged to participate in the CCS Wellness Program, which offers exercise programs, healthy eating tips, and other initiatives that promote a healthy lifestyle. Various CCS sites offer incentives or contests to encourage employee participation in programs that create a healthier staff, including smoking cessation and weight control programs.

Employee Assistance Program

CCS offers an Employee Assistance Program (EAP) through Cigna. All CCS employees and their household dependents have 24/7 access to a range of free services and educational materials to help with a variety of life/work challenges and crisis management. Assistance is available through a confidential phone call or referral to a specialist for up to three sessions of in-person support. The Cigna Assistance Program also gives employees access to a variety of discounted services and programs designed to promote health and wellness.

Dare to Care

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

CCS started Dare to Care with a generous gift of \$50,000 and continues to support the fund by matching up to \$20,000 of employee donations annually. To date, the Dare to Care fund has provided \$200,000 to CCS employees in need. CCS uses the Community Foundation of Middle Tennessee to manage all funds and award gifts, which keeps the application process private and ensures that requests for assistance are reviewed by an impartial and experienced third party.

2.2 Employee Eligibility

Background Investigation

CCS and its employees will cooperate fully with any investigations conducted by the DJS. We will provide the DJS with the name, date of birth, local address, social security number, and copy of driver's license for all qualified employment applicants. CCS routinely conducts a background investigation as a part of the application process. All screened applicants will visit the DJS facilities prior to a formal decision of employment by CCS. Final selection is subject to approval by the DJS.



Drug Testing

All proposed CCS staff, including any sub-contractors, will be subject to a criminal records check, fingerprinting, and a forensic panel drug screen prior to employment; additional random drug screens will be conducted as needed.

Unrestricted Licenses

In order to be eligible for employment within the DJS facilities, medical professionals must possess unrestricted licenses. Applicants will not be eligible if they are practicing under a Consent Agreement, have a suspended license, have a reprimand recorded against their license, or have been convicted of a felony. Applicable licenses and/or certificates for all professional staff will be on file with the DJS prior to employment. Once on-site personnel have been selected, we will provide their certification and licensing information as applicable. CCS will maintain copies of current registration certificates for licensed practitioners on-site. We will also maintain proof of malpractice insurance for all applicable employees.

CCS will perform primary or approved secondary verification of a current, valid license to practice (including affirmative inquiries into license revocations, limitations, and sanctions) and prescribe controlled substances. CCS will verify liability insurance and document reference checks in writing. We will inquire into work history and malpractice history. CCS will obtain from each licensed professional a current and signed attestation upon employment and/or provision of services at the DJS facilities, and annually thereafter. The attestation may include:

- Reasons for any inability to perform the essential functions of the position, with or without accommodation
- Lack of present illegal drug use
- History of loss of license and/or felony convictions
- History of loss or limitation of privileges or disciplinary activity
- Current malpractice insurance coverage
- Correctness and completeness of the application

2.3 Changes to Staffing Plan

CCS understands that the DJS reserves the right to require additional FTEs based on medical need. We will continuously track medical services workloads to determine whether a revised staffing plan would improve patient care efficiencies while creating cost savings for the DJS. Staffing is subject to approval by the DJS. We welcome the opportunity to discuss the proposed staffing plan with the DJS to find the best fit for the DJS facilities going forward.



2.4 Staffing Levels

CCS will staff the DJS facilities appropriately to ensure the timely provision of healthcare as required by the RFQ and in accordance with NCCHC and ACA standards. We have a successful track record of ensuring appropriate staffing levels. CCS feels strongly that the financial and clinical risk of *not* staffing a position is significant and our strong litigation history validates this approach. We react swiftly to vacancies and other potential staffing crises to ensure there are no long-term staffing holes. CCS will employ part-time and per diem personnel to provide coverage for scheduled absences and to supplement any full-time staffing needs. We will use PRN, locum tenens, or overtime coverage as temporary solutions until permanent positions are filled, for a period not to exceed 30 days.

Quote from Our Client

"You have dramatically improved staffing levels in all categories and eliminated the use of agency nurses. This is attributable not only to the leadership but climate and culture you have created within our organization. This has been heard repeatedly in conversations with your on-site line staff; an impressive accomplishment."

Chief James Coleman
Shelby County, TN
(Transitioned from Corizon)

Proposed Staffing

CCS has developed comprehensive staffing plans for the DJS facilities based on the requirements of the RFQ, a review of the current staffing levels, the information provided to us during the pre-bid conference, and our expertise in other facilities of similar size and scope. The CCS proposed staffing takes into consideration the minimum FTE requirements specified in the RFQ, specific needs of the resident population, capabilities of the DJS staff, details of the physical plant, and a recommended level of providers to efficiently and cost effectively perform all necessary duties and functions. It has been developed with what we believe to be a thorough understanding of your facilities and the services to be provided. We welcome the opportunity for further discussion regarding any adjustments that may need to be made.



CCS Proposed Staffing – Rubenstein

Day Shift									
Position	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/Wk	FTE
Program Administrator (RN)		8	8	8	8			32	0.80
Physician*	4							4	0.10
Physician's Assistant*	3							3	0.08
Nurse Practitioner*	3							3	0.08
Dentist	3							3	0.08
RN	8	8	8	8	8			40	1.00
LPN						8	8	16	0.40
Total Hours/FTE – Day								101	2.53
Evening Shift									
LPN	8	8	8	8	8	8	8	56	1.40
Total Hours/FTE – Evening								56	1.40
Night Shift									
LPN	8	8	8	8	8	8	8	56	1.40
Total Hours/FTE – Night								56	1.40
Weekly Total									
Total Hours/FTE per week								213	5.33

*May substitute one hour of physician time for two hours of mid-level practitioner time, or two hours of mid-level practitioner time for one hour of physician time, as necessary and with client approval.

CCS Proposed Staffing – Kuhn

Day Shift									
Position	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/Wk	FTE
Physician*	3							3	0.08
Dentist	3							3	0.08
RN	8	8	8	8	8			40	1.00
LPN	16	16	16	16	16	8	8	96	2.40
Total Hours/FTE – Day								142	3.55
Evening Shift									
LPN	8	8	8	8	8	8	8	56	1.40
Total Hours/FTE – Evening								56	1.40
Weekly Total									
Total Hours/FTE per week								198	4.95



CCS Proposed Staffing – Buckbee									
Day Shift									
Position	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/Wk	FTE
Physician*	2							2	0.05
RN	8	8	8	8	8			40	1.00
LPN						8	8	16	0.40
Total Hours/FTE – Day								58	1.45
Evening Shift									
LPN	8	8	8	8	8	8	8	56	1.40
Total Hours/FTE – Evening								56	1.40
Weekly Total									
Total Hours/FTE per week								114	2.85

CCS Proposed Staffing – Morton									
Day Shift									
Position	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/Wk	FTE
Physician*	2							2	0.05
RN	8	8	8	8	8			40	1.00
LPN				8	8	8	8	32	0.80
Total Hours/FTE – Day								74	1.85
Evening Shift									
LPN	8	8	8	8	8	8	8	56	1.40
Total Hours/FTE – Evening								56	1.40
Weekly Total									
Total Hours/FTE per week								130	3.25

CCS Proposed Staffing – Douglas									
Day Shift									
Position	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/Wk	FTE
Physician*	2							2	0.05
RN	8	8	8	8	8			40	1.00
LPN						8	8	16	0.40
Total Hours/FTE – Day								58	1.45
Evening Shift									
LPN	8	8	8	8	8	8	8	56	1.40
Total Hours/FTE – Evening								56	1.40
Weekly Total									
Total Hours/FTE per week								114	2.85



CCS Proposed Staffing – Yeager									
Day Shift									
Position	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/Wk	FTE
Physician*	2							2	0.05
RN	8	8	8	8	8			40	1.00
LPN						8	8	16	0.40
Total Hours/FTE – Day								58	1.45
Evening Shift									
LPN	8	8	8	8	8	8	8	56	1.40
Total Hours/FTE – Evening								56	1.40
Weekly Total									
Total Hours/FTE per week								114	2.85

CCS Proposed Staffing – Perdue									
Day Shift									
Position	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/Wk	FTE
Physician*	2							2	0.05
RN	8	8	8	8	8			40	1.00
LPN						8	8	16	0.40
Total Hours/FTE – Day								58	1.45
Evening Shift									
LPN	8	8	8	8	8	8	8	56	1.40
Total Hours/FTE – Evening								56	1.40
Weekly Total									
Total Hours/FTE per week								114	2.85

CCS Proposed Staffing – Spadaro									
Day Shift									
Position	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/Wk	FTE
Physician*	2							2	0.05
RN	8	8	8	8	8			40	1.00
LPN				8	8	8	8	32	0.80
Total Hours/FTE – Day								74	1.85
Evening Shift									
LPN	8	8	8	8	8	8	8	56	1.40
Total Hours/FTE – Evening								56	1.40
Weekly Total									
Total Hours/FTE per week								130	3.25



CCS Proposed Staffing – Shell									
Day Shift									
Position	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/Wk	FTE
Physician*	2							2	0.05
RN	8	8	8	8	8			40	1.00
LPN						8	8	16	0.40
Total Hours/FTE – Day								58	1.45
Evening Shift									
LPN	8	8	8	8	8	8	8	56	1.40
Total Hours/FTE – Evening								56	1.40
Weekly Total									
Total Hours/FTE per week								114	2.85

CCS Proposed Staffing – TOTAL									
Day Shift									
Position	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/Wk	FTE
Program Administrator (RN)		8	8	8	8			32	0.80
Physician*	21							21	0.53
Physician's Assistant*	3							3	0.08
Nurse Practitioner*	3							3	0.08
Dentist	6							6	0.15
RN	72	72	72	72	72			360	9.00
LPN	16	16	16	32	32	72	72	256	6.40
Total Hours/FTE – Day								681	17.03
Evening Shift									
LPN	72	72	72	72	72	72	72	504	12.60
Total Hours/FTE – Evening								504	12.60
Night Shift									
LPN	8	8	8	8	8	8	8	56	1.40
Total Hours/FTE – Night								56	1.40
Weekly Total									
Total Hours/FTE per week								1241	31.03

*May substitute one hour of physician time for two hours of mid-level practitioner time, or two hours of mid-level practitioner time for one hour of physician time, as necessary and with client approval.

2.5 Staffing Coverage

CCS will ensure the same staff category coverage during periods of absence, including holidays, earned time off, sick time, etc. The CCS staffing plan and relief factor calculations ensure adequate coverage for holidays, weekends, vacation and sick days, emergencies, and any other extenuating circumstances that may arise. CCS will maintain a PRN pool to ensure backfill and relief coverage is available when needed. PRN pool employees are staff members who are committed to several shifts per month and who are open to working when full-time staff members are absent due to vacations, holidays, or sick leave. Our PRN staff will complete orientation and ongoing training consistent with our full-time team members to ensure they are capable and ready to provide continuity of services.

Documentation of Staffing

CCS realizes the importance of delivering what we promise, especially regarding on-site staffing, and we will work to keep these costs as low as possible. We will track and report to the DJS all staff hours worked, as well as hours not provided. To demonstrate compliance with the contracted staffing plan, CCS will provide the DJS with a monthly statistical report showing staffing fill rates. Our automated FTE reporting system allows for **100% auditable reporting** of contract versus worked staffing reports. Each month, we will provide accounting of actual days/hours worked by the entire medical staff to the DJS in the form of an FTE report. These reports, which are compiled by pay period, provide true transparency and allow for auditing down to the individual and shift. Because these reports are automatic, all historical reports can be searched, queried, and drilled down in mere moments.

2.6 Facility Access

CCS understands that the DJS reserves the right to reassign FTEs based on need and site mission. The DJS also reserves the right to deny any contracted staff member access to any facility with good cause. For more information, please see section **2.14 Security and Removal**.

2.7 Continuing Education

CCS routinely offers continuing development and training opportunities for our employees, and we will work with the DJS to ensure that on-site personnel receive corrections-specific training opportunities. We offer both in-house and community opportunities for continuing education programs applicable to a career in correctional healthcare. By encouraging our employees to take advantage of these opportunities, CCS is building an even stronger, more professional staff equipped to meet our clients' diverse needs. We will ensure that all employees complete any annual training necessary to maintain their licenses and/or certifications. All healthcare personnel maintain current first aid and CPR/AED certification and attend appropriate workshops to maintain their licensure. Our Deputy Chief Clinical Officer and Regional Medical Directors mentor and coach our providers. CCS physicians and mid-level providers receive continuing education from the Chief Medical Officer and Deputy Chief Medical Officer through webinar events. Topics are selected based on timely and relevant correctional healthcare issues. CCS also offers web-based training tools for our healthcare practitioners.



While employees are ultimately responsible for their own development, it is our philosophy to provide CCS team members with the proper tools to build on their knowledge and further their success. CCS maintains a continuing education provider license that allows us to offer continuing education credits to nursing personnel as an employee benefit. Employees have the opportunity to complete at least 40 hours of continuing education training annually. The Program Administrator will be responsible for ensuring that healthcare personnel receive, at a minimum, one hour of continuing education per month, to include topics on issues specific to the DJS facilities. The Program Administrator will maintain documentation of completed training in an individualized training record for each employee. CCS identifies new topics on an ongoing basis through the Continuous Quality Improvement Program (CQIP). Additionally, CCS has arranged for employees to receive Continuing Education Credits (CNEs) from Medscape, an online repository of clinical information and educational materials. Through Medscape, employees can access medical articles, recaps from conferences, research links, and other materials.

2.8 Licensing and Certification

CCS will ensure that all employees and contractors are properly licensed or certified for their positions. Medical care and services will be provided by persons who are fully qualified and appropriately licensed, certified, or registered in the State of West Virginia. Personnel files (or copies thereof) of CCS and contract employees assigned to the DJS facilities will be maintained on-site and made readily available to the DJS. CCS will provide the DJS with copies of all background and credentialing information including licenses, CME credits, proof of professional certification, Drug Enforcement Administration (DEA) numbers, malpractice insurance certificates, evaluations, position responsibilities, and up-to-date resumes prior to employment. We will make updated data and other relevant information available to the DJS upon request.

Credentialing

CCS has a credentialing process to ensure all personnel are up to date on State licensure requirements. All healthcare practitioners (i.e., employees, subcontractors, and locum tenens) providing on-site service for CCS must complete the credentialing process prior to starting work. The credentialing process begins as soon as CCS determines we will be making an offer of employment to the candidate. All new hires must complete a credentialing application, which asks the employee whether they are board-certified or eligible. CCS also requires all healthcare practitioners to be re-credentialled every two years. The CCS Risk Management Department oversees credentialing activities.

Interim Privileges (Fast Track)

CCS refers to the process of granting interim privileges as “Fast Tracking.” To initiate the Fast Tracking process the Health Care Practitioner (HCP) must submit the following:

- Completed credential application
- Copy of license (verified)
- Copy of current malpractice certificate of insurance (Subcontractors must list CCS as an additional insured if providing own coverage)
- Copy of DEA
- Copy of diploma
- Copy of certifications (if applicable)
- Copy of CPR
- Completed malpractice application

The Medical Staff Organization (MSO) then grants the HCP privileges.

Credential Verification Organization (CVO)

CCS forwards the file to a third party CVO that is certified under the NCQA Certification Verification Certification Program for the following:

- Application Processing
- Education and Training
- DEA Certification
- License to Practice
- Malpractice Claims History
- Medicare/Medicaid Sanctions
- Ongoing Monitoring of Sanctions
- Medical Board Sanctions
- Work History

Medical Staff Organization

Once the file is completed by the CVO, it is forwarded to Risk Management for review and approval by the MSO.

Re-credential Process

The MSO requires all HCPs be re-credentialed every two years.

2.9 Medical Specialists

CCS will make arrangements with specialists for the treatment of patients with healthcare problems beyond the scope of primary care provided on-site. We have a Network Development department focused on creating correctional provider networks through partnerships with hospital systems and specialty physicians. They will work to negotiate the best rates for 24-hour service with hospitals, physicians, and other local providers of ancillary services. At the direction of the DJS, the CCS Network Development team will contact off-site subcontractors and specialists to develop and finalize agreements on behalf of the DJS. CCS will establish a strong provider network to ensure the best possible programs for the DJS, and will provide copies of clearly defined written agreements of understanding for approval by the DJS.

CCS Partnership with Cigna Provider Network

CCS has entered into an agreement with Cigna to utilize their provider networks throughout the United States. This agreement gives CCS access to Cigna's network of specialty providers and established hospital agreements for all of our client facilities across the country. Our relationship with Cigna also allows us to partner with their subsidiary, Allegiance Benefit Plan Management, Inc., to adjudicate the medical claims for outpatient healthcare services provided to resident patients under the Cigna Open Access Plus (OAP) network. Allegiance will coordinate resident eligibility with CCS and provide customer service support for claims submitted to Cigna.

This program will ensure that the DJS's resident population has ready access to Cigna providers and facilities throughout West Virginia, and will be treated like any other patients covered under the Cigna network. CCS will give the network provider a letter of authorization containing the patient's information so the provider can submit the claim to Cigna. The claim will be processed and paid in the same manner as any other Cigna claim, and no co-payments or co-insurance will be required from the patient. By partnering with Cigna and Allegiance, CCS is able to offer the greatest availability of specialty provider care for the patients in your care and significant cost savings for the DJS.

2.10 Orientation

CCS will ensure that all new hires are appropriately oriented to the operations of the DJS facilities. The CCS orientation program for newly hired health service employees includes training on security and contraband regulation. Medical staff will receive training on security classification and other security concerns as appropriate. All new employees will be required to attend specific trainings (up to 20 hours) in areas specified by the DJS Training Department within 60 days of their start date.

CCS Orientation

CCS provides a comprehensive three-phase training program for our employees. New staff members go through the CCS Onboarding process, and all employees receive ongoing skills/knowledge assessment through our Performance Enhancement and Leadership Development programs. All CCS staff members are required to participate in each phase of training. The frequency and focus of each training phase will be determined by the position and learning capacity of individual employees.

Phase 1: Onboarding

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

Onboarding Step 1: Orientation

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

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

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

Onboarding Step 3: Follow-up

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

Phase 2: Performance Enhancement

Performance Enhancement training consists of skills labs and webinars. On a scheduled basis, the medical team will participate in online training, as well as in-service learning opportunities such as “Lunch and Learn” sessions. CCS also offers webinars and DVDs that interface with a variety of Subject Matter Experts (SMEs) to staff members as applicable for their roles.

Phase 3: Leadership Development

CCS uses Leadership Development training to invest in the continued growth of our employees in order to develop leaders from within. Each training session varies in delivery and duration, and is designed to strengthen the leadership competencies of all of our staff members. For example, Foundations of Leadership is designed for our emerging leaders; Managing the Operation is designed for our mid-managers; and The Business Behind the Business is designed for our top leaders. The Leadership Development training sessions are a collaborative effort between our Home Office and on-site leaders.



CCS Leadership Boot Camp

CCS Leadership Boot Camp, held at our Home Office in Nashville, gives our new leaders the opportunity to learn about CCS values, policies, practices, and culture. CCS sends all new leaders an instructional email prior to Boot Camp to ensure that each attendee fully benefits from the program. To prepare for Boot Camp, new leaders complete interactive, customized eLearning programs and other assignments that instruct them on their various responsibilities. Examples of these educational materials include, but are not limited to, legal and risk management; setting SMART (Specific, Measurable, Attainable, Realistic, and Timely) goals; interviewing skills; finance; correctional healthcare; employee evaluation/improvement meetings; leadership; operations; and conflict management.

2.11 Annual In-service Training

CCS will ensure that all employees attend annual in-service training (up to 20 hours) in areas specified by the DJS Training Department.

CCS In-service Training

The lives and health of our patients depend on the knowledge, practice skills, and competencies of the professionals who care for them. Caring for and respecting patients in correctional facilities requires hiring ethical and competent professionals, and then building upon their skills through continued training initiatives. CCS will provide appropriate orientation and training for all healthcare personnel. Additionally, we will extend appropriate educational offerings to DJS employees and will train security staff in medical issues as requested.

CCS maintains a video library and other reference materials that facilities can use to build site-specific training programs. Additionally, the CCS Training Department offers self-study continuing education and training programs on a monthly basis. These programs build on the foundation established during the orientation process and are conducted in accordance with professional and legal standards. For example, CCS ensures that all staff members are trained on PREA standards by providing education, testing their knowledge, and providing certification based on demonstrated competency. Suicide Risk Reduction training is a mandatory part of CCS new employee orientation and is also required annually for all CCS employees and subcontractors. CCS distributes the self-study training programs electronically, and participants who successfully complete a skills program receive a certificate of completion. The CCS Training Department is available for technical assistance as needed.

2.12 Sign In/Out

All CCS personnel will comply with sign-in and sign-out procedures at the DJS facilities.

2.13 Timekeeping

All CCS personnel providing contracted services will be required to clock in and out using the prescribed DJS timekeeping system.



2.14 Security and Removal

CCS will exercise security measures consistent with DJS rules, regulations, policies and procedures. Healthcare personnel are subject to the same security regulations as other facility employees, and CCS will collaborate with the DJS to ensure that security regulations are maintained without compromising access to care. Any CCS employee in violation of DJS security regulations may be denied access to the DJS facilities, in which case, CCS will provide alternate personnel to supply the contracted services, subject to the DJS's approval. CCS staff and their private vehicles, clothing, packages, mail, lockers, etc., when located on the grounds of the DJS facilities, will be subject to search consistent with DJS policies and procedures and/or applicable laws. We understand that the DJS reserves the right to request random drug testing, and to demand the immediate removal from a DJS facility of an individual who fails said drug screening or who has violated the rules and/or regulations of the DJS, or who poses a risk or unacceptable threat to the security of the institution.



3 Administrative Services

CCS will provide a full range of professional management services to support the DJS medical program. We have established policies and procedures to ensure the continued quality of our medical programs, and we are dedicated to maintaining a high quality of care for our clients and the patients we serve.

3.1 Policies and Procedures

Within 60 days of on-site startup, following a discovery period, CCS will develop a Policies and Procedures Manual tailored to healthcare services provided at the DJS facilities and subject to approval by the DJS. The site-specific CCS Policies and Procedures Manual for juveniles will meet or exceed NCCHC and ACA standards. We anticipate that certain policies will undergo some revision within the first 120 days of the contract. The manual will subsequently be reviewed and revised as CCS/DJS policies are modified, no less than once per year.

3.2 Incident Reporting

CCS will ensure that healthcare personnel report any problems and/or unusual incidents to the Facility Superintendent/Director or designee. Problems may include medical, security-related, and personnel issues that could adversely impact the delivery of healthcare services or the security needs of the institution. The report may be initiated either verbally or in writing, and any verbal communication must be followed up with written documentation within 24 hours of the problem/incident. CCS will report any problematic practices or behavior to the DJS within one business day, with documentation of investigation within one week or more quickly if requested.

3.3 Inmate Responsibilities

All individuals involved in the direct healthcare of residents shall be qualified healthcare professionals. Residents will not be allowed to provide any healthcare services, or to clean biohazardous materials.

4 Scope of Work

CCS will provide residents with healthcare services that are consistent with care available in the community. Our focus is operating a humane, legally defensible healthcare program for the DJS. While acknowledging our responsibility to avoid unnecessary costs, CCS also ensures that patients receive the most appropriate care. We believe each decision related to a patient's care should include asking ourselves, "What if this were my family member?"

CCS will perform our obligations hereunder in accordance with DJS policies and procedures, in NCCHC and ACA standards, Performance-based Standards where applicable, and all applicable local, state, and federal laws and guidelines. We will implement a written healthcare plan with clear objectives and site-specific policies and procedures for the DJS facilities. Our goal will be to reduce risk for the DJS, avoid unnecessary transportation and security costs for off-site care, and lower litigation claims and grievances. Our successful experience with other client programs will help CCS achieve these benchmarks in West Virginia.

4.1 Receiving Screening

CCS receiving screenings emphasize the identification, referral, and treatment of residents with acute and chronic healthcare conditions, including behavioral health disorders, suicide risk, detoxification, and dental issues, as well as residents who require medication, isolation, or close observation. Intake and subsequent admissions screenings will be conducted in accordance with NCCHC and ACA standards, as well as the operating procedures of the DJS. All procedures will be conducted in accordance with the most current industry guidelines and federal, state, and local directives.

CCS understands the importance of maintaining a timely and proper booking and admission screening process to ensure the well-being of all residents and of the overall facility operations. Medical staff will be available to conduct receiving screenings 24 hours a day, 7 days a week, including holidays. CCS will provide adequate staffing to allow for the timely evaluation of intake orders and residents in need of mental health evaluations so that residents with medical and mental health issues can be stabilized as quickly as possible and medications can be initiated. We will allocate properly trained and authorized medical personnel to complete receiving screenings as soon as possible but no later than within 12 hours of admission to the DJS facilities, as required by the RFQ.

Admission to the DJS facilities will be dependent upon clearance for any injuries or medical problems. Any injured or ill individual requiring treatment beyond that which can be provided on-site will be transported by the local police to a local hospital for treatment and medical clearance prior to booking. If the screener determines that an incoming resident may be in need of urgent or emergency healthcare services, and the need for care exceeds the scope of services provided on-site, the screener will refer the patient to the local emergency room or approved hospital. CCS will perform Quality Improvement reviews on all admission deferrals, as well as utilization review on all emergency room and hospital-direct admissions/pre-booking injuries/illnesses, to ensure that residents return to the facility as soon as is clinically indicated.

Receiving Screening and Intake Nursing Interventions

CCS strongly believes that early identification of problems using a systematic intake evaluation prevents many more serious and costly problems from developing at a later date. We have established physician-approved Receiving Screening forms and Intake Nursing Interventions to guide the assessment, treatment, and referral process of residents admitted with healthcare needs. The results of the receiving screening will be documented on a special form in the patient's medical record, which will be reviewed and signed by the physician/mid-level provider. CCS medical personnel use the Intake Nursing Interventions to gather disease-specific health information in order to formulate a consistent plan of care. Intervention Screenings include, but are not limited to:

- Amenorrhea
- Asthma/COPD
- Cardiovascular-related Illnesses
- Medical Devices
- Hemophilia
- Hepatitis or Jaundice
- HIV
- Hypertension
- Seizures
- Sickle Cell
- Tuberculosis
- Wound Care

4.2 Health Assessment

CCS will conduct a comprehensive health assessment, including a complete medical history and physical, for all residents prior to their being in custody for seven calendar days. During the health assessment, qualified personnel will perform an initial dental screening and will instruct the resident on maintaining proper dental hygiene. Health assessments will also include vision and hearing tests. For female residents, Pap testing and breast examinations will be completed as medically indicated. Any necessary immunizations and therapy will be initiated during the assessment. The assessment will include any court-ordered testing or mandates, with records and interpretations sent to the requesting agency.

CCS staff will record the number of residents who refuse physicals, as well as the reasons for refusal. A physician, a mid-level practitioner, or an RN trained by the Medical Director will conduct the health assessment in accordance with local regulations and will record their findings on gender-specific forms approved by the DJS. If the assessment is completed by a nurse, a physician's signature is required; if the assessment is performed by a mid-level practitioner, the physician may review the findings as indicated.

The comprehensive health assessment will minimally include:

- A review of the receiving screening
- Review of health history and any additional data needed to complete the standard health history
- Recording of vital signs, height, and weight
- Mental health assessment
- Dental screening
- PPD test for tuberculosis (if not previously administered) and laboratory and/or diagnostic tests when clinically indicated or judicially mandated
- The collection of additional health data to complete the medical, dental, mental health, and immunization histories
- A physical examination (including breast, rectal, and testicular exams as indicated by the patient's gender, age, and risk factors)
- For female residents, inquiry into menstrual cycle and unusual bleeding, current use of contraceptives and medications, breast masses and nipple discharge
- Vision screening and hearing screening
- Other tests and examinations as appropriate, required, and indicated (diagnostic panel, urinalysis, EKG, etc.)
- The initiation of therapy and immunizations as indicated
- Any abnormal results of the health assessment will be reviewed by a physician or mid-level provider for appropriate disposition
- Any court-ordered testing or mandates with appropriate records and interpretations sent to the requesting agency
- Date and time of the health assessment will be recorded
- Title and signature of the individual performing the assessment; a CCS physician will review, sign, and date any assessments completed by RNs and any abnormal assessments completed by the mid-level provider

4.3 Physician Services

CCS will identify the need, schedule, coordinate, and pay for all physician services rendered to residents either inside the DJS facilities or outside at local medical care facilities. We will assign a responsible physician to provide healthcare services that are consistent with care available in the community. The physician will be on-site to conduct scheduled sick call clinics a minimum of one day per week at each DJS facility, in accordance with a schedule agreed upon by CCS and the DJS.

On-call Coverage

A licensed physician will be on-call 24 hours a day, 7 days a week for emergency situations at the DJS facilities. CCS will also establish a physician/mid-level provider "call back" schedule during off hours so that urgent but non-emergent services such as suturing can be provided on-site. Contact information for the on-call physician will be provided to each facility.



4.4 Nursing Services

CCS will provide appropriate nursing coverage to provide comprehensive nursing services at the DJS facilities, including receiving screenings, health assessments, medication administration, sick call triage and follow-up, emergency response, physician assistance, and other healthcare functions for the resident population. Healthcare services will be provided by persons who are fully qualified and appropriately licensed, certified, or registered in the State of West Virginia.

Sick Call and Triage

During the receiving screening process, CCS advises all residents of their right to access care and the process for requesting healthcare services. Residents will have immediate access to sick call request forms that meet all standards and guidelines. Security staff can also make referrals if they have concerns for the health status of a resident. All health services will be provided in a manner that complies with state and federal privacy mandates. If a resident is unable to attend a sick call session due to custody status (e.g., segregation patients) or as a result of physical condition, CCS will arrange to conduct sick call services at their cell.

CCS will allocate sufficient healthcare staff for the sick call process to allow all residents to be seen in a timely manner in accordance with NCCHC and ACA standards. The CCS sick call process uses combinations of nurses, mid-level providers, and physicians for sick call services as defined within their scope of practice. CCS will provide timely sick call triage within 24 hours of the patient's request and access to provider sick call consultation within the next 24 hours. Qualified nursing personnel will conduct sick call triage at least once daily, seven days a week, including holidays. Nursing sick call is conducted daily; the physician will be on-site to conduct scheduled sick call clinics a minimum of one day per week at each DJS facility, in accordance with a schedule agreed upon by CCS and the DJS.

Nursing Pathways

CCS nurses use nursing assessment protocols, known as "Nursing Pathways," to deliver care. These pathways were developed by our Deputy Chief Clinical Officer to assist nurses with diagnoses and to ensure consistency of care. In its simplest form, a Nursing Pathway is a decision-tree process for nurses to follow. By using these pathways, CCS nurses can ensure consistency of care, improve ease of training, and maximize practitioners' time. All Nursing Pathways and assessment protocols will be included in the CCS Policies and Procedures Manual upon approval by the DJS.

Health Education

CCS understands the unique needs of the juvenile population in consideration of their ongoing growth and development. We offer a wide range of health education programs that can be customized to meet the specific needs of the DJS resident population. CCS provides health education through a variety of means, whether individually during sick call or clinic visits, or through group sessions when applicable for more widespread issues such as MRSA, smoking cessation, fitness, and the flu. Informational pamphlets are made available in the clinic areas, and residents with chronic conditions such as asthma or diabetes are provided with health education stressing the importance of proper health management and nutrition. CCS will gladly provide examples of our juvenile educational materials upon request.



In our Louisiana Office of Juvenile Justice (OJJ) sites, where we have provided state-wide comprehensive juvenile healthcare services for over four years, we have implemented health education programs that have proven to be extremely effective preventative tools with the juvenile population. CCS nurses coordinate with the Louisiana OJJ teachers to conduct juvenile education in the classroom setting, which has created a significant increase in juvenile participation in this important area. Juveniles are provided with brief, easy-to-understand handouts that offer educational information on topics ranging from personal hygiene and exercise to stress management and adolescent development. We welcome the opportunity to collaborate with the DJS to implement a similar educational program at the DJS facilities.

CCS also maintains a comprehensive library of course content for preventative health education that can be customized for a readily available training agenda and scheduled delivery to meet the needs of the entire juvenile population. We have worked with several of our clients to establish health education videos that are played in intake and housing areas and address topics such as TB testing, HIV/AIDS, substance abuse, MRSA, and accessing healthcare services. CCS has established a health education program called CCS Medical Minutes, a collection of short educational videos written at the 5th-8th grade level. Medical Minutes topics are selected based on site-specific health issues and educational needs, with some programs airing seasonally and others year-round. CCS has received positive feedback on the Medical Minutes series from wardens, contract monitors, and the Medical Audit Committee (MAC), as well as patients and CCS staff members. A sample Medical Minutes DVD can be provided upon request.

Communicable Disease Training

CCS will ensure that all CCS and DJS personnel receive adequate training on communicable diseases and the disposal of biomedical hazardous waste. The CCS Infection Control Program includes training on general sanitation issues and preventing the transmission of blood borne pathogens. The program also complies with universal precaution procedures, including the provision of appropriate cleaning supplies and personal protective equipment. For more information on the CCS Infection Control Program, please see section **4.25 Quality Management Support Services**.

Public Health Programs

CCS will participate in any state or federal programs that will assist the DJS in further promoting public safety. Nursing personnel will receive training and technical assistance as needed regarding HIV, STD, and Hepatitis testing, counseling, and referral services.

Client Partnerships for Public Health

For our client in Forsyth County, North Carolina, CCS worked closely with the local health department to establish an STD and HIV testing program at intake, which was funded through a grant. In Las Vegas, Nevada, CCS has coordinated significant changes in community linkage as HIV and other community clinics have become obsolete due to the city's challenging economy. We also partnered with the City of Las Vegas on a grant submission associated with jail diversion and reintegration.

As part of the receiving screening process, CCS personnel routinely inquire into any past history of tuberculosis or other infectious or communicable diseases. During the receiving screening, CCS will test for STDs, HIV, and Hepatitis A, B, and C as clinically indicated, and will ensure complete clearance for the resident's assignment to general population. CCS will test for HIV at the request of the resident, and will provide them with the specified written statement regarding any disclosure of confidential HIV-related information, as mandated by West Virginia State law.

4.5 Dental Services

CCS will provide dental services to satisfy the dental care needs of the resident population in accordance with NCCHC and ACA standards. We take the dental needs of our patients very seriously, as dental health can have a serious impact on the overall physical health of a patient. Neglect of dental needs can lead to serious infection, affecting both the health of the patient and cost of treatment. Consistent with the CCS care philosophy, services will be provided on-site to the extent possible. Dental services, including but not limited to exams and treatment (e.g., emergency fillings and extractions), will be provided by dental personnel licensed to practice in the State of West Virginia. Residents referred to the dentist for care will be transported by the DJS from other facilities to the Donald R. Kuhn Juvenile Center or the Rubenstein Center.

Dental Screening and Prioritization

Upon admission, qualified healthcare personnel will perform an initial dental screening and will instruct the resident on maintaining proper dental hygiene. The dental screening includes:

- Prevention of dental disease and oral hygiene education
- Charting of decayed, missing, and filled teeth
- Taking dental history
- Keeping a dental record for each patient
- Dental specialist referrals, if needed
- Provision of all dental prosthetics and lab services as required
- Provision of maxillofacial surgery services when indicated

Residents can also request dental services through the sick call process. The dentist will evaluate the resident's initial dental screening, assess the severity of their specific complaint, determine the medical impact of the issue, and prioritize and schedule treatment as needed. If it is determined that non-treatment would compromise the resident's health, the appropriate dental services will be provided as soon as possible. Residents will receive a dental examination by a dentist within 30 calendar days of admission. Those incarcerated for more than 12 months will receive a dental treatment plan, including X-rays.

Dental Treatment Priority

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

- Residents who need emergency dental treatment, including but not limited to those with abscessed teeth, trauma, and facial swelling
- Residents who have chronic medical conditions such as diabetes, heart conditions, or any condition that compromises their immune system
- Residents who do not have sufficient teeth to masticate the food provided by the correctional facility

Emergency dental services will be available as needed and within 12 hours of the resident's complaint. Medical staff will evaluate the emergency in accordance with dental emergency protocols and will refer the patient to an off-site emergency or dental provider if clinically appropriate.

4.6 Optometry Services

CCS will provide eye care to residents when it is deemed necessary for their health and well-being. Healthcare staff will conduct a vision test during the seven-day health assessment, and will refer all patients with vision worse than 20/50 for a consultation with an optometrist. CCS will be responsible for providing eyeglasses and any other necessary medical devices. We will also be responsible for the repair and/or replacement of eyewear, including eyewear currently utilized by residents upon admission. Residents who wear contact lenses and require replacements will receive eyeglasses unless contact lenses are the only treatment option to correct the resident's vision.

4.7 Auditory Services

Healthcare staff will conduct a hearing test during the seven-day health assessment, and will refer patients to a licensed audiologist for further examination when indicated. CCS will be responsible for providing hearing aids and any other necessary medical devices. We will also be responsible for the repair and/or replacement of such devices, including those currently utilized by residents upon admission.

Prosthetic Devices

Residents in need of prostheses or other aids to impairment may be identified during the receiving screening or at any time while they are incarcerated. Results of the exam and subsequent plan of care will be documented in the resident's medical record, and written provider recommendations will be sent to the Program Administrator for follow-up. Any immediate healthcare need necessary to maintain daily living activities will be expedited to avoid further impairment for the resident. Residents requiring special services, supplies, and prosthetic devices will receive services and supplies when deemed a medical necessity. Assistive devices, such as crutches and wheelchairs, are supplied when the health of the resident would be adversely affected, subject to approval by the DJS as not posing any danger to others.

4.8 Off-site Services

CCS will make arrangements with specialists for the treatment of patients with healthcare problems beyond the scope of primary care provided on-site. In the event that a patient requires hospitalization or specialty services that cannot be provided on-site, CCS will authorize, schedule, and coordinate the provision of all outpatient services, including but not limited to outpatient surgery, ER, diagnostic testing (e.g., MRI, CT scan, etc.), and ambulance service. Off-site treatment is limited to the chief complaint(s) indicated through a referral form and/or medical consultation. Healthcare staff will make referrals and appointments for off-site specialty treatment through our powerful Care Management system. For more information on this system, please see section **4.25 Quality Management Support Services**.

Off-site Transportation

CCS will coordinate with security staff to arrange emergency transport and ambulance services when needed. Healthcare staff will work cooperatively with security staff to ensure that transportation services are provided in a timely and safe manner. CCS will coordinate with the DJS to arrange security for all off-site specialty care. Residents will not be informed of scheduled appointment dates, times, and location of outside providers.

4.9 Pharmaceutical Services

CCS will provide pharmaceutical services in accordance with NCCHC and ACA standards, and all applicable federal and state regulations relevant to prescribing, procurement, dispensing, administration, distribution, accounting, and disposal of pharmaceuticals. Our pharmaceutical management program includes formulary and non-formulary oversight; prescribing, filling, and dispensing of medications; record keeping; appropriate licensure; DEA management; and the secure and proper storage of all medications. CCS plans to subcontract the required pharmaceutical services to Diamond Pharmacy Services. Diamond is the United States' largest provider of pharmaceuticals to correctional institutions. As our pharmacy vendor, Diamond will maintain all pharmaceutical licenses in accordance with state and federal regulations. CCS and Diamond work together to provide medication for tens of thousands of patients in jail, prison, and detention facilities nationwide. Our strong partnership with Diamond allows us to receive the industry's ***most cost-effective and competitive pricing*** for pharmaceutical services.

Over-the-Counter Medications

CCS understands that we will not be financially responsible for the cost of prescription pharmaceuticals. However, we will be financially responsible for all routine necessary non-prescription pharmaceuticals/over-the-counter healthcare products for facilities. CCS will establish a protocol to provide OTC medications to residents upon consultation with the CCS Medical Director and the DJS. When residents have non-prescription medications available outside of health services, the items and access to them will be approved jointly by the CCS Medical Director and the DJS. These items will be reviewed annually.

Formulary Management

CCS will use the standard Medicaid formulary for the majority of prescribed medications. If non-formulary pharmaceuticals are required/necessary, CCS staff will submit a request to Medicaid for the pharmaceutical to be added to the formulary. If Medicaid rejects the request, CCS will contact the prescribing physician to determine if a Medicaid-approved alternative medication can be substituted. If not, a justification notice will be submitted to the Facility Superintendent/Director, with a copy inserted in the patient's medical record. Providers will be instructed to prescribe generic medications whenever possible unless they provide justification for a brand name request. CCS will track the percentage of generic versus non-generic use and will provide the DJS with statistical reports on all areas of pharmaceutical management.

CCS will establish a Pharmacy and Therapeutics (P&T) Committee that will be responsible for monitoring pharmaceutical processes and utilization practices. The P&T Committee will be responsible for managing the CCS formulary and will be chaired by the CCS Medical Director. Throughout the formulary process, the P&T Committee will help balance efficacy, safety, and cost of certain medications by requiring prior approval. The P&T Committee will be multidisciplinary and will meet on a quarterly basis. Copies of the P&T Committee meetings and related reports will be provided to the Facility Superintendent/Director.

Delivery Schedule

CCS will provide pharmacy services seven days a week, with scheduled shipment of medications six days a week and local backup pharmacy services available on Sundays, holidays, and in urgent or emergent situations. All prescription orders will be logged in the patient's medical record. Medications will be administered within 24 hours by trained medical personnel following the ordering of the pharmacotherapy by the responsible clinician.

Emergency Medications

CCS will provide adequate staffing to allow for the timely evaluation of intake orders so that residents with medical and mental health issues can be stabilized as quickly as possible and medications can be initiated. Medications for life-threatening or mental illnesses or serious chronic diseases will not be delayed upon admission. CCS has established a list of "no-miss" medications to facilitate this process. All efforts are made to verify and dispense these medications within six hours after presentation to the medical staff and within eight hours for all other conditions. CCS will also provide emergency pharmacy services. If there is an immediate need to initiate medication, the medication will be obtained from the backup pharmacy within two hours. CCS will use local pharmacies to supply emergency prescription medications and as backup for pharmacy services. Due to Diamond's size and volume, the company has aggressive national contracts with most chain pharmacies and is willing to negotiate with any pharmacy of your choice that is not in their network.

Medication Orders

Diamond offers unsurpassed flexibility in ordering medications. Healthcare personnel can order medications electronically or by phone/fax using Diamond's toll-free number 24/7/365. When the need arises for an emergency prescription, healthcare staff can easily fax or electronically submit the prescription using Diamond's STAT LINE, which is staffed and available 24/7/365. Upon order receipt, Diamond will contact the backup pharmacy and arrange for the emergency prescription.

Pharmacy Alerts

Diamond sets the standard for pharmaceutical quality assurance and error prevention. Their clinical pharmacists screen for interactions, allergies, and other potential issues such as non-formulary medications that may need to be addressed with on-site staff prior to dispensing the order. Diamond maintains a current version of the Medi-Span® database as a consultative resource. This database is the most authoritative, comprehensive, and up-to-date drug interaction and drug allergy screening reference tool available. It equips Diamond pharmacists and technicians with timely and clinically relevant information on both prescription and OTC medications, enabling them to measurably improve patient outcomes through effective drug therapy hazard monitoring. In addition, Diamond screens patient prescription profiles for:

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

Diamond will alert healthcare providers *before* dispensing a prescription should there be any medication orders with an inappropriate strength, duplicate orders with existing medications on a patient profile, potential drug-drug interactions deemed to be clinically significant and medically justifiable, and any medication that triggers a documented allergy in their pharmacy system. The prescribing clinician will also be notified if a medication order is about to expire, which will allow for review of the patient's therapeutic response to the medication and will permit continuation or modification of the medication order.

Medication Administration

CCS will provide written systems and processes for the delivery and administration of medications. All medications, including over-the-counter medications, will be administered by personnel appropriately licensed in the State of West Virginia. The CCS staffing plan includes nursing coverage to provide medication pass, per physician's orders, at least twice daily for residents in general population, and more frequently as needed for residents in medical housing or observation. CCS will evaluate the layout and procedures at the DJS facilities to determine the best method for dispensing medications. We will tailor medication pass for the DJS facilities to ensure the timeliness and accuracy of the process, coordinating with security staffing and meal times to ensure accurate and effective medication administration.

CCS will provide pharmaceuticals using a unit dose method of packaging, which shall be properly labeled. Healthcare staff will document medication administration and missed doses in a resident-specific Medication Administration Record (MAR). These records will become a permanent part of the resident's health record. The MAR includes non-administered medication reason codes as well as instructions, injection site codes, and result codes. All information relative to a patient's prescription will be recorded in the MAR. In the event that a resident misses or refuses doses on three consecutive days, or if a pattern is noted, the resident will be referred to the prescribing provider and the medication refusal will be documented.

CCS Medication Administration Protocols	
Feature	Description
"Off-Label" Use	CCS policy discourages the dispensing of medication (prescription or OTC) for any off-label use.
Medication Refusals	In the event that a patient misses or refuses doses on three consecutive days, the patient will be referred to a prescribing provider and a medication refusal will be documented.
Medication Education	CCS providers are instructed to educate patients on prescribed pharmacotherapy at the time the therapy is ordered. The education will be documented in the patient's health record.
Standards Compliance	CCS does not permit pre-pouring of medications and will monitor the medication delivery process to ensure that this is not occurring. CCS staff will receive orientation training in addition to a mandatory CEU regarding medication administration and the prevention of medication errors.

Stock Medications

CCS will maintain a stock supply of commonly used medications on-site to ensure timely administration and continuity of care. We will only use in-house stock medications as appropriate and as allowable within state guidelines. Currently, Diamond is the only correctional pharmaceutical supplier with Joint Commission and Verified-Accredited Wholesale Distributor (VAWD) accreditation in the provision of stock medication. This accreditation is very important to CCS as we know that Diamond can provide the highest levels of service in accordance with the standards established by these accrediting bodies. These accreditations are available to others in the correctional pharmacy industry, but only Diamond has voluntarily sought and gained accreditation. With the very large volume of stock provided to correctional facilities, we feel this differentiation between Diamond and other providers is significant.

Diamond realizes that receiving emergency medications in a timely fashion is important, and they do everything in their power to expedite processing, filling, and delivery. They also realize that emergencies are costly in terms of the patient's well-being and the expense of providing emergency care. Consequently, Diamond will continually collaborate with the CCS Medical Director to determine which medications need to be added to the emergency stock supply list to help minimize future emergency orders. Emergency medications not found in the emergency medication kit or the starter packs and unavailable from Diamond in sufficient time will be provided in a minimum quantity by a backup pharmacy. The emergency medication kit will contain an adequate supply of antidotes and other emergency drugs, and will be inventoried monthly and whenever the seal has been broken.

First Aid Kits

CCS will be responsible for providing and maintaining adequate first aid equipment and supplies at the DJS facilities. All first aid kits will be inspected monthly and inventoried annually. CCS will ensure the availability of adequate supplies for restocking first aid kits at all facilities.

Consulting Pharmacist

A consultant pharmacist will review the on-site pharmaceutical program on a quarterly basis. The pharmacist's review will be documented and a report will be provided to the CCS Medical Director, as well as the Facility Superintendent/Director. The CCS Quality Improvement Committee (QIC) will review the report and establish action plans for identified problem areas. The consulting pharmacist will perform the following duties:

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

Regular audits will be conducted to remove discontinued or expired medications. Any unit dose medication that is outdated at the time of inspection or has been discontinued will be destroyed in accordance with current federal or state guidelines. Documentation of destroyed medications will be submitted to the Facility Superintendent/Director within 24 hours after destruction, and will include the signatures of the handler and witnesses for all DEA controlled substances, needles, syringes, and other items that have an abuse risk or present a security risk.

Storage

All drugs will be stored under proper conditions of temperature, light, moisture, ventilation, segregation, and security. External medications will be stored separately from internal medications, and injectable medications will also be stored separately. Medications that are outdated, recalled, or discontinued shall be clearly marked and separated from active use medications.

Stop Orders

Due to their abuse potential, prescribed DEA controlled substances will have automatic stop orders, which will be reviewed periodically. Unless a stop date has been specified, or unless state or federal law mandates otherwise, the following automatic stop dates will apply to DEA controlled substances:

- Schedule II & Schedule III controlled substances (with the exception of maintenance medications) will have an automatic stop date of 72 hours.
- Schedule IV & Schedule V controlled substances will have an automatic stop date of 10 days.

4.10 Medical Unit Services

CCS will maximize use of the Medical Unit at the Rubenstein Center for the care and observation of residents requiring confinement. The Medical Unit will be used as a protective environment for residents exhibiting symptoms or behavior serious enough to require notification of medical or mental health staff. CCS will operate the Medical Unit in accordance with NCCHC and ACA guidelines, as well as DJS policies and procedures. A manual of nursing care procedures, medical treatment protocols, and standing orders for medications will be maintained in the Medical Unit. Through appropriate infirmary operations, CCS is often able to reduce hospital days, creating savings for both off-site costs and security time.

CCS will ensure that the Medical Unit has the necessary staff and supplies to provide both routine and emergency ancillary services on-site. We will staff the Medical Unit appropriately to provide 24/7 coverage for the care and observation of patients. A licensed physician or designee will be on-call 24/7 for emergency situations. All patients in the Medical Unit will be within sight or hearing of a qualified healthcare professional at all times. Nursing rounds will be conducted and documented on every patient every four hours. All Medical Unit encounters will be documented in the resident's inpatient care record, which will be maintained for every resident admitted into the Medical Unit. The CCS physician will approve each resident's return to general population when recovered.

CCS will make arrangements for the treatment of patients with healthcare problems beyond the scope of care provided in the Medical Unit. We will coordinate inpatient care with local hospitals when an acute care setting is deemed necessary or in emergency situations. Any hospitalizations will be authorized by the CCS Medical Director in consultation with the Facility Superintendent/Director or designee. CCS will utilize local hospitals whenever possible for inpatient care, and we will coordinate and collaborate with hospital administrations as needed. For more information, please see section **4.14 Hospitalization**.

CCS Infirmary Creates Cost Savings in Durham County, NC

Through our determination and creativity in increasing the level and quality of on-site services, CCS helped stabilize healthcare costs for the Durham County, NC Health Department by reducing off-site trips and thereby overall program costs. CCS expanded nursing services and opened an infirmary, significantly decreasing off-site trips and hospital stays. In addition, we were able to improve by 50% the discount the County had with the local hospital provider. Overall, CCS has reduced the County's per inmate per day costs below what they were paying prior to our partnership, and they have stayed that way for six consecutive years under CCS management.

"CCS was able to creatively structure a contract that managed skyrocketing inmate healthcare costs in a manner that was consistent with our philosophy of care. This was an amazing feat... I recommend CCS as a service provider without reservations."

Gayle Harris

Director, Durham County Health Department, NC

4.11 Radiology Services

Consistent with the CCS care philosophy, services will be provided on-site to the extent possible. CCS has national contracts with radiology providers to provide on-site radiology services. We will work with the DJS to establish a routine schedule for on-site radiology services. Residents requiring emergency radiographs or diagnostic procedures, such as fluoroscopies or special studies, will be transported to an appropriately equipped community facility at the expense of the DJS. All X-rays and radiology special studies will be read by a board-certified radiologist, who will provide a typed and/or automated report within 24 hours. The radiologist will call the institution if a report necessitates immediate intervention. The CCS Medical Director or physician/mid-level designee will be notified of all abnormal radiology results and will review, initial, and date all X-ray reports no later than the workday following receipt of the written report. The Medical Director or physician/mid-level designee will meet with the patient to discuss their results and will establish a plan of care as appropriate.

4.12 Laboratory/Diagnostic Services

CCS has a national contract with Laboratory Corporation of America (LabCorp), with corporate headquarters in Burlington, North Carolina. With more than 35 years of experience in serving physicians and their patients, LabCorp operates a sophisticated laboratory network, performing more than 1 million tests on more than 370,000 specimens each day. The laboratory program for the DJS facilities will include necessary supplies and a dedicated printer, timely pickup and delivery, and accurate reporting within 24 hours on most labs. The majority of all phlebotomy and lab services will be processed on-site.



The laboratory program for the DJS facilities will comply with all standards set forth by the American College of Pathology and all State of West Virginia requirements for medical pathology, specimen handling, testing, and reporting. On-site services will be performed in accordance with the Clinical Laboratories Inspection Act (CLIA) and will comply with the Clinical Laboratory Improvement Amendments of 1988. CCS will train all on-site staff on our laboratory policies and will ensure that all qualified healthcare personnel are trained in the collection and preparation of laboratory specimens. We will also provide a diagnostic procedure manual that includes reporting on STAT and critical values, as well as procedures for the calibration of testing devices to ensure accuracy.

Providers will review all laboratory results within 24-48 hours (72 hours for weekends and holidays) and will be notified immediately to review abnormal test results. If test results indicate a critical situation, the medical provider will also receive an alert via telephone. The medical provider will be notified immediately of all STAT lab test reports. Where preliminary results are available, they will also be presented for medical review. The provider will review and sign off on all test results. All diagnostic laboratory reports and any resulting plans for follow-up care will be made part of the resident's medical record. The provider will review and sign off on all laboratory results, which will be reported via a dedicated printer.

4.13 EKG Services

CCS will authorize, schedule, and coordinate necessary EKG or other diagnostic services. Healthcare personnel will make referrals for diagnostic services and prioritize tasks for appointment scheduling through the CCS Care Management system. CCS will utilize the on-site equipment to provide on-site EKG services. Nursing personnel will receive in-service training related to EKG services and will maintain a log of completed EKGs. A printed EKG rhythm strip and computerized interpretation report will be provided within 10 minutes. The CCS physician will refer patients to a cardiologist as indicated by an abnormal EKG report.

4.14 Hospitalization

CCS will coordinate inpatient care with local hospitals when an acute care setting is deemed necessary or in emergency situations. We will utilize local hospitals whenever possible for inpatient care, and we will coordinate and collaborate with hospital administrations as needed. CCS will provide the DJS with a daily inpatient report, which can be accessed directly through the CCS Care Management system. We will communicate frequently with the DJS to provide the most complete evaluation and treatment of individuals who are held or housed in the DJS facilities. In the event that a patient requires hospitalization, CCS will authorize, schedule, and coordinate the provision of all inpatient services. Any hospitalizations will be authorized by the CCS Medical Director. CCS staff will make referrals for inpatient care through the CCS Care Management system, which also contains information on payment responsibility for inpatient treatment costs. If a patient has third-party insurance or other payment options available, CCS will notify the hospital of the appropriate agency to invoice.

4.15 Medical Treatment Plans

CCS recognizes that there are many patients with special healthcare needs requiring close medical supervision and/or multidisciplinary care. It is our goal to provide special needs patients with services that promote health maintenance and health improvement. We have established a Special Needs Program focused on the identification, referral, and treatment of patients with special needs, including chronic conditions (e.g., diabetes, hypertension, asthma, seizures, etc.) and communicable diseases (e.g., HIV, Hepatitis, etc.). CCS considers any resident with long-term healthcare needs related to chronic conditions or acute medical and/or mental health problems to be a special needs patient. Special needs patients include:

- Those who are chronically ill
- Those who are mentally ill
- Those who are developmentally disabled
- Those who are terminally ill
- Those who are physically handicapped
- Those with communicable diseases
- Those with a history of seizures
- Those with urgent or acute medical needs

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

CCS staff will perform a special needs screening during the initial intake process and again during the comprehensive health assessment, the results of which will be documented on a special form in the patient's medical record. If it is determined that a resident requires ongoing care, appropriate housing, work assignments, program participation, and healthcare services will be provided. CCS will coordinate with the site Medical Director to establish individualized treatment plans for special needs patients, which will minimally include information regarding the patient's disposition, pharmaceutical therapy, scheduled appointments, therapeutic diet, diagnostic testing, housing assignment, ability to function in general population, impact on programming and school, and frequency of follow-up indicated. Special needs patients will be reviewed by a mid-level provider or physician every 90 days, or at other intervals when medically indicated. This consultation will be documented in the patient's medical record on a standardized form containing the date and time of the consultation, the provider's name and title, and any new orders for the patient's treatment.

CCS will share special needs treatment plans with security staff as needed to facilitate housing in the appropriate area of the DJS facilities, and to ensure proper treatment of residents with long-term and individualized healthcare needs. When feasible, treatment plans will maintain connections between residents and the community agencies that have been or will be serving them. In the event that a patient requires hospitalization or specialty services that cannot be provided on-site, CCS will authorize, schedule, and coordinate the provision of all outpatient services, including but not limited to outpatient surgery, ER, diagnostic testing (e.g., MRI, CT scan, etc.), and ambulance service. Any hospitalizations will be authorized by the CCS Medical Director. We will strive to ensure that specialty services with urgent priorities occur as soon as possible, within 30 days of referral. If services do not occur within this timeframe, the practitioner will re-evaluate the patient to determine and document the level of need.

CCS has established special needs guidelines to reduce variability in the care provided to groups of patients with similar healthcare needs. These guidelines are based on the latest recommendations from the following professional organizations.

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



4.16 Emergency Health Services

A licensed physician or designee will be on-call 24/7 for emergency situations. CCS will also establish a physician/mid-level provider "call back" schedule during off hours so urgent but non-emergent services such as suturing can be provided on-site. We will provide emergency medical services 24 hours a day for any person accepted into the custody of the DJS pursuant to West Virginia State law. On-site medical staff may make emergency off-site referrals based on guidelines and their professional interpretation of a patient's need. CCS will coordinate with local hospitals as appropriate in emergency situations, and will coordinate emergency transport and ambulance services with security staff as needed.

A CCS staff member will respond to all emergencies upon notification by reporting to the area of the emergency with necessary emergency equipment and supplies. Correctional healthcare personnel are trained to respond to emergencies within four minutes. The on-call physician and/or psychiatrist will be notified as soon as the situation allows. The resident will be stabilized on-site, and then transferred to an appropriate healthcare unit if necessary. CCS staff will determine if the resident needs to be transported to local emergency room for treatment. The CCS Medical Director will conduct a retrospective review following an ER referral to ensure that the action was appropriate and to identify any additional staff training needed. CCS will customize monthly reports of emergency room visits, with data including each patient's name and identification number, the date of emergency service, the patient's disposition, and the emergency treatment received.

Acute Care for Staff

CCS will provide emergency medical treatment and first aid to stabilize any staff, visitors, employees, or subcontractors of the DJS facilities who become ill or injured and require emergency care while on the premises. Once the patient's condition is stabilized, they will be referred to a personal physician or to a local hospital. CCS will document any services provided.

4.17 Resident Death

All resident deaths will be treated as per West Virginia state statute regarding unattended deaths, and CCS will be responsible for adhering to said statute, as well as the performance and conduction of mortality review.

4.18 Areas and Informational Security

Security is an essential part of risk management in the correctional environment; therefore, all new employees and subcontractors also receive training specific to safety and security in a correctional setting. All CCS employees receive comprehensive safety, health, and environmental training in accordance with our orientation and continuing education programs. Safety is integral to all functional area training programs to ensure employee awareness of safe work procedures, thereby helping to promote their personal safety and wellbeing.

Safety is an integrated element of the CCS corporate philosophy and values, evident from the management level down to the grassroots operations at each facility. The Program Administrator for the DJS facilities will be responsible for ensuring that safety/risk management training is adapted to each facility's requirements, as well as any applicable DJS directives, regulations, and policies. Throughout the contract, CCS will evaluate performance and assess training requirements to ensure that our program is responsive to changing regulatory and operational requirements, as well as trends in the provision of care.

Access to Records

CCS will manage the security and accessibility of resident medical records in compliance with state and federal privacy regulations. The CCS Medical Director will approve medical record policies and procedures, and will define the format and handling of medical records. Each resident's medical record will be kept separate from the confinement record. The Program Administrator will control access to medical records to ensure confidentiality. The DJS will have access to any information deemed necessary in determining a resident's security rating, housing assignment, job suitability, etc.

Inventory Control

Medication, supplies, and equipment are stored in locked areas and signed out to individuals when in use. Bulk supplies are kept separate and inventoried weekly or when accessed. Records are maintained to ensure adequate control.

Security of Medication

The medication room and all cabinets will be locked at all times when healthcare staff is not present. CCS staff will be responsible for ensuring that all medications are kept secure. No resident will have access to any medication other than those administered by a qualified staff member. No resident or visitor will be left unattended or unobserved within any treatment or procedural area at any time.

Controlled Substances

A limited supply of controlled drugs will be kept in the facility. These drugs are under the control of the responsible physician. These medications are monitored and accounted for by the Program Administrator or designee. Class II, III, and IV drugs will be counted at the end of every shift by a staff member going off duty and one coming on duty. Any discrepancies in the count must be reported immediately, and resolved prior to the present staff going off duty. All controlled substances must be signed out to the resident receiving them at the time they are administered.



Off-site Appointments

CCS will coordinate with security staff to arrange transportation for off-site healthcare services. Healthcare staff will work cooperatively with security staff to ensure that transportation services are provided in a timely and safe manner. CCS will coordinate with the DJS to arrange security for all off-site specialty care. Residents will not be informed of scheduled appointment dates, times, and location of outside providers.

Collaboration with Security Staff

CCS will be involved in the improved communication between nursing personnel and security staff. Ongoing communication will ensure that all parties are fully aware of any special needs or concerns within the resident population. CCS will provide data necessary for the classification, security, and control of residents to the appropriate DJS personnel. We will notify custody staff whenever a patient has a significant illness that will affect the patient's housing or program assignment, disciplinary sanctions, or transfer to another institution.

PREA Standards

CCS will comply with the Prison Rape Elimination Act of 2003 (PREA) and all Juvenile Facility PREA standards established by the United States Department of Justice. We will allow the DJS to monitor and provide technical support to on-site staff to ensure compliance with PREA standards. CCS will comply with all DJS Policies, including Policy 151.00 pertaining to PREA.

CCS maintains a “zero tolerance” policy regarding rape or sexual abuse of residents. We have a written policy for responding to allegations of sexual assault of residents. This policy requires prompt and appropriate health intervention in the event of a sexual assault in an effort to minimize medical and psychological trauma. Residents who are victims of any form of sexual violence will be treated according to PREA and DJS policy. CCS will track and report medical services provided to residents that are the result of an assault or another resident's action, including sexual assaults. In addition, all residents will be screened for a history of sexual abuse-victimization or sexually predatory behavior during the receiving screening.

4.19 Resident Complaints Regarding Healthcare

The CCS grievance process will be consistent with national standards and with DJS policies, including DJS Policy 334.00 regarding Juvenile Rights and Grievances. We recognize that our first responsibility is to our patients, to allow them access to care and treatment sufficient to meet their medical needs. CCS trains and expects our staff to operate efficiently and appropriately while respecting those needs. Our excellent litigation history and our record of reduced healthcare grievances are indicative of the exemplary care CCS team members provide. All CCS personnel receive grievance resolution training, which teaches them to address concerns at the point of contact prior to the resident initiating a grievance. All CCS healthcare staff will be available to attend to medical grievances.

Resolution and Review

CCS staff will respond to grievances, complaints, and inquiries as soon as is practical, generally within 72 hours of receipt. The CCS Medical Director or designee will resolve urgent grievances, which are defined as those complaints that involve an immediate need on the part of the resident for healthcare services. CCS will resolve concerns and grievances in collaboration with the Program Administrator and appropriate healthcare providers. The Program Administrator or appropriate designee will work with the designated DJS authority in the investigation, follow-up, and resolution of complaints in accordance with DJS policies. When necessary, CCS will conduct a face-to-face interview with the resident and participate as a part of the grievance committee. Our Quality Improvement Committee (QIC) and Medical Administration Committee (MAC) will review and categorize grievances to identify potential issues and to determine if patterns exist or develop.

Grievance Reporting

CCS will establish a mechanism to report on the volume of grievances received, the nature of the grievances, the resolution status, corresponding timeframes, and whether or not the grievance is substantiated. CCS will maintain a daily log of all grievances that will include the name of the person filing the grievance and the date and nature of the complaint. If the grievance process substantiates a grievance, then the Program Administrator or their designee will develop and implement a corrective action plan for that grievance. CCS will categorize complaints and grievances and will report specifics as a part of the medical services monthly statistical report. This report will contain a description of the grievance or complaint, an explanation of the circumstances surrounding the grievance, and all actions taken to investigate and resolve the grievance. CCS will submit a monthly report identifying grievances, along with copies of all medical grievance requests and their resolutions, to the DJS.

4.20 Disaster Plan

CCS prides itself on being a solutions-oriented company that considers all aspects of our clients' needs. We have established contingency and emergency procedures to ensure continuity of care during unexpected events, disruptions, and natural or man-made disasters. CCS will act quickly throughout and following the transition period to develop a comprehensive plan that addresses all aspects of these possible emergencies. We will work collaboratively with the DJS to develop a cooperative Emergency Preparedness Plan to ensure proper staff recall and allocation, patient movement to designated safe areas, and presence of emergency equipment and supplies. CCS will coordinate with DJS administration to incorporate our Emergency Preparedness Plan into the overall emergency plan for the DJS facilities. The CCS Emergency Preparedness Plan will comply with NCCHC and ACA standards, and will be thoroughly outlined in the CCS Policies and Procedures Manual developed for the DJS facilities within 60 days of contract award. The CCS Emergency Preparedness Plan will include:

- Medical staff participation in facility emergency procedure drills
- Continuity of care and safety of patients
- Triage plan
- Evacuation routes and means of transport out of the institution for injured, ill, disabled, or restrained individuals
- Outline of where care will be provided, including alternative sites
- Location of community resources
- Prevention of interruption in medication
- Contingency pharmacy and medical supplies plan
- The protection and accessibility of patient care data at predetermined locations
- Contact list for recall of key healthcare staff

CCS believes in anticipating and recognizing unique problems and situations at all of our client locations, including severe weather and other adverse conditions. The CCS Emergency Preparedness Plan covers the four major phases of emergency preparedness management—Mitigation, Preparedness, Response, and Recovery—as illustrated in the following graphic.



All CCS personnel will be aware of and familiar with the CCS Emergency Preparedness Plan, which will also cover “man down” incidents, fires, and hostage situations. New employees will be trained on the health aspects of the plan during orientation, and all healthcare staff will review the plan annually. A health emergency “man down” drill will be practiced once a year on each shift where CCS personnel are regularly assigned in accordance with applicable standards. CCS will also participate in disaster drill planning programs as requested by the DJS and will perform a critique of the drills on an annual basis. The CCS Emergency Preparedness Plan will address, at a minimum:

- Training modules
- Disaster bag/mobile equipment contents, breakaway seals system
- Crash cart equipment
- Communications system and procedures
- Recall process for medical personnel
- Emergency assignment of health services staff
- Establishment of a command post
- A method to ensure safety and security of patient and staff areas
- Use of emergency equipment and supplies
- Establishment of primary and secondary triage areas
- Triage procedures
- Transportation guidelines
- Evacuation procedures in coordination with security personnel
- Procedure for conducting man down and emergency drills
- Backup assignments for each of the contingency elements
- Emergency treatment documentation

CCS is committed to ensuring all personnel are adequately trained to respond to a crisis situation. Correctional healthcare personnel are trained to respond to emergencies within a four-minute response time. We offer periodic proficiency training for medical personnel on emergency response and other integral components of our program using established Core Competency Checklists. Core Competency is assessed at least annually dependent upon an individual’s needs or responsibilities. Staff members are also trained on the implementation of an Incident Command System (ICS).

CCS uses the START (Simple Triage and Rapid Treatment) system, established by the Hoag Hospital and Newport Beach Fire Department, to train CCS staff on the process for handling multi-casualty events. The triage portion of START, which is the focus of our training program, allows for rapid assessment of every patient, identifying those who have life-threatening injuries, and assigning each patient to one of four categories so that when rescuers arrive at the scene, they can immediately be directed to those patients with the best chance of surviving. Please see the following example of the START triage system.

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

4.21 Medical Records

CCS will be responsible for the timely entry of patient data into the Offender Information System (OIS) in accordance with DJS Policy 500.05. We will utilize the medical record format and standard forms as specified by the DJS. All patient encounters will be documented using the “SOAP” (Subjective Data, Objective Data, Assessment, Plan) format.

CCS will maintain up-to-date medical records at all times, consistent with NCCHC and ACA standards; DJS policies and procedures; community standards of practice; and all federal, state, and local laws. Following the receiving screening, healthcare staff will initiate a comprehensive medical record that will be the single source of all medical information for each resident. The individual medical record will contain an accurate account of each resident’s health status at the time of admission, all patient-provider encounters, and all on-site and off-site services provided.



At a minimum, medical records will contain:

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

Ownership, Maintenance, and Retention

CCS will maintain medical records for the length of a resident's stay, in accordance with HIPAA rules and regulations. When a resident is released from DJS custody, CCS will give the resident's medical records to the DJS personnel responsible for records retention. Although CCS is the custodian of medical records, they will be the property of the DJS. Upon conclusion of the contract, medical records will remain the property of the DJS, and CCS will work to ensure a smooth transition of records.

Confidentiality of Health Records

CCS will adhere to all laws relating to confidentiality of patient information. We will secure medical records as required by law and other applicable state or federal statutes and regulations. All records will be maintained in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as well as the Health Information Technology for Economic and Clinical Health (HITECH) amendment to HIPAA. Compliance training for HIPAA/HITECH is a mandatory part of CCS new employee orientation and is also required annually for all CCS employees.

Access to Health Records

CCS will manage the security and accessibility of resident medical records in compliance with state and federal privacy regulations. The CCS Medical Director will approve medical record policies and procedures, and will define the format and handling of medical records. Each resident's medical record will be kept separate from the confinement record. The Program Administrator will control access to medical records to ensure patient confidentiality. The DJS will have access to any information deemed necessary in determining a resident's security rating, housing assignment, job suitability, etc.



Resident Transfer

Pertinent medical information will be prepared to accompany all residents when traveling off-site to a specialty appointment or emergency room, or when transferring to another detention/correctional facility. Upon transfer to another DJS facility, the entire healthcare record will be transferred with the resident in the care and custody of the senior transporting officer. Upon transfer to a correctional facility outside the DJS's jurisdiction, a healthcare summary sheet will accompany the resident. The form will contain all necessary information required for the continuation of treatment.

Release of Healthcare Information

CCS will maintain, manage, and release medical records in a manner consistent with DJS Policy 165.00 and applicable HIPAA regulations. We will ensure that all medical information about residents is treated as confidential and is not shared with entities outside the DJS, except as may be permitted by law. In any criminal or civil litigation where the physical or mental condition of a resident is at issue, CCS will provide the DJS with access to the records upon written request.

4.22 Disposal of Biomedical Hazardous Waste

CCS has a national contractual relationship with Stericycle to ensure safe disposal of used needles, sharps, and biohazardous waste. We will be responsible for annual registrations with state and federal agencies and will ensure that all medical waste and sharps are disposed of in accordance with federal and State of West Virginia regulations. Air filters used in air recirculation and air conditioning units in rooms considered to harbor airborne pathogens will also be treated as biomedical hazardous waste and disposed of accordingly.

Biomedical waste disposal at each CCS location is governed by policy and procedure and includes the proper containment, housing and disposal of waste. Stericycle provides CCS with red biohazard bags for waste disposal and biohazard boxes for bundling and disposal. Proper disposal of sharps is controlled through the purchase of sharps disposal containers through the medical supplier. Pickup frequency is typically based on volume and the space available for housing. Pick up manifest tracking forms are maintained on site by the Program Administrator. Standard precautions are always used by healthcare providers to minimize the risk of exposure to blood and body fluids of potentially infected patients.

Training and Handling

During Orientation, each employee receives instruction on how to handle sharp instruments, utensils, and supplies. Needles, syringes, and other high-risk items are stored in locked areas and signed out to the individuals when they are used. Sharps are never to be left in any area when not in use. Sharps are inventoried at each change of shift, and each employee is responsible for ensuring that the sharp count is correct. Employees are instructed to never take the word of co-workers when conducting sharp counts. Used sharps are considered biomedical waste, and shall be discarded directly into leak-proof, puncture resistant containers that have been designed for this purpose.

4.23 Nutritional Guidelines

The special needs screening performed at intake includes verification of medically necessary special diets. Based on the patient's medical history and physical evaluation, a special needs treatment plan is established that acts as a reference for healthcare personnel involved in the patient's care and provides instructions regarding any special dietary needs. CCS staff will work closely with the DJS to communicate special dietary needs and to ensure that any documented food allergies are medically indicated. We will provide the services of a registered or licensed dietician, who will meet quarterly with the DJS food service planning committee to provide technical assistance and approve menus. The consulting dietician will sign and date each menu to verify its adherence NCCHC and ACA standards, as well as federal guidelines and mandates pertaining to Child Nutrition.

4.24 Medical Services for DJS Staff

CCS will provide the following medical services for DJS staff as required by the RFQ.

Pre-employment Physicals

CCS will conduct physical examinations of all new hires, which will include a thorough evaluation of the applicant's current physical condition and medical history. All applicants/employees will be required to read and sign a memorandum of understanding prior to submitting to any tests, including RPR (Syphilis), complete blood count, comprehensive metabolic panel, urinalysis, lipid panel, electrocardiogram, and tuberculosis test. The signed memorandum will be placed in the medical section of the employee's personnel file.

Physicals will be conducted by or under the supervision of a licensed physician and will be recorded on the Initial Employment and Annual Report of Physical Examination provided by the DJS. Once the original Report of Physical Examination is completed, the employee will be entitled to have a copy of the Report sent to his or her personal physician. The Report is confidential and will be maintained in a secure medical file as part of the applicant's file for a period of two years, or in the employee's personnel file for five years after termination of employment.

Tests

All proposed CCS staff, including any sub-contractors, will be subject to a criminal records check, fingerprinting, and a forensic panel drug screen prior to employment; additional random drug screens will be conducted as needed. CCS will also provide PPD testing prior to employment and annually thereafter.

Immunizations and Vaccinations

CCS will provide annual flu shots upon request by an employee from any DJS facility, including the DJS Central Office. We will also provide Hepatitis B vaccinations upon request.

4.25 Quality Management Support Services

CCS will introduce proven performance monitoring techniques at the DJS facilities, including our Continuous Quality Improvement Program (CQIP), which includes audit and medical chart review procedures to ensure compliance with contract requirements, as well as NCCHC and ACA standards. In addition to the CQIP, CCS will conduct utilization reviews, peer reviews, policy reviews, and environmental inspections to evaluate the DJS medical program. We will also provide best-in-class infection control and risk management services for the DJS. All quality management support services will be in place within six months of contract award.

CCS maintains arguably the strongest and most successful litigation history in our industry. We feel this is directly reflective of not only the high standard of care we provide, but also the emphasis CCS places upon quality and effective risk management. Utilizing a collaborative and cross-functional team approach, CCS proactively identifies areas of risk before they develop into serious problems, then works to eliminate and mitigate those risks. This, coupled with a stringent quality assurance and patient safety program, enables CCS and its partner clients to avoid negative outcomes and costly litigation. We view this as a major differentiator between CCS and other companies that sets us apart in our industry.

Continuous Quality Improvement (CQI)

The CCS Continuous Quality Improvement Program (CQIP) ensures that all on-site operations are run in accordance with our high expectations, as well as NCCHC and ACA standards. CCS uses established techniques like electronic CQI screens and advanced technology to make our programs even better. The CQIP is defined by written policies and defined procedures and is operated under the authority of CCS Chief Clinical Officer, Stephen Goldberg, MD. The goal of the CQIP is to ensure that systems and programs work effectively to guarantee that our patients receive quality healthcare services.

The CQIP includes audit and medical chart review procedures that comply with NCCHC and ACA standards. CCS marks all CQIP activity records as confidential; discussions, data collection, meeting minutes, problem monitoring, peer review, and information collected as a result of the CQIP are not for duplication or outside review. As part of the CQIP, a qualified healthcare professional will inspect at least 10% of all active resident charts on a monthly basis. Appropriate corrective measures and processes will be documented and made available for potential inspection by the Facility Superintendent/Director or designee and the Central Office Contract Monitor.

Scope of CQIP

CCS will use our CQIP to establish a site-specific quality assurance plan for the DJS facilities, based on the scope of care provided. Within 90 days of contract implementation, CCS will develop written, site-specific plans that will define the QI review process and meeting format. CCS will coordinate with the DJS to integrate our program with any quality assurance initiatives currently in place. We will be responsible for monitoring relevant areas for quality improvement, including accreditations, credentialing, monitoring, environmental inspections, emergency drills, nursing, intake, medication management, special housing, and ancillary services.



Routine CQI studies examine areas where overlap or hand-off occurs, as well as other problem-prone, high frequency/volume, and risk management processes, including but not limited to: Informed Consent, Receiving Screenings, Screening and Evaluation at Health Assessment, Special Needs, Segregation, Treatment Planning, Suicide Risk Reduction, Discharge Planning, Medication Administration, Initiating Medication at Intake, as well as processes exclusive to the client facility. Each site will complete monthly CQI screens as outlined in the CCS CQI Calendar, plus at least one ad hoc screen per quarter to evaluate a site-specific issue presenting challenges. Examples of ad hoc screens include:

- Health Trained Correctional Officers Performing Intakes
- Missed Medication (investigative study)
- TB Screening
- Lab Compliance
- Health Assessment – Periodic
- Grievances
- Communication with Custody
- Initiating Essential Medications – Return from Hospital
- Pre-natal and Post-Partum Care – HEDIS and Outcome Study
- Outcome Studies – Options for Adult Facilities

Please see the following sample juvenile CQI Calendar, with monthly CQI screens broken out by responsible party.

Sample CQI Calendar 2014 – Juvenile			
Month	Nursing	Site Medical Director	Mental Health
Jan.	1. Continuity of Care–Chronic Disease 2. Seizure Disorders 3. Initiating Essential Meds–Intake 4. Copy of Narcotics Logs for 1/1/14	1. Physician Chart Review	
Feb.	1. Dental Care 2. Sterilization 3. Infection Control Monitoring– Annual Checklist	1. Patients with Special Needs	1. Psychiatric Services
March	1. Health Record Documentation 2. Adolescent Well-care Visits		1. MH Return from Hospital–HEDIS
April	1. Medication Administration 2. Controlled Substance Monitoring	1. Physician Chart Review	1. Suicide Risk Reduction
May	1. Initiating Essential Meds–Intake 2. Return from Hospital	1. Infirmary Care	
June	1. Nursing Documentation 2. Sick Call		1. MH Special Needs & Treatment Planning



July	1. Return from Off-Site Appointments 2. Problem List	1. Physician Chart Review	
Aug.	1. Health Assessments–Initial (Juvenile-specific) 2. Refusal of Services	1. Treatment Planning	1. Segregation of Juveniles
Sept.	1. Asthma–Juvenile Outcome Study 2. Initiating Essential Meds–Intake		1. Discharge Planning
Oct.	1. Receiving Screen & Med Verification 2. Controlled Substance Monitoring	1. Physician Chart Review	1. Suicide Risk Reduction
Nov.	1. Emergency Services		
Dec.	1. Annual Review of CQI Program		TBD

Quality Improvement Committee

The CCS Continuous Quality Improvement Program (CQIP) will define the multidisciplinary Quality Improvement Committee (QIC), which will direct quality improvement activities. The QIC will perform monitoring activities, discuss the results, and implement corrective actions as indicated. The QIC will be led by the CCS Medical Director, and will include the site's designated mental health representative, dentist, Program Administrator, and appropriate DJS representative(s). Generally, the QIC will meet quarterly to review significant issues and changes and provide feedback for the purpose of improving processes or correcting any deficiencies. The CQI team from the CCS Home Office, led by CQI Director Dawn Ducote, will conduct monthly conference calls with the sites and will ensure that an annual process and outcome study is conducted at each site. Please see the following sample CQI Conference Call topics for 2014.

CQI Conference Call Topics 2014	
Session	Topic
January	Annual Update and CQI Plan
February	New CQI Calendar
March	Process and Outcome Studies
April	Improvement Plans
May	CQI Committee and Legal Issues with CQI
June	Peer Review
July	Grievances
August	Mortality Review
September	HEDIS
October	Medication Errors
November	Critical Clinical Events
December	Annual Review of the CQI Program

Infection Control

CCS has a written infection control policy to ensure that a safe and healthy environment is created and maintained for the residents, staff, and visitors of the DJS facilities. We are committed to ensuring early identification through constant surveillance of potential and actual occurrences of infectious disease. CCS personnel routinely inquire into any past history of tuberculosis or other infectious or communicable diseases as part of the receiving screening process. Patients at risk for spreading a communicable disease are segregated from the general population.

While prevention is always a first concern, it is recognized that individuals entering the correctional environment will benefit from an active program that encompasses all aspects of infection control. The CCS Infection Control Program aims to effectively control the occurrence and spread of communicable diseases by providing guidelines for their prevention, diagnosis, and treatment. An infection control assessment will be completed monthly and documentation, which includes corrective measures and processes, will be submitted to the Facility Superintendent/Director and facility Safety Officer.

The goals of the CCS Infection Control Program are:

- To identify those individuals who are at high risk for infectious diseases
- To monitor and report the incidence of infectious diseases among staff and residents
- To promote a safe and healthy environment through the use of regular inspections, education, communication, and role modeling
- To ensure that surveillance begins at the time of entry into the facility and is effective in identifying those individuals who present a risk of spreading an infectious disease
- To provide timely, effective treatment when an infectious diseases is identified
- To administer vaccinations to prevent the spread of infectious diseases when appropriate
- To protect the health and safety of staff and residents by use of appropriate isolation precautions
- To establish effective decontamination techniques for cleaning of medical equipment and contaminated reusable items
- To provide safe means of disposing of biohazardous waste and used needles and sharps
- To implement and use strict Standard Precautions to minimize the risk of exposure to blood and body fluids
- To file all required reports in a manner that is consistent with local, state and federal laws and regulations
- To establish and maintain a good working relationship with the Health Department, the community, and the facility in all matters that relate to the prevention infectious diseases
- To ensure that all staff are well trained initially through their orientation training and then on an on-going basis to all areas of the Infection Control Program
- To monitor the effectiveness of the Infection Control Program through on-going Quality Improvement data collection and statistical reporting



Utilization Management

The CCS Care Management Program uses evidence-based guidelines to determine medical necessity as part of our approval process. The CCS Care Management Program is clinically overseen by Medical Director of Care Management, Tammy Kastre, MD, and is operationally managed by Vice President of Care Management, Vicki Wisdom, RN, CCM. Dr. Kastre and the Care Management team will work together with the Regional Medical Director and on-site medical personnel to ensure that residents receive medically necessary healthcare services in the most appropriate healthcare setting.

CCS is prepared to implement our web-based Care Management system at the DJS facilities to create more clinical control and cost efficiencies for off-site care. This powerful system allows CCS to track off-site care, ensure timely return from off-site visits, manage claims, and provide reports to assist with cost containment and budget preparation. ***The DJS will be given login information for the Care Management system in order to access management information and monitor off-site scheduling and inpatient status.*** The Care Management system will function alongside your Offender Information System (OIS) to ensure accurate reports for DJS administration. With our robust Care Management system, CCS can offer the DJS a level of automation and accuracy in reporting that *none* of our competitors can match.

CCS Care Management Program	
Feature	Description
Prospective Review (Prior Authorization)	CCS requires prior review and authorization of all non-urgent or non-emergent care of our patients. CCS clinicians follow NCCHC standards and correctional guidelines to review and approve services. The CCS Medical Director will initiate a second review if standards are not clearly met. Alternative treatment is only at the discretion and direction of a physician.
Concurrent Review	CCS will assign a Regional Care Manager to manage all off-site inpatient care on a daily basis through daily contact with the hospital. The CCS Care Management team is notified of inpatient admissions at the time of admission. CCS Regional Care Managers and Regional Medical Directors follow NCCHC standards, Interqual criteria, and correctional guidelines to review inpatient services daily. The CCS Medical Director of Care Management holds clinical rounds via telephone twice weekly to ensure inpatient stays are appropriate and meet national guidelines (Interqual Criteria) for continued inpatient stay. The CCS Medical Director, Regional Medical Director, and Regional Care Manager attend the clinical rounds discussion. As a result of this multidisciplinary approach, inpatients are well-managed and appropriate transitions of care are completed with improved accuracy.
Retrospective Review	The Care Management department and site leadership retrospectively review emergency care. CCS uses a retrospective review process to resolve claims issues, determine appropriateness of care post-delivery, and perform focused reviews. Additionally, CCS will perform focused reviews at the request of the provider.

CCS Care Management Program	
Feature	Description
Discharge Planning	CCS manages a robust discharge planning process, which begins at inpatient admission. The CCS Regional Care Manager works collaboratively with site clinical staff and hospital staff to ensure appropriate transitions of care. This partnership helps CCS to ensure that excellent care is continued from discharge through return to the facility.
Chronic Care Management	CCS enrolls chronic care patients in specialized on-site programs designed to ensure the healthiest outcome for individual patients based on their health status. CCS holds chronic care clinics on-site to increase efficiency and reduce costs associated with transporting patients off-site.
Emergency Services	CCS does not require prior authorization for emergent services. Medical personnel may make emergency off-site referrals based on established guidelines and their professional interpretation of a patient's need. Off-site medical services exceeding the scope of the initial emergent episode are not covered. Unrelated, non-emergent diagnostic services or treatment initiated in conjunction with an emergent event requires prior authorization.
Third-party Payment	The CCS Care Management system includes information on payment responsibility for patient treatment costs. If a patient has third-party insurance or other payment options available, CCS will notify the off-site provider of the appropriate agency to invoice. Our Care Management system interfaces with our claims system, so if such invoices are inadvertently sent to CCS for payment, we will contact the off-site provider and advise them as to the appropriate location to resubmit their invoice for payment. This will be increasingly important as the full impact of the Affordable Care Act is realized.

Following is a summary of the CCS Care Management process.

1. When an on-site provider determines that a resident may need community-based services, the provider uses the Care Management system to document and communicate the Consultation Request.
2. On a daily basis, our Corporate and/or Regional Medical Director will access the Care Management system to review requests and take one of the following actions:
 - Authorize a specific diagnostic or therapeutic modality
 - Recommend an alternative treatment plan
 - Request additional information
3. If it is determined that the requested service is medically necessary, the request is approved and an authorization number is established in the Care Management system, which automatically sends the authorization number to the site and to the CCS claims department.

A Valuable Utilization Management Tool for Clients

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

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

Appointment Scheduling

Healthcare staff will make referrals for specialty services through our powerful Care Management system. The CCS Care Management system allows healthcare personnel to easily schedule appointments for upcoming healthcare services, both on- and off-site. This robust scheduling function makes our Care Management system an integral tool in the provision of care. Appointment scheduling through the Care Management system creates more efficient chronic care clinics and establishes a valuable tool for medical staff as they prioritize tasks and ensure that sick call, health assessments, lab draws, specialty appointments, and other important events happen as needed and within the required timeframe. Features include:

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

Utilization Review

CCS uses an established review process to ensure that off-site referrals are medical necessary, and that any payments made are appropriate. We will coordinate, validate, and track off-site care and invoicing through the Care Management system, which generates reports that allow us to analyze the utilization of off-site services on behalf of our clients. CCS uses this data assess the need for additional on- and off-site services, as well as the potential impact that systems such as telemedicine may have. We will continuously evaluate both the number of cases as well as the costs associated with transporting residents to ensure the most cost-effective solution for healthcare services. On a quarterly basis, we will submit to the Central Office Contract Monitor a written plan of action addressing the following:

- The demonstrated need for outside consultation and inpatient services
- A mechanism to facilitate timely and appropriate access to consultations
- Specialty referrals
- Outpatient and inpatient hospitalizations



Utilization Statistics

The CCS Care Management system is capable of producing reports containing detailed cost data for purposes of cost analysis and cost containment. These reports include information related to all healthcare services and associated costs, including laboratory, radiology, and other ancillary services; specialty services; pharmaceuticals; and medical supplies. CCS will analyze utilization statistics and continuously evaluate the potential benefits of establishing on-site clinics. Services brought on-site would typically result in cost savings for the DJS as a result of clinic (rather than per patient) rates and decreased officer transportation expenditures. Please see the following sample Utilization Management report generated in the CCS Care Management system.

CCS has had marked success in reducing off-site medical and security costs for our clients by ensuring the provision of cost-effective, medically necessary healthcare services to our contracted populations. The Care Management system is a powerful tool for tracking, analyzing, and trending data through visual dashboards. Care Management Dashboards will allow the DJS to compare historical data as well as to analyze, trend, and compare data. Operational and outcome trending can be provided on:

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

Peer Review

CCS will provide quarterly peer reviews to ensure that the DJS medical program meets community standards of care. Peer reviews will be conducted by an external provider to be mutually agreed upon by the DJS and CCS to ensure an unbiased review. We have experience hiring outside professionals who are not affiliated with CCS to conduct peer reviews, and we will continue that practice with the DJS. CCS will work with the DJS to share any information not restricted by applicable state and federal laws.

Risk Management

Safety is an integrated element of the CCS corporate philosophy and values, evident from the management level down to the grassroots operations at each facility. CCS agrees to abide by all DJS rules, regulations, policies, and procedures regarding risk management. We also agree to work with all other healthcare contractors to ensure the safety of patients, contractors, and DJS personnel.

Serious Incident Reports

CCS will complete a Serious Incident Report (SIR) form within 24 hours of any of the following incidents, accidents, or errors:

- Attempted or successful suicide
- Assaults on contractor staff
- Injuries from work-related accidents
- Resident injury, resident-on-resident assault, etc.
- Exposures to infectious diseases
- Prophylaxis administration
- Breaches in security
- Treatment errors, medication errors, missed medications or treatments, missing documents, etc.
- Prison Rape Elimination Act (PREA) reports

The SIR form will be provided to the DJS within 24 hours of the event occurrence.

Quarterly Serious Incident Report Summary

CCS will submit a quarterly Serious Incident Report Summary (SIRS) to the DJS. The SIRS will include all serious incidents, accidents, and errors occurring within the previous three-month period, and will include copies of the SIR forms from each incident.

Critical Clinical Events

In addition to complying with Serious Incident reporting procedures, CCS has a comprehensive patient safety program called Critical Clinical Events. This program is a best-practice program that requires reporting of:

- All deaths (expected, unexpected, and suicides)
- Suicide attempts
- Medication errors resulting in negative clinical outcome
- Hospitalizations resulting from delayed care or inappropriate treatment
- Resident-on-resident sexual assault
- Hospital readmission for the same diagnosis or secondary diagnosis within a three-day period
- Hospitalizations as a result of detoxification progressing to delirium tremens
- Hunger strikes that last more than 72 hours
- Use of therapeutic restraints on a patient
- Any significant variance from expected clinical norms at the facility

We will request a root cause analysis of the event if deemed necessary by a multi-disciplinary committee within CCS. These reviews are confidential and hold attorney client privilege, but will result in corrective action plans that are working documents at the DJS facilities and will be made available for review and input by the DJS.



Injury and Illness Prevention Program

As part of our ongoing commitment to our employees' well-being, CCS has established an Injury and Illness Prevention Program to nurture a culture of safety consciousness, to sustain our high level of safety at all of our client facilities, and to ultimately help ensure the safest possible workplace for our employees, our patients, and our clients. The Injury and Illness Prevention Program consists of the following elements:

- Responsibility
- Compliance
- Communications
- Hazard Assessment
- Accident/Exposure Investigation
- Hazard Correction
- Training and Instruction
- Recordkeeping

All CCS employees receive comprehensive safety, health, and environmental training in accordance with our orientation and continuing education programs. Safety is integral to all functional area training programs to ensure employee awareness of safe work procedures, thereby helping to promote their personal safety and wellbeing. Security is an essential part of risk management in the correctional environment; therefore, all new employees and subcontractors also receive training specific to safety and security in a correctional setting.

The Program Administrator for the DJS facilities will be responsible for ensuring that safety/risk management training is adapted to each facility's requirements as well as any applicable DJS directives, regulations, and policies. Throughout the contract, CCS will evaluate performance and assess training requirements to ensure that our program is responsive to changing regulatory and operational requirements, as well as trends in the provision of care.

Environmental Inspection

CCS is committed to ensuring that our client populations live, work, recreate, and eat in a safe and healthy environment. We will coordinate with the DJS to conduct monthly safety and sanitation inspections of food service, housing, and work areas. CCS will make appropriate recommendations for corrections on discrepancies or citations noted. Copies of all inspection reports will be provided to the Facility Superintendent/Director and facility Safety Officer.

Policy Review

The CCS Policies and Procedures Manual for the DJS facilities will be reviewed by the CCS Medical Director no less than once per year. Policies and Procedures will be modified as needed to ensure standardization of operations, subject to approval by the DJS. We will provide the Central Office Contract Monitor with the most current version of all health service policies.

Quarterly Reports

CCS has a Medical Audit Committee (MAC) that oversees all healthcare functions. We will conduct quarterly MAC meetings on a scheduled basis with distributed agendas. The purpose of the MAC meetings is to evaluate the healthcare program, ensuring that high-quality healthcare services are available to the entire resident population. Discussions will include monthly health services statistics by category of care, current status of the healthcare program, costs of services, coordination between security and health services, and identified issues and program needs. The MAC will also review and categorize grievances to identify potential issues and to determine whether patterns exist or develop.

CCS will conduct MAC meetings in coordination with the Facility Superintendent/Director to discuss medical care services. Meeting minutes will be documented, distributed to attendees and DJS administration, and maintained for reference. CCS will provide the DJS with monthly and quarterly reports regarding the clinical operation of the healthcare program, in accordance with NCCHC and ACA standards. We will regularly confer with the DJS regarding any issues deemed appropriate, including existing procedures and any proposed changes to procedure. The MAC will typically include:

- Program Administrator
- Medical Director
- Designated mental health representative
- Dentist
- Contract Manager
- Facility Superintendent/Director
- Other designated DJS representative(s)

Reporting and Accountability

CCS will provide the best on-site care possible and we will be fully accountable to the DJS. We expect to be measured by our performance, including reduced medical grievances; accountability as evidenced by operational and financial reporting; reduced staff turnover; and by our ability to reduce off-site referrals. These are our goals and we will share the details of our performance by providing regular operational and financial reports on these criteria to the DJS. CCS typically provides more clinical and operational reports than any other company in the industry.

CCS will provide a full set of operational reports that can be customized to meet the specific needs of the DJS. We will deliver detailed monthly statistical reports and daily operational reports to the DJS for review. We will use these reports to continually review the effectiveness of our program and to improve overall program quality and efficiencies. CCS will provide monthly and daily statistical reports regarding the operation of the healthcare program, staffing fill rates to demonstrate compliance with the contracted staffing plan, and financial reports to aid the DJS with future budgeting efforts.



Daily Reports

CCS will provide a daily narrative report for the previous 24 hours to the designated DJS authority (Saturday and Sunday reports may be submitted Monday morning). The daily report will outline important events of both day and night shifts, including but not limited to:

- Transfers to off-site hospital emergency departments
- Communicable disease reporting
- Suicide data (i.e., attempts and precautions taken)
- Report of status of residents in local hospitals and infirmaries
- Staffing positions unfilled
- Submit completed medical incident report copies
- A list of lost medical files
- History and Physical and Medical Intake Screening status report

Monthly Reports

CCS will provide a customized monthly report package that best fits the needs of the DJS facilities. Reports will delineate the status of the healthcare program, including potential problems and suggested resolutions. CCS will also provide reports on monthly paid and project costs, as well as monthly aggregate and projected aggregate costs. We will submit the report package to the designated DJS authority on a mutually agreed-upon day each month. The customized monthly reports for the DJS facilities will reflect the previous month/term workload, with data including but not limited to:

- Residents' requests for various services
- Residents seen at sick call
- Residents seen by physician
- Residents seen by dentist
- Residents seen by psychiatrist
- Residents seen by psychologist
- Infirmary admissions, patient days, and average length of stay
- Off-site hospital and emergency room admissions and cost
- Medical specialty consultation referrals and cost
- Receiving screenings
- Health assessments
- Diagnostic studies
- Report of third-party reimbursement, pursuit, and recovery
- Percentage of resident population dispensed medication
- Residents testing positive for TB or STDs
- Residents testing positive for HIV or HIV antibodies
- Resident mortality
- Number of hours worked by entire medical staff and staffing compliance to contract staffing levels
- Other data deemed appropriate by the DJS



5 Pricing

CCS is excited to provide this proposal to WV DJS, and we appreciate your commitment to a high-quality juvenile healthcare program. While realizing the parameters of this procurement are based largely upon pricing, we trust you understand that the provision of a quality program does not always come at the lowest cost. We believe our significant juvenile healthcare program experience, 100% track record in seeking NCCHC accreditation, our impressive litigation history, and our client references demonstrate the benefits of our focus on consistent, proactive care. We are confident that we have created a quality program that will be the best value for the DJS for the following reasons:

- Our program will incorporate "best practices" from our many other juvenile sites.
- Our professional support team will utilize practical industry experience to be a valuable resource for the DJS.
- Your team will get to know the CCS personnel discussed in this proposal, as we truly understand the importance of supporting and visiting our sites regularly.
- CCS will provide unmatched utilization management through our powerful Care Management system to ensure the necessity of all off-site trips (and related transportation and overtime costs).
- CCS will provide transparency and accountability through a full set of operational reports that will identify things being done well and potential areas for improvement.
- CCS offers a CQI program that includes internal NCCHC-compliant audits to ensure compliance, quality, effective clinical operations, and client satisfaction.
- CCS has a successful track record of ensuring appropriate staffing levels. We feel strongly that the clinical and financial risk of *not* staffing a position is significant and our strong litigation history validates this approach.
- CCS maintains arguably the strongest and most successful litigation history in our industry. We feel this is directly reflective of not only the high standard of care we provide, but also the emphasis CCS places upon quality and effective risk management.
- CCS is so confident in the quality of our programming that ***we will pay the DJS a self-imposed penalty of \$50,000 should any of the facilities lose NCCHC accreditation during the term of our contract.***

Quote from Our Client

"Since the transition to CCS, we have been impressed with the efficiencies your team has found, creating great cost-saving opportunities...Along with these added efficiencies, your team continues to impress us with their enthusiasm and with their dedication to the valued medical professionals working within the Detention Center....Your team has shown a true commitment to consistently providing the best possible care for our inmates."

Major Ed Beckman
Pasco Sheriff's Office, FL

5.1 Cost Containment Program

In all programs we design and operate, the CCS objective is to uncover all possible areas of economy without sacrificing quality. CCS demonstrates value through our cost saving initiatives, timely reporting, and overall improved quality of people, programs, and processes. By applying our Savings through Value-Added Efficiency (SAVE) initiative, CCS is continually reviewing “best practices” at all of our sites to share success with all of our clients. Three areas of significant cost in any program are goods and services, staffing, and off-site trips for care. CCS generates efficiencies and savings in these areas through contract negotiations with providers, staffing level management, and utilization management.

CCS is highly confident that we can work with the DJS to reduce and contain costs for on-site and off-site services, based on our track record of cost savings success at our client sites. Our passion for doing things the right way has led to phenomenal success not only in the quality of our care programs, but also in cost containment for our clients. By reviewing the specifics of each client’s inmate healthcare needs and maximizing facility and staff capabilities, we create efficiencies and cost savings. CCS forms successful partnerships that help our clients contain costs and improve the quality of healthcare in correctional facilities throughout the country. We have provided just a few examples of our proven success for your consideration.

5.2 Pricing Methodology

CCS has developed a cost proposal for the required services based on information provided in the RFQ and subsequent addenda, observations made during the our on-site tour, salary surveys for healthcare professionals throughout the State of West Virginia, and our experience providing the required services at similar facilities. We developed our proposal with a focus on efficiency and value. Simply stated, our goal is to provide the DJS with the best healthcare services program that meets or exceeds your requirements.


Pricing Assumptions

The proposed prices reflect the scope of care as outlined in our bid document and in the RFQ requirements, and based on the current community standard of care with regard to juvenile healthcare services. Should there be any change in or modification of the local, national, or community standards of care or scope of services, court rulings or interpretation, state or federal law or statute, or interpretation thereof that results in sustained and material increase in costs, coverage of costs related to such changes are not included in this proposal and may need to be negotiated with the DJS.

5.3 Pricing Pages

CCS has developed the proposed pricing based on the staffing requirements defined in the RFQ and our experience staffing programs of similar size and scope. We have submitted our proposed price on the required commodity lines, which we have provided on the following pages. We look forward to discussing our proposal with the DJS. We truly believe that CCS can bring the best possible value to the State of West Virginia and to your juvenile population.



	Purchasing Division 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130	State of West Virginia Request for Quotation
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Proc Folder: 33208			
Doc Description: ADDENDUM NO. 4 MEDICAL HEALTHCARE SERVICES			
Proc Type: Central Master Agreement			
Date Issued	Solicitation Closes	Solicitation No	Version
2014-10-24	2014-11-06 13:30:00	CRFQ 0621 DJS1500000007	5

BID RECEIVING LOCATION			
BID CLERK DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION 2019 WASHINGTON ST E CHARLESTON WV 25305 US			

VENDOR
Vendor Name, Address and Telephone Number: Correct Care Solutions, LLC 1283 Murfreesboro Road, Suite 500 Nashville, TN 37217 615-324-5777

FOR INFORMATION CONTACT THE BUYER Dean Wingard (304) 558-0468 dean.c.wingard@wv.gov

Signature X 	FEIN # 32-0092573	DATE November 4, 2014
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All offers subject to all terms and conditions contained in this solicitation



INVOICE TO		SHIP TO	
ACCOUNTS PAYABLE JUVENILE SERVICES DIVISION OF 1200 QUARRIER ST		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER	
CHARLESTON	WV25301	No City	WV 99999
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Monthly Administration Fee	1.00000	EA	\$47,000.00/month	\$564,000.00/year

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :

Monthly Administration Fee- Contract Administrator. Vendor will bid an all inclusive fee to cover the cost of managing the contract.
"See Attached Specifications"

INVOICE TO		SHIP TO	
ACCOUNTS PAYABLE JUVENILE SERVICES DIVISION OF 1200 QUARRIER ST		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER	
CHARLESTON	WV25301	No City	WV 99999
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Monthly Maintenance Fee-Bed Count of 15-30 (7) facilities	1.00000	EA	\$25,550.00/month	\$306,600.00/year

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :

The vendor will bid an all inclusive fee to cover the cost of maintaining and stocking the Medical Section in each facility based on the number of beds. There are seven (7) facilities with this bed count. "See Attached Specifications"

INVOICE TO		SHIP TO	
ACCOUNTS PAYABLE JUVENILE SERVICES DIVISION OF 1200 QUARRIER ST		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER	
CHARLESTON	WV25301	No City	WV 99999
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	Monthly Maintenance Fee-Bed Count of 31-50 (1) facility	1.00000	EA	\$6,369.61/month	\$76,435.32/year



Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :

The vendor will bid an all inclusive fee to cover the cost of maintaining and stocking the Medical Section in each facility based on the number of beds. There is one(1) facility with this bed count."See Attached Specifications"

INVOICE TO		SHIP TO	
ACCOUNTS PAYABLE JUVENILE SERVICES DIVISION OF 1200 QUARRIER ST		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER	
CHARLESTON	WV25301	No City	WV 99999
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
4	Monthly Maintenance Fee-Bed Count of 50-100 (1) facility	1.00000	EA	\$10,075.00/month	\$120,900.00/year

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :

The vendor will bid an all inclusive fee to cover the cost of maintaining and stocking the Medical Section in each facility based on the number of beds. There is one(1) facility with this bed count."See Attached Specifications"

INVOICE TO		SHIP TO	
ACCOUNTS PAYABLE JUVENILE SERVICES DIVISION OF 1200 QUARRIER ST		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER	
CHARLESTON	WV25301	No City	WV 99999
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
5	Hourly rate for Medical Personnel PHYSICIAN (MEDICAL DIRECTOR)	1092.00000	HOURL	\$146.42/hour	\$159,890.64/year

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :

Hourly Rate for Medical Personnel- PHYSICIAN (MEDICAL DIRECTOR)

The vendor will bid an hourly rates for the each category of medical personel requested. "See Attached Specifications"



INVOICE TO		SHIP TO	
ACCOUNTS PAYABLE JUVENILE SERVICES DIVISION OF 1200 QUARRIER ST		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER	
CHARLESTON	WV25301	No City	WV 99999
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
6	Hourly Rate for Medical Personnel- DENTIST	312.00000	HOUR	\$91.22/hour	\$28,460.64/year

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :

Hourly Rate for Medical Personnel- DENTIST.

The vendor will bid an hourly rates for the each category of medical personnel requested. "See Attached Specifications"

INVOICE TO		SHIP TO	
ACCOUNTS PAYABLE JUVENILE SERVICES DIVISION OF 1200 QUARRIER ST		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER	
CHARLESTON	WV25301	No City	WV 99999
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
7	Hourly Rate for Medical Personnel- PHYSICIAN ASSISTANT.	150.00000	HOUR	\$53.79/hour	\$8,068.50/year

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :

Hourly Rate for Medical Personnel- PHYSICIAN ASSISTANT.

The vendor will bid an hourly rates for the each category of medical personnel requested. "See Attached Specifications"

INVOICE TO		SHIP TO	
ACCOUNTS PAYABLE JUVENILE SERVICES DIVISION OF 1200 QUARRIER ST		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER	
CHARLESTON	WV25301	No City	WV 99999
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
8	Hourly Rate for Medical Personel-NURSE PRACTITIONER	150.00000	HOUR	\$53.79/hour	\$8,068.50/year



Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :

Hourly Rate for Medical Personnel- NURSE PRACTITIONER

The vendor will bid an hourly rates for the each category of medical personnel requested. "See Attached Specifications"

INVOICE TO		SHIP TO	
ACCOUNTS PAYABLE JUVENILE SERVICES DIVISION OF 1200 QUARRIER ST		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER	
CHARLESTON	WV25301	No City	WV 99999
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
9	Hourly Rate for Medical Personnel- REGISTERED NURSE.	18720.00000	HOUR	\$33.96/hour	\$635,731.20/year

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :

Hourly Rate for Medical Personnel- REGISTERED NURSE.

The vendor will bid an hourly rates for the each category of medical personnel requested. "See Attached Specifications"

INVOICE TO		SHIP TO	
ACCOUNTS PAYABLE JUVENILE SERVICES DIVISION OF 1200 QUARRIER ST		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER	
CHARLESTON	WV25301	No City	WV 99999
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
10	Hourly Rate for Medical Personnel- LICENSED PRACTICAL NURSE	42432.00000	HOUR	\$24.25/hour	\$1,028,976.00/year

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :

Hourly Rate for Medical Personnel- LICENSED PRACTICAL NURSE.

The vendor will bid an hourly rates for the each category of medical personnel requested. "See Attached Specifications"

**TOTAL PRICE PER YEAR:
\$2,937,130.80**



	Document Phase	Document Description	Page 6 of 6
DJS1500000007	Final	ADDENDUM NO. 4 MEDICAL HEALTH CARE SERVICES	

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions



6 Required Forms

CCS has completed the required forms as specified in the RFQ and its accompanying attachments. Because the Purchasing Division has requested electronic proposal submission through the wvOASIS website, we have provided scanned copies of all original, signed forms within this electronic document. CCS can deliver the original, signed hard copies of these documents upon request.



6.1 Certification and Signature Page

CERTIFICATION AND SIGNATURE PAGE

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

Correct Care Solutions, LLC
(Company)

Patrick Cumiskey, President

(Authorized Signature) (Representative Name, Title)

P: 615-324-5777 F: 615-324-5731 October 27, 2014
(Phone Number) (Fax Number) (Date)

Revised 08/08/2014



6.2 Purchasing Affidavit

RFQ No. 0621 DJS1500000007

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 exceeds 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: Correct Care Solutions, LLC

Authorized Signature:  Date: October 22, 2014

State of Tennessee

County of Davidson, to-wit:

Taken, subscribed, and sworn to before me this 22nd day of October, 2014

My Commission expires May 8, 2018



NOTARY PUBLIC



Purchasing Affidavit (Revised 07/01/2012)



6.3 Drug-Free Workplace Conformance Affidavit

CCS certifies and agrees that it will provide a drug-free workplace as specified in the RFQ and the West Virginia Alcohol and Drug-Free Workplace Act (West Virginia Code 21-1D). We will submit, no less than once per year, a Certified Drug-Free Workplace Report containing all required materials as specified on the Certified Drug-Free Workplace Report Coversheet provided by the DJS. We have provided our completed Drug Free Workplace Conformance Affidavit on the following page.



WV-73
Rev. 08/2013



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

STATE OF WEST VIRGINIA,

COUNTY OF _____, TO-WIT:

I, Patrick Cummiskey, after being first duly sworn, depose and state as follows:

1. I am an employee of Correct Care Solutions, LLC; and,
(Company Name)
2. I do hereby attest that Correct Care Solutions, LLC
(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: President

Company Name: Correct Care Solutions, LLC

Date: October 22, 2014



I have subscribed and sworn to before me this 22nd day of October, 2014.

My Commission expires May 8, 2018


(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.

Rev. August 2013

CCS Drug-Free Workplace Policies

CCS is committed to providing a safe, healthful, and efficient workplace for all employees and subcontractors in order to meet our overall goals of continuous improvement in quality and client satisfaction in all CCS facilities. CCS supports efforts to deal with personal concerns and problems, including substance abuse, through health providers under the company insurance plan. All employees and subcontractors are encouraged to be informed in order to fight alcohol and other substance abuse at CCS, in the community, and at home.

- 1) **Pre-employment/post-offer testing:** Each applicant must sign the CCS Application for Employment to acknowledge their acceptance to take a pre-employment/post-offer substance abuse test and to confirm accuracy of the information contained in their application.
- 2) **Reasonable suspicion testing:** Employees and subcontractors exhibiting abnormal or unusual behavior and suspected of being under the influence of intoxicating substances, or misuse of drug or other substances, will be taken to a private area to be interviewed. A clinical examination and further testing will follow as applicable.
- 3) **Post-accident testing:** Employees and subcontractors will be required to submit to substance abuse testing immediately following all reportable work-related injuries that require more than basic first aid, that occur while in the course of CCS business.
- 4) **Random testing as required by the contract:** Employees and subcontractors will be selected at random for routine substance abuse testing. CCS Corporate Human Resources will distribute the list of employees to be randomly tested and coordinate the random testing at designated locations.

CCS reaffirms that violations will result in disciplinary action up to and including termination. If the discovered substance abuse has violated any licensure agency requirements, the behavior must be reported to the appropriate governing board and a copy of the report sent to Corporate Human Resources.

- 1) Possession, use, sale, or transfer of illegal drugs, medically unauthorized drugs controlled substances, or unauthorized alcohol on CCS premises, or in the course of CCS business is prohibited and will be seen as grounds for discipline up to and including termination.
- 2) Any employee under the influence of alcohol or other drugs that impair judgment, performance, or behavior while on CCS premises or in the course of CCS business will be subject to discipline up to and including termination.
- 3) Employees and subcontractors are expected to cooperate in personal or facility searches for alcohol and illegal drugs when requested. Also, employees must submit to medical evaluations, and alcohol/drug testing where judgment or performance appears to be impaired, behavior is erratic, or in the case of special circumstances such as a work related accident. Refusal to cooperate with any of these procedures may subject an employee to discipline up to and including termination or a subcontractor to result in the end of contract.
- 4) It is the responsibility of each individual employee to seek assistance prior to reaching a point where judgment, performance or behavior is impaired. No one is ever relieved of the responsibility for maintaining acceptable levels of performance and conduct in the workplace.



6.4 Addendum Acknowledgement

ADDENDUM ACKNOWLEDGEMENT FORM **SOLICITATION NO.: DJS1500000007**

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)

<input checked="" type="checkbox"/> Addendum No. 1	<input type="checkbox"/> Addendum No. 6
<input checked="" type="checkbox"/> Addendum No. 2	<input type="checkbox"/> Addendum No. 7
<input checked="" type="checkbox"/> Addendum No. 3	<input type="checkbox"/> Addendum No. 8
<input checked="" type="checkbox"/> Addendum No. 4	<input type="checkbox"/> Addendum No. 9
<input type="checkbox"/> Addendum No. 5	<input type="checkbox"/> Addendum No. 10

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand 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.

Correct Care Solutions, LLC

Company



Authorized Signature

November 4, 2014

Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.
Revised 6/8/2012



7 Proposal Summary

Thank you for the opportunity to provide details about our plan to provide Medical Healthcare Services for the West Virginia Department of Juvenile Services. We truly believe that ***CCS is the right choice for the DJS***. The following are just a few reasons why we feel we are qualified to provide the services detailed in the RFQ:

- CCS has industry-leading experience in similar juvenile facilities.
- CCS has a strong track record of transitioning contracts from other providers, including those present at your pre-bid conference.
- CCS is fully dedicated to recruiting and retaining qualified staff.
- CCS has the strongest utilization management system in our industry and we work hard to control costs wherever possible.
- CCS will be fully accountable for the program we design and deliver.
- CCS offers *all* of our current clients as references and we encourage you to contact any of them to ask why CCS is their chosen healthcare provider.
- CCS will use all of our resources to build a true partnership with the DJS and community providers because we want your business and we know you want the very best!

Given our strong experience as the provider of choice for statewide juvenile systems in Florida, Louisiana, and Illinois, CCS is equipped with the *right* experience, the *right* resource network, and the *right* people to provide comprehensive healthcare services for your resident population, making us the *right* choice for the DJS and the State of West Virginia.

We respectfully ask for the opportunity to establish a strategic partnership with the DJS, based upon the distinctive levels of expertise that CCS provides to all of our client partners. Please contact me if you have any questions or wish to discuss any items in this proposal. Thank you again for your consideration of our program.

Sincerely,

Patrick Cumiskey
President of CCS Correctional Healthcare
P: 615-324-5777
F: 615-324-5731
Patrick@correctcaresolutions.com