



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

Solicitation

NUMBER

COR61566

PAGE

1

ADDRESS CORRESPONDENCE TO ATTENTION OF:

TARA LYLE
304-558-2544

RFQ COPY

TYPE NAME/ADDRESS HERE

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DIVISION OF CORRECTIONS

1409 GREENBRIER ST

CHARLESTON, WV
25311

304-558-8045

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DATE PRINTED

07/02/2014

BID OPENING DATE: 07/21/2014

BID OPENING TIME 1:30PM

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

SIGNATURE

TELEPHONE

DATE

TITLE

FEIN

ADDRESS CHANGES TO BE NOTED ABOVE

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

SOLICITATION NUMBER: COR61566
Addendum Number: 12

The purpose of this addendum is to modify the solicitation identified as COR61566 ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

- ☒ [X] Modify bid opening date and time
- ☐ [] Modify specifications of product or service being sought
- ☒ [X] Attachment of vendor questions and responses
- ☐ [] Attachment of pre-bid sign-in sheet
- ☐ [] Correction of error
- ☒ [X] Other

Description of Modification to Solicitation:

1. The bid opening date has moved from 07/10/2014 to 07/21/2014. The bid opening time remains at 1:30 pm.
2. Responses to vendor questions attached.
3. Attachments and exhibits attached.
 - i. Attachment A – responses to vendor questions;
 - ii. New Information to be added to the RFP – COR61566 (includes Attachment E-1);
 - iii. New Information to add the Northern Regional Jail Inmates (includes Attachment One through Attachment Eight); and
 - iv. Attachment C – Revised Cost Sheet
4. Vendors will have the ability to submit additional questions.

VENDOR QUESTION DEADLINE: Vendors may submit questions relating to this Solicitation to the Purchasing Division. Questions must be submitted in writing. All questions must be submitted on or before the date listed below and to the address listed below in order to be considered. A written response will be published in a Solicitation addendum if a response is possible and appropriate. Non- written discussions, conversations, or questions and answers regarding this Solicitation are preliminary in nature and are non-binding.

Question Submission Deadline: July 10, 2014 by 5:00 pm
Submit Questions to: Tara Lyle, File 32

2019 Washington Street, East
Charleston, WV 25305
Fax: 304-558-4115

Email: Tara.L.Lyle@wv.gov

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

ATTACHMENT AQuestions:

Q1: What is the bandwidth capacity of the LAN and WAN connections to each of the facilities?

A1: 10 meg connections at each facility.

Q2: What is the average network usage for the LAN and WAN connections to each facility?

A2: Information not available.

Q3: The state's response for numerous requests for data was "Vendors will need to contact the current vendor, WEXFORD HEALTH SOURCES INC". How will the state ensure that any requests are answered? How will the state ensure the data is correct and that each bidding vendor receives the same data? Will the state reconsider collecting and disseminating all the requested data to ensure consistency?

A3: The Agency does not have the information requested and if the current vendor considers this information as proprietary, we will not force them to reveal this information. The current vendors salary, benefit, supplies cost, etc. information should not impact another bidding vendors quote. Each vendor bidding will base its bid on the salaries/benefits they are paying staff and will negotiate its own costs for supplies, materials, etc.

Q4: *RFP Addendum #8, Question #6* states that Section 2.2M dealing with Beckley Correctional Center (Beckley CC) is to be deleted in its entirety. Please confirm that a) the State is closing Beckley CC or b) the State is keeping Beckley CC open but no longer requires medical and mental health services to be provided by a vendor.

A4: Beckley will remain open and operational in its current capacity. Please refer to staffing attachment for staffing information.

Q5: Please confirm which ADP all vendors should bid on for each of the following facilities.

Q5A: Denmar Correctional Center – a) RFP-provided ADP of 216 or b) documented May 14th ADP of 231

A5A: 224

Q5B: Lakin Correctional Center – a) RFP-provided ADP of 455 or documented May 14th ADP of 515

A5B: 495

Q5C: St. Mary's Correctional Center – a) RFP-provided ADP of 554 or documented May 14th ADP of 610

A5C: 593; There have been some population increases in some of our facilities; however, the numbers that you provided for ADP are actually the capacity, not the ADP. ADP numbers that we have provided are determined by averaging end of month counts from January through March 2014.

Q6: The current and proposed health care staffing plans as provided in *Attachment E1* in *RFP Addendum #8* are missing one (1) FTE for a Regional Administrative Assistant. Please confirm that all vendors should include one (1) FTE for a Regional Administrative Assistant in their submitted proposals.

Q6: See updated staffing attachment.

Q7: Please confirm the RN FTEs that all vendors should put in their proposed staffing plans for Lakin Correctional Center.

A7: 5.4. See updated staffing attachment.

Q8: We note the contract values provided in *RFP Addendum #8, Question #102* are not correct. In reality, the annual contract amount has been increasing by approximately \$1 million each year, up to its current value of \$22.9M. Can the DOC please confirm the actual annual dollar values for the inmate health care contract, as listed below?

A8: See information below –

- a. 2013: \$20,520,595
- b. 2012: \$19,378,289
- c. 2011: \$18,085,907
- d. Current - \$23,055,480 (Annualized)

- Q9: Please confirm that the DOC will not be providing preferential points in scoring for a bidder's usage of Small, Minority, Women, or Veteran businesses as subcontractors.
- A9: In accordance with WV Code §5A-3-37(a)(7) and WV CSR §148-22-9, any non-resident vendor certified as a small, women-owned, or minority-owned business shall be provided the same preference made available to any resident vendor. The vendor must identify itself as such in writing, must submit that writing to the Purchasing Division with its bid, and must be properly certified under WV CSR §148-22-9 prior to submission of its bid to receive the preferences made available to resident vendors. Therefore, any vendor claiming and certified as small, women-owned, or minority-owned business will receive preference on the cost portion of this RFP.
- Q10: Will the DOC consider treating the cost of Hepatitis C medications as a pass-through? This will eliminate the mark-up cost on medications for the State.
- A10: See attachment.
- Q11: Page 10, Question #27 – The original question asked “please provide three years of utilization data for off-site specialty services”. The answer was 2011 - \$965,943, 2012 - \$1,172,175, 2013 - \$2,334,132.
- Q11a: Could the DOC confirm that the off-site specialty care amounts provided in this response only include the cost of off-site specialty provider visits and do not include out-patient hospital, hospital emergency, and services such as radiology and laboratory costs?
- A11a: Please refer to #159 for offsite medical payments and #79 for treatments that exceed catastrophic capitation.
- Q11b: These costs doubled from 2012 to 2013. Could the DOC provide an explanation for this significant increase?
- A11b: Costs are incurred according to the medical needs of our population. We have an aging inmate population, as well as an increase in inmates with chronic issues.
- Q11c: A note below the answers provided indicates that “this is the information on off-site as well as over capitation. Specific breakdowns are unavailable.” Assuming that an over capitation break-out is not available for individual cost categories such as this per this note, could the DOC provide the total of all costs for these three years that were subject to the capitation limit and the portions of these total costs that were under and over capitation?
- A11c: Please refer to #159 for offsite medical payments and #79 for treatments that exceed catastrophic capitation.

Q12: Exhibit L – page #111 and #117 – The Health Service Summary on page #111 shows “I/M’s on Rx Meds” ranging from 196 to 260 during the period from January 2013 to December 3013. This same line on Health Service Summary page #117 provides numbers ranging from 4,159 to 4171 from December 2013 to April 2014, which would seem more accurate given the ADP. Similar discrepancies exist for the number of “I/M On Psychotropic Meds” between these reports. Could the DOC provide corrected data for Inmates On Medications and Inmates on Psychotropic Medications for calendar year 2013.

Q12a: Inmates on prescription medications –

A12a: 4166.2 (monthly average)

Q12b: Inmates on psychotropic medications –

A12b: 773 (monthly average)

Q13a: Page 24, Question #24 asks for the total expenditure for health care services. The answer was 2013 - \$17,660,319, 2012 – \$17,259,066, 2011 - \$19,432,436.

A13a: The current vendor’s contract was awarded in 2008 at \$18,248,075 and there appears to be change orders to the current contract that would bring the current amount to just under \$22 million. Could the DOC clarify what the above costs include and do not include? Current contract annualized value is \$23,055,480. This increase in cost includes change orders and one 2.5% increase in year 4 of the current contract.

Q13b: These health care services costs provided declined from \$19,432,436 in 2011 to \$17,259,065 in 2012 – an 11% drop. The average ADP for these same years (provided for question #114) increased 3.3%. Could the DOC explain the reasons for the significant decline in costs?

A13b: See revised response on current contract value.

Q14: Page 26, Question #116 – indicates that the current staffing pattern does not differ from the staffing pattern in the RFP. Two different staffing matrices are provided in Exhibits E1 and E2 for each healthcare component – a current and proposed matrix. These are slightly different. Is the proposed matrix the minimum staffing requirement referenced in the RFP (and not the current matrix)?

A14: Proposed staffing is preferred, due to our changing needs. You are welcome to submit alternative staffing plans if you wish to do so.

Q15: Page 32, Question #159 provides total Off-site Medical Payments for years ending April 2012 (\$4,362,491) and April 2013 (\$4,514,616). What health services categories are included in these amounts? Hospital Inpatient, Hospital Outpatient, Hospital Emergency, Off-Site Specialty Care Visits, Over Capitation Amounts, Offsite Radiology, Laboratory, etc?

A15: These values include hospitalization, specialty services, and over-capitation amounts. We do not have an itemized breakdown of total costs.

Q16: Page 37, Question #184 indicates total pharmacy spending "in 2013" was \$2,139,964.

Q16a: Is this spending for the fiscal year ending April 2013 or calendar year 2013?

A16a: Calendar year 2013, but it includes less than two full months of the new Salem facility.

Q16b: Does this amount include all pharmacy costs including dispensing and/or administrative fees?

A16b: Includes dispensing fees only.

Q17: Page 40, Question #216 indicates there is one time clock at each DOC site. Are these clocks the property of the DOC or the current vendor and will the clocks transition under the new contract?

A17: Yes.

Q18: Are there services provided in the current medical services vendor's contract that are not included in this RFP?

A18: No.

Q19: Per Addendum #8, the DOC advised bidders to forward questions to the incumbent provider, Wexford Health, regarding utilization and cost of certain contract items. We sent our request to Wexford. Wexford's reply was "Wexford Health has received your inquiry regarding RFP COR61566. We understand the West Virginia DOC has directed bidders to contact us with requests for certain information. However, the data you have requested is confidential in nature and proprietary to Wexford Health. Therefore, we are not able to provide the data you have requested." Will the DOC provide another avenue for us to obtain the requested information?

A19: Please see reply to Question #3.

Q20: Question #6 of Attachment A to Addendum #8 asks a question about services to the Huntington Work Release Center. The DOC's response to Question #6 of Attachment A to Addendum #8 advises the bidders to delete Section 2.2.M from the RFP in its entirety. Section 2.2.M of the RFP refers to Beckley Correctional Center, not Huntington Work Release Center. Please confirm that the DOC desires the deletion of Section 2.2.M of the RFP.

A20: See answer to question #4.

Q21: What is the total number of inmates for bidding purposes at each facility?

A21: Anthony 220
Denmar 232
Huttonsville 1186
Lakin 515
Martinsburg 124
Mount Olive 1078
Pruntytown 369
St. Marys 610
Northern 253
Ohio County 67
Charleston Work Release 0
Beckley 59 RSAT, 130 total.
Parkersburg 30 RSAT, 128 total.
Salem 386

Beckley and Parkersburg – Only RSAT inmates are covered under this contract. Please refer to attachment for staffing guidelines.

Q22: What is the current ADP per facility?

A22: Anthony 217

Denmar 224

Huttonsville 1180

Lakin 495

Martinsburg 124

Mount Olive 1072

Pruntytown 368

St. Marys 593

Northern 253

Ohio County 66

Charleston Work Release 66

Beckley 138

Parkersburg 125

Salem 384

Charleston Work Release is not included in this RFP. Please see previous question regarding Beckley and Parkersburg. ADP is calculated by averaging the end of month counts for each facility for the months of January through March 2014.

Q23: Does the current staffing pattern differ from the staffing pattern in the RFP? Addendum 8 question 116 states that there is no difference to the current RFP and staffing pattern. Exhibit E-1 of Addendum 8 contains a current and proposed staffing pattern. For bidding and pricing purposes, which staffing pattern should each vendor use?

A23: See updated staffing attachment. Proposed staffing is preferred. You may submit alternative staffing plans.

Q24: Addendum 8 Exhibit E-1 addresses the proposed staffing stating patterns for medical health services. Of note, Exhibit E-1 for medical staffing does not include any staff for Charleston Work Release, Northern, or Ohio County. Please verify that there is no medical staff requirement in the RFP.

A24: Charleston Work Release is not included at this time. Projected opening of the expanded CWR is January 2015. See updated staffing attachment for Northern and Ohio County, which will now be included in this RFP.

Q25: Addendum 8, Exhibit E-2 address staffing for mental health. Of note, Exhibit E-2 does not contain any staffing allowance for Charleston Work Release. Please verify there is no mental health staff requirement in the RFP.

A25: No, Mental Health Staffing will be included at this time.

Q26: Are there any additional staffing requirements contained in the written text of the RFP that are not included in the staffing patterns of Addendum 8 and Exhibit E-1?

A26: See updated staffing attachment for staffing requirements.

Q27: RFP page 9 states that the term of the contract is one year with 2 one year renewal options and Addendum 8 question 136 the answer states "one year contract with four one year renewals". Please clarify the contract term.

A27: This contract shall be a one-year term, with four (4) one-year renewals.

Q28: What is the current per diem rate per inmate over the base ADP?

A28: \$4.10 (actual population did not exceed base ADP through 2013).

Q29: What was the total for ADP run over or per diem expense for:

A29: 2013 - \$0

2011- \$0

2011 - \$0

Q30: What was the grand total for medical expenses, to include Vendor's base compensation plus any additional catastrophic expenses for:

a. 2013

b. 2012

c. 2011

A30: Answers to a, b, and c above were provided in previous responses.

NEW INFORMATION TO BE ADDED TO THE RFP – COR61566.

1. The Agency hereby amends RFP COR61566 to include the following:

The vendor shall provide all inmate healthcare and mental health services to Agency's inmates at the Northern Correctional Center, maximum security, and Ohio County Correctional Center, minimum security/community, in accordance with and as outlined in the issued RFP.

Northern Correctional Center is located at 112 Northern Regional Drive, Moundsville, WV and Ohio County Correctional Center is located at 1501 Eoff Street, Wheeling, WV. Northern Correctional Center has approximately 253 inmates and Ohio County Correctional Center has approximately 66 inmates. All inmates housed at these facilities are male inmates.

2. The following provisions are hereby added:

- A. The agency has approximately 850 WVDOC offenders housed in the Regional Jail Authority system throughout the State of West Virginia.
- B. The vendor must provide mental health appraisals and psychological evaluations to the agency's offenders.
- C. The agency will provide the vendor with a list offenders that require mental health appraisals and the regional jail location of said inmate.
- D. The agency will inform the vendor if the inmate requires a Pre or Post Sentence Evaluation.
- E. The vendor shall conduct a face to face interview (video teleconferencing is acceptable) with the inmate on the scheduled interview date.
- F. Vendor shall administer the Texas Christian University Drug Screen (TCUD 2).
- G. The mental health appraisal shall be conducted by a mental health professional.
- H. The results of the mental health appraisal shall be reviewed and examined by vendor's psychologist. If not high risk factors are found, no further examination of the inmate is required and the appraisal is completed. Vendor shall provide the agency the appraisal form within two (2) business days of completing the appraisal.
- I. Should vendor's psychologist determine high risk factors, the inmate shall be referred for a full psychological evaluation.
- J. Vendor shall notify the agency prior to conducting the psychological evaluation.
- K. Agency shall provide the vendor with all appropriate appraisal and evaluation forms.
- L. Vendor shall, within ten (10) business days of the evaluation, provide the agency with a typewritten, signed psychological report.

M. Agency shall return all reports that are not in compliance with the agency's established format and vendor shall correct and resubmit the report within five (5) business days.

N. The Vendor agrees to conduct mental health appraisals at the following Regional Jail Authority locations:

Central Regional Jail, Flatwoods, WV
Eastern Regional Jail, Martinsburg, WV
North Central Regional Jail, Greenwood, WV
Northern Regional Jail, Moundsville, WV
Potomac Highlands Regional Jail, Augusta, WV
South Central Regional Jail, Charleston, WV
South Regional Jail, Beaver, WV
Southwestern Regional Jail, Holden, WV
Tygart Valley Regional Jail, Elkins, WV
Western Regional Jail, Barboursville, WV

O. The cost sheet, Attachment C, is hereby amended and attached for the purpose of quoting an appraisal fee and an evaluation fee.

3. There is hereby added to the Chronic Care Clinic language:

A. Given the recent changes in Hepatitis C therapy, and the uncertainty in the adoption of treatment protocols, vendors shall treat the cost of Hepatitis C pharmaceutical treatment as a pass-through cost and therefore not include the cost of these medications in its proposed prices. The vendor shall provide appropriate Hepatitis C treatment as per adopted agency guidelines, invoice the agency for the direct cost (i.e. without mark-up) of the required medication, and provide the agency with documentation substantiating the cost of these medications.

4. Revised DOC staffing plans are attached, both current and proposed. See Attachment E-1.

Health Care - Current Staffing

SITE/POSITION	Current Staffing
Regional Office	
Regional Manager	1.00
Regional Administrative Assistant	1.00
Regional Medical Director	1.00
Anthony Correctional Center	
Health Services Administrator (Nurse Manager)	1.00
Dental Assistant	0.25
Dentist	0.25
Licensed Practical Nurse	4.20
Physician	0.40
Medical Records Clerk	1.00
Registered Nurse	1.00
Beckley Correctional Center	
Licensed Practical Nurse	0.20
Physician Assistant/Nurse Practitioner	0.20
Denmar Correctional Center	
Health Services Administrator	1.00
Dental Assistant	0.20
Dentist	0.20
Licensed Practical Nurse	4.20
Physician	0.40
Medical Records Clerk	1.00
Optometrist	0.05
Registered Nurse	1.00
Huttonsville Correctional Center	
Health Services Administrator	1.00
Administrative Assistant	1.00
Certified Nursing Assistant	2.00
Dental Assistant	0.90
Dental Hygienist	1.00
Dentist	1.00
Director of Nursing	1.00
Licensed Practical Nurse	8.00

SITE/POSITION	Current Staffing
Physician	1.00
Medical Records Clerk	2.00
Optometrist	0.20
Physician's Assistant / Nurse Practitioner	1.00
Registered Nurse	8.00
X-Ray Technician	0.25
Lakin Correctional Center	
Health Services Administrator	1.00
Administrative Assistant	1.00
Certified Nursing Assistant	4.20
Dental Assistant	0.80
Dental Hygienist	0.20
Dentist	0.80
Director of Nursing	1.00
Licensed Practical Nurse	7.00
Physician	0.40
Medical Records Clerk	1.00
Optometrist	0.10
Physician's Assistant / Nurse Practitioner	1.00
Registered Nurse	5.20
Martinsburg Correctional Center	
Health Services Administrator	1.00
Administrative Assistant	1.00
Certified Nursing Assistant	2.00
Charge RN	1.00
Dental Assistant	0.25
Dentist	0.25
Licensed Practical Nurse	3.20
Physician	0.25
Mount Olive Correctional Complex	
Health Services Administrator	1.00
Administrative Assistant	1.00
Assistant Director of Nursing	2.00
Certified Nursing Assistant	6.00
Charge RN	3.00
Dental Assistant	1.00
Dental Hygienist	1.00
Dentist	1.00
Director of Nursing	1.00
Licensed Practical Nurse	11.50
Physician	1.00
Medical Records Clerk	2.00
Medical Records Supervisor	1.00
Optometrist	0.20
Physician's Assistant / Nurse Practitioner	2.00
Registered Nurse	2.00

SITE/POSITION	Current Staffing
X-Ray Technician	1.00
Pruntytown Correctional Center	
Health Services Administrator (regular Director of Nursing)	1.00
Administrative Assistant	1.00
Dental Assistant	0.50
Dentist	0.50
Licensed Practical Nurse	5.60
Physician	0.40
Medical Records Clerk	0.50
Optometrist	0.05
Registered Nurse	3.00
Parkersburg Correctional Center	
Licensed Practical Nurse	0.20
Physician's Assistant / Nurse Practitioner	0.20
Salem Correctional Center	
Health Services Administrator	1.00
Administrative Assistant	1.00
Dental Assistant	0.25
Dentist	0.25
Licensed Practical Nurse	5.80
Physician	0.40
Medical Records Clerk	0.40
Optometrist	0.05
Registered Nurse	3.00
St. Mary's Correctional Center	
Health Services Administrator	1.00
Administrative Assistant	1.00
Certified Nursing Assistant	3.40
Dental Assistant	1.00
Dentist	1.00
Director of Nursing	1.00
Licensed Practical Nurse	8.40
Physician	1.00
Medical Records Clerk	1.00
Optometrist	0.10
Registered Nurse	4.20
X-Ray Technician	0.05
Total FTE's	0 166.50

Healthcare - Proposed Staffing

SITE/POSITION	Current Staffing
Regional Office	
Regional Manager	1.00
Regional Administrative Assistant	1.00
Medical Director	1.00
Director of Nursing	1.00
Anthony Correctional Center	
Health Services Administrator (Nurse Manager)	1.00
Dental Assistant	0.40
Dentist	0.40
Licensed Practical Nurse	4.20
Physician	0.40
Medical Records Clerk	1.00
Registered Nurse	1.00
Beckley Correctional Center	
Licensed Practical Nurse	0.20
Physician Assistant/Nurse Practitioner	0.20
Denmar Correctional Center	
Health Services Administrator	1.00
Dental Assistant	0.20
Dentist	0.20
Licensed Practical Nurse	4.20
Physician	0.40
Medical Records Clerk	1.00
Optometrist	0.05
Registered Nurse	1.00
Huttonsville Correctional Center	
Health Services Administrator	1.00
Administrative Assistant	1.00
Certified Nursing Assistant	2.00
Dental Assistant	0.90
Dental Hygienist	1.00
Dentist	1.00
Director of Nursing	1.00
Licensed Practical Nurse	8.00
Physician	1.00
Medical Records Clerk	2.00
Optometrist	0.20
Physician's Assistant / Nurse Practitioner	1.00
Registered Nurse	8.00
X-Ray Technician	0.25

SITE/POSITION	Current Staffing
Lakin Correctional Center	
Health Services Administrator	1.00
Administrative Assistant	1.00
Certified Nursing Assistant	4.20
Dental Assistant	0.80
Dental Hygienist	0.20
Dentist	0.80
Director of Nursing	1.00
Licensed Practical Nurse	7.00
Physician	0.40
Medical Records Clerk	1.00
Optometrist	0.10
Physician's Assistant / Nurse Practitioner	1.00
Registered Nurse	5.40
Martinsburg Correctional Center	
Health Services Administrator	1.00
Administrative Assistant	1.00
Certified Nursing Assistant	2.00
Charge RN	1.00
Dental Assistant	0.25
Dentist	0.25
Licensed Practical Nurse	3.20
Physician	0.25
Mount Olive Correctional Complex	
Health Services Administrator	1.00
Administrative Assistant	1.00
Assistant Director of Nursing	2.00
Certified Nursing Assistant	6.00
Charge RN	3.00
Dental Assistant	1.00
Dental Hygienist	1.00
Dentist	1.00
Director of Nursing	1.00
Licensed Practical Nurse	11.50
Physician	1.00
Medical Records Clerk	2.00
Medical Records Supervisor	1.00
Optometrist	0.20
Physician's Assistant / Nurse Practitioner	2.00
Registered Nurse	2.00
X-Ray Technician	1.00
Pruntytown Correctional Center	
Health Services Administrator (regular Director of Nursing)	1.00
Administrative Assistant	1.00
Dental Assistant	0.25
Dentist	0.25

SITE/POSITION	Current Staffing
Licensed Practical Nurse	5.60
Physician	0.40
Medical Records Clerk	0.50
Optometrist	0.05
Registered Nurse	3.00
Parkersburg Correctional Center	
Licensed Practical Nurse	0.20
Physician's Assistant / Nurse Practitioner	0.20
Salem Correctional Center	
Health Services Administrator	1.00
Administrative Assistant	1.00
Dental Assistant	0.25
Dentist	0.25
Licensed Practical Nurse	5.80
Physician	0.40
Medical Records Clerk	0.40
Optometrist	0.05
Registered Nurse	3.00
St. Mary's Correctional Center	
Health Services Administrator	1.00
Administrative Assistant	1.00
Certified Nursing Assistant	7.60
Dental Assistant	1.00
Dentist	1.00
Director of Nursing	1.00
Licensed Practical Nurse	10.00
Physician	1.00
Medical Records Clerk	1.00
Optometrist	0.10
Registered Nurse	4.20
X-Ray Technician	0.05
Total FTE's	0 173.30

New Information to be added to the RFP – COR61566

To add Northern Regional Jail Inmates:

1. The Northern Regional Jail and Correctional Facility jointly houses inmates sentenced to and in the physical custody of the WV Division of Corrections and houses inmates sentenced to and in the physical custody of the Regional Jail Authority.

In addition to the Agency (WVDOC) facilities described in the RFP and above, the vendor shall supply healthcare and mental health services to the Regional Jail Authority inmates that are housed at the Moundsville location, Northern Regional Jail (NRJ). Set forth below are the requirements for care of the jail inmates. Please note: The following provisions shall only apply to the inmate population housed and in the custody of the Regional Jail Authority. All agency (WVDOC) inmates shall receive the care as outlined in our RFP and subsequent addenda.

The vendor shall directly invoice NRJ. No charges for care for NRJ inmates shall be included on any WVDOC invoice.

The standards of service provided at NRJ for all comprehensive health and mental health care services shall be in compliance and in accordance with the following:

- All applicable federal legislation;
- All applicable statutes, regulations, rules and any “standards of care” implemented by the State of West Virginia;
- Any applicable court orders/mandates;
- Policies of the Regional Jail Authority;
- American Correctional Association (ACA) current standards;
- National Commission on Correctional Health Care (NCCCHC) current Standards for Health Services in Prisons;
- The vendor shall provide NRJ with the most current copy of the vendor’s policy and procedure manual, the vendor’s physician’s medical protocols, and the vendor’s nursing protocols after award of the contract, but prior to commencement of contract services;
- In the event medical detoxification services are necessary for any inmate, American Society of Addiction Medicine (ASAM) criteria will be adhered to;
- Current Prison Rape Elimination Act (PREA) Standards.

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

Scope of Work:

- A. The provision of the following inmate medical services in accordance with 95-1-14, 95CSR1 (Attachment 1) is at the expense of the vendor. These services shall be provided at Northern Regional Jail as outlined herein.

• Receiving Medical Screening	95-1-14.9.7
• Health Appraisal	95-1-14.9.9
• Access to Treatment	95-1-14.9.13
• Daily Triage of Complaints	95-1-14.9.14
• Sick Call	95-1-14.9.15

- B. Medical Observation Unit: The vendor shall utilize the medical observation unit to the fullest extent possible for the care and treatment of inmates requiring medical supervision. The medical observation unit shall be operated in compliance with the following guidelines.
- i. A physician shall be available on-call 24 hours per day;
 - ii. Medical Observation Unit supervision by health-trained personnel (LPN or RN) shall be maintained at all times during occupancy by an inmate;
 - iii. A manual of nursing care procedures, medical treatment protocol and standing orders for medication shall be maintained in the Medical Observation Unit. A copy of this manual shall be provided to the NRJ Jail Administrator within 90 days of commencement of contract; and
 - iv. The vendor's utilization review process shall operate to assure appropriate usage of infirmary facilities. A monthly report shall be provided to the NRJ Jail Administrator of Medical Observation Unit utilization on a monthly basis.
- C. Health Records: Refer to 95-1-14.9.24 for requirements.
- D. Health Care: When inpatient or outpatient catastrophic care is medically required for the care and treatment of an inmate, the vendor shall be responsible for such arrangements and payment as may be required, subject to the following limitations. Inmates will be transported to outside facility by NRJ staff or emergency ambulatory means.
- i. \$5,000.00 annual aggregate limit per inmate per occurrence of illness or injury;
 - ii. \$10,000.00 annual aggregate limit for illness or injury affecting more than one inmate;
 - iii. Hospitalization of federal inmates shall require the specific approval of the responsible federal agency. Federal inmates will be billed directly to the responsible federal agency rather than NRJ, in accordance with WV Code §31-20-30. (Attachment 2)
 - iv. NRJ shall be responsible for costs exceeding the above limitations. However, the vendor shall remit payment to the appropriate community providers and submit documentation to NRJ for reimbursement.
- E. Specialty Services: Inmates for whom outpatient specialty care is medically necessary shall be referred to and treated by appropriate specialists within the community; subject to catastrophic limits. Federal inmates require the specific approval of the responsible federal agency.
- Specialty clinics shall be scheduled within the facility whenever appropriate and necessary. These services shall be the responsibility of the vendor for all inmates in the NRJ facility.
- F. Psychiatric Illness: See 95-1-14.9.11, 95-1-14.9.12 and WV Code Chapter 27-5-2, as amended (Attachment 3).

Chapter 27-5-2, as amended, provides that if the individual to be examined is in a jail, prison or other correctional facility, then only the chief administrative officer of the facility holding the individual may file the application for involuntary hospitalization. The application must include an additional statement that the correctional facility itself cannot reasonably provide treatment and other services for the individual's mental illness or addiction.

The vendor shall provide for consultation, crisis intervention and evaluation of inmates by psychiatrists or psychologists, as necessary.

- G. Ancillary Services: The vendor shall bear responsibility for provision of medically necessary laboratory, x-ray and other ancillary services.
- H. Dental Services: See 95-1-14.9.19 and 95-1-14.9.21. The vendor shall adhere to no less than the minimum number of contracted full-time equivalents for onsite dental services.
- I. Pharmaceuticals and Supplies:
 - i. All prescriptions and non-prescription medication, medical supplies, books and periodicals shall be provided by the vendor.
 - ii. All prescription medication and, whenever possible, non-prescription medications shall be in unit dose format and identified by inmate name, initiation and cessation date. Bulk medication, except for items such as aspirin is prohibited and shall not be used by the vendor. All unit dose medications shall be formulated by a pharmacist. Distribution of medication shall be by vendor staff in compliance with 95-1-14.9.22 and the standards of the NCCHC and ACA standards. The vendor shall maintain and monitor records of all medications dispensed and/or administered.
 - iii. When any pre-trial inmate is sent to the Sharpe State Hospital for stabilization, the vendor must honor any and all medication prescribed by the physician(s) at Sharpe State Hospital. When the inmate is returned to NRJ, the vendor shall not deviate from the types of medication that was prescribed by the physician(s) at the Sharpe State Hospital without approval from NRJ.
 - iv. All medications shall be ordered and dispensed in accordance with applicable minimum standards (See 95-1-14.9.22 and 95-1-14.9.23), WV Board of Pharmacy regulations and the standards of NCCHC and ACA.
- J. Health Education: The vendor shall provide in-service education, first aid and CPR training for the NRJ staff.
- K. Transfer of Records: See 95-1-14.9.25
- L. Management: The vendor shall provide for clinical and administrative management of inmate medical services.

Compliance With Standards:

- A. All inmate medical services provided under this Contract shall be in accordance with 95CSR1 and shall meet the standards of all regulating authorities as set forth above.
- B. The vendor shall maintain documentation of appropriate licensing and accreditation for any hospitals, clinics or laboratories which provide services under this Contract. A copy of the certificates/licenses shall be kept at NRJ.

Personnel Selection and Retention Requirements:

- A. The vendor shall employ only such personnel who are qualified by training, education and experience for the positions they hold; all staff must meet applicable licensing or certification requirements for practice within West Virginia; the vendor shall maintain written job descriptions for each position.

Vendor shall provide all necessary medical care for any inmate to include issues related to medications that sustain the viability and health of pregnant females and their unborn child.

Vendor shall be responsible for maintaining and the accounting of all such medications and any licensing or training required for distribution of said medications.

- C. Emergency Treatment of Staff and Visitors: The vendor shall provide emergency first aid treatment of any jail staff or visitor who is injured or becomes ill while on the jail premises; such treatment shall be limited to emergency first aid or stabilization pending further necessary treatment.
- D. Administration of Addictive or Psychotropic Medication: The vendor shall administer potentially addictive or psychotropic medication in liquid form or crushed and dissolved in water unless otherwise specified by a doctor.
- E. Maintenance of Records and Reports: The vendor shall make and maintain such records and reports as may be required for compliance with regulations of the Department of Health and Human Resources, the Board of Pharmacy and the Center for Communicable Diseases and shall notify the Administrator of such reports.
- F. Maintenance of First Aid Supplies: The vendor shall conduct a monthly inspection of all NRJ institutional and vehicular first aid supplies and shall replenish necessary supplies as may be required.
- G. Body Cavity Searches: The vendor shall, subcontract with another entity to conduct and document body cavity searches of inmates upon request of the Administrator.
- H. Tuberculosis screening is the most prevalent form of testing for infectious diseases. Other testing including HIV and Hepatitis is done only as indicated by other symptoms or complaints.

Additional Information:

- A. Applicable excerpts from the West Virginia Standards for the Construction, Operation and Maintenance of Jails (95CSR1). A listing of typical Owner-furnished equipment is appended to this requisition (Attachment 4). The vendor shall be responsible for maintenance, repair and replacement of Owner-supplied equipment and for acquisition or additional equipment and supplies necessary for the proper conduct of inmate medical services under this Contract.
- B. Payments for in-patient hospital charges in excess of contract limits will be billed to the NRJ as reimbursements after the original medical bills have been paid by the contract provider; charges for federal inmates are the responsibility of the United States Marshal's office; and excess charges for state inmates are the responsibility of the Division of Corrections.
- C. Catastrophic cost limits are based upon annual aggregate for each inmate for each incident or episode resulting from the same problem.
- D. Physical Examination of Staff: The vendor shall conduct physical examinations of all applicants for employment as correctional officers. A copy of the Authority's policy on physical examination of applicants and staff is attached (Attachment 5). This policy describes

the nature and extent of the laboratory examinations and other diagnostic examinations to be included.

- E. A monthly meeting is to be held with the Jail Administrator and other Jail Staff as the Administrator desires to review services provided in the prior month.

Complaint Procedure:

- A. The vendor shall specify the policies and procedures to be followed in dealing with inmate complaints regarding any aspect of the medical services program. NRJ regulations require that all complaints received by the administrative staff be referred, in writing, to the Utilization Review Committee who shall respond in 24 hours of receipt of the complaint.

Insurance and License Requirements:

- A. The successful vendor, prior to the award of a Contract, shall provide Certificates of Insurance as follows and shall maintain such coverage in force during the life of the Contract. The Regional Jail and Correctional Facility Authority shall be named as an additional insured on all such Certificates of Insurance. Each Certificate of Insurance or Policy shall contain a covenant by the issuing company that no policy will be canceled or amended without thirty (30) day written notice made to the Regional Jail and Correctional Facility Authority by the issuing company. All insurance premiums shall be paid by the vendor.

- B. Workers' Compensation Statutory Benefits:

Medical Malpractice: Medical malpractice Insurance shall be maintained for all medical professional staff with the following limits: \$1,000,000.00 per occurrence and \$3,000,000.00 annual aggregate limit.

Professional Liability: vendor shall provide professional liability coverage for all employees with the following limits: \$1,000,000.00 per occurrence and \$3,000,000.00 annual aggregate limit.

- C. License Requirements:

- A. All inmate medical services provided under this contract shall be in accordance with 95CSR1 and all other standards set forth in this proposal.
- B. The vendor shall maintain documentation of appropriate licensing and accreditation for any hospitals, clinics or laboratories which provide services under this Contract.
- C. The vendor is responsible for all taxes as well as the acquisition of and all costs associated with licensures, taxes, fees, bonds, permits, Workers Compensation, accreditation and all other costs associated in the fulfillment of this contract.

Additional Attachments:

Attachment 6 – Health Summary Reports

Attachment 7 – Staffing Reports – NRJ, NCC & OCCC

Attachment 8 – 3-year medical payment history – NRJ, NCC & OCCC

Attachment

One

CSR95-1-14

- d. Determination of and responsiveness to inmate eating preference; and,
- e. Refrigeration and storage of food with specific storage periods.

13.14. Equipment and dining area inspection. Inspection of food service and dining areas shall be subject to the following conditions:

- a. Weekly general inspection of food service, dining and food preparation areas and equipment by a trained individual who shall maintain a record of such inspections;
- b. Daily inspection of the sanitary condition and proper operation of temperature controlled food storage facilities for food supplies; and,
- c. Daily inspection of refrigerators and dish washing temperatures by food service personnel to assure that proper operating temperatures are maintained.

13.15. Documentation. Documentation shall be maintained that complies with health and safety regulations.

13.16. Utensils. All inmates shall be provided appropriate utensils and drinking cups with meals.

§95-1-14. Medical and Health Care Services.

14.1. Right to medical care. All inmates shall have prompt access to necessary medical, dental and psychiatric care provided in a reasonable manner by licensed personnel.

14.2. Responsibility. Medical, dental and mental health decisions involving clinical judgements shall be the sole province of the responsible health care professional. The jail facility administrator shall provide administrative support for the availability of medical care to inmates and shall advise the health care professionals concerning jail facility security.

14.3. Responsible physician. A responsible physician shall be designated to approve health care policies, procedures and agreements which may include the use of emergency rooms in local hospitals. Each jail facility shall have agreements or provisions for twenty-four hour coverage by an on-call physician. All physicians and dentists examining or treating inmates shall be licensed to practice in the State of West Virginia.

14.4. On site health authority. An on site health authority shall be designated and present at all times. The health authority may be a physician, physician's assistant, registered nurse, licensed practical nurse, nurse practitioner, paramedic, emergency medical technician, or a health trained staff member.

14.5. Medical autonomy and jail facility administration. Medical decisions shall be made only by the physician or his or her designee. It shall be made clear to the health authorities, that security rules which apply to non-medical jail facility staff also apply to health care staff. The jail facility administrator shall provide information and orientation concerning security rules to health care staff.

14.6. Duties and responsibilities. Appropriate state and federal licensure, certification or registration requirements and restrictions apply to

personnel who provide health care services to inmates. The duties and responsibilities of medical care personnel shall be governed by written job descriptions approved by the responsible physician and the jail facility administrator. Verification of current credentials and job descriptions shall be on file in the jail facility. The provision of quality health care shall be ensured by the use of only qualified health care personnel to determine and supervise health care procedures. Written job descriptions shall include the qualifications required and the specific role in the health care delivery system of that position. Verification of qualifications may consist of copies of current certificates or licenses.

14.7. Administrative meetings and reports. There shall be meetings, at least quarterly, between the health care staff and the jail facility administrator to review and discuss health care programs in the jail facility. Notes of these meetings shall be kept by the jail facility administrator. The responsible physician shall submit quarterly reports on the health care delivery system and annual statistical reports. The report shall include topics such as the effectiveness of the health care delivery system, a description of any environmental factors which may require improvement, changes effected since the last report, and recommendations for corrective action if needed. The annual statistical report of inmate health care shall include the number and nature of sick call visits, diagnostic studies conducted, emergency services rendered, referrals to specialists, hospitalizations, special procedures performed, ambulance transports used, communicable diseases reported and deaths. The annual statistical report, along with an appraisal of the jail facility's health care system shall be submitted to the authority having jurisdiction over the jail facility by the responsible physician.

14.8. Review. Each policy, procedure and program in the health care delivery system shall be reviewed at least annually by the responsible physician and revised if necessary. Each policy or procedure document shall bear the date of the most recent review or revision and the signature of the reviewer.

14.9. Policies and procedures. The responsible physician shall write or approve pre-written health policies and procedures for the following components of jail facility health care:

14.9.1. Decision making for special problem inmates. Before inmates with diagnosed psychiatric or significant medical illnesses are given housing assignments, work assignments, disciplinary measures or transfers, the jail facility administrator and the responsible physician or their designees shall confer to consider any special precautions or preparations. A list of frequent illnesses which require special arrangements shall be developed. Special diets must be provided when requested by health personnel and approved by the responsible physician.

14.9.2. Notification of next of kin. The jail facility administrator or responsible physician shall notify the next of kin or legal guardian of the serious illness, serious injury or death of any inmate in the custody of the jail facility.

14.9.3. Post mortem examination. The jail facility administrator or responsible physician shall immediately notify the State Medical Examiner of the death of any inmate. The jail facility shall cooperate with the State Medical Examiner in the conduct of post mortem examination if found to be necessary.

14.9.4. Minimum staff training requirements. Health trained staff is defined as jail personnel who have the equivalent of EMT training and also have received information regarding the symptoms of physical and mental illnesses common to the inmate population (including depression and chemical dependency), basic management of seizures, medication administration, health record maintenance, recognition of potentially suicidal behavior, ability to respond to

health related situations within four (4) minutes, first aid training, and procedures for transfer of inmates to appropriate medical facilities or health care providers. Training may be effected through a local hospital, emergency room, county health department, county medical society, Red Cross chapter, or any other program approved by the responsible physician. An appropriate training course may be completed in approximately 60-80 hours. Each shift shall include at least one person who has become health trained as described in this subsection. Ideally these persons shall be from the health care profession but may be health trained jail facility personnel.

14.9.5. Suicide prevention. There shall be a written suicide prevention and intervention program that is reviewed and approved by a qualified medical or mental health professional. All jail facility staff who are responsible for inmate supervision shall be trained in the implementation of the program. The staff shall be responsible for intake screening and identification of potentially suicidal inmates in an effort to prevent suicide.

14.9.6. Prohibited inmate assignments. Inmates shall not be assigned the following duties:

- a. Performing direct patient care services;
- b. Scheduling health care appointments;
- c. Determining or controlling access to health care by other inmates;
- d... Handling or having access to surgical instruments, syringes, needles, medications or health records; and,
- e. Operating medical equipment.

The restrictions of this subsection shall not be construed to preclude inmates from participation in a certified vocational training program. Inmates may be permitted to perform janitorial or cleaning services in the medical areas under the supervision of qualified staff.

14.9.7. Receiving Medical Screening. A receiving medical screening appraisal to elicit information pertinent to the inmates' health shall be performed on every inmate at the time of admission. The screening shall be recorded on a form which has been approved by the responsible physician. Screening is a means to discover and prevent health and safety threats to both inmates and staff. The goal of receiving screening shall be to detect any communicable diseases, chemical dependence, potential for suicide, or other medical or psychiatric problems before the inmate is placed within the jail population. When the inmate has been transferred from another facility and is accompanied by a previously completed screening form, the form shall be reviewed and verified. The receiving screening shall be conducted by a health-trained staff member. No inmate in obvious need of medical attention shall be admitted to any jail facility until such time as the arresting or transporting officer shall obtain written medical clearance indicating that the inmate is physically capable of withstanding incarceration. The screening inquiry shall include the following topical areas:

- a. Current illness and health problems, including dental problems;
- b. Venereal diseases and other infectious diseases;
- c. Current medication and special health requirements;
- d. Use of alcohol or other drugs, including types of drugs

used, mode of use, amounts used, frequency of use, date or time of last use, and history of problems which may have occurred after cessation of use;

- e. Past and present treatment or hospitalization for mental disturbance or attempted suicide; and,
- f. Other health problems as may be identified by the responsible physician.

14.9.8. Disposition. The receiving screening process shall include a recommendation to one of the following population classifications: General population, with or without referral for appropriate health care services; emergency referral to appropriate health care services; or, medical isolation and special observation.

14.9.9. Health Appraisal. Within fourteen (14) days of admission, a health appraisal shall be completed for each inmate which includes a medical history and examination which is recorded on a form approved by the responsible physician. Although a physician, physician's assistant or nurse practitioner must perform the physical examination, the health history may be completed by a health trained staff member. The health appraisal shall include the following:

- a. Review of the earlier receiving screening by the examining clinician;
- b. Collection of additional data to complete the medical, dental, psychiatric and dental histories;
- c. Administration of laboratory and/or diagnostic tests to detect communicable diseases including tuberculosis;
- d. Recording of current height, weight, pulse rate, blood pressure and temperature, any other diagnostic tests administered and comments concerning mental and dental status; and,
- e. The results of the medical examination, test results and other information collected shall be reviewed by a physician who shall direct the initiation of appropriate medical care and treatment.

14.9.10. Care for persons under the influence of drugs. The responsible physician shall approve policies and procedures for the identification of alcohol and drug dependence as well as subsequent management and/or transfer for the care of persons under a drug influence. Unless the jail facility has special facilities and constant medical supervision to perform detoxification, detoxification shall not be performed at the jail facility; inmates who require detoxification shall be transferred to a hospital or detoxification center designated by the responsible physician. Procedures for adequate care of persons under the influence of drugs include written policies and training concerning medical screening, observation, referral evaluation, and safety protection.

14.9.11. Psychiatric illness. Post-admission screening and referral for the care of mentally ill or retarded inmates whose adaptation to the jail facility environment is significantly impaired shall be provided. Psychiatric problems identified, whether identified during receiving screening or after admission, shall be followed up by medical staff. The urgency of the presenting problem shall determine the response. Potentially suicidal and psychotic patients are emergencies and require prompt attention. Inmates awaiting emergency evaluation shall be housed in a specially designated area with constant supervision by trained staff. Inmates shall be held only for the minimum time

necessary before emergency care is rendered. All sources of assistance for mentally ill or impaired inmates shall be identified in advance of need and referral procedures shall be in place for use in cases where the need exists. No person shall be housed in a jail facility solely upon an involuntary commitment proceeding pursuant to West Virginia Code §27-5-1 et. seq..

14.9.12. There shall be consultation between the jail facility administrator and the responsible physician or their designees prior to the making of housing assignment, program assignment, imposition of disciplinary measures or the transfer of any inmate who is diagnosed as having a psychiatric illness.

14.9.13. Access to treatment. Upon admission each inmate shall be informed of his or her right of access to medical treatment; in addition to verbal instruction, each inmate shall receive an information sheet which includes information about the jail facility's sick call schedule, the procedures for registration for sick call and the grievance procedures concerning medical care. The medical information sheet shall be approved by the responsible physician.

14.9.14. Daily health complaints. The health complaints of inmates shall be solicited daily and acted upon by trained personnel such as a licensed nurse or registered nurse and followed by appropriate triage and treatment by qualified personnel. Triage is the sorting and allocation of treatment of patients according to priorities of need.

14.9.15. Sick Call. Sick call is the system through which each inmate reports for and receives appropriate medical services for non-emergency illness or injury; if an inmate's custody status precludes attendance at sick call, arrangements shall be made to provide sick call services in the inmate's place of detention. Inmates will have daily access to sick call forms which shall be reviewed that day by the health authority or other person designated by the responsible physician. All complaint forms will become part of the inmate's health record. Sick call shall be performed by a licensed physician, physician's assistant, registered nurse, or other person designated by the responsible physician. Sick call is a designated time to review non-emergency medical problems and shall be held at the following intervals:

- a. In jail facilities of less than fifty inmates, one time per week;
- b. In jail facilities of fifty to one hundred inmates, two times per week;
- c. In jail facilities of one hundred to two hundred inmates, three days per week; and,
- d. In jail facilities of more than two hundred inmates, five times per week.

14.9.16. Use of restraints or isolation for out of control inmates. The responsible physician shall approve a plan which guides the use of restraints or isolation and providing for mental health personnel to evaluate inmates who are repeatedly out of control or who remain out of control for more than a short amount of time. Use of physical restraints in the control of inmates inside the jail facility may only be used for the protection of the individual or others. The use of restraints shall be recorded in the inmate's record. Any time an inmate remains out of control for more than a short amount of time, mental health personnel shall be consulted.

14.9.17. Health Promotion/Wellness Promotion. The responsible physician shall consider plans which provide inmates with health education and preventive medical services.

14.9.18. Prevention of the spread of disease. Jail facilities shall establish an area for use by inmates who have medical problems which require separation or close observation. Inmates in such areas shall be allowed to participate in an appropriate form of exercise, including exercise of large muscle groups, for a minimum of one hour per day.

14.9.19. Dental Care. Dental care shall be provided to each inmate under the direction and supervision of a licensed dentist under the following conditions:

- a. Each inmate shall receive a dental examination as a component of his or her health evaluation within fourteen days of admission; and,
- b. Emergency dental treatment for conditions which adversely affect the inmate's health shall be provided within three (3) months of admission.

14.9.20. Special medical programs. Arrangements shall be made for the provision of special medical programs, including chronic care, convalescent care and preventive medical maintenance for inmates. The special medical program shall service a broad range of health problems, e.g., seizure disorders, diabetes, potential suicide, chemical dependency, and psychosis. These special medical programs require close medical supervision. Chronic care is medical service rendered to a patient over a long period of time for conditions such as diabetes, asthma, and epilepsy. Convalescent care is medical care provided to assist a patient in the recovery from illness, injury or surgery. Preventive medical maintenance includes health education and medical services such as inoculation and immunization and is provided to take measures in advance of the onset of illness or to provide instruction in the self-care of chronic conditions. Provided that, for purposes of this rule only, use of or withdrawal from the use of nicotine shall not be considered a chemical dependency or otherwise qualify the inmate for medical or psychological treatment or counseling.

14.9.21. Prostheses. The responsible physician or dentist shall determine the medical necessity for prosthetic devices. Prosthetic devices shall be provided when medically necessary to avoid adverse affect upon the inmate's health.

14.9.22. Management of pharmaceutical. Procedures for prescribing, dispensing and administering drugs shall be in compliance with federal and state laws and regulations. The responsible physician shall approve written procedures for the distribution, administration, accounting and disposal of medications. The responsible physician shall approve a written medication log which shall be maintained for each inmate receiving medication. The inmate's medication log shall include the date, time, name of drug and dosage administered. Any inmate who refuses medication shall sign a statement to that effect, which shall be signed by a staff member and filed in the inmate's medical record. Medications shall be administered only by a physician or nurse, or, after written approval from the responsible physician, by the health authority or health trained staff member; exception to this requirement may be made for self administration of insulin injections by inmates who have received appropriate instruction and are under the supervision of the health authority or a health trained staff member. The physician shall inform jail facility personnel of possible side effects of medication prescribed for inmates. When medications are taken orally, the person administering the medication shall take appropriate action to verify that the medication has been swallowed, thereby ensuring proper ingestion of the prescribed medication. The jail facility shall provide a locked storage area for medications and a list of stored medications shall be maintained. Refrigeration shall be provided if needed for proper storage of medications.

- b. When required by law, e.g. the reporting of communicable diseases;
- c. When the security of the institution or the safety of the individual requires disclosure, and then only to the extent necessary for the protection of the inmate and the security of the jail facility; and,
- d. When the chief administrative officer requests review of medical information, subject to all other requirements of this subsection.

14.9.27. Facilities and equipment. When health services are provided within a jail facility the jail facility shall provide a private examination/treatment area and such equipment necessary and appropriate for the delivery of medical care as provided in this section. Medical equipment shall be periodically inspected and kept in good repair.

14.9.28. First aid kits. Each jail facility shall have one or more first aid kits which contain, at a minimum, bandages, gauze, slings, adhesive tape and band-aids. The responsible physician shall designate the number, location and contents of first aid kits and shall provide for the periodic inspection and replenishment of the kits.

14.9.29. Informed consent. The informed consent of inmates is necessary for all medical examinations, treatment and procedures except those required by law, e.g., the treatment of infectious diseases when public health law requires such treatment, or in the event of an emergency. Informed consent is the voluntary consent of an inmate to an examination, treatment or procedure after receiving information concerning the material facts regarding the nature, consequences, risks and alternative procedures. In the event a minor is admitted, the consent to medical care must be obtained from a parent, guardian or legal custodian.

14.9.30. Medical research. The use of inmates for medical, pharmaceutical, or cosmetic research or experiments is prohibited.

14.9.31. Serious illness or injury. A process to notify an inmate's next of kin in the event of serious illness or injury shall be developed. The jail facility's admission form shall provide for identification of the inmate's choice of a person to be notified in the event of serious illness, serious injury or death. When possible, permission for notification shall be obtained from the inmate.

§95-1-15. Inmate Rights.

15.1. Access to courts. Inmates shall have unlimited access to courts and to address uncensored communication to governmental authorities. Inmates seeking judicial or administrative redress shall not be subjected to reprisals or penalties as a consequence.

15.2. Attorneys. Sentenced and unsentenced inmates shall have access to attorneys or their representatives, paralegal and experts. Private Attorney/Client interview rooms shall be provided. Provisions shall be made for contacts during normal jail facility hours, for uncensored correspondence and telephone communication.

15.3. Access to legal materials. Inmates shall have access to appropriate legal materials. Provisions shall be made for reasonable and meaningful access to a library. The library shall include the following documents or their equivalent:

Attachment

Two

WV State Code 31-20-
30

§31-20-30. Limitation on reimbursement rate to medical service providers for services outside regional jail facilities.

(a) Effective the first day of July, two thousand seven, the authority, or its contracted medical provider, may not pay an amount to an outside provider of a medical service for a person residing in a regional jail greater than seventy-three percent of the billed charges: *Provided*, That critical access hospitals shall be reimbursed at eighty-five percent of the billed charges. These limitations apply to all medical care services, goods, prescription drugs and medications provided to a person who is in the custody of a regional jail and is provided these services outside of a regional jail.

(b) Effective the first day of July, two thousand eight, the authority, or its contracted medical providers, may not pay an amount to an outside provider of a medical service for a person residing in a regional jail greater than the reimbursement rate applicable to service providers established by legislative rule of the Bureau for Medical Service within the Department of Health and Human Resources: *Provided*, That critical access hospitals shall be reimbursed at seventy-five percent of the billed charges. This limitation applies to all medical care services, goods, prescription drugs and medications provided to a person who is in the custody of a regional jail and is provided these services outside of a regional jail: *Provided, however*, That the Department of Military Affairs and Public Safety and the Department of Health and Human Resources effectuate an interagency agreement for the electronic processing and payment of medical services.

Note: WV Code updated with legislation passed through the 2013 1st Special Session

The WV Code Online is an unofficial copy of the annotated WV Code, provided as a convenience. It has NOT been edited for publication, and is not in any way official or authoritative.

Attachment

Three

WV State Code 27-5-2

§27-5-2. Institution of proceedings for involuntary custody for examination; custody; probable cause hearing; examination of individual.

(a) Any adult person may make an application for involuntary hospitalization for examination of an individual when the person making the application has reason to believe that the individual to be examined is addicted, as defined in section eleven, article one of this chapter, or is mentally ill and, because of his or her addiction or mental illness, the individual is likely to cause serious harm to himself, herself or to others if allowed to remain at liberty while awaiting an examination and certification by a physician or psychologist.

Notwithstanding any language in this subsection to the contrary, if the individual to be examined under the provisions of this section is incarcerated in a jail, prison or other correctional facility, then only the chief administrative officer of the facility holding the individual may file the application and the application must include the additional statement that the correctional facility itself cannot reasonably provide treatment and other services for the individual's mental illness or addiction.

(b) The person making the application shall make the application under oath.

(c) Application for involuntary custody for examination may be made to the circuit court or a mental hygiene commissioner of the county in which the individual resides or of the county in which he or she may be found. When no circuit court judge or mental hygiene commissioner is available for immediate presentation of the application, the application may be made to a magistrate designated by the chief judge of the judicial circuit to accept applications and hold probable cause hearings. A designated magistrate before whom an application or matter is pending may, upon the availability of a mental hygiene commissioner or circuit court judge for immediate presentation of an application or pending matter, transfer the pending matter or application to the mental hygiene commissioner or circuit court judge for further proceedings unless otherwise ordered by the chief judge of the judicial circuit.

(d) The person making the application shall give information and state facts in the application as may be required by the form provided for this purpose by the Supreme Court of Appeals.

(e) The circuit court, mental hygiene commissioner or designated magistrate may enter an order for the individual named in the application to be detained and taken into custody for the purpose of holding a probable cause hearing as provided in subsection (g) of this section for the purpose of an examination of the individual by a physician, psychologist, a licensed independent clinical social worker practicing in compliance with article thirty, chapter thirty of this code, an advanced nurse practitioner with psychiatric certification practicing in compliance with article seven of said chapter, a physician assistant practicing in compliance with article three of said chapter or a physician assistant practicing in compliance with article fourteen-a of said chapter: *Provided*, That a licensed independent clinical social worker, a physician assistant or an advanced nurse practitioner with psychiatric certification may only perform the examination if he or she has previously been authorized by an order of the circuit court to do so, the order having found that the licensed independent clinical social worker, physician assistant or advanced nurse practitioner with psychiatric certification has particularized expertise in the areas of mental health and mental hygiene or addiction sufficient to make the determinations as are required by the provisions of this section. The examination is to be provided or arranged by a community mental health center designated by the Secretary of the Department of Health and Human Resources to serve the county in which the action takes place. The order is to specify that the hearing be held forthwith and is to provide for the appointment of counsel for the individual: *Provided, however*, That the order may allow the hearing to be held up to twenty-four hours after the person to be examined is taken into custody rather than forthwith if the circuit court of the county in which the person is found has previously entered a standing order which establishes within that jurisdiction a program for placement of persons awaiting a hearing which assures the safety and humane treatment of persons: *Provided further*, That the time requirements set forth in this subsection only apply to persons who are not in need of medical care for a physical condition or disease for which the need for treatment precludes the ability to comply with the time requirements. During periods of holding and detention authorized by this subsection, upon consent of the individual or in the event of a medical or psychiatric emergency, the individual may receive treatment. The medical provider shall exercise due diligence in determining the individual's existing medical needs and provide treatment the individual requires, including previously prescribed medications. As used in this section, "psychiatric emergency" means an incident during which an individual loses control and behaves in a manner that poses substantial likelihood of physical harm to himself, herself or others. Where a physician, psychologist, licensed independent clinical social worker, physician assistant or advanced nurse practitioner with psychiatric certification has within the preceding seventy-two hours performed the examination required by the provisions of this subdivision, the community mental health center may waive the duty to perform or arrange another examination upon approving the previously performed examination. Notwithstanding the provisions of this subsection, subsection (r), section four of this article applies regarding payment by the county commission for examinations at hearings. If the examination reveals that the individual is

not mentally ill or addicted or is determined to be mentally ill or addicted but not likely to cause harm to himself, herself or others, the individual shall be immediately released without the need for a probable cause hearing and absent a finding of professional negligence the examiner is not civilly liable for the rendering of the opinion absent a finding of professional negligence. The examiner shall immediately provide the mental hygiene commissioner, circuit court or designated magistrate before whom the matter is pending the results of the examination on the form provided for this purpose by the Supreme Court of Appeals for entry of an order reflecting the lack of probable cause.

(f) A probable cause hearing is to be held before a magistrate designated by the chief judge of the judicial circuit, the mental hygiene commissioner or circuit judge of the county of which the individual is a resident or where he or she was found. If requested by the individual or his or her counsel, the hearing may be postponed for a period not to exceed forty-eight hours.

The individual must be present at the hearing and has the right to present evidence, confront all witnesses and other evidence against him or her and to examine testimony offered, including testimony by representatives of the community mental health center serving the area. Expert testimony at the hearing may be taken telephonically or via videoconferencing. The individual has the right to remain silent and to be proceeded against in accordance with the Rules of Evidence of the Supreme Court of Appeals, except as provided in section twelve, article one of this chapter. At the conclusion of the hearing, the magistrate, mental hygiene commissioner or circuit court judge shall find and enter an order stating whether or not there is probable cause to believe that the individual, as a result of mental illness or addiction, is likely to cause serious harm to himself or herself or to others.

(g) Probable cause hearings may occur in the county where a person is hospitalized. The judicial hearing officer may: Use videoconferencing and telephonic technology; permit persons hospitalized for addiction to be involuntarily hospitalized only until detoxification is accomplished; and specify other alternative or modified procedures that are consistent with the purposes and provisions of this article. The alternative or modified procedures shall fully and effectively guarantee to the person who is the subject of the involuntary commitment proceeding and other interested parties due process of the law and access to the least restrictive available treatment needed to prevent serious harm to self or others.

(h) If the magistrate, mental hygiene commissioner or circuit court judge at a probable cause hearing or at a final commitment hearing held pursuant to the provisions of section four of this article finds that the individual, as a result of mental illness or addiction, is likely to cause serious harm to himself, herself or others and because of mental illness or addiction requires treatment, the magistrate, mental hygiene commissioner or circuit court judge may consider evidence on the question of whether the individual's circumstances make him or her amenable to outpatient treatment in a nonresidential or nonhospital setting pursuant to a voluntary treatment agreement. The agreement is to be in writing and approved by the individual, his or her counsel and the magistrate, mental hygiene commissioner or circuit court judge. If the magistrate, mental hygiene commissioner or circuit court judge determines that appropriate outpatient treatment is available in a nonresidential or nonhospital setting, the individual may be released to outpatient treatment upon the terms and conditions of the voluntary treatment agreement. The failure of an individual released to outpatient treatment pursuant to a voluntary treatment agreement to comply with the terms of the voluntary treatment agreement constitutes evidence that outpatient treatment is insufficient and, after a hearing before a magistrate, mental hygiene commissioner or circuit judge on the issue of whether or not the individual failed or refused to comply with the terms and conditions of the voluntary treatment agreement and whether the individual as a result of mental illness or addiction remains likely to cause serious harm to himself, herself or others, the entry of an order requiring admission under involuntary hospitalization pursuant to the provisions of section three of this article may be entered. In the event a person released pursuant to a voluntary treatment agreement is unable to pay for the outpatient treatment and has no applicable insurance coverage, including, but not limited to, private insurance or Medicaid, the Secretary of the Department of Health and Human Resources may transfer funds for the purpose of reimbursing community providers for services provided on an outpatient basis for individuals for whom payment for treatment is the responsibility of the department: *Provided*, That the department may not authorize payment of outpatient services for an individual subject to a voluntary treatment agreement in an amount in excess of the cost of involuntary hospitalization of the individual. The secretary shall establish and maintain fee schedules for outpatient treatment provided in lieu of involuntary hospitalization. Nothing in the provisions of this article regarding release pursuant to a voluntary treatment agreement or convalescent status may be construed as creating a right to receive outpatient mental health services or treatment or as obligating any person or agency to provide outpatient services or treatment. Time limitations set forth in this article relating to periods of involuntary commitment to a mental health facility for hospitalization do not apply to release pursuant to the terms of a voluntary treatment agreement: *Provided, however*, That release pursuant to a voluntary treatment agreement may not be for a period of more than six months if the individual has not been found to be involuntarily committed during the previous two years and for a period of no more than two years if the individual has

been involuntarily committed during the preceding two years. If in any proceeding held pursuant to this article the individual objects to the issuance or conditions and terms of an order adopting a voluntary treatment agreement, then the circuit judge, magistrate or mental hygiene commissioner may not enter an order directing treatment pursuant to a voluntary treatment agreement. If involuntary commitment with release pursuant to a voluntary treatment agreement is ordered, the individual subject to the order may, upon request during the period the order is in effect, have a hearing before a mental hygiene commissioner or circuit judge where the individual may seek to have the order canceled or modified. Nothing in this section affects the appellate and habeas corpus rights of any individual subject to any commitment order.

(i) If the certifying physician or psychologist determines that a person requires involuntary hospitalization for an addiction to a substance which, due to the degree of addiction, creates a reasonable likelihood that withdrawal or detoxification from the substance of addiction will cause significant medical complications, the person certifying the individual shall recommend that the individual be closely monitored for possible medical complications. If the magistrate, mental hygiene commissioner or circuit court judge presiding orders involuntary hospitalization, he or she shall include a recommendation that the individual be closely monitored in the order of commitment.

(j) The Supreme Court of Appeals and the Secretary of the Department of Health and Human Resources shall specifically develop and propose a statewide system for evaluation and adjudication of mental hygiene petitions which shall include payment schedules and recommendations regarding funding sources. Additionally, the Secretary of the Department of Health and Human Resources shall also immediately seek reciprocal agreements with officials in contiguous states to develop interstate/intergovernmental agreements to provide efficient and efficacious services to out-of-state residents found in West Virginia and who are in need of mental hygiene services.

Note: WV Code updated with legislation passed through the 2013 1st Special Session

The WV Code Online is an unofficial copy of the annotated WV Code, provided as a convenience. It has NOT been edited for publication, and is not in any way official or authoritative.

Attachment

Four

Equipment Inventory

Owned by
Agency

NCF Main Inventory Sheet - Medical

<i>Item</i>	<i>Tag Number</i>
Quartet White Dry Erase Board	00000-64
Desk Office Large Brown	1016
File Cabinet Black 2 Drawer Lateral	1022
Exam Table Tan	1726
I.V. Stand	1727
Welch Allyn Otoscope	1738
Pole Lamp	1740
I.V. Stand	1741
Wall Mt. X-Ray Light	1742
Wall Mt. X-Ray Light	1746
I.V. Stand	1748
Exam Table Tan/Walls	1751
Refrigerator White-Gibson	1945
Portable Oxygen	1948
Peri PL Air Tech. Dental Film Processor	1980
Gendex X-Ray Unit	1981
Round Table Brown-Black	2254
Cabinet 5 Drawer Long	2315
Station Cassette Autoclave	2396
Dental Vacuum System	2401
Dental Chair Blue/Gray	2402
Dental Air System	2409

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NCF Main Inventory Sheet - Medical

<i>Item</i>	<i>Tag Number</i>
Trimmer for Dental Material	2411
Phlebotomy Chair	3023
Chair Red Pattern Secretary	3656
Sterilizer Midmark/M7 Speedclave	3665
Ritter Exam Table	3812
Red Secretary Chair	3826
Cabinets for Exam Areas	4179
File Cabinet 5 Drawer Lateral	4184
Cabinet 2 Door Yellow Flammable	4370
Feeding Table	4438
Shelving Black – Book Shelves	4507
Cabinets Wooden Light Tan 5 Upper 4 Lower	4563
Shelving Unit Wall 3 Section	4564
Shelving Unit 1 Section Multi Shelves Black	4565
Shelving Book Type Multi Shelf Unit	4566
Cabinets Wooden 5 Doors	4568
Cabinets Wooden Upper and Lower	4569
Cabinet Base Wooden 4 Door	4570
Cabinet Base Wooden 6 Door	4571
Shelving Unit 3 Sections Multi Shelves Black	4575
Shelving Book type multi Shelf Unit	4576

NCF Main Inventory Sheet - Medical

<i>Item</i>	<i>Tag Number</i>
Shelving Book type multi Shelf Unit	4578
Cabinets Upper Set Light Tan 18 Door	4593
Cabinets	4594
Display Case Covered With Lock 2 Panel	4622
Display Case Covered With Lock 2 Panel	4623
Display Case Covered With Lock 3 Panel 48x72	4631
Mobile Refracting Stand (Eye Glasses)	4656
EverFlo Oxygen Concentrator	4716
Stretcher with Mattress (Procedural Stretcher)	4784
Wheel Chair Heavy Duty Transport	4865
Dry Erase Board 6Ft. x 4 Ft.	5723
Reception Desk Nurses Station	5727
Monitor Speco 15" LCD	5921
CCTV Kit DVR-W/Monitor & Dome Cameras 250gb	5922

Owned by
Vendor

PRIMECARE

MEDICAL, INC. +

May 30, 2014

INVENTORY FOR NRJ&CF

Detecto Scale: (broke)

Dell Laptop: 2259 2261 2260 2262

Dell Monitor: 2257 2252 2149 2255 2254

Dell Tower: 2253 2252 2149 2258 2251

Doppler Sonoline A/B Pocket Fetal

EKG Machine Eli 250: 2027

Exam Lamps Floor: x2

Health O Meter Scale Upright: 4020108084

Health O Meter Floor Scale

HP Desk Jet: 2050 model

HP Laser Jet: 1536dnf mfp 1530

HP Monitor and Tower: (broke) model P61101

Lens O Meter: 2022

Medicine Carts AVALO: x2

Nebulizer Aeromist Epic: x5

Netgear Wireless: 2264

Red Wing Ball Bearing Motor: 004018

Refridgerators: ABSOCOLD 2016
Black and Decker: Model BCF46

May. 30. 2014 2:11PM NRJ&CF #15 3048459622

No. 9148 P. 2/10

RICOH Copier/Printer (rented): 12175323

Scanner Fujitsu Scan: 2263

Schuco Inc. - Suction Machine Portable

Shower Chairs: x6

Shredder Fellowes: 99ci

S&S X-ray Wall Cassett: 2018
TENS Unit

SunTech 247 Vital Sign Machine

Water Pik: x1

Welch Allyn Wall Otto/Opth: 2019 2020 2021

Welch Allyn Wall BP: 2031 2030

Wheelchair regular: approx 6

Dental Equipment: We have bought several tools but it is listed for the NCF

Please let me know if there is anything else you need.

Thanks,

Cecelia

Attachment

Five

RJA Policy 3005

West Virginia Regional Jail and Correctional Facility Authority

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POLICY AND PROCEDURE STATEMENT

Document Number: 3005Effective Date: April 14, 2014**Chapter:** Personnel**Subject:** Pre-Employment and Fitness for Duty Evaluations**Reference:** WV Regional Jail and Correctional Jail Facility Authority Policy and Procedures 3022 and 3030.**Cancellation:** WV Regional Jail and Correctional Facility Authority Policy and Procedure Statement 3005 dated August 9, 2013, WV Regional Jail and Correctional Facility Authority Policy and Procedure Statement 3023 dated December 31, 1988, WV Regional Jail and Correctional Facility Authority Policy and Procedure Statement 3044 dated March 24, 1995.**Policy:** It is the policy of the West Virginia Regional Jail and Correctional Facility Authority to maintain a mechanism that ensures uniformity in the hiring process of prospective Regional Jail and Correctional Facilities' employees.**PROCEDURE:**

- A. Each facility will comply with the procedures outlined below during the hiring of individuals seeking employment with the West Virginia Regional Jail & Correctional Facility Authority.
- B. Each Administrator shall ensure that the following events take place as noted below. If necessary, Items 1, 2, 3, 4 and 5 can be conducted out of sequence; however, Item 6 must be completed prior to Item 7 occurring. Item 10 is to be completed after an offer of employment has been made conditioned on passing the drug screen.
 - 1. Administration of Psychological Assessment instrument (Correctional Officer positions).
 - 2. Upon completion of the Psychological Assessment, applicants will be required to complete an on-line employment application to the West Virginia Division of Personnel to be placed on an active register. They should also provide a copy of the application to the Facility.
 - 3. Structured Interview with recommendations to pursue or not pursue employment with the applicant.
 - 4. Background Check, including N.C.I.C criminal background check results.

West Virginia Regional Jail and Correctional Facility Authority

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POLICY AND PROCEDURE STATEMENT

Document Number: 3005Effective Date: April 14, 2014

- a. Consistent with federal, state, and local law every effort should be made to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.
5. Selective Service Registration (where required)
6. Pre-Agility Examination (Correctional Officer Positions)
7. Physical Agility Testing (Correctional Officer positions)
8. A second interview may be conducted (required for Correctional Officer positions) by someone other than the individual(s) who conducted the initial screening interview.
9. Conditional Offers of Employment for Correctional Officer positions can be made at the discretion of the Administrator as defined in Section J.1, of this Policy Directive.
10. Pre-Employment Drug Screening (all appointments, uniformed and non-uniformed, based upon a conditional offer of employment being made).

C. Initial Interview Process

1. When a qualified individual is contacted by a Facility Human Resources Department representative or appropriate Central Office personnel for possible employment with the Regional Jail & Correctional Facility Authority, the prospective correctional employee will be scheduled to visit the facility in which he/she is seeking employment. Appropriate Regional Jail & Correctional Facility Authority' personnel will interview a prospective correctional employee in order to determine whether he/she will continue in the hiring process. The Authority shall consider any incidents of sexual harassment in determining whether to hire or promote anyone and shall ask all applicants about previous sexual misconduct. The Authority will not hire or promote anyone who may have contact with inmates who:
 - a. Has engaged in sexual abuse in prison, jail, lockup, community confinement facility, juvenile facility, or any institution. (as defined in 42 U.S.C. 1997)
 - b. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
 - c. Has been civilly or administratively adjudicated to have engaged in the activity described above.

West Virginia Regional Jail and Correctional Facility Authority

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POLICY AND PROCEDURE STATEMENT

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- d. These questions should be asked in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of interview process for hiring.
2. Based upon the Psychological Assessment, if the applicant scores low in any areas of concern, the structured interview questions shall include additional questions as provided by the Psychological Assessment Exam Instrument. It will be at the discretion of the Administrator to determine if the applicant will proceed with the pre-employment process as a result of the applicant's response to the additional Psychological Assessment Exam questions. If the applicant is permitted to proceed with the employment process, the Administrator shall submit, in writing, to the Executive Director or designee, justification for his/her reasoning for allowing the applicant to proceed in the pre-employment process. If the applicant is selected for employment, the applicant's CSI Exam, additional CSI Exam questions with the applicant's responses, and the Administrator's justification, must be maintained in the employee's medical file.
3. The prospective correctional employee who successfully completes the initial interview and is recommended for further consideration shall be advised that he/she will undergo a background check. Recommendations will be made as to whether the applicant will be contacted to continue the employment process.
4. A second interview may be scheduled and once a date has been determined, a Pre-Agility Examination (Correctional Officer positions), a Physical Agility Test (Correctional Officer positions) and a Psychological Assessment (Correctional Officer positions) will take place prior to any offer of employment with the Regional Jail & Correctional Facility Authority.

D. Background Check

1. The prospective correctional employee shall undergo a Criminal Background Check (Attachment # 2 & #3).
2. The Authority will consult applicable child abuse registry maintained by the State or locality in which the employee would work.
3. At the facility's discretion, additional information may be collected on persons being considered for employment with the Regional Jail Authority provided the information collected is related to the position the applicant is seeking. Such information can include, but is not limited to,

West Virginia Regional Jail and Correctional Facility Authority

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POLICY AND PROCEDURE STATEMENT

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employment information from prior employers, and personal and/or professional reference checks.

4. Since the Background Check results will take some time to complete, the prospective correctional employee shall be advised that any offer of employment is contingent on successfully completing all steps in the employment process, including passing the background check and child abuse registry check (Attachments #4 & #5 {Correctional Officers}, Attachment #6 {Non-Uniform}, Attachments # 7, #8 & #9).
 - a. For Correctional Officer positions, ninety (90) day Conditional Offers of Employment may be made to applicants pending receipt and verification of information provided by the applicant at the Jail Administrator's discretion.
 - b. If the information received indicates that the Applicant/Conditional Employee omitted information regarding sexual abuse, misconduct and harassment and provisions of materially false information or was less than truthful and/or the issue cannot be resolved satisfactorily, at the Director of Human Resources discretion, the Conditional Employee shall be dismissed from employment.
 - c. Time spent in this Conditional Employee status will count as part of the Correctional Officer's twelve (12) month Probationary Period.

E. Psychological Assessment (Correctional Officer positions)

1. The prospective correctional employee shall undergo a psychological assessment utilizing the assessment tool in place at the time the applicant is seeking employment.
2. If the applicant fails to meet the psychological assessment qualifications at the Administrator's discretion, he/she will not be considered for employment for at least six (6) months from the date of taking the assessment, at which time he/she can re-take the psychological assessment exam

F. Selective Service Registration (Males)

1. State Law (WV Code 15-1F, Section 10) prescribes limits on a male's educational and employment opportunities unless he is in compliance with the Military Service Act of the U. S. Code.

West Virginia Regional Jail and Correctional Facility Authority

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POLICY AND PROCEDURE STATEMENT

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2. Each state agency is responsible for verifying that any newly-hired or reinstated male, who is between the ages of eighteen (18) and twenty-five (25) and eligible for employment, has registered with the Selective Service System. Federal Law requires all males to register with the Selective Service System within thirty (30) days after reaching eighteen (18) years of age. Late registrations are accepted; however, males cannot register once he reaches age twenty-six (26). Verification is not required of applicants who are twenty-six (26) years of age or older.
3. All Selective Service Registration verifications shall be handled by the West Virginia Regional Jail & Correctional Facility Authority prior to hiring a male applicant as indicated in Section F-2 of this Policy Directive.
4. In order to ensure compliance with State Law, when employing males between the ages of eighteen (18) and twenty-five (25), the West Virginia Regional Jail & Correctional Facility Authority must attach a copy of the applicant's Selective Service Registration Card or a printout of the Selective Service search results to each Personnel Transaction Form WV-11. Internet Selective Service Search located at:
<https://www.sss.gov/RegVer/wfVerification.aspx>.
5. Should any applicant have any questions about this requirement, he/she should call the Division of Personnel Staffing Research Unit at (304) 558-3950, extension 57206.

G. Pre-Agility Examination (Correctional Officer positions)

1. The prospective correctional employee shall undergo a Pre-Agility Examination as defined in Attachment #1.
2. The Pre-Agility Examination shall be conducted by appropriate medical personnel or the prospective correctional employee's physician of choice. If, for any reason, an applicant decides to visit his/her physician of choice, the Agency will not pay for the exam. The agency will accept the pre-agility data sheet from a licensed physician, physician's assistant or a nurse practitioner that would indicate whether or not an applicant can engage in the moderate physical activity as required in Section H.
3. The prospective correctional employee applying for a Correctional Officer position who passes the Pre-Agility Examination shall complete the Physical Agility Test.

West Virginia Regional Jail and Correctional Facility AuthorityPage 6 of 7**POLICY AND PROCEDURE STATEMENT**Document Number: 3005Effective Date: April 14, 2014**H. Physical Agility Testing (Correctional Officer positions)**

1. The prospective correctional employee shall undergo a Physical Agility Test.
2. The Physical Agility Test shall be administered as delineated in Policy 3022 – Physical Ability Testing.

I. Second Interview

1. A second interview may be required.
2. A recommendation shall be made as to employ or not employ the individual applicant.

J. Conditional Offers of Employment for Correctional Officer Applicants

1. As stated in Section B-9 and D-2-a for Correctional Officer positions, ninety (90) day Conditional Offers of Employment may be made to applicants pending receipt and verification of information provided by the applicant at the Administrator's discretion.
2. Material omissions regarding sexual abuse, misconduct and harassment and provisions of materially false information or if the information received indicates that the Applicant/Conditional Employee was less than truthful and/or the issue cannot be resolved satisfactorily, at the Administrator's discretion, the Conditional Employee shall be dismissed from employment.
3. Time spent in this Conditional Employee status will count as part of the Correctional Officer's twelve (12) month Probationary Period.
4. Under no circumstance can a Conditional Offer of Employment be made to an applicant until he/she has satisfied the Interview, Pre-Agility Examination requirements, Physical Agility Test requirements, Psychological Assessment requirements, all N.C.I.C. Criminal Background requirements, Second Interview requirements and the successful completion of the Pre-Offer Urine Drug Screen requirements. In other words, the Regional Jail Authority will hire pending the Facility's collecting required Background Information.
5. Second Interview requirements and the successful completion of the Pre-Offer Urine Drug Screen requirements. In other words, the Regional Jail Authority will hire pending the Facility's collecting required Background Information.

West Virginia Regional Jail and Correctional Facility Authority

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POLICY AND PROCEDURE STATEMENT

Document Number: 3005Effective Date: April 14, 2014**K. Pre-employment Drug Screening**

1. All prospective correctional employees shall pass a Pre-Employment Urine Drug Screening prior to being hired.
 - a. At the time the Agency requests the applicant submit to the drug screen, an offer of employment may be made contingent on successfully passing the drug screen.
 - b. Applicants who do not pass the drug screening cannot be considered for employment in any capacity for the twelve (12) months following the date of the failed test. However, confirmation testing may be required before a final decision is rendered on the applicant's employment.
2. The designated Human Resources Department personnel shall inform the prospective correctional employee that he/she must pass a Pre-Employment Drug Screening before any other steps are taken in the hiring process.
3. Human Resources Department personnel will notify the prospective correctional employee of the results and pre-hire status upon receipt of any confirmation testing that may be required.

- L.** Individuals who request confidential information must sign Attachment #10. Original goes to Central Office and a copy will be maintained at Facility level.

4/14/14
Effective Date

Joe DeLong
Executive Director

**WEST VIRGINIA REGIONAL JAIL AND CORRECTIONAL FACILITY
AUTHORITY****PRE-AGILITY PERSONAL DATA SHEET****PLEASE PRINT**

Name: _____ Date: _____

Applicant's Signature: _____

PERSONAL INFORMATION

Name: _____

*Last**First**Middle*

Social Security Number: XXX-XX- _____

Mailing Address: _____

Home Phone: _____

EMERGENCY INFORMATION

Name of Emergency Contact: _____ Relationship: _____

Address: _____ Phone: _____

Pre-Existing Conditions: _____

Medications Currently Being Taken: _____

Allergies (i.e. Penicillin): _____

Special Accommodations Required: _____

**WEST VIRGINIA REGIONAL JAIL AND CORRECTIONAL
FACILITY AUTHORITY****REPORT OF MEDICAL EXAMINATION****PLEASE PRINT**Name: _____

LastFirstMiddle

Home Address: _____

StreetCityStateZip

Date of Birth: _____ Height: _____ Weight: _____

Home Phone: _____

ATTENTION MEDICAL EXAMINER: This individual is an applicant for employment with the West Virginia Regional Jail Authority. Applicants for employment are required to participate in moderate physical activity for physical agility testing.

CLINICAL EVALUATION IS TO BE COMPLETED BY THE MEDICAL EXAMINER

<u>Check Each Item:</u>	<u>Normal</u>	<u>Abnormal</u>
Lungs & Chest	_____	_____
Heart	_____	_____
Vascular System	_____	_____
Abdomen/Viscera	_____	_____
G-I System	_____	_____
Upper extremities	_____	_____
Lower extremities	_____	_____
Feet	_____	_____
Spine	_____	_____

Name: _____

Pre-Existing Conditions (LIST ONLY THOSE THAT RELATE TO THE QUESTIONS ON PRECEDING PAGE):

Medications Currently Being Taken and Reasons For:

Allergies:

IN MY PROFESSIONAL OPINION:

Examinee *IS* _____ qualified for moderate physical activity.

Examinee *IS NOT* _____ qualified for moderate physical activity.

STATE OF WEST VIRGINIA
REGIONAL JAIL AND CORRECTIONAL FACILITY
Applicant Background Investigation
Cover Sheet

Name of Applicant: _____

Date: _____

Report Made By (Printed Name and Title): _____

Psychological Testing (When Required)	<input type="checkbox"/>	Not Recommend
Date Received _____	<input type="checkbox"/>	Recommend
N.C.I.C. Criminal Background Check Results	<input type="checkbox"/>	Recommended
Date Received _____	<input type="checkbox"/>	Not Recommended
Pre-Agility Examination (Where Required)	<input type="checkbox"/>	Recommend
Date _____	<input type="checkbox"/>	Not Recommended
Physical Agility (Where Required)	<input type="checkbox"/>	Pass
Date _____	<input type="checkbox"/>	Fail
Valid Driver's License (Where Required)	<input type="checkbox"/>	Yes
Date Verified _____	<input type="checkbox"/>	No
Background Investigation All Applicants	<input type="checkbox"/>	Acceptable
Date Received _____	<input type="checkbox"/>	Unacceptable
Selective Service Registration (Where Required)	<input type="checkbox"/>	Registered
	<input type="checkbox"/>	Not Registered

Suitable for Employment ☐
Not Suitable For Employment ☐

EMPLOYMENT OFFER MADE? YES ____ NO ____

CONDITIONAL OFFER MADE? (Correctional Officer Only) YES ____ NO ____

DATE EMPLOYED [If applicable] _____

Signature of Reporting Employee
State of West Virginia

REGIONAL JAIL AND CORRECTIONAL FACILITY AUTHORITY
Background Investigation
Applicant Authorization

I, _____, do hereby affirm the information supplied by me on the Employment Application, during the Interview(s), Pre-Agility Exam (Correctional Officer positions only), and all other selection processes is true and complete. I also do hereby acknowledge that I understand a Background Investigation will be made in the following areas:

Criminal History – A criminal record check will be conducted utilizing N.C.I.C. and other sources, which may include fingerprinting, to ascertain whether there are criminal convictions which have a specific relationship to job performance. A criminal record does not automatically exclude an applicant from consideration from employment. Factors such as age at the time of offense, seriousness, nature of the violation and rehabilitation will be taken into account. Applicants for Correctional Officer positions must be able to possess a weapon in the State of West Virginia.

Employment History – Verification of previous employers as listed on the application and reference requests completed by those employers.

Education – Verification of education and training information.

Any other work-related area deemed necessary or appropriate as the investigation progresses.

The Regional Jail Authority reserves the right to verify any information provided on the Employment Application during the interview and any other information obtained during the selection process.

I understand that if I wish to challenge the accuracy and/or completeness of information provided by the West Virginia State Police, Federal Bureau of Investigation or other entities reporting information, I must appeal to the law enforcement agency or other entity providing the information.

I hereby declare that the answers to the questions on my application and related paper work which I have completed, and any attachments to same, are true, complete, and accurate to the best of my knowledge and belief. I understand that any misstatements of fact(s) or omissions may form the basis for rejection of my application or for my dismissal after employment.

CORRECTIONAL OFFICER POSITIONS ONLY: Furthermore, I also understand that I may be offered employment on a conditional basis not to exceed ninety (90) days while the information I have supplied is verified. I fully understand that the terms of this document must be satisfactorily met in order for me to continue employment after an initial ninety (90) day period. If any material misrepresentations have been made, I understand that I will be separated from employment with the Regional Jail Authority. This initial ninety (90) day employment also counts toward completion of my probationary period.

Applicant's Signature and Date

Witness' Signature and Date

REGIONAL JAIL AND CORRECTIONAL FACILITY
CORRECTIONAL OFFICER
CONDITIONS OF EMPLOYMENT

1. Satisfactorily complete an initial interview.
2. Satisfactorily complete a psychological examination.
3. Satisfactorily complete a pre-agility examination.
4. Satisfactorily complete an initial physical performance/agility test.
5. Satisfactorily complete a chemical urinalysis drug-screening test, as required.
6. Character and suitability for employment verified through an agency investigation.
7. Possess a valid driver's license.
8. Successfully complete orientation training.
9. Successfully complete annual Tuberculin PPD test.
10. Successfully complete annual in-service training.
11. Successfully complete specialized training.
12. Successfully complete a formal West Virginia Corrections Academy Basic Training Program.
13. Successfully complete a twelve (12) month probationary period.
14. Subject to mandatory overtime requirements and must be available for assignment to any location in the State of West Virginia.
15. Required to work various shifts and schedules are subject to change at any time.

EXCLUSION FROM EMPLOYMENT
AUTOMATIC REJECTIONS

1. Prior dismissals from State Government
2. Lying on any Official Application or Employment Document or Interview
3. At least three (3) former employers state that the applicant would not be re-hired
4. Failure to meet minimum requirements of the specified Job Title, e.g.
 - a. Pre-Employment Drug Screening
 - b. Pre-Agility Exam
 - c. Physical Performance/Agility Test
 - d. Psychological Assessment for Job Suitability
 - e. Valid Driver's License (Job Specific)
 - f. Education and/or Experience Requirements

If the applicant fails to authorize, complete or cooperate with the background investigation process then the application is considered incomplete and withdrawn. The application is void, no suitability determination is made and there is no right to an appeal. Circumstances which constitute a discontinuance or failure to cooperate and result in the application being withdrawn include but are not limited to:

1. Refusal to fully complete and sign a release and/or waiver
2. Failure to respond within ten (10) calendar days to a request for any required information
3. Failure to report a citation or arrest for an infraction that occurs after a conditional offer of employment has been made and during the background investigation process
4. Omission of required information pertaining to prior criminal convictions
5. Withdrawal of the application or the applicant cannot be located or contacted, or
6. Disqualification or determination of ineligibility for reasons other than the background investigation

STATEMENT OF INFORMED CONSENT – CORRECTIONAL OFFICER

The West Virginia Regional Jail and Correctional Facility Authority evaluates several factors, which may include an applicant's experience, education and job history, ability to pass a urine screen, ability to pass a physical agility test, background checks from a variety of sources, psychological assessment, and one or more personal interviews before making decisions to employ an applicant or not.

The first step in this process is a personal interview. Recommendations will then be made as to which applicants shall receive further consideration. Those selected for further consideration will continue with the screening process, including the completion of a psychological assessment instrument.

Please be informed the information obtained during the psychological assessment instrument is confidential. The results of the psychological assessment is the property of the West Virginia Regional Jail and Correctional Facility Authority and is considered as proprietary information and will not be shared with the applicant. *YOUR SIGNATURE INDICATES THAT YOU WAIVE ANY RIGHTS TO OBTAIN AND REVIEW A COPY OF THE PSYCHOLOGICAL ASSESSMENT REPORT.*

If you are notified by the West Virginia Division of Personnel that your name is removed from the Personnel's Certification of Eligibility Listings (Civil Service Registers) because of your completion of the psychological assessment and not meeting standards that we consider as being essential to the employment process, you can appeal that determination within fifteen (15) calendar days of notification, in writing, to:

**Director of Human Resources
1325 Virginia Street, East
Charleston, West Virginia 25301**

Your signature below is attestation that you fully understand this document and consent to the conditions stated above and your initials indicate you were given a copy of this document.

_____ (Applicant's Name Printed)	_____ XXX-XX- Last 4 Digits of Social Security Number
_____ (Signature)	_____ (Date)
_____ (Witness' Name Printed)	_____ (Title)
_____ (Witness' Signature)	_____ (Date)

I received a copy of this document _____ (Initial) _____ (Witness) _____ (Date)

**WV REGIONAL JAIL AND CORRECTIONAL FACILITY
NON-UNIFORMED POSITIONS
CONDITIONS OF EMPLOYMENT**

1. Satisfactorily complete an initial interview.
2. Satisfactorily complete a chemical urinalysis drug-screening test, as required.
3. Character and suitability for employment verified through an agency investigation.
4. Possess a valid driver's license.
5. Successfully complete orientation training.
6. Successfully complete annual in-service training.
7. Successfully complete specialized training.
8. Successfully complete a probationary period.
9. Subject to mandatory overtime requirements and must be available for assignment to any location in the State of West Virginia.
10. Required to work various shifts and schedules are subject to change at any time.

**EXCLUSION FROM EMPLOYMENT
AUTOMATIC REJECTIONS**

1. Prior dismissals from State Government.
2. Lying on any Official Application or Employment Document or Interview.
3. At least three (3) former employers state that the applicant would not be re-hired.
4. Failure to meet minimum requirements of the specified Job Title, e.g.
 - a. Pre-Employment Drug Screening
 - b. Valid Driver's License (Job Specific)
 - c. Education and/or Experience Requirements

If the applicant fails to authorize, complete, or cooperate with the background investigation process then the application is considered incomplete and withdrawn. The application is void, no suitability determination is made, and there is no right to an appeal. Circumstances which constitute a discontinuance or failure to cooperate and result in the application being withdrawn include, but are not limited to:

1. Refusal to fully complete and sign a release and/or waiver
2. Failure to respond within ten (10) calendar days to a request for any required information
3. Failure to report a citation or arrest for an infraction that occurs after a conditional offer of employment has been made and during the background investigation process
4. Omission of required information pertaining to prior criminal convictions
5. Withdrawal of the application or the applicant cannot be located or contacted, or
6. Disqualification or determination of ineligibility for reasons other than the background investigation

I have read and understand the conditions of employment as a non-uniformed employee with the West Virginia Regional Jail Authority. I further understand that if I do not meet all of the minimum requirements listed above, I will not be eligible for employment or a conditional offer of employment will become invalid and I will be dismissed from employment.

Date

Applicant's Signature

Date

Witness' Signature

To be signed by the applicant. Keep with Pre-Employment Background Investigation.

**WEST VIRGINIA REGIONAL JAIL AND CORRECTIONAL FACILITY AUTHORITY
AUTHORITY TO RELEASE INFORMATION**

TO: Any person having knowledge of my conduct or activities, any past or present
Employer, Educational Institution or Law Enforcement Agency:

I, _____, hereby authorize the Regional Jail Authority and/or its agents, to conduct an appropriate background investigation of me and prepare a report which may be used as a factor in determining my eligibility for employment, promotion, or retention. I understand this report may include information from personal interviews about my character, general reputation, personal characteristics, and mode of living as well as public and private sources including, but not limited to, the acquisition of criminal records, employment records, school records, driving records, or abstracts, etc.

I authorize all persons who may have information relevant to this investigation to disclose it to the Regional Jail Authority and/or its agents, and I release all persons from any liability on account of such disclosure.

I acknowledge that I have carefully read and fully understand the provisions of this release. I further acknowledge that I was given the opportunity to consult with an attorney or any other individual of my choosing before signing this release and that I have decided to sign this release voluntarily and without coercion or duress by any person. This release sets forth the entire agreement between your organization and me, and I acknowledge that I have not relied upon any representation or statement, written or oral, not set forth in this document in executing this release. I hereby waive any privilege of confidentiality with respect to any such information.

I hereby further authorize that a photocopy of this authorization may be considered as valid as an original. Please provide the requested information within ten (10) days of the date of this letter so that I may receive further consideration for employment.

Signature: _____ Date: _____

Furnished for the purpose of positive identification: (Print Clearly)

Last: _____ First: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

A.K.A. (include Maiden Name): _____

SSN: ____ - ____ - ____ DOB: ____ / ____ / ____ Driver's License #: _____ State: _____

Address History: [Past seven (7) years]

West Virginia Regional Jail and Correctional Facility Authority

Applicant Employer Reference Interview

Attention: _____
Fax No: _____

Date: _____

_____, SSN: _____ is applying for a job with the West Virginia Regional Jail Authority and states he/she worked for you or your organization. The following information is required in order to further evaluate this applicant. Attached is an authorization to release and release of liability. Please complete and return this form at your earliest convenience by fax or mail to:

West Virginia Regional Jail and Correctional Facility Authority

Regional Jail

PHONE; _____ FAX

Please provide the following information.

- Name of Employer: _____
- Dates of Employment: FROM _____ TO _____
- Position for which initially employed: _____
- Last position held: _____
- Description of job duties and responsibilities: _____
- Is individual still employed: YES _____ NO _____
- If not still employed, reason individual left your employment: _____
- Please have completed by immediate supervisor if still employed, or by personnel office, if supervisor is no longer with company.

	Excellent	Good	Average	Fair	Poor
Quality of work	_____	_____	_____	_____	_____
Quantity of work	_____	_____	_____	_____	_____
Attendance & Punctuality	_____	_____	_____	_____	_____
Conduct	_____	_____	_____	_____	_____
Ability to work with others	_____	_____	_____	_____	_____
Honesty/Integrity	_____	_____	_____	_____	_____
Ability to work with Supervisors/Management	_____	_____	_____	_____	_____

Please comment on any rating of "Poor," and feel free to comment on any area rated better than "Average." Comments may be made on a separate sheet or on the reverse side of this letter.

Would you re-employ: YES _____ NO _____

If no, please explain: _____

Completed by: _____
[NAME] Job Title

Signature: _____ Date: _____ Phone Number: _____

**West Virginia Regional Jail and Correctional Facility Authority
Applicant Reference Interview**

Attention: _____ Date: _____

Fax No: _____

_____, SSN _____ is applying for a job with the West Virginia Regional Jail Authority and has given your name as a reference. The following information is required in order to further evaluate this applicant. Attached is an authorization to release and release of liability. Please complete and return this form at your earliest convenience by fax or mail to:

West Virginia Regional Jail and Correctional Facility Authority
_____ Regional Jail

_____ PHONE; _____ FAX

Personal/Academic/Volunteer Work Reference

a. Dates you have known applicant: FROM _____ TO _____

b. How were you associated with the applicant (friend, neighbor, teacher, volunteer coordinator)?

c. Based on the association you have had with the applicant, please describe the characteristics of the applicant which, in your opinion, you think would help him/her succeed in this position or would be an asset to this agency should an employment offer be made.

Completed by:

Name: _____

Job Title: _____

Signature: _____

Date: _____ Phone Number: _____

**West Virginia Regional Jail and Correctional Facility Authority
Access Security and Confidentiality Requirements**

(To be completed by the person(s) who may request confidential information from the Facility Level)

Confidential Information

The Employee acknowledges in any position the Employee may hold, in and as a result of the Employee's employment by the Employer, the Employee will, or may, be making use of, acquiring or adding to information about certain matters and things which are confidential to the Employer and which information is the exclusive property of the Employer, including, without limitation:

"Confidential Information" means all data and information relating to the business and management of the Employer, including, but not limited to, accounting records to which access is obtained by the Employee, including Business Operations, Computer Software, Computer Technology, and Personnel Records. Confidential Information will also include any information which has been disclosed by a third party to the Employer and governed by a non-disclosure agreement entered into between the third party and the Employer.

Confidentiality Obligations

1. The Employee shall not use confidential information for any purpose except to perform job duties for the Employer.
2. The Employee shall not use confidential information for his or her private gain or the private gain of another.
3. The Employee shall protect confidential information from unauthorized use, transfer, sale, disclosure, alteration, or destruction whether accidental or intentional and will take necessary precaution to secure such information located at my work station.
4. The Employee shall adhere to the computer security practices as set forth in Policy 1018 to ensure that confidential information is not disclosed to persons who have not been authorized to access such information by the Employer. The Employee will protect passwords and access codes from disclosure and will avoid using easily guessed passwords or passwords that have a personal meaning (e.g., a spouse's name or a child's name).
5. The Employee shall immediately report any incident that appears to compromise data security or confidentiality to his or her immediate supervisor.
6. The Employee's access to confidential information, if granted, is at the sole discretion of the Employer and such access may be modified, suspended, or terminated at any time by the Employer.
7. Immediately upon expiration or termination of the Employee's employment with the Employer, the Employee shall promptly return, without copying or summarizing, all confidential information and take whatever other lawful steps required by the Employer to protect the confidential information.

8. The Employee will not be involved in any way with the processing of employment documentation for relatives, friends or acquaintances. The term "*friend*" means a person whom the Employee knows, likes, and trusts (American Heritage Dictionary definition). An "*acquaintance*" is a person whom one knows but who is not a particularly close friend.

I agree to implement and adhere to the above controls.

I understand that the Code of West Virginia, as amended, provides penalties for the unlawful release of privileged information. Depending upon the severity of the breach of confidentiality, disciplinary action could result in an oral or written reprimand, suspension, demotion or dismissal. Violations could also result in civil or criminal prosecution. By signing this document, I acknowledge that these statements have been explained to me and that I have read the statements included herein. I also acknowledge that I have had ample opportunity to ask any questions that I may have regarding this matter.

Signature

Date

Attachment

Six

Health Summaries
RJA Inmates
NCF and OCCC
Inmates

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PRIME CARE MEDICAL, INC.

Statistical Summary Report
Year 2011

Facility: #28 OCCC Ohio County Correctional Complex

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	Rev A
Monthly ADP	66	68	65	66	66	66	66	66	66	66	66	66	66	
Death	0	0	0	0	0	0	0	0	0	0	0	0	0	
Inpatient Hosp	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Patient Days	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Outside Consultations	2	2	1	1	1	1	1	0	1	4	5	2	21	
Allergy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Cardiology	0	0	0	0	0	0	0	0	0	0	0	0	0	
Chest Disease	0	0	0	0	0	0	0	0	0	0	0	0	0	
Dermatology	0	0	0	0	0	0	0	0	0	0	0	0	0	
Emergency Room	0	0	0	0	0	0	0	0	0	0	0	0	0	
Ambulance Trips	0	0	0	0	0	0	1	0	0	2	0	0	3	
Gastroenterology	1	1	1	0	0	0	0	0	0	0	0	1	1	
General Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0	
General Surgery	0	0	0	1	1	0	0	0	0	0	0	0	2	
Gynecology	0	0	0	0	0	0	0	0	0	0	0	0	0	
Hematology	0	0	0	0	0	0	0	0	0	0	0	0	0	
Neurology	0	0	0	0	0	0	0	0	0	0	0	0	0	
Neurosurgery	0	0	0	0	0	0	0	0	0	0	0	0	0	
Obstetrics	0	0	0	0	0	0	0	0	0	0	0	0	0	
Ophthalmology	0	0	0	0	0	0	0	0	0	0	0	0	0	
Orthopedics	0	0	0	0	0	0	0	0	0	2	2	1	5	
Physical Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
Plastic Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	
Podiatry	0	0	0	0	0	0	0	0	0	0	0	0	0	
Proctology	0	0	0	0	0	1	0	0	0	0	0	0	0	
Psychiatry	0	0	0	0	0	0	0	0	0	0	0	0	1	
Surgery Performed	0	0	0	0	0	0	0	0	0	0	3	0	3	
Thoracic Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	
Urology	0	0	0	0	0	0	0	0	0	0	0	0	0	
Outside X-Rays	0	0	0	0	0	0	0	0	0	0	0	0	0	
Diagnostic Test (outside)	1	1	0	0	0	0	0	0	0	0	0	0	0	
Other Trips / Outside Consults	0	0	0	0	0	0	0	0	1	0	0	0	1	

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
In-House EKG's	2	2	0	0	2	0	3	3	4	6	1	0	23
In-House X-Ray's	5	2	0	1	2	0	0	1	0	0	2	0	13
MD Sick Call	4	0	13	9	15	8	7	13	6	6	14	13	108
NP/PA Sick Call	11	22	10	11	4	0	7	8	3	13	8	2	99
MD/PA/CRNP Sick Call	15	22	23	20	19	8	14	21	9	19	22	15	207
Nurse Sick Call	44	38	55	45	40	31	61	37	31	43	45	42	512
MD Physicals	0	0	2	1	5	1	0	4	1	0	1	1	16
NP/PA Physicals	5	4	4	3	2	0	3	1	0	3	1	0	26
Nursing Physicals	0	0	0	0	0	0	0	0	0	0	0	0	0
Annual Physicals	1	2	3	3	2	1	1	5	0	1	1	1	21
Psychiatrist / Group Seen	0	0	0	0	0	0	0	0	0	0	0	0	0
Psychiatrist / Indiv. Seen	3	5	4	4	9	2	9	12	3	10	9	2	72
Psychologist Group	0	0	0	0	0	0	0	0	0	0	0	0	0
Psychologist Indiv. Seen	11	12	21	23	23	32	20	32	29	28	24	23	278
M.H. Worker Groups	0	0	0	0	0	0	0	0	0	0	0	0	0
M.H. Worker Indiv. Seen	0	0	0	0	0	0	0	0	0	0	0	0	0
Involuntary M.H. Commitments	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Inmates Seen by Dentist	11	20	14	25	12	22	21	21	20	19	20	25	230
Extractions	0	0	0	0	0	0	0	1	0	0	2	1	4
Fillings	5	4	8	10	4	5	3	5	5	6	1	13	69
Exams	3	10	4	12	7	15	12	7	11	9	11	3	104
Other	3	6	2	3	1	2	6	8	4	4	6	8	53
Inmates seen by Oral Surgeon	0	0	0	0	0	0	0	0	1	0	3	0	4
In-House Surgeries	1	1	0	0	0	1	0	0	0	0	0	0	3
# Inmates @ in-house clinics	8	14	9	12	15	4	14	19	7	17	18	9	146
# Intake Screening	6	5	12	9	19	11	9	6	10	15	2	8	112

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Pharmacy													
# of patients on Medical Meds	33	33	41	39	25	32	28	25	24	28	20	21	349
% ADP on Medical Meds	50.0%	48.4%	63.2%	59.1%	37.9%	48.5%	42.4%	37.9%	36.4%	42.4%	30.3%	31.8%	44.0%
# of patients on HIV Meds	0	0	0	0	0	0	0	0	0	0	0	0	0
% ADP on HIV Meds	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	#DIV/0!
# of patients on Psych Meds	8	9	9	10	11	10	16	18	18	18	16	16	159
% ADP on Psych Meds	12.1%	13.2%	13.9%	15.2%	16.7%	15.2%	24.2%	27.3%	27.3%	27.3%	24.2%	24.2%	20.1%
# of Grievances	0	1	1	0	0	0	1	1	1	0	0	0	5
# of Adverse Patient Occurrences	0	0	0	0	0	0	0	0	0	2	0	1	3
HIV Test Done	2	4	9	2	15	14	6	5	10	6	5	1	79
HIV Cases	0	0	0	0	0	0	0	0	0	0	0	0	0
AIDS Cases	0	0	0	0	0	0	0	0	0	0	0	0	0
Hepatitis Cases	17	16	15	15	10	10	9	9	8	10	11	13	143
Syphilis Cases	0	0	0	0	0	0	0	0	0	0	0	0	0
Gonorrhea Cases	0	0	0	0	0	0	0	0	0	0	0	0	0
# of pregnant females	0	0	0	0	0	0	0	0	0	0	0	0	0
# of patients isolated to rule out MRSA	0	0	0	0	0	0	0	0	0	0	0	0	0
# of confirmed MRSA cases	0	0	0	0	0	0	0	0	0	0	0	0	0
TB Cases	0	0	0	0	0	0	0	0	0	0	0	0	0
PPD Test	4	4	6	6	8	2	3	3	1	5	1	0	43
(+) PPD's	0	0	0	0	0	0	0	0	0	0	1	0	1
RPR Test	2	0	1	0	0	1	1	0	0	0	0	0	5
Inmates on Suicide Watch	0	0	0	0	0	0	0	0	0	0	0	1	1
# of Inmates on Restraints	0	0	0	0	0	0	0	0	0	0	0	0	0
# of Shifts involving Restraints	0	0	0	0	0	0	0	0	0	0	0	0	0
# of Medical Transport	13	28	15	26	19	28	22	24	25	23	29	28	280

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PRIME CARE MEDICAL, INC.

Statistical Summary Report
Year 2012

Facility: #28 OCCC Ohio County Correctional Complex

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Monthly ADP	66	66	66	66	66	66	66	66	66	66	66	66	66
Death	0	0	0	0	0	0	0	0	0	0	0	0	0
Inpatient Hosp	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Patient Days	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Outside Consultations	5	1	1	1	5	1	4	2	1	2	2	0	25
Allergy	0	0	0	0	0	0	0	0	0	0	0	0	0
Cardiology	0	0	0	0	0	0	0	0	0	0	0	0	0
Chest Disease	0	0	0	0	0	0	0	0	0	0	0	0	0
Dermatology	0	0	0	0	0	0	0	0	0	0	0	0	0
Emergency Room	1	0	0	0	1	0	0	0	1	1	0	0	4
Ambulance Trips	0	0	0	0	0	0	0	0	0	0	0	0	0
Gastroenterology	1	0	0	0	0	0	0	0	0	0	0	0	1
General Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0
General Surgery	0	0	0	0	2	0	0	0	0	0	0	0	2
Gynecology	0	0	0	0	0	0	0	0	0	0	0	0	0
Hematology	0	0	0	0	0	0	0	0	0	0	0	0	0
Neurology	0	0	0	0	0	0	0	0	0	0	0	0	0
Neurosurgery	0	0	0	0	0	0	0	0	0	0	0	0	0
Obstetrics	0	0	0	0	0	0	0	0	0	0	0	0	0
Ophthalmology	1	0	0	0	0	0	0	0	0	0	0	0	1
Orthopedics	1	0	0	0	0	1	1	0	0	1	0	0	4
Physical Therapy	0	0	0	0	0	0	3	1	0	0	0	0	4
Dialysis	0	0	0	0	0	0	0	0	0	0	0	0	0
Plastic Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0
Podiatry	0	0	0	0	0	0	0	0	0	0	0	0	0
Proctology	0	0	0	0	0	0	0	0	0	0	0	0	0
Psychiatry	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery Performed	0	1	1	0	2	0	0	0	0	0	2	0	6
Thoracic Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0
Urology	0	0	0	0	0	0	0	0	0	0	0	0	0
Outside X-Rays	0	0	0	0	0	0	0	0	0	0	0	0	0
Diagnostic Test (outside)	1	0	0	1	0	0	0	1	0	0	0	0	3
Other Trips / Outside Consults	0	0	0	0	0	0	0	0	0	0	0	0	0

Rev B

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
In-House EKG's	2	4	1	4	1	0	2	2	3	3	1	3	26
In-House X-Ray's	2	5	2	2	2	1	0	2	2	1	1	0	20
MD Sick Call	12	0	0	0	0	21	9	14	9	0	10	5	80
NP/PA Sick Call	12	23	18	20	28	0	11	7	12	18	7	20	176
MD/PA/CRNP Sick Call	24	23	18	20	28	21	20	21	21	18	17	25	256
Nurse Sick Call	41	54	62	52	54	42	29	29	42	34	33	54	526
MD Physicals	2	0	0	0	0	2	0	0	2	0	2	0	8
NP/PA Physicals	3	4	5	1	5	0	2	1	2	2	0	2	27
Nursing Physicals	0	0	0	0	0	0	0	0	0	0	0	0	0
Annual Physicals	4	4	4	0	4	2	2	1	0	2	2	1	26
Psychiatrist / Group Seen	0	0	0	0	0	0	0	0	0	0	0	0	0
Psychiatrist / Indiv. Seen	9	8	7	6	8	8	4	4	4	11	0	5	74
Psychologist Group	0	0	0	0	0	0	0	0	0	0	0	0	0
Psychologist Indiv. Seen	19	28	25	19	28	20	17	19	24	32	26	25	282
M.H. Worker Groups	0	0	0	0	0	0	0	0	0	0	0	0	0
M.H. Worker Indiv. Seen	0	0	0	0	0	0	0	0	0	0	0	0	0
Involuntary M.H. Commitments	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Inmates Seen by Dentist	21	21	27	21	15	28	19	20	21	23	28	21	265
Extractions	1	3	5	0	1	1	1	1	0	2	2	1	18
Fillings	6	2	6	5	2	4	6	8	6	1	9	3	58
Exams	6	12	10	12	8	15	6	7	8	20	12	13	129
Other	8	4	8	4	4	8	6	4	7	0	5	4	60
Inmates seen by Oral Surgeon	0	1	1	0	2	0	0	0	0	0	2	0	6
In-House Surgeries	0	0	0	0	0	0	1	0	0	0	0	0	1
# Inmates @ in-house clinics	16	19	13	14	21	19	14	19	17	21	9	21	203
# Intake Screening	9	12	10	13	14	7	4	7	26	11	12	21	146

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Pharmacy													
# of patients on Medical Meds	24	25	21	25	27	28	24	26	19	19	22	24	284
% ADP on Medical Meds	36.4%	37.9%	31.8%	37.9%	40.9%	42.4%	36.4%	39.4%	28.8%	28.8%	33.3%	36.4%	35.9%
# of patients on HIV Meds	0	0	0	0	0	0	0	0	0	0	0	0	0
% ADP on HIV Meds	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	#DIV/0!
# of patients on Psych Meds	11	17	18	15	15	14	12	8	12	15	11	11	157
% ADP on Psych Meds	16.7%	25.8%	24.2%	22.7%	22.7%	21.2%	18.2%	12.1%	18.2%	22.7%	16.7%	16.7%	19.8%
# of Grievances	0	0	1	2	0	1	0	0	1	0	0	0	5
# of Adverse Patient Occurrences	1	1	0	0	1	0	0	1	1	1	0	1	7
HIV Test Done	7	6	8	5	10	5	2	2	6	7	7	9	74
HIV Cases	0	0	0	0	0	0	0	0	0	0	0	0	#DIV/0!
AIDS Cases	0	0	0	0	0	0	0	0	0	0	0	0	#DIV/0!
Hepatitis Cases	10	15	16	18	21	24	26	27	23	22	20	15	237
Syphilis Cases	0	0	0	0	0	0	0	0	0	0	0	0	0
Gonorrhea Cases	0	0	0	0	0	0	0	0	0	0	0	0	0
# of pregnant females	0	0	0	0	0	0	0	0	0	0	0	0	0
# of patients isolated to rule out MRSA	0	0	0	0	0	0	0	0	0	0	0	0	0
# of confirmed MRSA cases	0	0	0	0	0	0	0	0	0	0	1	0	1
TB Cases	0	0	0	0	0	0	0	0	0	0	0	0	0
PPD Test	1	67	8	11	10	7	4	6	25	10	12	16	177
(+) PPD's	0	0	0	0	0	0	0	0	0	0	0	0	0
RPR Test	1	0	0	0	1	0	2	0	0	0	0	0	4
Inmates on Suicide Watch	0	0	0	0	0	0	0	0	0	0	0	0	0
# of Inmates on Restraints	0	0	0	0	0	0	0	0	0	0	0	0	0
# of Shifts involving Restraints	0	0	0	0	0	0	0	0	0	0	0	0	0
# of Medical Transport	26	21	30	29	20	35	23	22	30	25	37	21	319

PRIMECARE MEDICAL of WEST VIRGINIA, INC.

Statistical Summary Report
Year 2013

Facility: 28 - OCCC - Ohio County Correctional Complex

Rev A

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Monthly ADP	66	66	66	66	66	66	66	66	66	65	67	66	66
Death	0	0	0	0	0	0	0	0	0	0	0	0	0
Inpatient Hosp	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Patient Days	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Outside Consultations	4	0	1	2	3	2	1	3	3	0	1	0	20
Allergy	0	0	0	0	0	0	0	0	0	0	0	0	0
Cardiology	0	0	0	0	0	0	0	0	0	0	0	0	0
Chest Disease	0	0	0	0	0	0	0	0	0	0	0	0	0
Dermatology	0	0	0	0	0	0	0	0	0	0	0	0	0
Dialysis	0	0	0	0	0	0	0	0	0	0	0	0	0
Emergency Room	0	0	0	0	0	1	0	2	0	0	0	0	3
Ambulance Trips	0	0	0	0	0	1	0	0	0	0	0	0	1
Gastroenterology	0	0	0	0	0	0	0	0	0	0	0	0	0
General Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0
General Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynecology	0	0	0	0	0	0	0	0	0	0	0	0	0
Hematology	0	0	0	0	0	0	0	0	0	0	0	0	0
Methadone	0	0	0	0	0	0	0	0	0	0	0	0	0
Neurology	0	0	0	0	0	0	0	0	0	0	0	0	0
Neurosurgery	0	0	0	0	0	0	0	0	0	0	0	0	0
Obstetrics	0	0	0	0	0	0	0	0	0	0	0	0	0
Ophthalmology	0	0	0	0	0	0	0	0	0	0	0	0	0
Orthopedics	0	0	0	0	0	0	0	0	0	0	0	0	0
Physical Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0
Plastic Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0
Podiatry	0	0	0	0	0	0	0	0	0	0	0	0	0
Proctology	0	0	0	0	0	0	0	0	0	0	0	0	0
Psychiatry	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery Performed	4	0	1	2	2	0	1	0	0	0	1	0	11
Thoracic Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0
Urology	0	0	0	0	0	0	0	0	0	0	0	0	0
Outside X-Rays	0	0	0	0	0	0	0	0	0	0	0	0	0
Diagnostic Test (outside)	0	0	0	0	1	0	0	0	0	0	0	0	1
Other Trips / Outside Consults	0	0	0	0	0	0	0	1	3	0	0	0	4

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
In-House EKG's	0	0	2	1	3	4	2	1	1	4	5	2	25
In-House X-Ray's	0	0	3	2	2	4	2	2	2	1	2	1	21
MD Sick Call	0	1	0	0	0	0	9	0	0	0	0	0	10
NP/PA Sick Call	17	4	26	21	27	27	13	28	18	24	9	14	228
MD/PA/CRNP Sick Call	17	5	26	21	27	27	22	28	18	24	9	14	238
Nurse Sick Call	40	49	36	50	50	57	52	44	40	67	51	40	576
MD Physicals	0	0	0	0	0	0	4	0	0	0	0	0	4
NP/PA Physicals	1	0	5	7	4	7	5	11	2	1	0	0	43
Nursing Physicals	0	0	0	0	0	0	0	0	2	7	2	3	14
Annual Physicals	1	0	1	1	0	0	2	3	2	0	0	0	10
Psychiatrist / Group Seen	0	0	0	0	0	0	0	0	0	0	0	0	0
Psychiatrist / Indiv. Seen	6	0	5	6	3	1	5	3	0	3	2	3	37
Psychologist Group	0	0	0	0	0	0	0	0	0	0	0	0	0
Psychologist Indiv. Seen	25	23	25	18	38	23	24	20	22	22	21	11	272
M.H. Worker Groups	0	0	0	0	0	0	0	0	0	0	0	0	0
M.H. Worker Indiv. Seen	0	0	0	0	0	0	0	0	0	0	0	0	0
Involuntary M.H. Commitments	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Inmates Seen by Dentist	22	15	32	20	21	20	16	19	19	19	27	20	250
Extractions	0	2	3	0	0	0	0	2	0	0	1	3	11
Fillings	2	1	6	4	2	7	4	1	2	2	4	3	38
Exams	19	7	19	13	16	10	10	11	15	13	18	8	159
Other	1	5	4	3	3	3	2	5	2	4	4	6	42
Inmates seen by Oral Surgeon	4	0	1	2	2	0	1	0	0	0	1	0	11
In-House Surgeries	0	0	0	0	0	0	0	0	0	0	1	0	1
# Inmates @ in-house clinics	14	4	24	12	14	18	20	12	11	16	8	14	167
# Intake Screening	8	14	21	18	12	7	16	18	13	22	8	20	177

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Pharmacy													
# of patients on Medical Meds	24	19	17	19	24	27	27	24	21	20	19	17	258
% ADP on Medical Meds	36.4%	28.8%	25.8%	28.8%	36.4%	40.9%	40.9%	36.4%	31.8%	30.8%	28.4%	25.8%	33%
# of patients on HIV Meds	0	0	0	0	0	0	0	0	0	0	0	0	0
% ADP on HIV Meds	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0%
# of patients on Psych Meds	8	8	7	8	8	10	9	5	4	3	5	7	82
% ADP on Psych Meds	12.1%	12.1%	10.6%	12.1%	12.1%	15.2%	13.6%	7.6%	6.1%	4.6%	7.5%	10.6%	10%
# of Grievances	0	0	1	1	0	0	1	0	1	2	0	0	6
# of Adverse Patient Occurrences	0	0	1	0	2	0	2	2	0	0	1	0	8
HIV Test Done	1	5	11	2	4	4	6	1	5	7	2	5	53
HIV Cases	0	0	0	0	0	0	0	0	0	0	0	0	0
AIDS Cases	0	0	0	0	0	0	0	0	0	0	0	0	0
Hepatitis Cases	15	14	16	21	20	23	24	20	21	15	18	16	223
Syphilis Cases	0	0	0	0	0	0	0	0	0	0	0	0	0
Gonorrhea Cases	0	0	0	0	0	0	0	0	0	0	0	0	0
# of pregnant females	0	0	0	0	0	0	0	0	0	0	0	0	0
# of patients isolated to rule out MRSA	0	0	0	0	0	0	0	0	0	0	0	0	0
# of confirmed MRSA cases	0	0	0	0	0	0	0	0	0	0	0	0	0
TB Cases	0	0	0	0	0	0	0	0	0	0	0	0	0
PPD Test	8	14	22	6	3	7	9	7	2	3	0	1	82
(+) PPD's	0	0	0	0	0	0	0	1	0	0	0	1	2
RPR Test	0	0	0	0	0	0	0	0	0	0	0	0	0
Inmates on Suicide Watch	0	0	0	0	0	1	0	0	0	0	0	0	1
# of Inmates on Restraints	0	0	0	0	0	0	0	0	0	0	0	0	0
# of Shifts involving Restraints	0	0	0	0	0	0	0	0	0	0	0	0	0
# of Medical Transport	33	15	41	22	32	25	17	25	22	22	34	24	312

PRIME CARE MEDICAL, INC.

Statistical Summary Report
Year 2011

Facility: #15 NRJ Northern Regional Jail

Rev A1

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Monthly ADP	600	577	574	568	604	612	640	639	637	626	592	589	605
Death	0	0	0	1	0	0	0	0	0	0	0	0	1
Inpatient Hosp	0	0	3	3	1	4	2	0	2	2	2	2	21
Total Patient Days	0	0	5	3	2	13	19	0	2	6	7	4	61
Total Outside Consultations	28	20	29	21	27	31	24	25	27	29	22	41	324
Allergy	0	1	0	1	1	0	1	0	0	4	0	1	9
Cardiology	0	1	1	0	1	0	0	0	0	0	1	0	4
Chest Disease	0	0	0	0	0	0	0	0	0	0	0	0	0
Dermatology	0	0	0	0	0	0	0	0	0	0	0	0	0
Emergency Room	3	3	6	4	3	6	4	2	6	5	4	10	56
Ambulance Trips	3	1	4	3	3	3	3	2	3	2	3	1	31
Gastroenterology	0	0	0	0	0	0	0	0	1	0	0	1	2
General Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0
General Surgery	1	0	1	0	0	1	0	1	0	2	1	0	7
Gynecology	0	0	0	0	0	0	0	1	0	0	0	0	1
Hematology	0	0	0	0	0	0	0	0	0	0	0	0	0
Neurology	0	0	0	0	0	0	0	0	0	1	0	0	1
Neurosurgery	0	0	0	0	0	0	0	0	0	0	0	0	0
Obstetrics	2	0	0	0	2	1	0	0	0	0	0	0	5
Ophthalmology	5	2	4	0	4	3	2	3	4	1	3	1	32
Orthopedics	5	5	6	8	4	6	4	5	3	4	2	8	60
Physical Therapy	0	0	0	0	2	1	1	1	1	1	0	0	7
Plastic Surgery	0	0	0	1	0	0	0	0	0	0	0	1	2
Podiatry	0	0	0	0	0	1	0	0	0	0	2	0	3
Proctology	0	0	0	0	0	0	0	0	0	0	0	0	0
Psychiatry	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery Performed	1	3	3	1	0	2	1	1	0	0	1	1	14
Thoracic Surgery	0	0	0	0	0	0	0	1	0	0	0	0	1
Urology	0	0	0	0	0	0	0	1	0	0	0	0	1
Outside X-Rays	2	1	2	0	2	2	3	1	6	2	4	10	35
Diagnostic Test (outside)	4	2	1	3	5	4	3	5	1	7	1	7	43
Other Trips / Outside Consults	2	1	1	0	0	1	2	1	2	0	0	0	10

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
In-House EKG's	35	12	25	22	23	28	10	23	23	33	17	28	279
In-House X-Ray's	23	16	14	20	17	22	13	31	28	20	36	36	276
MD Sick Call	10	14	70	40	73	118	56	72	9	26	45	32	565
NP/PA Sick Call	227	190	185	172	143	120	95	276	238	245	230	214	2335
MD/PA/CRNP Sick Call	237	204	255	212	216	238	151	348	247	271	275	246	2900
Nurse Sick Call	243	248	291	301	279	228	373	271	281	336	290	289	3430
MD Physicals	0	0	3	0	0	0	0	1	0	0	0	0	4
NP/PA Physicals	34	22	9	4	33	10	10	13	22	12	1	10	180
Nursing Physicals	76	99	94	108	107	98	55	104	115	94	110	85	1145
Annual Physicals	14	17	13	17	20	27	21	24	22	21	15	17	228
Psychiatrist / Group Seen	0	0	0	0	0	0	0	0	0	0	0	0	0
Psychiatrist / Indiv. Seen	97	101	101	83	81	75	84	95	81	84	84	78	1044
Psychologist Group	0	0	0	0	0	0	0	0	0	0	0	0	0
Psychologist Indiv. Seen	232	170	194	222	167	180	177	213	259	222	206	216	2458
M.H. Worker Groups	0	0	0	0	0	0	0	0	0	0	0	0	0
M.H. Worker Indiv. Seen	0	0	0	0	0	0	0	0	0	0	0	0	0
Involuntary M.H. Commitments	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Inmates Seen by Dentist	85	103	97	105	117	178	191	111	144	99	159	171	1560
Extractions	13	6	5	6	8	9	18	9	16	7	12	15	124
Fillings	30	26	32	36	31	44	47	18	21	17	30	39	371
Exams	13	22	22	24	26	43	47	32	39	22	34	25	349
Other	29	49	38	39	52	82	79	52	68	53	83	92	716
Inmates seen by Oral Surgeon	2	0	1	0	1	1	0	1	1	4	0	1	12
In-House Surgeries	0	0	1	1	0	2	0	7	5	2	0	0	18
# Inmates @ in-house clinics	128	103	96	114	104	120	66	171	117	124	124	131	1398
# Intake Screening	282	241	277	316	314	305	298	351	309	272	277	283	3525

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Pharmacy													
# of patients on Medical Meds	322	288	288	285	302	310	296	325	321	300	294	276	3607
% ADP on Medical Meds	53.7%	49.9%	50.2%	50.2%	50.0%	50.7%	46.3%	50.9%	50.4%	47.9%	49.7%	46.9%	49.7%
# of patients on HIV Meds	2	1	1	0	0	0	0	1	1	1	1	1	9
% ADP on HIV Meds	0.3%	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%
# of patients on Psych Meds	241	180	139	187	159	168	173	177	188	182	166	183	2143
% ADP on Psych Meds	40.2%	31.2%	24.2%	32.9%	26.3%	27.5%	27.0%	27.7%	29.5%	29.1%	28.0%	31.1%	29.6%
# of Grievances	66	44	35	18	41	30	37	16	29	24	23	24	387
# of Adverse Patient Occurrences	1	2	5	5	5	7	6	8	6	5	8	11	67
HIV Test Done	2	1	7	10	2	5	7	8	6	7	5	8	68
HIV Cases	2	1	1	0	0	0	0	1	1	1	1	1	9
AIDS Cases	0	0	0	0	0	0	0	0	0	0	0	0	0
Hepatitis Cases	49	49	53	28	29	30	31	34	32	39	34	31	439
Syphilis Cases	0	0	0	0	0	0	0	0	0	0	0	0	0
Gonorrhea Cases	0	0	1	0	0	0	0	0	0	0	0	0	1
# of pregnant females	1	1	1	3	2	1	2	1	0	0	0	0	12
# of patients isolated to rule out MRSA	6	2	6	10	8	9	9	10	6	6	1	11	84
# of confirmed MRSA cases	4	0	3	5	2	1	1	3	2	3	0	2	26
TB Cases	0	0	0	0	0	0	0	0	0	0	0	0	0
PPD Test	252	205	249	267	292	221	247	266	242	181	189	221	2832
(+) PPD's	0	0	0	0	0	0	0	0	0	0	0	1	1
RPR Test	0	0	1	0	0	2	0	0	1	1	0	1	6
Inmates on Suicide Watch	19	16	16	25	38	21	16	31	31	30	18	25	286
# of Inmates on Restraints	4	5	4	5	10	7	7	14	11	9	5	8	89
# of Shifts involving Restraints	4	5	5	8	13	7	8	13	13	9	5	8	98
# of Medical Transport	25	20	29	21	27	31	24	25	27	29	22	41	321

PRIME CARE MEDICAL, INC.

Statistical Summary Report
Year 2012

Facility: #15 NRJ Northern Regional Jail

Rev B

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Monthly ADP	596	591	597	579	578	583	597	589	593	600	585	570	588
Death	0	0	0	0	1	0	0	0	0	0	0	0	1
Inpatient Hosp	0	1	2	1	5	1	1	2	1	3	3	2	22
Total Patient Days	0	1	2	1	14	1	15	12	1	8	7	3	65
Total Outside Consultations	24	18	27	21	32	29	12	33	29	43	46	33	347
Allergy	1	0	0	1	4	1	0	0	0	1	0	0	8
Cardiology	1	0	0	1	0	1	0	2	2	1	0	1	9
Chest Disease	0	0	0	0	0	0	0	0	0	0	0	0	0
Dermatology	0	0	0	0	0	0	0	0	0	1	0	0	1
Emergency Room	3	4	5	0	5	11	3	10	8	12	10	6	77
Ambulance Trips	3	1	2	0	3	2	1	2	3	3	5	2	27
Gastroenterology	1	0	0	0	0	0	1	0	0	0	0	0	2
General Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0
General Surgery	0	1	1	1	0	0	0	1	0	2	1	0	7
Gynecology	0	0	0	0	0	0	0	0	0	1	1	0	2
Hematology	0	0	0	1	0	0	1	0	0	0	0	1	3
Neurology	1	0	0	0	0	0	0	0	0	0	0	0	1
Neurosurgery	0	0	0	0	0	0	0	0	0	0	1	0	1
Obstetrics	1	0	0	0	1	1	1	1	0	0	0	0	5
Ophthalmology	2	1	4	6	6	3	2	5	3	3	8	1	44
Orthopedics	3	3	4	2	3	1	1	2	3	5	4	3	34
Physical Therapy	3	0	0	1	0	0	0	0	0	0	0	0	4
Dialysis				1	0	0	0	0	0	0	0	0	1
Plastic Surgery	0	0	1	0	0	0	0	0	0	0	0	0	1
Podiatry	0	0	0	0	0	0	0	0	0	0	2	2	4
Proctology	0	0	0	0	0	0	0	0	0	0	0	0	0
Psychiatry	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery Performed	0	2	0	5	1	0	0	0	1	2	1	4	16
Thoracic Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0
Urology	0	0	0	0	1	1	2	10	0	0	0	0	14
Outside X-Rays	3	4	5	0	5	5	0	0	5	7	10	5	49
Diagnostic Test (outside)	1	1	4	1	0	0	0	0	2	4	2	4	19
Other Trips / Outside Consults	1	1	1	1	3	3	0	0	2	1	1	4	18

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
In-House EKG's	14	22	36	24	26	30	30	16	19	21	25	25	288
In-House X-Ray's	27	35	30	22	30	40	29	23	24	25	23	19	327
MD Sick Call	20	22	15	17	14	24	11	13	14	29	17	7	203
NP/PA Sick Call	310	239	256	284	266	267	242	217	271	288	287	244	3171
MD/PA/CRNP Sick Call	330	261	271	301	280	291	253	230	285	317	304	251	3374
Nurse Sick Call	291	267	281	280	262	248	303	244	250	252	243	272	3193
MD Physicals	0	0	0	0	0	0	0	0	0	0	0	0	0
NP/PA Physicals	15	18	7	13	31	7	14	5	0	6	13	0	129
Nursing Physicals	100	104	128	101	144	72	138	120	124	144	61	111	1347
Annual Physicals	18	18	18	18	22	9	16	18	17	18	12	22	206
Psychiatrist / Group Seen	0	0	0	0	0	0	0	0	0	0	0	0	0
Psychiatrist / Indiv. Seen	76	94	75	55	73	69	66	79	64	81	64	65	861
Psychologist Group	0	0	0	0	0	0	0	0	0	0	0	0	0
Psychologist Indiv. Seen	201	165	169	125	91	145	163	168	139	156	154	133	1809
M.H. Worker Groups	0	0	0	0	0	0	0	0	0	0	0	0	0
M.H. Worker Indiv. Seen	0	0	0	0	0	0	0	0	0	0	0	0	0
Involuntary M.H. Commitments	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Inmates Seen by Dentist	133	159	183	143	136	134	159	174	184	170	154	189	1918
Extractions	10	17	21	9	2	9	17	11	9	22	17	15	159
Fillings	33	29	41	24	27	29	31	44	33	22	38	39	390
Exams	27	43	47	45	44	32	43	41	40	47	39	36	484
Other	63	70	74	65	63	64	68	78	102	79	60	99	885
Inmates seen by Oral Surgeon	0	0	1	1	1	2	0	1	1	5	1	3	16
In-House Surgeries	3	0	2	5	0	0	1	2	0	1	0	0	14
# Inmates @ in-house clinics	159	138	138	141	144	168	120	176	151	132	149	127	1743
# Intake Screening	331	283	388	344	342	331	341	304	362	349	278	276	3930

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Pharmacy													
# of patients on Medical Meds	299	315	310	280	298	314	305	306	300	296	292	283	3598
% ADP on Medical Meds	50.2%	53.3%	51.9%	48.4%	51.8%	53.9%	51.1%	52.0%	50.6%	49.3%	49.9%	49.6%	51.0%
# of patients on HIV Meds	2	1	1	1	1	2	1	1	1	2	2	2	17
% ADP on HIV Meds	0.3%	0.2%	0.2%	0.2%	0.2%	0.3%	0.2%	0.2%	0.2%	0.3%	0.3%	0.4%	0.2%
# of patients on Psych Meds	178	179	181	153	143	142	154	167	156	137	139	142	1871
% ADP on Psych Meds	29.9%	30.3%	30.3%	26.4%	24.7%	24.4%	25.8%	28.4%	26.3%	22.8%	23.6%	24.9%	26.5%
# of Grievances	21	16	44	18	26	26	41	49	39	64	46	44	434
# of Adverse Patient Occurrences	8	9	11	0	7	11	3	6	12	11	3	7	88
HIV Test Done	8	5	2	3	7	4	9	3	6	6	1	5	59
HIV Cases	2	1	1	1	1	1	1	1	1	3	3	3	2
AIDS Cases	0	0	0	0	0	0	0	0	0	0	0	0	#DIV/0!
Hepatitis Cases	38	28	28	28	25	23	32	34	21	33	33	26	349
Syphilis Cases	0	0	0	0	0	0	0	0	0	0	0	0	0
Gonorrhea Cases	0	0	0	1	0	0	0	0	0	0	0	0	1
# of pregnant females	2	0	0	3	3	1	2	1	0	0	1	0	13
# of patients isolated to rule out MRSA	8	2	11	9	6	4	8	10	10	10	5	6	89
# of confirmed MRSA cases	2	1	4	5	1	2	1	2	2	4	0	1	25
TB Cases	0	0	0	0	0	0	0	0	0	0	0	0	0
PPD Test	260	248	315	293	302	287	285	236	289	271	204	229	3219
(+) PPD's	0	0	0	0	0	0	0	0	0	0	0	1	1
RPR Test	2	0	0	0	0	2	2	0	2	2	0	1	11
Inmates on Suicide Watch	24	25	23	9	20	22	23	20	28	21	15	19	249
# of Inmates on Restraints	6	6	8	5	3	0	12	3	1	6	8	3	59
# of Shifts involving Restraints	7	9	8	6	3	0	14	3	1	11	8	4	74
# of Medical Transport	24	18	27	21	32	29	12	33	29	43	46	33	347

PRIMECARE MEDICAL of WEST VIRGINIA, INC.

Statistical Summary Report
Year 2013

Facility: 15 - NRJ - Northern Regional Jail

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Rev A Total
Monthly ADP	580	513	546	568	553	563	572	565	559	559	542	520	553
Death	0	0	1	0	0	0	1	0	0	0	0	0	2
Inpatient Hosp	4	3	3	1	1	2	5	4	1	2	4	2	32
Total Patient Days	10	15	20	1	2	5	8	11	1	2	9	2	86
Total Outside Consultations	42	34	30	12	17	32	41	40	26	42	34	26	376
Allergy	1	0	0	1	0	0	0	1	1	0	1	0	5
Cardiology	1	1	0	0	1	1	0	4	4	5	1	0	18
Chest Disease	0	0	0	0	0	0	0	0	0	0	0	0	0
Dermatology	0	1	0	0	0	0	0	0	0	0	0	2	3
Dialysis	0	0	0	0	0	0	0	0	0	0	0	0	0
Emergency Room	7	8	9	3	5	9	13	11	5	10	7	6	93
Ambulance Trips	5	2	3	0	0	5	7	7	3	4	6	5	47
Gastroenterology	0	0	0	0	0	0	0	0	0	0	1	0	1
General Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0
General Surgery	4	1	0	1	1	1	0	0	0	0	0	0	9
Gynecology	1	0	0	0	0	0	0	0	0	0	0	0	1
Hematology	1	1	1	0	0	0	0	0	0	0	0	0	3
Methadone	1	0	0	0	0	0	0	0	0	0	0	0	1
Neurology	1	0	0	0	0	0	0	0	0	1	0	0	2
Neurosurgery	0	0	0	0	0	0	0	0	1	0	0	0	1
Obstetrics	0	0	0	0	0	0	0	0	2	1	3	0	6
Ophthalmology	4	4	0	1	3	7	4	0	1	2	2	3	31
Orthopedics	2	0	2	0	0	0	1	1	1	2	0	0	9
Physical Therapy	0	0	0	0	0	1	0	0	0	1	0	0	2
Plastic Surgery	0	0	0	0	0	0	1	1	0	0	0	0	2
Podiatry	1	2	2	0	0	0	0	0	0	0	0	0	5
Proctology	0	0	0	0	0	0	0	0	0	0	0	0	0
Psychiatry	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery Performed	1	3	1	1	0	1	0	2	1	2	1	0	13
Thoracic Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0
Urology	0	0	0	0	1	2	0	1	0	1	2	0	7
Outside X-Rays	6	8	9	2	5	5	13	11	5	10	6	6	86
Diagnostic Test (outside)	5	2	2	2	0	0	1	1	0	2	3	2	20
Other Trips / Outside Consults	1	1	1	1	1	0	1	0	2	1	0	2	11

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
In-House EKG's	40	25	26	39	31	29	47	34	31	31	50	35	418
In-House X-Ray's	32	17	19	29	31	25	35	26	24	25	39	37	339
MD Sick Call	3	4	3	1	0	1	5	95	8	9	22	0	151
NP/PA Sick Call	355	195	273	344	209	300	182	69	177	231	161	210	2706
MD/PA/CRNP Sick Call	358	199	276	345	209	301	187	164	185	240	183	210	2857
Nurse Sick Call	262	220	284	355	320	280	307	331	298	266	282	272	3477
MD Physicals	0	0	0	0	0	0	0	0	0	0	0	0	0
NP/PA Physicals	0	0	1	0	0	1	0	0	0	0	0	0	2
Nursing Physicals	129	139	95	160	153	103	151	134	115	131	99	95	1504
Annual Physicals	19	12	16	26	17	5	27	18	11	12	13	10	186
Psychiatrist / Group Seen	0	0	0	0	0	0	0	0	0	0	0	0	0
Psychiatrist / Indiv. Seen	64	63	77	62	78	55	74	77	67	81	47	79	824
Psychologist Group	0	0	0	0	0	0	0	0	0	0	0	0	0
Psychologist Indiv. Seen	120	122	176	168	158	130	153	154	154	114	163	99	1711
M.H. Worker Groups	0	0	0	0	0	0	0	0	0	0	0	0	0
M.H. Worker Indiv. Seen	0	0	0	0	0	0	0	0	0	0	0	0	0
Involuntary M.H. Commitments	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Inmates Seen by Dentist	95	129	102	129	106	182	134	148	146	120	169	130	1590
Extractions	9	17	4	14	5	4	11	10	5	6	6	5	96
Fillings	15	18	16	26	28	29	30	36	33	24	36	37	328
Exams	25	33	35	28	29	44	46	52	42	35	49	19	437
Other	46	61	47	61	44	105	47	50	66	55	78	69	729
Inmates seen by Oral Surgeon	0	0	1	1	1	1	0	0	2	1	0	1	8
In-House Surgeries	2	1	0	0	0	0	3	0	0	0	1	3	10
# Inmates @ in-house clinics	163	114	137	213	78	136	89	71	108	133	68	149	1459
# Intake Screening	402	305	335	407	374	391	361	417	353	333	314	323	4315

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Pharmacy													
# of patients on Medical Meds	319	253	304	287	265	270	285	269	286	297	266	292	3393
% ADP on Medical Meds	55.0%	49.3%	55.7%	50.5%	47.9%	48.0%	49.8%	47.6%	51.2%	53.1%	49.1%	56.2%	51%
# of patients on HIV Meds	2	2	2	1	1	2	2	2	3	1	0	0	18
% ADP on HIV Meds	0.3%	0.4%	0.4%	0.2%	0.2%	0.4%	0.3%	0.4%	0.5%	0.2%	0.0%	0.0%	0%
# of patients on Psych Meds	133	116	124	122	119	110	125	115	117	123	114	119	1437
% ADP on Psych Meds	22.9%	22.6%	22.7%	21.5%	21.5%	19.5%	21.9%	20.4%	20.9%	22.0%	21.0%	22.9%	22%
# of Grievances	41	32	29	25	23	12	16	18	23	16	28	20	283
# of Adverse Patient Occurrences	3	5	6	3	4	6	11	10	7	27	27	15	124
HIV Test Done	3	1	3	6	8	11	18	10	11	12	6	6	95
HIV Cases	2	2	2	1	1	2	2	2	3	1	0	0	2
AIDS Cases	0	0	0	0	0	0	0	0	0	0	0	0	0
Hepatitis Cases	30	36	37	46	32	50	43	42	34	38	42	46	476
Syphilis Cases	0	0	0	0	0	0	0	0	0	0	0	0	0
Gonorrhea Cases	0	0	0	0	0	0	0	0	0	0	0	0	0
# of pregnant females	3	0	0	0	0	2	1	0	2	1	1	0	10
# of patients isolated to rule out MRSA	7	3	4	14	10	13	13	14	3	16	6	4	107
# of confirmed MRSA cases	1	2	0	5	4	6	3	4	1	6	4	1	37
TB Cases	0	0	0	0	0	0	0	0	0	0	0	0	0
PPD Test	292	239	226	306	264	266	272	254	200	32	5	5	2361
(+) PPD's	0	0	0	2	0	0	0	0	0	0	1	0	3
RPR Test	1	0	0	0	0	1	1	0	0	0	0	0	3
Inmates on Suicide Watch	19	12	16	20	22	16	18	23	25	25	29	28	253
# of Inmates on Restraints	13	6	2	6	4	5	7	14	2	7	15	8	89
# of Shifts involving Restraints	14	11	2	6	5	5	9	12	2	8	14	9	97
# of Medical Transport	42	34	30	12	17	32	41	40	26	42	34	26	376

Attachment
Seven
Staffing
NCC, NRJ & OCCC

NORTHERN REGIONAL JAIL		
Personnel Category	Current FTE's	Proposed FTE's
Medical Director (Physician)	0.350	0.350
Program Administrator (Physician Assistant / RN / LPN)	1.000	1.000
Physician Assistant / Nurse Practitioner	0.150	0.150
Registered Nurse	1.000	1.000
Licensed Practical Nurse	8.200	8.600
Medical Assistant	0.000	0.000
Dentist	0.250	0.250
Psychiatrist	0.100	0.100
Psychologist	0.200	0.200
Clerical / Support Staff	1.000	1.000
Total All Staff	12.250	12.650

OHIO COUNTY CORRECTIONAL COMPLEX		
Personnel Category	Current FTE's	Proposed FTE's
Medical Director (Physician)	0.050	0.050
Program Administrator (Physician Assistant / RN / LPN)	1.000	1.000
Physician Assistant / Nurse Practitioner	PRN	PRN
Registered Nurse	0.000	0.000
Licensed Practical Nurse	3.500	4.500
Medical Assistant	0.000	0.000
Dentist	NRJ	NRJ
Psychiatrist	NRJ	NRJ
Psychologist	0.050	0.050
Clerical / Support Staff	0.000	0.000
Total All Staff	4.600	5.600

Attachment

Eight

3-Year Medical
Payment
NRJ, NCC, OCCC

PRIMECARE MEDICAL INC
 NORTHERN REGIONAL JAIL AND OHIO COUNTY
 3 YEAR MEDICAL PAYMENT SUMMARY

NORTHERN REGIONAL JAIL AND CORRECTIONAL FACILITY

	<u>YRLY AVG ADP</u>	<u>MONTHLY</u>	<u>ADP Charges</u>
2/1/11-1/31/12	604.9	1,716,570.00	139,835.07
2/1/12-1/31/13	588.22	1,716,570.00	95,414.59
2/1/13-1/31/14	557.94	1,716,570.00	24,388.50
2/1/14-PRES	528.17	<u>715,237.50</u>	<u>-</u>
TOTALS		5,864,947.50	259,638.16

OHIO COUNTY CORRECTIONAL FACILITY

	<u>YRLY AVG ADP</u>	<u>MONTHLY</u>	<u>ADP Charges</u>
2/1/11-1/31/12	66.06	187,262.16	26,695.04
2/1/12-1/31/13	65.84	187,262.16	14,980.00
2/1/13-1/31/14	65.89	187,262.16	14,861.44
2/1/14-PRES	65.89	<u>78,025.90</u>	<u>3,767.73</u>
TOTALS		639,812.38	60,304.21

**COR61566 - Inmate Comprehensive Healthcare and Mental Health Services
COST SHEET - revised by Addendum #12**

000091

Vendor must provide an annualized itemized proposal cost to include:

Item #	Description	Amount
1	Salaries - Healthcare Component	
2	Associated Benefits - Healthcare Component	
3	Pharmaceuticals - Healthcare Component	
Provide Pharmaceutical Vendor Name and Location:		
4	Optical	
Provide Optical Vendor Name and Location:		
5	Other Miscellaneous Supplies - Healthcare Component	
6	Salaries - Mental Health Component	
If applicable, provide subcontractor name		
7	Associated Benefits - Mental Health Component	
8	Pharmaceutical and Other Mental Health Component Costs	
Provide Pharmaceutical Vendor Name and Location:		
9	Hospital	
10	Specialty consults, referrals, etc.	
11	Malpractice	
12	Pharmacy Consult (for Work Release status inmates only)	
13	Administrative Overhead/Management Fee	
14	Other Costs - Please itemize and list any additional costs	
Total Annualized Cost		

Remittance will be annualized, divided by 12-months to equal monthly cost

COR61566 - Inmate Comprehensive Healthcare and Mental Health Services
COST SHEET - revised by Addendum #12

000092

Vendor must provide an annualized itemized proposal cost to include:

15	Mental Health Appraisals-DOC Inmates Housed at Regional Jails- Approximately 100/month-Vendor shall bid cost per appraisal	
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16	Psychological Evaluations-DOC Inmates Housed at Regional Jails- Approximately 40/month-Vendor shall bid cost per appraisal	
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Total #15 and #16	
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Total Annualized Cost + Total #15 and #16	
-------------------------------------------	--

Bidder/Vendor Information:

Name:
Address:
Phone No.:
Fax No.:
Email Address:
Authorized Signature

Failure to use this form may result in disqualification

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: COR61566

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

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

Addendum Numbers Received:

(Check the box next to each addendum received)

<input type="checkbox"/> Addendum No. 1	<input type="checkbox"/> Addendum No. 6	<input type="checkbox"/> Addendum No. 11	<input type="checkbox"/> Addendum No. 16
<input type="checkbox"/> Addendum No. 2	<input type="checkbox"/> Addendum No. 7	<input type="checkbox"/> Addendum No. 12	<input type="checkbox"/> Addendum No.17
<input type="checkbox"/> Addendum No. 3	<input type="checkbox"/> Addendum No. 8	<input type="checkbox"/> Addendum No. 13	<input type="checkbox"/> Addendum No.18
<input type="checkbox"/> Addendum No. 4	<input type="checkbox"/> Addendum No. 9	<input type="checkbox"/> Addendum No. 14	<input type="checkbox"/> Addendum No.19
<input type="checkbox"/> Addendum No. 5	<input type="checkbox"/> Addendum No. 10	<input type="checkbox"/> Addendum No. 15	<input type="checkbox"/> Addendum No.20

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

Company

Authorized Signature

Date

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