

AGREEMENT is made this 9th day of December 2014, by the COUNTY OF WASHTENAW, a municipal corporation, with offices located in the County Administration Building, 220 North Main Street, Ann Arbor, Michigan 48107 ("County") and Correct Care Solutions, LLC located at 1283 Murfreesboro Road, Suite 500, Nashville, TN 37217 ("Contractor").

In consideration of the promises below, the parties mutually agree as follows:

ARTICLE I - SCOPE OF SERVICES

The Contractor will provide the following services as outlined below and detailed in Exhibit A and Exhibit B

A. Receiving Screening (Prior to Booking)

Inquiry into all of the following in accordance with the Michigan Department of Corrections: Administrative Rules for Jails and Lockups:

- Current illness and health problems, including venereal diseases and other infectious diseases.
- Dental problems
- Mental health problems.
- Use of alcohol and other drugs, including all of the following information.
- The type of types of drugs used.
 - Mode of use.
 - Amounts used
 - Frequency used
 - Date or time of last use.
- History of any problems that may have occurred after ceasing use, for example, convulsions.
- Past and present treatment or hospitalization for mental disturbance or suicide.
- Possibility of pregnancy.
- Other health problems designated by the responsible physician
- Observation of all of the following:
 - Behavior
 - State of consciousness
 - Mental status.
 - Appearance
 - Conduct
 - Tremor.
 - Sweating.
 - Body deformities and ease of movement
 - Condition of skin, including any of the following.
 - Trauma markings
 - Bruises
 - Lesions.
 - Jaundice.
 - Rashes and infestations
 - Needle marks or other indications of drug abuse.
- The medical disposition of inmate shall be to 1 of the following:
 - General population

- General population with prompt referral to appropriate health care service
- Referral to appropriate health care service for emergency treatment

B. Detoxification

- In connection with the receiving screening process, it is frequently determined that a new inmate is suffering from drug and/or alcohol abuse. If this is determined and treatment is needed, a medically approved and supervised detoxification plan, will be initiated
- Inmates reporting the use of alcohol, opiates, stimulants, sedative hypnotic drugs or other legal or illegal substances shall be evaluated for their degree of reliance on and potential for withdrawal from these substances
- The Contractor will establish formal detoxification procedures for their staff to follow

C. Health Assessment

In accordance with Michigan Department of Corrections Administrative Rules for *Jails and Lockups*: a health appraisal for each inmate must be completed by a trained health care person within 14 days after arrival at the facility. If there is documented evidence of a health appraisal within the previous 90 days, then a new health appraisal is not required, except as determined by the designated health authority. A health appraisal includes at least all of the following:

- Review screening performed prior to booking.
- Collection of additional data to complete the medical, dental, mental health, and immunization histories.
- Laboratory or diagnostic tests, or both, to detect communicable disease, including venereal disease and tuberculosis.
- Recording of all of the following:
 - Height
 - Weight
 - Pulse.
 - Blood pressure
 - Temperature.
- Other tests and examinations, as appropriate.
- Medical examination, including review of mental and dental status.
- Screening for visual and hearing problems.
- Review of the results of the medical examination and tests and identification of problems by a physician or other qualified health care personnel.
- Initiation of therapy when appropriate.
- Development and implementation of a treatment plan, including recommendations concerning housing, job assignment, and program participation
- An inmate diagnosed as being contagious shall be removed from the facility or *quarantined in well-ventilated quarters and separate from other inmates. In a case of suspected contagion, the Health Services Administrator shall consult with the Sheriff and or his designee, health authority or the local health department.*
- Inmates incarcerated for over a year will be given an annual health assessment

If the health assessment establishes that an inmate has a chronic health problem, such as HIV, Diabetes, Hypertension, Epilepsy, etc., a Specialized Treatment Plan for the inmate will be initialized.

D. Daily Triage of Complaints

In order to assure that inmate health problems and complaints are handled promptly and to assure that the appropriate level of medical services is provided in the most efficient manner, the Contractor will operate the health care delivery system in a structured triage modality.

- The responsible physician will implement the triage system, which will be followed by all health care personnel. This will assure that inmates receive the appropriate level of care and that their complaints are properly processed and resolved.
- Inmate health complaints (written and oral) will be received daily by the nursing staff. As the first step in the triage system, the inmate will be seen by a nurse and receive appropriate treatment within the scope of the Nurse Practice Act. Those inmates requiring a higher level of services will be referred to the physician or dentist or to the appropriate mental health professional.
- If the physician, dentist or psychiatrist determines that the inmate's condition requires specialized treatment or medical resources beyond those available at the jail, then an appropriate referral to outside medical services will be made.

E. Sick Call

- Sick Call will be conducted daily by a nurse. As noted previously, the majority of inmates to be seen by the physician will have been screened as part of the formal triage system.
- The total hours of sick call will be at the discretion of the Contractor.
- An inmate's custody status can preclude his or her attendance at sick call, and arrangements will be made to provide sick call services to segregated inmates.
- The Segregated Housing Areas are to be visited a minimum of three (3) times a week.
- Of necessity, appropriate documentation will be recorded and maintained for all inmates seen at Sick Call. This information will be incorporated into the inmate's permanent medical record.

An inmate's medical record will contain appropriate entries documenting each sick call encounter (i.e., an inmate's specific health complaints, the assessment of the health care professional who saw the inmate, the prescribed treatment plan, and any follow-up encounters up to the point of medical resolution of the problem). This will assure that all inmates' health complaints are promptly and properly handled, documented and followed through to a satisfactory resolution.

F. Medical Department Staff Requirements

The Contractor will provide staffing in compliance with the following schedule:

Position	Shift	Scheduled Hours							Total		Total
		Sun	Mon	Tue	Wed	Thu	Fri	Sat	Hours	FTEs	FTEs
Health Services Administrator (HAS/RN)	Day		8 00	8 00	8 00	8 00	8 00		40 00	1 00	1 00
	Evening										
	Night										
Registered Nurse (RN)	Day										1 20
	Evening		8 00	8 00	8 00	8 00	8 00	8 00	48 00	1 20	
	Night										
Licensed Practical	Day	16 00	16 00	16 00	16 00	16 00	16 00	16 00	112 00	2 80	7 00
	Evening	16 00	16 00	16 00	16 00	16 00	16 00	16 00	112 00	2 80	

Nurse (LPN)	Night	8 00							56 00	1 40	
Certified Medical Assistant (CMA) (Clerical)	Day		7 00	7 00	7 00	7 00	8 00		36 00	0 90	0 90
	Evening										
	Night										
Physician	Day										0 25
	Evening		4 00	2 00		4 00			10 00	0.25	
	Night										
Dentist	Day										0 20
	Evening			4 00		4 00			8 00	0.20	
	Night										
Dental Assistant	Day										0 20
	Evening			4 00		4 00			8.00	0 20	
	Night										
Radiology Technician	Day										0 10
	Evening				4 00				4 00	0 10	
	Night										
Certified Medical Assistant (CMA) (Pharmacy)	Day	8 00	8 00	8 00	8 00	8 00	8 00	8 00	56 00	1 40	1 40
	Evening										
	Night										
Totals		48 00	75.00	81 00	75 00	83 00	72 00	56.00	190 00	12 25	12 25

The following staff services shall be provided:

- a) A physician on site at a minimum of three days per week for no less than 10 hours per week
- b) Physician on-call twenty-four (24) hours per day
- c) A dentist on site at a minimum of two days per week for no less than 8 hours per week.
- d) A full time on site Health Services Administrator (RN)
- e) RN on site 8 hours per day, 6 days per week
- f) Nurses on site 24 hours per day, 7 days per week, 365 days per year.
- g) Dental assistant 2 days per week for total of 8 hours (hours to coordinate with Dentist)
- h) Pharmacy Tech on site 8 hours per day, 7 days per week
- i) Clerical staff a minimum of 32 hours per week.
- j) Medical Director Review 2 hours per week or as needed
- k) On call Clinical Administrator 24 hours per day, 7 days per week, 365 days per year
- l) On call Medical Director 24 hours per day, 7 days per week, 365 days per year
- m) On occasion, a need may arise for additional medical staff to care for and meet the needs of an individual inmate. Fees for this service, if needed, would be contracted for in an addendum to the original contract.

G. Hospital Care

- a) When it is medically necessary to transfer an inmate to an acute care hospital for treatment, the Contractor will utilize facilities and services of an accredited local hospital(s) acceptable to the Sheriff, except in the case of an emergency where the Contractor is unable to obtain the approval of the Sheriff prior to transfer. The cost for such transfer and transportation and the security therefor shall be the sole responsibility of the County.
- b) The Contractor will arrange for, monitor and review all inpatient hospitalizations
- c) Throughout any inpatient confinement, the Contractor will continually monitor the medical necessity for the confinement and will seek to have the inmate discharged as soon as conditions permit.

- d) To provide continuity of care, a *Discharge Summary* will be obtained from the hospital upon the inmate's release
- e) Currently, the County utilizes Blue Cross/Blue Shield for inmate off-site services, if the inmate does not have other insurance and is not eligible for Medicaid. Contractor will submit inmate's data to BC/BS when off-site services are needed. Contractor will also be responsible for removing inmate out of BC/BS after service has been received. If County receives charges from BC/BS after inmate has been released from custody and contract is responsible for inmate not being removed from BC/BS, Contractor will be responsible for reimbursing the County for these charges. Unless charges have been removed by BC/BS or there has been a mutual written agreement between County and Contractor.
- f) For all hospitalized inmates, Contractor will check to see if inmate has health insurance. If inmate does not have health insurance and would be eligible for Medicaid, Contractor shall assist with the application process. Hospital will be notified of insurance status. Contractor **shall not** enter the inmate into the County BC/BS system if the inmate has other health insurance or is eligible for Medicaid. Contractor will enter and remove inmate information from the Blue Cross/Blue Shield system if the inmate does not have health insurance and is not eligible for Medicaid.
- g) Contractor will enroll eligible inmates in Medicaid in accordance with the State of Michigan guidelines

H. Specialty Services

- If an inmate has a condition, which can only be treated by a medical specialist or in a clinic, the Contractor will make arrangements with outside specialists for the provision of specialty care
- The Contractor will schedule, and coordinate with the Transport Supervisor of the County or his/her designee
- Out-patient procedures will be scheduled during normal business hours Monday through Friday excluding Washtenaw County Holidays. If necessary, services shall be available 24 hours per day, 7 days per week, 365 days per year and will be coordinated in emergency situations
- The cost of transportation and security for all such outside specialists, out-patient procedures and off-site care shall be the sole responsibility of the County.

I. Emergency Services

- Certain members of the professional health care staff, including the Health Services Administrator and physician, will have twenty-four (24) hour on-call responsibility for any emergency that may arise. Twenty-four (24) hour per day staff nursing coverage will be provided.
- In the event of an emergency, the on-site medical staff will immediately respond to the scene to assess and stabilize the inmate. If necessary, other medical personnel will be notified and will respond. The inmate will be stabilized and, if warranted, transferred to a hospital Emergency Room for further treatment. The staff nurse on duty will contact the emergency facility and verbally describe the symptoms and provide details regarding the inmate's condition. A written report will accompany the inmate.
- When emergency transportation is required, the nurse will decide whether an ambulance or security van is required and then notify the Shift Sergeant

- The Shift Sergeant shall have the authority to order any inmate transported to the emergency room for evaluation regardless of objections by the medical department
- The costs of all emergency transportation and the security therefor shall be the sole responsibility of the County

J. Ancillary Services

- The Contractor will perform any routine laboratory tests at their discretion, which can appropriately be conducted inside the jail.
- When it is necessary to use outside laboratory services, the on-site health care personnel will be expected to draw all specimens and prepare them for transport to the appropriate laboratory
- All specimens will be collected in accordance with accepted laboratory standards. They will be properly stored and labeled prior to being sent out for processing
- The Contractor will use laboratory testing facilities and services of a nationally known and accredited laboratory
- All results, when returned, will be checked by the nurse on duty. The results will first be forwarded to the staff physician for reading and then filed as part of the inmate's medical record. The physician will be notified immediately by the nurse if any grossly abnormal lab value is detected
- To minimize security risks and transportation costs associated with sending inmates to outside facilities for x-rays, routine x-rays can be performed within the jail by a certified x-ray technician using County's on site x-ray equipment or a mobile x-ray company

K. Dental Care

- Basic dental care will be provided to each inmate under the direction and supervision of a licensed dentist
- Each new inmate will receive a dental screening as part of the health assessment. Dental symptoms or conditions will be recorded.
- The inmate will receive immediate dental treatment if an emergency condition exists.
- Dental services will be provided as clinically indicated including.
 - Basic dental services including, examinations and extractions
 - Dental x-ray services for diagnostic and treatment purposes.
 - Oral surgery as may be clinically indicated either on-site or off-site, as the case may dictate. In the event off-site dental care is required, the County shall be responsible for all costs of transportation and security

L. Mental Health Services

- a) Mental health services are primarily provided by Washtenaw County's Community Support and Treatment Services (CSTS).
- b) The Contractor will be responsible for collaboratively working with CSTS
- c) Contractor is responsible for all psychotropic medication costs up to the psychotropic medications cap, as further explained in Article II
- d) Contractor will be responsible for reviewing Psychiatrist orders and ordering prescribed medications or tests.
- e) Contractor will be responsible for distributing medications to inmates as prescribed by psychiatrist

M. Medical Records

- a) All inmates must have a medical record which is kept up-to-date, and which complies with problem oriented medical record format and standards. All procedures concerning the confidentiality of the medical record including HIPAA compliance and applicable standards, rules shall be followed. All inmate medical records are the property of the Washtenaw County Sheriff's Office
- b) Inmates will not have access to medical records unless proper procedure for review is followed or as is otherwise required under federal or state law, including HIPAA
- c) Medical records will be maintained separately from an inmate's legal/confinement records.
- d) The physician must sign off on every x-ray, lab or specialty consult report, before it is placed in the chart. This will assure continuity of care.
- e) In any case where medical care is at issue, or in any criminal or civil litigation, where the physical or mental condition of an inmate is at issue, the Contractor shall make all records accessible to the Sheriff, Jail Commander, Contract Administrator, Prosecutor, or County Attorney. The Contractor additionally acknowledges compliance with and understanding of all applicable HIPAA requirements.
- f) A Medical Flow Sheet will be transferred with an inmate when the inmate is transferred to another institution unless otherwise requested by Administration
- g) Upon written authorization of an inmate, medical record information will be released. The file folder and other equipment costs needed to provide medical records shall be the responsibility of the Contractor
- h) The Washtenaw County Sheriff's Office shall be the absolute and unqualified owner of all inmate medical records. Contractor shall ensure that inmate health information is available to meet the needs of continued patient care, legal requirements, research, education, and other legitimate uses.

N. Pharmaceutical

Contractor will provide written policy and defined procedures and actual practice evidences, that pharmaceutical services are sufficient to meet the needs of the Washtenaw County Sheriff's Office and are in accordance with all legal requirements

- a) Compliance with all applicable state and federal regulations regarding *prescribing, dispensing, administering, and procuring pharmaceuticals.*
- b) Where there is no staff pharmacist, a consulting pharmacist is used for visits and consultation on a regular basis, and not less than quarterly.
- c) All drugs are stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Antiseptics, other drugs for external use, and disinfectants are stored separately from internal and injectable medications. Drugs requiring special storage for stability - for example, drugs that need refrigeration - are so stored
- d) An adequate and proper supply of antidotes and other emergency drugs, and related information (including posting of the poison control telephone number in areas where overdoses or toxicological emergencies are likely), are readily available to the staff to meet the needs of the jail
- e) Policies and procedures that govern pharmaceutical services should include but are not necessarily limited to the following.
 - 1. Development and subsequent updating of a facility formulary or drug list for pharmaceuticals stocked by the Contractor.
 - 2. Procurement, dispensing, distribution, accounting, administration, and disposal of pharmaceuticals.

- 3 Maintenance of records as necessary to ensure adequate control of and accountability for all drugs
- 4 Maximum security storage of and accountability by use for Drug Enforcement Agency (DEA)-controlled substances, needles, syringes, and other abusable items.
5. Automatic drug stop orders or required periodic review of all orders for DEA-controlled substances, psychotropic drugs, or any other drug that should be restricted because it lends itself to abuse or for any other reason dictating that patient compliance be monitored.
6. A method for notifying the responsible practitioner of the impending expiration of a drug order so that the practitioner can determine whether the drug administration is to be continued or altered
- 7 Administration of drugs only upon the order of a physician, dentist, or other authorized individual with designated privileges
- 8 Maintaining all medications under the control of appropriate staff members. Except for self-medication programs approved by the Sheriff and or his designee and the responsible physician (e g , "keep-on-person" program), inmates do not prepare, dispense, or administer medication.
9. Maintenance of drug storage and medication areas of drugs that are outdated, discontinued, or recalled.

O. Special Needs Treatment Planning

- The Contractor will provide all special health care services required including, but not limited to, chronic and convalescent care, pregnancy and special diets in coordination with the kitchen
- Individual treatment plans will be developed for all chronically ill and convalescing inmates. Examples of chronic illness include diabetes, hypertension, asthma, and epilepsy, etc.
- Convalescing inmates include those recovering from fractures, inpatient surgical procedures, and communicable diseases.
- The type of treatment would be determined by the needs of the individual inmate, but would include such things as medications, special diets, physical therapy, laboratory tests or dressing changes

P. Health Education

The Contractor shall provide inmate health education when appropriate.

Q. Coordination with the Administration and Staff

The Contractor shall provide a written plan to assure that appropriate coordination with correctional administration and staff is maintained

- The Health Services Administrator shall meet with the Sheriff's designee who is responsible for the medical program and/or other members of the WCSO Administration at least once a week
- The Contractor shall regularly confer with the facility administration at these meetings regarding any existing health related procedures at the WCSO and any proposed changes in health related procedures, as well as any other matter which either party deems appropriate

R. Policies and Procedures

- The Contractor shall provide, develop, comprehensive written healthcare policies and procedures that detail how their program objectives will meet the needs of WCSO.
- All policies of the successful Contractor, which are in effect written or otherwise at WCSO, and involve any responsibility of the security personnel shall be specifically discussed before implementation and on an annual basis with the Sheriff and or his designee

S. Management Reports

- The Contractor shall collaborate with Sheriff and or his designee(s) to develop individualized monthly, quarterly, and annual management reports.
- Reports provide information for the monitoring and evaluation of health services including trend identification and cost containment opportunities
- Contractor to include sample of a proposed monthly, quarterly and annual report

T. Quality Assurance

The Contractor shall provide a written plan of quality assurance procedures/program

U. Staffing

- Each member of the health care staff must be properly licensed, pass a criminal record check, through the WCSO and must receive appropriate orientation and training before assuming responsibilities within the WCSO.
- The staff will follow the security procedures established by the Sheriff
- The Sheriff's Office, in its sole discretion, reserves the right to have any Contractor-employee removed/terminated from working at the facility.
- The Contractor shall make provisions for WCSO participation in the interviewing and hiring of the on site Health Services Administrator With proper cause, other provisions shall be made as requested.

V. Grievance Procedure

The Contractor agrees to develop a grievance procedure in cooperation with WCSO administration. The procedure shall include review of all complaints by the Health Services Administrator, a regularly scheduled forum to address inmate concerns, participation in a regularly scheduled multidisciplinary team case management meeting to strategize treatments, address concerns, and written responses to all complaints and grievances.

W. Other

- a) Contractor shall collect on site physical evidence (blood draws) within guidelines established by the NCCHC for Washtenaw County arrests only. The County will be responsible for arranging any testing and bear the cost of collection and testing the collected evidence. After collecting evidence Contractor's healthcare staff shall turn the specimen over to the Sheriff or a court designated representative for completion of chain-of-custody evidence.
- b) Contractor will be compensated for each physical evidence blood draw. Contractor shall also provide expected compensation for healthcare staff subpoenaed to provide court ordered testimony for physical evidence blood draws.

- c) Contractor shall provide separate costs for each of Hepatitis-B vaccines, Flu vaccines and TB testing for WCOS employees. County would notify Contractor of need and a mutually agreed upon plan would be implemented. Fees for these services, if contracted for, would be contracted for in an addendum to the original contract.
- d) Contractor will specify a detailed plan for the implementation and operation of a cost containment and incentives based programs. Addressed in this section shall be the mechanism by which the Contractor plans to control healthcare costs, areas in which cost savings will be achieved, and evidence of the success of such a program at other contract sites

ARTICLE II - COMPENSATION

Upon completion of the above services and submission of invoices the County will pay the Contractor an annual amount listed:

2015: One Million Two Hundred Eighty Five Thousand Five Hundred Seven Dollars and Four Cents (\$1,285,507 04)

2016 One Million Three Hundred Eleven Thousand Two Hundred Seventeen Dollars and Eighteen Cents (\$1,311,217 18)

2017. One Millions Three Hundred Thirty Seven Thousand Four Hundred Forty One Dollars and Fifty Two Cents (\$1,337,441 52)

2018 One Million Three Hundred Sixty Four Thousand One Hundred Ninety Dollars and Thirty Five Cents (\$1,364,190 35)

2019. One Millions Three Hundred Ninety One Thousand Four Hundred Seventy Four Dollars and Sixteen Cents (\$1,391,474.16)

The annual amount payable by the County to the Contractor under this contract for any years in addition to those listed above shall be equal to the annual amount payable for the previous year, plus the Consumer Price Index for Urban consumers (CPI-U) for Medical Care Services, not to exceed four (4%) percent.

The above amounts do not include any payments the County will make over and above the psychotropic medications cap (\$120,000 annually) and the specialty medications cap (\$30,000 annually, with any unused funds going towards psychotropic medications as further explained in Exhibit C

The above amounts do not include legal blood draws which will be invoiced separately from the monthly contractual amount

The above amounts do not include any per diems the County will pay if over a 3 month period the average daily population in the jail is above 402 at a rate of \$0 70 (Seventy Cents) per inmate per day

The Contractor will credit the County annually any unspent funds in the psychotropic cap

The Contractor will credit the County 2% (two percent) of the annual contract value if 80% of eligible WCSO inmates are not enrolled in Medicaid under the Affordable Care Act.

The Contractor will be reimbursed for the legal blood draws and subpoenas from their proposal in accordance with Exhibit A, page 137 4 E as needed.

The Contractor will be reimbursed for temporary Medical Assistant staff from their response to email questions (Exhibit B) 2.F.m. as needed.

ARTICLE III - REPORTING OF CONTRACTOR

Section 1 - The Contractor is to report to the Sheriff and will cooperate and confer with him/her as necessary to insure satisfactory work progress.

Section 2 - All reports, estimates, memoranda and documents submitted by the Contractor must be dated and bear the Contractor's name

Section 3 - All reports made in connection with these services are subject to review and final approval by the County Administrator

Section 4 - The County may review and inspect the Contractor's activities during the term of this contract.

Section 5 - When applicable, the Contractor will submit a final, written report to the County Administrator.

Section 6 - After reasonable notice to the Contractor, the County may review any of the Contractor's internal records, reports, or insurance policies

ARTICLE IV - TERM

This contract is for a five (5) year term which begins on January 1, 2015 and ends on December 31, 2019 with a mutual option to extend for two (2) additional two (2) year periods. Options shall be exercised in writing by the parties prior to expiration to the original or extended contract term

ARTICLE V - PERSONNEL

Section 1 - The Contractor will provide the required services and will not subcontract or assign the services without the County's written approval.

Section 2 - The Contractor will not hire any County employee for any of the required services without the County's written approval.

Section 3 - The parties agree that all work done under this contract shall be completed in the United States and that none of the work will be partially or fully completed by either an offshore subcontractor or offshore business interest either owned or affiliated with the Contractor. For purposes of this contract, the term, "offshore" refers to any area outside the contiguous United States, Alaska or Hawaii.

ARTICLE VI-INDEPENDENT CONTRACTOR

Contractor and the County shall, at all times, be deemed to be independent contractors and nothing herein shall be construed to create or imply that there exists between the parties a partnership, joint venture or other business organization. Contractor shall hold no authority, express or implied, to commit, obligate or make representations on behalf of the County and shall make no representation to others to the contrary

Nothing herein is intended nor shall be construed for any purpose as creating the relationship of employer and employee or agent and principal between the parties. Except as otherwise specified in this contract, Contractor retains the sole right and obligation to direct, control or supervise the details and means by which the services under this contract are provided.

Contractor shall not be eligible for, or participate in, any insurance, pension, workers' compensation insurance, profit sharing or other plans established for the benefit of the County's employees. Contractor shall be solely responsible for payment of all taxes arising out of the Contractor's activities in connection with this agreement, including, without limitation, federal and state income taxes, social security taxes, unemployment insurance taxes and any other tax or business license fees as required. The County shall not be responsible for withholding any income or employment taxes whatsoever on behalf of the Contractor.

ARTICLE VII - INDEMNIFICATION AGREEMENT

The Contractor will protect, defend and indemnify Washtenaw County, the Washtenaw County Sheriff and their officers, agents, servants, employees and volunteers from and against all claims of personal injury, including death, and/or property damage, including all costs of defense, arising from Contractor's (or agents, its subcontractor(s) or other contractual partners, if applicable) negligence, gross negligence, malpractice, intentional acts or non-actions arising from the duties contained within this Contract.

ARTICLE VIII - INSURANCE REQUIREMENTS

The Contractor will maintain at its own expense during the term of this Contract, the following insurance:

1. Workers' Compensation Insurance with Michigan statutory limits and Employers Liability Insurance with a minimum limit of \$100,000 each accident for any employee.
2. Commercial General Liability Insurance with a combined single limit of \$1,000,000 each occurrence for bodily injury and property damage. The County shall be added as "additional insured" on general liability policy with respect to the services provided under this contract.
3. Automobile Liability Insurance covering all owned, hired and non-owned vehicles with Personal Protection Insurance and Property Protection Insurance to comply with the provisions of the Michigan No Fault Insurance Law, including residual liability insurance with a minimum combined single limit of \$1,000,000 each accident for bodily injury and property damage.
4. Professional Liability coverage with a minimum limit of \$1,000,000 each occurrence. The County shall be added as "additional insured" on Professional liability policy with respect to the services provided under this contract. The additional insured provision does not apply to contracts with Architects, Architectural firms, Engineers or Engineering firms.

Insurance companies, named insured's and policy forms may be subject to the approval of the Washtenaw County Administrator, if requested by the County Administrator. Such approval shall not be unreasonably withheld. Insurance policies shall not contain endorsements or policy conditions which reduce coverage provided to Washtenaw County. Contractor shall be responsible to Washtenaw County or insurance companies insuring Washtenaw County for all costs resulting from both

financially unsound insurance companies selected by Contractor and their inadequate insurance coverage Contractor shall furnish the Washtenaw County Administrator with satisfactory certificates of insurance or a certified copy of the policy, if requested by the County Administrator

No payments will be made to the Contractor until the current certificates of insurance have been received and approved by the Administrator If the insurance as evidenced by the certificates furnished by the Contractor expires or is canceled during the term of the contract, services and related payments will be suspended Contractor shall furnish the County Administrator's Office with certification of insurance evidencing such coverage and endorsements at least ten (10) working days prior to commencement of services under this contract Certificates shall be addressed to the Washtenaw County c/o: Washtenaw County Sheriff's Office, 2201 Hogback Road, Ann Arbor, MI 48105 CR 44547, Ann Arbor, MI, 48107, and shall provide for written notice to the Certificate holder of cancellation of coverage.

ARTICLE IX - COMPLIANCE WITH LAWS AND REGULATIONS

The Contractor will comply with all federal, state and local regulations, including but not limited to all applicable OSHA/MIOSHA requirements and the Americans with Disabilities Act

ARTICLE X - INTEREST OF CONTRACTOR AND COUNTY

The Contractor promises that it has no interest which would conflict with the performance of services required by this contract. The Contractor also promises that, in the performance of this contract, no officer, agent, employee of the County of Washtenaw, or member of its governing bodies, may participate in any decision relating to this contract which affects his/her personal interest or the interest of any corporation, partnership or association in which he/she is directly or indirectly interested or has any personal or pecuniary interest However, this paragraph does not apply if there has been compliance with the provisions of Section 3 of Act No. 317 of the Public Acts of 1968 and/or Section 30 of Act No. 156 of Public Acts of 1851, as amended by Act No. 51 of the Public Acts of 1978, whichever is applicable

ARTICLE XI - CONTINGENT FEES

The Contractor promises that it has not employed or retained any company or person, other than bona fide employees working solely for the Contractor, to solicit or secure this contract, and that it has not paid or agreed to pay any company or person, other than bona fide employees working solely for the Contractor, any fee, commission, percentage, brokerage fee, gifts or any other consideration contingent upon or resulting from the award or making of this contract. For breach of this promise, the County may cancel this contract without liability or, at its discretion, deduct the full amount of the fee, commission, percentage, brokerage fee, gift or contingent fee from the compensation due the Contractor.

ARTICLE XII - EQUAL EMPLOYMENT OPPORTUNITY

The Contractor will not discriminate against any employee or applicant for employment because of race, creed, color, sex, sexual orientation, national origin, physical handicap, age, height, weight, marital status, veteran status, religion and political belief (except as it relates to a bona fide occupational qualification reasonably necessary to the normal operation of the business).

The Contractor will take affirmative action to eliminate discrimination based on sex, race, or a handicap in the hiring of applicant and the treatment of employees Affirmative action will include, but not be limited to Employment, upgrading, demotion or transfer; recruitment advertisement; layoff or termination; rates of pay or other forms of compensation; selection for training, including apprenticeship.

The Contractor agrees to post notices containing this policy against discrimination in conspicuous places available to applicants for employment and employees. All solicitations or advertisements for employees, placed by or on the behalf of the Contractor, will state that all qualified applicants will receive consideration for employment without regard to race, creed, color, sex, sexual orientation, national origin, physical handicap, age, height, weight, marital status, veteran status, religion and political belief

ARTICLE XIII - LIVING WAGE

The parties understand that the County has enacted a Living Wage Ordinance that requires covered vendors who execute a service or professional service contract with the County to pay their employees under that contract, a minimum of either \$11.81 per hour with benefits or \$13.85 per hour without benefits. Contractor agrees to comply with this Ordinance in paying its employees Contractor understands and agrees that an adjustment of the living wage amounts, based upon the Health and Human Services poverty guidelines, will be made on or before April 30, 2015 and annually thereafter which amount shall be automatically incorporated into this contract. County agrees to give Contractor thirty (30) days written notice of such change Contractor agrees to post a notice containing the County's Living Wage requirements at a location at its place of business accessed by its employees.

ARTICLE XIV - EQUAL ACCESS

The Contractor shall provide the services set forth in Article I without discrimination on the basis of race, color, religion, national origin, sex, sexual orientation, marital status, physical handicap, or age

ARTICLE XV - OWNERSHIP OF DOCUMENTS AND PUBLICATION

All documents developed as a result of this contract will be freely available to the public. None may be copyrighted by the Contractor. During the performance of the services, the Contractor will be responsible for any loss of or damage to the documents while they are in its possession and must restore the loss or damage at its expense Any use of the information and results of this contract by the Contractor must reference the project sponsorship by the County Any publication of the information or results must be co-authored by the County.

ARTICLE XVI - ASSIGNS AND SUCCESSORS

This contract is binding on the County and the Contractor, their successors and assigns Neither the County nor the Contractor will assign or transfer its interest in this contract without the written consent of the other.

ARTICLE XVII - TERMINATION OF CONTRACT

Section 1 - Termination without cause. Either party may terminate the contract by giving thirty (30) days written notice to the other party

ARTICLE XVIII - PAYROLL TAXES

The Contractor is responsible for all applicable state and federal social security benefits and unemployment taxes and agrees to indemnify and protect the County against such liability.

ARTICLE XIX - PRACTICE AND ETHICS

The parties will conform to the code of ethics of their respective national professional associations.

ARTICLE XX- CHANGES IN SCOPE OR SCHEDULE OF SERVICES

Changes mutually agreed upon by the County and the Contractor, will be incorporated into this contract by written amendments signed by both parties.

ARTICLE XXI - CHOICE OF LAW AND FORUM

This contract is to be interpreted by the laws of Michigan. The parties agree that the proper forum for litigation arising out of this contract is in Washtenaw County, Michigan.

ARTICLE XXII - EXTENT OF CONTRACT

This contract represents the entire agreement between the parties and supersedes all prior representations, negotiations or agreements whether written or oral.

ARTICLE XXII- INCORPORATION BY REFERENCE

All Exhibits attached hereto are part of this agreement. In the event of a conflict, ambiguity or inconsistency among this agreement and any Exhibit named herein that is attached and incorporated by reference, such conflict shall be resolved by applying the following order of precedence: (i) this agreement, (ii) Exhibit C, (iii) Exhibit A, and (iv) Exhibit B.

ARTICLE XXIII – ELECTRONIC SIGNATURES

All parties to this contract agree that either electronic or handwritten signatures are acceptable to execute this agreement.

ATTESTED TO:

By: Lawrence Kestenbaum 03/16/2015
Lawrence Kestenbaum (DATE)
County Clerk/Register

WASHTENAW COUNTY
By: Verna J. McDaniel 03/16/2015
VERNA J MCDANIEL
COUNTY ADMINISTRATOR
County Administrator

APPROVED AS TO CONTENT:

By: Jerry L. Clayton 2/19/15
Jerry L. Clayton (DATE)
Sheriff

CONTRACTOR

By: Cary McClure 2-19-15
CARY MCCLURE (DATE)
SECRETARY/TREASURER

APPROVED AS TO FORM:

By: Curtis N. Hedger 03/13/2015
Curtis N. Hedger (DATE)
CURTIS N. HEDGER
CORPORATION CONSULTANT

Washtenaw County

Ann Arbor, Michigan

Inmate Medical Services

RFP No. 6789

August 28, 2014, 2:00 p.m. EDT

Technical and Budget Proposal



Respectfully Submitted to:
Washtenaw County Purchasing
Administration Building, 3rd Floor
220 N. Main Street
Ann Arbor, MI 48104
734-222-6761



Submitted by:
Correct Care Solutions, LLC
1283 Murfreesboro Road
Suite 500
Nashville, TN 37217
800-592-2974 X5777
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Point of Contact:
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Patrick@ccsks.com

This submission includes the following required copies.
One (1) original unbound; six (6) copies bound; one (1) electronic (flash drive)

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Medical Minute DVDIn Envelope in Unbound Original / In Binder Cover of Copies

2 Scope of Services

Correct Care Solutions (CCS) recently acquired Correctional Healthcare Companies (CHC), and if awarded the new contract, we will continue to provide comprehensive medical and dental services to the inmates under the custody of the Washtenaw County Sheriff's Office (WCSO or Jail) as the incumbent provider. As a result of the acquisition of CHC, the WCSO has the benefit of the financial, management, and technology resources of our combined companies, CCS and CHC. The same high-quality, cost-effective programs you have come to expect over the past 21 years will continue; you can also expect program and technology enhancements and support to our on-site staff that our merged operations offer to Washtenaw County. Throughout this proposal, the name Correct Care Solutions (CCS) used singly will relate to our combined companies, CCS/CHC.

Our comprehensive medical program at WCSO will be conducted in accordance with the standards and guidelines of the National Commission on Correctional Health Care (NCCCHC), the American Correctional Association (ACA), the Michigan Department of Corrections (MDOC) Administrative Rules for Jails and Lockup, the American Medical Association (AMA), and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and in compliance with all federal, state and local laws, statutes and ordinances governing medical care service delivery and performance under the contract, in addition to all court orders and directives.

Our program will be provided 24 hours per day/seven (7) days per week (24/7), using only qualified professionals who are licensed and/or certified in the State of Michigan. CCS will provide all health care services shown, described and required in any contract documents, for all persons committed to the custody of the WCSO, and assumes all legal, financial, and operational responsibility for the CCS health care staff working under any awarded contract.

CCS believes in a multidisciplinary approach to care. We believe in the respectful and humane treatment of inmates and will provide health care services that are cost-effective, using evidence-based medicine and best practices. Our care programs begin with triage evaluations, pre-screening and intake, review of current and prior medical problems, screenings for mental illness, dental issues, sexually-transmitted disease, tuberculosis, drug and alcohol use, suicide risk identification, and many other conditions found in the general public, as well as those more prevalent in correctional health care.

CCS Comprehensive Health Care Services Program

CCS has developed a program to provide comprehensive medical services to Washtenaw County. The following figure shows the CCS health services delivery and referral process.

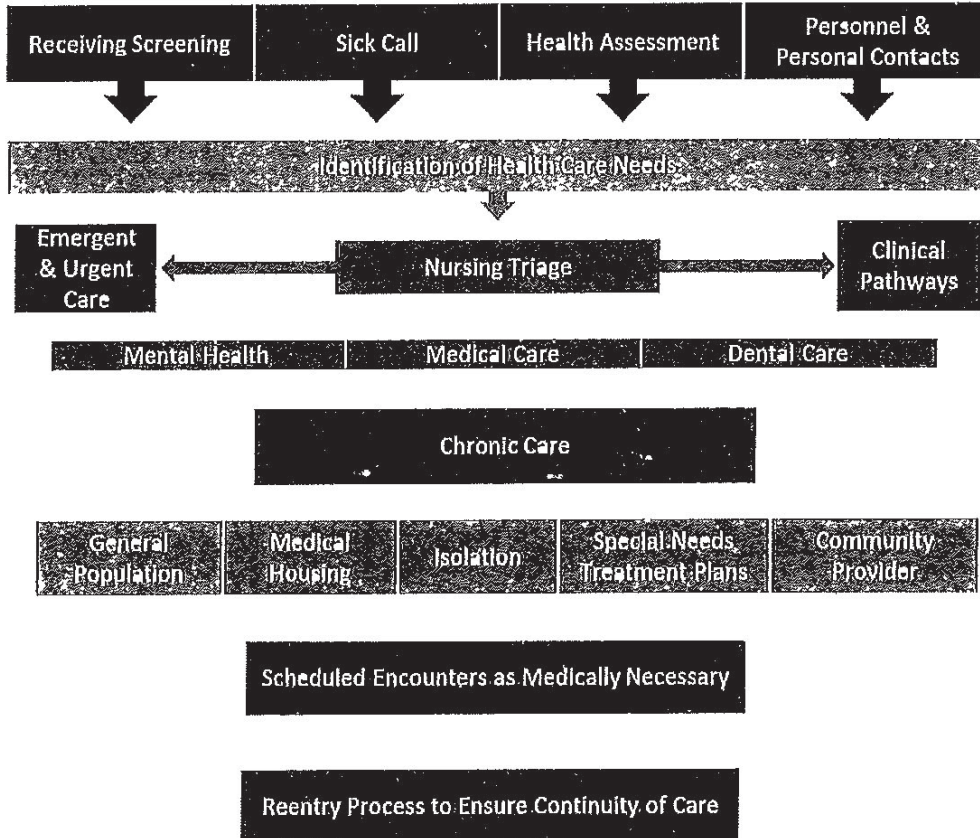


Figure 1. Health Services Delivery Process. The CCS process considers every aspect of a patient's health to ensure that patients receive all medically necessary care

2.A Receiving Screening

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

CCS will provide for the screening of inmates upon admission to the facility, 24 hours a day, seven (7) days a week, including holidays. A CCS Registered Nurse (RN) will conduct intake and admissions screenings in accordance with the standards of the NCCHC and ACA, the MIDOC: Administrative Rules for Jails and Lockups, and the guidelines and directives of the WCSO Administration.

The Intake Screenings occur following an inmate's processing by correctional staff. The Intake Screening is conducted prior to the inmate being sent to the appropriate housing area. The results of this screening will determine the need for medical or mental health referrals, isolation or close supervision, and medication requirements, and identify inmates with suicidal tendencies.

The CCS Qualified Health Care Professional (QHCP) staff will take appropriate action to ensure that immediate health needs are identified and addressed. These include, but are not limited to.

- Care for diabetics
- Care for hypertensive conditions
- Verification of reported and current prescription medications
- Consulting with the inmate's private health care provider
- Protocol management and isolation for potentially infectious inmates
- Requests for relevant and previous medical records
- Addressing other immediate or acute medical problems
- Ensuring continuity of care from community-based or other correctional facility settings

The QHCP will ensure that inmates presenting with current and/or serious chronic medical problems, or with over-the-counter (OTC) or prescription medications, or reporting that they are currently taking prescription medications, will be seen at the next regular Sick Call or sooner for emergent health care concerns. The QHCP will perform a finger stick to determine blood glucose levels for inmates reporting that they have diabetes. The QHCP will contact the on-call Provider for guidance and instruction if the inmate's condition requires more immediate care.

Admission to the WCSO will be dependent upon clearance for any injuries or medical problems. Any injured or ill individual requiring treatment beyond that which can be provided on-site will be transported by the local police to a local hospital for treatment and medical clearance prior to booking. If the screener determines that an incoming inmate may be in need of urgent or emergency health care services, and the need for care exceeds the scope of services provided on-site, the screener will refer the patient to the local emergency room or approved hospital. CCS will perform Quality Improvement reviews on all admission deferrals, as well as utilization review on all emergency room and hospital-direct admissions/pre-booking injuries/illnesses, to ensure that inmates return to the WCSO as soon as is clinically indicated. All procedures will be conducted in accordance with the most current industry guidelines and federal, state, and local directives

Please see the following description of a typical CCS intake screening.

CCS Intake Screening	
Feature	Description
Inquiry into current illnesses, health problems, and conditions	<ul style="list-style-type: none"> • Current illnesses and dental and medical health problems, including allergies • Mental health problems including suicidal ideation, psychosis, and hospitalizations • History of or present suicidal and/or self-destructive behavior or thoughts • Any past history of tuberculosis or other infections or communicable diseases, or symptoms including chronic cough, bloody sputum, lethargy, weakness, weight loss, loss of appetite, fever, and night sweats • Medications and special health needs (a practitioner may be notified to assess the patient's need for any non-formulary medications, which may be provided for up to seven days until an expedited physical can occur) • For women, date of last menstrual cycle, current gynecological problems, and current or recent pregnancy • Use of alcohol and other drugs, including types, methods, date and time of last use, and problems associated with ceasing use • Notation of personal physician and any medical risks • Other health problems as designated by the responsible physician • Inquiry into insurance coverage • Appearance, which includes state of consciousness, mental status, conduct, tremors, and sweating • Disorderly, inappropriate, or insensible behavior • Ease of eye and bodily movement, and any bodily deformities
Observation of the following	<ul style="list-style-type: none"> • Identification of disabilities and special equipment needed • Persistent cough or lethargy • Condition of skin including trauma markings, bruises, lesions, jaundice, scars, tattoos, rashes and infestations, and needle marks or other indications of substance abuse
Notation of the disposition based on the information obtained in the admission screening process will include one of the following	<ul style="list-style-type: none"> • General population, with or without referral for appropriate health care services • Emergency referral to appropriate health care services • Medical isolation and observation as applicable

CCS Intake Screening	
Feature	Description
Notification as needed to WCSO staff regarding inmates with critical conditions and/or those requiring extraordinary oversight, treatment, and/or management, including but not limited to the following	<ul style="list-style-type: none"> • Need for emergency room referral • Urgent need for medication • Suicidal thoughts or behavior • Diabetes • Potential for detox/withdrawal • Heart conditions • Seizures • New or recent injuries • Mental conditions or personality disorders (potential for violence) • Any contagious illness or disease that would be considered an immediate threat to the inmate population or correctional staff • Any other issues deemed urgent or emergent • Verification of current medication in a timely manner • Recording of vital signs as indicated • Pregnancy testing for female inmates • Oral screening and oral hygiene/health education • Initial mental health evaluations • Initiation of medical pathways as indicated by the inmate's health condition • Inform the inmate of the grievance process and right to health care, and how to access medical, dental, and mental health services during their incarceration; information is approved by the responsible physician and provided both verbally and in writing in a language that the inmate understands
Other	<ul style="list-style-type: none"> • Referrals for special housing, emergency care, or specialty care as necessary, including consultations with medical and administrative staff and documentation of the date and time when the referral/placement actually takes place; for inmates with physical handicaps or disabilities, the responsible physician will determine the need for any medical treatment • Verification of medically necessary special diets

Based on the information gathered, the Intake will make recommendations that include, but are not limited to:

- Referral to the designated emergency health care facility
- Placement in the general inmate population and referral to the normally-scheduled health care services at the facility
- Placement in general inmate population
- Suitability for work assignments
- Placement in isolation
- Placement in observation area (awaiting psychiatric evaluation)

Documentation of the date and time when referral / placement takes place will be made in the inmate's electronic medical record.

Receiving Screenings and Documentation

CCS has established physician-approved Receiving Screening forms and *Intake Nursing Interventions* to guide the assessment, treatment, and referral process of inmates admitted with health care needs. Following the intake screening, CCS will initiate a comprehensive medical record that will be the single source for all medical, dental, and mental health information for each inmate. Each record will contain an accurate account of the patient's health status at the time of admission, all patient-provider encounters, and all on-site and off-site services provided while incarcerated. CCS will maintain up-to-date inmate electronic medical records at all times and will be responsible for the transcribing and entry of information in the medical record. An electronic medical record will be created for first time inmates.

CCS will convert the current Vizion electronic medical record system for the CCS Electronic Record Management Application (ERMA) electronic medical record system. This transition to ERMA is scheduled to be implemented by October 2014. Please see **Item 2.M.1** for a detailed description of ERMA and the implementation schedule. Until such time that the conversion is completed, we will continue to utilize the Vizion EMR system.

Following are examples of the ERMA intake screens which will be customized to meet the specific needs of the WCSO.

CPMA | Action Items | Patient | Documents | Views | Reporting | Tools | CCS

Selected Patients Documents | Receiving Screening | Case: Case 112210 | Case (Service) 7/2/11

1. Receiving Intakes & Transfers | [View all 23715](#)

1. Are you allergic to any medications, foods, or plants? (Yes) (No)

2. Have you ever been treated for any of the following?
 Asthma Diabetes Heart Condition High Cholesterol
 Ulcers High Blood Pressure Seizures Mental Health Problems

3. Have you ever had or been treated for Hepatitis B or Hepatitis A virus? (Yes) (No)

4. Have you ever had or been treated for Gonorrhea, Chlamydia, Syphilis or other STD? (Yes) (No)

5. Have you had or are you currently being treated for any disease or illness not listed above? (Yes) (No)

6. Are you currently taking any physician prescribed medications? (Yes) (No)

7. Have you ever had a positive TB skin test, been exposed to TB or been diagnosed with TB? (Yes) (No)

8. Are you currently experiencing any of the following?
 Cough Fatigue Night Sweats Loss of Appetite Weight Loss Fever
 Chest Pain Shortness of Breath Blood in Sputum Hoarseness

9. Have you been hospitalized by a physician or psychiatrist in the last year? (Yes) (No)

CPMA | Action Items | Patient | Documents | Views | Reporting | Tools | CCS

Selected Patients Documents | Receiving Screening | Case: Case 112210 | Case (Service) 7/2/11

1. Receiving Intakes & Transfers | [View all 23715](#)

1. Are you allergic to any medications, foods, or plants? (Yes) (No)

2. Have you ever been treated for any of the following?
 Asthma Diabetes Heart Condition High Cholesterol
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3. Have you ever had or been treated for Hepatitis B or Hepatitis A virus? (Yes) (No)

4. Have you ever had or been treated for Gonorrhea, Chlamydia, Syphilis or other STD? (Yes) (No)

5. Have you had or are you currently being treated for any disease or illness not listed above? (Yes) (No)

6. Are you currently taking any physician prescribed medications? (Yes) (No)

7. Have you ever had a positive TB skin test, been exposed to TB or been diagnosed with TB? (Yes) (No)

8. Are you currently experiencing any of the following?
 Cough Fatigue Night Sweats Loss of Appetite Weight Loss Fever
 Chest Pain Shortness of Breath Blood in Sputum Hoarseness

Dropdown fields decrease in size, only appearing when the previous answer indicates question is applicable.

Figure 2: ERMA Intake Screening Form

2.B Detoxification

CCS will provide medically supervised on-site detoxification services in accordance with all applicable standards of treatment. When medically indicated, inmates will undergo a complete detoxification program, minimizing risk of adverse symptoms and the need for off-site treatment. The CCS Withdrawal/Detoxification Program is comprised of the following steps.

Intake Screening

Many inmates arrive in the correctional setting under the influence of drugs or alcohol, or both, and significant histories of substance abuse increase the possibility that they will experience some degree of withdrawal. During the intake screening, medical personnel will use a standardized form to evaluate all inmates for signs and symptoms of withdrawal, including:

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

Inmates who report alcohol and/or drug dependence or who are identified as being at risk for withdrawal will receive a more in-depth assessment. The intake screen includes questions for the inmate regarding types of substances used, time of last usage, frequency and amount of usage, how long the inmate has been using, and side effects experienced when ceasing use in the past. CCS completes the evaluation using the Addiction Research Foundation Clinical Institute Withdrawal Assessment – Alcohol (CIWA-Ar) or the Clinical Opioid Withdrawal Scale – (COWS). These tools have been extensively researched and shown to be viable methods for assessing the severity of withdrawal symptoms based on observation of the inmate's behavior or response to questioning.

Observation and Monitoring

Inmates determined to be at risk for alcohol or other drug withdrawal are placed on a detoxification watch. CCS medical personnel use the CIWA-Ar/COWS tools and information gathered during the intake screening to classify inmates as being in mild, moderate, or severe detoxification.

- **Mild Detoxification:** When possible, CCS houses inmates undergoing mild to moderate detoxification in an observation cell until the completion of detoxification
- **Moderate Detoxification:** CCS houses inmates experiencing more advanced cases of detoxification in infirmary/medical housing under close watch.
- **Severe Detoxification:** Inmates diagnosed with delirium tremens (characterized by profound confusion, hallucinations, and severe autonomic nervous system over-activity) who cannot be safely managed in the detention environment may need to be transferred

to an inpatient setting. Any hospitalizations will be by the order of the CCS physician and in consultation with the County. *CCS employees are trained to ensure that inmates do not progress to this stage of detoxification. Any hospitalization for delirium tremens is considered a critical incident and requires retroactive review.*

Nursing staff will contact the practitioner on duty or on call when monitoring results are outside the established parameters of mild withdrawal. If medical personnel determine that an inmate is at risk for moderate to severe withdrawal, or if an inmate indicates a history of complications from past periods of abstinence, CCS will recommend placing them in medical housing. These inmates will be assessed by medical personnel three times daily and anytime requested by facility staff. Inmates experiencing withdrawal from alcohol, opiates, or benzodiazepines will be monitored for as long as they are symptomatic.


Treatment

CCS establishes a physician treatment plan as soon as we assess the potential for withdrawal from alcohol or sedative-hypnotics. Medical personnel will establish an individualized treatment plan based on their assessment of the patient's condition. The Chief Medical Officer will orient clinicians regarding effective management of care based on specific criteria. The treatment plan may include prescribed pharmaceutical therapy, as indicated. Due to variability both in the severity of withdrawal symptoms and in the metabolism of therapeutic agents, it is difficult to establish standard or routine dosage schedules. Treatment plans generally include a benzodiazepine during the acute withdrawal period, which is then tapered off if there are no other indications. Lower dosages might be anticipated in inmates with significant liver disease.

CCS has comprehensive Practitioner Clinical Guidelines for Detoxification of Chemically Dependent Inmates, used by clinical providers to manage and treat the symptoms of withdrawal. Specific guidelines are provided for withdrawal from Alcohol, Opioids, Benzodiazepine, and Sedative Hypnotics other than Benzodiazepines.

Following detoxification, inmates are directed into substance abuse counseling programs provided by the Washtenaw County Community Support and Treatment Services (CSTS) available in the WCSO and directed to the appropriate community resources at the time of release.

Practitioner Clinical Guidelines

	<p>PRACTITIONER CLINICAL GUIDELINE</p>	<p>Subject: Detoxification of Chemically Dependent Inmates – Alcohol</p>
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REFERENCES NCHC PG-06
ACA

BACKGROUND

Alcohol withdrawal is a serious medical condition. When full blown, delirium tremens can be life-threatening, especially for persons with other serious clinical conditions. Examples of conditions which may suggest the need for special care include:

- Inmates with a recent history of brain injury or seizures (increased potential for seizures or delirium during withdrawal)
- Inmates who have liver or kidney disease (potential for slowed metabolism of drugs of abuse or medications used during detoxification, may require more or longer monitoring)
- Inmates who have cardiac disease (increased danger from sympathomimetic stimulation; may require slower withdrawal)
- Inmates with psychiatric disorders (potential to suffer an exacerbation or recurrence of symptoms)
- Inmates who are elderly (age sympathetic hyperactivity may become less marked although the withdrawal syndrome may be more severe, and the elderly often exhibit a decrease in speed of drug metabolism, increasing the possibility of toxicity if medications are utilized during detoxification)
- Inmates who are pregnant (some drugs commonly used to help detoxify patients may cross the placenta and cause problems)

Nursing personnel typically identify the risk for developing alcohol withdrawal syndrome (AWS) during or shortly after booking. When informed about an inmate withdrawing from alcohol addiction, you should be provided with at least the following:

- Vital signs
- Withdrawal symptoms (CIWA-Ar)
- Alcohol history
- Other drug history
- Other significant medical history
- In some facilities an estimated blood alcohol concentration (BAC) will be provided

The first stage of AWS (starting perhaps a half-dozen hours after the last drink or after the blood alcohol level (BAL) undergoes a serious drop), is characterized by sympathetic nervous system activation (anxiety and agitation, restlessness, mild tremors, mild sweating usually limited to the head and face), fluctuating tachycardia, mild elevation in blood pressure, appetite disturbance, and nausea. These patients may demonstrate some cognitive impairment, but will generally be coherent and oriented. First stage withdrawal may progress into second stage withdrawal during the first day after the last drink, or it may even take two to three days afterwards.

Second stage AWS can be thought of as a more intense presentation of the same type of symptoms, including severe restlessness and agitation, increased tremulousness, paroxysmal

diaphoresis, nausea and vomiting, diarrhea, tachycardia above 120 bpm, and blood pressure above 160 mm systolic. Stage 2 disturbances may even include seizures, typically single grand mal lasting only a few minutes but sometimes in short runs, but not persisting into status epilepticus. (If status supervenes, it typically indicates a different problem such as head trauma or a metabolic disturbance.) During stage 2 patients may be disoriented or confused, but respond to structure by becoming oriented again, at least temporarily. Hallucinations may be present, but stage 2 patients typically recognize them as not being real.

Stage 2 can progress during the first three days after the last drink into stage 3, also known as "delirium tremens" or "DTs." DTs are life-threatening and are characterized by the same signs and symptoms as are seen in stage 2, but to an even greater degree. This includes severe hypertension and tachycardia, marked tremulousness, drenching sweats, persistent vomiting, and full fledged delirium. Cardiovascular collapse may supervene, aspiration may occur (followed by either infectious or chemical pneumonia), head trauma may result from seizures, and fluid and electrolyte abnormalities may cause attendant problems. DTs must be managed in a hospital environment.

Stages 1 and 2 AWS are not immediately dangerous and proper treatment can prevent progression from stage 2 into DTs. Our primary goal is to rapidly identify those individuals at risk for AWS early during their stay at our facilities and begin treatment to prevent progression to stage 3. Typically a benzodiazepine is used to substitute for alcohol during the withdrawal process, and then is rapidly tapered. In our settings the benzodiazepine of choice for a scheduled dosing regimen is Librium (chlordiazepoxide). To monitor patient response to the Librium and make medication adjustments we use the Clinical Institute Withdrawal Assessment Scale for Alcohol, Revised scale (CIWA-Ar). A CCS version of the CIWA-Ar and a flow sheet for serial documentation are available on the CCS web site (ccsmgr.com).

The classical approach to managing alcohol withdrawal are based upon provision of a safer cross-tolerant sedative, hypnotic, typically a benzodiazepine with a long half life (such as chlordiazepoxide). This approach, combined with reliable measurement of withdrawal intensity with serial CIWA-Ar measurement, includes provision of a moderate quantity of benzodiazepine as scheduled doses so that the alcohol withdrawal is blocked. This approach is safe and effective and remains widely used; however, it occasionally results increased somnolence, causing patients to sleep for prolonged periods. Having a patient sleeping for two or three days in a busy jail setting or during the period when court appearances are often scheduled can be a problem. The alternative approach, which is based upon serial CIWA-Ar measurement, treats withdrawal with less medication (approximately a tenth of the total benzodiazepine dosage) without risk for development of DTs and without being followed by days of sleep utilizing Ativan (lorazepam) given based on symptom score on the CIWA. The drawback of this secondary approach is that it requires frequent nursing evaluation, as each time medication is provided nursing personnel must repeat the CIWA-Ar approximately an hour later.

CCS strongly encourages H S As and providers to utilize the scheduled dose Librium protocol in conjunction with scheduled CIWA-Ar monitoring to ensure effect management of those individuals at risk for AWS leading to DTs. General guidelines are provided below.

Alcohol Withdrawal Seizures

Alcohol withdrawal seizures may occur during moderate or severe AWS. They do not signify the onset of DTs and can be managed with observation and benzodiazepine therapy in facilities that have infirmaries or well managed medical observation areas. If a patient has more than one alcohol withdrawal seizure in the jail setting, EMS transportation and evaluation via local emergency department is appropriate.

Alcohol withdrawal seizures should not be managed in general population settings.

Page 2 of 5
Alcohol

AWS seizures are not indicative of an underlying seizure disorder and should not be treated with typical anticonvulsant medication such as diphenylhydantoin (Dilantin), carbamazepine (Tegretol), or valproic acid (Depakene). Long term anticonvulsant medication is not indicated as a response to withdrawal seizures

Vitamin Deficiency

Nutritional deficiencies are common in patients dependent upon alcohol. Most immediately worrisome in newly admitted inmates is acute thiamine deficiency, precipitated by administration of glucose or other carbohydrate loads. Thiamine should be administered early in the jail management of all inmates who appear to be alcohol-dependent whether or not a typical AWS is diagnosed. Typical thiamine dosage is 100 mg, administered intravenously or by mouth, in advance of a carbohydrate load and continued daily for 30 days.

Other Considerations

Clonidine therapy should not be used to ameliorate sympathomimetic symptoms of AWS or to treat concomitant hypertension. Clonidine will reduce or hide symptoms, but will not reduce the likelihood of DTs. Clonidine may permit DTs to develop in a patient who exhibits few AWS signs and symptoms. If the patient is exhibiting an elevation in blood pressure that requires treatment, calcium channel blockers or ACE inhibitors should prove effective.

Alcoholic ketoacidosis may develop during the first days of confinement and withdrawal. Although basic support in the form of carbohydrate and fluids will usually prevent or treat alcoholic ketoacidosis, if a patient is not recovering from or responding to withdrawal as expected, this complication should be considered and is grounds for hospitalization.

The BAC can provide early warning regarding potential problems. Individuals who present with AWS despite significant BAC (for example, 0.3%) are likely to experience severe withdrawal syndromes. At the other end, inmates who are presumed to be intoxicated on alcohol but whose BACs are zero or very low need to be reviewed for other intoxications or causes for altered mental status.

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Management

Note: The following processes may be modified based upon knowledge of an individual inmate's response to medication or previous withdrawal syndrome. This guideline can not be applied reliably to mixed withdrawal syndromes.

For inmates with histories suggestive of high risk for alcohol withdrawal in sites using chlordiazepoxide (librium)-based detoxification pathway.

- Check finger-stick blood sugar (FBS)
 - If <200, no recheck is needed
 - If > or = to 200, schedule for BID FBS checks x 5 days, then a chart review should occur with the HCP
 - Call provider if FBS > 350
- Begin CIWA-Ar assessments and call HCP to receive orders for:
 - Librium 50mg PO TID x 2 days
 - Librium 50mg PO BID x 2 days
 - Librium 50mg PO QDay x 1 day
- CIWA-Ar assessments should occur prior to administration of each librium dose or as directed by HCP.

- If CIWA-Ar score is <10 prior to the administration of the final dose of librium, assessments can be discontinued. If the CIWA Ar score is >10 at that time, contact HCP for direction.
- Provide thiamine 100mg PO QDay x 30 days unless otherwise contraindicated. If patient is not capable of taking oral medication, call HCP for orders, anticipate thiamine 100mg IM for 5 days or longer.
- If CIWA-AR is above 19, contact HCP and ask if the patient should continue to be managed at the facility
- Contact the HCP if blood pressure goes above 180 systolic or 110 diastolic, or into the range of shock (SBP<90 or DBP<60)
- Contact the HCP if pulse goes above 120 for more than a few minutes, pulse <60, RR <10 or > 24, temperature > 101 F, patient becomes fully hallucinated or delirious, seizures recur for more than a few minutes, patient answers "yes" to mental health screen, or other dangerous signs are noted

For inmates with histories suggestive of high risk for alcohol withdrawal in sites using lorazepam (ativan)-based detoxification pathway

- Check finger-stick blood sugar (FBS)
 - If <200, no recheck is needed
 - If > or = to 200, schedule for BID FBS checks x 5 days, then a chart review should occur with the HCP
 - Call provider if FBS > 350
- Provide thiamine 100mg PO QDay x 30 days unless otherwise contraindicated. If patient is not capable of taking oral medication, call HCP for orders, anticipate thiamine 100mg IM for 5 days or longer

- 1 Contact HCP for orders to initiate pathway
2. Perform the CIWA-Ar
 - a. If the numerical score is below 10, go to step 3.
 - b. If the score is between 10 and 15, provide 2 mg lorazepam (PO, IM, or IV)
 - c. If the score is 15 or above, provide 4 mg lorazepam
 - d. If the score is above 20, contact the health care practitioner, inpatient placement may be required.
- 3 Reassess in one hour
- 4 If the score has not dropped, return to the actions in step 2. If the score has dropped
 - a. If the score is 10 or above, provide 1 mg lorazepam
 - b. If the score is 15 or above, provide 2 mg lorazepam
 - c. If the score is 9 or less, provide no additional medication,
- 5 Reassess in 2 hours
 - a. If the score rises, return to step 2
 - b. If the score does not rise, repeat step 4
 - c. If the score is 9 or less twice in a row, continue to step 6
6. Reassess in 4 hours
 - a. If the score rises to 10 or above, return to step 4
 - b. If the score remains at 9 or less, reassess in 8 hours
7. If the score has been 9 or less for 16 or more hours, reassess one day later
 - a. If the score remains 9 or less for 40 or more hours, reassess one day later.
 - b. If the score rises to 10 or above, return to step 4.
 - c. If the score remains 9 or less for 64 or more hours, discontinue the monitoring and advise the patient to report any return of symptoms
- Contact the HCP if blood pressure goes above 180 systolic or 110 diastolic, or into the range of shock (SBP<90 or DBP<60)
- Contact the HCP if pulse goes above 120 for more than a few minutes, pulse <60, RR <10

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or > 24, temperature > 101.1 F, patient becomes fully hallucinated or delirious, seizures recur for more than a few minutes, patient answers "yes" to mental health screen, or other dangerous signs are noted


NOTES:

- If the patient is addicted to multiple substances, withdrawal becomes unpredictable
- Use flow sheet for documentation of serial CIWA-Ar determination Use Progress Notes and Orders for documentation of observations and interventions
- 1 mg of lorazepam is approximately equivalent in effect to 25 mg of chlordiazepoxide.
- While most benzodiazepines are known or suspected teratogens, the risk/benefit ratio of administering a few doses of this type of medication to prevent a pregnant patient from going into DT's while waiting to be seen in the ER or by high-risk OB certainly favors the benefits

Withdrawal characteristics

Score	Response
<10	Withdrawal is minimal or nonexistent.
10-15	Withdrawal is mild.
16-19	Withdrawal is moderate. A rising score in the face of medication should result in increasing frequency of assessment and contact with a practitioner.
20+	Withdrawal is severe; if moderate to high doses of cross tolerant medication do not result in lowered scores, delirium tremens may develop and require hospitalization.

AUTHORITY



 Dean Riegel, MB MPH, Chief Medical Officer CCS

 Date

 Site Medical Director

 Date

Figure 3. Practitioner Clinical Guidelines for Detoxification of Chemically Dependent Inmates – Alcohol.

2.C Health Assessment

CCS will complete a comprehensive health appraisal on all WCSO inmates prior to their being in custody for 14 days. CCS procedure will be to target completion of health assessments by day 10 of incarceration. These assessments will be conducted by a licensed nurse, trained by a Physician.

The health assessment physical examination will include, but is not limited to:

- A review of the Screening/Intake forms and results
- Review of health history and any additional data needed to complete the standard health history
- Recording of vital signs, i.e., height, weight, pulse, blood pressure, temperature, pulse oximetry, etc.
- Routine laboratory work
- Mental health appraisal
- Dental screening
- Laboratory and/or diagnostic tests, including tuberculosis, Hepatitis A-B-C or other communicable and STD testing, including VDRL, (if not performed at Intake), as medically indicated
- The collection of additional health data to complete the medical, dental, mental health and immunization histories
- Blood sampling for screening and urine sampling, as needed
- Vision screening and hearing screening
- Other tests and examinations as required or clinically indicated (diagnostic panel, urinalysis, ECG, etc.)
- The initiation of therapy and immunizations, when indicated

Health assessments for female inmates will include the following additional elements:

- Inquiry about menstrual cycle and menstrual bleeding, including abnormalities, current use of contraceptives, presence of an IUD, breast masses and nipple discharge, and possible pregnancy.
- Pelvic and breast examination, and a pap smear when medically indicated by the physician.

All findings will be recorded on gender-specific forms approved by the CCS Medical Director and WCSO. All health assessments conducted by an RN will be reviewed and signed by the Physician, licensed in the State of Michigan, to verify that appropriate dispositions have occurred

A Specialized Treatment Plan will be initiated for inmates who have chronic health problems, such as HIV, Hepatitis C, Diabetes Epilepsy, etc , and/or any other special needs determined by Physician or Mid-level Provider.

Tuberculosis Screening

A PPD (Tuberculosis screening test) will be performed on inmates at the time of the Health Assessment, consistent with current CDC guidelines, unless medically contraindicated (documented history of positive reaction(s)) The PPD test will be read by an appropriately trained QHCP within 48 – 72 hours of administration and recorded in the inmate's medical record. Any inmate with a positive skin-test reaction or who presents with a history of positive reaction(s) will be diagnostically evaluated with a chest X-ray at the next regularly-scheduled radiology clinic, or sooner if clinically indicated.

The Intake QHCP, in consultation with the Physician, will immediately place an inmate in isolation if the Intake Screening indicates potential symptoms for tuberculosis such as fatigue, weight loss, night sweats, coughing blood, etc. An inmate who is identified as symptomatic upon Intake and not sent to the hospital will be placed in isolation while a PPD is planted and read, and sputum for AFB smears obtained. The inmate will only be released from isolation when he/she is medically cleared as non-infectious by the Physician. If the inmate is released from custody while in isolation pending outcome of the Tuberculosis testing, the inmate will be referred to an appropriate local hospital as determined through communication with the Washtenaw County Public Health Department.

Annual Health Assessment

CCS will provide health maintenance examinations for inmates who will be under the custody of the WCSO for prolonged period of time in order to manage any existing conditions and identify any new conditions or illnesses that may develop. This managed care approach allows us to keep down costs for medical services while improving the overall health of our patients.

A Qualified Health Care Professional (QHCP) will perform an annual health assessment, including tuberculosis testing (PPD), for all inmates remaining at the WCSO for one (1) year, and a log will be maintained of annual PPDs and their results. This annual examination will occur as close as possible to the 365th day of detention, and will not exceed 14 days from the 365th day of incarceration.

2.D Daily Triage of Complaints

A responsible Nursing Triage/Sick Call program is one of several critical operating systems designed to adequately and expeditiously care for patients with onset of acute or semi-chronic symptoms, other than those requiring emergency care.

Inmates are advised of their right to access to care and the process for requesting health care services during the Intake screening. Our Sick Call procedures, forms, and process are compliant with and meet the standards and guidelines of the NCCHC, ACA, and the MIDOC. Administrative Rules for Jails and Lockups.

Our approach to accommodating the sick call needs of the inmate population has been refined over many years and is integrated into the facility operating schedule in a straightforward and simple manner as follows:

- Inmates will have immediate access to sick call request forms that meet all NCCCHC, ACA, and MIDOC standards and guidelines.
- Medical staff will distribute and collect sick call slips from the inmate population at least once daily during the medication rounds, or in a manner consistent with facility policy and procedure.
- Inmate request forms will be date stamped upon receipt
- Sick call requests will be triaged and inmates will be seen face-in-face the same day, if possible, but in all cases within 24 hours, at Nurse Sick Call conducted by a licensed nurse with the use of Medical Director-approved Nursing Pathways. Depending on the chief complaint, inmates may be referred for one of several levels of sick call clinics, as follows.
 - Physician
 - Dentist
 - WCSO Mental Health Provider
- Any inmate seen twice for the same complaint will automatically be referred to a higher level Provider sick call
- There are a variety of outcomes from sick call clinics, including referral to a higher level of care, medication administration, diagnostic testing, and off-site specialty referral.

A *Sick Call Form* tracking system will be implemented consistent with NCCCHC and ACA standards and recommendations. Sick Call tasks will be assigned within the framework of CCS's Care Management system for ease and consistency in tracking and assurance of completion. All Sick Call forms and corresponding treatment notes will be incorporated into the inmate's electronic medical record.

2.E Sick Call

Sick call triage will be conducted by a CCS Registered Nurse (RN) and/or Licensed Practical Nurse (LPN), at least once daily, seven (7) days a week, including holidays. Timely sick call triage will be conducted within 24 hours of request and access to Physician sick call consultation will be provided, as appropriate. The Medical Director will determine the appropriate triage mechanism to be utilized. Emergency sick call will be available 24 hours per day.

CCS will conduct regularly scheduled nurse sick call clinics daily, seven (7) days a week, the schedule and hours to be at the discretion of the Medical Department. Sick call services will be decentralized whenever possible and occur in the housing units as needed.

If a nurse determines that the inmate medical condition requires attention from a provider, the nurse will refer the patient to an appropriate clinician in accordance with the following timeline:

- Immediate referral for emergent issues and urgent issues
- No more than seven (7) business days for routine matters

All sick call services will be conducted under the supervision of the on-site Medical Director.

Segregation Unit

CCS is well aware that inmates confined to any form of segregation housing present unique challenges to a correctional facility, and that every effort must be made to ensure the safety and security of this special population. CCS is well versed in accommodating this population based on applicable national standards and various facility policy and procedures. Our approach to managing this population is simple and briefly described as follows:


- A Nurse will make sick call rounds daily through all segregation units (administrative, disciplinary, medical, protective custody) to assess the inmate's condition and determine if medical services are required
- When an inmate is unable to attend a sick call session due to custody status (e.g., segregation patients) or as a result of physical condition, CCS will arrange to conduct sick call services at the inmate's cell
- Segregation rounds and clinical encounters will be fully documented in a segregation log and will also be documented in the inmate's medical record
- Inmates housed in segregation will be afforded the same access to medical services as other inmates housed in the general population of the WCSO.

CCS staff will also perform a medical screen on any inmate prior to that inmate being placed in segregation to ensure there are no acute medical problems that would prohibit safe confinement.

Nursing Pathways

CCS nurses use Nursing Pathways to deliver care. These pathways were developed by our Chief Medical Officer to assist nurses with diagnosis and to ensure consistency of care. In its simplest form, a Nursing Pathway is a decision-tree process for nurses to follow. By using these pathways, CCS nurses can ensure consistency of care, improve ease of training, and maximize practitioners' time. All Nursing Pathways will be included in the CCS Policies and Procedures Manual upon approval by the WCSO. An example of the CCS Nursing Pathway for Chest Pain is provided on the following pages.

Nursing Pathways



CCS
CORRECT CARE
SOLUTIONS

CORRECT CARE SOLUTIONS
Chest Pain (This is a two page pathway)

Check, circle, and complete all appropriate blanks
If it has been noted that patient has been pulling in numerous sick calls for similar complaints, refer patient for chart review with HCP to determine appropriate plan of care and follow-up

Date _____ Time _____

S Subjective.

Perform an initial cursory assessment because acute myocardial infarction can evolve very rapidly into shock and abnormal heart rhythms can develop in a split second. The initial cursory assessments should include vital signs, oxygen saturation if there is any question of cardiovascular function, level of consciousness, and a risk factor history. If the patient is unstable, interventions such as oxygen by mask, sublingual nitroglycerin, intravenous access, and aspirin should be provided and the HCP contacted for further direction.

If the above interventions are not necessary, proceed with this pathway

Ask the patient to describe the pain. Encourage the patient to describe onset, relieving and worsening factors, location, nature, associated symptoms, and radiation _____

Rate the pain on a scale of 1-10, with 10 being the worst _____

Inquire about difficulty breathing and especially whether breathing causes or exacerbates the pain _____

Has the patient coughed up any blood, and how much? _____

Is the pain associated with food or eating? _____

List serious medical conditions _____

Review with patient standard cardiac risk factors (presence of diabetes, smoking history, older age, obesity, sedentary life style, previous heart disease, family history of heart disease, history of high cholesterol) _____

O: Examination:

P _____ R _____ B/P: _____ O₂ Sat _____

Inspect the chest wall for any abnormal movements _____

Patient Name (Last, First, Middle)	ID #	DOB	Revised	Page 1 of 2
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CCS1W - Chest Pain

Inspect the nail beds, oral cavity, and skin around the mouth for cyanosis (a bluish hue) _____

Inspect for diaphoresis. Does the skin feel wet, cool, or clammy? _____

Listen to the heartbeat for irregularities in rhythm _____

Determine if the patient is alert, obtunded, or somnolent. Inspect and palpate the lower extremities for edema, checking both left and right _____

Listen to the chest for obviously abnormal sounds _____

Palpate the chest for point tenderness, trying to reproduce the pain _____

If cardiac disease has not been ruled out, obtain an EKG
Results _____

A: Assessment:

Assess one of the following

- Alteration in circulation – possible heart attack
- Alteration in circulation – possible ischemia
- Alteration in comfort – dyspepsia
- Alteration in comfort – musculoskeletal pain
- Alteration in comfort – chest pain

If shock is impending or present (presentation consistent with heart attack and blood pressure below 90 systolic with or without alteration in consciousness), assess

- alteration in circulation – (impending) shock

Assessment _____

P: Interventions

Note: Intravenous medications and sublingual nitroglycerin included below are emergency interventions.
For "alteration in circulation – (impending) shock"

- Administer oxygen by mask at 100% (at least 6 lpm)
- Place patient in semi-reclining position.
- Provide aspirin 325 mg po once, unless patient is known to be anticoagulated or is allergic to aspirin.
- Initiate IV with D5 if available, otherwise use what is available at "KVO" rate
- (Nitroglycerin is not part of this treatment because of the already shocky blood pressure.)
- Apply cardiac monitor if available
- Obtain 12 lead EKG if available

- Be alert for cardiopulmonary arrest; do not leave patient unattended unless that is briefly necessary to call for assistance. Repeat vital signs every 5 minutes
- Activate EMS and contact HCP as time permits

For "alteration in circulation – possible heart attack"

- Provide Nitroglycenn 0.4 mg SL every 5 minutes and repeat up to a total of three doses. (Check blood pressure before each dose and do not administer if diastolic blood pressure is below 60)
- Provide aspirin 325 mg PO once unless patient is known to be allergic to aspirin
- Be alert for patient deterioration and repeat vital signs approximately once every 5 minutes. Do not leave patient unattended except for brief periods
- Contact HCP for direction

For "alteration in circulation – possible ischemia"

- If oxygen saturation is below 95% administer oxygen by mask at 100% (at least 8 lpm)
- Place patient in semi-reclining position
- Provide Nitroglycenn 0.4 mg SL every 5 minutes and repeat up to a total of three doses. (Check blood pressure before each dose and do not administer if diastolic blood pressure is below 60)
- Be alert for patient deterioration and repeat vital signs approximately once every 5 minutes until chest pain is past or until given other direction. Do not leave patient unattended except for brief periods
- Contact HCP for direction

For "alteration in comfort – dyspepsia"

- Provide 60 cc of liquid antacid PO (or equivalent dose of tablet antacid if liquid is not available). If patient known to be in renal failure, contact HCP prior to administering
- If pain is relieved, patient may return to unit and patient should be scheduled for chart review by the HCP at the next available clinic to determine appropriate plan of care and follow up
- If pain is not relieved, contact HCP for direction

For "alteration in comfort – musculoskeletal pain"

- Advise patient regarding assessment
- Advise reduction in activity as required by pain
- If pain is severe, provide acetaminophen 975 PO BID for two days. If patient is known to be allergic to acetaminophen, then you may provide ibuprofen 200mg PO TID for two days instead (unless otherwise contraindicated)
- Advise patient to return if not better in two days
- If this is the return, schedule to HCP as per routine

Alteration in comfort – chest pain, nonspecific

- If pain is severe, contact HCP for direction
- If pain is not severe, schedule to HCP as per routine

Comments _____

Patient Name (Last, First, Middle)	ID #	DOB	Revised	Page 2 of 2
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CCS PW – Chest Pain

 Nurse's signature and date

 Reviewer's signature and date

Figure 4: CCS Nursing Pathway

2.F Medical Department Staff Requirements

The CCS staffing plan for the WCSO provides 24 hours per day, seven (7) days per week (24/7) coverage for the WCSO that is comprised of professional, qualified individuals who are licensed and/or certified in the State of Michigan in their respective fields. The staffing plan includes 24/7 nursing coverage, using a combination of the Registered Nurses, including the (HSA/RN) and Licensed Practical Nurses (LPNs).

Our comprehensive staffing plan for WCSO is designed to continue to meet or exceed all services required by the RFP and the quality of the delivery of services that WCSO has come to expect from CCS/CHC as the incumbent provider to WCSO

Staffing Plan for Washtenaw County Sheriff Office

Position	Shift	Scheduled Hours							Total Hours	FTEs	Total FTEs
		SUN	MON	TUE	WED	THU	FRI	SAT			
Health Services Administrator (HSA/RN)	Day		8 00	8 00	8 00	8 00	8 00		40 00	1 00	1.00
	Evening										
	Night										
Registered Nurse (RN)	Day										1.20
	Evening		8 00	8 00	8 00	8 00	8 00	8 00	48 00	1.20	
	Night										
Licensed Practical Nurse (LPN)	Day	16 00	16 00	16 00	16 00	16 00	16 00	16 00	112 00	2.80	7.00
	Evening	16 00	16 00	16 00	16 00	16 00	16 00	16 00	112 00	2.80	
	Night	8 00	8 00	8 00	8 00	8 00	8 00	8 00	56 00	1.40	
Certified Medical Assistant (CMA) (Clerical)	Day		7 00	7 00	7 00	7 00	8 00		36 00	0.90	0.90
	Evening										
	Night										
Physician	Day										0.25
	Evening		4.00	2 00		4 00			10 00	0.25	
	Night										
Dentist	Day										0.20
	Evening			4 00		4 00			8 00	0.20	
	Night										
Dental Assistant	Day										0.20
	Evening			4 00		4 00			8 00	0.20	
	Night										
Radiology Technician	Day										0.10
	Evening				4 00				4 00	0.10	
	Night										
Certified Medical Assistant (CMA) (Pharmacy)	Day	8 00	8 00	8 00	8 00	8 00	8 00	8 00	56 00	1.40	1.40
	Evening										
	Night										
Totals		48 00	75 00	81 00	75 00	83 00	72 00	56 00	490 00	12.25	12.25

Note. The schedule shown for the WCSO Provider coverage is only meant to illustrate one possible approach to on-site coverage. The final schedule will depend on Provider availability and approval by WCSO Administration.

Staffing

The CCS staffing proposal includes a full-time, on-site Health Services Administrator (HSA/RN) who will have general responsibility for the successful delivery of health care services at the facility, pursuant to the contract. Our staffing proposal also includes a combination of Registered Nurse (RN) and Licensed Practical Nurse (LPN) coverage, under the supervision of the HSA, for seven (7) days per week, 24 hours per day (24/7) nursing coverage. Administrative clerical support will be provided 32 hours per week.

A detailed description of the CCS staffing positions follows:

- **Health Services Administrator (HSA)**

This is a key leadership position. The CCS Health Services Administrator, Cheryl Krueger, RN, is a well-qualified administrator with leadership skills. Ms. Krueger reports directly to the Regional Manager, Betty Christen, RN. The HSA is responsible for maintaining the quality of the program, staffing, and contract compliance. The HSA is responsible for administering and managing all health care operations on-site at least eight (8) hours a day, five (5) days per week, and will take calls at other times. CCS will provide back-up for this position for planned absences through arrangements acceptable to WCSO Administration. Administrative clerical support will be provided 32 hours per week.

The HSA is responsible for creating and maintaining a cohesive environment for an efficient and effective system of health care delivery by all disciplines: medical, mental and behavioral health, dental, nursing, and ancillary support services. The HSA will be proactive in initiating, informing and maintaining communication with the Washtenaw County Sheriff and any other key Facility employees. The HSA is the Facility's immediate contact for health and medical concerns by inmates, Facility staff, the courts, families, and others.

- **Medical Director**

The Medical Director is a key role in the Medical Department, playing a continuous role in overseeing the medical aspects of the program. Daryl Parker, MD, the site Medical Director, will continue to guide the clinical services, review and approve Nursing protocols, act as a liaison between the community physicians and the inmates, perform selected sick call, and conduct other medical duties. As a member of the health team, the Medical Director is responsible for all final medical judgments related to patient care including clinical care, administration, committee participation, and other duties as required by the Facility.

The Medical Director will be on-site at the WCSO each week for a minimum of ten (10) hours for the direct delivery of health care services and treatment of patients. The Medical Director will manage all complex cases by referral from other staff. The Medical Director will closely follow the care of all inmates admitted to the hospital, oversee the Chronic Care Clinics, and have ultimate responsibility for the supervision of all medical and clinical staff; supervisory nursing personnel will be responsible for intermediate levels of supervision of such staff.

- Registered Nurse (RN) / Licensed Practical Nurse (LPN)
Under the supervision of the Health Services Administrator (HSA/RN), we will continue 24/7 LPN coverage at levels that meet or exceed the nursing staffing and clinical services requirements of the RFP. CCS will comply with all state and national professional standards, rules and regulations in providing nursing staff to the WCSO.
- Certified Medical Assistants (CMAs)
Under the supervision of the Health Services Administrator (HSA/RN), we will continue to provide the services of a Certified Medical Assistants, certified in the State of Michigan, for a total of 56 hours per week to ensure all medications are ordered, received and administered in a timely manner and that medication carts are prepared efficiently. A CMA will also provide clerical/ administrative services.

On-Call Team

The CCS on-site Medical Director and Health Services Administrator will constitute the medical on-call team to the WCSO on a 24 hours per day, seven (7) days per week (24/7), 365 days per year basis. Members of the on-call team will be available to respond by telephone when notified of a bona-fide emergency. The Regional Medical Director will also be available by telephone on a 24 hours per day, seven (7) days per week, 365 days per year basis.

Position Descriptions

All positions in our staffing plan will work within their scope of practice, directed by job descriptions that include qualifications and specific duties and responsibilities. Employees are given a copy of their job description to review at the time of their employment and the job description is used for performance evaluations. We have provided sample job descriptions for the Medical Director and Health Services Administrator in **Tabbed Appendix A**.

2.G Hospital Care

CCS will continue to coordinate inpatient care with St. Joseph's Hospital when an acute care setting is deemed necessary or in emergency situations. CCS will provide Washtenaw County with a daily inpatient report, which can be accessed directly through the CCS Care Management system. The WCSO Commander, and designee(s), will be given login information to access the system in order to monitor a patient's status. CCS will continue to utilize the St. Joseph's Hospital whenever necessary for emergency department, inpatient care, and all specialty services, and we will continue to coordinate and collaborate with the hospital administration as needed.

CCS medical staff will make every effort to treat inmates on-site, but it may be necessary to refer an inmate to an off-site facility as deemed required and appropriate by the Medical Director. CCS will work closely with the on-site Medical Director and Health Services Administrator to minimize the utilization of off-premises inmate health care visits. In the event an inmate is to be sent off-site, CCS will coordinate with the WCSO Security Staff for transportation and security. All schedules and details of upcoming off-site visits will be kept confidential for security purposes. Please see **Section 2.W.3** for a detailed description of the CCS Care Management system and utilization management and cost containment for WCSO.

Third Party Payments

CCS will assist WCSO in appropriately charging third-party payers. This will begin at the intake screening when our QHCP asks the inmate if they are covered by health insurance, Medicaid, or other third-party payer(s). As part of the CCS Care Management Program, we properly account for all adjustments and reimbursements from applicable sources and ensure that hospitals are aware of any third-party payer avenues. The CCS Care Management system includes information on payment responsibility for patient treatment costs. If a patient has third-party insurance or other payment options available, CCS notifies the off-site provider of the appropriate agency to invoice. Our Care Management system interfaces with our claims system, so if such invoices are inadvertently sent to CCS for payment, we contact the off-site provider and advise them as to the appropriate location to resubmit their invoice for payment. CCS can also leverage our Care Management system to facilitate the exchange of patient medical information encouraged by the Affordable Care Act.

Many commercial insurance plans (including HMOs and PPOs) will, in fact, continue to cover an insured individual during incarceration. Such coverage typically extends to both inpatient and outpatient services, and also includes services provided by physicians, hospitals, or other freestanding facilities. Of course, the individual's insurance premium must be paid and current. The CCS Medicaid enrollment and commercial insurance coverage verification programs exemplify how CCS maintains a very strong focus on partnering with our clients to provide medically necessary health care services while also being proper stewards of limited taxpayer resources.

CCS Partnership with Cigna Provider Network

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

This program will ensure that the WCSO inmate population has ready access to the Cigna-participating provider networks and facilities in Washtenaw County, and will be treated like any other patients covered under the Cigna network. CCS will give the network provider a letter of authorization containing the inmate's information so the provider can submit the claim to Cigna. All claim submissions and payments will be made the same manner as any other Cigna claims, and no co-payments or co-insurance will be required for the inmate patient. Claims paid through the CCS/Cigna agreement will be submitted, with appropriate supporting documentation, to Washtenaw County for reimbursement.

By partnering with Cigna and Allegiance, CCS is able to offer the greatest availability of specialty provider care for the patients in your care and significant cost savings for Washtenaw County.

The Affordable Care Act

CCS has been proactive in determining how the implementation of the *Affordable Care Act* (ACA) will affect the correctional health care industry. To date we have set up effective eligibility and enrollment processes in eleven (11) expansion states for state and county inmates which ensures that eligible inpatient stays are paid by Medicaid, or by an appropriate third party payer, and billed by the hospital. We will use our experience to assist Washtenaw County in deferring all eligible inpatient hospitalization expenses when possible. The Affordable Healthcare Act provides the following opportunities for county jails to defer expenses related to inmate health care

- Enrollment in and use of Medicaid coverage for off-site, inpatient hospitalizations for previously eligible Medicaid populations, including pregnant women; aged, blind, and disabled adults.
- Enrollment in and use of Medicaid coverage for off-site, inpatient hospitalizations for newly-eligible adults between the ages of 19-64 when they have inpatient hospitalizations.

Medicaid Enrollment Process

CCS developed a solution for enrolling the inmates who have inpatient stays using Lean Six Sigma methodology. We analyzed the process we discovered that 15% the jailed population are released before Medicaid applications can be completed or insurance information obtained. The most common failure modes are:

- Inmates expire during hospitalization
- Inmates are released during their hospitalization
- Inmates returned to jail after hospital discharge are released within three (3) days

Further analysis showed that if we delay five (5) days to initiate Medicaid application paperwork after hospital discharge, 20% of the inmates will be released. We require that the application process for inmates be completed within three (3) days after hospital discharge and return to the jail. If the CCS Care Management staff indicates a prolonged inpatient stay, we initiate the application before they are discharged. Working the corrections staff, we discuss release or transfer possibilities of each hospitalized inmate.

To mitigate the risk of inmate releases during or after hospitalization, we have each inmate sign an *Authorized Representative* document during our intake process. To ensure that inmates sign the *Authorized Representative*, we have created a patient information sheet informing the inmates at intake that by signing this form, we will be able to help them with Medicaid coverage should they have an emergent health care need. The key points of this patient document are:

- We only use the *authorized representative* document to enroll the inmate in Medicaid if they are hospitalized.
- When the inmate is sick, our focus is on arranging for their care; we do not have time to obtain signatures when they need to go to the emergency room.

- It is important for eligible inmates to have Medicaid coverage while they are in the hospital because once the inmate is released, their Medicaid benefits can be activated allowing them to obtain any follow-up care.
- Should the inmates be released from custody before they are discharged from the hospital, successful enrollment in Medicaid (if eligible) ensures their continuity of care continues during the entire hospitalization and limits their financial risk.

We know that we will not be 100% successful in obtaining the inmates signatures on the *Authorization Representative* documents. As part of State of Michigan ACA initiatives, the State passed legislation which gives the county jail the authority to sign Medicaid applications on behalf of inmates. We will help the correctional staff with this process when it is needed, including supplying any medical records.

CCS business processes track inmate inpatient stays from admission through hospital payment. We have developed a control chart that tracks the completion of each key business process step and measures timeliness. The control chart is monitored by CCS site and home office support staff, and is updated when new information becomes available. We will provide the jail with a timely report on inmate inpatient recovery activities and using this same report can inform the county welfare department when the inmates on this report are released, paroled, or transferred.

CCS began inmate enrollment in Medicaid for our sites in Michigan as of April 2014 when the Michigan ACA program commenced. For the first four (4) months of the Michigan ACA program (prior to the acquisition of CHC and its contracts in Michigan), we have submitted 70 Medicaid applications for inmates with inpatient stays, resulting in 45 approved applications, 24 pending applications, and one (1) denied application which was due to the inmate exceeding income limits. We have established contacts with the State of Michigan Medicaid office to address start-up issues as Michigan continues its Medicaid expansion.

CCS's successful analysis and deployment of inmate inpatient business processes ensures that if the inmate is eligible for Medicaid, we will get them enrolled and have the hospital directly bill Medicaid. Since implementing this process with our current prison and jail clients, our main reason for Medicaid denial is that the inmate is not eligible because they exceed income requirements. By following our lean six sigma solution, we have eliminated the common failure modes that are within our control.

CMS Certification

CCS has been designated as a Certified Application Counselor (CAC) organization by the federal government's Centers for Medicare and Medicaid Services (CMS). As a CAC organization, CCS can now train our staff in expansion states to help individuals enroll in using the state Insurance Exchange. This certification allows us to assist with Medicaid applications online, eliminating the need to complete paper applications. Additionally, CCS will be able to have ready access to all updates, regulations and processes for Medicaid eligibility applications and enrollments for all states.

2.H Specialty Services

CCS will continue to provide as many on-site medical services as possible in order to limit the number of patients who must be transported off-site, while ensuring that inmates receive medically necessary health care services in the most appropriate setting. We will make every effort to have the specialists see inmates and provide care at the WCSO.

In the event that on-site care is not possible, we will coordinate all off-premises referrals with the WCSO Transport Supervisor, or designee, to ensure appropriate scheduling of transportation and security coverage. All routine off-site procedures will be scheduled during normal business hours, Monday through Friday, excluding Washtenaw County holidays. Emergency off-site services will continue to be available and coordinated 24 hours per day, seven (7) days per week, 365 days per year.

CCS will continue to identify the need, schedule, and coordinate all non-emergency medical care rendered to inmates inside or outside the WCSO. In the event that a patient requires laboratory, X-ray, or other diagnostic services that cannot be provided on-site, CCS will authorize, schedule, and coordinate the provision of all outpatient services, including MRI, CT scan, ultrasound, etc.

CCS will evaluate statistics regarding off-site specialists and determine what services could be more cost effectively provided on-site. Services brought on-site would typically result in cost savings for the County as a result of clinic (rather than per patient) rates and decreased officer transportation expenditures, including security. We will continuously evaluate the potential benefits of each of the following on-site clinics and will implement them as appropriate:

- OB/GYN
- Optometry
- Dialysis
- Orthopedics
- Cardiology
- Physical Therapy
- Dermatology
- ENT
- Gastroenterology
- Neurology
- General Surgery
- Urology
- Other services as needed

We will make arrangements with these specialists for the treatment of patients with health care problems beyond the scope of primary care provided on-site.

CCS will continue to coordinate with WCSO Administration to arrange for security for all off-site specialty care. CCS understands that Washtenaw County will be responsible for and will bear the cost of transporting all inmates for non-emergency off-site services

2.1 Emergency Services

Our staffing plan is designed to provide qualified medical staff on-site 24 hours per day, seven (7) days per week (24/7), to accommodate medical and dental emergency services as the need arises. In the event an emergency occurs, we ensure a comprehensive approach to handling emergencies as follows:

- QHCP availability 24 hours per day, seven (7) days per week (24/7) to quickly respond to the patient, providing necessary stabilization and treatment within the scope of his/her licensure.
- If the emergency is life or limb threatening, 911 is immediately called for emergency services and transport to a local hospital Emergency Department (ED).
- If the patient is stable, the nursing staff is instructed to contact the on-call provider for further instruction. The on-call medical provider will also routinely be contacted for dental emergencies and give orders for on-site treatment, phone consultation with the site dentist, or transport to the designated hospital Emergency Department.
- The on-call medical provider may give medical orders for on-site treatment and observation, may return to the Facility for direct patient assessment, or may direct the QHCP to send the patient to the designated hospital Emergency Department.

In the event a patient is transported to a local Emergency Department via 911 response, or per Medical Director order, the on-site staff will place a phone call to the receiving hospital Emergency Department to provide necessary clinical information so the hospital Emergency Department medical staff is prepared to accept and treat the patient. All efforts will be made to provide a written report of the emergency to be transported with the patient, if this is not possible at the time of the emergency, a written report will be forwarded immediately thereafter.

Our system is designed to follow the typical patient-provider relationship in the community setting as much as possible. The one difference, and perhaps enhancement to handling an emergency situation in the correctional facility, is the availability of on-site, skilled medical personnel to intervene immediately.

While the above system accommodates the needs for the inmate patient, we are also prepared to respond to all WCSO staff and employees, and visitor emergencies as the need arises. Our medical personnel are instructed to immediately respond, assess, and stabilize the patient, offer any assistance necessary, and refer the individual(s) to an appropriate health care setting outside of the WCSO.

CCS will document and track all emergency medical requests from initial receipt to final disposition. After implementation, such tracking will be done utilizing the ERMA Care Management system. All information will be documented in the inmate's electronic medical record.

Retrospective Review Form for Emergency Services – Care Management Program

2.J Ancillary Services

Laboratory Services

CCS has a national contract with Laboratory Corporation of America (LabCorp), and we will be transitioning services at WCSO to LabCorp, upon award of the new contract, to provide diagnostic laboratory services. LabCorp provides leading-edge medical laboratory tests and services through a national network of primary clinical laboratories and specialized centers. Until such transition occurs, we will continue to utilize the services of Garcia Laboratories as the laboratory subcontractor. There will be no interruption of laboratory services. If the WCSO prefers to continue laboratory services with Garcia, CCS will certainly discuss this.

The laboratory program of WCSO will comply with all standards set forth by the American College of Pathology and State of Michigan requirements for medical pathology, as well as specimen handling, testing, and reporting.

A diagnostic procedure manual that includes reporting on STAT and critical values will guide laboratory services provided on-site. CCS and LabCorp will maintain a lab formulary to direct providers to cost effective ways of bundling testing and prevent ordering costly testing without approval. CCS will train all staff on our laboratory policies. On-site services will be in accordance with the Clinical Laboratories Inspection Act (CLIA) and will comply with the Clinical Laboratory Improvement Amendments of 1988.

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

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

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

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

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

Following the implementation of the ERMA electronic medical record system (scheduled to be completed by October 2014), an interface with ERMA will be established. LabCorp can automatically upload test results into ERMA, which will display abnormal results highlighted in red to alert the Provider. As with results provided by fax/printer, if the results indicate a critical situation, LabCorp will call the provider to alert them. Staff will be notified when results are received into the patient's record, with notation if results indicate critical values. All results imported into ERMA are placed on the action list for the on-site Provider, who will review all results and electronically sign off on them.

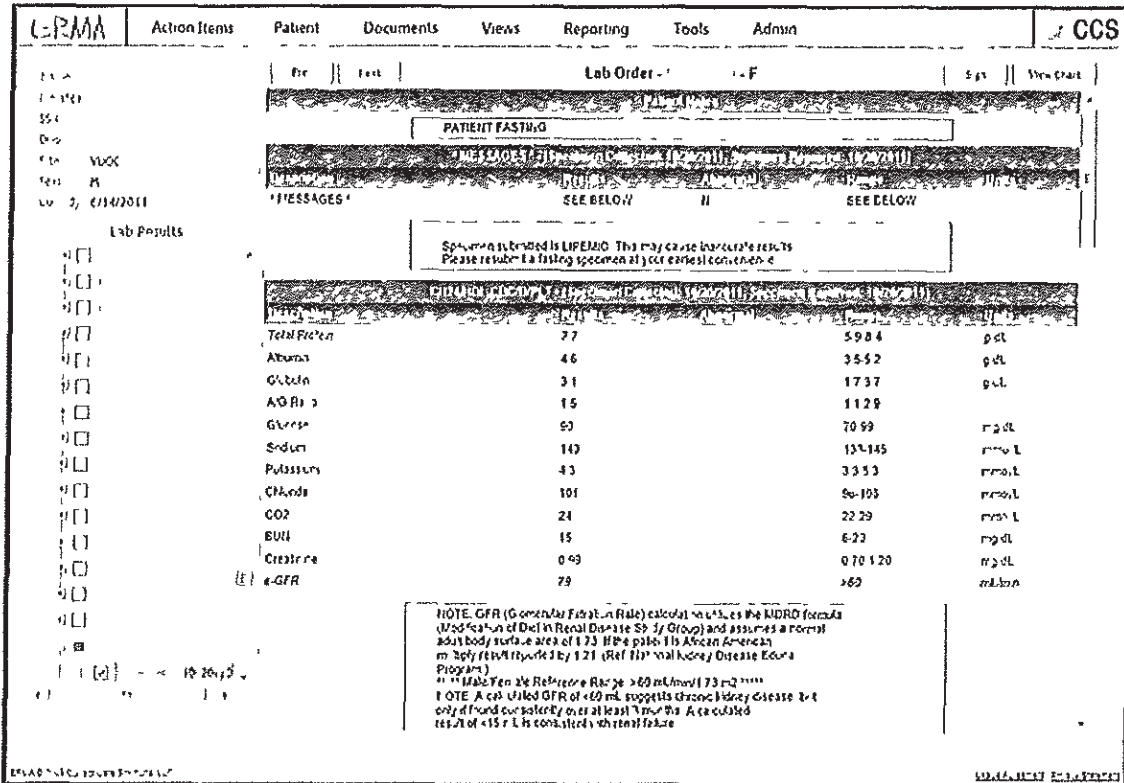


Figure 5: Lab Interface Screen In ERMA

Radiology Services

CCS will provide radiological services on-site to the WCSO to the maximum degree technically possible, utilizing the on-site X-ray equipment at the Jail. CCS will arrange for all off-site radiological services as required. All X-rays will be taken by the on-site X-ray Technician, certified in the State of Michigan, and will be read by the site Medical Director within 24 hours to 48 hours of the examination. CCS will utilize the services of a mobile X-ray services as needed.

When possible, CCS will provide on-site radiology services, including:

- Mobile X-ray services
- Ultrasounds
- Sonograms
- Doppler studies
- Mammograms
- Pulmonary function tests
- Holter monitor studies
- Upper GI X-rays

The radiologist will call the institution if a report necessitates immediate intervention. The CCS Medical Director, or designee, will be notified of all abnormal radiology results and will review, initial, and date all X-ray reports within five working days. The CCS Medical Director, or physician/mid-level designee, will meet with the patient to discuss their results and will establish a plan of care as appropriate.

CCS will document and store digital images and radiology reports in the patient's electronic medical record. Results can be received electronically, via fax, or manually on paper. Any follow-up with the patient will be noted in the medical record. CCS will also maintain a log to document the type and number of X-rays completed and the results received. CCS medical personnel will review the log on a daily basis to determine if any test results are outstanding. This process will ensure that test results are reported in a timely manner.

Urgent or STAT services will be available through VPA Diagnostics who will send an X-ray technician to WCSO when the CCS X-ray technician is not on-site. We will make all efforts to have X-rays and other diagnostic radiology studies conducted on-site in order to prevent the need for emergency department or urgent care transfer.

X-ray results are sent directly to the Physician for review, action and sign off. All diagnostic X-ray reports will be made part of the inmate's medical record.

CCS will be responsible for the proper maintenance and licensure of all on-site X-ray equipment at the WCSO, including all annual registrations with all state and federal agencies as required.

2.K Dental Care

CCS will continue to provide an on-site dental program for the inmates of WCSO utilizing the services of a Dentist, fully-licensed in the State of Michigan. The program will provide for basic dental services, including extractions and fillings; any unnecessary extractions will be avoided. Dental services will focus on emergency intervention to eliminate pain, swelling, and infection, and to restore function regarding the ability to masticate sufficiently to eat without a specially-ground or pureed diet.

Dental screening will be performed for each inmate by a nurse trained by a dentist, or a dental assistant, during the Intake screening. A dental screening will include charting decayed, missing and restored teeth, and a dental history of the inmate. Instruction on dental hygiene will be given to the inmate during the Intake physical examination. A dental record will be maintained as part of the inmate's medical record. Annual dental examinations will be performed on each inmate. Elective dental procedures will not be provided.

The CCS dental care program will include:

- Dental screening as part of the Intake screening
- Dental treatment, including fillings and extractions, as clinically indicated
- Prevention of dental disease and oral hygiene education

- Provision of emergency care
- Dental specialist referrals, if needed
- Provision of all dental prosthetics and laboratory services as required
- Provision of maxillofacial surgery services when indicated

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

Dental Treatment Priority

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

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

All inmates of the WCSO will have access to 24/7 emergency dental services.

2.1 Mental Health Services

CCS will continue to work closely with the WCSO Mental Health provider, the Washtenaw County Community Support and Treatment Services (CSTS), to promote a collaborative working environment. We will continue to administer all medications prescribed by the CSTS psychiatrist, as well as address inmate referrals for mental health services. All requests for services will be collected, time-stamped, and reviewed by CCS's QHCPs to determine if immediate action is necessary (i.e., threats to harm self/others). All requests for mental health services will then be forwarded to the WCSO Mental Health staff through established methods that assure a continuity of care.

CCS is keenly aware of the need for continued communication and cooperation between medical and mental health providers, especially in the correctional environment, and we have successfully maintained this arrangement in WCSO and other facilities. Our Regional Behavioral Health Manager, or designee, will communicate with the CTST Psychiatrist to support the relationship between the somatic and mental health disciplines and coordinate the use of the formulary for psychotropic medications to maintain cost controls at the WCSO.

Both CCS and CHC have a history of working closely with community-based mental health care providers in our contracted facilities where the County provides mental health services. We understand and appreciate the importance of collaboration and open communications between

providers, as we are all working for the benefit of our shared patients. As way of illustration, CCS has established arrangements with the mental health providers at our contracted facilities in Davidson County, TN, and Richland County, SC, respectively, where our Regional Behavioral Health Managers interface with the on-site mental health providers to allow for rapid identification of newly-admitted inmates who are involved with the community agency at the time of intake. This has allowed for smooth transitions for re-entry services as community case managers remain in contact with the inmates during their time in the facility.

2.M Medical Records

CCS will continue to use the current electronic medical record, Vizion, until the transition to and implementation of our Electronic Record Management Application (ERMA) electronic medical record system. This is scheduled to be implemented by year-end 2014.

In our program, CCS will initiate a medical record for each inmate at the first health encounter following the Intake screening. If the patient has been incarcerated at the WCSO previously, CCS will integrate previous medical records with the current file. CCS will incorporate information from off-site providers, and the medical record will be the single source for all medical, dental, and mental health information for each inmate. CCS staff maintains inmate medical records up-to-date at all times. CCS personnel will be responsible for all transcribing and entry of information in the medical record. CCS will maintain medical records in accordance with applicable laws, NCCHC, ACA, MIDOC: Administrative Rules for Jails and Lockups, HIPAA, WCSO policies, and the requirements of the State of Michigan.

CCS will maintain comprehensive medical records separate from the inmate's confinement record. CCS will secure medical records as required by law and the applicable statutes of the State of Michigan. The CCS Health Services Administrator (HSA) will control access to the records to ensure medical record confidentiality. CCS will provide data necessary for the classification, security, and control of inmates to the appropriate WCSO personnel.

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

Medical Record Format and Contents

Each medical record will comply with the problem-oriented medical record format and standards. The medical records will include at a minimum.

- Intake screening form
- Health appraisal form
- Physician orders/treatment plans
- Prescribed medications administered or not administered to include the date, time and by whom
- Complaints of illness or injury
- Findings, diagnoses, treatments and dispositions

- Health Service Reports
- Consent and refusal forms
- Release of information forms
- Laboratory, radiology and diagnostic studies
- Consultation, emergency room and hospital reports and discharge summaries
- Each documentation includes the date, time, signature and title of the documenter
- Medications and/or future medical referrals/appointments for the inmate provided to the inmate at the time of release from the WCSO
- A separate inpatient medical record section for any infirmary or hospital admissions
- Inmate medical request forms
- Medical grievance forms

While CCS is the custodian of medical records, they are the property of the WCSO. Upon termination of the contract, medical records will remain the property of the County and CCS will work with the County to ensure a smooth transition of records.

Transfer of Medical Information

CCS will prepare health summaries to be sent with inmates being transferred to other facilities or jurisdictions. All inmates transferred to or from the WCSO will be screened for acute or chronic conditions, communicable disease, a mental health status evaluation, and current medications. Health summaries will be prepared within 24 hours of notification of transfer, or as necessary. Upon transfer to another facility, a medical transfer form will accompany the patient. This form provides all necessary information required for the continuation of treatment. The transfer summary form will include, at a minimum, all known health issues, last PPD test, all current medications, latest physical examination results, X-ray and laboratory reports, and any scheduled follow-up care pending. CCS will also provide necessary bridge medications to inmates upon release in accordance with WCSO policy, and we will ensure that inmates have an adequate supply of required medications to accommodate the transition to another facility.

CCS notifies correctional personnel whenever a patient has a significant medical or mental health illness or developmental disability that will affect the patient's housing or program assignment, disciplinary sanctions, or transfer to another institution.

In order to restrict access of confidential inmate medical records during transfer, a summary of the inmate's medical record will be forwarded in a sealed envelope with the inmate when transferred to another facility. The original medical record will be retained as inactive at the WCSO in accordance with WCSO policies and procedures.

2.M.1 Electronic Record Management Application (ERMA)

CCS will implement the CCS Electronic Record Management Application (ERMA) and the electronic Medication Administration Record (eMAR) at the WCSO which will replace the current Vizion EMR system. We are preparing to implement the full ERMA solution and our CCS Case Management Program, a component of ERMA, by October 2014. This will be done in collaboration with the Washtenaw County IT staff.

ERMA is an advanced electronic medical record (EMR) designed specifically for the correctional health care industry. ERMA minimizes the use of paper and provides *immediate* access to medical records, care scheduling, and off-site patient care. ERMA is quickly implemented and was designed to create operational efficiencies in the correctional setting. CCS is also prepared to introduce online pharmaceutical ordering and administration through the CCS electronic Medication Administration Record (eMAR). We provide the highest level of technical support programs in the industry. The ERMA system meets all applicable standards, including NCCHC and ACA standards, and we will introduce ERMA as a pivotal piece of the medical services program.

ERMA Clients

These are just some of the CCS client sites that use ERMA as their complete electronic medical records solution

- Monmouth County, NJ
- Forsyth County, NC
- Johnson County, KS
- Louisiana OJJ
- Marion County, IN
- McHenry County, IL
- Montgomery County, TN
- New Hanover County, NC
- DeKalb County, GA
- Mecklenburg, NC
- Augusta, GA
- State of Vermont
- Westchester County, NY
- Will County, IL

Features and Benefits of ERMA

ERMA provides our customers with many of the same advantages as other EMR systems, including reduced paper use, reduced risk of lost records, and the benefits of access from multiple locations. However, due to the advanced capabilities of ERMA, including appointment scheduling and utilization management tracking, our customers also realize improved performance. The following figure demonstrates the key advantages that ERMA offers:

ERMA Features and Benefits	
Our Feature	Your Benefit
Ease of implementation	Medical staff gathers information through use of proven implementation methodology.
Increased efficiency	Staff has instant access to current and past patient records.
UpToDate [®] provider reference and patient education materials	Integrates the UpToDate Clinical Knowledgebase and Tools set. All users are given single-click access to this valuable medical resource. Client-specific patient education materials can also be integrated into ERMA.

ERMA Features and Benefits

Our Feature	Your Benefit
Complete online medical history in one place, regardless of housing location	Through a secure connection, medical staff can access patient data regardless of their movement within the housing areas.
Immediate access to medical records available from multiple locations	Providers can access data remotely, which is especially valuable for disaster planning.
Dynamic and static documents	ERMA gives users the flexibility to use both direct data entry and scanned paper records to create integrated workflows and patient charts. These dynamic documents allow for the capture and reporting of almost limitless data types, and can be customized to meet site-specific needs and requirements
Physician order entry	Currently, ERMA supports the integration of medication order entry and HL7 transmission to Diamond.
Automated tracking and reporting of customer metrics	Customized monitoring views are used to track key events in the patient care lifecycle, including annual health assessments, dental exams, chronic care visits, and any other site-specific protocols.
Automated tracking of chronic and acute problems	The Master Problem list tracks both chronic and acute problems by combining problem (for nurses) and diagnosis (ICD9 for providers) codes.
Integrated utilization management	ERMA's distinctive scheduling capability gives utilization management teams a comprehensive view of the patient's medical history inside the correctional facility.
Statistical reports	With ERMA's advanced reporting features, medical staff can easily track the patient's care and communicate more effectively with correctional staff.
Customizable queues	Customized queues can be created to compile data for medical staff, security, and administration.
Improved care of returning patients	When a patient is released and later re-admitted, their data is immediately available and any chronic care protocols are automatically repopulated.
High availability platform	ERMA is built to be highly available and scalable. ERMA uses Microsoft technology, including SQL Server Enterprise and C# net. It is load balanced across many web servers and hosted in two fully redundant data centers. Client systems only need the Microsoft .Net Framework and Internet Explorer 8 or higher to access the system.

ERMA Features and Benefits

Our Feature	Your Benefit
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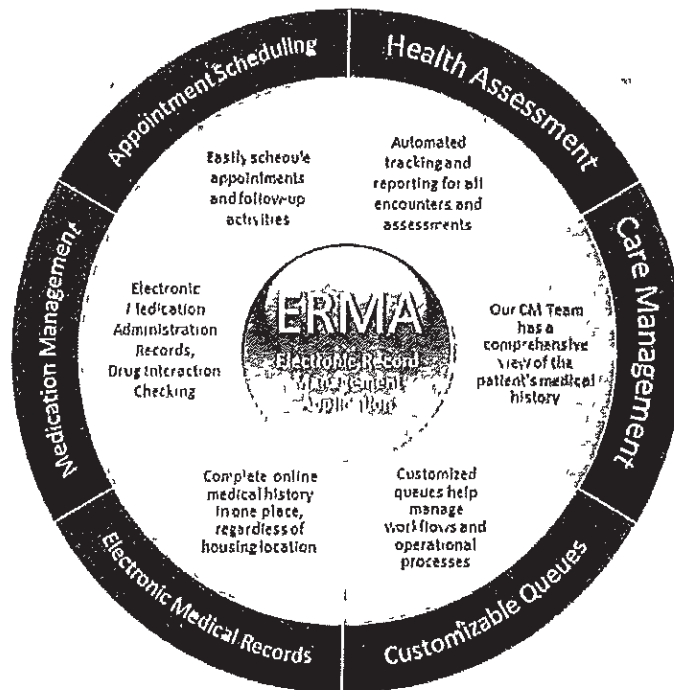
More efficient use of nursing resources

Some competing EMR systems necessitate increased staffing due to longer process flows. ERMA is designed specifically for correctional workflows, allowing personnel to perform their jobs more efficiently

A Customizable System

ERMA was designed to operate as part of the health care delivery system inside correctional facilities. This multifunctional health record can be tailored to each client's goals and requirements, making it the ideal EMR system for the correctional setting. The fully customizable system is made up of several separate modules. Based on the specific needs of the WCSO, functions such as medical records, appointment scheduling, and utilization management can each run separately within the system.

The Separate Modules of ERMA



ERMA Training

Many other EMR systems require intense training sessions that can leave staff feeling overwhelmed and unsure of how to work the system into their everyday processes. Due to ERMA's intuitive and user-friendly design, medical personnel can be trained as competent beginner users in as little as 30 minutes. Medical personnel are also trained to integrate ERMA

into their workflow so that data is captured as close to the time of service as possible. CCS provides the highest level of technical support programs in the industry; all we will require from Washtenaw County is Internet access and data extraction from your JMS system, XJail

Dynamic Documents and Patient Profile

In today's correctional environment, the need to collect data is greater than ever. Health care professionals are able to document patient encounters quickly and easily through ERMA's dynamic documents feature, which allows each facility to create a library of customized forms that are used for documentation. These forms, also known as "templates," are created through an administrative tool with strict business rules applied. Administrators determine requirements, options, explanations, and other useful elements to capture in the templates.

Figure 6: Receiving Screen Form in ERMA

Data flows easily between a dynamic document and the patient profile. For instance, if a nurse documents a problem found during a patient encounter, it will be automatically added to the patient's master problem list. Essential information such as allergies, diets, appliances, and special needs can be easily integrated with dynamic documents. By using dynamic documents to capture data, ERMA improves patient encounters and saves medical staff valuable time.

ERMA Action Items Patient Documents Views Reporting Tools Admin **CCS**

sample Search

Name: Billy Patient
Inmate#: 2
SSN:
DOB: 2/1/1982
Site: Flars Men's
Sex: M
Custody: 9/1/2011
Housing
Type: Home

Active Patient Profile Items

Allergies

Type	Allergy	Observed Date	Active
Allergy Items	Abatacept	10/6/2011	Yes
Allergy Items	Fenclillin	10/6/2011	Yes

Appliances

Medical Appliance	Observed Date	Start Date	End Date	Associated Problem	Status
Wheelchair	10/3/2011	10/3/2011	N/A	GI Liver Disease, 5723 - Portal Hypertension	Active

Problems

Type	Category	Problems	Code	Observed Date	Confirmed	Active
Chronic	CARDIO	Hypertension	Hypertension Not Otherwise Specified	401.9	10/6/2011	No Yes
Chronic	GI Liver Disease	Portal Hypertension	572.3	9/18/2011	Yes	Yes

Current Diet

Diet	Start Date	End Date	Chart	Associated Problem
Blind Diet	9/29/2011	12/30/2011	9/1/2011	GI Liver Disease, 572.3 - Portal Hypertension

PPDs

Slay	Date Given	Date Read	Results (mm)	Medication Lot #	Medication Expiration Date
9/1/2011	10/6/2011	10/3/2011	0	12345	1/12/2012
9/1/2011	9:45 AM	12:00 AM	N/A	12345	5/12/2012
9/1/2011	10/6/2011	10/8/2011	0	12345	5/16/2012
9/1/2011	9:35 AM	1:00 AM	N/A	143672	9/12/2021
9/1/2011	9:29 PM	N/A	N/A	1234	9/28/2011
9/1/2011	9/15/2011	N/A	N/A		
9/1/2011	10:15 AM	N/A	N/A		

Special Needs

Type	Special Need	Observed Date	Start Date	End Date	Associated Problem	Status
Special Needs	Housing	10/10/2011	10/10/2011	N/A	PSYCH BI Polar 296.8 - Bipolar Disorder Unspecified	Active
Bottom Bank	Housing	10/3/2011	10/3/2011	N/A	GI Liver Disease, 572.3 - Portal Hypertension	Active

ERMA © 2008 Correct Care Solutions, LLC **ERMA** **CHC** **CCS**

Figure 7: Patient Profile in ERMA

The ERMA master problem list contains both acute and chronic care problems. Problems are typically identified by nursing and later confirmed by a provider. Problem lists are maintained through the use of a dynamic form or directly by the provider. ERMA also supports the use of ICD9 and DSM diagnosis codes

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

sample | Search | Problem Confirmed | Cancel | Submit

Name: Bob Patient
Inmate#: 2
SSN:
DOB: 2/1/1982
Site: Mays Men's
Sev: 11
Custody: 9/1/2011
Housing:
Type: None

Chart: DOS: Doc Type:
Patient Profile
Allergy Items
Appliance Items
Problem List Items
Del Items
FPD Items
Special Need Items
Wlas Items

9/1/2011
FP Intakes and Receiving
1) FP-Danison Co Receiving Screen
1) FP-TB Record
FP Mental Health
1) FP Mental Health Initial Assessment
FP Progress Notes
1) FP-(G) Progress Note
1) Progress Note Election

Problem Type: CARDIO Hypertension
Associated Chart: 9/1/2011
Problem: 4019 Hypertension Not Otherwise Specified
Verbal Diagnosis Received
Diagnosed By: Michael L. ... Confirmed
Observed Date: 10/6/2011
Status: Active Inactive
Comments:
Show Medical Notes Show System Notes

Associated Items: Cross Filters
Appointments (D) v
Special Needs (R) ^
Appliances (I) ^
Compression Hose/Abil Stooling 10/6/2011

Type	Note	Added Date	Added By
Medical	TCC3	10/6/2011	testuser1

Cancel Submit

Figure 8: Master Problem List in ERMA.

Reporting and Work Queues

ERMA allows for the creation of customized reports and work queues based on each site. Reports can be sent to security staff to ensure prompt and accurate communication of movement needs. Integration with Microsoft SharePoint Services allows reports to be scheduled and delivered automatically as needed. Report automation is often used to notify third parties such as food service vendors or custody staff of special needs and medically ordered diets. Medical staff can also quickly review and reschedule any missed appointments.

ERMA Organization

ERMA organizes inmate records in a manner that allows record indexing and retrieval by inmate number, social security number, patient name, date of birth, incarceration date, or other identifiable data elements. ERMA organizes data into a virtual medical chart within each patient record with sections of the medical chart customized to each client's needs, including:

- Assessments and Intake Screening
- Chronic Care
- Master Problem List
- Patient Consent Forms
- Sick Call Notes
- Provider Orders
- Patient Grievances
- Mental Health
- Dental
- Off-Site Care
- Medication Administration Records
- Lab Results

ERMA Support System

The CCS Information Technology (IT) Department, located at our Nashville home office, is under the direction of Bob Martin, Chief Information Officer. Our IT Department provides a 24/7 Helpdesk hotline that is available via telephone and telephony for maintenance and development support of our software programs for our employees and clients. Our IT specialists are available to troubleshoot any software and/or hardware problems that might ensue at any of our contracted facilities.

The CCS IT Department and its specialists will be responsible for all maintenance and scheduled upgrades of the ERMA system. Our IT Department will coordinate the implementation of the ERMA electronic medical record with the Washtenaw County IT staff, beginning with on-site evaluation. We will work closely with WCSO through implementation of the system and thereafter to provide continued, uninterrupted support.

2.M.2 Electronic Medication Administration Record (eMAR)

CCS recognizes the importance of pharmacy controls within the correctional environment. We are proud to offer the eMAR, which provides an additional level of performance and delivery of a progressive health care and medication management system. The eMAR offers a professional, easy-to-use medication system that will track pharmaceutical provisions from order placement to patient administration in accordance with the Michigan State Board of Pharmacy and Board of Nursing. After a patient's medication order is entered, the eMAR is updated to include the medication, administration orders, and stop date. The system also offers an advanced administration feature that allows the user to easily track vitals, administer KOP/PRN/OTC medications, and document injection sites and quantities through a customized interface.

Additional features and benefits of the eMAR system are described in the following table:

eMAR Features and Benefits	
Our Feature	Your Benefit
Quickly, accurately, and conveniently orders new medications	Reduces paperwork and delays in patients starting new medications
Reorders medications	No delays in patients receiving their needed medication
Allows for viewing of patient profiles and medication histories	Instant access to patient information
Maintains patient profiles	Records are updated in real time
Creates change orders	Changes are recorded in real time
Monitors self-medication status	Allows for an easily monitored Keep-on-Person (KOP) program
Instant notification of non-formulary orders	Controls costs by ensuring that only approved medications are prescribed
Prints utilization data	Allows for easy analysis of statistics for review and planning purposes
Administrative and management reporting	Allows for easy analysis of statistics for review and planning purposes
Prints paper copies of prescriptions and activities for patient charts	Allows for the transfer of patient information to hard copy if necessary

Medication Orders in ERMA. Immediate access to active medication orders is available through a one-click drill down on the patient profile

ERMA		Action Items	Patient	Documents	Views	Reporting	Tools	Admin	CCS																																										
<input type="text" value="Search"/>		<p>No Document(s) Selected Previous Next</p> <p>Allergies (0) Problems (0) Diet</p> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>Step 1</p> <p>Medication: Acetic Acid 2 % Ear Sol'n <input checked="" type="checkbox"/> Only Formulary?</p> <p>Route: [O] [v]</p> <p>Form: [Solution] [v]</p> <p>Strength: [] [v]</p> <p><input type="checkbox"/> Is PRN?</p> </div> <div style="width: 48%;"> <p>Step 2</p> </div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>Step 3</p> <p>Quantity: 3</p> <p>Unit Of Measure: Solution</p> <p>Schedule: [RYCI Facility Stat] [v] <input checked="" type="checkbox"/> F'ered</p> <p>Reason: [Other] [v] <input checked="" type="checkbox"/> F'ered</p> <p>Other:</p> </div> <div style="width: 48%;"> <p>Step 4</p> <p>Start Date: [11/7/2011] [v] 12:00 AM</p> <p>End Date: [11/30/2011] [v] 12:00 AM</p> <p>Provider: [Christopher Fortun (CFortun)] [v]</p> <p>Transcribe Method: <input checked="" type="radio"/> Written <input type="radio"/> Verbal/Phone</p> </div> </div> <hr/> <p>Optional Information</p> <p>Comments: _____</p> <p>Related Diagnosis: [E849.0 Accident In Home] [v] <input checked="" type="checkbox"/> F'ered</p> <p>Targeted Behaviors: [Insomnia] [v]</p> <p>Delivery Method: [cough and deep breath for 5 min after] [v]</p> <p>Site: [Chest] [v] <input type="checkbox"/> Alternate Site?</p>																																																	
<p>Name: Some Body</p> <p>Inmate#: 1234567890</p> <p>SSN:</p> <p>DOB: 1/11/1950</p> <p>Site: Oz Work Release Farm</p> <p>Sex: M</p> <p>Custody: 10/24/2011</p> <p>Housing:</p> <p>Type: None <input checked="" type="checkbox"/></p>		<table border="1"> <thead> <tr> <th>Chart</th> <th>DOS</th> <th>Doc Type</th> </tr> </thead> <tbody> <tr> <td colspan="3">Patient Profile</td> </tr> <tr> <td></td> <td>10/24/2011 - 10/24/2011</td> <td></td> </tr> <tr> <td></td> <td></td> <td>Medication</td> </tr> <tr> <td></td> <td></td> <td>- Bg Background</td> </tr> <tr> <td></td> <td></td> <td>471 DEMO</td> </tr> <tr> <td></td> <td></td> <td>EMAR</td> </tr> <tr> <td></td> <td></td> <td>Medication Order</td> </tr> <tr> <td></td> <td></td> <td>QA Test Docs</td> </tr> <tr> <td></td> <td></td> <td>PPD Trigger</td> </tr> <tr> <td></td> <td></td> <td>QA Allergy Check Snippet Trigger</td> </tr> <tr> <td></td> <td></td> <td>Vitals Trigger</td> </tr> <tr> <td></td> <td></td> <td>Vitals Trigger 2</td> </tr> <tr> <td></td> <td>1/1/2011 - 10/23/2011</td> <td></td> </tr> </tbody> </table>								Chart	DOS	Doc Type	Patient Profile				10/24/2011 - 10/24/2011				Medication			- Bg Background			471 DEMO			EMAR			Medication Order			QA Test Docs			PPD Trigger			QA Allergy Check Snippet Trigger			Vitals Trigger			Vitals Trigger 2		1/1/2011 - 10/23/2011	
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ERMA | Action Items | Patient | Documents | Views | Reporting | Tools | Admin | **CCS**

smith | Search | **EMAR 10/1/2011 (1/0)** | Previous | Next

Info | Zoom | Mouse Tools | Clean Up | Rotate | Thumbnails

Howard R. Young Correctional Institution | October 2011 | Order Record History

Order Name	Order Date	Order Time	Order Status	Order Type	Order Location
Medication Orders	10/1/2011	08:00	Completed	Medication	Howard R. Young Correctional Institution
Medication Orders	10/1/2011	12:00	Completed	Medication	Howard R. Young Correctional Institution
Medication Orders	10/1/2011	16:00	Completed	Medication	Howard R. Young Correctional Institution
Medication Orders	10/1/2011	20:00	Completed	Medication	Howard R. Young Correctional Institution

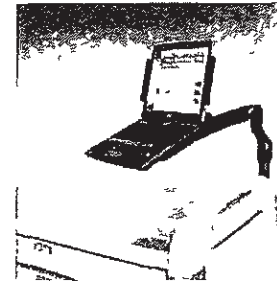
Discontinued Medication Orders

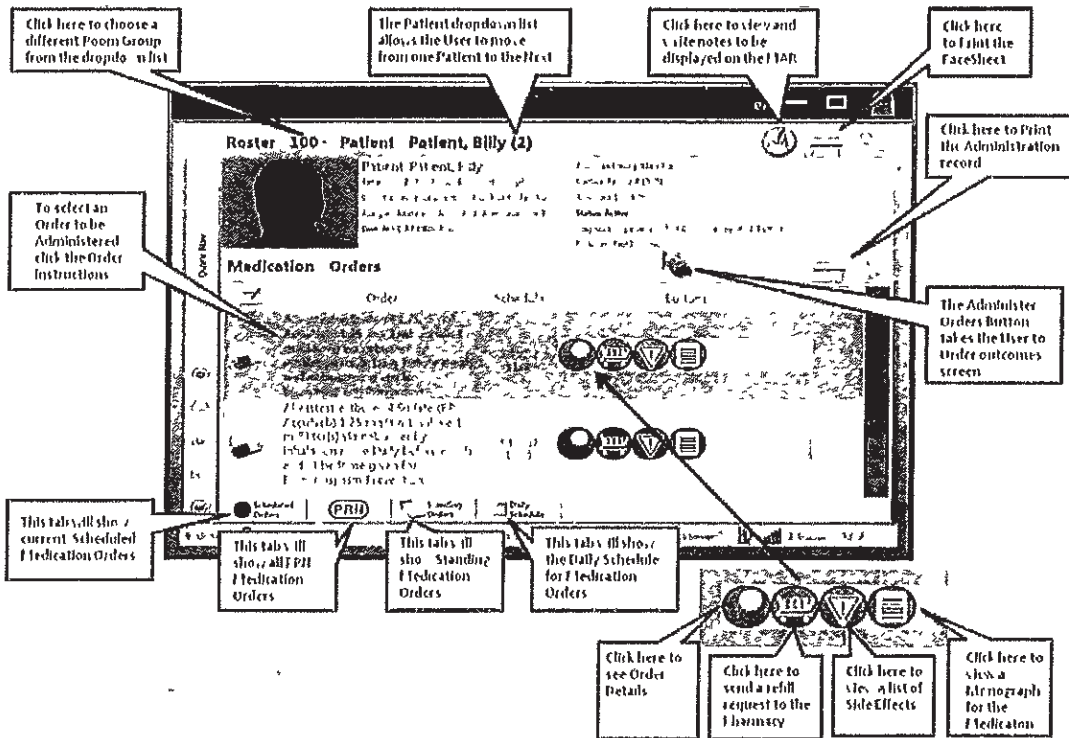
10/1/2011 - 10/23/2011

11

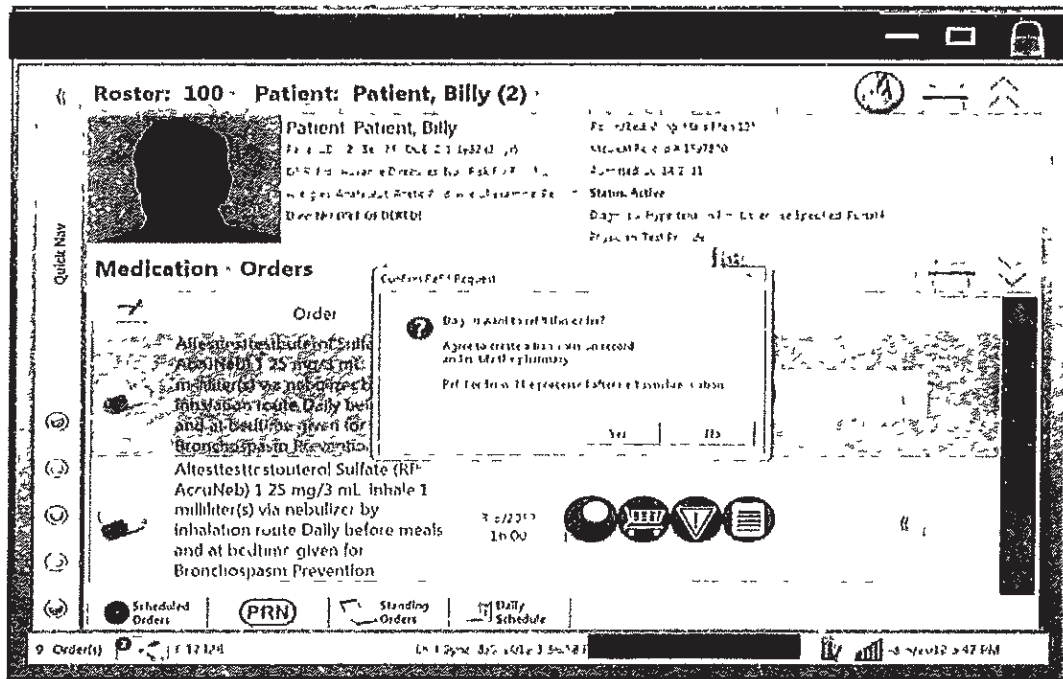
The Point of Care Companion

When administering medications, nursing staff will use an off-network laptop—the Point of Care Companion (POCC) System—with their medication cart, making and electronically signing off on medication administration. If a patient does not receive his or her medication for any reason, this is noted in the system during the medication pass. Once the nurse returns to the medical unit, the laptop is docked and the information from the medication pass is synced within ERMA so administration records are immediately up-to-date. The ability to synchronize data provides increased flexibility for nursing staff by allowing them to use the system in facilities where Wi-Fi or mobile internet connectivity is unavailable. This also allows medication passes to continue even if the facility loses internet connectivity, and since the laptop is battery-powered, loss of power will not affect its use.





POCC Medication Administration Screen The POCC allows users to see which medications the patient is currently due to receive and to record the administration of medications electronically in real-time



POCC Refill Order Screen Medication refills are tracked and processed automatically through the POCC when a patient's medications are due for a refill

Side Effects					
Medication AccuNeb 1.25 mg/3 mL Neb Solution					
More Frequent Less Severe	More Frequent Severe	Less Frequent Less Severe	Less Frequent Severe	Rare Less Severe	Rare Severe
Nervousness Tachycardia		Acute Otitis Media Infection Bronchial Irritation Cough Cramps Dizziness Drooping Dry Throat Dysgeusia General Weakness Headache Disorder Hyperhidrosis Hypertension Insomnia Lymphadenopathy Migraine Mouth Irritation Pain Rhinitis Sore Throat Tremors Dysstomia	Influenza	hyperglycemia hypotension Nausea Palpitations Pharyngitis Skin Rash Vomiting	Abnormal ECG Allergic Reactions Angina Angioedema Chest Pain Hypokalemia Metabolic Acidosis Myocardial Ischemia Paradoxical Bronchospasm Pharyngeal Edema Prolonged QT Interval Urticaria

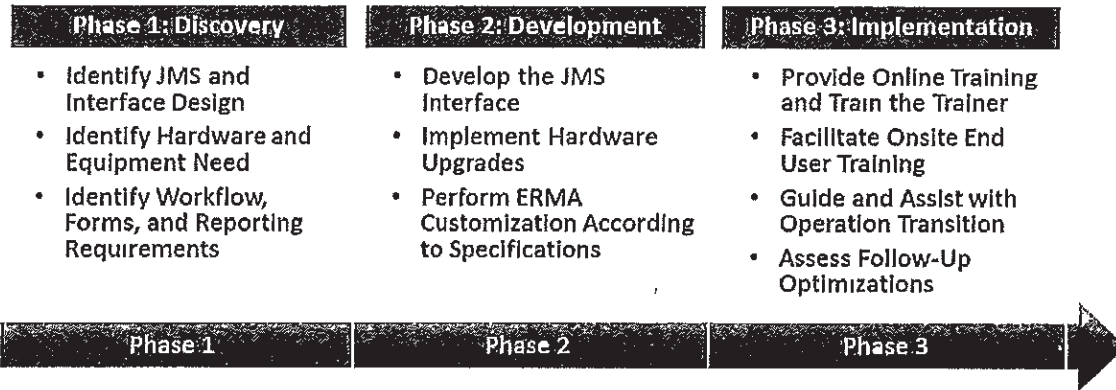
POCC Side Effects Screen The POCC displays side effect for all medications on file

2.M.3 ERMA Implementation Schedule

CCS is scheduled to begin implementation of the Care Management Program for the WCSO by October 1, 2014. The Care Management Program will provide day-to-day processes for utilization management.

Additionally, CCS will convert from the current Vizion electronic medical record system to the full ERMA system, implementation to be completed by October 2014. CCS typically divides the ERMA implementation process into three phases, as illustrated in the following graphic. Each phase is dependent upon the completion of the prior phase. We have found that this method of implementation ensures a smoother transition and creates less stress for the on-site medical professionals as they continue to complete their daily responsibilities. CCS would only require the following from the County:

- High-speed Internet connectivity and access to wireless service (if available) or electrical outlets in areas where medical services occur.
- A simple data extraction from your Jail Management System, which will allow us to build the interface between these systems; the interface will allow for initiation of the medical record at intake, as well as exchange of information that security staff may need, such as medical orders for a bottom bunk or PREA directives.



Phase 1: Discovery

In the Discovery phase, CCS will determine ERMA/JMS interface needs and network requirements, and will define ERMA application, reporting, and workflow requirements. We will analyze current operational and clinical processes in order to develop a standardized approach for ERMA integration. CCS will make recommendations for ERMA utilization associated with these processes, including the use of forms related to specific workflows. The Discovery phase also includes the identification of user responsibilities and compliance indicators.

Phase 2: Development

In the Development phase, CCS will establish the ERMA/JMS interface and install any required hardware. Additionally, any site-specific customizations to ERMA will take place during this phase of the project.

Phase 3: Implementation

In the Implementation phase, CCS will implement the software at each facility and establish a Go Live date. Prior to implementation, CCS will conduct on-site training sessions to familiarize users with the system and answer any questions that may arise. CCS will also conduct load testing of the system to insure communications resources are adequate to support the efficient use of the system. On the date chosen to Go Live, CCS will provide resources for support during the critical first 72 hours of the implementation process.

2.M.4 ERMA Transition and Costs Post-CCS

If CCS was to discontinue as your medical vendor, all health records would remain the property of the County. CCS provides the following two options for how your records would be transitioned.

1. CCS would provide a complete SQL Server data transfer of all records and fields. This would allow the County to merge these into a new system if one has been chosen. This would be done at no cost to the County.
2. The County would also have the option to continue to utilize ERMA via a licensing agreement with CCS. We would maintain all storage of the records with the same

safeguards that exist today inclusive of duplicate systems running in two separate SAS 70 data warehouses located in separate cities. Monthly costs would be billed at a per inmate per day (PIPD) rate and would include record warehousing, routine maintenance, existing report library, and disaster recovery services (current rate is \$0.10). Additional programming and report creation, if necessary, would be billed at a negotiated hourly rate. Software costs include two consecutive days of training support per year and, if requested, additional training would be negotiated separately, although typically a train-the-trainer program works best to minimize costs.

2.N Pharmaceutical

CCS will provide pharmaceutical services in accordance with all applicable laws, guidelines, policies and procedures, and accepted community standards. Our pharmaceutical management program includes formulary and non-formulary oversight; prescribing, filling, and dispensing of medications; record keeping; appropriate licensure, DEA management; and the secure and proper storage of all medications.

CCS will continue to partner with CorrectRx Pharmacy Services, Inc (CorrectRx) for the provision of pharmacy services at the WCSO. CCS works closely with CorrectRx at several of our client sites. We also have a national contract with Diamond Pharmacy Services (Diamond), the county's largest provider of pharmaceuticals to correctional institutions. Our strong partnership with Diamond allows us to receive the industry's most cost-effective and competitive pricing for pharmaceutical services. Should the WCSO wish to explore other options, we will identify the most cost-effective and comprehensive pharmacy program in consultation with the WCSO. If pharmacy services are to transition to Diamond, there will be no interruption of pharmacy services.

CCS will provide all required pharmacy services seven (7) days a week, utilizing the services of our pharmacy subcontractor, CorrectRx, in accordance with all applicable state and federal regulations. CorrectRx will maintain all pharmaceutical licenses in accordance with state and federal regulations.

CCS Pharmacy Management Process	
Feature	Description
Direct Observed Therapy	CCS personnel will be trained to provide direct observed therapy for medications subject to abuse, psychotropic medications, and those related to the treatment of communicable and infectious diseases
Keep-on-Person (KOP) Program	CCS has established a spectrum of KOP programs intended to assist in educating inmates about their medications and to promote inmate responsibility for their own continuing state of health. A KOP program serves a dual role in that it typically reduces the amount of health care professional time devoted to medication distribution
Medication Renewals	CCS will maintain a system for medication renewals to ensure that required medications are continuously available for all patients who require them. CCS will review all orders for controlled substances every two weeks.

CCS Pharmacy Management Process	
Feature	Description
Medication Renewals for Patients at Risk	The psychiatrist should evaluate patients prior to the renewal of psychotropic medications. The evaluation and re-order will be documented in the patient's health record.
Medication Education	CCS staff will be instructed to educate patients on prescribed pharmacotherapy at the time the therapy is ordered. The education will be documented in the patient's health record
Release Planning	CCS processes facilitate release planning to ensure a patient's continuity of care, especially in patients with mental illnesses CCS works hard to provide as many resources as possible to enable released patients to continue their treatment plans, hopefully enhancing their state of health and reducing the likelihood of recidivism. Upon transfer to another facility, a medical transfer form will accompany the patient. This form provides all necessary information required for the continuation of treatment CCS staff will continue to provide discharged medication as outlined in County policy and state regulations
House Stock Supply	CCS will only use in-house stock medications as appropriate and as allowable within state guidelines.
Safety and Security	CCS will store controlled substances, syringes, needles, and surgical instruments under secure conditions. Items subject to abuse will be inventoried on a regular schedule and stored securely according to AMA and NCCCHC guidelines. Regular audits will be conducted to remove discontinued or expired medications. CCS will consult with the County on the location of the secure storage area.
Returns	CCS has a written returns policy with CorrectRx that allows for credit on full or partial blister cards of medication. Returns are refunded for 100% credit of CorrectRx's invoice acquisition cost, assuming that the medications are still within blister cards and are within three months of the expiration date.
Formulary Management	CCS will continue to use the established facility formulary.
Administration of Non-formulary Medications	Non-formulary medications may be provided for up to seven days A physician will assess each patient's need for non-formulary medications within seven days of intake.

CCS Pharmacy Management Process

Feature	Description
Formulary Implementation	<p>Barriers to the use of individual medications vary depending upon the nature of the medication. The following two examples illustrate how CCS utilizes our formulary to deliver appropriate, cost-effective pharmacologic care.</p> <p>Example 1: Sulfasalazine (Azulfidine) and mesalamine (Asacol, others) are two medications commonly used in the treatment of inflammatory bowel disease. Mesalamine (5-aminosalicylic acid) is the active component of sulfasalazine, and both medications have extremely similar if not identical efficacies. Sulfasalazine is an older, inexpensive drug; mesalamine is a newer and thus more expensive drug. The major difference is that a small percentage of patients, perhaps as much as a third, experience gastrointestinal symptoms with sulfasalazine and require mesalamine instead. In our formulary process, we request that patients try sulfasalazine first, then if a patient develops gastrointestinal symptoms, we will dispense mesalamine. In doing so, CCS encourages cost-effective choices while promoting effective treatment for our patients.</p> <p>Example 2: NSAID therapy (ibuprofen and similar medications) is both common and effective. Because so many of these medications are available over the counter, many patients (and some practitioners) forget that long-term use of NSAIDs can lead to dangerous side effects. In our formulary process, short-term NSAID usage is permitted without special permission, but long-term NSAID usage requires approval from the treating practitioner. This allows the practitioner to weigh the benefits of long-term NSAID treatment against the risk of possible side effects before choosing a treatment plan.</p>

CCS will provide all pharmaceuticals and all other medical supplies necessary for the proper medical care of inmates. CCS will supply and administer over-the-counter (OTC) medications for treatment of symptoms of such conditions as allergic and fungal dermatitis, upper respiratory infection, uncomplicated headaches, constipation, diarrhea and dental pain. Consistent with WCSO's policies and procedures, all prescription medications brought into the Facility will be turned over to the CCS medical staff for authenticity verification, and will be logged, counted and secured.

Medication Packaging and Dispensing

Our professional pharmacy subcontractor will provide an array of medical and pharmaceutical packaging systems including blister card packaging, designed for convenience and to meet the needs of the inmates of the WCSO. Prescription medications in liquid form will be dispensed in multi-dose bottles. Prescription medications in cream form will be dispensed in the manner supplied by the medication's manufacturer. Non-prescription medications will be dispensed in a similar manner. CCS ensures that all inmates will be provided with medications that are

accurately packaged and delivered in a timely manner. All prescriptions will be properly and accurately labeled in compliance with all applicable State of Michigan and federal laws and regulations.

Delivery

CCS will provide pharmacy services 24 hours per day, seven (7) days per week (24/7) medication and supplies services. Regular delivery of medications and supplies will be available for next day delivery at a scheduled time, Monday through Saturday. Emergency pharmacy services will be available 24 hours per day, seven (7) days per week through arrangement with a local pharmacy, for medications not part of the on-site standard medications inventory system. Emergency pharmacy services will be available through arrangement with a local pharmacy, for medications not part of the on-site standard medications inventory system.

Standard Medications Inventory

CCS will continue to provide and maintain an on-site inventory of standard medications to have a supply of immediately required medications on hand at the Jail. The specific medications and the quantities of these medications to be available is established in cooperation with the Medical Director and the WCSO Administration, in full compliance with applicable laws and regulations. Quantities of such medications administered will be replenished with the next regularly scheduled prescription medication delivery. This program will adhere to all applicable regulations and be under the supervision of a Michigan-licensed pharmacist.

Use of Generics

CCS will administer generic medications whenever their use is in adherence with the guidelines established by the United States Adopted Names (USAN) Council and is consistent with Federal Food and Drug Administration (FDA) requirements. A generic medication is considered the chemical or common name of a product having the same active ingredient, strength and dosage form as the brand name medication. In an effort to reduce your pharmaceutical costs, CCS encourages the use of generic medications in accordance with the provisions of state law and the prescriber's therapeutic objectives. A therapeutically equivalent FDA approved, A-Rated FDA Orange Book generic medication (comparable bioavailability and/or bio-equivalency) will be substituted for a brand name medication in accordance with the provisions of State of Michigan law, unless the prescriber specifically requires otherwise. If the prescriber requires a brand name medication, the words "Brand Medically Necessary" must be written on the order. Physicians and Dentists and the WCSO Mental Health Provider will be encouraged to use medications from the established Formulary. The lowest cost generic or brand name drug will automatically be substituted for a therapeutically equivalent A-rated product unless requested otherwise by the prescribers.

The CCS formulary will be used as a means to reduce medical costs, improve patient accessibility to quality health care, and enhance their quality of life. Our combined Pharmacy and Therapeutics Advisory Committee continuously reviews the new medication and medical equipment approvals and subsequently updates the formularies to better serve a front line, first choice state-of-the-art health care system.

Package labeling for prescription or individual OTC medications will adhere to all state and federal regulations. Prescription labels will include the inmate's name, ID number, location, date dispensed, prescription number, drug name and generic interchange information, dosage strength, quantity dispensed, directions for use, physician's name, lot number and expiration date. Liquid psychotropic medications will be used whenever possible to ensure the inmates' compliance with the medication. Deliveries will be accompanied by a manifest detailing the contents by prescription number, inmate's name, quantity of medication, dosage or unit prescription and name of medication.

CCS, in conjunction with our pharmacy services subcontractor, CorrectRx, and a local back-up pharmacy, will provide the following comprehensive pharmacy services:

- 24 hours per day / seven (7) days per week service
- Prompt delivery of medications and medical supplies
- Emergency deliveries available as required, utilizing a local back-up pharmacy
- Medications provided by methods and packaging compliant with standards of care for jails
- Regulatory compliance with all applicable pharmacy standards, rules, and regulations
- Compliance with all standards of the NCCHC, ACA, American Medical Association (AMA), and the MIDOC: Administrative Rules for Jails and Lockups
- Compliance with HIPAA and all WCSO security policies and procedures
- Appropriate and required licensing

Online Ordering System

Through CorrectRx, WCSO can utilize a comprehensive, computerized, electronic ordering program to transmit orders electronically. This system is HIPAA compliant and is a direct Web-based interface between the WCSO Medical Unit and our pharmacy vendor.

This system will enable the WCSO to order medications directly from the pharmacy. Electronic ordering will increase order accuracy as there will be less chance for transcribing errors or clarity issues when faxing orders from a physician's order sheet. This system will also help reduce non-formulary medications in that the staff entering will know upon entry if a medication is non-formulary.

Statistical Reporting

CorrectRx utilizes software specifically designed for the correctional market. Using this software has the proven ability to produce standardized and customized utilization reports, specifically for the correctional environment. The CorrectRx report menu provides the following types of electronic reports:

- **Monthly Statistical Report.** This report shows "year-to-date" data by facility which includes the total number of prescriptions, number of patients on medications, and percentages of clients on medication, among other data elements.

- **Drug Utilization Report.** This report can be provided at any time and the data manipulated to show either high levels of detail or summaries. The customized reports can show types of drugs, brand and/or generic, medications listed on the formulary, all or specific classes of narcotics, specific drug classes or categories, OTC medications, etc., as well as specific patients or list of patients. These reports can be transferred into an electronic format, such as Microsoft Excel or Word, for ease in delivery. Descriptions of the most commonly used versions of the Drug Utilization Report are listed below.
 - Utilization by Drug
 - Utilization by Provider
 - Quarterly Chronic Disease Report
 - Specific Drug Classes only

Safety of Storage of Medications

CCS provides written policies and procedures governing the availability, control and management of prescription, stock, over-the-counter medications, and “sharps,” which include provisions for:

- Secure storage of all Facility medication, narcotic and non-narcotic
- Secure storage of all “sharps”
- Specification of individuals having access
- Narcotic counts each shift by the off-going and on-coming QHCP. All narcotic counts will be reconciled before the off-going shift departs
- Recorded disposal of unused and expired medications
- Handling of personal medication received from a newly-admitted inmate
- Handling of personal medication and Facility-prescribed medication for an inmate transferred or released
- All records of disposition will be closely monitored by the nursing supervisor (i.e., HSA/RN) and the auditing Pharmacist to maintain oversight and ongoing supervision of QHCPs managing these medications.

Safety of Storage of Medical and Dental Instruments

CCS will be responsible for the availability, control, storage and use of all “sharps” and medical instruments, including designation of QHCP staff access and use, disposal of “sharps” according to approved policies and procedures, maintaining a record of use of “sharps”, and maintaining and keeping current a master list of all medical instruments.

CCS will conduct a daily inventory of “sharps” and stock of “sharps” to account for all moved to the daily supply and those added to the stock supply. A weekly inventory of instruments and “sharps” will be conducted to determine accountability, and a quarterly inspection will be conducted to determine condition of all instruments.

2.N.1 Medication Administration Management

CCS will administer all medications, as prescribed, to the inmates of the WCSO, a minimum of three (3) times a day, seven (7) days a week, including holidays and weekends, as directed by the ordering Practitioner, and in accordance with CCS and WCSO policies and procedures. Medications will be administered by Certified Medical Assistants (CMAs) to all housing units, as determined by the Medical Director.

CCS personnel continue to document medication administration and missed doses in the current inmate-specific electronic Medication Administration Records (eMARs). These records will become a permanent part of the inmate's health record. The eMAR includes non-administered medication reason codes as well as instructions, injection site codes, and result codes. All information relative to a patient's prescription will be entered in the MAR. In the event that an inmate misses or refuses doses on three (3) consecutive days, or if a pattern is noted, the inmate will be referred to the prescribing provider and the medication refusal will be documented.

CCS will implement our ERMA Electronic Medical Record system and our eMAR by year-end 2014 and transition from the existing Vizion electronic medical record and eMAR. Please see Section 2.M.2 for a detailed description of the CCS ERMA Electronic Medical Record system and eMAR.

CCS Medication Administration Protocols	
Feature	Description
"Off-Label" Use	CCS policy discourages the dispensing of medication (prescription or OTC) for any off-label use.
Medication Refusals	In the event that a patient misses or refuses doses on three consecutive days, the patient will be referred to a prescribing provider and a medication refusal will be documented.
Medication Education	CCS providers are instructed to educate patients on prescribed pharmacotherapy at the time the therapy is ordered. The education will be documented in the patient's health record.
Standards Compliance	CCS does not permit pre-pouring of medications and will monitor the medication delivery process to ensure that this is not occurring. This issue is also a part of the CCS orientation training in addition to a mandatory CEU regarding medication administration and the prevention of medication errors.
Utilization Review	The CCS pharmacy provider will be required to provide monthly utilization reports for review and analysis by the Pharmacy and Therapeutics Committee (P&T). A portion of the CQI meetings includes a P&T report to review cost issues, prescribing patterns and formulary management.

The CCS procedures for the daily delivery and administration of medications are as follows.

- Medication ingestion is verified by direct observed therapy (DOT); the nursing staff will check the mouths and hands of the inmate and document in the MAR.

- Medications will be administered a minimum of three (3) times a day, but more often as needed. The acceptable standard is one hour prior to the designated medication time to one hour past the designated time, with the exception of unforeseen circumstances, such as a lock-down.
- Medications will be given consistent with the frequency ordered by the prescribing provider.
- CCS's *Consent to Treatment and Informed Consent for Medical Services* forms will be utilized, signed by the inmate, and become part of the inmate's medical records. The medical record will indicate if the inmate refused to sign the form.
- The medication QHCPs will keep a log of each medication pass listing inmates that refuse or fail to show for medications. If the inmate refuses medication, they will be asked to sign a refusal form. The correctional officer with the medication QHCP will be asked to witness the inmate's refusal if the inmate refuses to sign the form. After implementation, all refusals will be documented in the eMAR.
- Medication renewals will be ongoing and timely so as not to place the inmate's health at risk. Renewals will be automatically shown on the ERMA eMAR, with the color of the screen changing to denote a renewal is indicated. Also, the ERMA eMAR will have the capability for the nurse to pull lists, such as expiring medications or medications requiring renewal.
- CCS providers are instructed to educate patients on prescribed pharmacotherapy at the time the therapy is ordered. The education will be documented in the patient's health record.
- Inmates on psychotropic medications are to be re-evaluated by the WCSO Mental Health Provider's psychiatrist in the chronic care clinic prior to the renewal of medications; this evaluation is to be documented in the inmate medical record.
- All over-the-counter (OTC) medications must be ordered by a provider and be documented in the eMAR before they can be administered by the medication QHCP.

Keep-on-Person (KOP) Program

As part of the WCSO's KOP program, inmates will be permitted to carry medications for the emergency management of a condition when ordered by a clinician and approved by WCSO. Distribution will be in accordance with the practitioner's orders regarding time of day, dosage, frequency, and with/without food. CCS will be responsible for monitoring food/drug interactions and remediating such occurrences.

Nursing staff will instruct the inmates on usage of medication, as needed, and medication compliance will be monitored. Inmate non-compliance with this policy will be cause for revocation of the KOP privilege. Discovery of an inmate's contraband medication may result in revocation of KOP privileges and is subject to the Jail's disciplinary process.

2.0 Special Needs Treatment Planning

CCS recognizes that there are many inmates with special health care needs requiring close medical supervision and/or multidisciplinary care. We have an established Special Needs Program that focuses on the identification, referral, and treatment of inmates with special needs, including chronic conditions (e.g., diabetes, hypertension, asthma, seizures, etc.) and communicable diseases (e.g., HIV, Hepatitis, etc.).

CCS considers any inmate with long-term health care needs related to chronic conditions or acute medical and/or mental health problems to be a special needs patient. Special needs patients include:

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

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

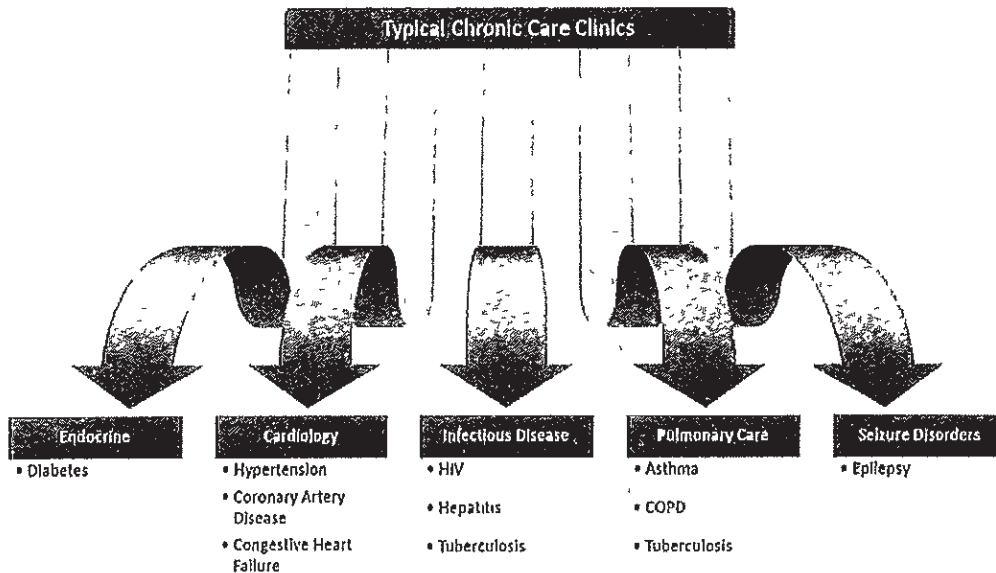


Figure 9: Typical Chronic Care Clinics. It is our goal to provide special needs inmates with services that promote health maintenance and health improvement

CCS will perform a special needs screening during the initial intake process and again during the comprehensive health assessment, the results of which will be documented on a special form in the patient's medical record. If it is determined that an inmate requires ongoing care, appropriate housing, work assignments, program participation, and health care services will be provided.

CCS will coordinate with the Medical Director to establish individualized treatment plans for special needs patients. The individualized inmate-specific treatment plan will include.

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

When the admission screening identifies an inmate as having special medical needs, an initial chronic care visit shall occur in conjunction with the initial health assessment and follow-ups will occur through regular chronic care clinics. Special needs patients will be reviewed by a Physician every 90 days, or at other intervals when medically indicated. This consultation will be documented in the patient's medical record containing the date and time of the consultation, the provider's name and title, and any new orders for the patient's treatment.

CCS will perform an initial special needs evaluation and document the evaluation in the inmate's health record.

CCS Special Needs Program	
Feature	Description
Triage	The special needs protocol will address orientation and on-going training for the special needs population. CCS will also provide intake personnel with intake interventions that define the process that newly admitted inmates with special healthcare needs should follow. The protocol will address housing, monitoring and follow-up.
Classification and Housing	The intake interventions will address housing for inmates with special healthcare needs, those who require monitoring, and those who may be in danger of harming themselves or others. CCS personnel will inform correctional personnel of all inmates with special needs that affect classification and housing.
Referrals	Medical staff will work with the psychiatrist to ensure patients who our staff believes are in need of mental health services get properly referred.
Special Conditions	In the event that an inmate requires enhanced monitoring and no space is available in the infirmary, the HSA or Medical Director will be contacted

CCS Special Needs Program

Feature	Description
Special Needs Treatment Plans	<p>Based on the inmate's history and physical assessment findings, a special needs treatment plan will be established. The treatment plan will include short and long term goals and the methods by which the goals will be pursued, as well as patient education to encourage compliance both during and following incarceration.</p> <p>The treatment plan will provide instructions to healthcare personnel regarding monitoring and treatment activities, special diets, pharmaceutical therapy, and patient education. The treatment plan acts as a reference for healthcare personnel involved in the inmate's care. Special needs treatment plans are individualized and patient-specific.</p>

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

Special Needs Guidelines

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

CCS Chronic Care Guidelines

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

Female Health Program

CCS understands the special health care needs of female inmates, and we have established a program that addresses these needs in accordance with NCCHC, ACA, and MIDOC standards. All medical staff working with the female population at the WCSO will be familiar with the specialized aspects of care required. The CCS Female Health Program is comprised of the following elements:

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

Prenatal Care

Pregnant inmates will receive timely and appropriate prenatal care, specialized obstetrical services, and postpartum care when indicated. These services will be provided through a scheduled on-site clinic whenever possible. Typically, routine obstetrical care up to 24 weeks can be managed on-site. The pregnant inmate will be referred to an obstetrical specialist after 24 weeks of gestation, but CCS will continue to facilitate all testing that can be performed on-site. CCS will continue to partner with St. Joseph's Hospital or University of Michigan Hospital for obstetrical services.

Upon determining that an inmate is pregnant, CCS staff will ensure that the inmate receives family planning counseling and discussion of options with regard to the outcome of the pregnancy. Prenatal care will include.

- Medical examinations
- Comprehensive counseling and assistance

- Family planning services prior to discharge
- Laboratory and diagnostic tests, including offering HIV testing
- Dietary supplements
- Observation for signs of toxemia
- Routine urine testing for proteins and ketones
- Routine and high-risk care
- Vital signs
- Counseling on appropriate levels of activity, safety precautions, and nutritional guidance
- Assessment of fetal height and heart tone
- Management of chemical dependencies

High-risk pregnancies will be consistently monitored, and if the inmate does not require hospitalization, she will be housed in medical observation. Perinatal care will be provided in accordance with specialists' recommendations. Postpartum patients will be evaluated by an OB/GYN, and upon discharge from the hospital, the inmate will be admitted to medical observation within the WCSO for a minimum of 23 hours. Since separation from a child can be a trigger for self-harming behavior, CCS will refer the inmate to WCSO Mental Health Provider to evaluate the inmate's emotional status for her safety. CCS will assist in making the necessary post-release referrals for continued care and counseling as indicated.

HIV/AIDS

CCS will provide confidential testing and counseling to those inmates who request testing and/or HIV/AIDS counseling. Inmates testing positive will be examined by a physician for necessary medical care and counseling. Housing for HIV/AIDS inmates will be determined by the physician's evaluation of acuity of symptoms, and the inmate's behavior to prevent risk of transmission, or if the inmate would be at risk of physical harm from other inmates. This evaluation will be done on a case-by-case basis. CCS acknowledges that an inmate's HIV test results or HIV status will not be released without the written informed consent of the inmate.

2.P Health Education

CCS offers a variety of health education programs that can be customized to meet the specific needs of the WCSO. We maintain a comprehensive library of course content for preventative health education that can be customized for a readily available training agenda and scheduled delivery to meet the needs of the entire WCSO inmate population.

CCS has worked with several of our clients to establish health education videos that are played in intake and housing areas and address topics such as TB testing, HIV/AIDS, substance abuse, MRSA, and accessing health care services. We have a health education program called Medical Minute, a collection of short educational videos written at the 5th-8th grade level. Medical Minute topics are selected based on site-specific health issues and educational needs, with some programs airing seasonally and others year-round. CCS has received positive feedback on the Medical Minute series from wardens, contact monitors, and the Medical Audit Committee.

(MAC), as well as inmates and CCS staff members. We have included a DVD with several Medical Minute videos with our proposal

On-Site Reference Library/Educational Resources

CCS will provide a medical reference library accessible at all times by health care personnel, with basic reference texts related to diagnosis and treatment in a primary care setting. CCS also offers access to UpToDate® Clinical Knowledgebase and Tools, an online medical resource for provider reference and patient education materials. All users are given single-click access to these valuable medical reference and client-specific patient education materials.

2.Q Coordination with the Administration and Staff

CCS will continue to participate in all required meetings and briefings with the Washtenaw County Sheriff designee, and/or other members of the WCSO Administration(s), on at least a weekly basis, to discuss:

- the level and quality of health care services being provided
- any changes in related-related procedures
- our compliance with the contract documents and contractual obligations

CCS will continue to participate in all operational meetings for the purpose of evaluating statistics, program needs, problems, and interrelationships between custody and CCS on-site personnel. We believe that maintaining active, open, and honest communication is an essential component to a successful health care program. The HSA will focus on maintaining open communication and a good working relationship with WCSO administration, CCS employees, correctional personnel, contracted providers, and outside agencies.

2.R Policies and Procedures

CCS will continue to operate under the guidance of the Policies and Procedures currently in place at the WCSO and customized to meet the specific program requirements of the WCSO. We will review and revise the current Policies and Procedures as needed to ensure standardization of operations, subject to approval by the Washtenaw County Sheriff. A written report of such reviews will provided to the Washtenaw County Sheriff's Office and the WCSO Administration with appropriate dates and signatures. Any newly-developed policies and procedures will follow the same review and documentation process and will be provided to the Washtenaw County Sheriff Office and the WCSO Administration for review prior to being implemented.

CCS will ensure that the Policies and Procedures manual meets or exceeds NCCHC and ACA standards, and is compliance with the MIDOC. Administrative Rules for Jails and Lockups. The manual will subsequently be reviewed and revised as WCSO policies are modified, no less than once per year. Our policies and procedures manual is available and easily accessible to all health services staff, independent contractors and/or subcontractors, as well as to the WCSO staff. Documentation of such policies and procedures will continue to be maintained on-site by the Health Services Administrator

2.5 Management Reports

CCS produces various statistical utilization reports on a daily, weekly, monthly and quarterly basis in order to review and analyze the data received from contracted facilities. As a result, CCS can monitor costs, track trends, make recommendations, and, if necessary, intercede early where action might be required to contain costs.

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

CCS will provide a full set of operational reports that can be customized to meet the specific needs of the WCSO. We will deliver detailed monthly and quarterly statistical reports and daily operational reports to the County for review. We will use these reports to continually review the effectiveness of our program and to improve overall program quality and efficiencies. CCS will provide monthly and daily statistical reports regarding the operation of the healthcare program, staffing fill rates to demonstrate compliance with the contracted staffing plan, and financial reports to aid the county with future budgeting efforts. An example of our standard reports that you can expect generated from ERMA can be reviewed in **Tabbed Appendix B**. This information is labeled **CONFIDENTIAL**.

Annual Report

CCS will provide a comprehensive annual statistical report to the Washtenaw County Sheriff, or designee, no more than 30 days after the conclusion of each contract period. The annual report will include utilization statistics and a summary narrative detailing our accomplishments for the year. The format of this report will be approved by the Washtenaw County Sheriff.

Monthly Reports

CCS will provide a customized monthly statistical report to the Washtenaw County Sheriff, of designee(s), no more than ten (10) working days after the conclusion of each month. Reports will delineate the status of the health care program, including potential problems and suggested resolutions. The customized monthly reports will reflect the previous month/term workload, with data including but not limited to:

- Inmate requests for various services
- Inmates seen at sick call
- Inmates seen by physician
- Inmates seen by dentist
- Inmates seen by psychiatrist
- Inmates seen by Mental Health Professionals
- 14 day health assessments
- Number of psychiatric evaluations
- Number and type of diagnostic studies
- Third party reimbursements
- Number and percentage of inmates dispensed medication

- Medical specialty consultation referrals
- Off-site hospital admissions, number of inpatient stays
- Emergency Room visits
- Inmate Intake medical screenings
- Inmates testing positive for STD; HIV/AIDS; TB
- Inmate mortality
- Staffing hours by post/shift
- Number of grievances
- Additional statistics as requested by the WCSO

Utilization Tracking and Reporting

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

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

2.T Quality Assurance

CCS employs a multi-faceted Quality Assurance Program to ensure the delivery of high quality health care services to inmates.

The CCS quality assurance program will identify compliance indicators for data collection to ensure consistency of continuous quality assessments and improvement. The indicators will be measurable and related to inmate health care or delivery systems that impact that care, (i.e., nursing intakes, special housing/special needs, medication management, chronic care management, diagnostics, ancillary services, etc.). All sentinel events, including, but not limited to, inmate death, suicides/serious suicide attempts, disasters/major events will be evaluated by the Continuous Quality Improvement (CQI) Committee.

2.T.1 Continuous Quality Improvement Committee

The CCS Continuous Quality Improvement Program (CQIP) ensures that all on-site operations are conducted in accordance with our high expectations, and works closely with the Accreditation and Compliance teams to ensure we function in accordance with NCCHC and ACA medical standards and guidelines, as well as the MIDOC standards. The CCS CQIP operates on a best practice model, making improvements where opportunities exist, not just where deficits may be identified. CCS uses established techniques such as electronic CQI screens and advanced technology to make our programs more robust. The CQIP is defined by written policy and defined procedures and is operated under the authority of our Chief Clinical Officer, Stephen Goldberg, MD.

The goal of the CQIP is to ensure that systems and programs work effectively to guarantee that our patients receive quality health care services. The CQIP includes audit and medical chart

review procedures that comply with NCCHC and ACA standards. CCS marks all CQIP activity records as confidential; discussions, data collection, meeting minutes, problem monitoring, peer review, and information collected as a result of the CQIP are not for duplication or outside review.

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

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

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

CQI Studies

CCS employs the following criteria as part of our CQI studies conducted at each facility:

- **Thresholds for Evaluation**
Thresholds are considered individually at both the indicator and process level; as such, each study has its own threshold that ranges from 90% – 100%. We consider the impact on patient health, frequency, volume, and problem-prone nature when assigning thresholds. The only studies that would differ would be the HEDIS (*Healthcare Effectiveness Data and Information Set*) studies, where our threshold is 15% higher than community performance
- **Collection of Data**
CCS uses a 90% – 95% confidence level for the number of charts to sample from the overall population. This statistical measure, along with our population definitions for each study, ensures we have a representative sample that will yield results that are reflective of the performance of our staff and the health outcomes of our population.

- **Corrective Action Plans**

Corrective action plans are required each time we fall below a threshold, *or* when we notice an opportunity to improve our care. Our CQI meetings are designed to discuss and review the progress of each corrective action plan until the corrective action plan has met its objective and the results are observed.

- **Communication of Results**

Quality Improvement is multidisciplinary and discussing various views can help us grow. CCS invites the Facility's Director, or designee, to participate in our CQI meetings and collaborate toward solutions and improvements.

CQIP Manual

The CCS CQIP is defined by written policy and defined procedures. CCS will use our CQIP to establish a Quality Improvement (QI) Plan for the Orange County Correctional Facility, including the development of the Medical Audit Committee (MAC).

The CQI Plan will address health care services provided on-site and off-site for quality, appropriateness, and continuity. The plan will review and define the scope of care provided within the system. The CQIP will also define the multidisciplinary QI Committee (QIC), meeting format, and the QI review process. The committee will perform QI monitoring activities, discuss the results, and implement corrective actions as indicated.

CQIP Compliance

The CCS CQIP will comply with NCCHC, ACA and NYSCOC standards and will include audit and medical chart review procedures. A multidisciplinary committee will direct CQIP activities. The on-site CCS Medical Director is the designated CQIP chairperson. Generally, the multidisciplinary committee will meet quarterly and consist of the Medical Director, mental health representative, dentist, HSA, and an appropriate WCSO representative or representatives. The committee will review significant issues and changes and provide feedback for the purpose of correcting any deficiencies or improving processes.

CCS will mark all CQIP activity records **CONFIDENTIAL**. Discussions, data collection, meeting minutes, problem monitoring, peer judgments, and information collected as a result of the CQIP are not for duplication or outside review.

Scope of CQIP

CCS will be responsible for monitoring relevant areas for quality improvement not previously mentioned in the sections above, to include accreditations, credentialing monitoring, environmental inspections, emergency drills, nursing, intake, mental health, medication management, special housing, and ancillary services. The CQIP will also be responsible for conducting an annual process and outcome study.

High Risk Items

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

- ***Critical Clinical Event (CCE) and Emergency Drill Reviews***
The QIC will monitor, review, and report on the health staff's response to critical incidents and drills. The committee will use the root cause analysis problem solving methodology to review the CCE.
- ***Environmental Inspection Reports***
CCS will participate in monthly facility environmental inspections to ensure that inmates live, work, recreate, and eat in a safe and healthy environment.
- ***Resolution Tracking***
The QIC will track deficiencies identified during routine environmental inspections through resolution.
- ***Utilization Management***
CCS monitors the provision of care to ensure that medically necessary health care services are provided in the most appropriate setting.
- ***Grievances***
The CCS grievance process will be consistent with national standards and WCSO internal policies. The QIC will review and categorize grievances to identify potential issues and determine if patterns exist or develop. Patient satisfaction surveys will be completed at least once a year on topics relevant to the inmate population.
- ***Pharmacy***
CCS will ensure a quality pharmacy program. A consulting pharmacist, licensed in the State of New York, will perform regularly scheduled on-site inspections. CCS will document inspection reports and maintain them on file. The consultant will report a summary of these discussions and actions to the QIC.
- ***Pharmacy Reports***
CCS will use pharmacy reports to identify outlier medications and trends and will evaluate and address all outliers. The Chief Medical Officer will review pharmacy utilization data on a regular basis.
- ***Medication Error Reporting and Prevention***
CCS based our medication error reporting and prevention component of the CQIP on the program that the National Coordinating Council for Medication Errors Reporting and Prevention (www.nccmerp.org) established. Significant medication errors are reviewed as CCEs.

2.T.2 Medical Audit Committee

CCS will conduct regularly scheduled Medical Audit Committee (MAC) meetings on a quarterly basis. The purpose of the MAC meetings is to provide regular review of outpatient and inpatient medical records by physicians, as well as to review, develop and implement policies and procedures governing the operation of the WCSO medical program. Attendees typically include:

- Health Services Administrator (HSA)
- Medical Director, or designee
- WCSO Mental Health Representative
- Regional Manager
- WCSO Commander, or designee

The MAC activities may include, but are not be limited to, discussion of adverse inmate occurrences, mortality reviews, results of disaster drills, infectious disease management, environmental inspections, inmate grievances/complaints, including face-to-face inquiries to obtain dispute resolution to design meaningful solutions to problems, family inquiries, legal inquiries and infection control findings. Minutes of all meetings will be documented and distributed to the attendees, and maintained by the HSA for reference.

2.T.3 Infection Control Program

CCS has a written infection control policy and will continue the implementation of Infection Control Program specific to the WCSO that includes concurrent surveillance of patients and staff, preventive techniques, and treatment and reporting of disease in accordance with local and state laws. The infectious and communicable disease plan is designed to prevent the spread of such diseases within the WCSO. The program will be in compliance with the guidelines of the Centers for Disease Control (CDC), Occupational Safety and Health Administration (OSHA) regulations, and the Washtenaw County Public Health Department guidelines and regulations. The CCS Infection Control Program, under the direction of the HSA, will also include coordination of meetings with appropriate Washtenaw County agencies and the maintenance of appropriate reports.

CCS is committed to ensuring early identification through constant surveillance of potential and actual occurrences of infectious disease. Patients at risk for spreading a communicable disease will be segregated from the general population. The CCS Infection Control Program maintains compliance with universal precaution procedures. The program ensures provision of appropriate cleaning and personal protective equipment, and includes training on general sanitation issues and preventing the transmission of blood borne pathogens. The primary elements of the Infection Control Program include:

- Management of communicable disease surveillance and treatment
- Reporting of communicable diseases and conditions
- Collection, evaluation and reporting of epidemiological data
- An infection control resource manual for on-site personnel

The Infection Control program is specifically designed to:

- Develop effective systems for identification, prevention and control of communicable diseases
- Collect data on communicable diseases in a systematic manner for forecasting health and education needs
- Ensure adequate community follow-up and coordination of care after inmates are released
- Develop and implement procedures generic to infectious diseases and specific to Tuberculosis and HIV/AIDS

2.T.4 Prison Rape Elimination Act (PREA)

CCS is committed to ensuring that our contracted facilities are in compliance with the standards and regulations of the Prison Rape Elimination Act of 2003 (PREA), as adopted by the Attorney General in May 2012. CCS has an established policy for responding to allegations of sexual assault of inmates, provides training to our health care staff in accordance with PREA, and maintains records to memorialize that appropriate training has been delivered.

CCS provides training related to the ability to assess when physical trauma reflects that an incident has occurred, the preservation of evidence, chain of custody, and mental health counseling for victims of sexual assault.

All reports of sexual assault, either at admission or during incarceration, will be referred immediately to WCSO Administration for investigation. CCS will ensure that all reported incidents are fully documented, as required. CCS will provide all required follow-up screenings, as needed. CCS health care staff will not participate in specimen collection or forensic evaluations.

2.T.5 Risk Management

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

Quarterly Serious Incident Report Summary

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

Critical Clinical Events

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

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

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

Injury and Illness Prevention Program

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

The Injury and Illness Prevention Program consists of the following elements:

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

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

The HSA for the WCSO will be responsible for ensuring that safety/risk management training is adapted to each facility's requirements as well as any applicable Washtenaw County directives, regulations, and policies. Throughout the contract, CCS will evaluate performance and assess

training requirements to ensure that our program is responsive to changing regulatory and operational requirements, as well as trends in the provision of care

Mortality Review

CCS will participate in conjunction with the County Attorney or designee to conduct a mortality review consistent with NCCHC and ACA standards, as well as state and federal law. In the event of an inmate's death, the CCS site Medical Director, HSA, and appropriate correctional personnel will be notified. In the event of a suicide, homicide, accidental, or suspicious death, the medical examiner and appropriate law enforcement officials shall be notified. The HSA will notify the CCS Regional Manager, send out a Critical Clinical Event email, and assist in providing information to facility administration, who will then communicate with the patient's next-of-kin and request an autopsy. A copy of the autopsy report and death certificate will be filed in the inmate's closed medical record.

The Charge Nurse on duty at the time of the inmate's death will ensure that documentation on the progress notes is performed regarding the witnessed facts concerning the death. Documentation will include time of expiration, circumstances surrounding death, nature of death, treatment(s) rendered, persons notified of death and by whom. The site QI Committee will review the death to determine the appropriateness of clinical care, ascertain whether corrective action in the policies and procedures is warranted, and identify trends that define future studies.

CCS will report all deaths in accordance with all pertinent regulations and timeframes. The report will include a narrative medical history covering the period 90 days prior to the death, the deceased's primary medical or psychiatric diagnosis and therapy provided, and a narrative description of the terminal event. If additional facts or critical information are discovered about a submitted incident, CCS will submit a follow-up report within 14 days of such a discovery. CCS will notify the County Attorney and designated WCSO representative(s) in writing of any inmate-related litigation we receive involving correctional health care. We will not settle any inmate litigation without first contacting the County Attorney.

2.U Staffing

CCS will continue to staff the WCSO with qualified and properly credentialed personnel with coverage 24 hours per day, seven (7) days per week. See Section 2.F for our proposed staffing plan for WCSO. We have a successful record of ensuring appropriate staffing levels and maintaining a coordinated health team with minimal turnover.

CCS requires that all personnel meet the technical, professional, physical, and emotional requirements and qualifications for the job for which they are hired. We will only recruit, interview and hire candidates who are currently licensed in the State of Michigan in their respective fields. CCS acknowledges that WCSO Administration will participate in the interview process for key positions such as the Health Services Administrator and Medical Director, in the event these positions become vacant.

Licensing and Certifications

All CCS medical personnel will be fully licensed and/or certified in the State of Michigan and perform their duties in compliance with the rules and regulations of the Michigan State Board of Medicine, Michigan State Board of Nursing, Michigan State Board of Pharmacy, and any other regulatory agencies with authority, as required.

CCS will obtain, at its own expense, all licenses and/or certifications necessary to render medical and health services within the State of Michigan and at the WCSO. CCS will ensure that all of its employees delivering services at WCO will possess all required current licenses and/or certifications necessary for them to render medical services within the WCSO, including Basic Life Support Cardiopulmonary Resuscitation (BCLS/CPR) certifications and DEA and CDS licenses and certifications, as required in the State of Michigan.

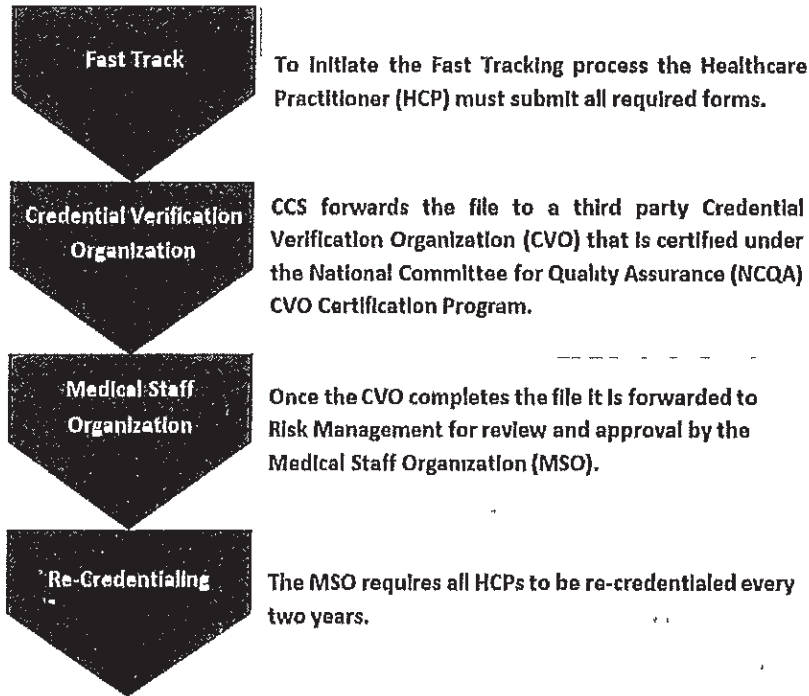
We will maintain, in a secure cabinet in the HSA's office, a file of all current credentials, including nursing and physician licenses, DEA numbers, and Board Certification information for each physician, dentist, mid-level practitioner, and clinical nurse specialist, and any other professional employee that requires licenses / certifications necessary to render medical services within the WCSO.

In addition to the credential files on-site with the HSA, all credential files will be maintained by CCS at the CCS headquarters office. All credential files will be updated and verified annually. A copy of all required licenses will be provided to the WCSO Administrations for employees hired by CCS. The WCSO Commander will be notified immediately of any lapse or expiration of licensure for any medical staff member.

Credentialing

CCS has a credentialing process to ensure all personnel are up to date on state licensure requirements. All healthcare practitioners (i.e., employees, subcontractors, and locum tenens) providing on-site service for CCS must complete the credentialing process prior to starting work. The credentialing process begins as soon as CCS determines we will be making an offer of employment to the candidate. The CCS Risk Management Department oversees credentialing activities.

The CCS Credentialing Process



Interim Privileges (Fast Track)

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

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

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

Credential Verification Organization (CVO)

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

- Application Processing
- Education and Training

- DEA Certification
- License to Practice
- Malpractice Claims History
- Medicare/Medicaid Sanctions
- Ongoing Monitoring of Sanctions
- Medical Board Sanctions
- Work History

Medical Staff Organization

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

Re-credential Process

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

Background Checks

CCS and its employees will cooperate fully with any investigations conducted by the WCSO. We will provide the WCSO with the name, date of birth, local address, social security number, and copy of driver's license for all employment applicants. CCS routinely conducts a background investigation as a part of the application process. All proposed CCS staff, including any subcontractors, will be subject to a criminal records check and forensic panel drug screen prior to employment, additional random drug screens will be conducted as needed. Final selection is subject to approval by the WCSO.

Security

CCS personnel will be subject to and will comply with all security regulations and procedures of the WCSO. CCS will exercise security measures consistent with WCSO rules, regulations, policies and procedures. Health care personnel are subject to the same security regulations as other facility employees, and CCS staff will collaborate with the WCSO to ensure that security regulations are maintained without compromising access to care. We will ensure that employees receive training on security classification and other security concerns as appropriate. The CCS orientation program for newly-hired health service employees will include training on security and contraband regulation. CCS acknowledges that violation of WCSO security regulations by CCS personnel may result in loss of security clearance and denied access to the WCSO, in which case, CCS will provide alternate personnel to supply the contracted services, subject to the WCSO's approval.

Recruitment

In order to consistently recruit and retain highly qualified employees, CCS has developed industry-leading employee retention programs, including competitive benefits programs and opportunities for professional development. By showing our employees that they are a valued part of our company, CCS is able to save our clients unnecessary operational expense and added costs created by turnover.

Recruitment Practices

Upon notification of contract award, CCS will immediately begin recruiting efforts for any vacant positions, both within the community and within CCS through internal postings. Hiring leaders can view applications for job openings via the CCS online applicant database. Once the WCSO is properly staffed, CCS recruiters will monitor the success of their efforts and adjust their strategy accordingly. The following figure illustrates the CCS recruiting process in five steps.

The CCS Recruiting Process

Step 1: Staffing Request	Step 2: Advertise Position	Step 3: Review Applicants	Step 4: Interview Candidates	Step 5: Begin Hiring Process
Once CCS identifies recruitment need a staffing request must be submitted to CCS Human Resources	CCS recruiters will generate a requisition form and then advertise for the position as instructed, internally and externally	Applicants will be reviewed within 24 hours of their posting by the Hiring Manager and then rejected or moved to the next step in the process	The hiring manager will review resumes and coordinate interviews with all qualified candidates, referring to the applicant tracking flow chart for the appropriate timeline for the process	The hiring manager begins the new hire process which includes credentialing, verification of education, training, and work history, drug screening, criminal history

The CCS Home Office provides on-site support to our clients through our highly skilled Human Resources department, which facilitates the recruitment, development, and retention of health care professionals in our client communities. The HR department understands the importance of team continuity, and conducts continuous recruiting initiatives through local, state, regional, and national advertising campaigns. Our dedicated team of recruiters assists clients with application screening, interviewing, and hiring decisions, and researches rates of pay in different areas to ensure that our rates remain competitive.

College and University On-site Recruitment

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

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

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

Internal Recruiting

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

National Searchable Databases

CCS uses a wide variety of national recruiting databases that provide access to mental health and nursing professionals throughout the county, including:

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

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

Recruitment and Benefit Program

We value all our employees and recognize the importance of not only attracting the best candidate, but retaining that person as a valued CCS employee. An overview of our recruitment program and benefit program follows.

Employee Recognition

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



Professional Development/Tuition Assistance

CCS encourages employees to take advantage of opportunities for advancement and professional growth. The CCS education and training program facilitates professional development and provides tuition assistance to employees as an opportunity to advance their skills and their career. In addition, on an annual basis CCS employees and their children who graduated high school are encouraged to apply for three CCS sponsored college scholarships. Three new scholarships was recently announced for 2014.

Human Resources Hotline

CCS offers a 24/7 Human Resources hotline in the event guidance regarding an issue is needed outside of regular business hours

GPS – Great People Skills

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

Continuing Education Program

CCS maintains a continuing education program providing medical, nursing, and mental health personnel with access to programs on a monthly basis. The program ensures the availability of at least 40 hours of continuing education training annually. Medical, mental health, and nursing professionals are provided with both in-house and community opportunities for continuing education programs that are relevant to their work as correctional health providers. By encouraging our employees to take advantage of these opportunities, CCS is building an even stronger, more professional staff equipped to meet our clients' diverse needs.

Flexible Scheduling

When possible, CCS attempts to establish flexible scheduling to meet the needs of our employees. Through our backfill program, CCS will utilize properly trained part-time and per diem personnel to provide coverage for scheduled absences and to supplement the full-time staffing matrix.

Dare to Care

Correct Care Solutions is dedicated to helping its employees during times of crisis. Through the establishment of the Dare to Care Employee Assistance Fund, employees of Correct Care Solutions, and their eligible dependents, who are experiencing difficult times, can apply for economic assistance. Employees may be eligible for assistance when they experience economic hardship, are unable to afford housing, utilities, food, clothing and other basic living expenses because of a natural disaster, life-threatening illness or injury, and death or other catastrophic or extreme circumstances beyond the employee's control.



CCS started the fund with a generous gift of \$50,000. A combination of employee donations and matching donations, of up to \$20,000 annually, provided by CCS sustain the Date to Care fund.

The Community Foundation of Middle Tennessee is responsible for managing all funds and awarding gifts. Using The Community Foundation of Middle Tennessee keeps the application process private and assures that an impartial and experienced third party reviews requests for assistance.

NCCHC and ACA Certification

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

Employee Assistance Program

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

Wellness Program

CCS believes in pursuing good health aggressively and encourages staff to participate in the CCS Wellness Program. For those staff enrolled in one of the generous medical plan options available, Aetna provides an online wellness program to meet the needs of staff and their families. The Health Programs and Disease Management programs allow staff members to focus on their own health and wellness. Incentives, exercise programs, healthy eating, and lifestyle coaches are provided to all Aetna enrolled members.



Features of the Program:

- Annual well-care exam covered at 100%; when proof is provided, members see a reduction in their biweekly premiums.
- Wellness Assessment: An online tool participants use to learn what their wellness score is with practical suggestions to reduce the risk of illness and injury

2.V Grievance Procedure

CCS recognizes our first responsibility is to our patients, to allow them access to care and treatment sufficient to meet their medical needs. We train and expect our staff to operate efficiently and appropriately while respecting those needs. Our excellent litigation history and our record of reduced grievances are indicative of the exemplary care CCS team members provide. All CCS personnel receive grievance resolution training, which teaches them to address concerns at the point of contact prior to the inmate initiating a grievance. The CCS grievance process will be consistent with national standards, the MIDOC: Administrative Rules for Jails and Lockups, and with WCSO policies.

Resolution and Review

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

Grievance Reporting

CCS will establish a mechanism to report on the volume of grievances received, the nature of the grievances, the resolution status, corresponding timeframes, and whether or not the grievance is substantiated. CCS will maintain a daily log of all grievances that will include the name of the person filing the grievance and the date and nature of the complaint. If the grievance process substantiates a grievance, then the HSA, or designee, will develop and implement a corrective action plan for that grievance. CCS will categorize complaints and grievances and will report specifics as a part of the medical services monthly statistical report. This report will contain a description of the grievance or complaint, an explanation of the circumstances surrounding the grievance, and all actions taken to investigate and resolve the grievance. CCS will resolve concerns and grievances in collaboration with the HSA, dental, pharmacy, the WCSO mental health provider, or other appropriate service providers.

CCS will submit a monthly report identifying grievances, along with copies of all medical grievance requests and their resolutions, to the WCSO.

2.W Other

2.W.1 Blood Draws

CCS has established policies and procedures and clinical and nursing protocols regarding the drawing of blood by a phlebotomist, pursuant to requests by the Washtenaw County Sheriff and/or a court ordered search warrant. CCS nursing staff is trained in phlebotomy and a properly trained Licensed Practical Nurse (LPN) will be designated as the phlebotomist who will conduct the blood draws. CCS will follow all policies and procedures in the collection and chain-of-custody of all evidence.

Compensation

Compensation for the collection of evidence (blood draws) and related court ordered appearance and testimony by CCS medical staff members is included in the "Other" category of the Budget Worksheets and budget narrative in **Section 4** of this proposal.

2.W.2 Services to WCSO Employees

CCS will provide the following optional services to the employees of the WCSO:

- CCS will provide and administer an annual seasonal flu vaccine to all WCSO employees who so desire
- CCS will provide and administer Hepatitis B vaccinations to all WCSO employees who so desire
- CCS will provide and administer annual PPD testing to all WCSO employees.

Pricing for each of these services are provided separately in **Section 4**. Should the WCSO elect to implement this option, CCS will coordinate with the WCSO as to implementation.

2.W.3 CCS Care Management Program / Utilization Management

The WCSO will benefit from the CCS Care Management Program, which uses evidence-based guidelines to determine medical necessity as part of our approval process for off-site services and hospitalizations. The CCS Care Management Program is clinically overseen by our Medical Director of Care Management, Tammy Kastle, MD, and is operationally managed by the Vice President of Care Management, Vicki Wisdom, RN, CCM. Dr. Kastle and the Care Management team will work together with the Regional Medical Director and on-site medical personnel to ensure inmates receive medically necessary health care services in the most appropriate health care setting.

CCS will implement our web-based Care Management system at the WCSO to create more clinical control and cost efficiencies for off-site care. The CCS Care Management Program allows us to track off-site care, ensure timely return to the facility, manage claims, and provide reports to assist with cost containment and budget preparation. *The WCSO will be given login information to access the Care Management system in order to monitor off-site scheduling and inpatient status.* The Care Management Program will function alongside your jail management system to ensure accurate reports for WCSO Administration. With our robust Care

Management system, CCS can offer the WCSO a level of automation and accuracy in reporting that *none* of our competitors can match.

The CCS Care Management program includes:

CCS Care Management Program	
Feature	Description
Prospective Review (Prior Authorization)	CCS requires prior review and authorization of all non-urgent or non-emergent care of our patients. CCS clinicians follow NCCHC standards and correctional guidelines to review and approve services. The CCS Medical Director will initiate a second review if standards are not clearly met. Alternative treatment is only at the discretion and direction of a physician.
Concurrent Review	The Regional Care Manager assigned to the WCSO will manage all off-site care on a daily basis through daily contact with the hospital. The CCS Care Management team is notified of inpatient admissions at the time of admission. CCS clinicians follow NCCHC standards and correctional guidelines to review inpatient services daily. The CCS Medical Director will initiate a second review if standards are not clearly met. Alternative treatment is only at the discretion and direction of a physician.
Retrospective Review	The Care Management department and site leadership will retrospectively review all emergency care. CCS uses a retrospective review process to resolve claims issues, determine appropriateness of care post-delivery, and perform focused reviews. Additionally, CCS will perform focused reviews at the request of the provider.
Discharge Planning	CCS manages an active and constant discharge planning process, which begins at inpatient admission. Off-site medical services that could be provided by the CCS care delivery system are not covered.
Chronic Care Management	CCS enrolls chronic care patients in specialized programs designed to ensure the healthiest outcome for individual patients based on their health status. CCS brings chronic care clinics on-site when possible to increase efficiency and reduce costs associated with transporting inmates off-site.
Emergency Services	CCS does not require prior authorization for emergent services. Medical personnel may make emergency off-site referrals based on established guidelines and their professional interpretation of a patient's need. Off-site medical services exceeding the scope of the initial emergent episode are not covered. Unrelated, non-emergent diagnostic services or treatment initiated in conjunction with an emergent event requires prior authorization.
Third-Party Payment	The CCS Care Management system includes information on payment responsibility for patient treatment costs. If a patient has third-party insurance or other payment options available, CCS will notify the off-site provider of the appropriate agency to invoice. Our Care Management system interfaces with our claims system, so if such invoices are inadvertently sent to CCS for payment, we will contact the off-site provider and advise them as to the appropriate location to resubmit their invoice for payment.

Following is a summary of the CCS Care Management process:

1. When an on-site provider determines that an inmate may need community-based services, the provider uses the Care Management system to document and communicate the Consultation Request.
2. On a daily basis, the CCS Medical Director of Care Management and/or Regional Medical Directors access the Care Management system to review requests and take one of the following actions:
 - Authorize a specific diagnostic or therapeutic modality
 - Recommend an alternative treatment plan
 - Request additional information
3. If it is determined that the requested service is medically necessary, the request is approved and an authorization number is established in the Care Management system which automatically sends the authorization number to the site and to the CCS claims department.
4. Once the site receives an authorization number, an appointment can be scheduled within the system. Authorization numbers are only valid for a specific time period. CCS will communicate service approval to the community provider and will require pre-approval for services rendered. CCS also verifies that all invoiced charges are appropriate. Since the system sends the authorization number to our claims department, they are able to review every invoice to ensure that WCSO is *only* billed for the approved services.
5. If an inmate is released prior to a scheduled appointment, CCS will notify the community-based provider that WCSO is no longer financially responsible, and CCS will remove the pending appointment from the Care Management system.
6. The CCS site Medical Director will review and address discharge summaries and medical recommendations that the community provider makes.

A Valuable Utilization Management Tool for Clients

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

CCS will use a clinical priority system to guide follow-up scheduling of non-emergent care by a medical, dental, or mental health provider. When such referrals occur, CCS will ensure that the appropriate provider sees the patients at the next regularly scheduled clinic. CCS will make referrals to specialists when the medical care of a patient surpasses the level of care that CCS can provide on-site.

Utilization Review Process

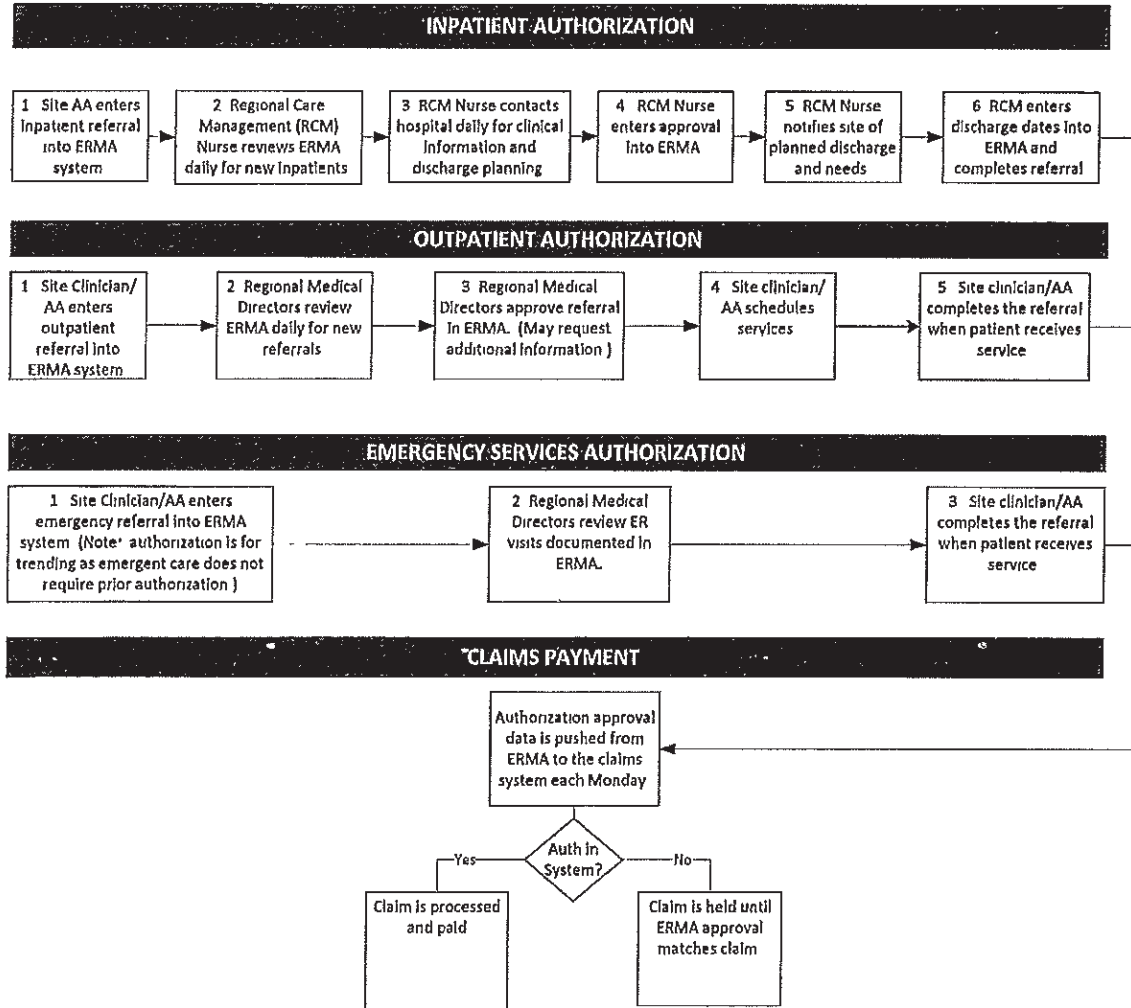
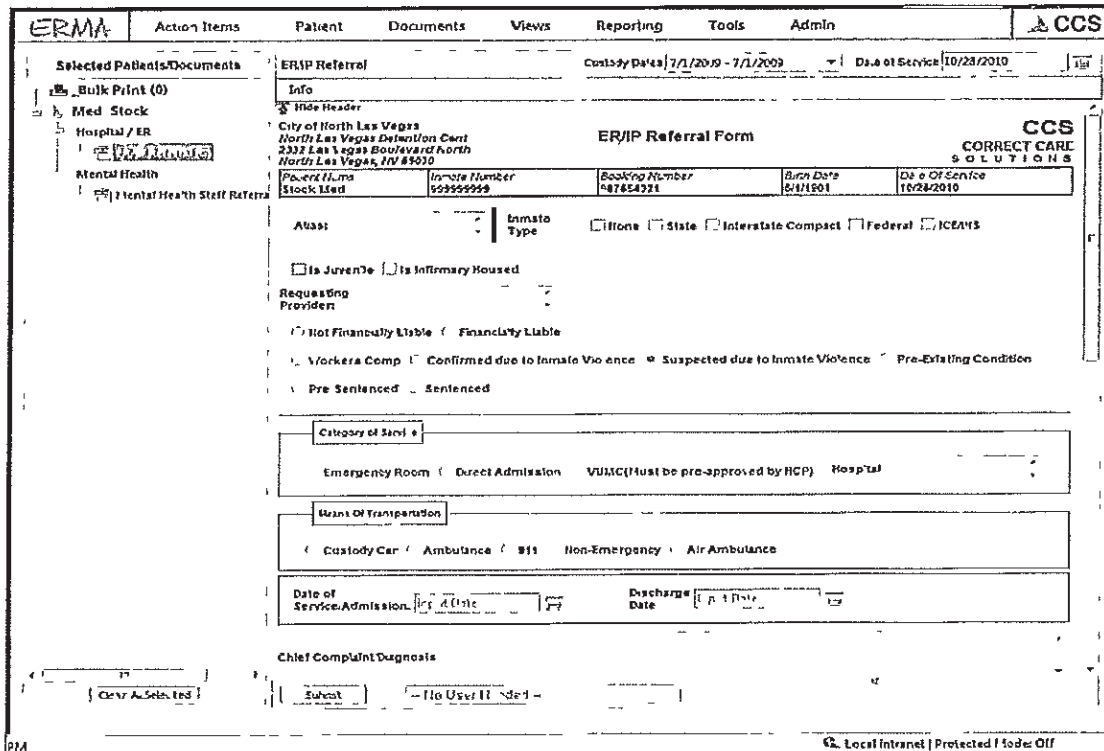


Figure 10: Utilization Review Process. The Utilization Review Process provides review and oversight to ensure off-site referrals are medically necessary, and that any payments made are appropriate.

Referrals

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



ERMA | Action Items | Patient | Documents | Views | Reporting | Tools | Admin | **CCS**

Selected Patients/Documents: ER/IP Referral | Custody Dates: 7/1/2009 - 7/1/2009 | Date of Service: 10/28/2010

ER/IP Referral Form

City of North Las Vegas
North Las Vegas Detention Cent
2332 Las Vegas Boulevard North
North Las Vegas, NV 89030

Power/Hours Stock Item	Inmate Number 99999999	Booking Number 48784221	Birth Date 8/11/81	Date of Service 10/28/2010
---------------------------	---------------------------	----------------------------	-----------------------	-------------------------------

Admission Type: Inmate Juvenile Infirmity Housed

Requesting Provider: _____

Not Financially Liable Financially Liable

Workers Comp Confirmed due to Inmate Violence Suspected due to Inmate Violence Pre-Existing Condition

Pre-Sentenced Sentenced

Category of Service: _____

Emergency Room Direct Admission VMIIC (Must be pre-approved by HCP) Hospital

Means of Transportation: _____

Custody Car Ambulance 911 Non-Emergency Air Ambulance

Date of Service/Admission: [Month] [Day] [Year] | Discharge Date: [Month] [Day] [Year]

Chief Complaint/Diagnosis: _____

Local Intranet | Protected Mode: Off

Figure 11: ERMA Care Management Emergency Room and Inpatient Referral Form

If an inmate requires inpatient care, the Case Manager assigned to the WCSO will contact the hospital on a daily basis to monitor the patient's status and get the patient released as soon as possible. CCS will coordinate with the hospital to see that the patient is released and returned to the WCSO in a timely and medically responsible manner, thereby reducing the WCSO's off-site costs while ensuring the patient's well-being. The Case Manager will provide periodic feedback on each patient's condition which will be documented in the Care Management system

ERMA							Action Items	Patient	Documents	Views	Reporting	Tools	Admin	CCS																																									
<ul style="list-style-type: none"> Multiple Sites Selected Current List Patient <ul style="list-style-type: none"> <input type="checkbox"/> Health Assessment (2899) <input type="checkbox"/> Intakes (last 3 days) (413) <input type="checkbox"/> Discharges (last 3 days) (7) <input type="checkbox"/> Check Care (453) <input type="checkbox"/> Med Vial Found (1) <input type="checkbox"/> Med Vial Not Found (7) <input type="checkbox"/> Med V Patient Pending (28) <input type="checkbox"/> Davdron - Screened Past 7 <input type="checkbox"/> Davdron Not Screened Past 7 URI <ul style="list-style-type: none"> <input type="checkbox"/> Submitted Requests (83) <input type="checkbox"/> Referrals Requested (87) <input type="checkbox"/> Pending Requests (19) <input type="checkbox"/> Approved Requests (575) <input type="checkbox"/> Alternate Treatment (33) <input type="checkbox"/> Scheduled Requests (501) <input type="checkbox"/> Not Forwarded (0) <input type="checkbox"/> Forwarded to File (0) <input type="checkbox"/> Scheduled Appointments (7 days) (<input checked="" type="checkbox"/> Current IP (5) <input type="checkbox"/> Scheduled Appointments (6 <input type="checkbox"/> Pel Inmate Appointments (<p style="text-align: center;">Current IP (5)</p> <table border="1"> <thead> <tr> <th>Service Date</th> <th>Service Type</th> <th>Inmate Number</th> <th>Inmate Name</th> <th>Requesting User</th> <th>Site Code</th> <th>Auth #</th> </tr> </thead> <tbody> <tr> <td>6/28/2011</td> <td>ER/Inps Int</td> <td></td> <td></td> <td></td> <td>040</td> <td></td> </tr> <tr> <td>10/23/2011</td> <td>ER/InpsInt</td> <td></td> <td></td> <td></td> <td>062</td> <td></td> </tr> <tr> <td>10/23/2011</td> <td>ER/InpsInt</td> <td></td> <td></td> <td></td> <td>030</td> <td></td> </tr> <tr> <td>11/18/2011</td> <td>ER/InpsInt</td> <td></td> <td></td> <td></td> <td>043</td> <td></td> </tr> <tr> <td>11/11/2011</td> <td>ER/InpsInt</td> <td></td> <td></td> <td></td> <td>043</td> <td></td> </tr> </tbody> </table>							Service Date	Service Type	Inmate Number	Inmate Name	Requesting User	Site Code	Auth #	6/28/2011	ER/Inps Int				040		10/23/2011	ER/InpsInt				062		10/23/2011	ER/InpsInt				030		11/18/2011	ER/InpsInt				043		11/11/2011	ER/InpsInt				043	
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Figure 12- ERMA Care Management Inpatient Report

Nurse-to-Nurse Reports

CCS will have nursing staff provide a nurse-to-nurse report when appropriate to hospitals, doctor's offices, or any facility that is providing direct care to an inmate that is in the custody of the WCSO in order to facilitate care. Pertinent information related to the inmate's issues and all supporting data, such as X-rays or lab reports, will accompany the patient to off-site appointments and emergency care.

ER Trips Report

1/1/2012 - 3/31/2012

Displays all ER Trps between the Start Date and End Date

Site Name	Name	Patent Number	DOB	Auth Code	Custody Date	Admit Date	Hospital Name	Diagnosis
City of North Las Vegas			9/20/1985	498452	3/3/2012	3/6/2012	VALLEY	ANXIETY, CHEST PAIN
City of North Las Vegas			12/7/1961	506163	3/20/2012	3/20/2012	UMC	HTN; CHEST PAIN
City of North Las Vegas			10/28/1955	472723	1/10/2012	1/22/2012	UMC	ABD PAIN, RIGHT
City of North Las Vegas			5/24/1979	509044	3/26/2012	3/26/2012	UMC	CHEST PAIN, LEFT SIDE WEAKNESS
City of North Las Vegas			3/27/1974	476764	1/28/2012	1/29/2012	VALLEY	LEFT SIDE WEAKNESS
City of North Las Vegas			1/24/1992	484908	1/17/2012	2/12/2012	UMC	IUP-54 WEEKS
City of North Las Vegas			3/3/1955	467047	1/11/2012	1/11/2012	VALLEY	HYPOTENSION
City of North Las Vegas			5/31/1973	495050	2/29/2012	3/1/2012	UMC	CELLULITIS
City of North Las Vegas			7/16/1965	500438	3/8/2012	3/9/2012	UMC	CVA
City of North Las Vegas			10/4/1966	479988	1/23/2012	2/2/2012	NORTH VISTA	CHEST PAIN
City of North Las Vegas			9/26/1958	488686	2/17/2012	2/19/2012	UMC	SEIZURES
City of North Las Vegas			9/26/1958	490489	2/17/2012	2/22/2012	NORTH VISTA	HYPERTENSION
City of North Las Vegas			1/24/1989	496486	2/21/2012	3/3/2012	North Vista	SOB
City of North Las Vegas			1/6/1984	462988	12/24/2011	1/4/2012	UMC	GI BLEED
City of North Las Vegas			5/9/1976	487639	2/16/2012	2/16/2012	UMC	SEIZURES
City of North Las Vegas			3/3/1969	489979	2/19/2012	2/20/2012	UMC	CHEST PAIN
City of North Las Vegas			9/20/1987	509234	3/26/2012	3/26/2012	UMC	SEIZURES
City of North Las Vegas			2/8/1948	501732	2/29/2012	3/13/2012	UMC	SYNCOPE
City of North Las Vegas			9/21/1976	471583	1/17/2012	1/19/2012	UMC	SEIZURES
City of North Las Vegas			8/24/1988	486311	2/14/2012	2/14/2012	UMC	LOC
City of North Las Vegas			3/8/1990	501218	3/8/2012	3/12/2012	UMC	SHOULDER PAIN, LEFT
City of North Las Vegas			8/19/1953	474875	1/25/2012	1/25/2012	UMC	HTN
City of North Las Vegas			8/9/1972	495376	2/25/2012	3/1/2012	UMC	R/O FRACTURE, FOOT
City of North Las Vegas			3/21/1968	474557	1/23/2012	1/24/2012	UMC	CHEST PAIN
City of North Las Vegas			4/1/1960	470692	1/12/2012	1/11/2012	NORTH VISTA	HYPERGLYCEMIA

Figure 13 ER Trips Report In ERMA Care Management

Appointment Scheduling

One feature that sets the CCS Care Management system is the ease of scheduling appointments for upcoming health care services, both on-site and off-site. This robust scheduling function makes it more than just a repository for information, but rather an integral tool in the provision of quality care. Appointment scheduling through Care Management creates more efficient chronic care clinics and establishes a valuable tool for medical staff as they prioritize tasks and ensure that sick call, health assessments, lab draws, off-site appointments, and other important events are occurring as needed. Appointment scheduling features include:

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

The screenshot displays the ERMA Care Management interface. At the top, there are navigation tabs: Action Items, Patient, Documents, Views, Reporting, Tools, and CCS. The main area shows a patient profile for Rhett Butler with details like DOB (04/1989), Sex (M), and Custody (11/2000). Below this is a list of appointment items, including 'NON-FORMULARY LABS', 'OUTPATIENT OPTICAL DAY SURGERIES', 'OFFICE VISITS WITH PROCEEDURES', 'OFFICE VISITS WITH PROCEEDURES', and 'OFF-SITE PADIODOLOGY'. A calendar for November 2011 is visible, showing dates from 5 to 30. On the right, a sidebar titled 'Multiple Sites Selected' lists various appointment types with checkboxes, such as 'Outpatient', 'ER/Inpatient', 'Medical', 'Health Assessment', 'X-Ray/On-site', 'Lab', 'Dental', 'Mental Health', and 'Special Needs'. The bottom of the screen shows a status bar with 'SCHEDULED BY: ERMA/PT/2011'.

Figure 14• Scheduling Report in ERMA Care Management

Expertise in Utilization Management

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



Inpatient Census Report

Page 1 of 1

2/1/2012 - 2/2/2012 10:36:54 AM

Displays all Inpatients between the Start Date and End Date and reflects the IP Days for that range

Site Name (Redacted)	Name (Redacted)	Patient Number	DOB	Auth Code	Referral Entry Date	Custody Date	Admit Date	Days From Custody to Admit	Hospital Name	Diagnosis	Total IP Days
		66721	5/24/1955	248068	12/7/2011	8/10/19-3	1/10/2012	4921	Wesley Medical Center	Total Knee Arthroplasty Left	3
		93219	4/6/1947	477866	1/31/2012	12/31/2008	1/31/2012	1176	Hays Medical Center	Hypertension Hypertension	2
		6791	7/17/1938	475547	1/28/2012	10/7/2008	1/28/2012	1208	Kansas University Medical Center	GI Bleed ERD	4
		85593	12/4/1959	277762	1/30/2012	7/25/2008	1/30/2012	1435	Cushing Hospital	Osteomyelitis Right Foot	3
		137818	8/19/1993	478449	2/1/2012	11/30/2011	1/31/2012	62	Northwestern Medical Center	Pain R/O	1

Figure 15• Sample Utilization Management Report – Care Management System

The CCS Care Management system is a powerful tool for tracking, analyzing, and trending data through visual dashboards. Care Management Dashboards will allow the WCSO Administration to compare historical data as well as to analyze, trend, and compare data. Operational and outcome trending can be provided on:

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

CM Dash
Year: 2014
Org: Region VP

Category	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
ADP	1,120	1,120	1,120	1,120	1,120	1,120	1,120	1,120	1,120	1,120	1,120
ER Visits YTD	210	0	235	225	25	295	84	6	555	301	181
ER Benchmark	209.17	0	219.8	211.3	27	215.9	15.9	4.7	573.5	273.5	113.7
ER Visits	209	0	24	23	5	39	6	7	49	311	152
Variance	-1.17	0	-7.83	-20.83	-0.67	4.42	-26.54	2.31	-13	-155	18.25
ER Convert Ratio YTD	24.38%	0.00%	19.26%	17.41%	40.00%	16.35%	10.78%	14.28%	21.31%	12.81%	24.46%
ER Convert Ratio Benchmark	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%
ER Convert Ratio	25.96%	0.00%	14.23%	13.13%	60.00%	7.49%	11.11%	24.57%	34.65%	17.22%	23.64%
Variance	-25.41%	-100.00%	-59.14%	-11.40%	128.57%	-74.02%	-68.25%	-18.37%	-0.87%	-65.09%	-32.33%
Admits YTD	59	0	7	16	25	6	9.5	1	31.5	41.5	56
Admits Benchmark	64.58	0	3.52	10.07	3.3	10.4	16.1	-1	31	37.7	11.7
Admits	61	0	3	15	4	6	8	7	31	47	44
Variance	-3.58	0	-2.92	-5.87	0.62	-2.04	-3.3	1	-1	-11.67	-2.17
Readmt 7 Day YTD	24.5	0	0	4	0	1	3.5	0.5	0.5	21.5	19.5
Readmt 7 Day Benchmark	21.67	0	0.11	0.13	0	0	0.1	0.1	0.1	11.7	11.5
Readmt 7 Day	19	0	0	5	0	1	3	1	0	23	11
Variance	-5.07	0	-0.32	0.42	-1	-1	-3.25	0.11	-1	-10.67	-4.52
IP Days YTD	930	0	935	915	85	175	54	55	162.5	229.5	397.5
IP Days Benchmark	470.42	0	317.7	100.92	10.13	205	17.3	11	71.5	170.7	117.05
IP Days	214	0	72	14	12	11	47	11	159	203	152
Variance	-26.12	0	15.25	-16.92	-1.33	-29.5	-25.54	6.67	-7	-44.75	34.55
ALOS YTD	4.11	0	4.46	2.79	4	3	8.03	2.75	3.65	3.88	3.02
ALOS Benchmark	4.2	0	4	3.08	3	2	1.57	5.5	3.67	3.55	2.78
ALOS	4.22	0	5.2	3.08	3	2	1.57	5.5	3.67	3.55	2.78
Variance	0.12	0	1.2	-0.92	-1	-2	-2.43	1.5	-0.33	-0.44	-1.22
Outpatient YTD	477.5	0	104	192.5	7	182.5	139	0	529.5	228	430.5
Outpatient Benchmark	411.75	0	171.1	211.17	11.11	111.17	111.17	0	510	222	377.5
OP Visits	283	0	47	116	5	74	20	0	254	172	243
OP Visits w/Procedures	21	0	23	25	0	2	6	0	33	30	41
Outpatient Total Visits	461	0	102	190	5	172	185	0	519	209	424
Variance	725	0	4.17	-44.17	-4.33	-25.17	-4.33	0	19	-13.09	96.5
OP Surgery YTD	13.5	0	7.5	14	0	3.5	5	0	6	5	4.5
OP Surgery Benchmark	3.75	0	13.11	13.11	0.33	3.17	5.33	0	3.17	3.72	3.74
OP Surgeries	14	0	4	13	0	5	7	0	6	3	6
Variance	4.25	0	0.5	-0.33	-0.33	1.33	1.42	0	0	-1.25	-2.02

Figure 16: Care Management – Dashboard by ADP

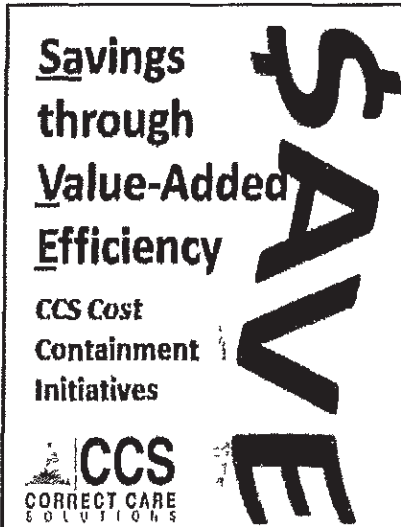
Billing Adjudication

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

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

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

2.W.4 Cost Containment



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

As your partner, CCS will negotiate contracts for goods and services that benefit the Washtenaw County programs. Our vendor contracts often offer an economy of scale to generate savings that we can pass on to our clients. Staffing costs

continue to challenge operations. CCS focuses on prudent staff deployment and training/retention programs to save the client unnecessary operational expense and added cost created by turnover. With a creative and appropriate staffing mix, we can realize efficiencies in this area as well.

Our Utilization Management approach is efficient in ensuring cost-effective medically necessary health care services for our contracted inmate populations. One focused initiative will be to reduce off-site trips that add unnecessary medical care costs and security/transportation costs to the facility budget.

CCS also realizes cost efficiencies through strong communication with hospitals. For example, when a patient requires inpatient hospitalization, CCS works with the hospital to help coordinate getting the patient released and back to the WCSO in the most timely and medically responsible manner.

CCS demonstrates value through our cost saving initiatives, timely reporting, and overall improved quality of people, programs and processes. CCS will collaborate with the WCSO and negotiate with providers to create a quality, cost-effective health care program that provides medically necessary health care services in the most appropriate health care setting

Expertise in Utilization Management: CCS Care Management

CCS is confident our continued partnering with the WCSO will reduce and contain costs for off-site services. Our passion for doing things the right way has led to phenomenal success not only in the quality of our care programs, but also in cost containment for our clients. By reviewing the specifics of each client's inmate health care needs and maximizing facility and staff capabilities, we create efficiencies and cost savings for our clients. CCS will provide robust utilization

management services through our Care Management Program and will maximize all available cost savings for Washtenaw County.

Cost Containment Success Stories

Time and again, CCS has formed successful partnerships that help our clients contain costs and improve the quality of health care in correctional facilities throughout the country. We have provided just a few examples of our proven success for your consideration and offer these clients as references to verify our proven utilization management abilities.

CCS Cost Containment Success Stories	
Client	Achievement
Oakland County Sheriff's Office (MI)	During the first contract year of our cost plus management fee contract in Oakland County, <i>CCS saved the County over a million dollars in total direct expenses</i> compared to their budgeted costs. One significant area where CCS saved Oakland County money was in off-site expenses, where we saved the County 40% of its off-site budget. CCS also saved the County 25% of its Direct Expenses budget during the first contract year.
Davidson County, Sheriff's Office (TN)	With The CCS Care Management system in place, the Davidson County (Nashville) Sheriff's Office saw their <i>off-site trips cut in half</i> within the first six months of our contract implementation, resulting not only in reduced hospital and community provider costs, but also in reduced transportation costs and officer overtime.
Durham County Health Dept. (NC)	CCS helped stabilize healthcare costs in Durham County by reducing off-site trips and thereby overall program costs. We brought more services on-site by expanding nursing services and opening an infirmary, significantly decreasing off-site trips and hospital stays. CCS was also able to <i>improve by 50% the discount the County had with the local hospital provider</i> . Overall, CCS has reduced the County's per inmate per day costs below what they were paying previously, and they have stayed that way for six consecutive years under CCS management.
Norfolk City Jail (VA)	CCS established a new hospital arrangement for the Norfolk City Jail and improved their utilization management processes. Prior to their partnership with CCS, the City had annually exceeded the established cap for off-site care. CCS helped improve their relationship with the regional jail in order to maximize its use, and now <i>the City regularly finishes below the cap</i> .
Lexington County Sheriff's Dept. (SC)	Upon transition of services in Lexington County, CCS implemented an ongoing quality improvement study regarding off-site emergency transports and evaluated each case for efficacy of care provided on-site. <i>In just three months, we dramatically decreased the number of emergency trips while ensuring total accountability regarding efficacy of care.</i>

CCS Cost Containment Success Stories	
Client	Achievement
Marion County Sheriff's Dept. (IN)	Since transitioning services in Marion County (Indianapolis), Indiana, CCS has reduced ER trips significantly. Under their previous provider, the County was averaging over 70 ER trips per month. Through enhanced staff training and proactive on-site care, CCS has reduced this number to an average of 11 trips per month, <i>an 85% decrease in trips.</i>
Monmouth County Dept. of Corrections (NJ)	In their first year with CCS, Monmouth County realized savings of over \$1,140,775. <i>CCS has dramatically decreased costs and off-site utilization, while increasing care and bringing additional services on-site for this multi-jurisdictional institution.</i>
Richmond City Sheriff's Office (VA)	CCS has managed to contain costs in Richmond City, VA through our Network Development and Care Management departments. The Network Development team was able to successfully repair the Jail's pre-CCS relationship with the VCU/MCV Healthcare System, sparking ongoing discussions with VCU for a direct contract for the Sheriff's Office. Successful CCS contract negotiations with local HCA hospitals and physicians have <i>significantly increased the Jail's discount and cost savings.</i> The Care Management team implemented improved off-site medical service utilization and review processes that saved the Sheriff's Office \$62,768 in 2013. The Sheriff's Office has experienced <i>continual, significant decreases in the Average Length of Stay for inpatient hospitalizations</i> , leading to decreases in hospital expenses as well as Correctional Officer time and expense.

2.W.5 Transition Plan

CHC has been providing health care services to Washtenaw County since 1993. If given the opportunity to continue our partnership with the WCSO, operations will continue as normal without any disruption in services. For all other bidders, there will be a learning curve the first few months of operations. Because CCS/CHC is the current provider of services for the WCSO, a new contract term would eliminate the disruption, of transitioning to a new provider, thereby eliminating the inevitable challenges in the road that any new provider would experience. By continuing our well-established relationship, the Washtenaw County Sheriff can be assured that there will be no change in the high-quality service and support that you have come to expect. Moreover, CHC's partnership with CCS gives our companies an exciting opportunity to enhance the WCSO medical program while capitalizing on current successes at the WCSO.

With CCS and CHC actively serving jail clients in *31 Michigan counties*, we are prepared to integrate operations in the region and offer an increased level of support for the WCSO medical program to ensure operational efficiency going forward. Our operational teams will work cooperatively with on-site staff, County-contacted providers, and WCSO administration to encourage a fully integrated program successful throughout the State of Michigan. CCS and CHC will not make changes for the sake of change, nor will we accept the status quo where improvements can be made that will benefit patient care or provide cost savings for Washtenaw County. The same CHC personnel you have come to know, Betty Christen, RN, and Andrew

Walter, in addition to the on-site staff, will remain a vital part of the operations at the WCSO. CCS and CHC will provide an additional support infrastructure through our Home Office in Nashville, Tennessee. With our company resources at your disposal, CCS and CHC stand ready to enhance our program in Washtenaw County.

Contractor Transition

Should the WCSO decide to transition the medical program to another provider, CCS will fully cooperate and support the WCSO during the transition period to ensure a successful transition without any interruption of services for the inmate populations. We will allow as many personnel as practicable to remain on the job and will provide sufficient experienced personnel during the transition period to help the successor maintain the continuity and consistency of the services required by the contract.

2.W.6 Change in Scope of Services

The CCS Pricing Sheets, presented in Section 4, reflects the scope of care as outlined in our proposal, the RFP requirements, and the current community standard of care with regard to correctional health care services.

Should there be any change in or modification of the local, national or community standards of care or scope of services, court rulings or interpretation, state or federal law or statute, or interpretation thereof, that results in sustained and material changes in costs, coverage of costs related to such changes are not included in this proposal and would need to be immediately negotiated with Washtenaw County to ensure both parties' interests are properly aligned. Opening of additional areas in the facility or new construction of additional space would also be considered a change in the scope of service and require immediate renegotiations.

3 Vendor Specifications

3.A Business Organization

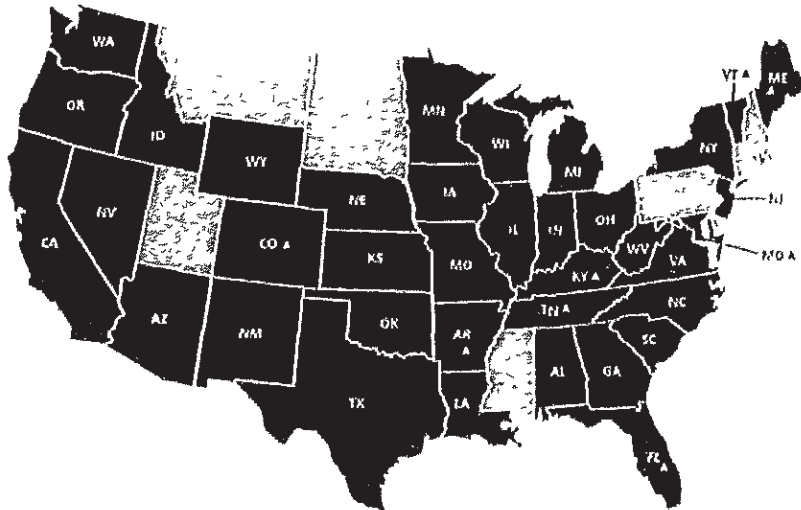
Correct Care Solutions (CCS) was founded in August 2003 to meet a growing industry need for a correctional health care provider with an innovative approach. With each of our successful contracts and satisfied clients, CCS has demonstrated the necessary capabilities and resources that make us a qualified and continued partner for Washtenaw County.

Today, CCS is a privately owned Limited Liability Company (LLC) in our eleventh year of operation. CCS is specifically organized to provide comprehensive correctional health care services to facilities such as the Washtenaw County Sheriff's Office (WCSO). Our programs in this facility includes the design and successful operation of comprehensive medical, dental, and pharmaceutical services for inmate. Our combined companies, CCS and CHC, currently provide services to *36 contracted sites in the State of Michigan, and we are in the unique position of being the incumbent at WCSO since 1993.* We welcome the opportunity to continue working with Washtenaw County and to continue providing the same dedicated level of service and expertise that you have come to expect from CHC. As a benefit of our combined resources, we are able to provide enhancements to this program including a more robust utilization management and state-of-the-art Electronic Record Management Application (ERMA).

In August 2012, CCS acquired Conmed Healthcare Management, Inc. Founded in 1984, Conmed has provided full service correctional health care services for nearly three decades. Upon completion of the merger, Conmed became a wholly owned subsidiary of CCS, making our company the premier provider of correctional health care services in the country. In March 2014, CCS acquired GEO Care Holdings, LLC and its wholly owned subsidiary, GEO Care, LLC, both Florida limited liabilities companies. The acquisition of GEO Care entities enhances the correctional mental health services that CCS provides. In July 2014, CCS acquired Correctional Health Companies (CHC), a Colorado-based correctional health care provider with a strong client presence in the Midwest, Southwest and mountain states. The CCS combined team of over 10,000 employees cares for more than 200,000 patients in 37 states each day.

CCS at a Glance

- *Established in August 2003.*
- *Privately owned. We answer to clients, not shareholders.*
- *More than 10,000 CCS employees provide health care services for over 200,000 patients in 37 states.*
- *Over 4,000,000 inmates pass through CCS medical facilities each year.*
- *Clients include state prison systems, county/regional jails, detention facilities, juvenile centers, and federal detention centers.*
- *Annual sales - \$750million*
- *Financially strong and stable.*
- *Impeccable litigation record.*
- *100% successful in our accreditation efforts*



Home Office*
1283 Murfreesboro Rd., Suite 500
Nashville, Tennessee 37217

Maryland Office
Hanover, Maryland

Florida Office
Boca Raton, Florida

Mountain States Office
Greenwood Village, Colorado

Midwest Office
Ann Arbor, Michigan

Maine Regional Office
Augusta, Maine

Northeast Regional Office
Waterbury, Vermont

Arkansas Regional Office
Pine Bluff, Arkansas

Kentucky Regional Office
Louisville, Kentucky

Australia Office
Southbank, Victoria

**The CCS Home Office will be responsible for supporting this contract*

Figure 17: CCS Map. CCS provides service to facilities in 37 states, including Michigan.

Our Mission

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

Our Vision

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

We are committed to being a true solutions provider in the health care industry and in the communities we serve. We concentrate on establishing partnerships with county, state, or federal agencies that are experiencing challenges meeting their health care delivery needs in a fiscally responsible way. With a constant focus on patient care, we will offer innovative solutions to the WCSO and efficiently execute our operational plans in coordination with your program objectives and in accordance with the standards of the National Commission on Correctional Health Care (NCCCHC), the American Correctional Association (ACA); and the Michigan Department of Corrections (MDOC) Administrative Rules for Jails and Lockups.

CCS will continue to recruit and retain only the best personnel in the industry. We strive to hire individuals who possess the qualities that we value most in ourselves, our employees, and in others. These attributes are known among the CCS family as *The Five Hs*

The Five Hs

Hunger: We have the fire to learn, teach, and grow. We encourage each other and ourselves. Teamwork helps everyone reach their goals, from the smallest unit to the company as a whole.

Honesty: We uphold the highest level of integrity in all our dealings with each other, with our clients, and with our patients. We treat everyone with respect and dignity.

Hard Work: We are willing to out-work and out-think the competition so that we remain constant in placing our customers first. We strive for quality in everything we do.

Humility: No matter how much success we achieve, it is important to remain humble and remember not to lose our roots, vision, values, and identity. We maintain our loyalty to our community by being good citizens in the areas where we live and work.

Humor: Given the amount of time we put towards our work, it is important to have a sense of humor. This allows us to remain passionate and enjoy our work.

Services Provided

CCS provides comprehensive health care services, plus many ancillary services and products for our clients, including:

- Medical Care
- Dental Care
- Optical Care
- Mental Health Care
- Intake Screenings
- Triage/Sick Call/On-site Care
- Suicide Risk Reduction/Intervention
- Substance Abuse/Detox Programs
- Health Assessments
- Radiology and Laboratory Services
- Medically Necessary Diet Programs
- Chronic Care and Special Needs Care
- Continuity of Care and Discharge Planning
- Collaboration with Community Services Agencies
- Network Development
- Hiring/Staffing
- Inmate Health Education and Awareness Programs
- Facility/Custody/Law Enforcement Staff Training Programs
- Emergency and Hospitalization Arrangements
- Utilization Management
- Pharmaceutical Supply and Medication Management
- Continuous Quality Improvement Program (CQIP)
- Electronic Record Management Application (ERMA)
- Recruitment/Retention Plans
- Third-Party Reimbursement Follow-up and Processing
- Co-Pay Programs
- Cost Recovery Programs
- Catastrophic Re-insurance Coverage
- Electronic Record Management
- National Accreditation – NCCHC/ACA/CALEA

Core Competencies and Strengths

CCS is committed to establishing and maintaining a mutually beneficial partnership with Washtenaw County based on continued communication that will create cost savings while helping you meet your program objectives

Cost Containment

In all programs we design and operate, our objective is to uncover all possible areas of savings without sacrificing quality. As your partner, CCS will negotiate contracts for goods and services that benefit Washtenaw County's medical program. We will work to create efficiencies in staffing, pharmacy, and off-site costs for Washtenaw County. Our vendor contracts commonly offer an economy of scale to generate savings that we're able to pass on to our clients. Because we care for more than 200,000 patients nationwide, we have significant buying power and we will negotiate to secure the best possible rates with all on-site and off-site providers. Please see **Section 2.W.4** of this proposal for a detailed description of our Cost Containment program and how we have saved money for many of our clients

Employee Advocates

Our employees are our most valued assets, and we are committed to equipping CCS team members with the necessary tools for success. CCS provides our site leaders with management training that allows them to foster the proper culture for working in a challenging environment. It is our belief that in order to be the company that clients want to work with, we must be the company that employees want to work for. We believe this gesture of respect and consideration initiates a positive relationship to sustain a long-term commitment in a productive environment.

Advanced Utilization Management

CCS will implement our Care Management system, a browser-based Web application designed to manage inmate off-site medical services. The Care Management system allows us to track off-site care, ensure timely return to the facility, manage claims, and provide reports to assist with cost containment and budget preparation. The Care Management system will function along with your JMS system, XJail, to create more clinical controls and cost efficiencies for off-site medical, dental, and mental health activities

By using the Care Management module, CCS offers unmatched care management services to maximize patient care while minimizing on-site and off-site costs. A more detailed description about our Utilization Management process is in **Section 2.W.3** of this proposal

Superior Technology

CCS will implement the Electronic Record Management Application (ERMA) at the WCSO. ERMA is a Web-based application designed to operate as part of the health care delivery system inside correctional facilities, making implementation simple so clients can start benefitting from the solution right away. This advanced technology creates operational efficiencies by giving clients the information they need to better manage patient care. CCS will also implement online pharmaceutical ordering and administration through the eRx and eMAR modules of ERMA. Please see **Section 2.M.1** of this proposal for a detailed description of the ERMA capabilities for WCSO.

Proven Success Managing Chronic Care

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

Maximizing On-Site Services to Reduce Off-Site Costs

By maximizing on-site resources, CCS is able to reduce off-site costs and trips while offering better care to our patient population. One of the additional ways we have been able to do this is to schedule on-site practitioner coverage seven (7) days per week and by establishing a physician/mid-level practitioner "call back" list during off hours so that urgent but non-emergent services such as suturing can be provided on-site. CCS will continue to work with WCSO to identify services that, based on volume, could justifiably and more cost effectively be provided on-site. We are committed to cost containment measures as highlighted in our success stories throughout our proposal.

Community Connection

CCS is dedicated to establishing relationships within the communities we serve. We partner with local organizations to maximize continuity of care for each patient; we work with local agencies to develop training programs for nursing students and new correctional staff; and we seek out local charities that allow us to give back to the community. We will continue to cultivate existing partnership and reach out to area providers to enhance the continuity of care for your inmate population.

Hands-on Approach

The CCS Executive Team is closely involved with the implementation and operation of services for our clients. Continuous communication helps minimize surprises and ensures a mutual understanding of decisions and protocols. The members of our Regional Management Team are faces you already know and new individuals who will become familiar faces as they provide guidance and insight to members of the WCSO on-site medical team.

Commitment to People Development

CCS created the People Development program for our staff's long-term professional satisfaction and well-being. We begin with the identification, validation, and recruitment of the very best people, then we orient and "on-board" them to our CCS culture and operations. CCS then invests in the continued professional development of each team member, including a full range of training programs and clinical exposure, promotion preparation and succession planning. This investment is practical and is simply the right thing to do. Well-trained, motivated employees provide benefit to our operations and improve our ability to satisfy our clients. Our People Development and Retention programs lower employee turnover, reduce costs from replacement and training, and strengthen team spirit through respect and recognition for each person's contributions. Our Chief Medical Officer and our very experienced Regional Medical Directors mentor and coach our providers. We also conduct regular peer reviews.

3.B Relevant Experience

The CCS Executive Team has over 250 years of combined correctional health care experience, and our entire team will be fully engaged in the operation of programs and services for Washtenaw County. CCS is the industry leader in designing and operating health care programs in facilities similar to the WCSO. The significant difference with CCS is that we have a proven history of success with similar sites

- **Facilities of Similar Size and Complexity Nationwide:** Many of our clients are the same size or larger than the Washtenaw County facility. We have developed proven “best practices” for these sites that will translate to success in Washtenaw County. More importantly, we have been the incumbent provider of services to WCSO for 21 years since 1993
- **Michigan Experience:** CCS currently serves clients in 37 states, but understanding the regional differences from state-to-state gives CCS a competitive edge. With our combined companies actively serving our 36 clients in 31 counties in the State of Michigan, our company knowledge, best practices, and resources will be readily available to support the continued success of the WCSO program.
- **Accreditation Experience:** CCS operates all of our programs at a level of care in conjunction with the standards of the National Commission on Correctional Health Care (NCCCHC) and the American Correctional Association (ACA). Our program for WCSO will meet or exceed these standards, as well as those established by the Michigan Department of Corrections (MIDOC). Administrative Rules for Jails and Lockups. We are familiar with MIDOC standards and auditing processes, and we have a team of professionals dedicated to standards compliance and accreditation. Correct Care Solutions has never failed to obtain nor lost accreditation status at any of our client facilities, and we will ensure that the WCSO program is operated within the NCCCHC, ACA, and MIDOC medical standards for the duration of the contract.
- **Collaborating for Success:** A successful health care program has a positive community impact. CCS will continue to work with the Washtenaw County Community Support and Treatment Services (CTST) in coordinating mental health services for the inmates at the WCSO.

Experience in the State of Michigan

CCS/CHC has been delivering comprehensive correctional health care services in the State of Michigan since 1993, beginning our contract to the Washtenaw County Sheriff's Office, along with 35 other contracts within the state, including the Milan Federal Prison and the Center for Forensic Psychiatry. As a result of our extensive presence in Michigan serving these facilities, we have a network of corrections-experienced Providers who are licensed in the State of Michigan and who will be available when needed. CCS is fully aware of all requirements to satisfy the standards of Michigan Department of Corrections (MIDOC), Administrative Rules for Jails and Lockups, the Michigan Board of Nursing, and state and local laws, regulations and guidelines. CCS is duly licensed to provide services in the State of Michigan and Washtenaw County.

3.C Accreditation Experience

CCS operates all of our programs at an appropriate level of care consistent with standards established by the NCCHC and ACA. Our accreditation and licensing history is well-documented: *CCS has never failed to obtain nor lost accreditation status at any of our client facilities.* We have never been denied for continued accreditation, and we have never been subject to any fines or penalties from accrediting agencies. We conduct mock NCCHC surveys at each of our facilities prior to the actual on-site audit, and we discuss our findings and recommendations with the on-site staff. Additionally, our internal quality improvement programs guarantee that all CCS clients meet and maintain all NCCHC and ACA standards.

NCCHC Revised Standards

The CCS Accreditation and Compliance team, headed by Jon Bosch, is currently reviewing and identifying the newly-revised NCCHC Standards for Health Services in Jails 2014, which will be implemented as of October 1, 2014. CCS will update site-specific policies and procedures, inform our clients of changes, train staff, and update audit tools to monitor compliance, as required, for all our contracted facilities to be in compliance.

Unique Accreditation Perspective

CCS has strong connections to the NCCHC. The following prominent CCS employees have individualized experience with the NCCHC and its standards:

- Jon Bosch, who oversees compliance for CCS, is the former Director of accreditation for the NCCHC.
- Dr. Steven Helfand, CCS Senior Vice President, is a Certified Correctional Health Professional (CCHP), an NCCHC surveyor, and Chairman of the Board of Directors for the Academy of Correctional Healthcare Professionals.
- Kim Christie, the CCS Transition Coordinator, is a CCHP and NCCHC surveyor, as well as an ACA Certified Nurse Manager.

Through Mr. Bosch's, Dr. Helfand's, and Ms. Christie's experience, CCS has a unique perspective into the NCCHC accreditation process due to their participation in the following NCCHC activities:

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

CCS personnel have participated in NCCHC standards development and interpretation, on-site accreditation surveys; and training of lead surveyors. We typically send over 50 staff members to the annual NCCHC conference each year for training. CCS staff members regularly serve as presenters and educational session leaders at the conference. In 2012, CCS hosted a CCHP

examination at our Home Office in Nashville, Tennessee. Our employees passed the examination with a 100% success rate.

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

ACA Immediate Past President Endorses CCS

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

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

NCCHC and ACA Certification

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

NCCHC Excellence

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



National Commission on
Correctional Health Care

1145 W.D. Jones Hwy. 773 460 1 69 p/s
773 460 2474 fax
02614 1318 wa 11034 6 q

June 26, 2012

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

Dear Superintendent Arnell:

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

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

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

Sincerely,

Edward A. Harrison, CCHP
President

E.A.H. JES

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

Figure 18: Letter from NCCHC. Awarding Chittenden Regional Correctional Facility the *NCCHC Facility of the Year*

Client Accreditation Status

CCS has enjoyed unparalleled success in our accreditation experience. Many CCS sites have been named 100% compliant during their accreditation surveys. Furthermore, CCS carries the distinction of counting 12 of the 38 Triple Crown agencies in the country among our clients. A total of 12 CCS facilities are accredited by the NCCHC, ACA, and CALEA, making them "Triple Crown" facilities. *CCS is proud to manage Triple Crown facilities in Arapahoe County, Douglas County, El Paso County, Jefferson County, Larimer County, and Pueblo County, Colorado; DeKalb County, Georgia; Marion County, Indiana; McHenry County, Illinois; Monmouth County, New Jersey; and Shelby County, Tennessee (Women's Facility and County Jail).*

For those sites that were initially accredited under a previous provider, CCS has maintained accreditation at every site, and has successfully participated in re-accreditation audits in accordance with the accrediting agency's audit cycle. *CCS has never failed to obtain nor lost accreditation status at any of our client facilities.*

3.D Current Contracts

CCS is dedicated to continuously improving our services and program offerings for each and every client we serve. To illustrate our extensive experience in the field of correctional health care, and to give Washtenaw County the opportunity to review and validate our credentials, CCS has provided our comprehensive Client List with contact information in **Tabbed Appendix C**. This information is **CONFIDENTIAL**.

3.E CCS Financial History

CCS, a privately owned company, has achieved consistent growth of at least 30% per year on average since our inception in 2003, making us the fastest growing correctional healthcare company in the country. We regularly expand our infrastructure to support increasing demands due to our continued growth, allowing us to meet and even exceed the high standards that our clients have come to expect. This rapid growth, combined with smart business methods, has made CCS one of the most financially stable companies in the industry. We currently generate approximately \$750 million in annualized revenue along with a high level of cash flow through our operations. Our financial position and stronghold in the industry allows us to provide uninterrupted, consistent, and financially responsible programs for our clients.

CCS has always held a strong liquidity position, and maintains a \$25 million revolving credit facility to provide additional security for our partners. In addition, CCS has two extremely strong and financially capable equity partners as investors. The Audax Group and Frazier Healthcare manage a combined \$6.6 billion of investments through their private equity and other funds, and are fully committed to providing CCS with additional capital should the need ever arise. When CCS commits to a project, we can guarantee that we have the financial ability and the resources to fulfill our contractual obligations.

CCS audited financial statement for the most recent fiscal year is enclosed in a sealed envelope, marked **CONFIDENTIAL**, in an envelope under **Attachment IV** CCS will provide Washtenaw County audited financial statements annually during the term of the Contract.

3.F Litigation History

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

We are pleased to report that CCS has never been to trial with any patient, employee, client, hospital, government entity, or vendor. We have never received a judgment against us by a jury, nor have we ever received an adverse jury ruling. Unlike our competitors, when litigation does arise, the overwhelming majority of all CCS lawsuits result in early case dismissals via aggressive litigation defense strategies carried out by an experienced in-house litigation and risk management team. As our references can attest, CCS has dramatically decreased or eliminated litigation for each of our clients. This is one of the many extraordinary value-added services that CCS offers our partners.

There is no pending or expected litigation or other conditions that would affect the stability of our company in any way. CCS has no judicial or administrative proceedings that are material to our business or financial capability, or our ability to perform the work requested in the RFP.

In response to the completed Provider Application form (**Attachment II**) regarding lawsuits and inmate grievances, please see **Tabbed Appendix D** which provides four (4) years of litigation history as required. This information is **CONFIDENTIAL**.

3.G Insurance Requirements

CCS will be responsible for maintaining all insurance as required by the State of Michigan in accordance with all federal, state and local laws and acts. CCS will provide certificates of insurance to Washtenaw County, at the required levels, evidencing insurance coverage including Workers' Compensation and Employers' Liability, Commercial General Liability, and Business Automobile Liability. In addition, CCS will provide and maintain Professional Liability Insurance covering our employees, officers and agents. This coverage will be extended to all CCS professional health care staff for the provision of health care services at the WCSO.

All insurance is provided from insurance companies that are authorized to conduct business in the State of Michigan. A sample Certificate of Insurance is provided in **Tabbed Appendix E**.

3.H Authorized Representative

The CCS authorized representative for all matters in connection with this proposal and resulting contract negotiations is the President of CCS Corrections Division:

Patrick Cumiskey
President
CCS Corrections Division
1283 Munfreesboro Road, Suite 500
Nashville, TN 37217
(615) 324-5777 (Office) / (615) 324-5731 (Fax)
Patrick@ccsks.com

The CCS home office in Nashville, Tennessee, will be responsible for supporting this contract. While corporate support will be generated from our headquarters office in Nashville, our regional team will be providing direct medical and operational oversight. As the incumbent provider to the WCSO, we have maintained an office in Ann Arbor since 1993, thus qualifying us as a Washtenaw County Contractor, as described in the RFP.

3.I Corporate and Regional Management Team

Following is an overview of key leadership staff who will be involved with the implementation of services at the WCSO and the subsequent management of operations. These are more than just names in a proposal, but rather faces you will see walking the hallways of the WCSO supporting our programs. To demonstrate the qualifications of our staff, we have provided detailed resumes for key personnel, including the CCS Executive Team and Regional Management Team, in Attachment V in accordance with the RFP requirement.

Jerry Boyle
Chief Executive Officer and
Chairman of the Board



Prior to establishing Correct Care Solutions in 2003, Mr. Boyle was President and CEO at Prison Health Services as well as Chief Development Officer for America Service Group. In his dual role, Mr. Boyle increased revenues over three and a half years from \$120 million to \$550 million through acquisitions and growth. Mr. Boyle has more than 30 years of experience in the correctional environment. His experience includes 15 years of experience within a state prison system and 15 years of experience in the provision of comprehensive healthcare in the correctional setting. Mr. Boyle's experience includes "hands-on" service as well as management oversight to several jail and prison implementation projects. He has been an engaged and active leader in *all* CCS projects and contracts. Mr. Boyle schedules periodic visits at each of our client facilities to support our staff and to ensure client satisfaction.

Jorge Dominicz
President
Correct Care Solutions, LLC



Mr. Dominicz joined CCS in 2014, following the acquisition of GEO Care, Inc. As President, he oversees the three divisions of Correct Care Solutions, LLC: CCS Correctional Healthcare, GEO Care, and GEO Care Australia Division. Prior to joining GEO Care as President in 2004, Mr. Dominicz served as Vice President of Corporate Affairs at Florida Crystals Corporation, where he was responsible for all governmental and public affairs activity at the local, state, and federal level, as well as the coordination of community outreach and charitable involvement. He has also served in various public and government policy positions, including the St. Mary's Medical Center Governing Board and Criminal Justice Commission. Mr. Dominicz holds a Bachelor's degree in Business Administration, Finance, and International Business from Florida International University.

Patrick Cumiskey
President
CCS Correctional Healthcare



Mr. Cumiskey brings over 20 years of comprehensive experience in marketing and operations from a variety of service related industries. Under Mr. Cumiskey, CCS business development activities stay consistently focused on understanding customer needs and developing innovative solutions to meet budget expectations. Mr. Cumiskey has an M.B.A. with degrees in Finance and Marketing. He has been with CCS since its inception. Mr. Cumiskey will work with the team to ensure necessary support provision to our internal and external clients. He will work to minimize surprises for all parties by clearly understanding and documenting expectations to assist with smooth transition, and ensure a contract that provides for a successful long-term partnership.

Cary McClure
*Chief of Infrastructure
Integration*



Mr McClure is a CPA and has 30 years of experience in the Accounting and Finance fields, and earned a Bachelor of Science degree with majors in Accounting and Business Administration from the University of Kansas. His experience includes 18 years as the CFO of a 400+ bed major med/surg urban medical center in both not-for-profit and for-profit settings; CFO of the successful startup and operation of a \$100 million for-profit med/surg medical center; and Division CFO for the largest for-profit psychiatric hospital company in the county. The Kansas Medicaid program selected him to serve as a consultant to assist in the design and implementation of the Kansas Medicaid DRG payment system. He has authored two articles on health care finance that were published in national health care journals. Mr McClure joined CCS in 2003.

Bob Martin
Chief Information Officer



Mr. Martin has more than 28 years of Information Technology experience, including 17 years of leadership within the health care industry. He has exceptional foresight and expertise in operations, systems integration, software development, and networking. Martin is responsible for the development and implementation of the CCS Electronic Record Management Application (ERMA) and our electronic Care Management system. Mr. Martin joined CCS in 2003.

Lellani Boulware, JD
*Chief Strategy & Risk
Officer,
General Counsel*



With over 20 years of proven legal and executive experience, Ms. Boulware leads the Division of Administration in the establishment and management of operational goals and objectives designed to build strong legal, risk management, human resources, and people development systems. In that role, she provides legal counsel and support to multiple operations, institutes and manages administrative policy, assures effective budget management for the Division of Administration, and assures that the mission and core values of CCS are put into practice. Since joining CCS in 2008, Ms. Boulware has demonstrated the capacity to conceptualize, develop, and drive strategic direction among CCS key stakeholders regarding CCS best practices and culture.

Scott Pustizzi, SPHR
*Senior Vice President
Human Resources*



Mr. Pustizzi joined CCS in 2014, following the acquisition of GEO Care, Inc., where he was responsible for the development, refinement, and implementation of strategic human resources and collective bargaining initiatives for the company's correctional healthcare operations. With nearly two decades of progressive experience in Human Resources, Mr. Pustizzi specializes in talent acquisition, employee and labor relations, human resources technologies, and integrating new acquisitions and transitions. He is a certified Senior Professional in Human Resources (SPHR) with extensive experience in healthcare and mental health industries, deploying administrative and clinical teams and building retention programs to recruit talented professionals in nursing, medical, and psychiatric fields throughout the country. Mr. Pustizzi holds Bachelor's degrees in Finance and International Business from Florida International University and a Master's of Business Administration (MBA) from Florida Atlantic University.

Randy Marshall
Chief Financial Officer



Mr. Marshall is a CPA licensed in the state of Tennessee with 15 years of Accounting and Finance experience. He earned his B.S. in Business Administration with a major in Accounting from Tennessee Technological University. Before joining CCS in 2008, he was the Assistant Controller for Psychiatric Solutions, Inc., a \$2 billion psychiatric hospital public company where he worked with corporate accounting, acquisitions and divestitures, and SEC reporting. Mr. Marshall was previously a manager at Ernst & Young LLP, focused on accounting and assurance services for health care organizations.

Jon Bosch
*Chief of Accreditation and
Compliance*



Mr. Bosch has been in the healthcare field for more than 33 years and has more than 24 years of direct correctional healthcare experience. He is a former Director of Accreditation and Quality Assurance for the National Commission on Correctional Health Care. Mr. Bosch has served in a variety of operational leadership roles to include Business Development, Operations, and Quality Improvement. Through these roles, he has had the opportunity to survey and work in literally hundreds of correctional facilities. Mr. Bosch started with CCS in 2004.

Chris Bove
Chief of Jail Operations



Mr. Bove joined CCS with C-level experience working with a national real estate developer and construction company. This experience includes leading a variety of groups ranging from construction, design and support teams. He brings this corporate experience along with his military leadership experience to the Jail Operations Division of CCS. Chris graduated with a Bachelor of Science from the United States Military Academy and a Master of Business Organizational Management from the University of La Verne. Mr. Bove joined CCS in 2011.

Stephen Goldberg, MD
Chief Clinical Officer



Dr. Goldberg is a Board Certified Psychiatrist with added qualifications in Forensic Psychiatry. He holds teaching appointments at the University of Maryland School of Medicine, Johns Hopkins School of Medicine, and Walter Reed Medical Center, and is an active faculty member in the University of Maryland/Johns Hopkins Forensic Psychiatry Fellowship Program. Since 1995, Dr. Goldberg has worked in local detention centers, where he developed a unique and innovative program for addressing mental health needs in jail populations. He currently serves as the CCS Chief Clinical Officer, with responsibility for the integration of somatic and mental health initiatives within the company. Dr. Goldberg also provides oversight for the CCS Care Management Program.

Dean Rieger, MD, MPH
Deputy Chief Clinical Officer



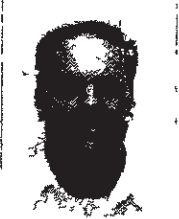
Dr. Rieger is a graduate of The Johns Hopkins University of Medicine and is Board Certified in Preventive Medicine and Public Health. He has worked with Prison inmate populations for over 20 years, most recently as Medical Director for the Indiana Department of Corrections. Dr. Rieger joined CCS in 2004 and works directly with all of our field clinical and mental health services. He will ensure that clinical vision, tone and management of staff is consistently implemented. Dr. Rieger communicates with each site to establish the level of quality care and continual compliance.

Judd Bazzel, MD
Chief Medical Officer



Dr. Bazzel joined CCS in 2005. He received his Medical Doctorate from the University of South Alabama College of Medicine in Mobile, Alabama, and completed a residency in Family Medicine at the University of South Alabama Medical Center. Dr. Bazzel began working in correctional settings during his time as Chief Resident, and dedicated himself to the practice of medicine in 2004. He is a member of the Society of Correctional Physicians and the Academy of Correctional Health Professionals. Dr. Bazzel has special interests in the management of withdrawal from substances of abuse. He assists in leading our clinical team and provides a hands-on management style when assisting our nurses and on-site medical practitioners. Dr. Bazzel is another home grown talent for CCS; he began as our Medical Director in Nashville, TN, giving him hands-on experience with large jails.

William Ruby, DO
Deputy Chief Medical Officer



Dr. Ruby obtained his status of U.S. Civil Surgeon in 2010 while working as Senior Physician at the Collier County Health Department. As an active U.S. Civil Surgeon, he is responsible for ensuring that aliens entering the United States do not pose a threat to the public health of this county. This is done by conducting medical examinations to evaluate the health of aliens applying for admission or adjustment of status as permanent residents in the United States. Additionally, Dr. Ruby is an Assistant Professor of Medicine at The Johns Hopkins University School of Medicine, where he obtained funding and created the Correctional Medicine Telemedicine Project which is in its 12th year of operation. Dr. Ruby joined CCS in 2011 as a Regional Medical Director and now serves as Deputy Chief Medical Officer at the corporate level.

Charlene Donovan, PhD
Chief of Behavioral Health



Dr. Donovan has been with CCS since 2003 and was recently promoted to Chief of Behavioral Health. She received her Ph.D. in Clinical Psychology from The University of Memphis, and has spent her entire professional career in the correctional behavioral health field, including several years as the Director of Mental Health Services for a state correctional program. Dr. Donovan holds Psychologist licensure in numerous states, the ASPPB Certificate of Professional Qualification, and Registration with the National Register of Health Service Providers in Psychology. She also served on the NCCHC committee that designed and developed the Correctional Health Professional certification process and examination for Mental Health Professionals (CCHP-MH).

Andrew Walter
*Regional Senior Vice
President of Operations*



Mr. Walter joined CCS as the Regional Senior Vice President of Operations in 2014 following the acquisition of Correctional Healthcare Companies (CHC) by CCS. Mr. Walter has been responsible for operations for the CHC contracted facilities in the Midwest region since 2004 when he joined CHC. Mr. Walter brings more than 25 years of medical and correctional experience. In addition to being a paramedic, Mr. Walter previously served as a Health Services Administrator for Wexford Health Sources and Addus Healthcare Inc. His corrections experience includes position as Chief of Staff for the Illinois Department of Corrections and Warden of the Graham Correctional Center and the Jacksonville Correctional Center in Illinois. Mr. Walter earned an Associates degree in Paramedic Science from Belleville Area College, Belleville, IL, a Bachelors degree in Organizational Leadership from Greenville College, Greenville IL, and a Masters in Business Administration from Bradley University, Peoria, IL.

Betty Christen, RN
Regional Manager



Ms. Christen joined CCS as a Regional Manager, providing operational oversight of selected contracted facilities in Indiana, Michigan, and Ohio, including the Washtenaw County Sheriff's Office. This is a result of the acquisition of Correctional Healthcare Companies (CHC) by CCS in July 2014. Ms. Christen brings more than 20 years of correctional health care experience to this role. Her tenure with CHC began in 1994 when she joined Securecare as a Registered Nurse and Clinical Administrator with responsibility for five facilities. Following the merger of Securecare and CHC in 2009, Ms. Christen served as the Contract Manager for CHC where she supervised the clinical staff and operations of 15 contracted facilities. Ms. Christen earned an Associates degree from Owens Community College in Perrysburg, Ohio, and is a Registered Nurse, licensed in the States of Indiana, Michigan, and Ohio.

Dawn Ducote
Director of CQI



Ms. Ducote is a Licensed Clinical Social Worker who has spent the majority of her career in correctional behavioral health and community mental health agencies. Advocacy for patients and ensuring quality and necessary services for at-risk populations are her passions. Ms. Ducote oversees the CCS Continuous Quality Improvement Program, which ensures that all patients in our care receive diagnostic and treatment services in the most expeditious and appropriate manner, while minimizing risk for our clients. Ms. Ducote is responsible for quality assurance, effective clinical operations, and client satisfaction. After working in a subcontracting role for several years, she officially joined CCS in 2009 as CQI Coordinator. Ms. Ducote was promoted to Director of CQI in 2013.

Regional Management

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

- **Regional Senior Vice President:** Andrew Walter
- **Regional Manager:** Betty Christen, RN
- **Deputy Chief Medical Officer:** William Ruby, DO

With CCS actively serving our Michigan clients, company knowledge, best practices, and resources will continue to be readily available to support the success of the WCSO programs.

Daryl Parker, MD, will continue in his role as the site Medical Director, who will work to ensure the appropriateness and adequacy of inmate health care. Dr. Parker will be aided by our Regional Management Team, including Deputy Chief Medical Officer, William Ruby, DO (our designated Regional Medical Officer), our Regional Senior Vice President, Andrew Walter, and Regional Manager, Betty Christen, RN. Our Health Services Administrator, Cheryl Krueger, RN, will continue to report directly to Ms. Christen.

CCS will designate a Case Manager to monitor the CCS Care Management Program for Washtenaw County for off-site referrals and hospitalizations. Please see **Section 2.W.3, Utilization Management and Cost Control**, for a detailed description of the CCS Care Management Program.

Home Office Support

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

In addition to the proposed on-site staff, and the CCS Executive and Regional Teams, the Washtenaw County medical program will also be supported by the following Home Office personnel:

- **Stephanie Popp:** HR Manager
- **Keri Futch:** Payroll Services
- **Tanya Blake:** Employee Benefits
- **Susan Gritton:** Legal Counsel
- **Richard Lee:** IT and Network Development Support
- Designated Accounts Payable Manager
- Designated Claims Examination Technician
- Risk Management
- Case Management

Organization

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

3.1.1 Corporate Organizational Chart

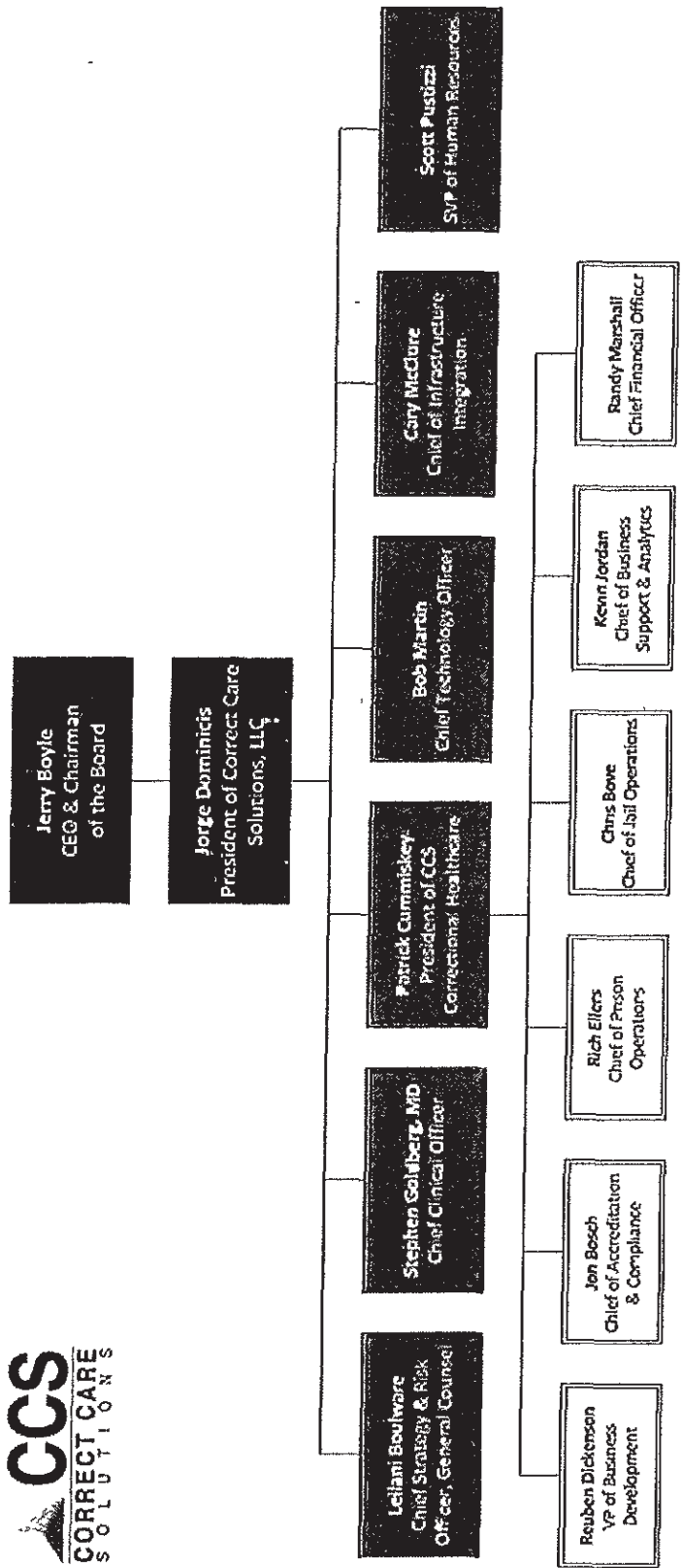


Figure 19: CCS Organizational Chart. This is the CCS Organizational structure as of August 1, 2014

3.J References

We believe the following clients can best represent the scope of services anticipated by Washtenaw County and can articulate our strengths and ability to meet and exceed the requirements and expectations of the RFP. While we present detailed accounts of the following references, we also refer you to Attachment III, the completed References form as presented in the RFP

Macomb County Sheriff's Office
43565 Elizabeth Road
Mt. Clemens, MI 48043
Michelle Sanborn, Jail Administrator
P: 586-469-5151
F: 586-469-6435
michelle.sanborn@macombcountymi.gov

Oakland County Sheriff's Office
1201 N. Telegraph Road
Pontiac, MI 48341
Dale Cunningham, Business Manager
P: 248-452-2110
F: Unavailable
cunningham@oakgov.com

McHenry County Sheriff's Office
2200 N. Seminary Avenue
Woodstock, IL 60098
Daniel Sedlock, Jr., Corrections Chief
P: 815-334-4000
F: 815-338-4713
djsedlock@co.mchenry.il.us

Elkhart County Sheriff's Department
26861 CR 26
Elkhart, IN 46517
Sheriff Brad Rogers
P: 574-891-2302
F: 574-293-0361
brogers@elkhartcountysheriff.com

New Hanover County Sheriff's Office
3920 Juvenile Center Road
Castle Hayne, NC 28429
Major Lise Ruefle
P: 910-798-4161
F: 910-798-4177
lruefle@nhcgov.com

Macomb County Sheriff's Office

Macomb County Sheriff's Office

Address	43565 Elizabeth Rd. Mt. Clemens, MI 48043		
Contact Name	Michelle Sanborn, Jail Administrator		
Phone	586-469-5151	Fax	586-469-6435
Email	Michelle.sanborn@macombcountymi.gov		
Period of Performance	9/12/11 – Present		
Accreditation	NCCHC		
ADP	1,400 adults; 100 juveniles		

Summary of Services Provided

CCS is responsible for the comprehensive health care needs of adult and juvenile offenders housed in the Macomb County Jail and the Macomb County Juvenile Justice Center in Mt. Clemens, Michigan. We provide 24-hour coverage inclusive of medical and dental services. CCS is responsible for all utilization management functions and continues to find cost savings for our client by bringing additional services on-site. The County uses our full ERMA solution, which interfaces with their Jail Management System.

Significant Achievements and Successes

CCS has improved efficiency and the quality of operations in Macomb County by making significant changes, most notably the implementation of our Electronic Record Management Application (ERMA). Prior to CCS, the County used an outdated paper filing system that resulted in loose files and a disorganized file room. Patient files were not updated with current documentation, including Medication Administration Records and dental records. The staff would have to pull charts daily, providers were often unable to view a chart because another person had it. By implementing ERMA, CCS has improved access to medical records, reduced errors, and improved documentation. ERMA has also freed up physical space to give the County additional office space and a break room.

CCS has also improved the security of controlled substances and sharp instruments. Prior to CCS, the County had no key control policy, all nurses had keys to the narcotics room and to the sharps area. Narcotics were not counted at the end of each shift, nor were they counted daily. Sharps were kept in several different unsecured areas and the stock supply was never counted. CCS implemented a key control policy that limits access to narcotics and sharps, as well as a narcotics policy that requires all nursing staff to do a side-by-side count at each shift of each cart and the stock supply. Sharps are now secured inside a locked metal cabinet behind a locked door and the stock supply is counted each week for accuracy and accountability.

CCS has also improved the County's 14-day health assessment process. Prior to CCS, all health assessments were more than 30 days past due and were not in compliance with NCCHC standards. CCS now completes 25-30 physicals per day in a clinical setting in accordance with NCCHC standards. We have made numerous other improvements, including shortened shifts, increased training, and better relationships with the County Health Department, the local hospital, and other community agencies.

ANTHONY M. WICKERSHAM



OFFICE OF THE SHERIFF

Kent B. Lagerquist
UNDERSHERIFF

May 30, 2013

Re Correct Care Solutions

Dear Sirs

Since September of 2011, CCS has provided medical, mental health and dental services to our prisoner population

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

In addition to the above CCS has many attributes and is very attentive to detail including client relations. Please contact me if I can be of any assistance in this regard.

Sincerely,


Michelle Sanborn,
Jail Administrator

Oakland County Sheriff's Office

Oakland County Sheriff's Office

Address	1201 N Telegraph Rd. Pontiac, MI 48341		
Contact Name	Dale Cunningham, Business Manager		
Phone	248-452-2110	Fax	Unavailable
Email	cunninghamd@oakgov.com		
Period of Performance	3/1/12 – Present		
Accreditation	NCCHC, ACA		
ADP	1,520		

Summary of Services Provided

CCS is responsible for the comprehensive health care needs of the 1,520 inmates in the custody of the Oakland County Sheriff's Office in Pontiac, Michigan. We provide 24-hour coverage inclusive of medical, dental, and mental health services. CCS is responsible for all utilization management functions and continues to find cost savings for our client by bringing additional services on-site. Oakland County is now in the discovery phase of implementing our Electronic Record Management Application (ERMA), which will replace an antiquated paper record system that CCS inherited and will reduce the amount of time spent tracking and filing records.

Significant Achievements and Successes

CCS has implemented significant changes to improve efficiency and the quality of operations at the Oakland County Jail. During the first contract year of our cost plus management fee contract in Oakland County, CCS saved the County over a million dollars in total direct expenses compared to their budgeted costs. One significant area where CCS saved Oakland County money was in off-site expenses, where we saved the County 40% of its off-site budget. CCS also saved the County 25% of its Direct Expenses budget during the first contract year. Following is a summary of additional CCS achievements in Oakland County

- One of our most significant achievements is in the area of staff turnover. Prior to CCS, many nursing positions were unfilled, creating a stressful work environment that relied heavily on overtime to provide minimal staffing levels. There are currently no open positions at the jail, and they now have a very low turnover rate. Every shift is operating at 100% contracted staffing levels while using less than 1% of overtime for three straight months.
- Prior to CCS, booking sheets were not reviewed by the clinic until 24-72 hours after booking and health care delivery typically did not start until 3-5 days after booking. Now, a nurse reviews inmate booking sheets within two hours of booking, and all chronic care, acute care, and substance abuse withdrawal care now begins within 24 hours of booking.
- Prior to CCS, the first face-to-face interaction between a patient and medical staff occurred 48 hours after submitting a sick call request, and some patients waited up to two

weeks for a response to their requests. CCS implemented a nurse sick call process that allows for a brief face-to-face encounter at the time the patient submits the sick call request; all sick call requests are scheduled for a nurse sick call visit within 24 hours of submission. Any necessary physician referrals are made during nurse sick call and are evaluated by a physician within 24 hours.

- Prior to CCS, a confusing tracking system was used to count narcotics and log receipt of controlled substances. CCS combined all forms into one narcotic log book, establishing a more efficient and accountable tracking system.
- Prior to CCS, the dental department was operated by a dentist who frequently referred patients to outside providers for routine extractions. CCS has reduced outside dental appointments by over 80% by performing most extractions on-site.

Quote from our Client

"Effective and efficient medical and mental health care delivery in our jail continues to be a high priority. Correct Care Solutions has been successful in increasing our health care delivery efficiency to our inmate population while improving our services and reducing costs at the same time."

Sheriff Michael J. Bouchard
Oakland County Sheriff's Office

COUNTY OF OAKLAND
OFFICE OF THE SHERIFF
MICHAEL J. BOUCHARD



May 30, 2013

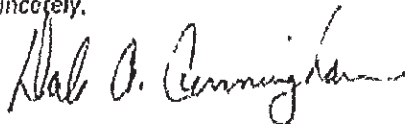
RE: Correct Care Solutions

Dear Sirs

The County of Oakland submitted bids and awarded a contract to Correct Care Solutions (CCS) to operate the Medical Unit in the Sheriff's Office. We have been with CCS since April 1, 2012. In the 6 months that we have had them under contract, our operations have never been smoother and more efficient. Not only have we saved our financial goal for the first 6 months we have exceeded our expectations. CCS has brought several innovative ideas for the clinic to us and we have implemented them. The Sheriff's Office is completely satisfied with our relationship with CCS and we think it will only improve with time.

Please feel free to contact me at 248-858-5512 or cunninghamd@oakgov.com

Sincerely,



Dale A. Cunningham, Ph.D.
Business Manager

Elkhart County Sheriff's Dept.

Elkhart County Sheriff's Dept.

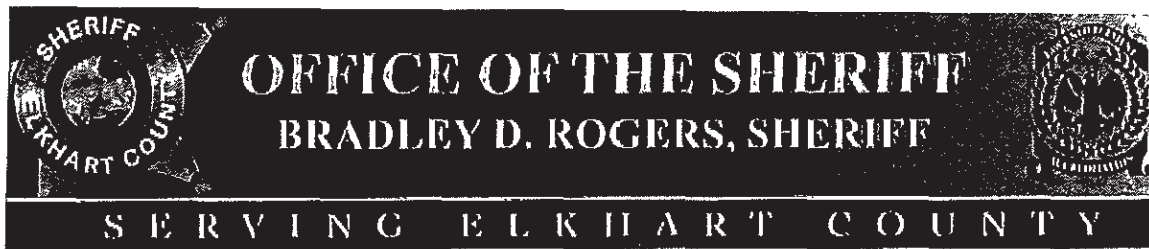
Address	26861 CR 26 Elkhart, IN 46517		
Contact Name	Sheriff Brad Rogers		
Phone	574-891-2302	Fax	574-293-0361
Email	brogers@elkhartcountysheriff.com		
Period of Performance	1/1/09 – Present		
Accreditation	NCCHC		
ADP	750		

Summary of Services Provided

CCS is responsible for the comprehensive health care needs of inmates housed in the Elkhart County Corrections Center in Elkhart, Indiana. We provide 24-hour coverage inclusive of medical, dental, and mental health services. CCS is responsible for all utilization management functions and continues to find cost savings for our client by bringing additional services on-site.

Significant Achievements and Successes

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



October 23, 2012

Re. Correct Care Solutions

To Whom It May Concern

Correct Care Solutions has been our correctional health care provider since 2008. Since that time they have consistently provided superior inmate health care at a reasonable cost. CCS ensures that our facility is properly staffed with their medical personnel and the care made available to our inmate population has reduced the number of complaints filed by inmates and/or their families.

In an age when conservative fiscal management is a priority among local government, Correct Care Solutions has helped the Elkhart County Sheriff's Department maintain consistency in our correctional medical budget requests for an ever increasing correctional population.

CCS has formed a valuable working partnership with the Elkhart County Sheriff's Department's Correctional facility and I would categorically recommend Correct Care Solutions to any correctional institution in need of quality inmate medical care.

Sincerely,



Bradley D. Rogers, Sheriff
Elkhart County, Indiana

BDR/dlh

Cc Rich Field, Director of Business Development
Correct Care Solutions

LAW ENFORCEMENT CENTER 26861 CR 26, ELKHART, IN 46517 PHONE: (574) 891-2300

WWW.ELKHARTCOUNTYSHERIFF.COM

McHenry County Sheriff's Office

McHenry County Sheriff's Office

Address	2200 N Seminary Ave. Woodstock, IL 60098		
Contact Name	Daniel Sedlock, Jr., Corrections Chief		
Phone	815-334-4000	Fax	815-338-4713
Email	djsedlock@co.mchenry.il.us		
Period of Performance	9/1/05 – Present		
Accreditation	NCCHC, ACA, CALEA (Triple Crown)		
ADP	520		

Summary of Services Provided

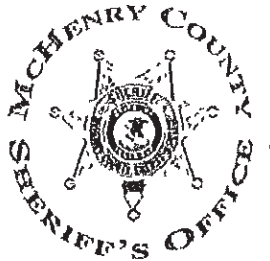
CCS is responsible for the comprehensive health care needs of inmates housed in the McHenry County Jail in Woodstock, Illinois. We provide 24-hour coverage inclusive of medical and mental health services. CCS is responsible for all utilization management functions and continues to find cost savings for our client by bringing additional services on-site.

Significant Achievements and Successes

CCS began providing services at the McHenry County Jail on September 1, 2005. We have proven our ability to provide clinically necessary services that meet or exceed minimum standards established by NCCHC, ACA, and the Illinois Department of Corrections (IDOC). Additionally, CCS has accomplished the following:


- Passed ICE audit with no deficiencies, ensuring that significant ICE detainee population treatment standards are consistently met
- Maintained standards to ensure ACA accreditation in 2010 and NCCHC in 2012
- Modified training and intake screenings to best meet the needs of the Jail
- Established OB care contract
- Staffed above our contracted rate, providing additional mental health support and ensuring timeliness of intake screenings and health assessments, with no additional cost to the County
- Organized several community service initiatives, including a food drive for officers' families, a benefit for a sick officer, and fundraising for autism and the Northern Illinois Special Recreation Association
- Minimized financial fluctuations in program and significantly reduced patient grievances by increasing care
- Worked with community mental health providers to identify high-risk patients and address their needs, with the goal of establishing communication with a crisis worker for discharge planning

KEITH NYGREN
SHERIFF
ANDREW ZINKE
UNDERSHRIFT



NON-EMERGENCY
815/338 2111
E-MAIL:
sheriff@co.mchenry.il.us

2200 N. SEMINARY AVF
WOODSTOCK, IL 60098

DATE: January 15, 2013
TO: All Personnel
FROM: Sheriff Keith Nygren 

I received the attached letter today from the National Sheriffs' Association congratulating everyone at the McHenry County Sheriff's Office for achieving "Triple Crown" status with the NSA. We are one of only 35 sheriff's offices in the United States to obtain this status—congratulations!

There has been much work and tremendous effort to reach this goal, and we are receiving this award because everyone in this organization worked toward this accomplishment. The office will be accepting our "Triple Crown" plaque at the National Sheriffs' Association's annual conference in Charlotte, NC on June 24, 2013. Congratulations for all your hard work!

KN/ek

New Hanover County Sheriff's Office

New Hanover County Sheriff's Office

Address	3920 Juvenile Center Rd. Castle Hayne, NC 28429		
Contact Name	Major Lise Ruefle		
Phone	910-798-4161	Fax	910-798-4177
Email	lruefle@nhcgov.com		
Period of Performance	July 2007 – Present		
Accreditation	N/A		
ADP	650		

Summary of Services Provided

CCS is responsible for the comprehensive health care needs of inmates housed in the New Hanover County Detention Facility in Castle Hayne, North Carolina. We provide 24-hour coverage inclusive of medical and dental services. CCS is responsible for all utilization management functions and continues to find cost savings for our client by bringing additional services on-site.

Significant Achievements and Successes

When CCS implemented our Electronic Record Management Application (ERMA) in New Hanover County, the client was particularly focused on disaster recovery scenarios. Our product and processes have met their needs, and our quick, reliable documentation of patient care has repeatedly allowed the client to avoid potential litigation. Since CCS began providing services, New Hanover County has also seen a significant reduction in inmate healthcare grievances.

CCS has stabilized staffing and on-site services, allowing for reduced use of the North Carolina Safekeepers program, an expensive alternative to on-site care when patients' needs are beyond jail capabilities. We have also increased practitioner coverage, resulting in a decrease in the number of off-site trips. Additionally, CCS developed and implemented a Hurricane Emergency Plan to assist the County in the event of an evacuation due to hurricanes or other tropical storms.

Client Testimonials – The CCS Difference

Client Testimonials – The CCS Difference

Communication

"As advertised, your organization has been extremely responsive to our needs and the proactive manner in which you operate is in stark contrast to our previous provider."

Sheriff Daron Hall
Davidson County Sheriff's Office, TN
(Previously with PHS/Corizon)

Staffing

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

Chief James Coleman
Shelby County Sheriff's Office, TN
(Previously with CMS/Corizon)

Fiscal Responsibility

"In 2006, Monmouth County expended \$6,773,418 to CFG for comprehensive health care services, while in 2007, the County will expend \$5,632,643 to CCS—resulting in a savings of over \$1,140,775 "

Evaluation Committee to Board of Freeholders
Monmouth County, NJ
(Previously with CFMG)

Creativlty

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

Gayle Harris
Director, Durham County Health Department, NC
(Previously self-operated)

Accessibility

"Though you have experienced some growth during the past year, you have remained true to your commitment of being accessible.. .As a client, I feel valued and this sets CCS apart from your competitors."

Sheriff Robert McCabe
Norfolk City Jail, VA
(Previously with CMS and PHS/Corizon)

Overall Quality

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

Major Ed Beckman
Pasco Sheriff's Office, FL
(Previously self-operated)

Figure 20• CCS Testimonials. Comments from CCS clients attesting to our ability to efficiently and cost effectively deliver services

3.K CCS Business References

To demonstrate our financial strength, CCS has provided on the following pages a letter of recommendation from our financial institution, as well as additional business references that affirm our commitment to fiscal responsibility, prompt payment, ethical business practices, and maintaining strong relationships with provider facilities

Bank of America
Glenn Shorey
Vice President, Client Manager
414 Union Street
Nashville, TN 37239
P: 615-749-4029
F: 404-532-3341
(See attached letter of support)

East Orange General Hospital
Tina Ford
Vice President of Finance
300 Central Ave.
East Orange, NJ 07018
P: 973-672-8400
(See attached letter of support)

CentraState Healthcare System
Chet Pniewski
Managed Care Coordinator
901 West Main Street
Freehold, NJ 07728
P: 732-431-2000
(See attached letter of support)

First Bank
Douglas A Remke
Vice President
200 Fourth Avenue North, Suite 100
Nashville, TN 37219
Tel: 615-313-0080
Fax: 615-255-9817 or 615-687-1297

Diamond Pharmacy Services
Mark J. Zilner, RPh
Director of Operations
Diamond Pharmacy Services
645 Kolter Drive
Indiana, PA 15701-3570
Tel: 1-800-882-6337 x1003
Or 724-349-1111 x1003
Fax: 877-234-7050 or 800-523-0008

Tennessee Real Estate Investments
Ron Sohr
4521 Trousdale Drive
Nashville, TN 37204
P: 615-333-9500
F: 615-333-8507

Figure 21: CCS Business References. Our business references will attest to the stability of CCS and to our ethical business practices.



January 10, 2014

Re Correct Care Solutions, LLC (CCS)

To Whom It May Concern:

This letter should serve as a reference for our clients Correct Care Solutions, LLC (CCS) CCS has been a client of Bank of America since October of 2004.

The banking relationship consists of treasury management and investment accounts Over the past year, the company has maintained funds with us in the eight figure range We enjoy working with CCS's management team and find them to be extremely capable We continue to work toward expanding our relationship with CCS

If you would like further information, please contact me at 615 749 3016

Kind Regards,

Glenn Shorey
Vice President
Client Manager
Global Commercial Bank
Bank of America Merrill Lynch

Bank of America, N.A., TN1100-02 19
414 Union Street, Nashville, TN 37219 1027
Master DHC

Figure 22: Reference Letter from Bank of America

 **CentraState Healthcare System[®]**
The full circle of health and wellness dedicated to excellence

James Capozzi
Contract Specialist
Correct Care Solutions
3343 Perimeter Hill Drive, Ste 300
Nashville, TN 37211

RE: Letter of Support

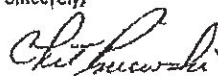
Dear Mr. Capozzi,

CentraState Medical Center has been contracted with Correct Care Solutions (CCS) since January 2007. At such time, CCS took over the management of the medical services for Monmouth County New Jersey.

We appreciate the strong working relationship that we have cultivated, as well as the prompt and accurate payment of medical claims that you have consistently exhibited over the past 5 years. CCS has a record of paying our claims within 14 days of receipt.

We are looking forward to a continued partnership in serving the community of Monmouth County.

Sincerely,



Chet Prilewski,
Managed Care Coordinator
CentraState Medical Center

901 West Main Street • Freehold, New Jersey 07728-2549 • Telephone (732) 431-2000 • www.centrastate.com
A member of the Robert Wood Johnson Health Network • An affiliate of The Cancer Institute of New Jersey

Figure 23: Reference Letter from CentraState Medical Center

**EAST ORANGE
GENERAL HOSPITAL**

James Capozzi
Contract Specialist
Correct Care Solutions
3343 Perimeter Hill Drive, Ste. 300
Nashville, TN 37211

RE: Letter of Support

Dear Mr. Capozzi,

East Orange General Hospital has been contracted with Correct Care Solutions (CCS) since March of 2011

We appreciate the strong working relationship that we have cultivated; as well as the prompt and accurate payment of medical claims that you have consistently exhibited during our contract period.

We are looking forward to a continued partnership in serving the community of Monmouth County

Sincerely,



On Behalf of Tina Ford
Vice President of Finance
East Orange General Hospital

300 Central Avenue • East Orange, New Jersey 07018 • Tel: 973.672.8400 • www.eoh.org

Figure 24. Reference Letter from East Orange General Hospital

4 Budget Narrative

4.A Budget Overview

CCS is presenting our Budget Proposal for the services required by RFP No. 6789 for Inmate Medical Services based on our unique position as the incumbent provider and factoring the information provided in the RFP, salary surveys for professionals in Washtenaw County, and our experience providing the required services at similarly sized facilities in the State of Michigan and across the country.

We developed our Technical Proposal with a focus on bringing enhanced technology and cost efficiencies to Washtenaw County, while providing evidence-based medicine and proven cost-effective programs. We are committed to maintaining our mutually beneficial partnership with Washtenaw County and have the experience, capabilities and combined resources to continue meeting your program objectives and requirements, and we will continue to make improvements to benefit our patient.

The detailed Budget Summary Worksheets, as presented in the RFP, can be found in Attachment VI of this proposal.

4.B Comprehensive Medical Services Program

CCS will continue to provide all services detailed in this proposal at the Washtenaw County Sheriff's Office, including 24/7 staffing, laboratory and X-ray services (on-site to the greatest degree possible), and pharmacy services. Consistent with the requirements of the RFP, we have provided our proposed costs for each of the first five (5) years, for a base inmate population of 400, as follows:

	<u>Annual</u>	<u>Monthly</u>
Year 1:	\$1,295,507.04	\$107,958.92
Year 2:	\$1,327,894.68	\$110,657.89
Year 3:	\$1,361,092.08	\$113,424.34
Year 4:	\$1,395,119.40	\$116,259.95
Year 5:	\$1,429,997.40	\$119,166.45

Our staffing 24/7 plan for WCSO follows:

Staffing Plan for Washtenaw County Sheriff Office

Position	Shift	Scheduled Hours:							Total Hours	FTEs	Total FTEs
		SUN	MON	TUE	WED	THU	FRI	SAT			
Health Services Administrator (HSA/RN)	Day		8 00	8 00	8 00	8 00	8 00		40 00	1.00	1 00
	Evening										
	Night										
Registered Nurse (RN)	Day										1 20
	Evening		8 00	8 00	8 00	8 00	8 00	8 00	48 00	1.20	
	Night										
Licensed Practical Nurse (LPN)	Day	16 00	16 00	16 00	16 00	16 00	16 00	16 00	112 00	2 80	7.00
	Evening	16 00	16 00	16 00	16 00	16 00	16 00	16 00	112 00	2.80	
	Night	8 00	8 00	8 00	8 00	8 00	8 00	8 00	56 00	1.40	
Certified Medical Assistant (CMA) (Clerical)	Day		7 00	7 00	7 00	7 00	8 00		36 00	0 80	0 90
	Evening										
	Night										
Physician	Day										0.25
	Evening		4 00	2 00		4 00			10 00	0 25	
	Night										
Dentist	Day										0.20
	Evening			4 00		4 00			8 00	0 20	
	Night										
Dental Assistant	Day										0.20
	Evening			4 00		4 00			8 00	0 20	
	Night										
Radiology Technician	Day										0.10
	Evening				4 00				4 00	0 10	
	Night										
Certified Medical Assistant (CMA) (Pharmacy)	Day	8 00	8 00	8 00	8 00	8 00	8 00	8 00	56 00	1 40	1.40
	Evening										
	Night										
Totals		48.00	75 00	81 00	75.00	83 00	72 00	56 00	490 00	12 25	12 25

Note: The schedule shown for the WCSO Provider coverage is only meant to illustrate one possible approach to on-site coverage. The final schedule will depend on Provider availability and approval by WCSO Administration.

4.C Pharmacy Catastrophic Limits

Our proposal includes a comprehensive pharmacy program and management solution. This program includes medication prescribing, filling, dispensing, administration, accurate recordkeeping, reporting/invoicing, and quality assurance. CCS will be responsible for all the pharmaceutical costs incurred at the WCSO, with the exception of the capitations for psychotropic medications, and all costs associated with medications for HIV/AIDS, Hepatitis C, organ transplants, oncology/cancer, and neuromuscular diseases, as follows:

Capitation for Psychotropic Medications

Consistent with the current contract, CCS will incur the first \$120,000, per year, for all costs associated with psychotropic medications. Any expenses incurred for psychotropic medications in excess of \$120,000 per year will be the responsibility of Washtenaw County. Additionally, in the event the costs for these medications do not exceed \$120,000 in the aggregate in any contract year, CCS will reimburse the County the difference between the actual cost of these medications and the annual \$120,000 capitation amount.

Mental Health services for WCSO are provided by the Washtenaw County Community Support and Treatment Services (CSTS). CCS will continue to work with the CSTS prescribing Psychiatrist for continued utilization of the pharmacy formula to the greatest degree possible to maintain cost controls on psychotropic medications.

Capitation for HIV/AIDS and Other Medications

Consistent with the current contract, CCS will incur the first \$2,500 per month (\$30,000 annually) for all costs associated with HIV/AIDS medications, including medications for Hepatitis C, organ transplants, oncology, and neuromuscular diseases. Any costs in excess of \$2,500 per month for these medications will be the responsibility of Washtenaw County

4.D Per Dem Adjustments

Our proposal is based on an Average Daily Population (ADP) of 400 inmates. In the event the ADP at the WCSO exceeds 400 inmates, Washtenaw County will pay CCS a per diem of \$0.70 per inmate per day, to be reconciled quarterly.

4.E Additional Compensation

Referencing our proposal Item 2.W.1 in response to the RFP, CCS anticipates compensation for evidence collections (blood draws) and appearances of healthcare staff subpoenaed to testify by court order regarding such blood draws, as follows.

Blood Draw	\$50.00 per blood draw
Court Ordered Appearance	\$75.00 per court appearance

4.F Services to WCSO Employees

Referencing our proposal Item 2.W.2 in response to the RFP, in the event Washtenaw County elects to implement the services to WCSO employees, described in the aforementioned proposal section, fees for these services, if contracted, will be an addendum to the original contract, as follows:

Hepatitis Vaccine:	\$65.00 per dose (Hep B is a three dose series)
Annual Flu Vaccine:	\$12.00 per vaccine administered
PPD Annual Screening,	\$5.00 per PPD screening

Our costs, described above, are for the vaccines and PPDs only. CCS nursing staff will administer these services as needed.

4.G Pricing for Subsequent Years

Our Budget Summary Worksheets (Attachment VI) for the first new contract year (2015) is at the same base price as the current year, with only necessary adjustments for new staffing as required in the RFP. All other years include a base price increase of 2.5%. At the completion of five contract years, CCS will increase the base price to be determined by the Consumer Price Index for Urban consumers (CPI-U) for Medical Care Services, not to exceed four (4%) percent, whichever is less.

4.H Cost Containment Incentives

As a commitment to our continued partnership and our corporate culture to always find incentives to save money for our clients, CCS is presenting the following value-added features to this proposal:

a) Base Price for Year One

The base price for Year One of the new contract (2015), is the same base price as the current contract, with only adjustments for additional staffing as required by the RFP.

b) Electronic Records Management Application (ERMA)

CCS will implement ERMA, our electronic medical record system and our Care Management Program in October of 2014, at no additional cost to Washtenaw County. ERMA is a valuable tool that will enhance clinical results, improve efficiencies, and offer complete transparent accountability to the WCSO Administration. This will replace the existing Vizion program.

Our Care Management program provides the most robust utilization management in the industry, and this will provide additional savings to the County for hospitalizations and off-site care. Please see Item 2.M.1 for a detailed description of ERMA, and Items 2.W.3 and 2.W.4 for a detailed description of Care Management Program and documented cost savings for our other clients.

c) Medicaid Enrollment

Under the Affordable Care Act (ACA), CCS will begin to enroll eligible WCSO inmates in Medicaid in accordance with the State of Michigan guidelines. We have the proven experience and infrastructure to begin implementing Medicaid enrollment of eligible WCSO inmates immediately. CCS is so confident of our ability to enroll inmates and produce cost savings, as a corporate pledge, we will commit to enroll 80% of eligible WCSO inmates. If we do not reach our client goal, CCS will refund two (2%) percent of the annual contract value to Washtenaw County.

Our Medicaid enrollment initiative has provided significant savings for our clients in Medicaid expansion states. Please see Item 2.G for a detailed description.

Washtenaw Attachments / Appendices

ATTACHMENTS (as per the RFP)

Signature Page ... I
Provider Application II
References III
CCS Financial Statement **CONFIDENTIAL AND PROPRIETARY (in envelope)** IV
Key Personnel Resumes.. V
Budget Summary Worksheets VI

TABBED APPENDICES

Position Descriptions A
Sample Reports **CONFIDENTIAL AND PROPRIETARY** B
Current Contracts **CONFIDENTIAL AND PROPRIETARY** C
Litigation History **CONFIDENTIAL AND PROPRIETARY** D
Sample Certificate of Insurance.. E

RFP 6789 Inmate Medical Services for Washtenaw County Sheriff

SIGNATURE PAGE TOC
MEDICAL SERVICES FOR THE Washtenaw County Sheriff's Office
RFP 6789

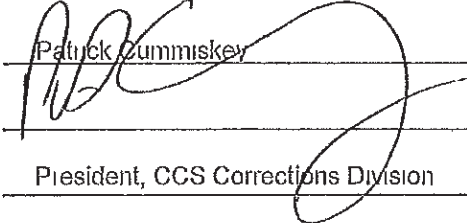
The undersigned represents that he or she

- 1 is duly authorized to make binding offers on behalf of the company,
- 2 has read and understands all information, terms, and conditions in the RFP,
3. has not engaged in any collusive actions with any other potential proposers for this RFP,
- 4 hereby offers to enter into a binding contract with Washtenaw County for the products and services herein offered, if selected by Washtenaw County within 90 days from proposal due date.
5. acknowledges the following addenda No 1, August 4, 2014 issued as part of the RFP
6. By signing this bid submission, I certify that I and/or my corporation, company, limited liability company, business association, partnership, society, trust or any other non-governmental entity, organization or group is not an "Iran linked business" as defined by P.A. 517 of 2012 (MCLA 129.311 et seq)("Act").

I understand that under the Act, an "Iran linked business means an individual or one of the above-listed groups who engages in investment activities in the energy sector of Iran, including, but not limited to, providing oil or liquefied natural gas tankers or products used to construct or maintain pipelines used to transport oil or liquefied gas for Iran's energy sector or a financial institution extending credit to another person to engage in investment activities in Iran's energy sector.

I further understand that "investment activity" is defined by the Act as an individual or one of the above listed groups that invests \$20,000,000.00 or more in Iran's energy sector or a financial institution that extends credit to another person, if that person uses the credit to engage in "investment activity" in Iran's energy sector.

Name (Printed) Patrick Zummskey

Signature 

Title President, CCS Corrections Division

Company Correct Care Solutions, LLC

Date August 26, 2014

RFP 6789 Inmate Medical Services for Washtenaw County Sheriff

Contact Person

Please indicate name, telephone number, fax number, mailing address, and e-mail address of company representative for matters regarding this RFP.

<u>Patrick Cumiskey, President, CCS Corrections Division</u>	
Contact Name	Position
<u>(615) 324-5777 direct</u>	<u>(615) 324-5731</u>
Phone Number	Fax Number
<u>patrick@ccsks.com</u>	
E-Mail	
<u>1283 Murfreesboro Road, Suite 500, Nashville, TN 37217</u>	
Address	

RFP 6789 Inmate Medical Services for Washtenaw County Sheriff

Provider Application TOC

Page One of Three

Washtenaw COUNTY SHERIFF's Office
PROPOSAL FOR Inmate Medical Services

Correct Care Solutions, LLC

Name of Agency

1283 Murfreesboro Road, Suite 500, Nashville, TN 37217

Address

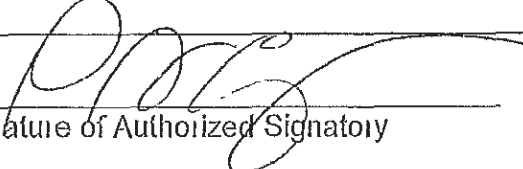
(615) 324-5777

Telephone Number

32-0092573

Federal Tax I.D. Number

Check One:	<input type="checkbox"/>	Partnership
	<input type="checkbox"/>	Non Profit Corporation
	<input type="checkbox"/>	Profit Corporation
	<input checked="" type="checkbox"/>	Other,
		Specify <u>Limited Liability Company</u>

	Correct Care Solutions, LLC
Signature of Authorized Signatory	Title and Name of Applicant Agency
Patrick Cumiskey, President, CCS Corrections Div	August 26, 2014
Name of Authorized Signatory (please print)	Date
The above individual is authorized to sign on behalf of company submitting proposal Proposals must be signed by an official authorized to bind the provider to its provisions for at least a period of 90 days.	

BOARD OF DIRECTORS INFORMATION -- Please list Board Members
Gerard Boyle, Manager, President, CEO, Secretary
Cary McClure, Manager, Executive Vice President, Chief Operating Officer
Attach an additional sheet if more space is needed

RFP 6789 Inmate Medical Services for Washtenaw County Sheriff

Provider Application-- Page Two

Is your agency accredited or licensed by an outside or state organization?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, list below Include date of last review, <u>status of current accreditation or license</u> , and approximate date of next review		

Indicate the agency's experience over the past four years in reference to the following items:		
Were grievances or complaints filed against the organization (not including discrimination)? Please see note below	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
Were lawsuits or judgments filed?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
Were there investigations of fraud, abuse, conflict of interest, Political activities, nepotism, or any criminal activities?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Was there a default or breach of contract?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Did this organization or a parent organization declare bankruptcy or go into receivership?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Were there any discrimination complaints or rulings against the agency?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes

If any one of the above items is checked yes, the following supplemental information must be provided:

- Date item checked was initiated
- Party or parties involved with specific references to public funding
- Brief description of the circumstances
- Final disposition and date, if applicable
- Brief description if action is still pending

The supplemental information above must be included as an addendum, and may be submitted as a table, if desired. Failure to include the above information, to provide false information, or to omit relevant information may be grounds for not awarding a contract or canceling a contract if awarded.

Note: Inmate grievances/complaints are typically resolved at the site level. Those grievances/complaints that are not resolved at the site may progress to lawsuits that are included in the "lawsuits" category and appropriate detail is provided in Tabbed Appendix D of the proposal. This information is CONFIDENTIAL.

RFP 6789 Inmate Medical Services for Washtenaw County Sheriff

Provider Application-- Page Three

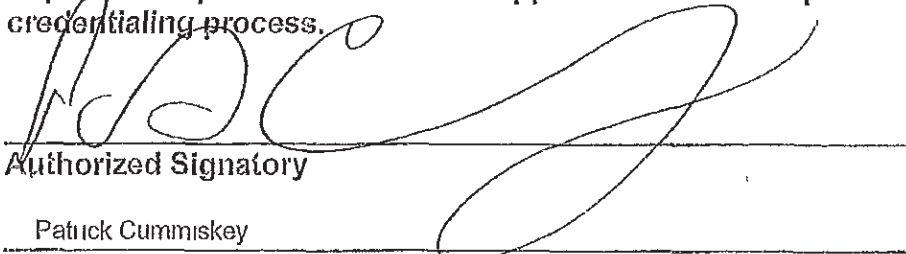
Attestation -- Authorization to Disclose Information

I hereby certify on behalf of Correct Care Solutions, LLC
(Name of Organization) that all information in this application and the copies of state license(s), certificates of insurance, and accreditation are true and accurate.

I fully understand that any significant misstatements in or omissions from this application will void this application and any subsequent agreement with Washtenaw County regarding this agency's participation in its provider network panel.

I also release from liability all individuals and organizations which provide information in good faith and without malice at the request of Washtenaw County concerning this application.

I understand that agency participation as a provider for Washtenaw County is dependent upon review of this application and completion of the applicable credentialing process.



Authorized Signatory

Patrick Cumiskey

Name of Authorized Signatory (please print)

President, CCS Corrections Division

Title

August 26, 2014

Date

RFP 6789 Inmate Medical Services for Washtenaw County Sheriff

REFERENCES TOC

Five (5) References with a minimum of three (3) from Correctional Facilities

Macomb County Sheriff's Office Michelle Sanborn, Jail Administrator
1. Company **Contact Name**

43565 Elizabeth Road, Mt Clemens, Michigan 48043
Address

(586) 469-5151 / michelle.sanborn@macombcountymi.gov
Phone Number / E-mail

Oakland County Sheriff's Office Dale Cunningham, Business Manager
2. Company **Contact Name**

1201 N Telegraph Road, Pontiac, Michigan 48341
Address

(248) 452-2110 / cunningghamd@oakgov.com
Phone Number / E-mail

Berrien County Jail Charles E Heit, Undersheriff
3. Company **Contact Name**

919 Port Street, St Joseph, Michigan 49085
Address

(269) 208-9480 / cheit@berriencounty.org
Phone Number / E-mail

Allegan County Jail Frank Baker, Captain
4. Company **Contact Name**

112 N. Walnut Street, Allegan, Michigan 49010
Address

(269) 673-0458 / fbaker@allegancounty.org
Phone Number / E-mail

Ottawa County Adult Correctional Facility Steve Baar, Lieutenant
5. Company **Contact Name**

12130 Fillmore Street, West Olive, Michigan 49460
Address

(616) 738-4090 / sbaar@miottawa.org
Phone Number / E-mail



ATTACHMENT V
KEY PERSONNEL RESUMES

Attached are the following resumes of CCS corporate and regional management:

Jerry Boyle
Jorge Doiminicis
Patrick Cumiskey
Cary McClure
Bob Martin
Leilani Boulware
Scott Pustizzi
Randy Marshall
Jon Bosch
Chris Bove
Stephen Goldberg, MD
Dean Rieger MD, MPH
Judd Bazzel, MD
William Ruby, DO
Charlene Donovan, PhD
Andrew Walter
Betty Christen, RN
Dawn Ducote

GERARD F. BOYLE**CCS CEO and Chairman****SUMMARY STATEMENT**

Over 30 years of correctional service, including 15 years of employment within a state prison system and ten years of experience in the provision of comprehensive correctional healthcare/mental healthcare. Particular expertise in development, operation, management, and marketing of private/public partnerships committed to correctional excellence. Significant experience managing company's P&L and growth strategies.

EDUCATION

Bachelor of Science, Human Services; Fitchburg State College; Fitchburg, MA, 1985

PROFESSIONAL EXPERIENCE**Chief Executive Officer and Chairman – Correct Care Solutions; Nashville, TN**

While at the helm of HCS, as President & CEO, Mr. Boyle took on dual responsibility for Correct Care Solutions (CCS) as CEO, responsible for growth, acquisition, and development for both organizations. Mr. Boyle led CCS to growth of over \$30 million in annual revenue in less than one year. The organization has quickly become one of the leading correctional healthcare providers by recruiting the brightest minds in the industry. *2003–Present*

President & Chief Executive Officer – Health Cost Solutions; Nashville, TN

As President & CEO of Health Cost Solutions (HCS), Mr. Boyle held responsibility for growth, acquisition and development. HCS remains one of the largest third party administrators in the country. Mr. Boyle positioned HCS for tremendous growth in the marketplace. *2003–2006*

President & Chief Executive Officer – Prison Health Services; Brentwood, TN 1997–2003**President & Chief Development Officer – America Service Group; Brentwood, TN 2000–2003**

In a dual role as the CEO for PHS and CDO for ASGR, Mr. Boyle's responsibilities included executive-level oversight of PHS management team with focus on acquisition and development strategies designed to advance company growth in the corrections field. Revenues during the three and-a-half years under Mr. Boyle's tenure increased from \$120 million to \$550 million through acquisitions and greenfield growth.

Vice President of Operations – EMSA Correctional Care; Ft. Lauderdale, FL

Directly responsible for the oversight and management of 61 contracts, containing over 55,000 inmates at 100 sites with annual revenues of over \$110 million. Direct supervisor of six Regional Vice Presidents. Company was purchased by ASGR in January of 1998 as part of an industry consolidation. *1996–1997*

Administrator of Sales & Marketing – EMSA Correctional Care; Ft. Lauderdale, FL

Responsible for nationwide marketing, sales, and business development division for one of the leading providers of correctional healthcare. Developed an innovative business plan that resulted in increasing revenues by \$60 million in just over two years. Completed all aspects of proposals, including technical writing, pricing, and contract development. Represented company through presentations at national conferences. *1996–1997*

Regional Administrator of Operations – EMSA Correctional Care, Ft. Lauderdale, FL

Responsible for direct oversight and operations of four EMSA Correctional Care contracts covering seven sites and over 700 ADP, valued at more than \$25 million. Responsible for annual P&L, accreditation, and staff development. *1993–1996*

Associate Commissioner for Health Services – Massachusetts Dept. of Corrections; Boston, MA
Responsible for the day-to-day operations of the Department of Corrections' Health Services Division that serves 22 facilities of various security levels and over 10,000 inmates/patients. Direct authority, control and responsibility for more than 500 staff and the division's annual budget of \$40 million.
1991–1992

Superintendent/Chief Executive Officer – Bridgewater State Hospital; Bridgewater, MA
Responsible for 400-bed maximum security, psychiatric facility. Direct authority, responsibility, and control of more than 550 staff and a facility with an annual operating budget in excess of \$20 million.
1987–1991

Massachusetts Correctional Institution – Shirley, MA 1977–1987
Positions Held:

- Deputy Superintendent of Operations
- Director of Programs
- Director of Classification and Programs
- Special Assistant to the Associate Commissioner of Operations
- Administrative Assistant to the Superintendent
- Correctional Counselor
- Correction Officer

JORGE A. DOMINICIS**CCS President****EDUCATION**

- Bachelor of Arts, Finance and International Business
Florida International University; Miami, FL
- Florida Post-Secondary Education Planning Commission
Gubernatorial Appointee 1985/1986

PROFESSIONAL EXPERIENCE**President — Correct Care Solutions; Nashville, TN**

Provides leadership and management of the parent company, CCS, and the company's three divisions, CCS Division, GEO Care Division, and GEO Care Australia Division. Responsible for continued organic and strategic growth of the company and the integration of the three CCS divisions 2014-Present

Senior Vice President, The GEO Group, Inc., Boca Raton, FL

Presided as the Senior Vice President of the parent corporate entity, GEO Group, the world's leading provider of correctional, detention and community re-entry services. Served as the President of three separate GEO companies during his tenure: GEO Community Services (2013 – 2014); GEO Care, Inc (2008 – 2013); and Atlantic Shores Healthcare, Inc (2004 – 2008) Responsible for the overall operations and business development of GEO's Community Services Division, growing the division revenue to \$441M as of December 2012. Accomplishments included developing more than \$100M in annualized organic revenue, leading the integration of \$300M in corporate acquisitions, recruiting and retaining an outstanding team of corporate professionals, and leading the successful transition of GEO Care to a stand-alone, management-owned business 2004-2014

Vice President, Florida Crystals Corporation, West Palm Beach, FL

Responsible for corporate affairs, including Public Relations, Government Relations, and community/charitable involvement for the privately owned and diversified agriculture, consumer products, real estate, and energy company that is a leading domestic sugar producer and North America's first fully integrated cane sugar company 1991-2004

Policy Coordinator, Florida House of Representatives, Speaker's Office. Tallahassee, FL 1988-1989

Legislative Aide, Florida House of Representatives, Speaker's Office. Tallahassee, FL 1986-1988

LEADERSHIP

- St. Mary's Board of Directors 2007-2012
- Palm Health Care Foundation, Board of Directors 2003- 2009
- Sunfest, Board of Directors 2003- 2007
- United Way Board of Directors 1991-2001
- Palm Beach Community College, Board of Trustees, Chair 1999-2000
- Workforce Development Board, Board of Directors, Chair 1996; 1997
- Florida Atlantic University, Board of Trustees 2001-2004
- Criminal Justice Commission, Board of Directors 1995 to Chair in 2003

PATRICK J. CUMMISKEY

President, CCS Corrections Division

SUMMARY

Marketing, Sales and Brand Executive with broad based, diverse background in both direct consumer, and distribution based industries. Skilled in guiding new and mature brands, while driving sales and profitability through strategic development, prioritization, and execution. Experienced in establishing and negotiating strategic partnerships and distribution both domestically and internationally. An ambitious, result-oriented leader who consistently fosters strong internal and external relationships.

EDUCATION

Georgia State University; Atlanta, GA

Masters of Business Administration; Major: Marketing, 1996

University of Georgia; Athens, GA

Bachelor of Business Administration; Major: Finance, 1993

University of Innsbruck, Austria

International Business; Summer 1992

PROFESSIONAL EXPERIENCE

President – Correct Care Solutions Corrections Division, Nashville, TN

Chief of Development & Operations – Correct Care Solutions; Nashville, TN

Responsible for Federal contracting; new product development; state/county business; and supporting Operations with on-going Client Relations initiatives. Manage and motivate team oriented sales force while establishing product and service offerings. Responsible for P&L with incentives focused on client satisfaction. *06/2002-Present*

Vice President, Sales & Marketing – EcoSMART Technologies, Inc.; Franklin, TN

A 10-year-old biotechnology company focused on the development, formulation, manufacturing, and sales of pharmaceutical and pesticide products. Oversee the strategic development, operations, product development, sales and marketing of the commercial and agricultural divisions, including P&L responsibilities. Manage and motivate team oriented sales force while establishing distribution network.

- Revenue growth of over 100% per year while achieving and maintaining profitability.
- Negotiate and establish international distribution and strategic partners both domestically, as well as in Asia, Europe, and Australia.
- Successfully manage dynamic distribution channels and excel in both a relationship driven marketplace and a "bid determined" selling environment
- Handle the prioritization of product development and initiated launch of two divisions, one of which reached positive cash flow within six months
- Work closely with federal agencies, including the EPA, FDA, and state regulators.

1999-2002

National Marketing Manager – Orkin Pest Control, Rollins, Inc.; Atlanta, GA

A \$650 million (NYSE) service company (better known for Orkin Pest Control). Managed Orkin's largest brand, residential pest control. Responsibilities included all customer interaction, lead generation/facilitation, sales, service offerings, pricing, and customer communication. Managed marketing team, which developed and presented "Strategic Brand Plan" semi-annually to senior management prior to implementation.

- Oversaw strategy, planning, purchasing, creative, and production of all advertising and lead generation mediums; including radio, television, outdoor, newspaper, and direct response

resulting in reversing a two-year trend of decreasing leads.

- Successfully exceeded goal of 10% annual decrease in customer cancellations through innovative and new customer retention and communication programs.
- Increased profitability and retention through project leadership of creation and implementation of new sales offerings based on demographics and geography.
- Controlled and assigned all rate cards and managed price increase programs, which generated over \$2,000,000 annually towards Oikin's EBITA.

1996-1999

Director of Marketing – Atlanta Oil Exchange, Inc.; Atlanta, GA

A preventative care maintenance center servicing high-end office facilities. Co-founded company and handled all marketing, sales, and accounting responsibilities. Developed and executed business plan while attending graduate school during the evenings. Responsible for marketing strategy, advertising, sales, and direct client contact.

- Negotiated all contracts and licensing agreements (both client and vendor).
- Designed customer and daily revenue database which also generated weekly reports.
- Company grew from start-up to three operating stores in just 18 months.

1994-1996

Manager, Return Check Department – BUYPASS the System; Atlanta, GA

One of the world's largest point of sale transaction companies. Supervising liaison between return check research and accounting departments. Role was expanded to include heading committee of outside consultants, from large accounting firms, to refine control processes and handled massive bank reconciliation process.

- Handled large volume accounts averaging over \$100,000 per month.
- Responsible for identifying and recovery of over \$150,000 in missing funds.

1993-1994

Merchandiser – Pepsi-Cola; Atlanta, GA

A division of PepsiCo. Managed and worked "bulk" (large grocery) route consisting of Kroger, Cub Food, Big Star, Drug Emporium, and A&P stores. Job was critical in subsidizing college expenses. Developed loyal customer base through client contact and negotiation. *Summers 1998-1991*

CARY McCLURE**CCS Executive Vice President****EDUCATION**

B.S., University of Kansas, 1976
Majors in Accounting & Business Administration

CERTIFICATIONS

- CPA: Certificate #2999, Kansas, 1979
- FHFMA: Fellow, HFMA, 1995
- CMPA (Certified Manager of Patient Accounts) 1995
- CMCP (Certified Managed Care Professional) 1995

PROFESSIONAL EXPERIENCE**Chief Operating Officer – Correct Care Solutions; Nashville, TN**

Responsible for Field Operations, Care Management, and Network Development. Evaluates the financial performance of the company (actual vs budget vs industry benchmarks), develops financial best practices protecting company assets while maximizing return, and negotiates and manages banking relationships. Participates in the executive management team; reporting findings and results to ownership. *12/2004-Present*

CFO, Division II – Psychiatric Solutions, Inc. (PSI); Franklin, TN

Selected by PSI Senior Management to be promoted to Division CFO from Shadow Mountain/Whisper Ridge position. Full responsibility for financial operations of 8-10 facilities, including acute, RTC, and specialty service entities for this publicly traded behavioral health company. Responsible for annual EBITDA of \$20-\$25M. Directly assisted facility CEOs and CFOs with analyzing, planning, and impacting monthly operating results as necessary, including staffing and SWB analysis, net revenue and bad debt management, managed care contracting, physician contracts, vendor selection, lease/purchase decisions, and capital acquisitions. Oversaw facility annual operating and capital budget processes, new project proposals, installation of financial information systems, special projects as needed. For first annual Division budget, created a format acclaimed by PSI CEO as best seen to date in HCA of Columbia or PSI. Created for the Division a format for the Monthly Operating Review (MOR) to present to PSI Senior Management the Division monthly operating and financial results. The MOR format was subsequently adopted by the company for the other three divisions of PSI. *2003-2005*

CFO – Shadow Mountain Hospital (SM); Tulsa, OK**CFO – Whisper Ridge Behavioral Health (WR); Charlottesville, VA**

Full responsibility for the financial operations of both PSI for-profit facilities. SM is a 124-bed acute/RTC/OP/Specialty Services facility with multiple locations throughout the state and Oklahoma's largest behavioral health provider. SM consistently met or exceeded budgeted results. WR is a 60-bed RTC provider. Assigned the facility as a turnaround project. Within 12 months WR grew from a negative EBITDA position to one of the highest EBITDA margins for PSI's 50+ facilities. *2001-2003*

VP & CFO – SouthCrest Hospital; Tulsa, OK

Selected by Triad Senior Management in 1998 to handle all finance-related aspects of creating, opening, and running this \$100M acute care 116-bed med/surg start-up facility and an associated medical office building. Was fourth employee hired of 400+ employees. Arrived 90 days prior to start-up, recruited all finance staff members, oversaw implementation of all financial systems, and assisted CEO with employed physician operations. Facility was considered a flagship hospital for Triad and consistently a top hospital for the company when measured for patient, physician, and employee satisfaction levels. *1999-2001*

VP, CFO, ECO – Columbia/HCA Bethany Medical Center; Kansas City, KS (1997-1999)

VP, CFO, Ethics & Compliance Officer – 1993-1997

Controller – 1984-1993

Assistant Controller – 1981-1984

Full financial statement, budget, finance, and information system responsibilities for this 400-bed urban acute care med/surg facility, including a medical office building with \$10M of assets. Monitoring and maintenance of Corporate Compliance Program. Supervision of 45+ employees and administration of finance department annual operating budget of \$3,000,000. Helped lead transition from not-for-profit status to ownership and operation by Columbia/HCA, including cultural changes and replacement of all significant information systems (1998-1997). Negotiating team member for proposed sale to Columbia/HCA (1997). Selected by Board as ECO and to design, implement, and maintain Corporate Compliance Program resultant from settlement with Department of Justice (1996). Team leader for successful purchase and restructuring of a 134-employee Management Services Organization for 42 independent physicians, equally capitalized and governed by the Medical Center and physicians (1995). Selected by Kansas Medicaid as an advisory team member for the development and creation of a capitated Medicaid managed care plan (1995). Developed detailed business plan for proposed startup of an in-house collection agency for Kansas City's largest acute care hospital (1992, accepted & successful for St. Luke's Hospital). Selected by Kansas Medicaid as the large urban hospital representative for a five-member statewide hospital task force to work with the Medicaid program to design and implement the Kansas Medicaid DRG reimbursement system (1989). Replacement of all significant financial information systems (1983-1992).

Controller – Colonial Savings & Loan; Prairie Village, KS

Responsible for all accounting and reporting functions for this medium sized savings and loan association. Resigned to enter the healthcare industry. 1980-1981

Manager – Johnson & Company, CPAs; Kansas City, MO

Progressed from staff auditor to manager at this local firm which grew from 5 to 20+ employees during employment term. Experience was evenly divided between audit and management services. Management services consisted primarily of assisting clients with design, implementation, and maintenance of automated information systems. Received training through Fox & Company, a national CPA firm. Resigned to enter private accounting. 1976-1980

PAST MEMBERSHIPS

- American Institute of Certified Public Accountants
- Mark Twain Bank Advisory Board member
- Healthcare Financial Managers Association (HFMA)
- Kansas City metro chapter; Co-Chairman, Technical Advisory Committee, 1984
- Board of Directors, 1992-94; Chairman, Special Projects Committee, 1992-94; Treasurer, 1994-95
- Rotary Club of Tulsa, Oklahoma
- Active in Bethany Foundation committees & fundraising
- Active in local community efforts

ROBERT MARTIN

CCS Chief Information Officer

SUMMARY STATEMENT

Over 31 years of Information Technology experience, including 18 years leadership experience within the healthcare industry. Particular expertise in operations, systems integration, software development, and networking.

EDUCATION

Bachelor of Science, Computer Science, Michigan State University, 1983

PROFESSIONAL EXPERIENCE

Chief Information Officer – Correct Care Solutions; Nashville, TN

As CIO responsible for all technology systems throughout the company, including software development, data center operations, technology implementations, telecommunications and networking. Implement infrastructure improvements resulting in increased system availability, increased user productivity, and below industry average technology costs. Responsible for the development of ERMA, CCS's proprietary electronic records management application suite of components and tools. Has led the company in implementing HIPAA and Department of Labor compliance programs. *2003-Present*

Director of Information Technology – Health Cost Solutions; Hendersonville, TN

Responsible for all aspects of information technology including claims processing systems, Taft Hartley systems, X12 HIPAA transaction processing, software development and infrastructure. Implemented strategies to shorten claims processing cycle, reduce costs and increase accuracy. *1999-2007*

Vice President, Information Technology – National Business Products; Nashville, TN

Responsible for creating and managing technology products. Responsible for creating a "variable imaging" department which collected medical billing information from several hundred providers nationwide, then produced and mailed over 2 million patient statements per month. Achievement led National Business Products to be named one of the fastest growing companies in Tennessee three years in a row as an industry pioneer in print/mail technology. *1996-1999*

Director of Healthcare Information Systems – First Data Corporation/Nationwide Credit; Nashville, TN

Responsible for information technology for the Healthcare Division of the nation's largest collection agency. Twice named to the First Data's President Circle for achievements of driving down technology costs while increasing use, productivity, and satisfaction. Worked on the acquisition and integration teams leading the technology integration during three separate mergers. *1992-1996*

Director of Operations – Nasco Data Systems; Nashville, TN

Responsible for Operations and Information Technology for large IBM value added reseller. Led the company's development of a nationwide services and systems integration services resulting in 300% growth over three years. *1988-1992*

LEILANI S. BOULWARE

CCS Chief of Administrative Services & General Counsel

SUMMARY STATEMENT

Executive Management and Chief Legal Counsel, leading strategy, compliance and change management in fulfillment of organizational vision, mission, and goals. Sixteen-year record of success delivering sound legal counsel and representation for corporate and institutional clients, synthesizing complex information targeting diverse audiences, and initiating mission-centric application by senior management and operations staff. Proven capacity to conceptualize, develop and drive strategic direction through consensus building among key stakeholders regarding best practices. Forward-thinking, solution-driven innovator, utilizing seasoned interpersonal and communication skills to elicit collaboration and value-added teamwork. Exceptional insight guiding complex, multifaceted organizations toward achievement of sustained operational excellence. Uncompromising commitment to ethical standards and sound professional judgment

EDUCATION

Juris Doctor, Vanderbilt University School of Law – Nashville, TN

Patricia Harris Roberts Fellowship

Bennett Bell Award

Bachelor of Science, Western Kentucky University – Bowling Green, KY

Magna Cum Laude

Double Major, Accounting and Economics

PROFESSIONAL EXPERIENCE

Chief of Administrative Services & General Counsel – Correct Care Solutions; Nashville, TN

Leads the Divisions of Administration and Clinical Services responsible for People Strategies, Risk Strategies, and Clinical Strategies through the leadership and management of operational goals and objectives designed to build strong legal, risk management, human resources, people development, clinical quality improvement, and clinical services functions 05/2008-Present

Court Appointed Monitor – United States District Court; Nashville, TN

Monitor appointed by the United States District Court, Tennessee Middle, in the case of *John B., et al v Goetz, et al* 3:98-cv-168 Served in a quasi-judicial capacity on five-person team of monitors, principally as follows: monitored the State of Tennessee's compliance in designated areas, identified issues and reasons therefore to direct the parties' and the Court's inquiry; and filed requisite reports. 2006-2007

Vice President for Administration, General Counsel, and Corporate Secretary – Meharry Medical College; Nashville, TN

Member of eight-person senior executive team charged with reformation and revitalization of an institution with a \$130 million+ annual operating budget and 1,000 employees. Meharry Medical College is a private, independent health professions training institution, research facility, and health services provider that strives to eliminate the health disparities experienced by minority and disadvantaged populations. Developed and led effective and highly-responsive Office of the General Counsel and Division of Administration in support of the core business of the College, through the establishment and implementation of strong compliance, human resources, and public safety/security departments. Provided legal counsel and support to multiple operations and supervised legal affairs, assured maintenance of physical properties and proper real estate management, instituted administrative policy management, facilitated governmental affairs activities, oversaw administration of the Board of Trustees for the College, assured appropriate budget management, served as liaison to the Meharry/Vanderbilt Alliance Board, and provided interim oversight Information Technology operations 2004-2006

Vice President for Management and Policy, General Counsel, and Corporate Secretary

Supervised legal affairs. Established and administered robust compliance requirements. Instituted administrative policy management, exercised oversight of governmental affairs activities, and served as liaison to the Meharry/Vanderbilt Alliance Board. Served as Corporate Secretary to the Board of Trustees for the College. Spear headed divisional turn-around, through department leadership re-staffing and recruitment of qualified personnel, introduction of comprehensive internal training programs, and redesign of core processes. 2003-2004

Attorney/Shareholder — Harwell Howard Hyne Gabbert & Manner, PC; Nashville, TN

Handled federal and state civil cases encompassing a broad range of legal issues, including complex contract, employment, insurance, intellectual property, unfair business practices, and defamation disputes. Arbitrated and mediated disputes. Counseled employers regarding employment law matters. Conducted employment law seminars. Drafted federal affirmative action plans. Managed corporate transactions including mergers, asset purchases, stock purchases, conduct of transactional due diligence, and lease negotiations. Worked on proxy statement development. Supervised associates mentored and provided guidance regarding litigation and transaction matters. 1992-2003

Intern to the Honorable Judge John Penn, United States District Court, District of Columbia—Washington, D.C.

In relation to pending court cases, researched case law, drafted legal memoranda, and consulted the court regarding legal issues. Summer 1990

Winn-Dixie Food Stores— Kentucky and Tennessee

Promoted through a series of increasingly responsible positions, including general merchandise management, front-end service, and delicatessen departments. Managed staff, operational planning, and profit/loss control 1974-1989

COMMUNITY LEADERSHIP & PROFESSIONAL AFFILIATIONS

- Young Men's Christian Association of Middle Tennessee (YMCA), Chairman-elect; People Services Committee, Chairman; Former Corporate Secretary
- The Women's Fund of the Community Foundation, Board Member
- Nashville Alliance for Public Education, Board Member, Corporate Secretary
- LEAD Academy Charter School, Board Member
- YMCA of the USA National Governmental Relations Advisory Committee, Member
- Tennessee Lawyers for Client Protection Fund (TN Supreme Court Appointment), Member
- Nashville Rotary, Member
- Leadership Nashville, Class of 2003
- Tennessee and Nashville Bar Associations, Member
- Harpeth Heights Baptist Church, Member

SCOTT PUSTIZZI, SPHR

CCS Senior Vice President, Human

Resources

EDUCATION

- Master of Business Administration, Human Resources/Business Management
Florida Atlantic University, Boca Raton FL
- Bachelor of Business Administration, Finance and International Business
Florida International University; Miami, FL

CERTIFICATIONS / CREDENTIALS

- Human Resources Certification Institute (HRCI) – Senior Professional in Human Resources Management (SPHR)
- Development Dimensions International (DDI) – Targeted Selection Administrator

AFFILIATIONS

- Society for Human Resource Management
- Human Resources Association of Broward & Palm Beach Counties
- The e-Learning Guild; American Society for Training & Development (ASTD)
- Recruitment Process Outsourcing Association (RPOA)
- Florida International and Florida Atlantic Alumni Associations
- Match of Dimes –Leukemia Society Team in Training

PROFESSIONAL EXPERIENCE

**Senior Vice President, Human Resources – Correct Care Solutions (Formerly GEO Care, LLC);
Nashville, TN 2014-Present**

Responsible for the development, refinement, and implementation of the strategic human resources initiatives for the Company.

Vice President, Human Resources – GEO Care, LLC; Boca Raton, FL, 2007 - 2014

- Responsible for the development, refinement, and implementation of the strategic human resources initiatives for the company
- Manage and develop a staff of HR professionals located throughout the United States and Australia.
- Provide human resources and regulatory counsel, advice, succession planning, performance management and guidance to all levels of the organization.
- Serve as the HR lead in all mergers and acquisitions activities.
- Accountable for the design and maintenance of a diversified employment and branding strategy that expands internet, print, video and social networking.
- Accountable for all health and welfare initiatives of the company. Inclusive of all benefit related designs and risks.
- Lead the labor forecasting and evaluation of human resources related risks during the pricing and due diligence of new projects.
- Manage teams to develop and implement appropriate start-up, transition or downsizing plans for company's newly acquired or phased-out facilities or programs
- Serve as lead negotiator in collective bargaining with various labor unions.

- Partner with inside and outside legal counsel to conduct comprehensive investigations regarding serious or sensitive allegations of employment or workplace misconduct.

Director, Recruitment Process & HR Outsourcing – Human Capital Management, Inc.; Fort Lauderdale FL 2004 - 2007

- Managed a diverse staff of twelve (12) human resources and talent acquisition professionals servicing various organizations providing HRO (Human Resources Outsourcing) and TMO (Talent Management Outsourcing) solutions
- Directed the development and implementation of human resources programs internally and for client organizations encompassing all aspects of human resources management such as employment, benefits design and administration, compensation and incentive programs, EEO compliance, employee relations, re-organizations, terminations and outplacement.
- Ensured profitability of business unit by managing key relationships and delivering strategic recruitment and talent management practices, retention programs, business case analysis, and human resources consulting programs.
- Managed business development initiatives by consulting with client key executives and business unit leaders to sponsor, fund and provide resources to a variety of human resources outsourced programs.
- Designed HRO solutions and large scale talent management and recruitment process outsourcing engagements which include client presentations, proposals, implementation and talent acquisition staff management and shared resources.
- Ensured contract service level agreements (SLA) and compliance with vendors and client deliverables on outsourced activities that include employee relations, training, compensation studies, position profiling, and recruitment strategies and hiring metrics and deliverables.
- Proposed, designed and delivered client recruitment branding strategies, competitive awareness, behavioral-based interviewing techniques, systems reporting and metrics, technologies, and methodologies

Director of Operations & Human Resources – Setnor Byer Insurance & Risk; Plantation, FL 2002 - 2004

- Responsible for the operations and business development of a Human Resources/ Risk Management consulting organization with strong emphasis on providing web-based solutions and training.
- Managed all web-based training implementations with various clients in their respective industries (retail, manufacturing, restaurant, franchise, law firms, payroll, etc.)
- Managed the integration of in-house and 3rd party learning management systems and customized e-learning content, web portals and learning management systems.
- Responsible for selection of web-based collaboration tools such as web-conferencing and application sharing.
- Conducted various “webinars” for business development and educational training.
- Managed and executed all marketing and sales initiatives for The Human Equation (i.e., print and email marketing, event sponsorships, conference exhibitor)
- Directed all strategic efforts in obtaining integrated partnerships in the HR, risk management, safety, insurance, education, training, and e-learning industries.

- Supervised internal and outsourced staff of HR professionals, writers, instructional designers, sales and marketing representatives, programmers and developers.
- Managed all HR initiatives (compensation, benefits, recruiting and employee relations) for parent organization.
- Reviewed client labor and safety risks related to workers compensation and develop onsite and remote correction strategies.
- Performed site safety audits in coordination with the National Safety Council and OSHA
- Provided clients with onsite EEO training sessions and speak at various risk seminars.
- Upgraded course content and ensure accreditation from the Human Resources Certification Institute (HRCI).
- Served as company's "Coaching Mentor" by answering questions and providing clarification on subject matter to various HR professionals who take online courses for PHR/SPHR Certification.
- Directed profit & loss responsibility.

Operations Manager – Nutrica, USA (Formerly Rexall Sundown, Inc.); Boca Raton, FL 1998 – 2002

Held positions in Human Resources and Operations during tenure for the company, a leading supplier of nutritional supplements. Responsibilities included manufacturing operations and HR functions supporting the company's manufacturing, technical, packaging and supply chain operations.

RANDY MARSHALL, CPA**CCS Chief Financial Officer****EDUCATION**

- 1997: B.S., Business Administration, Major in Accounting
Tennessee Technological University; Cookeville, Tennessee

LICENSURE:

- CPA licensed in Tennessee. Member of TSCPA.

PROFESSIONAL EXPERIENCE

Chief Financial Officer – Correct Care Solutions, Nashville, TN 2014 - Present

Senior Vice President - Finance – Correct Care Solutions; Nashville, TN 2012-2014

Vice President and Controller – Correct Care Solutions; Nashville, TN 2008-2012

- Correctional healthcare company with annual revenues of \$250 million (proforma)
Member of Executive Management Team Responsible for the departments of Accounting, Treasury, Accounts Payable, and Payroll. Analyzes and reports on the financial performance of the company to all stakeholders and negotiates and manages banking relationships. 2008 - 2012

Assistant Controller – Psychiatric Solutions, Inc. (PSI); Nashville, TN (PSI purchased by Universal Health Services May 2010)

- PSI was a public healthcare company with annual revenues of \$2 billion
PSI grew from owning/leasing 10 hospitals to 91 during the time of employment primarily through a buy and build acquisition strategy. Responsible for corporate accounting, self-insured reserves, and purchase accounting. Participated in the preparation and filing of numerous SEC filings. Assisted with Sarbanes-Oxley compliance. 2003 - 2008

Manager, Assurance and Advisory Business Services – Ernst & Young LLP; Nashville, TN
Served public, private, tax-exempt, and closely held companies, including one teaching hospital subject to government accounting standards Participated in the financial audits of more than 20 hospitals ranging from approximately 65 to 600 beds. 1997 - 2003

JON SCOTT BOSCH, BSN, MHSA CCS Chief of Institutional Operations

EDUCATION

1990: The George Washington University, Master of Health Services Administration
Washington, D.C

1984: University of North Dakota, Bachelor of Science in Nursing
Grand Forks, North Dakota

PROFESSIONAL EXPERIENCE

- Correct Care Solutions (CCS); April 2004 to present
- Prison Health Services (PHS), January 1999 to April 2004
- Emergency Medical Services Associates (EMSA); November 1993 to January 1999
- National Commission on Correctional Health Care (NCCHC); September 1990 to November 1993
- Registered Nurse: United States Army Nurse Corp; October 1984 to October 1987
George Washington University Hospital, December 1987 to December 1989
Star Med Staffing; January 1990 to September 1990

I have held a variety of positions in the health care field. Upon completion of my master's degree in health services administration I entered the managed care environment specializing in correctional health care. My initial administrative position was with the accrediting agency, the National Commission on Correctional Health Care (NCCHC) located in Chicago Illinois. While working for NCCHC I held the positions of Director of Quality Improvement and Director of Accreditation. Duties included standards development, program development, on-site surveys and educational presentations.

My next position was with the correctional care division of Emergency Medical Services Association (EMSA), based out of Fort Lauderdale Florida. While with EMSA I held the following positions, Accreditation and Quality Improvement Specialist, Marketing Director and Regional Administrator. With each title change, more responsibility was assumed.

In January 1999 Prison Health Services, Inc. (PHS) purchased EMSA Correctional Care. I held the following positions with PHS, Vice president of Staff Development and Accreditation, Vice President of Quality Improvement and Vice President of Business Development. During my employment in the clinical services division of PHS, I was instrumental in the development and implementation of managed care programs to include quality improvement, utilization management, credentialing, staff development, and accreditation. In my role as Vice President of Business Development I have established and implemented business development strategies, business proposals, established and presented oral presentations utilizing power point programs, and identified new target markets. Following is a summary of the various managed care programs where I have assumed progressive leadership responsibilities.

QUALIFICATIONS

- **Contract Management:** As a Regional Administrator for EMSA, I was responsible for the administration of contract sites to include jails, prisons and juvenile detention facilities. The duties of this position included ensuring compliance with contract requirements, financial performance and client satisfaction. At one point as a Regional Administrator I was responsible for the administration and financial performance of 19 contracts in 12 states totaling more than \$20,000,000 in annual revenues. Many of these facilities had inpatient infirmary wards that provided skilled nursing care.

- **Quality Improvement:** The initial Quality Improvement program that I established for NCCHC was designed to be an educational tool and addressed the basics of the QI process. Following the development of this program I toured the county presenting the program at educational seminars. The most recent QI program established for PHS is based on the Institute of Medicine (IOM) reports addressing the status of the current health care system. The QI program emphasizes the five aims addressed in the most recent IOM report, preventative care, acute care, chronic care, palliative care and coordination of care. This QI program includes components addressing medication errors, mortality reviews, sentinel events, peer review and the root cause analysis process. The medication error component of the QI program is based on the program established by the National Coordinating Council for Medication Error and Prevention. I believe that the best QI programs address reducing variability through development and evaluation of effective health care systems and processes.
- **Utilization Management:** Under the direction of the PHS Corporate Medical Director I established and implemented utilization management systems and processes. The utilization management program is detailed in a resource manual that addresses the effective utilization of health care resources including specialty services, pharmaceuticals, laboratory services and medical supplies.
- **Credentialing:** I have also developed and implemented a credentialing program that is based on standards established by the National Commission for Quality Assurance. Following the development of the program, forms and resource manual the program was implemented company-wide. Within the first year of the credentialing program more than 300 providers were credentialed. The credentialing program addresses initial credentialing, interim privileges, the re-credentialing process and professional review guidelines.
- **Staff Development and Training:** Responsible for the development, implementation and presentation of new employee orientation programs, health services administrator-training programs, nursing continuing education programs and a physician orientation programs. A component of the staff development and training program has been the development of resource manuals. I have worked in close coordination with the PHS Corporate Medical Director to establish resource manuals addressing utilization management, Hepatitis C, contract administration, mental health care, and quality improvement. These resource manuals were implemented nationally.
- **Business Development:** Throughout my professional career I have been involved in various aspects of the business development process to include attending pre-bid conferences, proposal writing and development, oral presentations, contract negotiations and program implementation.
- **Accreditation:** As the designated company expert regarding the interpretation and application of accreditation standards, I have assisted multiple facilities to establish and implement systems to ensure compliance with accreditation standards. I have also developed and implemented an accreditation evaluation tool that is used by PHS sites when preparing for accreditation.
- **Committee Membership:** I have actively participated in a number of managed care committees to include the pharmacy and therapeutics committee, HIV task force, Hepatitis C task force, quality improvement committee, mortality review committee, and the mental health task force.

CHRISTOPHER BOVE

CCS Chief of Institutional Operations, Jail Division

EDUCATION

1998 Master of Science, Business Organizational Management
University of La Verne; Elmendorf Air Force Base, Alaska

1995 Bachelor of Science, Engineering Management
United States Military Academy; West Point, New York

EMPLOYMENT EXPERIENCE

Chief of Institutional Operations — Correct Care Solutions; Nashville, TN

Responsible for the success of the operational support team and all county contracts. Manage all aspects of operational support from contract initiation to daily contract operations. Ensure standards of care are met and overall expenses are within established budgets. Provide strategic planning and direction within the operations team. *(July 2011-Present)*

Chief Operating Officer — Southern Land Company; Franklin, TN

Responsible for business development, turnaround management, and revenue optimization and cost reduction. Streamlined company operations and construction project management while taking ownership of all commercial construction programs and initiatives. Defined and aligned corporate planning, budgets, and culture in conjunction with the CEO and President. Functioned as CFO and managed relationships with banks, equity partners, investors, and property management organizations. Oversaw cash flow reviews, audits, and corporate insurance. Developed and implemented strategies to improve efficiency, reduce costs, and optimize asset management and resource allocation. *(2000 -2010)*

Operations Manager — Sudsbury's & Sons; Eagle River, AK

Responsible for cost containment, resource management, and personnel management. Provided strategic direction and maintained integrity in organizational/office operations, including construction for six residential developments. Improved banking relationships and directed hiring, training, and evaluation as well as led internal construction management teams. Developed cost control measures and managed subcontractor relationships. *(1998 -1999)*

MILITARY EXPERIENCE

Second Lieutenant-Military Intelligence Officer — United States Army; Fort Huachuca, AZ & Fort Richardson, AK

Ranked in top 5% of class from Military Intelligence Officer Basic Course. Received highest possible ratings while holding this position. Honorably discharged. *(1995-1997)*

STEPHEN B. GOLDBERG, M.D.**CCS Chief Clinical Officer****EDUCATION**

- Fellowship in Forensic Psychiatry, University of Maryland School of Medicine (7/97-6/98)
- Residency in Psychiatry (Postgraduate Years 2, 3, 4), University of Maryland School of Medicine (7/94-6/97)
 - Chief Resident (1996-1997)
 - Resident Representative (1995-1996)
- Internship (Postgraduate Year 1), Internal Medicine/Neurology/Psychiatry, University of Maryland School of Medicine (7/93-6/94)
- University of Colorado School of Medicine, Medical Doctor (8/89-6/93)
- University of Florida, Bachelor of Science, Microbiology, Minor Sociology (8/85-6/89)

LICENSURE / BOARD CERTIFICATION

- Licensed to practice Medicine in Maryland
- Controlled Dangerous Substance Registration – United States and Maryland
- Board Certified Psychiatrist and Board Certified Forensic Psychiatrist
- American Board of Psychiatry and Neurology, 1999, 2009
- Added qualifications in Forensic Psychiatry, 2001

Teaching Appointments

- University of Maryland School of Medicine, Clinical Assistant Professor, Department of Psychiatry
- Johns Hopkins School of Medicine, Clinical Instructor, Department of Psychiatry
- National Capital Consortium, Walter Reed Medical Center, Clinical Instructor, Military Forensic Psychiatry Program

PROFESSIONAL EXPERIENCE

- | | |
|-----------------|---|
| 9/12 – Present | Correct Care Solutions, LLC |
| 12/13 – Present | Chief Clinical Officer
Responsible for the integration of the somatic and mental health initiatives and clinical teams of CCS and Conmed, as well as oversight for the services of the CCS Care Management Department |
| 9/12 – Present | Chief Operating Officer, Conmed Healthcare Management Inc.
Following the acquisition of Conmed Healthcare Management, Inc. by Correct Care Solutions, Dr. Goldberg was designated Chief Operating Officer for Conmed with direct reports from the departments of the resulting subsidiary |
| 8/08 – 9/12 | Conmed Healthcare Management, Inc. |
| 8/10 – 9/12 | Executive Vice President, Clinical Affairs |
| 8/08 – 8/10 | President, Mental and Behavioral Health Services |
| 8/02 – 8/08 | Correctional Mental Health Services, LLC
President and Founder |

- 7/98 – 4/04 **Clifton T. Perkins Hospital Center, Jessup, MD**
 (Maryland's only Maximum Security Forensic Hospital)
- 1/04 – 4/04 **Contract Psychiatrist (Insanity evaluations)**
- 5/03 – 12/03 **Staff Psychiatrist (part-time)**
- 9/01 – 5/03 **Director, Pretrial Services**
 Responsible for coordinating all hospital pretrial evaluations (insanity and competency to stand trial) for those charged with violent felonies for State of Maryland, and monitoring and reporting back to Maryland District and Circuit Courts for those adjudicated Incompetent to Stand Trial and committed to the hospital for restoration
- 7/99 – 9/02 **Director of Admissions**
 Responsibilities included being the director of admissions unit, coordinating all hospital admissions and transfers and providing consultations to other state hospitals for those too violent to be maintained in lesser restrictive settings
- 7/98 – 7/99 **Staff Psychiatrist (admissions unit)**
- 2/95 – 6/02 **Baltimore County Detention Center, Towson, MD**
- 7/98 – 6/02 **Director of Psychiatry with Prison Health Services (PHS)**
- 2/93 – 6/97 **Contract Psychiatrist**
- 7/97 - 6/98 **Deaton Specialty Care Home and Hospital (nursing home), Baltimore, MD**
Consulting Psychiatrist
- " " " " " "
- 7/96 - 6/98 **Mountain Manor Treatment Center (Substance Abuse Treatment Facility), Baltimore, MD**
Medical Assistance Reviewer
- 9/95 - 6/97 **Mercy Medical Center (Community Hospital), Baltimore, MD**
Psychiatric Consultation Staff – Emergency Evaluations
- 9/95 - 6/97 **Greater Baltimore Medical Center (Community Hospital), Towson, MD**
Psychiatric Consultation Staff – Emergency Evaluations
- 1/94 - 6/97 **Walter P. Carter Center (MD State Psychiatric Hospital), Baltimore, MD**
On-call Psychiatrist

TEACHING EXPERIENCE

- 2003 – Present **Maryland Police and Corrections Training Commission**
Certified Instructor
- 2008 **Developed and provide training entitled: "Understanding and Management of the Violent Mentally Ill Inmate"**
Approved for 6 hrs in-service credit
- 2003 **Developed and provide training entitled: "Mental Health Education and Training for Correctional Officers and Health Care Workers"**
Approved for 4 hours in-service credit

7/98 – Present University of Maryland / Sheppard Pratt Forensic Psychiatry Fellowship Program
Clinical Faculty

Areas of interest include: Corrections Management of the violent patient; Telemental Health; Insanity defense evaluations, Competency to stand trial Responsibilities include supervision and didactic instruction to fellows in forensic psychiatry, psychiatry residents and medical students at the University of Maryland School of Medicine, Johns Hopkins School of Medicine and National Capital Consortium at Walter Reed Medical Center)

PROFESSIONAL MEMBERSHIP / ACTIVITIES

1996 – Present American Academy of Psychiatry and the Law
2006 – 2008 Institutional and Correctional Forensic Psychiatry Committee
2000 – 2003 Peer Review Committee

1998 – Present Chesapeake Chapter of the American Academy of Psychiatry and the Law
2001 – 2004 Treasurer

1993 – Present American Psychiatric Association

1993 – Present Maryland Psychiatric Society
2005 Task force on Telepsychiatry
2002 – 2003 Chair, Membership Committee
1997 Privacy and HCACC Consent Committee

2003 – 2004 Maryland Correctional Providers Association
10/03 – 4/04 Acting Chair

1997 – Present Psychiatric Services Journal Reviewer
(a journal of the American Psychiatric Association)

2000 – 2003 Medical Staff Representative, Clifton T Perkins Hospital Center
Chairman, Peer Review Committee
Chairman, Graduate Professional Education Comm

DEAN RIEGER, M.D., M.P.H.
CCS Deputy Chief Clinical Officer

EDUCATION

- 1970 B.S. with High Honors; The University of Michigan
- 1974 M.D.; The Johns Hopkins University
- 1981 M.P.H., The University of Michigan
- 1984 Board Certified, Preventive Medicine & Public Health

POSTGRADUATE TRAINING

- 1974-75 Internship (Medicine); The Nassau County Medical Center; The State University of NY, Stonybrook
- 1975-76 Residency (Psychiatry); The University of Michigan
- 1980-81 (1983) Residency (Preventive Medicine & Public Health/Health Planning & Administration); The University of Michigan

LICENSURE & CERTIFICATION

- Indiana — 01040892
- Michigan — 37557 (inactive)
- New York — 126311 (inactive)
- DEA — BRO438487
- Advanced Cardiac Life Support Certifications.
 - Provider since 1983
 - Instructor since 1985
 - Course Director 1988-1994
- Advanced Trauma Life Support, Provider 1989-1995
- HIV: Michigan Department of Public Health Certification, Counselor 1989

PROFESSIONAL EXPERIENCE

Deputy Chief Clinical Officer — Correct Care Solutions; Nashville, TN

Responsible for the clinical direction of all medical staff for Correct Care Solutions with direct supervision of all practitioners. Assist in the development of annual budgets and work with the corporate administrative staff and site medical directors to monitor and control the use of pharmaceuticals, medical supplies, and inpatient/outpatient utilization to provide appropriate and cost effective therapy for the population served by CCS. 2005-Present

Medical Director — Indiana Department of Correction; Indianapolis, IN 2003-2005

Clinical Assistant Professor — Indiana University School of Medicine 1991-2003

The Indiana Department of Correction (IDOC) provides a full range of healthcare services to approximately 21,000 prisoners including adults and juveniles in 36 different facilities. Responsibilities included planning, implementing, leading, managing, and improving healthcare service delivery.

- Established centralized control over health services activities in 33 facilities.
- Established a standardized approach to reception screening activities.
- Created and implemented a structured approach to provision of chronic care and age appropriate healthcare services, including formal treatment planning activities.
- Established a prior review and approval program covering off-site referrals and covering surgical interventions
- Wrote and implemented a formulary and associated process.
- Established a unitary health record including forms and format and implemented it statewide.

- Established the principle in Indiana corrections of using Advance Directives (living wills)
- Created and implemented routes for access to care, including both routine and urgent services as well as general and specialty care
- Helped superintendents to appreciate the difference between demand for healthcare services and necessary interventions.
- Initiated quality improvement activities, including mortality reviews.
- Established critical infection control activities including a formal tuberculosis prevention and surveillance program and a blood borne pathogen control program.
- Wrote the first statewide healthcare services directives implemented in Indiana, these directives have formed the basis for subsequent accreditation by the National Commission on Correctional Healthcare.
- Wrote policies and procedures used by the contractual provider for service delivery and achievement of NCCHC accreditation
- Campaigned successfully to build a new acute care mental health facility (which permitted closure of antiquated facility then in use).
- Established mid-level mental health treatment facilities to serve the needs of maximum security segregation offenders (this unit was recognized in 2000 as the "NCCHC Facility of the Year")
- Established expectations for use of diagnostic processes and treatment plans in the management of the seriously mentally ill.
- Established and implemented processes for use of therapeutic restraint or seclusion.
- Established and implemented a program for involuntary treatment of gravely disabled seriously mentally ill patients.
- Reduced per capita healthcare expenditures from approximately \$3300 per offender per year to approximately \$1800 per offender per year

IDOC responsibilities underwent a change in 1997 when IDOC contracted with a private health management corporation for the bulk of the specialized service delivery. Role changed to work closely with the private company to help them deliver high quality services, to monitor their performance, and to help them succeed in the accreditation process. Remained the Health Authority for the Indiana Department of Correction.

Additional Indiana Accomplishments:

- Opened a new acute care mental health unit and closed the obsolete unit
- Opened a new unit designed to support disabled offenders in an "assisted living" environment.
- Established hospice services in our infirmary settings.
- Created a containment-based sex offender management and monitoring program.

Related Activities

- Occasional consultation for attorneys (plaintiff and defense) in correctional healthcare issues (review and expert witness activity). While in Michigan became the preferred corrections consultant to the Michigan Deputy Attorney General Staff. 1981-2005
- Member, Indiana State Department of Health Tuberculosis Medical Advisory Committee 1992-2005
- Surveyor, National Commission on Correctional Health Care 1993-2005
- Society of Correctional Physicians Midwest Director 1997-1999
- Society of Correctional Physicians, Editor, CorIDocs (formerly Desmotic News) 1999-2005
- Member, Editorial Board of Correctional Health Care Report 2000-2005

Medical Director — Southwest Michigan Clinical Complex; Lansing, MI

Clinical complex included approximately 15 prison facilities (approximately 11,000 offenders) encompassing security levels from minimum to 23 hour lockdown, a "boot camp facility". Healthcare services delivered in the region included general ambulatory care; general medical/surgical, dental, and

psychiatric care in licensed skilled nursing settings (one of which was the first in-house correctional health care inpatient facility accredited by the Joint Commission on Health Care Organizations); hemodialysis and peritoneal dialysis; a range of specialty services including but not limited to surgical, obstetrical, ophthalmologic, and gynecological services; Reception Center services for men and women, a unit dedicated to managing self-injurious prisoners, and six separate residential psychiatric units for men and women. (1986-1992)

- Served as overall health authority for the region.
- Directed (professionally and administratively) approximately 200 healthcare staff members.
- Chaired the Michigan Department of Corrections Medical Advisory Committee (statewide advisory committee serving the Michigan Department of Corrections central office administrative staff)
- Planned, implemented, and managed various specialized units caring for seriously mentally ill prisoners
- Planned, implemented, and managed the (then) only unit in county specifically dedicated to treating self-injurious prisoners who were neither seriously mentally ill nor developmentally disabled.
- Planned and established health services at a Special Alternative Incarceration (boot camp) Unit.
- Carried out various quality assurance and monitoring activities.
- Obtained and maintained JCAHO accreditation for a licensed nursing care unit for seriously mentally ill women.
- Assisted clinical complex prisons in obtaining accreditation from the American Correctional Association and National Commission on Correctional Health Care.
- Reviewed and wrote policies and procedures for local and statewide use.
- Audited and reviewed healthcare services delivered at various Michigan Department of Corrections facilities and county jail facilities.
- Provided direct patient care, especially in minimum custody settings
- Wrote a new formulary for the Michigan Department of Corrections

Expert Medical Consultant – Wayne County Jail Inmates vs. McNamara et al; Detroit, MI

Provided continuing expert advice regarding both the provision of healthcare services and improvement of the healthcare delivery system in the Wayne County Jail. 1987-1997

Correctional Health Care Consultant

As a consultant assisted a limited by varying set of parties in litigation-related evaluations regarding healthcare services delivered to prisoners in various jurisdictions, assisting plaintiffs and defendants. Considered this a challenging and worthwhile part-time responsibility with limited time spent in this activity. 1981-2005

Medical Director – State Prison of Southern Michigan; Jackson, MI

The Jackson Region includes the largest walled prison in the United States. Health services included ambulatory care services; a licensed hospital with medical, surgical and psychiatric units; a Reception Center for new male commitments to the prison system; a broad range of outpatient subspecialty services; and support for surrounding facilities including over 6,000 prisoners. 1981-1986

- Served as health authority for the region
- Supervised and directed approximately 200 healthcare employees.
- Established healthcare policies and procedures for the region and for statewide use.
- Planned service improvements including but not limited to establishment of new ambulatory care settings, expansion of the medical staff and specialty services, improvement of hospital services and obtaining state licensure, and developing a new 94-bed hospital
- Established protective and supportive mental health residential settings.
- Established a living unit for disabled prisoners.
- Audited and reviewed healthcare services delivered at various Michigan Department of Corrections facilities and several county jails (on behalf of the Michigan Department of Corrections Jail Services

staff).

- Provided direct patient care, especially in segregation settings.
- Wrote the first zero-based staffing plan for the region

Medical Director — Huron Valley Women's Facility (Detroit House of Corrections, Women's Division); Detroit, MI

The old Detroit House of Corrections, Women's Division, served female offenders at both the state and county levels. Closed in August 1977, at the same time that the Huron Valley Women's Facility opened, approximately three months into employment. At that time, DeHoCO was the only facility for female felony offenders in Michigan, and it supplied all services to them in addition to providing services to all incarcerated Detroit (and Wayne County) female sentenced county offenders. 1977-1981

- Served as health authority for the facility
- Provided direct patient services to prisoners.
- Supervised approximately 25 health care employees.
- Established a healthcare delivery system where none had previously existed.
- Planned and established the first supportive and protective housing unit for mentally ill female offenders in Michigan
- Wrote and lectured for the Law Enforcement Assistance Administration's Correctional Health Care Project.
- Wrote a healthcare manual for prisoner self-help.

GRADY JUDSON BAZZEL, M.D.**CCS Chief Medical Officer****UNDERGRADUATE EDUCATION**

1988-1992 University of South Alabama, Mobile, Alabama
B.S. in Biomedical Sciences, Minor in Chemistry, March 1992
G.P.A. - 3.61

MEDICAL EDUCATION

- Accepted as Early Decision Candidate to the University of South Alabama College of Medicine; Mobile, AL; Master's Degree in Medicine (MD) awarded on June 9, 1996 1992-1996
- University of South Alabama Family Practice Residency Program 1996-1999
- Chief Resident University of South Alabama Family Practice Residency Program 1999
- Logged over 1000 hours of continuing medical education with the American Academy of Family Practice 1999-2009
- Received Board Certification in Family Practice 1999
- Certified in BLS 2002-present

HONORS

- Three year undergraduate degree program
- President's list for three quarters
- Dean's list for seven quarters
- Recipient of full academic scholarship
- Alpha Chi National Honor Society member
- Alpha Lambda Delta National Honor Society member
- Phi Eta Sigma Freshman Honor Society member *Students of America*
- Graduated *Cum Laude*

PROFESSIONAL LICENSES

- Tennessee License #31177
- Alabama License #21100
- California License #C53908
- Kansas License # 0434007

EMPLOYMENT EXPERIENCE

Chief Medical Officer — Correct Care Solutions; Nashville, TN 2005-Present

Responsible for the clinical elements of the entire system including professional duties. Supervise physicians and mid-level practitioners. Provide general supervision to practitioners in clinical disciplines other than medicine. Provide services to patients depending upon assignment. Provide consultation to professional and custodial staff. Interface with nursing staff and client facility staff. Assist in the development of the clinical and managerial skills of the site medical staff. Assume responsibility for clinical program operations in accordance with ACA, NCCIC, CCS and facility policy and procedure and state standards and regulations. Previous CCS positions:

- **Deputy Chief Medical Director — Correct Care Solutions; Nashville, TN 02/2009 – 2/2014**
- **Medical Director — Davidson County Sheriff's Office; Nashville, TN 09/2005-02/2009**
- **Medical Director — Correct Care Solutions/Montgomery County Jail; Clarksville, TN 06/2005-12/2006**

**Medical Director — Southern Health Partners/Rutherford County Work Release Center;
Murfreesboro, TN
06/2005-10/2005**

**Medical Director — Southern Health Partners/Williamson County Jail; Franklin, TN
03/2005-10/2005**

**Attending Physician — Maury Regional Hospital Ambulatory Care Center; Columbia, TN
07/1999-03/2005**

**Emergency Room Physician (part-time) — Washington County General Hospital; Chatom, AL
10/1997-06/1999**

**Co-attending physician — Mobile County Metro Jail; Mobile, AL
Received citation of excellence from the warden for the medical care provided.
10/1997-06/1999**

**Research Assistant, Dept. of Comparative Medicine — University of South Alabama; Mobile, AL
Job required performing behavioral observations on captive squirrel monkeys, collating data, performing
statistical analysis, and interpreting results
06/1993-08/1993**

PUBLICATIONS

Allomaternal Interactions in the Bolivian Squirrel Monkey. Williams, Lawrence; Gibson, Susan,
McDaniel, Margaret; Bazzel, Judson; Barnes, Sue, Abee, Christian American Journal of Primatology,
34: 145-156 (1994)

ACTIVITIES

- Research Assistant, U.S.A. Department of Biomedical Sciences, Dr. Michael Spector
Summer of 1991
- Research Assistant, U.S.A. Department of Comparative Medicine, Dr. Lawrence Williams
Summers of 1992 and 1993
- Representative to the American Academy of Family Practice Convention in Kansas City, Missouri.
08/1997

PROFESSIONAL SOCIETIES

- American Medical Association
- American Academy of Family Practice
- Society of Correctional Physicians
- Academy of Correctional Health Professionals

WILLIAM H. RUBY, D.O.

CCS Regional Medical Director

EDUCATION

- **Residency:** Family Practice Residency Program; Barberton Citizens Hospital; Barberton OH
07/1991-07/1993
- **Internship:** One year rotating internship; Doctors Hospital of Stark County; Massillon, OH 07/1990-07/1991
- **Doctor of Osteopathy:** Ohio University College of Osteopathic Medicine; Athens, OH
09/1986-07/1990
- **Bachelor of Science, Zoology:** Miami University; Oxford, OH
09/1982-05/1986

CERTIFICATION & LICENSURE

- **State Medical Board of Ohio**
 - Licensed to practice medicine and surgery in the State of Ohio; License #5315
 - Issued 7/1/91; reissued 9/30/94, 9/30/96, 4/1/98, 4/1/00, Inactive
- **University of the State of New York / Education Department**
 - Licensed to practice Medicine and Surgery in the State of New York; License #211869
 - Issued 8/25/98, reissued 7/31/00; Inactive
- **Maryland Department of Health and Mental Hygiene**
 - Licensed to practice medicine and surgery in the State of Maryland, License #H0055245
 - Issued 9/10/99; Inactive
- **State of Florida Department of Health**
 - Licensed to practice medicine in the State of Florida; License #OS10550
 - Issued 12/5/08; Current
- **American Board of Family Practice**
 - Board Certified, Diplomate
 - Certified 7/10/98, re-certified 7/21/2011
- **DEA**
 - FR0354100; 2, 2N, 3, 3N, 4
 - Expires 04/30/2013
- **Ohio Department of Health**
 - Certified HIV/AIDS test counselor
- **American Academy of HIV Medicine**
 - Diplomate
- **National Commission for Correctional Health Care**
 - CCIIP Diplomate

EMPLOYMENT EXPERIENCE

Regional Medical Director — Correct Care Solutions; Nashville, TN
Supervise all clinical programs in the Monmouth County Department of Corrections jail system in addition to providing direct patient care for hepatitis C- and HIV-infected patients. 05/2011-present

Senior Physician — Collier County Health Department; Naples FL
Communicable Diseases Control & Prevention. 09/2009-05/2011

Director of Medical Affairs — Gilead Sciences, Inc.; Foster City, CA
Field Director of Community, Corrections & Institutions MS Team. Director of National Accounts

(Managed Care, Government Accounts, Corrections, Community). Created, directed and managed field Medical Science Team of 12 MSs in three therapeutic areas. Served as Project Lead, Medical Scientist Metrics and CRM Successful launch of ATRIPLA, LETARIS. Created and managed annual budget to within 1%. Project Lead at Annual MS University (week training) Developed initial MS orientation and education process. Trained Community & Corrections MS team around FDA and DDMAC regulatory requirements. *06/2005-08/2009*

Johns Hopkins University School of Medicine *01/2000-06/2005*

- **Assistant Professor** — Division of Infectious Diseases, AIDS Service
- **Medical Director, Moore Clinic** — Medical Director Telemedicine. Medical Director Correctional Services. Principal Investigator of Pennsylvania/MidAtlantic AIDS Education Training Center, Johns Hopkins University Local Performance Site

Deputy Director Clinical Services — Maryland Department of Public Safety & Correctional Services

Independent Contractor and Consultant, HIV Services. *01/2000-06/2005*

Medical Director — Correctional Medicine Institute

A 501(C) (3), public charitable organization devoted to the education, research and publication of health for correctional health care. *10/2000-08/2002*

Independent Contractor — Correctional Medical Services (CMS); St. Louis, MO

HIV Expert and HIV Services. *01/2000-10/2000*

Regional Medical Director — Correctional Medical Services; Albany, NY *08/1998-12/1999*

HIV Clinical Specialist — Summa Health System (Akron City Hospital, St. Thomas Medical Center); Akron, OH

Responsible for comprehensive inpatient/outpatient care of >800 HIV/AIDS patients Infection Control Committee. Professional Advisory Committee (Summa Home Care) *08/1993-08/1998*

ACTG Sub-Investigator — Case Western Reserve University

Sub Unit at Summa Health System (Michael Lederman, M.D.; Principal Investigator, CWRU) Coordinating NIH sponsored clinical trials *10/1997-8/1998*

Program Consultant — Ohio State HIV Drug Assistance

Meet quarterly to advise the governor's office of which HIV medications should be covered by the Ryan White Program based on current literature and studies. *07/1994-08/1998*

PROFESSIONAL ASSOCIATIONS

- International Association of Physicians in AIDS Care
- American Correctional Health Service Association
- National Commission on Correctional Health Care
- American Correctional Health Services Association
- American Telemedicine Association
- American College of Physician Executives
- American Medical Association
- American Osteopathic Association
- American Association of Family Practitioners

- Society of Teachers of Family Medicine
- Ohio Association of Family Practitioners
- Summit County Medical Society

COMMUNITY POSITIONS

- Ohio Department of Health Aids Service Award *1997*
- Akron Area Ryan White Consortium; Member *1993-1997*
- Akron HIV Interdisciplinary Team; Member *1993-present*
- Northeast Ohio HIV Medical Interest Group; Member *1993-present*
- Summit County Alcohol Drug Addiction and Mental Health Board; Member *1997-present*
- Visiting Nurse Service Hospice Advisory Board; Member *1997-present*

CHARLENE L. DONOVAN, Ph.D. CCS Vice President of Behavioral Health

EDUCATION

- 1997 University of Memphis
PhD, Clinical Psychology - Adult Clinical Track
Dissertation: Teaching Clients about Their Rights: The Role of Counselor
Expertness and Method of Education
- 1994: University of Memphis
Master of Science in Psychology
1989. Rockhurst College
Bachelor of Arts in Psychology

LICENSURE

- Licensed Psychologist, State of Kansas, Tennessee
- National Register of Health Service Providers in Psychology
- ASPPB CPQ

PROFESSIONAL EXPERIENCE

Correct Care Solutions – Vice President of Behavioral Health. Primary duties include the oversight and development of a corporate wide mental health program for all CCS facilities nationwide, covering approximately 30,000 offenders. Provide on-site consultation and training for mental health staff, develop programs including suicide prevention and risk assessment training, monthly continuing education programs, quality improvement reviews, and treatment programs. Participate in site start-up activities, interface with facility administrative staff to ensure satisfaction with services offered, and assist sites with accreditation requirements. *09/2006-Present*

Correct Care Solutions – Program Mental Health Director – Kansas. Primary duties included the daily oversight of and responsibility for a multi-million dollar Mental Health Program provided to the Kansas Department of Corrections. The program included eight (8) state correctional facilities and over 90 employees, serving over 9,000 correctional inmates. Mental Health departments at each facility maintain NCCIIC accreditation, and demonstrate adherence to CCS and KDOC policies and procedures, professional ethical standards, and state licensure requirements. Served as the CCS mental health consultant for the KDOC, and worked closely with the KDOC contract monitors. Provided clinical consultation and supervision for Mental Health facility staff, developed treatment programs, policies and procedures, conducted site audits and staff training, and directed recruitment and retention efforts for mental health staff. Other duties for CCS nationwide included consultation services for other jail and prison contracts. Assisted in the development of successful, comprehensive contract proposals, particularly related to mental health services, including CCS's successful proposal to renew its contract with the Kansas Department of Corrections, effective 7/1/05. *10/2003-08/2006*

Regional Mental Health Director – Prison Health Services ; Kansas Primary duties included oversight of the statewide mental health program for the Kansas Department of Corrections, to include approximately 65 mental health professionals located at 8 correctional facilities. Assuring compliance with accreditation bodies, developing effective programming, recruiting staff, and ensuring efficient and informative communication with Department of Corrections Contract Monitors were necessary components of the position *10/2001-09/2003*

Prison Health Services - Clinical Supervisor - Lansing Correctional Facility. Primary duties involved supervising a staff of 17 clinicians in the provision of mental health services to a male inmate population, while maintaining my own client caseload. This position also included involvement in developing special projects such as: a special housing and treatment unit for mentally ill inmates, a hospice program for terminally ill inmates, the mental health component for a state-wide electronic medical records system, on-site consultation with other correctional facilities in Kansas, and assessment and psychotherapy provision to sexual offenders. 09/1997-10/2001

Prison Health Services - Mental Health Professional - Lansing Correctional Facility. Duties included providing individual and group psychotherapy, crisis intervention, and psychological assessment and report writing services to a male inmate population. 08/1996-09/1997

Pre-Doctoral Internship

Kansas City Veterans Affairs Medical Center - Pre-Doctoral Intern. 2000-hour APA-accredited clinical internship focused on primary care training. Duties included provision of psychological services to a predominately male veteran population. Training included outpatient and inpatient psychotherapy, psychological assessment including neuropsychological screening, and rotations through several medical clinics and units. 07/1995-07/1996

Teaching Experience

- St. Mary College - Adjunct Instructor. Undergraduate psychology courses taught include Professional Ethics in the Helping Professions, Social Psychology, and Abnormal Psychology. 08/1996-05/2000
- Rockhurst University - Adjunct Instructor. Undergraduate psychology section of Introduction to Psychology. 08/1999-12/1999
- The University of Memphis - Instructor. Undergraduate psychology courses including Psychology of Personality and Introduction to Psychology. Also served as Continuing Education instructor for Assertiveness Training Course. 08/1994-05/1995

Research

- Evaluating client satisfaction and the effectiveness of a specialized housing and treatment program for severely and persistently mentally ill inmates. This project is currently in the data collection phase.
- Evaluated the effectiveness of utilizing an active learning approach and impact of perceived level of counselor expertness on teaching students about their rights in a career counseling setting.
- Evaluated effectiveness of utilizing an informational brochure to teach psychotherapy clients about their rights in a psychotherapy setting.
- Assisted in development of a seminar for divorcing parents designed to educate them about the effects of divorce on children.
- Assisted in several studies in the area of behavioral medicine including smoking cessation, weight management and hypertension prevention.

ANDREW D. WALTER

CCS Regional Senior Vice President

EDUCATION

Bradley University - Peoria, IL
2007 - Masters in Business Administration

Greenville College - Greenville, IL
2002 - B A - Organizational Leadership

Belleville Area College - Belleville, IL
1988 - A A - Paramedic Science

LICENSURE / CERTIFICATIONS

1986 - Present Paramedic, Illinois

PROFESSIONAL EXPERIENCE

Correct Care Solutions, LLC, Nashville, TN (Previously CHC) 2004 to Present

Regional Senior Vice President 2014 to Present

- Provide day-to-day leadership and management that mirrors the adopted mission and core values of the company
- Collaborate with the leadership team to develop and implement plans for the operational infrastructure of systems, processes, and personnel designed to accommodate the rapid growth objectives of the company.
- Motivate and lead a high performance management team; attract, recruit, and retain required members of the executive team not currently in place, provide mentoring as a cornerstone to the management career development program
- Act as lead "client-care officer" through direct contact with every client and partner
- Responsible for the measurement and effectiveness of all internal and external processes

Divisional Vice President of Operations 2010 to 2014

- Manage, direct and communicate between the organization and current State Department of Corrections clients to ensure client satisfaction
- Work with Business Development to acquire new Department of Corrections contracts in various States, throughout the United States.
- Provide direction and support to Contract Managers, Regional Directors and other support staff to ensure compliance with NCCHC, ACA and other accrediting organizations

Regional Director of Operations 2007 to 2009

- Manage, direct and offer oversight to Regional Corporate Office personnel as well as oversight for nine (9) Contract Managers in the field managing 123 sites in 11 different states
- Interact and communicate on a routine basis with the client to ensure satisfaction
- Travel to various current clients' facilities, to conduct audits of the medical unit and ensure compliance with corporate policies and procedures.
- Attend tours and pre-bid meetings of potential new clients
- Investigate and research employee allegations of misconduct

Director of Human Resources and Contract Management

2004 to 2007

- Manages, directs and evaluates the organization's programs and Human Resources staff by recruiting, selecting, orienting, training, and retaining employees, developing personal growth opportunities; development of Employee Retention Program and Focus Group Training
- Oversee the analysis, maintenance and communication of records required by law or local governing bodies or other departments in the organization
- Write directives advising department managers/supervisors of company policies regarding equal employment opportunities, compensation and employee benefits
- Responsible for improving employee satisfaction by identifying and responding to concerns; developing moral-building programs.
- Maintain consistent actions across the organization by initiating, coordinating and enforcing human resources policies and procedures, obtaining senior management buy-in on new programs; developing managers' leadership skills
- Consult with legal counsel to ensure that policies comply with state and federal law
- Responsible for liaison between administrators and Board of Directors regarding day to day operations of contracts of seven (7) Regional Contract Managers, with 105 total facilities within a eleven (11) state region
- Represent management during union contract negotiations
- Represent management during meetings with government administrators

Wexford Health Sources, Grants, NM

2004

Health Services Administrator

- Responsible for the operations of Health Care Unit within the New Mexico Department of Corrections at the Western New Mexico Correctional Facility
- Managed an operating budget of approximately \$1 7 million, with supervision of a staff of approximately 16

Addus HealthCare Inc., Grants, NM

2003 to 2004

Health Services Administrator

- Responsible for the operations of two Health Care Units within the New Mexico Department of Corrections (New Mexico Women's Correctional Facility and Western New Mexico Correctional Facility)
- Managed budgets of approximately \$2 5 million and \$1 7 million, respectively, and supervised a staff of over 30 between both facilities.

Illinois Department of Corrections, Springfield, IL

2001 to 2003

Chief of Staff

2001 to 2003

- Responsible for general oversight of daily operations of a State Agency employing over 14,000 personnel operating 41 facilities statewide with an annual budget in excess of 1 25 billion dollars

Assistant Deputy Director

2001

- Provided senior management oversight of seven facilities located within 19 counties throughout Central, Illinois employing 2,937 persons and housing 10,819 inmates

BETTY CHRISTEN, RN

CCS Regional Manager

EDUCATION

- RN Associates Degree, Owens Community College, Pearysburg, OH
- Registered Medical Assistant, Stautzenberger College, Bowling Green, OK

LICENSURE / CERTIFICATIONS

- Registered Nurse, Indiana, Michigan, Ohio
- American Red Cross CPR/First Aid

PROFESSIONAL EXPERIENCE

Regional Manager – Correct Care Solutions; Nashville, TN 2014-Present

Responsible for the operational management and oversight of selected contracted sites in Indiana, Michigan and Ohio

Contract Manager / Regional Clinical Administrator – Correctional Healthcare Companies; Ann Arbor, MI 1994-2014

Managed multiple facilities with initiating JCAHO and NCCHC standards. Responsibilities included operational oversight and hiring of clinical staff, budget oversight, and development of corporate policies and procedures

Registered Nurse – Sunshine Children’s Home; Maumee, OH 1992-1994

Conducted health assessments, medication administration, and all other patient care within the Scope of Practice.

Registered Nurse / Registered Medical Assistant – Physicians’ Offices; Toledo, OH 1987-1993

Provided assistance to physicians in all aspects of patient care, including laboratory responsibilities and management of the offices.

COMMUNITY ACTIVITIES

- Instructor for the Ohio Peace Officer Training Council / Corrections Training Programs
- Instructor for the American Red Cross and American Heart Association

DAWN DUCOTE, LCSW, CCHP, CPHQ

CCS Director, Continuous Quality Improvement (CQI)

EDUCATION

- Master of Social Work, 1998; Louisiana State University, Baton Rouge, LA
*President, Alpha Delta Mu, social work honor society
Department of Corrections Stipend Recipient
James Midgley Leadership Award*
- Bachelor of Science, Psychology 1996; Louisiana State University, Baton Rouge, LA
Phi Beta Kappa, Golden Key National Honor Society, Psi Chi

LICENSURE / CERTIFICATIONS

- Licensed Clinical Social Worker (Tennessee - 2002, Indiana - 2009; Louisiana - 2010)
- Certified Corrections Health Professional (CCHP) – 2012
- Certified Professional in Healthcare Quality (CPHQ) – 2013

PROFESSIONAL EXPERIENCE

Director, Continuous Quality Improvement – Correct Care Solutions; Nashville, TN 2009 -Present
In coordination with the Chief Medical Officer, develop, implement, track and trend Continuous Quality Improvement activities for the company at the corporate office. Monitor and coordinate improvement efforts for critical clinical events, mortality reviews, peer reviews, companywide CQI studies and internal audits. Train facility staff on the use and implementation of CQI program at individual facilities. Chair the CQI committee for the company and direct Quality Improvement activities. Aid the Corporate Mental Health Director in contract start-ups, staff development and training, as well as going support to sites.

Clinical Licensure Supervisor – The Next Door, Inc.; Nashville, TN 2012 - Present
Provide clinical supervision to counseling and case management staff eligible for licensure.

PRN Crisis Counselor/Urgicare Senior Clinician – Mental Health Cooperative Inc.; Nashville, TN 2002 – Present,

Assess and develop dispositions for persons in mental health crises. Aid the Davidson County Crisis Team on crisis calls, pre-cert inpatient psychiatric admissions and write an initial Certificate of Need. Serve as an Urgicare consultant on a regular basis, as a senior clinician, authorizing dispositions for each person seen in crisis

Health Services Administrator – Davidson County Jails; Nashville, TN 10/2010 -1/2011

Temporary Assignment for Correct Care Solutions at the CCS-contracted facility, Davidson County Jails. As the Administrator of Healthcare Services for a five jail system, managed and evaluated the Health Care Delivery Program. Ensured medical, dental, pharmacy and mental health program's activities were based upon sound practice, goals, and policies and procedures of Correct Care Solutions, the Davidson County Sheriff's Office, and local, state and federal regulations. Responsible for 100+ staff, including all HR functions and budgeting for the program. Also ensured that accreditation continued and practices corresponded to ACA and NCCHC guidelines

Director, Criminal Justice Services – Mental Health Cooperative, Inc.; Nashville, TN 2001 - 2007
Held various positions during tenure including Director of Program Assesive Community Treatment; and Criminal Justice / Mental Health Liaison and PRN Crisis Counselor / Urgicare Senior Clinician. In most recent role as Director of Criminal Justice Services, developed and monitored services provided in the criminal justice programs, including services with Correct Care Solutions and Davidson County Sheriff's Office, Forensic Assesive Community Treatment, and Criminal Justice Mental Health Liaison Project. In conjunction with the team psychiatrist, had overall responsibility for supervising staff delivery of clinical services to maintain a standard of service excellence. Served as a liaison to Mental Health Court and Treatment Court. Responsible for ensuring Mental Health Services in DCSO jails functioned at or exceeded requirements set by CCS, DCSO, ACA, and NCCHC standards. Also provided direct clinical contact on difficult cases and when primary staff was not on-site

Corrections Clinical Social Worker II – Dixon Correctional Institute; Jackson, LA 1991 – 2001
Case management responsibilities of adult male inmates, assessment of inmates, referrals to the psychiatrist, facilitation and direction of the Sexual Offender Treatment Program and the Angel Management group, facilitation and coordination of the Special Topic Workshop Program and the Offender Prevention program, Trusty Screenings, on-call responsibilities, crisis intervention and suicide assessments, individual counseling and supervision of social work interns.

Social Worker/Group Facilitator – Professional Academy; Baton Rouge LA 1999
Facilitation of sex offender psycho-educational groups, monitoring of sex offenders' compliance with treatment recommendations, consultation with Probation and parole.

Corrections Clinical Social Worker – Avoyelles Correctional Center; Cottonport LA 1998-1999
Case management responsibilities of adult male inmates, assessment of inmates, referrals to the psychiatrist, facilitation and direction of the Sexual Offender Treatment program, facilitation of various groups such as Parenting and Character Counts!, on-call responsibilities, psychological testing, crisis intervention and suicide assessments, and individual counseling.

RFP 6789 Inmate Medical Services for Washtenaw County Sheriff

BUDGET SUMMARY WORKSHEETS TOC

BUDGET SUMMARY WORKSHEET I

BUDGET 2015	
Revenue:	
Total County RFP Request	1,295,507.04
Other Revenue (If any)	-
Total Revenue	1,295,507.04
Expenditures:	
Salaries	705,828.04
Fringe Benefits	160,066.36
Consultants/Contractual	88,855.66
Supplies	20,277.52
Pharmaceuticals	253,615.02
Equipment	3,769.16
Other	63,095.28
Total Expenditures	1,295,507.04

BUDGET WORKSHEET

BUDGET 2016	
Revenue:	
Total County RFP Request	1,327,894.68
Other Revenue (If any)	-
Total Revenue	1,327,894.68
Expenditures	
Salaries	723,473.70
Fringe Benefits	164,068.02
Consultants/Contractual	91,077.05
Supplies	20,784.46
Pharmaceuticals	259,955.40
Equipment	3,863.39
Other	64,672.66
Total Expenditures	1,327,894.68

RFP 6789 Inmate Medical Services for Washtenaw County Sheriff

BUDGET SUMMARY WORKSHEETS

BUDGET SUMMARY WORKSHEET

BUDGET 2017	
Revenue:	
Total County RFP Request	1,361,092.08
Other Revenue (If any)	-
Total Revenue	1,361,092.08
Expenditures:	
Salaries	741,560.57
Fringe Benefits	168,169.72
Consultants/Contractual	93,353.98
Supplies	21,304.07
Pharmaceuticals	266,454.29
Equipment	3,959.97
Other	66,289.48
Total Expenditures	1,361,092.08

BUDGET WORKSHEET

BUDGET 2018	
Revenue:	
Total County RFP Request	1,395,119.40
Other Revenue (If any)	-
Total Revenue	1,395,119.40
Expenditures:	
Salaries	760,099.60
Fringe Benefits	172,373.96
Consultants/Contractual	95,687.83
Supplies	21,836.67
Pharmaceuticals	273,115.65
Equipment	4,058.97
Other	67,946.72
Total Expenditures	1,395,119.40

RFP 6789 Inmate Medical Services for Washtenaw County Sheriff

BUDGET WORKSHEET

BUDGET 2019	
Revenue:	
Total County RFP Request	1,429,997.40
Other Revenue (If any)	-
Total Revenue	1,429,997.40
Expenditures:	
Salaries	779,102.10
Fringe Benefits	176,683.31
Consultants/Contractual	98,080.03
Supplies	22,382.59
Pharmaceuticals	279,943.54
Equipment	4,160.44
Other	69,645.39
Total Expenditures	1,429,997.40



APPENDIX A
POSITION DESCRIPTIONS

Attached are job descriptions for the following key positions:

- Health Services Administrator
- Medical Director

Health Services Administrator

Qualifying Education: Bachelor's degree in Nursing, Health Administration, Business Administration, or health-related field preferred

Reports to: Regional Vice President and Regional Manager

CCS will assign a Health Services Administrator (HSA) to be the designated Responsible Health Authority. The HSA will have the authority to oversee the administrative requirements of the CCS medical program, including recruitment, staffing, contracts, data gathering and review, monthly reports as required, medical record keeping, and other contract services management. The HSA will manage the medical program based on defined goals, objectives, policies, and procedures, and will ensure that the medical program is conducted in accordance with state and local regulations, as well as NCCHC and ACA standards. The HSA will provide administrative supervision for the Medical Director and all other medical staff, and will also perform the following essential job functions:

- Monitor the implementation and effectiveness of procedures and programs
- Evaluate financial/statistical data and program needs/problems, and make recommendations for improvements
- Develop, utilize, revise, interpret, and ensure compliance with CCS and facility policies and procedures
- Monitor subcontracted services, including pharmacy, lab, X-ray, and specialty providers
- Maintain communication and a good working relationship with facility administration, CCS employees, correctional personnel, contracted providers, and outside agencies
- Oversee recruitment, orientation, and performance evaluations of employees
- Assume responsibility for planning, providing, and monitoring staff participation in orientation, education, and development programs
- Assist in recruitment of contracted professionals, including physicians, dentists, psychologists, etc.
- Ensure appropriate licensure, credentialing, and insurance coverage on all medical personnel
- Ensure confidentiality and security of health records and medical information; screen all requests for records and approve/disapprove as appropriate
- Review status of patients with serious health problems, ensuring all necessary intervention and treatment is completed
- Monitor in-patient hospitalizations, pharmacy use, and referrals to off-site consultants to ensure effective utilization management
- Oversee the utilization of special housing and infirmary beds
- Ensure program accreditation as applicable by ensuring the required level of organizational efficiency and the provision of approved and appropriate medical services
- Promote Quality Improvement standards by actively participating in the quality of care screen audits

Site Medical Director

Qualifying Education: Board certified or qualified by the State laws/regulations to practice medicine

Reports to: Regional or Corporate Medical Director (clinically), HSA (administratively)

CCS will assign a Site Medical Director to be the designated Responsible Physician for clinical services. This singularly designated physician health authority will work to ensure the appropriateness and adequacy of health care for the incarcerated population. The Medical Director will be overseen by our Regional Management Team, including the Regional Medical Director and the Regional Manager, who will work with medical personnel to ensure standards-compliant programming as well as consistency of care and continuous quality improvement. The Medical Director must report to the assigned facility at designated times to provide services. The Medical Director will provide clinical oversight to the site medical program in accordance with NCCCHC and ACA standards and will perform the following essential job functions:

- Provide required documentation of services to the Regional or Corporate Medical Director or designee in order to monitor services provided and ensure compliance with the contract
- Notify Regional or Corporate Medical Director and HSA or designee of changes in schedule coverage and assist in arranging for coverage of medical services if unavailable for an extended period of time
- Visit the infirmary daily when on-site and record encounters in the patient's progress notes, ensuring that progress notes are documented in SOAP format; are problem-oriented; correspond to the therapeutic order; are dated, timed, and signed, and are legible if handwritten
- Ensure that all verbal or telephone orders are countersigned within one business day if possible
- Adhere to the established formulary for therapeutic regimens before initiating non-formulary procedures
- Utilize available in-house resource personnel for treatment or resolution of identified problems before making off-site referrals if possible
- Provide emergency treatment on-site and respond appropriately in urgent or emergency situations
- Demonstrate proper technique for cardiopulmonary resuscitation and related drug therapy
- Support standards of correctional medical care by adhering to existing policies and procedures for admission to the infirmary, transfer to an emergency room, and utilization review process for specialty consultant referrals
- Provide consultation for all professionals in the system and supervise care given by other professional or non-professional personnel, providing instructions as needed
- Report any doubts or questions regarding the lack of appropriate referrals or necessary nursing/medical intervention to the Regional or Corporate Medical Director
- Serve as liaison with health care providers in the community and consult with medical specialists for advice and expertise in their respective areas
- Partner with HSA in supervising Continuous Quality Improvement Program, including patient grievances, sanitation, infection control, and utilization management

Assist the HSA in establishing and maintaining chronic care clinics in accordance with NCCHC and ACA standards, as well as CCS policies and procedures

Assist the HSA in monitoring pharmacy services, including formulary compliance, prescribing patterns, and dispensing of medication

Work collaboratively with the HSA to identify problems and recommend solutions to improve patient outcomes

Review and approve treatment protocols and clinical policies and procedures, including infection control, inpatient services, and fire and disaster plans at least annually



CCSGROU-01

LANEDE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/1/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Willis of Tennessee, Inc. c/o 26 Century Blvd P O Box 305191 Nashville, TN 37230-5191	CONTACT NAME: certificates@willis.com	FAX (A/C, No) (888) 467-2378	
	PHONE (A/C, No, Ext) (877) 945-7378	E MAIL ADDRESS	
INSURED Correct Care Solutions, LLC 1283 Murfreesboro Rd Suite 500 Nashville, TN 37217	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Landmark American Insurance Company		33138
	INSURER B: QBE Insurance Corporation		39217
	INSURER C: Stonington Insurance Company		10340
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			LHC742207	11/15/2013	11/15/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> Med Expense						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> Agg \$30,000						GENERAL AGGREGATE \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER.						PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC						POLICY AGG \$ 10,000,000
B	AUTOMOBILE LIABILITY			CBA 3971154	10/1/2013	10/1/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS MADE					AGGREGATE \$
	DED	RETENTION \$					\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			CWC3971153	10/1/2013	10/1/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	N/A				E L EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E L DISEASE - EA EMPLOYEE \$ 1,000,000
							E L DISEASE - POLICY LIMIT \$ 1,000,000
A	Healthcare Prof Liab		<input checked="" type="checkbox"/>	LHC742207	11/15/2013	11/15/2014	SEE ATTACHED

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
\$50,000 Retention applies to Healthcare Professional Liability and General Liability.

Washtenaw County Sheriff is included as an Additional Insured as respects to Professional Liability.

CERTIFICATE HOLDER**CANCELLATION**

Washtenaw County Sheriff 220 North Main Street Ann Arbor, MI 48104	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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Washtenaw County

Ann Arbor, Michigan

Inmate Medical Services

RFP No. 6789

Answers to Follow-Up Questions

September 30, 2014



Respectfully Submitted to:

Washtenaw County Purchasing
Administration Building, 3rd Floor
220 N Main Street
Ann Arbor, MI 48104
734-222-6761



Submitted by:

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

Tax ID# 32-0092573

Point of Contact:

Patrick Cumiskey
President, Correctional Healthcare Division
(615) 324-5777 (Office)
(615) 324-5731 (Fax)
Patrick@ccsks.com



Washtenaw County Inmate Medical Care Services
RFP No 6789



September 30, 2014

Bethann Duffy, CPPB
Senior Buyer, Washtenaw County
Administration Building, 3rd Floor
220 N. Main Street
Ann Arbor, MI 48104
734-222-6761

Sent via email: duffy@ewashtenaw.org

Dear Ms Duffy and Members of the Evaluation Committee

Thank you for the opportunity to address Washtenaw County's questions regarding the CCS Proposal Response to RFP #6789 Inmate Medical Care Services. This letter contains answers and clarifications to the questions listed in your email dated September 26, 2014. In addition to the electronic version sent to you on September 30, 2014, CCS has mailed one (1) hard copy response to the address referenced above.

Please do not hesitate to contact me with any additional questions or concerns you may have.

Regards,

Patrick Cumiskey
President, Correctional Healthcare
1283 Murfreesboro Road, Suite 500
Nashville, TN 37217
615-324-5777
patrick@ccsks.com



2.A Says LPNs will conduct intake and admission screenings then says RNs will conduct intake and admission screenings. Please clarify which it will be. If you meant all RNs, noted there is not enough RN staffing hours to be available for this service.

RNs have a more advanced scope of work than LPNs and can perform any LPN function if required. Typically, LPNs will conduct Intake screenings; however, RNs will assist if LPNs are busy in other areas of the jail

2.A When will current accurate prescription medications be started for new intakes.

CCS will provide pharmacy services 24 hours per day, seven (7) days per week (24/7), 365 days per year. Regular delivery of medications and supplies will be available for next day delivery at a scheduled time, Monday through Saturday. Emergency pharmacy services will be available 24 hours per day, seven (7) days per week through arrangement with a local pharmacy, for medications not part of the on-site standard medications inventory system.

CCS generally initiates routine medications prescribed for daily use within 24 hours of intake. During this period, CCS verifies the medication obtains an adequate supply through stock medications, the pharmacy vendor, or the backup pharmacy. CCS physicians generally provide medications within 24 hours, however, they maintain the authority to discontinue the medications, or prescribe an alternative. When CCS physicians make a decision to decline continuing medications, the reason for the declination is documented in the patient's record.

In addition to verifying routine medications, CCS has established a list of "no-miss" medications to facilitate this process. CCS makes every effort to verify and dispense these medications so that the patient does not miss any doses.

2.C One area says Assessments will be conducted by a licensed nurse another area says an RN. Will it be an RN per NCHC standards?

Per NCHC standards, RNs will conduct the health assessments.

2.E States that "sick call services will be decentralized whenever possible and occur in the housing units as needed". Can you give examples and will it also include readings of inmate TB screens in their housing unit?

CCS will continue to conduct TB screenings and Blood pressure readings in the housing units. CCS will continue to conduct medical examinations for sick call and other aspects in the nursing station and/or medical unit.

2.F Staffing matrix shows 36 hours/week for Clerical CMA although the following paragraph states 32 hours/week. Please clarify?

The Clerical CMA position will be 36 hours per week.



2.F.m There was no response to this RFP question. Please respond.

CCS will continue to provide or arrange for the provision of temporary additional Medical Assistant (MA) staff to meet individual inmate needs. All fees for this service will be contracted in an addendum to the original contract, and will be based on the following fee schedule

	Weekday	Weekend
24 hour day total	\$630.00	\$650.00
Day Shift Hourly	\$25.60/hour	\$26.40/hour
Evening Shift Hourly	\$26.40/hour	\$27.25/hour
Night Shift Hourly	\$26.75/hour	\$27.60/hour

2.G.e There was no response to this significant RFP question. Please respond.

When an inmate who does not have other insurance and is not eligible for Medicaid is transported off-site, CCS will continue to submit their information to Blue Cross/Blue Shield. CCS will continue to provide these services by utilizing staff within our corporate office and/or through on-site support staff. CCS will continue to enter inmates into and remove them from the county Blue Cross/Blue Shield system as required.

2.G Discusses the CCS partnership with CIGNA Provider Network. Washtenaw County currently has a contract with BC/BS and nothing is mentioned about this in your response. It is unclear if you are suggesting for Washtenaw to change to CIGNA through CCS. If so, what are the cost savings that Washtenaw would see vs. BC/BS?

As CCS is not responsible for off-site services, CCS will continue to provide the support services as outlined in 2.G.e

2.N Since the vendor is responsible for medication costs and you indicated that Diamond has the "most cost effective competitive pricing" why would you not change from CorrectRX to Diamond?

CCS is currently rebidding our pharmacy services to determine which pharmacy provider provides the most cost-effective option. Once we have determined this, we will be able to pass these cost savings on to the county to help reduce the capped pricing for psychotropic medication.

2.N.1 States "medications will be administered by CMA's". You have been utilizing RN's and LPN's for this and Washtenaw wishes this to continue. Please clarify if nurses or CMA's will be administering medications?

CCS intends to continue using RNs and LPNs to administer medications. Per the laws of the State of Michigan, CMAs are certified to pass medications. In emergent situations, CCS will use CMAs to assist RNs and LPNs in administering medications. CCS anticipates this will be the exception, and not the normal course of practice.



2.T.1 States will “establish a QI Plan for the Orange County Correctional Facility”. Please clarify?

This is an error CCS will use our CQIP to establish a Quality Improvement (QI) Plan for the Washtenaw County Jail, including the development of the Medical Audit Committee (MAC).

2.T.1 What are NYSCOC standards?

This is an error The CCS CQIP will comply with NCCHC, ACA and Michigan Department of Corrections (MDOC) standards and will include audit and medical chart review procedures

2.T.1 Why will the consulting pharmacist who’s doing on-site inspections be licensed in the “State of New York”? We thought they have to be licensed in the State of Michigan.

This is an error All health professionals, including consulting pharmacists, performing on the Washtenaw contract will continue to be licensed in the State of Michigan

3.B States that the “WCSO program is operated within the NNCHC, ACA and MIDOC medical standards for the duration of the contract”. WCSO is not accredited by NCCHC or ACA. By ensuring that the program is operated within these standards, how does this impact the cost of your proposal and does this also mean you will be following every standard?

CCS bases all of its policies and procedures on NCCHC and ACA standards CCS modifies policies and procedures as needed to make them site specific, and the intent is to ensure compliance with National Standards as staffing and facility dynamics will allow. This is the way we operate all of our sites, and it does not impact the cost of our proposal in any way

4.B Is this your final and best offer?

CCS has evaluated our price, and has lowered our first year price by \$10,000. All additional years will increase by 2% annually, as shown in the following table

2015	\$1,285,507 04
2016	\$1,311,217 18
2017	\$1,337,441 52
2018	\$1,364,190 35
2019	\$1,391,474 16

CCS based this offer on the current price and the existing staffing plan, which exceeds the staffing plan in the RFP The existing enhancements to our staffing plan have been developed through years of on-site experience providing correctional healthcare services at the Washtenaw County Jail Based on our experience, CCS is confident that our staffing plan and final price presents the best value for Washtenaw County



4.D States "Per diem adjustments are over 400 inmates". RFP states 402. Please clarify your response?

CCS agrees to per diem adjustments for an ADP of more than 402 inmates

4.G States that "first new year contract (2015) is at the same base price as the current year, with only necessary adjustments for new staffing as required in the RFP". The only additional staffing requested in the RFP from the current contract with CHC/CCS is the additional 14 hours per week for a pharmacy tech/CMA. It is also unclear if the clerical/CMA is for 36 or 32 hours per week based on your response in 2.F. The RFP only requested 32 hours per week. Your proposal has an increase of \$27,180.00 for 2015, please explain this increase for a CMA?

CCS based its offer on the current price and the current staffing. The current staffing has 36 hours of CMA time. The increase of \$27,180 was for an additional 14 hours per week of pharmacy technician (to 56 per week from 42) and 2 additional hours per week of physician/medical director (to 10 per week from 8) requested in the RFP. These increases are based on Sections 2 F.h (pharmacy tech) and 2 F.j (physician/medical director) of the RFP (Page 9). These hours are not part of the current contract. None of the \$27,180 increase is associated with CMA hours.

4.H.c Does this mean that CCS will enroll "all" inmates? If not, what eligible for Medicaid inmates will be enrolled? How will the 80% enrolled be determined?

CCS will make every effort to enroll **all eligible** inmates for Medicaid.

To mitigate the risk of inmate releases during or after hospitalization, we have each inmate sign an Authorized Representative document during our intake process. To ensure that inmates sign the Authorized Representative, we have created a patient information sheet informing the inmates at intake that by signing this form, we will be able to help them with Medicaid coverage should they have an emergent health care need.

We know that we will not be 100% successful in obtaining the inmates signatures on the Authorization Representative documents. As part of State of Michigan ACA initiatives, the State passed legislation that gives the county jail the authority to sign Medicaid applications on behalf of inmates. We will help the correctional staff with this process when it is needed, including supplying any medical records.

The 80% enrollment percentage will be determined using the following formula:

$$\text{Number of Eligible Inmates Enrolled} / \text{Total Number of Eligible Inmates} = \text{Percentage}$$

(Example: If there are 10 eligible inmates, and CCS enrolls 9 of them, then CCS will have achieved 90%: $9 \text{ enrolled} / 10 \text{ Total Eligible} = 9/10 = 0.9 = 90\%$).

SiRui Huang

From: Cristina Capoot <cristinacapoot@yahoo.com>
Sent: Monday, November 10, 2014 8:30 AM
To: SiRui Huang
Cc: ccapoot@correctcaresolutions.com
Subject: Washtenaw County RFP 6789

Good morning, Ms. Huang

I just spoke to you, thought I would try my personal email address just to get this to you quickly

Patrick Cummiskey forwarded your question related to our proposal response for inmate medical services at the Washtenaw County Correctional Facility. CCS agrees to the following:

Should the cost of specialty medications stay below the annual capitation amount of \$30,000, any unused portion will be refunded to the County or applied to the psychotropic medication costs that exceed the \$120,000 annual capitation.

Please let me know if you need a formal written letter to confirm the above or if this email communication will suffice. Thank you very much for the consideration.

Cristina Capoot

Vice President, Client Services

720-622-8016 office

303-618-6100 mobile

Correct Care Solutions

ccapoot@correctcaresolutions.com