

HEALTH SERVICES AGREEMENT
between
LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT

and
CORIZON, LLC

THIS AGREEMENT, by and between the Lexington-Fayette Urban County Government, Division of Community Corrections ("LFUCG") and Corizon, LLC ("Corizon") (hereinafter collectively referred to as the "parties"), is executed as _____ July 1, 2019 (the "Effective Date").

WITNESSETH:

WHEREAS, LFUCG is charged by law with the responsibility for administering, managing and supervising the health care delivery system at the Adult Detention Center located at 600 Old Frankfort Circle, in Lexington, Kentucky (the "Facility"); and

WHEREAS, the objective of LFUCG is to provide for the delivery of quality health care to inmates in accordance with applicable law; and

WHEREAS, LFUCG desires to enter into a health care services agreement with Corizon to promote this objective; and

WHEREAS, Corizon provides correctional health care staffing and services and desires to provide such staffing and services for LFUCG under the terms and conditions of this Health Services Agreement (the "Agreement").

NOW, THEREFORE, with the intent to be legally bound, and in consideration of the covenants and promises hereinafter made, the Parties hereto agree as follows:

ARTICLE I: HEALTH CARE SERVICES.

1.1 General Engagement. LFUCG hereby engages Corizon to provide and to arrange to provide for the delivery of reasonable and necessary medical and dental care to individuals under the custody and control of t LFUCG and sentenced to and incarcerated at the Facility ("Inmates"), and Corizon hereby accepts such engagement according to the terms and provisions hereof. Corizon understands and agrees that it will only be financially responsible for the on-site,

off-site and emergency care that Corizon and its providers have ordered and coordinated.

1.2 Scope of Services. Corizon will provide on a regular basis professional medical, nursing, dental and related health care and administrative services for the Inmates, including a program for a thorough and complete health care screening at intake of Inmates upon arrival at the Facility, regularly scheduled sick call, nursing coverage, regular physician visits on site, infirmary care, hospitalization, medical specialty services, including chronic care and infection control, emergency medical care, telehealth services, medical records management, pharmacy services, health education and training services, a quality assurance program, administrative support services, and other services, all as more specifically described hereinafter and as defined in LFUCG's RFP #2-2019 Offender Health Care Services for Community Corrections (Exhibit A), Certificates of Insurance (Exhibit B), Letter dated April 11, 2019 – Offender Health Services Contract Negotiations (Exhibit C), Corizon's Proposal dated February 14, 2019 (Exhibit D), and Corizon's Final Cost Table (Exhibit E).

The terms, conditions and obligations of the RFP issued by LFUCG and Corizon's Proposal to LFUCG are hereby incorporated by reference and made a part of this Agreement as if fully set out herein.

However, the parties acknowledge and agree that the following statements from the RFP #2-2019 are deleted in their entirety from the contract and shall have no force and effect:

- Part D - Scope of Services, Section 2.b: Note: *iii, iv, vi will require paybacks for untimeliness @ \$200.00 per late event
- Part D - Scope of Services, Section 3.h: In the event the Medical Director and/or Health Services Administrator position is vacated for over 40 hours, (five business days), and not filled by a qualified provider, the Contractor will reimburse LFUCG twice the actual cost (salary and fringe) for unfilled hours.

1.3 Specialty Services. Corizon will provide for specialty services (e.g. radiology services, laboratory services, etc.) on site to the extent reasonably possible. To the extent specialty care is required and cannot be rendered on site, Corizon will make appropriate off-site arrangements for the rendering of such care. Corizon shall be financially responsible for such care provided on site or off-site subject to the provisions of the Aggregate Cap as outlined in Section 1.15 and Article IX.

1.4 Emergency Services. Corizon will be responsible to provide off-site emergency medical care to Inmates, to the extent required, through arrangements to be determined with local hospitals. Corizon will provide and be financially responsible subject to the provisions of the Aggregate Cap for ambulance services for emergency circumstances involving Inmates. Routine transfers will be the financial responsibility of LFUCG in regards to off-site non-emergency medical treatment. Corizon will provide emergency medical response to Inmates, visitors and Facility staff as necessary and appropriate on site.

1.5 Hospitalization Services. Corizon will arrange for the admission of any Inmate, who in the opinion of the treating physician requires hospitalization and Corizon will bear the costs thereof, subject to the provisions of the Aggregate Cap.

1.6 Telehealth Services. Corizon agrees to provide one mobile telehealth unit as outlined in Exhibit D at no additional expense to LFUCG. Corizon shall develop and implement all available opportunities for onsite clinical tele health initiatives, where clinical need is evident, as measured by the number of inmates identified to benefit from such service.

1.7 Infant Care. Corizon will provide health services to any pregnant Inmate, subject to the provisions of the Aggregate Cap. However, any health care services provided to an infant following birth will be the responsibility of LFUCG.

1.8 Blood Draw Services. Corizon will perform on-site blood drawing services on individuals who have been presented to Corizon at the Facility as arrested for driving under the influence (DUI). Consistent with NCCHC standards, Corizon staff will perform such blood draws only with the individual's written consent.

1.9 Pharmaceutical Services. Medications prescribed for any inmate that are currently maintained on-site in stock medication form will be made available within eight (8) hours of the order being written. Non-formulary and patient specific prescriptions will be made available to the inmate on the next business day, Monday through Friday. Corizon will utilize the community back up pharmacy on weekends, after normal business hours, and holidays, to ensure timely procurement and delivery of medication. Corizon will be responsible for the cost of all medications, with the exception of HCV medications, psychotropic medications and Factors VIII and IX for the treatment of blood disorders, including the associated charges to package and deliver medication to the Facility. Corizon will bill LFUCG with its actual acquisition cost for all HCV medications and Factors VIII and IX provided at the facility. Corizon will bill LFUCG for all psychotropic

medications prescribed. Corizon will continue to be responsible for receipt, inventory, distribution, and administration of psychotropic medications for the mental health provider.

Corizon will take returns for all pharmaceuticals from LFUCG based upon Federal, State, and Local laws and regulations. Credit for returned medications will be given to LFUCG on HCV medications and factor products in accordance with these guidelines, as well as Corizon's standards for return and reuse of medications. Corizon will issue credit for the quantities returned for HCV medication and Factor products at the base price originally charged to LFUCG.

Other than HCV medications and factor products, inasmuch as Corizon bears the risk associated with providing medications and pharmaceutical services for the inmate population all discounts and rebates negotiated and received by Corizon or its pharmacy vendor will remain the property of Corizon and/or its pharmacy vendor. Discounts and rebates on HCV medications and factor products will be passed along to LFUCG based upon LFUCG's net utilization as a percentage of total utilization generating the discount or rebate.

Corizon will work with its pharmacy subcontractor to investigate whether they can obtain 340B pricing for specific categories of pharmaceuticals provided to LFUCG's inmates. If Corizon and/or its pharmacy vendor obtains 340B pricing which results in an overall reduction in program costs from the current medical contract price, Corizon agrees that the savings resulting from 340B pricing will be for the benefit of LFUCG and the parties will agree on a mutually acceptable process and/or amendment to provide those savings to LFUCG.

1.10 Elective Medical Care. Corizon will not be responsible for the provision of elective medical care to Inmates. For purposes of this Agreement, "elective medical care" means medical care which, if not provided, would not in the opinion of Corizon's Medical Director cause the Inmate's health to deteriorate or cause definite harm to the Inmate's well-being.

1.11 Health Care Services to Visitors and Staff. Corizon shall provide emergency medical treatment to visitors or Facility staff as necessary and appropriate on-site.

1.12 Transportation Services. To the extent any Inmate, visitor, or Facility staff requires off-site health care treatment (e.g. emergency care, hospitalization, specialty services, etc.), LFUCG will provide appropriate transportation services as requested by Corizon.

1.13 Electronic Health Record Upgrade. Corizon agrees to work with LFUCG to assist in the evaluation of electronic medical record vendors in order to upgrade the current system. A solution must be mutually agreed upon by both Corizon and LFUCG within ninety (90) days from the Effective date of the agreement barring any situation that it outside of Corizon's control. Any upgrades to the current system will be the financial responsibility of Corizon. Once the upgrade is complete, Corizon agrees to provide support as outlined in Exhibit F.

1.14 Electronic Health Record Backup. Within 45 days of the EHR decision being made barring any situation that it outside the control of Corizon, Corizon will work with LFUCG to implement a new backup solution for the EHR at no additional cost to LFUCG. LFUCG will work in good faith with Corizon and will not unreasonably withhold approval for new solutions, pending their security review.

1.15 Unauthorized Absence and Pre-Booking Injuries. To the extent possible and medically appropriate, Corizon agrees to render on-site medical services to Inmates for injuries incurred prior to incarceration. In no event, however, shall Corizon be liable for or responsible for the payment of:

- (a) any claim, liability, cost or expense for off-site hospitalization or specialty services arising or incurred at any time in connection with treatment of any Inmate's injury if such injury occurred (i) during any period prior to the Inmate's incarceration or (ii) while the Inmate was away from the Facility during an unauthorized absence such as an escape status, exceptions would be in the case of school or work release, community service, or judicial pass, for reasons other than health care prescribed by Corizon employees or contractors; or
- (b) any claim, liability or cost for off-site hospitalization or specialty services arising out of LFUCG's, or any of their respective employees, officers, agents or subcontractors (i) preventing any Inmate from receiving medical care ordered by Corizon employees or contractors, (ii) failure to exercise ordinary care for a corrections officer in promptly presenting any ill or injured Inmate for treatment by Corizon employees or contractors, or (iii) own acts or omissions, including acts of negligence or willful misconduct.

Corizon understands and agrees that once an inmate has been accepted and has been booked into the jail, Corizon accepts responsibility for the provision of health care services, subject to the provisions of the Aggregate Cap.

1.16 Aggregate Cap for Off- Site & Contracted Services. Corizon will be responsible for payment of all contracted services up to an annual aggregate total of \$250,000. Should the amount incurred be less than \$250,000, Corizon will refund LFUCG an amount equal to \$250,000 less the cost of contracted services. Should the amount incurred be in excess of \$250,000, up to \$300,000 LFUCG and Corizon will split the costs on a 50/50 basis. Over \$300,000 LFUCG will be responsible for all costs.

The following costs are considered contracted medical costs and will be included in the annual aggregate cap calculations:

- Emergency room visits
- Ambulance services, including air ambulance
- Off-site physician fees, including those provided by telemedicine
- Off-site dental fees
- Diagnostic services (onsite and off-site) including laboratory, radiology, and dialysis services (including required medications)
- Physical and occupational therapy for both on and off-site services
- Optometry and audiology services
- Outpatient procedures and surgeries
- Inpatient hospitalization (medical, surgical, dental, and mental health)
- Ancillary hospital services
- Hospice and long term care / skilled nursing care facilities
- On-site specialist fees (positions not identified in the staffing plan)
- Network premiums, administrative fees, third party scrubbing and repricing fees
- Non-emergency transportation
- Prosthetics, orthotics and other patient specific durable medical equipment

Corizon will supply a comprehensive accounting of all contracted medical services to LFUCG on a monthly basis. Corizon will invoice LFUCG on a monthly basis for the balance of total claims paid above the annual threshold, less previous amounts billed to LFUCG. Corizon understands that all offsite services provided under this agreement will be reimbursed at amounts that do not exceed rates offered under Kentucky Medical Assistance Program (KMAP). Corizon will provide LFUCG with documentation on a monthly basis that supports the

payments made to offsite providers. Corizon will apply its 365 day timely filing policy to claims submitted relating to LFUCG's inmates.

At the end of each contract period, Corizon will notify off-site providers of the requirement to submit claims for reimbursement within 90 days after the end of the contract period. Corizon will then have another 90 days to adjudicate and pay all outstanding claims, with a final billing/credit being issued to LFUCG 210 days after the end of the contract period. In the event Corizon receives a request for claims reimbursement after the final billing/credit for an expired contract period, such claim will be charged to the next contract period provided the request for claims reimbursement complies with Corizon's 365 day timely filing policy or is documented as in the appeals process. Upon the final expiration, or early termination of the Agreement, any claims identified after the final reconciliation will be returned to the off-site provider unpaid.

ARTICLE II: PERSONNEL.

2.1 Staffing. Corizon will provide the administrative, medical, nursing and support personnel for the rendering of health care services based upon the following ADP levels:

- (a) Up to 1,550 offenders

Position	Hours per Week	FTE
<i>Day Shift</i>		
Administrator	40	1.00
Director of Nursing	40	1.00
Medical Director	40	1.00
Midlevel Practitioner	40	1.00
RN	192	4.80
LPN	264	6.60
Nursing Assistant	40	1.00
Administrative Assistant	40	1.00
ACA Coordinator	40	1.00
Medical Records Clerk	40	1.00
Dentist	20	0.50
Dental Assistant	20	0.50
<i>Evening Shift</i>		
RN	112	2.80

LPN	224	5.60
Night Shift		
RN	112	2.80
LPN	224	5.60
Total Staffing	1,488	37.20

Full Time Equivalent (FTE) is defined as 2,080 hours annually inclusive of training, orientation and paid leave (sick, vacation, holiday, personal and other paid time).

(b) The staffing levels can be increased based upon patient acuity as well as population levels, only by mutual agreement of the Parties.

(c) Corizon shall provide adequate health care personnel to perform those services listed in this Agreement.

1. Minimum on-site coverage must include:

- a. Twenty-four (24) hours, seven days per week qualified medical coverage in the Facility Infirmary and the Facility Intake Area;
- b. Twenty-four (24) hours, seven days per week qualified medical coverage in the Facility medical and detoxification housing unit;
- c. Licensed medical services (physician) to support the above coverage.

(d) Corizon will provide the name, date of birth, local address, previous employment, social security number and copy of driver's license for all employment applicants. Prior to approval for employment, an applicant screening will be conducted, coordinated with LFUCG, to include fingerprints and background check.

- i. Applicable licenses and/or certificates for all professional staff must be on file with Corizon and available to LFUCG prior to employment.

- ii. Malpractice insurance must be on file for all Physicians and Nurse Practitioners, and other professional or paraprofessional employees, if applicable.
- (e) All employees of Corizon with inmate contact will adhere to:
- i. The dress and appearance regulations of LFUCG, as they apply to employees wearing civilian clothing
 - ii. The security regulations of LFUCG, as they relate to care, custody and control of the inmate population.
- (f) Copies of staffing schedules encompassing all health care staff are to be posted in designated areas and submitted to LFUCG's Administrative Officer, Senior on a weekly basis, with updates regarding changes. Corizon will be required to demonstrate staffing by **post** using a duty roster by facility, each shift and signed by appointed supervisor to be submitted to LFUCG's Administrative Officer, Senior daily.
- (g) For each position included in the staffing plan, a payback will be required by LFUCG for any unfilled hours. For each unfilled hour of such staff time, Corizon will provide a credit at the average hourly salary rate plus benefits for each of the positions (i.e. Medical Director, RN, LPN, etc.) as included in Exhibit F. In all cases, employees not currently working required position hours may be used for such similar position.
- (h) In the case where an LPN covers RN hours, only the difference of the payback rate will be applied for credit, this can only be initiated with prior approval from Lexington's Jail Director or designee.

Unfilled hours include those hours which are not filled due to voluntary or involuntary termination or any other reason or incident resulting in the position being unfilled. Corizon will calculate, reconcile, and report any unfilled hours by position for each month, providing the report to LFUCG. However, unfilled hours will not include those hours not filled due to Corizon Paid Time Off (Hereinafter "PTO"), for items such as illness, annual, or personal leave.

In the event of staff shortages, the use of "agency" or "pool" nurses shall not exceed 15% of the total staffing compliment for any monthly period. Pool nurses does not include "per diem" staff hired directly by Corizon to work on an as needed basis. In the event Corizon exceeds this limit, a charge back equal to one hundred percent (100%) of the average hourly salary rate for each of the

positions shall be assess for each hour Corizon exceeds the fifteen percent (15%) cap.

- (i) LFUCG reserves the right to search any person, property or article entering its facility.

2.2 Licensure, Certification and Registration of Personnel. All personnel provided or made available by Corizon to render services hereunder will be licensed, certified or registered, as appropriate, in their respective areas of expertise pursuant to applicable Kentucky law.

2.3 LFUCG Satisfaction with Health Care Personnel. If the LFUCG should become dissatisfied with any health care personnel provided by Corizon hereunder, Corizon, in recognition of the sensitive nature of correctional services, will, following receipt of written notice from LFUCG of its dissatisfaction and the reasons thereof, exercise its best efforts to resolve the problem and, if the problem is not resolved, remove the individual about whom LFUCG has expressed its dissatisfaction. Corizon will be allowed a reasonable time prior to removal to find an acceptable replacement.

2.4 Use of Inmates in the Provision of Health Care Services. Inmates will not be employed or otherwise engaged by either Corizon or LFUCG in the direct rendering of any health care services. Inmates may be used in certain janitorial positions not involving the rendering of health care services directly to Inmates as the Parties may mutually agree. At no time may an inmate be engaged in a position that would provide him or her access to medical records.

2.5 Discrimination. Corizon will recruit, select, train, promote, transfer and release its personnel, as contemplated hereunder, without regard to race, color, religion, national origin, handicap, Vietnam veteran status, age or sex (except where age, sex or handicap is a bona fide occupational qualification). Further, Corizon will administer its other personnel policies such as compensation, benefits, layoffs, return from layoff, company sponsored training, education, and tuition assistance without regard to race, color, religion, national origin, handicap, Vietnam-Era status, age or sex.

ARTICLE III: ACCREDITATION.

3.1 Accreditation. Corizon acknowledges that LFUCG does not have, nor is it currently seeking, American Correctional Association ("ACA") or National

Commission on Correctional Health Care for Jails (“NCCHC”) accreditation but desires to be consistent with these standards. Corizon understands that LFUCG intends to seek NCCHC accreditation during the term of this contract. Therefore, Corizon’s services hereunder will be designed to meet the standards developed by ACA and NCCHC, and Corizon will cooperate fully with LFUCG in any efforts to obtain formal accreditation of the Facility’s health care program, but will not bear any financial responsibility for any accreditation fees.

ARTICLE IV: EDUCATION AND TRAINING.

4.1 Inmate and Staff Health Education. Corizon will conduct health education program for Inmates and correctional officers at the Facility toward the objective of raising the level of Inmate health and health care, as requested.

ARTICLE V: REPORTS AND RECORDS.

5.1 Medical Records. Corizon will cause to be maintained an electronic medical record for each Inmate who receives health care services. This medical record will be maintained pursuant to applicable law and will be kept separate from the Inmate's confinement record. A complete copy of the applicable medical record will be available to accompany any Inmate who is transferred from the Facility to another location for off-site services. Medical records will be kept confidential. No information contained in the electronic medical records will be released by Corizon except as provided by LFUCG's policy, by a court order, or otherwise in accordance with applicable law.

5.2 Inmate Health Insurance and Third Party Reimbursement. Corizon will ascertain information regarding insurance status at first medical encounter with the inmate. Should an offender be covered by third party insurer, public or private, a note will be made to that effect on the chart. Should an offender need off-site care, those insured by a third party will have the name and policy number of the coverage identified on the off-site transfer papers. Included with each set of transfer papers will be a note to the provider requiring billing be forwarded to the third party provider, not to LFUCG or Corizon.

5.3 Inmate Information. In order to assist Corizon in providing the best possible health care services to Inmates, LFUCG will provide Corizon with information pertaining to Inmates that Corizon identifies as reasonable and necessary for Corizon adequately to perform its obligations hereunder.

5.4 Corizon Records Available to LFUCG with Limitations on Disclosure. Corizon will make available to LFUCG, at LFUCG's request, all records, documents and other papers relating to the direct delivery of health care services

to Inmates hereunder; provided, however, that LFUCG understands that the systems, methods, procedures, written materials and other controls employed by Corizon in the performance of its obligations hereunder are proprietary in nature and will remain the property of Corizon and may not, at any time, be used, distributed, copied or otherwise utilized by LFUCG, except in connection with the delivery of health care services hereunder, unless such disclosure is approved in advance in writing by Corizon, or such disclosure is required by law.

5.5 LFUCG Records Available to Corizon with Limitations on Disclosure. During the term of this Agreement and for a reasonable time thereafter, LFUCG will provide Corizon, at Corizon' request, LFUCG's records relating to the provision of health care services to Inmates as may be requested by Corizon or as are pertinent to the investigation or defense of any claim related to Corizon' conduct. LFUCG will make available to Corizon such records as are maintained by LFUCG, hospitals, and other outside health care providers involved in the care or treatment of Inmates (to the extent LFUCG has any claim to those records) as Corizon may reasonably request consistent with applicable law; provided, however, that any such information released by LFUCG to Corizon that LFUCG considers confidential will be kept confidential by Corizon and will not, except as may be required by law, be distributed to any third party without prior written approval by LFUCG.

5.6 Administrative Reports. Corizon will provide to LFUCG annual, monthly and daily statistical reports as requested by LFUCG in the RFP in a form and format mutually agreed upon by the parties.

ARTICLE VI: SECURITY.

6.1 General. Corizon and LFUCG understand that adequate security services are necessary for the safety of the agents, employees and subcontractors of Corizon, as well as for the security of Inmates and Facility staff. LFUCG will provide sufficient security services to enable Corizon and its personnel safely to provide the health care services called for hereunder.

6.2 Transportation Off-Site. LFUCG will provide security as necessary and appropriate in connection with the transportation of any Inmate between the Facility and any other location for off-site services as contemplated herein.

ARTICLE VII: OFFICE SPACE AND EQUIPMENT

7.1 Office Space and Support. LFUCG agrees to provide Corizon with the existing office space, facilities, office furniture, utilities (including local telephone service), to enable Corizon to perform its obligations hereunder. Corizon will

reimburse LFUCG for all long distance telephone charges incurred. Should Corizon require additional office furniture, Corizon will be solely responsible for the cost of such furniture.

7.2 IT Equipment. LFUCG and Corizon will share equally in the purchase all computer equipment and peripherals that the parties have mutually agreed to purchase. LFUCG will replace any computer equipment and peripherals during the term of the contract as needed and maintain ownership of equipment at contract termination.

7.3 Medical Equipment. LFUCG and Corizon will share the costs equally in the purchase of medical equipment the parties have mutually agreed to purchase. LFUCG will maintain ownership of equipment at contract termination. Corizon is solely responsible for the repair and maintenance of the medical equipment.

7.4 Delivery of Possession. LFUCG will deliver to Corizon on the date of commencement of this Agreement possession and control of all office equipment and supplies then in place at the Facility's health care unit that is LFUCG's property.

7.5 Supplies. Corizon warrants and represents that the quality and quantity of supplies on hand during this Agreement will be sufficient to enable Corizon to perform its obligations hereunder.

7.6 General Services. LFUCG will provide for each Inmate receiving health care services no less than the full range of services and facilities provided by LFUCG for other Inmates at the Facility including, but not limited to, daily housekeeping services, dietary services, building maintenance services, personal hygiene supplies and services, and linen supplies.

ARTICLE VIII: TERM AND TERMINATION OF AGREEMENT.

8.1 Agreement Term. This Agreement will be effective as of 12:01 A.M. on July 1, 2019 for an initial term of three (3) years. This Agreement may be renewed for two (2) additional one-year extensions, unless either party delivers written notice of non-renewal to the other party at least 90 days prior to the expiration of the then-existing term, in which event this Agreement will terminate upon the expiration of the then-existing term.

8.2 Termination. This Agreement may be sooner terminated on the first to occur of the following:

- (a) Termination by Agreement. In the event LFUCG and Corizon mutually agree in writing, this Agreement may be terminated on terms and date stipulated therein.
- (b) Termination for Default. In the event either party shall give notice to the other that such other party has materially defaulted in the performance of any of its obligations hereunder and such default shall not have been cured within (30) thirty days following the giving of such notice in writing, the party giving notice shall have the right immediately to terminate this Agreement; provided, however, that the cure period shall be limited to (10) ten days if the default is failure by LFUCG to timely make any payments due Corizon hereunder.
- (c) Termination by Either Party. Either party may terminate this Agreement without cause by giving the other party at least ninety (90) days prior notice.
- (d) Non-Appropriation Clause. Corizon acknowledges that LFUCG is a governmental entity, and the Agreement validity is based upon the availability of public funding under the authority of its statutory mandate.

In the event that public funds are unavailable and not appropriated for the performance of LFUCG's obligations under this Agreement, then this Agreement shall automatically expire without penalty to LFUCG thirty (30) days after written notice to Corizon of the unavailability and non-appropriation of public funds. It is expressly agreed that LFUCG shall not activate this non-appropriation provision for its convenience or to circumvent the requirements of this Agreement, but only as an emergency fiscal measure during a substantial fiscal crisis, which affects generally its governmental operations.

In the event of a change in LFUCG's statutory authority, mandate and mandated functions, by state and federal legislative or regulatory action, which adversely affects LFUCG's authority to continue its obligations under this Agreement, then this Agreement shall automatically terminate without penalty to LFUCG upon

written notice to Corizon of such limitation or change in LFUCGs' legal authority.

8.3 Responsibility for Inmate Health Care. Upon termination of this Agreement, total responsibility for providing health care services to all Inmates, including Inmates receiving health care services at facilities off-site, will be transferred from Corizon to LFUCG.

ARTICLE IX: COMPENSATION.

9.1 Base Compensation. LFUCG will pay Corizon the sum of \$5,330,742 for the first year of this Agreement for a daily average base inmate population between 1,450 and 1,550 inmates, payable in equal monthly installments of \$444,228.50 per month. Compensation for the second year of this Agreement will be \$5,485,328, payable in equal monthly installments of \$457,110.67. Compensation for the third year of this Agreement will be \$5,645,703, payable in equal monthly installments of \$470,475.25.

Corizon will bill LFUCG on or before the first day of the month for which services will be rendered, and LFUCG agrees to pay Corizon on or before the last day of the month for which services will be rendered. In the event this Agreement should terminate on a date other than the end of a calendar month, compensation to Corizon will be pro-rated accordingly for the shortened month.

9.2 Renewal Terms. Annual price adjustments to the base compensation after the initial contract term (years 1 through 3) will be made using the medical care component of the CPI table (South region – quoted for March each year) as published by the Bureau of Labor Statistics. The percentage increase will be applied to the base compensation applicable for the preceding year.

9.3 Changes in Inmate Population. When the population exceeds 1,550, a per diem rate of \$1.50 will be applied to the monthly base compensation for each inmate in excess of the daily base population of 1,550. A separate invoice for the per diem rate for population above 1,550 will be submitted to LFUCG within fifteen days of receipt of the base population from LFUCG. Payment will be made by LFUCG within thirty days of receipt of the invoice. When the population is below 1,450, a per diem rate of \$1.50 will be credited to the monthly base compensation for each inmate below the daily base population of 1,450. A separate credit memo for the per diem credit will be submitted to LFUCG within fifteen days of receipt of the base population from LFUCG. The credit can be applied to the next scheduled payment to Corizon.

The per diem rates for contract year two will be \$1.57 and contract year three will be \$1.64. These rates will be applied when the population exceeds 1,550 or falls below \$1,450.

9.4 Per diem adjustments for Inmate Population for Renewal Terms. Annual price adjustments to the variable per diem after the initial contract term (years 1 through 3) will be made using the medical care component of the CPI table (South region – quoted for March each year) as published by the Bureau of Labor Statistics. The percentage increase will be applied to the per diem applicable for the preceding year.

ARTICLE X: LIABILITY AND RISK MANAGEMENT.

10.1 Insurance. Corizon shall not commence any work in connection with this Agreement until all the following types of insurance and such insurance have been obtained and approved by LFUCG, nor shall Corizon allow any subcontractor to commence work until all similar insurance required of the subcontractor has been so obtained and approved. All insurance policies shall be with insurers qualified and doing business in the Commonwealth of Kentucky.

(a) Worker's Compensation Insurance

- i. Corizon shall take out and maintain during the life of this Agreement, Worker's Compensation Insurance for all employees connected with the work of this project and, in case any work is sublet, Corizon shall require the subcontractor similarly to provide Worker's Compensation Insurance for all the subcontractor's employees unless such employees are covered by the protection afforded by Corizon.
- ii. Such insurance shall comply fully with the Kentucky Worker's Compensation Law.
 1. In case any hazardous work under this Agreement at the site of the project is not protected under the Worker's Compensation statute, Corizon shall provide, and cause each subcontractor to provide adequate insurance, satisfactory to LFUCG, for the protection of employees not otherwise protected.
- iii. Worker's Compensation shall be provided as required by the Kentucky Revised Statutes, and Employer's Liability in the amount of \$300,000.

1. Corizon shall waive all rights of subrogation against LFUCG for losses arising from work performed by Corizon for LFUCG.
2. Coverage shall not be suspended or reduced in limits during the Agreement period.

(b) Corizon's Public Liability and Property Damage Insurance

- i. Corizon shall take out and maintain during the life of this Agreement, Comprehensive General Liability Insurance and Comprehensive Automobile Liability Insurance and shall protect from claims for damage for personal injury, including accidental death, as well as claims for property damage which may arise from operations under this Agreement whether such operations be by Corizon or by anyone directly or indirectly employed by Corizon.
- ii. The amounts of such insurance shall be the minimum limits as follows:
 1. Comprehensive General – \$300,000 bodily injury and property Liability damage combined single limit.
 2. Automobile – \$300,000 bodily injury and property damage combined single limit.

(c) Other Insurance

- i. Professional Liability – covering medical incidents during the Agreement period and providing the following coverage and endorsement:
 1. Not less than \$1,000,000 per occurrence, \$3,000,000 aggregate for independent contractor physicians contracted by Corizon.
 2. Limits of not less than \$1,000,000 per occurrence, 3,000,000 aggregate for Corizon's employees including nurses, medical technicians, other medical or professional staff and employees acting under the control or supervision of Corizon for any act or omission in the furnishing of medical services.

10.2 Indemnity and Hold Harmless Provision. LFUCG agrees to notify Corizon's Legal Department in writing within thirty (30) days after LFUCG has received written notice of a claim. Corizon's indemnification and defense obligations hereunder will not apply for expenses incurred or settlements offered

or effected, prior to notice to Corizon. Corizon shall have the right to control the defense and/or settlement of the claim.

- (a) It is understood and agreed by the parties that Corizon hereby assumes the entire responsibility and liability for any and all damages to persons or property caused by or resulting from or arising out of any act or omission on the part of Corizon or its employees, agents, servants, owners, principals, licensees, assigns or subcontractors of any tier under or in connection with this Agreement and/or the provision of goods or services and the performance or failure to perform any work required thereby.
- (b) Corizon shall indemnify, save, hold harmless and defend the LFUCG and its appointed officials, employees, agents, volunteers, and successors in interest, but not limited to, demands, claims, obligations, causes of action, judgments, penalties, fines, liens, costs, expenses, interest, defense costs and reasonable attorney's fees that are in any way incidental to or connected with, or that arise or are alleged to have arisen, directly or indirectly, from or by Corizon's performance or breach of the Agreement and/or the provision of goods or services provided that: (a) it is attributable to personal injury, bodily injury, sickness, or death, or to injury to or destruction of property (including the loss of use resulting therefrom), or to or from the negligent acts, errors or omissions or willful misconduct of the Corizon; and (b) not caused solely by the active negligence or willful misconduct of LFUCG.
- (c) Notwithstanding, the foregoing, with respect to any professional services performed by Corizon hereunder (and to the fullest extent permitted by law), Corizon shall indemnify, save, hold harmless and defend LFUCG from and against any and all liability, damages and losses, including but not limited to, demands, claims, obligations, causes of action, judgments, penalties, fines, liens, costs, expenses, interest, defense costs and reasonable attorney's fees, for any damage due to death or injury to any person or injury to any property (including the loss of use resulting therefrom) to the extent arising out of, pertaining to or relating to the negligence, recklessness or willful misconduct of Corizon in the performance of this agreement.

- (d) In the event LFUCG is alleged to be liable based upon the above, Corizon shall defend such allegations and shall bear all costs, fees and expenses of such defense, including but not limited to, all reasonable attorneys' fees and expenses, court costs, and expert witness fees and expenses, using attorneys approved in writing by LFUCG, which approval shall not be unreasonably withheld.
- (e) These provisions shall in no way be limited by any financial responsibility or insurance requirements, and shall survive the termination of this agreement.
- (f) LFUCG is a political subdivision of the Commonwealth of Kentucky. Corizon acknowledges and agrees that LFUCG is unable to provide indemnity or otherwise save, hold harmless, or defend the Corizon in any manner.

10.3 Limitation of Liability. The parties to this Agreement both acknowledge that Corizon is providing the services contemplated hereunder as a corporation primarily acting as an instrumentality of LFUCG; consequently, any and all statutory, common law or legislative limitations on the liability of instrumentality's of LFUCG are applicable to Corizon.

ARTICLE XI: MISCELLANEOUS.

11.1 Independent Contractor Status. LFUCG expressly acknowledges that, other than set forth in Section 10.3, Corizon is an "independent contractor," and nothing in this Agreement is intended nor shall be construed to create an agency relationship, an employer/employee relationship, a joint venture relationship, or any other relationship allowing LFUCG to exercise control or direction over the manner or method by which Corizon or its subcontractors perform hereunder.

11.2 Assignment. Corizon shall not assign or subcontract any portion of the Agreement without the express written consent of Division. Any purported assignment or subcontract in violation hereof shall be void. It is expressly acknowledged LFUCG shall never be required or obligated to consent to any request for assignment or subcontract; and further that such refusal to consent can be for any or no reason, fully within the sole discretion of LFUCG.

11.3 Notice. All notices or other communications required or permitted to be given under this Agreement shall be in writing and shall be deemed to have been duly given if delivered personally in hand or mailed certified mail, return

receipt requested, postage prepaid on the date posted, and addressed to the appropriate party at the following address or such other address as may be given in writing to the parties:

(a) **LFUCG:**

Lexington-Fayette Urban County Government
Division of Community Corrections
600 Old Frankfort Pike
Lexington, KY 40510

Attention: Director

(b) **Corizon:**

Corizon, LLC
103 Powell Court
Brentwood, TN 37027

Attention:
Senior Vice President – Community Corrections
Cc to:
Chief Legal Officer

11.4 Governing Law. This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Kentucky. In the event of any proceedings regarding this Agreement, the parties agree that the venue shall be the Fayette County Circuit Court or the U.S. District Court for the Eastern District of Kentucky, Lexington Division. The parties expressly consent to personal jurisdiction and venue in such Court for the limited and sole purpose of proceedings relating to this Agreement or any rights or obligations arising thereunder. Service of process may be accomplished by following the procedures prescribed by law.

11.5 Entire Agreement. This Agreement, along LFUCG's RFP #2-2019 Offender Health Care Services for Community Corrections (Exhibit A), Certificates of Insurance (Exhibit B), Letter dated April 11, 2019 – Offender Health Services Contract Negotiations (Exhibit C), Corizon's Proposal dated February 14, 2019 (Exhibit D), Corizon's Final Cost Table (Exhibit E), and (Exhibit F) Staffing Plan with Rates constitutes the entire agreement of the parties and is intended as a complete and exclusive statement of the promises, representations, negotiations, discussions and agreements that have been made in connection with the subject matter hereof.

11.6 Order of Precedence. If there is any conflict between this Agreement and the Exhibits, the terms of the Agreement shall govern. If there is any conflict among the Exhibits, the following shall determine order of precedence among the Exhibits, with the first listed exhibit prevailing:

Exhibit A: LFUCG's RFP #2-2019 Offender Health Care Services for Community Corrections

Exhibit B: Certificates of Insurance

Exhibit C: Letter dated April 11, 2019 – Offender Health Services Contract Negotiations

Exhibit D: Corizon's Proposal dated February 14, 2019

Exhibit E: Final Corizon Cost Table

Exhibit F: Staffing Plan with Rates

Exhibit G: Service Level Agreements

11.7 Modification. No modification or amendment to this Agreement shall be binding upon the parties unless the same is in writing and signed by the respective parties hereto.

11.8 No Waiver. . No failure or delay by either party in exercising any right, remedy, power or privilege hereunder, nor any single or partial exercise thereof, nor the exercise of any other right, remedy, power or privilege shall operate as a waiver hereof or thereof. No failure or delay by either party in exercising any right, remedy, power or privilege under or in respect of this Agreement shall affect the rights, remedies, powers or privileges of either party hereunder or shall operate as a waiver thereof.

11.9 Force Majeure. The parties shall not be deemed in violation of this Agreement if it is prevented from performing any of its obligations hereunder for any reason beyond its control, including, without limitation, strikes or labor disputes, labor shortages, inmate disturbances, acts of God, civil or military authority, acts of public enemy, war, accidents, fires, explosions, earthquakes, floods, failure of transportation, or any similar cause beyond the reasonable control of one or both of the parties.

11.10 Changes in Scope. Should any of the following occur

- a) any applicable law, statute, rule regulation, standard, court order or decree, or any policy, practice, or procedure of any applicable

governmental unit, agency or office (including but not limited to the federal, state or local courts, legislative bodies, and agencies, including LFUCG or its respective officers or agents) be adopted, implemented, amended, or changed; or if

- b) any mandated community or contemporary standard of care or treatment protocol changes or evolves in any material respect, or if any mandated medication or therapy is introduced to treat any illness, disease or condition, which may result in a more expensive treatment; or if
- c) any of the cost or historical information upon which Corizon Health based its Proposal proves to be inaccurate or incomplete, including any facility additions or closures;

and if any such change as described in sub-section (a), (b), or (c) materially affects the cost to Corizon Health of providing healthcare services or impacts the scope of services or staffing hereunder, Corizon Health and LFUCG agree to meet to negotiate compensation or service requirement changes, only in the case where the above change results in a 2% of total contract cost increase to Corizon. The parties agree to meet and negotiate in good faith within thirty (30) days following the giving of notice by one party to the other party of a change (whether such change is anticipated or implemented). If the parties fail to reach agreement regarding compensation or service requirement changes within the foregoing thirty (30) day period, then either LFUCG or Corizon Health may terminate this Agreement with sixty (60) days' notice.

11.11 Intellectual Property. Corizon anticipates that it will use its existing proprietary intellectual property, including but not limited to, systems and processes, policies and procedures, pathways, protocols, manuals, computer software, etc. (collectively the "Background IP"), as well as third-party software, to assist in performing the services required under this Contract.

Corizon's Background IP was developed over time and not solely for LFUCG or this project. Corizon is willing to share its Background IP for purposes of its performance of this Contract and to that extent, Corizon will provide LFUCG with a license to use these products and services, subject to certain terms and conditions. However, because the Background IP involves prior ownership by Corizon and in some cases, its suppliers, Corizon is unable to transfer all right, title and interest in its intellectual property to LFUCG.

Any improvements or changes that Corizon makes to its Background IP during the performance of this Contract are not deliverables under this Contract, will not be deemed to be created for this project, and will not be deemed "works for hire",

but rather such improvements and changes will become part of Corizon's Background IP. Corizon will not be deemed to have granted LFUCG any right, title or interest in or to any of Corizon's Background IP unless expressly agreed to otherwise between LFUCG and Corizon.

11.12 Severability. In the event any provision of this Agreement is held to be unenforceable for any reason, the unenforceability thereof shall not affect the remainder of the Agreement which shall remain in full force and effect and enforceable in accordance with its terms.

11.13 Authority to do Business. Corizon affirmatively states it is a duly organized and authorized to do business under the laws of Kentucky and is in good standing and has full legal capacity to provide the services specified under this Agreement. Corizon further states, it has all necessary right and lawful authority to enter into this Agreement for the full term hereof and that proper corporate or other action has been duly taken authorizing Corizon to enter into this Agreement.

11.14 Ability to Meet Obligations. Corizon affirmatively states that there are no actions, suits or proceedings of any kind pending against Corizon or, to the knowledge of Corizon, threatened against Corizon before or by any court, governmental body or agency or other tribunal or authority which would, if adversely determined, have a materially adverse effect on the authority or ability of Corizon to perform its obligations under this Agreement, or which question the legality, validity or enforceability hereof or thereof.

11.14 Trade or Service Marks. Corizon will not appropriate or make use of the Lexington-Fayette Urban County Government name or any of its trade or service marks or property (including but not limited to any logo or seal), in any promotion, endorsement, advertisement, testimonial or similar use without the prior written consent of LFUCG. If such consent is granted LFUCG reserves the unilateral right, in its sole discretion, to immediately terminate and revoke such use for any reason whatsoever. Corizon agrees that it shall cease and desist from any unauthorized use immediately upon being notified by LFUCG.

[Remainder of Page Left Blank Intentionally]

IN WITNESS WHEREOF, the parties have set their hands and seals hereto as of the day and year first above written.

**Lexington-Fayette Urban County of
Community Corrections**

Attest: [Signature]
Deputy Council Clerk

By: Linda Gorton
Title: Mayor

Corizon, LLC

Attest: N. Billard

By: [Signature] J.P.
Title: CEO

**EXHIBIT F
STAFFING PLAN WITH HOURLY SALARY RATES
& VACANCY BENEFIT PERCENTAGE**

Position	FTE	Hourly Rate	Vacancy Benefit %
Administrator	1.00	42.80	15%
Administrative Assistant	1.00	14.40	25%
Medical Records Clerk	1.00	14.20	25%
Medical Director**	1.00	156.00	10%
Midlevel NP/PA**	1.00	53.50	15%
Dentist**	0.50	73.00	10%
Director of Nursing	1.00	40.80	15%
RN	10.40	35.10	18%
LPN	17.80	23.90	22%
Nursing Assistant	1.00	15.40	25%
ACA Coordinator	1.00	14.00	25%
Dental Assistant	0.50	16.30	10%
Total	37.20		

Exhibit G

Corizon SLA for Lexington

✓ **Corizon Support: 24 / 7 Toll Free – 1-855-267-4848**

Method to initiate service is to call the Corizon Services Desk. Customer and site users will have access to Corizon’s technical support personnel twenty-four (24) hours a day, seven (7) days a week. Communications with Technical Support will take place through the phone. The following chart depicts Severity Levels for problem reporting and response plan requirement for ensuring timely restoration. Users will report software and system related problems to the technical support personnel. The user can designate which level of Severity applies based upon the below chart.

Severity	Description	Resource Acknowledgement	Target Resolution *	Update Interval	Calendar:
1	Major System Failure: Application is unavailable for use by all users critical to business operations / unable to provide patient care. Problems are acknowledged and appropriate personnel are assigned to and engaged to develop a resolution with workaround or long term fix.	2 hours	8 hours	2hr	24x7
2	Significant system impairment: Loss of critical operational component, but operations are able to continue.	4 hours	16 hours	4hr	24x7
3	Technical questions, intermittent problems – Problems affecting a single user, a non-critical function, or a problem where there is a reasonable workaround.	24 hours	4 Days	1 Day	Weekdays, Holidays Excluded
4	Scheduled maintenance and scheduled upgrades. As scheduled.	3 Days	Upcoming Release	Monthly	Weekdays, Holidays Excluded
5	Enhancement Consideration. Work will be scheduled as approved, timeline will be determined based on SOW defined.	5 Days	Enhancement Consideration	Monthly	Weekdays, Holidays Excluded

****Target Resolution has multiple dependencies. Corizon will work with the various vendors and agencies to identify and add additional SLAs over time.***

ELECTRONIC





COVER LETTER





February 14, 2019

Mr. Todd Slatin, Purchasing Director
Lexington-Fayette Urban County Government
Room 338, Government Center
200 East Main Street
Lexington, KY 40507

RE: RFP #2-2019 – Offender Health Services

Dear Mr. Slatin and Members of the Evaluation Committee,

Corizon, LLC (Corizon Health) is pleased to respond to your Request for Proposals (RFP) for the provision of offender health services, health care personnel, and program support services for individuals under the care, custody, and control of the Division of Community Corrections.

We deeply value the confidence the Lexington-Fayette Urban County Government (LFUCG) has placed in Corizon Health during our 26-year partnership. As your partner, we have worked diligently to pursue lasting improvements to the processes, procedures, operating rhythm, culture, staffing, and technologies required to deliver best-in-industry-care. By choosing to partner once again with Corizon Health, LFUCG will be selecting a partner with the experienced management team and proven **infrastructure in place** to support a program of the scope desired by the Division of Community Corrections.

Exceeding Expectations with Industry-Leading Experience

Our goal is to continue to continue to deliver a healthcare program that exceeds your expectations. Using best practices and evidence-based medicine, we strive to minimize medical risk/litigation, appropriately manage costs, and optimize offender care. Our responsibility is to be more than a provider of mandated health care. We consider it a calling for our company to bring private sector innovation and continued modernization to the correctional health care field. The key to offering greater value over time is continual improvement of health care processes, which in turn, fosters optimal health outcomes.

Corizon Health has provided correctional health care for 40 years. We will continue to use this key differentiator in designing and delivering the health care program we bring to the LFUCG. Below are just a few of the other differentiators that distinguish us from our competition.

➤ **LFUCG and Corizon Health: A Proven 26-Year Partnership**

One of the major advantages of choosing to retain Corizon Health is our proven ability to collaboratively work with the LFUCG to identify solutions, develop enhancements, and implement and execute a successful program. This is **evidenced by the measurable successes we have achieved together during the current LFUCG contract term**. The following are just a few of our recent accomplishments:

- Successfully implementing an Electronic Health Record System, CorrecTek and interfacing the system with the Detention Center's new corrections management system, JailTracker™
- Enrolling the Division of Community Corrections in the Kentucky Health Information Exchange
- Implementing 14-Day and Annual Physicals in accordance with National Commission on Correctional Healthcare (NCCCHC) standards

- Initiating on-site substance withdrawal treatment for pregnant offender patients
- Collaborating with Bluegrass, the mental health contractor and Division of Community Corrections administration to establish protocols for a grant-funded Vivitrol treatment program

Health Services Administrator, Kristin Fryman, has served our LFUCG contract for nearly 17 years and is well-versed in every aspect of program delivery. She has developed meaningful collaborations with community partners, going above and beyond her duties to support best outcomes for the vulnerable offender population. Ms. Fryman's experience provides an invaluable value-add that no other correctional health care company responding to this RFP can match.

"We feel that the continuation of the collaboration between Mrs. Fryman (Corizon Health) and our program will help ensure that our participants continue to receive great medical care while in custody at FCDC (Fayette County Detention Center)."

Cierra Baldwin, Urban Program Supervisor
Fayette County Drug Court & Veterans Treatment Court

➤ COR Care Model

Our **COR Care Model (COR Care)**, currently being implemented at the Detention Center, is one of the most forward-looking approaches of any correctional healthcare provider. **COR Care** includes many practices we have had in place for years along with developing new innovations and adopting best practices designed to increase efficiency and accountability while reducing risk. Our driving motivation is to do the right thing for our patient: **The right care, at the right time, and in the right place.** By following these three simple criteria, we fulfill our mission as caregivers and healers within the budgets established to provide this care. Most importantly, we believe we make a difference in the lives of our patients and in the well-being of our communities.

Summary

Based on our current partnership, review of the RFP, working knowledge of the facility, and additional information provided as part of this procurement, we are confident that we can further deliver a model health services program that meets all accreditation standards and exceeds the expectations of the LFUCG. We will continue to use all of our resources, tools, and people in delivering the quality you expect and in being the best stewards of valuable and scarce resources.

As an Officer of the Company, I am authorized to commit Corizon Health to this contract. Director of Business Development Jennifer Stradtman will be your contact for future communications regarding this proposal. Ms. Stradtman can be reached at 615-604-7574 or Jennifer.Stradtman@corizonhealth.com.

Thank you for the opportunity to submit this proposal.

Sincerely,



Joseph R. Pino, CCHP, FACHE
Senior Vice President – Community Corrections

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Addenda



MAYOR LINDA GORTON



LEXINGTON

TODD SLATIN
DIRECTOR
CENTRAL PURCHASING

ADDENDUM #1

RFP Number: #2-2019

Date: January 16, 2019

Subject: Offender Health Services

**Address Inquiries to:
Todd Slatin
(859) 258-3320**

TO ALL PROSPECTIVE SUBMITTERS:

Posting of current offender health services contract and amendments. See attached PDF files.

Todd Slatin, Director
Division of Central Purchasing

All other terms and conditions of the RFP and specifications are unchanged. This letter should be signed, attached to and become a part of your submittal.

COMPANY NAME: Corizon, LLC

ADDRESS: 103 Powell Court, Brentwood, TN 37027

SIGNATURE OF BIDDER: 



MAYOR LINDA GORTON



LEXINGTON

TODD SLATIN
DIRECTOR
CENTRAL PURCHASING

ADDENDUM #2

RFP Number: #2-2019

Date: January 31, 2019

Subject: Offender Health Services

Address Inquiries to:
Todd Slatin
(859) 258-3320

TO ALL PROSPECTIVE SUBMITTERS:

Posting of initial question and answer document, additional Q & A documents will be posted in future addenda. See attached PDF files.

Todd Slatin, Director
Division of Central Purchasing

All other terms and conditions of the RFP and specifications are unchanged. This letter should be signed, attached to and become a part of your submittal.

COMPANY NAME: Corizon, LLC

ADDRESS: 103 Powell Court, Brentwood, TN 37027

SIGNATURE OF BIDDER: 



In lieu of an issued signature page, please see this as an acknowledgment of Corizon's receipt of Addendum 3.

McDonald, Melissa

From: Lexington-Fayette Urban County Government <lexingtonky@customer.ionwave.net>
Sent: Thursday, January 31, 2019 11:59 AM
To: Marketing Email
Subject: [EXTERNAL] Lexington-Fayette Urban County Government Bid Addendum Notification: RFP-2-2019 Addendum 3 (Offender Health Services)

Follow Up Flag: Follow up
Flag Status: Flagged

This Message has originated outside of your organization.

Dear Supplier,

An addendum has been issued on the following opportunity. Any response data you have entered has been automatically copied to the addendum.

Addendum Reason: Aggregate cap data will be reposted shortly

It is your responsibility to determine if the changes made necessitate adjustments to your response. To view the list of changes, access the opportunity and click on 'Bid History'.

Bid Opportunity Information

Original Bid Number: RFP-2-2019 Addendum 3

New Bid Number: RFP-2-2019 Addendum 3

Bid Title: Offender Health Services

Issue Date: 1/2/2019 11:00:00 AM (ET)

Close Date: 2/14/2019 02:00:00 PM (ET)

Bid Notes

All questions concerning this procurement must be submitted to buyer via email tslatin@lexingtonky.gov

Bid Contact Information

No contact information available

[Click Here to View Opportunity](#)

Questions about this system can be directed to:
Lexington-Fayette Urban County Government

BUYERBIDISSUEADDENDUMSUBMITTED - 1/31/2019 11:59 AM (CT)

In lieu of an issued signature page, please see this as an acknowledgment of Corizon's receipt of Addendum 4.

McDonald, Melissa

From: Lexington-Fayette Urban County Government <lexingtonky@customer.ionwave.net>
Sent: Thursday, January 31, 2019 12:05 PM
To: Marketing Email
Subject: [EXTERNAL] Lexington-Fayette Urban County Government Bid Addendum Notification: RFP-2-2019 Addendum 4 (Offender Health Services)

Follow Up Flag: Follow up
Flag Status: Flagged

This Message has originated outside of your organization.

Dear Supplier,

An addendum has been issued on the following opportunity. Any response data you have entered has been automatically copied to the addendum.

Addendum Reason: Reposting of Aggregate Cap Data. File 2018AGGREGATE CAP RFP2-2019 Response Rev A.xlsx

It is your responsibility to determine if the changes made necessitate adjustments to your response. To view the list of changes, access the opportunity and click on 'Bid History'.

Bid Opportunity Information

Original Bid Number: RFP-2-2019 Addendum 4
New Bid Number: RFP-2-2019 Addendum 4
Bid Title: Offender Health Services
Issue Date: 1/2/2019 11:00:00 AM (ET)
Close Date: 2/14/2019 02:00:00 PM (ET)

Bid Notes

All questions concerning this procurement must be submitted to buyer via email tslatin@lexingtonky.gov

Bid Contact Information

No contact information available

[Click Here to View Opportunity](#)

Questions about this system can be directed to:
Lexington-Fayette Urban County Government

BUYERBIDISSUEADDENDUMSUBMITTED - 1/31/2019 12:04 PM (CT)

MAYOR LINDA GORTON



LEXINGTON

TODD SLATIN
DIRECTOR
CENTRAL PURCHASING

ADDENDUM #5

RFP Number: #2-2019

Date: February 1, 2019

Subject: Offender Health Services

Address inquiries to:
Todd Slatin
(859) 258-3320

TO ALL PROSPECTIVE SUBMITTERS:

Posting of final question and answer document. See attached files.

Todd Slatin, Director
Division of Central Purchasing

All other terms and conditions of the RFP and specifications are unchanged. This letter should be signed, attached to and become a part of your submittal.

COMPANY NAME: Corizon, LLC

ADDRESS: 103 Powell Court, Brentwood, TN 37027

SIGNATURE OF BIDDER:



MAYOR LINDA GORTON



LEXINGTON

TODD SLATIN
DIRECTOR
CENTRAL PURCHASING

ADDENDUM #6

RFP Number: #2-2019

Date: February 6, 2019

Subject: Offender Health Services

Address inquiries to:
Todd Slatin
(859) 258-3320

TO ALL PROSPECTIVE SUBMITTERS:

Clarification: Part C – Contractor Minimum Qualifications

4. All contractors must meet SOC 2, Type 2 or HIPAA compliance standards

Todd Slatin, Director
Division of Central Purchasing

All other terms and conditions of the RFP and specifications are unchanged. This letter should be signed, attached to and become a part of your submittal.

COMPANY NAME: Corizon , LLC

ADDRESS: 103 Powell Court, Brentwood, TN 37027

SIGNATURE OF BIDDER: 



Affidavit



AFFIDAVIT

Comes the Affiant, Stephen Rector, and after being first duly sworn, states under penalty of perjury as follows:

1. His/her name is Stephen Rector and he/she is the individual submitting the proposal or is the authorized representative of Corizon, LLC, the entity submitting the proposal (hereinafter referred to as "Proposer").

2. Proposer will pay all taxes and fees, which are owed to the Lexington-Fayette Urban County Government at the time the proposal is submitted, prior to award of the contract and will maintain a "current" status in regard to those taxes and fees during the life of the contract.

3. Proposer will obtain a Lexington-Fayette Urban County Government business license, if applicable, prior to award of the contract.

4. Proposer has authorized the Division of Central Purchasing to verify the above-mentioned information with the Division of Revenue and to disclose to the Urban County Council that taxes and/or fees are delinquent or that a business license has not been obtained.

5. Proposer has not knowingly violated any provision of the campaign finance laws of the Commonwealth of Kentucky within the past five (5) years and the award of a contract to the Proposer will not violate any provision of the campaign finance laws of the Commonwealth.

6. Proposer has not knowingly violated any provision of Chapter 25 of the Lexington-Fayette Urban County Government Code of Ordinances, known as "Ethics Act."

Continued on next page

7. Proposer acknowledges that "knowingly" for purposes of this Affidavit means, with respect to conduct or to circumstances described by a statute or ordinance defining an offense, that a person is aware or should have been aware that his conduct is of that nature or that the circumstance exists.

Further, Affiant sayeth naught.



STATE OF Tennessee

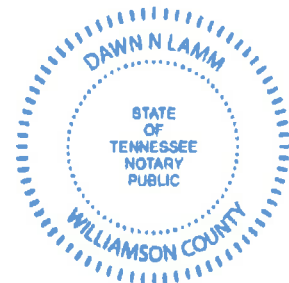
COUNTY OF Williamson

The foregoing instrument was subscribed, sworn to and acknowledged before me
by Steve Rector on this the 7 day
of February, 2019.

My Commission expires: 7-26-21



NOTARY PUBLIC, STATE AT LARGE



Equal Opportunity Agreement



EQUAL OPPORTUNITY AGREEMENT

Standard Title VI Assurance

The Lexington Fayette-Urban County Government, (hereinafter referred to as the "Recipient") hereby agrees that as a condition to receiving any Federal financial assistance from the U.S. Department of Transportation, it will comply with Title VI of the Civil Rights Act of 1964, 78Stat.252, 42 U.S.C. 2000d-4 (hereinafter referred to as the "Act"), and all requirements imposed by or pursuant to Title 49, Code of Federal Regulations, U.S. Department of Transportation, Subtitle A, Office of the Secretary, (49 CFR, Part 21) Nondiscrimination in Federally Assisted Program of the Department of Transportation – Effectuation of Title VI of the Civil Rights Act of 1964 (hereinafter referred to as the "Regulations") and other pertinent directives, no person in the United States shall, on the grounds of race, color, national origin, sex, age (over 40), religion, sexual orientation, gender identity, veteran status, or disability be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Recipient receives Federal financial assistance from the U.S. Department of Transportation, including the Federal Highway Administration, and hereby gives assurance that will promptly take any necessary measures to effectuate this agreement. This assurance is required by subsection 21.7(a) (1) of the Regulations.

The Law

- Title VII of the Civil Rights Act of 1964 (amended 1972) states that it is unlawful for an employer to discriminate in employment because of race, color, religion, sex, age (40-70 years) or national origin.
- Executive Order No. 11246 on Nondiscrimination under Federal contract prohibits employment discrimination by contractor and sub-contractor doing business with the Federal Government or recipients of Federal funds. This order was later amended by Executive Order No. 11375 to prohibit discrimination on the basis of sex.
- Section 503 of the Rehabilitation Act of 1973 states:

The Contractor will not discriminate against any employee or applicant for employment because of physical or mental handicap.

- Section 2012 of the Vietnam Era Veterans Readjustment Act of 1973 requires Affirmative Action on behalf of disabled veterans and veterans of the Vietnam Era by contractors having Federal contracts.
- Section 206(A) of Executive Order 12086, Consolidation of Contract Compliance Functions for Equal Employment Opportunity, states:


The Secretary of Labor may investigate the employment practices of any Government contractor or sub-contractor to determine whether or not the contractual provisions specified in Section 202 of this order have been violated.

The Lexington-Fayette Urban County Government practices Equal Opportunity in recruiting, hiring and promoting. It is the Government's intent to affirmatively provide employment opportunities for those individuals who have previously not been allowed to enter into the mainstream of society. Because of its importance to the local Government, this policy carries the full endorsement of the Mayor, Commissioners, Directors and all supervisory personnel. In following this commitment to Equal Employment Opportunity and because the Government is the benefactor of the Federal funds, it is both against the Urban County Government policy and illegal for the Government to let contracts to companies which knowingly or unknowingly practice discrimination in their employment practices. Violation of the above mentioned ordinances may cause a contract to be canceled and the contractors may be declared ineligible for future consideration.

Please sign this statement in the appropriate space acknowledging that you have read and understand the provisions contained herein. Return this document as part of your application packet

Bidders

I/We agree to comply with the Civil Rights Laws listed above that govern employment rights of minorities, women, Vietnam veterans, handicapped and aged persons.



Signature

Corizon, LLC

Name of Business

Workforce Analysis Form



WORKFORCE ANALYSIS FORM

Name of Organization: Corizon, LLC

Categories	Total	White (Not Hispanic or Latino)		Hispanic or Latino		Black or African-American (Not Hispanic or Latino)		Native Hawaiian and Other Pacific Islander (Not Hispanic or Latino)		Asian (Not Hispanic or Latino)		American Indian or Alaskan Native (not Hispanic or Latino)		Two or more races (Not Hispanic or Latino)		Total	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Administrators	1	1															1
Professionals	1731	288	1037	32	101	48	155	1	4	25	29	2	9	0	0	396	1335
Supervisors	276	64	160	3	13	9	20	0	2	2	2	0	1	0	0	78	198
Foremen																	
Technicians	926	95	584	21	71	16	116	1	2	1	12	1	6	0	0	135	79
Protective																	
Para-																	
Office/Clerical	314	10	227	3	42	2	21	0	2	0	3	0	4	0	0	15	299
Skilled Craft																	
Service/Mainten	347	16	199	11	56	7	44	0	0	2	4	1	7	0	0	37	310
Total:	3595	474	2207	70	283	82	356	2	10	30	50	4	27	0	0	662	2933

Prepared by: Tim Snider, Director HRIS Date: 2 / 12 / 19

(Name and Title)

Revised 2015-Dec-15

Affirmative Action Plan



On page 32 of the Answers to Questions provided in Addendum #5, issued on February 1, 2019, the LFUCG states, "Affirmative Action Plan may be submitted upon award."

Corizon Health is prepared to submit our Affirmative Action Plan upon award of the contract.

LFUCG MWDBE Participation Form





LFUCG MWDBE PARTICIPATION FORM

Bid/RFP/Quote Reference # 2-2019 Offender Health Services

The MWDBE and/or veteran subcontractors listed have agreed to participate on this Bid/RFP/Quote. If any substitution is made or the total value of the work is changed prior to or after the job is in progress, it is understood that those substitutions must be submitted to Central Purchasing for approval immediately. Failure to submit a completed form may cause rejection of the bid.

MWDBE Company, Name, Address, Phone, Email	MBE WBE or DBE	Work to be Performed	Total Dollar Value of the Work	% Value of Total Contract
1. Maverick Oxygen & Respiratory Equipment, LLC; Scott Maverick; 2510 Allen Lane, LaGrange, KY 40031; (504) 225-4772 scott@maverickoxygen.com	SDVO SB	Oxygen	\$500	0.01%
2. Clinical Solutions Pharmacy 416 Mary Lindsay Polk Drive Suite 515; Franklin, TN 37067 Phone: 1-877-826-5488 christi@clinicalsolutionspharmacy.com	WBE	Pharmacy	\$565,000	10.27%
3.				
4.				

The undersigned company representative submits the above list of MWDBE firms to be used in accomplishing the work contained in this Bid/RFP/Quote. Any misrepresentation may result in the termination of the contract and/or be subject to applicable Federal and State laws concerning false statements and false claims.

Corizon, LLC
Company

Feb. 14, 2019
Date

Stephen Rector
Company Representative

CEO
Title

LFUCG MWDBE Substitution Form





This form intentionally left blank, as Corizon Health is not requesting a substitution.

MWDBE Quote Summary Form



Corizon Health has met the 10% goal for MWBE on this bid. Corizon Health is currently utilizing the only Lexington-Fayette County certified veteran business that serves corrections clients. We will continue to seek diversity in our vendors, both locally and nationally, and make every effort to grow our inclusion of certified veteran-owned businesses.



MWDBE QUOTE SUMMARY FORM

Bid/RFP/Quote Reference # 2-2019

The undersigned acknowledges that the minority and/or veteran subcontractors listed on this form did submit a quote to participate on this project. Failure to submit this form may cause rejection of the bid.

Company Name Corizon, LLC	Contact Person Jennifer Stradtman, 615-604-7574
Address/Phone/Email 103 Powell Court, Brentwood, TN 37207	Bid Package / Bid Date #2-2019, Offender Health Services Due date: Feb. 14, 2019

MWDBE Company Address	Contact Person	Contact Information (work phone, Email, cell)	Date Contacted	Services to be performed	Method of Communication (email, phone meeting, ad, event etc)	Total dollars \$\$ Do Not Leave Blank (Attach Documentation)	MBE * AA HA AS NA Female	Veteran

(MBE designation / AA=African American / HA= Hispanic American/AS = Asian American/Pacific Islander/ NA= Native American)

The undersigned acknowledges that all information is accurate. Any misrepresentation may result in termination of the contract and/or be subject to applicable Federal and State laws concerning false statements and claims.

Corizon, LLC
Company

Stephen Rector
Company Representative

Feb. 14, 2019
Date

CEO
Title

LFUCG Statement of Good Faith Efforts



Corizon Health's proposal has met the 10% goal for MWBE on this bid. Corizon Health is currently utilizing the only Lexington-Fayette County certified veteran business that serves corrections clients. We will continue to seek diversity in our vendors, both locally and nationally, and make every effort to grow our inclusion of certified veteran-owned businesses.

LFUCG STATEMENT OF GOOD FAITH EFFORTS

Bid/RFP/Quote # 2-2019

By the signature below of an authorized company representative, we certify that we have utilized the following Good Faith Efforts to obtain the maximum participation by MWDBE and Veteran-Owned business enterprises on the project and can supply the appropriate documentation.

 Advertised opportunities to participate in the contract in at least two (2) publications of general circulation media; trade and professional association publications; small and minority business or trade publications; and publications or trades targeting minority, women and disadvantaged businesses not less than fifteen (15) days prior to the deadline for submission of bids to allow MWDBE firms and Veteran-Owned businesses to participate.

 Included documentation of advertising in the above publications with the bidders good faith efforts package

 Attended LFUCG Central Purchasing Economic Inclusion Outreach event

 Attended pre-bid meetings that were scheduled by LFUCG to inform MWDBEs and/or Veteran-Owned Businesses of subcontracting opportunities

 Sponsored Economic Inclusion event to provide networking opportunities for prime contractors and MWDBE firms and Veteran-Owned businesses

 X Requested a list of MWDBE and/or Veteran subcontractors or suppliers from LFUCG and showed evidence of contacting the companies on the list(s).

 Contacted organizations that work with MWDBE companies for assistance in finding certified MWDBE firms and Veteran-Owned businesses to work on this project. Those contacted and their responses should be a part of the bidder's good faith efforts documentation.

 X Sent written notices, by certified mail, email or facsimile, to qualified, certified MWDBEs soliciting their participation in the contract not less than seven (7) days prior to the deadline for submission of bids to allow them to participate effectively.

 X Followed up initial solicitations by contacting MWDBEs and Veteran-Owned businesses to determine their level of interest.

 X Provided the interested MWDBE firm and/or Veteran-Owned business with adequate and timely information about the plans, specifications, and requirements of the contract.

 X Selected portions of the work to be performed by MWDBE firms and/or Veteran-Owned businesses in order to increase the likelihood of meeting the contract goals. This includes, where appropriate, breaking out contract work items

into economically feasible units to facilitate MWDBE and Veteran participation, even when the prime contractor may otherwise perform these work items with its own workforce

 X Negotiated in good faith with interested MWDBE firms and Veteran-Owned businesses not rejecting them as unqualified without sound reasons based on a thorough investigation of their capabilities. Any rejection should be so noted in writing with a description as to why an agreement could not be reached.

 Included documentation of quotations received from interested MWDBE firms and Veteran-Owned businesses which were not used due to uncompetitive pricing or were rejected as unacceptable and/or copies of responses from firms indicating that they would not be submitting a bid.

 Bidder has to submit sound reasons why the quotations were considered unacceptable. The fact that the bidder has the ability and/or desire to perform the contract work with its own forces will not be considered a sound reason for rejecting a MWDBE and/or Veteran-Owned business's quote. Nothing in this provision shall be construed to require the bidder to accept unreasonable quotes in order to satisfy MWDBE and Veteran goals.

 Made an effort to offer assistance to or refer interested MWDBE firms and Veteran-Owned businesses to obtain the necessary equipment, supplies, materials, insurance and/or bonding to satisfy the work requirements of the bid proposal

 Made efforts to expand the search for MWBE firms and Veteran-Owned businesses beyond the usual geographic boundaries.

 Other--any other evidence that the bidder submits which may show that the bidder has made reasonable good faith efforts to include MWDBE and Veteran participation.

NOTE: Failure to submit any of the documentation requested in this section may be cause for rejection of bid. Bidders may include any other documentation deemed relevant to this requirement which is subject to approval by the MBE Liaison. Documentation of Good Faith Efforts must be submitted with the Bid, if the participation Goal is not met.

The undersigned acknowledges that all information is accurate. Any misrepresentations may result in termination of the contract and/or be subject to applicable Federal and State laws concerning false statements and claims.

Corizon, LLC
Company
Feb. 14, 2019
Date

Stephen Rector
Company Representative
CEO
Title

General Provisions



GENERAL PROVISIONS

1. Each Respondent shall comply with all Federal, State & Local regulations concerning this type of service or good.

The Respondent agrees to comply with all statutes, rules, and regulations governing safe and healthful working conditions, including the Occupational Health and Safety Act of 1970, 29 U.S.C. 650 *et. seq.*, as amended, and KRS Chapter 338. The Respondent also agrees to notify the LFUCG in writing immediately upon detection of any unsafe and/or unhealthful working conditions at the job site. The Respondent agrees to indemnify, defend and hold the LFUCG harmless from all penalties, fines or other expenses arising out of the alleged violation of said laws.

2. Failure to submit ALL forms and information required in this RFP may be grounds for disqualification.
3. Addenda: All addenda and IonWave Q&A, if any, shall be considered in making the proposal, and such addenda shall be made a part of this RFP. Before submitting a proposal, it is incumbent upon each proposer to be informed as to whether any addenda have been issued, and the failure to cover in the bid any such addenda may result in disqualification of that proposal.
4. Proposal Reservations: LFUCG reserves the right to reject any or all proposals, to award in whole or part, and to waive minor immaterial defects in proposals. LFUCG may consider any alternative proposal that meets its basic needs.
5. Liability: LFUCG is not responsible for any cost incurred by a Respondent in the preparation of proposals.
6. Changes/Alterations: Respondent may change or withdraw a proposal at any time prior to the opening; however, no oral modifications will be allowed. Only letters, or other formal written requests for modifications or corrections of a previously submitted proposal which is addressed in the same manner as the proposal, and received by LFUCG prior to the scheduled closing time for receipt of proposals, will be accepted. The proposal, when opened, will then be corrected in accordance with such written request(s), provided that the written request is contained in a sealed envelope which is plainly marked "modifications of proposal".
7. Clarification of Submittal: LFUCG reserves the right to obtain clarification of any point in a bid or to obtain additional information from a Respondent.
8. Bribery Clause: By his/her signature on the bid, Respondent certifies that no employee of his/hers, any affiliate or Subcontractor, has bribed or attempted to bribe an officer or employee of the LFUCG.

9. Additional Information: While not necessary, the Respondent may include any product brochures, software documentation, sample reports, or other documentation that may assist LFUCG in better understanding and evaluating the Respondent's response. Additional documentation shall not serve as a substitute for other documentation which is required by this RFP to be submitted with the proposal.
10. Ambiguity, Conflict or other Errors in RFP: If a Respondent discovers any ambiguity, conflict, discrepancy, omission or other error in the RFP, it shall immediately notify LFUCG of such error in writing and request modification or clarification of the document if allowable by the LFUCG.
11. Agreement to Bid Terms: In submitting this proposal, the Respondent agrees that it has carefully examined the specifications and all provisions relating to the work to be done attached hereto and made part of this proposal. By acceptance of a Contract under this RFP, proposer states that it understands the meaning, intent and requirements of the RFP and agrees to the same. The successful Respondent shall warrant that it is familiar with and understands all provisions herein and shall warrant that it can comply with them. No additional compensation to Respondent shall be authorized for services or expenses reasonably covered under these provisions that the proposer omits from its Proposal.
12. Cancellation: If the services to be performed hereunder by the Respondent are not performed in an acceptable manner to the LFUCG, the LFUCG may cancel this contract for cause by providing written notice to the proposer, giving at least ninety (90) days notice of the proposed cancellation and the reasons for same. During that time period, the proposer may seek to bring the performance of services hereunder to a level that is acceptable to the LFUCG, and the LFUCG may rescind the cancellation if such action is in its best interest.

A. Termination for Cause

- (1) LFUCG may terminate a contract because of the contractor's failure to perform its contractual duties
- (2) If a contractor is determined to be in default, LFUCG shall notify the contractor of the determination in writing, and may include a specified date by which the contractor shall cure the identified deficiencies. LFUCG may proceed with termination if the contractor fails to cure the deficiencies within the specified time.
- (3) A default in performance by a contractor for which a contract may be terminated shall include, but shall not necessarily be limited to:
 - (a) Failure to perform the contract according to its terms, conditions and specifications;
 - (b) Failure to make delivery within the time specified or according

- to a delivery schedule fixed by the contract;
- (c) Late payment or nonpayment of bills for labor, materials, supplies, or equipment furnished in connection with a contract for construction services as evidenced by mechanics' liens filed pursuant to the provisions of KRS Chapter 376, or letters of indebtedness received from creditors by the purchasing agency;
- (d) Failure to diligently advance the work under a contract for construction services;
- (e) The filing of a bankruptcy petition by or against the contractor; or
- (f) Actions that endanger the health, safety or welfare of the LFUCG or its citizens.

B. At Will Termination

Notwithstanding the above provisions, the LFUCG may terminate this contract at will in accordance with the law upon providing ninety (90) days written notice of that intent. Payment for services or goods received prior to termination shall be made by the LFUCG provided these goods or services were provided in a manner acceptable to the LFUCG. Payment for those goods and services shall not be unreasonably withheld.

13. **Assignment of Contract:** The contractor shall not assign or subcontract any portion of the Contract without the express written consent of LFUCG. Any purported assignment or subcontract in violation hereof shall be void. It is expressly acknowledged that LFUCG shall never be required or obligated to consent to any request for assignment or subcontract; and further that such refusal to consent can be for any or no reason, fully within the sole discretion of LFUCG.
14. **No Waiver:** No failure or delay by LFUCG in exercising any right, remedy, power or privilege hereunder, nor any single or partial exercise thereof, nor the exercise of any other right, remedy, power or privilege shall operate as a waiver hereof or thereof. No failure or delay by LFUCG in exercising any right, remedy, power or privilege under or in respect of this Contract shall affect the rights, remedies, powers or privileges of LFUCG hereunder or shall operate as a waiver thereof.
15. **Authority to do Business:** The Respondent must be a duly organized and authorized to do business under the laws of Kentucky. Respondent must be in good standing and have full legal capacity to provide the services specified under this Contract. The Respondent must have all necessary right and lawful authority to enter into this Contract for the full term hereof and that proper corporate or other action has been duly taken authorizing the Respondent to enter into this Contract. The Respondent will provide LFUCG with a copy of a corporate resolution authorizing this action and a letter from an attorney confirming that the proposer is authorized to do business in the State of Kentucky if requested. All proposals must

be signed by a duly authorized officer, agent or employee of the Respondent.

16. **Governing Law:** This Contract shall be governed by and construed in accordance with the laws of the Commonwealth of Kentucky. In the event of any proceedings regarding this Contract, the Parties agree that the venue shall be the Fayette County Circuit Court or the U.S. District Court for the Eastern District of Kentucky, Lexington Division. All parties expressly consent to personal jurisdiction and venue in such Court for the limited and sole purpose of proceedings relating to this Contract or any rights or obligations arising thereunder. Service of process may be accomplished by following the procedures prescribed by law.
17. **Ability to Meet Obligations:** Respondent affirmatively states that there are no actions, suits or proceedings of any kind pending against Respondent or, to the knowledge of the Respondent, threatened against the Respondent before or by any court, governmental body or agency or other tribunal or authority which would, if adversely determined, have a materially adverse effect on the authority or ability of Respondent to perform its obligations under this Contract, or which question the legality, validity or enforceability hereof or thereof.
18. Contractor understands and agrees that its employees, agents, or subcontractors are not employees of LFUCG for any purpose whatsoever. Contractor is an independent contractor at all times during the performance of the services specified.
19. If any term or provision of this Contract shall be found to be illegal or unenforceable, the remainder of the contract shall remain in full force and such term or provision shall be deemed stricken.
20. Contractor [or Vendor or Vendor's Employees] will not appropriate or make use of the Lexington-Fayette Urban County Government (LFUCG) name or any of its trade or service marks or property (including but not limited to any logo or seal), in any promotion, endorsement, advertisement, testimonial or similar use without the prior written consent of the government. If such consent is granted LFUCG reserves the unilateral right, in its sole discretion, to immediately terminate and revoke such use for any reason whatsoever. Contractor agrees that it shall cease and desist from any unauthorized use immediately upon being notified by LFUCG.



Signature

Feb. 14, 2019

Date

Part A - General Terms and Provisions



PART A - GENERAL TERMS AND PROVISIONS:

1. Definition of Terms:
 - a. Division – Lexington-Fayette Urban County Government, Division of Community Corrections
 - b. Contractor – Any qualified individual, firm or corporation entering into an agreement to perform the work specified in this Request for Proposals.
 - c. Proposal – The document that the Contractor submits of the Contractor's proposal for the completion of the work specified in this Request for Proposals.
2. Proposals must be contained in a SEALED envelope. To prevent inadvertent opening, the proposal package must be marked as a PROPOSAL DOCUMENT (including the proposal number) on the outside of the envelope. If our specifications, when included in our Request for Proposal, are not returned with your proposal, and no specific reference is made to them in your proposal, it shall be assumed that all specifications shall be met. When material, sketches, cuts, descriptive literature, Contractor's or manufacturer's specifications which accompany the proposal contain information that can be construed or is intended to be a deviation from our specifications, such deviations must be specifically referenced in your proposal response.
3. The responsibility for getting the proposal to the Purchasing Office on or before the stated time and date shall be solely and strictly the responsibility of the Contractor. The Lexington-Fayette Urban County Government shall in no way be responsible for delays caused by the United States Postal Service or a delay caused by any other occurrence, or any other method of delivery. The Contractor shall be responsible for reading very carefully and understanding completely the requirements in the specifications. Proposals shall not be accepted after the time specified for receipt. Such proposals shall be returned to the Contractor unopened with the notation "This Proposal Was Received After the Time Designated For the Receipt and Opening of Proposals".
4. Postponement of Date for Presentation and Opening of Proposals - The Lexington-Fayette Urban County Government reserves the right to postpone the date for receipts and opening of proposals and shall make a reasonable effort to give at least five (5) calendar days' notice of any such postponement to each prospective Contractor.
5. Time for Consideration - Contractors warrant by virtue of proposing that the prices quoted in his proposal shall be good for an evaluation period of sixty (60) calendar days from the date of proposal opening unless otherwise stated. Contractors shall not be allowed to withdraw or modify their proposals after the opening time and date.
6. Open Records - The Division of Community Corrections requires that, at the conclusion of the selection process, the contents of all proposals be placed in the public domain and be open to inspection by interested parties. Any restrictions on the use of data contained within a proposal must be clearly stated in the proposal itself. Proprietary information submitted in response to the Request for Proposal shall be handled in accordance with applicable Lexington-Fayette Urban County Government procurement regulations.

7. Prices - All proposals submitted must show the net proposal price after any and all discounts allowable have been deducted. **Price(s) offered are to be F.O.B. Destination.** State sales tax and federal excise taxes shall not be included as the Division of Community Corrections is tax-exempt for materials sold directly to them. Exemption certificates shall be issued to the successful Contractor when requested. The Contractor's attention is directed to the fact that the tax laws of the Commonwealth of Kentucky apply to this proposal matter and that all applicable taxes and fees shall be deemed to have been included in the Contractor's proposal as part of his materials cost, when applicable.
8. Annual Aggregate Cap Model - The Contractor shall provide for the costs of the following services and care: emergency transportation; emergency room services; inpatient and outpatient hospitalizations; dental surgery; outpatient clinic services; physician office visits; adjunct therapies; diagnostics; radiology services; laboratory services; mental health hospitalizations; specialty care; and prosthetics, up to \$250,000 annually.
 - a. If costs exceed \$250,000 annually but are less than \$300,000 annually, then the Contractor shall pay 50% of the costs due to offsite providers over \$250,000 annually but less than \$300,000 annually.
 - b. The Division shall be responsible for 50% of offsite costs that fall between \$250,000 annually and \$300,000 annually.
 - c. The Division shall be responsible for 100% of offsite costs that exceed \$300,000 annually.
 - d. If costs are less than \$250,000 annually then the Contractor shall remit 90% of the unspent funds that are less than \$250,000; and the Contractor shall retain 10% of such unspent dollars for administrative and managerial costs.
9. Cost Plus Model- The Contractor shall provide for all costs of the services and care related to inmate healthcare, the LFUCG understands there will be a management fee. The cost-plus model will include but not limited to: employee benefits and salaries; trainings; onsite medical expenses; emergency transportation; emergency room services; inpatient and outpatient hospitalizations; dental surgery; administrative costs; outpatient clinic services; physician office visits; adjunct therapies; diagnostics; radiology services; laboratory services; mental health hospitalizations; specialty care; hospice care; prosthetics. This model is a transparent partnership; all invoices will be provided to LFUCG monthly. Mental health medication will continue to be billed to and paid by the mental health provider.
10. Computation of Compensation - The Contractor shall provide a compensation schedule based upon the average daily population (ADP) level using the following categories:
 - a. Cost of services when the ADP is:
 - i. 1450 offenders
 - b. The Contractor shall provide a proposed per diem compensation schedule should the ADP exceed 1550 offenders during the Contract cycle or should the population fall below 1350.
 - c. Adjustments to the cost of the Contract, aggregate, and per diem rates shall be based on changes in the Medical Care Component of the Consumer Price Index for all urban consumers in the **South Region** of the United States for the previous calendar year.

- d. The Division reserves the right to renegotiate the Contract should the population exceed 1600 during the Contract period.
 - i. Average Daily Population shall be calculated utilizing the census report (Average Daily Population) available in the Division's Jail Management System.
11. Proposal Errors – When errors are found in the extension of the proposal prices, the unit price shall govern. The Contractor must initial proposals having erasures or corrections in ink.
12. Proposal Obligation and Disposition – The contents of the proposal and any clarifications thereto submitted by the successful Contractor shall become part of the contractual obligation and incorporated by reference into the ensuing contracts. All proposals become the property of the Division of Community Corrections and shall not be returned to the Contractor.
13. Laws, Statutes and Ordinances – The terms and conditions of the Request for Proposal and the resulting Contract or activities based upon the Request for Proposal shall be construed in accordance with the laws, statutes and ordinances applicable to the Division of Community Corrections. Where State Statutes and regulations are referenced, they shall apply to this Request for Proposal and to the resulting Contract.
14. Information and Descriptive Literature – Contractor must furnish all information requested in the proposal. If specified, each Contractor must submit cuts, sketches, descriptive literature and/or complete specifications covering the products offered. Reference to literature submitted with previous proposal shall not satisfy this provision. Proposals that do not comply with these requirements shall be subject to rejection.
15. Proposal Submittal Costs – Submittal of a proposal is solely at the cost of the Contractor and the Division is in no way is liable or obligates itself for any cost accrued to the Contractor in coming up with the submitted proposal.
16. No Proposal – If the receipt of this request for Proposal is not acknowledged, Contractor's name may be removed from the Contractors' mailing list.
17. Compliance with Occupational Safety and Health Act – Contractor certifies that all material, equipment, etc., contained in his proposal meets all O.S.H.A. requirements.
18. Acceptance and Rejection – The LFUCG reserves the right to reject any or all proposals, for cause, to waive irregularities, if any, in any proposal, and to accept the proposal or proposals which in the judgment of the LFUCG is in the best interest of Division of Community Corrections.
19. Selection – The Selection Committee shall consider the following factors when it evaluates the proposals received:
 - a. Specialized experienced and technical competence of the person or firm (including a joint venture or association) with the type of service required;
 - b. Capacity of the person or firm to perform the work, including any specialized services, within the time limitations;
 - c. Character, integrity, reputation, judgment, experience and efficiency of the person or firm;

- d. Past record and performance on contracts with the Urban County Government or other governmental agencies and private industry with respect to such factors as control of cost, quality of work and ability to meet schedules;
 - e. Familiarity with the details of the project;
 - f. Estimated cost of services.
20. Site Visit – It is important that Contractor visit the facility to understand the scope of the effort required, therefore each vendor will be expected to attend the mandatory bidder's conference in order to bid on the RFP.
21. Specifications are attached.
22. General Terms and Provisions outlined above are acknowledged. Our proposal is attached.

Company Name

Corizon, LLC

Company Officer

Stephen Rector, CEO

Signed (must be original signature)



Phone Number 615-660-6869

Fax Number 615-376-1350

THIS MUST BE RETURNED WITH YOUR PROPOSAL. EACH CONTRACTOR PROPOSAL AND ANY CLARIFICATIONS TO THAT PROPOSAL SHALL BE SIGNED BY AN OFFICER OF THE COMPANY OR A DESIGNATED AGENT EMPOWERED TO BIND THE FIRM IN CONTRACT. EXCEPTIONS TO THE SPECIFICATIONS, IF ANY, MAY BE NOTED ON THE SPECIFICATION PAGE OR ON THE EXCEPTION FORM.

Proposal Security



BID BOND

KNOW ALL BY THESE PRESENTS, That we CORIZON, LLC

of 103 POWELL COURT, BRENTWOOD, TN 37027

(hereinafter called the Principal),

as Principal, and ATLANTIC SPECIALTY INSURANCE COMPANY

(hereinafter called the Surety), as Surety are held and firmly bound unto LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT

(hereinafter called the Obligee) in the penal sum of TWENTY FIVE THOUSAND AND NO/100

Dollars (\$25,000.00)

for the payment of which the Principal and the Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, That WHEREAS, the Principal has submitted or is about to submit a proposal to the Obligee on a contract for RFP#2-2019 OFFENDER HEALTH SERVICES

NOW, THEREFORE, If the said Contract be timely awarded to the Principal and the Principal shall, within such time as may be specified, enter into the Contract in writing, and give bond, if bond is required, with Surety acceptable to the Obligee for the faithful performance of the said Contract, then this obligation shall be void; otherwise, to remain in full force and effect. Provided, however, any final performance and/or payment bond that is executed by the Surety and accepted by the Obligee will be subject to the following expressed conditions:

- (1) This bond will be for a 12-month term, but may be extended by continuation certificate executed by the Surety, at the option of the Surety.
- (2) Neither non-renewal by the Surety, nor failure, nor inability of the Principal to file a replacement bond shall constitute a loss to the Obligee which is recoverable under this bond.
- (3) Surety's liability under this bond and all continuation certificates issued in connection therewith shall not be cumulative and shall in no event exceed the amount as set forth in this bond or in any additions, riders, or endorsements properly issued by the Surety as supplements thereto.
- (4) No claim, action, suit or proceeding, except as herein set forth, shall be had or maintained against the Surety on this bond unless same be brought or instituted and process served upon the Surety within six months following the expiration of the original term of this bond, or extended term as provided herein.

Signed and sealed this 14 day of FEBRUARY, 2019



Dawn N Lamm
Witness

CORIZON, LLC

(Seal)
Principal

By: [Signature] SVP FINANCE & TREASURY
Title

Elizabeth A. Hartzberg
Elizabeth A. Hartzberg, Witness

ATLANTIC SPECIALTY INSURANCE COMPANY

By: [Signature]
Deborah S. Hudgins, Attorney-in-Fact



KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: **Deborah S. Hudgins, Elizabeth A. Hartzberg, Jimmy M. Evans, Jr., Tim J Brandt**, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **sixty million dollars (\$60,000,000)** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact

Resolved That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this eighth day of December, 2014.



By

Paul J. Brehm

Paul J. Brehm, Senior Vice President

STATE OF MINNESOTA
HENNEPIN COUNTY

On this eighth day of December, 2014, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.



Tara Janelle Stafford

Notary Public

I, the undersigned, Assistant Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 14 day of FEBRUARY 2019



James G. Jordan

James G. Jordan, Assistant Secretary

This Power of Attorney expires
October 1, 2019

A.
CONTRACTOR'S QUALIFICATIONS





Tammy Humphrey



Dr. Cox, DDS



Kristie McFarland



Vicky Stratton



Patty Hatton



Tammie Stidham



Celeste Brown



Charlotte Sexton



A. CONTRACTOR'S QUALIFICATIONS

PART C – CONTRACTOR MINIMUM QUALIFICATIONS (RFP PAGE 36)

1. Ability to Perform Work Specified (RFP Page 36)

Proposals shall be considered only from applicants who can clearly demonstrate a professional ability to perform the type of work specified within the Request for Proposal.

Corizon, LLC (Corizon Health) is proud to be the founder of modern contract correctional health services in the United States. For 40 years, we have exclusively and continually provided correctional health care to our clients across a range of facilities and populations:

- Jails and prisons of all security classifications;
- Male, female and juvenile populations; and
- Special needs facilities/populations including the aged, infectious disease, mental health care and female health.



We deliver services each day in over 225 jails, prisons, and other correctional facilities in 17 states, ranging in average daily populations (ADP) from 100 offenders to over 48,000 offenders.

While we recognize that other correctional healthcare providers offer commendable healthcare programs, our value proposition differentiates us and drives our approach to most efficiently deliver a high quality standard of care. The advantages that distinguish us from our competition and will benefit the Lexington-Fayette Urban County Government (LFUCG) to the greatest extent include:

- Proven partnership for 26 years
- Jail healthcare experience surpassing all other correctional healthcare providers
- COR Care Model
- 100% compliant accreditation track record
- Wellness and prevention focus
- Development of Clinical Pathways and Best Practices
- Clinical oversight
- Credentialing and Peer Review program
- Technology
- Experience and a proven track record in developing and maintaining community linkages
- Quantifiable results

Through 40 years of innovation and learning Corizon Health is offering – and continuing to develop – the most forward-looking approach of any correctional healthcare provider. We call it our **COR Care Model (COR Care)**. Described in section C. Outline of Services to be provided, **COR Care** includes many practices we have had in place for years along with developing new innovations and adopting best practices designed to increase efficiency and accountability while reducing risk. Our driving motivation is to do the right thing for our patient: **The right care, at the right time, and in the right place.** By following these three simple criteria, we fulfill our mission as caregivers and healers within the budgets



established to provide this care. Most importantly, we believe we make a difference in the lives of our patients and in the well-being of our communities.

Lexington-Fayette County and Corizon Health: 26 Years of Collaboration and Growth

As LFUCG’s partner since 1992, Corizon Health is familiar with all aspects of this contract. We fully support LFUCG’s objectives and requirements as outlined in the Request for Proposal and intend to demonstrate in our response our commitment to build upon our past successes and further deliver an innovative, comprehensive, and cost-effective healthcare program of which LFUCG can be proud. By re-awarding the contract to Corizon Health, the LFUCG can be confident of a seamless and stress-free transition for the Division of Community Corrections. We are fully prepared to “hit the ground running” with our current management team in place and promise complete continuity in all contract services, management actions, and most importantly, offender health services.



The Lexington-Fayette County Corizon team

Recent Program Accomplishments

- Corizon Health successfully implemented the Jail’s first Electronic Medical Record (EMR) system, **CorrecTek**, in 2013. In 2016, Corizon Health linked CorrecTek with JailTracker™, the Jail’s new corrections management system.
- Corizon Health facilitated the Jail’s enrollment in the **Kentucky Health Information Exchange (KHIE)** in 2013, making it the first jail in the State to setup an interface to submit lab and encounter data to this critical resource. We are currently in the process of setting up a bi-directional feed between CorrecTek and KHIE to further enhance the flow of patient health information accessing the KHIE from within the EHR with the capability of receiving information.
- We began enrolling eligible patients in Medicaid (for payment of inpatient hospital days) in March 2014. As a result, Corizon Health partnered with the Division of Corrections to provide an Affordable Care Act Coordinator, resulting in more than **\$2 million in cost avoidance for the LFUCG**.





Annual Medicaid Savings for County

2014	\$560,220
2015	\$504,786
2016	\$384,464
2017	\$425,804
2018	\$516,059

- Corizon Health has established **strong working partnerships with local judges** to improve patient care. Health Services Administrator, Kristin Fryman, regularly communicates with Drug Court judges to assist our patients who remain compliant with the program to continue with their Medication Assisted Treatment while incarcerated.
- Implemented **14-day** and **Annual Physicals** in accordance with NCCHC standards in 2014.
- Began providing three (3) days of **release medication(s)** to our patients in 2014.
- In 2016, began providing **Hepatitis B vaccines** to the Jail's Biohazard Team.
- Began on-site substance withdrawal treatment for pregnant patients in 2017. This resulted in the elimination of 203 off-site hospital days on average annually (based on utilization data from 2014-2017) with a savings of \$170,633.
- In 2017, Corizon Health collaborated with the mental health contractor and Division administration to establish protocols for a grant-funded Vivitrol treatment program. As part of this initiative, Corizon Health administers a Vivitrol injection to eligible offenders just prior to their release to help bridge the gap before community treatment can be established.
- In compliance with Kentucky House Bill 191, Corizon Health collaborates with the Division of Community Corrections to ensure eligible offenders are transferred to the state hospital facility for ongoing care and treatment as soon as a bed becomes available. Since January 2017, 24 offender patients have been transferred, resulting in significant cost avoidance for the County.
- In 2018, eligible Corizon healthcare providers and staff received access to University of Kentucky Hospital's new healthcare management system (**UK HealthCare Provider**) to review our patients' medical information in real-time.
- Established on-site optometry services with OnSite Vision Plans in 2018.
- In 2019, established a **partnership with Lexington-Fayette County Health Department** to provide direct resources for patients with active TB, including skilled nursing care and laboratory testing. Corizon Health remains in continued communication with Health Department officials to address

A. CONTRACTOR'S QUALIFICATIONS



communicable disease issues in the jail setting. In a recent example of this collaboration, Corizon Health is providing free Hepatitis A vaccines to offenders.

References

Corizon Health is pleased to provide the following three references from clients with programs of similar size and/or scope to that of our program for the Prince George’s County Department of Corrections.

CLIENT FACILITY	LENGTH OF SERVICE	SERVICE DESCRIPTION
<p>Okaloosa County Department of Public Safety Corrections Division 1200 East James Lee Blvd. Crestview, FL 32536</p> <p>Eric Esmond, Jail Division Chief P/850-689-5685 E/eesmond@myokaloosa.com</p>	<p>November 2003 to Present</p>	<p>Medical, Dental, Mental Health, Pharmacy, and Support Services</p>
<p>Leon County 2825 Municipal Way Tallahassee, FL 32302</p> <p>Jeff Beasley, Chief P/850-606-3681 E/BeasleyJ@leoncountyfl.gov</p>	<p>October 2002 to present</p>	<p>Medical, Dental, Mental Health, Pharmacy, and Support Services</p>
<p>Polk County 1891 Jim Keene Boulevard Winter Haven, FL 33880</p> <p>Michael Allen, Chief P/863-298-6206 E/mallen@polksheriff.org</p>	<p>January 2001 to present</p>	<p>Medical, Dental, Pharmacy, Mental Health, and Support Services</p>

Audited Financial Statements

Audited Financial Statements are provided in Attachment 12.



2. Ability to Ensure Prompt and Efficient Service (RFP Page 36)

Contractors must be able to demonstrate adequate organization, facilities, equipment and personnel to ensure prompt and efficient services to the Division of Community Corrections.

As an industry leader focused exclusively on developing and operating correctional-based health care systems for four decades, we have built a health care delivery system founded on replicable, evidence-based best practices. These best practices include our **COR Care Model**, continuous quality improvement principals, utilization management practices and accreditation standards. Our health care delivery system platform embraces a population health/risk-based approach with a patient-centered focus.

As corrections and healthcare have evolved through the years, Corizon Health has been there to find the best value solution using evidence-based medicine provided by skilled, credentialed and compassionate personnel. We recognize there is no “one size fits all” solution to cost-effective quality care. Our experienced team tailors its health care program to meet the needs of individual partners and its offender population.

Corizon Health is committed to continue to provide professional management services to support our medical program at LFUCG. It is our objective as your partner to collaborate with you to deliver high quality health services in a manner consistent with community standards.

Our mission is to exceed the LFUCG’s expectations by working with you to deliver safe, effective services using best practices and evidence-based medicine. We will accomplish this through an intentional focus on the Corizon Health values that guide us in accomplishing our work:

- **Quality:** We are never satisfied; we always strive to do better.
- **Employees:** We understand that Corizon Health is nothing without its people; we are committed to earning trust, respect and loyalty by providing a work environment that encourages growth, development, and well-being.
- **Partners:** We continuously seek to understand and exceed the expectations of our client partners.
- **Patients:** We treat our patients with the dignity and compassion that we would expect for our own families.
- **Integrity:** We honor our commitments and always do the right thing regardless of the situation.
- **Wellness:** We are a healthcare company that wants our employees to make prudent lifestyle choices that promote their own good health. Because of this, we lead by example and provide employees with tools to assist this pursuit.
- **Diversity:** We value diverse skills, opinions, cultures, experience and backgrounds, because they make us better.
- **Action:** We change the future.

To attain these objectives, we comply continuously with the professional standards and accreditation guidelines promulgated by the American Correctional Association (ACA) and the National Commission on Correctional Health Care (NCCHC). Corizon Health will adhere to applicable local, state, and federal



laws and standards of care as practiced in Fayette County, Kentucky, as well as the provisions of the Kentucky Revised Statutes and the Kentucky Administrative Regulations promulgated there under.

Site Leadership Team

Corizon Health has assembled a team of 67 dedicated part-time, full-time and PRN staff to deliver our healthcare program at the LFUCG Detention Center under the direct leadership of HSA, Kristin Fryman. Ms. Fryman brings nearly 17 years of experience and knowledge of the LFUCG contract and correctional healthcare operations. Resumes for all site leadership team members have been provided in **Attachment 1**.

Kristin Fryman, LPN, CCHP | Health Services Administrator

Ms. Fryman has served as the Health Services Administrator for the Fayette County Detention Center since January 2016. She has served in increasingly responsible roles for Corizon Health at the Detention Center beginning in July 2001.



As Health Services Administrator, Ms. Fryman is the chief administrative manager of on-site health services. She obtained her Licensed Practical Nursing degree from Bluegrass Community and Technical College and is an NCCHC Certified Correctional Health Professional.

Dr. Michele Welling, MD, CCD | Medical Director

Dr. Welling has served as the Medical Director for the Fayette County Detention Center since March 2017. She has more than 25 years of healthcare experience, receiving her medical degree from the University of Kentucky College Of Medicine. She has previously served as the Chief of Staff and Chief of Medicine at Bluegrass Community Hospital. Dr. Welling has professional memberships in the American Medical Association, American College Internal Medicine, and Kentucky Medical Association among others.



Regional Leadership Team

Corizon Health’s regional management team for the LFUCG includes seasoned administrators and experienced correctional health care professionals who are familiar with jail systems, policies, and procedures. Although each member of our team is integral to our success, the following paragraphs highlight the individuals who will be responsible for the clinical and managerial administration of the Jail’s health care program. Resumes for all regional leadership team members have been provided in **Attachment 1**.



Karen Davies, RN, BSN, CCHP | Vice President of Operations – Community Corrections

Ms. Davies joined the Corizon Health team in November 2018 and works alongside our Senior Vice President of Community Corrections, Joseph (Joe) Pino. Her correctional health program management experience spans 28 years and includes multi-facility correctional health services in multiple states. She is currently responsible for administering all facets of multiple multi-million dollar comprehensive health care services contracts located in the Southeast and Midwest. She has a history of leading sites through successful national, state and federal accreditations (NCCHC, ACA, FMJS, FCAC and ICE). One of the facilities she was responsible for received the NCCHC Facility of the Year designation from among 500 jails and prisons nationwide.



Ms. Davies had developed extensive expertise in managed care including seven years with TriCare as Director of case management and utilization management as well as claims administration. While working for the New York State Department of Correctional Services as the Regional Infection Control Nurse, she developed a statewide, award-winning program Blood Exposure Response Team. Ms. Davies received the New York State Governor’s Productivity Award for this program.

Ms. Davies has a distinguished military career as well. After serving 25 years in the military, Ms. Davies retired at the rank of Lieutenant Colonel and is a recipient of the Bronze Star Medal. Her military assignments included deployments to Afghanistan and Iraq where she organized and provided health care services in combat zones, completed missions with American Special Forces teams providing health care to local populations, and organized health care programs including combat medic training and preventive health care.

Maria O’Neal, MHA, CCHP | Regional Vice President

Ms. O’Neal will continue to serve as the single point of contact for this contract. She manages and evaluates the activities of the medical program based on the LFUCG’s goals and contractual obligations, according to NCCHC and ACA standards, community medical standards, and the provisions of the Kentucky Revised Statutes and the Kentucky Administrative Regulations. She oversees the implementation and monitoring of all contractually required operational services and supervises the Health Service Administrator, Kristin Fryman.



In conjunction with the Regional Medical Director, Dr. Jerry Robbins, she implements and systematically monitors clinical quality standards to ensure continuous quality of care is provided at the site. Ms. O’Neal is an NCCHC Certified Correctional Health Professional.

A. CONTRACTOR’S QUALIFICATIONS



Jerry Edward Robbins, MD | Regional Medical Director

Dr. Robbins oversees the delivery of health care services for Corizon Health community corrections contracts in the Southeast. He works directly with Corizon Health’s Chief Medical Officer and on-site clinical and administrative personnel to ensure that safe and efficient health care services are provided. Dr. Robbins is responsible for oversight of utilization management (inpatient / outpatient care and pharmacy utilization), quality improvement initiatives and reports, appropriate disease management and training and education of practitioners. He also collaborates with partners to assure their needs and expectations are adequately fulfilled, if not exceeded.



Prior to accepting the role of Regional Medical Director, Dr. Robbins served for two years as Corizon Health’s Medical Director at the Alabama Department of Corrections’ Limestone Correctional Facility in Decatur, AL. He has over 24 years of emergency department experience.

Healthcare Support Team

In addition to the Regional Leadership Team described above, the following senior-level Corizon Health staff will also provide executive level oversight, accountability and administrative leadership. Resumes for all healthcare support team members have been provided in **Attachment 1**.

Stephen Rector | Chief Executive Officer

As Corizon Health’s Chief Executive Officer, Mr. Rector is responsible for setting the strategic direction of the company and leading the company to reach its full potential as the nation’s correctional healthcare provider of choice. His 28-year career is distinguished by repeated success leading financial, operational, and cultural turnaround initiatives for large, complex healthcare providers. Prior to joining Corizon Health in December 2017, Mr. Rector served as Division Vice President for Community Health Systems, Inc., one of the nation’s leading operators of general acute care hospitals. Along with the acute care facilities, his responsibilities included ambulatory surgery centers, urgent care clinics and free-standing emergency rooms.



Mr. Rector’s executive experience includes serving as CEO of HCA’s Regional Medical Center in Bayonet Point, FL and CEO of South Bay Hospital in Sun City Center, FL; Chief Operating Officer of North Florida Regional Medical Center in Gainesville, FL; and as Regional Director for Nashville, Tennessee-based LifePoint Hospitals. He began his career at Saint Thomas Health Services in Nashville where he was tapped for increasingly responsible roles, culminating in leading the hospital’s rural network of physician-practice-management operations. A Kentucky native, Mr. Rector holds a Master’s Degree in Health Administration from Washington University School of Medicine in St. Louis, MO, and a B.S. in Healthcare Administration from Western Kentucky University in Bowling Green, KY.



James “Pete” Powell, MD, MMHC | Chief Medical Officer

As Chief Medical Officer, Dr. Powell supervises and directs the delivery of healthcare services for 182,000 offenders in prison and jail facilities throughout the country. He provides the vision, expertise, and strategic leadership for Corizon Health’s clinical programs focusing on strategies that promote the company’s mission to provide safe, effective, and efficient health care that exceeds expectations by using best practices and evidence-based medicine. Prior to joining Corizon Health, Dr. Powell served as Vice President of Physician Practice Services at Community Health Systems (CHS) – one of the nation’s leading operators of general acute care hospitals and outpatient services.



As the Vice President of Physician Practice Services, Dr. Powell oversaw 14,000 employees and 4,000 clinicians, spanning 1,100 sites in 21 states and was responsible for physician practices services, the employed physician network, overall quality, medical staff affairs, and recruiting. From 1996 to 2014, Dr. Powell worked in a variety of positions at Vanderbilt University Medical Center serving his last seven years there as Assistant Chief Medical Officer overseeing Vanderbilt Health Williamson, a multi-specialty physician network system of care.

Joseph (Joe) Pino, CCHP, FACHE | Senior Vice President of Community Corrections

As Senior Vice President – Community Corrections, Mr. Pino is responsible for the delivery of contract services nationwide within Corizon Health’s community business line. He is accountable for the achievement of operational, financial and clinical goals. As a member of the senior executive team, Mr. Pino works collaboratively to determine, execute, and monitor the strategic direction and plan for Corizon Health. He ensures strategies are translated and effectively implemented throughout assigned operations.



In conjunction with executive medical leadership, Mr. Pino is responsible for establishing and maintaining effective clinical quality oversight. He leads client retention and development activities and ensures adherence to contract requirements and effectiveness of outcomes. He oversees the negotiation of contract terms, amendments, extensions and bids within the business line.

Mr. Pino has 14 years of experience in health administration that includes serving most recently as the Chief Operating Officer for Saint Thomas West and Saint Thomas Midtown Hospitals, which is a two-campus enterprise that totals over 1,200 beds and is part of Saint Thomas Health in Nashville, TN. Before joining Saint Thomas Health in March 2016, Joe held various executive roles at hospitals in Florida, including COO of Mercy Hospital in Miami, COO of St. Lucie Medical Center in Port St. Lucie, Associate Administrator of Aventura Hospital and Medical Center in Aventura, and Assistant Administrator at Blake Medical Center in Bradenton.

A. CONTRACTOR’S QUALIFICATIONS



Becky Pinney, MSN, CCHP-RN | Senior Vice President, Nursing

As Senior Vice President of Nursing, Ms. Pinney serves as a leader, role model and mentor for the company’s nursing leadership, and provides vision and direction for nursing throughout the organization. She has defined a comprehensive company-wide approach to nursing practice issues, standards, and staffing and has established and promoted best practices related to evidence-based medicine that consistently results in high quality patient care.



Prior to her role as Senior Vice President of Nursing, Ms. Pinney led the company’s Delta Force, a team created to implement facility performance that supported both quality clinical care and fiscal objectives. Ms. Pinney’s career in corrections began in 1991 when she became the Director of Nursing for Powhatan Correctional Center in Virginia. In 1995, Ms. Pinney joined the

Corizon team as Regional Director of Nursing for the Georgia Region and through the years, she has demonstrated her leadership ability in a variety of clinical and administrative roles within the company.

Ms. Pinney also served as Sr. Vice President of Metropolitan Corrections, where she had operational leadership responsibility for Corizon Health’s large jails (Rikers Island, Philadelphia and Fulton County).

Jennifer Stradtman | Director, Business Development

As Director of Business Development, Ms. Stradtman is responsible for sales, marketing, and new client activities in the company’s jail market. In this capacity she is responsible for coordinating new business development as well as contract retention for the company’s jail clients throughout her region. She is actively involved in strategic sales planning, proposal development, pro forma development, and ongoing client satisfaction.



Ms. Stradtman has over 15 years of experience in consultative sales and government sales, leading sales teams, meeting or exceeding sales growth and retention goals, contract negotiation, proposal development, leading sales financial reviews, media relations, customer relations as well as experience with state and local governments.

Facilities

Business support tasks will continue to be handled from our Brentwood, Tennessee, headquarters, allowing our regional team and site staff to focus their efforts on meeting the needs of our patients.

Healthcare Support Team Services

The following Healthcare Support Team departments will continue to support our contract with LFUCG.



Healthcare Support Team Services

DEPARTMENT	SERVICES THAT WILL SUPPORT LFUCG	
Clinical Innovation & Strategy	<ul style="list-style-type: none"> ▪ Clinical Account Management ▪ Policy & Procedure Updates 	<ul style="list-style-type: none"> ▪ Telehealth ▪ Utilization Management
Finance	<ul style="list-style-type: none"> ▪ Accounting ▪ Audit ▪ Business Intelligence ▪ Financial Reporting 	<ul style="list-style-type: none"> ▪ Health Informatics ▪ Insurance ▪ Taxes and Facility (Leases)
Human Resources	<ul style="list-style-type: none"> ▪ Benefits ▪ Compensation ▪ Human Capital Management ▪ Locums & Agency Management ▪ Payroll ▪ Talent Acquisition 	<ul style="list-style-type: none"> ▪ Retention ▪ Employee Safety ▪ Training and Organization Development ▪ Workers Compensation ▪ Credentialing
Information Technology	<ul style="list-style-type: none"> ▪ Application Development ▪ Clinical Information Systems ▪ Electronic Health Records ▪ Network Operations 	<ul style="list-style-type: none"> ▪ <i>PeopleSoft</i> Operations ▪ Support Services ▪ Telecommunications
Legal	<ul style="list-style-type: none"> ▪ Contract Drafting, Negotiation and Interpretation ▪ Compliance ▪ Litigation, Claims and Risk Management ▪ In-Service Education (i.e., HIPAA, Ethics) 	<ul style="list-style-type: none"> ▪ Dispute Resolution ▪ Statutory and Regulatory Interpretation ▪ Inmate Grievance Support ▪ Professional Liability Claims
Nursing	<ul style="list-style-type: none"> ▪ Accreditation ▪ Clinical Competency Program ▪ Correctional Officer Education ▪ Core Process Program ▪ Infectious Disease Management ▪ Continuous Quality Improvement 	<ul style="list-style-type: none"> ▪ Nursing Administration ▪ Nurse Preceptor and Mentor Programs ▪ Nursing Education/Resources ▪ Patient Education ▪ Site Support and Troubleshooting
Operations	<ul style="list-style-type: none"> ▪ Behavioral Health ▪ Clinical Innovation & Strategy ▪ Nursing Administration 	<ul style="list-style-type: none"> ▪ Re-entry ▪ Start-Up Support
Provider Operations	<ul style="list-style-type: none"> ▪ Claims ▪ Customer Service ▪ Network Development 	<ul style="list-style-type: none"> ▪ Provider Relations ▪ Purchasing ▪ Vendor Diversity
Patient Safety	<ul style="list-style-type: none"> ▪ Patient Safety 	

A. CONTRACTOR'S QUALIFICATIONS



Technology

Corizon Health has been at the forefront in developing innovative programs and technology solutions to meet the ever-changing demands of correctional healthcare. We have developed and enhanced a number of unique and innovative applications for improved healthcare services.

Our Information Technology Department consists of over 70 employees committed solely to the processing of needs of our partners. Our investment in technology solutions for the LFUCG allows administrative processes to be effectively supported and allows Corizon Health management and site personnel to make timely operational decisions based on accurate data.

3. Continuous Work Experience (RFP Page 37)

The bidder must have at least three (3) years of continuous experience in administering correctional health care programs, and at least three (3) current contracts with separate agencies with correctional facilities of at least 1,000 beds or more. In the determination of the evidence of responsibility and ability to perform the Contract by the Contractor, the LFUCG reserves the right to investigate the financial condition, experience record, personnel, equipment, facilities and organization of the Contractor.

We understand that the LFUCG reserves the right to investigate the financial condition, experience record, personnel, equipment, facilities and organization of Corizon Health.

As noted above, Corizon Health brings the LFUCG four decades of experience in correctional healthcare – including 26 years partnering with the LFUCG. Corizon Health currently has fourteen (14) contracts with at least 1,000 beds or more.

Lexington-Fayette County, Kentucky	
ADP	1,520
Dates of Service	July 1992 – Present
Services Provided	Medical, Dental, and Pharmacy Services

Leon County, Florida	
ADP	1,054
Dates of Service	October 2002 – Present
Services Provided	Medical, Mental Health, Dental, and Pharmacy Services

Polk County Department of Detention, Florida	
ADP	2,624
Dates of Service	January 2001 – Present
Services Provided	Medical, Mental Health, Dental, and Pharmacy Services



Kent County, Michigan	
ADP	1,197
Dates of Service	January 2006 – Present
Services Provided	Medical, Mental Health, Dental, and Pharmacy Services

City of St. Louis, Missouri	
ADP	1,285
Dates of Service	April 2002 – Present
Services Provided	Medical, Mental Health, Dental, and Pharmacy Services

City of Philadelphia, Pennsylvania	
ADP	5,237
Dates of Service	August 1993 – Present
Services Provided	Medical, Dental, and Pharmacy Services

Arizona Department of Corrections	
ADP	33,806
Dates of Service	March 2013 – Present
Services Provided	Medical, Mental Health, Dental, and Pharmacy Services

Idaho Department of Correction	
ADP	7,635
Dates of Service	July 2005 – Present
Services Provided	Medical, Mental Health, Dental, and Pharmacy Services

Kansas Department of Corrections	
ADP	10,232
Dates of Service	January 2014 – Present
Services Provided	Medical, Mental Health, Dental, and Pharmacy Services Substance Use and Sex Offender Treatment Services to Juvenile Offenders

Maryland Department of Public Safety and Correctional Services – Division of Correction	
ADP	21,680
Dates of Service	January 2019 – Present
Services Provided	Medical and Utilization Management Services

Michigan Department of Corrections	
ADP	39,681
Dates of Service	April 2009 – Present
Services Provided	Medical, Psychiatry, and Pharmacy Services



Missouri Department of Corrections – Division of Offender Rehabilitation Services	
ADP	30,812
Dates of Service	December 1992 – Present
Services Provided	Medical, Mental Health, Dental, and Pharmacy Services

Tennessee Department of Correction	
ADP	14,482
Dates of Service	July 2012 – Present
Services Provided	Mental Health Services

Wyoming Department of Correction	
ADP	1,969
Dates of Service	July 2005 – Present
Services Provided	Medical, Mental Health, Dental, and Pharmacy Services

3.a. Evidence of Responsibility (RFP Page 37)

The LFUCG shall determine whether the evidence of responsibility and ability to perform is satisfactory, and shall make awards only when it deems such evidence satisfactory. The LFUCG reserves the right to reject a proposal when evidence indicates the inability to perform the Contract by a Contractor.

Corizon Health acknowledges that the LFUCG will determine whether the evidence of responsibility and ability to perform is satisfactory and will make awards only when it deems such evidence is satisfactory. We understand the LFUCG reserves the right to reject a proposal when evidence indicates the inability to perform the contract by a contractor.

3.b. Five Year Contract History (RFP Page 37)

Each Contractor shall provide a listing of all correctional facilities of at least 1,000 beds or more at which the Contractor has or has had a valid contract to provide health care services at any time in the past five (5) years immediately preceding January 1, 2019 including the following information:

- i. Name of facility, the year company won the Award
- ii. Name and telephone number of the Director/Major.
- iii. Capacity of facility, including infirmary, detox housing, mental health
- iv. Accreditation Status
- v. Number of Medical FTEs including MH staff
- vi. Number of Intake screenings
- vii. Synopsis of any and all medical civil litigation cases for the proceeding five (5) years, including any dollar amounts paid
- viii. List all jail contracts terminated prior to contract end date in the past three (3) years
- ix. List all contracts not retained through rebid in the past three (3) years

Corizon Health’s five (5) year contract history is provided in **Attachments 2 and 3.**



Jail Contracts Terminated Prior to Contract End Date – 3 Year History

In the past three (3) years, Corizon Health has not had any jail contracts terminated prior to the contract end date.

Contracts Not Retained Through Rebid – 3 Year History

Below is a list of Corizon Health’s 3 year history of contracts not retained through rebid. With the exception of the Florida Department of Corrections – Regions 1, 2, and 3, the majority of these contracts were lost through the competitive bid process.

Regarding the Florida Department of Corrections, on November 30, 2015, Corizon Health executed its 180-day termination without cause clause with FDOC, and the contract ended between the parties on May 31, 2016. This termination in no way involved any default on the part of Corizon Health. Corizon Health diligently worked for several months with the Florida Department of Corrections to resolve its issues. Unfortunately, the parties were not able to come to a mutual resolution. While we regret this action was necessary, the circumstances were very unique based primarily on a lack of appropriation on the part of the Florida legislature of the contractually allowed annual CPI increase and not based on Corizon Health’s performance providing care. The Florida Department of Corrections has said that Corizon Health is eligible to participate in any future procurement for health services.

Contract	Reason for Contract Loss
Alabama Department of Corrections	Competitive Bid Process
Alameda County, CA	Competitive Bid Process
Santa Barbara County, CA	Competitive Bid Process
Fresno County, CA	Competitive Bid Process
Adams County, CO	Competitive Bid Process
Lee County, FL	Competitive Bid Process
Florida Department of Corrections – Regions 1, 2, and 3	Exercised Right to Terminate Contract
St. Lucie County, FL	Competitive Bid Process
Chatham County, GA	Competitive Bid Process
Fulton County, GA	Competitive Bid Process
Gwinnett County, GA	Competitive Bid Process
Indiana Department of Correction	Competitive Bid Process
Polk County, IA	Competitive Bid Process
Cumberland County, ME	End of Contract Term
Anne Arundel County, MD	Competitive Bid Process
Henderson, NV	End of Contract Term
Bergen County, NJ	Competitive Bid Process
Kintock Group, NJ	End of Contract Term
New Mexico Corrections Department	Competitive Bid Process
Clackamas County, OR	Competitive Bid Process

B.
PRIOR EXPERIENCE





B. PRIOR EXPERIENCE (RFP PAGE 51)

Prior experience in delivering health care services in an institutional, large jail or correctional setting, including documentation from each site confirming service delivery.

Correctional healthcare requires a special expertise, particularly in large jails with ADPs that exceed 1,000. Corizon Health is committed to delivering comprehensive programs that provide the level and quality of service that meets or exceeds our clients' expectations. We are proud that numerous large jail systems have chosen Corizon Health as their healthcare services provider.

We are equally pleased that Corizon Health has proven a provider capable of maintaining long-term relationships in the often unpredictable correctional healthcare industry, **including LFUCG since 1992.**

The following list includes Corizon Health's current, long-term jails contracts.

Clients for 20 years or more

▪ Lexington-Fayette County, KY	Since 1992
▪ Prince George's County, MD	Since 1993
▪ City of Philadelphia, PA	Since 1993
▪ Essex County, NJ (Juvenile)	Since 1996
▪ Charlotte County, FL	Since 1997
▪ Calhoun County, MI	Since 1999

Clients for 15 years or more

▪ Genesee County, MI	Since 2000
▪ Polk County, FL	Since 2001
▪ Okaloosa County, FL	Since 2003
▪ City of St. Louis, MO	Since 2002
▪ Shawnee County, KS	Since 2002
▪ Leon County, FL	Since 2002

Clients for 10 years or more

▪ Somerset County, NJ	Since 2006
▪ Arlington County, VA	Since 2006
▪ Alachua County, FL	Since 2006
▪ Washington County, ME	Since 2007
▪ Doña Ana County, NM	Since 2008

Clients for 5 years or more

▪ Saginaw County, MI	Since 2009
▪ Hennepin County, MN	Since 2011
▪ Clackamas County, OR	Since 2011
▪ Passaic County, NJ	Since 2011



The following paragraphs illustrate recent accomplishments in Corizon Health's large community contracts. As the reader will note, our approach and associated program initiatives in each contract differ according to the needs of each individual system.

Alachua County, Florida – ADP 711 – Client since 2006



Corizon Health provides for the comprehensive healthcare needs of 700+ inmates in the custody of the Alachua County Sheriff's Office. We provide 24-hour coverage inclusive of medical, mental health, dental, pharmacy and support services that include: medical, dental, and mental health screenings and assessments; individualized treatment planning; sick call; infirmary care; chronic disease management; medication management; utilization management; discharge planning; and inmate health education. The Alachua County Jail is accredited by NCCHC, FMJS (Florida Model Jail Standards), and FCAC (Florida Correctional Accreditation Commission).

Contract Highlight

- Facility selection and lower utilization resulted in a savings of \$1 million from 2017-2018.

Leon County, Florida – ADP 1,074 – Client since 2002



Corizon Health is responsible for the comprehensive healthcare needs of 1,000+ inmates in the custody of the Leon County Sheriff's Department. Services, inclusive of medical, behavioral health, dental, pharmacy, and support services, include: medical, dental, and mental health screenings and assessments; individualized treatment planning; sick call; infirmary care; chronic disease management; telemedicine; medication management; utilization management; inmate health education; electronic health record; and discharge services. The Leon County Jail is accredited by NCCHC, PREA, FMJS (Florida Model Jail Standards), and FCAC (Florida Correctional Accreditation Commission).

Contract Highlights

- Initial set-up of DaVita dialysis on-site in 2009 and full operations in 2010
- Initial use of Big Bend Hospice to care for terminally ill in 2011
- Distinguished Service Award for Site Medical Director and nursing staff by the Leon County Sheriff's Office vertical staff for lifesaving measure for an inmate in March 2016
- Emergency room runs down 20% annually

Okaloosa County, Florida – ADP 787 – Client since 2003



Corizon Health is responsible for the comprehensive healthcare needs of 700+ inmates in the custody of the Okaloosa County Sheriff's Office. Healthcare services are inclusive of medical, dental, behavioral health, pharmacy, and support services. Services include: medical, dental, and mental health screenings and assessments; individualized treatment planning; sick call; infirmary care; chronic disease management; medication management; utilization management; inmate health education; electronic health record (eOMIS), and discharge services. The Okaloosa County Jail is

B. PRIOR EXPERIENCE

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT
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accredited by NCCCHC, FMJS (Florida Model Jail Standards), and FCAC (Florida Correctional Accreditation Commission).

Contract Highlights

- Inpatient detoxification is used on a short term basis, typically 3-4 days and provides 24 hour supervision, observation, and support for patients who are intoxicated or experiencing withdrawal. Patients are those identified as at-risk for experiencing severe withdrawal that cannot be effectively treated in a less intensive level of care, and are not suffering from acute medical or psychiatric conditions that require the medical and clinical intensity of a hospital based acute care inpatient setting. The Site Medical Director is Board Certified in Addiction Medicine and leads the interdisciplinary team that includes regional management, nurses, social workers and counselors, and the client.

Polk County, Florida – ADP 2,515 – Client since 2001



Corizon Health is responsible for providing comprehensive health services to 2,500+ inmates in the custody of the Polk County Sheriff's Office. We provide 24-hour coverage in two facilities inclusive of medical, behavioral health, dental, pharmacy, and support services. Services include: medical, dental, and mental health screenings and assessments; sick call; infirmary; individualized treatment planning; chronic disease management; medication management; inmate health education; and discharge services. Polk County is accredited by NCCCHC, FMJS (Florida Model Jail Standards), and FCAC (Florida Correctional Accreditation Commission).

Contract Highlights

- Partnered with Polk County to assist with Helping Hand Grant, providing follow up mental health treatment for patients released from custody.
- Partnered with Polk County Healthy Start Program to enroll pregnant females into their program to offer assistance to them and their families while incarcerated and upon reentry into the community.
- Developed special needs training classes for correctional officers and staff to help them identify and assist in the management of mentally ill patients.
- Created a MHU (Mental Health Unit) to house patients with serious mental illness.
- Partnered with Polk County Sheriff's Office to create protocols and procedures for Excited Delirium.
- Expanded on-site services available to include: OBGYN, dialysis, optometry, and physical therapy.
- Successfully transitioned to become healthcare provider of juvenile patients from Department of Juvenile Justice. This includes mental health, dental and all medical needs provided by Corizon Health.
- Created a monthly forensic meeting to staff high acuity patients. Attendees include the State Attorney's Office, Public Defenders Office, local mental health agencies and representatives from local hospitals.
- Partnered with Tri-County Human Services to assist in smooth transition of patients into their Residential Substance Abuse Treatment program.
- Participated in task force with the Polk County Sheriff's Office, County officials, and EMS leadership to address off-site costs. As a result of our direction on lowest cost facilities and clinical data, a new

B. PRIOR EXPERIENCE

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT

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protocol was implemented in early 2019 that steered stable patients to the most cost-effective facility.

Prince George's County, Maryland – ADP 809 – Client since 1993



Corizon Health provides comprehensive healthcare for 800+ inmates in the custody of Prince George's County. We provide 24-hour coverage inclusive of medical, dental, behavioral health, pharmacy, and support services. Services include: medical, dental, and mental health screenings and assessments; sick call; infirmary; individualized treatment planning; chronic disease management; medication management; inmate health education; electronic health record (CorrecTek); and discharge planning. Prince George's County facilities are MCCS accredited.

Contract Highlights

- Uninterrupted State of Maryland Commission on Correctional Standards (MCCS) accreditation for the past 24 years
- Unique relationship between the Health Department of Prince George's County and the Correctional Center Medical Unit in providing health care to inmates and ensuring continuity of care when they are released
- Our Site Medical Director has admitting privileges at our local community hospital, allowing her to closely monitor all inmates admitted. This enhances continuity of care when inmates are released to the Correctional Center
- Development of an excellent working relationship with the County Mental Health Court, facilitating referral for alternative incarceration and continuity of care in our communities
- The Department of Corrections, Office of Programs (DOC) and The Chicago School of Professional Psychology/Washington, DC Campus (TCSDC) entered into an agreement through a Memorandum of Understanding dated May 2, 2012. The Corizon Behavioral Health Unit and TCSDC coordinate the training program for Master's and Doctoral Level students during which the students perform the following activities at the correctional center over the course of one academic year:
 - Perform initial assessments
 - Develop treatment plans
 - Develop and implement evidence-based treatment groups
 - Maintain standardized progress notes, perform one-on-one counseling with inmates
 - Develop comprehensive discharge plans in conjunction with Mental Health Staff

Kent County, Michigan – ADP 1,181 – Client since 2006



Corizon Health provides comprehensive healthcare for 1,100+ adult and juvenile inmates/detainees in the custody of the Kent County Sheriff's Department. We provide 24-hour coverage at Kent County Jail and Kent County Juvenile Detention Center inclusive of medical, dental, behavioral health, and support services. Services include: medical, dental, and mental health screenings and assessments; sick call; infirmary; individualized treatment planning; chronic disease management; medication management; telemedicine; utilization management; inmate health education; electronic health record (eOMIS); discharge planning; and reentry services. The Kent County Jail is NCHC accredited.

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Contract Highlights

- Partnered with custody to increase infirmary beds by 63%
- Enhanced infirmary care by providing IV therapy to reduce hospitalization costs
- Trained intake staff to complete mental health screening
- Introduced onsite suturing
- Implemented pharmacy program initiatives, reducing costs 45% at the adult facility

City of St. Louis, MO – ADP 1,186 – Client since 2002



Corizon Health provides comprehensive healthcare for 1,100+ inmates in the custody of the St. Louis City Division of Corrections.

We provide 24-hour coverage at the St. Louis City Medium Security Institution and St. Louis Criminal Justice Center (contract start December 2002) inclusive of medical, dental, behavioral health, pharmacy, and support services. Services include: medical, dental, and mental health screenings and assessments; sick call; infirmary; individualized treatment planning; chronic disease management; detoxification; medication management; inmate health education; electronic health record (eOMIS); discharge planning; and reentry services. Both facilities are NCCHC accredited.

Contract Highlights

- In collaboration with the St. Louis City Division of Corrections' Training Department, Corizon Health helped to institute the "Mental Health First Aid" Certification program for the entire custody workforce
- Developed an extensive network of relationships with community agencies with a particular emphasis on helping inmates transition to the community. Partnerships with local agencies/companies include: St. Louis City Health Department, Center for Women in Transition, Magdalene House, and Rx Outreach
- Since 2010, Corizon Health has partnered with the St. Louis City Drug Court and Veterans Drug Court to provide assistance and medical screening to their programs' participants who are released from the city jail facilities and are admitted into residential care and drug treatment facilities

City of Philadelphia, PA – ADP 4,822 – Client since 1993



For 25 years, Corizon Health has provided medical care for 4,800+ inmates in the custody of the Philadelphia Department of Prisons (PDP). We provide 24-hour coverage in six (6) facilities citywide inclusive of medical, dental, pharmacy, and support services. Services include: medical, dental, and mental health screenings and assessments; sick call; infirmary; individualized treatment planning; chronic disease management; medication management; substance use detoxification; telemedicine, utilization management; inmate health education; electronic health record (eClinicalWorks (eCW)); discharge planning; and reentry services. With the exception of the Philadelphia Juvenile Justice Services Center, all PDP facilities are NCCHC accredited.

- Implemented an Electronic Medical Administration Record (eMAR)
- Fully upgraded all radiology suites to convert from computerized radiology to digital radiology
- Established the Medication Assisted Treatment (MAT) program using Subutex

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- Established a 340B drug purchasing program, in collaboration with Temple University Hospital, to significantly reduce infectious disease drug spend
- Conducted Successful Skills Fair for all clinical staff
- Introduced enhanced Preceptor Program for new clinical staff
- Collaborated with Philly FIGHT to conduct Hepatitis C testing for patients to receive linkage for treatment post-release
- Initiated program to provide Narcan to at-risk individuals upon discharge
- Expanded and streamlined Released With Care (RWC) program, reducing all backlog and realizing an approximate 70% released with Medicaid rate.
- Upgraded eCW to include pharmacy interface, Coumadin workflows, and implementation of telehealth campus-wide.

Please refer to **Attachment 2** for additional information on our current contracts.

B. PRIOR EXPERIENCE

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C.
OUTLINE OF SERVICES TO BE PROVIDED





C. OUTLINE OF SERVICES TO BE PROVIDED

This section includes Part D – Scope of Services and Part E – Administrative Requirements as outlined in the RFP. Items are numbered according to the RFP document.

PART D – SCOPE OF SERVICES (RFP PAGE 37)

1. Division of Community Corrections (RFP Page 37)

The Division of Community Corrections operates an adult facility at the following location:

Fayette County Detention Center
600 Old Frankfort Circle
Lexington, KY 40510

We value our 26-year partnership with the Lexington-Fayette Urban County Government’s (LFUCG) Division of Community Corrections and take seriously our responsibility to provide the best in health services to the adult offender population housed at the Fayette County Detention Center (Detention Center).

1. Average Daily Population (RFP Page 37)

1. The average daily population for 2017 was 1397. The average daily population through November 2018 was 1501.

a. The twenty (20) housing units are of two types: single cell segregation units and sub-dayroom dormitories.

b. There are eight (8) segregation units with up to forty (40) single cells per unit and/or up to 8 beds in a dormitory setting (total beds 320) including dedicated medical and mental health units; two assessment center units; one female segregation unit; and three male segregation units.

c. There are twelve (12) sub-dayroom dormitory units consisting of eight (8) eight to (12) twelve person sub-dayrooms for a total of 64-96 beds per unit. Current utilization has these units housing up to ninety-six (96) offenders.

d. Total booking for calendar year 2017 was 16,544, and for 2018 was 16,555, through November 2018.

e. Average daily population by month for calendar year 2017 (chart omitted for space purposes)


As the incumbent provider, Corizon Health is very familiar with the structure and operations of the Fayette County Detention Center. As the average daily population has grown over the years, Corizon Health has worked in collaboration with Division administration to maximize offender access to care, accommodate efficient clinic scheduling, and find the best solutions to treat the growing number of patients requiring specialized and ongoing care for chronic medical conditions. Based on our current partnership, review of the RFP, and working knowledge of the facility, we are confident that we can further deliver a model health services program that meets all accreditation standards and exceeds the expectations of the LFUCG.



2. Scope of Services (RFP Page 39)

The scope of these specifications involves providing a full range of medical services to the adult facility.

Since 1992, Corizon Health has been committed to providing a full range of medical services to LFUCG and the offender population housed in the adult facility. The health care delivery system we currently



provide for the LFUCG is based on a platform for the delivery of health care that focuses directly on the patient-clinician encounter. This “systems-based” delivery model is founded on our core processes, evidence-based best practices, continuous quality improvement principles, utilization management practices, and accreditation standards. Similar to systems offered to commercial employers by managed care plans, our program optimizes both clinical and economic outcomes.

Each component of our health care program is monitored and supported by robust Continuous Quality Improvement and Utilization Management programs, as well as management, clinical and operations support (on-site and by our healthcare support team), training and education programs and modules, and adherence to Federal and Kentucky constitutional standards, Kentucky Revised Standards, Kentucky Administrative Regulations, community standards, and clearly defined written policies and procedures that include standards required by NCCCHC and ACA.

Program Overview

Corizon Health’s COR Care Model

Outcomes and accountability drive all that we do at Corizon Health.

As the nation’s leader in correctional healthcare for 40 years, we’ve witnessed a fundamental shift in the expectations placed on correctional agencies of all sizes. Where once the primary mission of community corrections was care and custody, today we see the mission expanded to include serving as the nation’s largest mental healthcare provider, an integral component of the public health system, and custodian of an aging population with myriad health issues. In particular, in Lexington-Fayette County, we have seen an increase in substance use and addiction. Corizon Health has partnered with the FCDC on medication assisted treatment including the Vivitrol injections program and suboxone treatment on site for pregnant women for whom it is medically appropriate and who are not already being treated with methadone when they arrive.

Additionally, with the increase in Hepatitis A infections in the community and the potential for spread within the jail, all offenders receive hepatitis A vaccinations at intake.

With increased pressure on the LFUCG to serve so many vital community functions, it is essential that your correctional healthcare provider be an active and valuable partner in filling the Detention Center’s modern public health role. Moreover, it is vital to deliver a measurable positive impact to the constituencies served.

For this reason, Corizon Health has fundamentally reengineered its health services delivery system to apply robust acute-care outcomes and accountability measures to correctional healthcare. **Our outcomes-focused approach is akin to accountability initiatives adopted in recent years for hospitals and other acute-care settings.**

Corizon Health’s goal is to deliver demonstrable decreases in recidivism for those whose chronic and co-morbid healthcare conditions often lead them to rotate frequently between jail and the community. We do this through our **COR Care Model**, focusing on the whole person while they are incarcerated and creating a seamless transition to community providers when they leave.



Integration of Care into One Continuum

Coordinating patient care between all healthcare providers is paramount to providing safe, effective and efficient care and leads to positive outcomes for our patients. Integrating medical care, mental health care, dental care, pharmacy management, substance use, and post-release transitional care into one continuum achieves the best outcomes, particularly for the large percentage of incarcerated patients with multiple conditions both chronic and acute.

Corizon Health's COR Care Model is built on the principle of value-based care emphasizing quality, compassionate care, delivered by a coordinated and collaborative team that provides care for the whole patient. COR Care is a system designed to save our partners money by having the right professionals provide the right care at the right place and at the right time. At the point of intake, the patient enters the jail where needs are assessed, a care plan is established. The care plan includes every component of care, from immediate health stabilization through the ongoing treatment, management and prevention of health-related conditions, to preparing the patient for transitioning back into society and facilitating a warm hand-off to community providers.

COR Care is the result of several years' effort studying and applying best practices from a number of community-oriented models to the correctional healthcare setting. As correctional healthcare specialists, we have found no singularly perfect community model to address the myriad health and custody-related issues our patients face, so we developed COR Care. **This approach to care incorporates best practices from the nation's most successful integrated-care models into correctional healthcare practices that consider the unique considerations of a secure environment.**

The correctional environment, poses unique challenges and expectations that simply are not contemplated in community-based systems, such as:

- A patient population with much larger percentages of high acuity and multiple chronic conditions than the general public.
- The need to address patient healthcare needs while being good stewards of the LFUCG resources.
- The expectation of successful reentry to the community translating to lower recidivism.

To build accountability, Corizon Health has added to its 40 years of correctional healthcare experience, fresh leadership expertise derived from the hospital and acute care sector. This component of the US healthcare system has long been required to track and report key quality and patient safety measures and outcomes, not only under provisions of the Affordable Care Act, but also by payers like private insurers, managed care organizations, and the Centers for Medicare & Medicaid Services, not to mention marketplace competition for patients.

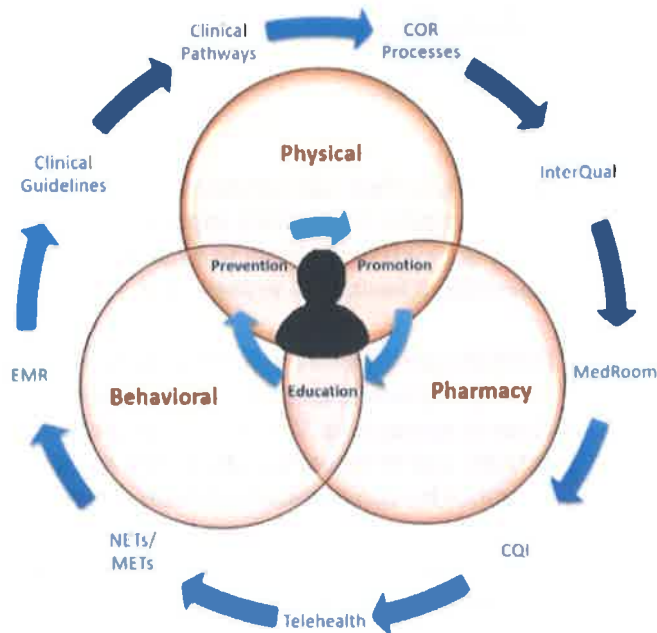
Corizon Health's COR Care model is designed to overcome the challenges of the correctional environment and meet client and community expectations within defined budgetary resources through an integrated care model developed specifically for corrections. It features a patient-centric and coordinated team of clinicians (**COR Team**), delivering evidence-based healthcare that consistently adheres to the highest standards of correctional healthcare (using **COR Processes**), tracked and informed through robust technology (**COR Tech**).



Through our COR Care approach, every clinician understands the unique medical and behavioral health needs of each patient, including that patient’s successful transition back to society.

COR Care also recognizes the important working partnerships that must exist between healthcare and custody staff to maintain the safety of everyone inside the Detention Center. We respect the role of correctional officers and support collaboration between medical and security personnel through programs such as Crisis Intervention Training.

Our mission-driven healthcare team also works to **educate patients** about managing their health conditions. Our pro-active preventive care enlists patients as active participants in their health through education, health promotion and identifying community resources to access upon release. Our offender grievance and CQI process identifies trends, guides development of performance improvement plans and leads to improved outcomes. All of this data is captured through standardized reporting to show outcomes as well as trends to inform improvements.



COR Care Components

There are unique elements contained within the three components of our COR Care Model that differentiate our approach from those of our competitors and firmly validates Corizon Health’s position as a leading correctional healthcare provider.

✓ COR Team

Corizon Health’s COR Team is based on the fundamental tenet that successful patient outcomes are the responsibility of everyone in our organization. This includes not only the care team but also those who fill administrative, human resources and infrastructure functions, working together to deliver to each patient the right care, at the right time, in the right location.

The site is led by a Site Medical Director (SMD) and Health Services Administrator (HSA). Our Clinical coordinators ensure necessary follow-up such as diagnostic testing, specialty consultations, patient education, etc., while clinical intervention pharmacists consult and contribute to patient safety.



**SMD Dr. Michele Welling, right, and
HSA Kristin Fryman, LPN, CCHP, lead
our patient-centered care team at
LFUCG.**



Because qualified, capable clinical staff are at the heart of our COR Team, the recruitment of these team members is especially important. We have enhanced our approach to talent acquisition, creating a system designed to diminish the high level of turnover found in healthcare in general and correctional healthcare in particular.

Screened job candidates visit the site to experience the correctional environment. They are interviewed by site leaders, regional leaders and members of the corporate executive leadership team as appropriate. We believe this process identifies those candidates truly committed to our patients and to outcomes-based care. We trust that making the effort to hire only those with true vocations for correctional healthcare will result in lowering turnover.

We have also redesigned our performance incentive program to include hourly pay increases for clinical staff willing to serve as preceptors and tuition assistance for continuing nursing educational programs.

✓ **COR Processes**

Corizon Health has identified seven specific clinical processes that comprise the vast majority of daily patient interactions:

- Intake
- Medication management
- Chronic care
- Infirmary care
- Urgent/emergent care
- Health assessments
- Sick call

For each process, we have defined the elements that must be completed every time for every patient. Our COR Process program incorporates hard copies of checklists and flow diagrams, supported through technology-based Nursing and Mental Health Encounter Tools (NETs and METs) and documented through standardized reporting tools and templates.

Through COR Processes, our COR Care Team is provided the tools and information they need to make the most out of every patient encounter, eliminate variability and reduce risk.



✓ **COR Tech**

COR Tech is the backbone of our COR Care Model, providing the robust analytics needed to deliver the right care, at the right time, in the right place. Corizon Health has made significant investments in technology solutions to help predict outcomes, assist in decision-making, and offer evidence-based recommendations for next steps.

COR Tech uses technology to improve and deliver care inside the walls of the detention center and to coordinate care outside the walls. Whether the patient is transported for off-site specialty care or is admitted for in-patient care, COR Tech is designed to capture and share data securely.

COR Tech also offers the ability to connect the patient to caregivers and community resources upon release, promoting continuity of care in the community as well as in the facility if they return.

Through standardized reporting made available to our client partners, COR Tech builds an accountable system of care.

Corizon Health delivers – through our COR Care Model and our COR Team, COR Processes, and COR Tech components – a unique and accountable correctional healthcare program where nurses, clinicians and patients work together to restore health and successfully transition out of the correctional environment.

Program Design at Fayette County Detention Center

Corizon Health has a passion for quality, timely, cost-efficient healthcare. **Our job as your partner for nearly 30 years has been to provide a quality care program that manages utilization and costs while optimizing healthcare outcomes.** The following highlight the core components of our health care program we provide in collaboration with the LFUCG.

- **Medical Screening at Intake:** Corizon Health’s process to provide a thorough and complete healthcare screening at intake is described in detail in *Section 3.b. Nursing Services*.
- **Daily Triage and Sick Call:** Corizon Health will continue to conduct Sick Call in accordance with Division standards, and within the parameters of NCCHC and ACA guidelines. Our Daily Triage and Sick Call process is described in detail in *Section 2.c. Sick Call and Emergency Services*.
- **Emergency Services:** Corizon Health will continue to provide emergency response services for the offender population as well as on duty staff, vendors on the premises, and any visitors in the facilities. Please see *Sections 2.c. Daily Sick Call and 2.q. Medical Treatment for Visitors and Staff*.
- **Health Appraisals:** Qualified health care personnel will provide each inmate with a health appraisal, including a physical examination, within fourteen (14) calendar days after admission to the jail system, based on the criteria listed in NCCHC and ACA. Please see *Section 2.b. Nursing Services*.
- **Dental Treatment:** Corizon Health’s Dental Program is described in *Section 2.i. Dental Services*.

- **Infirmiry Care:** Corizon Health will continue to manage and utilize the infirmiry to reduce off-site hospitalizations and reduce hospital length of stays. Please see *Section 2.v Chronic Care and Infirmiry* for additional information about our infirmiry care program.
- **Specialty and Chronic Care:** Corizon Health’s plan to provide Specialty and Chronic Care programs are described in *Sections 2.v Chronic Care and Infirmiry*.
- **Pharmacy:** Corizon Health will utilize the services **Clinical Solutions, LLC** to provide the Detention Center with a program dedicated to delivering quality, cost-effective pharmaceutical services. Please see *Section 2.h Pharmaceutical Services* for a full description.
- **Off-Site Services:** Corizon Health’s health care program is designed to provide optimal medical care on-site, reducing the need for expensive off-site treatment. Our Utilization Management program, described in *Section 2.n Offsite Utilization Management Program* addresses the mechanisms that facilitate timely and appropriate consultations, specialty referrals, and out-patient/in-patient hospitalizations (including inpatient admissions, pre-certification, concurrent review of inpatient hospitalizations on a daily basis, diagnostic procedures, medical interventions, ambulatory/mobile surgery, chronic clinical guidelines, specialty referrals and consults, medical transfers, inmate movement and retrospective review of claims).
- **Detoxification:** Corizon Health’s program to treat inmates with substance abuse disorders is described in *2.v.ii Detoxification*.
- **Infection Prevention and Control:** Corizon Health’s Infection Control Program is described in *Section 2.x.i Infection Control*.
- **Kitchen Screenings:** Corizon Health will continue to provide clearances for offenders assigned to food handling duties as described in *Part E. Administrative Requirements, Section 9.e.iii. Transfer Examinations and Work Clearances*.
- **Continuity of Care:** We provide discharge services for our patients when notified prior to their release from the Detention Center. In addition to a three-day supply of release medications, patients may receive a written prescription for a 30-day supply of eligible medication, referral information for follow-up medical appointments, and resource material on finding community support ranging from housing to mental health treatment. See *Section 2.h.ii Release Medications*.

2.a Physician/Mid-Level Provider Services (RFP Page 39)

a. Physician/mid-level provider Services must be sufficient to provide the required clinical needs and assure medical evaluation/follow up in accordance with NCHC Standards of post nursing triage referral, infirmiry, medical housing, and chronic care management, including weekends and holidays.

i. Twenty-four (24) hour physician/mid-level provider on-call services with availability for consultation and on-site needs system-wide are required as well as Case Management Services for offsite admissions.



Clinical staff and services will continue to be under the direction of the Corizon Health's **Site Medical Director, Dr. Michele Welling, CCD**. Dr. Welling joined the Corizon Health team in 2017 and has more than 25 years of healthcare experience. **Patricia (Pat) Warner, APRN**, also provides on-site and on-call services and has been with Corizon Health for six years (*photo right*).



Corizon Health will ensure that physician/mid-level provider services remain sufficient to provide the required needs of the day and assure medical evaluation/follow up in accordance with NCCHC Standards of post nursing triage referral, infirmary, medical housing, and chronic care management, including weekends and holidays.

2.b Nursing Services (RFP Page 39)

Nursing services must be available to provide for the following:

- i. Infirmary coverage in accordance with NCCHC Standards;
- ii. Medical Housing coverage at all times;
- iii.*Receiving Screening of offenders within five (5) hours of booking into the facility
- iv.*Initial Health Assessment; albeit NCCHC Full Population- within 14 days of admission to facility; or Individual Assessment When Clinically Indicated- no less than 2 working days after admission.
- v. Medications as prescribed;
- vi.*Sick call is held daily, offenders are seen within 24 hours of request for those sick calls that require a face to face encounter;
- vii. Appropriate and timely responses to medical needs and emergencies;
- viii. Physician support services;

Note: * iii, iv, vi will require paybacks for untimeliness @ \$200.00 per late event

Corizon Health acknowledges that items iii, iv, and vi above will require paybacks for untimeliness in the amount of \$200 per late event.

Corizon Health's program for the LFUCG will continue to be provided by Kentucky-licensed Registered Nurses and Licensed Practical Nurses trained to ensure coverage for each of the following integral program components:

- Infirmary coverage at all times;
- Intake triage screenings of offenders at time of admission;
- Medications as prescribed;
- Sick call triage and follow up on a daily basis;
- Health appraisals, including 14-day and annual physicals;
- Appropriate and timely response to medical needs and emergencies; and
- Physician support services.

We recognize the important role nursing plays in the correctional health care setting. Nurses are the eyes and ears of the program providing care around the clock on a daily basis. It is imperative that each nurse is properly selected, trained (initially and continually), and provided supervision and leadership during their daily activities.

In order to ensure these objectives are met, Corizon Health has an established Nursing Services Department led by **Senior Vice President Becky Pinney, MSN, CCHP-RN**. Tasked with supporting Corizon Health's mission to deliver safe, effective, and efficient healthcare services and exceed expectations



through the use of best practice and evidence-based nursing care, the Nursing Services Department's key activities include:

- Facilitating a comprehensive and company-wide approach to delivering quality, cost effective nursing care and services
- Assessing compliance with contractual requirements, quality and accreditation standards and Corizon Health policies through clinical program reviews and audits
- Monitoring the delivery of nursing services against key performance measures
- Identifying opportunities for Continuous Quality and Safety Improvement (CQSI) Initiatives
- Performing ongoing analysis of the effectiveness of nursing operational areas and accreditation readiness
- Collaborating with Site Management, Regional, Corporate Management and Leadership to devise and implement action plans that address negative trends, mitigate risks and improve outcomes

A description of our Intake Screening and Health Assessment process is described in the paragraphs that follow.

Receiving Screening

Receiving (Intake) Screening is a Corizon Health **COR Process**. Our Receiving Screening process drives every medical element at intake from "Fit for Confinement Screening" all the way through the actual screening and medical recommendation for placement/referral. During the booking process, a Corizon Health Registered Nurse (RN) or Licensed Practical Nurse (LPN) performs a receiving (intake) screening on all offenders to ensure that emergent and urgent health needs are met in accordance to NCCHC and ACA standards and LFUCG requirements. This includes a medical intake screening, mental health intake screening and a thorough medical history. The Receiving Screening Nurse addresses emergent health concerns, with medications verified and administered as necessary.


If an offender requires a translator, Corizon Health provides this with 24 hour access to trained medical interpreters via telephone, with more than 30 languages available.

Offenders who require emergent care are referred to the **University of Kentucky Hospital**. Offenders who need to be seen by a physician or mental health professional are referred for such evaluation and care. Findings of the screening are entered into the inmate's medical record.

Corizon Health has a nurse dedicated to Intake on a 24/7 basis (Corizon Health implemented this measure January 1, 2019). Receiving Screening of offenders will be completed within five (5) hours of booking into the facility.

The screening examination includes, but is not limited to, performance and documentation of the following.

- Documented inquiry into:
 - Current and past illnesses, health conditions, or special health requirements (e.g., hearing impairment, visual impairment, wheelchair, walker, sleep apnea machine)

- 
- Past infectious disease
 - Recent communicable illness symptoms (e.g., chronic cough, coughing up blood, lethargy, weakness, weight loss, loss of appetite, fever, night sweats, etc.)
 - Past or current mental illness, including hospitalization
 - History of or current suicidal ideation
 - Dental problems (e.g., decay, gum disease, abscess)
 - Allergies
 - Dietary needs
 - Prescription medications (including type, amount, and time of last use)
 - Legal and illegal drug use (including type, amount, and time of last use)
 - Current or prior withdrawal symptoms
 - Possible, current, or recent pregnancy
 - Other health problems as designated by Dr. Welling
- Observation of and documentation of:
 - Appearance (e.g., sweating, tremors, anxious, disheveled)
 - Behavior (e.g., disorderly, appropriate, insensible)
 - State of consciousness (e.g., alert, responsive, lethargic)
 - Ease of movement (e.g., body deformities, gait)
 - Breathing (e.g., persistent cough, shortness of breath, hyperventilation)
 - Skin (including lesions, jaundice, rashes, infestations, bruises, scars, tattoos, and needle marks or other indications of drug abuse)
 - Pregnancy testing for all female offenders, when identified through initial screening.
 - Notation of the disposition of the offender, such as immediate medical emergency/referral to an appropriate healthcare service, mental health consultation needed, placement in the general inmate patient population and later referral to an appropriate health service, placement in the general offender patient population medical segregation, admit to Medical Housing Unit/placed on suicide watch.
 - Documentation of the date and time when referral/placement takes place.

If an individual is identified as suicidal or potentially suicidal, the offender is immediately referred to Bluegrass, a statewide nonprofit, for evaluation to ensure appropriate housing and intervention. As with the case of potential suicide risks, all individuals who require follow-up care such as medication reviews, evaluation of chronic or acute illnesses, dental referrals, or patients requiring specialty care intervention will be referred to the appropriate services at the time of assessment. Our objective is to maintain continuity of care and provide appropriate crisis intervention.

Ambulatory Detoxification

During the intake screening process, Corizon Health questions incoming offenders on their use of alcohol and other drugs. The offender is evaluated at that time for withdrawal or detoxification management. Offenders placed on drug or alcohol withdrawal protocol will be monitored closely. Corizon Health has developed a structured, evidence-based medical approach of ambulatory detoxification to safely and successfully manage the majority of offenders through substance withdrawal.



Our standard treatment guidelines were developed by a panel of Corizon Health physicians headed by a physician certified by the American Society of Addiction Medicine (ASAM). A careful clinical assessment in the initial phases of detoxification, combined with the proper medications in appropriate dosages, will safely treat offenders throughout the withdrawal process. Corizon Health conducts vital signs checks three times per day, or as ordered by the physician, until the patient is cleared from the defined detoxification treatment protocol.

Using these guidelines, an individualized treatment plan is developed for each inmate. This plan includes therapeutic drug regimens, monitoring guidelines, parameters for vital signs, guidelines for quantifying symptoms and an algorithm to follow in the event clinical signs and symptoms fall outside established parameters.

In addition to the above measures, every Corizon Health physician is expected to obtain a DEA X license to prescribe the opioid substitute Buprenorphine. It is an equivalent medication which can be administered at the Detention Center without transportation to an outside vendor for Methadone maintenance. Dr. Welling currently holds DEA X licensure. Patients who need treatment and have not yet begun methadone treatment are prescribed Buprenorphine. In the rare event that a pregnant offender on Methadone enters the facility, she would be referred to a local Methadone clinic for further treatment.

Gender-Specific Assessment

From an operational perspective, the commingled nature of women's health, mental health, and substance abuse issues requires close integration among providers, with the intake process continuing a particularly central role in the process of triage and risk stratification. Considering these factors, Corizon Health's program for women includes intake and screening processes with gender-specific protocols.

Suicide Prevention and Screening

As part of the intake screening, Corizon Health trained nursing staff members complete a mental health screening on each patient. Patients identified as suicidal or potentially suicidal are referred immediately to the mental health provider for evaluation to ensure appropriate housing and initiation of intervention to elevate safety.

In the past 15 years, there has been only one successful suicide. That speaks to our continued commitment to mental health and holistic treatment.

Screening for Veterans and Active Military

The Department of Veterans Affairs has estimated that twenty-two former members of the military commit suicide every day. With the LFUCG's approval, we would like to implement our Veteran's Suicide Prevention Screening tool to help us identify veterans and active military who could potentially commit acts of self-harm because of psychological problems, PTSD, medication, addiction, or pain issues. We believe we can work together to avert potential suicides and provide these individuals with the tools they need to help them on the road to recovery.



Veteran's Suicide Prevention Screening Tool

DEMOGRAPHICS	
Facility Name:	Inmate Number:
Patient Name:	Date of Birth:
Offense:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
SECTION A (If no to all, skip Section B)	
Are you currently in active service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you recently returned from deployment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you become a veteran in the last 30 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION B	
Have you ever experienced an event with actual or threatened death, serious injury, or sexual violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been having nightmares about the traumatic event or thought about it when you did not want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been going out of your way to avoid situations that remind you of the traumatic event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you feel like no one can be trusted and that you are alone with your persistent negative feelings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you think you are to blame for the traumatic event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you often feel numb or detached from others, activities, or your surroundings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you often felt like you have to be on your guard, watchful, (prior to incarceration) and/or are you easily startled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
REVIEW INTAKE DEMOGRAPHICS AND FILL IN INFORMATION BELOW	
Is the inmate/detainee older than 50 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the inmate/detainee report recent pain medication use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any answers of "Yes" in section A and/or three or more questions in Section B will be referred to a QMHP	
ADDITIONAL INFORMATION/COMMENTS	
DISPOSITION	
<input type="checkbox"/> Approved for General Population (No Mental Health Referral)	<input type="checkbox"/> No Mental Health Problems Noted
<input type="checkbox"/> Approved for General Population (Routine MH Referral)	<input type="checkbox"/> Mental Health Problems Requiring Routine Follow-Up
<input type="checkbox"/> Special Housing - Expedited Mental Health Referral	<input type="checkbox"/> Chronic Mental Health Problem
<input type="checkbox"/> Suicide Prevention Procedure Initiated (Mental Health Referral)	<input type="checkbox"/> Mental Illness <input type="checkbox"/> Developmental Disability
<input type="checkbox"/> Contact Mental Health Provider	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Security Notified	<input type="checkbox"/> Possible Psychosis <input type="checkbox"/> Suicidal
<input type="checkbox"/> Other	<input type="checkbox"/> Other: _____
SIGNATURES	
Screened By: _____	
Inmate Signature: _____	

8011005

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Health Education and Wellness Information

Corizon Health provides health education and wellness information to Detention Center offenders to encourage them to assume more responsibility for their health status. We believe offender health education is an ongoing process that occurs during each health encounter. At the time of receiving screening, during the physical assessment, and during each medical visit, Corizon Health will inform offenders of the healthcare services provided at Detention Center.

During these informational segments of the healthcare evaluation and treatment process, Corizon Health personnel will continue to provide a detailed overview, both orally and in writing, of available services and subsequent health benefits, as well as how to access these services. Description of health benefits will include information on services that are included and those that are excluded. In addition, our staff will continue to encourage each offender to disclose all pertinent information regarding his/her healthcare history to allow for timely care and appropriate housing assignments. An offender's right to refuse or consent to mental health services and confidentiality issues are also explained at this time.

Sample Patient Information Fact Sheets (PIFS), available in both English and Spanish, are provided in **Attachment 5**.



Initial Health Assessment

Health Assessments are a Corizon Health **COR Process**. A Corizon Health physician, mid-level practitioner, or Registered Nurse (RN) specifically trained performs an initial health assessment on all offenders within fourteen (14) days of booking into the Detention Center unless an earlier individual assessment is deemed clinically necessary in accordance with NCCHC and ACA standards. Individual assessments are completed no less than two (2) working days after admission.

Corizon Health acknowledges that documented evidence of a health examination within the prior six months prior to this incarceration shall be sufficient to satisfy this requirement.

Upon identification of a medical or mental health problem requiring immediate treatment, Corizon Health will make appropriate referral to a physician for care and treatment as well as follow-up and further evaluation. Should an offender be diagnosed with an infectious disease, the offender is placed in medical isolation at **University of Kentucky Hospital** until the physician determines the offender is cleared and allowed to be placed in the general population.

Initial health assessments for Detention Center offenders include a complete review of the initial receiving screening:

- Collection of additional data to complete the medical, dental, and immunization histories and appropriate classifications;
- Recording of height, weight, pulse, blood pressure, and temperature;
- Complete History & Physical examination with evaluation of basic mental and dental status;
- Gynecological assessments will be included for females, if clinically indicated;
- Mental health evaluation and laboratory tests as ordered by licensed mental health professionals;
- Testing for communicable diseases, as indicated, including appropriate laboratory and diagnostic tests;
- Tuberculosis Skin Test (PPD skin testing via the Mantoux method);
- Laboratory tests including VDRL, and other diagnostic tests as clinically indicated or judicially mandated;
- Dental screening;
- Vision screening and hearing screening as indicated;
- Other tests and examinations, as appropriate;
- Appropriate treatment or referral, when indicated;
- Additional investigation into history of alcohol and substance abuse, as indicated;
- Additional tests, as required, based on the results of the initial receiving screening (i.e., chest X-ray, sputum test) and the associated test results.

Assessments conducted by an RN or mid-level practitioner will be reviewed and signed by a physician. Additionally, documentation of physician review will be made in the health record. Using this hands-on process will ensure a comprehensive evaluation is provided by trained Corizon Health personnel educated in detecting communicable diseases and illness. We have found early identification can result in prompt treatment and monitoring, and allow for appropriate housing placement (if deemed clinically necessary).



Periodic Health Appraisals

Annual physicals are provided to inmates who have been incarcerated at least 365 days. Typically, an RN specifically trained to conduct health appraisals will conduct the periodic health appraisal. These are reviewed and signed by a physician. Corizon Health document physical examination findings in the offender’s health record. Additionally, Corizon Health maintains a log (database) of annual PPD testing and results. Periodic Health Appraisals include both a health assessment history and a health assessment physical as described in the following paragraphs.

Per Corizon Health’s policies and procedures, periodic health assessments will include:

1. Health Assessment History

- Review of the patient’s last health assessment
- General medical history (i.e., previous hospitalizations and surgeries)
- Medications
- Allergies
- Drug/alcohol/tobacco use
- Communicable diseases
- Chronic illnesses
- Behavioral health

Corizon Health’s *Health Assessment History* form, an excerpt of which is shown below, is used to document the assessment and is included in the patient’s health record.

CORIZON
HEALTH
Health Assessment - History

Last Name: []		First: []		MI: []	ID: []
Date: []	Time: []	<input type="radio"/> AM <input type="radio"/> PM	Sex: <input type="radio"/> Male <input type="radio"/> Female	DOB: []	Alias: []
Intake form reviewed: <input type="radio"/> Yes <input type="radio"/> No If no, reason: []				History & Physical refused: <input type="radio"/> Yes <input type="radio"/> No	
Interpreter used: <input type="radio"/> Yes <input type="radio"/> No		Name: []		Service: []	
Is there anything you forgot to mention or felt uncomfortable bringing up in your intake screening: <input type="radio"/> No <input type="radio"/> Yes: []					
HISTORY					
Major Surgical History (within past year) <input type="radio"/> Yes <input type="radio"/> No			Medical Hospitalizations (within past year)		Ever had transplant surgery: <input type="radio"/> No <input type="radio"/> Yes
<input type="checkbox"/> Due to traumatic injury	<input type="checkbox"/> Brain surgery	<input type="checkbox"/> Heart surgery	<input type="checkbox"/> No <input type="checkbox"/> Yes: []		<input type="checkbox"/> Kidney <input type="checkbox"/> Other: []
<input type="checkbox"/> Abdominal Surgery	<input type="checkbox"/> Other: []		Past Significant Surgery: <input type="radio"/> No <input type="radio"/> Yes: []		
Give dates: []			[]		

2. Health Assessment – Physical

- Obtain vital signs (TPR, BP, pulse Ox, actual or reported height, actual weight)
- Complete physical examination
- Perform laboratory and/or diagnostic tests for communicable diseases as required by contract or local health department
- Administer appropriate immunizations



- Verify TB testing has been completed

The physical examination is an objective hand-on evaluation of the patient. It involves inspection, palpation, auscultation, and percussion of a patient's body to determine the presence or absence of physical signs of disease.

Corizon Health's *Health Assessment Physical* form, an excerpt shown below, is used to document the assessment and is included in the patient's health record.

CORIZON HEALTH					
Health Assessment – Physical					
Last Name: <input type="text"/>		First: <input type="text"/>		MI: <input type="text"/>	ID: <input type="text"/>
Date: <input type="text"/>	Time: <input type="text"/>	<input type="radio"/> AM <input type="radio"/> PM	Sex: <input type="radio"/> Male <input type="radio"/> Female	DOB: <input type="text"/>	Alias: <input type="text"/>
PHYSICAL					
GENERAL OBSERVATION					
General Appearance:					
Acute Distress: <input type="radio"/> Yes <input type="radio"/> No		Dehydrated: <input type="radio"/> Yes <input type="radio"/> No		Additional Observation: <input type="radio"/> Yes <input type="radio"/> No	
Describe: <input type="text"/>		Describe: <input type="text"/>		Describe: <input type="text"/>	
Mobility Restrictions		Physical Aids		Hearing Disability	
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
<input type="checkbox"/> Deformity <input type="checkbox"/> Amputation <input type="checkbox"/> Cast <input type="checkbox"/> Splint <input type="checkbox"/> Paraplegic <input type="checkbox"/> Quadriplegic Other: <input type="text"/>		<input type="checkbox"/> Wheelchair <input type="checkbox"/> Crutches/Canes <input type="checkbox"/> Brace <input type="checkbox"/> CPAP Other: <input type="text"/>		Deaf: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both <input type="checkbox"/> Neither Hearing Impaired: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both <input type="checkbox"/> Neither Hearing Aid: <input type="radio"/> Yes <input type="radio"/> No	

2.c Sick Call and Emergency Services (RFP Page 39)

In addition to twenty-four (24) hour a day emergency service coverage, the hours for routine nurse sick call at the facility shall be at levels which allows for all offenders needing medical services to be seen within twenty-four (24) hours of the time that they request such services, should the need arise outside the scheduled nurse sick call rounds done in the housing units.

Emergency Services

Urgent-Emergent Care is a Corizon Health **COR Process**. Corizon Health medical services staff will continue to provide 24/7 on-site emergency service coverage for offenders, staff, contractors, and visitors whenever necessary. Site Medical Director, Dr. Welling or APRN Pat Warner (or their designee) are on-call twenty-four (24) hours per day as well as Health Services Administrator Kristin Fryman or Director of Nursing (or their designee). This ensures that two Corizon Health staff are on call 24/7.

Members of Corizon Health's professional staff receive Basic Life Support (BLS) certification training, including Automatic External Defibrillators (AED) training. Any Corizon Health employee with direct patient care contact at the Detention Center will, at a minimum, maintain current BLS certification at the Medical Professional Level of training. Any Corizon Health staff working in the Detention Center but without direct patient care contact (Administrative Assistants, Medical Records, etc.) will, at a minimum, maintain a current BLS certification at a Community Member Level of training.

C. OUTLINE OF SERVICES TO BE PROVIDED

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT

OFFENDER HEALTH SERVICES

RFP #2-2019 | FEBRUARY 14, 2019



Annual Emergency Medical Response Drills

Corizon Health personnel delivering care will be trained in the implementation of emergency plans and participate in emergency drills. At least one *mass disaster drill* will be conducted annually at the Detention Center. The health emergency *man-down drill* will be practiced once a year on each shift where health staff are regularly assigned.

Both mass disaster and man-down drills will be documented by Corizon Health medical staff and will be subject to a critique which will be used for health staff education. The critiques will be reviewed at the next monthly health staff meeting.

Tracking Emergency Medical Requests

Emergency medical requests will be tracked on our *Emergency Response Form*, which documents findings and interventions, including:

- Emergent care need(s)
- Date
- Time(s)
- Persons involved
- Provider notification and orders
- Specific actions and/or interventions
- Patient's response to actions or interventions
- Custody staff notification
- Name of the healthcare facility patient being transported to
- Any communication with the hospital prior to patient transport
- Mode of transportation and time of transport
- Whether transport was for medical or behavioral health care

Page 1 of our 4-page Emergency Response Form is shown below:



CORIZON
Provide a culture of safety

Emergency Response

Demographics	
Facility Name	Date / / Time code called: Time medical arrived:
Location: <input type="radio"/> General Population <input type="radio"/> Segregation <input type="radio"/> Infirmary <input type="radio"/> Other:	
Patient's Name	Birth Date / / <input type="radio"/> Male <input type="radio"/> Female
Last	First MI ID Number

History of Event	<input type="checkbox"/> Check if this section required additional documentation
Historian: <input type="radio"/> Inmate/Patient <input type="radio"/> Correctional Staff <input type="radio"/> Other Inmate <input type="radio"/> Medical Staff <input type="radio"/> Other:	

Initial presentation	<input type="checkbox"/> Check if this section required additional documentation	
Responsiveness: <input type="radio"/> Awake: <input type="radio"/> Responds to Voice: <input type="radio"/> Responds to Pain: <input type="radio"/> Unresponsive: <input type="checkbox"/> EMS Activated EMS process times: Activation: Arrival: Notified <input type="radio"/> Attending Date: / / Time:	Mental status Oriented <input type="radio"/> Y <input type="radio"/> N: <input type="checkbox"/> Responds Verbally <input type="checkbox"/> Follows command Type of response:	Vital signs P: R: BP: T: Pulse ox: % Transport:

C Basic Life Support (BLS): Circulation	<input type="checkbox"/> Check if this section required additional documentation
Time: Pulse detected: <input type="radio"/> Y: Rate: Describe: <input type="radio"/> N: CPR Initiated <input type="checkbox"/> AED Applied	

Basic Life Support (BLS): Defibrillation:	<input type="checkbox"/> Check if this section required additional documentation
Time: AED Prompt: <input type="radio"/> Shock Advised <input type="radio"/> No Shock advised CPR continued for approximately minutes Result: <input type="radio"/> Pulse <input type="radio"/> No Pulse: Continue CPR	
Time: AED Prompt: <input type="radio"/> Shock Advised <input type="radio"/> No Shock advised CPR continued for approximately minutes Result: <input type="radio"/> Pulse <input type="radio"/> No Pulse: Continue CPR	
Time: AED Prompt: <input type="radio"/> Shock Advised <input type="radio"/> No Shock advised CPR continued for approximately minutes Result: <input type="radio"/> Pulse <input type="radio"/> No Pulse: Continue CPR	
Time: AED Prompt: <input type="radio"/> Shock Advised <input type="radio"/> No Shock advised CPR continued for approximately minutes Result: <input type="radio"/> Pulse <input type="radio"/> No Pulse: Continue CPR	
Time: AED Prompt: <input type="radio"/> Shock Advised <input type="radio"/> No Shock advised CPR continued for approximately minutes Result: <input type="radio"/> Pulse <input type="radio"/> No Pulse: Continue CPR	
AED analyzed number of times: Total number AED prompted of shocks:	

Initials	Date	Initials	Date	Initials	Date	Initials	Date

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Emergency room (ER) encounters are tracked using our CARES platform, described in detail in *Section 2.n Offsite Utilization Management Program*. Additional hospital transfer/ER forms and any other supporting documentation is also uploaded to CARES to minimize delays.

Sick Call

In addition to emergency service coverage, Corizon Health will continue to provide sick call services at the Detention Center seven days per week to afford each offender access to healthcare services. Our sick call clinic is provided in accordance with NCCHC and ACA standards and designed to guide the nurse to determine action items and provide all appropriate follow-up care. Sick Call is a Corizon Health COR Process.



We provide offenders clearly written information on how to access medical and dental health services at the time of intake. This information, specific to LFUCG policies and procedures, includes:

- The purpose and process of the intake screening and health assessment;
- Procedures for accessing health care services;
- Sick call schedule/registration for sick call procedures; and
- Grievance procedures.

Non-English speaking inmates are provided with a written and/or verbal translation of applicable health services policies and procedures. Corizon Health staff is trained in the use of a language line, which allows facility staff 24/7 telephone access to trained medical interpreters. Corizon Health staff also has access to interpreter services for hearing impaired offenders.

Sick Call Process

Guided by NCCHC and ACA standards, our sick call process establishes that requests for healthcare services are collected daily by nursing staff. Nursing staff then reviews, evaluate, and triages health requests within 24 hours of receipt. If the need cannot be satisfied by the nurse, the offender is scheduled to be seen by medical provider or mid-level practitioner for medically necessary evaluation and treatment.

Corizon Health assures that referrals from sick call are assessed and prioritized for clinical need and scheduled for appointments with the physician or mid-level practitioner accordingly and in a timely manner. This includes a mechanism that requires that an offender who has seen the nurse at sick call more than two times for the same complaint is referred to the mid-level practitioner or physician for a third visit should the complaint not be resolved.

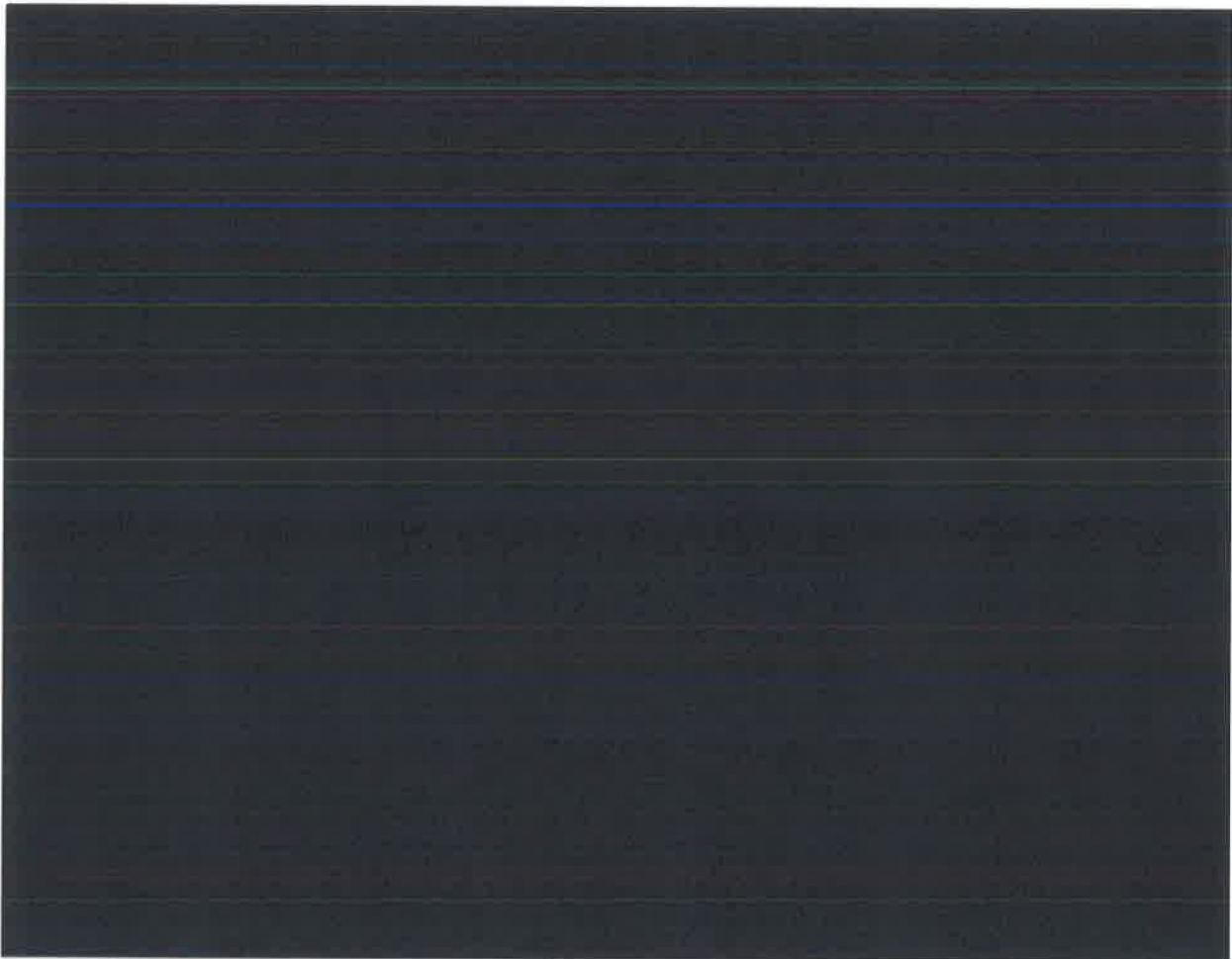
Sick Call is available seven (7) days per week. An RN examines and treats the offender with protocols approved by Dr. Welling and within the parameters of NCCHC and ACA guidelines. In most cases, a nurse will initially evaluate presenting offenders in accordance with sick call protocol, and manage the offender's complaint and/or refer the offender to a physician, mid-level practitioner, or dentist—according to need. Offenders requiring a higher level of service will be referred to the appropriate physician or practitioner in medical, dental, or mental health and will be seen within seven (7) days of the offender's initial request. Should the custody status of an offender preclude attendance at sick call, arrangements will be made to provide sick call services at the place of offender's confinement.

Urgent and/or emergent care is provided 24/7 and is responded to by our nursing team immediately after notification.

Care delivered by Corizon Health's RN nursing staff during sick call is guided by the **Nursing Encounter Tools (NET)**. Patient conditions identified beyond the scope of treatment of the nursing protocols are referred to a higher level of care, if indicated. Corizon Health's site leadership review these protocols annually to ensure they reflect updated over-the-counter treatment protocols and standards of nursing care delivery.

Our **Health Services Request (Sick Call) workflow** is shown below.


CONFIDENTIAL AND PROPRIETARY INFORMATION



END OF CONFIDENTIAL AND PROPRIETARY INFORMATION

2.d Clerical Support (RFP Page 39)

Sufficient clerical support staff must be available to support the medical contract.

Corizon Health will continue to provide sufficient clerical support staff to support the medical contract. Our staffing plan, provided in *Section 3 – Proposed Staffing*, includes a full-time Administrative Assistant and a full-time Medical Records Clerk.

2.e Regional and Corporate Oversight Program, Staffing (RFP Page 39)

Describe your Regional and Corporate oversight program, frequency of site visits, include CV's of proposed Regional, and Corporate clinical and operational staff who will have direct responsibility for oversight of the Contract.

Corizon Health's regional management team for the LFUCG includes seasoned administrators and experienced correctional health care professionals who are familiar with jail systems, policies, and

C. OUTLINE OF SERVICES TO BE PROVIDED

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT

OFFENDER HEALTH SERVICES

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procedures. Although each member of our team is integral to our success, the following paragraphs highlight the individuals who will be responsible for the clinical and managerial administration of the Jail’s health care program. Resumes for our regional and corporate leadership team members have been provided in **Attachment 1**.

Joseph (Joe) Pino, CCHP, FACHE | Senior Vice President of Community Corrections

As Senior Vice President – Community Corrections, Mr. Pino is responsible for the delivery of contract services nationwide within Corizon Health’s community business line. He is accountable for the achievement of operational, financial and clinical goals. As a member of the senior executive team, Mr. Pino works collaboratively to determine, execute, and monitor the strategic direction and plan for Corizon Health. He ensures strategies are translated and effectively implemented throughout assigned operations.



In conjunction with executive medical leadership, Mr. Pino is responsible for establishing and maintaining effective clinical quality oversight. He leads client retention and development activities and ensures adherence to contract requirements and effectiveness of outcomes. He oversees the negotiation of contract terms, amendments, extensions and bids within the business line.

Mr. Pino has 14 years of experience in health administration that includes serving most recently as the Chief Operating Officer for Saint Thomas West and Saint Thomas Midtown Hospitals, which is a two-campus enterprise that totals over 1,200 beds and is part of Saint Thomas Health in Nashville, TN. Before joining Saint Thomas Health in March 2016, Joe held various executive roles at hospitals in Florida, including COO of Mercy Hospital in Miami, COO of St. Lucie Medical Center in Port St. Lucie, Associate Administrator of Aventura Hospital and Medical Center in Aventura, and Assistant Administrator at Blake Medical Center in Bradenton.

Karen Davies, RN, BSN, CCHP | Vice President of Operations – Community Corrections



Ms. Davies joined the Corizon Health team in November 2018 and works alongside our Senior Vice President of Community Corrections, Joseph (Joe) Pino. Her correctional health program management experience spans 28 years and includes multi-facility correctional health services in multiple states. She is currently responsible for administering all facets of multiple multi-million dollar comprehensive health care services contracts located in the Southeast and Midwest. She has a history of leading sites through successful national, state and federal accreditations (NCCHC, ACA, FMJS, FCAC and ICE). One of the facilities she was responsible for being designated NCCHC Facility of the Year

from among 500 jails and prisons nationwide.

Ms. Davies had developed extensive expertise in managed care including seven years with TriCare as Director of case management and utilization management as well as claims administration. While working for the New York State Department of Correctional Services as the Regional Infection Control



Nurse, she developed a statewide, award-winning program Blood Exposure Response Team. Ms. Davies received the New York State Governor’s Productivity Award for this program.

Ms. Davies has a distinguished military career as well. After serving 25 years in the military, Ms. Davies retired at the rank of Lieutenant Colonel and is a recipient of the Bronze Star Medal. Her military assignments included deployments to Afghanistan and Iraq where she organized and provided health care services in combat zones, completed missions with American Special Forces teams providing health care to local populations, and organized health care programs including combat medic training and preventive health care.

Maria O’Neal, MHA, CCHP | Regional Vice President

Ms. O’Neal will continue to serve as the single point of contact for this contract. She manages and evaluates the activities of the medical program based on the LFUCG’s goals and contractual obligations, according to NCCHC and ACA standards, community medical standards, and the provisions of the Kentucky Revised Statutes and the Kentucky Administrative Regulations. She oversees the implementation and monitoring of all contractually required operational services and supervises the Health Service Administrator, Kristin Fryman. Ms. O’Neal visits the site as needed and at a minimum is there at least quarterly. She also conducts monthly regional HSA calls in which Ms. Fryman participates.



In conjunction with the Regional Medical Director, Dr. Jerry Robbins, she implements and systematically monitors clinical quality standards to ensure continuous quality of care is provided at the site. Ms. O’Neal is an NCCHC Certified Correctional Health Professional.

Jerry Edward Robbins, MD | Regional Medical Director

Dr. Robbins oversees the delivery of health care services for Corizon Health community corrections contracts in the Southeast. He works directly with Corizon Health’s Chief Medical Officer and on-site clinical and administrative personnel to ensure that safe and efficient health care services are provided. Dr. Robbins is responsible for oversight of utilization management (inpatient / outpatient care and pharmacy utilization), quality improvement initiatives and reports, appropriate disease management and training and education of practitioners. He also collaborates with partners to assure their needs and expectations are adequately fulfilled, if not exceeded. Dr. Robbins visits the site as needed and at a minimum on a quarterly basis. He also leads calls three (3) times per week with providers.



Prior to accepting the role of Regional Medical Director, Dr. Robbins served for two years as Corizon Health’s Medical Director at the Alabama Department of Corrections’ Limestone Correctional Facility in Decatur, AL. He has over 24 years of emergency department experience.



Healthcare Support Team

In addition to the Regional Leadership Team described above, the following senior-level Corizon Health staff will also provide executive level oversight, accountability and administrative leadership. Resumes for all healthcare support team members have been provided in **Attachment 1**.

Stephen Rector | Chief Executive Officer

As Corizon Health’s Chief Executive Officer, Mr. Rector is responsible for setting the strategic direction of the company and leading the company to reach its full potential as the nation’s correctional healthcare provider of choice. His 28-year career is distinguished by repeated success leading financial, operational, and cultural turnaround initiatives for large, complex healthcare providers.



Prior to joining Corizon Health in December 2017, Mr. Rector served as Division Vice President for Community Health Systems, Inc., one of the nation’s leading operators of general acute care hospitals. Along with the acute care facilities, his responsibilities included ambulatory surgery centers, urgent care clinics and free-standing emergency rooms.

Mr. Rector’s executive experience includes serving as CEO of HCA’s Regional Medical Center in Bayonet Point, FL and CEO of South Bay Hospital in Sun City Center, FL; Chief Operating Officer of North Florida Regional Medical Center in Gainesville, FL; and as Regional Director for Nashville, Tennessee-based LifePoint Hospitals. He began his career at Saint Thomas Health Services in Nashville where he was tapped for increasingly responsible roles, culminating in leading the hospital’s rural network of physician-practice-management operations. A Kentucky native, Mr. Rector holds a Master’s Degree in Health Administration from Washington University School of Medicine in St. Louis, MO, and a B.S. in Healthcare Administration from Western Kentucky University in Bowling Green, KY.

James “Pete” Powell, MD, MMHC | Chief Medical Officer

As Chief Medical Officer, Dr. Powell supervises and directs the delivery of healthcare services for 182,000 offenders in prison and jail facilities throughout the country. He provides the vision, expertise, and strategic leadership for Corizon Health’s clinical programs focusing on strategies that promote the company’s mission to provide safe, effective, and efficient health care that exceeds expectations by using best practices and evidence-based medicine.



Prior to joining Corizon Health, Dr. Powell served as Vice President of Physician Practice Services at Community Health Systems (CHS) – one of the nation’s leading operators of general acute care hospitals and outpatient services.



As the Vice President of Physician Practice Services, Dr. Powell oversaw 14,000 employees and 4,000 clinicians, spanning 1,100 sites in 21 states and was responsible for physician practices services, the employed physician network, overall quality, medical staff affairs, and recruiting. From 1996 to 2014, Dr. Powell worked in a variety of positions at Vanderbilt University Medical Center serving his last seven years there as Assistant Chief Medical Officer overseeing Vanderbilt Health Williamson, a multi-specialty physician network system of care.

Becky Pinney, MSN, CCHP-RN | Senior Vice President, Nursing



As Senior Vice President of Nursing, Ms. Pinney serves as a leader, role model and mentor for the company’s nursing leadership, and provides vision and direction for nursing throughout the organization. She has defined a comprehensive company-wide approach to nursing practice issues, standards, and staffing and has established and promoted best practices related to evidence-based medicine that consistently results in high quality patient care.

Prior to her role as Senior Vice President of Nursing, Ms. Pinney led the company’s Delta Force, a team created to implement facility performance that supported both quality clinical care and fiscal objectives. Ms. Pinney’s career in corrections began in 1991 when she became the Director of Nursing for Powhatan Correctional Center in Virginia. In 1995, Ms. Pinney joined the Corizon team as Regional Director of Nursing for the Georgia Region and through the years, she has demonstrated her leadership ability in a variety of clinical and administrative roles within the company.

Ms. Pinney also served as Sr. Vice President of Metropolitan Corrections, where she had operational leadership responsibility for Corizon Health’s large jails (Rikers Island, Philadelphia and Fulton County).

Jennifer Stradtman | Director, Business Development

As Director of Business Development, Ms. Stradtman is responsible for sales, marketing, and new client activities in the company’s jail market. In this capacity she is responsible for coordinating new business development as well as contract retention for the company’s jail clients throughout her region. She is actively involved in strategic sales planning, proposal development, pro forma development, and ongoing client satisfaction.



Ms. Stradtman has over 15 years of experience in consultative sales and government sales, leading sales teams, meeting or exceeding sales growth and retention goals, contract negotiation, proposal development, leading sales financial reviews, media relations, customer relations as well as experience with state and local governments.

2.f. Job Descriptions (RFP Page 39)

Written job descriptions and post orders to define specific duties and responsibilities for assignments at each facility.

Corizon Health will continue to post written job descriptions and post orders to define specific duties and responsibilities for assignments at the Detention Center. Our COR Process Program details post orders for the seven designated areas as previously described. Each area has developed algorithms with



easy to follow “if/then” instructions. These visual flow charts are posted at each work station, and pocket cards with more detailed instructions are provided to individual employees.

Please see **Attachment 4** for the following job descriptions based on RFP staffing requirements listed in **Section 3**.

- Administrator
- Director of Nursing
- Medical Provider
- Mid-Level Practitioner
- Registered Nurse (RN)
- Licensed Practical Nurse (LPN)
- Administrative Assistant
- Medical Records Clerk
- Dentist
- Dental Assistant
- Certified Nursing Assistant (CNA)
- ACA Coordinator

2.g Written Policy and Procedure (RFP Page 39)

Written policy and procedure to define response to exclusively medical issues including but not limited to hunger strike, DNR, forced medications; as well as written policy and procedure to define the scope of any issues including but not limited matters identified in this document. Policy and procedure shall comply with NCCHC, ACA and be in line with LFUCG General Orders.

By design, all Corizon Health’s clinical and operating procedures have been developed to, at a minimum, comply with and meet NCCHC and ACA healthcare standards and are modified to meet the site specific needs of our clients. Accordingly, our policy and procedure manual is in line with LFUCG General Orders. The Table of Contents for Corizon Health’s Policies and Procedures Manual is provided in **Attachment 6** and includes policy and procedure that defines responses to exclusively medical issues, including but not limited to hunger strike (F-02.02), DNR (F-07.07), forced medication (G-03.00) as well as policy and procedures that define the scope of any issues including, but not limited to the matters identified in this RFP.

Developed by Corizon Health’s Nursing Department, our policy and procedure manual provides clinical governance for the management and implementation of safe, effective and efficient health care services. They also play an integral role in Corizon Health’s Continuous Quality Improvement (CQI) Program. The following are key features of Corizon Health’s Policies and Procedures:

- Healthcare policies and procedures are site-specific and incorporate NCCHC, ACA, and Commonwealth of Kentucky law and licensure requirements.
- The Table of Contents and each policy and procedure reference the associated NCCHC (Medical and Mental Health) and ACA standard(s).
- Each procedure describes in detail, and in sequence, when appropriate, how a policy is to be carried out and by whom.



- Each policy and procedure in the manual is reviewed at least annually, and revised as necessary under the direction of the Site Medical Director Dr. Welling, Health Services Administrator, Kristin Fryman, and Detention Center Administration. All healthcare personnel are required to review the document as part of their orientation and annually thereafter. The policy bears the date of the most recent review or revision. Policies are signed and dated individually by Ms. Fryman and Dr. Welling or an attestation page will be maintained in the manual reflecting the most recent review or update.
- Corizon Health's policies are correctional-driven, including such areas as security issues, kitchen, industries, safety and sanitation or offender workers, and reflect and endorse the policy maintained by the LFUCG.

General Health Services Policy & Procedure		CORIZON HEALTH				
Table of Contents-Jail 2018						
Corizon Policy#	Title	Core Process	NCCHC 2018	NCCHC MH-2015	ACA 4 th Edition 4-ALDF	ACA 2016 Supplement
Section A - Governance and Administration						
A-01.00	Access to Care		A-01	A-01	46-01-02	
A-02.00	Responsible Health Authority	ALL	A-02	A-02	4D-01	
A-03.00	Medical Autonomy		A-03	A-03	4D-02	
A-04.00	Administrative Meetings and Reports		A-04	A-04	7D-25, 26	
A-05.00	Policies and Procedures	ALL	A-05	A-05	7D-06, 07, 08	7D-06 revised 2007
A-06.00	Continuous Quality Improvement Program		A-06	A-06	4D-24	
A-07.00	Privacy of Care		A-07	A-09	4D-19	
A-07.01	Medical Chaperone		A-07	A-09	4D-13, 14	
A-08.00	Health Records		A-08	H-03	26, 28	
A-09.00	Procedure in the Event of an Inmate Death		A-09	A-10	4D-12	
A-10.00	Grievance Process for Health Care Complaints		A-10	A-11	6B-01	

Corizon Health's Intranet Web Site

Our Information Technology department has designed an Intranet portal to support our staff with direct access to recent, relevant, and credible clinical and administrative information. Through this site, we provide access to information through a streamlined and cost efficient administrative process that reduces paperwork and workloads. This will enhance communications between physicians, our on-site healthcare professionals, and corporate Clinical Programs.

Through our company Intranet site, Corizon Health ensures our health care team has immediate access to vital information, reporting mechanisms, nursing protocols, clinical pathways, as well as Corizon Health's *Policies & Procedures*. This Intranet site is designed exclusively for Corizon Health professionals.

2.h Pharmaceutical Services (RFP Page 40)

Provisions for pharmaceutical services to assure the availability of prescribed medications within eight (8) hours of the order of issue being written. Describe your pharmaceutical program.

Corizon Health is proudly partnering with Clinical Solutions, LLC to provide pharmacy services to the LFUCG. Clinical Solutions is the only nationally WBE-certified (woman-owned) correctional pharmacy company exclusively servicing Correctional Facilities offering dispensing and management services.



Additionally we are WBE certified by LFUCG. All pharmacy services will be provided in accordance with NCCHC and ACA standards, Kentucky Board of Pharmacy and Commonwealth of Kentucky rules and regulations, and all DEA and federal laws, rules, and regulations.



Supplier diversity is a core business strategy, belief and philosophy that Corizon Health not only embraces but actively pursues on a daily basis. Strategic partnerships with qualifying companies such as Clinical Solutions, LLC allow Corizon Health to put its best foot forward to serve the spirit and intent of the program while striving toward goals and outcomes as outlined in this solicitation. While we recognize that this will be a change from the current model, we are confident and secure in knowing that PharmaCorr, which is a wholly-owned subsidiary of Corizon Health, can always be activated at any time should the need arise.

Clinical Solutions was formed in February, 2004 and is in its 15th year of operation, servicing Correctional Facilities. Clinical Solutions manages and operates its own Tennessee-based mail order pharmacy and has shipped to correctional facilities nationwide for the past 15 years. Also, Clinical Solutions has eleven (11) years of experience in on-site jail and prison pharmacy management. Their experience is applied across a diverse range of facilities and populations, including metropolitan and county correctional systems including prisons and jails of all security classifications as well as State Departments of Corrections (Colorado DOC: 2007- 2012, Nebraska DOC: 2011-2016, and most recently, the company's home state of Tennessee DOC: 2015-present). Clinical Solutions has the expertise and resources necessary to support the needs and requirements of individual operations both productively and safely.


We recognize that we will be responsible for the costs associated with prescribing and dispensing the necessary medications for LFUCG offenders. Through Clinical Solutions, Corizon Health will ensure that the requisite offender prescription medications are generally provided within eight (8) hours of the time of the order. In addition, through Clinical Solutions, Corizon Health will continue to provide the following:

- A correctional formulary for LFUCG offenders;
- All prescription and non-prescription medications;
- Prescriptions provided in unit dose packaging;
- Medication inventory, storage, security and dispensing
- Documentation advising offenders of potential side effects and risks associated with taking medications prescribed;
- Monthly utilization/cost reports for prescription and non-prescription medications;
- A registered pharmacist available for consultation 24/7;
- Offender drug usage profiles
- A comprehensive inventory of pharmaceutical supplies, including medication carts
- Designated back-up pharmacy(s) for emergencies.

As drug costs continue to escalate, we recognize it is imperative that correctional facilities make every effort to manage the costs of offender pharmaceuticals. Clinical Solutions has over fifteen (15) years of direct experience in developing and maintaining formularies specifically designed for both county and state correctional facilities, and Clinical Solutions recognizes the unique aspects of the corrections environment.



Clinical Solutions is **redefining formulary management by proactively monitoring every prescription to ensure the most cost-effective medication is being dispensed.** The Discern philosophy of formulary management means that Clinical Solutions' highly trained team of pharmacists and technicians will work



with Corizon's healthcare team to ensure offenders receive quality care while the Department maintains a solid bottom line on pharmaceutical costs. As a part of Clinical Solutions' commitment to superior customer service, much of the Discern process is automated. This allows Clinical Solutions to proactively analyze pricing and practices to assist LFUCG with managing their bottom line.

Discern is a real-time review process that provides your facility with the most cost-effective and medically accurate medications every single time. By contrast, other correctional pharmacy companies employ a method of formulary management that is passive, retrospective, and inconsistent, leading to unpredictable pharmaceutical spending. *As Owner and CEO Christi Throneberry states, "Discern is proactive, proper drug selection."*

Below is an overview of the different components of Clinical Solutions Discern Program.

Proactive Medication Opportunity Buys

Once news of a significant price increase for Humulin was released by the manufacturer in October, 2016, Clinical Solutions proactively secured a two (2) year supply of the product for their clients at the lower price of \$12.80 per vial prior to the price increase implementation on January 1, 2017. This resulted in an overall cost savings for our clients of over \$2M. Clinical Solutions will gladly apply these same proactive purchasing initiatives to the LFUCG contract.

Routine Poly-Pharmacy Reviews

Poly-Pharmacy is a nationally recognized healthcare problem. Poly-Pharmacy can become problematic when patients are prescribed too many medications by multiple healthcare providers working independently of each other. Also, drug interactions can occur if no single healthcare provider knows the patient's complete medication picture. Concerns about poly-pharmacy include increased adverse drug reactions, drug interactions, prescribing cascade, medication non-adherence, reduced functional capacity, cognitive impairment, and higher costs.

Patients on twelve (12) or more medications including psychiatric medications often require additional scrutiny to treat the underlying illness and/or its effects. This review provides an opportunity to detect duplicate prescriptions; to prevent prescription of inappropriate medication; and to adjust doses as necessary for patients. Clinical Solutions' routine poly-pharmacy review is designed to improve patient outcomes while simultaneously reducing overall costs by eliminating the administration of unnecessary and/or harmful medications.

When Clinical Solutions' poly-pharmacy review program was implemented at the Tennessee Department of Correction, the results were significant. Prescriptions for these patients were reduced by 10 percent, thus reducing costs by \$20,000/month.

High Risk, High Cost Patient Regimen Review

In order to reduce unnecessary hospitalizations specifically related to adverse medication outcomes, our clinical pharmacists, consulting Geriatric Specialist, and HIV Pharmaceutical Care Specialist will review and develop individualized care plans for high risk, high costs patients who require complex medication regimens in consultation with the medical provider(s) for each patient. These individuals typically suffer



from multiple chronic health conditions and/or functional limitations and often include high acuity and transitional care patients such as post-surgical, end-stage organ disease, HIV/Hepatitis C, elder care and hospice.

This review also provides an opportunity to detect duplicate prescriptions; to prevent prescription of inappropriate medication; and to adjust doses as necessary for patients. Patients will receive education, and medication issues are communicated to the healthcare providers.

Monthly Comprehensive Disease State Expenditure Analysis

Advanced reporting to inform the Detention Center healthcare team which clinical areas are the most costly, allowing the facility to target the appropriate high-cost areas to effectively reduce overall expenditures.

Monthly Utilization Evaluation

Monthly identification of which areas of highest drug utilization need to be addressed and identify cost-effective therapeutic alternatives.

Dose Optimization

Clinical Solutions encourages using half doses when financially beneficial to the client as well as two (2) pills of a lower dose to achieve the prescribed dose when financially beneficial.

Example: prescriber orders Gabapentin 800 mg. Pharmacy substitutes two (2) Gabapentin 400 mg for one (1) Gabapentin 800 mg.

Clinical Solutions has over a decade of experience in creating a smooth transition to implement pharmacy delivery for correctional institutions of varying sizes. Clinical Solutions averages 15-20 implementations annually and has successfully implemented seamless Corizon Health transitions for pharmacy services in multiple facilities. The two most recent pharmacy conversions for Corizon Health were the Tennessee Department of Correction and Philadelphia Department of Prisons. Below is an outline of the 4-week timeline that will be executed by Corizon Health and Clinical Solutions for pharmacy services transition.

Implementation Timeline – 30 Days

Week 1

Operations:

- Contract negotiations and signing
- Internal project team planning meetings.
- Set up twice weekly calls / Identify Corizon stakeholders and points of contact (IT, Operations, Reporting, Clinical, etc.). First call between Corizon and Clinical Solutions Team to establish client expectations.
- Initial site visits and complete New Facility Information Search.
- Obtain clearance for each implementation team member.
- Request 3 to 6 month utilization from current vendor.

- Checklist created and emailed to facility.
- Order all necessary equipment for the facility.
- Forward contract and billing information to finance.
- Introductions to all clinical staff and wardens and discuss any issues with pharmacy services that can be addressed during the transition.
- Complete Information Search Summary and create Facility Fact Sheet.
- Obtain 3 to 6 month utilization from current vendor.

Week 2

Operations:

- Twice weekly calls between Corizon and Clinical Solutions Team.
- Establish Emergency Box contents/Stock Medications List
- Coordinate with Corizon Health to date to transmit current patient data from PharmaCorr
- Establish VPN connection for CorrecTek interface
- Discuss Non-Formulary review process.
- Validate all current contracted back-up pharmacies.
- Obtain nursing protocols from facility for review.
- Schedule dates and times for in-service.
- Contact shipping vendor to inform of facility delivery needs and specific point of delivery instructions.
- Revise Facility Pharmacy Manual to be client specific.
- Determine which forms will be needed outside of electronic transmission: Stock medication order form, OTC order form, blank MARs, Release/ Transfer/Discharge/Furlough med form, Back-Up pharmacy order form, etc.
- Determine how many manuals are needed.
- Set-up consultant pharmacist for inspections.
- Determine monthly reports needed and method of delivery. Set monthly due date for all reports. Forward all information to Clinical Solutions' Data Analytics department.
- Review Formulary with facility and determine if any changes need to be made.
- Register new drugs with FDA for stock medications (if needed).

Information Technology:

- Establish and verify non-formulary settings in CIPS™.
- Load Corizon / Lexington Formulary into CIPS™.

Week 3

Operations:

- Twice weekly calls between Corizon Health and Clinical Solutions Team.
- Fulfillment prepares packing materials and supplies in anticipation of receipt of new orders.
- Prepare new shipping database.
- Contract with backup pharmacy for facility.
- Contract with courier services for facility back up deliveries.
- Contract with Specialty and Compounding Subcontractor services.
- Set up On-call for after-hours pharmacists.
- Create formal written policy for emergency medications and procedure to obtain.

- Create controlled substance process for jail.
- Alert wholesaler of anticipated medication needs and increased volume.
- Arrange for purchase order for patient specific prescriptions.
- Test boxes shipped and delivery validated.
- Order initial medication inventory for Go Live.
- Begin production of Pre-Packed Blister Cards.
- Discuss with each facility any special needs medications, or any special dispensing and labeling requirements.

Information Technology:

- Set up standards in CIPS™ based on nursing protocols
- Complete transfer medication profile/Rx & MAR data from Corizon Health/PharmaCorr
- Create CIPS™ training database
- Set up user IDs and passwords from remote users at the facility
- Identify CIPS™ SuperUsers for the facility
- Provide use IDs and passwords to predetermined users at the facility
- Set up new roles/permissions, regions, and facility preferences in CIPS™
- Test connectivity to ensure CIPS™ from the facility comes across network

Week 4

Operations:

- Twice weekly calls between Corizon Health and Clinical Solutions Team.
- Facility orders stock medications and supplies for Go Live.
- Review billing procedures and finalize invoicing & reporting procedures.
- Create sample invoice for approval.
- Fulfillment prepares shipping databases. Delivery times and locations.
- All equipment delivered as needed.
- Supply E-Boxes and Stock Medications to all facilities as needed for first day of services.
- Supply FedEx return labels for return of non-controlled medications for credit/destruction.
- On-site training for all facility health care staff on all aspects of start-up procedures, policies and procedures on medication ordering, medication storage, medication accounting, MARs, inventory management, and pertinent contact information for Clinical Solutions in case any problems arise.

Information Technology:

- CIPS™ Remote Training Guides provided for online delivery reconciliation at the facility level.
- CIPS™ remote on-site training for all facility health care staff.
- Trouble shoot and rectify any potential problems.

Week 5

Operations:

- Begin accepting live orders.
- Clinical Solutions post implementation support as determined, on-site for “Go Live”, conference calls and web support.

Post Implementation

- Ongoing client follow-up.
- Comprehensive review of all drug purchases by clinical pharmacist (approximately 30 days after Go Live).
- Present Discern cost savings and action plan to facility.
- Monthly/Quarterly Operations updates.
- Performance Operations Audit (approximately 6 months after Go Live). Establish annual clinical and operational goals.
- Develop Action Plan for deficiencies found during Performance Operations Audit (approximately 6 months after Go Live).
- Annual business review presented.

2.h.i Licensed Pharmacist (RFP Page 40)

Pharmacy services, and emergency pharmacy service, consistent with State and Federal Laws, monitored by a licensed, qualified pharmacist must be maintained.

In the event an emergent medication is not able to be filled through a facility's e-kit or stock medication supply, Clinical Solutions partners with InMed Rx for after-hours emergency medication from local back-up pharmacies as well as Complete Delivery Solution for the delivery of all after-hours medication delivery. Emergency medication will be delivered within two (2) hours of the order being placed, 24/7/365. Back-up/ STAT pharmacy may only fill up to a five (5) day supply. This back-up pharmacy solution is our guarantee of continuous, uninterrupted access for the provision of emergency medications.



Additionally, Clinical Solutions will provide a registered pharmacist available for consultation 24 hours/day, 7 days/week for routine and emergency as well as on-site monthly inspections by a Kentucky licensed pharmacist.



2.h.ii Release Medications (RFP Page 40)

If prescribed medication was purchased for an inmate the medication, a prescription, or both, will be provided to the inmate upon release.

Corizon Health provides for continuity of care to avoid disruption of prescribed medications. We will continue to provide each offender who is being released directly into the community or treatment program with a three-day supply of medication or a prescription to bridge medications until the next scheduled appointment with a provider. Controlled substances will only be provided when clinically indicated and on a case-by case basis with the approval of Dr. Welling.

2.i Electronic Health Records System (EHR) (RFP Page 40)

Electronic Health Records System (EHR) – the contractor will be responsible for maintaining, training, and all cost related to an electronic health records system, including interfaces and licensing. The platform shall interface with



the Division's jail management system and University of Kentucky Hospital as well as other local providers already connected and interfaced with the current CorrecTek platform. Provide us your EHR solution.

Corizon Health successfully implemented CorrecTek Electronic Health Record (EHR) at the Detention Center in 2013. In 2017, Corizon Health interfaced CorrecTek with the Division's jail management system, JailTracker™. CorrecTek also interfaces with the University of Kentucky Hospital as well as the other local providers already connected and interfaced with the current CorrecTek platform. This has allowed Corizon Health to streamline its healthcare operations, improve efficiencies and share information with those involved in an offender medical care.

Corizon Health will continue to maintain CorrecTek, and provide any new updates as they are released. The record-keeping provided will continue to include (but is not limited to) an electronic medication administration record, sick call request tracking, branding order sets, patient-specific clinical trend reporting, rapid template-based data entry, workflow, compliance, exception and statistical reporting.

Also in 2013, Corizon Health facilitated the Jail's enrollment in the Kentucky Health Information Exchange (KHIE), making it the first jail in the State to setup an interface to submit lab and encounter data to this critical resource.

We recently completed a bi-directional feed between CorrecTek and KHIE to further enhance the flow of patient health information accessing KHIE from within the EHR with the capability of receiving information.

24/7 Support

Corizon Health's IT service desk will continue to **provide support 24/7/365 for the CorrecTek** application utilized by healthcare staff. Corizon Health staffs full-time Service Desk employees across three escalating tiers during the day, with additional support staff available after hours. In addition to this standard support, we provide an assigned Clinical IT support representative for after-hours support. Callers will always be greeted by a live, U.S.-based technician to assist in resolving issues.


2.j Psychotropic Medication Monitoring (RFP Page 40)

The Contractor will be responsible for receipt, inventory and distribution of psychotropic medications for the mental health Contractor.

Receipt and maintaining psychotropic medication inventory will be done pursuant to established policies and procedures. Distribution and administration of the medications will also be done pursuant to established policies and procedures for patients of Bluegrass.

One of the components of Corizon Health's **COR CARE** program is medication management. The objectives of our medication management program are to ensure:

- Medication services are legally operated based on regulatory compliance requirements; and
- Patients receive treatment with prescribed medication in a timely, continuous, and clinically appropriate manner



Clinical Solutions CIPS™ medication management software system will be implemented for the LFUCG, will be used to document the receipt of the medications at the site. The software tracks the medication from the pharmacy to the site. The software will also be used to document medication returns back to the pharmacy.

2.j.i Psychotropic Medication Billing (RFP Page 40)

The mental health contractor is to be billed for the psychotropic medications.

Corizon Health understands and accepts that the medical contractor will be required to bill Bluegrass for psychotropic medications. Please refer to our cost proposal for further clarifications on billing procedures.

2.k Charting Administration of Medication (RFP Page 40)

Recording the administration of medications in a manner and on a form approved by the Contractor to include documentation that offenders are receiving and ingesting their prescribed medications.

Medication Administration is a Corizon Health **COR Process**. Medications at the Detention Center will be prescribed only when clinically indicated and discontinued only by order of a licensed provider. Medications will be administered or distributed in a timely manner by persons properly licensed, trained, and accountable to do so.

Corizon Health will continue to administer medications and observe for compliance with a Correctional Officer. Nursing staff will ensure offenders are positively identified when administering medication by reviewing the offender's Identification (ID) badge that displays their name, ID number and photo, and for further identification verification also includes the offender's height, weight, race, hair and eye color. In addition to verifying the ID badge, the nurse will ensure full frontal view of the offender as the offender ingests the medication.

The documentation of medication administered is completed on the eMAR immediately after administration. Providers are notified of medication non-compliance.

2.k.i Psychotropic Medications Policy (RFP Page 40)

The facility currently has a crushed psychotropic medications policy for all medications. Please propose clinically effective and cost effective alternatives, and how your company will manage this process.

Corizon Health understands that the Detention Center has a crushed psychotropic medications policy and per the LFUCG's request, we have been crushing the designated psychotropic medications.

Corizon Health can offer medication by injection, which ensures the medication is given; however, this is a more costly option. A third option is long-acting tablets that cannot be crushed and are more expensive. Use of the long-acting tablets could also lead to abuse/diversion issues. It is our opinion, considering patient needs and nursing time, that crushing the medication is the most efficient and cost effective method.

We recommend that the LFUCG continue crushing immediate release tablets for mental health medications as that provides the most cost effective option for the LFUCG. As shown in the table below,



a comparison of ten popular mental health medications showed that utilizing liquid medication, long acting oral dosage forms, and long-acting injectable medications cost much more than crushing the immediate-release tablets.

Medication	Oral Liquid	Orally Disintegrating Tablet	Long Acting Tablet	Long Acting Injection
Aripiprazole	55X	-	-	228X
Citalopram	436X	-	-	-
Diazepam	60X	-	-	-
Fluoxetine	113X	-	-	-
Lamotrigine	-	295X	129X	-
Mirtazapine	-	9X	-	-
Olanzapine	-	14X	-	656X
Paroxetine	190 X	-	36X	-
Risperidone	26X	19X	-	793X
Sertraline	76X	-	-	-

The above chart shows the increased cost (X = times the cost of the immediate release tablets). Not all medications are available in each dosage form. For example, the cost of citalopram oral solution is 436 times the cost of the immediate-release tablets.

2.k.ii Medication Refusal (RFP Page 40)

Documentation shall also be required when an offender’s ordered medication was not administered and the reason given.

In accordance with NCCHC standard J-G-05 – Refusal of Medication or Clinical Encounter, Corizon Health will continue to document when an offender’s ordered medication was not administered, including the reason. Documentation will be made on Corizon Health’s *Refusal of Services* form and include the following:

- Name of medication being refused (including location of encounter)
- Information on the specific risks of not complying with the recommendation
- Signature that the patient has been informed of potential consequences to their health that may occur as a result of the refusal
- Reason for refusal
- Signature of the patient
- Signature of a health staff witness

In the event the patient does not sign the refusal form, it is noted on the form by and staff and an additional witness signs the form. As noted above, Corizon healthcare staff will educate the offender on their treatment plan and inform the patient of the potential consequences of refusal. This documentation will be placed in the offender’s health record. Additionally, the mental health contractor



has access to the patient medical record through CorrecTek and can monitor inmate medication compliance.

Refusal of Chronic Care Medications

There are two categories of chronic care medications – Critical Medications and Non-Critical Medications. Documentation of refusals will be obtained for both.

Health care staff will notify the provider for orders and disposition if the offender misses **one dose** of critical medications such as antipsychotics, cancer treatment, Coumadin, and other medicines as deemed clinical appropriate. If an offender refuses or misses two consecutive doses of non-critical medication or exhibits a pattern in which these medications are routinely missed (e.g. every morning) within fourteen (14) days, a healthcare staff will notify a provider for orders and disposition.

Refusal of Over the Counter Medication

When an offender chooses to refuse a dose of an over-the-counter medication (OTC) documentation of the refusal will be obtained. A nurse may refer an offender who is refusing an OTC medication to the provider, if in their clinical opinion the offender requires a higher level of evaluation.

2.1 Dental Services (RFP Page 40)

Dental services sufficient to provide for emergency and medically required dental care for offenders at jail facilities with a reasonable period must be available, together with a definition of emergency and medical necessity.

Corizon Health provides dental screenings, including oral screenings and examinations according to NCCHC standards. Dental care will be provided on site to the extent possible through Corizon Health staff.

Dental exams and treatment will be provided by Kentucky-licensed dentist, **Alison B. Cox, DMD**. Oral examinations will be completed during the 14-day health appraisal. These services include appropriate documentation and maintenance of dental records. Corizon Health will provide emergency dental treatment and dental services including:

- Treatment of pain;
- Removal of teeth;
- Incision and draining;
- Temporary fillings;
- Repairing of lacerations;
- Treatment of trauma cases; and
- Maxillofacial surgery service, when medically necessary.

Corizon Health dental care is in compliance with applicable health care standards as follows:

- Screenings will be conducted at the time of the Health Assessment by an RN that has been trained by a licensed dentist.
- Offenders will have access to dental services through the sick call process.
- If an emergency condition exists, the offender will receive timely and appropriate treatment.



- A dentist will complete a dental treatment plan for each offender for whom a dental condition has been identified. This plan will describe, in order of priority, those services that need to occur to maintain the offender’s health status.

Dental services are provided as clinically indicated including:

- Charting of decayed, missing, and filled teeth and recording of a complete dental history;
- Basic dental services including, but not limited to extractions;
- Dental X-ray services for diagnostic and treatment purposes on site;
- Oral surgery may be necessary, either on site or off site as available equipment and the inmate/patient’s condition dictates; and
- Dental prosthetics will be provided as medically necessary.

Required dental services beyond the scope of our on-site capabilities will be referred to the University of Kentucky Hospital for care.

2.m Aggregate Cap (RFP Page 40)

The Contractor shall provide for the following services and care under the provisions of the Aggregate Cap:

Corizon Health will provide for the following services and care under the provisions of the Aggregate Cap:

- | | |
|---|----------------------------------|
| ▪ Emergency transportation | ▪ Radiology services |
| ▪ Emergency room services | ▪ Laboratory services |
| ▪ Inpatient and outpatient hospitalizations | ▪ Mental health hospitalizations |
| ▪ Dental surgery | ▪ Specialty care |
| ▪ Outpatient clinic services | ▪ Prosthetics |
| ▪ Physician office visits | ▪ Dialysis |
| ▪ Adjunct therapies | ▪ Hospice |
| ▪ Diagnostics | |

The delivery of the services are described in detail below.

2.m.i Emergency Transportation (RFP Page 40)

Emergency transportation (if emergency ambulance service is medically appropriate);

When medically appropriate, Corizon Health will continue to utilize the LFUCG Fire Department for emergency ambulance services. Emergency transportation will be provided under the provisions of the Aggregate Cap.

2.m.ii Emergency Room Services (RFP Page 40)

Emergency room services;



Corizon Health will continue to utilize the **University of Kentucky Hospital Emergency Department** for all emergency room services under the provisions of the Aggregate Cap.

2.m.iii Inpatient and Outpatient Hospitalizations (RFP Page 40)

Inpatient and outpatient hospitalizations;

Corizon Health will continue to utilize the **University of Kentucky Hospital** for all inpatient and outpatient hospitalizations under the provisions of the Aggregate Cap.

2.m.iv Dental Surgery (RFP Page 40)

Dental surgery;

Patients requiring medically necessary dental surgery beyond the scope of what can be provided at the Detention Center by a Corizon Health dentist will be referred to the **University of Kentucky Hospital** for treatment under the provisions of the Aggregate Cap.

2.m.v Outpatient Clinic Services (RFP Page 40)

Outpatient clinic services;

Corizon Health will continue to utilize **University of Kentucky Hospital** and **University of Kentucky HealthCare Clinics** for all outpatient clinic services under the provisions of the Aggregate Cap.

2.m.vi Physician Office Visits (RFP Page 40)

Physician office visits;

All off-site physician office visits will continue to be scheduled with the University of Kentucky HealthCare Clinics and provided under the provisions of the Aggregate Cap.

2.m.vii Adjunct Therapies (RFP Page 40)

Adjunct therapies;

All medically necessary and physician-approved adjunct therapies will continue to be provided under the provisions of the Aggregate Cap.

2.m.viii Diagnostics (RFP Page 41)

Diagnostics;

All medically necessary and physician-approved diagnostics will be provided under the provisions of the Aggregate Cap.

2.m.ix Radiology Services (RFP Page 41)

Radiology services;



All routine x-rays will continue to be completed on site under the provisions of the Aggregate Cap. Corizon Health will ensure that all x-rays are read by a board-certified or board-eligible radiologist and taken by a registered technician. Corizon Health’s agreement with the on-site radiology provider, **MobilexUSA** will include the requirement that x-ray results are reported to Corizon Health’s Site Medical Director within 24 hours. MobilexUSA is a reliable, high quality on-site radiology vendor with a history of positive cost containment.



EKG

LFUCG offenders will receive on-site EKGs, as necessary, with EKG results reviewed by a Corizon Health physician and/or mid-level practitioner. Our practitioner will determine the appropriate action(s) to be taken and will review this information, along with the EKG test result. Treatment plans will be based on the physician’s orders and implemented accordingly by Corizon Health nursing staff. All medical staff performing EKGs will receive training on how to do an EKG.

2.m.x Laboratory Services (RFP Page 41)

Laboratory services;

Corizon Health will continue to subcontract with our national laboratory vendor, **BioReference Laboratories, Inc.** for laboratory services under the provisions of the Aggregate Cap. These services include:

- Laboratory supplies and equipment, including those related to specimen collection and preparation, such as centrifuges and locked insulated laboratory specimen containers;
- Provision of in-service training to all Corizon Health clinical staff, including proper specimen collection, processing, and shipping procedures to ensure specimen integrity;
- Courier pick-up and delivery service on a daily basis, Monday through Friday;
- Reporting capability within 24 hours;
- Services that meet Kentucky licensure requirements; and
- Complete documentation of routine quality control activities.



Corizon Health will provide phlebotomy services on-site and will ensure that a physician reviews all laboratory results within 24-48 hours after receipt of the results from BioReference. This process serves to assess the follow-up care indicated by the laboratory results and to screen for discrepancies between the clinical observations and these results. Should a laboratory report and the clinical condition of the offender not correlate; a Corizon Health physician will re-order the laboratory test or decide the next appropriate diagnostic step. In addition, the on-call physician will be notified immediately of all immediate (STAT) reports.

BioReference provides feedback to Corizon Health personnel on any problem specimens the laboratory receives. This includes detailed information such as specimen accession numbers, dates drawn, sites, and specific problems. In addition, BioReference reports and trends the number of problem specimens on a monthly basis.



2.m.xi Mental Health Hospitalizations (RFP Page 41)

Mental health hospitalizations;

Corizon Health will continue to utilize the **University of Kentucky** for all mental health hospitalizations under the provisions of the Aggregate Cap. Corizon Health understands that Bluegrass, the mental health contractor will continue to manage all mental health-related emergencies. If a patient under the care of the Bluegrass has a medical-related emergency, Corizon Health will facilitate the hospitalization.

2.m.xii Specialty Care (RFP Page 41)

Specialty care;

Specialty Care will be provided under the provisions of the aggregate cap. Corizon Health’s provision of specialty care includes not only our on and off-site specialty providers but arrangements with the **University of Kentucky** to ensure necessary and timely hospital inpatient medical-surgical, intensive care and specialty services for offenders. An important part of any specialty care program is communication between Corizon’s health care team and specialty providers. Effective communication is also essential for continuity of care and is an important element of Corizon Health’s provision of specialty care.

On-site Specialty Care

In addition to providing radiology and laboratory services on site, **in 2018 we began providing on-site optometry services with OnSite Vision Plans.** We also provide the following on-site chronic care clinics as needed:

- Diabetic/Endocrine
- Infectious Disease (i.e., HIV, Hepatitis, TB, etc.)
- Cardiac/Hypertension
- Neurology (i.e., Seizures, Parkinson’s, Multiple Sclerosis, etc.)
- OB/GYN
- Respiratory/Asthma
- General Medical
- Hematology and Oncology

Off-site Specialty Care

Although our health care model is built on the premise that the most effective management of medical care is provided by the primary care physician on site, we recognize that offenders do at times require off-site care due to the need for complex technology and/or equipment or services beyond the capabilities of the on-site providers. To ensure this care is available to offenders, we have made arrangements with highly qualified providers in the community through the University of Kentucky specialty clinics.

Since there can be significant cost, as well as safety and security concerns, associated with off-site needs, our healthcare team adheres to a robust utilization management process to determine medical necessity. Corizon Health has in place an approval process that ensures offenders have access to off-site services when needed. The approval process has written procedures that include pre-authorization.



For the approval of outside consultations or inpatient care, Corizon Health-initiated utilization review processes will be completed within five (5) working days of the request. In the case of an emergency, utilization review will be completed either concurrently or after the fact. For a detailed description of our utilization review process, see *Section 2.n. Offsite Utilization Management Program*.

2.m.xiii Prosthetics (RFP Page 41)

Prosthetics;

All patients requiring medically-necessary care for prosthetics will be sent off-site to the Lexington location of **Kenney Orthopedics**. Prosthetics will be provided under the provisions of the Aggregate Cap.



2.m.xiv Dialysis (RFP Page 41)

Dialysis.

Corizon Health will continue to use **Fresenius Kidney Care** for the provision of Hemodialysis under the provisions of the Aggregate Cap. Fresenius is in compliance with all applicable OSHA regulations and standards, both State and Federal End Stage Renal Disease (ESRD) regulations, and any other local correctional requirements.



Fresenius uses a dialysis program created specifically for the unique needs of the correctional population. These established services include:

- Dialysis performed by trained professionals;
- Dialysis equipment, maintenance and supplies;
- Quality Assurance Program;
- Customized Policy and Procedures;
- Consulting Services; and
- Regulatory Compliance.

2.m.xv Hospice (RFP Page 41)

Hospice.

Hospice care will be provided under the provisions of the Aggregate Cap.

Corizon Health will utilize its existing partnership with the University of Kentucky Medical Center for hospice services.

2.n Offsite Utilization Management Program (RFP Page 41)

Describe your company’s Offsite Utilization Management program including cost containment initiatives that your company has implemented, and list facility name, contact person, and dollars saved at each facility.



Corizon Health provides utilization management (UM) with analysis and review of on-site medical services and off-site referrals to preferred providers including sub-specialty and inpatient stays. Our UM program includes non-urgent hospitalization pre-certification, urgent hospital certification, concurrent review, prospective denial, discharge planning, and prior authorization for targeted procedures and specialty care. Corizon Health differentiates itself by providing evidence-based health care focused on the conscientious use of current best evidence for making decisions about the care of individual patients and the delivery of integrated health services.

Our UM process follows **Utilization Review Accreditation Commission (URAC)** guidelines. Our UM standards, quality care indicators, and benchmarks reflect guidelines set by the **National Committee on Quality Assurance (NCQA)**. Our physician led review process utilizes evidence-based guidelines with clinical decisions made exclusively by trained clinicians. Additionally, we make specialty physicians available as a corporate resource to our practitioners for guidance and expertise.

To provide care in the right setting at the right time, we have developed utilization management practices that are proven successful. Using nationally recognized criteria, we apply evidence-based guidelines to proactively avoid healthcare crises, maximize use of on-site healthcare services, and access off-site services when clinically indicated and medically necessary. A combination of *InterQual*® and evidence-based criteria are utilized as an indication for preauthorization, concurrent and retrospective review, and a factor to determine medical necessity for healthcare services.

Corizon Health is dedicated to providing the highest quality healthcare delivery as cost-effectively as practicable. To facilitate this, we have a long-term agreement with the McKesson Corporation to utilize *InterQual*. *InterQual* provides us with evidence-based decision support tools to initiate appropriate care management decisions.

McKesson's *InterQual* products are regarded as the standard in evidence-based clinical decision support. For example, *InterQual* is used by the Federal Bureau of Prisons (BOP) and Centers for Medicare & Medicaid Services (CMS).

InterQual criteria cover medical and behavioral health continuums of care, so they may be applied in a wide range of clinical situations. However, our extensive experience practicing behind bars has shown that there may be times where decision support tools such as *InterQual* are insufficient alone for correctional medicine. Because of this, we supplement UM nurse *InterQual* use with other evidence-based tools used by our team of physicians to perform medical necessity reviews and facilitate decisions for care.

Medical necessity typically refers to health care services that a practitioner, exercising prudent clinical judgment, would provide to a patient for the purpose of evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

- In accordance with the generally accepted standards of medical practice (i.e. community standard of care);
- Clinically appropriate in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease;



- Not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease; and
- Not primarily for the convenience of the patient, correctional agency or healthcare provider.

Clinical Teamwork

Collaboration, communication and ongoing process improvement are unique features of Corizon Health UM programs. **Our Utilization Review Committee is composed of UM, Regional and Site personnel.** Our multi-tiered physician review process provides for practitioner teamwork to establish the most effective plan of care. For inpatient hospitalization, this includes regular and daily communication between Corizon Health and community physicians and case managers and corrections administration. Our objective remains to provide for the highest quality of care and facilitate the return of patients as soon as clinically indicated, or enable return when our staff can provide the same level of care in the security of the infirmary on-site.

Corizon Health provides administrative, nursing and physician personnel specially trained in UM for correctional healthcare. Because of this, clinical decisions are made solely by clinicians licensed and trained to do so. This allows our practitioners to focus more effectively on clinical issues. ***Empowering our practitioners and clinical professionals with accountability for clinical decisions has resulted in high quality care with fewer off-site referrals, shorter hospital stays, and substantial transportation and security cost savings for our correctional clients.***

Our utilization management program is designed for the patient to receive a community standard of care, with appropriate use of off-site services (medically indicated) and length of stay (if applicable) as clinically indicated. We use a multi-tiered physician review process. The Regional Medical Director (RMD) is directly responsible for the prospective, concurrent and retrospective review processes. In those instances where, in the opinion of the RMD (in this case, Dr. Jerry Robbins), an alternative treatment plan would be more appropriate, she confers with the responsible physician to establish the most effective plan of care.

Our UM Process

Prior Authorization / Pre-Certification

Our UM program provides certification for clinically indicated and medically necessary care to address patient need. We provide for authorization of patients prior to hospital admission, off-site clinical encounters and diagnostic services. Noted above, appropriate utilization of diagnostic services and outpatient referrals is the responsibility of the primary care provider, under the supervision of Dr. Robbins, the RMD. Consequently, we ensure that offenders with serious medical needs receive timely, appropriate services that are consistent with accepted clinical pathways established for evidence-based care.

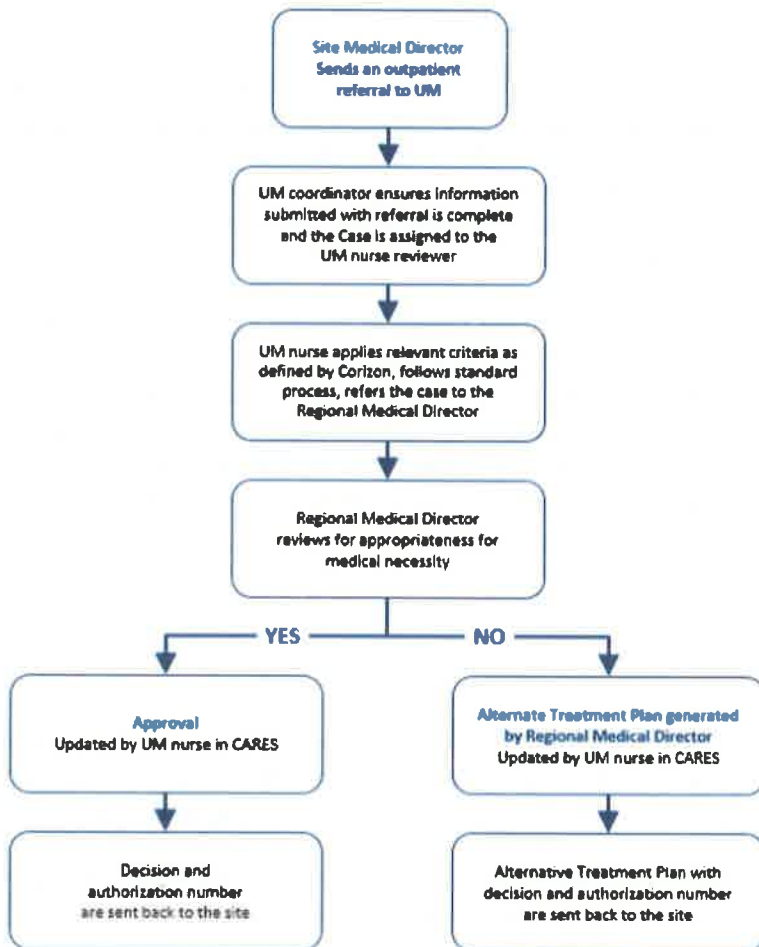
As illustrated by the flowchart on the following page, our process facilitates discussion on cases where our UM physicians believe the requested care may be served better through an Alternative Treatment Plan.



For prior authorization/pre-certification, the Site Medical Director (SMD), Dr. Welling typically initiates the request and the information is referred to the UM team. Our team of nurses and physicians perform a detailed review of the case.

If Dr. Robbins concurs with the request, the service is authorized and an appointment is scheduled. In those instances where, in the opinion of Dr. Robbins, an alternative treatment plan would be more appropriate, he confers with Dr. Welling to establish the most effective plan of care. When services are requested that have been shown to produce the same or better outcomes when managed on-site, or are considered inappropriate, unnecessary or elective, review by the RMD is required prior to authorization.

Prior Authorization Process



Inpatient Admissions

We believe it is essential that inmate patients have an effective treatment plan that includes realistic treatment goals and a credible discharge plan. Because of this, **discharge planning from the hospital**

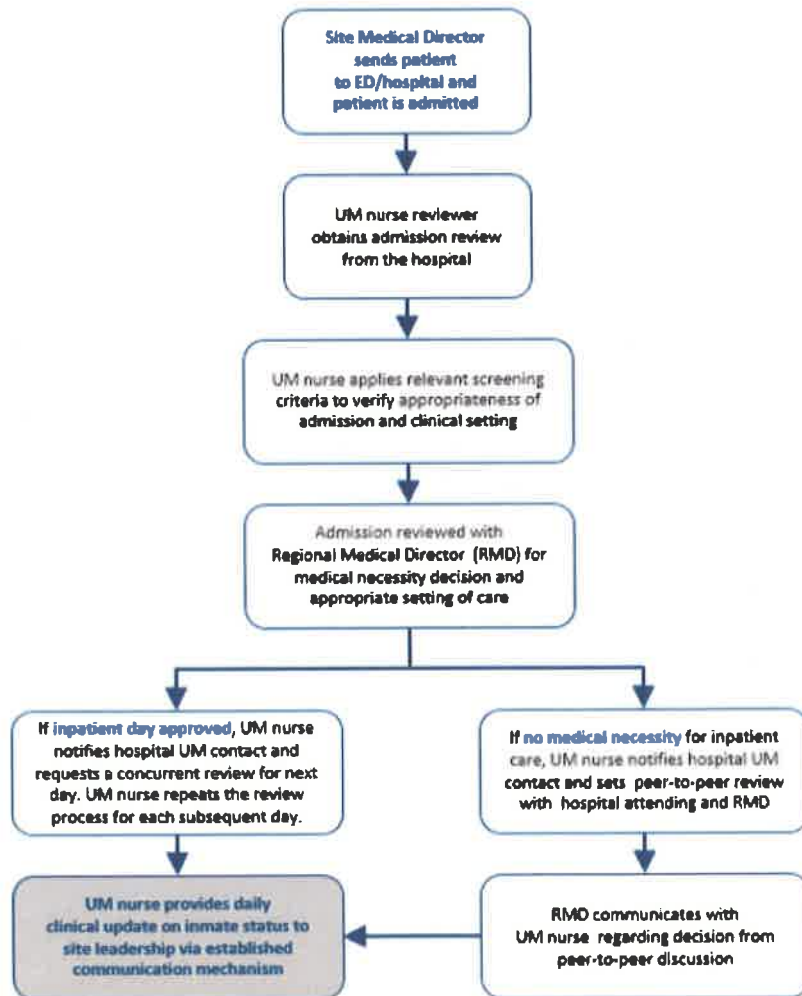


begins on the day of admission. Our review process for inpatient admissions includes (but is not limited to) the following:

- Admission review by Dr. Robbins to verify that hospitalization is necessary;
- Contact with the attending physician to determine a treatment plan and to obtain an estimated length of stay;
- Contact with the hospital’s utilization management department to authorize the admission and certify length of stay; and
- Discharge planning.

This flowchart illustrates our inpatient UM process.

Inpatient Utilization Management



For offender hospitalization, Corizon Health uses concurrent review. Through the concurrent review process, we monitor appropriateness of the care, the setting, and the progress of discharge plans. This



ongoing review is directed at maintaining quality and effectiveness of care, and keeping costs as reasonable as practicable.

For our hospitalized patients, continued stay determination is the responsibility of Dr. Robbins. We make every medically reasonable effort to return offenders to the Detention Center as soon as possible, where care can resume within the facility under our experienced direction. In this way, we maximize your on-site resources and work to minimize off-site expenses.

Collaboration and communication are features of Corizon Health's concurrent review. For example, for offender hospitalization, Corizon Health works diligently with community providers. This includes **daily communication** between Dr. Welling, Corizon Health's case manager, and the hospital case manager. Through this regular communication, we better ascertain the patient's status and facilitate timely return to the correctional facility.

Retrospective Review

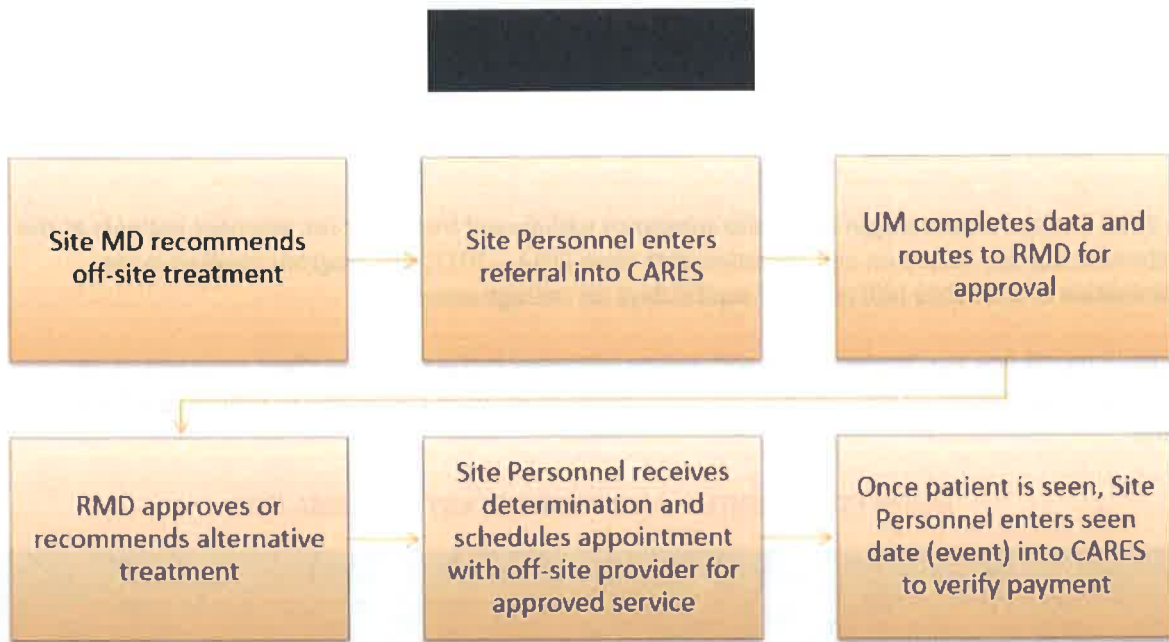
We apply retrospective review to Emergency Department (ED) visits. Through retrospective review, we evaluate the appropriateness and identify trends in ED utilization. The data collected identify trends and support recommendations to decrease inappropriate use of emergency facilities. Dr. Welling is clinically responsible for the decision to refer a patient to an ED for treatment.

Corizon Authorization Request & Event System – CARES

The **Corizon Authorization Request & Event System (CARES)** was developed by Corizon Health to replace the paper-driven utilization management referral process. Providing accountability and visibility to all users throughout the referral process, CARES offers automated management/tracking of off-site appointments and verification when the scheduled off-site care is complete. Additionally, on a daily basis, the UM Inpatient Nurse adds the information obtained from the daily inpatient clinical review well and hospital records into CARES so it is available to the Regional Medical Director and clinical leadership team on a real-time basis.

A CARES Log sample is provided in **Attachment 7**. This is an automated referral summary/log that tracks off-site services including specialty consults and diagnostic testing. It provides details related to submission of referral, approval dates, scheduled dates and confirmed completion of those appointments.

The utilization management referral process, utilizing CARES, is shown in the flow chart below:



Noted above, and shown in the screenshot below, CARES also provides automated appointment and verification tracking that is visible to site personnel and trackable throughout the history of the referral. For example, if a patient has a scheduled appointment and for any reason the appointment needs to be rescheduled, site personnel will be able to track the date and time of the rescheduled appointment and the reason for the rescheduling.

The APPOINTMENT & VERIFICATION screen displays:

APPOINTMENTS & VERIFICATION						
Estimated Date	Scheduled Date		Time		Seen Date	Cancel/Reschedule Reason
08/08/2016	07/15/2016		11	33	MM/DD/YYYY	Ca
09/05/2016	07/18/2016		11	33	MM/DD/YYYY	Ca
10/03/2016	07/19/2016		11	33	MM/DD/YYYY	Ca

Submit Schedule

4 Select **Submit Schedule** status, click **Go** button.

Reports are available from CARES including turnaround times for processing referrals and the amount of time from approval until the appointment gets scheduled. Also, real-time utilization statistics are available as soon as the off-site care is complete.

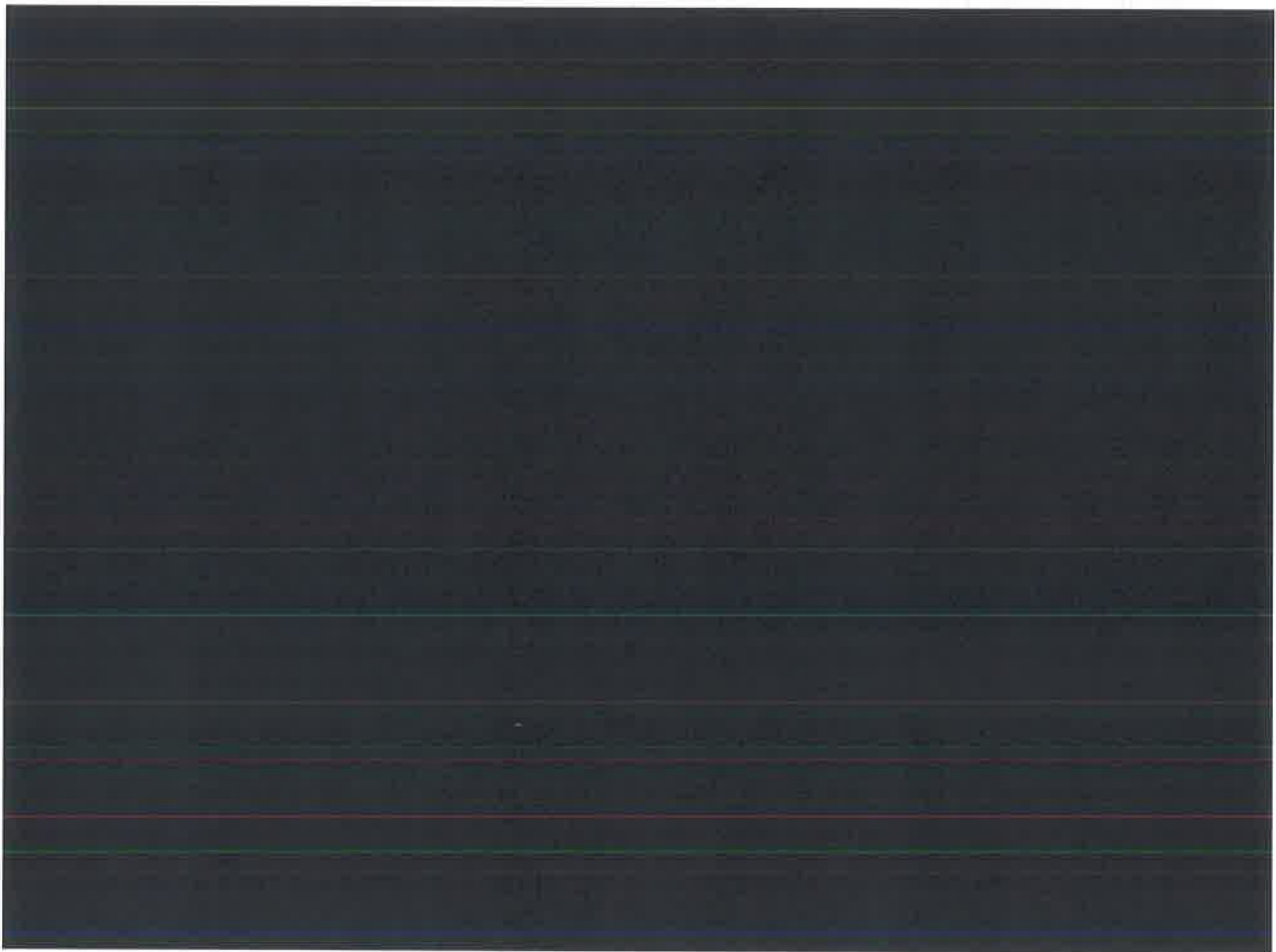


Utilization Management Cost Containment Initiatives

In 2017, Corizon Health began an on-site substance withdrawal treatment for pregnant patients at the Detention Center. Based on our utilization data from 2014 – 2017, this program resulted in the elimination of over sixty (60) off-site hospital days on average annually.

Corizon Health has also implemented cost-saving initiatives in the following client contracts as an example of our efforts to keep emergency room costs down while continuing to provide quality patient care.

BEGIN CONFIDENTIAL AND PROPRIETARY INFORMATION



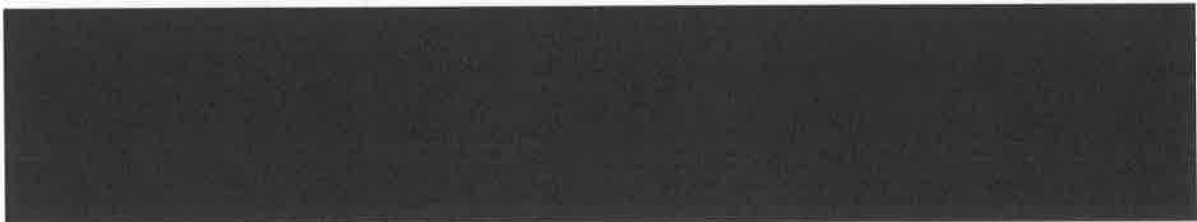
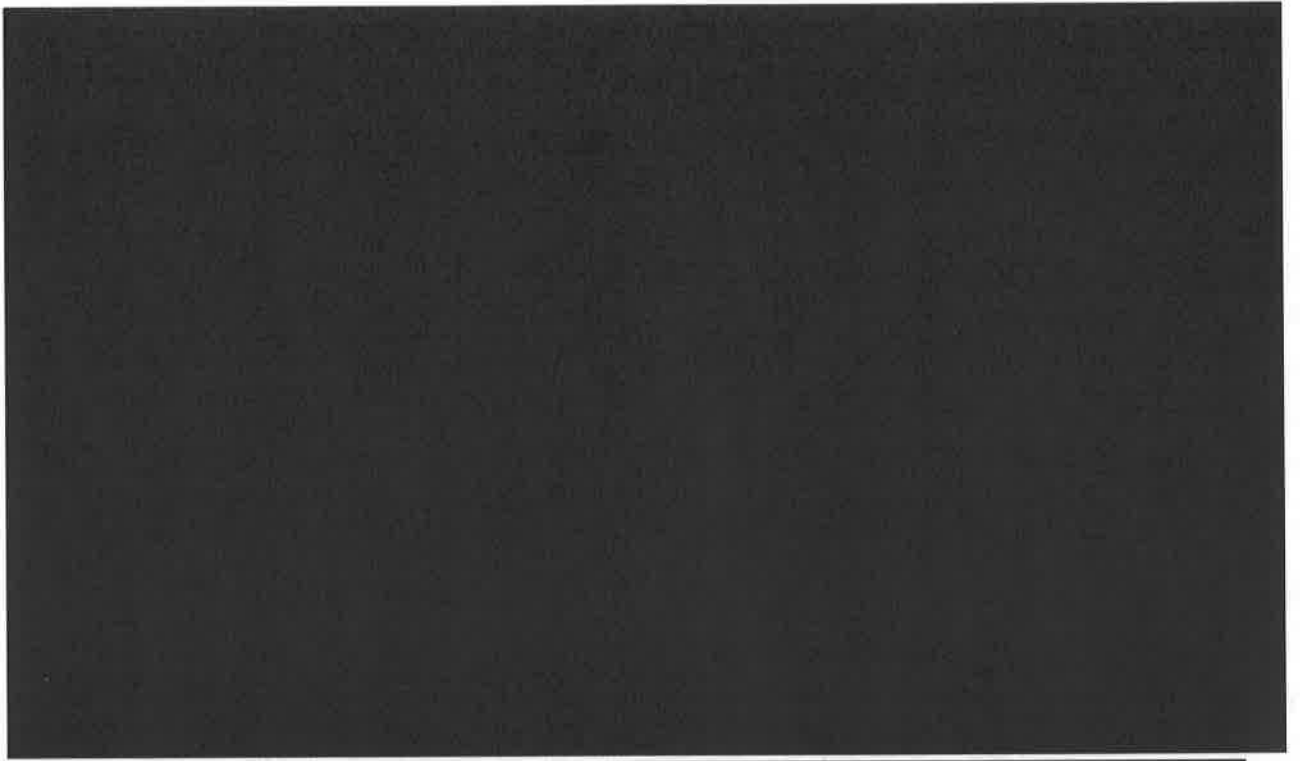
C. OUTLINE OF SERVICES TO BE PROVIDED

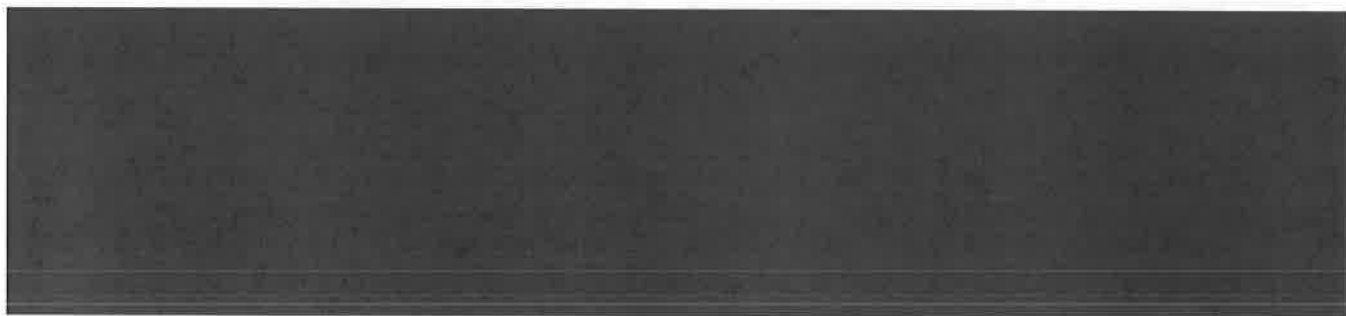
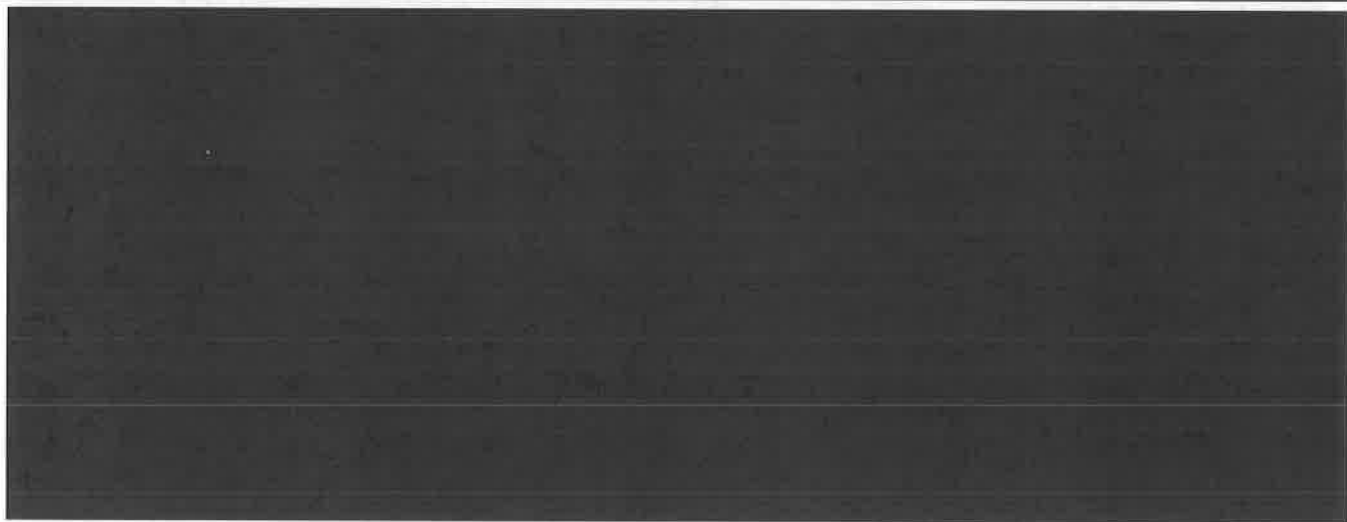
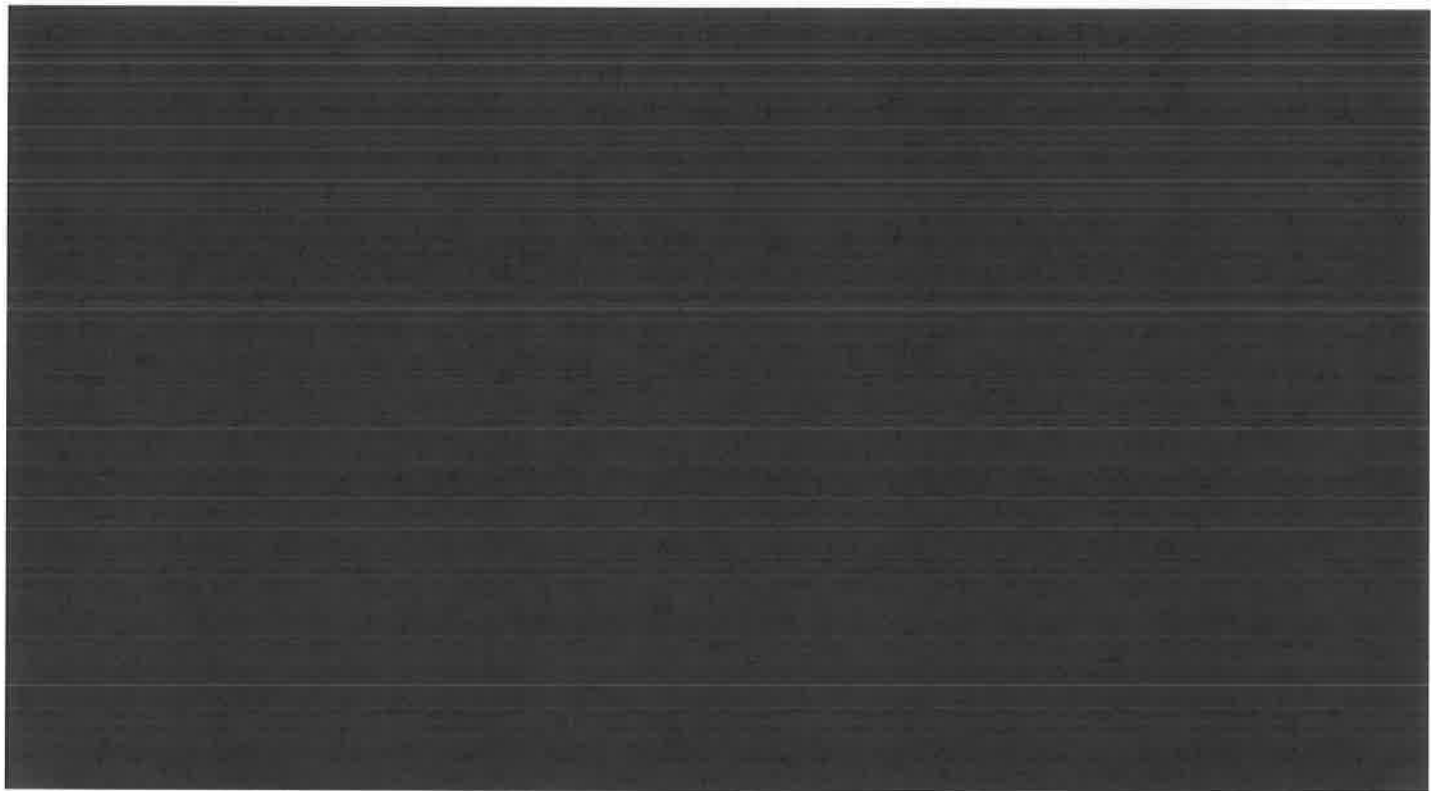
LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT

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END OF CONFIDENTIAL AND PROPRIETARY INFORMATION

2.o Hospitalization Review (RFP Page 41)

The Contractor shall arrange for the admission of any offender who in the opinion of the Medical Director requires hospitalization and shall implement a program for pre-certification, concurrent review and retrospective review of all hospitalized offenders.

Corizon Health's Utilization Management program, which provides for the admission of any offender, who in the opinion of Dr. Welling or Dr. Robbins requires hospitalization, is described in the preceding *Section 2.n Offsite Utilization Management*.

2.p Offender Work Programs (RFP Page 41)

The Contractor shall provide for the health care and treatment of offenders on community service or other Division controlled offender work programs.

Corizon Health will continue to provide for the health care and treatment of offenders on community service or other Division controlled offender work programs.

2.q Medical Treatment for Visitors and Staff (RFP Page 41)

The Contractor shall provide emergency medical treatment to visitors and staff as necessary and appropriate on-site.

Corizon Health medical staff will respond to emergency medical needs (first aid and emergency stabilization) of on-duty staff, vendors on the premises, and any visitors in the facility. If necessary, we



will arrange with the Jail for transport to an emergency room. Medical treatment for visitors and staff will be documented in a log at the nurse's station.

2.r DUI Blood Draws (RFP Page 41)

The Contractor will perform on-site blood drawing services on individuals who have been presented to the Contractor as arrested for driving under the influence (DUI). Consistent with NCCHC standards, Contractor staff will perform such blood draws only with the individual's written consent.

Corizon Health will continue to perform on-site blood drawing services on individuals who are presented as arrested for driving under the influence (DUI). Consistent with NCCHC standards, Corizon Health will perform these blood draws only with the individual's written consent.

2.s Off-site Emergency Care (RFP Page 41)

The Contractor shall arrange for off-site emergency care through arrangements with local hospitals under the provisions of the Aggregate Cap.

Off-site emergency care will continue to be provided at **University of Kentucky Hospital Emergency Department (UK)** under the provisions of the Aggregate Cap. As noted in *Section 2.n Offsite Utilization Management Program*, we apply retrospective review to Emergency Department (ED) visits. Through retrospective review, we evaluate the appropriateness and identify trends in ED utilization. The data collected identify trends and support recommendations to decrease inappropriate use of emergency facilities. Dr. Welling is clinically responsible for the decision to refer a patient to an ED for treatment.

2.s.i Emergency Ambulance Services (RFP Page 41)

The Contractor shall arrange for emergency ambulance services under the provisions of the Aggregate Cap.

When medically necessary, Corizon Health will continue to utilize the LFUCG Fire Department for emergency ambulance services under the provisions of the Aggregate Cap.

2.s.ii Medical Furlough (RFP Page 41)

The KY Supreme Court decision, *Hospital of Louisa, dba Three Rivers Medical Center v. Johnson Fiscal Court* deters the facility from using the practice of medical furlough for in-patient treatment.

Corizon Health understands that the Kentucky Supreme Court decision, *Hospital of Louisa, dba Three Rivers Medical Center v. Johnson Fiscal Court* deters the facility from using the practice of medical furlough for inpatient treatment.

2.t Ancillary Services (RFP Page 41)

The Contractor shall Contract and arrange for ancillary services (radiology services, laboratory, etc.) on-site and off-site under the provisions of the Aggregate Cap.

2.t.i If specialty services are required and cannot be rendered on-site then the Contractor shall provide for the rendering of such care off-site under the provision of the Aggregate Cap.

Corizon Health will continue to arrange for ancillary services (radiology, laboratory, etc.) on and off-site under the provisions of the Aggregate Cap. The table below lists the ancillary service providers Corizon Health currently uses and proposes to continue to use for the new LFUCG contract.



Provider	Services
BioReference Laboratories, Inc.	Laboratory
Fresenius Kidney Care	Dialysis
Grogan’s Healthcare Supply (Back-up)	Medical Supplies
Kenney Orthopedics, Prosthetics & Orthotics	Prosthetics/Orthotics
LFUCG Fire Department Ambulance	Ambulance
Maverick Oxygen & Respiratory Equipment	Oxygen
McKesson	Medical Supplies
MobilexUSA	Radiology
OnSite Vision Plans	Optometry
University of Kentucky	Medical and Dental Care

If specialty services are required and cannot be rendered on-site, Corizon Health will provide for care off-site under the provision of the Aggregate Cap.

2.u Laboratory, EKG and X-ray Services (RFP Page 41)

The Contractor shall provide for necessary laboratory, EKG and x-ray services.
 2.u.i All abnormal laboratory and x-ray results shall be reviewed and signed off by a physician or ARNP. A follow up plan of care shall be furnished.

Corizon Health will continue to subcontract with our national vendor, **BioReference Laboratories, Inc.** for laboratory services. Please see *Section 2.m.x. Laboratory Services* for a full description of services. All routine X-rays will continue to be completed on-site by **MobilexUSA**. EKG services will also be provided on-site. For a complete description of X-ray and EKG services see *Section 2.m.ix. Radiology Services*.

All abnormal laboratory and x-ray results will be reviewed and signed off by a physician or designee and a follow-up plan of care will be furnished and documented in the patient’s medical record.

2.v Chronic Care and Infirmary (RFP Page 42)

Development of special medical program which exists for offenders requiring close medical supervision, including chronic and convalescent care needs. Requirements to be included are:

All offenders indentified with chronic conditions at the intake screening will be scheduled for an initial evaluation by a medical provider to include retrun appointments as directed by the provider.

Our **COR Process Program** provides detailed instructions addressing **Chronic Care/Special Needs** for the Corizon Health staff deliver on a daily basis. Centered on national evidenced-based standards and developed from the experience of our Healthcare Support Team members and site and regional leaders, our Core Process for Chronic Care/Special Needs provides insight into the essential elements of a chronic care program, such as:

- Identification of the chronic condition;



- Referrals for the screening and treatment of the chronic condition;
- Maintenance of a listing of patients with chronic conditions in the facility; and
- Scheduling of initial and follow-up chronic care appointments.

A key component to the COR Process strategy is the use of tools/resources to accommodate different styles of learning and working. They are formatted in very different ways so that our healthcare team can utilize the tool that best suits them. The tools/resources include:

CORE PROCESS PROGRAM		CORIZON HEALTH			
Chronic Care/Special Needs	305-CL	Operations Checklist			
Chronic Care Education					
Facility:		Name of Reviewer(s):			
Date of Review:					
CORE PROCESS REVIEW	Y/N	ACTION PLAN	OWNER	STATUS/UPDATE	TARGET COMPLETION DATE
1					
Training					
There is documented evidence that involved employees have been oriented to their role in providing chronic care education using Corizon Health Site Staff Orientation materials, the Chronic Care/Special Needs Core Process Clinical SOPs, and Workflows.					
2					
Process					
a. An adequate supply of patient education materials are available in locations where patient education occurs.					
b. Patient education materials are obtained from credible sources such as Corizon Health Pfls, Centers for Disease Control, American Heart Association, American Diabetes Association, etc.					
3					
Quality Check					
a. Reviews are conducted through the COR process to ensure patient education occurs and is documented at each chronic care visit.					
b. Issues identified through the review process have been properly addressed and documented.					

- **Overviews** – Include process purpose, objectives, and role responsibilities to show how things should work.
- **Operational SOPs** – Provide regional/facility leadership clear definition of each process and how it should look at the facility.
- **Operations Checklists** – Allow managers to assess the status of the care process at the facility. Also provide guidance as the facility seeks to improve the performance of core processes (tracking tools, audit tools, and etc.). Describes the actions to take to determine clinical workflows / procedure are being followed correctly. *(Excerpt shown on previous page.)*
- **Clinical SOP/Workflow** – Defines line staff role/responsibility in the performance of each step. The workflows “paint the visual picture” and the Clinical SOPs provide the narrative.
- **SMART Card** – Handy pocket reference card highlighting the key points in each Clinical SOP. Used by staff during their daily job performance.

Chronic Care Clinics

Chronic care clinics are conducted to enhance the patient’s knowledge of the disease and thereby promote self-care and good health practices. Corizon Health practitioners see patients on a chronic care schedule depending on the degree of control. In addition to obtaining a focused history with the offender, a visit to the chronic care clinic includes:

- An examination of the general condition of the offender
- An examination of specific disease indicators as established by Corizon Health protocol
- Any abnormalities present are monitored and/or corrected to decrease the rate of disease progression and minimize complications
- Review of any previous laboratory or diagnostic results



- Initiation or updating of the individualized treatment plan, including medications, diets, exercise, housing recommendations (when necessary), treatments, follow-up care, consultant recommendations, and education on disease management

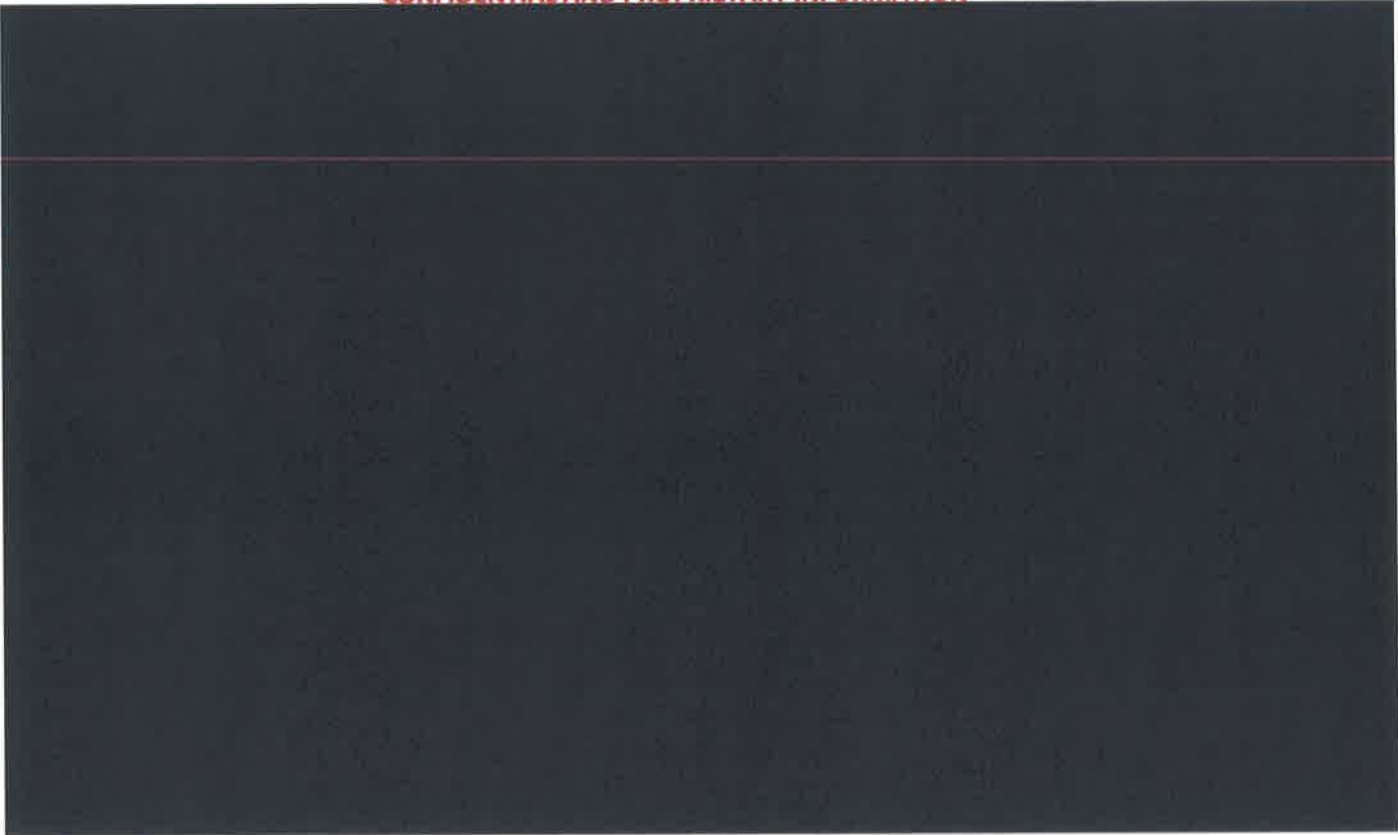
Corizon Health will continue to conduct the following on-site chronic care clinics as needed.

- Diabetes/Endocrine
- Infectious Disease (i.e., HIV, Hepatitis, TB, etc.)
- Cardiac/Hypertension
- Neurology (i.e., Seizures, Parkinson’s, Multiple Sclerosis, etc.)
- OB/GYN
- Respiratory/Asthma
- General Medical
- Hematology and Oncology

In 2018, 1,800 patients attended chronic care clinics at the Detention Center.

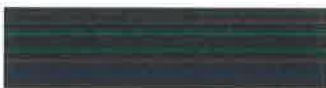
The following flowchart is an example of the clinical workflow for a chronic care visit:

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Correctional Chronic Care



Studies show that correctional facilities house a significant number of inmates with chronic medical conditions such as hypertension, high cholesterol, diabetes, and obesity, all of which have been shown to contribute to cardiovascular disease, the leading cause of death in the United States. Combined with a rapidly aging inmate population, chronic health conditions become a more significant problem.

Recognizing the impact this has on the correctional healthcare program in terms of patient care, staffing, housing, and cost, Corizon Health's Chronic Disease Management Program is built on a **foundation of patient education and prevention of exacerbations and complications of disease to slow disease progression, with the goal of maintaining or improving overall individual and population health.**

Early identification and diagnosis of chronic disease and treatment is of utmost importance. From the health screening at intake to the nurse and provider visits and the timely review of lab values, we are able to quickly enroll patients in the chronic care clinics and begin a treatment plan.

Our overall approach to chronic care case management is based on the premise that **multidisciplinary coordination of care promotes wellness and cost-effectiveness as well as patient satisfaction.** We proactively screen for common health conditions – both medical and behavioral health, offer regular immunizations, and address lifestyle choices such as substance use and exercise.

We believe that providing patients with culturally appropriate information, education, advocacy and support regarding their overall health will help empower them to take responsibility for their own health needs, make healthier choices, and promote positive change in their behavior.

Effective case management facilitates communication across disciplines and in complex systems such that health needs are addressed in a timely and efficient manner leading to optimal health and use of resources throughout the continuum of care. Additionally, as noted above, patient engagement in their own improved health outcomes, self-management of diseases and informed participation is essential to success.

Early identification of the patient requiring chronic care case management is critical to allow the treatment team to coordinate care and includes the following key components:

- Using assessment tools that identify individuals who will benefit from preventive care;
- Population health management tools identifying those at risk for chronic conditions and care gaps through predictive modeling;
- Coordination of care providers (medical, psychiatry, behavioral health, pharmacy, nursing, and case management) through weekly meetings;
- A focus on self-management and patient education on treatment plans;
- Provision of care in the most appropriate setting within the facilities;
- Use of evidence-based treatment guidelines to ensure high quality consistent care that results in better outcomes; and
- Medication compliance, use of the most cost-effective medications, and management of patients on multiple medications (polypharmacy).

Corizon Health practitioners use severity indexing for patients with chronic diseases for good, fair and poor control, subdividing each disease by severity and outlining treatment and pharmacological management based on the severity index.



Evidence-Based Clinical Guidelines

In addition to *InterQual* and other evidence-based information such as **UptoDate®** and **National Comprehensive Cancer Network (NCCN)** protocols which guide the referral process, our practitioners use clinical guidelines that are adapted from the nationally recognized correctional healthcare sources such as the **National Commission on Correctional Health Care (NCCHC)**, the **American Correctional Association (ACA)**, and from guidelines endorsed by recognized national organizations, including, but not limited, to those shown in the table below.

National Expert Guidelines	Link
ADA: American Diabetes Association	http://www.diabetes.org
DHHS: Department of Health and Human Services	https://aidsinfo.nih.gov/contentfiles/lvguidelines/AA_Recommendations.pdf
NCCN: National Comprehensive Cancer Network	https://www.nccn.org
ACC/AHA: American College of Cardiologist/American Heart Association	https://www.nhlbi.nih.gov
GOLD: Global Initiative for Chronic Obstructive Lung Disease	http://goldcopd.org
ATS: American Thoracic Society	https://www.thoracic.org
AES: American Epilepsy Society	http://www.epilepsy.com https://www.aesnet.org
ACC/AHA: American College of Cardiologist/American Heart Association	http://professional.heart.org
NIH.NHLBI: National Institute of Health. National Heart, Lung and Blood Institute	https://www.nhlbi.nih.gov
FBOP: Federal Bureau of Prisons	https://www.bop.gov
CDC: Centers for Disease Control and Prevention	https://www.cdc.gov/tb
NICE: National Institute for Health and Care Excellence	https://www.nice.org.uk/guidance/conditions-and-diseases/neurological-conditions
IDSA: Infectious Diseases Society of America	http://www.idsociety.org
AASLD: American Association for the Study of Liver Disease	https://www.aasld.org
ACC/AHA: American College of Cardiologist/American Heart Association	https://www.nhlbi.nih.gov
NKD KDOQI: National Kidney Disease: Kidney Disease Outcomes Quality Initiative	http://www.ajkd.org/content/kdoqiguideines
NIH.NHLBI: National Institute of Health. National Heart, Lung and Blood Institute	https://www.nhlbi.nih.gov
ACR: American College of Rheumatology	https://www.ncbi.nlm.nih.gov
AACE: American Association of Clinical Endocrinology	https://www.aace.com
ACG: American College Gastroenterology	http://gi.org
American Psychiatric Association	https://www.psychiatry.org
American Academy of Psychiatry and the Law	www.aapl.org



These evidence-based guidelines are the foundation for developing the patient’s individualized treatment plan based upon the disease and degree of control for each patient and:

- Provide a framework that is based on community standards for the healthcare team to manage care;
- Encourage consistent care for all patients within a disease group that is particularly useful with the offender population;
- Define a plan of care that is individualized to the patient and based on the severity index;
- Allow the healthcare team to define and measure outcomes of care; and
- Assist in reducing grievances and litigation.

Our **Clinical Pathways Program** includes an extensive program for the most common diseases we manage, including evidence-based tools for evaluation, treatment, and monitoring of specific chronic illness, pharmaceutical and lab management resources, risk reduction strategies, corresponding **Nursing Encounter Tools (NETs)** and **Mental Health Encounter Tools (METs)**, patient education, and correctional officer education. These are updated on a regular basis.

These tools are available for staff through the MyCorizon intranet and at the sites to use as a resource or for educational purposes. We currently have the following **Clinical Pathways**:

- | | |
|--|--|
| <ul style="list-style-type: none"> ▪ Asthma ▪ Diabetes ▪ Diabetic Ketoacidosis ▪ Dyslipidemia ▪ Gestational Diabetes ▪ HIV/AIDS ▪ Hypertension ▪ MRSA ▪ PTSD ▪ Schizophrenia | <ul style="list-style-type: none"> ▪ Seizure Disorder ▪ Sickle Cell Disease ▪ TB/LTBI ▪ Warfarin Management ▪ ADHD ▪ Bipolar Disorder ▪ Extrapyrmidal Symptoms ▪ Major Depressive Disorder ▪ Substance Abuse Withdrawal ▪ Gender Dysphoria ▪ Women’s Health |
|--|--|

By way of an example, the following paragraphs describe how practitioners use the **Clinical Pathways** for patients found to have substance use to the level requiring detoxification.

Patients found to have substance use to the level requiring detoxification are evaluated by a practitioner for physical, psychological and substance use histories, co-morbidities, hydration, nutritional status and medication review. They will also be referred for a behavioral health evaluation to identify and treat co-existing psychiatric disorders.

Corizon Health’s **Clinical Pathway for Substance Abuse Withdrawal** includes the following tools to provide treatment across the continuum of care:

- The practitioner will assess the information provided by the nursing staff and can refer to the Corizon Health *Substance Abuse Withdrawal Clinical Pathway* for recommended evaluation, treatment and follow-up. The **Clinical Pathways** also include the Clinical Institute Withdrawal Assessment for Alcohol (CIWA), Clinical Opiate Withdrawal Scale (COWS), and Benzodiazepine



Withdrawal Syndrome (BWS) flow sheets, the *Barbiturate Dose Equivalents* and *Benzodiazepine Dose Equivalents* developed by the Federal Bureau of Prisons (BOP) to assist with possible treatment durations.

- The practitioner then orders the treatment plan using the *Physician Order Sets for Alcohol, Benzodiazepine, Barbiturate or Opioid Withdrawal*. Healthcare staff continues to monitor the patient using the *Substance Abuse Withdrawal Flow Sheet*, until the patient is determined to be safely through his/her withdrawal.

Once the patient is stabilized, Corizon Health’s clinical team begins the process of patient education. **Patient Information Fact Sheets (PIFS)** are made available to assist with on-site support and motivation to rehabilitation. These teaching tools are used during patient encounters, individual counseling, as well as for the patient to read and reference later.

COR Process Training for Chronic Care

Areas covered in the initial **COR Process Training for Chronic Care** include:

- Patient Identification
- Scheduling Chronic Care Visits
- Chronic Care Log
- Completion of the Chronic Care Visit
- Chronic Care Education
- Patient Refusal
- Special Needs List and Special Needs Treatment Plan Development

Health Education for Chronic Care Patients

Health education for chronic care patients includes appropriate nutrition, exercise and other behaviors such as sleep hygiene and relaxation techniques to promote health and well-being. Our licensed staff also provides education about the specific chronic condition the offender is experiencing and allows the inmate to ask any clarifying questions about the specific disease process.

All offenders receive education on proper hand washing, general cleanliness, bathing and oral care to promote health and prevent communicable diseases such as not sharing bathing and shaving products.

Special Topics Clinical Pathway: SAW (Substance Abuse Withdrawal)	
Pathway	
TOOLS	
Provider Tools	BWS-C Scale CTWA-Ar Scale COWS-Scale
Nursing Tools	NET-Overdose NET-SAW SAW Flow sheet
Patient Education	PIFS-SAW
CO Education	COB-SAW



Convalescent Care

Corizon Health will continue to be responsible for staffing the infirmary at the Detention Center twenty-four (24) hours per day, seven days per week, providing care for inmates who have illness or conditions that require skilled nursing or medical management and who are not in need of acute hospitalization.

2.v.i Individualized Treatment Plan (RFP Page 42)

Each offender assigned this classification must have a written individualized treatment plan approved by a physician.

Each offender with a chronic illness or special need will have a written individualized treatment plan approved by a physician.

A physician or other qualified clinician will develop an individual treatment plan during the evaluation period and update the treatment plan, as necessary. This plan will include instructions to health staff and other personnel regarding their roles in the care and supervision of the patient as well as specific short and long-term goals based on the assessment of the patient's needs.

The treatment plan includes, at a minimum:

- Frequency of follow-up for further evaluation;
- Type and frequency of diagnostic testing;
- Type and frequency of therapeutic intervention;
- Monitoring of medications and lab testing; and
- Patient education specific to instructions about diet, exercise, adaptation to the correctional environment, and medication, as appropriate.

2.v.ii Detoxification (RFP Page 42)

Offenders committed under the acute influence of alcohol or drugs and demonstrating an immediacy of need for detoxification shall be separated from the general population and kept under direct supervision by qualified medical staff in the medical unit for a reasonable time period.

Offenders committed under the acute influence of alcohol or drugs demonstrating an immediacy of need for detoxification will be separated from the general population and kept under direct supervision by qualified medical staff in the medical unit for a reasonable time period.

Corizon Health's Detoxification Program is designed to recognize the alcohol or drug dependent detainee as soon as possible. The intake screening, early evaluation of any substance abuse history and the decisions as to what level of care is required for the inmate/detainee provides the greatest patient safety. Complications, adverse outcomes and hospital admissions have all been reduced with the adherence to our evidence-based medical protocols.

For those offenders who present as unstable or with signs and symptoms of life-threatening withdrawal, possible overdose, or altered mental status, a call will be placed simultaneously to 911 and to the on-call practitioner for orders to transport the patient to the appropriate local hospital, based on the health status of the patient, for a higher level of care.



Offenders reporting the use of drugs and/or alcohol at the time of the receiving screening will be evaluated at that time for the need for withdrawal or detoxification management. Offenders placed on a drug or alcohol withdrawal protocol will be monitored closely to include the checking of vital signs at least three (3) times per day until cleared from the protocol. Inmates placed on an alcohol withdrawal protocol will not be placed in general population.

If determined by Corizon Health's medical authority that the person is at risk of experiencing withdrawal symptoms, the inmate/detainee will be housed in the medical unit for medical observation and, when indicated, protocols for detoxification will be initiated upon the order of the medical provider.

Corizon Health has in place a structured, evidence-based medical detoxification approach to safely and successfully manage the majority of inmate/detainee patients through substance withdrawal. Careful and timely clinical assessments during detoxification, combined with the proper medications in appropriate dosages, will safely treat inmate/detainee patients throughout the withdrawal process.

Our standard treatment guidelines were developed by a panel of Corizon Health physicians, headed by one of our Regional Medical Directors, **Ivor Garlick, M.D.** Dr. Garlick is Board-Certified by the American Board of Addiction Medicine (ABAM). The program focuses on patient safety and closely integrates mental health and substance use treatment providers.

Beyond ensuring that appropriate levels of nursing care are available, Corizon Health utilizes detoxification management protocols consistent with LCUCG policies and the practice guidelines set forth by the American Society of Addiction Medicine and other state-of-the-art medical detoxification protocols.

Using these guidelines, an individualized treatment plan (ITP) will be developed for each offender. This plan will include therapeutic drug regimens, monitoring guidelines, parameters for vital signs, guidelines for quantifying symptoms and instructions for reaching the on-call practitioner in the event clinical signs and symptoms fall outside established parameters. Offenders placed on alcohol, opiate or benzodiazepine withdrawal are routinely placed on seizure precautions, including a lower level, lower bunk for patient safety.

The Corizon Health treatment protocols for detoxification meet or exceed NCCHC and ACA standards. During the receiving screening, the arrestee is evaluated for substance abuse or dependence and for the potential to develop withdrawal. Qualified staff trained to administer a standardized questionnaire and to observe for signs and symptoms of substance abuse and withdrawal will perform the evaluation.

Withdrawal assessment tools used include the **Clinical Institute of Withdrawal Assessment - Alcohol Revised (CIWA-AR)** and the **Clinical Opiate Withdrawal Scale (COWS)**, and the **Benzodiazepine Withdrawal Scale for Corrections (BWS-C)**. These tools help determine the level of care the detainee will require. This will aid in the timely initiation of the appropriate medication regimen to control symptoms of withdrawal as well as preventing the potential risks of complications that can occur during the detoxification process.

Specific screening information obtained during this process includes:



- Type of substance(s) used;
- Frequency and amount of usage;
- Approximate time of last use;
- Symptoms experienced when ceasing use in the past (a past history of complications from alcohol or drug abstinence or a history of previous episodes of withdrawal is a strong risk factor for repeat and even more severe alcohol or drug withdrawal).

For arrestees reporting significant use of alcohol, opioids or benzodiazepines, clinical management of the patient is supervised by a practitioner. Orders will be obtained for individualized therapy using the standardized clinical guidelines, and a referral will be made for further clinical assessment by a practitioner.

Offenders undergoing mild detoxification can often be safely housed in general population. Once medication for withdrawal is initiated, the patient will be moved to one of the medical housing cells, if available, to allow for more careful and frequent monitoring. If a medical housing cell is not available, we will confer with the facility administration as to an area we could utilize to safely house and monitor inmate/detainees undergoing the detoxification process. Patients experiencing withdrawal are assessed three times a day for vital signs and are scored according to the protocol. Severe levels are monitored more frequently.

Offenders will be detoxed off of methadone on-site unless they are pregnant, in which case they will be continued on methadone (at a Methadone Maintenance Clinic) or given buprenorphine, if appropriate.

Offenders found to have substance abuse to the level requiring detoxification are referred to a physician / physician extender to address co-morbidities, hydration, and nutritional status and to have a current medication review. They are also referred for a mental health evaluation to identify and treat co-existing psychiatric disorders.

Noted previously, Corizon Health's **Clinical Pathway for Substance Abuse Withdrawal** includes the following tools to provide treatment across the continuum of care:

- The practitioner will assess the information provided by the nursing staff and can refer to the Corizon Health *Substance Abuse Withdrawal Clinical Pathway* for recommended evaluation, treatment and follow-up. The **Clinical Pathways** also include the Clinical Institute Withdrawal Assessment for Alcohol (CIWA), Clinical Opiate Withdrawal Scale (COWS), and Benzodiazepine Withdrawal Syndrome (BWS) flow sheets, the *Barbiturate Dose Equivalents* and *Benzodiazepine Dose Equivalents* developed by the Federal Bureau of Prisons (BOP) to assist with possible treatment durations.
- The practitioner then orders the treatment plan using the *Physician Order Sets for Alcohol, Benzodiazepine, Barbiturate or Opioid Withdrawal*. Healthcare staff continues to monitor the patient using the *Substance Abuse Withdrawal Flow Sheet*, until the patient is determined to be safely through his/her withdrawal.

Once the patient is stabilized, Corizon Health's clinical team begins the process of patient education. **Patient Information Fact Sheets (PIFS)** are made available to assist with on-site support and motivation to rehabilitation. These teaching tools are used during patient encounters, individual counseling, as well as for the patient to read and reference later.



Pregnant Inmates and Substance Use

A urine pregnancy test will be performed for all women undergoing detoxification. Pregnant inmate/detainee patients present a unique set of circumstances which will be addressed at the time of intake/receiving screening. Those women undergoing alcohol, opioid or benzodiazepine withdrawal will be assessed and a call will be placed to the on-call practitioner who will often order that the inmate/detainee patient be transferred to the appropriate local hospital based on health status of the patient for fetal monitoring and specialized treatment.

Following a clinical evaluation, methadone/buprenorphine maintenance will be provided for pregnant women who are identified as needing these services.

In 2017, Corizon Health successfully initiated an on-site substance withdrawal treatment for pregnant patients at LFUCG. This program is expected to result in the elimination of 62 off-site hospital days on average annually (based on utilization data from 2014-2017).

Patient Education

Once the offender is stabilized, **Patient Information Fact Sheets (PIFS)** are made available as the first step of on-site support and motivation to rehabilitation. These teaching tools are used during patient encounters, individual counseling, as well as for the patient to read and reference later.

Correctional Officer Briefings (COB) are available as training tools for the officers to understand more about offender medical needs, as well as signs to watch for that may necessitate a medical emergency.

2.v.iii Housing and Direct Supervision (RFP Page 42)

Offenders with suicidal tendencies and those with a history of seizure disorders, as determined by the Contractor, shall be assigned to housing that has direct supervision.

Offenders with suicidal tendencies and those with a history of seizure disorders, as determined by a Corizon Health physician, will be assigned to housing that has direct supervision. Noted previously, as part of the intake screening, Corizon Health trained nursing staff members complete a mental health screening on each patient. Patients identified as suicidal or potentially suicidal are referred immediately to Bluegrass for evaluation to ensure appropriate housing and initiation of intervention to elevate safety.

For Corizon Health, **suicide prevention is a company-wide program focused on risk reduction and identifying markers for vulnerability.** Corizon Health staff members are trained to take suicidal statements and gestures seriously. Ongoing efforts will be made to prevent such gestures and attempts at the Detention Center.

Our healthcare team will continue to work with Bluegrass to maintain constant surveillance and vigilant monitoring. Our intake screening process allows us to document any historical or current Mental Health issues. If they answer yes to any of the those mental health identifiers, our nurses make a referral to Bluegrass. Referrals can be routine or urgent. In addition, our nurses make a referral to Bluegrass at anytime a patient indicates or presents with a need.



Comprehensive Training Opportunities

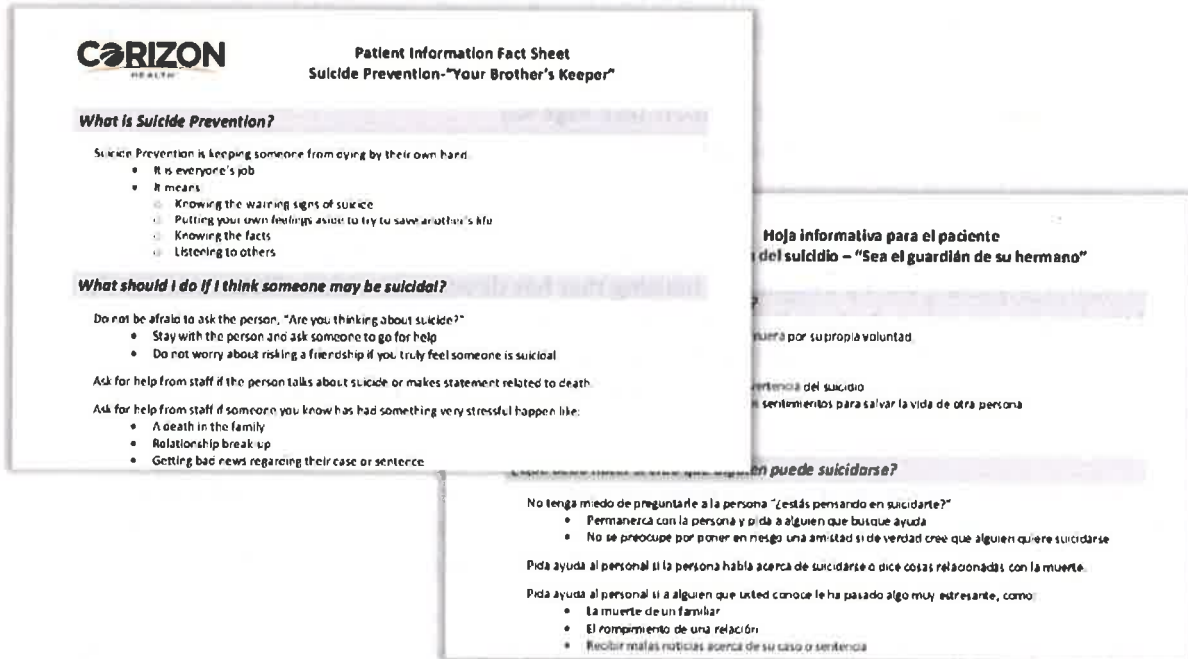
Knowledge is power, especially when protecting vulnerable at-risk individuals. Our extensive health care staff and corrections staff training courses each include a written syllabus, PowerPoint presentations and interactive training. Our new hire orientation and annual training programs increase staff awareness of suicidal behavior, which can result in lower suicide rates. This program educates staff to:

- Know the circumstances in which inmates/detainees are most likely to attempt suicide
- Recognize verbal and mental signs that indicate potential suicide risk
- Intervene and triage early to achieve the best possible outcomes
- Monitor those at-risk individuals closely

Training is repeated annually to reinforce team vigilance and prevent complacency.

Your Brother/Sister's Keeper

To further support inmate/detainee awareness of suicide prevention, Corizon Health proposes the use of our *Brother's Keeper*, a laminated poster, for display in the housing units to emphasize the offender's responsibility in the prevention of suicide (also available, *Sister's Keeper*). This poster has proven to be an effective reminder of everyone's need for awareness in preventing suicides. With LFCUG and Bluegrass' approval, these posters may be posted in common areas, each wing/pod of the housing units, the dining hall, etc. Excerpts of *Your Brother's Keeper*, in English and Spanish, are shown below.



Correctional Officer Briefings

Our clients have found our **Correctional Officer Briefings (COBs)** a valuable tool in support of our and suicide prevention programs. If requested, Corizon Health can collaborate with Bluegrass to provide this COB for the correctional officers. An excerpt of our **Suicide Prevention COB** is shown below.

CORIZON HEALTH

**Correctional Officer Briefing
Suicide Prevention-Jails**

Just the facts: Suicide is the second leading cause of death in most jails:

- 94% of suicides are by hanging. Most victims use their bedding opposed to clothing
- 35% of suicides happened close to a hearing date. 69% of those were within 2 days
- 22% happened close to the date of a call or visit. 67% of those were within 1 day
- Death rate does not seem to be affected by certain seasons and holidays

Access to medical / encourage inmates to seek help, especially when there is:

- Recent excessive drinking or drug use
- Severe guilt or shame over offense
- Current mental illness
- Approaching an emotional breaking point
- Loss of stabilizing factor such as spouse, job, or home
- Same-sex rape or threat of it
- Poor health or terminal illness

Act promptly:

Be observant of inmates who have:

- Conflicts with custody over unit placement, work assignment, or discipline
- Personal problems like missing family or friends, or threats by other inmates
- Any kind of bad news

2.v.iv Tuberculosis Testing (RFP Page 42)

Provision for testing for tuberculosis on all inmates housed at the facility during the 14 day physical.

As part of the 14-day physical, Corizon Health will perform a tuberculin purified protein derivative (PPD) skin test. Offenders who refuse this test will be placed in segregation until their TB status is confirmed either by the PPD skin test or a chest x-ray. Anyone having a previous chest x-ray on file will only need to complete the TB symptom screening annually thereafter. If no symptoms are identified on future screens and a chest x-ray is on file, additional chest x-rays will not be needed.

PPDs will be read 48 to 72 hours after placement, unless such test is unnecessary (history of prior positive test) or medically contraindicated according to Centers for Disease Control and Prevention (CDC) guidelines. If an offender tests positive to the PPD test, symptom screening will be performed and the offender will be scheduled for and receive a chest x-ray, with appropriate follow-up and care. Within 72 hours of determining an offender's PPD test is positive, Corizon Health will perform and interpret a chest x-ray of the offender.

Corizon Health will follow CDC guidelines for management of offenders with TB infection, including medication and negative pressure isolation. We will isolate those inmates displaying symptoms in a negative airflow room until cleared by Dr. Welling and/or Department of Health.

2.w Telemedicine (RFP Page 42)

The Contractor shall establish and maintain a program including policy and procedure for telemedicine program where clinically appropriate, to include OB and HIV care

C. OUTLINE OF SERVICES TO BE PROVIDED

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT

OFFENDER HEALTH SERVICES

RFP #2-2019 | FEBRUARY 14, 2019

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Based on the Division’s response to Question 10 in Addendum 2, we understand the Division does not wish to implement telemedicine at this time. The following is an overview of Corizon Health’s approach to telemedicine and our proposed plan to implement telemedicine where clinically appropriate (including OB and HIV care), should the Division desire to move forward with a telemedicine program in the new contract.

Telemedicine is one strategy Corizon Health uses to improve the quality of care we provide for our patients and remain fiscally accountable to our clients. We have implemented successful telepsychiatry programs at our Florida jail contracts in Alachua, Charlotte, Leon, Okaloosa, and Polk Counties and we are currently implementing a telemedicine program in Kent County, Michigan. Additionally, telemedicine and/or telepsychiatry have been implemented for the majority of our statewide contracts.

While cost savings is a key benefit, the primary goal of telemedicine is to ensure offenders receive consistent, quality care. Access to care is enhanced when telemedicine augments on-site care. A benefit to the LFCUG is that telemedicine appointments avoid the need for transportation offsite with an officer who accompanies the offender patient.

Practitioners who provide telemedicine will be appropriately licensed in Kentucky and credentialed (per Corizon Health and LFCUG standards), and records will be maintained reflecting this licensure pursuant to current practices. Core standards for telehealth operations are based on American Telemedicine Association (ATA) standards and the Commonwealth’s law. In addition, Corizon Health will put safeguards in place to ensure patients’ rights and privacy are protected in accordance with HIPAA standards. Federal, state and other credentialing and regulatory requirements will be met.

A Federal DEA number is required to write prescriptions for controlled substances in every state where controlled substances may be prescribed. Some states have state controlled substance licensure requirements in addition to the state-specific DEA and the state medical license. Therefore, practitioners providing telehealth services need to be registered with the site pharmacy including but not limited to providing a current DEA number to the site pharmacy prior to establishing site telehealth services.



Telemedicine Hardware

Corizon Health would recommend one portable telehealth solution (shown left) for the LFCUG. We are currently providing our partner sites with a single telehealth unit that contains all necessary computer hardware, medical peripherals, and communications equipment in one simple and portable “suitcase” type package. We believe that this solution will maximize telehealth usage due to its portability and ease of use.

Outreach to University of Kentucky

Corizon Health’s Network Development Department reached out to Rob Sprang, Director of Kentucky TeleCare, to assess a potential partnership whereby the University of Kentucky TeleCare Program would provide Corizon Health telemedicine services at the Fayette County Detention Center, should the

[REDACTED]

Division decide to move forward. Mr. Sprang confirmed the University's capabilities and interest in the initiative. Kentucky TeleCare typically provides these services via 3-hour clinics, in which approximately 10-12 patients could be seen, depending on the medical specialty and the complexity of the patients' cases.

The RFP stated interest in OB and HIV services. We believe there may be an opportunity to provide additional services via telemedicine based on the services currently being provided by TeleCare along with our review of our current actual offsite specialty needs. Corizon Health will work with the Division to flesh out all program details for inclusion in an arrangement with the University once a decision has been made to proceed with telemedicine services to achieve the greatest impact on the provision of quality care and while exploring every opportunity to positively impact total off-site service related costs. We have provided these services as an add-on option to the base contract should the Division wish to move forward with this program.

2.x Policy and Procedure for Additional Care Programs (RFP Page 42)

The Contractor shall establish and maintain a program including policy and procedure for:

2.x.i Infection Control (RFP page 42)

Corizon Health's Infection Prevention and Control Program is designed to **ensure a safe and healthy environment** is created and maintained for offenders, staff, and visitors in the correctional facility. Correctional facilities, by design, often result in communal living, which is a risk factor for the spread of communicable diseases, infections, and infestations. To ensure the LCUCG's healthcare program meets the needs of the offenders entrusted to our care, Corizon Health staff follows established clinical guidelines, principles, and standards for surveillance, prevention, diagnoses and treatment of communicable diseases.

The policies and procedures that guide our Infection Prevention and Control Program have been developed based on current guidelines and regulations published by the **Occupational Safety and Health Administration (OSHA)**, **Centers for Disease Control (CDC)**, **Association for Professional in Infection Control and Epidemiology (APIC)**, **Federal Bureau of Prisons (FBOP)**, **National Commission on Correctional Health Care (NCCHC)** and the **American Correctional Association (ACA)**. Additionally, the policies and procedure will comply with LFUCG standards.

Corizon Health ensures that the Infection Prevention and Control Program at the Detention Center is compliant with local, state, and federal public health regulations. The LFUCG's list of local reportable communicable diseases are attached to the Infection and Prevention Control Policy. Corizon Health will immediately notify the LFUCG of any offender diagnosed with a communicable disease which may require the screening of inmates and/or staff such as active TB, chicken pox, rubella, etc.

Policies and procedures are reviewed and updated on an annual basis. Additionally, we ask our sites to complete an annual program evaluation using the evaluation tool provided in our **Infection Prevention and Control Manual** or a similar evaluation tool.

Program Components

Core components of our program include:

- Surveillance of offenders for serious infections and communicable diseases including ectoparasite control using transmission-based precautions and isolation, as appropriate
- Appropriate assessment, isolation and treatment of offender for latent and active tuberculosis
- Coordination of appropriate community follow-up of offender released with reportable communicable diseases
- Adherence with local public health communicable disease reporting laws
- Maintenance of a safe and healthy environment through proper sterilization and disinfection of equipment, appropriate containment and disposal of biohazard waste and sharps, monthly environmental inspections, and education of sanitation workers on appropriate handling and disposal of biohazard materials and spills
- Reduction of the risk of exposure to blood and body fluids through the practice of appropriate hand hygiene, standard precautions, transmission based precautions as appropriate, sharps injury prevention programs and exposure follow-up

Corizon Health participates in the annual International Infection Prevention Week to shine the light on infection prevention and its impact in the correctional facilities.

Resources available to our sites include a variety of infection-prevention posters and activities for healthcare staff such as word search and matching games.



Infection Prevention and Control Staff

Corizon Health considers our infection prevention staff integral to our program and ultimate responsibility for this program rests with Dr. Welling as the Site Medical Director. They will also partner with the Lexington-Fayette County Health Department to ensure risk to the community, other offenders and employees is reduced or eliminated. This responsibility may include the following:

- In consultation with Dr. Welling and local/state health department(s), assist with any investigations deemed necessary for prevention of, spread and/or to locate the source of an outbreak or other infectious process
- Providing notification of any significant and/or reportable infectious disease issues, including actions taken and to be taken up to the time of that notification
- Offering regular education and in-service presentations related to infection prevention topics
- Providing education for the offender population (in addition, Corizon Health may prepare educational materials related to specific outbreak concerns or preventive/cautionary measures)
- Oversight of the testing programs for infectious diseases
- Conducting audits related to infection prevention and as assigned
- Providing individual offender education and counseling, as indicated
- Providing relevant infection prevention data for the CQI report



Infection Prevention Committee

In accordance with NCCHC recommendations, Corizon Health has an Infection Control Committee to oversee the program. Committee membership includes, but is not limited to

- Site Medical Director, Dr. Michele Welling
- Health Services Administrator, Kristin Fryman, LPN
- Director of Nursing
- Lexington-Fayette County Health Department and/or Detection Center representatives
- Correctional Staff designee(s)
- Other personnel involved in sanitation or disease control, as needed

The committee will meet at least quarterly and is responsible for monitoring, tracking, and /or reviewing, at a minimum, the following items:

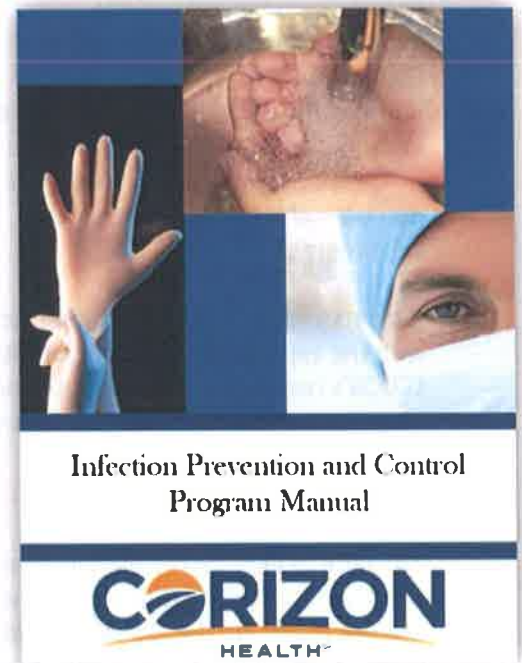
- Reportable communicable diseases, as required by law
- Employee adherence to Standard Precautions and other infection prevention practices
- Effectiveness of the Hepatitis B Vaccine Program and tuberculosis (TB) screening for employees
- Identify infectious diseases and appropriateness of therapy for the inmate population.
- Provide educational programs on infectious disease/infection prevention for employees, inmates and correctional staff as needed.
- Investigate and report occupational exposures to bloodborne pathogens and tuberculosis.
- Create facility-specific policies as needed and review policies annually (at a minimum).
- Confirm reports from dental, pharmacy and nursing regarding infectious waste disposal, sterilization and disinfection practices, etc. are accurate and current.
- Review reports of regular inspections of the health care unit and inspections of the facility as requested.
- Maintain manifests from regulated waste removal and disposal.

Corizon Health Infection Prevention and Control Program Manual

Our *Infection Prevention and Control Program Manual* addresses infection prevention issues in various correctional settings including the medical clinic, housekeeping, linen, dental, physical therapy, laboratory and food services. Updated annually, the manual includes training for healthcare and security personnel on infectious disease control and prevention, and precautions and appropriate use of personal protective equipment.

As shown in the Table of Contents excerpt here, the manual also provides specific directions regarding self-protection mechanisms for staff such as:

- How to protect the staff member and client from exposure to infectious disease





- How to properly care for equipment to prevent the spread of infection (sterilization and disinfection guidelines)
- What to do if an infectious disease exposure occurs
- Reporting methods (local authorities) once an outbreak has occurred

Surveillance, Identification and Treatment

Corizon Health will establish and maintain *Communicable (Reportable) Disease Log* to track Inmates with infectious diseases from initial diagnosis to final disposition. We participate with our clients and the local health department in developing a community approach to surveillance, identification and treatment of communicable disease. We follow all cases of communicable disease in the correctional facility and as appropriate upon release from the facility. Our health care staff will ensure the submission of the appropriate reports to the Ingham County Health Department, outside hospitals/health care delivery facilities and will notify facility administration of all reportable illnesses. Infectious disease is also tracked through our CQI program.

CORIZON HEALTH INFECTION PREVENTION AND CONTROL PROGRAM MANUAL
TABLE OF CONTENTS

INFECTION PREVENTION PROGRAM OVERVIEW		
IP#	Policy Title	Item #
10.00	Infection Prevention Program	NA5004
	FORM-to support IC-10.10-10-Infection Prevention Program Evaluation Tool	NA5005
	FORM-to support IC-10.10-10-Infection Prevention Checklist	NA5027
10.10	Infection Surveillance	NA5006
10.20	Inmate Surveillance Communicable Disease Reporting	NA5007
	FORM-to support IC-10.20-Inmate Communicable Disease Report	NA5008
	FORM-to support IC-10.20-Communicable Disease Log	NA5009
10.30	Regulated, Biohazardous, Infectious Waste Management	NA5010
10.40	Bloodborne Pathogen Exposure Control Plan	NA5011
10.50	Infection Prevention Committee	NA0513
10.60	Infection Prevention Education of Staff	NA0514
10.70	Tuberculosis Isolation of Inmate-Patient with Suspected TB	NA5012
	FORM-to support IC-10.70-Negative Pressure Room Daily Testing	NA1850
	FORM-to support IC-10.70-Negative Pressure Room Annual Validation	NA2600
10.80	Annual Influenza Vaccination Policy	NA0502
ENVIRONMENTAL HEALTH AND SAFETY		
20.10	Hand Hygiene(NA5015)	NA5015
	FORM-to support IP-20.10-Handwashing Competency Checklist	NA5016
	POSTER-to support IP-20.10-WHO-How to Hand Rub	NA5051
	POSTER-to support IP-20.10-CDC-Wash Your Hands	NA5081
20.20	Standard Precautions	NA5017
	POSTER-to support IP-20.20-CDC-Cough Etiquette	NA0676
20.30	Transmission Based Precautions	NA5018
	FORM-to support IP-20.30-Transmission Based Precautions List	NA5019
20.40	Cleaning, Disinfection, and Sterilization	NA5020
	FORM-to support IP-20.40-Sterilization Spore Count Log	NA5021
	FORM-to support IP-20.40-Equipment Disinfection Guide	NA0119
20.50	Blood Glucose Monitoring and Meter Disinfection	NA5022
20.60	Blood and Body Fluid Clean Up	NA5023
20.70	Sharps Handling and Disposal	NA5024
20.71	Product Evaluation	NA5025

Patients with an identified communicable or infectious disease will receive medically indicated care, with the appropriate transmission-based precautions initiated to prevent spread of disease. At the LCUCG’s request we will generate and provide facility administration with a report on all offenders diagnosed with a reportable communicable disease.

Bloodborne Pathogen Exposure Control Plan

Exposure to bloodborne pathogens poses serious risks to both healthcare and facility staff. Recognizing this, Corizon Health’s **Bloodborne Pathogen Exposure Control Plan** is designed to minimize or eliminate this risk to our employees as they work in the correctional facilities. Our employees are trained on the components of this plan as part of their employee orientation and on an annual basis. This training is updated by the facility’s infection control nurse in collaboration with the site medical director and our Corporate Infection Prevention Specialist.

As shown in the outline of our program below, the Exposure Control Plan will address infection prevention and control in all aspects of the healthcare program, including disinfection or coverage of



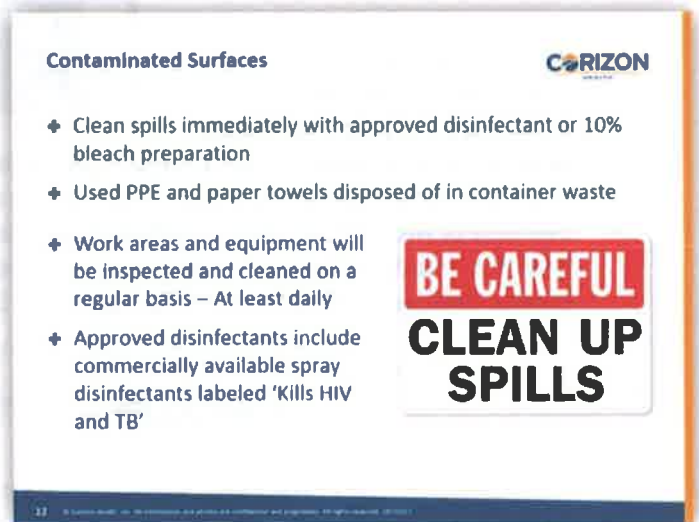
fixed equipment, sterilizing instruments according to manufacturer instructions, and monitoring the sterilization capabilities of the autoclave used.

Components of the Exposure Control Plan include:

- Hand hygiene
- Standard Precautions
- Personal Protective Equipment (PPE)
- Transmission-Based Precautions.
- Linen handling
- Environmental disinfection
- Specimens handling
- Regulated, Biohazardous, Infectious, Medical Waste
- Sharps safety
- Bloodborne pathogen exposure follow-up
- Recordkeeping standards

Training and Education

Corizon Health ensures that our staff are fully oriented and trained regarding infection prevention and control. We provide initial infection prevention training upon hire. Corizon Health also knows that to be successful, we must also include our patients and our client partners in our education process. We have developed standard education tools that are made available for the entire patient population. Separate educational materials on infectious diseases are available for the officers in the form of **Correctional Officer Briefings**. Education and training will be provided, as needed, for communicable disease threats to the population (i.e., influenza). In these cases, nursing staff will educate both officers and patients on requirements to reduce risk of infection.



Additionally, we offer infectious disease-related topics such as Zika virus, HIV, sepsis and antibiotic stewardship and resistance each year as a component of our in-service education offerings. We also provide on-going training sessions that address our infectious disease processes and how the program is implemented at the site level. Corizon Health’s *Learning Management System – Torch LMS* – provides a full range of infectious disease related topics allowing us to deliver comprehensive professional development instruction to our management and field employees at work or at home – and **at no cost to them**.

Our **Tuberculosis in Corrections** annual training, described in the paragraphs below, is one example of a training program we developed to equip our staff with the education and resources to treat patients with TB, which in the correctional environment, is a significant public health concern.



Approximately 4-6% of TB cases reported in the United States occur among people incarcerated at the time of diagnosis. The incarcerated population contains a high proportion of people at greater risk for TB than the overall population. Many aspects of the environment in which we care for patients increase the risk of spread of infection from infected individuals who have not been identified and/or isolated and treated timely.


We believe it is imperative that all Corizon Health providers, including our nursing staff, be up to date in their understanding of prevention, diagnosis and treatment of TB. That is why we developed a mandatory annual training – *Tuberculosis in Corrections* – designed to be both an introduction and refresher to the care of the patient with TB. Early diagnosis and effective treatment of persons with TB disease is the most effective way of preventing transmission and protecting the health of the public, our patients, and our peers.

Informational Fact Sheets for Clinicians



We also have a variety of Informational Fact Sheets for Clinicians on infectious diseases

common to corrections such as C-Difficile, Hepatitis A, B, and C, Herpes Zoster (Shingles), Lice (Body, Head, and Pubic) Norovirus, Scabies, TB and Varicella (Chicken Pox). Each fact sheet provides an overview of the topic, laboratory methods, general treatment guidelines, medications for treatment (over-the-counter and prescription), and recommendations to prevent the spread of the disease. An excerpt from our TB Informational Fact Sheet for Clinicians is shown below.



Information Fact Sheet for Clinicians
Tuberculosis (TB)

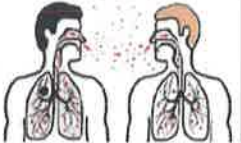
What causes Tuberculosis?
Tuberculosis (TB) is caused by a bacterium called *Mycobacterium tuberculosis*. The bacteria usually attack the lungs, but TB bacteria can attack any part of the body such as the kidney, spine, and brain. If not treated properly, TB disease can be fatal.

How TB Spreads:
TB is spread through the air from one person to another. The TB bacteria are put into the air when a person with TB disease of the lungs or throat coughs, sneezes, speaks, or sings. People nearby may breathe in these bacteria and become infected.

TB is NOT spread by:

- Shaking someone's hand
- Sharing food or drink
- Touching bed linens or toilet seats
- Sharing toothbrushes
- Kissing

Latent TB Infection and TB Disease
Not everyone infected with TB bacteria becomes sick. As a result, two TB-related conditions exist: latent TB infection and TB disease.



Patient Information Fact Sheets

Our library of Patient Information Fact Sheets (PIFS), which are available to inmates in both English and Spanish, contain PIFS specific to infectious disease such as Genital Herpes, Human Papilloma Virus,

Hepatitis C, HIV, Influenza, Lice, MRSA, Scabies, and TB. An example of our TB PIFS in Spanish is shown below:

CORIZON
OF 817™

**Hoja Informativa para el paciente
Tuberculosis (TB)**

¿Qué es la tuberculosis (TB)?

La TB es una enfermedad que se contrae al respirar el germen de la tuberculosis. La TB no se contagia con facilidad y debe estar activa para hacerlo.

- La TB se suele encontrar en los pulmones, pero puede infectar otras partes del cuerpo.
- Si usted da positivo en una prueba PPD de piel NO significa que usted tenga TB activa.
- La TB que no está activa se llama TB latente (LTB).
- Tanto la TB activa como la TB latente son tratables.
- Después de tener una prueba de piel positiva, sus pruebas de piel casi siempre serán positivas.
- Usted NO puede contraer la TB con una prueba PPD de piel.
- Hacerse varias pruebas PPD de piel NO causa TB.

Una persona con una infección de TB latente (LTB)

- Tiene bacterias de la TB en su cuerpo que no causan una TB activa.
- No se siente enferma.
- No puede contagiar las bacterias de TB a los demás.
- Puede necesitar tratamiento de la TB latente para prevenir la TB activa.

¿Qué debo hacer?

En muchos casos, el tratamiento para la TB latente es sólo "esperar a ver".

- La decisión de tomar medicina es seria y debe ser analizada por usted y su doctor.
- El menor periodo de tiempo para tomar la medicina es de 9 meses. Usted debe estar dispuesto a tomar su medicina a tiempo durante todo el tratamiento.
- Usted debe ir a sus citas en la clínica y hacerse los exámenes de laboratorio durante el tiempo que dure el tratamiento.

Se usan pruebas de sangre periódicas para vigilar los efectos que puede tener la medicina sobre su hígado. Si usted es liberado antes de terminar su medicina, deberá visitar el Departamento de Salud más cercano para continuar con su tratamiento.

Presente un permiso por enfermedad si usted:

- Ha bajado de peso y no sabe por qué.
- Tiene mucha sensibilidad en el vientre.
- Suda mucho por la noche (aunque no haga mucho calor).
- Tiene tos durante más de 3 semanas.
- Tose con sangre.

Pida a un oficial penitenciario que llame al médico si:

- De repente le duele el pecho.

O si toma medicina para la LTB y comienza a tener:

- Sensibilidad inexplicable en el vientre.
- Náuseas y vómito inexplicables.
- Adormecimiento en las manos o en los pies.
- Fiebre repentina.

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Revised 7/2015

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Disease-Specific Programs

In addition to standard precautions and procedures generic to "infectious diseases," disease-specific programs will be maintained to include (but not limited to) Tuberculosis, HIV/AIDS, Hepatitis, Influenza, and MRSA.



Tuberculosis

Corizon Health will provide TB surveillance, treatment, and monitoring consistent with correctional standards and our Ingham County policies and procedures. If an inmate tests positive for a Purified Protein Derivative (PPD) test, the offender will be scheduled for and receive a chest x-ray with appropriate medical follow-up and care, including isolation if required.

Corizon Health will follow CDC guidelines for management of offenders with TB infection, including medication and airborne infection isolation. We will isolate those inmates displaying symptoms in a negative airflow room until cleared by Dr. Welling and/or Department of Health.

HIV / AIDS

Corizon Health will provide the necessary treatment of HIV/AIDS in a manner consistent with Department of Health and Human Services guidelines. Voluntary HIV testing and counseling will be available on a confidential basis to inmates who request testing. An inmate's HIV test results or HIV status will not be released without the written informed consent of the inmate in question.

For the purpose of obtaining any necessary medical care and counseling, any inmate identified as HIV+ will be examined by a physician. Offenders who are HIV+ and symptomatic will be housed in a medical area appropriate for the acuity of their symptoms. HIV+ inmates with minor symptoms may be appropriately housed in the general population based on a case-by-case evaluation and decision by a physician.

Asymptomatic HIV+ offenders may be housed in the general population unless the Detention Center otherwise deems the HIV+ inmate a risk for transmission to other inmates or at risk of physical harm from other offenders. HIV inmates will have access to infectious disease specialists and HIV medications in accordance with the Department of Health and Human Service (DHHS) recommendation that all patients with HIV disease be offered treatment.

Corizon Health will provide provisions for HIV disease counseling by trained personnel. Moreover, Corizon Health will make available our clinical staff knowledgeable in HIV/AIDS to assist with offenders' education. We will implement a HIV/AIDS education to help prevent further spreading of the virus. Our educational programs will include information regarding the aspects of living with HIV/AIDS.

HIV Patient Education Focus

Offender education is a significant component of our proposed HIV disease management program. This includes education about HIV in general, as well as specific education pertaining to treatment, healthy living and HIV medication. Our health care providers receive training on how to maximize inmate education opportunities. Health literacy efforts are based on the following principles:

- Risk Reduction Strategy – Treatment is Prevention
- Ongoing Prevention Counseling
- Culturally Sensitive Competency

Risk Reduction Strategy

HIV prevention counseling is usually, but not always, conducted in the context of HIV testing. We focus on assessing the inmate's personal risk or circumstances and helping the inmate set and reach specific and realistic risk education goals. We avoid using the terms "pre-test" and "post-test" counseling to underscore that prevention counseling is a risk reduction process.

Ongoing Prevention Counseling

Ongoing prevention counseling is an essential component of management for HIV-infected persons. Each inmate encounter provides an opportunity to reinforce HIV prevention messages. Inmate education and involvement in therapeutic decisions is critical.

Hepatitis

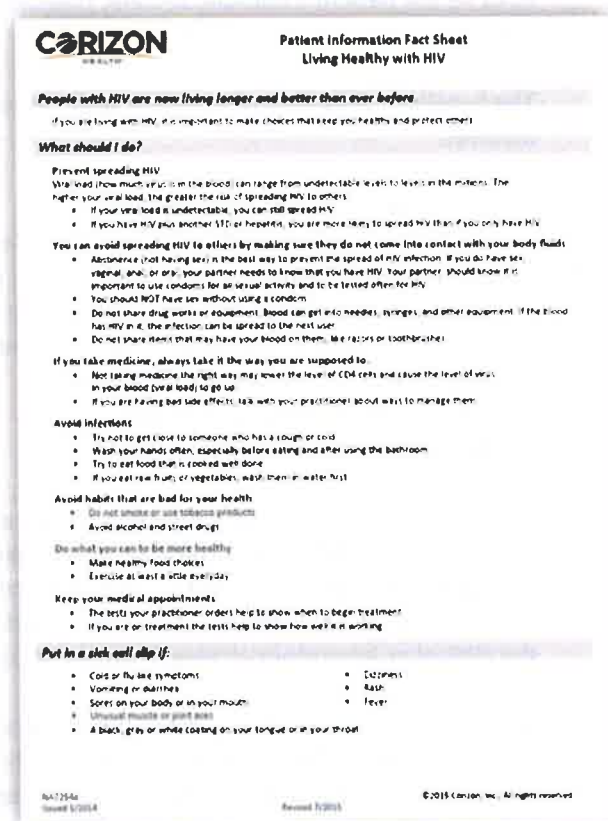
Corizon Health will provide voluntary (unless symptomatic and indicated) screening for Hepatitis (A, B, and C), and provide appropriate medical follow-up and care, including isolation, if required. Immunizations for Hepatitis A and Hepatitis B will be available on a voluntary basis to offenders.

We are committed to participating with our clients, community medical and mental health programs, and available public assistance programs to continue to develop effective approaches for the evaluation and management of Hepatitis C virus (HCV) disease.

Corizon Health has written plans that address the management of Hepatitis A, B and C. These include Policies and Procedures (available for review and approval) and Clinical Practice Guidelines. Combined, they delineate protocols for the identification, treatment surveillance and prevention of Hepatitis. We also provide specific orientation, training and education program components for correctional and healthcare staff regarding the prevention, identification, surveillance and treatment of Hepatitis, including vaccination for Hepatitis A and B and precautions and appropriate use of personal protective equipment. Educational programs and materials for our inmates, including information specific for pregnant inmates are also available.

Care and Treatment for Hepatitis C Patients

In collaboration with the LFCUG, Corizon Health refers to FBOP guidelines for evaluation, prioritization, treatment and surveillance of chronic Hepatitis C viral infection (HCV). Both the expense of treatment and the benefits of cure, e.g., prevention of liver failure, liver cancer, liver transplant and recurrent





hospitalizations, are enormous. Current treatment with Direct Acting Antivirals (DAA) is associated with greater cure rates and fewer side effects with previously available medications.

Patients are tested for Hepatitis C if medically indicated. When Hepatitis C antibody testing is positive, this will be followed by laboratory testing for Hepatitis C RNA. If the Hepatitis C RNA is positive, then the patient is enrolled in the chronic care clinic. If the Hepatitis C RNA test is negative, i.e., clearance of the virus by the patient's immune system, then the patient is educated regarding the results and educated regarding the risk of reinfection.

The baseline evaluation of a patient with chronic HCV infection enrolled in the chronic care clinic involves:

- History and Physical by a clinician;
- Laboratory tests including CBC with platelets, creatinine with GFR, ALT, AST, albumin, alkaline phosphatase, bilirubin, prothrombin time, INR;
- HIV antibody, HBsAg, anti-HBc, anti-HBsAg and anti-HAV IgG;
- Hepatitis A and B vaccination (with consideration for prescreening those patients born after 1994 when the HBV became widely available)
- Tdap, pneumococcal and influenza; and
- Medication review and management.

All persons with chronic HCV infection will be assessed to determine their degree of liver fibrosis. Assessment of staging can usually be completed with an APRI, FIB 4, clinical examination and laboratory testing review. All patients with suspected cirrhosis will be offered a RUQ US every 6 months to assess for hepatic characteristics, hepatic masses and splenomegaly. If these results are not consistent with the clinical or laboratory picture, than elastography or other testing may be indicated.

Once the diagnosis of chronic Hepatitis C is made, core data evaluated when applying the FBOP Guidelines and AASLD/IDSA Guidelines to individual cases in order to prioritize and select specific treatment includes: HCV genotype, details of and prior HCV treatment, liver fibrosis stage (which can usually be determined without a liver biopsy, using some combination of common liver-related blood tests, APRI calculation, Fibrosis-4 calculation, FibroTest, abdominal imaging and liver elastography), co-existing conditions, essential medications for co-existing conditions, demographic factors including race, and pregnancy.

The patients evaluated for treatment are discussed with Corizon Health's Hepatitis Committee. The Regional Medical Director and Site Medical Director present the patient to the Hepatitis Committee, which includes an Infectious Disease Specialist, **Craig Hutchinson, MD, FACP**, our Chief Medical Officer **Pete Powell, MD**, Director of Clinical Pharmacy Services **Mark Moyers, RPH, CCHP** and other Regional Medical Directors.

A standard template is used to submit a Hepatitis positive patient (HCV or HBV) to the Hepatitis Committee. The Committee reviews the patient information including past medical history, any past hepatitis treatment history and outcomes, current medications and current diagnostic results. The committee, along with the presenting Statewide Medical Director and Site Medical Director, discuss options for management of the disease. This may include hepatitis treatment, current medication changes, follow-up diagnostic tests, or the need for more information prior to initiating treatment.



The Regional Medical Director and the Site Medical Director are responsible for managing the patient and following through with appropriate laboratory testing and clinic evaluations for the duration of treatment and any subsequent follow-up needs.

Influenza

Corizon Health will continue to provide an influenza response program including surveillance, treatment, and monitoring consistent with correctional standards and established facility policy and procedures. We recognize the importance of providing all offenders and staff with the flu vaccine, especially the chronically ill to avoid contraction of the disease and decreased outcomes. To support this program, each year we launch an **Annual Influenza Vaccination Campaign** that annual flu vaccinations at each Corizon Health site. All offenders are encouraged to participate – especially chronic care patients.

Each September, Corizon Health’s Nursing Services Department develops a web page on the *MyCorizon* intranet to provide our nurses with tools and resources for their sites and team members. Shown below, the current tool kit includes educational information about influenza, a link to the staff and patient consent/refusal forms, and a variety of posters that are available to place in the medical units and other areas as allowed by our clients.

Annual Corizon Influenza Campaign 2018-19

Influenza season is rapidly approaching. To assist you in the administration of your annual Influenza Vaccination campaign, we have developed the attached tools for use at your sites. Please distribute to your Directors of Nursing, Medical Directors and others involved in this initiative.

INFLUENZA INFORMATION

- QAO Memo Dr. Pete Powell 2018-19
- Corizon Health Influenza Vaccination Policy (P-10-80)
- Corizon Health Pandemic Influenza Plan (P-10-81) *NEW*
- Employee Education Slide Deck-Influenza
- CDC Facts on Influenza (English and Spanish)
- Influenza Symptom Solver *NEW This Year*

CONSENTS and REFUSALS

- [Staff Consent/Refusal of Influenza Vaccination](#)
- [Patient Consent/Refusal of Influenza Vaccination](#)

POSTERS and INFORMATION

- CDC Poster- Take 3 Actions to Fight the Flu
- CDC Poster-Flu and You
- CDC Poster-No Flu on Board
- CDC Poster- Take Time to Get a Flu Vaccine
- CDC Poster- Pregnant Women Need a Flu Shot
- CDC Poster-Cover your Cough
- CDC Poster- Pregnant Flu Shot Fact sheet
- CDC Poster- Cleaning Surfaces

MRSA

Corizon Health will screen offenders at intake and during assessments for open wounds or suspected infections. We work proactively to quickly treat MRSA to prevent further spread of this infection within



the facility, which may include isolation if necessary. Partnership and collaboration with correctional administration and security officers is crucial for fighting this disease.

MRSA is methicillin-resistant *Staphylococcus aureus*, a potentially dangerous type of staph bacteria that is resistant to certain antibiotics and may cause skin and other infections. The environmental conditions that exist in correctional institutions make these facilities vulnerable to MRSA outbreaks. The main mode of transmission of MRSA is via hands, which may become contaminated by contact with the following:

- Colonized or infected patients;
- Colonized or infected body sites of the personnel themselves, or
- Devices, items, or environmental surfaces contaminated with body fluids containing MRSA.

Inmates infected with MRSA are provided barrier protective dressing and may be isolated from the general population. To isolate infection, placing two or more MRSA patients together in the same room may be required. When offenders must leave their room for various procedures, Corizon Health healthcare staff will notify the appropriate department in advance to let others know the offender requires special precautions. Isolation is usually continued until weeping lesions have healed.

Corizon Health adheres to the CDC’s Healthcare Infection Control Practices Advisory Committee (HICPAC) guidelines that recommend the following:

- Gloves should be worn by personnel caring for MRSA patients;
- Gloves should be worn whenever entering a MRSA patient’s room and gloves should be removed before leaving the room; and
- Personnel should wash their hands carefully on leaving a MRSA patient’s room (even if gloves were worn).

HICPAC also recommends that hands be washed with soap or cleansed with a waterless antiseptic agent when caring for patients with multidrug-resistant pathogens, which includes MRSA.

Infectious Disease Clinical Pathways: MRSA	
Pathway	
TOOLS	
Provider Tools	CCC Encounter-Infectious Disease
Nursing Tools	MRSA Tracking Log
Patient Education	PIFS-MRSA
CO Education	COB-MRSA

Additionally, Corizon Health’s clinical team has developed a clinical pathway for MRSA as well as provider and nursing tools and education for correctional officers and inmates.

Culturally Sensitive Competency

Finally, the most successful and effective prevention messages are those tailored to each offender. These messages are culturally appropriate, practical and relevant to the person’s knowledge, beliefs and behaviors. The message, the manner of delivery and the cultural context vary substantially, depending on the inmate and the health care provider’s ability to convey culturally complex information.



2.x.ii Medical Peer Review Committee (RFP Page 42)

Medical Peer Review Committee

All Corizon Health facilities are required to maintain a specific, multidisciplinary, site-level CQI program, as mandated by NCCHC and ACA. To manage this program, each site has a CQI committee that includes the Site Medical Director, Dr. Welling, Regional Medical Director, Dr. Robbins and HSA Kristin Fryman.

Dr. Welling is responsible for reviewing a percentage of active health records each month. This review focuses on the appropriateness of the care provided by the nursing staff, mid-level providers and other physicians, as documented in the health record. Results are reviewed and discussed during the monthly CQI meeting and includes input from the committee members.

Corizon Health’s peer review process (referred to as “Clinical Performance Enhancement” by NCCHC) facilitates the evaluation of health care providers who provide service in Corizon Health contracts to determine current competency. The provider peer review process will evaluate medical charts for the appropriateness of care provided by medical providers, and dentists, as well as competencies in a healthy site culture via the Provider Peer Review Questionnaire. The clinical performance of the site’s RNs and LPNs providing direct care is also reviewed at least annually through the peer review process.

CQI committee activities will be summarized and made available to Detention Center administration for review upon request. Corizon Health fully acknowledges that in the future the LFUG may modify policies to maintain standards of care or meet regulatory requirements and furthermore agrees to abide by such modifications.

Enhancing patient health care

The peer review process is not a performance review. It provides the clinician insight to skills and focused feedback regarding clinical outcomes.

2.x.iii Initial Health Assessment (RFP Page 42)

Initial Health Assessment

A description of our Intake Screening and Health Assessment process is provided above in *Section 2b Nursing Services*.

2.x.iv Clinical Performance Enhancement (RFP Page 42)

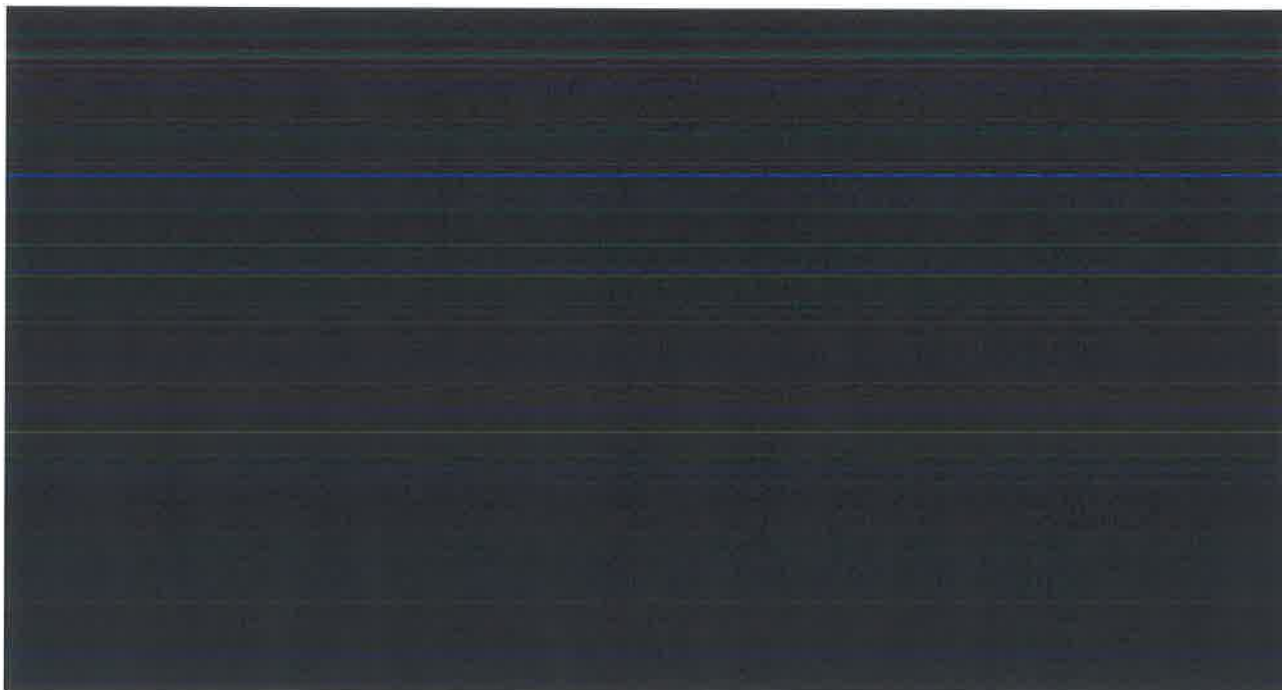
Clinical Performance Enhancement

Corizon Health’s peer review process (referred to as “Clinical Performance Enhancement” by NCCHC) facilitates the evaluation of health care providers who provide service in Corizon Health contracts to determine current competency. The provider peer review process will evaluate medical charts for the appropriateness of care provided by medical providers, and dentists, as well as competencies in a healthy site culture via the Provider Peer Review Questionnaire. The clinical performance of the site’s RNs and LPNs providing direct care is also reviewed at least annually through the peer review process.



Corizon Health’s Provider Peer Review process is shown in the following workflow:

CONFIDENTIAL AND PROPRIETARY



END OF CONFIDENTIAL AND PROPRIETARY INFORMATION

2.x.v Clinical Risk Management (RFP Page 42)

Clinical Risk Management

Risk management is essential to Corizon Health’s Continuous Quality Improvement (CQI) program and as such, we will work proactively to address loss exposures and risk issues. Quality and safety improvements ultimately translate to improved risk management and good business practices. Patient safety, a key component of our CQI program, is described in the paragraphs that follow.

Additionally, Corizon Health utilizes STARS, an industry-leading and award winning electronic Risk Management Information System. Used by many leading health care companies, STARS consolidates and enhances relevant risk information, including claims/incidents, policy, exposure, property data, legal documents, and safety details into a single, integrated repository.

Corizon Health’s Patient Safety Program

Mortalities from medical errors are reported to be the third leading cause of death in the United States. Patient safety issues are amplified in the correctional healthcare setting where many patients have complex health issues, many have lacked access to primary healthcare, and care must be delivered in an environment built for security.

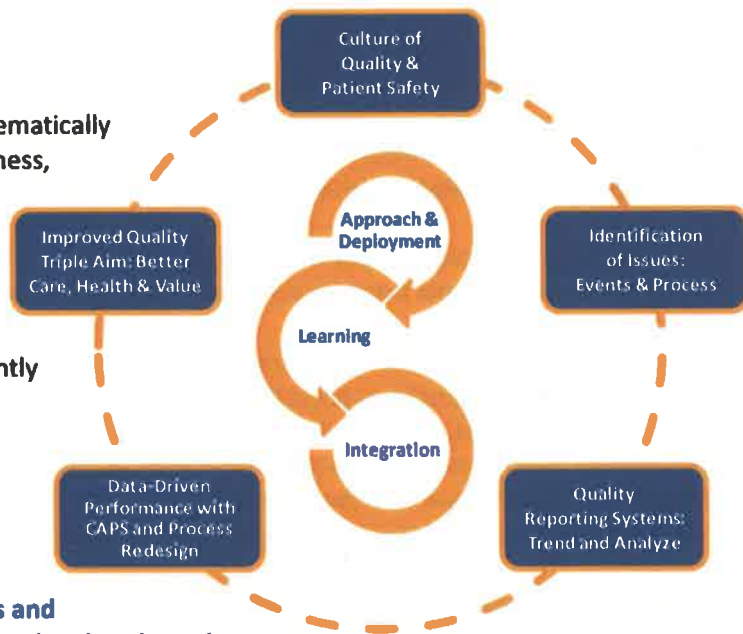


To address this concern, Corizon Health developed a unique Patient Safety program as a standard of excellence for quality, safe patient care in the correctional healthcare setting. Our focus on patient safety recognizes the importance of engagement from our healthcare employees through processes that help them perform well and “do the right thing.”

The Patient Safety Program is a company-wide endeavor that is actively supported by each department and every employee. It is our expectation that *quality and patient safety are the responsibility of every individual in the company, which is why SAFETY is our number one SMART value; Safety, Motivation, Accountability, Respect and Teamwork.*

Patient Safety Program Purpose

The purpose is to objectively, and systematically monitor and evaluate the appropriateness, efficiency, safety and effectiveness of care and services utilizing a multi-dimensional and trans-disciplinary approach. Corizon Health core processes are systematic, effective and repeatable, and are used consistently across the organization.



Corizon Health not only collects the clinical and operational data; *we are dedicated to analyzing, trending and identifying opportunities for improvement.* Improvement strategies and actions are then implemented, measured and evaluated over time to determine if the changes result in meaningful improvements. Corizon Health has adopted the National Patient Safety Foundation’s RCA²: Root Cause Analysis and Action, to emphasize the importance of taking action on opportunities for improvement. Whether clinical issues or systems and processes need action, we are dedicated to ensuring continuously improved healthcare delivery.

Quality and safety improvements ultimately translate to improved risk management and good business practices. Corizon Health remains focused on an integrated performance model that captures the importance of quality, cost and value.

Models for Patient Safety and Quality Healthcare

Our Patient Safety model is dedicated to providing safe, quality healthcare for our patients through adoption of nationally recognized goals. These include the following:

- Institute for Healthcare Improvement’s (IHI) *Triple Aim*;
- The Institute of Medicine’s (IOM) *Six Aims for Quality Healthcare*;
- The National Patient Safety Foundation’s (NPSF) *Free from Harm: Accelerating Patient Safety Improvement Fifteen Years after To Err Is Human*; and



- The “Just Culture” concept for accountability practices.

The IHI *Triple Aim* model of quality care is defined by the following:

Better Care

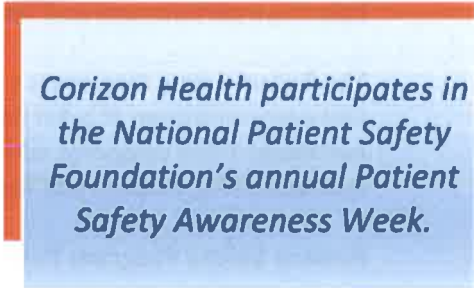
- Improved care coordination
- Improved patient and care-giver experiences

Better Health

- Improved chronic care management for at risk populations
- Improved preventative health and community health

Better Affordability

- Reduced unnecessary costs
- Reduced and simplified administrative costs



The Triple Aim components reflect the six aims for quality care outlined in the original IOM report, “To Err is Human: Building a Safer Health System.”

- **Safety:** Healthcare should be safe in all of its processes, for all patients, all of the time; while avoiding harm to patients from the care that is intended to help them.
- **Effectiveness:** Providing healthcare services to all who could benefit, utilizing evidence-based knowledge and refraining from providing services to those not likely to benefit (avoiding underuse and misuse of services, respectively). Evidence-based practice requires that those who provide care consistently avoid both underuse of effective care and overuse of ineffective care that may be more likely to cause harm than help the patient. Evidence-based practice is the integration of current medical evidence with clinical expertise and patient values.
- **Patient Centeredness:** Providing care that is respectful of and responsive to individual patient preferences, needs and values while ensuring that patient values guide all clinical decisions. The right of patients to be informed decision-makers is well recognized, but not always well implemented. Informed consent should encompass informed “choice.”
- **Timeliness:** Reducing potentially harmful delays. Timeliness is an important characteristic of any service and is a legitimate and valued focus of improvement in health care and other industries. In addition to emotional stress, physical harm may result from a delay in diagnosis or treatment. Delays in diagnosis and treatment are among the most common diagnostic errors resulting in malpractice claims and poor outcomes. Delays often result in potentially preventable complications.
- **Efficiency:** Avoiding waste, including waste of equipment, supplies, ideas and energy. In an efficient health care system, resources are used to get the best value for the money spent. The opposite is waste, which is defined as the misuse of resources without benefit to the patient.
- **Equity:** Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location and socioeconomic status. This aim has two dimensions: equity at the level of the population and equity at the level of the individual. Corizon Health standardization strives to achieve equity companywide across the regions where services are provided.

C. OUTLINE OF SERVICES TO BE PROVIDED

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT

OFFENDER HEALTH SERVICES

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- Annual participation in NPSF Patient Safety Awareness Week

Peer Review Process

Since individual performance and accountability is key to a culture of patient safety, peer review is a component of the patient safety program. The purpose of our peer review process is to enable both parties to enhance healthcare provided to the inmate patient. Peer reviews are completed by individuals with at least equal credentials and training. Annual peer review is required as part of our 3-year re-credentialing requirement for providers and annually for our site level clinical staff such as RNs/LPNs.

Peer review helps the reviewer to understand the processes, needs, and challenges with which the provider and clinical staff must deal on a daily basis, in a difficult prison setting, while providing the provider with insight into his/her clinical skills and focused feedback regarding clinical outcomes. Providers subject to peer review include Corizon Health credentialed physicians, psychiatrists, dentists, and advanced practice clinicians (i.e. Nurse Providers and Physician Assistants).

This is a fluid process performed together by the reviewer and the provider/clinical staff through dialogue and conversation to enhance competence and focus resources on areas needing improvement. This process is not a performance review.

The qualitative questionnaire for Corizon Health's Provider Peer Review assesses the six (6) areas of competency recommended by the *Accreditation Council for Graduate Medical Education (ACGME)* for peer performance:

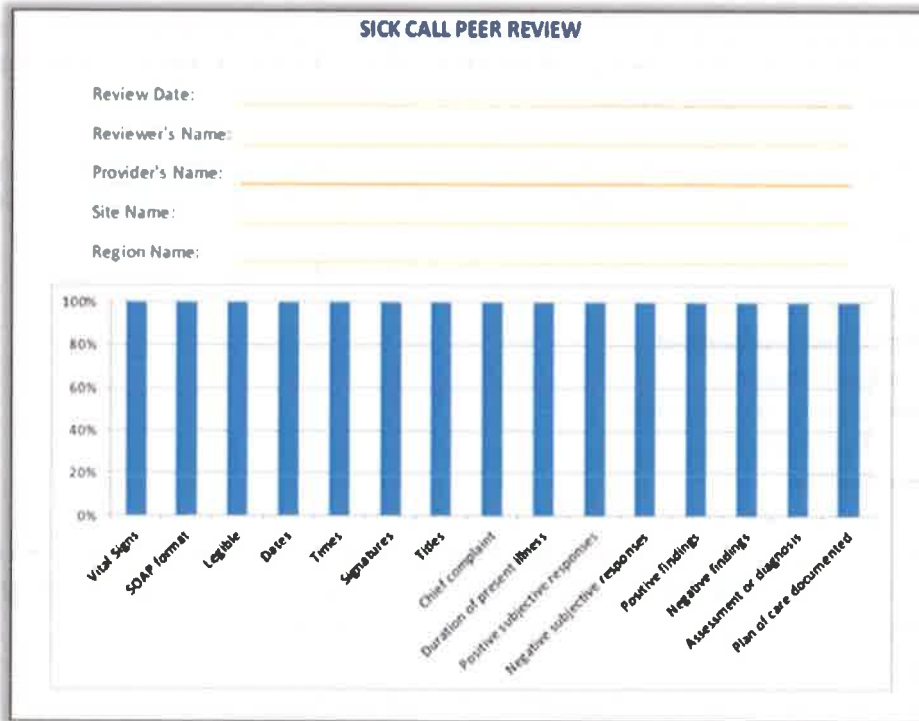
1. Patient Care
2. Medical/Clinical Judgement
3. System Based Practice
4. Interpersonal Communication
5. Practice-Based Learning
6. Professionalism

Corizon Health also has peer review tools to quantitatively audit patient records such as sick call, infirmary, or chronic care. The tool includes a series of questions that generate a summary graph. For example, the following are examples of our sick call peer review tools.



Patient Record Number:												
	Y	M	N/A	Y	M	N/A	Y	M	N/A	Y	M	N/A
Vital signs are recorded?												
Progress note documentation is in the approved format (i.e. SOAP)?												
Documentation is legible?												
Documentation includes date of encounter?												
Documentation includes time of encounter?												
The provider's signature is documented?												
The provider's title is documented?												
The history of present illness contains the patient's chief complaint?												
The history of present illness contains the duration of present illness?												
The history of present illness lists pertinent positive subjective responses?												
The history of present illness lists pertinent negative subjective responses?												
The physical exam documents pertinent positive findings?												
The physical exam documents pertinent negative findings?												
A primary assessment or diagnosis is documented?												
A plan of care is documented?												

Instructions
 Key Code: Y = Yes / Present N = No / Absent NA = Not Applicable
 Enter the number "1" for all responses (yes, no, or N/A). This allows the computer to tabulate answers on page 3 and populate the graph on page 3.



In the event a provider does poorly through the peer review process, the supervising physician is responsible for establishing an action plan to address deficient areas and monitoring compliance and progress. For example, this may include a recommendation for additional education and training. If Corizon Health is unsuccessful in assisting a providers reach an acceptable level of performance, then appropriate actions are be taken.

Peer review as performed under patient safety and quality improvement is confidential and protected by legal privilege in accordance with state peer review law.



Corizon Health’s Patient Safety Event Review Process

Corizon Health has established a multi-disciplinary clinical committee focused on site and organizational process improvements through implementation of meaningful solutions and incorporation of these solutions into Corizon Health as an organization. Corrective actions plans identified through Patient Safety Event Review are monitored for appropriateness by the clinical Patient Safety Event Committee (PSEC), and then tracked for completion and implementation.

These corrective actions do not just focus on individual performance, but on system and process defects that contribute to human error. Corizon Health actively strives to correct potential process weaknesses before patient safety events occur. This proactive, preventative process closes the loop on patient safety event review. It changes data gathering into a meaningful process improvement that does more than generate reports and statistics; it truly enhances the quality and safety of care.

In order to deliver best practices, and design process improvements that enhance the quality of care, we recognize that we must have an effective reporting system. Sentinel Event reporting allows us to know about and understand both our successes and opportunities for improvement.

The Corizon Health Patient Safety Event Reporting Process is completed through a HIPAA-secure, web-based platform that is accessible to the site leadership to enter standardized review data, to Regional Medical Directors to review the information entered by the site review and then to corporate quality and safety team members to complete the cascading audit process. ***This multi-tiered review process ensures increasing objectivity to capture performance and system issues that may require corrective action plans.***

As part of the process, patient safety events are confidential and protected by legal privilege in accordance with state peer review law. Additionally, ***Corizon Health is participating with a federally qualified Patient Safety Organization (PSO), the Center for Patient Safety.*** As such, all quality and safety data is considered to be Patient Safety Work Product and is confidential and protected by legal privilege in accordance with the Federal Patient Safety & Quality Improvement Act. ***This provides a “safe haven” for authentic, transparent quality and safety review without fear of disclosure.***

Corizon Health considers all mortalities and completed suicides as Sentinel Events. We also review other non-mortality events as defined in the Patient Safety Event Policy and Procedure. Corizon Health will conduct mortality reviews in compliance NCHC standards and our published and proprietary Patient Safety Event Policy and Procedure. If necessary, information sharing regarding action plans or opportunities for improvement will be summarized for the LFCUG.

2.x.vi Quality Improvement (RFP page 42)

Quality Improvement

Corizon Health’s Continuous Quality Improvement (CQI) program, described in the paragraphs below, is used to evaluate the healthcare provided to the offenders at both on and off-site locations, on a continual basis to ensure quality, appropriateness and continuity of care. For example, our site-specific CQI program has appropriate monthly self-audit screens, described below, from the company’s



comprehensive library of tools to identify *root causes* of any gaps, which will then be targeted separately and measured with **process quality indicators**.

Corizon Health’s Approach to Continuous Quality Improvement (CQI)

Corizon Health’s Continuous Quality Improvement (CQI) Program, which incorporates NCCHC and ACA standards, **is based on four decades of providing correctional health care in jails**. It fulfills national correctional health care standards and state regulations while adapting to our partner’s specific requirements.

Our CQI Program focuses on the clinical processes that support the provision of care in a safe and effective manner. For example, through Corizon Health’s **COR Care Program**, we address seven (7) specific clinical processes that provide structure and the foundation for the care we deliver on a daily basis. Each process is universal and critical to ensure the continuum of care for our patient population.

1. Intake Process
2. Sick Call Services
3. Health Assessment
4. Infirmery Management/Bed Management
5. Chronic Care/Special Needs
6. Emergent/Urgent Care
7. Medication Management
 - Ordering and Receiving Medications
 - Return and Destruction of Medications
 - Administration of Medications



We selected these seven core processes because they form **the foundation of a quality correctional healthcare program**. These are the basic “blocking and tackling” requirements that lead to positive health outcomes and lower costs.

CQI is a company-wide endeavor supported by all departments and employees. It is our expectation that quality and patient safety is the responsibility of every individual. To reinforce such expectations, Corizon Health has developed a proprietary *Continuous Quality Improvement Manual* that provides our healthcare team at each site with a framework and the necessary tools to cultivate a meaningful, site-specific quality improvement program.

The manual is comprised of a complete overview of the site-level CQI program model, including performance measurement tools to monitor and assess the quality of health care services provided across the continuum of care, from point of entry through release. As such, the CQI program includes both process and outcome quality improvement studies.

Our regional clinical and operations leaders will review CQI data for the Ingham County contract and will be accountable for any necessary corrective action plan improvements. **Regional Vice President Maria O’Neal, CCHP** and **Regional Medical Director Jerry Robbins, MD** will lead this process utilizing a checklist tool to ensure that the site is implementing the key components of the program. This data




review also gives regional leadership the opportunity to benchmark for quality with other Corizon Health regions.

Dashboard Monitoring

Dashboard reports summarizing CQI activities, monitoring results, improvement activities, assessment of findings, and action plans to correct or improve performance with specific follow-up criteria are generated as required. We make these reports available at the CQI Meeting.

The following is a sample Summary CQI Report that is part of a dashboard.



Intake-104-Minor Needs

Site Name: _____

Review Date: _____

Reviewer: _____

Site Cost Center: _____

Review Period: _____

Phone #: _____

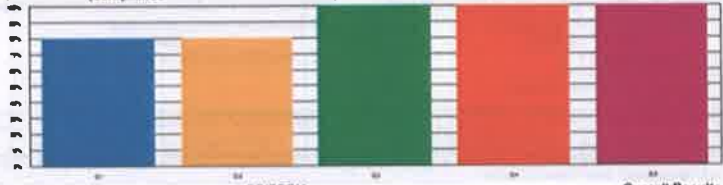
Screen Methodology:

Select 15 medical records of patients that were determined to need minor medical needs in intake within the last 90 days.
 If less than 15 medical records are available then select the greatest number of charts that meet the required criteria.
 Note: Each site's sample size may be greater than the minimum requirement based on the patient population at your facility.

Standard References:

NCCHC J-E-11 P-E-11 MH-E-11
 ACA Prison 4-4382

EVALUATION (Compliance Threshold = 90% and Above)



CRITERIA	Overall Results			
	Yes	No	NA	%
Q1 Based on the minor medical complaint, the evidence, United the appropriate ICD-10?	11	3	0	80%
Q2 Based on the findings of the ICD-10, was the appropriate operation code entered?	12	3	0	80%
Q3 Was documentation of the encounter noted in the patient medical record?	15	0	0	100%
Q4 Was a referral completed and documented in the patient medical record (if applicable)?	4	0	11	100%
Q5 Is there evidence that the screener provided patient education on the minor medical need?	15	0	0	100%
Overall Compliance	92%			

This document is considered Patient Safety Work Product by Corizon Health and is confidential and protected by legal privilege in accordance with the Federal Patient Safety & Quality Improvement Act and applicable State Peer Review Laws.

N/A Comments:


Mandatory Error Reporting Systems

The reporting of errors is an ethical duty that we all must fulfill to maximize the benefits of patient care. Our goal is always to prevent errors, but when an error occurs our focus shifts to identifying, reporting,

and implementing controls to prevent future incidents. Every error is viewed as an opportunity to improve patient safety and health.

Our system captures the type of error, notification to the provider, description of the error, root cause and actions taken, along with supervisor evaluation of the event. Each event will be categorized and utilized as part of each facility's CQI committee and program. Errors are tracked and trended by the healthcare support team CQI departments, with solutions orchestrated by the Quality Improvement and Patient Safety Committee.

The following is the Medication Incident/Error Reporting Form.


MEDICATION INCIDENT/ERROR REPORTING FORM
THIS FORM IS CONFIDENTIAL DO NOT FILE IN THE PATIENT'S HEALTH RECORD

Date of report: _____ Time of Report: _____ Date/Time Supervisor Notified: _____
 Date of Incident: _____ Time of Incident: _____ Facility: _____
 Patient Name: _____ DOB: _____ ID#: _____ Housing Unit: _____

Type of Medication Error (select all that apply)

<p>Prescribing Error</p> <input type="checkbox"/> Illegible order <input type="checkbox"/> Incomplete order <input type="checkbox"/> Incorrect transcription on MAR <input type="checkbox"/> Patient has a history of allergy to the prescribed agent <input type="checkbox"/> Medication ordered by unauthorized person <input type="checkbox"/> Verbal order <input type="checkbox"/> Drug selection error <input type="checkbox"/> Failure to renew prescription <p>Pharmacy Error <small>(complete Pharmacy Incident/Error Report)</small></p> <input type="checkbox"/> Missing or lost order <input type="checkbox"/> Timely arrival on site <input type="checkbox"/> Wrong medication dispensed <input type="checkbox"/> Wrong quantity dispensed (does not match order) <input type="checkbox"/> Wrong dosage dispensed <input type="checkbox"/> Deteriorated, expired or damaged medication <input type="checkbox"/> Medication dispensed without a current order <input type="checkbox"/> Order filled for unapproved non-formulary item <input type="checkbox"/> Shipping error (describe below) <p>Monitoring Error</p> <input type="checkbox"/> Therapeutic failure <input type="checkbox"/> Drug level monitoring <input type="checkbox"/> Failure to renew prescription <input type="checkbox"/> Side effects	<p>Administration Error</p> <input type="checkbox"/> Medication administered to wrong patient <input type="checkbox"/> Patient given the wrong medication <input type="checkbox"/> Wrong dose of medication administered <input type="checkbox"/> Wrong route of administration selected <input type="checkbox"/> Wrong time - medication not given as ordered <input type="checkbox"/> Incorrect order (dose, route, frequency) <input type="checkbox"/> Medication wrongly prepared by nursing staff <input type="checkbox"/> Dose not administered (missed dose) <p>Labeling Error <small>(complete Pharmacy Incident/Error Report)</small></p> <input type="checkbox"/> Wrong medication name on label <input type="checkbox"/> Wrong patient name or inmate number on label <input type="checkbox"/> Wrong dosage dispensed <input type="checkbox"/> Wrong administration time(s) on container <input type="checkbox"/> Wrong route on container <input type="checkbox"/> Wrong quantity number in blister pack/container does not match label <input type="checkbox"/> Directions on label do not match provider orders <input type="checkbox"/> Wrong number of refills listed <p>Other</p> <input type="checkbox"/> Other (describe below)
---	--

Name of provider notified: _____ Date/time of notification: _____
 New provider orders received: see health record No new provider orders received

Description of the Medication Error: include the name(s) and the dose(s) of medication involved, how the error was discovered, and action(s) taken.

Name of preparing the report: _____ Signature: _____ Title: _____

SUPERVISOR/MANAGER USE ONLY

Medication Error Index: Select the patient outcome category that best fits the error reported.

Category A: Circumstance or events that have the capacity to cause error
 Category B: An error occurred but the error did not reach a patient
 Category C: An error occurred that reached the patient but did not cause harm
 Category D: An error occurred that reached the patient and required monitoring to confirm no harm to the patient and/or required intervention to preclude harm

Note: Ensure Medication Error Index Categories are reported to regional leadership on monthly basis, and kept in a separate folder

Supervisor Evaluation: identify cause and actions taken to prevent or minimize future errors of this nature. Attach additional documentation, if necessary.

Supervisor/Manager Signature: _____ Title: _____ Date/time: _____

Reference: 2001 National Coordinating Council for Medication Error Reporting and Prevention. The Medication Error Index classifies medication errors according to the severity of the outcome.



Site-Specific CQI Program

All Corizon Health facilities are required to maintain a specific, multidisciplinary, site-level CQI program, as mandated by NCCHC and ACA. To manage this program, we have a CQI Committee that meets quarterly. Chaired by Dr. Welling, the Site Medical Director, Kristen Fryman, the Health Services Administrator and the Director of Nursing actively participate on the Committee. The Committee monitors the success and outcomes of the inmate health programs by collecting, trending, and disseminating data, and developing and monitoring corrective action plans. The Committee also facilitates communication between the disciplines necessary for an integrated health care services program.

Our approach to monitor the quality of care consists of the following:

- Gap Analysis of the Process
- Process Quality Indicators
- Outcome Quality Indicators

The **gap analysis** will compare the processes currently in place within the correctional environment with the potential or desired performance. This technique determines what steps must be taken in order to move from current state to desired, future state. Site and regional leadership use objective checklists to complete the gap analysis.

In addition, QI screens have been developed for each specific process to examine the quality of care delivered through the process. Gaps in care that are identified are addressed by the CQI Committee and continued to be monitored until the desired performance is achieved.

CQI committee activities are summarized and made available to the LFCUG for review upon request. Corizon Health fully acknowledges that in the future the LFCUG may modify policies to maintain standards of care or meet regulatory requirements and agrees to accommodate such modifications.

Core Process CQI Calendar with Quality Indicators

Our Site Team follows a monthly COR Process CQI Calendar to achieve compliance as delineated by contract. Using this calendar as a framework for consistency in data collection, analysis, and action plans, site leadership will determine which quality indicators and monthly self-audit screenings closely mirror the process issues identified at the site.

Below is an excerpt from the **COR Process CQI Calendar**.



Month	Core Process Theme	Site Monthly Self-Audit Screen Selection	Total Compliance Score	Additional Screens/ Process Study/Outcome Study Selection
January	Administrative Review	<input type="checkbox"/> 1401-AS Administrative Review Overview		
		<input type="checkbox"/> 1408-AS Employee Files		
February	Intake Receiving Screening	<input type="checkbox"/> 101-AS Screening Immediate State (Fit for Confinement)		
		<input type="checkbox"/> 102-AS Complete Intake Receiving Screening		
		<input type="checkbox"/> 103-AS Urgent Emergent		
		<input type="checkbox"/> 104-AS Minor Medical Needs		
		<input type="checkbox"/> 105-AS Behavioral Health		
		<input type="checkbox"/> 106-AS Suicide Risk		
		<input type="checkbox"/> 107-AS SAW		
		<input type="checkbox"/> 108-AS Dental		
		<input type="checkbox"/> 109-AS Chronic Care Special Needs		
		<input type="checkbox"/> 110-AS Medication Verification		
		<input type="checkbox"/> 111-AS Clinical Bulletins Additional Client Requirements		
March	Medication Management	<input type="checkbox"/> 112-AS Positive TB		
		<input type="checkbox"/> 113-AS Scabies/ Lice		
		<input type="checkbox"/> 200-AS Medication Administration Overview		
		<input type="checkbox"/> 201-AS Ordering Patient Specific		
		<input type="checkbox"/> 202-AS Back Up Pharmacy		
		<input type="checkbox"/> 203-AS Ordering Non-Patient Specific		
		<input type="checkbox"/> 204-AS Practitioner Cards		
		<input type="checkbox"/> 206-AS Receiving Non-Controlled Medication		
<input type="checkbox"/> 207-AS Receiving Controlled Medication				
<input type="checkbox"/> 208-AS Non-Controlled Substances-Returning to the Pharmacy				
<input type="checkbox"/> 209-AS Non-Controlled Substances-Disposal of Single Doses				
<input type="checkbox"/> 210-AS Controlled Substances-Disposal of Patient Specific				

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Health Record Reviews

As part of our CQI program, Dr. Welling reviews a percentage of active health records each month. This review focuses on the appropriateness of the care provided by the nursing staff, mid-level providers and other physicians, as documented in the health record. Results are reviewed and discussed during the monthly CQI meeting. CQI self-audit screens are utilized as a tool to record the information collected and aids in the analysis of the data. Once issues are identified then a performance improvement plan is implemented to correct systems that may need improvement.

Corizon Health will provide a minimum of one (1) process and/or outcome quality improvement study per year. These studies will be conducted with the objective of monitoring the health care services provided and will include collecting, trending and disseminating data, as well as developing and monitoring any corrective action plans.

When projects are necessary, the involvement of Site, Regional and Healthcare Support Teams is essential to ensure improvement on all levels of the organization.



Continuous Quality Improvement (CQI)			
1401-Performance Improvement Plan (PIP)		Site Level Support Tools	
Facility:	Prepared By:	Date:	
Type of PIP: <input type="checkbox"/> Site Self-Audit Screen <input type="checkbox"/> Process Study <input type="checkbox"/> Outcome Study <input type="checkbox"/> Regional Leadership Quarterly CQI Checklist			
Screen/Study Title:		Month/Year of Screen:	

ISSUE IDENTIFIED	RECOMMENDATION FOR IMPROVEMENT / ACTION PLAN	OWNER / ASSIGNED TO	TARGET COMPLETION DATE	STATUS/ UPDATE	COMPLETION STATUS
1					
2					
3					

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Outcome Measures

Outcome measures focus on the patient’s response to care delivery, examining discrete, patient-specific endpoints. They reflect the impact of the healthcare services or interventions on the health status of patients. For example:

- The percentage of patients with diabetes who had an A1c > 9%
- The rate of surgical complications or hospital-acquired infections

Outcome studies have site-specific meaning and relevance, based on process study findings from self-audits, monthly review of reports, Chronic Care Indicators and Key Performance Indicators (KPIs). KPIs include inpatient days, emergency room days and outpatient referrals. Chronic Care Indicators monitor lab trends which can be reviewed for analysis and application.

Our clinical analytics teams will provide data to site and regional leadership to help guide care for the Detention Center’s offenders inmates that is equitable, efficient, and avoids overuse or underutilization of necessary services.



Information collected in our CQI database is analyzed using dashboard reports that are trended based on site locations and actual percentages of compliance scores within an audit screen. During this analysis it can be determined if issues are generating from one particular region, facility or staff group. When precursors to errors are identified, the goal is to systematically think about how to decrease risk to patient care and simultaneously start the development of an improvement plan or project.

Based on the foundation laid by the Institute for Healthcare Improvement, Corizon Health utilizes different tools to assist in analysis of data and determine a mechanism to correcting those systems or processes that may have gaps.

Other tools utilized to analyze errors are:

- Root Cause Analysis templates - Determine the potential cause of identified issues
- Driver Diagram - Visually displays what drives the achievement of a project goal
- Cause and Effect Diagrams - Determine what changes facilities can test to improve a process
- Failure Modes and Effects Analysis - Systematic, proactive analysis of a process in which a harm occurred
- Process Maps/Workflows - Review the sequence of steps in the process
- Pareto Charts - Reveal the factors that have the greatest contribution to the effect
- Plan Do Study Act Worksheets - Document the testing of a change
- Project Planning Forms/Project Charters - Determine the key components of the entire process improvement project
- Performance Improvement Plan - Highlights the plan for improvement of identified issue

2.x.vii Patients with Chronic Disease and Other Special Needs (RFP page 42)

Patients with Chronic Disease and Other Special Needs

A description of our program to care for patients with chronic disease and other special needs is provided above in *Section 2.v Chronic Care and Infirmary*.

2.x.viii Medically Supervised Withdrawal and Treatment (RFP page 42)

Medically Supervised Withdrawal and Treatment

A description of our program to provided medically supervised withdrawal and treatment is provided in *Section 2.v.ii Detoxification*.

2.x.ix Credentialing Licensed Personnel (RFP page 42)

Credentialing Licensed Personnel

Corizon Health’s credentialing program ensures that all staff meets the Commonwealth of Kentucky’s licensing and credentialing requirements, as necessary for personnel.

A strong credentialing process **reduces provider turnover resulting in improved clinical, financial, and legal outcomes**. It is also a proactive method to ensure that physician training and experience are aligned with each client’s clinical needs.



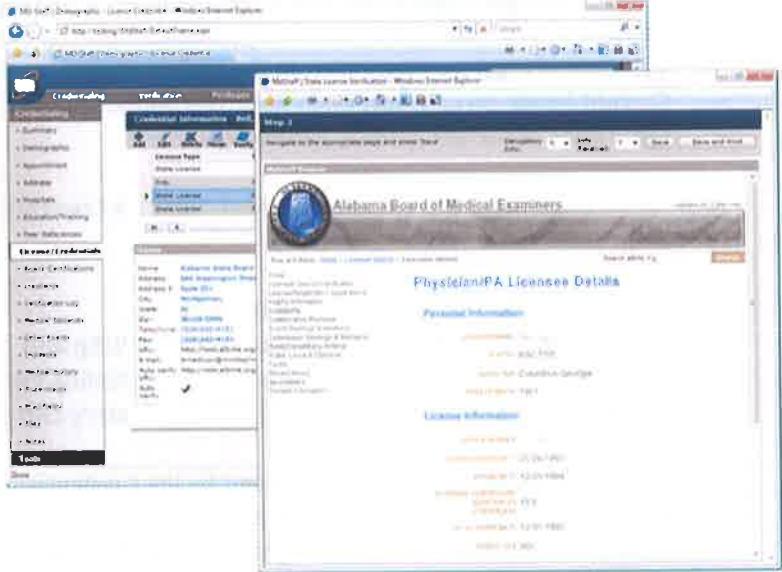
Staff leadership uses an interview guide to assist them in discussions with physician candidates. The guide covers clinical, business and leadership areas and allows the leadership staff to communicate observations objectively and develop a strategy for a successful partnership. This process is also designed to reduce provider turnover through due diligence in screening candidates who seek to provide medical care within a jail setting.

How does this approach benefit the LFUCG?

Corizon Health will not place a physician in the facility without a thorough review of standard documentation, including training and licensure verification, and **National Practitioner Data Bank (NPDB)** review. Once this information is compiled, our Credentials Committee, which is comprised of physicians and other licensed professionals, will discuss potential candidates per our credentials policy.

Corizon Health utilizes MD-Staff, comprehensive credentialing system, to streamline and automate the credentialing process. MD-Staff is a comprehensive credentialing system that includes all of the modules needed to streamline and automate the credentialing process.


The foundation for MD-Staff is an extensive, highly relational database that stores nearly every data element relating to a provider. All of the modules in MD-Staff are built upon this single powerful database, thus allowing them to work seamlessly with each other. Unlike other credentialing systems, all of the modules are included in MD-Staff thus reducing overall cost while providing the maximum amount of features.



The web-based version of MD-Staff is a feature rich enterprise level credentialing system, yet it is still very user friendly and intuitive. Based on our highly successful Windows version of MD-Staff, the web-based version takes usability to a new level by utilizing the most advanced web-based technologies to make the application fast, responsive and easy to understand. Along with being easy to use, MD-Staff also automates many tedious credentialing processes, thus reducing workloads while increasing accuracy.

MD-Staff interfaces with numerous online verification sources in order to streamline many of the verification processes. Verification can be done directly from MD-Staff for a single provider or a group of providers, reducing the amount of time spent on verifying provider information.

Initial Credential Requirements



In order for a practitioner to provide clinical services for Corizon Health, the physician's credentials must satisfy the threshold indicators listed below, and Corizon Health must receive all applicable documentation. Threshold indicators include:

- A completed Corizon Health Application and a Consent for Release of Information form;
- Evidence of an active, unrestricted license to practice medicine in the Commonwealth of Kentucky;
- Copy of an active, unrestricted Drug Enforcement Administration Registration with a Kentucky address;
- Copy of current Kentucky controlled substance registration with a Kentucky address;
- Copy of a degree from an accredited North American medical/professional school or a foreign medical/professional school accredited by the Educational Commission for Foreign Medical Graduates (ECFMG);
- A copy of Board Certification by an accredited certification board within the United States or two letters from practicing physicians in the applicant's specialty attesting to the applicant's clinical skills;
- Evidence of legal working status in the United States;
- Current hands-on certification in Basic Life Support; and
- Certificate of current medical liability insurance.

After these credentials are obtained, Corizon Health's Credentials Coordinator will perform the following:

- Verify all licenses, certifications and insurance;
- Query of the National Practitioner Data Bank (NPDB); and
- Submit documentation to our contracted Credentialing Verification Organization (CVO) for Primary Source Verification of education, employment history and active hospital staff privileges.

The completed credentialing file is reviewed by the Credentialing Coordinator for any of the following Outliers or "Red Flags." If any are present, the application is scheduled for review by the Credentialing Committee. The application must be signed and dated no more than 180 days prior to the Committee's decision. Outliers we consider include the following:

- Missing dates or gaps in training or professional practice
- Any significant omission identified
- An incomplete application or one dated and signed more than 180 days ago
- Discrepancies between information provided by the applicant and verified information
- Interruption of training for any reason
- Discrepancies in hospital staff privileges as stated and as verified
- Resignation from any organization while under investigation
- Changes, restrictions, suspensions or denial of privileges
- Any challenge to licenses to practice, including sanctions, suspensions, revocations, voluntary surrender, restrictions, or probations
- Any challenge to DEA or Kentucky controlled substance registrations or restrictions thereof
- Canceled, restricted, or missing liability coverage information
- Ambiguous references from relatives or those that refer only to dates of service
- Break in service or practice of healthcare as licensed of 6 months or more
- Termination by any organization or entity



- Indictment, charges filed, or conviction of any felony or crime other than minor traffic violations
- Any professional liability history, as indicated by the application questions, verified through insurance agents, and determined by Credentialing Committee evaluation
- Any questionable, unverifiable or atypical aspect identified in the application documents
- Applicant initiated a lawsuit against previous employers or organizations

The Credentialing Coordinator will attempt to obtain clarifications or explanations of any discrepancy or outlier on the application prior to review by the Credentialing Committee.

The Credentialing Committee will give thoughtful consideration to applicants and record decisions in the minutes of the meetings. The minutes will include the reasons for any adverse decision including non-approval of affiliation, delay of decision, and/or request for explanations, mentoring or proctoring requirements.

Provisional Credentialing (Temporary Affiliation)

Because of the nature of correctional medicine, it is frequently not possible to make other arrangements in the event a provider resigns or is otherwise unavailable. Inmates cannot go elsewhere for care, as would be possible for members of a healthcare plan outside of the facility. Therefore, it is necessary and important for Corizon Health to provide a rapid method of temporary approval for services by selected applicants.

Providers with clean records are eligible for Temporary Affiliation credentialing and may be approved for interim privileges for up to 60 days. To receive provisional credentials, a provider must present the following documentation:

- Completed, dated and signed Application for Corizon Health Affiliation;
- CV, including start/stop months/years, with explanation of any work gaps longer than six (6) months;
- Copy of Kentucky license to practice;
- Copy of DEA and Kentucky controlled substance registrations;
- Copy of current PLI or malpractice insurance certificate; and
- Copy of CPR/ACLS certification

The Credentialing Coordinator will perform the following verifications:

- Perform telephone or internet verification of the license and determine if there are any sanctions;
- Determine if a provider's malpractice insurance is current and meets Corizon Health policy limits;
- Verify that the DEA and Kentucky controlled substance registrations are current;
- Verify that the CPR/ACLS certificate is current and meets state contract requirements; and
- Obtain an NPDB report.

Re-credentialing

Every three years, in order for a practitioner to remain employed with Corizon Health, providers must submit or resubmit a Re-credentialing Application Packet. This Re-credentialing Packet will contain the provider's attestation that he or she has not been convicted of any crime in the past three years, has not



been addicted to alcohol or controlled substances in the past three years, and has not been reported to the NPDB for any reportable incident.

The Credentialing Coordinator will verify the following:

- Medical license(s) which are currently active;
- DEA and Kentucky controlled substance registration;
- Claims history via the NPDB; and
- Board certification.

Provider Files

Corizon Health will maintain a file for each provider containing the following information:

- Current unrestricted license in the Commonwealth of Kentucky;
- Current Kentucky controlled substance registration;
- Current DEA registration;
- Current certification in Cardio Pulmonary Resuscitation (CPR); and
- Renewal of board certification.

Copies of all current nursing and physician licenses will be kept on file in the Health Services Administrator's office.

Ongoing Monitoring of Credentials

Monitoring the credentials and the clinical work of our providers is an ongoing process, not limited to initial and biennial review. Our providers are subject to peer review and are reminded routinely that they are required to immediately report any of the following:

- Action to suspend or limit their license to practice medicine in any state; or to suspend or limit their DEA or Kentucky controlled substance registration(s);
- Actions to revoke, suspend, or limit privileges at a hospital or any medical organization;
- Criminal conviction;
- Civil legal proceeding resulting in a penalty or an award of damages;
- Addiction to drugs, use of unprescribed narcotics, habitual or chronic use of any substance that may impair judgment;
- Addiction to alcohol or alcohol use which could impair judgment or interfere with clinical duties;
- Any situation that could reasonably be expected to hinder the provider's ability to perform contracted services in the correctional or clinical work environment; and
- Any incident reportable to the NPDB.

Corizon Health will also enroll each provider in the NPDB's Continuous Query. This keeps us informed 24 hours a day, 365 days a year about adverse licensure, privileging, Medicare/Medicaid exclusions, civil and criminal convictions, and medical malpractice payments of our practitioners. This is done for the safety of our patients, the LFUCG, and Corizon Health.



Licensure Compliance Program for Corizon Health Nurses

Modernizing and Streamlining the License Verification Process

Corizon Health has partnered with **EverCheck** to monitor license compliance of our nursing staff providing direct patient care. A paperless system, EverCheck runs license verifications behind the scenes 24/7/365. Important changes are reported directly to Corizon Health in real time via email.

EverCheck Features



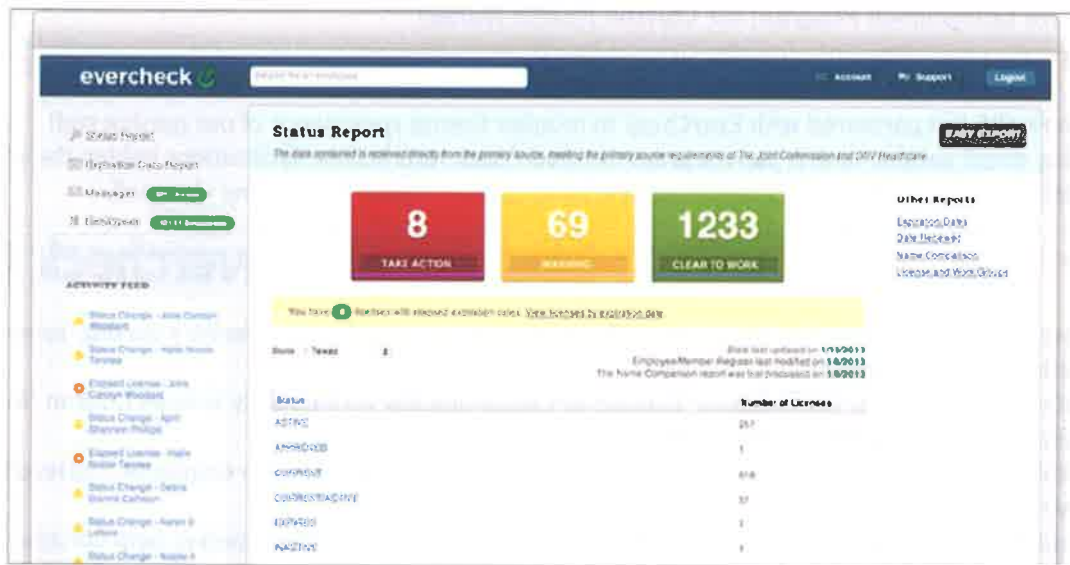
EverCheck has created a best-in-class suite of features to streamline Corizon Health's nursing license verification process. These features include:

- **Daily Primary Source Verifications:** Licenses are automatically verified daily to keep Corizon Health aware of status changes as they occur
- **Archive of License History:** Storage of primary source screenshots for each employee, retrievable at any time
- **Email Notifications:** Customizable updates with important license information to help Corizon Health remain compliant with nursing licensure requirements. Designated management team leaders receive email updates of important license changes that require immediate attention. With these updates, there is no need to manually monitor these licenses.
- **Effortless HRIS Integration:** Integrates seamlessly with Corizon Health's HRIS System, providing continuous updates to Primary Source information.

Reports

Corizon Health has access to the following reports through EverCheck:

- **License Status Report:** Confirms that each licensed nurse providing direct patient care has been reviewed and sorted into the following compliance categories: **Action, Warning, Clear to Work**. Additionally, lists the number of licenses that fall into the following status categories: Active, Approved, Current, Current/Active, Expired, Inactive, etc.
- **Expiration Date Report:** Lists employees whose license expires within the following: **Deadline 60+ days, Deadline Within 60 days, Elapsed Deadline**.
- **Date Renewed Report:** Lists the licenses renewed during a certain period of time. Information includes: **Licensee Name, Date Renewed, License #/Employee ID, Profession**.
- **Name Comparison Report:** Details the official first and last name of the nurse as licensed, compared to the first and last name of the nurse employee.
- **Employee Detail:** Details the status history of each flagged employee, allowing Corizon Health to determine the specific cause of the nurse's issue. This report details the nurse's license number, name, status, if compliance is needed, state/territory, profession, expiration date, employee register, and the status history. To address outstanding issues, the manager can give online access to specific supervisors at the facility so that, in an instant, they're all viewing the same up-to-date information.
- **Status History:** Details date-stamped status history, providing irrefutable evidence as to the past activity/license history for each license.
- **Primary Source Screenshot:** Provides a screenshot from the primary source of license (shown below):



PeopleSoft® Tracking and Reporting

All Corizon Health’s nursing staff (RN/LPN) certifications, credentials and licensing are stored in our PeopleSoft system. This system allows the Directors of Nursing (DON) and the HSAs direct access to their individual employee’s certifications, credentials and licensing dates and documentation. The HSA and DON work from within PeopleSoft daily and will receive alerts as to credentialing that is close to expiration. This allows our staff to be proactive in staying compliant directly at the facility level.

Certifications, credentials, and licenses are also kept on file in the HSA’s office.

2.x.x Mortality Review (RFP Page 42)

Mortality Review

Corizon Health has established a multi-disciplinary clinical committee focused on site and organizational process improvements through implementation of meaningful solutions and incorporation of these solutions into Corizon Health as an organization. Corrective actions plans identified through Patient Safety Event Review are monitored for appropriateness by the clinical Patient Safety Event Committee (PSEC), and then tracked for completion and implementation.

These corrective actions do not just focus on individual performance, but on system and process defects that contribute to human error. Corizon Health actively strives to correct potential process weaknesses before patient safety events occur. This proactive, preventative process closes the loop on patient safety event review. It changes data gathering into a meaningful process improvement that does more than generate reports and statistics; it truly enhances the quality and safety of care.

In order to deliver best practices, and design process improvements that enhance the quality of care, we recognize that we must have an effective reporting system. Sentinel Event reporting allows us to know about and understand both our successes and opportunities for improvement.



The Corizon Health Patient Safety Event Reporting Process is completed through a HIPAA-secure, web-based platform that is accessible to the site leadership to enter standardized review data, to Regional Medical Directors to review the information entered by the site review and then to corporate quality and safety team members to complete the cascading audit process. *This multi-tiered review process ensures increasing objectivity to capture performance and system issues that may require corrective action plans.*

As part of the process, patient safety events are confidential and protected by legal privilege in accordance with state peer review law. Additionally, *Corizon Health is participating with a federally qualified Patient Safety Organization (PSO), the Center for Patient Safety.* As such, all quality and safety data is considered to be Patient Safety Work Product and is confidential and protected by legal privilege in accordance with the Federal Patient Safety & Quality Improvement Act. *This provides a “safe haven” for authentic, transparent quality and safety review without fear of disclosure.*

Corizon Health considers all mortalities and completed suicides as Sentinel Events. We also review other non-mortality events as defined in the Patient Safety Event Policy and Procedure. Corizon Health will conduct mortality reviews in compliance NCCCHC standards and our published and proprietary Patient Safety Event Policy and Procedure. If necessary, information sharing regarding action plans or opportunities for improvement will be summarized for the LFCUG.

2.x.xi Utilization Management (RFP Page 42)

Utilization Management

Corizon Health’s Utilization Management program is described in detail in section 2.n *Offsite Utilization Management Program.*

2.x.xii Pharmaceutical Operations (RFP Page 42)

Pharmaceutical Operations

Corizon Health’s Pharmaceutical Operations is discussed in detail in section 2.h *Pharmaceutical Services.*

3 PROPOSED STAFFING (RFP Page 42)

3 a-c. Staffing (RFP Page 42)

The Contractor shall model their proposal based on the proposed staffing provided below (breakdown of the administrative, medical, nursing, and support personnel for the rendering of health care services) based upon the following ADP levels:

- a. 1450 offenders
- b. The Contractor is to provide an additional staffing level matrix in the event the monthly ADP reaches or exceeds 1550 offenders for three (3) consecutive months. This should be priced separate and not included in the overall pricing. The Division agrees that once the higher staffing complement is achieved, that staffing level shall not be decreased unless the ADP drops below 1350 for a period of three consecutive months.

- a. 1450 offenders

Corizon Health has provided the staffing model below in accordance with the Proposed Medical Staffing Level ADP 1450 matrix provided on page 44 of the RFP.

POSITION	Scheduled Hours							Hrs/ Wk	FTEs *
	Sun	Mon	Tue	Wed	Thu	Fri	Sat		
Day Shift									
Administrator		8	8	8	8	8		40	1.00
Administrative Assistant		8	8	8	8	8		40	1.00
Medical Records Clerk		13	13	13	13	14		66	1.65
Medical Director**		8	8	8	8	8		40	1.00
Midlevel NP/PA**		8	8	8	8	8		40	1.00
Dentist**		10				10		20	0.50
Director of Nursing		8	8	8	8	8		40	1.00
RN	24	32	32	24	24	32	24	192	4.80
LPN	32	40	40	40	40	40	32	264	6.60
Nursing Assistant		8	8	8	8	8		40	1.00
ACA Coordinator		8	8	8	8	8		40	1.00
Dental Assistant		10				10		20	0.50
Evening Shift									
RN	16	16	16	16	16	16	16	112	2.80
LPN	32	32	32	32	32	32	32	224	5.60
Night Shift									
RN	16	16	16	16	16	16	16	112	2.80
LPN	32	32	32	32	32	32	32	224	5.60
TOTAL HOURS/FTEs per week	152	257	237	229	229	258	152	1,514	37.85
Day Shift Total	56	161	141	133	133	162	56	842	21.05
Evening Shift Total	48	48	48	48	48	48	48	336	8.40
Night Shift Total	48	48	48	48	48	48	48	336	8.40

* FTE represents 2,080 annually inclusive of paid leave (sick, vacation, holiday, etc.)

** Scheduling is flexible based upon custody requirements and the needs of the population.

Nursing is primarily scheduled in 12 hour shifts - presentation shows hours in a traditional day, evening, and night shift schedule.

b. The Contractor is to provide an additional staffing level matrix in the event the monthly ADP reaches or exceeds 1550 offenders for three (3) consecutive months. This should be priced separate and not included in the overall pricing. The Division agrees that once the higher staffing complement is achieved, that staffing level shall not be decreased unless the ADP drops below 1350 for a period of three consecutive months.

The matrix that follows provides additional staffing levels in the event the monthly ADP reaches or exceeds 1550 offenders for three (3) consecutive months. This staffing matrix has been priced separately and is not include in our overall pricing. Corizon Health acknowledges that the Division agrees that once the highest staffing complement is achieved, that staffing level will not be decreased unless the ADP drops below 1350 for a period of three (3) consecutive months.



POSITION	Scheduled Hours							Hrs/ Wk	FTEs *
	Sun	Mon	Tue	Wed	Thu	Fri	Sat		
Day Shift									
Administrator		8	8	8	8	8		40	1.00
Administrative Assistant		8	8	8	8	8		40	1.00
Medical Records Clerk		8	8	8	8	8		40	1.00
Medical Director**		8	8	8	8	8		40	1.00
Midlevel NP/PA**		8	8	8	8	8		40	1.00
Dentist**		10					10	20	0.50
Director of Nursing		8	8	8	8	8		40	1.00
RN	32	40	40	40	40	40	32	264	6.60
LPN	32	40	40	40	40	40	32	264	6.60
Nursing Assistant		8	8	8	8	8		40	1.00
ACA Coordinator		8	8	8	8	8		40	1.00
Dental Assistant		10					10	20	0.50
Evening Shift									
RN	16	16	16	16	16	16	16	112	2.80
LPN	32	40	32	32	32	40	40	248	6.20
Night Shift									
RN	16	16	16	16	16	16	16	112	2.80
LPN	32	32	32	32	32	32	32	224	5.60
TOTAL HOURS/FTEs per week	160	268	240	240	240	268	168	1,584	39.60
Day Shift Total	64	164	144	144	144	164	64	888	22.20
Evening Shift Total	48	56	48	48	48	56	56	360	9.00
Night Shift Total	48	48	48	48	48	48	48	336	8.40

* FTE represents 2,080 annually inclusive of paid leave (sick, vacation, holiday, etc.)

** Scheduling is flexible based upon custody requirements and the needs of the population.

Nursing is primarily scheduled in 12 hour shifts - presentation shows hours in a traditional day, evening, and night shift schedule.

c. The contractor may provide alternative staffing matrices for an ADP of 1450 offenders in the same format as below. Provide rationale for any staffing changes and assure ability to support all aspects of medical care. Mark the matrices ALTERNATE STAFFING 1450 ADP.

Corizon Health is proposing an Alternative Staffing matrix for an ADP of 1450 offenders. Our rationale for the alternative staffing plan, which proposes an increase of 1.75 FTEs (39.6 vs. 37.85), is shown in the following table:

Position	Current FTEs	Proposed FTEs	Variance	Explanation
RN	10.4	12.2	1.8	1.4 - Added 24 hour coverage for the infirmary. This position will oversee the infirmary (Day shift x 7 days). 0.4 - Changed Sick Call nurse from 5 days to 7 days a week. In accordance with the new 2018 NCCHC standards



Position	Current FTEs	Proposed FTEs	Variance	Explanation
				and Corizon Health's COR Care, the sick call process changed the timeliness of a face-to-face encounter. In the previous standard a sick call encounter was triaged within 24 and patient seen within 48-72 hours. In the new standards, sick call requests with clinical symptoms must be triaged face-to face within 24 hours of receipt.
LPN	17.8	18.4	0.6	0.6 Intake. Since inception of Corizon Health taking over Intake it is noted that the 2 nd shift has had a larger number of intakes due to Weekenders and large carry overs from the weekend. Currently the Floor Commander has the intake Officers move overage to a holding unit delaying intake to more than 5 hours. Per the new contract requirements and associated penalties of \$200 for each Intake that takes >5 hours, we allocated an LPN from the infirmary to the 2 nd shift on Mondays, Fridays and Saturdays to assist with intake overflows.
Medical Records Clerk	1.65	1.0	-0.65	Reduction of 0.65 FTEs. This clerk is being used in other areas now that we have gained efficiency with the EHR.

Alternative Staffing Matrix



POSITION	Scheduled Hours							Hrs/ Wk	FTEs *
	Sun	Mon	Tue	Wed	Thu	Fri	Sat		
Day Shift									
Administrator		8	8	8	8	8		40	1.00
Administrative Assistant		8	8	8	8	8		40	1.00
Medical Records Clerk		8	8	8	8	8		40	1.00
Medical Director**		8	8	8	8	8		40	1.00
Midlevel NP/PA**		8	8	8	8	8		40	1.00
Dentist**		10					10	20	0.50
Director of Nursing		8	8	8	8	8		40	1.00
RN	32	40	40	40	40	40	32	264	6.60
LPN	32	40	40	40	40	40	32	264	6.60
Nursing Assistant		8	8	8	8	8		40	1.00
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Dental Assistant		10					10	20	0.50
Evening Shift									
RN	16	16	16	16	16	16	16	112	2.80
LPN	32	40	32	32	32	40	40	248	6.20
Night Shift									
RN	16	16	16	16	16	16	16	112	2.80
LPN	32	32	32	32	32	32	32	224	5.60
TOTAL HOURS/FTEs per week	160	268	240	240	240	268	168	1,584	39.60
Day Shift Total	64	164	144	144	144	164	64	888	22.20
Evening Shift Total	48	56	48	48	48	56	56	360	9.00
Night Shift Total	48	48	48	48	48	48	48	336	8.40

* FTE represents 2,080 annually inclusive of paid leave (sick, vacation, holiday, etc.)

** Scheduling is flexible based upon custody requirements and the needs of the population.

Nursing is primarily scheduled in 12 hour shifts - presentation shows hours in a traditional day, evening, and night shift schedule.

3.d Minimum On-site Coverage (RFP Page 43)

3.d.i Minimum on-site coverage must include: twenty-four (24) hours, seven days per week qualified medical coverage in the Facility Infirmary; and Detoxification Units.

3.d.ii A proposed staffing level for medical only (ADP of 1450 is outlined in the RFP) The Contractor must bid to this staffing matrix. Any deletions or additions should be submitted on an ALTERNATE STAFFING MATRIX marked ALTERNATE STAFFING with accompanying rationale. The Division reserves the right to negotiate the specifics of any staffing plan submitted. (charts omitted for brevity)

Corizon Health will continue to provide twenty-four (24) hour, seven days per week on-site qualified medical coverage for infirmary care and the detoxification unit.

Corizon Health understands LFUCG's proposed minimum staffing level is outlined in the RFP and assumes an ADP of 1450 and has made no deletions or additions to the proposed staffing level in our staffing plan. Additionally we have proposed Alternative Staffing and provided an accompanying rationale. Please see Section 3 a-c. Staffing above.

C. OUTLINE OF SERVICES TO BE PROVIDED

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT

OFFENDER HEALTH SERVICES

RFP #2-2019 | FEBRUARY 14, 2019



Corizon Health understands that the Division reserves the right to negotiate the specifics of our submitted staffing plan.

3.e Applicant Screening (RFP Page 45)

The Contractor shall provide the name, date of birth, local address, previous employment, social security number and copy of driver's license for all employment applicants. Prior to approval for employment, an applicant screening shall be conducted, coordinated with the Division, to include fingerprints and background check.

Corizon Health will continue to provide the name, date of birth, local address, previous employment, social security number and copy of a driver's license for all employment applications. Prior to approval for employment, Corizon Health will conduct an applicant screening, coordinated with the Division, to include fingerprints and background check.

3.e.i Licenses and Certificates (RFP Page 45)

Applicable licenses and/or certificates for all professional staff must be on file with the Contractor and available to the Division prior to employment.

Corizon Health will continue to maintain applicable licenses and/or certificates for all professional staff on file and make these available to the Division prior to employment.

3.e.ii Malpractice Insurance (RFP Page 45)

Malpractice insurance must be on file for all Physicians and Nurse Practitioners, and other professional or paraprofessional employees, if applicable.

Corizon Health will maintain malpractice insurance certificates on file for all physicians, physician assistants, nurse practitioners, and other professional or paraprofessional employees as applicable.

3.a Employee Regulations (RFP Page 45)

All employees of the Contractor shall adhere to

- i. the dress and appearance regulations of the Division of Community Corrections, as they apply to employees wearing civilian clothing
- ii. the security regulations of the Division of Community Corrections, as they relate to care, custody and control of the inmate population.

Corizon Health employees will continue to adhere to dress and appearance regulations of the Division of Community Corrections, as they apply to wearing civilian clothing. Employees will also adhere to security regulations of the Division of Community Corrections, as they relate to care, custody and control of the offender population.

3.f Staffing Vacancies (RFP Page 45)

In the event of extreme staffing shortages, the use of agency or pool nurses shall not exceed 15% of the total staffing complement for any month. In event the Contractor exceeds this limit a charge back equal to 100% average hourly salary and fringe for each position shall be assessed for each hour the contractor exceeds the 15%



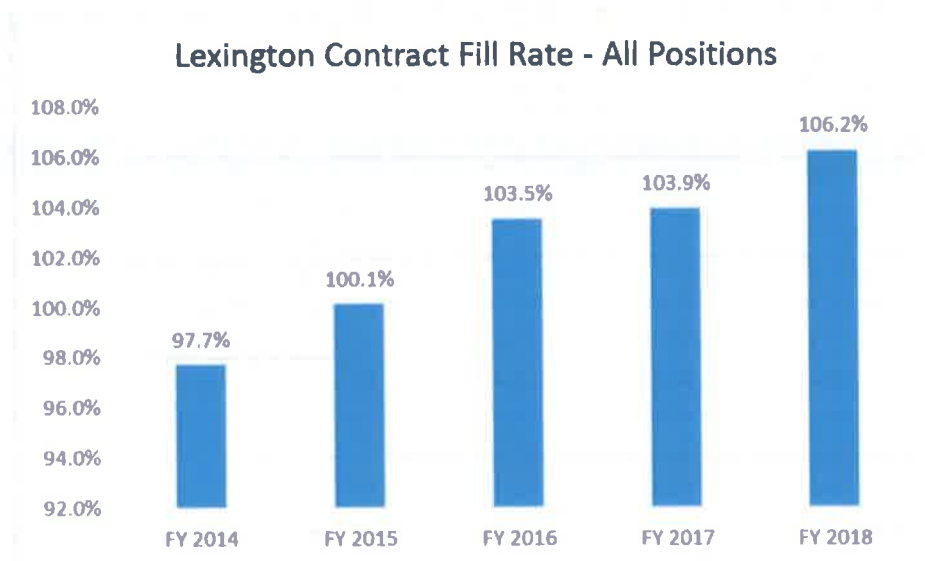
cap. The Contractor shall develop a list of "PRN" staff sufficient to cover any vacant posts that shall be subject to the same security screening procedures of other Contractor FTEs.

Corizon Health acknowledges that the use of agency or pool nurses is not to exceed 15% of the total staffing complement for any month. We understand that in the event we exceed this limit, a charge back equal to 100% average hourly salary and fringe for each position will be assessed for each hour we exceed the 15% cap.

Corizon Health utilizes an internal pool of PRN (as-needed) staff. Individuals working PRN are Corizon Health employees. PRN staff is used to backfill vacancies until permanent staff are identified or return to work. We will continue to operate from a list of PRN staff sufficient to cover any vacant posts that will be subject to the same security screening procedures of other Corizon Health FTEs. PRN staff are interviewed, credentialed, background-checked and client-approved to the same level as permanent staff. To ensure full coverage, when necessary, Corizon Health will hire an RN over and above an LPN.

Our PRN staff must work at least one shift every 90 days to ensure they are dedicated, on an ongoing basis, to their employment at Corizon Health. By utilizing our internal PRN pool, we ensure shifts are covered with experienced, correctional nurses trained by Corizon Health and familiar with the facility. This allows us to virtually eliminate the need to utilize agency nurses that in many cases are new to correctional healthcare.

Healthcare organizations across the United States are facing increasing needs and heightened competition for healthcare professionals in today's market. In spite of this trend, our **overall filled staffing ratio for nursing exceeds 100% for the Fayette County Detention Center**. This percentage currently includes twelve (12) PRN LPNs and seventeen (17) PRN RNs.





Proven Success: Employee Retention at Fayette County Detention Center



Members of the Division of Community Corrections join Corizon Health in honoring Patty Hatton, LPN as Corizon Health’s 2017 Nurse of the Year Regional Winner.

Working in a jail environment can be challenging as compared to non-correctional healthcare settings. Corizon Health recognizes that the support of our healthcare team is a key component driving the continued success of our program at the Detention Center.

Our current team is a dedicated group with an impressive combined tenure of service that includes **five Corizon Health employees (illustrated below) who have served the LFUCG for more than 12 years!** Notably, Patty Hatton, LPN, has served the contract for nearly 25 years.

Corizon Health Employee	Hire Date
Patty Hatton, LPN	June 1993
Kristin Fryman, HSA	July 2001
Rebekah Abney, RN	August 2001
Tammy Gillian, RN	March 2004
Keith Gast, RN	September 2006

Recruiting and Retaining Exceptional Healthcare Staff

Corizon Health makes every effort to ensure a quality workforce of dedicated professionals at the LFUCG. From our corporate to our regional and local site teams, establishing the right level of support for every contract and its employees is a critical part of how we work at Corizon Health. It all begins with Recruiting.



The foundation for effective recruiting is to foster a professional work environment where team members are valued for their contribution to operations. Sophisticated compensation practices are necessary to establish competitive wages and benefits, allowing our recruiting staff to effectively hire nurses, physicians, and ancillary healthcare professionals. To achieve these results, our corporate recruiting process includes:

- **Dedicated Staff** – physician recruiters, clinical recruiters, management recruiters, and locums recruiters;
- **Dedicated Administrative Resources** – focused on credentialing and drug testing;
- **Data-Driven Recruiting Strategies** – leveraging labor analytics tools enables Corizon Health to use the right candidate sourcing and attraction strategy by knowing where the people are;
- **Extensive Online Recruitment Advertising** – utilizing Corizon Health’s proprietary website, health care niche sites, correctional health care association sites, and strategic partnerships with job board partners including *Indeed*, *LinkedIn* and *Career Builder* for targeted advertising and recruitment brand marketing. All Corizon Health career opportunities are optimized on all major search engines to increase marketability and visibility;
- **Relationship Recruiting** – Corizon Health’s talented recruiters, along with site clinical leaders, work with local colleges and universities, as well as associations, to attract local talent through these relationships. We also recognize that great talent follows great talent, and we actively advertise new company opportunities within Corizon Health, in order to promote employee referrals;
- **Salary Surveys** – conducted by our Compensation department, to ensure competitive wages in the local market; and
- **Continuous Review and Planning** – to ensure timely response to changing markets and seasonal and cyclical workforce demands.



What do you love most about your job? “I love correctional healthcare, and that ensuring patient care is our first priority. I also love that I get to show that each and every day!”

Kristin Fryman
Corizon Health Services
Administrator for 17 Years Serving
Fayette County Detention Center

Corizon Health uses creative recruiting techniques and technology to attract the best talent for our clients. In addition to sophisticated compensation practices, we will also use the following recruiting guidelines to ensure our ability to effectively hire healthcare professionals for the Detention Center.

- Development of a recruiting plan for each position to be filled
- Development of job specifications based on contract provisions and relevant licensing requirements
- As appropriate, consider existing healthcare staff for available positions
- Generation of a candidate pool. Techniques may include, but will not be limited to:



- Local advertising through printed publications
- For key positions, notices in national and/or regional specialty publications
- Review of applications and pre-screened candidates on file at Corizon Health’s Human Resources Office
- Written and personal contacts with local and regional educational facilities
- Mass mailings
- Use of Corizon Health’s web site, and other healthcare web site job boards
- Open houses and job fairs
- Tele-recruiting
- Pre-screening of applicants verbally and thoroughly reviewing credentials
- Interviewing preferred candidates on-site
- Verification of references and current licensure by telephone, followed by written reference requests
- Requiring all candidates to pass a background investigation coordinated with the LFCUG
- Requiring all candidates to take a pre-employment drug screen prior to a formal employment decision
- Establishment of a full credential file for select positions with copies maintained on-site for line staff and at Corizon Health’s Human Resources Office for management staff.



Corizon Health continually monitors local medical associations and encourages our operations teams to develop and implement a local recruitment plan. This plan may include regularly scheduled meetings with local professional programs in order to build relationships and continually promote correctional medicine as an exciting and rewarding career option.

Applicant Tracking System (ATS)

Corizon Health corporate support includes the use of a sophisticated Applicant Tracking System (ATS) where positions are posted and activity is tracked in real time by **Talent Acquisition Director Anne Wink, Talent Acquisition Operations and Programs Manager Ray Swatzell, Jr.**, field management and the contract-dedicated recruiters.

Vice President – Operations Karen Davies, Regional Vice President Maria O’Neal, and Health Services Administrator Kristen Fryman, have access to the system for reporting purposes. A monthly report can be produced to assess the progress of each applicant through the system and measure the time it takes to complete the process from beginning to the final hiring stage.



ATS data management is provided through Corizon Health’s recruiting department. This ensures the appropriate positioning on the web, as well as tracking of the responses to monitor and report best practices. The tracking system also allows our recruiters access to a database of new talent applicant flow. ATS provides a stable and secure portal to ensure that leads are thoroughly investigated and the results of the contact are reported.

Talent Acquisition Team

Corizon Health’s Talent Acquisition team is tasked with filling thousands of positions annually. Each recruiter is responsible for developing and implementing a tailored recruitment plan, lead generation and applicant screening, advertisement development and placement, providing recruitment training to site managers, and participating in community awareness activities such as job fairs, open houses, and nursing school visits.

Management Recruiters handle talent acquisition of regional and local supervisory positions including Vice Presidents of Operations, Directors of Operations, HSAs, Directors of Nursing, Associate Regional Mental Health Directors, Regional Medical Directors, Regional Directors of Nursing, and Mental Health Administrators.

Provider Recruiters find and interview candidates for physician, psychiatry and dental providers for state and community partner sites across the country.

Clinical Recruiters are responsible for recruiting and hiring positions including RNs, LPNs, LVNs, Mental Health Professionals, CMAs, CNAs, QMAs, clerks, and ancillary support staff. **Diana Montemayor** has more than twenty-four years of recruiting experience with seven of those years in correctional recruiting. In her current role as a Clinical Recruiter, she is responsible for recruiting for 20 jails on the East Coast, including Kentucky, Michigan, Missouri and Minnesota.

Locum Tenens Recruiters recruit and hire Locum Tenens directly into a Corizon Health propriety program called *CHIPPS*, to support both true Locum needs and to temporarily fill full-time vacancies while searches are ongoing.

Military & University Recruiter is a new function within the Talent Acquisition team, solely focused on attracting and hiring clinical staff through military and college and university relationships.

Recruiting and Selection

The key to successful retention in corrections staffing is recruiting individuals who are motivated by our mission and a sense of purpose – who feel a “call to service” – and providing them the opportunity to learn and grow. Corizon Health encourages all employees to be on the lookout for new team members



Major Jim Kammer and Corizon Nurse Practitioner Pat Warner at the VA5K event in November 2018 to benefit the Lexington VA Medical Center

who are motivated by that same calling. Corizon Health has also created enhanced selection training for those involved in recruiting, interviewing, and selecting Corizon Health employees and introduced standard interview process for physician and nursing staff.

In 2015, we created a recruiting video, **“Beyond the Bars,”** to give prospective employees a glimpse into the day-to-day routine of a correctional healthcare employee, particularly for our nurses (who make up the majority of our 6,000 employees) and physicians. This video was created to attract those considering applying as well as educate candidates who are in the interview and selection process.

Recent statistics indicate that more than 35% of the Bureau of Prisons workforce serve or have served in the United States Armed Forces. Corizon Health recognizes how much our company, our partners and our patients benefit from the vast experience of Veterans as Corrections Professionals, including those serving as counselors, managers, administrative staff and medical and behavioral health professionals.

Corizon Health actively seeks to hire Veterans into our workforce because:

- They know how to operate within an agency.
- They are professional and know how to navigate the para-military environment that is corrections.
- They have a lot of expertise and training, and that enhances our workforce.
- They bring a wealth of talent, skills and training to any job, and
- They are well-suited to public safety, patient care and inmate rehabilitation. Their capabilities, competence and ability to communicate often make Veterans a natural fit for our work environments.

Each year, Corizon Health sponsors a booth at the annual **Association of Military Surgeons of the United States (AMSUS)** Continuing Education Meeting. Throughout the meeting, attendees have the opportunity to earn CEs from world-renowned speakers, network across services nationally and internationally and view demonstrations of the latest advances in healthcare. There are typically a large number of military professionals who are retiring or leaving from the military and looking for full-time civilian employment.

Talent Acquisition Director Anne Wink has implemented a strategic initiative to increase Corizon Health’s presence in the military and veteran community to both better serve our incarcerated veterans and to increase our efforts in hiring qualified veterans into our organization across the country. We recently added **Military and College Recruiter Carol Byerley**. Ms. Byerley served in the US Air Force for 28 years. Following active duty, she led a large team of recruiters focused on hiring clinicians into the Air Force and Army.



What do you love most about your job?

“I love that I get to make a difference in someone’s life, and help them to make better choices!”

Michelle Lee
Corizon Licensed Practical Nurse
for 5 Years Serving
Fayette County Detention Center

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Lastly, Corizon Health leaders have presented at VA Hospitals and military-sponsored job fairs to increase our recruiting efforts. These leaders include Corizon Health employees who are both Veterans and currently active as both Enlisted professionals and Officers in the Armed Forces.

Academic and Professional Partnerships

Corizon Health encourages our operations teams to develop and implement a local recruitment plan which includes regularly scheduled meetings with local medical associations and other professional programs in order to build relationships and continually sell correctional medicine as an option to the traditional role. Our LFUCG team collaborates with nursing programs at several educational institutions to provide clinical rotations at the Detention Center including:

- University of Kentucky
- Indiana Wesleyan University
- Beckfield College
- Maysville Community College

Recruiting and Social Media

Our **Social Media Recruiting Strategy** ensures job postings are positioned to receive the largest number of viable applicants. Open positions are posted through our active **Twitter** feed and are linked directly back to our **Facebook** Careers tab to further drive traffic to our social media pages. In addition, our **LinkedIn** page currently has over 12,000 followers who all have access to the open positions posted within our Careers tab.



Our social footprint surpasses leading competitors with more followers on LinkedIn, 3x more followers on Facebook career page, and a higher overall rating on Indeed, one of the world’s leading search engines for job listings.

While we have an extensive recruitment program to attract new employees, we prefer to fill available positions with current Corizon Health employees who have prepared and developed themselves through our training and education programs for advancement and are qualified for the position.

Our on-site and continuing education offerings are both comprehensive and continually monitored to assess their relevance to the correctional healthcare industry. We also encourage employees to continue their education and to become more proficient in their occupation or profession.

Our **Tuition Assistance Program** is designed to do just that by assisting eligible employees in obtaining education needed in their current job or those jobs into which they may reasonably be expected to advance. **We believe that fostering an environment that encourages career growth not only greatly enhances our ability to retain quality employees, but also greatly improves the integrity of our programs.**

Additionally, access to *Economic Modeling Specialists Inc.* data allows us to target marketing efforts to communities that offer a richer talent pool for key vacancies.



3.g Staffing Schedules Posted (RFP Page 45)

Copies of staffing schedules encompassing all health care staff are to be posted in designated areas and submitted to the Division's Bureau Manager – Facility Management on a weekly basis, with updates regarding changes.

3.g.i The Contractor shall be required to demonstrate staffing by post using a duty roster by facility, each shift and signed by appointed supervisor to be submitted to the Division's Bureau Manager – Facility Management daily.

Copies of staffing schedules encompassing all health care staff will be posted in designated areas and submitted to the Division's Bureau Manager – Facility Management on a weekly basis, with updates regarding changes.

Corizon Health will continue to demonstrate staffing by post using a duty roster by each shift. The HSA will sign the roster and submit to the Division's Bureau Manager – Facility Management daily.

3.h Vacancy Penalties (RFP Page 45)

The Contractor shall be required to reimburse the Division the actual costs (salary and fringe, benefits) when total hours filled are less than total contract hours, per discipline, as agreed on the negotiated contracted monthly staffing matrix. In the event the Medical Director and/or Health Services Administrator position is vacated for over 40 hours, (five business days), and not filled by a qualified provider, the Contractor will reimburse the Division twice the actual cost (salary and fringe) for unfilled hours. Staffing reconciliation reports will be provided monthly to the Major for staffing penalties incurred.

Corizon Health acknowledges that we will be required to reimburse the Division the actual costs (salary and fringe, benefits) when total hours filled are less than total contract hours, per discipline, as agreed on the negotiated contracted monthly staffing plan. In the event the Medical Director and/or Health Services Administrator position is vacated for over 40 hours, (five business days), and not filled by a qualified provider, Corizon Health will reimburse the Division twice the actual cost (salary and fringe) for unfilled hours. Staffing reconciliation reports will be provided monthly to the Major for staffing penalties incurred.

3.i Orientation, Staff Development, and Training (RFP Page 45)

The Contractor shall provide a written plan for orientation and staff development/training appropriate to their health care delivery activity for all health care personnel.

iii. This plan must outline the frequency of continuing training for each staff position.

iv. This plan must outline the required specialized PREA and HIPAA training

v. All employees of the Contractor shall be required to attend all employee orientations and In Staff Training Sessions required by the Division for all service provider employees.

i. In addition, the Contractor shall be available to provide appropriate training to Division of Community Corrections personnel in areas where the needs of the Contractor overlap the needs of the Division.

Starting any new position can be daunting, but working in a correctional facility for the first time can bring an added level of anxiety and apprehension. Recognizing this fact, and knowing that employees who are appropriately on-boarded stay longer and produce better results, our orientation and staff development/training programs are designed to engage the new employee starting day one and continuing through his/her first 30 days. New employees participate in standard training and on-boarding programs that are customized to each position and its scope of practice.

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PREA and HIPAA Training

A PREA training module is included in Corizon Health’s Site Staff Orientation (C.H.S.S.O), described below. Documentation of training is also maintained in the Health Services Administrator’s office. We also have a **Patient Information Fact Sheet (PIFS)** for offenders, which informs them of their rights and the zero tolerance policy for sexual abuse in a detention setting.

HIPAA Training & Education Program

Recognizing the importance of an individual’s right to privacy and patient confidentiality, Corizon Health has implemented and will maintain the security and privacy measures and/or standards necessary to protect the confidential nature of Protected Health Information (PHI), including preserving the availability and integrity of this information at rest and during transmission. All documents containing confidential inmate information will be handled and stored in a secure fashion.

As a healthcare provider and HIPAA compliant entity, we ensure that inmate health information is handled in accordance with applicable procedures established by Federal and State confidentiality of health information laws and regulations. Through our detailed compliance program, which includes comprehensive privacy and security policies and procedures, as well as a mandatory HIPAA Training and Education Program, we educate and hold all of our employees and business associates accountable for patient confidentiality and/or security so as to ensure best practices are being followed company wide. In the event any privacy and/or security issues arise at a facility, Corizon Health’s Privacy Officer and/or Security Officer respectively, are available to provide support to Corizon Health and/or Detention Center employees.

Our HIPAA Training & Education Program was designed to be comprehensive and to stress the importance of patient confidentiality. Corizon Health provides HIPAA training upon hire and thereafter on an annual basis. It is our firm belief that this program will empower our employees with the knowledge they require to perform the essential functions of their job without running afoul of privacy and security regulations, and providing protection for our clients in the process.

Our HIPAA training module ensures employees have an understanding of:

- Corizon Health’s privacy and security policies and procedures;
- What constitutes Protected Health Information (PHI);
- The general rules for the use and/or disclosure of PHI;
- The HIPAA privacy and security rules and how each affects employees in the workplace;
- The appropriate method for identifying and reporting privacy and/or security violations and/or incidents;
- A patient’s rights surrounding his or her PHI





- and the role employees have in exercising and/or preserving these rights;
- The HITECH Act and the Final Omnibus Rule (2013);
- Business Associates and the role and requirements surrounding each;
- Enforcement measures that are available in the absence of compliance; and
- Each employee's responsibility in terms of Privacy and Security surrounding PHI in the workplace.

Corizon Health provides HIPAA training during the first week of orientation with an on-line class for all new employees. Employees that provide patient care must be tested and pass the test with a 100% score before they can provide patient care.

Training to Division of Community Corrections Personnel

We currently provide training for correctional officers on Medical Emergencies and Contagious Diseases.

Additional information about the training we have available for the Division of Community Corrections Personnel is provided in *section 11. Training for Corrections Staff* below.

Corizon Health's Training and Orientation Program

Corizon Health provides a robust orientation, training and education program for our healthcare staff. As a result of a successful orientation experience, new employees have a solid foundation as a Corizon Health team member and are prepared for the on-going training that is essential to our commitment to deliver quality healthcare services.

Each employee's orientation progress is tracked through our **Human Resources Information System (HRIS)** and/or the **Corizon Health's Torch LMS (Learning Management System)** to govern compliance with timely completion of orientation programs and annual required training. Evidence of the successful completion of competency training is accessible in the credentialing files of all licensed personnel and of all personnel working under the license of professional personnel.

Training and education are also fundamental components of our Continuous Quality Improvement (CQI) program. Educational programs and tools are developed based on best practices identified within the CQI program, as well as opportunities for improvement. This method benefits both the individual site personnel as well as other sites that have similar needs or challenges.

Corizon Health's Onboarding Guidelines Quick Reference Chart, shown below, identifies the title of each Corizon Health Orientation, including the completion timeframe, as well as the employees who are required to attend each orientation. A detailed explanation of each orientation is provided in the paragraphs that follow this chart.

CONFIDENTIAL AND PROPRIETARY INFORMATION





END OF CONFIDENTIAL AND PROPRIETARY INFORMATION

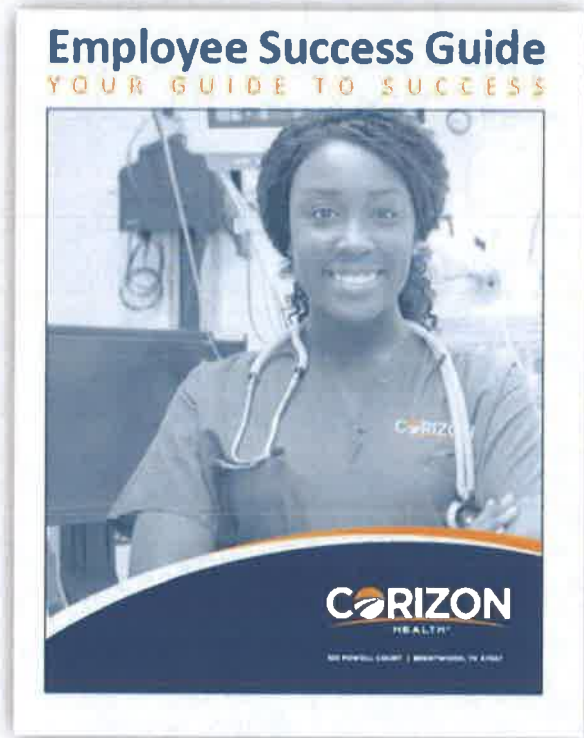
New employee training begins with our extensive **Corizon Health Employee Orientation (C.H.E.O.)** program. This program includes orientation for all employees (regardless of position) and is followed by additional orientation specific to their discipline.

Each module includes educational material, any associated forms, policies or checklists, which is followed by a period of shadowing to learn site-specific information and then a “check for understanding.” There are five modules that must be completed prior to providing care to a patient: ***Employee Safety, HIPAA, Hazard Communications, Infection Prevention and Workplace Violence Prevention.*** The other modules must be completed within 14 days of a new employee’s start date.

Specifically, C.H.E.O. includes the following components.

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- Corizon Health Code of Conduct and Ethics
 - Confidentiality
 - Protection and use of company property
 - Compliance with rules, laws and regulations
- Corizon Health Overview and Culture
- Corrections Environment
 - Includes safety and security policies and practices
- Emergency or Unusual Situations
- Employee Safety
- Anti-Harassment
- Hazard Communications
- HIPAA / confidentiality training
- Human Resources
 - Policies and Procedures
 - *Corizon Health Employee Success Guide*
 - Drug-Free Workplace training
- Infection Prevention
- Timekeeping
- Workplace Violence Prevention



Many of these items are covered in our proprietary modules, which can be conducted on-line via **Corizon Health's Torch LMS** (Torch LMS) or by using a bound hard copy. Site leadership monitors each phase of the employee orientation process. Each module also includes an on-the-job training component conducted by a facilitator. Following completion of all module requirements, an assessment is given, and the results are tracked in Torch LMS.

Corizon Health Site Staff Orientation

The next step in the onboarding process for mid-level clinicians and nursing staff is **Corizon Health's Site Staff Orientation (C.H.S.S.O.)**, which focuses on essential job duties, core competencies, clinical skills, and professional development. Facilitated by various members of the site or regional healthcare team, the topics for **C.H.S.S.O.** were developed to provide focused attention to the following areas:

- Build confidence in the new employee regarding their role in the unit
- Provide support for the assertive application of their skills to improve patient care
- Support an environment of safety, which is a primary focus of our patient care efforts

This orientation program focuses on key clinical skills and tasks such as physical assessment, medication administration and control, documentation, and emergency response skills. **C.H.S.S.O.** is specifically structured for nursing and other clinical staff and consists of modules covering a comprehensive array of clinical topics, including:



- Ancillary Health Services
- Behavioral Health Services
- Chronic Disease Services
- Clinical Communications
- Controlled Drug Documentation & Accountability
- Critical Thinking
- Delegation and Supervision
- Documentation & Medical Records
- Infirmity Care
- Initial and Periodic Health Assessments and Physicals
- Intake Receiving Screenings
- Transfers
- Medication Administration & Documentation
- NETs-Nursing Encounter Tools
- Nursing Rule of 100s
- Nursing Within the Walls
- Patient Safety
- PREA
- Segregation & Special Housing
- Sharps Safety
- Sick Call
- Situations Requiring Special Procedures
- SAW - Substance Abuse Withdrawal
- Suicide Prevention
- Tool & Sharp Control
- Urgent/Emergent Care
- Utilization Management (UM)

These modules are divided into completion groups of “before patient care,” 14 days (these modules are guided by a preceptor) and 30 days. The program tools, developed specifically for correctional healthcare by our Nursing Services team, are designed to guide the orientation facilitator through use of the training materials so every detail is covered.

Completion of **C.H.S.S.O.** is tracked in the HRIS and/or the **Torch LMS**. All corresponding documents, checklists, shadow completions and acknowledgements, and continuing education are kept in the employee’s training file.

Nursing Training and Education

In addition to C.H.S.S.O. described above, **Corizon Health requires each nursing team member (RN, LPN/LVNs) including the Directors of Nursing, to physically demonstrate their ability to perform (12) basic clinical skills within 30 days of hire and every 2 years.**

Other unlicensed assistive personnel members such as, medical assistants, phlebotomist and nursing assistants will complete an abbreviated portion of the skills competencies that relate to their own job description and job requirements. Additional skill competencies may be added depending on the level of care and services of a contracted facility. Skill competency verifications are maintained in the employee’s training file.

The 12 basic clinical skills are as follows:

1. Blood Glucose Monitoring and Insulin Administration
2. Blood Pressure Measurement
3. Cervical Collar Application
4. EKG Application
5. IV Therapy Initiation and Management
6. Nebulizer Treatment Administration
7. Oxygen Administration



8. Peak Expiratory Flow Rate (PEFR) Measurement
9. Phlebotomy and Sample Preparation
10. Respiratory Examination
11. Tuberculin Skin Test (TST) Administration
12. Visual Acuity Testing

Competency is demonstrated when a clinical employee achieves an “A” or “B” validation comment for all twelve (12) basic clinical skills. A performance improvement plan for each skill with a “C”, “D” and “E” validation comment is required. The plan must include timeframe and actions taken to assist the employee with achieving skill competency.

Additional non-mandatory competencies are:

1. Donning/Doffing Personal Protective Equipment
2. Sterile Suctioning
3. Wound Dressing/Treatment

Site leadership (Health Service Administrator/Director of Nursing) are responsible for ensuring that each new hire completes and maintains their competency throughout their employment. Clinical skills competency completion can be achieved in a variety of settings and ways, such as having a mandatory competency day with skill stations for each competency, individual on-the-job validation of each competency while performing the actual tasks, or one-on-one review of each skills competency.

Beyond the initial orientation, each nurse is provided on-going educational opportunities through a program planned and coordinated between the Corizon Health departments of Nursing Services and Training and Organizational Development. Training is developed based on the current body of nursing knowledge and information gathered through our Quality Improvement and Sentinel Event Programs.

Nursing leadership at each of our contracted sites closely monitors nurse performance and clinical decision-making based on a review of their work through Corizon Health’s CQI program and our Nursing Peer Review Program.

Our CQI program quickly identifies performance improvement opportunities and potential clinical knowledge gaps. Best practices identified through the quality improvement review process are shared with other Corizon Health facilities.

Nursing Peer Review, conducted at least annually, is a professional practice review focused on clinical skills for the purpose of enhancing competence and addressing any areas in need of improvement.

Corizon Health Provider Orientation


Corizon Health’s Provider Orientation consists of two phases (Phase I and II) and is based on established industry standards. It is required for all prescribers: physicians, psychiatrists, dentists, advanced practice clinicians (Nurse Practitioners, Physician Assistants, etc.). The Phase I manual must be completed before a new provider has any patient contact.



Provider Orientation is conducted primarily through face-to-face encounters with a combination of Regional and Site leaders, including the Regional Medical Director, Director of Operations – Behavioral Health Community Contracts, Site Providers, Health Services Administrator and Director of Nursing. A supervisor facilitates face-to-face sessions, teaching new providers specifics about care in correctional facilities and also the ways in which correctional healthcare may be different than their previous professional setting. Those facilitating the orientation will model these differences and assist in the transition to correctional healthcare.

Topics in Phase I include: the Correctional Environment, Patient Safety, Behavioral Health, Suicide Prevention, Physical Exams, Sick Call, Chronic Care, Emergency Care, Diagnostic Procedures, Pharmacy, specific contract requirements, and correctional healthcare policies and procedures. Instruction includes observation of key processes by the new provider and then reverse observation of the new provider by the onboarding facilitator, with added instruction as needed. A shadow program at a nearby site is also implemented where available, allowing the new employee to interact with an experienced Corizon Health provider.

An excerpt from the *Practitioner Clinical Onboarding Checklist* for Phase I orientation is shown below:

			
Practitioner Clinical Onboarding			
Practitioner Name:	Date Completed	Employee Initials	SME Initials
PHASE I: Initial 8 Hour Orientation			
Confidentiality Agreement reviewed and signed			
Accountable Care in the Patient Centered Medical Home Environment			
• Accountable Care Organizations			
• Patient Centered Medical Home			
• Differences Between Private Practice and Correctional Healthcare (Parenting)			
• Corizon Health SMART Values / Completed by Mentor			
• Contract Overview / Full Risk / Shared Risk / Pass Through			
• Accrediting Requirements			
• BH Care Provided by Corizon vs. Another Vendor – What That Means to You			
The Correctional Environment: (to function safely in the facility)			
• Role and Intention of Custody Staff: Security / Safety/Control			
• Do's and Don'ts			
Behavioral Health – Complete Suicide Prevention			
Correctional Healthcare Policies and Procedures			
• Physical Exam and TB Skin Testing			
• Sick Call			
• Emergency Care			
• Access to Care			
• General and Informed Consent / Refusal of Healthcare Services			
• Substance Abuse Withdrawal (SAW)			
• Physician Orders			
• Special Diets			
• Management of Special Needs			
• Medical Restraints / Forced Psychotropic Medication			
• Segregation Policy / Rounds / Delivering Care			
• Use of Force / Medical's role			

Corizon Health Practitioner Orientation – Phase II must be completed within 30 days. It provides a deeper dive into the topics covered in Phase I and is specific to either prisons or jails, depending on the type of institution in which the provider works. Phase II orientation also includes topics such as the Medical Management Model, Quality Improvement Program, Behavioral Health, Legal/Risk Management, Nursing Encounter Tools, Women’s Health, Medical Records, Health Informatics, Staff and MAC meetings, and Infirmary/Observation Unit.

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As with the other Corizon Health orientation manuals, completion of these manuals is tracked in our Human Resources Information System and/or the **Torch LMS**, as well as placement of the signed checklist in each provider's employee file.

A tool discussed in Provider Orientation is our **Clinical Pathways**. Designed to assist providers with clinical decisions and individualized treatment planning, the pathways have been compiled from established, evidence-based references and nationally recognized authorities. They include tools for evaluation, treatment, and monitoring of specific chronic illness, pharmaceutical and lab management resources, risk reduction strategies, corresponding **Nursing Encounter Tools (NETs)** and **Mental Health Encounter Tools (METs)**, patient education, and correctional officer education.

Provider onboarding begins with recruiting and carries forward into the first 90 days of employment with Corizon Health. After completion of orientation, ongoing training and education provided by our RMD, Dr. Robbins will help us ensure consistent standardized practices.

Technical Systems Training

Corizon Health provides monthly technical system WebEx sessions for new managers. The classes are designed to introduce our electronic systems, tools, and reporting systems for both personnel and clinical processes and outcomes.

This training is part of the **SMART Start** orientation sessions Managers attend virtually at the beginning of their employment, but also when there are system changes/upgrades or any time they need a refresher. Topics include WFC/Kronos (scheduler & timekeeping), PeopleSoft (Human Resources management system), MyCorizon intranet, I-9/eVerify, Ddata Warehouse and electronic medical records (if applicable). Many of these are also recorded and available on the **Torch LMS**.

A combination of instructor-led, hands-on and refresher WebEx sessions are utilized for new start-up contracts. All topics have corresponding tutorials, training materials, recorded sessions and quick reference guides available on MyCorizon and on the **Torch LMS**. The technical training staff also provides instruction to new IT Support Services Department employees, site administrative assistants and corporate managers who will be using these tools.

Corizon Health's Torch LMS

Corizon Health supports our on-site education programs with thorough, timely, quality, state-of-the-art, customized online training programs designed to improve our teams' performance for Corizon Health's client partners. **Torch LMS** ensures all staff members have complete access to the latest material necessary to be successful on the job, 24/7.

Through **Torch LMS**, our on-site managers and field staff across the country have instant access to the **Corizon Health Employee Orientation program**, over **800 Continuing Education (CE) Credits, CMEs (Continuing Medical Education)**, annual compliance training and custom **Corizon Health applications training courses**.



Torch LMS allows us to deliver comprehensive professional development instruction to our management and field employees at work or at home – and **at no cost to our employees**.

Utilizing cloud-based technology, Corizon Health can connect, inform, and educate our geographically dispersed workforce using a single, integrated on-line training and communication platform. Corizon Health is able to provide a wealth of course material on topics as varied as HIPAA, Workplace Violence Prevention and CEs/CMEs for providers, nurses, pharmacists and behavioral health professionals.

Torch LMS users may take the courses at their own pace and at a time that is most convenient for them. Employees are tested on their comprehension of many subjects, thus identifying precise strengths and areas for improvement. Managers, using customizable reports, can track completion and use such data to assist in creating development opportunities for their staff.

Continuing Educational Resources

A robust continuing education offering through a partnership with multiple CE/CME content vendors allows our staff to access hundreds of CE/CMEs through Torch LMS. We offer courses specific to behavioral health, dental, nursing, provider diagnosis and treatment as well as corrections-specific courses such as PREA training.

Courses are updated and/or exchanged multiple times throughout the year (annually for those issued on a yearly schedule) and are eligible for Continuing Education because most are approved by national and state-specific accrediting boards such as NASW, APA, etc. Content is selected and updated by members of our Nursing Services and the Training/Organization Development teams.

3.j Employee Restrictions (RFP Page 46)

The Division of Community Corrections may prohibit entry to the secure facility, or remove there from, a Contract employee who does not perform his/her duties in a professional manner.

Corizon Health understands that the Division of Community Corrections may prohibit entry to the secure facility, or remove there from, a Corizon Health employee who does not perform his/her duties in a professional manner.

3.k Person and Property Search (RFP Page 46)

The Division of Community Corrections reserves the right to search any person, property or article entering its facilities.

Corizon Health acknowledges that the Division of Community Corrections reserves the right to search any person, property or article entering its facilities.

4. Contaminated Waste Disposal (RFP Page 46)

The Division shall contract and arrange for services to dispose of contaminated wastes generated in the housing units and Infirmary.

a. The Division and the Contractor shall share the costs of waste disposal services on a 75/25 basis.


C. OUTLINE OF SERVICES TO BE PROVIDED

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT

OFFENDER HEALTH SERVICES

RFP #2-2019 | FEBRUARY 14, 2019

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Corizon Health understands that the Division will contract and arrange for services to dispose of contaminated wastes generated in the housing units and infirmary. We currently utilize the services of **Darob, Inc.** for the disposal of all contaminated waste.

Corizon Health agrees to share the costs of waste disposal services with the Division on a 75 (Division)/25 (Corizon Health) basis.

Corizon Health understands the importance and urgency of properly packaging and disposing of medical waste. In accordance with guidelines published by the Centers for Disease Control and Prevention (CDC) and regulations of the Occupational Safety and Health Administration (OSHA), Corizon Health employees will strictly adhere to the following guidelines when packaging medical hazardous waste at the Detention Center:

- All medical waste collected for disposal is placed in a lined container. Both the outside container and the inner bag are marked according to federal, state, and local regulations (i.e., red in color and biohazard symbol).
- Sharp materials (“sharps”) are placed in an approved container especially designed for “sharps” waste. “Sharps” include needles, broken glass, scalpels, test tubes, pipettes, Petri dishes, and anything that can potentially pierce a plastic bag. As with other medical waste, sealed “sharps” containers are placed within the lined container.
- Each bag is sealed or tied.
- Each container is securely closed.
- The packaged waste must be within the required weight limits.
- The outside of each box is properly labeled showing the facility’s name and address.
- An “incinerate only” sticker is affixed to any container holding residual chemical waste, pathological waste, or linens.

Medical waste will be packaged and handled as follows:

- Contaminated reusable equipment, supplies, or items will be handled according to industry standards and practices as required in OSHA 1910.1030 Final Rule.
- Reusable equipment contaminated with blood or other potentially infectious materials will be examined and decontaminated prior to servicing or shipping.
- Reusable contaminated sharps will not be stored or reprocessed in a manner that requires employees to reach by hand into containers where sharps have been placed.
- Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in puncture-resistant, bio-hazard labeled or red, leak-proof containers until properly processed.
- Blood or other body fluid spills will be cleaned up in such a manner as to protect everyone from exposure to an infectious agent. The area will be properly disinfected.
- Regulated waste will be identified and handled in a consistent manner to reduce the risk of exposure to pathogenic microorganisms by offenders, corrections staff, and the healthcare team
- All bio-hazardous waste material will be logged as stored and logged as destroyed.

5. Housekeeping Duties (RFP Page 46)

Medical staff shall be responsible for all housekeeping duties in the infirmary with the exception of the floors, bathrooms and showers and vents.



Corizon Health will continue to be responsible for all housekeeping duties in the infirmary with the exceptions of the floors, bathrooms, showers, and vents.

6. Alterations to Physical Plant (RFP Page 45)

No alterations to the physical plant shall be made without the written consent of the Director of the Division or his designee.

Corizon Health agrees to make no alterations to the physical plant without the written consent of the Director of the Division or his designee.

7. Medical Care for Corrections Staff (RFP Page 45)

Medical staff shall respond to acute medical needs of Division of Community Corrections staff on duty and document services provided.

Corizon Health medical staff will continue to respond to the acute medical needs of Division of Community Corrections staff on duty and will document services provided. Please see 2.o. *Medical Treatment for Visitors and Staff*.

8. Offenders Providing Health Care Services (RFP Page 46)

Offenders shall not be allowed to provide any health care services, including record keeping.

Corizon Health understands that offenders are not permitted to provide any health care services, including record keeping.

9. Inspection Reports (RFP Page 46)

Copies of all inspection reports shall be provided to the Bureau Manager – Facility Management

Corizon Health will continue to provide all required inspection reports upon request to the Bureau Manager – Facility Management. Corizon Health’s Safety Inspection checklist is provided as **Attachment 10**.


10. Medical Treatment Coordination (RFP Page 46)

All outside medical consultations/treatment shall be coordinated in advance with the Division’s Auxiliary Services Unit.

Corizon Health will continue to coordinate all outside medical consultations and treatment in advance with the Division’s Auxiliary Services Unit.

11. Training for Corrections Staff (RFP Page 46)

The Contractor shall provide, within reasonable limits, training in medically related issues to the Division as requested.



In addition to the training we currently provide correctional officers on Medical Emergencies and Contagious Diseases, Corizon Health will provide any additional training for medically related issues at the request of the Division.

We have developed complete healthcare training programs designed to provide correctional officers with practical information that are beneficial in the day-to-day performance of their jobs and in everyday life, including in-service training in subjects such as:

- Intoxication and withdrawal
- Adverse reactions to medications
- Signs and symptoms of mental illness
- Dental emergencies
- Suicide prevention
- Procedures for appropriate medical and mental health referral

Under the new contract's staffing plan, Corizon Health the Director of Nursing will be responsible for education and training responsibilities. This will include coordinating and implementing ongoing training for nursing staff and serving as resource for the Division on education and training.

Corizon Health will continue to work in its partnership with the Division to identify specific health education/training needs for correctional staff and will plan programs as requested. On-site Corizon Health healthcare staff may also suggest topics based on their day-to-day experience and dialogue with correctional staff. Training sessions will be conducted on site to accommodate facility work schedules and routines.

Corizon Health's Organizational Development Department has developed a series of **Correctional Officer Briefings (COBs)** that address common chronic care illnesses and diseases. General information is offered on the topic, the officer is given general guidelines for specific circumstances regarding the illness or disease and suggestions from the medical department that the correctional officers can use to help inmates help themselves are provided. A sample COFS is provided in **Attachment 8**.

Additionally, Corizon Health has prepared power point presentations that address such topics as Suicide Prevention, Blood Borne Pathogens, Recognizing Mental Illness, Substance Abuse and Withdrawal, CIWA (Clinical Institute Withdrawal Assessment), Health Assessment and Intake Awareness for training and orientation of correctional medical staff. These presentations are specific to the correctional environment.

PART E – ADMINISTRATIVE REQUIREMENTS (RFP PAGE 13)

1. Medical Director (RFP Page 47)

A single designated physician (medical director) with responsibility for assuring the appropriateness and adequacy of offender health care.

Kentucky-based and licensed physician **Michele Welling, MD** will continue to serve as Corizon Health's Site Medical Director under a new LFUCG contract. Dr. Welling is responsible for assuring the appropriateness of offender health care and supervises clinical services on site. Dr. Welling is



responsible for the clinical components of the medical services provided to patients, monitors referrals to outside facilities, and serves as a consultant to the other professional staff.

The Medical Director will work closely with Corizon Health’s **Regional Medical Director, Jerry Edward Robbins, MD**. Dr. Robbins will visit the site quarterly and as-needed and will provide comprehensive supervision for clinical matters related to on-site and off-site specialty care, emergency department services, and inpatient care. Dr. Robbins will ensure adherence to Utilization Management programs specific to contract requirements, participate in Continuous Quality Improvement (CQI) functions, and provide 24/7 backup call for Dr. Welling. He will also collaborate with the **Regional Vice President, Maria O’Neal** to develop a long lasting partnership with Division of Community Corrections administration by delivering safe, efficacious, and cost effective care.

For a complete list of roles and responsibilities, please refer to the Medical Director job description in **Attachment 4**. Dr. Welling’s resume can be found in **Attachment 1**.

2. Health Services Administrator (RFP Page 47)

A full-time health service administrator with the authority to oversee the administrative requirements of health care programs such as recruitment, staffing, data gathering, financial monitoring, policy and procedure development and review, contracts, medical record keeping, and other management services. The Director has final approval of the person filling this position.

Kristin Fryman, LPN, CCHP, will continue to serve as Corizon Health’s full-time Health Services Administrator (HSA) under a new LFUCG contract. Ms. Fryman has served as the Detention Center’s HSA since January 2016. She is well-versed in all areas of Corizon Health’s program for the LFUCG, having increasing responsibilities at the Detention Center since starting in July 2001. She obtained her Licensed Practical Nursing degree from Bluegrass Community and Technical College and is an NCCHC Certified Correctional Health Professional.

As Health Services Administrator, Ms. Fryman is the chief administrative manager of on-site health services. Ms. Fryman has established herself as an invaluable resource to Detention Center administration and staff, as well as other community partners working to meet the healthcare needs of the LFUCG’s offender population.

The HSA role is a critical component to the success of our program and oversee the administrative requirements of the health care program, including but not limited to the following:

- Recruitment and hiring
- Staffing
- Data gathering
- Financial monitoring
- Policy and Procedure development and review
- Contracts
- Medical record keeping
- Other management duties



The HSA is accountable for the delivery of contract services and ensuring that Corizon Health is in compliance with all aspects of the contract. Corizon Health understands that the Detention Director has final approval of the person filing this position.

For a complete list of roles and responsibilities, please refer to the HSA job description in **Attachment 4**.

A copy of Ms. Fryman's resume can be found in **Attachment 1**.

"Our program works with Mrs. Fryman on a weekly basis. She has been a great attribute with aiding the coordination of our participants and their health care needs while in custody. She goes above and beyond to answer our questions and even answers my calls after hours."

**Ciera Baldwin, Urban Program Supervisor
Fayette County Drug Court & Veterans Treatment Court**

"...Kristin has been instrumental in strengthening this relationship as our goals are to deliver the best possible care to our clients. Our clients benefit because she is there."

**Patricia Tucci, RN, Director of Specialty Substance Use Disorder Programs
Bluegrass Behavioral Health, Substance Use**

The following letters of support are included as **Attachment 9**.



Administrative Office of the Courts

1001 Vandalay Drive
Frankfort, Kentucky 40601
502-573-2350 or 800-928-2350
www.courts.ky.gov

John D. Minton, Jr.
Chief Justice of Kentucky

Laurie K. Dudgeon
Director

March 21, 2018

To Whom It May Concern:

This letter is written in support of Corizon Health bid to continue as the provider of medical services at the Fayette County Detention Center (FCDC).

Our program works with Mrs. Fryman on a weekly basis. She has been a great attribute with aiding the coordination of our participants and their health care needs while in custody. She is very reliable, informative, resourceful and in the rare occasional that she does not have the answers, she is more than happy to point me in the right direction.

She does a great job connecting our participants with their health care needs while in custody. If the jail cannot meet our needs, she gives us alternate recommendations on what resources we can use for our participants. She goes above and beyond to answer our questions and even answers my calls after hours.

We believe she has helped our program run smoothly while and when our participants go into custody. If her position didn't exist I believe there would be a difficulty in coordinating health care services with our participants because we've built a strong rapport with Mrs. Fryman. We feel that the continuation of the collaboration between Mrs. Fryman (Corizon Health) and our program will help insure that our participants continue to receive great medical care while in custody at FCDC.

Thank you,

A handwritten signature in black ink, appearing to read "Ciera Baldwin".

Ciera Baldwin
Urban Program Supervisor
Fayette County Drug Court & Veterans Treatment Court
cierabaldwin@kycourts.net
859.246.2501



bluegrass.org • Narcotics Addiction Program

February 8, 2018

Patricia Tucci RN
Director of Specialty Substance Use Disorder Programs
201 Mechanic Street
Lexington, Kentucky 40507

To Whom It May Concern,

I have worked for bluegrass.org the past 17 years and have many times teamed up with Kristin Fryman at Corizon Health the past 15 years to provide optimal care for mutual clients. During every collaboration, Kristin has been dependable, professional, knowledgeable and accessible. It took a while to form this partnership with the detention center, but Kristin has been instrumental in strengthening this relationship as our goals are to deliver the best possible care to our clients. Our clients benefit because she is there.

Patricia Tucci RN
Director of Specialty Substance Use Disorder Programs
Sponsor NAP
201 Mechanic Street
Lexington, Kentucky 40507-1086
859-977-6080 ext. 206
Fax: 859-977-4502
patucci@bluegrass.org



Behavioral Health • Substance Use
Intellectual and Developmental Disabilities
24-Hour Help Line 1.800.928.8000

201 Mechanic Street, 1st Floor
Lexington, KY 40507
p 859.977.6080 f 859.977.4502





April 11, 2018

To Whom it May Concern,

I am a Physician Liaison with UK HealthCare I have worked with Corizon Health at the Fayette County Detention Center for about 10 years.

Over these years I have had the pleasure to work with Kristen Fryman and the providers of Corizon Health. We have worked together to establish strong relationships between the Fayette County Detention Center and UK HealthCare. When we first started working together there were several operational issues we needed to address to help the patients of the detention center but with hard work and collaboration we've been able to implement efficient and effective processes that help both facilities. This is thanks to Corizon Health and their staff and their willingness to work with us.

I encourage Corizon Health be contracted for continued operations of the Fayette County Detention Center's medical facility. I am confident they will continue to maintain the relationships we have established and continue to collaborate to benefit the Fayette County Detention Center's patients.

If you have any further questions, please feel free to contact me.

Sincerely,

Tarra Lowe

Physician Liaison
Office: 859-257-5736



3. Subcontractor Agreements (RFP Page 47)

Copies of clearly defined written agreements or memos of understanding for twenty-four (24) hour service with hospitals, physicians, ambulance companies, and others involved in providing care to offender shall be provided to and approved by the Division of Community Corrections.

a. All subcontracts of every nature are subject to the approval of the LFUCG.

As the incumbent healthcare provider for the Division of Community Corrections since 1992, Corizon Health has in place successful relationships with national and local vendors and providers to support our contract and deliver excellent care to the offender population. We are very aware of the importance of utilizing local businesses to support our contract with the LFUCG. We strive to research, negotiate with, and partner with local businesses of all types to support our LFUCG program.

Updated written agreements or memos of understanding for twenty-four (24) hour service with current hospitals, physicians, and all others subcontractors involved in providing care to offenders will be provided to and approved by the Division of Community Corrections as part of a new contract. We understand that all subcontractors of every nature are subject to approval by the Division of Community Corrections.

The table below illustrates the provider list proposed for our LFUCG program.

Provider	Services
BioReference Laboratories, Inc.	Laboratory
Fresenius Kidney Care	Dialysis
Grogan’s Healthcare Supply (Back-up)	Medical Supplies
Kenney Orthopedics, Prosthetics & Orthotics	Prosthetics/Orthotics
LFUCG Fire Department Ambulance	Ambulance
Maverick Oxygen & Respiratory Equipment	Oxygen
McKesson	Medical Supplies
MobilexUSA	Radiology
OnSite Vision Plans	Optometry
University of Kentucky	Medical and Dental Care

4. Policies and Procedures (RFP Page 47)

The Contractor shall develop the policies and procedures necessary to specify the role of medical services in a jail setting and to provide liaison between the medical and security staff.

By design, all Corizon Health’s clinical and operating procedures have been developed to, at a minimum, comply with and meet NCCHC and ACA healthcare standards and are modified to meet the site specific needs of our clients. Accordingly, our policy and procedure manual is in line with LFUCG General Orders. The Table of Contents for Corizon Health’s Policies and Procedures Manual is provided in Attachment 6 and includes policy and procedure that defines responses to exclusively medical issues, including but not limited to hunger strike (F-02.02), DNR (F-07.07), forced medication (G-03.00) as well as policy and procedures that define the scope of any issues including, but not limited to the matters identified in this RFP.

Developed by Corizon Health’s Nursing Department, our policy and procedure manual provides clinical governance for the management and implementation of safe, effective and efficient health care services. They also play an integral role in Corizon Health’s Continuous Quality Improvement (CQI) Program. The following are key features of Corizon Policies and Procedures:

- Healthcare policies and procedures are site-specific and incorporate NCCHC, ACA, and Commonwealth of Kentucky law and licensure requirements.
- The Table of Contents and each policy and procedure reference the associated NCCHC (Medical and Mental Health) and ACA standard(s).
- Each procedure describes in detail, and in sequence, when appropriate, how a policy is to be carried out and by whom.
- Each policy and procedure in the manual is reviewed at least annually, and revised as necessary under the direction of the Site Medical Director Dr. Welling, Health Services Administrator, Kristin Fryman, and Detention Center Administration. All healthcare personnel are required to review the document as part of their orientation and annually thereafter. The policy bears the date of the most recent review or revision. Policies are signed and dated individually by Ms. Fryman and Dr. Welling or an attestation page will be maintained in the manual reflecting the most recent review or update.
- Corizon Health’s policies are correctional-driven, including such areas as security issues, kitchen, industries, safety and sanitation or offender workers, and reflect and endorse the policy maintained by the LCUCG.

General Health Services Policy & Procedure		CORIZON HEALTH				
Table of Contents-Jail 2018						
Corizon Policy#	Title	Core Process	NCCHC 2018	NCCHC MH-2015	ACA 4 th Edition 4-ALDF-	ACA 2016 Supplement
Section A – Governance and Administration						
A-01.00	Access to Care		A-01	A-01	4C-01-02	
A-02.00	Responsible Health Authority	ALL	A-02	A-02	4D-01	
A-03.00	Medical Autonomy		A-03	A-03	4D-02	
A-04.00	Administrative Meetings and Reports		A-04	A-04	7D-25-26	
A-05.00	Policies and Procedures	ALL	A-05	A-05	7D-06,-07,-08	7D-06 revised 2007
A-06.00	Continuous Quality Improvement Program		A-06	A-06	4D-24	
A-07.00	Privacy of Care		A-07	A-09	4D-19	
A-07.01	Medical Chaperone		A-07	A-09	4D-19	
A-08.00	Health Records		A-08	H-03	4D-13-14-26-28	
A-09.00	Procedure in the Event of an Inmate Death		A-09	A-10	4D-12-23-24	
A-10.00	Grievance Process for Health Care Complaints		A-10	A-11	6B-01	

Corizon Health’s Intranet Web Site

Our Information Technology department has designed an Intranet portal to support our staff with direct access to recent, relevant, and credible clinical and administrative information. Through this site, we provide access to information through a streamlined and cost efficient administrative process that reduces paperwork and workloads. This will enhance communications between physicians, our on-site healthcare professionals, and corporate Clinical Programs. Through our company Intranet site, Corizon Health ensures our health care team has immediate access to vital information, reporting mechanisms, nursing protocols, clinical pathways, as well as Corizon Health’s *Policies & Procedures*. This Intranet site is designed exclusively for Corizon Health professionals.



5. Grievances (RFP Page 47)

Grievances – Grievances filed by offenders shall be referred to the Contractor’s on-site Medical Administrator who shall review the grievance, gather appropriate information concerning the complaint and take appropriate action consistent with Division procedures.

Corizon Health will continue to address all healthcare-related inmate grievances in a timely manner. Kristen Fryman, the HSA, will review the grievance, gather appropriate information concerning the complaint and take appropriate action consistent with Division procedures. We will maintain monthly statistics of all grievances filed at the Detention Center, including those found with and without merit. We understand that the LFUCG’s recommendations will prevail in disputed cases.

Corizon Health Grievance Management

Corizon Health firmly believes that the best way to manage offender grievances is to prevent them in the first place. By providing care in a consistent manner, offender grievances can largely be mitigated. For grievances received, the offender must be “given the benefit of the doubt” while recognizing the potential secondary gain issues inherent in this process. In fact, in 2018 we began working with Inmate Services to identify opportunities to resolve grievances. The increased communication and involvement with Inmate Services resulted in a 43% reduction in grievances reported in 2018 versus those reported in 2017.

Subsequent to local interventions, **Corizon Health has found the face-to-face method of managing grievances and offender issues reduces the amount of formal grievances and lawsuits filed against Corizon Health and our client partners on an annual basis.** In our experience, the majority of offenders simply want their problem resolved and most issues can be resolved through face-to-face communication.

Through our CQI process, Corizon Health tracks and categorizes grievances at the Jail, including grievances received from offenders, family members, legal counsel, and correctional staff. In addition, Corizon Health’s CQI program includes a monitoring screen to evaluate the process in which grievances are handled. At the Detention Center, Corizon Health tracks the following:

- Date the concern was filed
- Name and identification number of the inmate patient filing the concern
- Nature of the concern
- Categorizations of the concern (routine or urgent)
- Investigation conducted by Corizon Health
- Resolution of the concern

Corizon Health will participate in any process concerning health, mental health, and pharmacy services should the County require our participation. An appeal process to the highest medical authority, the Site Medical Director, is included in the procedure. Grievance or complaint response includes a face-to-face component for clinical issues but may involve written correspondence for simple questions and answers.

Offender grievances/complaints related to medical or pharmacy services will be reviewed routinely and discussed during monthly quality improvement committee meetings. Complaints will be categorized and



classified according to demographics, housing location, nature of the complaint, etc., and a database maintained and reviewed to determine any patterns or problematic issues.

Corizon Health **Regional Vice President, Maria O’Neal** will serve as a liaison to the other providers to maintain protocols and systems for effective coordination of offenders grievances/complaints tracking and resolution.

6. Statistical Reports (RFP Page 47)


A comprehensive annual statistical report shall be forwarded to the Director or his designee. In addition, monthly and daily statistics shall be required by site and in total:

As part of our effort to ensure accountability and share information with County administration, Corizon Health offers a thorough selection of reporting capabilities in accordance with NCHC and ACA standards for medical services delivery. We will provide a comprehensive annual statistical report to the Director or his designee. In addition, monthly and daily statistics will be provided.

6.a Monthly Statistics (RFP Page 47)

Narrative reports shall be submitted on the fifth calendar day of each month to the Bureau Manager – Facility Management with data reflecting the month's workload along with previous two (2) months (for comparative purposes), to include:

- vi. Offenders requests for various services
- vii. Offenders seen at sick call
- viii. Offenders seen by physician
- ix. Offenders seen by dentist
- x. Infirmiry admission, patient days, average length of stay
- xi. Emergency Room event
- xii. Off-site hospital admissions
- xiii. Medical specialty consultation referrals
- xiv. Intake Triage medical screenings conducted
- xv. Number of emergencies requiring medical response
- xvi. Diagnostic studies
- xvii. Report of third-party reimbursement, pursuit and recovery
- xviii. Percentage of offender population dispensed medication
- xix. Offenders testing positive for venereal disease
- xx. Offenders testing positive for AIDS or AIDS Antibodies
- xxi. Offenders testing positive for TB
- xxii. Offenders in medically supervised withdrawal
- xxiii. Offenders in chronic care clinics
- xxiv. Offender mortality
- xxv. Number of hours contracted, and hours worked by entire medical staff, specifying total aggregate hours per position; provide sample staffing reconciliation report
- xxvi. Other data deemed appropriate by the Division
- xxvii. Grievances filed, resolved including reasons
- xxviii. Offsite activity/cost report by the 20th of each month. The Division is requiring all offsite cost report outlining are offsite, outpatient, inpatients, Emergency Room and Clinical Service.
- xxix. Transparency – medical errors discovered/reported (i.e. Wrong medication provided to patient)



Corizon Health will submit a monthly report on the fifth calendar day of each month to the Bureau Manager – Facility Management with data reflecting the month’s workload along with previous two (2) months for comparison. The monthly report will include the monthly statistics reflected in the above RFP requirement. Data collection will be supervised and generated by Kristin Fryman, HSA with oversight and direction provided by the Regional Vice President, Maria O’Neal.

6.b Daily Statistics (RFP Page 48)

A narrative report for the previous twenty-four (24) hours, capturing the following data shall be submitted to the Bureau Manager – Facility Management and Bureau Manager – Inmate Management on a daily basis

- i. Transfers to off-site hospital emergency departments
- ii. Communicable disease reporting
- iii. Suicide data (i.e., attempts and precautions taken)
- iv. Report of status of offenders in local hospitals and infirmaries
- v. Staffing

Corizon Health will submit a daily narrative report for the previous twenty-four (24) hours to the Bureau Manager – Facility Management and Bureau Manager – Inmate Management. The daily report will include at a minimum, the following:

- Transfers to off-site hospital emergency departments
- Communicable disease reporting
- Suicide data (i.e., attempts and precautions taken)
- Report of status of offenders in local hospitals and infirmaries
- Staffing

Data collection will be supervised and generated by Kristin Fryman, HSA with oversight and direction provided by the Regional Vice President, Maria O’Neal.

7. Monthly Meetings (RFP Page 48)

On a scheduled basis, the Contractor’s administrative staff shall have documented monthly meetings with Division administrative staff to evaluate statistics, cost of services, program needs, problems, and coordination between custody and medical/mental health personnel. The Regional Operational Staff shall be on site and attend MAC meetings at least quarterly.

Corizon Health’s administrative staff will hold documented monthly meetings with Division administrative staff to evaluate statistics, cost of services, program needs, problems, and coordination between custody, and medical/mental health personnel.

We recognize our ability to provide a healthcare program reflecting the desired outcomes of the LFUCG dependent on collaborative involvement in routine meetings. We will attend and contribute to all meetings required by LFUCG and will coordinate efforts with Detention Center administration to meet regularly and discuss health services.

Corizon Health will conduct regular staff meetings as outlined in the table below. Meeting minutes or summaries of all meetings will be maintained by the HSA. We will participate in external reviews, inspections, and audits as requested by the LFUCG, and will provide information related to healthcare services in response to evaluations. Corizon Health will implement corrective action plans relative to



identified healthcare service deficiencies and will work collaboratively with the LFUCG to enhance the wellness of the Fayette County offender population.

Corizon Health Regional Vice President, Maria O’Neal will be directly responsible for the LFUCG relationship and for responding to inquiries from the Detention Center and LFUCG administration.

Program Component	Corizon Health Accountability To LFUCG
<p>Scheduled Meetings – <i>Planned and led by Corizon Health management and staff</i></p>	<p>Corizon Health facilitates meetings and committees to ensure that communication is maintained with the County Administration and staff to ensure the success of a coordinated program that meets our mutual needs.</p> <ul style="list-style-type: none"> ▪ Medical Administrative Committee (MAC) Meetings ▪ Management Team Meeting ▪ Quarterly CQI Meeting ▪ Monthly Staff Meeting ▪ Morbidity and Mortality Meetings
<p>Monthly CQI Studies</p>	<p>(1) Ensures the LFUCG that Corizon Health is following a structured process to assess our medical and dental services. This process ensures that Corizon Health identifies areas for improvement and develops strategies to improve processes and patient outcomes in a timely manner.</p> <p>(2) Ensures the LFUCG that Corizon Health’s program for LFUCG is in compliance with correctional regulatory standards related to healthcare services delivery.</p>
<p>Contract Standards Survey Audit</p>	<p>(1) Allows Jail and LFUCG Administration to verify that the service standards are being met as set by the contract.</p> <p>(2) Demonstrates Corizon Health’s ability and desire to self-monitor and improve systems and processes proactively.</p> <p>(3) Demonstrates ongoing commitment to quality service delivery.</p>
<p>Ambulatory Care Performance Review - <i>Process assesses physician documentation practices</i></p>	<p>This review is designed to enhance LFUCG confidence in the level of physician monitoring provided by Corizon Health physicians.</p>
<p>Face-to-Face Grievance Mechanism</p>	<p>This approach ensures the LFUCG that Corizon Health establishes a proactive approach to offender complaints regarding healthcare services. This mechanism is used to curtail unfounded offender grievances and to deepen the County’s trust in our commitment and ability to provide quality healthcare.</p>
<p>Disease Management Focus</p>	<p>Corizon Health’s disease management focus for the LFUCG will demonstrate the level of importance we place on identifying and treating high acuity patients.</p>



Program Component	Corizon Health Accountability To LFUCG
PeopleSoft HRMS / PeopleSite / Time Keeping (T3) / Labor Management Systems	<p>Our automated labor management systems will help our HSA and the management team at the LFUCG to oversee assigned facility staff by ensuring contract needs are met, while at the same time minimizing overtime pay, special pay and agency usage. Using these systems to monitor labor trends on a regular basis, Corizon Health will:</p> <ul style="list-style-type: none"> ▪ Reduce overtime hours; ▪ Reduce the need for “special pay;” ▪ Reduce the need for agency usage; ▪ Enhance management of paid time off (PTO) usage for benefit eligible personnel; ▪ Improve analysis of wages to determine competitiveness with local market; and ▪ Provide productivity data to LFUCG officials.

7.a Meetings as Requested (RFP Page 48)

Additionally, the Contractor shall meet with the Division staff at such time and place as designated by the Division to solve problems and to initiate any change in operations for improvement of the total health care services provided the offender population.

Corizon Health will continue to meet with the Division staff at such time and place as designated by the Division to solve problems and to initiate any change in operations for improvement in the total health care services provided the offender population.

8. Jail Disaster Plan (RFP Page 48)

Documentation of health care staff roles in the jail disaster plan. The Contractor shall, in times of emergency or threat thereof, whether accidental, natural or caused by man, provide medical assistance to the Division of Community Corrections to the extent or degree required by Policy and Procedure or Operational Order procedure.

Corizon Health has developed procedures for the implementation of a disaster plan for its health care staff and offenders at the Detention Center in close collaboration with the LFUCG. This disaster plan has been coordinated with and incorporated into the LFUCG emergency plan and is updated annually. The medical unit, in collaboration with the LFUCG, has developed a plan for emergency continuity of operations that includes the provision of medical services off site in the event of a natural disaster. During times of emergency or threat, whether accidental, natural or man-made, Corizon Health will provide medical assistance to the Division of Community Corrections.

Our Medical Disaster Plan will include (but will not be limited to) the following:

- Communications system
- Recall of key staff
- Assignment of health care staff
- Establishment of command post
- Safety and security of the patient and staff areas
- Use of emergency equipment and supplies



- Establishment of a triage area
- Triage procedures
- Medical records – identification of injured
- Use of ambulance services
- Transfer of injured to local hospitals
- Evacuation procedures (to be coordinated with security personnel)
- Practice drills (man-down drills and annual disaster drills)

The specifics of our Medical Plan for Disasters at the Detention Center addresses the availability and storage of medical equipment and supplies that may be needed. It also identifies how patients will be categorized and classified, what areas will be used for patient stabilization for transport, triage and treatment, emergency call-back numbers for all staff and the person delegated to make these contacts, notice to local ambulance and emergency services, and alternate treatment areas should the existing medical clinic and examination/treatment rooms become inoperable. The health aspects of the disaster plan will be approved annually by Corizon Health Regional Medical Director Jerry Robbins, MD and Division of Community Corrections Director, Steve Haney.

Health care personnel at the Detention Center will receive orientation and annual in-service training on their roles in the event of a disaster. Corizon Health will maintain emergency medications, supplies and medical equipment, which includes Automatic External Defibrillators (AED) and Emergency Response Kits, in order to provide interventions described by Basic Life Support (BLS) protocols. We will check and test our AED and other emergency equipment diligently and at least on a weekly basis.

Our licensed health care staff will have BLS certification that is current and up-to-date. Corizon Health staff will receive AED training as part of their BLS certification training. Any Corizon Health employee with direct offender care contact will at a minimum, maintain current BLS certification at the Medical Professional Level of training. Any Corizon Health staff working in the Detention Center without direct offender care contact (Administrative Assistants, Medical Records, etc.) at a minimum will maintain current BLS certification at a Community Member Level of training.

At least one mass disaster drill will be conducted annually in collaboration with LFUCG. This drill may involve local Emergency Medical Service, hospital, ambulance and other agencies identified for participation by the LFUCG. The disaster drill will be critiqued and documented for use in staff health education.

9. Medical Charts/Records Requirements (RFP Page 48)

Medical Charts/Records Requirements

Corizon Health successfully implemented the Fayette County Detention Center's current **Electronic Health Record system, CorrecTek**, in 2013. We will continue to maintain accurate, up-to-date, and comprehensive medical records for each offender that enters the Fayette County Detention Center using this system.

Corizon Health offender medical records include medical, dental, and mental health records, maintained in accordance with applicable confidentiality requirements and Corizon Health policy based on NCCHC and ACA standards of care.



9.a Property (RFP Page 49)

All medical charts/records are the property of Division of Community Corrections.

Corizon Health understands that all medical charts/records are property of the Division of Community Corrections.

9.b Medical Information Release (RFP Page 49)

No information contained in the medical Charts/Records shall be released by the Contractor except as provided by the Division's policy, a court order or otherwise in accordance with applicable law.

Corizon Health understands that no information contained in the medical charts and records will be released by Corizon Health except as provided by the Division's policy, a court order or otherwise in accordance with applicable law.

9.c Medical Chart Initiation and Maintenance (RFP Page 49)

Individual health care Charts/Records shall be initiated and maintained for every offender regarding medical, dental or mental health services as a result of the offender screening process, or for services rendered following assignment to a housing area.

Corizon Health will continue to initiate and maintain health care charts/records for every offender regarding medical, dental or mental health services as a result of the offender screening process, or for services rendered following assignment to a housing area.

9.d Medical Chart Access (RFP Page 49)

While the Contractor shall have primary responsibility, all Medical Charts/Records shall be accessible by both medical and mental health staff.

Corizon Health will have primary responsibility of all medical charts/records and they will be accessible by both Corizon Health and Bluegrass staff.

9.e Offenders Returning from Hospital Stays (RFP Page 49)

Offenders returning from outside hospital stay or clinic visits are to be seen by the MD/NP staff.

Offenders returning from outside hospital stays or clinic visits will continue to be evaluated by Dr. Welling, the Site Medical Director or APRN Pat Warner staff upon reentry to the Detention Center.

9.e.i Documentation of Review (RFP Page 49)

A note regarding this review with reference to follow up in-house must be documented in the offender medical chart.

The evaluation of returning offenders will be documented in the medical record.

9.e.ii Tuberculin Test Review and Documentation (RFP Page 49)

All The results of tuberculin tests shall be read and documented on a daily basis as needed.



Results of tuberculin tests will be read and documented on a daily basis as needed. Corizon Health has established a partnership with Lexington-Fayette County Health Department to provide direct resources for patients with active TB, including skilled nursing care and laboratory testing.

9.e.iii Transfer Examinations and Work Clearances (RFP Page 49)

Medical staff shall perform reviews, medical examinations, medical summaries or certifications as are necessary for intra-system or inter-system transfers, food handling and work clearances.

Qualified medical personnel will continue to perform reviews, medical examinations, medical summaries or certifications as necessary for intra-system or inner-system transfers, food handling and work clearances.

Corizon Health will continue to offer Kitchen Screenings in compliance with NCHC standards for all offender workers assigned to kitchen and food handling duties. Offender worker medical clearances will be documented on a clearance form before the offender is placed. Clearances will include a review of:

- Relevant past medical history, including communicable disease, heart problems, respiratory problems, allergies, back problems;
- Questions for current signs and symptoms of illness;
- Current vital signs, including blood pressure, pulse, temperature;
- General examination for overall physical and mental health, with specific reference to (1) examination for evidence of communicable disease to include, but not to be limited to, skin problems such as rash, wounds, sores, boils, et cetera; and (2) heart and lung examinations; and
- Current test for tuberculosis and communicable disease.


9.e.iv Offender Health Chart (RFP Page 49)

The offender health chart shall include, but not be limited to:

1. Intake Screening form;
2. Health Assessment form;
3. Physician order/treatment plans;
4. Prescribed medications administered or not administered, date, time and by whom;
5. Complaints of illness or injury;
6. Findings, diagnoses, treatments and dispositions;
7. Problem List;
8. Consent and refusal forms;
9. Release of information forms;
10. Offender medical request forms;
11. Laboratory, radiology and diagnostic studies;
12. Consultation, emergency room and hospital reports and discharge summaries;
13. Each documentation shall include the date, time, legible signature and title of each documenter.

Corizon Health will maintain offender health records utilizing CorrecTek. Each documentation will include the date, time, legible signature and title of the documenter. The record shall include, but not be limited to:

1. Intake screening form;
2. Health appraisal form;
3. Physician order/treatment plans;

- 
4. Prescribed medications administered or not administered, including date, time and by whom;
 5. Complaints of illness or injury;
 6. Findings, diagnoses, treatments and dispositions;
 7. Problem list;
 8. Consent and refusal forms;
 9. Release of information forms;
 10. Offender medical request forms;
 11. Laboratory, radiology and diagnostic studies; and
 12. Consultation, emergency room and hospital reports and discharge summaries

9.e.v Confidentiality of Medical Record (RFP Page 50)

Confidentiality of medical Charts/Records shall be assured.

1. The medical and psychiatric Charts/Records shall be kept separate from the custody record.
2. Data necessary for the classification, security and control of offenders shall be provided to the appropriate Division personnel.
3. Medical Charts/Records shall be made available to appropriate Division personnel when required to defend any caused action by any offender against the LFUCG or Division.

As a healthcare provider and HIPPA-compliant entity, Corizon Health assures confidentiality of all medical charts and records and agrees to the following:

- The medical and psychiatric charts/records will be kept separate from the custody record.
- Data necessary for the classification, security and control of offenders will be provided to the appropriate Division personnel.
- Medical charts/records will be made available to appropriate Division personnel when required to defend any caused action by any offender against the LFUCG or Division.

9.e.vi Informed Consent (RFP Page 50)

Adherence to applicable informed consent regulations and standards of the local jurisdiction must be maintained. The successful bidder shall be responsible for maintaining all records.

Corizon Health will adhere to applicable informed consent regulations and standards of the local jurisdiction will be maintained. If awarded the new contract, Corizon Health understands that we are responsible for continuing to maintain all records.

9.e.vii Inactive Medical Records (RFP Page 50)

Inactive medical Charts/Records shall be maintained in accordance with the laws of the Commonwealth of Kentucky.

Corizon Health will continue to maintain inactive medical charts/records in accordance with the laws of the Commonwealth of Kentucky.

9.e.viii Court or Legal Documents (RFP Page 50)

Information concerning any court or legal documents affecting offenders and the medical Contract provider must be provided, in writing to the designated Division representative prior to the close of the shift of service/receipt.



Corizon Health understands that it must provide in writing information concerning any court or legal documents affecting offenders and Corizon Health to the designated Division representative prior to the close of the shift of service/receipt.

10. Quality Assurance Program (RFP Page 50)

- a. An on-going quality assurance program shall consist of regularly scheduled audits of offender health care services with documentation of deficiencies and plans for correction of deficiencies.
- b. The quality assurance plan shall include a provision for program and Contract monitoring (peer review) by an "outside" correctional health care consultant on an annual basis, the results of which shall be made available to the Director or his designee and the Bureau Manager – Facility Management. The cost shall be paid by the successful Contractor.

Our Site Team follows a monthly COR Process CQI Calendar to achieve compliance as delineated by contract. Using this calendar as a framework for consistency in data collection, analysis, and action plans, site leadership determines which quality indicators and monthly self-audit screenings closely mirror the process issues identified at the site.

Below is an excerpt from the **COR Process CQI Calendar**.

Month	Core Process Theme	Site Monthly Self-Audit Screen Selection	Total Compliance Score	Additional Screens/Process Study/Outcome Study Selection
January	Administrative Review	1401-AS Administrative Review Overview		
		1408-AS Employee Files		
February	Intake Receiving Screening	101-AS Screening Immediate State (Fit for Confinement)		
		102-AS Complete Intake Receiving Screening		
		103-AS Urgent Emergent		
		104-AS Minor Medical Needs		
		105-AS Behavioral Health		
		106-AS Suicide Risk		
		107-AS SAW		
		108-AS Dental		
		109-AS Chronic Care Special Needs		
		110-AS Medication Verification		
		111-AS Clinical Bulletins Additional Client Requirements		
March	Medication Management	112-AS Positive TB		
		113-AS Scabies/ Lice		
		200-AS Medication Administration Overview		
		201-AS Ordering Patient Specific		
		202-AS Back Up Pharmacy		
		203-AS Ordering Non-Patient Specific		
		204-AS Practitioner Cards		
		206-AS Receiving Non-Controlled Medication		
		207-AS Receiving Controlled Medication		
		208-AS Non-Controlled Substances-Returning to the Pharmacy		
209-AS Non-Controlled Substances-Disposal of Single Doses				
210-AS Controlled Substances-Disposal of Patient Specific				

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Corizon Health’s quality assurance program is fully described in *Section 2x.v.i Quality Improvement*.

Our quality assurance plan will include a provision for program and contract monitoring (peer review) by an "outside" correctional health care consultant on an annual basis. The results of the program and contract monitoring will be made available to the Director or his designee and the Bureau Manager – Facility Management. Corizon Health will pay for monitoring.

C. OUTLINE OF SERVICES TO BE PROVIDED



11. Financial Requirements (RFP Page 50)

- a. The successful Contractor shall be responsible for all costs related to offender health care services at each location including, but not limited to:
- i. Pharmaceutical/medical supplies including AIDs medications and serum for tuberculosis testing
 - ii. Office equipment and supplies to include forms, books, etc;
 - iii. Ambulance services;
 - iv. Personnel;
 - v. Required off-site emergent and non-emergent services (hospital, specialty services, dental, laboratory, radiology);
 - vi. Prosthesis;
 - vii. Sufficient copying equipment to support the Contract;
 - viii. Reimbursement for all long distance telephone charges incurred using telephone extensions;
 - ix. Contaminated waste disposal, cost shared on a 75/25 basis with the Division.
 - x. Ophthalmology (includes exam and glasses)
 - xi. Repair and maintenance of medical and dental equipment

Please see our response in Section D. Proposed Contract Price & Compensation.

D.
**PROPOSED CONTRACT
PRICE & COMPENSATION**





D. PROPOSED CONTRACT PRICE & COMPENSATION

PART I – PRICING (RFP PAGE 58)

The Proposer has carefully examined the proposal package and all conditions affecting the cost of service required by the Division of Community Corrections.

The Proposer certifies that any exceptions to the proposal specifications are noted on the attached exceptions form. All specifications not noted thereon are as requested. The Proposer also understands that any exceptions presented after the award, may be cause for cancellation of award.

We hereby propose to furnish the services described herein in accordance with the proposal package, except as noted on attached Exceptions Form:

Base Price

Corizon, LLC (Corizon Health) is pleased to submit this price proposal in response to the Lexington-Fayette Urban County Government's ("LFUCG") Request for Proposal #2-2019 for the provision of comprehensive health care services for the offenders housed at the Fayette County Detention Center ("FCDC") As requested, Corizon Health has proposed pricing for the initial year of the three-year contract term.

As your dedicated healthcare partner for 26 years, Corizon Health is the only RFP respondent who is intimately familiar with the FCDC personnel, programs, systems, initiatives, medical service unit, patient acuity, and overall cost to run the health care program. Our proposed pricing reflects this historical knowledge of actual costs, including the modified scope of services requested in this RFP.

Recognizing that the prior bid process generated concern over LFUCG's rising healthcare costs, Corizon Health has provided a summary of our July 2018 extension pricing compared to our first year price for this procurement.

	July 2018 extension		Year 1 Contract	
	Dollars in '000s	PIPD	Dollars in '000s	PIPD
<i>(in 000's)</i>				
Compensation & Benefits	3,131	7.15	3,172	5.99
Inpatient	16	0.04	33	0.06
Outpatient	259	0.59	242	0.46
Pharmacy (excl HIV)	240	0.55	263	0.50
Pharmacy HIV	291	0.66	480	0.91
Malpractice	379	0.87	392	0.74
All Other Direct Costs	138	0.32	137	0.26
Indirect costs	387	0.88	454	0.86
Management Fee	356	0.81	313	0.59
Contract Value	\$ 5,197	\$ 11.87	\$ 5,486	\$ 10.37
ADP	1,200		1,450	



As detailed below, there are certain areas that require the 2019 bid price increase to exceed three percent (3%) inflation year over year:

- Additional staffing added in November 2018; extension price included 2/3rds of the annual cost of this additional staff.
- Increase in ADP from 1,250 – 1,350 to a base of 1,450 – 1,550.
- Recent increase in prevalence of HIV patients receiving medication with current levels at 22 – 25 patients compared to historical levels of 12 – 14 patients treated
- Independent consultant requirement for quality assurance in RFP that is not currently required

While the annual increase of \$389,000 represents a 5.5% increase, the overall cost per offender has been reduced by 13%. The chart above shows Corizon Health’s current offer is approximately \$100,000 less than our RFP response one year ago. The reduction is derived from slightly lower staffing levels in the current RFP, offset by the higher ADP requirements in 2019 and one year of inflation.

FINANCIAL ASSUMPTIONS

In developing the fixed fee pricing, we have assumed financial responsibility for the components listed below:

- Comprehensive services to include all medical, dental, and pharmacy services for the entire offender population housed within the FCDC.
- Costs associated with maintaining a full complement of personnel.
- Costs associated with hospitalization, offsite and other contracted services, subject to the aggregate cap described later in this document.
- Costs associated with the provision of pharmacy services, subject to the clarifications identified later in this document.
- Professional Liability insurance in the amount of \$1 million per occurrence, \$3 million in the aggregate.
- Forms, supplies, books.
- Leasing of copying and fax equipment needed to support the contract.
- Medical equipment repair and maintenance.
- Ongoing support for the electronic medical record from our Kentucky partner, CorrecTek
- All required licensure, permits, and fees.
- Reimbursement for long distance telephone services for our staff.

ANNUAL FIXED FEE

It is the understanding of Corizon Health that the contract structure will be an annual fixed contract, with monthly billings representing one twelfth (1/12th) of the annual fee. Based on the language the RFP, Corizon Health has provided per diem for population fluctuations above 1,550 and below 1,450 ADP.



For purposes of Corizon Health's understanding, the average daily inmate population is defined by adding the inmate counts each day for every day in the month and dividing by the number of calendar days in the month.

PRICING FOR SUBSEQUENT YEARS

Corizon Health has provided both fixed pricing and cost plus a management fee reimbursement for the initial three-year contract term as required by the RFP. Corizon Health would be pleased to renew this contract for the two additional one-year renewal periods. Consistent with our current contract and RFP requirements, Corizon Health agrees that annual price adjustments to the fixed price and the variable per diem after the initial year contract term using the medical care component of the CPI table (South region – quoted for March each year) as published by the Bureau of Labor Statistics. In the event the LFUCG chooses to contract with a cost plus management fee, Corizon Health confirms that the management fee would increase by the CPI consistent with an annual fixed fee contract.

Corizon Health confirms billing and payment terms consistent with our current contract. Separate invoices and/or credit memos will be provided to the LFUCG for other adjustments as information is received from the FCDC. These services will be billed /credited within 15 days of receipt of the required information. Payment is due from the LFUCG within 30 days of invoice receipt. Credit memos issued (where applicable) may be deducted by the LFUCG from the next available payment.

ABSENT STAFF

Corizon Health's staffing plan for the base program reflects a total of 37.85 Full Time Equivalents (FTEs). The proposed staffing plan reflects the RFP staffing plan and is documented within the technical response. The RFP staffing mirrors our current contractual obligations, which were increased in 2018 by 6.4 FTEs of nursing coverage to accommodate medical intake and other services modifying the program towards NCCHC standards. As requested, we have also provided an alternate staffing plan for ADP of 1,450 reflecting a total of 39.6 FTEs, or 1.75 FTEs above the RFP staffing. The staffing changes include an increase of RN coverage of 1.8 FTEs, an increase of LPN coverage of 0.6 FTEs and a reduction of the Medical Records Clerk position by 0.65 FTEs. The rationale for these changes are itemized in our technical response. The cost difference for the **alternate staffing reflects an increase in base fees of \$225,000** for the initial year of the contract term. The annual amount for the additional staff would be adjusted by three percent (3.0%) on each anniversary of the initial three-year contract term.

Corizon Health believes that the alternate staffing plan of 39.60 FTEs represents the staffing levels necessary should the actual ADP increase and be sustained at 1,550 ADP. As such, the \$225,000 would also be the applicable amount of a contractual increase for our RFP required 1,550 ADP level staffing plan.

Corizon Health defines a 1.0 Full Time Equivalent (FTE) as 2,080 hours annually, inclusive of training, orientation, and paid leave (sick, vacation, holiday, personal leave, etc.). Corizon Health provides relief to cover absences for all direct patient care nursing positions. For management and clerical staff, duties are assigned to other individuals as necessary to ensure supervision and work is managed appropriately during absences.



The following paragraphs detail our understanding and approach to staffing paybacks, as defined in the current RFP.

Corizon Health confirms we will aggregate hours per position for each position from the Corizon Health timekeeping system. Paid hours (sick/vacation/personal/training/CME hours) will be included as hours provided for the month. Additional support for employees' time as evidenced by payroll information will also be considered in determining the total number of hours paid in meeting the 100% required threshold. Debit adjustments will not be made for any time in excess of the regular hours required by the contract.

Corizon Health will provide a credit memo to the LFUCG based upon the contracted hourly rate by position multiplied by the number of hours short of the 100% threshold in the above calculation. Part time, temporary, agency, locum, PRN and overtime hours paid to individuals will be included within the total to cover the required hours for the month. Corizon Health acknowledges that the LFUCG has limited agency and temporary (pool) nursing staff to no more than 15% of the hours required under this contract on a monthly basis. Failure to limit to the 15% will incur a penalty.

The monthly calculation of staffing requirements will compare the required number of FTEs by position, multiplied by eight (8) hours per day, multiplied by the number of week days in the calendar month at one hundred percent (100%). The sum of the hours required for the month will be compared to the total of actual hours paid for the same time period. For positions below the 100% threshold, Corizon Health will reimburse the LFUCG the difference between the 100% threshold and the total of all hours paid for the position. The hours will be credited at the corresponding budgeted hourly rates provided by Corizon Health. Corizon Health understands that a higher level position with hours above the 100% contract requirements can be used to fulfill requirements for a lower level position of a similar job family (i.e. physician can cover for a midlevel provider, RN hours can cover for LPN, etc.). Further, we understand that a lower level position cannot be used to cover for a higher level position.

Corizon Health will provide the LFUCG with monthly reports that itemize the current month activity. The official staffing reports will be provided to the LFUCG no later than the last calendar day of the month following the month of services (i.e. July 2019 staffing levels will be provided no later than August 31, 2019). Any credit due the LFUCG will be computed by Corizon Health and provided to LFUCG upon completion of the prior month's results. Due to the timing of payroll adjustments and agency / locum service reporting, final reports for a month will be issued to LFUCG no later than two calendar months after the completion of the month's service. Approval of final adjustments for monthly credits will occur within 90 days of the month of service.

Corizon Health requests that throughout the life of the contract and any extension terms, the LFUCG and Corizon Health periodically meet and review the proposed staffing plan. Corizon Health suggests these meetings occur as needed, but no less than a semi-annual basis. Either party may recommend changes to the staffing plan for consideration. These staffing reviews will provide the flexibility to ensure that the staffing plan meets the changing operational needs. Should the requested staffing changes be cost neutral for the contract and approved by both parties, the revised staffing plan and the associated changes will be documented in writing, signed by both parties, and implemented for the remainder of the contract.



INPATIENT, OUTPATIENT & CONTRACTED SERVICES

Corizon Health will be responsible for the first \$250,000 of hospital and specialty care costs as defined below. Costs that exceed this cap will be shared with the LFUCG on a pro-rata basis with the LFUCG being responsible for 50% of the aggregate costs that exceed the \$250,000, for the next \$50,000. Costs in excess of \$300,000 in total shall be the financial responsibility of the LFUCG. Corizon Health shall provide a monthly aggregate cap report on these expenses.

For purposes of definition, Corizon Health includes all of the following costs as part of inpatient, outpatient and contracted services:

- Inpatient medical hospitalization and associated physician fees not covered by Medicaid
- Outpatient surgeries/procedures
- Off-site physician and other specialty services, including those provided by telemedicine
- Emergency room services
- Off-site laboratory services
- Off-site radiology services
- Third party non-emergency transportation
- Other onsite specialty clinics (services not specifically delineated in proposal staffing plan)
- On-site and off-site dialysis services (hospital or clinic, including required medications), if medically necessary
- Off-site physical therapy services
- Off-site long-term facility and hospice care
- Off-site physician, dental and other specialist services
- Emergency ambulance services
- On-site laboratory and reference lab services
- On-site radiology, including overreads
- Optometry and audiology services
- Specialty telemedicine clinics, if performed
- Network premiums, administrative fees, third party scrubbing and repricing fees, if incurred

Corizon Health accepts full responsibility for the processing of payments to outside providers (hospital, ambulance, physicians, etc.) for the above contracted services not covered by Medicaid. Corizon Health proposes detail monthly reporting on the aggregate cap status, with quarterly reconciliations and billings/credits to the LFUCG based upon the trend of actual and anticipated costs. In the event any contract term is less than a full year, the above annual aggregate limits will be prorated based upon the actual months of service provided.

PHARMACEUTICALS

Corizon Health will assume financial responsibility for the cost of all medications, with the exception of HCV medications, psychotropic medications and those medications necessary for the treatment of blood disorders, including the associated charges to package and deliver medication to the institution. Corizon Health has assumed responsibility for the cost of all HIV medications in our proposed pricing. Consistent with our current contract arrangement, Corizon Health is proposing to bill back to the LFUCG our actual acquisition cost for all HCV medications and blood factor products provided at the facility.



Within the jail environment, treatments for blood disorders using Factors VIII and IX are very rare. These treatments include, but are not limited to, the following:

- Antihemophilic agents Coagulation Factor VIIa
- Antihemophilic Factor VIII
- Anti-Inhibitor Coagulant Complex
- Factor IX Concentrates
- von Willebrand Factor Complex

Rather than estimating an arbitrary amount to be included in the base price, Corizon Health has carved out the potential costs associated with the medications listed above. In the unusual event that these medications are required to treat offenders housed by the LFUCG, Corizon Health will provide these medications and bill the LFUCG our actual acquisition cost plus the dispensing fee. This clarification and exception has been included in the attached *Exceptions to the Specifications* page at the end of this narrative.

The LFUCG has clarified that the medical contractor will bill the mental health contractor directly for all psychotropic medications. The billing practice represents a change from the current process and will require Corizon Health to enter into a separate agreement with the mental health vendor. Should Bluegrass Behavioral Health decline to enter into a contract for the provision and payment of all psychotropic medications, Corizon Health requests that the LFUCG assist to resolve the issue.

Corizon Health defines Actual Acquisition Cost ("AAC") as the invoice price billed to Corizon for such services, including all prescription fees for the medication. Because Corizon Health has taken financial risk on the cost of medications (with the exception of HCV, psychotropic medication, and medications for the treatment of blood disorders), we have factored into our base pricing all applicable discounts, rebates, and refunds received from our pharmacy provider. This ensures the LFUCG receives the lowest cost program in the annual base price. Additional credits for rebates or discounts on non-billback drugs are not passed along to the LFUCG since the annual fee has already factored in the price reduction. Rebates and discounts earned on HCV, psychotropics and medications for the treatment of blood disorders will be passed along in the monthly billings.

In the event that medications shipped to the FCDC are returned to the pharmacy provider, credit for returned medications will be given on HCV, psychotropic medications and factor products equal to 100% of the credit Corizon Health receives from the pharmacy provider.

OTHER PROVISIONS

INFORMATION TECHNOLOGY

Corizon Health anticipates the ability to utilize the FCDC's local area (LAN) and wide area (WAN) networks for connectivity of Corizon Health provided computers both for administrative and clinical use. New or replacement computer equipment for use by medical and dental staff has not been contemplated in our proposed price. Should the LFUCG desire for Corizon Health to assume financial



responsible for this equipment, we would be happy to discuss this issue during oral presentations or contract negotiations.

As noted within the technical response, Corizon Health has provided the option to utilize telehealth services for secondary care at the FCDC. Should the LFUCG choose this optional service, the additional cost would be \$7,000 annually.

CAPITAL EQUIPMENT

Corizon Health acknowledges that we are financially responsible for the cost of medical and dental equipment repair and maintenance. We also confirm that we will provide office and copying equipment. Replacement equipment or new equipment required for medical or dental services has not been contemplated in our proposed price.

OTHER CONTRACT LANGUAGE

As part of this response, Corizon Health requests that the parties meet to incorporate the following suggested language within a final contract:

CHANGES IN SCOPE LANGUAGE

Should any of the following occur:

- a) any applicable law, statute, rule regulation, standard, court order or decree, or any policy, practice, or procedure of any applicable governmental unit, agency or office (including but not limited to the federal, state or local courts, legislative bodies, and agencies, including the County or its respective officers or agents) be adopted, implemented, amended, or changed; or if
- b) any mandated community or contemporary standard of care or treatment protocol changes or evolves in any material respect, or if any mandated medication or therapy is introduced to treat any illness, disease or condition, which may result in a more expensive treatment; or if
- c) any of the cost or historical information upon which Corizon Health based its Proposal proves to be inaccurate or incomplete, including any facility additions or closures;

and if any such change as described in sub-section (a), (b), or (c) materially affects the cost to Corizon Health of providing healthcare services or impacts the scope of services or staffing hereunder, Corizon Health and the County agree to meet to negotiate compensation or service requirement changes. The parties agree to meet and negotiate in good faith within thirty (30) days following the giving of notice by one party to the other party of a change (whether such change is anticipated or implemented). If the parties fail to reach agreement regarding compensation or service requirement changes within the foregoing thirty (30) day period, then either the County or Corizon Health may terminate this Agreement with ninety (90) days notice.



OWNERSHIP OF PROPOSALS

By accepting this Proposal, the LFUCG hereby acknowledges that certain information and documents provided by Corizon Health and/or used by Corizon Health in fulfilling its contract obligations are proprietary, confidential, and constitute trade secrets including, among other things, Policies and Procedures, Corizon Health developed forms and Financial Information.

The LFUCG hereby agrees to keep confidential all Corizon Health documents so marked. The LFUCG further agrees to limit the access to Corizon Health Confidential or Proprietary information or documentation strictly to employees and representatives (such as attorneys or consultants) who have a need to know the Confidential or Proprietary information and who have been informed of the obligation to keep such information or documents confidential.

The LFUCG further agrees that any such information or documentation will not be disclosed to third parties unless Corizon Health specifically authorizes disclosure in advance, so that Corizon Health may have the opportunity to intervene to protect its Confidential and Proprietary information from public disclosure.

INDEMNIFICATION

Corizon Health hereby indemnifies and holds the Division harmless up to the limits of Corizon Health's applicable insurance policy, from and against any claims against the Division proximately caused by negligence in treatment rendered by Corizon Health personnel; provided, however, that Corizon Health will not be responsible for any claim arising out of the Division or its employees, agents, or contractors: (i) preventing an offender from receiving services ordered by Corizon Health or its agents or contractors; (ii) failing to exercise good judgment in promptly presenting an offender to Corizon Health for service; or (iii) own acts or omissions, including negligence or willful misconduct. The Division agrees to notify Corizon Health's Legal Department in writing within thirty (30) days after the Division has received written notice of a claim. Corizon Health's indemnification and defense obligations hereunder will not apply for expenses incurred or settlements offered or effected, prior to notice to Corizon Health. Corizon Health shall have the right to control the defense and/or settlement of the claim.

TOTAL ANNUAL PROGRAM COSTS

As noted above, Corizon Health has provided both the fixed annual fee and cost plus management fee pricing for each year of the three-year contract term based upon 1,450 offenders as requested in the RFP. As your current healthcare partner, we are intimately familiar with the services required and changes needed to fully meet the medical and dental health care needs of the offenders housed at the FCDC.

We recognize that our proposed price for services represents more than a general CPI increase over the current contract value. **As such, Corizon Health is prepared to discuss and negotiate any and all components of our proposed pricing to achieve the best possible program with the most efficient cost.**



We strongly believe that Corizon Health is the best partner for the Lexington-Fayette Urban County Government, investing in an even stronger and innovative partnership, providing our cost effective healthcare program to the FCDC offenders.

To highlight additional cost information not included on pricing forms:

Alternate staffing plan for 1,450 ADP	\$225,000	first year price – additional cost
Staffing plan for ADP above 1,550	\$225,000	first year price – additional cost
Telemedicine equipment	\$ 7,000	first year price – additional cost

The required pricing forms include both an annual fixed fee reimbursement, as well as a potential for a cost plus management fee reimbursement. Corizon Health has taken the approach that the underlying cost assumptions between the two programs will be the same – **we will not change our oversight or philosophy on cost containment because of a change in the contract structure that shifts more risk to the LFUCG.** Our proposed pricing has separately identified administrative expenses that are directly related to onsite services under the title “Onsite Other Direct Expenses”. This category includes office supplies and equipment, medical waste, employee related expenses, travel, professional fees, IT related expenses, dues & subscriptions and other minor items that the facility requires on a day to day basis.

The category of Federal, State, Local Taxes & Licenses only includes expense that can be uniquely identified as related to the LFUCG contract. Corizon Health does not calculate or allocate our Federal and State taxes at a contract level. These expenses are included in our Corporate Administrative Fee.

The category of Administrative Expenses isolates the cost of our Community Operations team and our corporate overhead. The Community Operations team includes resources such as our Vice President of Operations Karen Davies, Regional Vice President Maria O’Neal and our Regional Medical Director, Dr. Jerry Robbins. Our corporate overhead includes all of the additional support for services such as legal, clinical programs, finance, human resources and information technology. The corporate overhead also includes all corporate interest expense, taxes and our management fee.

To be transparent with the LFUCG, Corizon Health does not take indirect expenses and “hide” amounts in the site level expense categories, artificially lowering the contract administration cost. The data completed in the pricing forms represents Corizon Health’s best estimate of actual expenses that will be incurred at the FCDC, with the “Administrative Fee” or “Margin Amount” clearly isolated. Our expected cost to support this program does not change depending upon the type of contracting model offered.

The LFUCG will note that both the Aggregate Cap and Cost Plus models have the same \$275,000 value for offsite and contracted services. We acknowledge that the actual cost for these services has exceeded the \$275,000 limit in the past and may likely do so in the future. Arbitrarily adding any amount to the cost plus model worksheets would artificially increase the margin dollars (administrative costs) for this response. Additionally, Corizon Health offers to the LFUCG the option to have a **cost plus a fixed dollar management fee**, rather than a management fee that would increase should expenses exceed budget.

The required pricing schedules and exception form follow.

PART 1 - PRICING

The Proposer has carefully examined the proposal package and all conditions affecting the cost of the service required by the Division of Community Corrections.

The Proposer certifies that any exceptions to the proposal specification are noted on the attached exceptions form. All specifications not noted thereon are as requested. The Proposer also understands that any exceptions presented after the award, may be cause for cancellation of award.

We hereby propose to furnish the services described herein in accordance with the proposal package, except as noted on attached Exceptions Form:

COST OF CONTRACT - 1450 Offenders (This cost will be the total of all price breakdowns as listed below and should be based on an assumed billable population range of 1450 - 1550). Vendors must also complete the cost breakout sheets enclosed for each year.

Contract Model (\$250,000 Aggregate Cap)		Per Diem Cost	
Year One	\$ 5,501,977	\$	1.50
Year Two	\$ 5,662,807	\$	1.57
Year Three	\$ 5,829,677	\$	1.64

Contract Model (Cost Plus)		Per Diem Cost	
Year One	\$ 5,501,977	\$	N/A
Year Two	\$ 5,662,807	\$	N/A
Year Three	\$ 5,829,677	\$	N/A

STAFFING RATES

Position	Hours per Week	FTE	Rates	Benefits	Fully Loaded Rate
Day shift					
Administrator	40	1.00	42.84	6.85	49.69
Director of Nursing	40	1.00	40.80	6.53	47.33
Medical Provider	40	1.00	156.08	24.97	181.05
Midlevel Practitioner	40	1.00	53.50	8.56	62.06
RN	192	4.80	35.13	5.62	40.75
LPN	264	6.60	23.92	3.83	27.75
Administrative Assistant	40	1.00	14.42	2.31	16.73
Medical Records Clerk	66	1.65	14.20	2.27	16.47
Dentist	20	0.50	73.00	7.30	80.30
Dental Assistant	20	0.50	16.32	1.63	17.95
C.N.A.	40	1.00	15.37	2.46	17.83
ACA Coordinator	40	1.00	14.08	2.25	16.33
Evening Shift					
RN	112	2.80	35.13	5.62	40.75
LPN	224	5.60	23.92	3.83	27.75
Night Shift					
RN	112	2.80	35.13	5.62	40.75
LPN	224	5.60	23.92	3.83	27.75
Total Staffing	1,514	37.85			

\$250,000 Aggregate Cost Tables

A. First Year of Contract

Provide total sum price for the following categories:

Employee Benefit and Salaries	\$	3,172,320
On-Site Medical Expenses	\$	40,100
Medical Supplies	\$	48,720
Pharmacy	\$	743,890
Emergency Room	\$	113,984
In-Patient Hospitalization	\$	20,112
Out-Patient One Day	\$	58,074
Off-Site Specialty Consult	\$	42,730
Malpractice Insurance	\$	391,500
Electronic Medical Record	\$	30,000
Onsite Other Direct Expenses	\$	69,560
Administrative Costs	\$	769,127
Federal, State, Local Taxes & Licenses	\$	1,860
Total Cost First Year	\$	5,501,977
Per Diem (if any)		1.50

\$250,000 Aggregate Cost Tables

B. Second Year of Contract

Provide total sum price for the following categories:

Employee Benefit and Salaries	\$ <u>3,251,628</u>
On-Site Medical Expenses	\$ <u>40,100</u>
Medical Supplies	\$ <u>50,182</u>
Pharmacy	\$ <u>778,675</u>
Emergency Room	\$ <u>113,984</u>
In-Patient Hospitalization	\$ <u>20,112</u>
Out-Patient One Day	\$ <u>58,074</u>
Off-Site Specialty Consult	\$ <u>42,730</u>
Malpractice Insurance	\$ <u>411,075</u>
Electronic Medical Record	\$ <u>30,750</u>
Onsite Other Direct Expenses	\$ <u>70,919</u>
Administrative Costs	\$ <u>792,671</u>
Federal State, Local Taxes & Licenses	\$ <u>1,907</u>
Total Cost Second Year	\$ <u>5,662,807</u>
Per Diem (if any)	<u>1.57</u>

\$250,000 Aggregate Cost Tables

C. Third Year of Contract

Provide total sum price for the following categories:

Employee Benefit and Salaries	\$ <u>3,332,918</u>
On-Site Medical Expenses	\$ <u>40,100</u>
Medical Supplies	\$ <u>51,687</u>
Pharmacy	\$ <u>815,192</u>
Emergency Room	\$ <u>113,984</u>
In-Patient Hospitalization	\$ <u>20,112</u>
Out-Patient One Day	\$ <u>58,074</u>
Off-Site Specialty Consult	\$ <u>42,730</u>
Malpractice Insurance	\$ <u>431,629</u>
Electronic Medical Record	\$ <u>31,519</u>
Onsite Other Direct Expenses	\$ <u>72,693</u>
Administrative Costs	\$ <u>817,085</u>
Federal State, Local Taxes & Licenses	\$ <u>1,954</u>
Total Cost Third Year	\$ <u>5,829,677</u>
Per Diem (if any)	<u>1.64</u>

Cost-Plus Model

B. First Year of Contract

Provide total sum price for the following categories:

Employee Benefit and Salaries	<u>\$ 3,172,320</u>
On-Site Medical Expenses	<u>\$ 40,100</u>
Medical Supplies	<u>\$ 48,720</u>
Pharmacy	<u>\$ 743,890</u>
Emergency Room	<u>\$ 113,984</u>
In-Patient Hospitalization	<u>\$ 20,112</u>
Out-Patient One Day	<u>\$ 58,074</u>
Off-Site Specialty Consult	<u>\$ 42,730</u>
Malpractice Insurance	<u>\$ 391,500</u>
Electronic Medical Record	<u>\$ 30,000</u>
Onsite Other Direct Expenses	<u>\$ 69,560</u>
Administrative Costs	<u></u>
Federal State, Local Taxes & Licenses	<u>\$ 1,860</u>
Margin Percentage	<u>16.3% *</u>
Margin \$	<u>\$ 769,127 *</u>
Total Cost First Year	<u>\$ 5,501,977</u>
Per Diem (if any)	<u>N/A</u>

* Please refer to Proposed Contract Price & Compensation for further clarifications.

Cost-Plus Model

C. First Year of Contract

Provide total sum price for the following categories:

Employee Benefit and Salaries	\$	3,251,628
On-Site Medical Expenses	\$	40,100
Medical Supplies	\$	50,182
Pharmacy	\$	778,675
Emergency Room	\$	113,984
In-Patient Hospitalization	\$	20,112
Out-Patient One Day	\$	58,074
Off-Site Specialty Consult	\$	42,730
Malpractice Insurance	\$	411,075
Electronic Medical Record	\$	30,750
Onsite Other Direct Expenses	\$	70,919
Administrative Costs		
Federal State, Local Taxes & Licenses	\$	1,907
Margin Percentage	16.3%	*
Margin \$	\$	792,671
Total Cost Second Year	\$	5,662,807
Per Diem (if any)		N/A

* Please refer to Proposed Contract Price & Compensation for further clarifications.

Cost-Plus Model

D. Third Year of Contract

Provide total sum price for the following categories:

Employee Benefit and Salaries	\$	3,332,918
On-Site Medical Expenses	\$	40,100
Medical Supplies	\$	51,687
Pharmacy	\$	815,192
Emergency Room	\$	113,984
In-Patient Hospitalization	\$	20,112
Out-Patient One Day	\$	58,074
Off-Site Specialty Consult	\$	42,730
Malpractice Insurance	\$	431,629
Electronic Medical Record	\$	31,519
Onsite Other Direct Expenses	\$	72,693
Administrative Costs		
Federal State, Local Taxes & Licenses	\$	1,954
Margin Percentage	16.3%	*
Margin \$	\$	817,085 *
Total Cost Third Year	\$	5,829,677
Per Diem (if any)		N/A

* Please refer to Proposed Contract Price & Compensation for further clarifications.



EXCEPTION FORM

In accordance with the requirement on page 2 of the Request for Proposals (RFP), "Any exceptions to the specifications established herein shall be listed in detail on a separate sheet and attached hereto." Corizon Health takes the following exception:

Corizon Health takes exception to assuming financial responsibility for certain medications. As described in more detail in our pricing narrative, Corizon Health will assume financial responsibility for the cost of all medications, with the exception of HCV medications, psychotropic medications and those medications necessary for the treatment of blood disorders, including the associated charges to package and deliver medication to the institution.

EXCEPTION FORM

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT

OFFENDER HEALTH SERVICES

RFP #2-2019 | FEBRUARY 14, 2019

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ATTACHMENTS



1. Resumes



KRISTIN FRYMAN, LPN, CCHP

Health Services Administrator

EDUCATION

- LPN, Bluegrass Community and Technical College, Lexington, Kentucky

PROFESSIONAL EXPERIENCE

- **Health Services Administrator, Corizon Health, Fayette County Detention Center, Lexington, KY, January 2016 – Present.**
 - Manage 35+ employees
 - Staffing and scheduling of all employees
 - Interview, hire, and onboard new employees
 - Kronos management
 - Financial and statistical reports
 - Implement and follow Policy & Procedures
 - Maintain excellent client relationships
 - Manage the completion of the Vivitrol Treatment at facility
 - Implemented a Hemoglobin A1C study to identify diabetics
 - Liaison for outside agencies, including communication and relationship building with offsite providers, judges, and attorneys
 - Prepare for NCCHC accreditation
- **Compliance Coordinator, Corizon Health, Fayette County Detention Center, Lexington, KY, April 2014 – January 2016.**
 - Oversaw Continuous Quality Improvement
 - Medicaid Process (Understood and implemented current process on every patient admitted in hospital for 24 hours), including education of other facilities on process
 - Saved client over \$1 million on Medicaid Process resulting in added position in Corizon contract for billing
 - Assisted with completion of audits at other Corizon contract facilities
 - Implemented ordering federal patient medications
 - Worked closely with Utilization Management team and University of Kentucky hospital on patient discharge prior to their return to facility
 - HB 191
 - Implemented process with University of Kentucky to admit pregnant inmates to the hospital for detox
 - Liaison for outside agencies, including communication and positive relationships with offsite providers, judges, and attorneys
 - Played key role in implementation of electronic Health Information Exchange
 - Monitored contract compliance and grievance process
 - Implemented Medroom



- **Administrative Assistant, Corizon Health, Fayette County Detention Center, Lexington, KY, July 2006 – April 2014.**
 - Oriented new employees
 - Maintained employee files
 - Ensured all licensure, credentialing, CPR and TB skin tests
 - Liaison for outside agencies
 - Ordered supplies
 - Scheduled all offsite appointments and assisted with billing
 - Maintained monthly statistics and logs
 - Daily administrative operations

- **Medical Records Clerk, Corizon Health, Fayette County Detention Center, Lexington, KY, July 2005 – July 2006.**
 - Completed and managed all release of information
 - Managed inmate health information and confidentiality
 - Prioritized sick call list
 - Maintained, organized, and purged medical files for 1200+ bed facility

- **Certified Nursing Assistant, Corizon Health, Fayette County Detention Center, Lexington, KY, July 2001 – April 2005.**
 - Worked directly with doctor during patient care to support lab draws, EKGs, and sterilization of instruments
 - Prioritized sick call list
 - Assisted provider with formulary and/or process of all non-formulary
 - Completed pharmacy orders

- **Certified Nursing Assistant, Johnson Mathers Healthcare, Lexington, KY, July 2001 – December 2008.**
 - Provided patient care
 - Completed charting

CERTIFICATION

- American Heart Association, Basic Life Support

MICHELE MARIE WELLING, M.D., C.C.D.

Medical Director

EDUCATION AND TRAINING

- Certified Trainer and Coach, Emotional Brain Training, San Francisco, CA, 2014
- Certified Clinical Densitometrist, International Society for Clinical Densitometry, 2006
- Internship and Residency, University of Kentucky Chandler Medical Center, Lexington, Kentucky, Accelerated Internal Medicine, 1991 – 1994
- M.D., University of Kentucky College of Medicine, Lexington, Kentucky, 1988 – 1992
- B.S., University of Kentucky, Lexington, Kentucky, 1984 – 1988

PROFESSIONAL EXPERIENCE

- **Medical Director, Corizon Health, Fayette County Detention Center, Lexington, KY, March 2017 – Present.**
- **Private Practice, Owner of Primary Care Center, Versailles, KY, 2/99 – Present.**
- **Medical Director, Anderson Family Health Center, Lawrenceburg, KY, 10/96 – 2/99.**
- **Primary Care Physician, Sun Life Family Health Center, Casa Grande, AZ, 8/94 – 10/96.**

HOSPITAL AFFILIATIONS

- **Active Staff Medicine, Bluegrass Community Hospital, Versailles, KY, 10/96 – Present.**
- **Active Staff Medicine, Frankfort Regional Medical Center, Frankfort, KY, 2/98 – 2002.**
- **Active Staff Medicine, Casa Grande Regional Medical Center, Casa Grande, AZ, 8/94 – 10/96.**

PROFESSIONAL ACTIVITIES

- Board of Trustees, Woodford County Health Department, 2003 – Present.
- Board of Trustees and Chairman Board Development Committee, Life Adventure Center, Woodford County, KY, 2014 – Present.
- Consultant/Speaker, Eli Lilly, Novartis, GlaxoSmithKine
- Chief of Staff, Bluegrass Community Hospital, 2004 – 2008.
- Chief of Medicine, Bluegrass Community Hospital, 2008 – Present.
- Executive Committee Member, Bluegrass Community Hospital, 2004 – Present.
- Member, Board of Trustees, Bluegrass Community Hospital, 2001 – 2008.
- Chairman, Board of Trustees, Bluegrass Community Hospital, 2001 – 2004.
- ACLS Experienced Provider Certification and Instructor, 1999 – Present.
- Medical Director for Hospice of Bluegrass, Woodford County, 1997 – 2014.
- Associate Medical Director, Anderson County Emergency Medical Service, Lawrenceburg, KY, 10/96 – 2/99.



- Medical Director, Woodford County Health Department, 1997 – Present.
- Community Faculty/Professor, UK College of Allied Health, Physician Assistant Program, 1996 – Present.
- Member ICU/CCU Committee, Woodford Memorial Hospital, 1996 – 1999.
- Member Utilization Review Committee, Woodford Memorial Hospital, 1996 – 1999.
- Assistant Medical Director, Regional Access Health Plans, Casa Grande, AZ, 1995 – 1996.
- Adjunct Professor/Faculty, Arizona State University College of Nursing, Tempe, AZ, 1994 – 1996.
- Chairman, Internal Medicine Review Committee, Casa Grande, Regional Medical Center, 1995.
- President, Pharmacy and Therapeutics Committee, Casa Grande Regional Medical Center, 1995 – 1996.
- Member, Advisory Committee, El Sol Home Health Agency, Casa Grande, AZ, 1996.
- Instructor, Physical Diagnosis Course, Physician Assistant Program, University of Kentucky College of Allied Health, 1989 – 1990.
- Instructor, AIDS Education Project, Lexington, KY, 1989 – 1990.
- Patient Representative, Good Samaritan Hospital, Lexington, KY, 1986 – 1988.
- President, Labor Coaching Association for Parent Education, Lexington, KY, 1978 – 1980.

PROFESSIONAL MEMBERSHIPS

- American College Internal Medicine
- American College of Physicians
- The International Society for Clinical Densitometry
- Kentucky Medical Association
- American Medical Association
- American Academy of Hospice and Palliative Care Medicine
- American Academy of Managed Care Medicine

LICENSURE

- Kentucky 29823
- Florida ME124647
- DEA BB3699420 (Schedules 2, 2N, 3, 3N, 4, 5) and SB3699420 DW/100

PUBLICATIONS

- Smith, DW, Kearney, PA, BLANCHARD M, Barker DE, Johnson SB. A Cost-Reimbursement Analysis of Octagenarians Requiring Intensive Care. Presented at the Society of Critical Care Medicine Annual Symposium, 1991.

MARIA O'NEAL, MHA, CCHP

Regional Vice President

Ms. O'Neal serves as the single point of contact for the Lexington-Fayette County contract. She manages and evaluates the activities of the medical program based on the company's goals, objectives, aims and philosophy, according to NCCHC and ACA standards and contractual obligations. She oversees the implementation and monitoring of all contractually required operational services and supervises the Health Service Administrator, Kristin Fryman. In conjunction with the Regional Medical Director, implements and systematically monitors clinical quality oversight to ensure continuous quality of care is provided at the site in accordance to Corizon Health's practices, NCCHC, ACA, State and County laws. Ms. O'Neal is an NCCHC Certified Correctional Health Professional.

EDUCATION

- Master of Health Administration, University of Phoenix, July 2013
- Bachelor of Arts – Organizational Management, Warner Southern Christian College, Lake Wales, FL, April 2003
- Associates in Arts – Management Information Systems, Miami Dade Community School, Miami, FL, April 1997
- Associates in Science in Electronics Circuits and Systems, TCI School of Technology, New York, NY, March 1987

PROFESSIONAL EXPERIENCE

- **Regional Vice President, Corizon Health, Central Midwest Region, January 2017 – Present.**
 - Oversee the management of 7 contracts with multidiscipline health care operations comprising of 14 facilities with an ADP of 6100 and 500 employees.
 - Accountable for the deliverables of contract service level of agreements to ensure successful adherence to contract requirements.
 - Monitor and track sites utilization of best practices for the quality of care in accordance with Corizon Core Practices, Mission, Vision, and NCCHC and ACA guidelines.
 - Liaison for site leadership to assist with recruitment of medical talent and retention initiatives.
- **Health Service Administrator, Corizon Health, Fulton County Jail, GA, June 2011 – January 2017.**
 - Management of a multidiscipline health care operations consisting of over 220+ employees, over 2500 bed facility, in junction with multidisciplinary supports to include pharmaceutical, dialysis services, dental, and radiology.
 - Successful management of a \$16+ million annual budget.
 - Excellent interpersonal skills; negotiating skills with all level of internal management and staff, outside clients, and vendors.
 - Highly versed and advanced computer skills in Microsoft Office Suite and other applications/systems.
- **CMA, Atlanta, GA, 2006 – 2011.**
- **Quality Assurance / Administrative Manager**



- Manage health services activities, including plans and operations to ensure patient care administration.
- Responsible for supervising and maintaining the administrative functions, ancillary services, and integrity of the delivery of care.
- Investigate and answer medical grievances with findings and corrective actions.
- Forward valid grievances to the Risk Management department with findings to further investigate staff when grievances are found to be valid.
- Oversee the collection of data for various daily, weekly, monthly, or annual statistical (CQI/MAC) reports for the Medical director and Corporate Office, and forward approved documents to Sheriff's office, Federal Court Monitor, or other relevant parties.
- Monitor and ensure compliance with all applicable local, state, and national health care standards, including the National Commission on Correctional Health Care.
- Conduct monthly meetings with administrators and health care leadership to evaluate statistical data, program needs, and problems.
- **Continuous Quality Improvement Coordinator**
 - As a CQI coordinator offered a continuous Quality improvement plan focusing on improving the quality of service delivered through a continuous and incremental process set forth by policies and procedures, NCCHC accreditation, and national CDC benchmarks.
 - Duties include gathering of data, data entry, processing data that were conducted via audits, studies, and statistical findings, and reporting back to officers and directors.
 - Identify areas of improvements, assist in the in-service of staff of department to correct deficiencies, and /or modify or create new process when needed.
 - Manage and maintain the direction and coordination of the clinical activities of the program to ensure compliance with acceptable standards of practice and established policies and procedures.
 - Maintain confidentiality in all areas in accordance with HIPPA procedures.
- **Operations Manager, SARCOM, Orlando, FL, November 2000 – October 2006.**
 - Create and maintain annual budgets, review and manage daily profit & loss reports, audit project P&L, review operational processes for sales and service department, create and/or modify internal process procedures to ensure quality control of service rendered.
 - Maintain teamwork environment with other departments through proper communication. Verify and audit commission's calculations for payroll purposes.
 - Negotiate contracts and services with vendors.
 - Measure profitability and percentages of billable associates and maintain proper productivity reports.
 - Handle counseling, terminations, warnings, employee development sessions, and performance reviews. General Manager tasks, along with supervision of field technicians.
- **Marketing/Operations Manager, MicroAge, Miami, FL, March 1996 – July 2000.**
 - Managed day-to-day operations of staff located at the celebration office.
 - Responsible for managing technical support team for forty-one locations of Knight-Ridder Corporation throughout the United States.
 - Supervised and delegated on-site technicians, service and service reports.
- **Marketing Manager, Bay Resources, Inc., Miami, FL, March 1993 – February 1996.**
 - Managed the Inside Sales Team.

- Responsible in the management of key accounts, which included providing general service proposals and lease contracts.
- Delegated and reviewed other customer proposal request with the marketing staff.

CERTIFICATION, TRAINING AND SKILLS

- Certified Correctional Healthcare Professional, National Commission on Correctional Health Care (NCHC), Chicago, IL, July 2008
- Project Management at SARCOM, January 2001
- Dale Carnegie Course, Improving Performance and Personal Effectiveness, Developing Leadership Skills, Public Communication Skills and Management Skills, June 1995

JERRY EDWARD “ED” ROBBINS, II, MD

Regional Medical Director

Dr. Robbins oversees the delivery of health care services for Corizon Health community corrections contracts in the Southeast. He works directly with Corizon Health’s Chief Medical Officer and on-site clinical and administrative personnel to ensure that safe and efficient health care services are provided at each facility.

Dr. Robbins is responsible for oversight of utilization management (inpatient / outpatient care and pharmacy utilization), quality improvement initiatives and reports, appropriate disease management and training and education of practitioners. He also collaborates with Corizon Health partners to assure their needs and expectations are adequately fulfilled, if not exceeded.

Dr. Robbins most recently served for two years as Corizon Health’s Medical Director at the Alabama Department of Corrections’ Limestone Correctional Facility in Decatur, AL. He has over 24 years of emergency department experience.

EDUCATION

- Internship/Residency, University of Mississippi, Jackson, MS, June 1993 – September 1994
- M.D., University of Alabama – Birmingham, Birmingham, AL, August 1989 – May 1993
- B.S., University of Alabama, Tuscaloosa, AL, August 1987 – August 1989

PROFESSIONAL EXPERIENCE

- **Regional Medical Director – Southeast, Corizon Health, April 2018 – Present.**
- **Medical Director – Limestone Correctional Facility, Corizon Health, Decatur, AL, January 2016 – March 2018.**
- **Physician, Emergency Department – Decatur Morgan Hospital, Decatur, AL, September 2011 – Present.**
- **Director, Emergency Department – Parkway Medical Center, Decatur, AL, May 2007 – October 2013.**
- **Director, Emergency Department - Woodland Medical Center, Cullman, AL, October 2001 – May 2007.**
- **Physician, Emergency Department – Decatur General Hospital, Decatur, AL, August 1999 – October 2001.**
- **Director, Emergency Department – Parkway Medical Center, Decatur, AL, November 1997 – August 1999.**



- **Physician, Emergency Department – Parkview Medical Center, Vicksburg, MS, June 1996 – September 1997.**
- **Director, Emergency Department – Madison County Medical Center, Canton, MS, September 1994 – June 1996.**

LICENSES AND CERTIFICATIONS

- MD, Alabama
- BLS, Current
- ACLS, Current
- ATLS, Current
- PALS, Current
- Tactical Medicine – Board Eligible
- Drug Dependency
- Wilderness Medicine

PROFESSIONAL AFFILIATIONS

- Reserve Deputy Sheriff, Morgan County (AL)
- Medical Control Officer, Hartselle (AL) Fire Department
- Medical Control Officer, Priceville (AL) Fire Department
- Medical Control Officer, Hillsboro (AL) Fire and EMS Department
- Medical Control Officer, Faulkville (AL) Fire Department

MILITARY SERVICE

- Alabama National Guard, 1990 – 1995 (Honorable Discharge as Major)
- U.S. Army Reserve, 1987 – 1995
- U.S. Army, Active Duty, 1983 – 1987 (Honorable Discharge as Sergeant)
 - Russian analyst with Top Secret SCI Clearance

STEPHEN “STEVE” A. RECTOR

Chief Executive Officer

As Corizon Health’s Chief Executive Officer, Mr. Rector is responsible for setting the strategic direction of the company and leading the company to reach its full potential as the nation’s correctional healthcare provider of choice. His 28-year career is distinguished by repeated success leading financial, operational, and cultural turnaround initiatives for large, complex healthcare providers.

Prior to joining Corizon Health in December 2017, Mr. Rector served as Division Vice President for Community Health Systems, Inc., one of the nation’s leading operators of general acute care hospitals. Along with the acute care facilities, his responsibilities included ambulatory surgery centers, urgent care clinics and free-standing emergency rooms. In October 2016, Mr. Rector was tasked with turning around CHS’s underperforming Florida division where he assumed responsibility for 18 acute care facilities and all corresponding outpatient facilities. At the time he accepted the CEO position with Corizon Health, CHS’s Florida operations were tracking performance increases of as much as 98%.

Mr. Rector’s executive experience includes serving as CEO of HCA’s Regional Medical Center in Bayonet Point, FL and CEO of South Bay Hospital in Sun City Center, FL; Chief Operating Officer of North Florida Regional Medical Center in Gainesville, FL; and as Regional Director for Nashville, Tennessee-based LifePoint Hospitals. He began his career at Saint Thomas Health Services in Nashville where he was tapped for increasingly responsible roles, culminating in leading the hospital’s rural network of physician-practice-management operations.

A Kentucky native, Mr. Rector holds a Master’s Degree in Health Administration from Washington University School of Medicine in St. Louis, MO, and a B.S. in Healthcare Administration from Western Kentucky University in Bowling Green, KY.

EDUCATION

- M.H.A., Health Administration Program, Washington University School of Medicine, St. Louis, MO, 1996
- B.S., Healthcare Administration, Western Kentucky University, Bowling Green, KY, 1990

PROFESSIONAL EXPERIENCE

- **Chief Executive Officer, Corizon Health, Brentwood, TN, December 2017 – Present.**
- **Division Vice President, Community Health Systems (CHS), Franklin, TN, 2011 – 2017.**
 - P&L responsibility for facilities in the following states over the last six years: AR, LA, TX, MO and FL. Along with acute care facilities. Responsibilities included Ambulatory Surgery Centers, Urgent Care Clinics and Free Standing Emergency Rooms.
 - Defining new market opportunities for “retail healthcare” locations was a major focus. Consistently driving improved metrics year over year, responsibilities continued to expand. Ultimately reaching 33 hospitals across four states. Improved 2015 EBITDA to \$627M (11.5%



- over PY). Skills and knowledge in M&A have grown tremendously as he was one of the lead negotiators in many projects including the following:
- Acquisition and employment of a 110 Provider private group in TX. Culminating in a construction project that doubled the bed and OR capacity of the acute care facility associated with the acquisition. EBITDA grew nearly 70% over the next 24 months post acquisition.
 - Acquisition of a physician owned surgical hospital in LA. Culminated in surgical growth exceeding 100% over the next 12 months and a double digit increase the following 12 months. Acute Care facility associated with the acquisition returned to positive EBITDA for the first time in over 3 years.
 - Acquisition of a physician owned surgical hospital in AR. Culminated in network surgical growth of nearly 5000 procedures.
- In October of 2016 he was asked to move focus to Florida due to underperformance in the State. He had responsibility for 18 facilities and all corresponding outpatient facilities. Q1 EBITDA performance increased 98% over PQ and 28% over PY. Focus on Outpatient Retail locations to drive volume and earnings were a large part of his focus in Florida.
- **HCA – The Healthcare Company, 2000 – 2011.**
Chief Executive Officer, Regional Medical Center (RMCBP), Bayonet Point, FL, 2006 – 2011.
 - As a part of HCA, the nation’s leading provider of healthcare services with ~170 hospitals and 70 outpatient surgery centers in 24 states, England, and Switzerland. RMCBP is a 290-bed adult acute care facility in suburban Tampa. RMCBP is a regional referral center for Cardiac, Stroke, Orthopedics and Neurosurgery with projected gross revenues over \$1 billion and net revenues over \$210 million for FY 2008. Projected operating expenses are \$174 million with 950 total FTE's. EBITDA reached over \$36 million in FY 2010.**Chief Executive Officer, South Bay Hospital, Sun City Center, FL, 2003 – 2006.**
 - South Bay Hospital is a 112-bed adult acute care hospital with net revenues of \$67M and EBDITA of approximately \$8.5M. South Bay also has one freestanding outpatient diagnostic imaging facility. The hospital is located in a high growth area and is currently approved to build a new hospital on 61 acres to expand its outpatient and acute care services.**Chief Operating Officer, North Florida Regional Medical Center, Gainesville, FL, 2000 – 2003.**
 - NFRMC is a 278-bed full-service regional referral center with net revenues of \$210M. A complex operating environment includes 2 successful joint ventures with physicians (MRI Center, Endoscopy Center) as well as a surgical pavilion and intermediate care center.
 - **Regional Director, LifePoint Hospitals, Inc., Nashville, TN, 1999 – 2000.**
 - One of the nation’s largest providers of rural healthcare services, LifePoint owns and operates over 50 hospitals in 18 states. As Regional Director: Full accountability for directing physician practices at 6 hospitals statewide.
 - **Saint Thomas Health Services, Nashville, TN, 1990 – 1999.**
Member of the Ascension Health System, a multi-organizational system. Includes: a regional network with over 200 physicians and 80 healthcare delivery sites; a 572-bed tertiary care hospital/referral center; ownership in a physician-driven medical management company and a PPO product with over 300,000 lives; and a health services organization that employs nearly 4,000.
Division Executive, Physician Network, 1998 – 1999.

- Directed day-to-day operations of 53 Physicians, 8 Nurse Practitioners, and 2 Certified Nurse Midwives located throughout KY and TN. Fiscally responsible for \$25 million in revenue and 211 FTEs.

Director, Physician Network, 1996 – 1998.

- Directed operations of the Community Health Services division, which includes 2 clinics, a mobile primary care clinic, and midwifery services. Oversight responsibilities for over 20 physician practice sites located in 10 different counties. Fiscally responsible for over \$13 million in revenue and over 100 FTEs. Reported directly to the Senior Vice President of the Regional Network.

Facility Coordinator, 1991 – 1994.

- Responsible for coordinating construction activity of a \$68 million project on the hospital's 27-acre main campus. Reported to the Vice President, Facilities and Support Services.

Assistant to Chief Operating Officer, 1991 – 1991.

- Assisted the COO in all aspects of daily operations.

Administrative Resident, 1990 – 1991.

BOARD MEMBERSHIPS

- Federation of American Hospitals - Board of Governors 2004 – 2011
- Pasco-Hernando Community College Foundation Board 2006 – 2010
- Pasco Education Foundation Board 2007 – 2010
- American Heart Association 2007 Naturecoast Heartwalk Co-Chair
- Executive Committee Pasco Primary Care Area Network (PCAN)
- American Heart Association, 2000 – 2005 (Vice Chair 2002)
- United Way 2000 – 2003
- Civitan/LifeSouth 2000 – 2003
- YMCA/Green Hills
- Partnership For A Healthy Nashville, 1997, 1998
- Hispanic Family Resource Center, 1998
- Team Leader: Healthy Nashville 2000+, 1997, 1998
- Member: Davidson County Primary Care Coordinating Committee, 1996 – 1997

PROFESSIONAL AFFILIATIONS

- American College of Healthcare Executives
- Leadership Gainesville 2002
- Member, Young Leaders Council of Nashville; 1993

JAMES “PETE” POWELL, MD, MMHC

Chief Medical Officer

As Chief Medical Officer, Dr. Powell supervises and directs the delivery of healthcare services for 195,000 inmates in prison and jail facilities throughout the country. He provides the vision, expertise, and strategic leadership for Corizon Health’s clinical programs focusing on strategies that promote the company’s mission to provide safe, effective, and efficient health care that exceeds expectations by using best practices and evidence-based medicine.

Prior to joining Corizon Health, Dr. Powell served as Vice President of Physician Practice Services at Community Health Systems (CHS) – one of the nation’s leading operators of general acute care hospitals and outpatient services. As the Vice President of Physician Practice Services, Dr. Powell oversaw 14,000 employees and 4,000 clinicians, spanning 1,100 sites in 21 states and was responsible for physician practices services, the employed physician network, overall quality, medical staff affairs, and recruiting.

From 1996 to 2014, Dr. Powell worked at Vanderbilt University Medical Center. From 2007 to 2014, he was Assistant Chief Medical Officer overseeing Vanderbilt Health Williamson, a multi-specialty physician network system of care including ancillary services with 17 sites, over 350 clinicians, 2 hospital affiliations, and a member of Vanderbilt Health Affiliated Network. From 2004 to 2007, he served as the first Medical Director of Vanderbilt Health Williamson. Dr. Powell was a walk-in clinic physician and Assistant Administrator from 1996 to 1999. He joined Vanderbilt as an Internist Medicine/Pediatrician clinic physician in 1996.

EDUCATION

- MD, University of Alabama School of Medicine, AL, 1991
- BS, Chemistry, University of Alabama-Birmingham, AL, 1987

POST-GRADUATE MEDICAL TRAINING

- Master of Management, Health Care, Owen Graduate School of Management, Vanderbilt University, Nashville, TN, 2009
- Internal Medicine/ Pediatrics Residency, University of Kentucky School of Medicine, Lexington, KY, 1991 – 1995.

PROFESSIONAL EXPERIENCE

- **Chief Medical Officer, Corizon Health, Brentwood, TN, March 2018 – Present.**
- **Vice President, Physician Practice Services, Community Health Systems, 2014 – February 2018.**

CHS, Inc. is one of the nation’s leading operators of general acute care hospitals. The organization’s affiliates own, operate or lease 137 hospitals in 21 states with approximately 22,000 licensed beds.

- Recruited as consultant to all Divisions; analyzed existing systems and created strategic plan for standardization, optimization, and improved quality of care and reporting. Promoted in 2015 to



full management responsibilities for Physician Practice Services, Employed Physician Network, overall quality, medical staff affairs and recruiting. Total employees: 14,000; clinicians: 4,000; sites: 1,100; states: 21. Functional areas of responsibilities and accomplishments include:

– Operations and Fiscal Management:

- Designed and implemented EBIDTA improvement plan in collaboration with executive teams resulting in \$22M improvement.
- Increased clinical efficiency and production by 6%.
- Developed standardized purchasing contracts resulting in \$3M annual savings.
- Improved point of service collections from 78% to 97%.
- Analyzed and standardized employment agreements and compensation models resulting in .3% decreased cost per visit.
- Standardized and expanded quality, production, and financial reporting.
- Developed standardized and centralized call centers.
- Standardized schedule templates and appointment types for all specialties.
- Developed a standardized education and training program for front desk staff and implemented nationally in diverse clinical settings.
- Standardized financials, work flow, and staffing models for urgent care and occupational medicine.
- Implemented systematic review of length-of-stay and service access to evaluate utilization management.
- Managed extensive and diverse M & A of single physician practices and large multi-specialty groups.
- Standardized marketing plan for practices and development of community relationships.

– Clinical Quality and Safety:

- Developed focused quality infrastructure support model.
- Created and implemented plan to meet MU/ MACRA/ MIPS requirements.
- Established multidisciplinary quality, safety, and service excellence committee.
- Developed specific plan to improve STAR ratings.
- Identified and developed policies and procedures for closing gaps in care.
- Designed optimization strategy to meet value-based care objectives across the organization.
- Increased Medicare wellness physical completion from 12% to 24% of wellness population.

– Analytics and Informatics:

- Implemented and integrated multiple existing and new EMR systems at multiple sites.
- Developed summary analytics to evaluate organizational progress.
- Integrated multiple vendor systems across diverse systems of care.
- Oversight and implementation of telemedicine within all practice settings.

– Medical Staff Affairs:

- Developed all clinical policies and procedures.
- Decreased physician turnover by 4%.
- Increased physician satisfaction by 2%.
- Recruited 500 clinicians in 12 months.
- Revised and standardized Medical Director agreements and call pay agreements.
- Created first physician leadership group for practices.
- Standardized clinical employment agreements and compensation.
- Improved on-boarding process for all clinicians and managers.
- On-going evaluation and resolution of compliance issues, complaints, and care process and procedures.

- **Vanderbilt University Medical Center, Williamson and Maury Counties, TN, 1995 – 2014.**
- **Assistant Chief Medical Officer, Vanderbilt University Medical Center, 2007 – 2014.**
 Vanderbilt Health Williamson is a multi-specialty physician network system of care including ancillary services with 17 sites, over 350 clinicians, 2 hospital affiliations and a member of Vanderbilt Health Affiliated Network.
 - Developed and implemented the strategic vision, long-term planning, network physician and hospital affiliations in multiple counties. Fully responsible for the operational management, quality of care, and financial success of Vanderbilt Health Williamson. Provided management oversight, coordination of services, evidence-based practices, and development of geographically distributed, multispecialty network of ambulatory practices in collaboration with Departments of Cardiology, Dermatology, Endocrinology, Infectious Diseases, Internal Medicine, Obstetrics/Gynecology, Orthopedics, Otolaryngology, Pediatrics, Psychiatry and Neurology.
 - Improved practice margin from negative \$2,000,000 to over \$10,000,000 positive margin.
 - Developed diverse ancillary services new to market including Surgery Centers, full service Imaging Center, Sleep Lab, Neuro-diagnostic Center, Lab, and Infusion Center.
 - Led transition for decreasing variability among multi-specialty practices and created a clinically integrated health care system among start-ups and acquisitions.
 - Developed clinically integrated network through collaboration with community hospitals.
 - Achieved substantial 9-year growth: expanded from 60,000 to 480,000 outpatient units of service; increased revenue from \$30M to over \$150M.
 - Increased capacity and geographic scope by evaluating market opportunity, establishing new practices and services, acquisitions, joint ventures, shared services between main campus and Vanderbilt Health Williamson community-based practices, and affiliation with physicians and community hospitals in multiple counties.
 - Led process of implementation of meaningful use requirements.
 - Implemented Medicare Advantage process reform and CMS Innovation Grant to create a medical home model and transition of care program for Vanderbilt and affiliates.
 - Developed and led Walk-in Clinic strategy establishing LLC joint venture of existing Walk-in clinics with local community hospital affiliate.
 - Strategic planning and development of a new \$95M, 225,000 square foot ambulatory center.
- **Medical Director, Vanderbilt University Medical Center, 2004 – 2007.**
 - Selected as the first Medical Director of Vanderbilt Health Williamson in 2004, and promoted to Assistant Chief Medical Officer in 2007. Responsible for leading transition from MedCore Medical Group (private, single-site multi-specialty group) to Vanderbilt Health Williamson.
 - Turned around negative financial situations by increasing revenue, decreasing expenses, and improving margin of practice. Led programs and developed initiatives to meet national safety goals, patient satisfaction, and quality of patient care.
 - Created new standard compensation plan for clinicians based on RVU production, meeting attendance, and patient satisfaction.
 - Led transition to JCAHO hospital requirements within the clinic setting.
 - Completed full implementation of proprietary EMR system in 6 months.
 - Standardized physician clinic templates and scheduling guidelines for multi-specialty practices.
 - Fully responsible for strategic planning, practice management, financial analysis, developing collaborative partnerships with community leaders, physicians and hospitals.
 - Led dynamic growth strategies in highly competitive markets.
 - Developed collaborative relationships with physicians, network affiliates, and community leaders.

- **Walk-in Clinic Physician/ Assistant Administrator, Vanderbilt University Medical Center, 1999 - 2014.**
 - Originally recruited as Internist/Pediatrician Clinic Physician by MedCore Medical Group in 1995, and retained when Vanderbilt Medical Group acquired MedCore in 1996. Continuously served on numerous hospital and clinical committees throughout tenure with MedCore, Williamson Medical Center, and Vanderbilt University Medical Center.
- **Family Medicine Clinic Physician, 1996 – 1999.**
- **Member, Active Medical Staff, 1995 – 2007.**
- **University of Kentucky College of Medicine, 1991 – 1995.**
- **Internal Medicine/ Pediatrics Residency, 1991 – 1995.**

PROFESSIONAL AFFILIATIONS OR MEMBERSHIPS

- American Medical Association
- American Board of Internal Medicine
- American Academy of Pediatrics
- Tennessee Medical Association
- Physician Leadership College

BECKY PINNEY, MSN, CCHP-RN

Senior Vice President, Nursing

As Senior Vice President of Nursing, Ms. Pinney serves as a leader, role model and mentor for the company's nursing leadership, and provides vision and direction for nursing throughout the organization. She has defined a comprehensive company-wide approach to nursing practice issues, standards, and staffing and has established and promoted Core Processes and best practices related to evidence-based medicine that consistently results in high quality patient care. Prior to her role as Senior Vice President of Nursing, Ms. Pinney led the company's Delta Force, a team created to implement facility performance that supported both quality clinical care and fiscal objectives.

Ms. Pinney's career in corrections began in 1991 when she became the Director of Nursing for Powhatan Correctional Center in Virginia. In 1995, Ms. Pinney joined the Corizon Health team as Regional Director of Nursing for the Georgia Region and through the years, she has demonstrated her leadership ability in a variety of clinical and non-clinical roles within the company. Ms. Pinney also served as Sr. Vice President of Metropolitan Corrections, where she had operational leadership responsibility for Corizon Health's urban jail contracts.

EDUCATION AND TRAINING

- M.S., Nursing Administration, Medical College of Virginia, 1994
- Certificate in Health Care Risk Management, University of Chicago Medical School, 1993
- B.S., Medical Missions, Bob Jones University, 1974
- Associates Degree, Nursing, John Tyler Community College, 1972

PROFESSIONAL EXPERIENCE

- **Senior Vice President, Nursing, Corizon Health, Brentwood, TN, June 2016 – Present.**
- **Vice President Operations and Facility Performance, Corizon Health, Brentwood, TN, 2015 – May 2016.** Served in a direct role relationship to the COO to develop a new Delta Team program that focused on the quality and efficiency of facility performance to support organizational clinical and financial goals. Developed a best practice approach that defined, identified and organized the movement of best practice approaches between Corizon Health facilities. Created a Core Process program that defined in detail the clinical process steps to be taken by clinical staff. This program significantly impacts the on-boarding of new employees and serves as a basis for all performance measurement. A complete core process monitoring program was also developed for operations teams to ensure quality, a consistent approach to services across all facilities in which Corizon Health provides services.
- **Senior Vice President, Chief Nursing Officer, Corizon Health, Brentwood, TN, 2011 to 2015.** Served as a leader, role model and mentor for the company's nursing leadership, and provided vision and direction for nursing throughout the organization. Defined a comprehensive company-wide approach to nursing practice issues, standards and staffing as well as established



and promoted best practices related to evidence-based medicine that consistently resulted in high quality patient care.

- **President of Metropolitan Corrections, PHS (now Corizon), Brentwood, TN, 2009 to 2011.** Developed and implemented correctional healthcare services specifically tailored for and responsive to the unique needs of metropolitan systems. Worked with internal and external stakeholders/clients to identify, and deploy clinical/operational “best practices” for metropolitan corrections clients.
- **Group Vice President, PHS (now Corizon), Brentwood, TN, 2004 to 2008.**
- **Division Vice President – Rikers Island Contract, PHS (now Corizon), 2000 to 2004.** Total financial and administrative responsibility for the contract between the City of New York Department of Health and Mental Hygiene and PHS. Responsible for oversight of the clinical program and ensure implementation of effective systems for quality, cost-effective delivery of health care. Worked closely with NYC DOHMH officials and other city agencies to establish a positive working relationship while meeting all terms of a complicated and high profile contract. Responsible for approximately 1100 employees that deliver direct care services in the ten jail facilities included in this contract. Responsible for the negotiation of three union contracts of which the vast majority of employees are members. Regularly interacted with city officials to provide information regarding the efforts of PHS to provide health care to the patient population housed on Rikers and to communicate our participation in the NYC Public Health effort. Interacted regularly with the press on all matters related to this contract.
- **Vice President of Training and Staff Development, PHS (now Corizon), Brentwood, TN, 2000 to 2001.** Coordinated the start-up of all new contracts with a transition to the responsible Regional Vice President, completing site surveys to determine the level of clinical and administrative performance at contracted sites, guide sites for accreditation surveys, coordinating improvement activities for performance needs identified at contracted sites with the designated Regional Vice President, identifying training needs, developing training programs and delivering training activities to PHS employees.
- **Regional Vice President/Philadelphia Prison System, PHS (now Corizon), Brentwood, TN, 1998 to 1999.** Total financial and administrative responsibility for the contract between the Philadelphia Prison System (7,000 inmates in nine locations) and PHS. Responsible for oversight of the clinical program and ensure implementation of effective systems for quality, cost-effective delivery of health care. Worked closely with Philadelphia City officials and agencies to establish a positive working relationship. Assisted in union negotiations for nursing staff with successful results. Worked with contract monitor’s office to address issues and to aid in the establishment of policy for the delivery of health care.
- **Corporate Director of Clinical Operations, PHS (now Corizon), Brentwood, TN, 1997 to 1998.** Responsible for the development of corporate clinical policies and procedures, developed and implemented an electronic quality improvement program for the clinical aspects of correctional healthcare, developed and conducted corporate clinical training programs for institutions throughout the U.S., conducted performance audits at PHS sites nationwide.



- **Regional Director of Nursing, Georgia Region, PHS (now Corizon), Atlanta, GA, 1995 to 1997.** Assisted in the administration of the contract with the Georgia Department of Corrections. Responsible for the delivery of nursing services in 42 statewide correctional institutions. Designed and facilitated educational activities for clinical staff. Resolved clinical system issues to ensure the delivery of quality clinical care in a managed care setting. Prepared sites for audits related to federal court consent decrees.
- **Director of Nursing, Virginia Department of Corrections/Powhatan Correctional Center, 1991 to 1995.** Responsible for the planning, direction and evaluation of nursing services and related activities in a maximum-security prison with a staff of 50+ nursing professionals. Managed four major medical areas, including a 410-bed intake and classification unit, a 46-bed infirmary, a 12-bed acute psychiatric unit, and the delivery of routine, chronic, and emergency care to a general population of 1,000 inmates. Implemented a telemedicine program for the DOC in cooperation with the Medical College of Virginia. Instrumental in the identification and treatment efforts during an infectious disease crisis in partnership with the Centers for Disease Control in Atlanta, GA. Served as an expert witness for the State of Virginia for court cases related to inmate health care, designed and implemented extensive clinical and psychological support services for HIV-infected inmates.
- **Staff Nurse, Physical Rehabilitation Unit, Medical College of Virginia, Richmond, VA, 1990 to 1991.** Served as a primary care nurse to stroke and spinal cord injured patients. Assessed patient needs, created and monitored care plans based on assessed needs.
- **Administrator, Commonwealth School, Richmond, VA, 1974 to 1990.** Responsible for the administrative, academic and financial performance of the school program. Recruited faculty and support staff. Developed and implemented a highly successful parent organization that actively participated in all phases of the school's programs. Developed a sports program with an emphasis on early childhood involvement.

CERTIFICATIONS

- Certified Correctional Health Professional (NCCHC)
- Certified Correctional Health Professional – RN (NCCHC)

PROFESSIONAL AFFILIATIONS

- NCCHC Board of Directors – CCHP Board

PUBLICATIONS

- Contributing Author, "Clinical Practice in Correctional Medicine, 2nd Edition," Edited by Michael Puisis, DO, Published by Elsevier/Mosby, December 2005



JENNIFER STRADTMAN

Director, Business Development

As Director of Business Development, Ms. Stradtman is responsible for sales, marketing, and new client activities in the company's jail market. In this capacity she is responsible for coordinating new business development as well as contract retention for the company's jail clients throughout her region. She is actively involved in strategic sales planning, proposal development, pro forma development, and ongoing client satisfaction.

Ms. Stradtman has over 15 years of experience in consultative sales and government sales, leading sales teams, meeting or exceeding sales growth and retention goals, contract negotiation, proposal development, leading sales financial reviews, media relations, customer relations as well as experience with state and local governments.

EDUCATION

- Master's Degree, Business Administration, University of Phoenix
- Bachelor's Degree, International Affairs, Florida State University

PROFESSIONAL EXPERIENCE

- **Director, Business Development, Corizon Health, Brentwood, TN, April 2017 – Present.**
- **Federal and Commercial Projects Business Development Executive, Energy Focus, Inc., Myrtle Beach, SC, October 2016 – April 2017.**
 - Responsible for developing the federal civil service portfolio of business to include Veteran Administration hospitals, military base medical centers, military Exchange, prisons, U.S. Postal Service, State Department, GSA, Federal Reserve and commercial sales for municipal governments, universities, schools and hospitals as well as large industrial sectors throughout the U.S. I work with Energy Service Companies and engage in Energy Savings Performance Contracts as well as Service Disabled Veteran Owned Small Businesses and other regional companies that engage in energy savings contracts.
 - Worked internally with executive leadership, finance, marketing, engineering and operations to develop the best possible platform to increase sales opportunities and deliver on customer expectations.
- **Business Owner, Turn, LLC, Myrtle Beach, SC, June 2012 – January 2017.**
 - Business development, proposal development in response to RFPs, RFQs, RFIs, ITNs, ITBs for private equity clients targeting municipal government contracts.
 - Managed all P&L, operations, marketing, advertising, media relations, human resources, product development, merchandizing, finance, accounts payable, website development and maintenance, social media marketing, government relations and reporting, licensing, procurement, customer satisfaction and charitable giving.
 - Operation of ancillary businesses.



- **East Region Director, Infrastructure Development**
- **East Region Director, Municipal Services, Allied Waste and Republic Services, Inc., Erie, MI, June 2007 – December 2008. Centreville, VA, December 2008 – September 2011.**
 - Through a merger with Allied Waste, assumed the role of Region Director of Municipal Sales. Responsibilities included leading a team of 14 business development professionals who specialized in government contracting. Our goal was to privatize municipal waste services or to win/extend contracts in place. We managed contracts exceeding \$700 Million for more than 600 governmental customers. Other responsibilities included leading the proposal development process for our most complex bids, RFPs, RFQs, RFIs, and special requests that led to our success in securing state and local contracts. Responsibility was to lead the pro forma development process to insure we met required returns on capital invested. Directly responsible for coaching, performance evaluations, compensation, CRM database use, setting and attaining annual sales goals for my team. During this time our team either led the nation or finished runner-up in the areas of contract retention and sales growth.
 - Prior to the merger with Republic Services, as Director of Infrastructure Development for Allied Waste, responsible for overseeing all real estate transactions, acquisitions, divestitures, business development, construction projects, lobbying, and governmental procurement opportunities for a \$1.9 billion division of this \$7 billion solid waste company. In the market acting to remove obstacles that allowed company to expand landfills that had reached capacity, while also anticipating and dealing proactively with environmental concerns and brown field development. This required me to engage in and manage hotly contested issues affecting our business and its stakeholders, both public and private. It was also my responsibility to lead all public and media relations activities related to these contentious issues.
- **Senior Director, Local Business Development, Corrections Corporation of America, Nashville, TN, October 2003 – June 2007.**
 - It was my responsibility to lead all local business development activities of a \$100 million division of this \$2 billion Fortune 500 Company which sought to privatize the prison systems currently run by different levels of government. This included the proposal development process, the performance to plan process and the growth strategies for the division. Contracts included jail management, inmate management, food service, inmate healthcare and programs. This required us to target known government opportunities and/or create government bid opportunities. Successful in winning contracts to house inmates from local, state and federal agencies, jail operation contracts and management extension contracts. Managed all public and media relations related to contentious issues affecting our locally managed correctional facilities.
- **State and Local Government Affairs Manager, Monsanto, Atlanta, GA, December 1999 – September 2003.**
 - Directly lobbied state legislatures in 15 states and Puerto Rico on issues related to pharmaceutical and agricultural biotechnology. Managed state contract lobbyists in these states and served on multiple industry related state and regional governance boards as well as corporate boards of national associations.
 - Through a series of mergers, acquisitions and spin-offs, during time with this company, worked for Monsanto, Pharmacia, Pfizer, and then Monsanto.

CERTIFICATIONS AND SPECIALIZED EDUCATION

- Project Management, Villanova University
- Strategic Selling, Miller Heimann
- Negotiation, Latz Negotiation Institute
- Leading a Highly Effective Organization, Vanderbilt University

KAREN P. DAVIES, RN, BSN, CCHP

Vice President of Operations – Community Corrections

Ms. Davies joined the Corizon Health Team in November 2018 and works alongside our Senior Vice President of Community Corrections, Joseph (Joe) Pino.

Ms. Davies' correctional health program management experience spans 28 years and includes multi-facility correctional health services in multiple states. Ms. Davies is currently responsible for administering all facets of multiple multi-million dollar comprehensive health care services contracts located in the Southeast and Midwest. She has a history of leading sites through successful national, state and federal accreditations (NCCHC, ACA, FMJS, FCAC and ICE). One of the facilities she was responsible for was named NCCHC Facility of the Year from among 500 jails and prisons nationwide.

Ms. Davies had developed extensive expertise in managed care, including seven years with TriCare as Director of Case Management and Utilization Management as well as claims administration. While working for the New York State Department of Correctional Services as the Regional Infection Control Nurse, she developed a statewide, award-winning program Blood Exposure Response Team. Ms. Davies received the New York State Governor's Productivity Award for this program.

Ms. Davies has a distinguished military career as well. After serving 25 years in the military, Ms. Davies retired at the rank of Lieutenant Colonel and is a recipient of the Bronze Star Medal. Her military assignments included deployments to Afghanistan and Iraq where she organized and provided health care services in combat zones, completed missions with American Special Forces teams providing health care to local populations and organized health care programs including combat medic training and preventive health care.

EDUCATION

- BSN, State University of New York, Plattsburgh, NY, 1994

PROFESSIONAL EXPERIENCE

- **Vice President of Operations – Community Jails, Corizon Health, Brentwood, TN, November 2018 – Present.**
- **Senior Vice President, Armor Correctional Health Services, Miami, FL, 2006 – 2018.**
Responsible for administering all facets of 14 multi-million dollar comprehensive health care services contracts located in three states with five direct reports (two Regional Vice Presidents, two Regional Managers and a System Administrator).
 - Responsibilities included oversight and management of Mental Health Services, Medical Services, Specialty Clinics, Pharmacy Utilization, Hospital Utilization, subcontracts, Quality Improvement and Accreditation.
 - Responsible for monitoring and reducing opportunities for liquidated damages.



- Led the organizations in successfully passing National and State Accreditations. Broward County Sheriff's Office (BSO) was awarded "NCCHC Facility of the Year" from among 500 jails and prisons nationwide and is also accredited with ACA, FMJS and FCAC.
- Also responsible for several facilities with ICE Accreditation.
- Additional responsibilities:
 - o Focus on Utilization Management and Case Management to ensure patients are receiving services at the appropriate level of care
 - o Served on Policy and Procedure Committee to ensure all policies reflect best practices
 - o Advised Regional Vice Presidents (RVPs) and Regional Managers (RMs) on best practices to accomplish optimum management of site budgets.
 - o Advised Chief Executive Officer (CEO) and Chief Operating Officer (COO) regarding opportunities to enhance organizational health services operations
 - o Developed and implemented training programs for health care staff and security staff
 - o Participated in Corporate Continuous Quality Improvement Committee
 - o Advised CEO and COO regarding new business strategic planning
- **Vice President Clinical Operations, ActiveHealth Management, Chantilly, VA, 2005 – 2006.**
 - Oversight of day-to-day operations of 75 Registered Nurses providing Disease Management, Case Management and Utilization Management services to over one million members.
 - Assisted in the development and implementation of programs and services. This included analysis of current programs and enhancements to programs, as needed.
 - Responsible for the policy, process and budget operations of ActiveHealth's clinical programs in accordance with corporate goals under the direction of the Chief Operating Officer.
 - Set operational goals and objectives.
 - Managed and monitored the daily operations of Medical Management staff according to policies and procedures to ensure all utilization and case management activities were accurate, consistent, and performed in a timely manner.
 - Tracked performance and adjusted processes, staffing and workload allocation, as necessary, to meet standards.
 - Analyzed and reported performance to management.
- **Director of Claims, Sierra Military Health Services, Inc., Baltimore, MD, 1998 – 2005 (Company Closed).**
 - **Director of Claims, 2002 – 2005.**
 - o Primary liaison between SMHS and the Fiscal Intermediary/Claims Processor for this large healthcare company on a \$1.4 billion contract with the Department of Defense. Under this contract, Sierra administered the healthcare benefit to approximately 1.3 million active duty and retired military and their family members in the 13-state area from Northern Virginia to Maine.
 - o Responsible for daily operational interface with claim subcontractor's management team on business, technical, financial and contractual matters. Oversaw subcontractor operations, provided direction and guidance to ensure that operational performance was within contract requirements.
 - o Monitored and oversaw the claims operation which processed approximately 1 million claims per month. Ensured that claims processing standards of 95% of all retained claims processed in 30 days and 100% of all retained claims processed in 60 days were met.
 - o Made recommendations to the Vice President, Claims & Enrollment for necessary improvements in operational efficiencies and accuracy. Implemented and ensured full



- compliance with SMHS medical policies and procedures within the claims operation and coordinate periodic review and update of such policies with the Vice Presidents of Health Services and Medical Management.
 - Participated in the review and implementation of all government-directed Change Orders impacting claims processing. Developed, reviewed and revised claims adjudication rules when necessary.
 - Prepared and analyzed trends from the required reports describing the outcomes and compliance of Claims Management efforts for submission to the Utilization Management Subcommittee and Quality Directorate.
 - Chaired, facilitated and /or attended meetings with claims processing subcontractor's operations and technical staff facilitating a continuous open exchange of information. Attended and participated in monthly Quality Directorate Meetings. Assisted with identification, review, and research of claim recovery projects.
- **Director, Health Services, 1998 – 2002.**
 - Five direct reports and 100 staff members
 - Oversight of Case Management Retrospective Review, Reconsideration and Appeals, Concurrent Review, Pre- Authorization, Clinical Trainers and Clinical Fax Departments. Review nurses process approximately 15,000 clinical orders per week. Case Management serviced approximately 250 cases.
 - Implemented Baltimore (corporate office) based functions of SMHS Utilization Management Plan and Program for the 1.3 million Military Health Services System beneficiaries in Region 1.
 - Responsible for daily operations of Specialty and Transplant Case Management. Resource to Case Managers providing services to approximately 250 inpatient and outpatient clientele.
 - Prepared appropriate reports and provided verbal updates to the Vice President, Health Services regarding the status of cost savings, clinical work load distribution, contract compliance, customer service issues and progress towards corporate and department goals.
 - Interfaced with providers and Department of Defense representatives regarding all aspects of Utilization Management/Case Management and other Health Services activities.
 - Analyzed data and prepared reports regarding Health Services activities for submission to the Utilization Management Committee and Quality Directorate.
 - Created department objectives that supported company goals.
- **Health Services Administrator, EMSA Correctional Care, Burlington, VT, 1996 – 1998.**

Managed and evaluated health care provided to 1,100 inmates in the State of Vermont and 2,500 inmates in the Westchester County Jail, New York. Eight direct reports. Oversaw the Utilization Review process to ensure compliance with managed care policies and procedures. Completed monthly statistical reports. Implemented Quality Improvement, Infection Control and in-service education. Developed disaster plan for health services and implemented annual disaster drills. Completed physical exams, labs, assessments, and implemented nursing protocols. Directly supervised staff, scheduling and completed staff evaluations.
- **Regional Infection Control Nurse, New York State Department of Correctional Services, Dannemore, NY, 1988 – 1996.**

Duties included supporting facility staff in implementing systems designed to evaluate, diagnose, treat and follow-up cases of Infectious Disease within a facility housing 2,800 inmates and 1,500 employees. Served as a liaison between state and county health departments, reporting any discrepancies of information or concerns to the CIDC. Established and maintained liaison with

Infection Control counter parts at the community-based hospitals. Conducted routine inspections of the Health Care Units. As Blood Exposure Response Team (BERT) Coordinator, developed and implemented a statewide departmental program addressing post-exposure counseling, consultation, and staff training. This program was made available to all New York State Correctional employees. Received the New York State Governor's Award for developing this program.

- **Nursing Supervisor, Pinecrest Rehabilitation Hospital, Delray Beach, FL, 1986 – 1988.**
Oversaw and managed the delivery of health care in a 60-bed physical rehab hospital. Supervised, scheduled and evaluated staff.
- **Charge Nurse, Cedars Medical Center, Miami, FL, 1984 – 1986.**
10 Bed Open Heart Unit
- **Head Nurse/Staff Nurse, Traveling Nurse Assignments, Texas, Florida and California, 1982 – 1984.**
Worked in Open Heart, Intensive Care and Cardiac Care Units

LICENSURE

- RN, Florida, New York and South Dakota

CERTIFICATIONS

- Certified Correctional Healthcare Provider (CCHP)
- CPR Certified

MILITARY

- **Retired Lieutenant Colonel**
- **Bronze Star Medal**
- **United States Army Reserve, 1991 – 2012**
- **United State Army Reserve, Haiti, June – July 2010**
 - Provided Medical Support under Task Force Kout Man
- **United State Army Reserve Deployment, Iraq, 2004 – 2005**
 - Coalition Military Assistance Training Team (CMATT)
 - Multi-National Security Transition Command-Iraq (MNSTCI)
- **Chief Medical Instructor, 2004 – 2005**
 - The Coalition Military Assistance Training Team supports the Iraqi Ministry of Defense (MoD) and Joint Headquarters (JHQ) as they man, train, equip, base, and sustain Army, Air Force, and Navy units throughout Iraq until they achieve operational readiness in order to support Multi-National Security Transition Command-Iraq (MNSTC-I) and Multi-National Force-Iraq (MNF-I) missions of building a unified, stable, and democratic Iraq.
 - Assigned as the only Combat Lifesaver Instructor to Camp Taji, Iraq, which housed 15,000 Iraqi Armed Forces. Provided Combat Lifesaver Course (CLC) to approximately 350 Iraqi Soldiers. All training was conducted to U.S. Army Standards.
 - Responsibilities included identifying and procuring all resources to conduct Combat Lifesaver Course. Through liaison meetings with an American Department of Defense Contractor, I was

able to obtain a classroom, billeting for Iraqi students, dining facility, translated training aids, and Interpreter Services.

- Trained three Local Nationals to be Combat Lifesaver Course Instructors to ensure this vital instruction could be carried out after my re-deployment.
- Participated in several missions "outside the wire" with Iraqi Units (Mechanized Bde, Iraqi Intervention Forces, ING 5th Bde) as medical support, security and advisor. These missions included support at Traffic Control Points, Convoys, and house to house searches.
- Provided medical support, security and advisement for Iraqi Mechanized Brigade on a four day mission during the January 2005 elections in Baghdad.
- **Assistant Head Nurse/Unit Infection Control Nurse, United States Army Reserve Deployment, U. S. Army Combat Support Hospital, Bagram, Afghanistan, 2003 – 2004**
 - Deployed in a Combat Zone as the Assistant Head Nurse covering the 20 bed Intermediate Care Ward and 10 bed Emergency Room provided care to approximately 12,000 American and Coalition Soldiers. Also provided care to adult and pediatric Afghan Local Nationals.
 - Staff Officer in charge of Smallpox Vaccination Program for the entire Combined Joint Task Force stationed in Afghanistan. Coordinated, planned and implemented this program for 7,000 American soldiers.
 - Planned and executed remote missions with American Special Forces. These missions included travel by foot to remote villages providing health care to over 3,000 villagers.
 - Provided direct supervision of care provided to patients whose conditions varied from acute to serious. Directed and participated in preventive, therapeutic and emergency nursing care duties within a Level III Combat Support Hospital.
- **United States Navy Active Duty, 1975 – 1979**

JOSEPH R. PINO, FACHE

Senior Vice President – Community Corrections

As SVP – Community Corrections, Mr. Pino is responsible for the delivery of contract services nationwide within Corizon's community business line. He is accountable for the achievement of operational, financial and clinical goals. As a member of the senior executive team, Mr. Pino works collaboratively to determine, execute, and monitor the strategic direction and plan for Corizon. He ensures strategies are translated and effectively implemented throughout assigned operations.

In conjunction with executive medical leadership, Mr. Pino is responsible for establishing and maintaining effective clinical quality oversight. He leads client retention and development activities and ensures adherence to contract requirements and effectiveness of outcomes. He oversees the negotiation of contract terms, amendments, extensions and bids within the business line.

Mr. Pino has 14 years of experience in health administration that includes serving most recently as the Chief Operating Officer for Saint Thomas West and Saint Thomas Midtown Hospitals, which is a two-campus enterprise that totals over 1,200 beds and is part of Saint Thomas Health in Nashville, TN. Before joining Saint Thomas Health in March 2016, Joe held various executive roles at hospitals in Florida, including COO of Mercy Hospital in Miami, COO of St. Lucie Medical Center in Port St. Lucie, Associate Administrator of Aventura Hospital and Medical Center in Aventura, and Assistant Administrator at Blake Medical Center in Bradenton.

EDUCATION

- Master of Health Administration, University of Florida, College of Public Health and Health Professions, Gainesville, FL, May 2004
- Bachelor of Science in Business Administration (Finance Major, Economics Minor), University of Florida, Gainesville, FL, May 2002

PROFESSIONAL EXPERIENCE

- **Senior Vice President – Community Corrections, Corizon Health, Inc., June 18, 2018 – Present.**
- **Chief Operating Officer, Saint Thomas West and Saint Thomas Midtown Hospitals, July 2017 – June 2018.**
 - Responsible for all aspects of dual campus 1,224-bed operation with over \$900 million in annual operating revenue.
 - Responsibilities include oversight of all cardiovascular, surgical, transplant, and ancillary operations, as well as interim responsibility for all nursing operations in absence of CNO, and all hospital based finance operations in absence of CFO.
 - Oversaw all construction and capital equipment projects across both campuses, which totaled over \$20 million annually.
 - Co-led clinical quality improvement initiatives with physician dyad partners.
 - Initiated and led plan and opening of 10-bay Radial Cath Lounge to increase bed capacity and throughput at West, and to encourage radial approach.



- Initiated plan and oversaw conversion of security services from in-house model to outsourced across both campuses.
 - Worked with Nashville Metro Police Department to secure contract for off-duty officer coverage in Midtown's Emergency Department.
 - Led redesign of surgical services operation at West in September 2017, which led to immediate 17% increase in surgical cases and patient-centric process improvements.
 - Led Robotics Service Line, developed and presented business plan for additional surgical robot at both Midtown and West to improve patient outcomes and length of stay.
 - Participated in growth and business development activities across both campuses, recruiting physicians and targeting multi-campus physician practices, built around Saint Thomas patient outcomes.
- **Associate Chief Operating Officer, Saint Thomas West and Saint Thomas Midtown Hospitals, March 2016 – July 2017.**
 - Responsible for Cardiac Services and ancillary operations of both hospitals.
 - Administrative executive responsible for leading cardiac service line across all of Saint Thomas Health.
 - Developed expansion plan for Saint Thomas Heart at Rutherford and took steps to stabilize and grow cardiology group.
 - Developed business plans and secured funding for a new Cath lab, a new electrophysiology lab, and two nuclear medicine cameras.
 - Co-Led pharmaceutical conversion of stress testing agent from Lexiscan to Dipyridamole across all of Saint Thomas Health which led to annual savings of over \$1.7M for the system.
- **Hospital Corporation of America, 2004 – 2016.**
 - **Mercy Hospital, Miami, FL**
 - **Chief Operating Officer, May 2012 – February 2016**
 - Responsible for daily operations of 473 bed Catholic hospital. Hospital acquired by HCA in May 2011. Joined Senior Team in May 2012 to assist with turn-around and integration.
 - Responsible for Plant Operations, Environmental Services, Food & Nutrition, Cardiopulmonary, Rehab Services, Imaging, Radiation Oncology, Laboratory, Inpatient Rehabilitation Unit, Pharmacy, Behavioral Health, and Security.
 - Served as Interim CEO overseeing all physician related aspects of the organization including physician recruitment, as well as overseeing execution of facility strategic initiatives, and further development of facility's strategic direction.
 - As Interim CEO led rollout of comprehensive patient rounding initiative to improve patient experience scores. Mercy Hospital ranked HCA's #1 hospital in Florida for patient satisfaction and among Top 10 in HCA overall for 3rd Q 2015, after implementation.
 - Achieved over 92% participation in May 2015 Employee Engagement Survey, with favorable engagement results that were highest in our operating Division. Led town hall meetings to help improve engagement.
 - Directly managed \$15 million in construction and renovation projects and serve as facility point person for \$130 million corporate funded renovation project. Project included addition of 15 ICU beds (bringing Mercy's total bed count to 488 upon completion), replacement of over 1,100 windows, renovation of all patient rooms, as well as a new main lobby and new cafeteria.
 - Managed facility's annual capital budget of approximately \$4 million.
 - Led development, construction, and licensing of new helipad, including attendance at City



- hearings, neighborhood outreach, and coordination with FAA.
 - Refurbished boat dock and spearheaded relationship with City of Miami Rescue Boat, Miami-Dade Rescue Boat, and U.S. Coast Guard to ensure smooth process for accepting patients from waterways.
 - Led development, construction, and opening of new hyperbaric program.
 - Served as interim Ethics and Compliance Officer from May 2012 – June 2013.
 - Led successful Joint Commission surveys in 2013 and 2016, including successful Life Safety and Environment of Care surveys.
 - Led Environment of Care and Emergency Preparedness Team, including mass casualty and hurricane preparedness, as well as Ebola preparedness efforts.
 - Oversaw turnaround of Food & Nutrition Department that included hiring of new personnel, selection of new equipment, reduction of food costs per APD, and increase in satisfaction scores.
 - Administrative lead for all real estate and medical office leasing.
- **St. Lucie Medical Center, Port St. Lucie, FL**
 - **Chief Operating Officer, October 2009 – May 2012**
 - Responsible for Cardiopulmonary Services, Rehabilitation Services, Wound Care, Hyperbarics, Plant Operations, Environmental Services, Imaging, Pharmacy, Laboratory, Behavioral Health, Security, and Food & Nutrition Departments in 229-bed hospital.
 - Led development, construction, and opening of 22-bed Behavioral Health Unit.
 - Managed installation of new cardiac catheterization lab to provide a new service to our patients.
 - Oversaw Environment of Care Committee, achieved successful EOC/Life Safety JCAHO survey.
 - Secured over \$1 million in capital for facility upgrades and renovation projects.
 - Ethics and Compliance Officer – Oversaw facility ethics policies and investigated any concerns.
 - Chief Staffing Officer – Utilized PLUS system to effectively manage productivity of all hospital departments, approved all new hiring/new positions. Created and implemented plan to reduce contract labor and overtime.
 - Participated in labor relations training activities during union organizing campaign. Served as facility strike coordinator during period of stalled contract negotiations.
 - Developed and presented business cases for a replacement emergency department on hospital campus and a freestanding emergency department in western Port St. Lucie.
- **Aventura Hospital and Medical Center, Aventura, FL**
 - **Associate Administrator, May 2006 – October 2009**
 - Entered HCA’s COO Development Program in May 2006.
 - Responsible for Cardiopulmonary Services, Rehabilitation Services, Security, Patient Transportation, Environmental Services, and Food & Nutrition Departments in 407-bed hospital.
 - Achieved 96% participation rate in 2009 Employee Engagement Survey. Employee Engagement results exceeded both Hospital and Company average.
 - Facility liaison for construction of Cardiac and Vascular Center.
 - Coordinated 2007 Energy Recovery Project.
 - Responsible for managing capital requests throughout the hospital, tracking hospital’s routine capital budget, and preparing expenditure requests for Senior Management review.
 - Coordinated Sleep Lab renovation project, led to 25% increase in volume.
 - Led MUSE EKG System implementation.



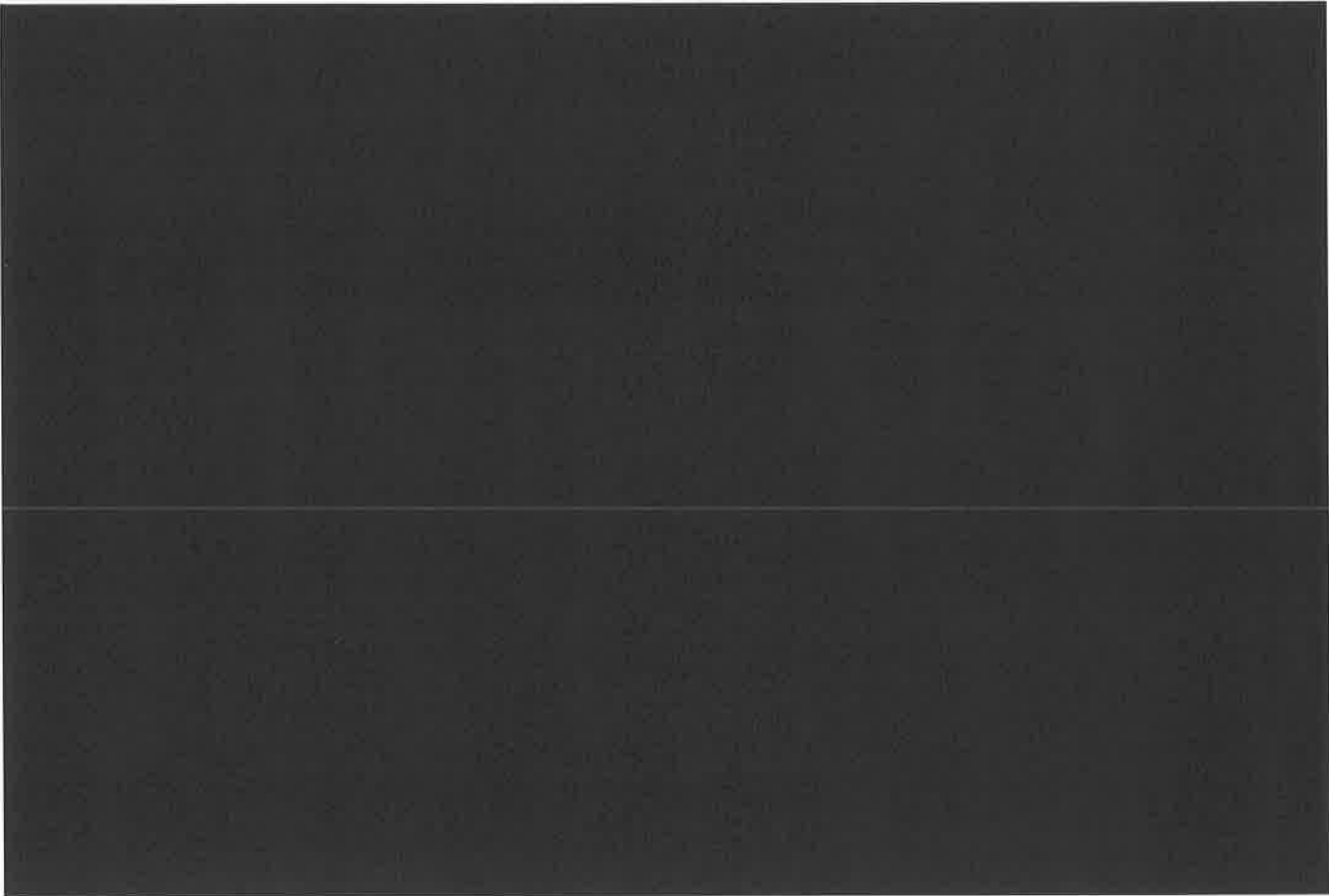
- **HCA Corporate Office, Eastern Group, Nashville, TN**
- ***Eastern Group Associate***, Aug 2005 – May 2006
 - Responsible for tracking and organizing capital requests from all facilities and divisions across HCA's Eastern Group (\$1.4 Billion in requests for 2005). Activities included communicating with hospital leadership as well as division presidents and chief financial officers, and updating the Eastern Group President and Chief Financial Officer.
 - Researched and communicated significant business trends across the Group.
 - Participated in the construction of the Eastern Group's 2006 operational budget.
- **Blake Medical Center, Bradenton, FL**
- ***Assistant Administrator and Administrative Fellow***, June 2004 – July 2005
 - Direct line responsibility for Lab, Food Services, Physical Therapy, Occupational Therapy, and Speech Therapy in 383-bed hospital.

PROFESSIONAL AFFILIATIONS OR MEMBERSHIPS

- Fellow, American College of Healthcare Executives. Achieved Fellow designation in 2011. Recertification in 2014 and 2017.
- Board Member, Shared Hospital Services Corporation, 2016 – 2018.
- Member, ACHE of Middle Tennessee.
- Serve as a Mentor in ACHEMT's Mentorship Program, 2017 – Present.
- Completed Saint Thomas Health Executive Formation Program, 2017.
- Represented Mercy Hospital as Board Member of the Brickell HOA, 2013 – 2015.
- Completed Foundations of Catholic Healthcare Leadership course, 2012.
- Served as Board Member, Treasure Coast Healthcare Executive Network, 2011 – 2012.
- Participated on 2011 and 2012 St. Lucie County United Way Allocation Committee.
- Member of St. Lucie County Chamber of Commerce Leadership Class, 2010.
- Member of St. Lucie County Chamber Young Professionals, 2010 – 2012.

2.
Current Contracts
with Litigation Summary
(CONFIDENTIAL & PROPRIETARY)



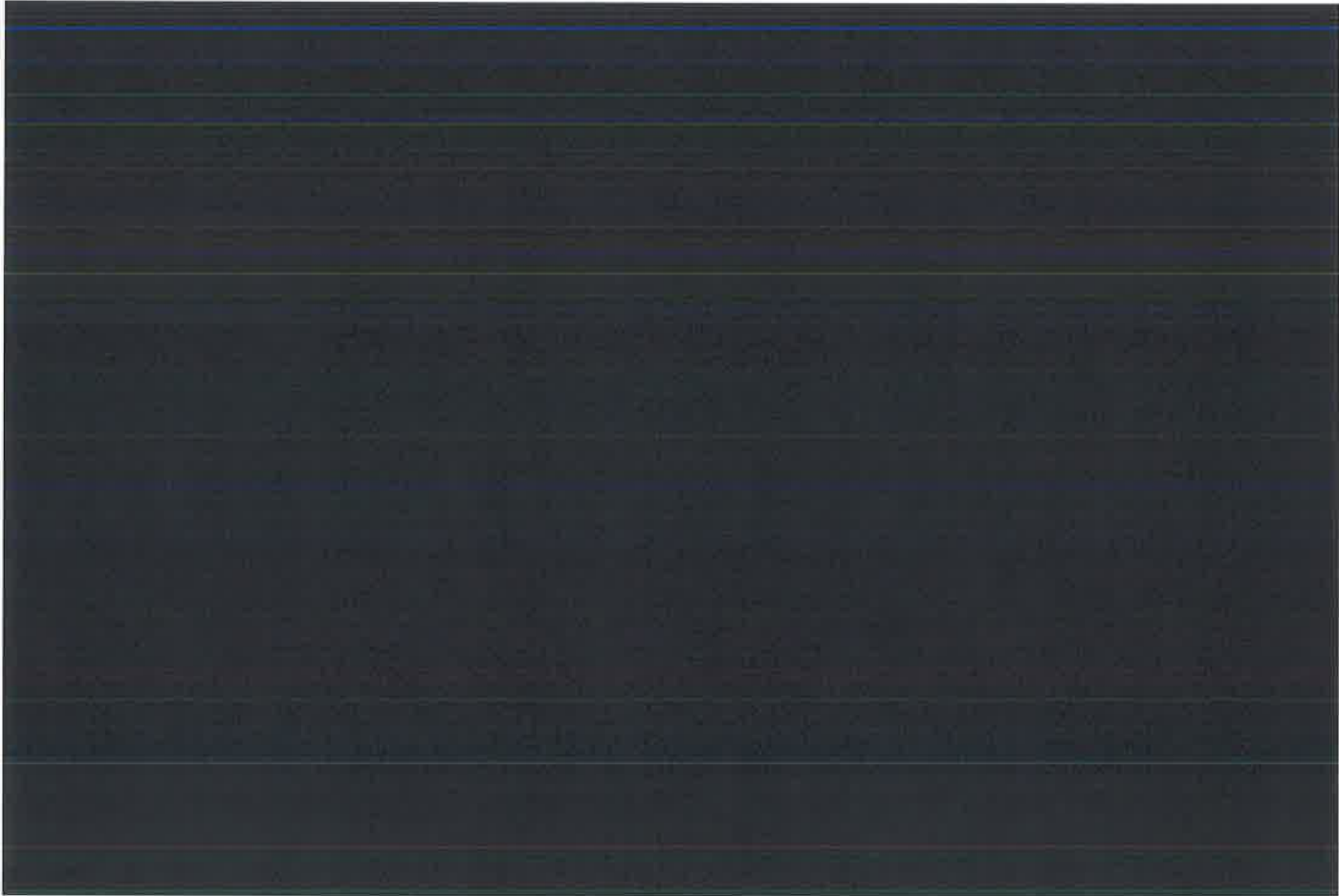


Confidential Information - Not to be redisclosed

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Attachment 2

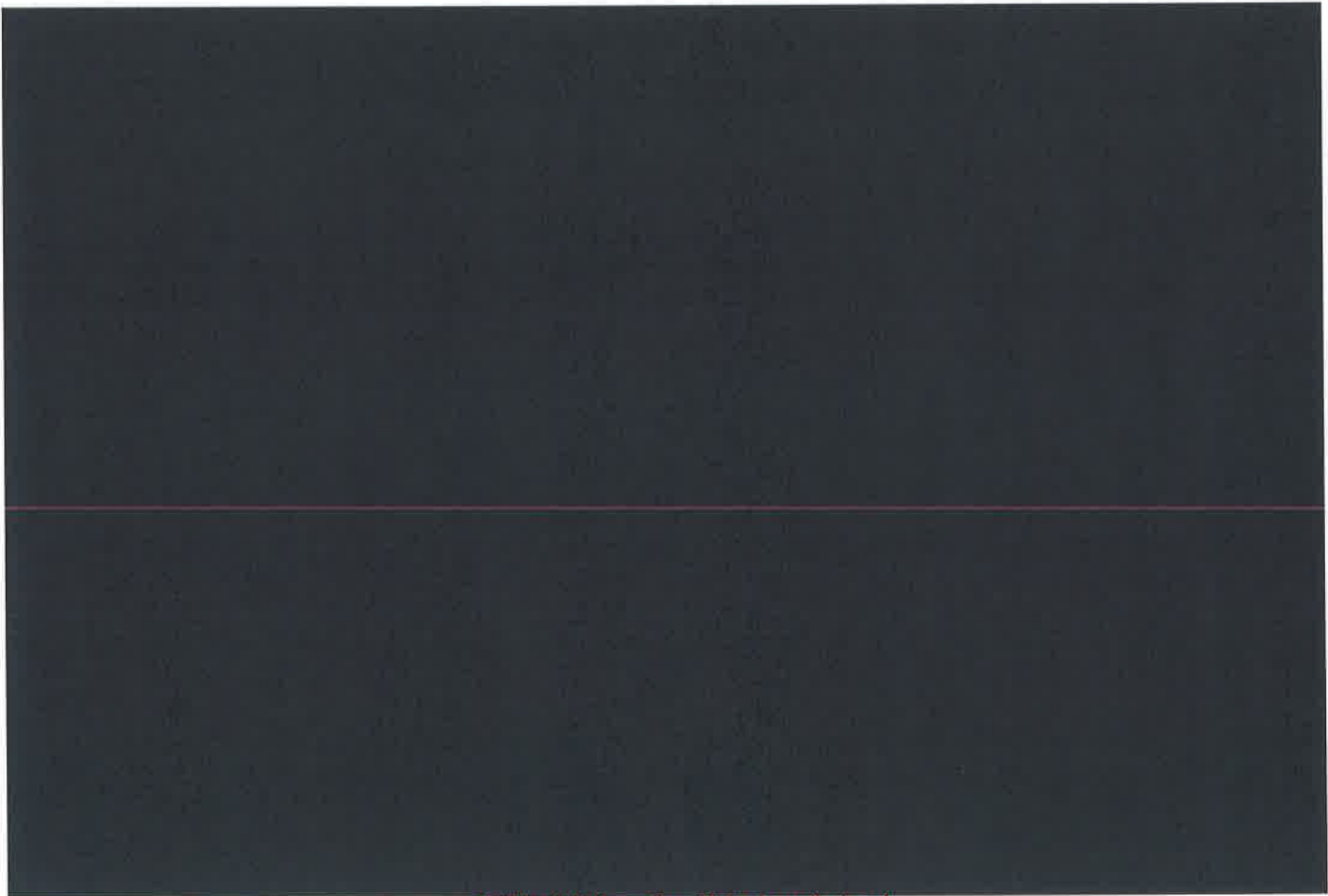


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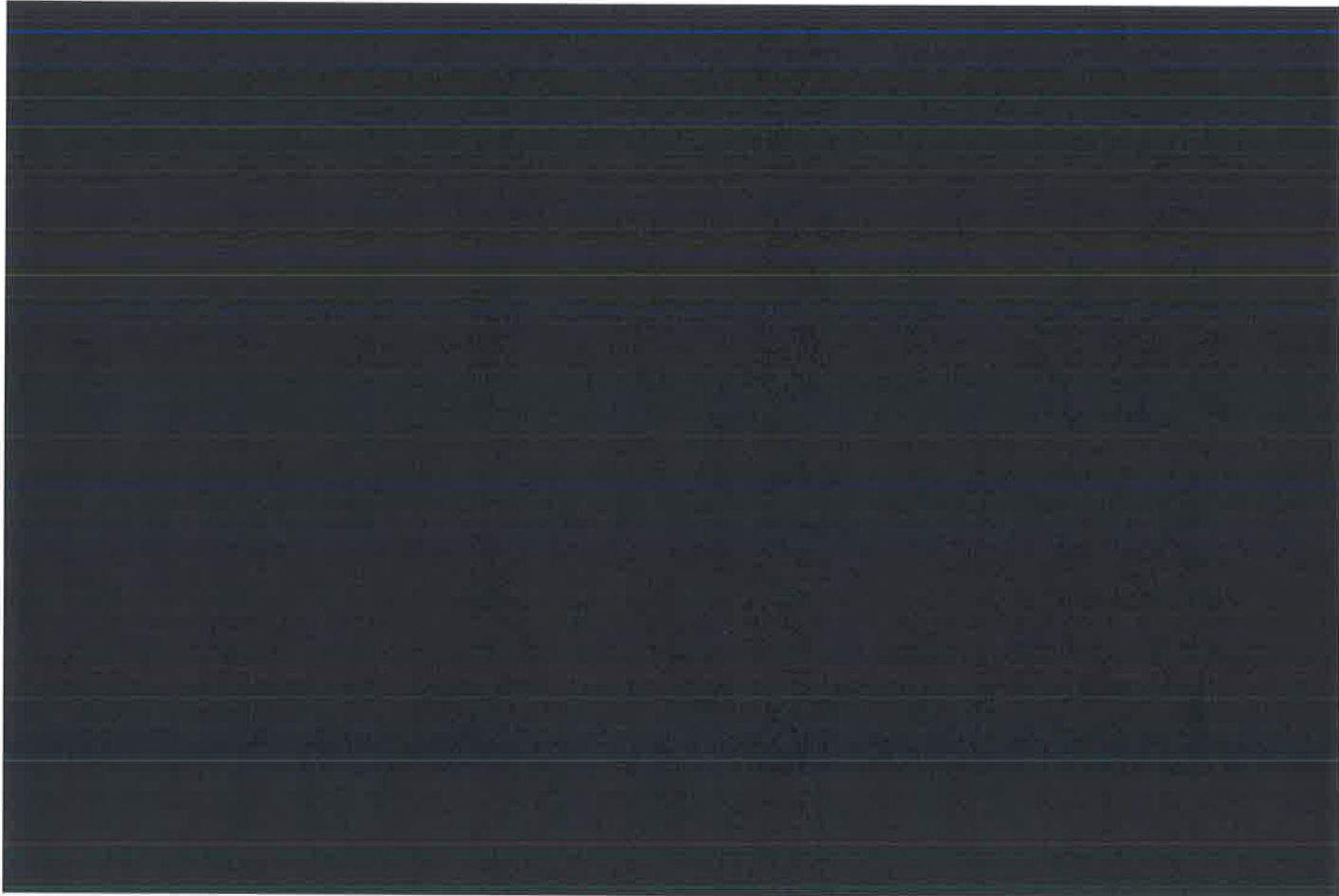


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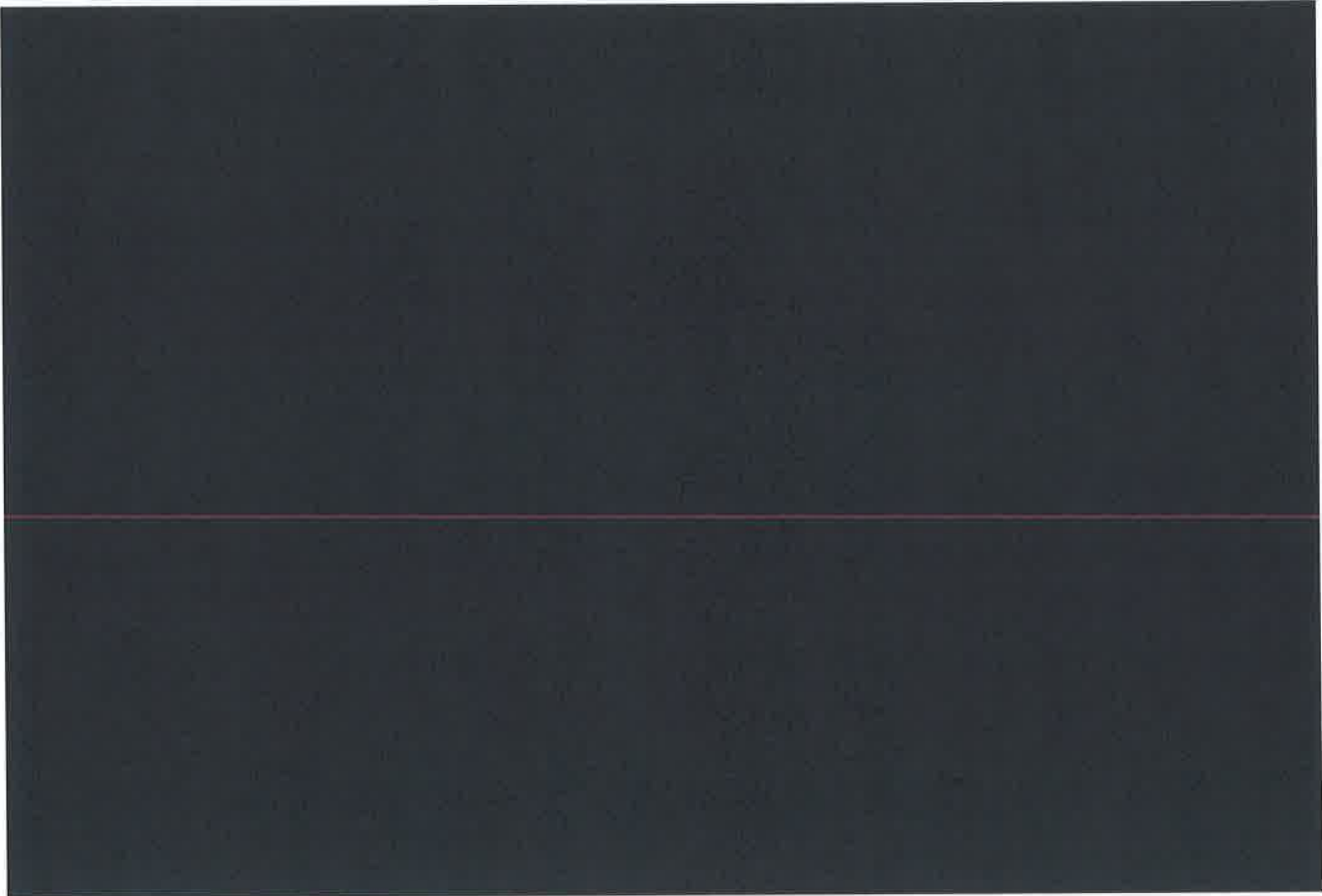


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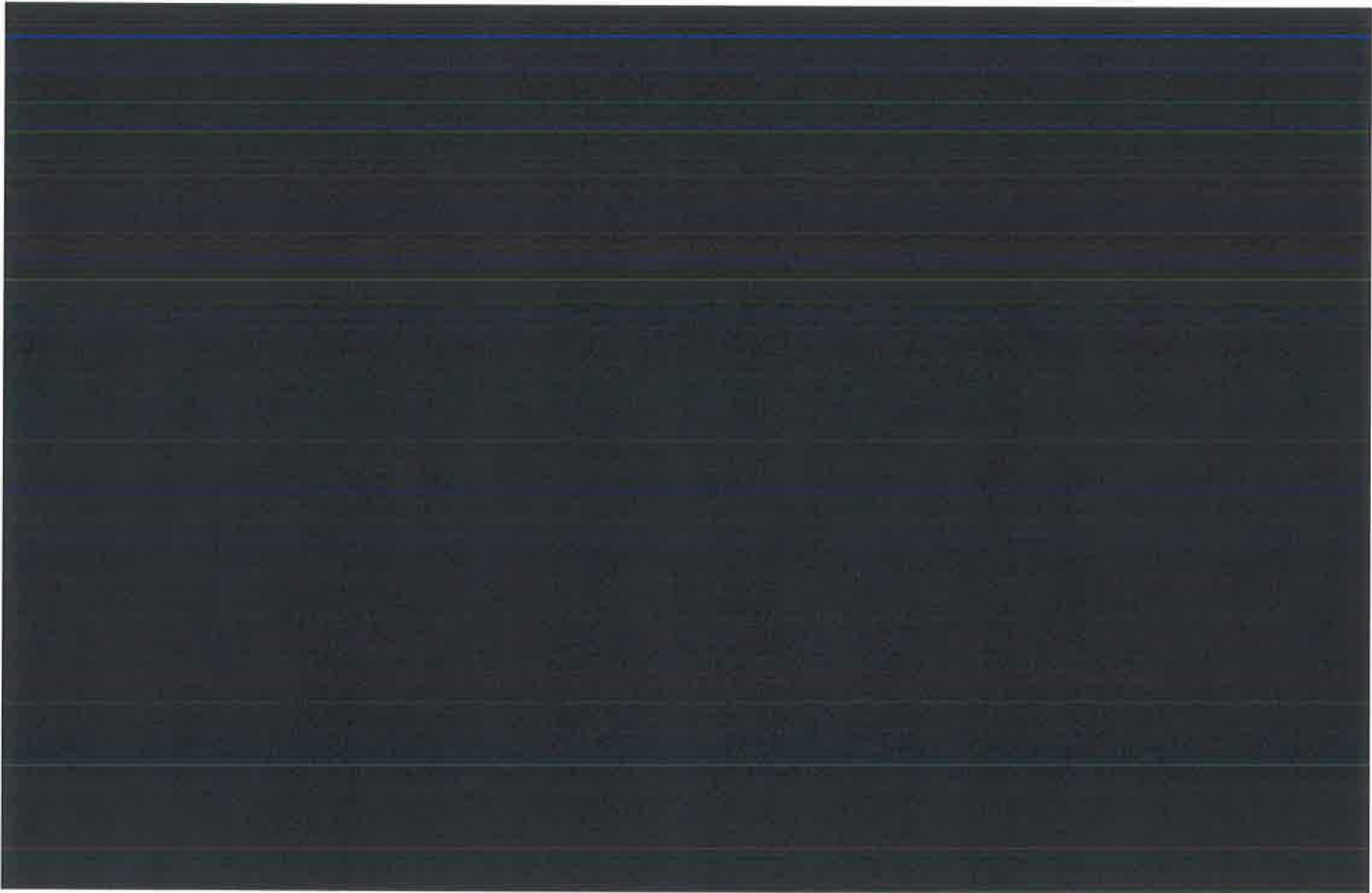


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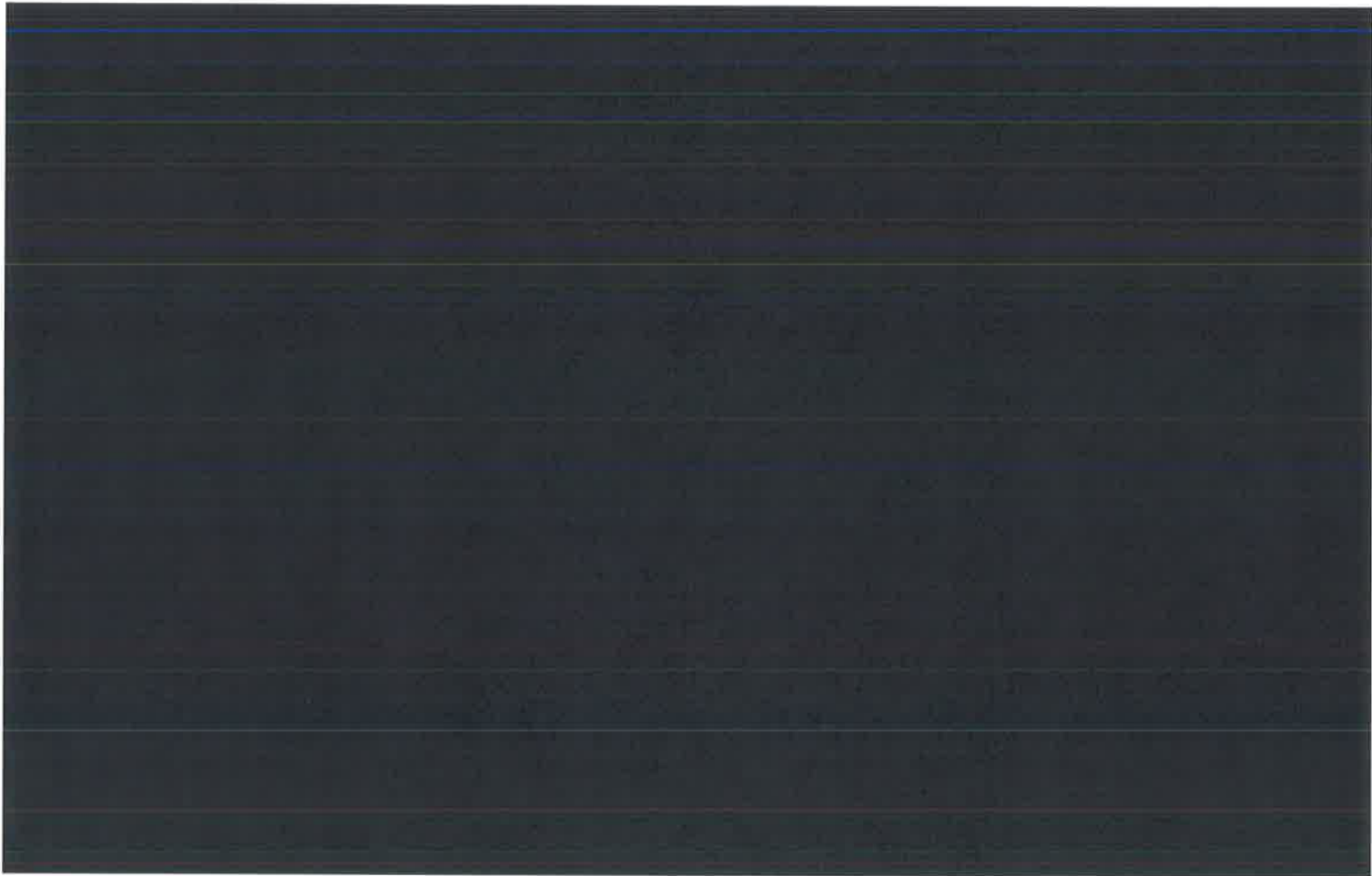
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Attachment 2

3.
Five-Year Contract History
with Litigation Summary
(CONFIDENTIAL & PROPRIETARY)



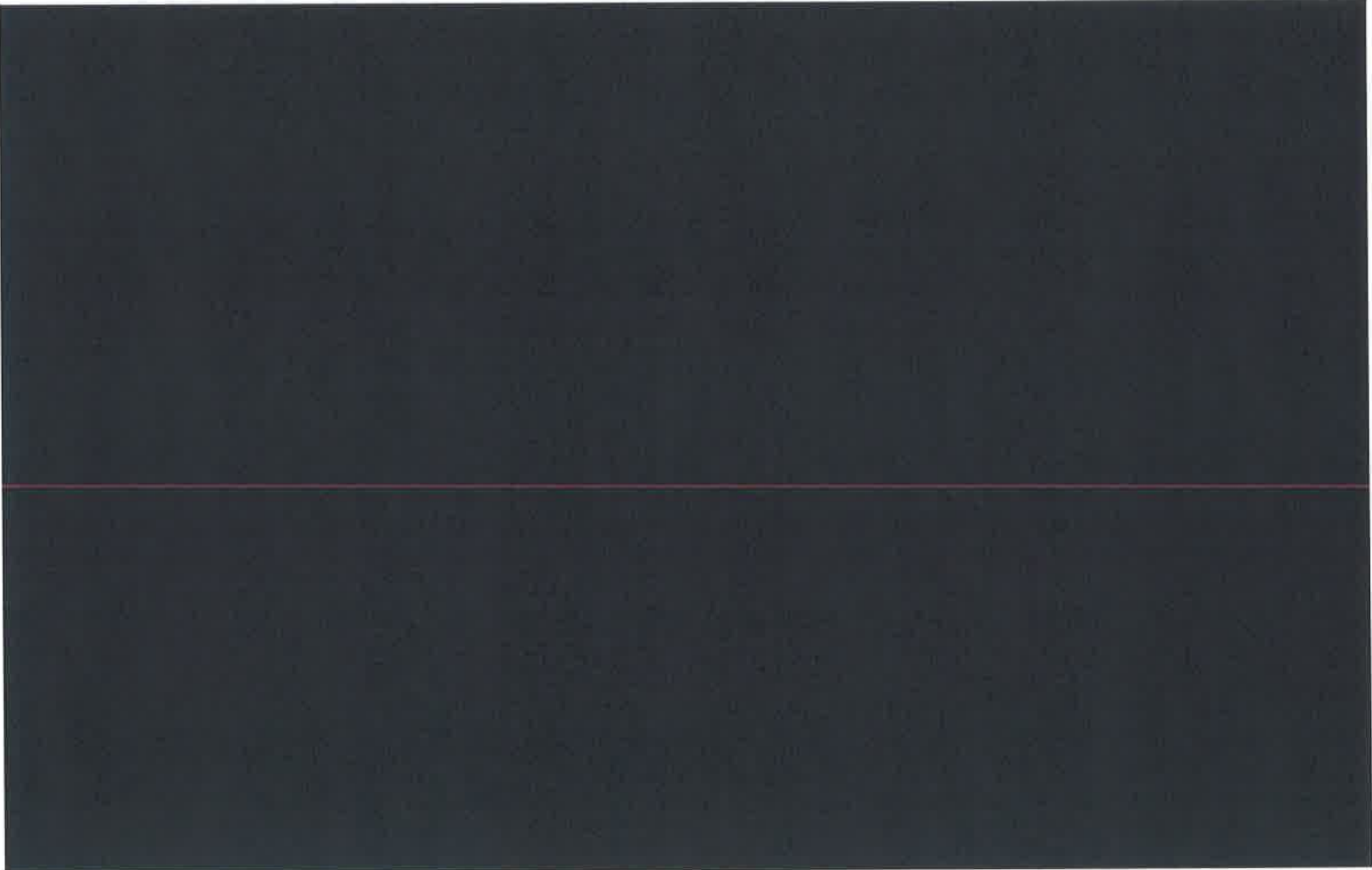


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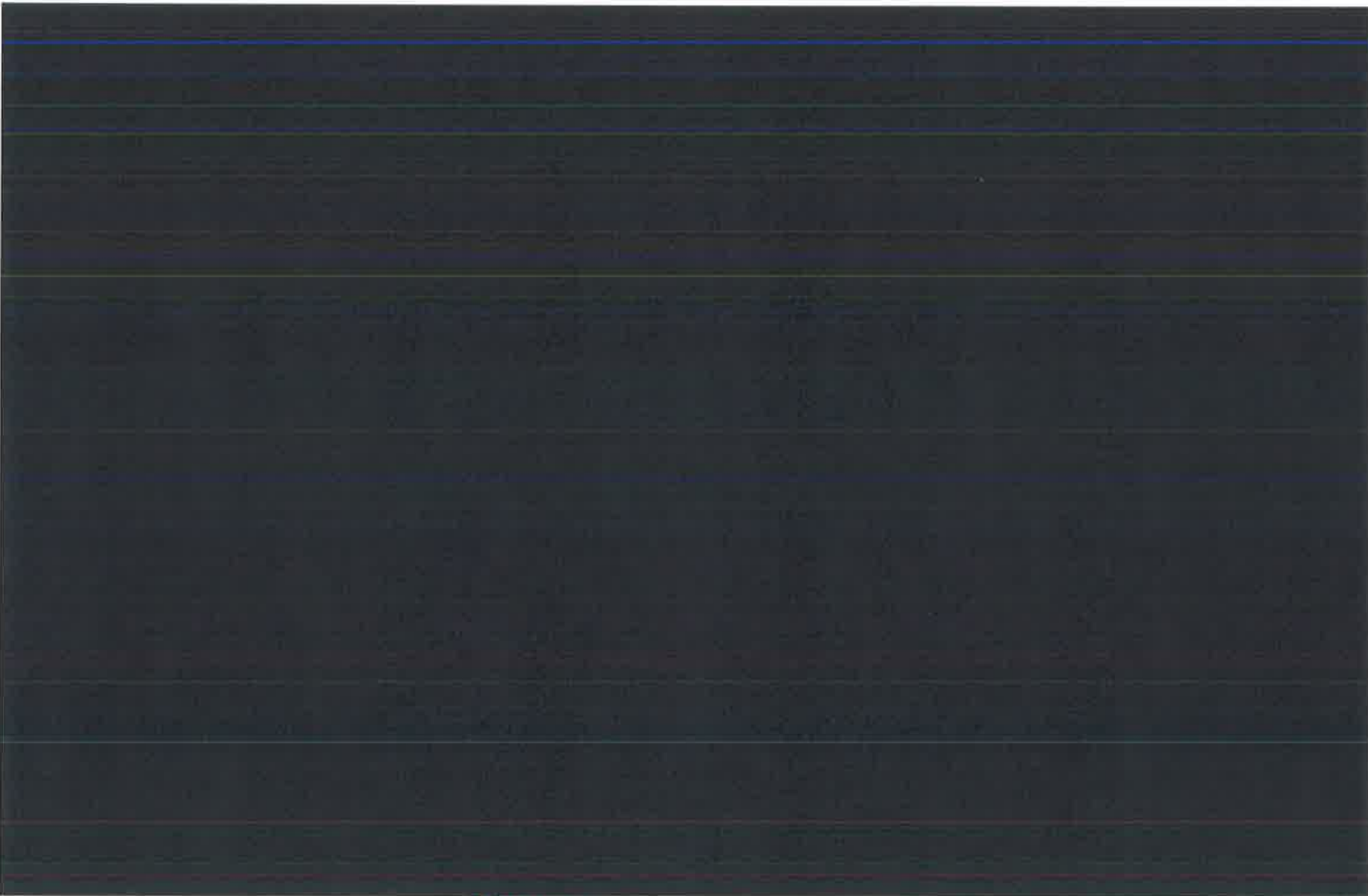


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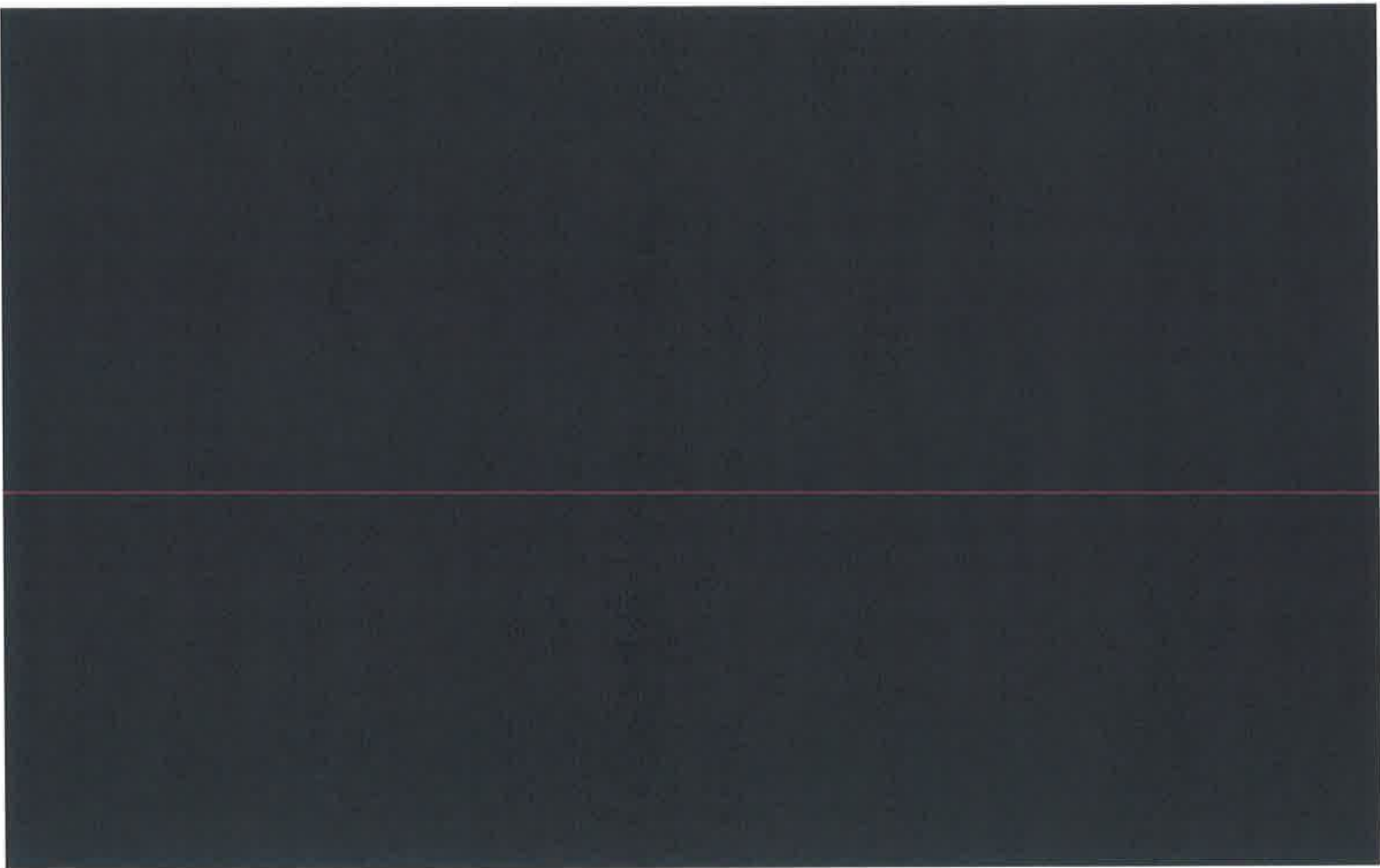


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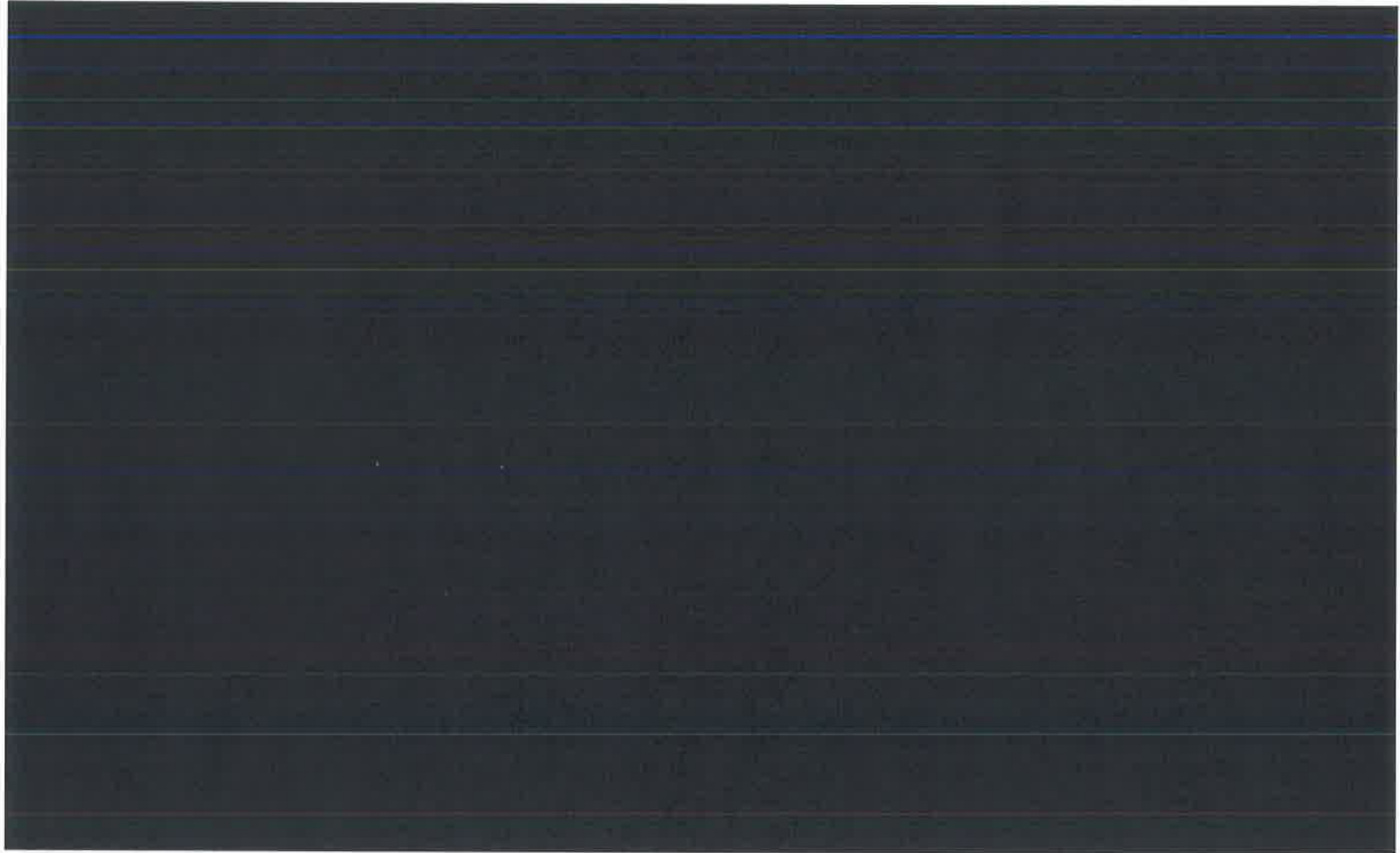


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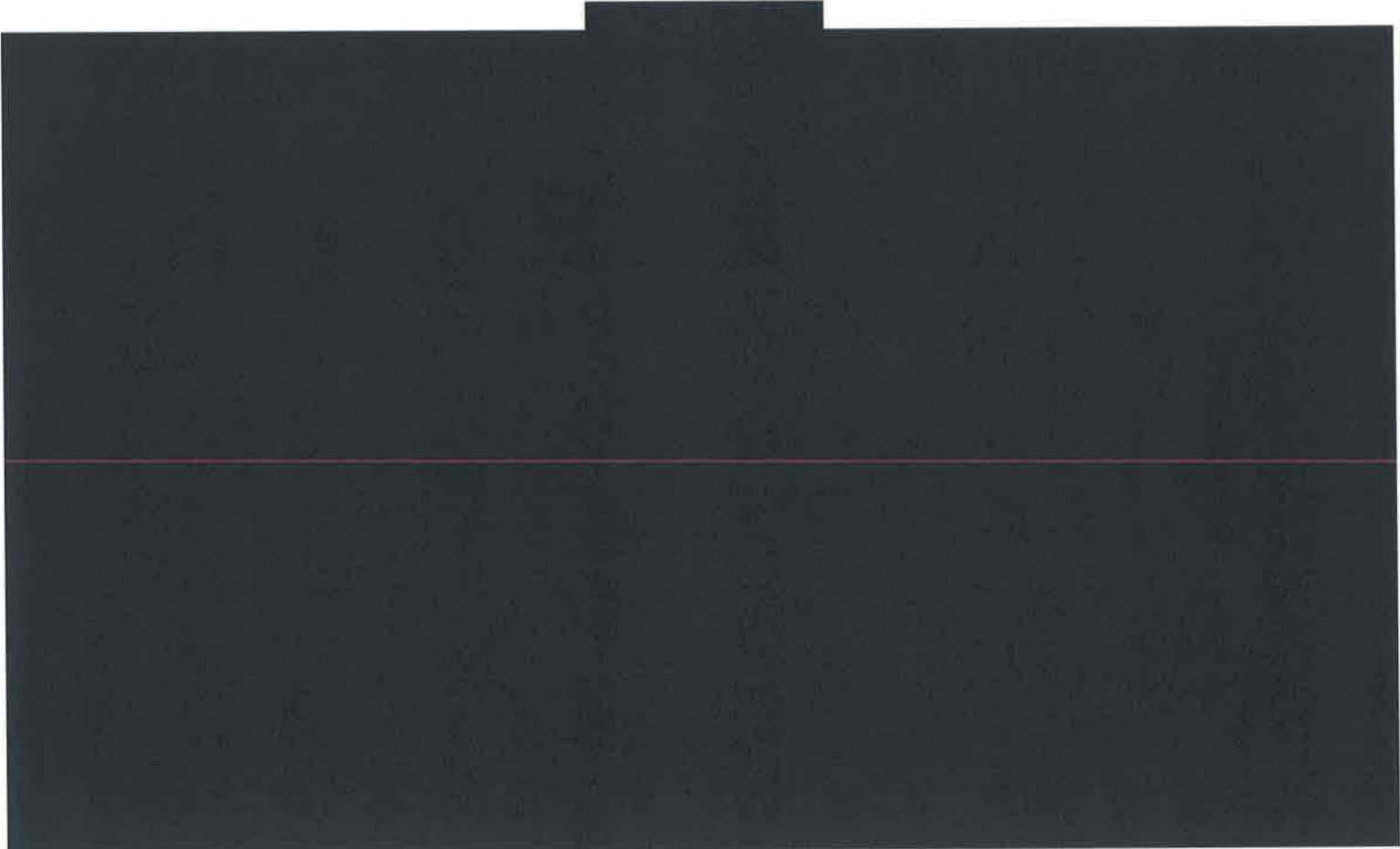


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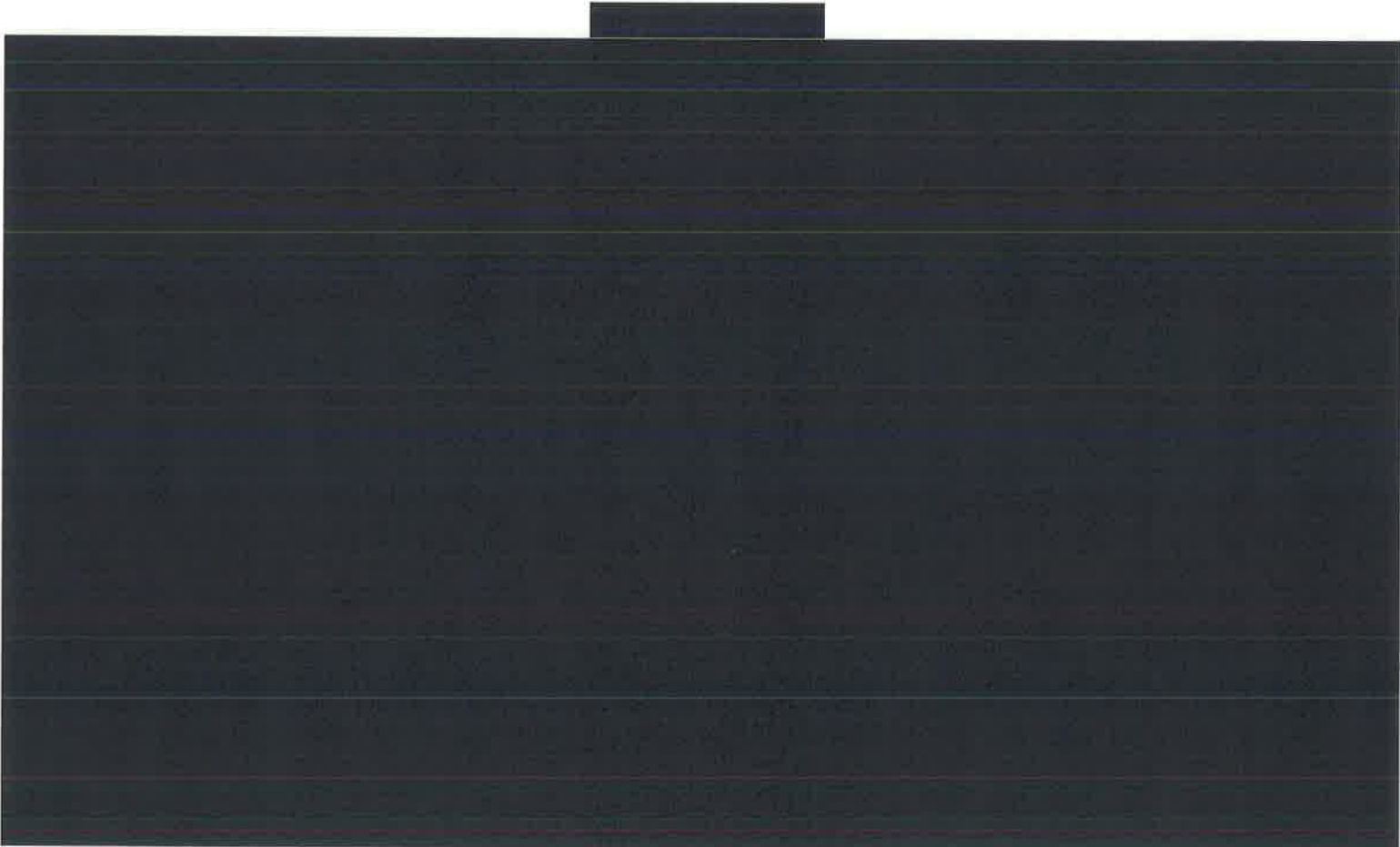


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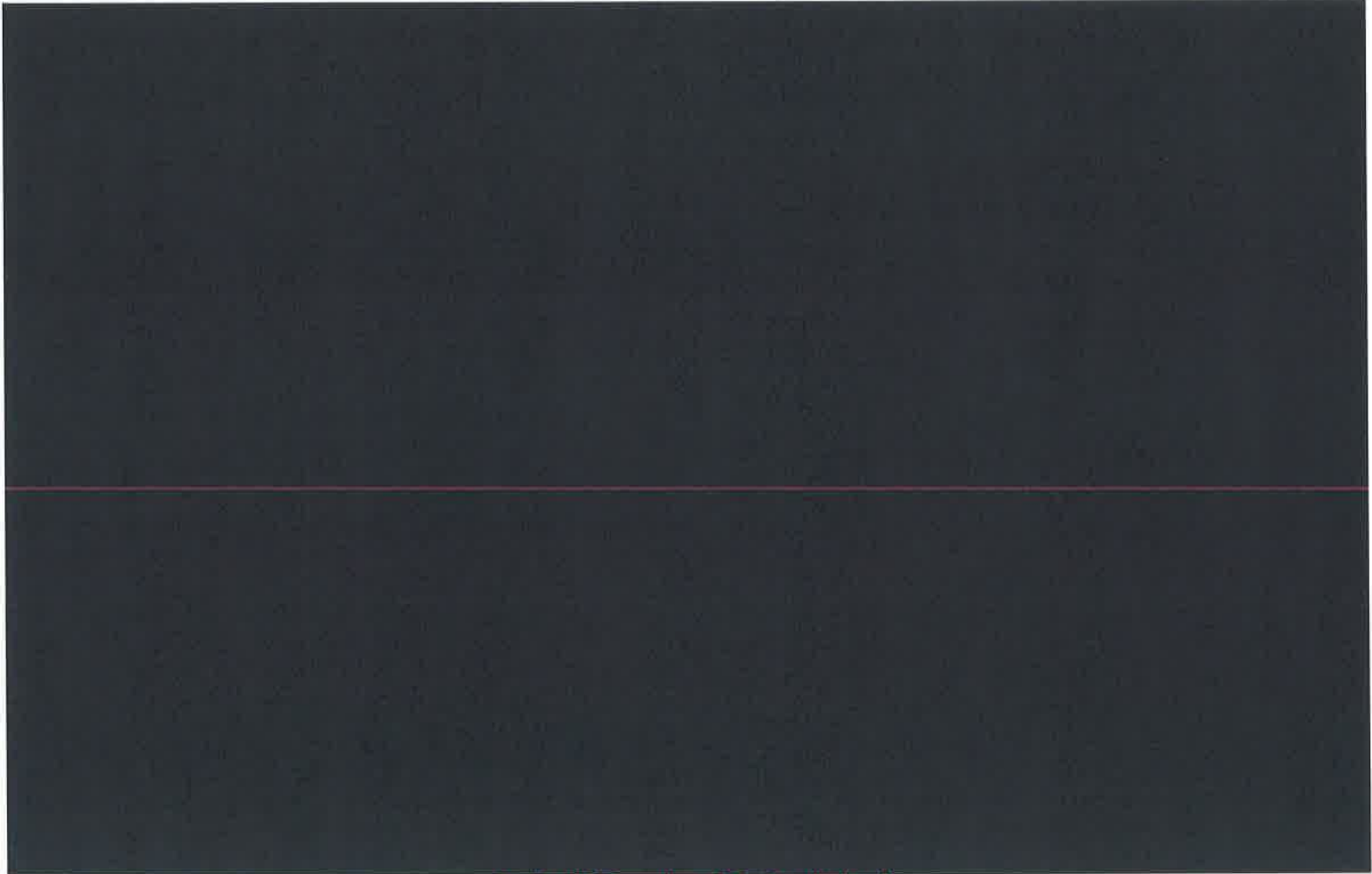


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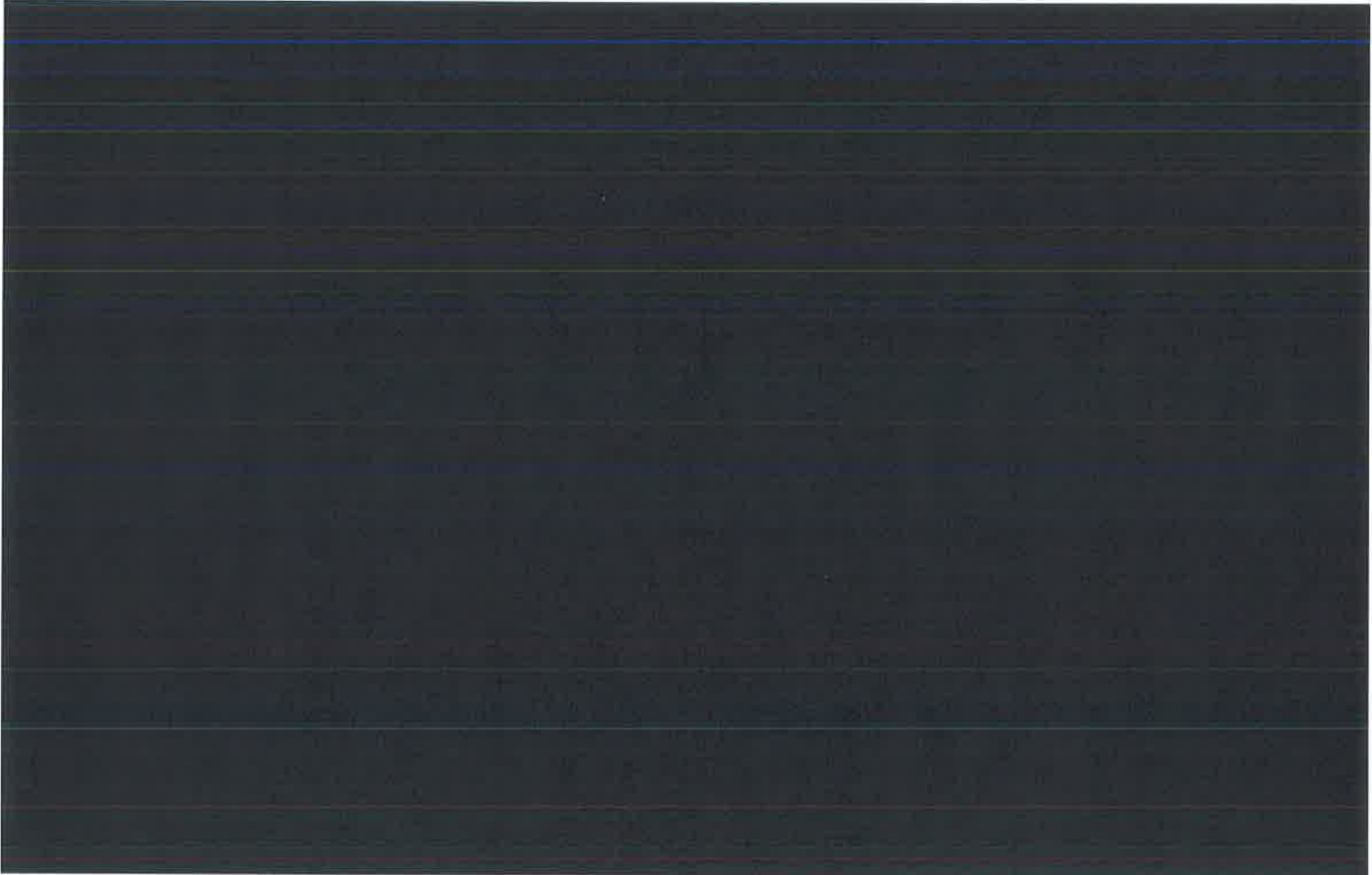


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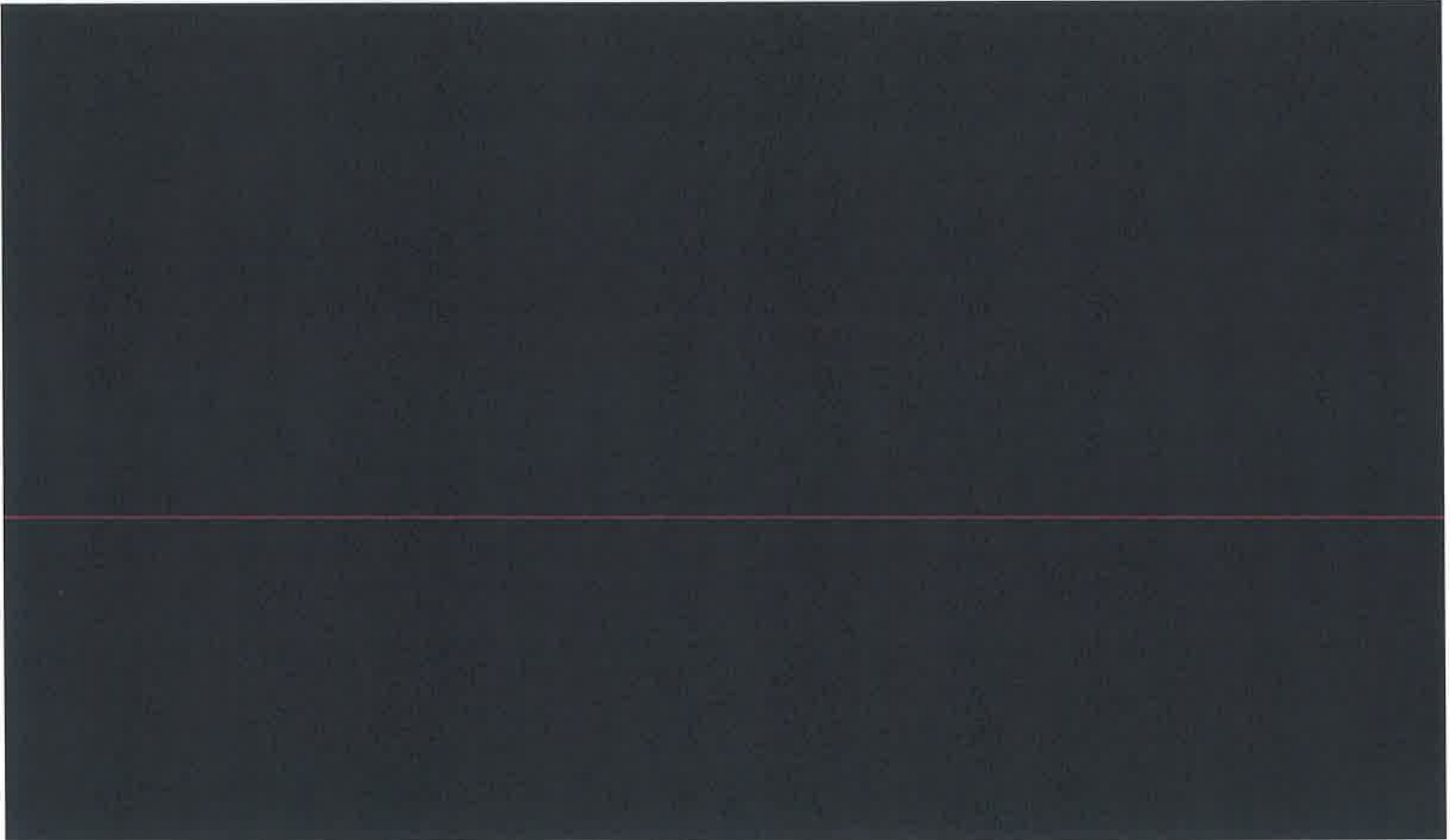


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Attachment 3

4. Job Descriptions





Job Description

JOB TITLE: Medical Director

JOB CODE: 8439A

JOB SUMMARY

Serves as the responsible physician and health authority required by national standards. Provides overall supervision for clinical services for the site. Serves as liaison for clinical matters with medical providers outside the system and is available to provide on-call services.

JOB DUTIES

1. Serve as Chairman of the Medical Audit Committee.
2. Consult with medical providers in the community to resolve issues in delivering services to inmates.
3. Supervise the clinical services provided by the professional and paraprofessional staff. Annually review and approve clinical protocols, policies and procedures, and medical disaster plan.
4. Provides direction and assistance to the on-site quality assurance program including review and action on inmate complaints, and infection control.
5. Monitor referrals to outside healthcare facilities for appropriateness, quality, and continuity of care.
6. Sponsor physician assistants in compliance with the state law for correctional facilities. Serve as a professional resource for all physicians working at the facility(s).
7. Assist in screening, interviewing and evaluating credentials of healthcare providers.
8. Serve as discussion leader for selected in-service training classes. Represent the healthcare program in discussions with local civic groups or visiting officials. As requested, attend medical director's meetings at the Corizon central office. Attend Pharmacy Therapeutic Committee meetings and other meetings, as required.

QUALIFICATIONS

- Graduate of an accredited medical school
- Fully licensed to practice medicine in the state.
- Current DEA registration.
- Preferable board certified or board eligible in primary care specialty (family practice, internal medicine or surgery) with administrative experience in corrections and/or managed healthcare delivery.

Disclaimer: The essential duties listed are representative of the major duties of this job. Specific duties and responsibilities may vary based upon departmental needs. Other duties may be assigned similar to the above, consistent with the knowledge, skills and abilities required for the job. Not all of the duties may be assigned to a position.

Last Revision: 8.16.13



Job Description

JOB TITLE: Medical Director

JOB CODE: 8439A

WORK ENVIRONMENT

Correctional officers provide security; however, some degree of risk of verbal and physical assault from inmates exists. As in any healthcare setting, employees may be exposed to communicable and/or infectious diseases. Inside work with periodic traveling (inter and intra state) to other locations with exposure to weather, temperature extremes and hazardous road conditions. Frequent standing and walking while presenting or performing job duties. Adheres to site/contract specific on-call requirements.

PHYSICAL REQUIREMENTS

Employees must be able to perform the following:

- Required to exert up to 50 pounds of force to lift, carry, push, pull, or otherwise move objects including the human body.
- Required to kneel, stoop, crouch and/or crawl occasionally. Frequent walking throughout site; to include walking up and down flights of stairs.
- Must have and maintain sufficient strength, agility, and endurance to perform during stressful (physical, mental and emotional) situations encountered on the job.
- Occasional running when responding to emergencies; must be able to perform BLS.

SIGNATURE

I have read and acknowledge full understanding of this job description.

Employee Signature

Date

Employee Printed Name

ORIGINAL: Employee Personnel File

Disclaimer: The essential duties listed are representative of the major duties of this job. Specific duties and responsibilities may vary based upon departmental needs. Other duties may be assigned similar to the above, consistent with the knowledge, skills and abilities required for the job. Not all of the duties may be assigned to a position.

Last Revision: 8.16.13



Job Description

JOB TITLE: Health Services Administrator

JOB CODE: 8030A

Job Summary

The Health Services Administrator (HSA) is the chief administrative manager of the on-site health services department. The HSA is accountable for the delivery of contract services and ensuring that Corizon is in compliance with all aspects of the client contract. The HSA is responsible for recruiting and hiring all personnel and accountable for interviewing and selecting contractual staff. In addition to managing the site budget, the HSA constructs and supervises an annual operational plan. The HSA is responsible for developing and maintaining positive, professional, collaborative relationships with clients (warden, supervisor, and/or equivalent client role) and ensuring customer satisfaction.

Job Duties

1. Manages the healthcare delivery system and coordinates with the other functions within the institution.
2. Manages the budget and financial performance of the site. Submits timely and accurate reports to supervisor and/or corporate office.
3. Develops and/or supervises the facility operational plan. Directs the activities of the assigned staff. Actively recruits new staff. Arranges interview process for potential staff including necessary collateral colleagues (i.e., Director of Nursing) and departments. Interfaces with Corizon Human Resources for the hiring and terminating of all site staff. Manages labor ensuring the site is staffed according to contractual commitments and supervises staff scheduling. Coordinates or participates in the interviewing and selection of Independent Contractors. Ensures orientation of new Corizon personnel by conducting or coordinating all initial new hire and annual orientation and training activities.
4. Ensures site utilization and compliance with all Corizon and applicable client systems and applications. Coordinates the Medical Audit Committee and facilitates the monthly meetings. Ensures compliance with ACA and/or NCHC standards and Corizon clinical services and administrative policies and procedures.
5. Coordinates with Hospital Administrators and other external providers the delivery of services at hospitals or other external health services locations outside the institution. When appropriate, negotiates third party contracts for the institution.
6. Adheres to and enforces all safety and security policies and procedures and participates in and ensures compliance with applicable safety/emergency drills. Follows and enforces all security regulations, including but not limited to keys, sharps, and controlled medications.
7. Ensures annual performance evaluations are conducted and completed with all personnel, including peer reviews.

Qualifications

Disclaimer: The essential duties listed are representative of the major duties of this job. Specific duties and responsibilities may vary based upon departmental needs. Other duties may be assigned similar to the above, consistent with the knowledge, skills and abilities required for the job. Not all of the duties may be assigned to a position.



Job Description

JOB TITLE: Health Services Administrator

JOB CODE: 8030A

1. Bachelor's degree in healthcare administration/related field or Licensed Registered Nurse/Nurse Practitioner/Physician Assistant preferred.
2. Minimum of two (2) years of management experience in a healthcare setting necessary. Correctional healthcare experience preferred.
3. Subject to initial and ongoing security clearance requirements.
4. Occasional Travel required.

Physical Requirements

Employees must be able to perform the following:

1. Required to exert up to 20 pounds of force to lift, carry, push, pull, or otherwise move objects.
2. Required to kneel, stoop, crouch and/or crawl occasionally.
3. Occasionally walking throughout site; to include walking up and down flights of stairs.
4. Must be able to perform repetitive tasks using arms, hands, and wrists.
5. Long periods sitting, typing and reading from a computer screen may be required.

Work Environment

Correctional officers provide security; however, some degree of risk of verbal and physical assault from inmates exists. As in any healthcare setting, employees may be exposed to communicable and/or infectious diseases. Inside work with periodic traveling (inter and intra state) to other locations with exposure to weather, temperature extremes and hazardous road conditions. Frequent standing and walking while presenting or performing job duties. Adheres to site/contract specific on-call requirements.

Employee Signature

I have read and acknowledge full understanding of this job description.

Employee Signature

Date

Employee Printed Name

ORIGINAL: Employee Personnel File

Disclaimer: The essential duties listed are representative of the major duties of this job. Specific duties and responsibilities may vary based upon departmental needs. Other duties may be assigned similar to the above, consistent with the knowledge, skills and abilities required for the job. Not all of the duties may be assigned to a position.



Job Description

JOB TITLE: Physician's Assistant/Advanced Registered Nurse Practitioner (PA/NP/ARNP)

JOB CODE:

JOB SUMMARY

Provides direct care to inmates in the correctional institution and provides emergency care to staff while observing and maintaining the requirements of security

JOB DUTIES

1. Provides appropriate health care to inmates
2. Diagnoses and treats inmates within his/her scope of practice
3. Performs routine history and physical (H&P) examinations where applicable
4. Orders and, if necessary, performs laboratory studies, X-rays, examinations, and electrocardiograms, as appropriate
5. Initiates consultation requests and non-formulary request with supervisory physician's approval
6. Educates inmates relative to medical conditions, use of drugs, diet, weight control, effects of prescribed treatment, etc.
7. Documents all patient contacts in medical record using Problem Oriented Medical Record format and SOAP charting
8. Maintains confidentiality of medical records
9. Orders medications while adhering to the established formulary
10. Participates in the data collection of the CQI program and participates in the CQI committee, as needed
11. Performs other duties and responsibilities as requested by supervisor

QUALIFICATIONS

- Graduate of an accredited program
- Holds a current license to practice in the state where facility is located
- Certified or eligible for certification in the scope of practice
- Competent to perform responsibilities as defined by state's practice act
- Maintains current CPR certificate

WORK ENVIRONMENT

Disclaimer: The essential duties listed are representative of the major duties of this job. Specific duties and responsibilities may vary based upon departmental needs. Other duties may be assigned similar to the above, consistent with the knowledge, skills and abilities required for the job. Not all of the duties may be assigned to a position.

Last Revision: 7.2.14



Job Description

JOB TITLE: Physician's Assistant/Advanced Registered Nurse Practitioner (PA/NP/ARNP)

JOB CODE:

Correctional officers provide security; however, some degree of risk of verbal and physical assault from inmates exists. As in any healthcare setting, employees may be exposed to communicable and/or infectious diseases. Inside work with periodic traveling (inter and intra state) to other locations with exposure to weather, temperature extremes and hazardous road conditions. Frequent standing and walking while presenting or performing job duties. Adheres to site/contract specific on-call requirements.

PHYSICAL REQUIREMENTS

Employees must be able to perform the following essential functions:

- Required to exert up to 50 pounds of force and/or a negligible amount of force frequently or lift, carry, push, pull, or otherwise move objects including the human body.
- Required to kneel, stoop, crouch and / or crawl occasionally.
- Must have and maintain sufficient strength, agility, and endurance to perform during stressful (physical, mental and emotional) situations encountered on the job without compromising your health and well-being or that of your fellow employees or that of inmates.

SIGNATURE

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Employee Signature

Date

Employee Printed Name

ORIGINAL: Employee Personnel File

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Last Revision: 7.2.14



Job Description

JOB TITLE: Physician's Assistant/Advanced Registered Nurse Practitioner (PA/NP/ARNP)

JOB CODE:

Job Description Addendum

Contract/State:

Additional ADA/Physical Requirements:

Additional OSHA Requirements:

Regional Management Signature and Date

Additional Employee Signature and Date

Disclaimer: The essential duties listed are representative of the major duties of this job. Specific duties and responsibilities may vary based upon departmental needs. Other duties may be assigned similar to the above, consistent with the knowledge, skills and abilities required for the job. Not all of the duties may be assigned to a position.

Last Revision: 7.2.14



Job Description

JOB TITLE: Director of Nursing (DON)

JOB CODE: 8710A

JOB SUMMARY

This is a supervisory nursing position working in a correctional setting in which nursing services are required on a 24 hour basis. Supervises and coordinates activities of nursing personnel in one or more patient care units. Verifies that patients' needs are met and evaluates unit nursing care and performance. Participates in planning of work of assigned units and coordinates activities with other patient units/departments. Plans and organizes training for unit staff members. Participates in guidance and educational programs.

JOB DUTIES

1. Implements appropriate work structure and processes to accomplish goals for patient care specific to contract requirements and healthcare policy and procedures. Assists and supports professional and paraprofessional nursing staff in provision of patient care.
2. Participates in screening interviews with candidates for basic knowledge, skills and fit within the corrections environment. Coordinates and monitors orientation, in-service and continuing education for nursing and ancillary personnel to enhance performance levels.
3. Develops monthly schedule for nursing staff and nursing support staff and ensures that sufficient number of nursing staff are scheduled on each shift with the appropriate skill level.
4. Ensures nursing practice conforms to state licensure, accreditation and regulatory agency requirements in the clinical setting.
5. Acts as a liaison with other operating units, agencies and outside officials.
6. Ensures that nursing records are correctly maintained.
7. Demonstrates accountability for ensuring an environment where professional conflict resolution is valued
8. Demonstrates objectivity, thoroughness, insightfulness and probing behaviors when approaching problems.

QUALIFICATIONS

- Bachelor's degree in healthcare preferred
- Three (3) years of experience in healthcare administration setting.
- Active RN license in state where position is located with unrestricted/non probationary status. Specialty certification desired (i.e. CCHP, ACHE, etc.)

Disclaimer: The essential duties listed are representative of the major duties of this job. Specific duties and responsibilities may vary based upon departmental needs. Other duties may be assigned similar to the above, consistent with the knowledge, skills and abilities required for the job. Not all of the duties may be assigned to a position.

Last Revision: 8.16.13



Job Description

JOB TITLE: Director of Nursing (DON)

JOB CODE: 8710A

WORK ENVIRONMENT

Correctional officers provide security; however, some degree of risk of verbal and physical assault from inmates exists. As in any healthcare setting, employees may be exposed to communicable and/or infectious diseases. Inside work with periodic traveling (inter and intra state) to other locations with exposure to weather, temperature extremes and hazardous road conditions. Frequent standing and walking while presenting or performing job duties. Adheres to site/contract specific on-call requirements.

PHYSICAL REQUIREMENTS

Employees must be able to perform the following:

- Required to exert up to 50 pounds of force to lift, carry, push, pull, or otherwise move objects including the human body.
- Required to kneel, stoop, crouch and/or crawl occasionally. Frequent walking throughout site; to include walking up and down flights of stairs.
- Must have and maintain sufficient strength, agility, and endurance to perform during stressful (physical, mental and emotional) situations encountered on the job.
- Occasional running when responding to emergencies; must be able to perform BLS.

SIGNATURE

I have read and acknowledge full understanding of this job description.

Employee Signature

Date

Employee Printed Name

ORIGINAL: Employee Personnel File

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Last Revision: 8.16.13



Job Description

JOB TITLE: RN

JOB CODE(S): 8735A, 9170A, 8751A

JOB SUMMARY

Delivers quality care that is consistent within the scope of practice as outlined by the local state nurse practice act for Registered Nurses. In accordance with local practice acts and regulations, delegates and ensures supervision of nursing activities and functions to other competent nursing personnel appropriate to their scope of practice. Assumes responsibility and accountability for the quality of care delivered; works to ensure a safe environment for themselves, the patient and other staff members. Acts as a patient advocate that promotes the quality of health care delivered in the facility and serve as a leader at all times to promote best practices within the profession of nursing.

JOB DUTIES

1. Utilizes a systematic approach to meet the health needs of each individual patient.
2. Performs health assessments and interprets collected data to determine appropriate course of action(s) to address the needs of the patient.
3. Formulates a plan of care/action based on clinical findings.
4. Implements nursing care within the RN's scope of practice. (Includes compliance with all laws as applicable in the practice setting).
5. Develops and implements teaching plans based on the individual needs of the patient. The plans should speak to health promotion, maintenance and restoration of health.
6. Provides for the care of multiple patients either through direct care or assignment and/or delegation of care to other members of the health care team.
7. Evaluates patient's response to therapeutic interventions and communicates with other members of the health care team to address potential changes to the overall care plan for the patient.
8. Focuses on the "critical think" processes as the basis for all decision making.
9. Other nursing duties as assigned.

QUALIFICATIONS

1. Graduate of an accredited School of Nursing
 2. Licensure as a Registered Nurse in the state of employment.
 3. Possesses an active CPR certification.
 4. Remains knowledgeable about specific state laws and regulations governing practice.
 5. Satisfactory completion of initial and annual clinical competencies to demonstrate aptitude as assigned by role.
-

Disclaimer: The essential duties listed are representative of the major duties of this job. Specific duties and responsibilities may vary based upon departmental needs. Other duties may be assigned similar to the above, consistent with the knowledge, skills and abilities required for the job. Not all of the duties may be assigned to a position.

Last Revision: 8.26.13



Job Description

JOB TITLE: RN

JOB CODE(S): 8735A, 9170A, 8751A

PHYSICAL REQUIREMENTS

Employees must be able to perform the following:

1. Required to exert up to 50 pounds of force to lift, carry, push, pull, or otherwise move objects including the human body.
2. Required to kneel, stoop, crouch and/or crawl occasionally. Frequent walking throughout site; to include walking up and down flights of stairs.
3. Must have and maintain sufficient strength, agility, and endurance to perform during stressful (physical, mental and emotional) situations encountered on the job.
4. Occasional running when responding to emergencies; must be able to perform BLS.

SIGNATURE

I have read and acknowledge full understanding of this job description.

Employee Signature

Date

Employee Printed Name

ORIGINAL: Employee Personnel File

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Last Revision: 8.26.13



Job Description

JOB TITLE: LPN

JOB CODE(S): 8760A, 8767A, 8762A, 8768A

JOB SUMMARY

Delivers quality care that is consistent within the scope of practice as outlined by the local state nurse practice act for Licensed Practical/Vocational Nurses. Responsible for tasks, activities and functions as delegated and may make assignment of duties to others as defined in their state of practice act. Ensure that tasks, activities and functions assigned to others can safely be performed by the person receiving the assignment based on their educational preparation. Provides monitoring of tasks, activities and functions that are assigned to others to ensure proper understanding and completion.

JOB DUTIES

1. Contributes to the assessment of the health status of patients.
2. Participates in the development and modification of a patient's plan of care.
3. Performs delegated tasks, activities and functions that are consistent with prior educational preparation and within scope of practice.
4. Provides direct basic care to assigned multiple clients within the structure of the healthcare program at their facility.
5. Provides safe and effective nursing care and assumes responsibility for the care delivered.
6. Implements patient education based on established teaching plans.
7. Utilizes a problem solving approach as the basis for their decision making.
8. Performs other nursing duties as assigned.

QUALIFICATIONS

1. Graduate from a Licensed Practical Nursing program.
2. Currently licensed as a Practical Nurse in the state of employment.
3. Possesses an active CPR certification.
4. Remains knowledgeable about specific state laws and regulations governing practice.
5. Satisfactory completion of initial and annual clinical competencies to demonstrate aptitude as assigned by role.

PHYSICAL REQUIREMENTS

Employees must be able to perform the following:

1. Required to exert up to 50 pounds of force to lift, carry, push, pull, or otherwise move objects including the human body.
2. Required to kneel, stoop, crouch and/or crawl occasionally. Frequent walking throughout site; to include walking up and down flights of stairs.
3. Must have and maintain sufficient strength, agility, and endurance to perform during stressful (physical, mental and emotional) situations encountered on the job.
4. Occasional running when responding to emergencies; must be able to perform BLS.

Disclaimer: The essential duties listed are representative of the major duties of this job. Specific duties and responsibilities may vary based upon departmental needs. Other duties may be assigned similar to the above, consistent with the knowledge, skills and abilities required for the job. Not all of the duties may be assigned to a position.

Last Revision: 8.26.13



Job Description

JOB TITLE: LPN

JOB CODE(S): 8760A, 8767A, 8762A, 8768A

SIGNATURE

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Employee Signature

Date

Employee Printed Name

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Last Revision: 8.26.13



Job Description

JOB TITLE: Certified Nursing Assistant

JOB CODE: 8776A

JOB SUMMARY

The primary purpose of a C.N.A. is to provide each assigned patient with routine daily nursing care and services in accordance with the patient assessment and care plan, and as may be directed by the supervisor. The C.N.A. is delegated the administrative authority, responsibility, and accountability necessary for carrying out assigned duties.

JOB DUTIES

1. Consult with and is responsible to RNs and other staff, as appropriate
2. Implements clinical and technical aspects of care in accordance with established policies and procedures
3. Intervenes with proper technique, procedures and safety precautions to meet individual needs of patient
4. Responsible for charting vital signs, intake and output on appropriate flow sheets and reports any changes of patient status to appropriate disciplines
5. Responsible for ordering and maintaining supply levels for all clinics and stocks ER supplies
6. Establishes and maintains PAR levels in supply area
7. Respects dignity and confidentiality of patients
8. Takes vital signs (temp, pulse, respirations, and blood pressure)
9. Provides for emotional and physical comfort and safety of patients
10. Assists in maintaining working areas, supplies, and equipment
11. Assists patients with personal hygiene, ADLs and linen changes
12. Assists Physician and NP/PA and other health care staff, as assigned
13. Assumes individual accountability for own conduct and maintenance of professional attitude and appearance
14. Assesses personal and learning development needs
15. Accepts staffing assignments and performs other related duties as required or assigned by nursing and administrative staff
16. Performs within normal limits of a CNA as defined by state Nurse Practice Act Code of Ethics, Corizon policies, procedures, and protocols, and facility policy and procedures
17. Conforms to Corizon and facility regulations to include the following:
 - a. dress code
 - b. safety and security regulations
 - c. procedure for sick leave, vacation time
 - d. scheduling and time sheet maintenance
18. Other duties as assigned.

QUALIFICATIONS

Disclaimer: The essential duties listed are representative of the major duties of this job. Specific duties and responsibilities may vary based upon departmental needs. Other duties may be assigned similar to the above, consistent with the knowledge, skills and abilities required for the job. Not all of the duties may be assigned to a position.

Last Revision: 9.8.14



Job Description

JOB TITLE: Certified Nursing Assistant

JOB CODE: 8776A

- Completion of CNA training approved by the state board of nursing
- Active CNA state license
- Minimum one year of clinical experience, preferred
- Current CPR certification
- Good physical and mental health, able to work under pressure, able to relate well to patients, security staff, visitors and co-workers
- Able to receive security clearance

WORK ENVIRONMENT

Correctional officers provide security; however, some degree of risk of verbal and physical assault from inmates exists. As in any healthcare setting, employees may be exposed to communicable and/or infectious diseases. Inside work with periodic traveling (inter and intra state) to other locations with exposure to weather, temperature extremes and hazardous road conditions. Frequent standing and walking while presenting or performing job duties. Adheres to site/contract specific on-call requirements.

PHYSICAL REQUIREMENTS

Employees must be able to perform the following:

- Required to exert up to 50 pounds of force to lift, carry, push, pull, or otherwise move objects including the human body.
- Required to kneel, stoop, crouch and/or crawl occasionally. Frequent walking throughout site; to include walking up and down flights of stairs.
- Must have and maintain sufficient strength, agility, and endurance to perform during stressful (physical, mental and emotional) situations encountered on the job.
- Occasional running when responding to emergencies; must be able to perform BLS.

SIGNATURE

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Employee Signature

Date

Employee Printed Name

ORIGINAL: Employee Personnel File

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Last Revision: 9.8.14

Job Description

JOB TITLE: Dentist

JOB CODE: 8470A

Job Summary

Provides dental services and direct patient care to inmates. Clinical examination of admissions and, as indicated, treatment of inmates' needs.

Job Duties

1. Performs and interprets radiographic exams as indicated.
2. Provide dental treatment to include emergency treatment of the teeth and surrounding soft tissues such as oral surgery, restorative dentistry and periodontal therapy within the scope of a general Dentist including extractions. Correction of significant oral problems, which may adversely affect inmate's health as, deemed necessary.
3. Makes proper referral for procedures, which cannot be performed at facility.
4. Reports any unusual occurrences or accidents to the site or Regional Medical Director.

Qualifications

1. Currently licensed in the state.
2. Maintains current DEA number.

Physical Requirements

Employees must be able to perform the following essential functions:

1. Required to exert up to 50 pounds of force and/or a negligible amount of force frequently or lift, carry, push, pull, or otherwise move objects including the human body.
2. Required to kneel, stoop, crouch and / or crawl occasionally.
3. Must have and maintain sufficient strength, agility, and endurance to perform during stressful (physical, mental and emotional) situations encountered on the job without compromising your health and well-being or that of your fellow employees or that of inmates.

Work Environment

Correctional officers provide security; however, some degree of risk of verbal and physical assault from inmates exists. As in any healthcare setting, employees may be exposed to communicable and/or infectious diseases. Inside work with periodic traveling (inter and intra state) to other locations with exposure to weather, temperature extremes and hazardous road conditions. Frequent standing and walking while presenting or performing job duties. Adheres to site/contract specific on-call requirements.

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Job Description

JOB TITLE: Dentist

JOB CODE: 8470A

Employee Signature

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Employee Signature

Date

Employee Printed Name

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Last Revision: 3.6.17



Job Description

JOB TITLE: Dental Assistant

JOB CODE: 8850A

JOB SUMMARY

Under direct supervision, performs nonprofessional work assisting the dentist with patient care, instruments, supplies and records.

JOB DUTIES

1. Prepares operatory with appropriate instruments and material for the patients scheduled to be seen.
2. Assists dentist during treatment, providing instruments, material retraction or suction. Sterilizes instruments and disinfects operatory between patients.
3. Schedules patients for dental appointments.
4. Performs laboratory procedures such as mixing impression material for dentures and assists in the clinical procedures of prosthetic dentistry.
5. Develops and mounts routine radiographs. Assists in maintaining dental charts, records dental findings.
6. Follows security regulations for keys, sharps and controlled medications. Adheres to safety and security policies and participates in disaster drills.
7. Adheres to Universal Precautions and other appropriate infection control practices.
8. Inventories and orders supplies to maintain proper levels.

QUALIFICATIONS

- High school diploma or equivalent.
- Minimum of one year dental assistant experience required.
- Must have current CPR certification. Subject to initial and ongoing security
- Clearance requirements.

WORK ENVIRONMENT

Correctional officers provide security; however, some degree of risk of verbal and physical assault from inmates exists. As in any healthcare setting, employees may be exposed to communicable and/or infectious diseases. Inside work with periodic traveling (inter and intra state) to other locations with exposure to weather, temperature extremes and hazardous road conditions. Frequent standing and walking while presenting or performing job duties. Adheres to site/contract specific on-call requirements.

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Last Revision: 8.16.13



Job Description

JOB TITLE: Dental Assistant

JOB CODE: 8850A

PHYSICAL REQUIREMENTS

Employees must be able to perform the following essential functions:

- Required to exert up to 50 pounds of force and/or a negligible amount of force frequently or lift, carry, push, pull, or otherwise move objects including the human body.
- Required to kneel, stoop, crouch and / or crawl occasionally.
- Must have and maintain sufficient strength, agility, and endurance to perform during stressful (physical, mental and emotional) situations encountered on the job without compromising your health and well-being or that of your fellow employees or that of inmates.

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Last Revision: 8.16.13



Job Description

JOB TITLE: ACA Coordinator

JOB CODE: 5281

JOB SUMMARY

The ACA Coordinator reviews inmate's Intake Form and authorization requests to determine eligibility for Medicaid or other group health coverage. Responsible for determining existing health or Medicaid coverage or referring inmates for Medical Assistance determination as part of the Pre-Certification process.

JOB DUTIES

1. Submit inmate applications to Medicaid outpost worker for eligibility determination and track to final determination
2. Upon MA approval, input Medicaid coverage info into Corizon transactional system to ensure COB on inpatient claims
3. Determine if other coverage exists upon intake or sick call for existing inmates, working with Intake Coordinator and custody staff
4. Work with COB Coordinator to search other coverage data bases, if current coverage is unknown
5. Track Medicaid eligibility denials for follow up when additional services are utilized
6. Ensure notice of coverage is provided to hospital upon admission for appropriate billing information
7. Submitting bills for repricing and ensuring receipt of bills from providers for payment.

QUALIFICATIONS

- Certification or at least two (2) years experience working in a physician's office and/or medical records management
- Knowledge of Coordination of Benefit (COB) provisions in a commercial, Medicaid or Medicare environment
- Knowledge of current medical terminology
- Proven knowledge of ICD-9, HCPCS, CPT and revenue coding
- Ability to recognize and interpret other insurance carriers EOBs and/or plan documents
- Ability to interact with clinicians and office staff, administration, utilization review, provider operations, customer service and finance departments
- Proven organizational and prioritization skills
- Dedication to quality, team work and customer service

Disclaimer: The essential duties listed are representative of the major duties of this job. Specific duties and responsibilities may vary based upon departmental needs. Other duties may be assigned similar to the above, consistent with the knowledge, skills and abilities required for the job. Not all of the duties may be assigned to a position.

Last Revision: 4.3.18



Job Description

JOB TITLE: ACA Coordinator

JOB CODE: 5281

WORK ENVIRONMENT

Correctional officers provide security; however, some degree of risk of verbal and physical assault from inmates exists. As in any healthcare setting, employees may be exposed to communicable and/or infectious diseases. Inside work with periodic traveling (inter and intra state) to other locations with exposure to weather, temperature extremes and hazardous road conditions. Frequent standing and walking while presenting or performing job duties. Adheres to site/contract specific on-call requirements.

PHYSICAL REQUIREMENTS

Employees must be able to perform the following:

- Required to exert up to 50 pounds of force to lift, carry, push, pull, or otherwise move objects including the human body.
- Required to kneel, stoop, crouch and/or crawl occasionally. Frequent walking throughout site; to include walking up and down flights of stairs.
- Must have and maintain sufficient strength, agility, and endurance to perform during stressful (physical, mental and emotional) situations encountered on the job.
- Occasional running when responding to emergencies; must be able to perform BLS.

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Employee Signature

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Last Revision: 4.3.18



Job Description

JOB TITLE: Administrative Assistant

JOB CODE: 8311A

JOB SUMMARY

Perform general administrative office assignments, medical record keeping and functions as a communications link to and within the healthcare unit as appropriate.

JOB DUTIES

1. Process correspondence in a timely and systematic manner.
2. Compile and prepare reports and documents accurately.
3. Classify and file all documents to be maintained in the office in a retrievable system.
4. Schedule meetings, appointments and work assignments to meet or exceed deadlines.
5. Communicate effectively and demonstrate respect, concern and courtesy in all interpersonal communications.
6. Monitors supplies, equipment and services required in the healthcare unit.
7. Maintain skills and continue professional development to enhance the operations and image of the organization.
8. Adhere to personnel policies to enhance the operation of the healthcare unit.

QUALIFICATIONS

1. At least 2 years of administrative experience or the equivalent of education and experience.
2. Must possess a good working knowledge of all Microsoft Office applications, including: Word, Excel, Outlook and PowerPoint.
3. Ability to gather data, compile information and prepare reports.
4. Ability to communicate effectively, both orally and in writing; ability to maintain calendars and schedule appointments.
5. Ability to divide attention among several tasks and to prioritize tasks.
6. Satisfactory background investigation report.

WORK ENVIRONMENT

Correctional officers provide security; however, some degree of risk of verbal and physical assault from inmates exists. As in any healthcare setting, employees may be exposed to communicable and/or infectious diseases. Inside work with periodic traveling (inter and intra state) to other locations with exposure to weather, temperature extremes and hazardous road conditions. Frequent standing and walking while presenting or performing job duties. Adheres to site/contract specific on-call requirements.

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Last Revision: 8.16.13



Job Description

JOB TITLE: Administrative Assistant

JOB CODE: 8311A

PHYSICAL REQUIREMENTS

Employees must be able to perform the following:

- Required to exert up to 20 pounds of force to lift, carry, push, pull, or otherwise move objects.
- Required to kneel, stoop, crouch and/or crawl occasionally. Occasionally walking throughout site; to include walking up and down flights of stairs.
- Must be able to perform repetitive tasks using arms, hands, and wrists. Long periods sitting, typing and reading from a computer screen may be required.

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Last Revision: 8.16.13



Job Description

JOB TITLE: Medical Records Clerk

JOB CODE: 8345A

JOB SUMMARY

Responsible and accountable for the maintenance of health records. Organizes and maintains a system of files and records concerning diagnoses, treatments, admissions and discharges.

JOB DUTIES

1. Retrieve medical charts for all healthcare staff or clinics as requested. File daily all currently used medical records. Secures all active and inactive medical records.
2. Assure that charts are counter-signed by Physician and checks charts for completeness.
3. Releases information at the direction of the Medical Records Supervisor, Medical Director or Health Services Administrator.
4. Answer telephone, take messages and makes telephone calls. Types letters, reports and memorandums.
5. Maintains a roster or appointment book based on scheduled appointments for both on and off-site appointments.
6. Orders, receives and maintains office supplies.
7. Other duties as assigned.

QUALIFICATIONS

- High School graduate or equivalent
- One (1) year medical records experience.
- Familiarity with the Problem Oriented Medical Record (SOAP) system essential. Must receive a satisfactory background report.

WORK ENVIRONMENT

Correctional officers provide security; however, some degree of risk of verbal and physical assault from inmates exists. As in any healthcare setting, employees may be exposed to communicable and/or infectious diseases. Inside work with periodic traveling (inter and intra state) to other locations with exposure to weather, temperature extremes and hazardous road conditions. Frequent standing and walking while presenting or performing job duties. Adheres to site/contract specific on-call requirements.

Disclaimer: The essential duties listed are representative of the major duties of this job. Specific duties and responsibilities may vary based upon departmental needs. Other duties may be assigned similar to the above, consistent with the knowledge, skills and abilities required for the job. Not all of the duties may be assigned to a position.

Last Revision: 8.16.13



Job Description

JOB TITLE: Medical Records Clerk

JOB CODE: 8345A

PHYSICAL REQUIREMENTS

Employees must be able to perform the following:

- Required to exert up to 20 pounds of force to lift, carry, push, pull, or otherwise move objects.
- Required to kneel, stoop, crouch and/or crawl occasionally. Occasionally walking throughout site; to include walking up and down flights of stairs.
- Must be able to perform repetitive tasks using arms, hands, and wrists. Long periods sitting, typing and reading from a computer screen may be required.

SIGNATURE

I have read and acknowledge full understanding of this job description.

Employee Signature

Date

Employee Printed Name

ORIGINAL: Employee Personnel File

Disclaimer: The essential duties listed are representative of the major duties of this job. Specific duties and responsibilities may vary based upon departmental needs. Other duties may be assigned similar to the above, consistent with the knowledge, skills and abilities required for the job. Not all of the duties may be assigned to a position.

Last Revision: 8.16.13

5.
**Patient Information Fact Sheet
(PIFS) Samples**



What is substance abuse withdrawal?

Substance abuse withdrawal is serious. People can die from substance abuse withdrawal.

When a person quickly stops or drastically lowers the intake of a substance such as alcohol, illegal drugs or prescription medications, withdrawal from that substance can occur even if it is only one binge after a long period of sobriety.

The signs and symptoms of withdrawal are caused by a decreased amount of alcohol or drugs in the body of a person who heavily uses and then quickly stops.

Drugs that you may start to withdraw from are:

- Beer, Wine and Hard Liquor
- Opiates: heroin, morphine, codeine, oxycodone and others
- Prescription medication drugs like Xanax, Phenobarbital, Ativan and other habit forming drugs
- Medications containing alcohol

Generally, people at risk are those who drink more than 14 drinks a week for men (under 65) and more than 7 drinks a week for women and adults over 65 years old. A standard drink is 12 oz. of beer, 5 oz. of wine or 1.5 oz. of liquor.

What should I do?

If you were using drugs or abusing meds before you were arrested, tell a correctional officer or health care staff. It is very important to let the health care staff know if you have gone through withdrawal before or you have stayed in the hospital to help treat your withdrawal symptoms.

If you are withdrawing, these are symptoms that should be reported to health care staff right away.

- Restlessness, mild shakes and facial sweating
- Decreased hunger, stomach pain, or feeling sick to stomach
- Throwing up and loose stools
- Goose bumps
- Runny nose, sweating and yawning

Withdrawal symptoms can get worse as time goes by since your last use of the substance. You may start to sweat more, have seizures or begin to hear or see things that are not there.

What else should I know?

- As the effects of drugs or alcohol decrease, you begin to realize what has happened and may have increased feelings of depression and hopelessness.
- Drink plenty of fluids if you are withdrawing. Dehydration can happen if you are throwing up or having loose stools. This can cause an upset to your body's chemical balance enough to cause major medical problems requiring hospitalization and even death. If the medication you are receiving does not stop your vomiting or loose stools, notify medical staff right away.
- If you are pregnant, you may need to stay on meds to help you through your withdrawal symptoms. Symptoms of withdrawal for someone who is pregnant may be different from normal withdrawal symptoms. Pregnancy symptoms may involve:
 - Restlessness and problems sleeping
 - Feeling like you have to throw up
 - Fast heart and breathing rate
 - High blood pressure and seizures.

SPEAK UP! Report all withdrawal signs and symptoms to your unit officer or medical staff member

What is asthma?

Asthma is a long term (chronic) disease that affects your breathing

- When you have asthma, the airways in your lungs become swollen
- Your airways can become narrow, making it harder to breathe

Based on how bad it gets, and how often, asthma may be called:

- Intermittent
- Mild Persistent
- Moderate Persistent
- Severe Persistent

What should I do?

- Do NOT smoke.
- Make sure you know how to use your inhaler (s) the right way
- Know your “triggers” – the things that make your asthma worse and avoid them
- Use your inhaler when you feel an asthma attack starting to keep it from getting worse
- Take your medicine the way you and your doctor have agreed to
- Stay active and get regular exercise
- If you have more than 1 kind of inhaler, know which one to use if you have an attack (Think rescue)
- See your doctor every 3 months, or more often if you need to
- If you are pregnant, poorly controlled asthma can cause less oxygen to get to the baby. This can cause the baby to be born sooner than expected, or weigh less than normal

How to use an Inhaler without a spacer

1. Take off the cap. Shake the inhaler
2. Stand up. Breathe out
3. Put the inhaler just in front of your mouth (close to 1 inch away). Do not put the mouthpiece in your mouth
4. As you start to breathe in, push down the top of the inhaler and take a long, deep, slow breath
5. Hold it in for 10 seconds, Breathe out
6. Do it again in 1 minute, waiting a minute gives the medicine time to open your airways so more medicine can get in your lungs the second time
7. If you use a second inhaler (the steroid inhaler) it should be used after the albuterol if you are wheezing

Put in a sick call slip if:

- Wheezing or chest tightness is not relieved in a short time by using your inhaler
- You have a cough that stays a long time
- You are using your rescue inhaler (albuterol) more than 4 times a day
- Symptoms get worse at night that keep you from sleeping
- You start to get cold symptoms that “go to your chest”, allergies or a rash

Tell a Correctional Officer to call medical if you:

- Have shortness of breath, wheezing or tightness that do not get better by using your inhaler
- Are around aerosols that could trigger an attack (such as pepper spray)

¿Qué es el asma?

El asma es una enfermedad de largo plazo (crónica) que afecta su respiración.

- Cuando tiene asma, las vías respiratorias pulmonares se inflaman.
- Las vías respiratorias pueden llegar a estrecharse, lo que dificulta la respiración.

Según cómo empeore y la frecuencia, el asma se puede denominar:

- Intermitente.
- Persistente leve.
- Persistente moderada.
- Persistente severa.

¿Qué debo hacer?

- NO fume.
- Asegúrese de que sabe cómo utilizar su(s) inhalador(es) de manera correcta.
- Conozca sus “desencadenantes”, lo que hace que el asma empeore y evite dichas prácticas.
- Utilice su inhalador cuando sienta que tendrá un ataque de asma para evitar que empeore.
- Tome su medicamento de la manera que usted y su médico hayan acordado.
- Manténgase activo y haga ejercicio con regularidad.
- Si tiene más de 1 tipo de inhalador, sepa cuál debe usar si tiene un ataque (piense en rescate).
- Visite a su doctor cada 3 meses, o con mayor frecuencia, si es necesario.
- Si está embarazada, el asma mal controlada puede causar que llegue menos suministro de oxígeno al bebé. Esto puede provocar que el bebé nazca antes de lo previsto o que pese menos de lo normal.

Cómo usar un Inhalador sin espaciador

1. Quite la tapa. Agite el inhalador.
2. Párese. Exhale.
3. Coloque el inhalador justo en frente de la boca (aproximadamente a 1 pulgada de distancia). No coloque la boquilla en la boca.
4. A medida que comienza a respirar, empuje hacia abajo la parte superior del inhalador e inspire largo, profundo y lentamente.
5. Mantenga la inspiración durante 10 segundos. Exhale.
6. Repítalo al cabo de 1 minuto; esperar 1 minuto da tiempo a que el medicamento abra las vías respiratorias de modo que pueda ingresar más medicamento a los pulmones la segunda vez.
7. Si utiliza un segundo inhalador (el inhalador de esteroides), debe usarlo después del albuterol si tiene sibilancias.

Envíe una solicitud de atención médica si:

- Las sibilancias o la opresión en el pecho no se alivian en poco tiempo al usar el inhalador.
- Tiene una tos que persiste por mucho tiempo.
- Está utilizando el inhalador de rescate (albuterol) más de 4 veces al día.
- Los síntomas empeoran por la noche y le impiden dormir.
- Comienza a tener síntomas de resfrío que “van hacia el pecho”, alergias o prurito.

Pídale a un oficial correccional que llame al servicio médico si:

- Tiene dificultad para respirar, sibilancias u opresión y no mejoran utilizando el inhalador.
- Los aerosoles que le rodean son los que podrían desencadenar un ataque (como el gas pimienta).

What is Diabetes?

Diabetes is a chronic or long term disease

- With diabetes your body does not make enough insulin or properly use its own insulin
- Insulin is needed to turn the sugar and starch we get from food into energy

Having diabetes makes you more likely to have a heart attack or stroke than people who do not have diabetes

If you have diabetes, it is important to find out if you have any other medical problems like:

- High blood pressure
- High cholesterol

Your diabetes may be controlled by diet, or

- You may need to take pills everyday
- You may need daily insulin shots

Your doctor will know which treatment is best for you, based on the kind of diabetes you have

What should I do?

Set goals and work to reach them like weight loss and quitting smoking

- Eat the right amounts of food and the right kinds of food, choose foods that have less salt and fat and sugar
- Take your medicine the way you and your doctor have agreed to
- Learn how to check and keep track of your blood sugars
- Take very good care of your feet- check them for "numbness" or open sores daily
- Talk to your doctor about taking aspirin

Put in a sick call slip if:

Hypoglycemia (low blood sugar) feels like:

- Shakiness
- Feeling "sluggish"
- Unprovoked sweating
- Dizziness
- Anxiety

If your blood sugar is low you must have some food or drink that has sugar in it. If blood sugar gets too low, it can cause you to go into a coma.

Hyperglycemia (high blood sugar) feels like:

- Increased urination
- Increased thirst
- Weight loss
- Feeling tired or weak
- Sudden changes in your eyesight
- Dry, itchy skin

You will need to talk to your doctor about ways to change your diet and medicine to get your blood sugar under control. If your blood sugar is too high, it can also become a serious emergency.

Tell a Correctional Officer to call medical if:

- You suddenly become very shaky
- You break out into a heavy sweat for no reason
- You suddenly feel confused or "drunk-like"
- You have sudden changes in your vision
- You get chest pain or shortness of breath

¿Qué es la diabetes?

La diabetes es una enfermedad crónica o de largo plazo.

- Cuando tiene diabetes, el cuerpo no produce suficiente insulina o no usa correctamente su propia insulina.
- La insulina es necesaria para convertir el azúcar y el almidón que obtenemos de los alimentos en energía.

Tener diabetes incrementa su posibilidad de tener un ataque al corazón o un accidente cerebrovascular, en comparación con las personas que no tienen diabetes.

Si tiene diabetes, es importante averiguar si también tiene algún otro problema médico, como:

- Presión arterial alta.
- Colesterol alto.

Su diabetes se puede controlar mediante una la dieta o

- Es posible que deba tomar pastillas todos los días.
- Es posible que necesite inyecciones diarias de insulina.

Su médico sabrá qué tratamiento es el mejor para usted, basándose en el tipo de diabetes que tenga.

¿Qué debo hacer?

Propóngase objetivos y trabaje para lograrlos, como perder peso y dejar de fumar.

- Coma las cantidades y los tipos adecuados de alimentos, elija los alimentos que tienen menos sal, grasa y azúcar.
- Tome su medicamento de la manera que usted y su médico hayan acordado.
- Aprenda cómo controlar y realizar un seguimiento de los niveles de azúcar en la sangre.
- Cuide muy bien sus pies, obsérvelos todos los días para detectar si los siente "entumecidos" o si tiene llagas abiertas.
- Hable con su médico acerca de tomar aspirina.

Envíe una solicitud de atención médica si:

La hipoglucemia (nivel bajo de azúcar en la sangre) se siente como:

- Temblor.
- Se siente "lento".
- Sudoración sin motivo.
- Mareos.
- Ansiedad.

Si el azúcar en la sangre es bajo, debe comer o beber algo con azúcar. Si el azúcar en la sangre es demasiado bajo, puede provocarle un coma.

La hiperglucemia (azúcar en la sangre) se siente como:

- Aumento de la micción.
- Incremento de la sed.
- Pérdida de peso.
- Se siente cansado o débil.
- Cambios repentinos en la visión.
- Piel seca, con comezón.

Deberá hablar con su médico acerca de las formas de cambiar su dieta y medicamentos para controlar el azúcar en la sangre. Si el azúcar en la sangre es demasiado alto, también puede tornarse una emergencia grave.

Pídale a un oficial correccional que llame al servicio médico si:

- De repente se siente muy inestable.
- Empieza a transpirar de manera repentina sin motivo.
- De repente se siente confundido o como "borracho".
- Tiene cambios repentinos en la visión.
- Siente dolor de pecho o dificultad para respirar.

Facts about pregnancy

Pregnancy is a normal state of health. It is not a sickness.

Pregnancy lasts about 280 days, which is about 40 weeks.

Prenatal care is about getting the information and care needed to help both you and your baby stay healthy.

The first 16 weeks, a good start

Talk to your doctor about healthy lifestyle changes.

- Stop unhealthy habits like smoking
- If you are hooked on drugs or alcohol, your baby may be too. Talk to your doctor about the best way to help yourself and your baby.
- Exercise is of great value. Your doctor can help you decide the best exercise for you.
- Eating is important. You should have meat, veggies, fruits, milk and bread. Eat healthy foods, not more food.
- Prenatal vitamins are important for your baby's development
- Drink lots of water-8 to 10 glasses a day
- Keep your clinic appointments
- **Take only medicine prescribed by your doctor**
- **Be sure to complete any tests or lab work that your doctor recommends**

16 to 28 weeks, on your way

Now that you are off to a good start,

- You should begin to feel your baby move
- Stick with all the good start practices as your baby grows and develops

28 to 40 weeks, what to expect

Back Pain is usually caused by your body's weight, shape and balance changes.

- Try to wear comfortable shoes
- Squat or kneel instead of bending over at the waist
- To get up from lying down, roll onto your side first, then push up with your hands
- Sleeping on your side, especially your left side may take some pressure off your back

Kick Counts – Begin to keep a log of your baby's movements.

- At the same time each day, start to count each time you feel your baby move.
- Count each time the baby moves, until you have felt your baby move 10 times
- Write down what time you feel the 10th movement
- Bring the "movement log" with you to your clinic appointments
- **If you do not feel your baby move for 8 hours, notify medical**

Could it be Labor? Notify Medical if you have:

- Nagging lower back pain that feels different from what you are used to in this pregnancy
- Menstrual-like cramps or belly pain with or without diarrhea
- Pelvic pressure or tightening that feels different from what you are used to in this pregnancy
- Watery discharge or a gush of fluid from your vagina
- Vaginal bleeding

Facts about labor and delivery

There is little scientific explanation for what causes labor to begin.

- Most babies are born between the 37th and 40th week of pregnancy
- Babies born before the 37th week have a higher risk for illnesses

Labor and delivery – nothing to fear when the time is right

There are usually signs that labor is starting or may soon begin:

- Labor starts with pelvic cramping like with your period
- Contractions are regular and come equal minutes apart
Call medical when contractions come every 5 minutes or 6 times in 1 hour
- Blood or mucus “show” from your vagina
- Your “Water” breaks or you start to feel wet and continue to “leak” and know it is not urine

False labor pains usually start around 32–34 weeks

Contractions	False Labor	True Labor
How much time is between contractions?	Contractions are not regular They do not last the same amount of time and start coming faster.	Contractions come every 5 minutes and last about 30-70 seconds. They start to come faster and last longer.
Do they change when you move?	Contractions may stop when you walk or rest, or may even stop if you change positions.	Contractions do not stop if you change positions and may get stronger with walking.
How strong are they?	Contractions are weak and do not get much stronger. Or they may be strong at first ,then get weaker.	Contractions only get stronger.
Where do you feel the pain?	Contractions are mostly felt in the front of the belly or In the groin.	Contractions usually start in the lower back and move to the front of the belly.

Tell a correctional officer if you have:

- Nagging lower back pain that feels different from what you are used to in this pregnancy
- Menstrual-like cramps or belly pain with or without diarrhea
- Pelvic pressure or tightening that feels different from what you are used to in this pregnancy
- Watery discharge or a gush of fluid from your vagina
- Vaginal spotting or “bloody show”

Información acerca del trabajo de parto y el parto

Hay pocas explicaciones científicas acerca de qué es lo que hace que comience el trabajo de parto.

- La mayoría de los bebés nacen entre la 37ª y 40ª semanas de embarazo.
- Los bebés que nacen antes de la semana 37 tienen un mayor riesgo de enfermedades.

Trabajo de parto y parto – no hay nada que temer cuando el momento es el indicado

Generalmente existen señales de que el trabajo de parto está comenzando o de que está por comenzar:

- El trabajo de parto comienza con contracciones pélvicas parecidas a las de su periodo.
- Las contracciones son **regulares y vienen con el mismo número de minutos entre sí**. Llame al médico cuando las contracciones sucedan cada 5 minutos o 6 veces en 1 hora.
- Sangre o moco “asoman” de su vagina
- Su “fuente” se rompe o comienza a sentirse mojada y continúa “goteando” y usted sabe que no es orina.

A las 32–34 semanas normalmente comienzan a sentirse falsos dolores de parto.

Contracciones	Parto falso	Parto verdadero
¿Cuánto tiempo pasa entre las contracciones?	Las contracciones no son regulares. No duran la misma cantidad de tiempo y comienzan a suceder con mayor rapidez.	Las contracciones suceden cada 5 minutos y duran entre 30 y 70 segundos. Comienzan a suceder más rápido y a durar más.
¿Cambian cuando usted se mueve?	Las contracciones pueden detenerse cuando camina o descansa. Incluso pueden parar si cambia de posición.	Las contracciones no se detienen si cambia de posición y pueden volverse más fuertes al caminar.
¿Qué tan fuertes son?	Las contracciones son débiles y no se vuelven mucho más fuertes. O pueden ser fuertes al principio y después se vuelven más débiles.	Las contracciones continúan volviéndose más fuertes.
¿Dónde siente el dolor?	Las contracciones se sienten en su mayoría en la parte de enfrente del vientre o en la entrepierna.	Las contracciones normalmente comienzan en la espalda baja y avanzan hacia la parte de enfrente del vientre.

Informe a un oficial penitenciario si usted tiene:

- Dolor persistente en la espalda baja que se siente diferente a lo que usted está acostumbrada en este embarazo
- Contracciones parecidas a las de la menstruación o dolor abdominal con o sin diarrea
- Presión en la pelvis o estrechamiento que se sienten diferentes a lo que usted está acostumbrada en este embarazo
- Secreción parecida al agua o si sale un chorro de líquido de su vagina
- Sangrado vaginal o “moco con sangre”

6. **Policies and Procedures Manual**



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B-05.00	Suicide Prevention and Intervention	C-SOP 503	B-05	G-04	4C-32, -33	
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B-07.00	Communication on Patients' Health Needs	C-SOP 301	B-07	A-08	4C-40	
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C-02.00	Clinical Performance Enhancement	C-SOP CQI-1405 CQI-1406	C-02	C-02	4D-25	
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C-03.01	CPR Certification Requirements-Health Staff		C-03	C-03	7B-08	7B-08 revised 2005
C-04.00	Health Training for Correctional Officers		C-04	C-04	7B-10-1	7B-10-1 added 2005
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E-04.00	Initial Health Assessment	600-Health Assessment	E-04	None	4C-24, -25, -30	4C-30 Revised 2005
E-05.00	Behavioral Health Screening and Evaluation	C-SOP 105	E-05	E-02, -04	4C-29, -30	4C-30 Revised 2005
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E-08.00	Nursing Assessment Protocols and Procedures	C-SOP 704 O-SOP-CQI 1406	E-08	None	none	
E-09.00	Continuity, Coordination, and Quality of Care During Incarceration		E-09	E-09	4C-04	
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G-05.00	Informed Consent and Right to Refuse		G-05	I-04	4D-15	
G-05.01	Refusal of Medication or Clinical Encounter		G-05	I-04	4D-15	
G-06.00	Medical and Other Research		G-06	I-05	4D-18	

7. CARES Log Sample



8. Correctional Officer Briefings



Just the facts

HIV (Human Immunodeficiency Virus) is a chronic or long term disease.

- You cannot get HIV from casual contact with people who have HIV
- Inmates with HIV do not need to be isolated unless directed by medical
- Acquired immunodeficiency Syndrome (AIDS is the final stage of HIV) when the immune system is so badly damaged that it can no longer fight infection. Opportunistic infection can take over, resulting in death.

How does someone get HIV?

HIV can live in body fluids:

- Blood
- Semen
- Pre-seminal fluid
- Vaginal fluid
- Breast milk

HIV can get into the body through:

- Anus or rectum
- Any cuts or sores
- Mouth that has sores or bleeding gums
- Vagina
- Opening to the penis

You can get HIV when any of these body fluids (from a person with HIV) get into your body. This can happen by:

- Having sex without a condom
- Sharing needles or syringes
- Touching blood like from tattoo needles, or a fight.
- Babies can get HIV from their mother during childbirth or breastfeeding

HIV cannot get into the body through unbroken skin.

Access to medical Care

It is very important that inmates with HIV go to their scheduled:

- Chronic care clinic appointments
- Appointments in sick call for blood work and other procedures
- Medication pass. If an inmate is away during med pass and asks to get medication upon returning, arrangements should be made for the inmate to receive his medication. It is very important medication doses are not missed.

Act promptly when:

There is an altercation with a blood exchange.

- Medical should be notified of all involved parties
- All blood spills should be covered with an OSHA approved preparation such as Red-Z
- Areas with blood spills should be cleaned with bleach (Bleach kills the HIV virus) or the facility approved cleanser

Notify medical if an inmate reports:

- Severe dizziness, confusion or lightheadedness
- Severe belly pain
- Bleeding from the nose, mouth or other body part (not resulting from a cut)
- Sudden severe rash
- Severe depression, nervousness, or jitteriness

Correctional officers are the front line

Know inmates with special health needs like HIV. Encourage them to:

- Keep medical appointments
- Take medication when called during medication pass.
- Tell you if they suddenly feel ill

Call medical right away if you have a question or worry about one of your inmates

Just the Facts

Tuberculosis (TB) is caused by a bacteria which is called *Mycobacterium tuberculosis*. It was first identified in 1882 by Dr. Robert Koch. It wasn't until the 1940's that the first medication to treat TB was discovered. If someone has the TB bacteria in their lungs they can spread to others when they cough, sneeze or sing and send the TB bacteria into the air where others can inhale it and get it into their body.

Most people who inhale the TB bacteria will never develop active tuberculosis. Only 10% of people with TB in their body will actually get sick with TB.

Symptoms of active (contagious) TB are:

- Cough that goes on for 3 weeks or longer and has no other cause
- Chest pain
- Fever
- Coughing up blood
- Tiredness
- Weight loss
- Loss of appetite
- Night sweats

Treatment for TB includes the following:

- Latent Tuberculosis Infection (LTBI) this means you have the TB bacteria in your body, but have NO symptoms and are NOT contagious. Medications will be given to prevent you from becoming active with TB.
- Active TB means you have the TB bacteria in your body and you are contagious. Medications will be given to cure the TB.

Access to Medical Care:

Inmates with LTBI (no symptoms and not contagious) will remain in the general population and be treated with anti-tuberculosis medications for a period of 6-9 months. During this period it is critical that these inmates take all their doses of the medication. Missing doses of the anti-tuberculosis medication can result in this person becoming active with tuberculosis, thus becoming contagious.

Inmates with active tuberculosis will be placed in an isolation room or transferred to another facility that does have an isolation room. Prior to placing the patient in isolation, an isolation mask placed on the patient can reduce possible transmission to others

Act promptly

If an inmate has any of the symptoms listed above they should be seen by the medical team. If an inmate is taking any anti-tuberculosis medications, it is critical that they get their medication as prescribed.

Correctional officers are the front line

- ✓ Protect yourself, turn your head away from someone who is coughing
- ✓ Hand washing is the best way to prevent the spread of infection
- ✓ If you transport a possible TB inmate to another facility for isolation, be sure that the inmate wears an isolation mask. When transporting in a closed vehicle, open windows if possible to dilute air inside the vehicle. Wear an N95 respirator while in the vehicle with the inmate.
- ✓ Make sure inmates being treated for LTBI come to pill line for their medication
- ✓ Be sure to get your TB skin test when directed

9. Letters of Support





April 11, 2018

To Whom it May Concern,

I am a Physician Liaison with UK HealthCare I have worked with Corizon Health at the Fayette County Detention Center for about 10 years.

Over these years I have had the pleasure to work with Kristen Fryman and the providers of Corizon Health. We have worked together to establish strong relationships between the Fayette County Detention Center and UK HealthCare. When we first started working together there were several operational issues we needed to address to help the patients of the detention center but with hard work and collaboration we've been able to implement efficient and effective processes that help both facilities. This is thanks to Corizon Health and their staff and their willingness to work with us.

I encourage Corizon Health be contracted for continued operations of the Fayette County Detention Center's medical facility. I am confident they will continue to maintain the relationships we have established and continue to collaborate to benefit the Fayette County Detention Center's patients.

If you have any further questions, please feel free to contact me.

Sincerely,

Tarra Lowe

Physician Liaison
Office: 859-257-5736



Administrative Office of the Courts

1001 Vandalay Drive
Frankfort, Kentucky 40601
502-573-2350 or 800-928-2350
www.courts.ky.gov

John D. Minton, Jr.
Chief Justice of Kentucky

Laurie K. Dudgeon
Director

March 21, 2018

To Whom It May Concern:

This letter is written in support of Corizon Health bid to continue as the provider of medical services at the Fayette County Detention Center (FCDC).

Our program works with Mrs. Fryman on a weekly basis. She has been a great attribute with aiding the coordination of our participants and their health care needs while in custody. She is very reliable, informative, resourceful and in the rare occasional that she does not have the answers, she is more than happy to point me in the right direction.

She does a great job connecting our participants with their health care needs while in custody. If the jail cannot meet our needs, she gives us alternate recommendations on what resources we can use for our participants. She goes above and beyond to answer our questions and even answers my calls after hours.

We believe she has helped our program run smoothly while and when our participants go into custody. If her position didn't exist I believe there would be a difficulty in coordinating health care services with our participants because we've built a strong rapport with Mrs. Fryman. We feel that the continuation of the collaboration between Mrs. Fryman (Corizon Health) and our program will help insure that our participants continue to receive great medical care while in custody at FCDC.

Thank you,

A handwritten signature in black ink, appearing to read "Ciera Baldwin", written over the "Thank you," text.

Ciera Baldwin
Urban Program Supervisor
Fayette County Drug Court & Veterans Treatment Court
cierabaldwin@kycourts.net
859.246.2501

February 8, 2018

Patricia Tucci RN
Director of Specialty Substance Use Disorder Programs
201 Mechanic Street
Lexington, Kentucky 40507

To Whom It May Concern,

I have worked for bluegrass.org the past 17 years and have many times teamed up with Kristin Fryman at Corizon Health the past 15 years to provide optimal care for mutual clients. During every collaboration, Kristin has been dependable, professional, knowledgeable and accessible. It took a while to form this partnership with the detention center, but Kristin has been instrumental in strengthening this relationship as our goals are to deliver the best possible care to our clients. Our clients benefit because she is there.



*Patricia Tucci RN
Director of Specialty Substance Use Disorder Programs
Sponsor NAP
201 Mechanic Street
Lexington, Kentucky 40507-1086
859-977-6080 ext. 206
Fax: 859-977-4502
patucci@bluegrass.org*

10. Safety Inspection Checklist





SAFETY INSPECTION CHECKLIST

Unit Name _____ Inspection Date: _____ Inspected by: _____

SAFETY SUGGESTIONS	YES	NO	COMMENTS DEFICIENCIES NOTED & ACTION REQUIRED	DATE CORRECTED
Floors are free from breaks, loose tiles or linoleum, or any obstruction that might cause people to stumble or fall?				
Exit signs are lit and egress routes are posted?				
Warning signs posted for radiation, etc.?				
Passageways & halls are free of boxes or other articles being stored?				
"No Smoking" signs are posted?				
Employees are observing "No Smoking" restrictions?				
Rubbish, empty cartons & paper are disposed of immediately?				
Wet areas are blocked off & a sign posted to warn persons approaching?				
Fire extinguishers are available at strategic places?				
Employees are aware of the location of the extinguisher nearest them?				
Fire extinguisher inspections are current?				
Equipment, materials or supplies are removed when they are not used, or become obsolete?				
Routine inspections of equipment are scheduled for proper maintenance?				
X-ray equipment has been inspected?				
Electrical cords are in good condition and without worn places?				
Plumbing is in good repair, preventing water seepage or condensation that could cause a wet or slippery floor?				
Provisions are made for disposal of biohazardous waste?				
Needles & other sharp instruments are discarded only in designated containers?				
Refrigerators are cleaned regularly?				



SAFETY INSPECTION CHECKLIST

Unit Name _____ Inspection Date: _____ Inspected by: _____

SAFETY SUGGESTIONS	YES	NO	COMMENTS DEFICIENCIES NOTED & ACTION REQUIRED	DATE CORRECTED
Medicine, lab and food specimens are stored separately? Specimen refrigerator marked biohazardous?				
Temperature of refrigerator is recorded daily if used for medications?				
Microwave ovens are cleaned regularly?				
Ice machines are clean, free of rust & not used for food storage?				
Scoops used for ice are not stored in ice chest?				
Medical gas cylinders are chained to the carrier to prevent tipping?				
Tanks are secured even when empty?				
A valve protection cap is in place when oxygen is not in use?				
Hazardous equipment is properly guarded to prevent accidental discharge?				
Acids & other chemicals are properly labeled & safely stored & handled?				
All substances are in properly labeled containers?				
Material Safety Data Sheets (MSDS's) are readily available?				
Storerooms are orderly?				
Storerooms are well lighted?				
Are exits & aisles of storerooms clear at all times?				
All storage is at least 18 inches below sprinkler heads so that sprinkler system will work properly in the event of a fire?				
All items in storage are on shelf or on pallet above floor?				

11. Certificates of Insurance





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/7/2019

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.

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PRODUCER Beecher Carlson Insurance Services 6 Cadillac Drive, Suite 200 Brentwood, TN 37027 www.beecher Carlson.com	CONTACT NAME Sarah Ivy	FAX (A/C, No) 615-277-9879
	PHONE (A/C, No, Ext) E-MAIL ADDRESS sivy@beechercarlson.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Corizon, LLC 103 Powell Court Brentwood TN 37027	INSURER A Hartford Fire Insurance Company	19682
	INSURER B Great American Insurance Company	16691
	INSURER C	
	INSURER D	
	INSURER E	
	INSURER F	

COVERAGES CERTIFICATE NUMBER: 46964382 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ OTHER: \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY Comp Ded \$1,000 Coll Ded \$1,000			20 UEN ZR7641	1/1/2019	1/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical Payments \$10,000
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ OTHER: \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCR PTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACC DENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Excess Liability			TUE 5955910 17	1/1/2019	1/1/2020	Each Occurrence 40,000,000 Aggregate 40,000,000 Excess of Underlying 10,000,000 through Hartford

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER Lexington - Fayette Urban Government, Attn: Purchasing Director 200 East Main Street, Room 338, Government Center Lexington KY 40507	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Paula Eason
--	--



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/17/2018

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PRODUCER DENISE D. BARNES USI HEALTHCARE - A DIVISION OF USI SOUTHWEST, INC. 9811 KATY FREEWAY, SUITE 500 HOUSTON, TX 77024	CONTACT NAME DEBBIE HOLSTINE	
	PHONE (A/C, No, Ext) 713-490-4679	FAX (A/C, No) 713-343-5025
E-MAIL ADDRESS		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A TWIN CITY FIRE INSURANCE COMPANY	29459	
INSURER B		
INSURER C		
INSURER D		
INSURER E		
INSURER F		

INSURED
 VALITAS HEALTH SERVICES, INC.
 CORIZON, LLC
 CORRECTIONAL MEDICAL SERVICES, INC.
 103 POWELL COURT
 BRENTWOOD, TN 37027

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/YY)	POLICY EXP (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			61CESOF6441	01/01/19	01/01/20	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000* MED EXP (Any one person) \$ N/A PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 EMPLOYEE BENEFITS \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			N/A	N/A	N/A	COMBINED SINGLE LIMIT (Ea accident) \$ N/A BODILY INJURY (Per person) \$ N/A BODILY INJURY (Per accident) \$ N/A PROPERTY DAMAGE (Per accident) \$ N/A
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS MADE DED <input type="checkbox"/> RETENTION \$			N/A	N/A	N/A	EACH OCCURRENCE \$ N/A AGGREGATE \$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under Y/N DESCRIPTION OF OPERATIONS below	N/A		N/A	N/A	N/A	WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ N/A E.L. DISEASE - EA EMPLOYEE \$ N/A E.L. DISEASE - POLICY LIMIT \$ N/A
				N/A	N/A	N/A	N/A

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

*DAMAGE TO RENTED PREMISES LIMITS APPLIES PER PREMESIS. LIMITS INCLUDE ALL SELF-INSURED PORTIONS OF THE LIMITS OF LIABILITY LEXINGTON FAYETTE URBAN COUNTY GOVERNMENT, ITS ELECTED AND APPOINTED OFFICIALS, EMPLOYEES, AGENTS, ASSIGNS AND SUCCESSORS IN INTEREST ARE INCLUDED AS ADDITIONAL INSUREDS SOLELY WITH RESPECT TO GENERAL LIABILITY COVERAGE AS EVIDENCED HEREIN AS REQUIRED BY WRITTEN CONTRACT WITH RESPECT TO WORK PERFORMED BY THE NAMED INSURED(S).

DRAFT - COVERAGE EFFECTIVE UPON AWARD OF CONTRACT

CERTIFICATE HOLDER

CANCELLATION

LEXINGTON-FAYETTE URBAN GOVERNMENT
 ATTN: PURCHASING DIRECTOR
 200 EAST MAIN STREET
 ROOM 338, GOVERNMENT CENTER
 LEXINGTON, KY 40507

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/17/2018

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PRODUCER DENISE D. BARNES USI HEALTHCARE – A DIVISION OF USI SOUTHWEST, INC. 9811 KATY FREEWAY, SUITE 500 HOUSTON, TX 77024		CONTACT NAME DEBBIE HOLSTINE	
		PHONE (A/C, No, Ext) 713-490-4679	FAX (A/C, No) 713-343-5025
		E-MAIL ADDRESS	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A LONE STAR ALLIANCE, NC. (RRG)	NAIC # 15211
		INSURER B	
		INSURER C	
		INSURER D	
		INSURER E	
		INSURER F	

INSURED
VALITAS HEALTH SERVICES, INC.
CORIZON, LLC
CORRECTIONAL MEDICAL SERVICES, INC.
103 POWELL COURT
BRENTWOOD, TN 37027

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			N/A	N/A	N/A	EACH OCCURRENCE \$ N/A DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A MED EXP (Any one person) \$ N/A PERSONAL & ADV INJURY \$ N/A GENERAL AGGREGATE \$ N/A PRODUCTS - COMP/OP AGG \$ N/A EMPLOYEE BENEFITS \$ N/A
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			N/A	N/A	N/A	COMBINED SINGLE LIMIT (Ea accident) \$ N/A BODILY INJURY (Per person) \$ N/A BODILY INJURY (Per accident) \$ N/A PROPERTY DAMAGE (Per accident) \$ N/A
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS MADE DED <input type="checkbox"/> RETENTION \$			N/A	N/A	N/A	EACH OCCURRENCE \$ N/A AGGREGATE \$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under Y / N DESCRIPTION OF OPERATIONS below		N/A	N/A	N/A	N/A	WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ N/A E.L. DISEASE - EA EMPLOYEE \$ N/A E.L. DISEASE - POLICY LIMIT \$ N/A
A	MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE			4-454719	01/01/19	01/01/20	\$1,000,000 PER LOSS EVENT \$5,000,000 ANNUAL AGGREGATE \$21,000,000 POLICY AGGREGATE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

LIMITS INCLUDE ALL SELF-INSURED PORTIONS OF THE LIMITS OF LIABILITY
LEXINGTON FAYETTE URBAN COUNTY GOVERNMENT, ITS ELECTED AND APPOINTED OFFICIALS, EMPLOYEES, AGENTS, ASSIGNS AND SUCCESSORS IN INTEREST ARE INCLUDED AS ADDITIONAL INSURED AS REQUIRED BY WRITTEN CONTRACT.
DRAFT - COVERAGE EFFECTIVE UPON AWARD OF CONTRACT

CERTIFICATE HOLDER

CANCELLATION

LEXINGTON-FAYETTE URBAN GOVERNMENT
ATTN: PURCHASING DIRECTOR
200 EAST MAIN STREET
ROOM 338, GOVERNMENT CENTER
LEXINGTON, KY 40507

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



CERTIFICATE OF LIABILITY INSURANCE

1/1/2020

DATE (MM/DD/YYYY)
12/21/2018

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PRODUCER LOCKTON COMPANIES 3657 BRIARPARK DRIVE, SUITE 700 Houston TX 77042	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: See Attached	
INSURED 1359399 Corizon, LLC 103 Powell Court Brentwood TN 37027	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 12121806 REVISION NUMBER: XXXXXXXX

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX DAMAGE TO RENTED PREMISES (Ea occurrence) \$ XXXXXXXX MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ XXXXXXXX GENERAL AGGREGATE \$ XXXXXXXX PRODUCTS - COMP/OP AGG \$ XXXXXXXX \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	See Attached	1/1/2019	1/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
WAIVER OF SUBROGATION IS GRANTED IN FAVOR OF CERTIFICATE HOLDER WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT WHERE PERMISSIBLE BY LAW.

CERTIFICATE HOLDER	CANCELLATION See Attachment
12121806 Lexington - Fayette Urban Government Attn: Purchasing Director 200 East Main Street Room 338, Government Center Lexington KY 40507 USA	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 

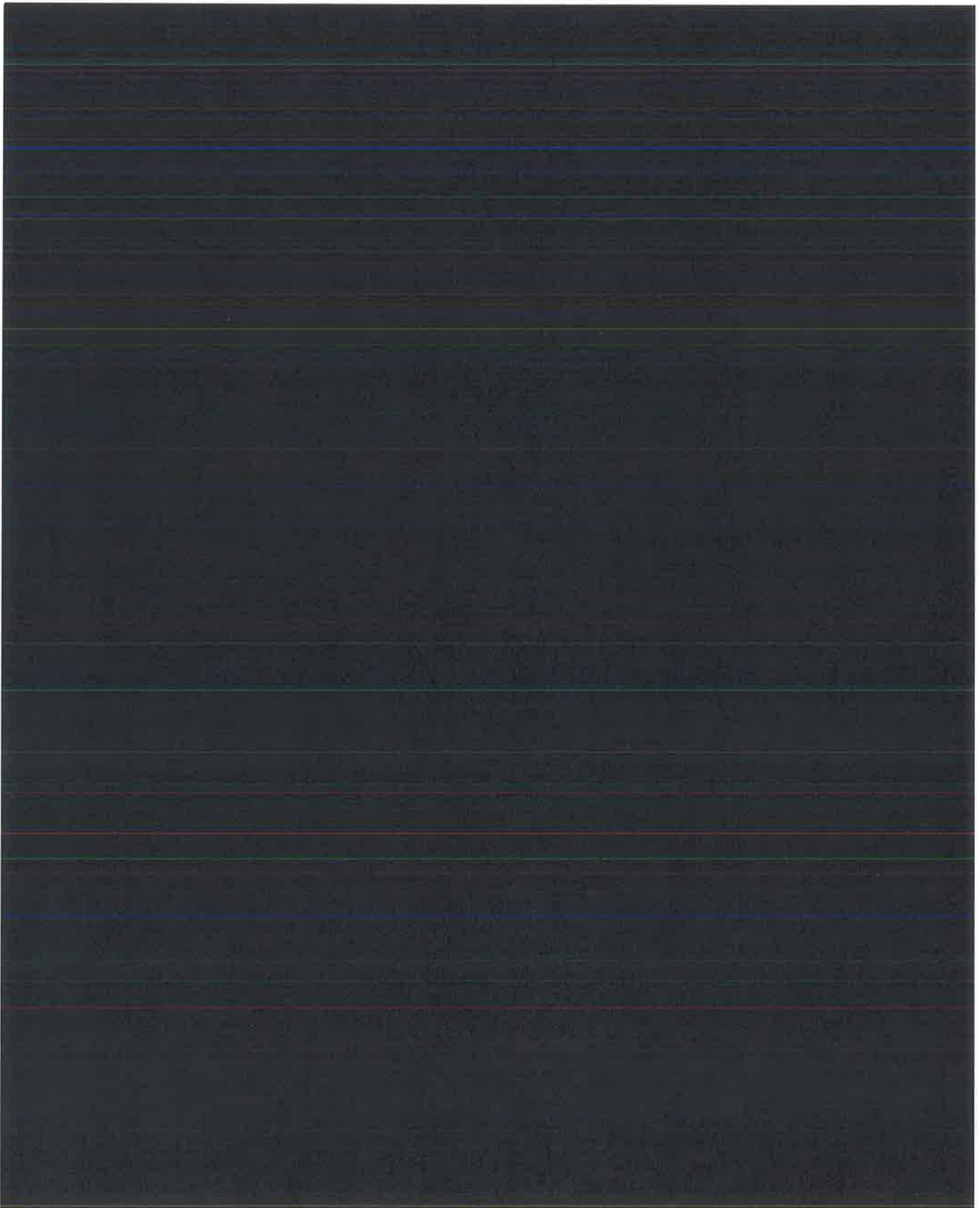
Carrier	Eff. Date	Exp. Date	Policy #	States
New Hampshire Ins Co	01/01/2019	01/01/2020	012716997	FL
New Hampshire Ins Co	01/01/2019	01/01/2020	012716998	KS
New Hampshire Ins Co	01/01/2019	01/01/2020	012716999	ID,KS,MD,MI,MN,MO,ND,NM, NY,OH,OK,TN,WA,WY
New Hampshire Ins Co	01/01/2019	01/01/2020	012717000	NJ
New Hampshire Ins Co	01/01/2019	01/01/2020	012717001	AZ,KY,NJ,PA,VA
New Hampshire Ins Co	01/01/2019	01/01/2020	012717002	TN
New Hampshire Ins Co	01/01/2019	01/01/2020	012717003	MI

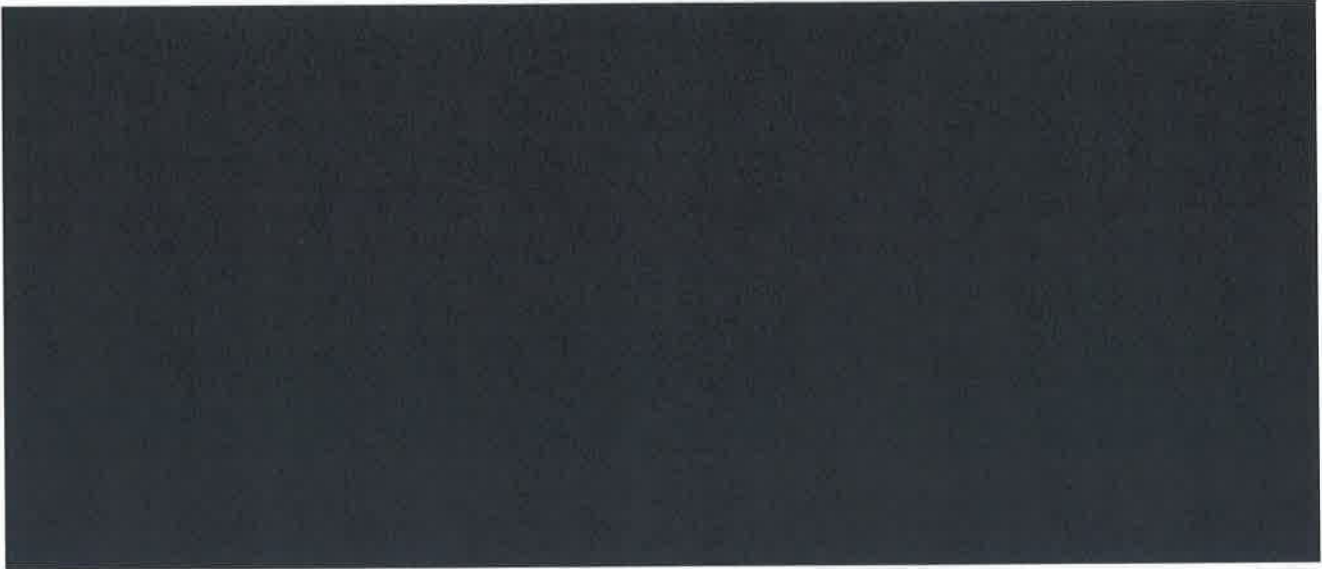
12.
Audited Financial Statements
(CONFIDENTIAL & PROPRIETARY)





CONFIDENTIAL & PROPRIETARY INFORMATION





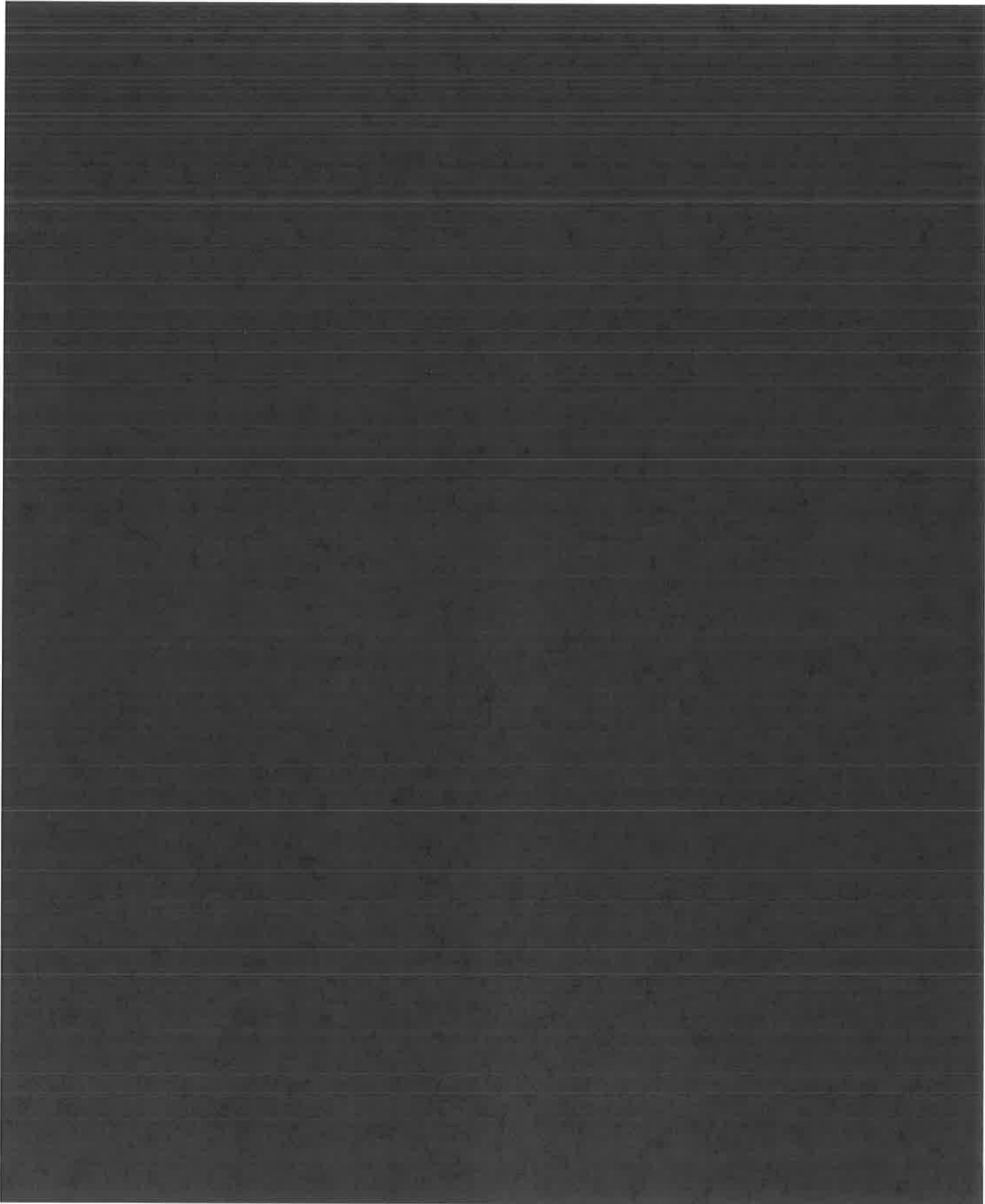
END OF CONFIDENTIAL & PROPRIETARY INFORMATION

Shalin Shah

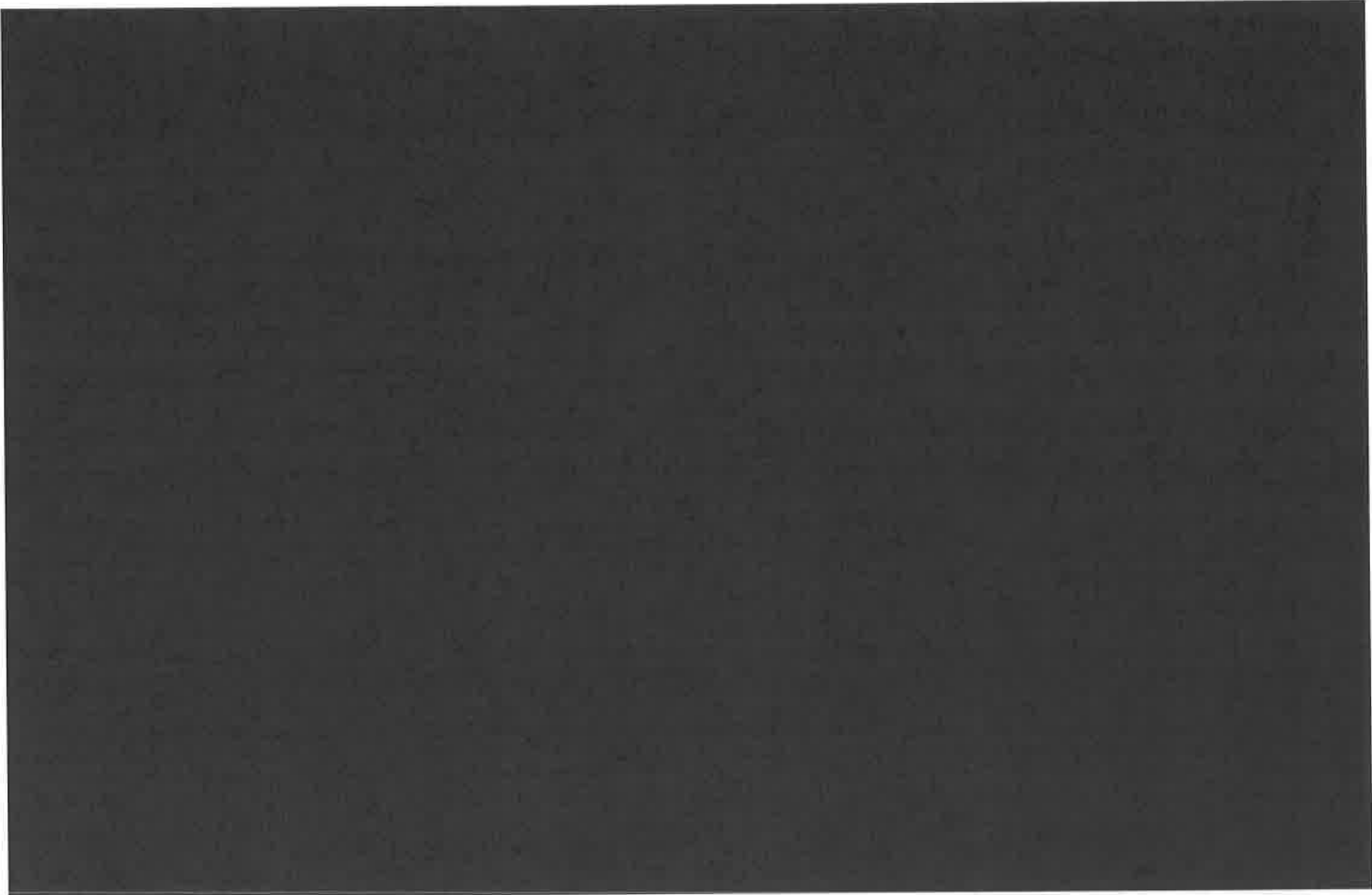
2-12-19

Shalin Shah, Chief Financial Officer

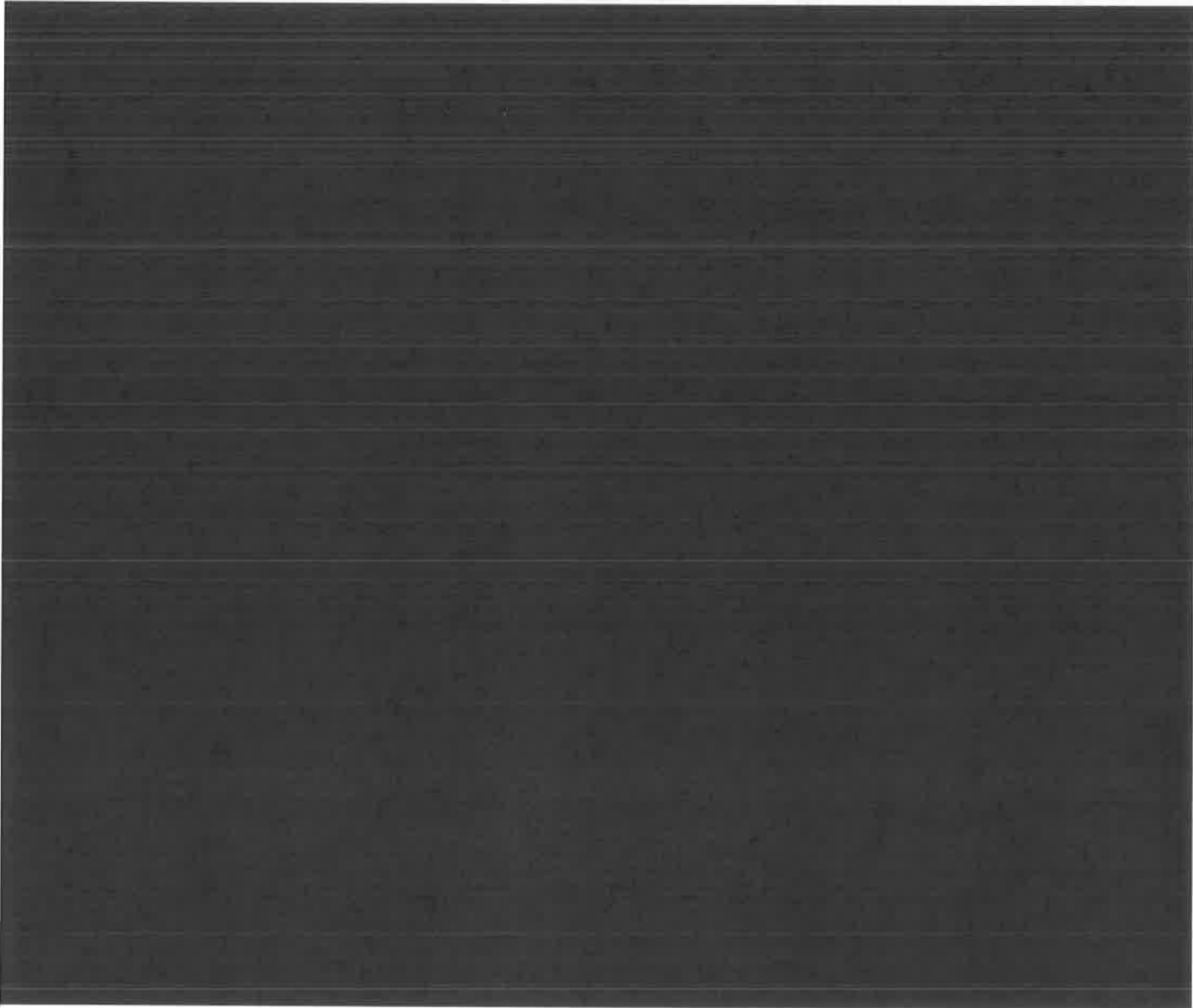
Date



This information is proprietary and confidential. It is not to be distributed without the written consent of Corizon LLC.



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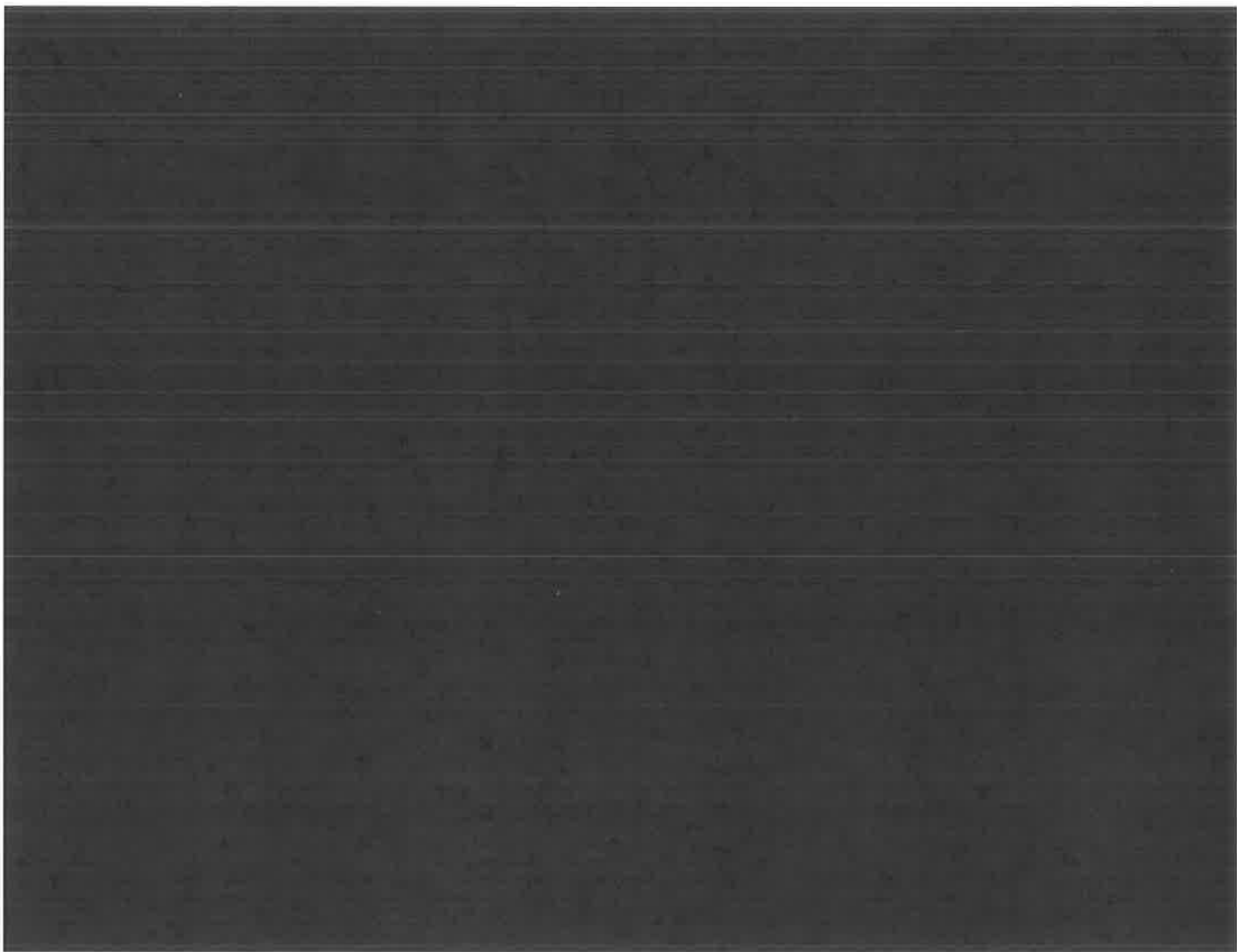


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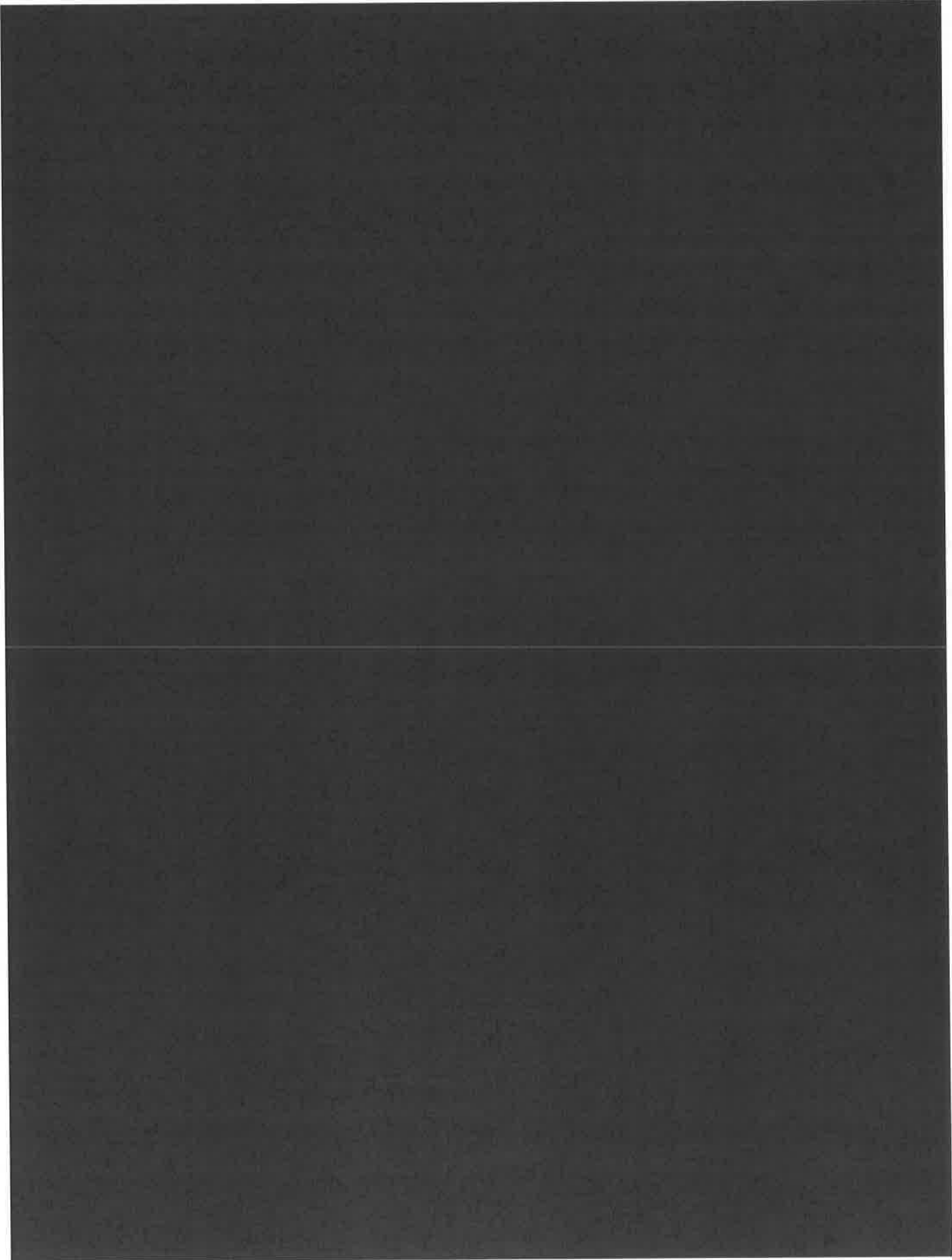
CONSOLIDATED FINANCIAL STATEMENTS

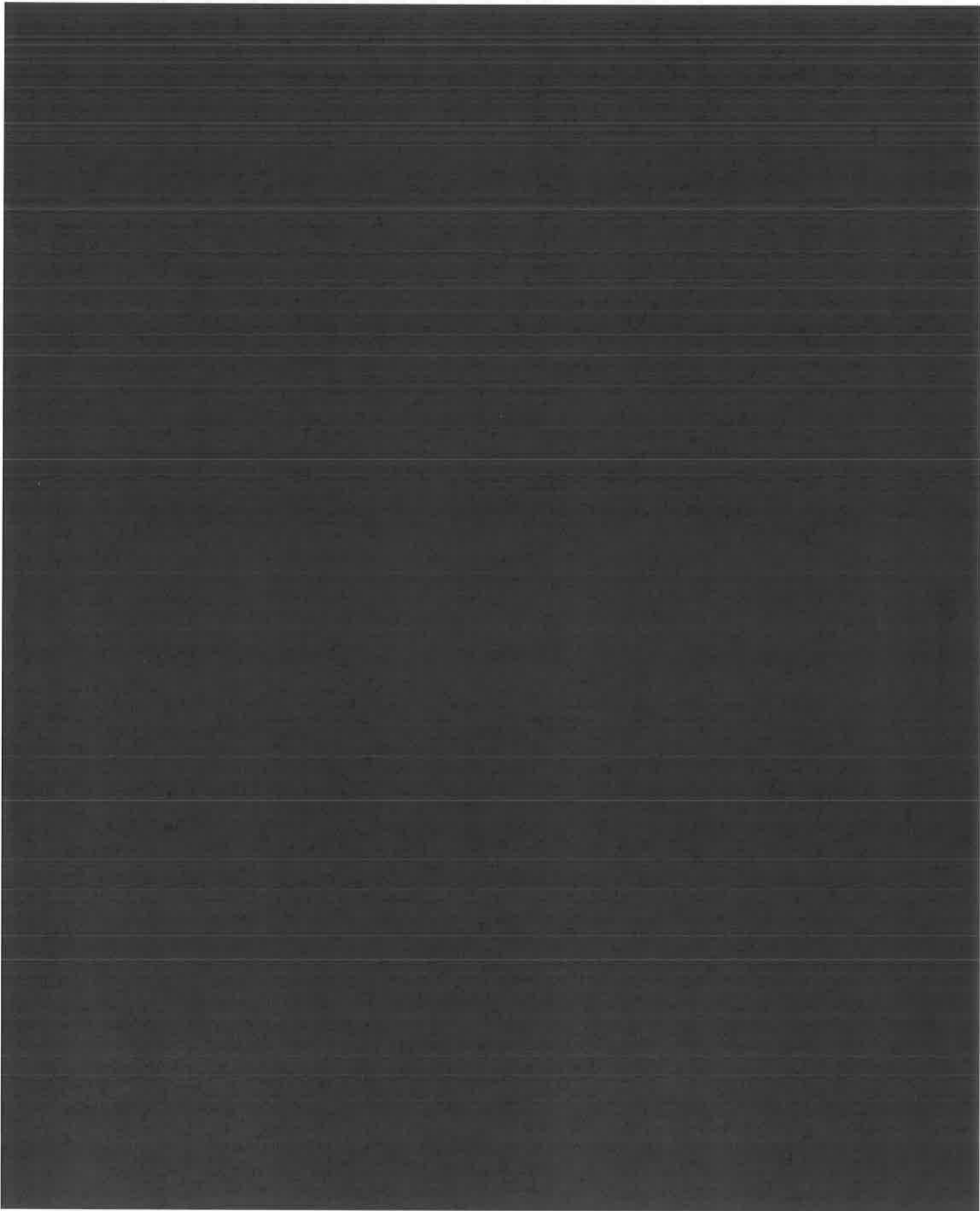
Valitas Health Services, Inc. and Subsidiaries
Years Ended December 31, 2017 and 2016
With Report of Independent Auditors

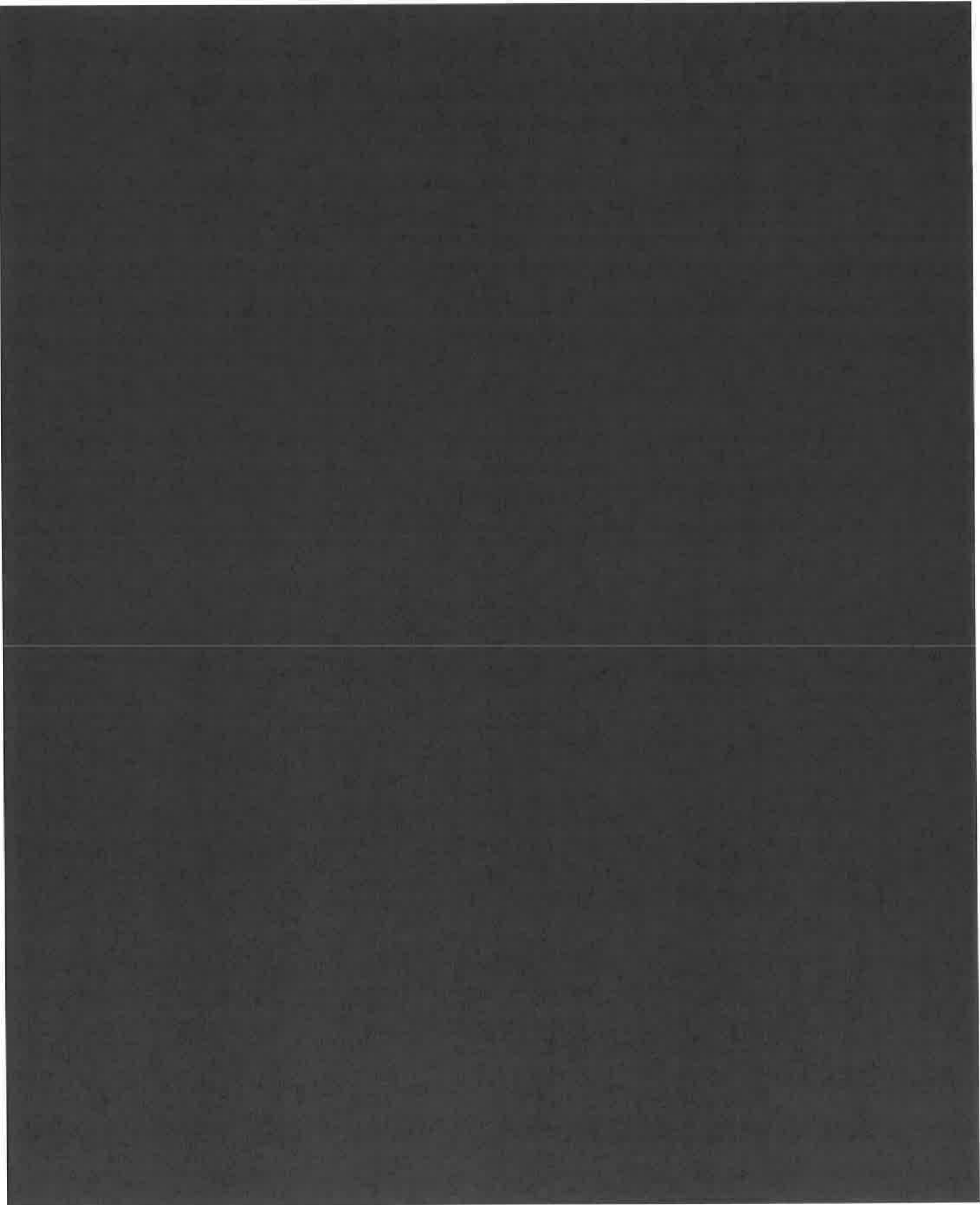
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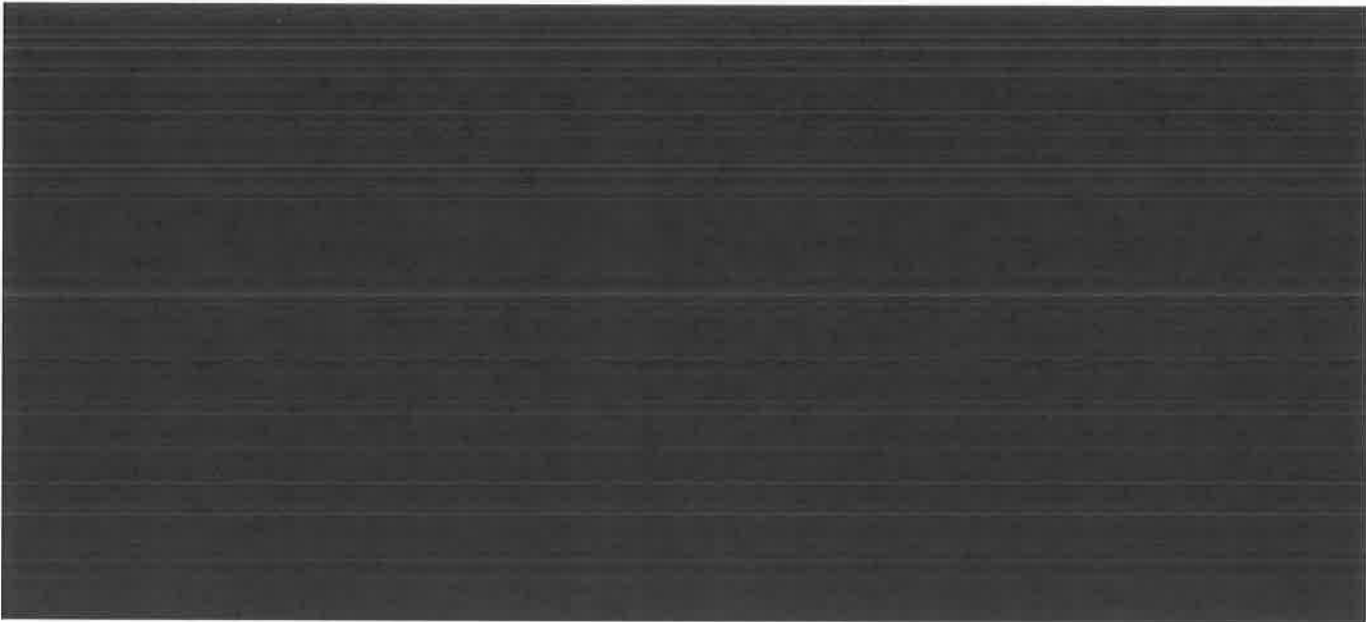


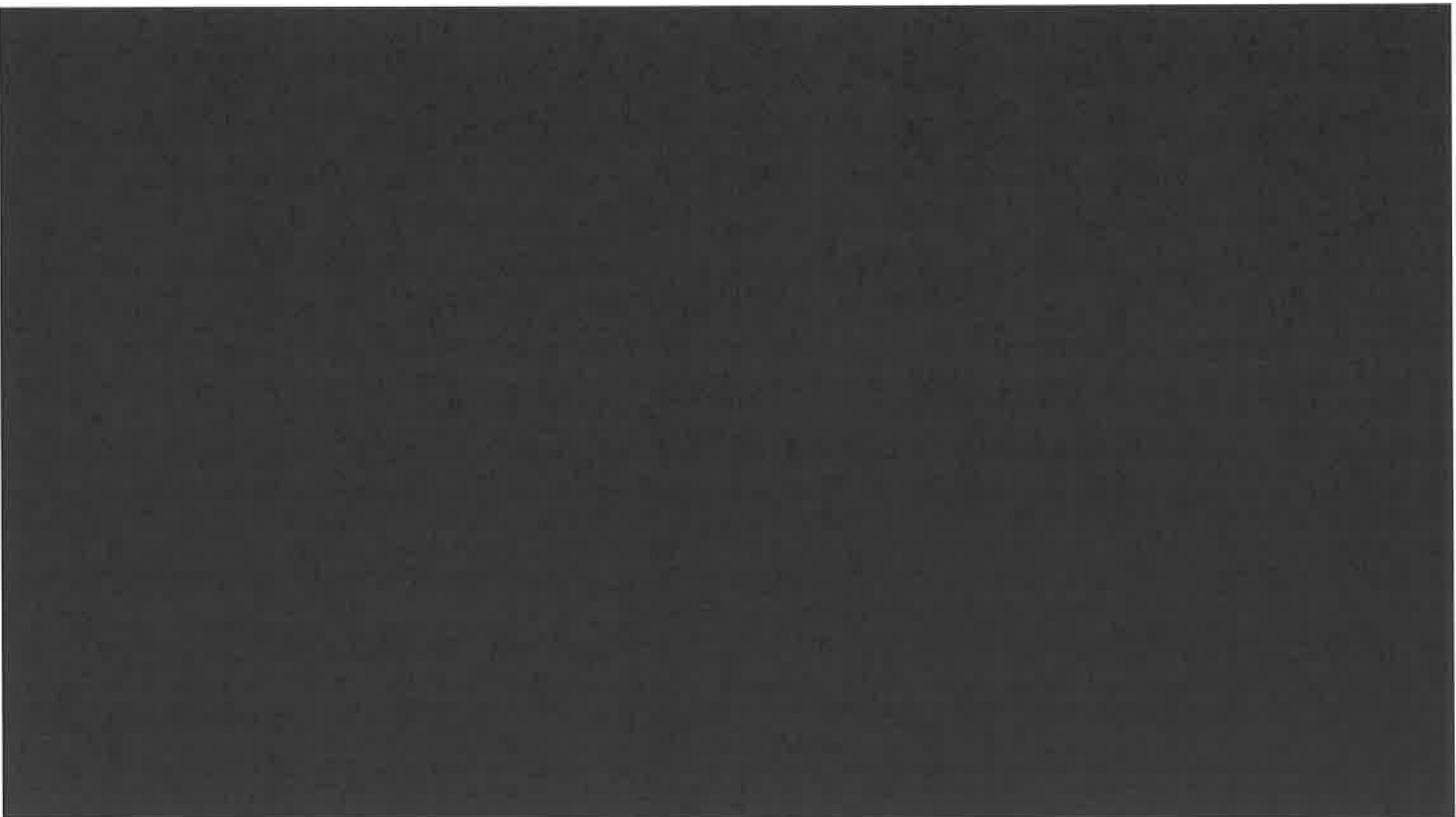
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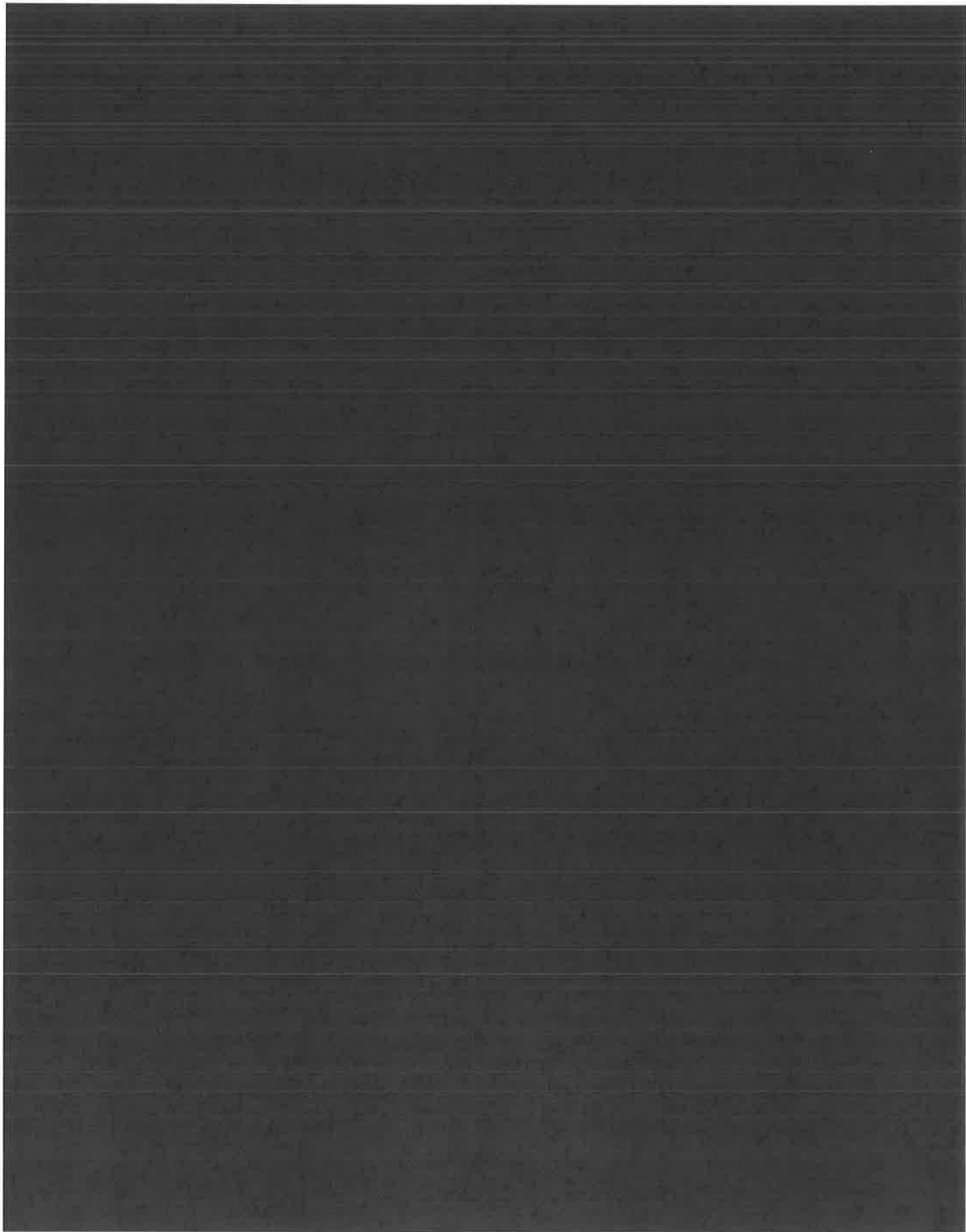


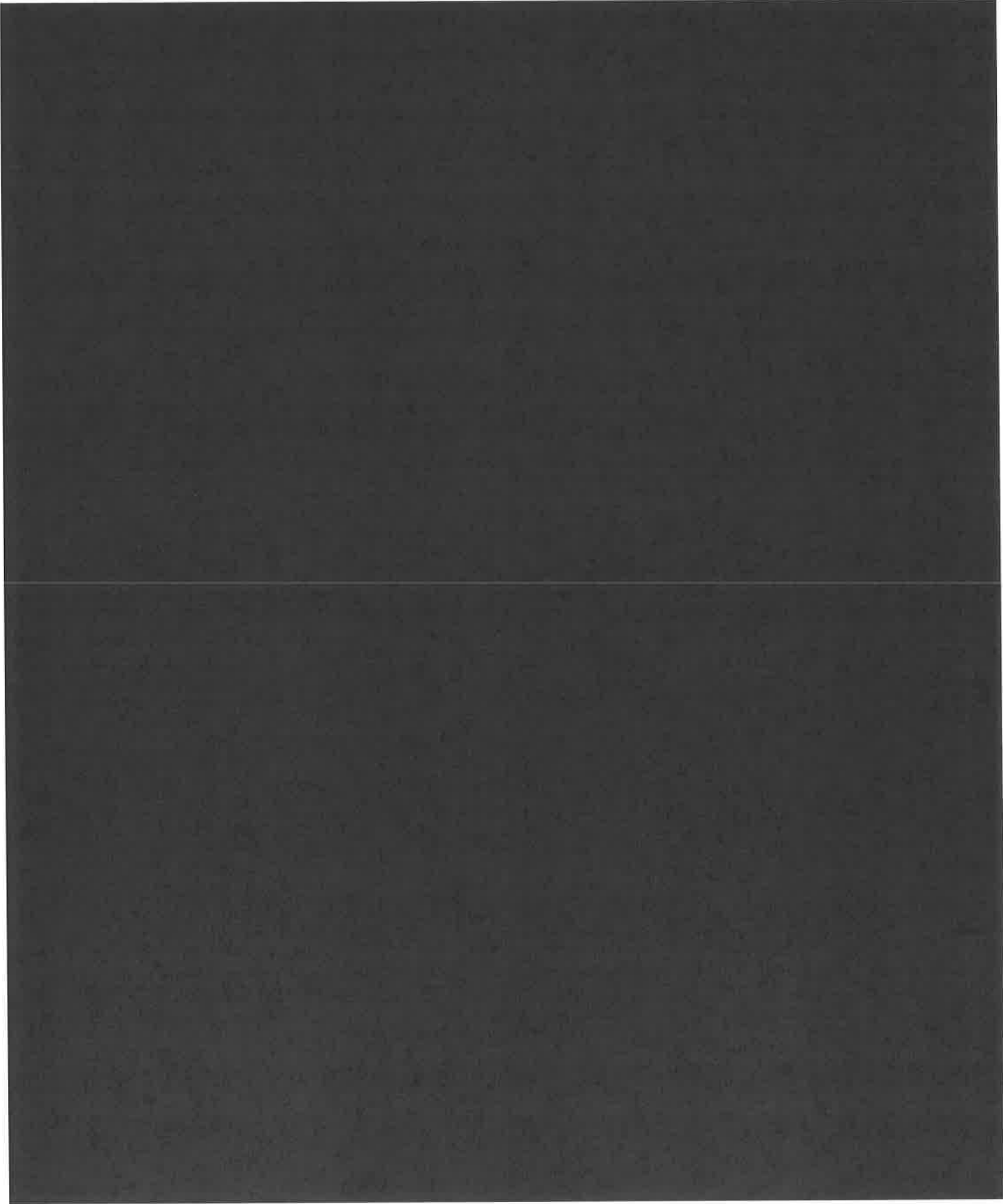


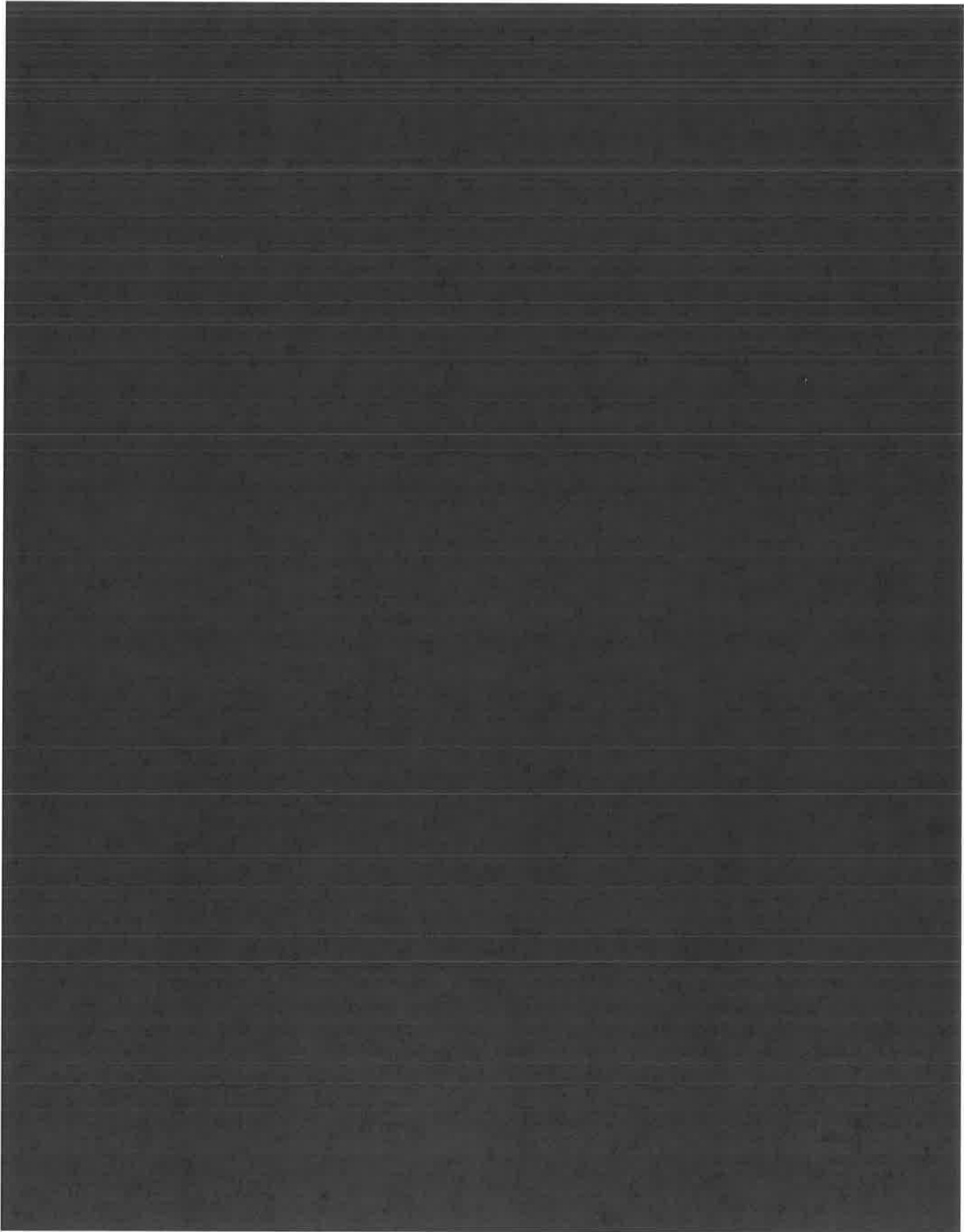


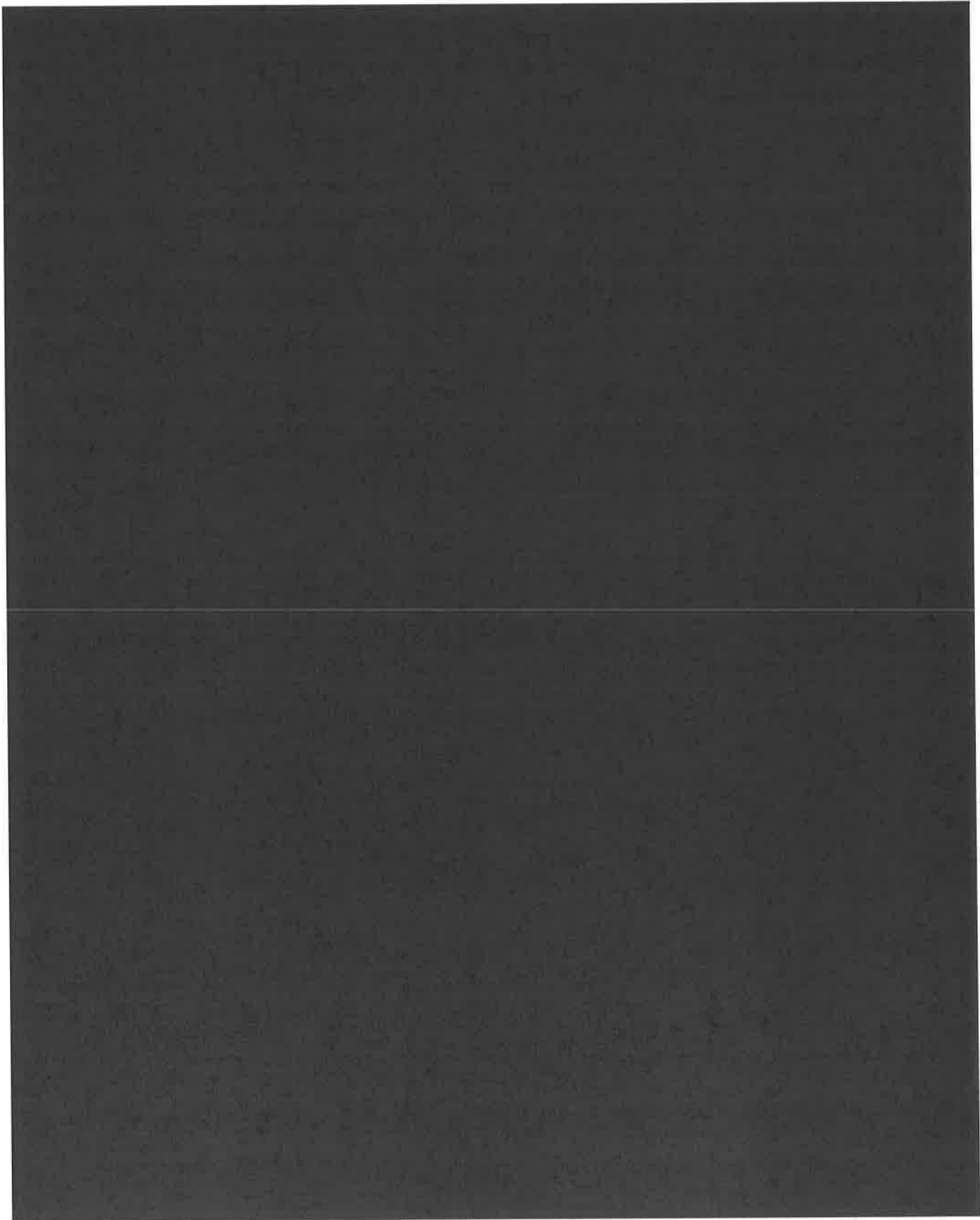


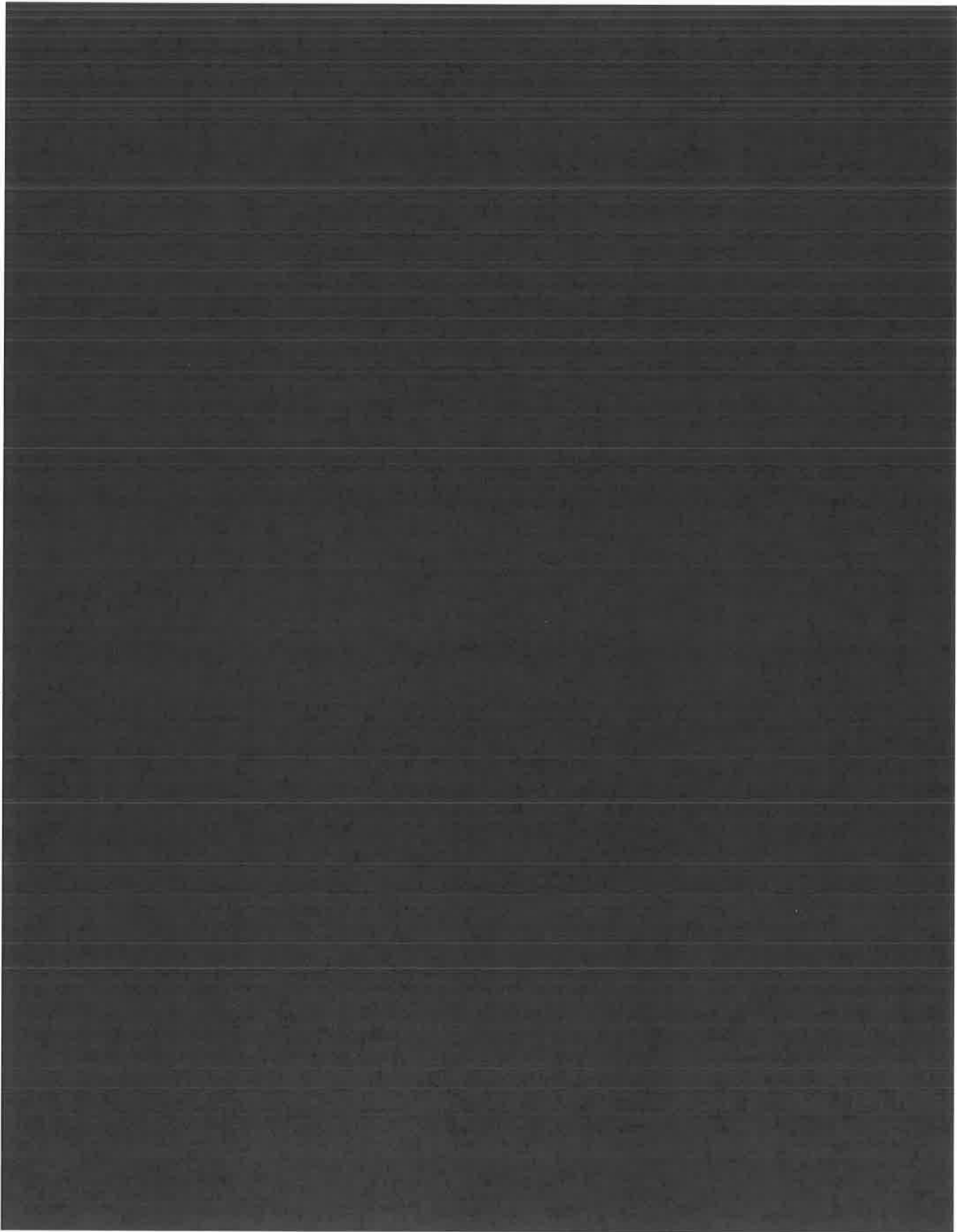


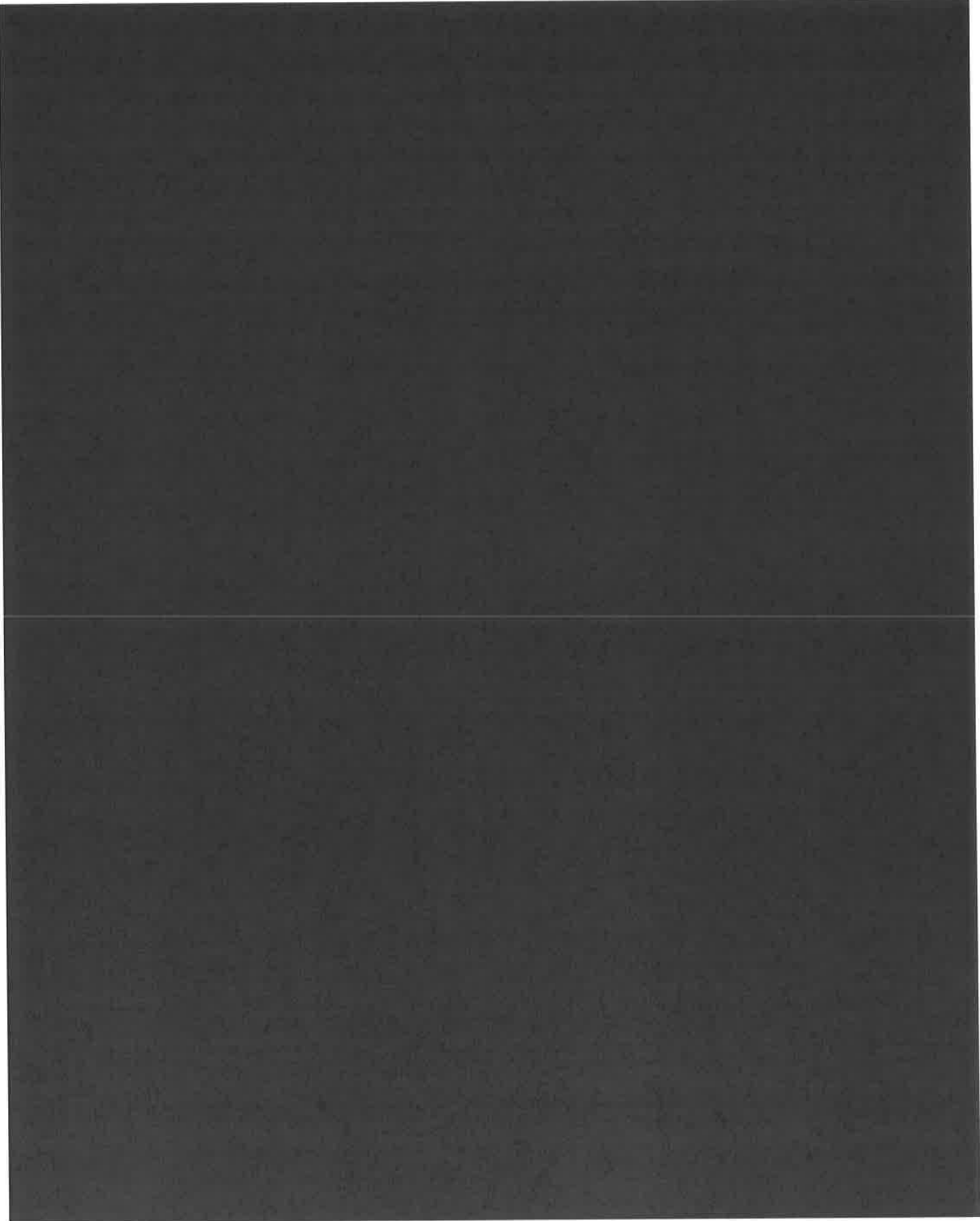


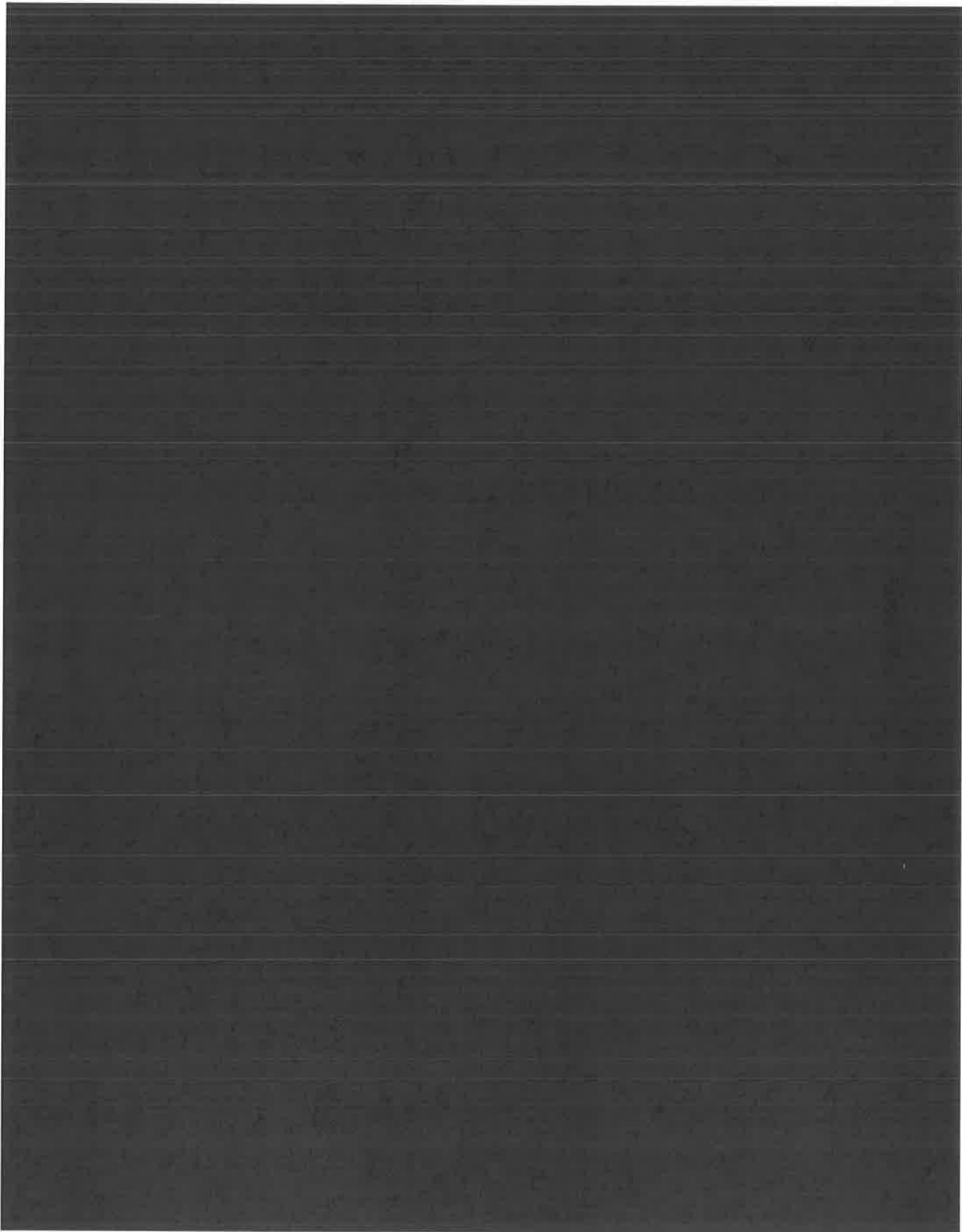


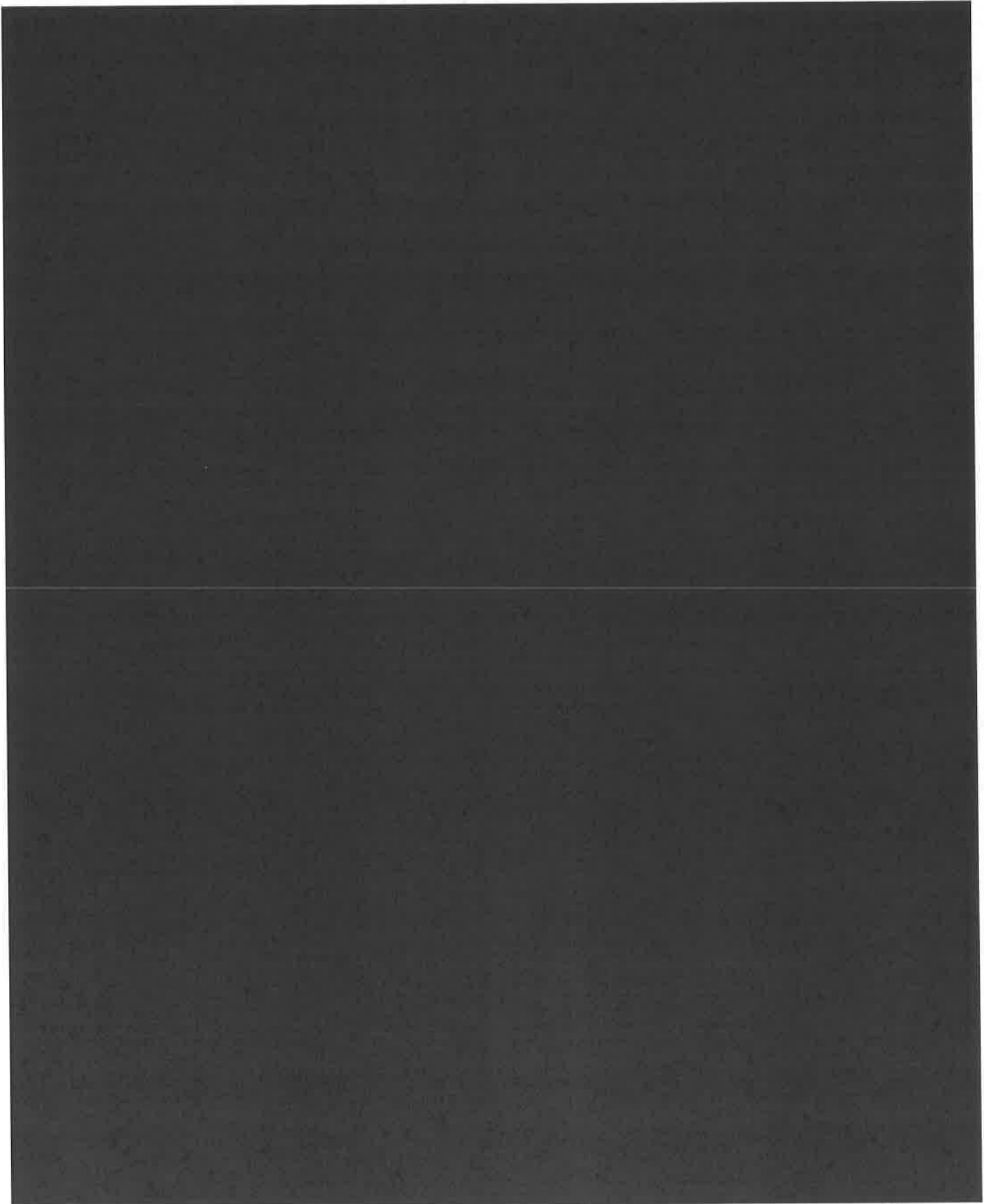


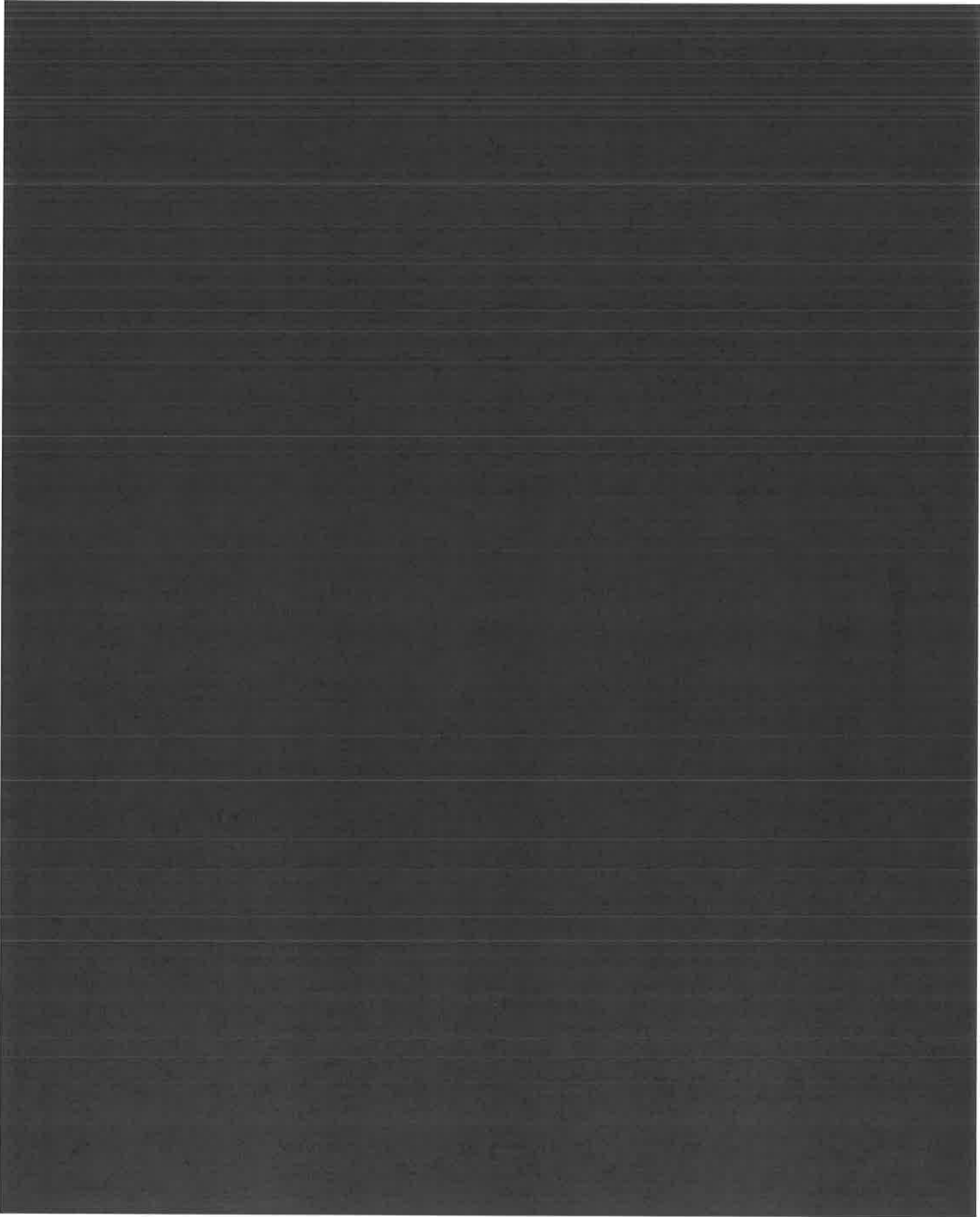


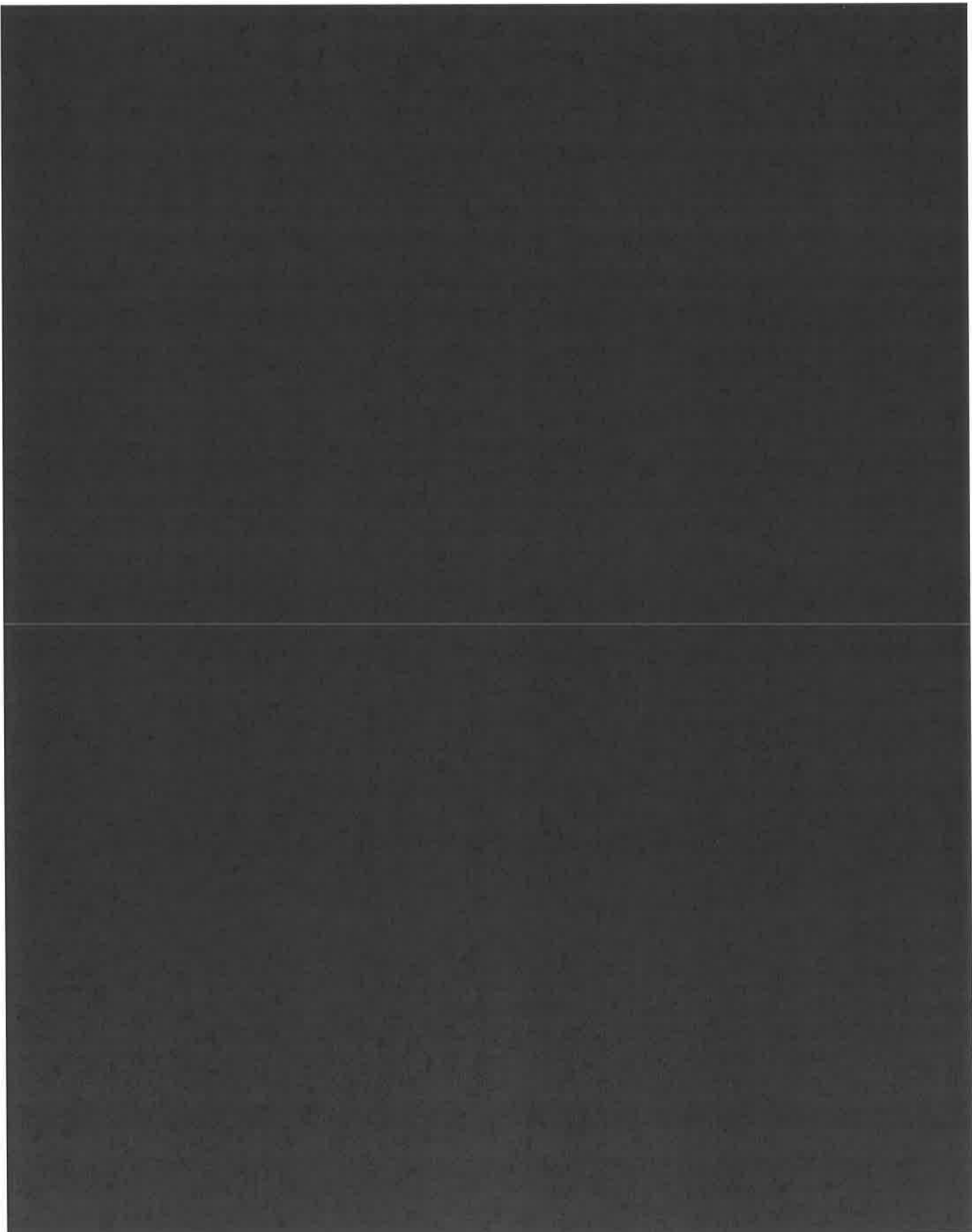


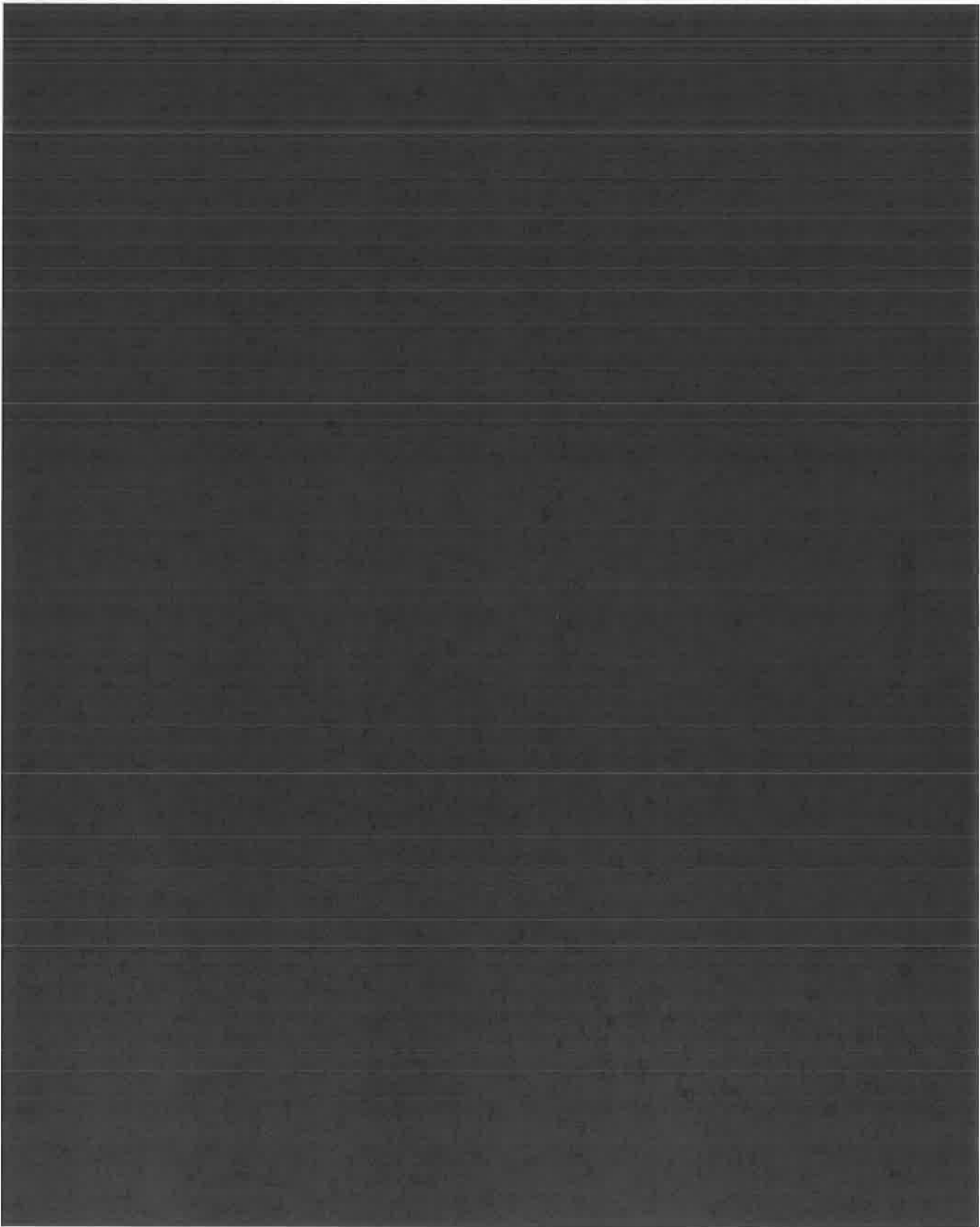


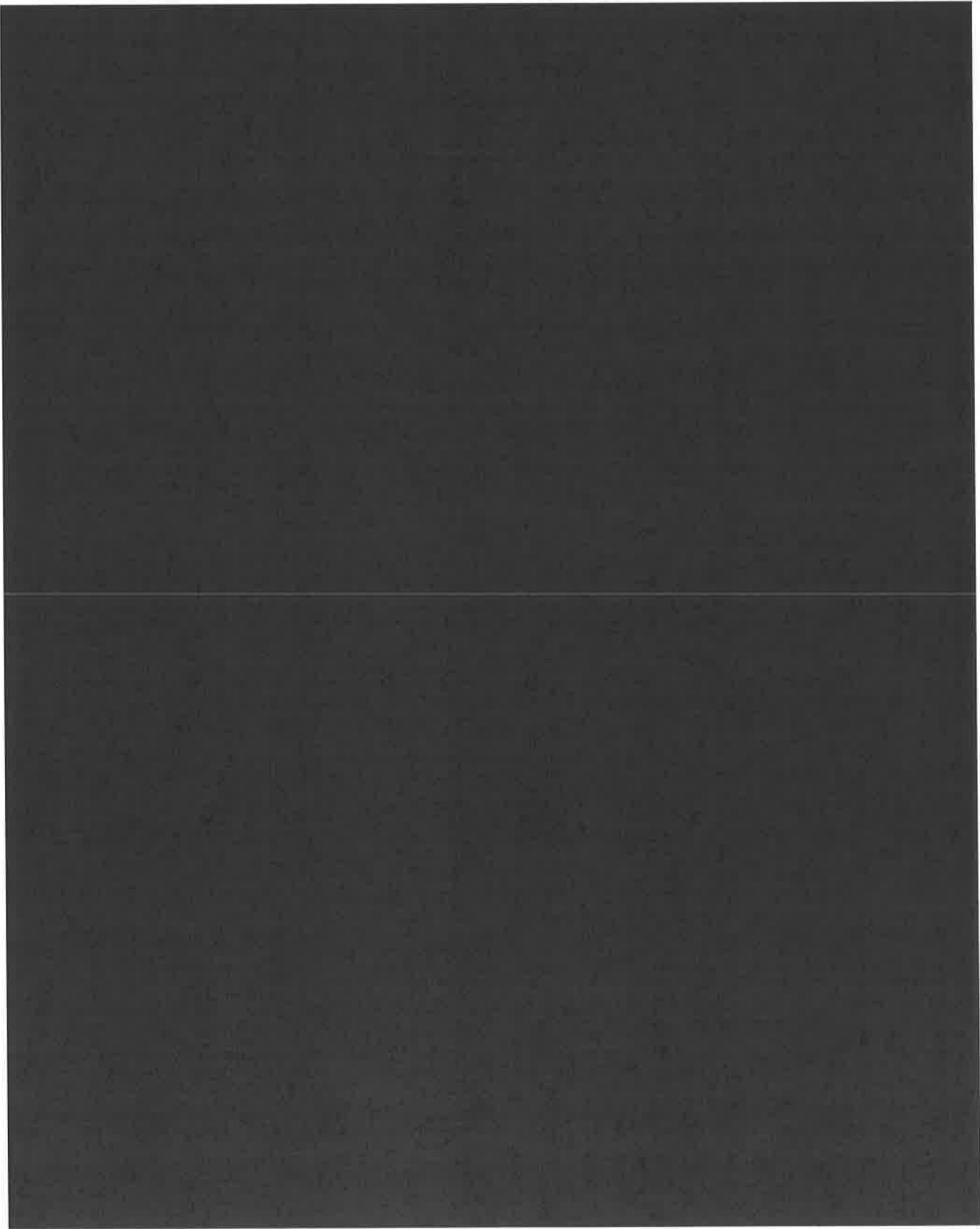


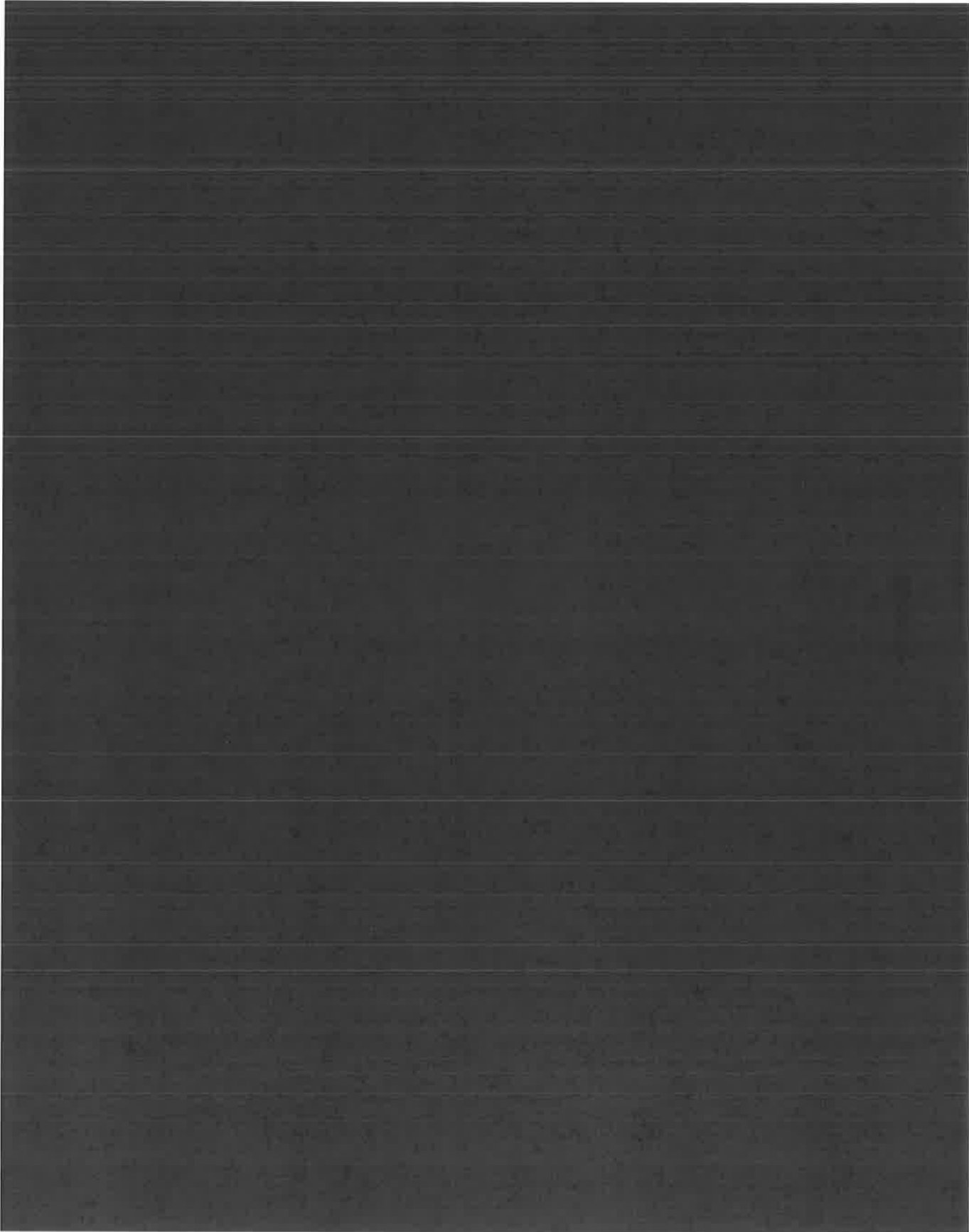


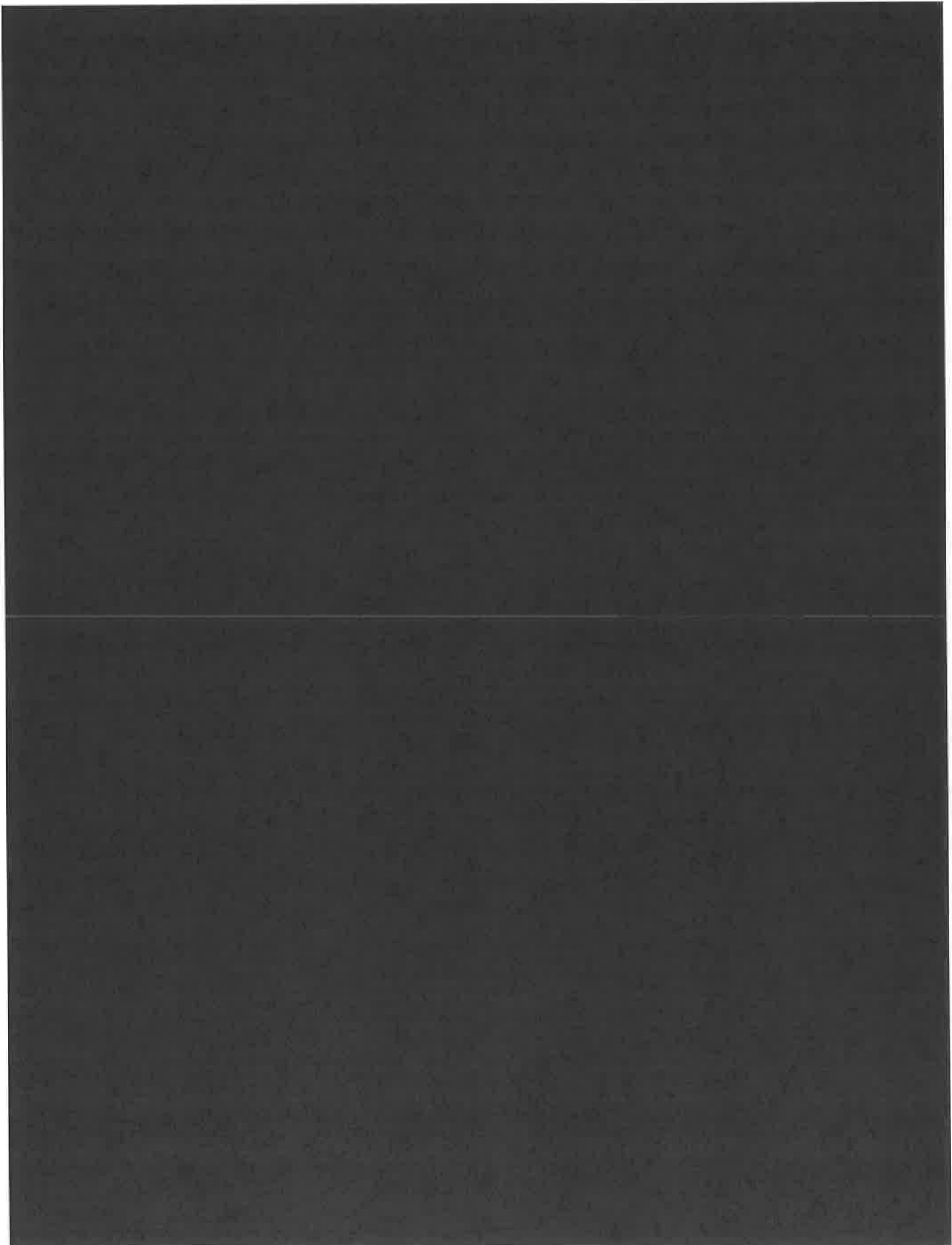


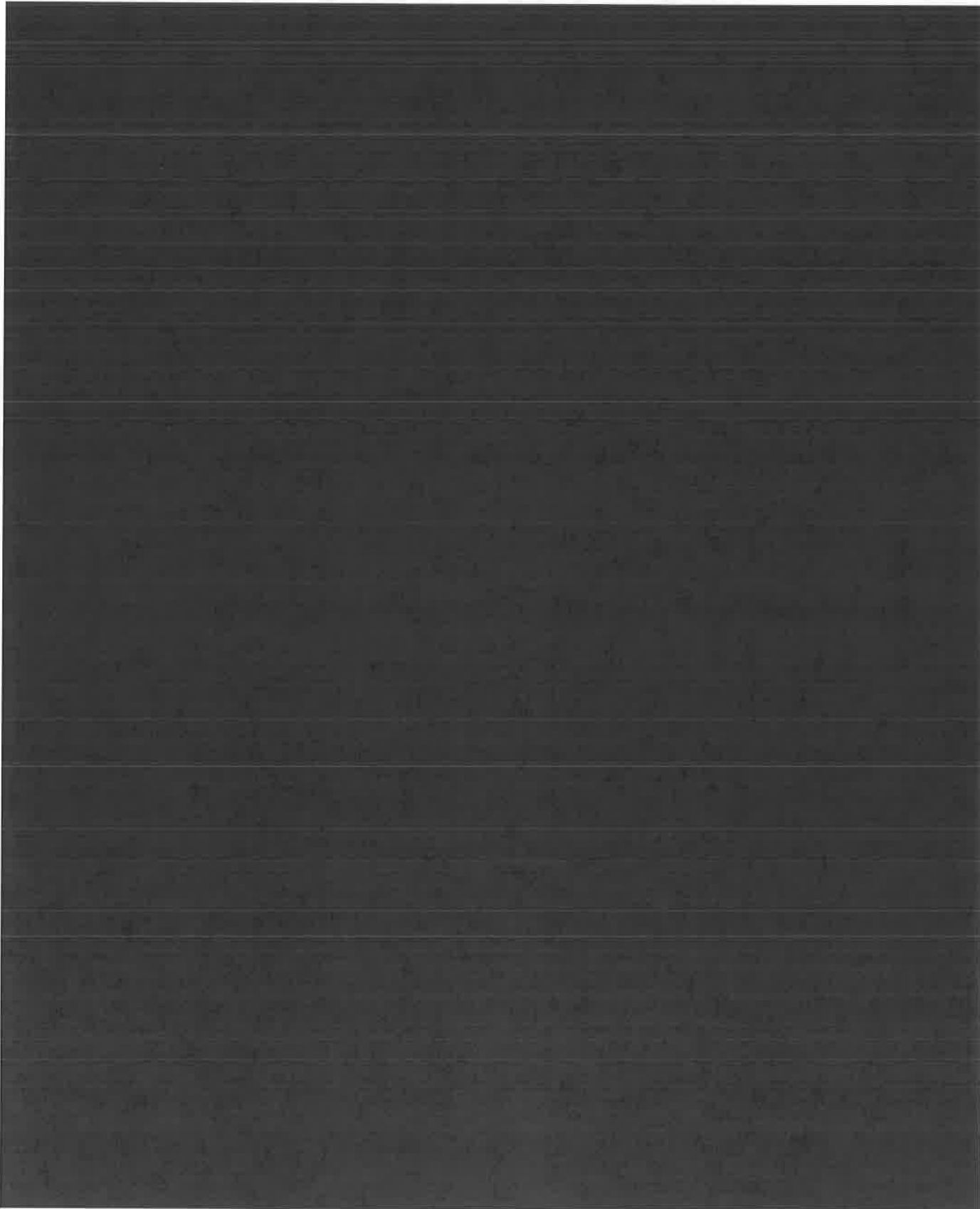


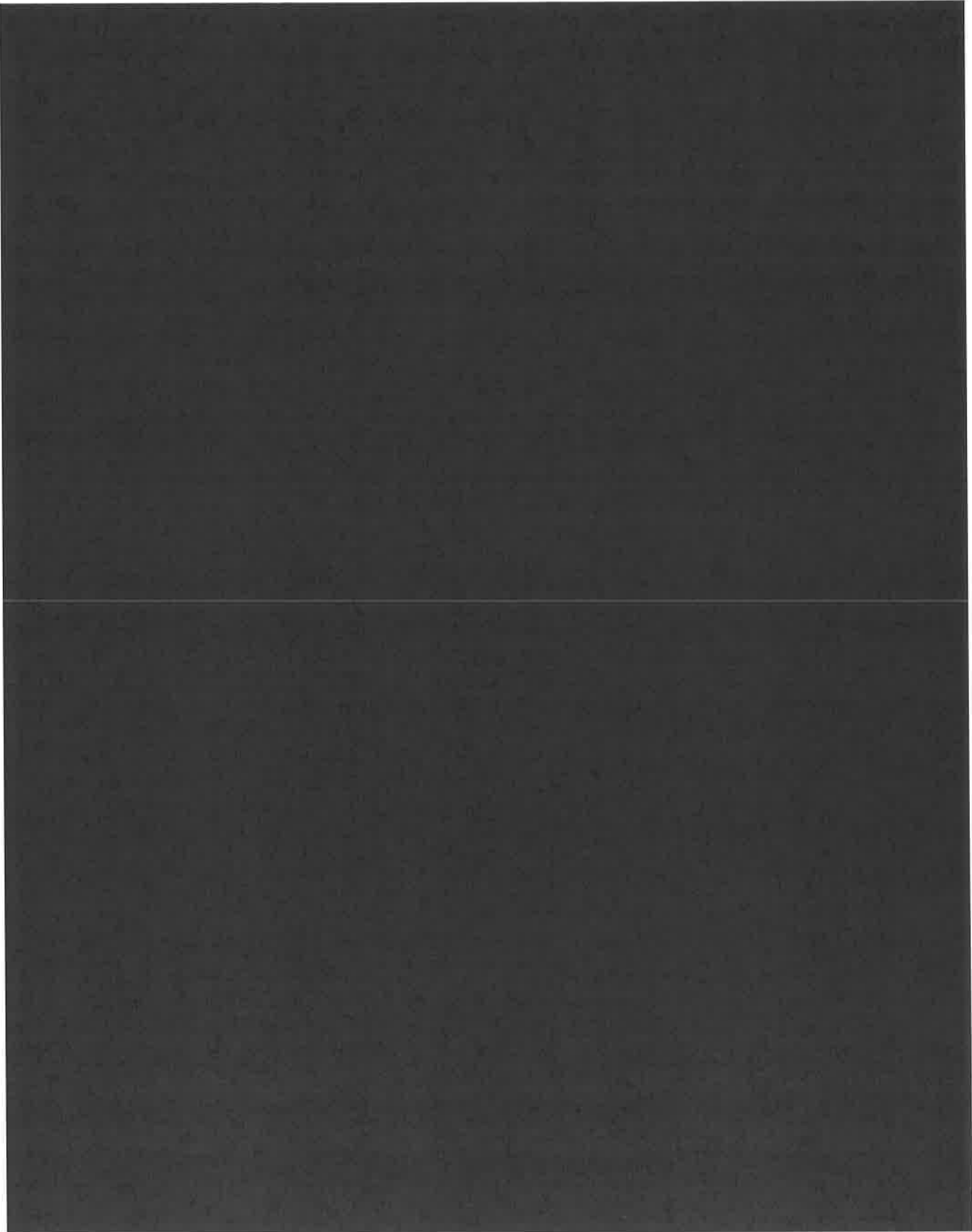


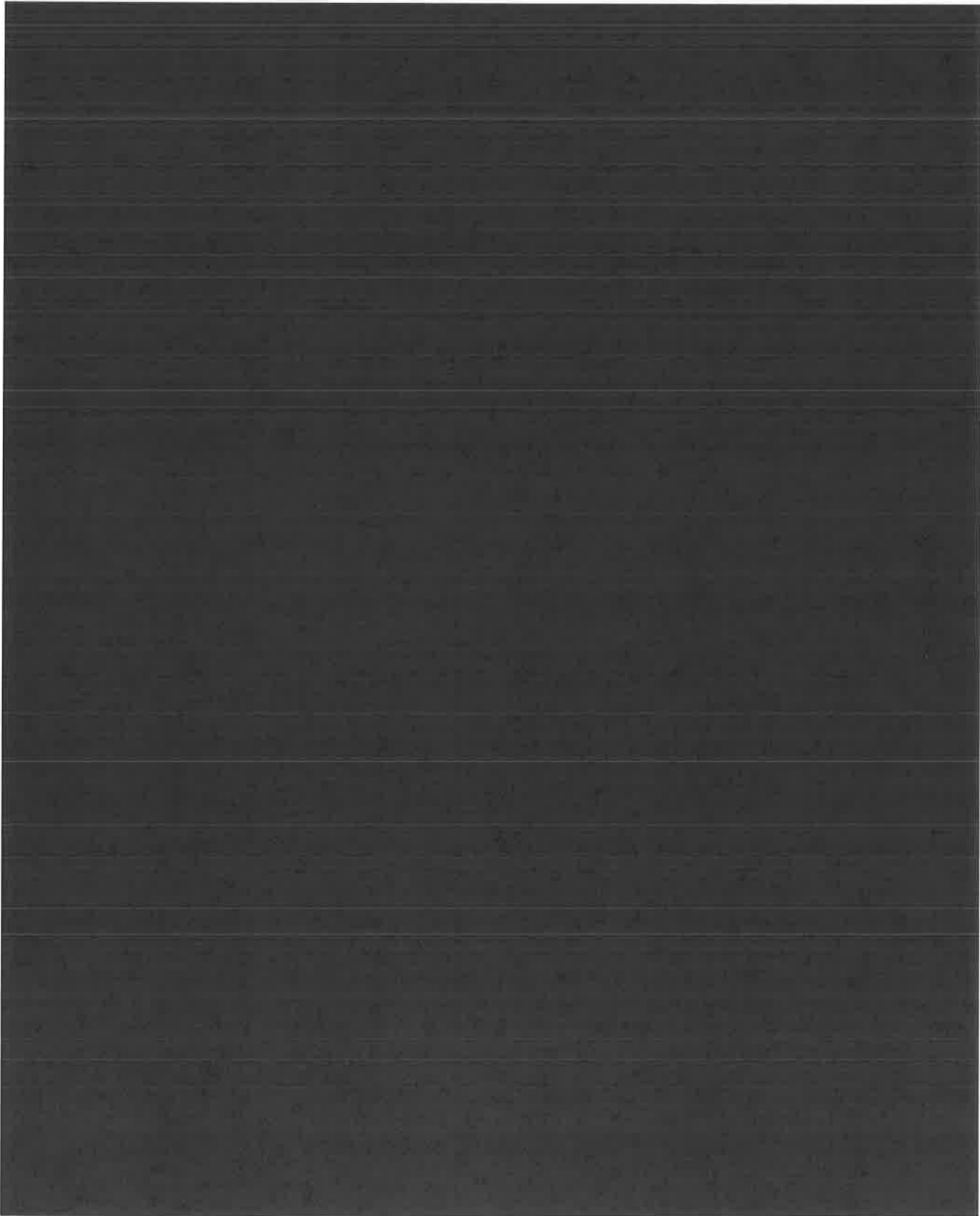


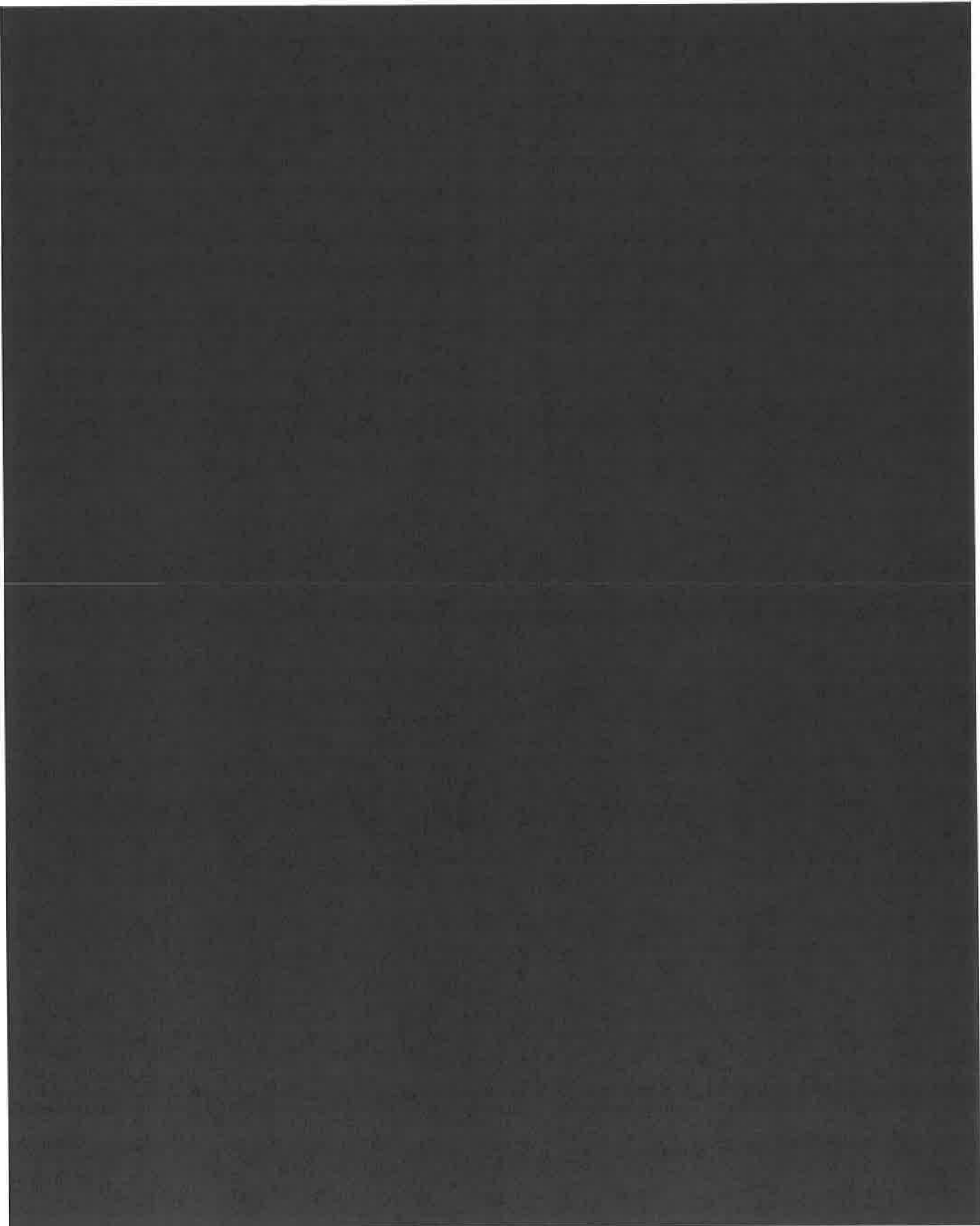


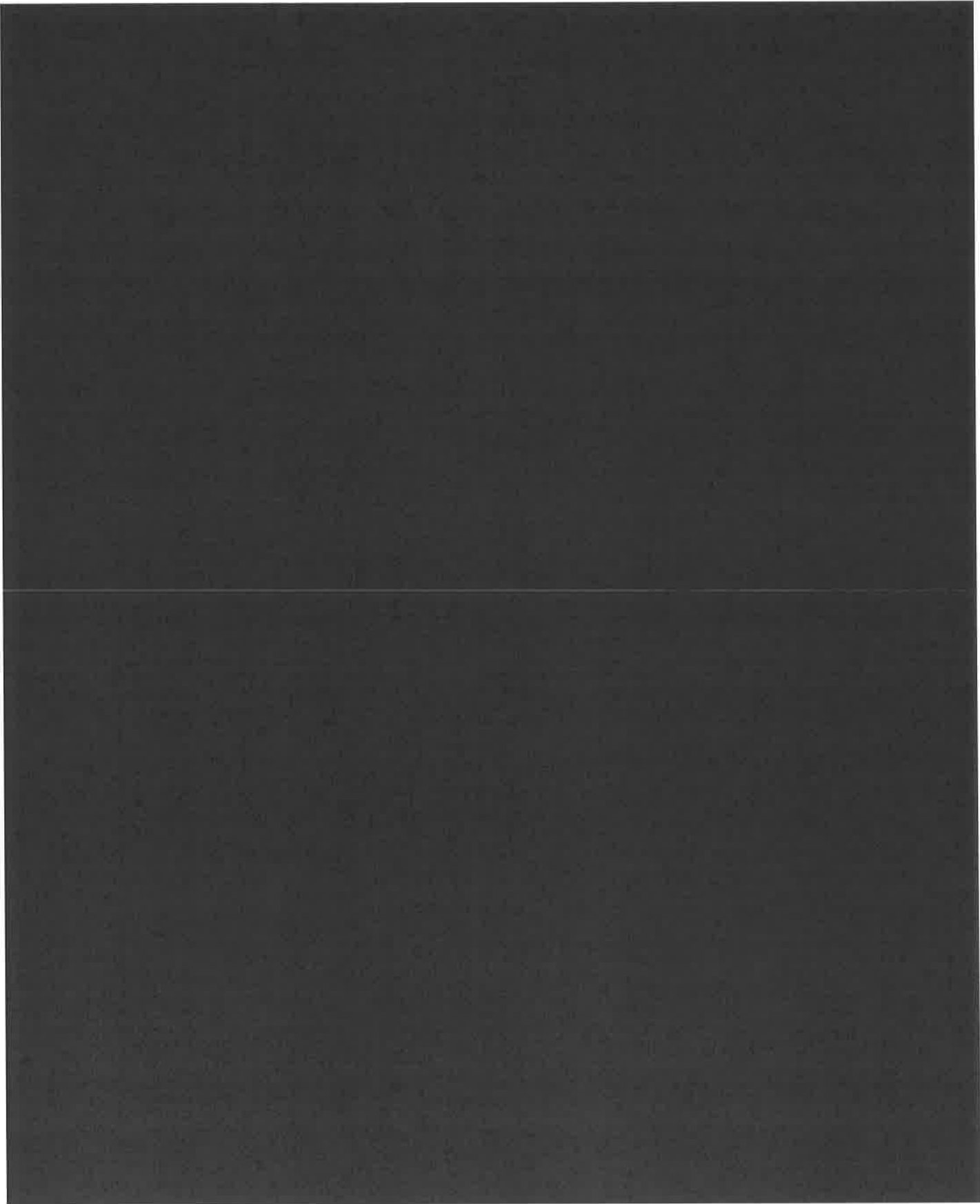


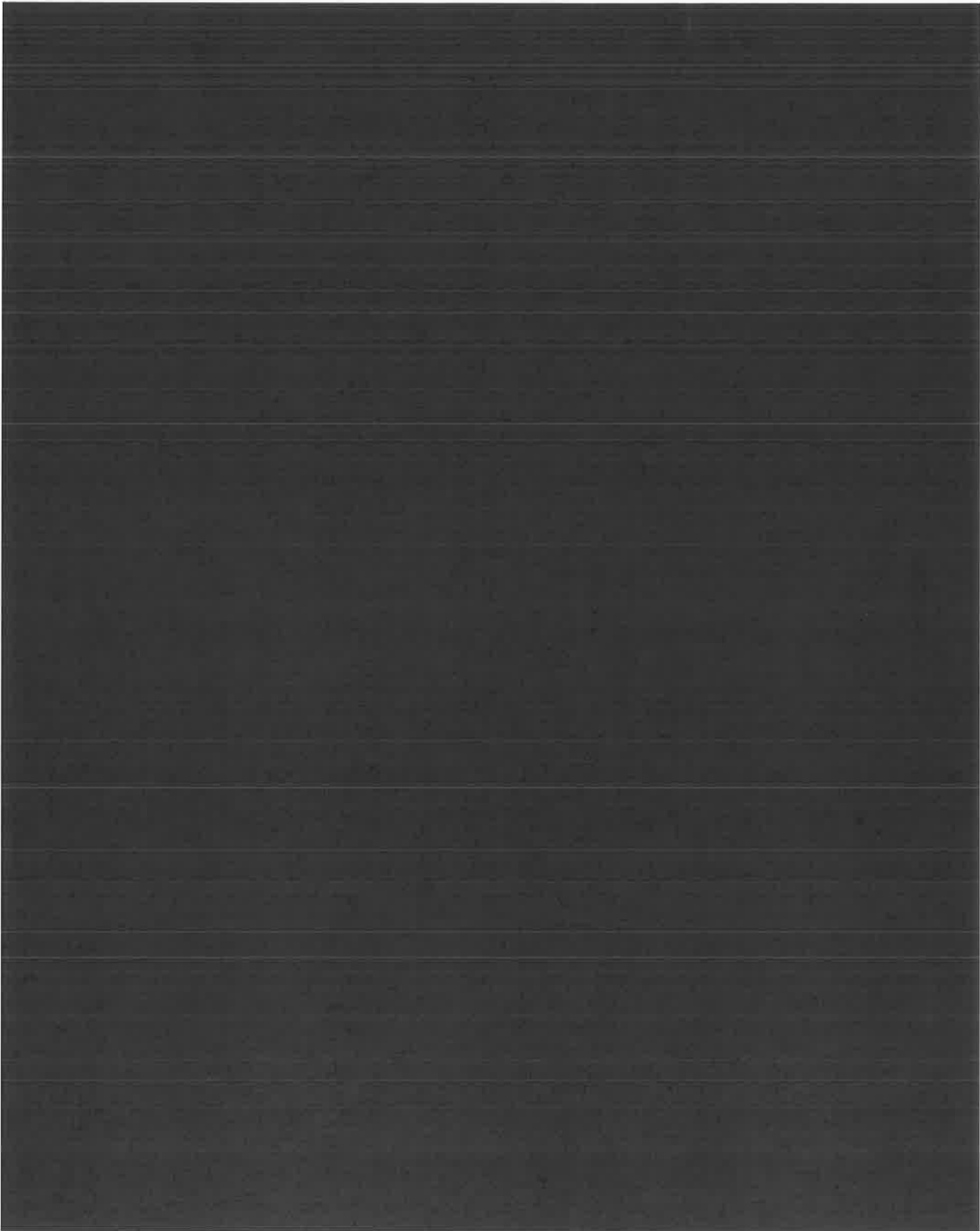


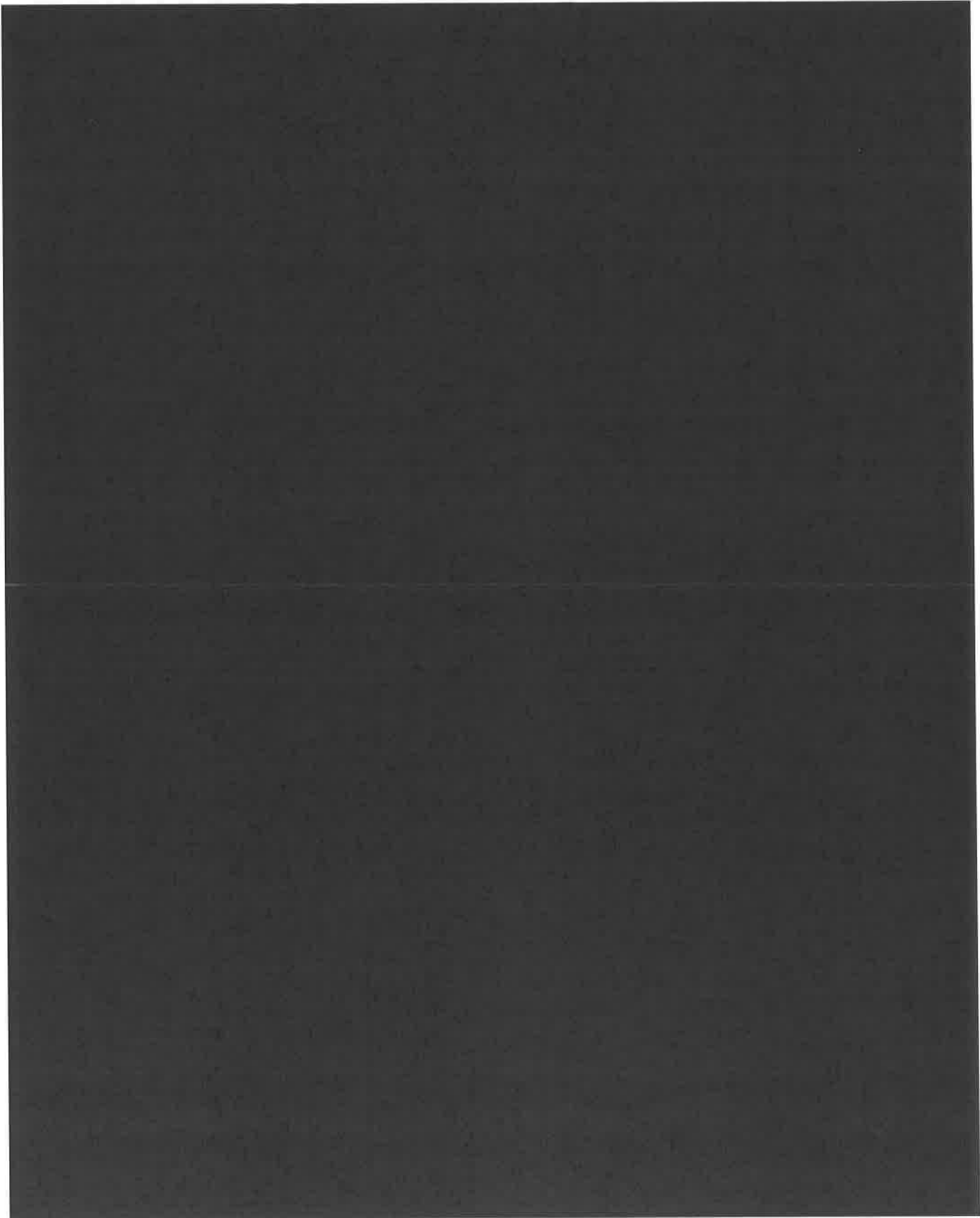


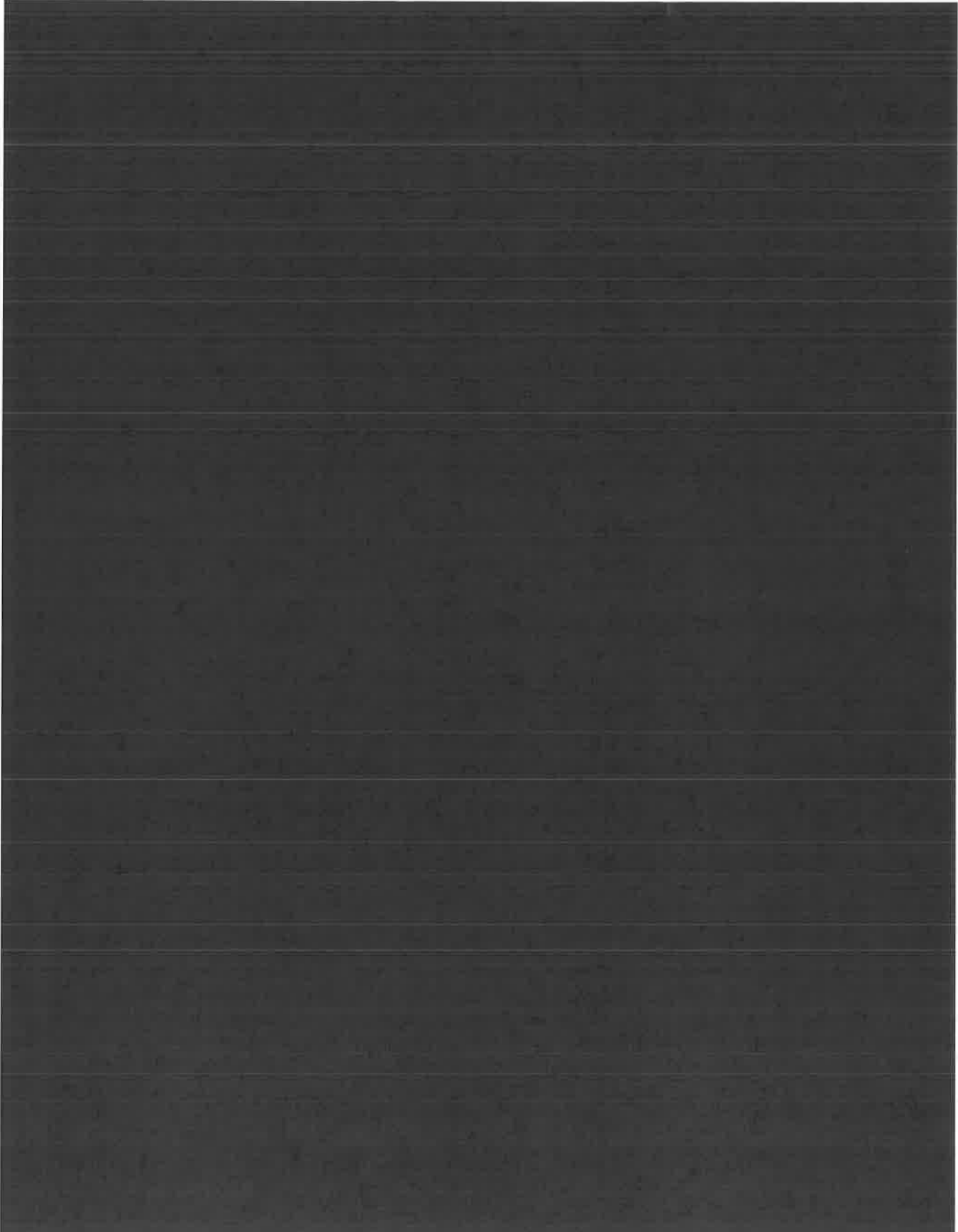


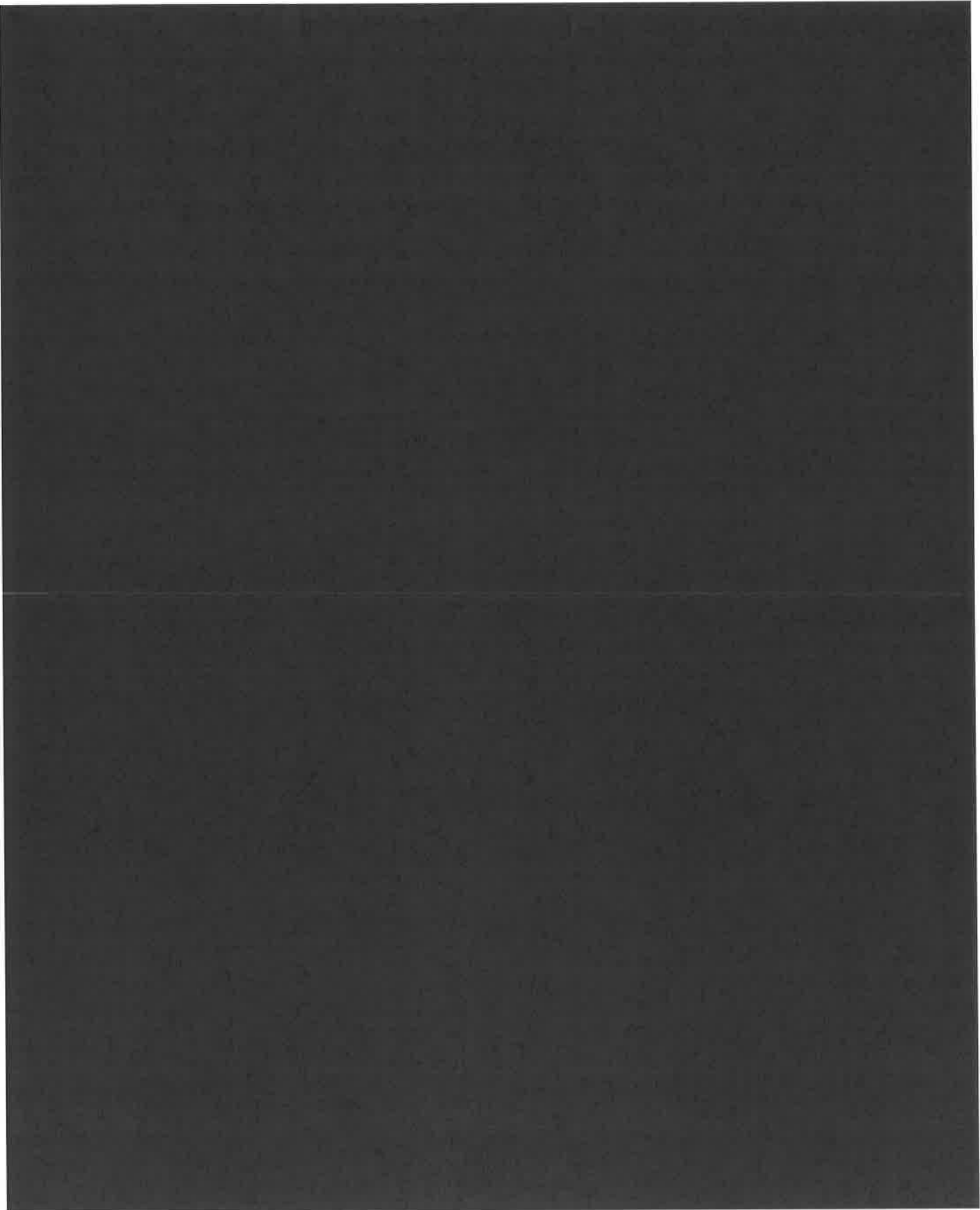


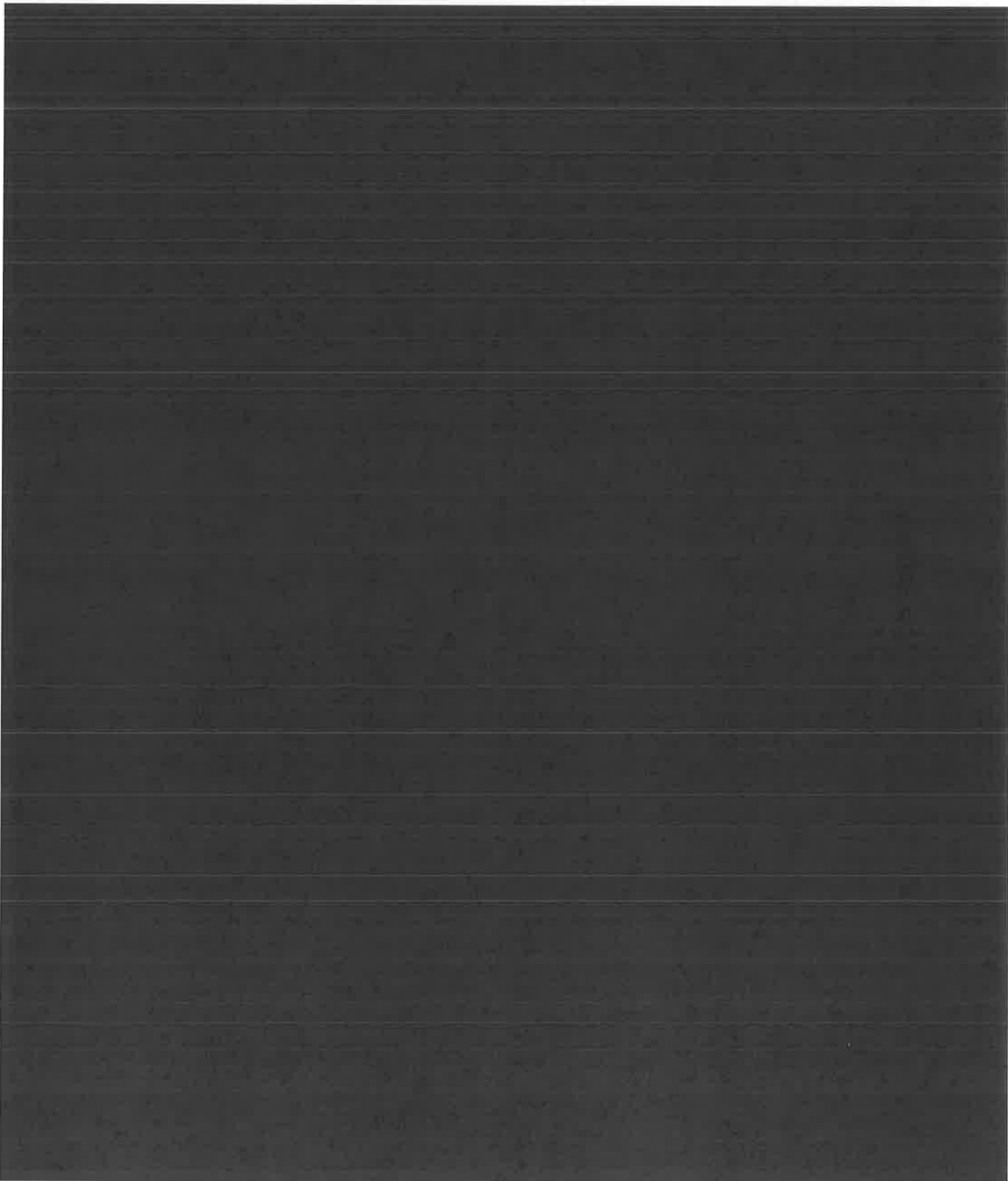


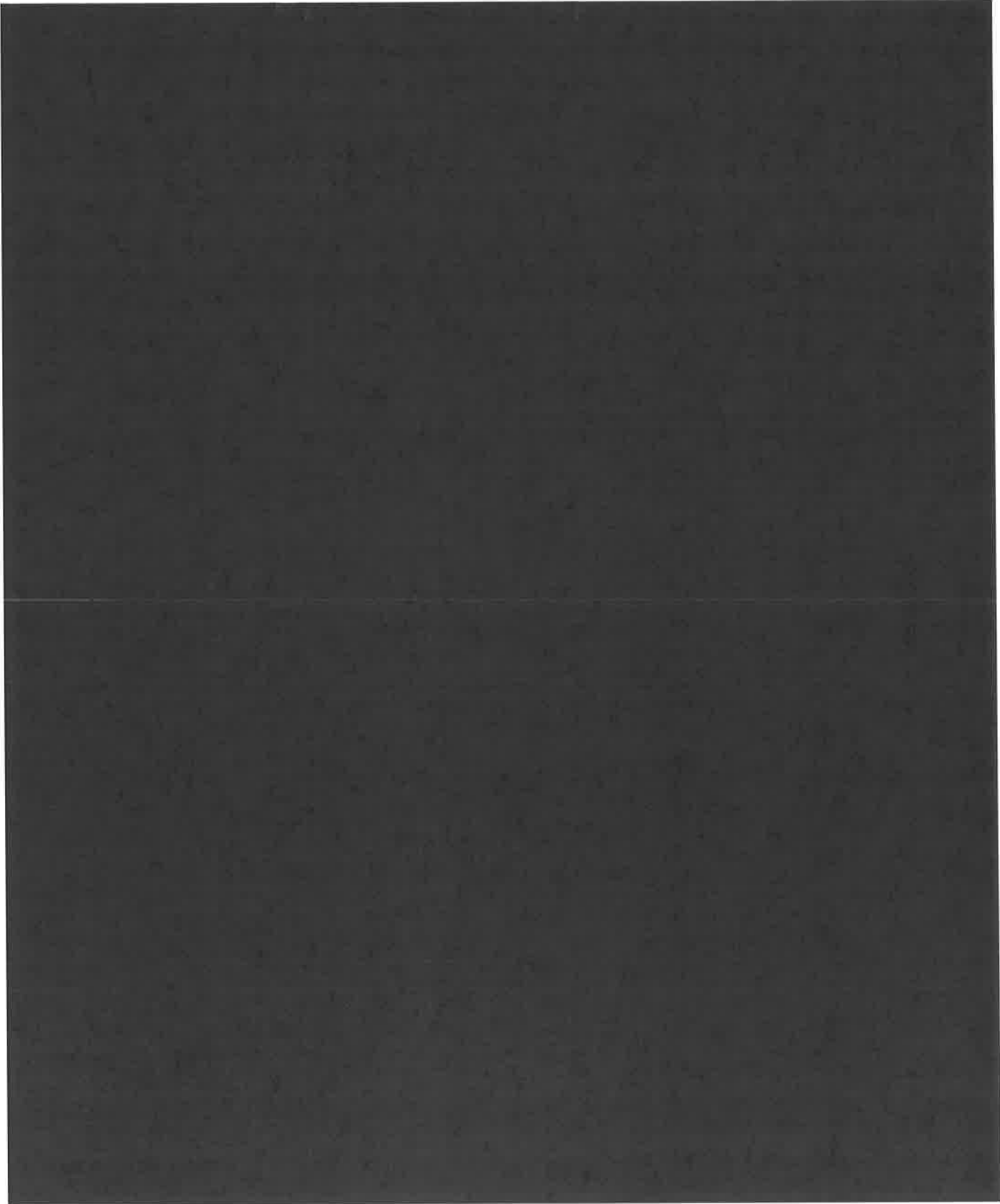














Lexington-Fayette Urban County Government

Request for Proposals

The Lexington-Fayette Urban County Government hereby requests proposals for **RFP #2-2019 Offender Health Services** to be provided in accordance with terms, conditions and specifications established herein.

Sealed proposals will be received in the Division of Central Purchasing, Room 338, Government Center, 200 East Main Street, Lexington, KY, 40507, until **2:00 PM**, prevailing local time, on **February 14, 2019**.

Proposals received after the date and time set for opening proposals will not be considered for award of a contract and will be returned unopened to the Proposer. It is the sole responsibility of the Proposer to assure that his/her proposal is received by the Division of Central Purchasing before the date and time set for opening proposals.

Proposals must be sealed in an envelope and the envelope prominently marked:

RFP #2-2019 Offender Health Services

If mailed, the envelope must be addressed to:

Todd Slatin – Purchasing Director
Lexington-Fayette Urban County Government
Room 338, Government Center
200 East Main Street
Lexington, KY 40507

Additional copies of this Request For Proposals are available from the Division of Central Purchasing, Room 338 Government Center, 200 East Main Street, Lexington, KY 40507, (859)-258-3320, at no charge.

Proposals, once submitted, may not be withdrawn for a period of sixty (60) calendar days.

A mandatory pre-proposal meeting will be held January 11, 2019, 10:00 am, 600 Old Frankfort Circle, Lexington, KY.

The Proposer must submit one (1) master (hardcopy), (1) electronic version in PDF format on a flashdrive or CD and seven (7) duplicates (hardcopies) of their proposal for evaluation purposes.

The Lexington-Fayette Urban County Government reserves the right to reject any or all proposals, and to waive technicalities and informalities when such waiver is determined by the Lexington-Fayette Urban County Government to be in its best interest.

Signature of this proposal by the Proposer constitutes acceptance by the Proposer of terms, conditions and requirements set forth herein.

Minor exceptions may not eliminate the proposal. Any exceptions to the specifications established herein shall be listed in detail on a separate sheet and attached hereto. The Lexington-Fayette Urban County Government shall determine whether any exception is minor.

The Lexington-Fayette Urban County Government encourages the participation of minority- and women-owned businesses in Lexington-Fayette Urban County Government contracts. This proposal is subject to Affirmative Action requirements attached hereto.

Please do not contact any LFUCG staff member or any other person involved in the selection process other than the designated contact person(s) regarding the project contemplated under this RFP while this RFP is open and a selection has not been finalized. Any attempt to do so may result in disqualification of the firm's submittal for consideration.

Laws and Regulations

All applicable state laws, municipal ordinances and regulations of all authorities having jurisdiction over the project shall apply to the contract, and shall be deemed to be incorporated herein by reference.

Equal Employment Opportunity

The Entity (regardless of whether construction contractor, non-construction contractor or supplier) agrees to provide equal opportunity in employment for all qualified persons, to prohibit discrimination in employment because of race, color, creed, national origin, sex or age, and to promote equal employment through a positive, continuing program from itself and each of its subcontracting agents. This program of equal employment opportunity shall apply to every aspect of its employment policies and practices.

Kentucky Equal Employment Opportunity Act

The Kentucky Equal Employment Opportunity Act of 1978 (KRS 45.560-45.640) requires that any "county, city, town, school district, water district, hospital district, or other political subdivision of the state shall include in directly or indirectly publicly funded contracts for supplies, materials, services, or equipment hereinafter entered into the following provisions:

"During the performance of this contract, the contractor agrees as follows:

- (1) The contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, age, or national origin;
- (2) The contractor will state in all solicitations or advertisements for employees placed by or on behalf of the contractors that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, age, or national origin;
- (3) The contractor will post notices in conspicuous places, available to employees and applicants for employment, setting forth the provision of the nondiscrimination clauses required by this section; and
- (4) The contractor will send a notice to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding advising the labor union or workers' representative of the contractor's commitments under the nondiscrimination clauses."

The Act further provides:

"KRS 45.610. Hiring minorities -- Information required

(1) For the length of the contract, each contractor shall hire minorities from other sources within the drawing area, should the union with which he has collective bargaining agreements be unwilling to supply sufficient minorities to satisfy the agreed upon goals and timetables.

(2) Each contractor shall, for the length of the contract, furnish such information as required by KRS 45.560 to KRS 45.640 and by such rules, regulations and orders issued pursuant thereto and will permit access to all books and records pertaining to his employment practices and work sites by the contracting agency and the department for purposes of investigation to ascertain compliance with KRS 45.560 to 45.640 and such rules, regulations and orders issued pursuant thereto.

KRS 45.620. Action against contractor -- Hiring of minority contractor or subcontractor

(1) If any contractor is found by the department to have engaged in an unlawful practice under this chapter during the course of performing under

a contract or subcontract covered under KRS 45.560 to 45.640, the department shall so certify to the contracting agency and such certification shall be binding upon the contracting agency unless it is reversed in the course of judicial review.

(2) If the contractor is found to have committed an unlawful practice under KRS 45.560 to 45.640, the contracting agency may cancel or terminate the contract, conditioned upon a program for future compliance approved by the contracting agency and the department. The contracting agency may declare such a contractor ineligible to bid on further contracts with that agency until such time as the contractor complies in full with the requirements of KRS 45.560 to 45.640.

(3) The equal employment provisions of KRS 45.560 to 45.640 may be met in part by a contractor by subcontracting to a minority contractor or subcontractor. For the provisions of KRS 45.560 to 45.640, a minority contractor or subcontractor shall mean a business that is owned and controlled by one or more persons disadvantaged by racial or ethnic circumstances.

KRS 45.630 Termination of existing employee not required, when

Any provision of KRS 45.560 to 45.640 notwithstanding, no contractor shall be required to terminate an existing employee upon proof that employee was employed prior to the date of the contract.

KRS 45.640 Minimum skills

Nothing in KRS 45.560 to 45.640 shall require a contractor to hire anyone who fails to demonstrate the minimum skills required to perform a particular job."

It is recommended that all of the provisions above quoted be included as special conditions in each contract. In the case of a contract exceeding \$250,000, the contractor is required to furnish evidence that his workforce in Kentucky is representative of the available work-force in the area from which he draws employees, or to supply an Affirmative Action plan which will achieve such representation during the life of the contract.

LFUCG Non-Appropriation Clause

Contractor acknowledges that the LFUCG is a governmental entity, and the contract validity is based upon the availability of public funding under the authority of its statutory mandate.

In the event that public funds are unavailable and not appropriated for the performance of the LFUCG's obligations under this contract, then this contract shall automatically expire without penalty to the LFUCG thirty (30) days after written notice to Contractor of the unavailability and non-appropriation of public funds. It is expressly agreed that the LFUCG shall not activate this non-appropriation provision for its convenience or to circumvent the requirements of this contract, but only as an emergency fiscal measure during a substantial fiscal crisis, which affects generally its governmental operations.

In the event of a change in the LFUCG's statutory authority, mandate and mandated functions, by state and federal legislative or regulatory action, which adversely affects the LFUCG's authority to continue its obligations under this contract, then this contract shall automatically terminate without penalty to the LFUCG upon written notice to Contractor of such limitation or change in the LFUCG's legal authority.

Contention Process

Vendors who respond to this invitation have the right to file a notice of contention associated with the RFP process or to file a notice of appeal of the recommendation made by the Director of Central Purchasing resulting from this invitation.

Notice of contention with the RFP process must be filed within 3 business days of the bid/proposal opening by (1) sending a written notice, including sufficient documentation to support contention, to the Director of the Division of Central Purchasing or (2) submitting a written request for a meeting with the Director of Central Purchasing to explain his/her contention with the RFP process. After consulting with the Commissioner of Finance the Chief Administrative Officer and reviewing the documentation and/or hearing the vendor, the Director of Central Purchasing shall promptly respond in writing findings as to the compliance with RFP processes. If, based on this review, a RFP process irregularity is deemed to have occurred the Director of Central Purchasing will consult with the Commissioner of Finance, the Chief Administrative Officer and the Department of Law as to the appropriate remedy.

Notice of appeal of a RFP recommendation must be filed within 3 business days of the RFP recommendation by (1) sending a written notice, including sufficient documentation to support appeal, to the Director, Division of Central Purchasing or (2) submitting a written request for a meeting with the Director of Central Purchasing to explain his appeal. After reviewing the documentation and/or hearing the vendor and consulting with the Commissioner of Finance and the Chief Administrative Officer, the Director of Central Purchasing shall in writing, affirm or withdraw the recommendation.

SELECTION CRITERIA:

Detailed criteria is located at the end of this document.

Proposals shall contain the appropriate information necessary to evaluate based on these criteria. A committee composed of government employees as well as representatives of relevant user groups will evaluate the proposals.

Questions shall be submitted via IonWave at: <https://lexingtonky.ionwave.net>

Or submitted to:

Todd Slatin
Division of Central Purchasing
tslatin@lexingtonky.gov

Affirmative Action Plan

All vendors must submit as a part of the proposal package the following items to the Urban County Government:

1. Affirmative Action Plan for his/her firm;
2. Current Work Force Analysis Form;

Failure to submit these items as required may result in disqualification of the submitter from award of the contract. All submissions should be directed to:

Director, Division of Central Purchasing
Lexington-Fayette Urban County Government
200 East Main Street, 3rd Floor
Lexington, Kentucky 40507

All questions regarding this proposal must be directed to the Division of Central Purchasing, (859)-258-3320.

AFFIDAVIT

Comes the Affiant, _____, and after being first duly sworn, states under penalty of perjury as follows:

1. His/her name is _____ and he/she is the individual submitting the proposal or is the authorized representative of _____, the entity submitting the proposal (hereinafter referred to as "Proposer").

2. Proposer will pay all taxes and fees, which are owed to the Lexington-Fayette Urban County Government at the time the proposal is submitted, prior to award of the contract and will maintain a "current" status in regard to those taxes and fees during the life of the contract.

3. Proposer will obtain a Lexington-Fayette Urban County Government business license, if applicable, prior to award of the contract.

4. Proposer has authorized the Division of Central Purchasing to verify the above-mentioned information with the Division of Revenue and to disclose to the Urban County Council that taxes and/or fees are delinquent or that a business license has not been obtained.

5. Proposer has not knowingly violated any provision of the campaign finance laws of the Commonwealth of Kentucky within the past five (5) years and the award of a contract to the Proposer will not violate any provision of the campaign finance laws of the Commonwealth.

6. Proposer has not knowingly violated any provision of Chapter 25 of the Lexington-Fayette Urban County Government Code of Ordinances, known as "Ethics Act."

Continued on next page

7. Proposer acknowledges that "knowingly" for purposes of this Affidavit means, with respect to conduct or to circumstances described by a statute or ordinance defining an offense, that a person is aware or should have been aware that his conduct is of that nature or that the circumstance exists.

Further, Affiant sayeth naught.

STATE OF _____

COUNTY OF _____

The foregoing instrument was subscribed, sworn to and acknowledged before me
by _____ on this the _____ day
of _____, 20__.

My Commission expires: _____

NOTARY PUBLIC, STATE AT LARGE

EQUAL OPPORTUNITY AGREEMENT

Standard Title VI Assurance

The Lexington Fayette-Urban County Government, (hereinafter referred to as the "Recipient") hereby agrees that as a condition to receiving any Federal financial assistance from the U.S. Department of Transportation, it will comply with Title VI of the Civil Rights Act of 1964, 78Stat.252, 42 U.S.C. 2000d-4 (hereinafter referred to as the "Act"), and all requirements imposed by or pursuant to Title 49, Code of Federal Regulations, U.S. Department of Transportation, Subtitle A, Office of the Secretary, (49 CFR, Part 21) Nondiscrimination in Federally Assisted Program of the Department of Transportation – Effectuation of Title VI of the Civil Rights Act of 1964 (hereinafter referred to as the "Regulations") and other pertinent directives, no person in the United States shall, on the grounds of race, color, national origin, sex, age (over 40), religion, sexual orientation, gender identity, veteran status, or disability be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Recipient receives Federal financial assistance from the U.S. Department of Transportation, including the Federal Highway Administration, and hereby gives assurance that will promptly take any necessary measures to effectuate this agreement. This assurance is required by subsection 21.7(a) (1) of the Regulations.

The Law

- Title VII of the Civil Rights Act of 1964 (amended 1972) states that it is unlawful for an employer to discriminate in employment because of race, color, religion, sex, age (40-70 years) or national origin.
- Executive Order No. 11246 on Nondiscrimination under Federal contract prohibits employment discrimination by contractor and sub-contractor doing business with the Federal Government or recipients of Federal funds. This order was later amended by Executive Order No. 11375 to prohibit discrimination on the basis of sex.
- Section 503 of the Rehabilitation Act of 1973 states:
The Contractor will not discriminate against any employee or applicant for employment because of physical or mental handicap.
- Section 2012 of the Vietnam Era Veterans Readjustment Act of 1973 requires Affirmative Action on behalf of disabled veterans and veterans of the Vietnam Era by contractors having Federal contracts.
- Section 206(A) of Executive Order 12086, Consolidation of Contract Compliance Functions for Equal Employment Opportunity, states:

The Secretary of Labor may investigate the employment practices of any Government contractor or sub-contractor to determine whether or not the contractual provisions specified in Section 202 of this order have been violated.

The Lexington-Fayette Urban County Government practices Equal Opportunity in recruiting, hiring and promoting. It is the Government's intent to affirmatively provide employment opportunities for those individuals who have previously not been allowed to enter into the mainstream of society. Because of its importance to the local Government, this policy carries the full endorsement of the Mayor, Commissioners, Directors and all supervisory personnel. In following this commitment to Equal Employment Opportunity and because the Government is the benefactor of the Federal funds, it is both against the Urban County Government policy and illegal for the Government to let contracts to companies which knowingly or unknowingly practice discrimination in their employment practices. Violation of the above mentioned ordinances may cause a contract to be canceled and the contractors may be declared ineligible for future consideration.

Please sign this statement in the appropriate space acknowledging that you have read and understand the provisions contained herein. Return this document as part of your application packet.

Bidders

I/We agree to comply with the Civil Rights Laws listed above that govern employment rights of minorities, women, Vietnam veterans, handicapped and aged persons.

Signature

Name of Business

WORKFORCE ANALYSIS FORM

Name of Organization: _____

Categories	Total	White (Not Hispanic or Latino)		Hispanic or Latino		Black or African-American (Not Hispanic or Latino)		Native Hawaiian and Other Pacific Islander (Not Hispanic or Latino)		Asian (Not Hispanic or Latino)		American Indian or Alaskan Native (not Hispanic or Latino)		Two or more races (Not Hispanic or Latino)		Total	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Administrators																	
Professionals																	
Supervisors																	
Foremen																	
Technicians																	
Protective																	
Para-																	
Office/Clerical																	
Skilled Craft																	
Service/Mainten																	
Total:																	

Prepared by: _____ Date: ____/____/____

(Name and Title)

Revised 2015-Dec-15

**DIRECTOR, DIVISION OF CENTRAL PURCHASING
LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT
200 EAST MAIN STREET
LEXINGTON, KENTUCKY 40507**

**NOTICE OF REQUIREMENT FOR AFFIRMATIVE ACTION TO ENSURE EQUAL
EMPLOYMENT OPPORTUNITIES AND DBE CONTRACT PARTICIPATION**

Notice of requirement for Affirmative Action to ensure Equal Employment Opportunities and Disadvantaged Business Enterprises (DBE) Contract participation. Disadvantaged Business Enterprises (DBE) consists of Minority-Owned Business Enterprises (MBE) and Woman-Owned Business Enterprises (WBE).

The Lexington-Fayette Urban County Government has set a goal that not less than ten percent (10%) of the total value of this Contract be subcontracted to Disadvantaged Business Enterprises, which is made up of MBEs and WBEs. The Lexington Fayette Urban County Government also has set a goal that not less than three percent (3%) of the total value of this Contract be subcontracted to Veteran-owned Small Businesses. The goal for the utilization of Disadvantaged Business Enterprises as well Veteran –owned Small Businesses as subcontractors is a recommended goal. Contractor(s) who fail to meet such goal will be expected to provide written explanations to the Director of the Division of Purchasing of efforts they have made to accomplish the recommended goal, and the extent to which they are successful in accomplishing the recommended goal will be a consideration in the procurement process. Depending on the funding source, other DBE goals may apply.

For assistance in locating Disadvantaged Business Enterprises Subcontractors contact:

Sherita Miller, MPA, Division of Central Purchasing
Lexington-Fayette Urban County Government
200 East Main Street, 3rd Floor, Room 338
Lexington, Kentucky 40507
smiller@lexingtonky.gov

Lexington-Fayette Urban County Government
MWDBE PARTICIPATION GOALS

A. GENERAL

- 1) The LFUCG request all potential contractors to make a concerted effort to include Minority-Owned (MBE), Woman-Owned (WBE), Disadvantaged (DBE) Business Enterprises and Veteran-Owned Small Businesses (VOSB) as subcontractors or suppliers in their bids.
- 2) Toward that end, the LFUCG has established 10% of total procurement costs as a Goal for participation of Minority-Owned, Woman-Owned and Disadvantaged Businesses on this contract.
- 3) **It is therefore a request of each Bidder to include in its bid, the same goal (10%) for MWDBE participation and other requirements as outlined in this section.**
- 4) The LFUCG has also established a 3% of total procurement costs as a Goal for participation for of Veteran-Owned Businesses.
- 5) **It is therefore a request of each Bidder to include in its bid, the same goal (3%) for Veteran-Owned participation and other requirements as outlined in this section.**

B. PROCEDURES

- 1) The successful bidder will be required to report to the LFUCG, the dollar amounts of all payments submitted to Minority-Owned, Woman-Owned or Veteran-Owned subcontractors and suppliers for work done or materials purchased for this contract. (See Subcontractor Monthly Payment Report)
- 2) Replacement of a Minority-Owned, Woman-Owned or Veteran-Owned subcontractor or supplier listed in the original submittal must be requested in writing and must be accompanied by documentation of Good Faith Efforts to replace the subcontractor / supplier with another MWDBE Firm; this is subject to approval by the LFUCG. (See LFUCG MWDBE Substitution Form)
- 3) For assistance in identifying qualified, certified businesses to solicit for potential contracting opportunities, bidders may contact:
 - a) The Lexington-Fayette Urban County Government, Division of Central Purchasing (859-258-3320)
- 4) The LFUCG will make every effort to notify interested MWDBE and Veteran-Owned subcontractors and suppliers of each Bid Package, including information on the scope of work, the pre-bid meeting time and location, the bid date, and all other pertinent information regarding the project.

C. DEFINITIONS

- 1) A Minority-Owned Business Enterprise (MBE) is defined as a business which is certified as being at least 51% owned, managed and controlled by persons of African American, Hispanic, Asian, Pacific Islander, American Indian or Alaskan Native Heritage.
- 2) A Woman-Owned Business Enterprise (WBE) is defined as a business which is certified as being at least 51% owned, managed and controlled by one or more women.
- 3) A Disadvantaged Business (DBE) is defined as a business which is certified as being at least 51% owned, managed and controlled by a person(s) that are economically and socially disadvantaged.
- 4) A Veteran-Owned Small Business (VOSB) is defined as a business which is certified as being at least 51% owned, managed and controlled by a veteran and/or a service disabled veteran.
- 5) Good Faith Efforts are efforts that, given all relevant circumstances, a bidder or proposer actively and aggressively seeking to meet the goals, can reasonably be expected to make. In evaluating good faith efforts made toward achieving the goals, whether the bidder or proposer has performed the efforts outlined in the Obligations of Bidder for Good Faith Efforts outlined in this document will be considered, along with any other relevant factors.

D. OBLIGATION OF BIDDER FOR GOOD FAITH EFFORTS

- 1) **The bidder shall make a Good Faith Effort to achieve the Participation Goal for MWDBE and Veteran-Owned subcontractors/suppliers. The failure to meet the goal shall not necessarily be cause for disqualification of the bidder; however, bidders not meeting the goal are required to furnish with their bids written documentation of their Good Faith Efforts to do so.**
- 2) Award of Contract shall be conditioned upon satisfaction of the requirements set forth herein.
- 3) The Form of Proposal includes a section entitled "MWDBE Participation Form". The applicable information must be completed and submitted as outlined below.
- 4) **Failure to submit this information as requested may be cause for rejection of bid or delay in contract award.**

E. DOCUMENTATION REQUIRED FOR GOOD FAITH EFFORTS

- 1) Bidders reaching the Goal are required to submit only the MWDBE Participation Form." The form must be fully completed including names and telephone number of participating MWDBE firm(s); type of work to be performed; estimated value of

the contract and value expressed as a percentage of the total Lump Sum Bid Price. The form must be signed and dated, and is to be submitted with the bid.

- 2) Bidders not reaching the Goal must submit the “MWDBE Participation Form”, the “Quote Summary Form” and a written statement documenting their Good Faith Effort to do so. If bid includes no MWDBE and/or Veteran participation, bidder shall enter “None” on the subcontractor / supplier form). In addition, the bidder must submit written proof of their Good Faith Efforts to meet the Participation Goal:
 - a. Advertised opportunities to participate in the contract in at least two (2) publications of general circulation media; trade and professional association publications; small and minority business or trade publications; and publications or trades targeting minority, women and disadvantaged businesses not less than fifteen (15) days prior to the deadline for submission of bids to allow MWDBE firms and Veteran-Owned businesses to participate.
 - b. Included documentation of advertising in the above publications with the bidders good faith efforts package
 - c. Attended LFUCG Central Purchasing Economic Inclusion Outreach event
 - d. Attended pre-bid meetings that were scheduled by LFUCG to inform MWDBEs and/or Veteran-Owned businesses of subcontracting opportunities
 - e. Sponsored Economic Inclusion event to provide networking opportunities for prime contractors and MWDBE firms and Veteran-Owned businesses.
 - f. Requested a list of MWDBE and/or Veteran subcontractors or suppliers from LFUCG and showed evidence of contacting the companies on the list(s).
 - g. Contacted organizations that work with MWDBE companies for assistance in finding certified MWDBE firms and Veteran-Owned businesses to work on this project. Those contacted and their responses should be a part of the bidder’s good faith efforts documentation.
 - d. Sent written notices, by certified mail, email or facsimile, to qualified, certified MWDBEs and/or Veteran-Owned businesses soliciting their participation in the contract not less than seven (7) days prior to the deadline for submission of bids to allow them to participate effectively.
 - e. Followed up initial solicitations by contacting MWDBEs and Veteran-Owned Businesses to determine their level of interest.
 - j. Provided the interested MWDBE firm and/or Veteran-Owned business with adequate and timely information about the plans, specifications, and requirements of the contract.

k. Selected portions of the work to be performed by MWDBE firms and/or Veteran-Owned businesses in order to increase the likelihood of meeting the contract goals. This includes, where appropriate, breaking out contract work items into economically feasible units to facilitate MWDBE and Veteran participation, even when the prime contractor may otherwise perform these work items with its own workforce

l. Negotiated in good faith with interested MWDBE firms and Veteran-Owned businesses not rejecting them as unqualified without sound reasons based on a thorough investigation of their capabilities. Any rejection should be so noted in writing with a description as to why an agreement could not be reached.

m. Included documentation of quotations received from interested MWDBE firms and Veteran-Owned businesses which were not used due to uncompetitive pricing or were rejected as unacceptable and/or copies of responses from firms indicating that they would not be submitting a bid.

n. Bidder has to submit sound reasons why the quotations were considered unacceptable. The fact that the bidder has the ability and/or desire to perform the contract work with its own forces will not be considered a sound reason for rejecting a MWDBE and/or Veteran-Owned business's quote. Nothing in this provision shall be construed to require the bidder to accept unreasonable quotes in order to satisfy MWDBE and Veteran goals.

o. Made an effort to offer assistance to or refer interested MWDBE firms and Veteran-Owned businesses to obtain the necessary equipment, supplies, materials, insurance and/or bonding to satisfy the work requirements of the bid proposal

p. Made efforts to expand the search for MWBE firms and Veteran-Owned businesses beyond the usual geographic boundaries.

q. Other--any other evidence that the bidder submits which may show that the bidder has made reasonable good faith efforts to include MWDBE and Veteran participation.

Note: Failure to submit any of the documentation requested in this section may be cause for rejection of bid. Bidders may include any other documentation deemed relevant to this requirement which is subject to review by the MBE Liaison. Documentation of Good Faith Efforts must be submitted with the Bid, if the participation Goal is not met.



MINORITY BUSINESS ENTERPRISE PROGRAM

Sherita Miller, MPA
Minority Business Enterprise Liaison
Division of Central Purchasing
Lexington-Fayette Urban County Government
200 East Main Street
Lexington, KY 40507
smiller@lexingtonky.gov
859-258-3323

OUR MISSION: The mission of the Minority Business Enterprise Program is to facilitate the full participation of minority and women owned businesses in the procurement process and to promote economic inclusion as a business imperative essential to the long term economic viability of Lexington-Fayette Urban County Government.

To that end the city council adopted and implemented Resolution 484-2017 – A Certified Minority, Women and Disadvantaged Business Enterprise ten percent (10%) minimum goal and a three (3%) minimum goal for Certified Veteran-Owned Small Businesses and Certified Service Disabled Veteran – Owned Businesses for government contracts.

The resolution states the following definitions shall be used for the purposes of reaching these goals (a full copy is available in Central Purchasing):

Certified Disadvantaged Business Enterprise (DBE) – a business in which at least fifty-one percent (51%) is owned, managed and controlled by a person(s) who is socially and economically disadvantaged as define by 49 CFR subpart 26.

Certified Minority Business Enterprise (MBE) – a business in which at least fifty-one percent (51%) is owned, managed and controlled by an ethnic minority (i.e. African American, Asian American/Pacific Islander, Hispanic Islander, Native American/Native Alaskan Indian) as defined in federal law or regulation as it may be amended from time-to-time.

Certified Women Business Enterprise (WBE) – a business in which at least fifty-one percent (51%) is owned, managed and controlled by a woman.

Certified Veteran-Owned Small Business (VOSB) – a business in which at least fifty-one percent (51%) is owned, managed and controlled by a veteran who served on active duty with the U.S. Army, Air Force, Navy, Marines or Coast Guard.

Certified Service Disabled Veteran Owned Small Business (SDVOSB) – a business in which at least fifty-one percent (51%) is owned, managed and controlled by a disabled veteran who served on active duty with the U.S. Army, Air Force, Navy, Marines or Coast Guard.

The term “Certified” shall mean the business is appropriately certified, licensed, verified, or validated by an organization or entity recognized by the Division of Purchasing as having the appropriate credentials to make a determination as to the status of the business.

We have compiled the list below to help you locate certified MBE, WBE and DBE certified businesses. Below is a listing of contacts for LFUCG Certified MWDBEs and Veteran-Owned Small Businesses in (<https://lexingtonky.ionwave.net>)

Business	Contact	Email Address	Phone
LFUCG	Sherita Miller	smiller@lexingtonky.gov	859-258-3323
Commerce Lexington – Minority Business Development	Tyrone Tyra	ttyra@commercelexington.com	859-226-1625
Tri-State Minority Supplier Diversity Council	Susan Marston	smarston@tsmsdc.com	502-365-9762
Small Business Development Council	Shawn Rogers UK SBDC	shawn.rogers@uky.edu	859-257-7666
Community Ventures Corporation	Phyllis Alcorn	palcorn@cvky.org	859-231-0054
KY Transportation Cabinet (KYTC)	Melvin Bynes	Melvin.bynes2@ky.gov	502-564-3601
KYTC Pre-Qualification	Shella Eagle	Shella.Eagle@ky.gov	502-782-4815
Ohio River Valley Women’s Business Council (WBENC)	Sheila Mixon	smixon@orvwbc.org	513-487-6537
Kentucky MWBE Certification Program	Yvette Smith, Kentucky Finance Cabinet	Yvette.Smith@ky.gov	502-564-8099
National Women Business Owner’s Council (NWBOC)	Janet Harris-Lange	janet@nwbo.org	800-675-5066
Small Business Administration	Robert Coffey	robertcoffey@sba.gov	502-582-5971
LaVoz de Kentucky	Andres Cruz	lavozdeky@yahoo.com	859-621-2106
The Key News Journal	Patrice Muhammad	production@keynewsjournal.com	859-685-8488



LFUCG MWDBE PARTICIPATION FORM

Bid/RFP/Quote Reference # _____

The MWDBE and/or veteran subcontractors listed have agreed to participate on this Bid/RFP/Quote. If any substitution is made or the total value of the work is changed prior to or after the job is in progress, it is understood that those substitutions must be submitted to Central Purchasing for approval immediately. **Failure to submit a completed form may cause rejection of the bid.**

MWDBE Company, Name, Address, Phone, Email	MBE WBE or DBE	Work to be Performed	Total Dollar Value of the Work	% Value of Total Contract
1.				
2.				
3.				
4.				

The undersigned company representative submits the above list of MWDBE firms to be used in accomplishing the work contained in this Bid/RFP/Quote. Any misrepresentation may result in the termination of the contract and/or be subject to applicable Federal and State laws concerning false statements and false claims.

Company

Company Representative

Date

Title



LFUCG MWDBE SUBSTITUTION FORM
Bid/RFP/Quote Reference # _____

The substituted MWDBE and/or veteran subcontractors listed below have agreed to participate on this Bid/RFP/Quote. These substitutions were made prior to or after the job was in progress. These substitutions were made for reasons stated below and are now being submitted to Central Purchasing for approval. By the authorized signature of a representative of our company, we understand that this information will be entered into our file for this project.

SUBSTITUTED MWDBE Company Name, Address, Phone, Email	MWDBE Formally Contracted/ Name, Address, Phone, Email	Work to Be Performed	Reason for the Substitution	Total Dollar Value of the Work	% Value of Total Contract
1.					
2.					
3.					
4.					

The undersigned acknowledges that any misrepresentation may result in termination of the contract and/or be subject to applicable Federal and State laws concerning false statements and false claims.

Company

Company Representative

Date

Title



MWDBE QUOTE SUMMARY FORM

Bid/RFP/Quote Reference # _____

The undersigned acknowledges that the minority and/or veteran subcontractors listed on this form did submit a quote to participate on this project. Failure to submit this form may cause rejection of the bid.

Company Name	Contact Person
Address/Phone/Email	Bid Package / Bid Date

MWDBE Company Address	Contact Person	Contact Information (work phone, Email, cell)	Date Contacted	Services to be performed	Method of Communication (email, phone meeting, ad, event etc)	Total dollars \$\$ Do Not Leave Blank (Attach Documentation)	MBE * AA HA AS NA Female	Veteran

(MBE designation / AA=African American / HA= Hispanic American/AS = Asian American/Pacific Islander/ NA= Native American)

The undersigned acknowledges that all information is accurate. Any misrepresentation may result in termination of the contract and/or be subject to applicable Federal and State laws concerning false statements and claims.

Company

Company Representative

Date

Title

LFUCG STATEMENT OF GOOD FAITH EFFORTS

Bid/RFP/Quote # _____

By the signature below of an authorized company representative, we certify that we have utilized the following Good Faith Efforts to obtain the maximum participation by MWDBE and Veteran-Owned business enterprises on the project and can supply the appropriate documentation.

_____ Advertised opportunities to participate in the contract in at least two (2) publications of general circulation media; trade and professional association publications; small and minority business or trade publications; and publications or trades targeting minority, women and disadvantaged businesses not less than fifteen (15) days prior to the deadline for submission of bids to allow MWDBE firms and Veteran-Owned businesses to participate.

_____ Included documentation of advertising in the above publications with the bidders good faith efforts package

_____ Attended LFUCG Central Purchasing Economic Inclusion Outreach event

_____ Attended pre-bid meetings that were scheduled by LFUCG to inform MWDBEs and/or Veteran-Owned Businesses of subcontracting opportunities

_____ Sponsored Economic Inclusion event to provide networking opportunities for prime contractors and MWDBE firms and Veteran-Owned businesses

_____ Requested a list of MWDBE and/or Veteran subcontractors or suppliers from LFUCG and showed evidence of contacting the companies on the list(s).

_____ Contacted organizations that work with MWDBE companies for assistance in finding certified MWBDE firms and Veteran-Owned businesses to work on this project. Those contacted and their responses should be a part of the bidder's good faith efforts documentation.

_____ Sent written notices, by certified mail, email or facsimile, to qualified, certified MWDBEs soliciting their participation in the contract not less than seven (7) days prior to the deadline for submission of bids to allow them to participate effectively.

_____ Followed up initial solicitations by contacting MWDBEs and Veteran-Owned businesses to determine their level of interest.

_____ Provided the interested MWBDE firm and/or Veteran-Owned business with adequate and timely information about the plans, specifications, and requirements of the contract.

_____ Selected portions of the work to be performed by MWDBE firms and/or Veteran-Owned businesses in order to increase the likelihood of meeting the contract goals. This includes, where appropriate, breaking out contract work items

into economically feasible units to facilitate MWDBE and Veteran participation, even when the prime contractor may otherwise perform these work items with its own workforce

_____ Negotiated in good faith with interested MWDBE firms and Veteran-Owned businesses not rejecting them as unqualified without sound reasons based on a thorough investigation of their capabilities. Any rejection should be so noted in writing with a description as to why an agreement could not be reached.

_____ Included documentation of quotations received from interested MWDBE firms and Veteran-Owned businesses which were not used due to uncompetitive pricing or were rejected as unacceptable and/or copies of responses from firms indicating that they would not be submitting a bid.

_____ Bidder has to submit sound reasons why the quotations were considered unacceptable. The fact that the bidder has the ability and/or desire to perform the contract work with its own forces will not be considered a sound reason for rejecting a MWDBE and/or Veteran-Owned business's quote. Nothing in this provision shall be construed to require the bidder to accept unreasonable quotes in order to satisfy MWDBE and Veteran goals.

_____ Made an effort to offer assistance to or refer interested MWDBE firms and Veteran-Owned businesses to obtain the necessary equipment, supplies, materials, insurance and/or bonding to satisfy the work requirements of the bid proposal

_____ Made efforts to expand the search for MWBE firms and Veteran-Owned businesses beyond the usual geographic boundaries.

_____ Other--any other evidence that the bidder submits which may show that the bidder has made reasonable good faith efforts to include MWDBE **and Veteran participation.**

NOTE: Failure to submit any of the documentation requested in this section may be cause for rejection of bid. Bidders may include any other documentation deemed relevant to this requirement which is subject to approval by the MBE Liaison. Documentation of Good Faith Efforts must be submitted with the Bid, if the participation Goal is not met.

The undersigned acknowledges that all information is accurate. Any misrepresentations may result in termination of the contract and/or be subject to applicable Federal and State laws concerning false statements and claims.

Company

Company Representative

Date

Title

GENERAL PROVISIONS

1. Each Respondent shall comply with all Federal, State & Local regulations concerning this type of service or good.

The Respondent agrees to comply with all statutes, rules, and regulations governing safe and healthful working conditions, including the Occupational Health and Safety Act of 1970, 29 U.S.C. 650 *et. seq.*, as amended, and KRS Chapter 338. The Respondent also agrees to notify the LFUCG in writing immediately upon detection of any unsafe and/or unhealthful working conditions at the job site. The Respondent agrees to indemnify, defend and hold the LFUCG harmless from all penalties, fines or other expenses arising out of the alleged violation of said laws.

2. Failure to submit ALL forms and information required in this RFP may be grounds for disqualification.
3. Addenda: All addenda and IonWave Q&A, if any, shall be considered in making the proposal, and such addenda shall be made a part of this RFP. Before submitting a proposal, it is incumbent upon each proposer to be informed as to whether any addenda have been issued, and the failure to cover in the bid any such addenda may result in disqualification of that proposal.
4. Proposal Reservations: LFUCG reserves the right to reject any or all proposals, to award in whole or part, and to waive minor immaterial defects in proposals. LFUCG may consider any alternative proposal that meets its basic needs.
5. Liability: LFUCG is not responsible for any cost incurred by a Respondent in the preparation of proposals.
6. Changes/Alterations: Respondent may change or withdraw a proposal at any time prior to the opening; however, no oral modifications will be allowed. Only letters, or other formal written requests for modifications or corrections of a previously submitted proposal which is addressed in the same manner as the proposal, and received by LFUCG prior to the scheduled closing time for receipt of proposals, will be accepted. The proposal, when opened, will then be corrected in accordance with such written request(s), provided that the written request is contained in a sealed envelope which is plainly marked "modifications of proposal".
7. Clarification of Submittal: LFUCG reserves the right to obtain clarification of any point in a bid or to obtain additional information from a Respondent.
8. Bribery Clause: By his/her signature on the bid, Respondent certifies that no employee of his/hers, any affiliate or Subcontractor, has bribed or attempted to bribe an officer or employee of the LFUCG.

9. Additional Information: While not necessary, the Respondent may include any product brochures, software documentation, sample reports, or other documentation that may assist LFUCG in better understanding and evaluating the Respondent's response. Additional documentation shall not serve as a substitute for other documentation which is required by this RFP to be submitted with the proposal,
10. Ambiguity, Conflict or other Errors in RFP: If a Respondent discovers any ambiguity, conflict, discrepancy, omission or other error in the RFP, it shall immediately notify LFUCG of such error in writing and request modification or clarification of the document if allowable by the LFUCG.
11. Agreement to Bid Terms: In submitting this proposal, the Respondent agrees that it has carefully examined the specifications and all provisions relating to the work to be done attached hereto and made part of this proposal. By acceptance of a Contract under this RFP, proposer states that it understands the meaning, intent and requirements of the RFP and agrees to the same. The successful Respondent shall warrant that it is familiar with and understands all provisions herein and shall warrant that it can comply with them. No additional compensation to Respondent shall be authorized for services or expenses reasonably covered under these provisions that the proposer omits from its Proposal.
12. Cancellation: If the services to be performed hereunder by the Respondent are not performed in an acceptable manner to the LFUCG, the LFUCG may cancel this contract for cause by providing written notice to the proposer, giving at least ninety (90) days notice of the proposed cancellation and the reasons for same. During that time period, the proposer may seek to bring the performance of services hereunder to a level that is acceptable to the LFUCG, and the LFUCG may rescind the cancellation if such action is in its best interest.

A. Termination for Cause

- (1) LFUCG may terminate a contract because of the contractor's failure to perform its contractual duties
- (2) If a contractor is determined to be in default, LFUCG shall notify the contractor of the determination in writing, and may include a specified date by which the contractor shall cure the identified deficiencies. LFUCG may proceed with termination if the contractor fails to cure the deficiencies within the specified time.
- (3) A default in performance by a contractor for which a contract may be terminated shall include, but shall not necessarily be limited to:
 - (a) Failure to perform the contract according to its terms, conditions and specifications;
 - (b) Failure to make delivery within the time specified or according

- to a delivery schedule fixed by the contract;
- (c) Late payment or nonpayment of bills for labor, materials, supplies, or equipment furnished in connection with a contract for construction services as evidenced by mechanics' liens filed pursuant to the provisions of KRS Chapter 376, or letters of indebtedness received from creditors by the purchasing agency;
- (d) Failure to diligently advance the work under a contract for construction services;
- (e) The filing of a bankruptcy petition by or against the contractor; or
- (f) Actions that endanger the health, safety or welfare of the LFUCG or its citizens.

B. At Will Termination

Notwithstanding the above provisions, the LFUCG may terminate this contract at will in accordance with the law upon providing ninety (90) days written notice of that intent, Payment for services or goods received prior to termination shall be made by the LFUCG provided these goods or services were provided in a manner acceptable to the LFUCG. Payment for those goods and services shall not be unreasonably withheld.

13. **Assignment of Contract:** The contractor shall not assign or subcontract any portion of the Contract without the express written consent of LFUCG. Any purported assignment or subcontract in violation hereof shall be void. It is expressly acknowledged that LFUCG shall never be required or obligated to consent to any request for assignment or subcontract; and further that such refusal to consent can be for any or no reason, fully within the sole discretion of LFUCG.
14. **No Waiver:** No failure or delay by LFUCG in exercising any right, remedy, power or privilege hereunder, nor any single or partial exercise thereof, nor the exercise of any other right, remedy, power or privilege shall operate as a waiver hereof or thereof. No failure or delay by LFUCG in exercising any right, remedy, power or privilege under or in respect of this Contract shall affect the rights, remedies, powers or privileges of LFUCG hereunder or shall operate as a waiver thereof.
15. **Authority to do Business:** The Respondent must be a duly organized and authorized to do business under the laws of Kentucky. Respondent must be in good standing and have full legal capacity to provide the services specified under this Contract. The Respondent must have all necessary right and lawful authority to enter into this Contract for the full term hereof and that proper corporate or other action has been duly taken authorizing the Respondent to enter into this Contract. The Respondent will provide LFUCG with a copy of a corporate resolution authorizing this action and a letter from an attorney confirming that the proposer is authorized to do business in the State of Kentucky if requested. All proposals must

be signed by a duly authorized officer, agent or employee of the Respondent.

16. **Governing Law:** This Contract shall be governed by and construed in accordance with the laws of the Commonwealth of Kentucky. In the event of any proceedings regarding this Contract, the Parties agree that the venue shall be the Fayette County Circuit Court or the U.S. District Court for the Eastern District of Kentucky, Lexington Division. All parties expressly consent to personal jurisdiction and venue in such Court for the limited and sole purpose of proceedings relating to this Contract or any rights or obligations arising thereunder. Service of process may be accomplished by following the procedures prescribed by law.
17. **Ability to Meet Obligations:** Respondent affirmatively states that there are no actions, suits or proceedings of any kind pending against Respondent or, to the knowledge of the Respondent, threatened against the Respondent before or by any court, governmental body or agency or other tribunal or authority which would, if adversely determined, have a materially adverse effect on the authority or ability of Respondent to perform its obligations under this Contract, or which question the legality, validity or enforceability hereof or thereof.
18. Contractor understands and agrees that its employees, agents, or subcontractors are not employees of LFUCG for any purpose whatsoever. Contractor is an independent contractor at all times during the performance of the services specified.
19. If any term or provision of this Contract shall be found to be illegal or unenforceable, the remainder of the contract shall remain in full force and such term or provision shall be deemed stricken.
20. Contractor [or Vendor or Vendor's Employees] will not appropriate or make use of the Lexington-Fayette Urban County Government (LFUCG) name or any of its trade or service marks or property (including but not limited to any logo or seal), in any promotion, endorsement, advertisement, testimonial or similar use without the prior written consent of the government. If such consent is granted LFUCG reserves the unilateral right, in its sole discretion, to immediately terminate and revoke such use for any reason whatsoever. Contractor agrees that it shall cease and desist from any unauthorized use immediately upon being notified by LFUCG.

Signature

Date

PART A - GENERAL TERMS AND PROVISIONS:

1. Definition of Terms:
 - a. Division – Lexington-Fayette Urban County Government, Division of Community Corrections
 - b. Contractor – Any qualified individual, firm or corporation entering into an agreement to perform the work specified in this Request for Proposals.
 - c. Proposal – The document that the Contractor submits of the Contractor’s proposal for the completion of the work specified in this Request for Proposals.
2. Proposals must be contained in a SEALED envelope. To prevent inadvertent opening, the proposal package must be marked as a PROPOSAL DOCUMENT (including the proposal number) on the outside of the envelope. If our specifications, when included in our Request for Proposal, are not returned with your proposal, and no specific reference is made to them in your proposal, it shall be assumed that all specifications shall be met. When material, sketches, cuts, descriptive literature, Contractor’s or manufacturer’s specifications which accompany the proposal contain information that can be construed or is intended to be a deviation from our specifications, such deviations must be specifically referenced in your proposal response.
3. The responsibility for getting the proposal to the Purchasing Office on or before the stated time and date shall be solely and strictly the responsibility of the Contractor. The Lexington-Fayette Urban County Government shall in no way be responsible for delays caused by the United States Postal Service or a delay caused by any other occurrence, or any other method of delivery. The Contractor shall be responsible for reading very carefully and understanding completely the requirements in the specifications. Proposals shall not be accepted after the time specified for receipt. Such proposals shall be returned to the Contractor unopened with the notation “This Proposal Was Received After the Time Designated For the Receipt and Opening of Proposals”.
4. Postponement of Date for Presentation and Opening of Proposals - The Lexington-Fayette Urban County Government reserves the right to postpone the date for receipts and opening of proposals and shall make a reasonable effort to give at least five (5) calendar days’ notice of any such postponement to each prospective Contractor.
5. Time for Consideration - Contractors warrant by virtue of proposing that the prices quoted in his proposal shall be good for an evaluation period of sixty (60) calendar days from the date of proposal opening unless otherwise stated. Contractors shall not be allowed to withdraw or modify their proposals after the opening time and date.
6. Open Records - The Division of Community Corrections requires that, at the conclusion of the selection process, the contents of all proposals be placed in the public domain and be open to inspection by interested parties. Any restrictions on the use of data contained within a proposal must be clearly stated in the proposal itself. Proprietary information submitted in response to the Request for Proposal shall be handled in accordance with applicable Lexington-Fayette Urban County Government procurement regulations.

7. Prices - All proposals submitted must show the net proposal price after any and all discounts allowable have been deducted. **Price(s) offered are to be F.O.B. Destination.** State sales tax and federal excise taxes shall not be included as the Division of Community Corrections is tax-exempt for materials sold directly to them. Exemption certificates shall be issued to the successful Contractor when requested. The Contractor's attention is directed to the fact that the tax laws of the Commonwealth of Kentucky apply to this proposal matter and that all applicable taxes and fees shall be deemed to have been included in the Contractor's proposal as part of his materials cost, when applicable.
8. Annual Aggregate Cap Model – The Contractor shall provide for the costs of the following services and care: emergency transportation; emergency room services; inpatient and outpatient hospitalizations; dental surgery; outpatient clinic services; physician office visits; adjunct therapies; diagnostics; radiology services; laboratory services; mental health hospitalizations; specialty care; and prosthetics, up to \$250,000 annually.
 - a. If costs exceed \$250,000 annually but are less than \$300,000 annually, then the Contractor shall pay 50% of the costs due to offsite providers over \$250,000 annually but less than \$300,000 annually.
 - b. The Division shall be responsible for 50% of offsite costs that fall between \$250,000 annually and \$300,000 annually.
 - c. The Division shall be responsible for 100% of offsite costs that exceed \$300,000 annually.
 - d. If costs are less than \$250,000 annually then the Contractor shall remit 90% of the unspent funds that are less than \$250,000; and the Contractor shall retain 10% of such unspent dollars for administrative and managerial costs.
9. Cost Plus Model- The Contractor shall provide for all costs of the services and care related to inmate healthcare, the LFUCG understands there will be a management fee. The cost-plus model will include but not limited to: employee benefits and salaries; trainings; onsite medical expenses; emergency transportation; emergency room services; inpatient and outpatient hospitalizations; dental surgery; administrative costs; outpatient clinic services; physician office visits; adjunct therapies; diagnostics; radiology services; laboratory services; mental health hospitalizations; specialty care; hospice care; prosthetics. This model is a transparent partnership; all invoices will be provided to LFUCG monthly. Mental health medication will continue to be billed to and paid by the mental health provider.
10. Computation of Compensation – The Contractor shall provide a compensation schedule based upon the average daily population (ADP) level using the following categories:
 - a. Cost of services when the ADP is:
 - i. 1450 offenders
 - b. The Contractor shall provide a proposed per diem compensation schedule should the ADP exceed 1550 offenders during the Contract cycle or should the population fall below 1350.
 - c. Adjustments to the cost of the Contract, aggregate, and per diem rates shall be based on changes in the Medical Care Component of the Consumer Price Index for all urban consumers in the **South Region** of the United States for the previous calendar year.

- d. The Division reserves the right to renegotiate the Contract should the population exceed 1600 during the Contract period.
 - i. Average Daily Population shall be calculated utilizing the census report (Average Daily Population) available in the Division's Jail Management System.
11. Proposal Errors – When errors are found in the extension of the proposal prices, the unit price shall govern. The Contractor must initial proposals having erasures or corrections in ink.
12. Proposal Obligation and Disposition – The contents of the proposal and any clarifications thereto submitted by the successful Contractor shall become part of the contractual obligation and incorporated by reference into the ensuing contracts. All proposals become the property of the Division of Community Corrections and shall not be returned to the Contractor.
13. Laws, Statutes and Ordinances – The terms and conditions of the Request for Proposal and the resulting Contract or activities based upon the Request for Proposal shall be construed in accordance with the laws, statutes and ordinances applicable to the Division of Community Corrections. Where State Statutes and regulations are referenced, they shall apply to this Request for Proposal and to the resulting Contract.
14. Information and Descriptive Literature – Contractor must furnish all information requested in the proposal. If specified, each Contractor must submit cuts, sketches, descriptive literature and/or complete specifications covering the products offered. Reference to literature submitted with previous proposal shall not satisfy this provision. Proposals that do not comply with these requirements shall be subject to rejection.
15. Proposal Submittal Costs – Submittal of a proposal is solely at the cost of the Contractor and the Division is in no way is liable or obligates itself for any cost accrued to the Contractor in coming up with the submitted proposal.
16. No Proposal – If the receipt of this request for Proposal is not acknowledged, Contractor's name may be removed from the Contractors' mailing list.
17. Compliance with Occupational Safety and Health Act – Contractor certifies that all material, equipment, etc., contained in his proposal meets all O.S.H.A. requirements.
18. Acceptance and Rejection – The LFUCG reserves the right to reject any or all proposals, for cause, to waive irregularities, if any, in any proposal, and to accept the proposal or proposals which in the judgment of the LFUCG is in the best interest of Division of Community Corrections.
19. Selection – The Selection Committee shall consider the following factors when it evaluates the proposals received:
 - a. Specialized experienced and technical competence of the person or firm (including a joint venture or association) with the type of service required;
 - b. Capacity of the person or firm to perform the work, including any specialized services, within the time limitations;
 - c. Character, integrity, reputation, judgment, experience and efficiency of the person or firm;

- d. Past record and performance on contracts with the Urban County Government or other governmental agencies and private industry with respect to such factors as control of cost, quality of work and ability to meet schedules;
 - e. Familiarity with the details of the project;
 - f. Estimated cost of services.
20. Site Visit – It is important that Contractor visit the facility to understand the scope of the effort required, therefore each vendor will be expected to attend the mandatory bidder’s conference in order to bid on the RFP.
21. Specifications are attached.
22. General Terms and Provisions outlined above are acknowledged. Our proposal is attached.

Company Name

Company Officer

Signed (must be original signature)

Phone Number _____

Fax Number _____

THIS MUST BE RETURNED WITH YOUR PROPOSAL. EACH CONTRACTOR PROPOSAL AND ANY CLARIFICATIONS TO THAT PROPOSAL SHALL BE SIGNED BY AN OFFICER OF THE COMPANY OR A DESIGNATED AGENT EMPOWERED TO BIND THE FIRM IN CONTRACT. EXCEPTIONS TO THE SPECIFICATIONS, IF ANY, MAY BE NOTED ON THE SPECIFICATION PAGE OR ON THE EXCEPTION FORM.

BID SCHEDULE

The following is a schedule of events concerning the proposal process.

Event	Date
RFP Posted	Jan 2, 2019
Mandatory Bidders Conference and Tour of Jail Facility 600 Old Frankfort Circle, Lexington, Kentucky 40510.	Jan 11, 2019 *10:00am
Vendor Questions Due	Jan 18, 2019 *3:00pm
Answers Due	Jan 29, 2019
Proposal Due	Feb 14, 2019 *2:00 pm
Intent to Award	March 8, 2019
Contract Negotiation	March 11, 2019
Contract Start Up	July 1, 2019

PART B – SPECIAL TERMS AND CONDITIONS

1. The purpose of these specifications is to solicit sealed proposals for the provision of health care services, health care personnel and program support services for individuals under the care, custody and control of the Division of Community Corrections. The Division requires a program that meets constitutional requirements and complies with the standards of medical care as practiced in Fayette County, Kentucky as well as the provisions of the Kentucky Revised Statutes and the Kentucky Administrative Regulations promulgated there under. The Division does not have ACA or NCCCHC accreditation, but the expectation is to be consistent with these standards. The Division may seek accreditation during the contract term. The specifications set forth are for informational purposes and to provide a general description of the requirement. Contractor shall be responsible to submit technical proposal(s) based upon their design that shall accomplish the intended purpose as set forth herein.
2. All questions about the meaning or intent of this Request for Proposal are to be directed, in writing, to:

Division of Purchasing
Lexington-Fayette Urban County Government
200 East Main Street
Lexington, Kentucky 40507
Telephone: 859-258-3320
Fax: 859-258-3322
E-Mail: tslatin@lexingtonky.gov

3. Interpretations or clarifications considered necessary by the Division of Community Corrections in response to such questions shall be issued by addenda mailed or delivered to all parties recorded by the Division of Purchasing as having received the Request for Proposal. Questions received less than five (5) days prior to the date of the opening of proposals may not be answered. Oral or other interpretations or clarifications shall be without legal effect.
4. A mandatory tour of the jail facilities shall be immediately following the proposal conference on, **January 11, 2019**. Contractors shall meet at Division of Community Corrections, Administrative Conference Room, 600 Old Frankfort Circle, Lexington, Kentucky 40510. The purpose of the conference shall be to offer all interested parties an opportunity to discuss the proposal process, conditions of the Request for Proposal and to answer additional questions about the current health delivery needs. **The mandatory Bidder's Conference and Tour of the facility is required for any firms wishing to be considered.** Unofficial responses to verbal questions shall be offered; however, any substantive questions shall be addressed officially in written response. An information packet shall be distributed at the bidders' conference containing all addenda to this Request for Proposal.
5. Any changes made to this Request for Proposal shall be shared with all registered Contractors through official release of Addendums. Any and all changes shall be addressed officially in writing.

PART C – CONTRACTOR MINIMUM QUALIFICATIONS

1. Proposals shall be considered only from applicants who can clearly demonstrate a professional ability to perform the type of work specified within the Request for Proposal.
2. Contractors must be able to demonstrate adequate organization, facilities, equipment and personnel to ensure prompt and efficient service to the Division of Community Corrections.

3. The bidder must have at least three (3) years of continuous experience in administering correctional health care programs, and at least three (3) current contracts with separate agencies with correctional facilities of at least 1,000 beds or more. In the determination of the evidence of responsibility and ability to perform the Contract by the Contractor, the LFUCG reserves the right to investigate the financial condition, experience record, personnel, equipment, facilities and organization of the Contractor.
 - a. The LFUCG shall determine whether the evidence of responsibility and ability to perform is satisfactory and shall make awards only when it deems such evidence satisfactory. The LFUCG reserves the right to reject a proposal when evidence indicates the inability to perform the Contract by a Contractor.
 - b. Each Contractor shall provide a listing of all correctional facilities of at least 1,000 beds or more at which the Contractor has or has had a valid contract to provide health care services at any time in the past five (5) years immediately preceding January 1, 2019 including the following information:
 - i. Name of facility, the year company won the Award
 - ii. Name and telephone number of the Director/Major.
 - iii. Capacity of facility, including infirmary, detox housing, mental health
 - iv. Accreditation Status
 - v. Number of Medical FTEs including MH staff
 - vi. Number of intake screenings
 - vii. Synopsis of any and all medical civil litigation cases for the proceeding five (5) years, including any dollar amounts paid
 - viii. List all jail contracts terminated prior to contract end date in the past three (3) years
 - ix. List all contracts not retained through rebid in the past three (3) years

PART D – SCOPE OF SERVICES

1. The Division of Community Corrections operates an adult facility at the following location:

Fayette County Detention Center
600 Old Frankfort Circle
Lexington, KY 40510
1. The average daily population for 2017 was 1397. The average daily population through November 2018 was 1501.
 - a. The twenty (20) housing units are of two types: single cell segregation units and sub-dayroom dormitories.
 - b. There are eight (8) segregation units with up to forty (40) single cells per unit and/or up to 8 beds in a dormitory setting (total beds 320) including dedicated medical and mental health units; two assessment center units; one female segregation unit; and three male segregation units.

- c. There are twelve (12) sub-dayroom dormitory units consisting of eight (8) eight to (12) twelve person sub-dayrooms for a total of 64-96 beds per unit. Current utilization has these units housing up to ninety-six (96) offenders.
- d. Total booking for calendar year 2017 was 16,544, and for 2018 was 16,555, through November 2018.
- e. Average daily population by month for calendar year 2017:

Month	ADP	ADP Male	ADP Female
January	1277	1018	259
February	1317	1049	268
March	1309	1040	269
April	1364	1080	284
May	1365	1078	287
June	1399	1105	294
July	1389	1107	283
August	1438	1155	283
September	1436	1165	272
October	1485	1204	281
November	1495	1199	296
December	1486	1185	301

Average daily population by month for calendar year 2018 through November

Month	ADP	Male ADP	Female ADP
January	1457	1164	293
February	1444	1143	301
March	1449	1151	298
April	1474	1175	299
May	1501	1174	327
June	1502	1188	314
July	1538	1207	331
August	1547	1241	306
September	1521	1231	290
October	1532	1233	299
November	1550	1237	313
December	XXX	XXX	XXX

2. The scope of these specifications involves providing a full range of medical services to the adult facility
 - a. Physician/mid-level provider Services must be sufficient to provide the required clinical needs and assure medical evaluation/follow up in accordance with NCCHC Standards of post nursing triage referral, infirmary, medical housing, and chronic care management, including weekends and holidays.
 - i. Twenty-four (24) hour physician/mid-level provider on-call services with availability for consultation and on-site needs system-wide are required as well as Case Management Services for offsite admissions.
 - b. Nursing services must be available to provide for the following:
 - i. Infirmary coverage in accordance with NCCHC Standards;
 - ii. Medical Housing coverage at all times;
 - iii. *Receiving Screening of offenders within five (5) hours of booking into the facility
 - iv. *Initial Health Assessment; albeit NCCHC Full Population- within 14 days of admission to facility; or Individual Assessment When Clinically Indicated- no less than 2 working days after admission.
 - v. Medications as prescribed;
 - vi. *Sick call is held daily, offenders are seen within 24 hours of request for those sick calls that require a face to face encounter;
 - vii. Appropriate and timely responses to medical needs and emergencies;
 - viii. Physician support services;

Note: * iii, iv, vi will require paybacks for untimeliness @ \$200.00 per late event

- c. In addition to twenty-four (24) hour a day emergency service coverage, the hours for routine nurse sick call at the facility shall be at levels which allows for all offenders needing medical services to be seen within twenty-four (24) hours of the time that they request such services, should the need arise outside the scheduled nurse sick call rounds done in the housing units.
- d. Sufficient clerical support staff must be available to support the medical Contract.
- e. Describe your Regional and Corporate oversight program, frequency of site visits, include CV's of proposed Regional, and Corporate clinical and operational staff who will have direct responsibility for oversight of the Contract.
- f. Written job descriptions and post orders to define specific duties and responsibilities for all assignments at each facility.
- g. Written policy and procedure to define response to exclusively medical issues including but not limited to hunger strike, DNR, forced medications; as well as written policy and procedure to define the scope of any issues including but not limited matters identified in this document. Policy and procedures shall comply with NCCHC, ACA and be in line with LFUCG General Orders.

- h. Provisions for pharmaceutical services to assure the availability of prescribed medications within eight (8) hours of the order of issue being written. Describe your pharmaceutical program.
 - i. Pharmacy services, and emergency pharmacy service, consistent with State and Federal Laws, monitored by a licensed, qualified pharmacist must be maintained.
 - ii. If prescribed medication was purchased for an inmate the medication, a prescription, or both, will be provided to the inmate upon release
- i. Electronic Health Records System (EHR) – the contractor will be responsible for maintaining, training, and all cost related to an electronic health records system, including interfaces and licensing. The platform shall interface with the Division’s jail management system and University of Kentucky Hospital as well as other local providers already connected and interfaced with the current CorrecTek platform. Provide us your EHR solution.
- j. The Contractor will be responsible for receipt, inventory and distribution of psychotropic medications for the mental health Contractor.
 - i. The Mental Health contractor is to be billed for the psychotropic medications
- k. Charting – Recording the administration of medications in a manner and on a form approved by the Contractor to include documentation that offenders are receiving and ingesting their prescribed medications.
 - i. The facility currently has a crushed psychotropic medications policy for all medications. Please propose clinically effective and cost effective alternatives, and how your company will manage this process.
 - ii. Documentation shall also be required when an offender's ordered medication was not administered, and the reason given.
- l. Dental services sufficient to provide for emergency and medically required dental care for offenders at jail facilities within a reasonable period must be available, together with a definition of emergency and medical necessity
- m. The Contractor shall provide for the following offsite services and care under the provisions of the Aggregate Cap:
 - i. emergency transportation (if EMS is medically appropriate);
 - ii. emergency room services;
 - iii. inpatient and outpatient hospitalizations;
 - iv. dental surgery;
 - v. outpatient clinic services;
 - vi. physician office visits;
 - vii. adjunct therapies;

- viii. diagnostics;
 - ix. radiology services;
 - x. laboratory services;
 - xi. mental health hospitalizations;
 - xii. specialty care;
 - xiii. prosthetics;
 - xiv. dialysis;
 - xv. hospice;
- n. Describe your company's Offsite Utilization Management program including cost containment initiatives that your company has implemented, and list facility name, contact person, and dollars saved at each facility.
 - o. The Contractor shall arrange for the admission of any offender who in the opinion of the Medical Director requires hospitalization and shall implement a program for pre-certification, concurrent review and retrospective review of all hospitalized offenders.
 - p. The Contractor shall provide for the health care and treatment of offenders on community service or other Division controlled offender work programs.
 - q. The Contractor shall provide emergency medical treatment to visitors and staff as necessary and appropriate on-site.
 - r. The Contractor will perform on-site blood drawing services on individuals who have been presented to the Contractor as arrested for driving under the influence (DUI). Consistent with NCCHC standards, Contractor staff will perform such blood draws only with the individual's written consent.
 - s. The Contractor shall arrange for off-site emergency care through arrangements with local hospitals under the provisions of the Aggregate Cap.
 - i. The Contractor shall arrange for emergency ambulance services under the provisions of the Aggregate Cap.
 - ii. The KY Supreme Court decision, Hospital of Louisa, dba Three Rivers Medical Center v. Johnson Fiscal Court deters the facility from using the practice of medical furlough for in-patient treatment.
 - t. The Contractor shall Contract and arrange for ancillary services (radiology services, laboratory, etc.) on-site and off-site under the provisions of the Aggregate Cap.
 - i. If specialty services are required and cannot be rendered on-site then the Contractor shall provide for the rendering of such care off-site under the provisions of the Aggregate Cap.
 - u. The Contractor shall provide for necessary laboratory, EKG and x-ray services.

- i. All abnormal laboratory and x-ray results shall be reviewed and signed off by a physician or mid-level provider. A follow up plan of care shall be furnished.
 - v. Development of special medical program which exists for offenders requiring close medical supervision, including chronic and convalescent care needs. Requirements to be included are:
 - i. Each offender assigned this classification must have a written individualized treatment plan approved by a physician.
 - ii. Offenders committed under the acute influence of alcohol or drugs and demonstrating an immediacy of need for detoxification shall be separated from the general population and kept under direct supervision by qualified medical staff in the medical unit for a reasonable time period.
 - iii. Offenders with suicidal tendencies and those with a history of seizure disorders, as determined by the Contractor, shall be assigned to housing that has direct supervision.
 - iv. Provision for assessing tuberculosis at intake and testing for tuberculosis on all inmates housed at the facility during the initial health assessment within 14 days of admission.
 - w. The Contractor shall establish and maintain a program including policy and procedure for telemedicine program where clinically appropriate, to include OB and HIV care.
 - x. The Contractor shall establish and maintain a program including policy and procedure for:
 - i. Infection Control
 - ii. Medical Peer Review Committee
 - iii. Initial Health Assessment
 - iv. Clinical Performance Enhancement
 - v. Clinical Risk Management
 - vi. Quality Improvement
 - vii. Patients with Chronic Disease and Other Special Needs
 - viii. Medically Supervised Withdrawal and Treatment
 - ix. Credentialing Licensed Personnel
 - x. Mortality Review
 - xi. Utilization Management
 - xii. Pharmaceutical Operations
- 3. The Contractor shall model their proposal based on the proposed staffing provided below. (breakdown of the administrative, medical, nursing, and support personnel for the rendering of health care services) based upon the following ADP levels:

- a. 1450 offenders
- b. The Contractor is to provide an additional staffing level matrix in the event the monthly ADP reaches or exceeds 1550 offenders for three (3) consecutive months. This should be priced separate and not included in the overall pricing. The Division agrees that once the higher staffing complement is achieved, that staffing level shall not be decreased unless the ADP drops below 1350 for a period of three consecutive months.
- c. The Contractor may provide alternate staffing matrices for an ADP of 1450 offenders in the same format as below. Provide rationale for any staffing changes and assure ability to support all aspects of medical care. Mark the matrices **ALTERNATE STAFFING 1450 ADP**.
- d. The Contractor shall provide adequate health care personnel to perform those services listed in this RFP and must include proposed staffing level matrices, indicating specific positions and number of on-site hours worked per week.
 1. Minimum on-site coverage must include:
 - a. twenty-four (24) hours, seven days per week qualified medical coverage in the Facility Infirmary; and Detoxification Units.
 2. A **proposed** staffing level for medical only (ADP of 1450 is outlined below) **The Contractor must bid to this staffing matrix**. Any deletions or additions should be submitted on an ALTERNATE STAFFING MATRIX marked **ALTERNATE STAFFING** with accompanying rationale. The Division reserves the right to negotiate the specifics of any staffing plan submitted.

Proposed Medical Staffing Level ADP 1450

Position	Hours per Week	FTE
Day shift		
Administrator	40	1.0
Director of Nursing	40	1.0
Medical Provider	40	1.0
Midlevel Practitioner	40	1.0
RN	192	4.8
LPN	264	6.6
Administrative Assistant	40	1.0
Medical Records Clerk	66	1.65
Dentist	20	0.5
Dental Assistant	20	0.5
CNA	40	1.0
ACA Coordinator	40	1.0
Evening Shift		
RN	112	2.8
LPN	224	5.6
Night Shift		
RN	112	2.8
LPN	224	5.6
Total Staffing	1514	37.85

- e. The Contractor shall provide the name, date of birth, local address, previous employment, social security number and copy of driver's license for all employment applicants. Prior to approval for employment, an applicant screening shall be conducted, coordinated with the Division, to include fingerprints and background check.
 - i. Applicable licenses and/or certificates for all professional staff must be on file with the Contractor and available to the Division prior to employment.
 - ii. Malpractice insurance must be on file for all Physicians and Nurse Practitioners, and other professional or paraprofessional employees, if applicable.
- a. All employees of the Contractor shall adhere to
 - i. the dress and appearance regulations of the Division of Community Corrections, as they apply to employees wearing civilian clothing.
 - ii. the security regulations of the Division of Community Corrections, as they relate to care, custody and control of the inmate population.
- f. In the event of extreme staffing shortages, the use of agency or pool nurses shall not exceed 15% of the total staffing complement for any month. In event the Contractor exceeds this limit a charge back equal to 100% average hourly salary and fringe for each position shall be assessed for each hour the contractor exceeds the 15% cap. The Contractor shall develop a list of "PRN" staff sufficient to cover any vacant posts that shall be subject to the same security screening procedures of other Contractor FTEs.
- g. Copies of staffing schedules encompassing all health care staff are to be posted in designated areas and submitted to the Division's Bureau Manager – Facility Management on a weekly basis, with updates regarding changes.
 - i. The Contractor shall be required to demonstrate staffing by **post** using a duty roster by facility, each shift and signed by appointed supervisor to be submitted to the Division's Bureau Manager – Facility Management daily.
- h. The Contractor shall be required to reimburse the Division the actual costs (salary and fringe, benefits) when total hours filled are less than total contract hours, per discipline, as agreed on the negotiated contracted monthly staffing matrix. In the event the Medical Director and/or Health Services Administrator position is vacated for over 40 hours, (five business days), and not filled by a qualified provider, the Contractor will reimburse the Division twice the actual cost (salary and fringe) for unfilled hours. Staffing reconciliation reports will be provided monthly to the Major for staffing penalties incurred.
- i. The Contractor shall provide a written plan for orientation and staff development/training appropriate to their health care delivery activity for all health care personnel.
 - iii. This plan must outline the frequency of continuing training for each staff position.
 - iv. This plan must outline the required specialized PREA and HIPPA training

- v. All employees of the Contractor shall be required to attend all employee orientations and In Staff Training Sessions required by the Division for all service provider employees.
 - i. In addition, the Contractor shall be available to provide appropriate training to Division of Community Corrections personnel in areas where the needs of the Contractor overlap the needs of the Division.
 - j. The Division of Community Corrections may prohibit entry to the secure facility, or remove therefrom, a Contract employee who does not perform his/her duties in a professional manner.
 - k. The Division of Community Corrections reserves the right to search any person, property or article entering its facilities.
4. The Division shall contract and arrange for services to dispose of contaminated wastes generated in the housing units and Infirmary.
 - a. The Division and the Contractor shall share the costs of waste disposal services on a 75/25 basis.
 5. Medical staff shall be responsible for all housekeeping duties in the infirmary with exception of the floors, bathrooms and showers and vents.
 6. No alterations to the physical plant shall be made without the written consent of the Director of the Division or his designee.
 7. Medical staff shall respond to acute medical needs of Division of Community Corrections staff on duty and document services provided.
 8. Offenders shall not be allowed to provide any health care services, including record keeping.
 9. Copies of all inspection reports shall be provided to the Bureau Manager – Facility Management
 10. All outside medical consultations/treatment shall be coordinated in advance with the Division's Auxiliary Services Unit.
 11. The Contractor shall provide, within reasonable limits, training in medically related issues to the Division as requested. Correctional personnel are often the first to respond to facility issues, they must be aware of potential emergencies, know the proper response to life threatening situations and understand their part in early detection of illness and injury. Areas of interest for officer trainings:
 - a. intoxication and withdrawal
 - b. adverse reactions to medications
 - c. signs and symptoms of mental illness
 - d. dental emergencies
 - e. procedures in the suicide prevention
 - f. procedures for appropriate medical and mental health referral
 - g. procedures with respect to infectious and communicable diseases

PART E – ADMINISTRATIVE REQUIREMENTS

1. A single designated physician (medical director) with responsibility for assuring the appropriateness and adequacy of offender health care.
2. A full-time health service administrator with the authority to oversee the administrative requirements of health care programs such as recruitment, staffing, data gathering, financial monitoring, policy and procedure development and review, contracts, medical record keeping, and other management services. The Director has final approval of the person filling this position.
3. Copies of clearly defined written agreements or memos of understanding for twenty-four (24) hour service with hospitals, physicians, ambulance companies, and others involved in providing care to offender shall be provided to and approved by the Division of Community Corrections.
 - a. All subcontracts of every nature are subject to the approval of the LFUCG.
4. The Contractor shall develop the policies and procedures necessary to specify the role of medical services in a jail setting and to provide liaison between the medical and security staff.
5. Grievances – Grievances filed by offenders shall be referred to the Contractor’s on-site Health Service Administrator who shall review the grievance, gather appropriate information concerning the complaint and take appropriate action consistent with Division procedures.
6. A comprehensive annual statistical report shall be forwarded to the Director or his designee. In addition, monthly and daily statistics shall be required by site and in total:
 - a. Monthly Statistics – Narrative reports shall be submitted on the fifth calendar day of each month to the Bureau Manager – Facility Management with data reflecting the month's workload along with previous two (2) months (for comparative purposes), to include:
 - vi. Offenders requests for various services
 - vii. Offenders seen at sick call
 - viii. Offenders seen by physician
 - ix. Offenders seen by dentist
 - x. Infirmary admission, patient days, average length of stay
 - xi. Emergency Room event
 - xii. Off-site hospital admissions
 - xiii. Medical specialty consultation referrals
 - xiv. Intake Triage medical screenings conducted
 - xv. Number of emergencies requiring medical response
 - xvi. Diagnostic studies
 - xvii. Report of third-party reimbursement, pursuit and recovery
 - xviii. Percentage of offender population dispensed medication

- xix. Offenders testing positive for venereal disease
 - xx. Offenders testing positive for AIDS or AIDS Antibodies
 - xxi. Offenders testing positive for TB
 - xxii. Offenders in medically supervised withdrawal
 - xxiii. Offenders in chronic care clinics
 - xxiv. Offender mortality
 - xxv. Number of hours contracted, and hours worked by entire medical staff, specifying total aggregate hours per position; provide sample staffing reconciliation report
 - xxvi. Other data deemed appropriate by the Division
 - xxvii. Grievances filed, resolved including reasons
 - xxviii. Offsite activity/cost report by the 20th of each month. The Division is requiring all offsite cost report outlining are offsite, outpatient, inpatients, Emergency Room and Clinical Service.
 - xxix. Transparency – medical errors discovered/reported (i.e. Wrong medication provided to patient)
- b. Daily Statistics – A narrative report for the previous twenty-four (24) hours, capturing the following data shall be submitted to the, Bureau Manager – Facility Management and Bureau Manager – Inmate Management on a daily basis
- i. Transfers to off-site hospital emergency departments
 - ii. Communicable disease reporting
 - iii. Suicide data (i.e., attempts and precautions taken)
 - iv. Report of status of offenders in local hospitals and infirmaries
 - v. Staffing
7. On a scheduled basis, the Contractor's Regional and jail management staff shall have documented monthly meetings with Division administrative staff to evaluate statistics, cost of services, program needs, problems, and coordination between custody and medical/mental health personnel. The Regional Operational Staff shall be on site and attend MAC meetings at least quarterly.
- a. Additionally, the Contractor shall meet with the Division staff at such time and place as designated by the Division to solve problems and to initiate any change in operations for improvement of the total health care services provided the offender population.
8. Documentation of health care staff roles in the jail disaster plan. The Contractor shall, in times of emergency or threat thereof, whether accidental, natural or caused by man, provide medical assistance to the Division of Community Corrections to the extent or degree required by Policy and Procedure or Operational Order procedure.
9. Medical Charts/Records Requirements

- a. All medical Charts/Records are the property of the Division of Community Corrections.
- b. No information contained in the medical Charts/Records shall be released by the Contractor except as provided by the Division's policy, a court order or otherwise in accordance with applicable law.
- c. Individual electronic health care medical records shall be initiated and maintained for every offender regarding medical, dental or mental health services as a result of the offender screening process, or for services rendered following assignment to a housing area.
- d. While the Contractor shall have primary responsibility, all Medical Charts/Records shall be accessible by both medical and mental health staff.
- e. Offenders returning from outside hospital stay, emergency room, in-patient stay, or one-day outpatient surgery visits are to be assessed by the MD/NP staff prior to housing in General Population.
 - i. A note regarding this review with reference to follow up in-house must be documented in the offender medical chart.
 - ii. The results of tuberculin tests shall be read and documented on a daily basis as needed.
 - iii. Medical staff shall perform reviews, medical examinations, medical summaries or certifications as are necessary for intra-system or inter-system transfers, food handling and work clearances.
 - iv. The offender health chart shall include, but not be limited to:
 1. Intake Screening form;
 2. Health Assessment form;
 3. Physician order/treatment plans;
 4. Prescribed medications administered or not administered, date, time and by whom;
 5. Complaints of illness or injury;
 6. Findings, diagnoses, treatments and dispositions;
 7. Problem List;
 8. Consent and refusal forms;
 9. Release of information forms;
 10. Offender medical request forms;
 11. Laboratory, radiology and diagnostic studies;
 12. Consultation, emergency room and hospital reports and discharge summaries;
 13. Each documentation shall include the date, time, legible signature and title of each documenter.

- v. Confidentiality of medical Charts/Records shall be assured.
 - 1. The medical and psychiatric Charts/Records shall be kept separate from the custody record.
 - 2. Data necessary for the classification, security and control of offenders shall be provided to the appropriate Division personnel.
 - 3. Medical Charts/Records shall be made available to appropriate Division personnel when required to defend any caused action by any offender against the LFUCG or Division.
- vi. Adherence to applicable informed consent regulations and standards of the local jurisdiction must be maintained. The successful bidder shall be responsible for maintaining all records.
- vii. Inactive medical Charts/Records shall be maintained in accordance with the laws of the Commonwealth of Kentucky.
- viii. Information concerning any court or legal documents affecting offenders and the medical Contract provider must be provided, in writing to the designated Division representative prior to the close of the shift of service/receipt.

10. Quality/Assurance Requirements

- a. An on-going quality assurance program shall consist of regularly scheduled audits of offender health care services with documentation of deficiencies and plans for correction of deficiencies.
- b. The quality assurance plan shall include a provision for program and Contract monitoring (peer review) by an "outside" correctional health care consultant on an annual basis, the results of which shall be made available to the Director or his designee and the Bureau Manager – Facility Management. The successful Contractor shall pay the cost.

11. Financial Requirements

- a. The successful Contractor shall be responsible for all costs related to offender health care services at each location including, but not limited to:
 - i. Pharmaceutical/medical supplies including AIDs medications and serum for tuberculosis testing
 - ii. Office equipment and supplies to include forms, books, etc.;
 - iii. Ambulance services;
 - iv. Personnel;
 - v. Required off-site emergent and non-emergent services (hospital, specialty services, dental, laboratory, radiology);
 - vi. Prosthesis;
 - vii. Sufficient copying equipment to support the Contract;
 - viii. Reimbursement for all long-distance telephone charges incurred using telephone extensions;

- ix. Contaminated waste disposal, cost shared on a 75/25 basis with the Division.
- x. Ophthalmology (includes exam and glasses)
- xi. Repair and maintenance of medical and dental equipment

PART F – PREPARATION AND SUBMITTAL OF PROPOSALS

1. All proposals shall be signed in ink by the authorized principles of the firm.
2. All attachments to the request for proposals requiring executing by the Contractor are to be returned with the proposal.
3. Proposals are to be returned in a sealed container. The face of the container shall indicate the RFP name, number, time, and date of public opening.
4. Proposals must be received by the Lexington-Fayette Urban County Government's Purchasing Office not later than the time and date shown on Part A, page 1. Requests for extensions of this time and date shall not be granted. Firms mailing their proposals should allow for normal mail time to ensure receipt of their proposals prior to the time and date fixed for the acceptance of the proposals. Proposals or unsolicited amendments to proposals, received after the acceptance date shall not be considered. Proposals shall be publicly opened at the time and date specified.
5. **The Proposer shall submit ONE (1) master, ONE (1) electronic version in Word or PDF format on a CD or flash drive and SEVEN (7) duplicates** on the forms provided in this document and assembled, in page number order, to insure that each proposal is reviewed and evaluated properly. The master copy shall **BE MARKED AS SUCH** on the front of the document. If additional pages are required for further description, 8-1/2" x 11" sheets must be used. If a cover letter is provided, it shall be no longer than two (2) pages in length and shall serve as an introduction to and summary of the proposal. **DO NOT DEVIATE FROM THIS FORMAT.** Proposals should be as concise as possible without omitting any necessary details.
6. All proposals shall include:
 - a. Contractor's qualifications
 - b. Prior experience in delivering health care services in an institutional, large jail or correctional setting, including documentation from each site confirming service delivery
 - c. Outline of services to be provided
 - i. Physician services
 - ii. Nursing services
 - iii. Dental services
 - iv. Sick call
 - v. Medication administration
 - vi. Medical support services - laboratory, X-ray, EKG & pharmaceutical needs & staffing

- vii. Charts/Records maintenance
- viii. Data collection procedures, processing and reporting
- ix. Quality assurance and utilization reviews procedures
- x. Organizational Capability
 - 1. Job descriptions
 - 2. Post descriptions
 - 3. Staff orientation program
- d. Proposed Contract Price & Composition

PART G – BOND REQUIREMENTS

1. Proposal Security

- a. Each Proposal shall be accompanied by a proposal security made payable to the Lexington-Fayette Urban County Government pledging that the Contractor shall enter into a Contract with the Lexington-Fayette Urban County Division of Community Corrections on the terms stated in the Proposal and shall furnish bonds as described hereunder in this section of these specifications covering the faithful performance of the Contract and the payment of all obligations arising hereunder.
 - i. Should the Contractor refuse to enter into such Contract or fail to furnish such bonds, when required, the amount of the proposal security shall be forfeited to the Lexington-Fayette Urban County Government as liquidated damages, not as a penalty.
 - ii. The amount of the proposal security shall be \$25,000.
 - iii. Security shall be a certified check, cashier’s check, treasurer’s check, bank draft, or proposal bond issued by a surety company licensed to conduct business in the Commonwealth of Kentucky.
 - iv. Bonds shall be written on the surety company’s standard form, and the Attorney-In-Fact who executes the bond on behalf of the surety company shall affix to the bond a certified and current copy of his Power of Attorney, indicating the monetary limit of such power.
 - v. The Lexington-Fayette Urban County Government shall have the right to retain the proposal security of Contractor to whom an award is being considered until either the (a) Contract has been executed and bonds have been furnished, or (b) the specified time has elapsed so that Proposals may be withdrawn, or (c) all proposals have been rejected.

PART H – TERMS OF CONTRACT

- 1. The Contract shall cover a **three (3) year period**. Upon mutual agreement, the Contract may be renewed for **two (2) additional one-year (1) extensions** based upon negotiations of service delivery and costs.

- a. Changes in the contractual provisions or services to be furnished under the Contract may be made only in writing and must be approved by the LFUCG and the agent of the contractor.
 - b. Should a decision be made to increase the scope of the Contract, the LFUCG and the contractor shall mutually agree, in writing, to an adjusted Contract price.
2. Hold Harmless Clause – Proposals shall provide for the Contractor holding harmless the Division and the representatives thereof from all suits, actions, or claims of any kind brought on account of any injuries or damages sustained by any person or property in consequence of any neglect in safeguarding Contract work, or on account of any act or omission by the firm or its employees, or from any claims or amounts arising or uncovered under any law, by-law, ordinance, regulation or decree.
3. Insurance – The Contractor shall not commence any work in connection with this Contract until all the following types of insurance and such insurance have been obtained and approved by the Division of Community Corrections, nor shall the Contractor allow any Sub-Contractor to commence work on his sub-Contract until all similar insurance required of the Sub-Contractor has been so obtained and approved. All insurance policies shall be with insurers qualified and doing business in the Commonwealth of Kentucky.
- a. Worker's Compensation Insurance
 - i. The Contractor shall take out and maintain during the life of this Contract, Worker's Compensation Insurance for all employees connected with the work of this project and, in case any work is sublet, the Contractor shall require the Sub-Contractor similarly to provide Worker's Compensation Insurance for all the Latter's employees unless such employees are covered by the protection afforded by the Contractor.
 - ii. Such insurance shall comply fully with the Kentucky's Worker's Compensation Law.
 - 1. In case any hazardous work under this Contract at the site of the project is not protected under the Worker's Compensation statute, the Contractor shall provide, and cause each Sub-Contractor to provide adequate insurance, satisfactory to the Division of Community Corrections, for the protection of employees not otherwise protected.
 - iii. Worker's Compensation shall be provided as required by the Kentucky Revised Statutes, and Employer's Liability \$300,000 one accident and aggregate disease.
 - 1. The contractor shall waive all rights of subrogation against the Division for losses arising from work performed by the Contractor for the Division.
 - 2. Coverage shall not be suspended or reduced in limits during the Contract period.
 - b. Contractor's Public Liability and Property Damage Insurance
 - i. The Contractor shall take out and maintain during the life of this Contract, Comprehensive General Liability Insurance and Comprehensive Automobile

Liability Insurance and shall protect from claims for damage for personal injury, including accidental death, as well as claims for property damage which may arise from operations under this Contract whether such operations be by the Contractor or by anyone directly or indirectly employed by the Contractor.

ii. The amounts of such insurance shall be the minimum limits as follows:

1. Comprehensive General – \$300,000 bodily injury and property Liability damage combined single limit.
2. Automobile – \$300,000 bodily injury and property damage combined single limit.

c. Other Insurance

i. Professional Liability – covering medical incidents during the Contract period and providing the following coverage and endorsement:

1. Not less than \$1,000,000 per occurrence, \$3,000,000 aggregate for independent contractor physicians contracted by Contractor.
2. Limits of not less than 1,000,000 per occurrence, \$5,000,000 aggregate for Contractor's employees including nurses, medical technicians, other medical or professional staff and employees acting under the control or supervision of the Contractor for any act or omission in the furnishing of medical services.
3. The provider must show proof of agreement to maintain jail insurance coverage for a period of 7 years after the last day of service.

ii. Extended Business Liability Endorsement

iii. Broad Form Contractual Liability

iv. Personal Injury Liability

4. Equal Employment Opportunity – The successful Contractor shall comply with all provisions of Federal, State and local regulations to ensure that no employee or applicant for employment is discriminated against because of race, religion, color, sex, age, handicap or national origin.
5. Warranty Against Contingent Fees – The successful Contractor shall agree to warrant that no person or selling agency has been employed or retained to solicit this Contract upon an agreement of understanding for commission, percentage, brokerage or contingency, except bona fide employees or selling agents maintained by the Contractor for the purpose of securing business.
6. Subcontracts – The Division of Community Corrections must approve, in advance, all subcontracts entered into by the Contractor for the purpose of completing the provisions of this Contract.
 - a. The Contractor shall not sell, assign, transfer, nor convey any of its rights except with the written consent of the LFUCG or its designee.
7. Contractor Personnel – The Division of Community Corrections may request replacement of any Contractor personnel believed unable to carry out the responsibilities of the Contract and

shall approve all appointments to the positions of administrator, medical director, supervising nurses, and other Contractor personnel.

- a. All Contractor personnel shall be subject to a security/background check by the Division.
8. Contractor Cooperation – The successful Contractor shall, at all times observe and comply with all Federal, State, local and municipal laws, ordinances, rules and regulations in any way affecting the Contract. The Contractor shall maintain regular communications with the Director, or designees, and shall actively cooperate in all matters pertaining to this Contract.
 9. Contractor Communications – Communications from the Division to the Contractor shall be responded to in a timely manner.
 10. Termination – The Division of Community Corrections may terminate the Contract resulting from this Request for Proposal at any time the Contractor fails to carry out its provisions.
 - a. The LFUCG shall give the Contractor notice of such termination with stated reasons for the termination.
 - i. If, after such notice, the Contractor fails to cure the conditions within the specified time period contained in the notice, it shall be the discretion of the LFUCG to order the Contractor to stop work immediately and leave the premises or to reinstate the Contract based upon corrective action.
 - ii. Either party may terminate the agreement, without cause, upon giving the other party not less than ninety (90) calendar day's written notice of termination.
 11. Failure to Perform – The services rendered under this Contract shall be critical to the mandated responsibilities of the LFUCG; therefore, the Contractor shall reimburse the LFUCG for all expenses incurred by the Division of Community Corrections in providing services which are the responsibility of the Contractor.
 - a. Such expenses shall be reduced from the monthly payment due the Contractor.
 - b. In the event the agreement is terminated prior to its expiration, all finished or unfinished documents, studies, correspondence, reports and other products prepared by or for the contractor under this agreement shall become the exclusive property of the LFUCG.
 - c. Notwithstanding the above, the Contractor shall not be relieved of liability to the LFUCG for damage sustained by the Division by virtue of any breach of the agreement by the Contractor.
 12. Immunity From Liability – The successful Contractor agrees to indemnify and hold harmless the LFUCG, his agents, servants and employees from any and all claims, actions, lawsuits, judgments or liabilities of any kind whatsoever deriving from acts or omissions of the Contractor, its agents or sub-contractors.
 - a. The Contractor shall carry malpractice insurance with the limits set forth in their proposal, evidenced by additional insured endorsement adding the Division of Community Corrections and its officers and employees as additional insured.

13. Payment for Services – The Division of Community Corrections shall pay the successful Contractor for provision of designated services during the term of the Contract, in the amount of the proposal or other agreed upon sum, which shall be payable in equal monthly payments.
 - a. The Contractor shall bill on the first day of the month that services are to be rendered and the Division shall pay on or before the last day of the month during which services were rendered.
14. Third Party Reimbursement - Contractor will manage processes involved in coordinating with providers the third party or insurance reimbursement for Offender Medical Services.
 - a. The Contractor shall share all documentation received on insurance of third party claims with the Division.
 - b. The vendor shall routinely pursue all insurance claims, and other means of subrogation, for medical treatment provided.
 - c. Obligations of the Division of Community Corrections – The Division shall provide space, limited housekeeping, linens, laundering, facility fixtures, utilities, telephone service (excluding long distance charges), and security.
 - d. The Division shall be entitled to 55% of third party dollars collected, and the Contractor shall be entitled to 45% of third party dollars collected.
15. Public Information – Neither the Contractor nor the LFUCG shall publish any findings based on data obtained from the operation of a Contract agreement without the prior consent of the other party, whose written consent shall not be unreasonably withheld.
16. Research – No medical research projects involving offenders, other than projects limited to the use of information from Charts/Records compiled in the ordinary delivery of patient care activities shall be conducted without prior written consent of the Director or his designee.
 - a. The conditions under which research shall be conducted shall be agreed to by the Contractor and the Director or his designee and shall be governed by written guidelines.
 - b. In every case, the written informed consent of each offender who is a subject of a research project shall be obtained prior to the participation of an offender as a subject.
17. Compliance with Minimum Jail Standards – The successful Contractor shall provide services which meet Federal constitutional standards, meet Kentucky constitutional standards, comply with Title 501 Kentucky Administrative Regulations Chapter 10 Direct Supervision for Full Service Jails Standards and meet National Commission on Correctional Health Care, and community standards of care.
18. Access to Management Information – The LFUCG or its designee shall have the complete and unlimited right to access any and all information maintained by Contractor which may be needed to insure compliance with the Contract terms and conditions, and to monitor contractual compliance.
 - a. The Contractor shall make available all charts/records or data requested within five (5) days, time is of the essence.

19. Permits and Licenses – All permits and licenses required by Federal, State or local laws, rules and regulations necessary for the implementation of the work undertaken by the Contractor pursuant to the Contract shall be secured and paid for by the Contractor.
- a. It is the responsibility of the Contractor to have and maintain the appropriate certificate(s) valid for work to be performed and valid for the jurisdiction in which the work is to be performed for all persons working on the job for whom a certificate is required.

PART I - PRICING

The Proposer has carefully examined the proposal package and all conditions affecting the cost of the service required by the Division of Community Corrections.

The Proposer certifies that any exceptions to the proposal specifications are noted on the attached exceptions form. All specifications not noted thereon are as requested. The Proposer also understands that any exceptions presented after the award, may be cause for cancellation of award.

We hereby propose to furnish the services described herein in accordance with the proposal package, except as noted on attached Exceptions Form:

COST OF CONTRACT – 1450 Offenders (This cost will be the total of all price breakdowns as listed below and should be based on an assumed billable population range of 1450 -1550). Vendors must also complete the cost breakout sheets enclosed for each year.

Contract Model (\$250,000 Aggregate Cap)		Per Diem Cost
Year One	\$	\$
Year Two	\$	\$
Year Three	\$	\$

Contract Model (Cost Plus)		Per Diem Cost
Year One	\$	\$
Year Two	\$	\$
Year Three	\$	\$

STAFFING RATES

Position	Hours per Week	FTE	Rates	Benefits	Fully Loaded Rate
Day shift					
Administrator					
Director of Nursing					
Medical Provider					
Midlevel Practitioner					
RN					
LPN					
Administrative Assistant					
Medical Records Clerk					
Dentist					
Dental Assistant					
CNA					
ACA Coordinator					
Evening Shift					
RN					
LPN					
Night Shift					
RN					
LPN					
Total Staffing					

\$250,000 Aggregate Cost Tables

A. First Year of Contract

Provide total sum price for the following categories:

Employee Benefit and Salaries	_____
On-Site Medical Expenses	_____
Medical Supplies	_____
Pharmacy	_____
Emergency Room	_____
In-Patient Hospitalization	_____
Out-Patient One Day	_____
Off-Site Specialty Consult	_____
Malpractice Insurance	_____
Electronic Medical Record	_____
Administrative Costs	_____
Federal State, Local Taxes & Licenses	_____
Total Cost First Year	_____
Per Diem (if any)	_____

\$250,000 Aggregate Cost Tables

B. Second Year of Contract

Provide total sum price for the following categories:

- Employee Benefit and Salaries _____
- On-Site Medical Expenses _____
- Medical Supplies _____
- Pharmacy _____
- Emergency Room _____
- In-Patient Hospitalization _____
- Out-Patient One Day _____
- Off-Site Specialty Consult _____
- Malpractice Insurance _____
- Electronic Medical Record _____
- Administrative Costs _____
- Federal State, Local Taxes & Licenses _____
- Total Cost First Year _____
- Per Diem (if any) _____

\$250,000 Aggregate Cost Tables

C. Third Year of Contract

Provide total sum price for the following categories:

Employee Benefit and Salaries	_____
On-Site Medical Expenses	_____
Medical Supplies	_____
Pharmacy	_____
Emergency Room	_____
In-Patient Hospitalization	_____
Out-Patient One Day	_____
Off-Site Specialty Consult	_____
Malpractice Insurance	_____
Administrative Costs	_____
Electronic Medical Record	_____
Federal State, Local Taxes & Licenses	_____
Total Cost First Year	_____
Per Diem (if any)	_____

Cost-Plus Model

B. First Year of Contract

Provide total sum price for the following categories:

- Employee Benefit and Salaries _____
- On-Site Medical Expenses _____
- Medical Supplies _____
- Pharmacy _____
- Emergency Room _____
- In-Patient Hospitalization _____
- Out-Patient One Day _____
- Off-Site Specialty Consult _____
- Malpractice Insurance _____
- Electronic Medical Record _____
- Administrative Costs _____
- Federal State, Local Taxes & Licenses _____
- Margin Percentage _____

- Total Cost First Year _____
- Per Diem (if any) _____

Cost-Plus Cost Model

C. Second Year of Contract

Provide total sum price for the following categories:

- Employee Benefit and Salaries _____
- On-Site Medical Expenses _____
- Medical Supplies _____
- Pharmacy _____
- Emergency Room _____
- In-Patient Hospitalization _____
- Out-Patient One Day _____
- Off-Site Specialty Consult _____
- Malpractice Insurance _____
- Administrative Costs _____
- Electronic Medical Record _____
- Federal State, Local Taxes & Licenses _____
- Margin Percentage _____
- Total Cost First Year _____
- Per Diem (if any) _____

Cost-Plus Cost Model

D. Third Year of Contract

Provide total sum price for the following categories:

Employee Benefit and Salaries _____

On-Site Medical Expenses _____

Medical Supplies _____

Pharmacy _____

Emergency Room _____

In-Patient Hospitalization _____

Out-Patient One Day _____

Off-Site Specialty Consult _____

Malpractice Insurance _____

Administrative Costs _____

Electronic Medical Record _____

Federal State, Local Taxes & Licenses _____

Margin Percentage _____

Total Cost First Year _____

Per Diem (if any) _____

RFP EXCEPTIONS FORM

EVALUATION CRITERIA

After receipt of RFP's, the Lexington Fayette Urban County Evaluation Committee shall evaluate all responses based on the criteria below. During that evaluation, the Committee shall rank all responses, again based on the criteria described below. Once the RFP Responses are ranked, the Evaluation Committee shall determine which responses are reasonably susceptible of being awarded the contract.

The Proposals received pursuant to this Request for Proposals will be evaluated on the following selection criteria:

Price – 15 points

The reasonableness and the amount of the cost quoted. Review of the Exceptions to RFP taken by the vendor. Price, including exceptions, will be reviewed and rated as part of the overall Proposal.

Qualifications/References – 20 points

Accreditation Experience – Experience achieving and maintaining national accreditations i.e. NCCHC and ACA accreditation.

Corporate Stability - the Bidder's written certification of financial stability, annual report with all annual audited financial reports, and statement from the CFO or Accounting firm will be reviewed. The Corporation's reputation, integrity, and experience.

Qualifications/References - considering the Bidder's ability to meet the requirements of the RFP by reviewing the Bidder's experience with institutions similar in size and scope; the Bidder's track record for delivering similar services on time; track record of litigation history and claims history; and the qualifications of the Bidder's Operational and leadership staff responsible for contract oversight.

Project Plan - Review and assess the Bidder's Project Plan. Evaluation will focus on the Bidder's understanding of the transition requirements, ability to mobilize and hire staff in time, probability of a seamless transition, furnish logical timelines and milestones, monitor contract progress, implementation of quality assurances, effectiveness of qualitative safeguards and problem resolution methodology.

Corporate Utilization and Management Program and Initiatives – 20 points

Ability and capacity to work toward cost containment initiatives for offsite and on site care while providing optimal level health care.

Personnel – 20 points

Ability to recruit personnel and maintain a supply of qualified applicants for professional positions. Ability to effectively overcome the challenges of nursing shortages.

Adherence to Scope of Work – 25 points

Ability to meet the needs and operational requirements of the RFP, including but not limited to timely decisions and responses for resolution on issues relating to contract and related problems.



April 11, 2019

Mr. Todd Slatin, Purchasing Director
Lexington-Fayette Urban County Government
Room 338, Government Center
200 East Main Street
Lexington, KY 40507

RE: RFP #2-2019 – Offender Health Services Contract Negotiations

Dear Todd,

Corizon Health is excited about the opportunity to continue our partnership with the Lexington-Fayette Urban County Government (LFUCG) and we sincerely appreciate the time you took to meet with the Corizon Health team on Friday, April 5th. In the following paragraphs, I've summarized what we agreed to during the negotiations discussions on Friday and I've also attached updated Aggregate Cost Tables.

1) *Telehealth at no additional charge.*

We agreed to provide telehealth as outlined in our proposal (one portable unit) and subsequent presentation and remove the associated costs from our bid.

2) *Upgrade the current CorrecTek EHR to the Spark Advantage Program, at no additional cost to Lexington. Also an agreement that Corizon Health will be the point of contact for all EHR and IT related issues, including any updates AND include a Service Level Agreement (SLA) as part of the health services contract.*

We agreed to upgrade the current CorrecTek EHR to the Spark Advantage Program at no cost to the County. However, should the County have interest, we will present other options to this upgrade. Additionally, Corizon Health agreed to implement a Service Level Agreement (SLA) as part of the new contract and to be the point of contact for all EHR / IT related issues.

3) *Should 340B become an option, the savings associated will be returned to Lexington.*

We agreed to move forward with the program being developed by Clinical Solutions Pharmacy and develop the associated processes to monitor and deliver savings to the County, as appropriate. Carla Cesario agreed to provide the contacts and information on how the program has been instituted in Louisville.

4) *In addition we agree the Medical Records position can be reduced, and accept your offer to decrease the Medical Records position by .65 FTE and would like the dollars allocated in the form of a reduction in price.*

We agreed to reduce the Medical Records position by .65 FTEs and reduce the associated costs from our bid.

5) *In general, we need to see some sharpening of the pencil across the board or we will have a difficult time in making this work.*

We agreed to reduce the Medical Records Clerk (noted above) by .65 FTEs (\$28K), remove the outside correctional healthcare consultant requirements (\$28K), and we agreed that removing the new liquidated

damages from the contract would result in additional savings (\$47K) for a total decrease in costs of \$103K. At the County's request, we reviewed our malpractice costs. Upon reviewing the actuary tables and removing one case from our experience, we were able to have our malpractice costs reduced by \$68K. Corizon Health will continue to evaluate modifications to the program requirements to identify potential changes and any associated price impact.

In closing, thank you for the opportunity to continue our longstanding partnership. Should you have any questions or need clarification on any component of this summary or our proposal, please contact me or Mike Viers, Director of Business Development at 314-799-9970 or Michael.Viers@corizonhealth.com. We look forward to building on the accomplishments we have achieved together in furthering your inmate healthcare program.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Joe Pino', is positioned above the typed name and title.

Joseph R. Pino, FACHE, CCHP
Senior Vice President – Community Corrections
Phone: (615) 660.6867 | Fax: (615) 309.6508
Joseph.Pino@corizonhealth.com

PART 1 - PRICING

The Proposer has carefully examined the proposal package and all conditions affecting the cost of the service required by the Division of Community Corrections.

The Proposer certifies that any exceptions to the proposal specification are noted on the attached exceptions form. All specifications not noted thereon are as requested. The Proposer also understands that any exceptions presented after the award, may be cause for cancellation of award.

We hereby propose to furnish the services described herein in accordance with the proposal package, except as noted on attached Exceptions Form:

COST OF CONTRACT - 1450 Offenders (This cost will be the total of all price breakdowns as listed below and should be based on an assumed billable population range of 1450 - 1550). Vendors must also complete the cost breakout sheets enclosed for each year.

Contract Model (\$250,000 Aggregate Cap)		Per Diem Cost	
Year One	\$ 5,330,742	\$	1.50
Year Two	\$ 5,485,328	\$	1.57
Year Three	\$ 5,645,703	\$	1.64

\$250,000 Aggregate Cost Tables

A. First Year of Contract

Provide total sum price for the following categories:

Employee Benefit and Salaries	\$ <u>3,147,334</u>
On-Site Medical Expenses	\$ <u>40,100</u>
Medical Supplies	\$ <u>48,720</u>
Pharmacy	\$ <u>743,890</u>
Emergency Room	\$ <u>113,984</u>
In-Patient Hospitalization	\$ <u>20,112</u>
Out-Patient One Day	\$ <u>58,074</u>
Off-Site Specialty Consult	\$ <u>42,730</u>
Malpractice Insurance	\$ <u>323,324</u>
Electronic Medical Record	\$ <u>30,000</u>
Onsite Other Direct Expenses	\$ <u>44,560</u>
Administrative Costs	\$ <u>716,054</u>
Federal, State, Local Taxes & Licenses	\$ <u>1,860</u>
Total Cost First Year	\$ <u>5,330,742</u>
Per Diem (if any)	<u>1.50</u>

\$250,000 Aggregate Cost Tables

B. Second Year of Contract

Provide total sum price for the following categories:

Employee Benefit and Salaries	\$ 3,226,017
On-Site Medical Expenses	\$ 40,100
Medical Supplies	\$ 50,182
Pharmacy	\$ 778,672
Emergency Room	\$ 113,984
In-Patient Hospitalization	\$ 20,112
Out-Patient One Day	\$ 58,074
Off-Site Specialty Consult	\$ 42,730
Malpractice Insurance	\$ 339,491
Electronic Medical Record	\$ 30,750
Onsite Other Direct Expenses	\$ 45,295
Administrative Costs	\$ 738,014.50
Federal State, Local Taxes & Licenses	\$ 1,907
Total Cost Second Year	\$ 5,485,328
Per Diem (if any)	1.57

\$250,000 Aggregate Cost Tables

C. Third Year of Contract

Provide total sum price for the following categories:

Employee Benefit and Salaries	\$ <u>3,306,668</u>
On-Site Medical Expenses	\$ <u>40,100</u>
Medical Supplies	\$ <u>51,687</u>
Pharmacy	\$ <u>815,194</u>
Emergency Room	\$ <u>113,984</u>
In-Patient Hospitalization	\$ <u>20,112</u>
Out-Patient One Day	\$ <u>58,074</u>
Off-Site Specialty Consult	\$ <u>42,730</u>
Malpractice Insurance	\$ <u>356,464</u>
Electronic Medical Record	\$ <u>31,519</u>
Onsite Other Direct Expenses	\$ <u>46,427</u>
Administrative Costs	\$ <u>760,789.84</u>
Federal State, Local Taxes & Licenses	\$ <u>1,954</u>
Total Cost Third Year	\$ <u>5,645,703</u>
Per Diem (if any)	<u>1.64</u>