

Kansas Department of Administration

Topeka, KS

Kansas Department of Corrections

Proposal # EVT0006973 - Comprehensive Health Care Services

January 10, 2020 - 2 p.m. CST

Technical Proposal



Respectfully Submitted to:

Department of Administration
Procurement and Contracts
900 SW Jackson, Suite 451 South
Topeka, KS 66612-1286

Submitted by:

Kansas Health and Recovery Solutions, PC
Tax ID# 27-2698906

Wellpath LLC
1283 Murfreesboro Road, Suite 500
Nashville, TN 37217

Points of Contact:

Brad Dunbar
President, State and Federal Division
1283 Murfreesboro Road, S. 500
Nashville, TN 37217
Office: 615-844-5583
Cell: 901-371-7854
Email: brdunbar@wellpath.us

Heather Rayko
Vice President, Partnership Development State and Federal
Division
1283 Murfreesboro Road, S. 500
Nashville, TN 37217
Cell: 724-454-5076
Email: hrayko@wellpath.us

This submission includes our Technical Proposal (1 Original, 5 Copies), Cost Proposal (1 Original, 5 Copies), and Electronic Technical and Cost Proposals (2 Flash Drives)

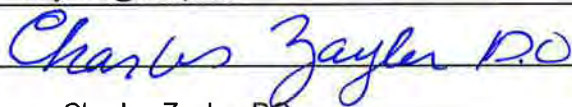
SIGNATURE SHEET

Item: Comprehensive Health Care Services
Agency: Kansas Department of Corrections (KDOC)
Closing Date: January 03, 2020, 2:00 PM CST

By submission of a bid and the signatures affixed thereto, the bidder certifies all products and services proposed in the bid meet or exceed all requirements of this specification as set forth in the request and that all exceptions are clearly identified.

Legal Name of Person, Firm or Corporation Kansas Health and Recovery Solutions, PC
Mailing Address 1283 Murfreesboro Road, S. 500 City & State Nashville, TN Zip 37217
Toll Free Telephone 800-592-2974 Local TBD
Cell Phone 901-371-7854 Fax Number 615-324-5798
Tax Number 27-2698906

CAUTION: If your tax number is the same as your Social Security Number (SSN), you must leave this line blank. DO NOT enter your SSN on this signature sheet. If your SSN is required to process a contract award, including any tax clearance requirements, you will be contacted by an authorized representative of the Office of Procurement and Contracts at a later date.

E-Mail zaylorc@wellpath.us
Signature  Date Jan. 8, 2020
Typed Name Charles Zaylor, DO Title President

In the event the **contact for the bidding process** is different from above, indicate contact information below.

Bidding Process Contact Name Heather Rayko - Vice President, Partnership Development - Wellpath State and Federal Division
Mailing Address 1283 Murfreesboro Rd, Suite 500 City & State Nashville, TN Zip 37217
Toll Free Telephone 800-592-2974 Local TBD
Cell Phone 724-454-5076 Fax Number 615-324-5798
E-Mail hrayko@wellpath.us

If **awarded a contract and purchase orders** are to be directed to an address other than above, indicate mailing address and telephone number below.

Award Contact Name Brad Dunbar - President - Wellpath State and Federal Division
Mailing Address 1283 Murfreesboro Road, S. 500 City & State Nashville, TN Zip 37217
Toll Free Telephone 800-592-2974 Local TBD
Cell Phone 901-371-7854 Fax Number 615-324-5798
E-Mail brdunbar@wellpath.us



Laura Kelly, Governor
Mark A. Burghart, Secretary
www.ksrevenue.org

CERTIFICATE OF TAX CLEARANCE

Kansas Health and Recovery Solutions

ISSUE DATE
12/06/2019

TRANSACTION ID
THS3-NBBM-H3CS

CONFIRMATION NUMBER
CY2E-24YH-B55T

TAX CLEARANCE VALID THROUGH 03/05/2020

*Verification of this certificate can be obtained on our website, www.ksrevenue.org,
or by calling the Kansas Department of Revenue at 785-296-3199*

**CERTIFICATION REGARDING
IMMIGRATION REFORM & CONTROL**

All Contractors are expected to comply with the Immigration and Reform Control Act of 1986 (IRCA), as may be amended from time to time. This Act, with certain limitations, requires the verification of the employment status of all individuals who were hired on or after November 6, 1986, by the Contractor as well as any subcontractor or sub-subcontractor. The usual method of verification is through the Employment Verification (I-9) Form. With the submission of this bid, the Contractor hereby certifies without exception that Contractor has complied with all federal and state laws relating to immigration and reform. Any misrepresentation in this regard or any employment of persons not authorized to work in the United States constitutes a material breach and, at the State's option, may subject the contract to termination and any applicable damages.

Contractor certifies that, should it be awarded a contract by the State, Contractor will comply with all applicable federal and state laws, standards, orders and regulations affecting a person's participation and eligibility in any program or activity undertaken by the Contractor pursuant to this contract. Contractor further certifies that it will remain in compliance throughout the term of the contract.

At the State's request, Contractor is expected to produce to the State any documentation or other such evidence to verify Contractor's compliance with any provision, duty, certification, or the like under the contract.

Contractor agrees to include this Certification in contracts between itself and any subcontractors in connection with the services performed under this contract.

Charles Zayler D.O.
Signature, Title of Contractor

January 8, 2020
Date

Policy Regarding Sexual Harassment

WHEREAS, sexual harassment and retaliation for sexual harassment claims are unacceptable forms of discrimination that must not be tolerated in the workplace; and

WHEREAS, state and federal employment discrimination laws prohibit sexual harassment and retaliation in the workplace; and

WHEREAS, officers and employees of the State of Kansas are entitled to working conditions that are free from sexual harassment, discrimination, and retaliation; and

WHEREAS, the Governor and all officers and employees of the State of Kansas should seek to foster a culture that does not tolerate sexual harassment, retaliation, and unlawful discrimination.

NOW THEREFORE, pursuant to the authority vested in me as Governor of the State of Kansas, I hereby order as follows:

1. All Executive Branch department and agency heads shall have available, and shall regularly review and update at least every three years or more frequently as necessary, their sexual harassment, discrimination, and retaliation policies. Such policies shall include components for confidentiality and anonymous reporting, applicability to intern positions, and training policies.
2. All Executive Branch department and agency heads shall ensure that their employees, interns, and contractors have been notified of the state's policy against sexual harassment, discrimination, or retaliation, and shall further ensure that such persons are aware of the procedures for submitting a complaint of sexual harassment, discrimination, or retaliation, including an anonymous complaint.
3. Executive Branch departments and agencies shall annually require training seminars regarding the policy against sexual harassment, discrimination, or retaliation. All employees shall complete their initial training session pursuant to this order by the end of the current fiscal year.
4. Within ninety (90) days of this order, all Executive Branch employees, interns, and contractors under the jurisdiction of the Office of the Governor shall be provided a written copy of the policy against sexual harassment, discrimination, and retaliation, and they shall execute a document agreeing and acknowledging that they are aware of and will comply with the policy against sexual harassment, discrimination, and retaliation.
5. Matters involving any elected official, department or agency head, or any appointee of the Governor may be investigated by independent legal counsel.
6. The Office of the Governor will require annual mandatory training seminars for all staff, employees, and interns in the office regarding the policy against sexual harassment, discrimination, and retaliation, and shall maintain a record of attendance.
7. Allegations of sexual harassment, discrimination, or retaliation within the Office of the Governor will be investigated promptly, and violations of law or policy shall constitute grounds for disciplinary action, including dismissal.
8. This Order is intended to supplement existing laws and regulations concerning sexual harassment and discrimination, and shall not be interpreted to in any way diminish such laws and regulations. The Order provides conduct requirements for covered persons, and is not intended to create any new right or benefit enforceable against the State of Kansas.
9. Persons seeking to report violations of this Order, or guidance regarding the application or interpretation of this Order, may contact the Office of the Governor regarding such matters.

Agreement to Comply with the Policy Against Sexual Harassment, Discrimination, and Retaliation.

I hereby acknowledge that I have received a copy of the State of Kansas Policy Against Sexual Harassment, Discrimination, and Retaliation established by Executive Order 18-04 and agree to comply with the provisions of this policy.


Signature and Date

Charles Zaylor, DO - President - Kansas Health and Recovery Solutions, P.C.
Printed Name

**CERTIFICATION OF COMPANY
NOT CURRENTLY ENGAGED IN A BOYCOTT OF GOODS or SERVICES FROM ISRAEL**

In accordance with HB 2482, 2018 Legislative Session, the State of Kansas shall not enter into a contract with a Company to acquire or dispose of goods or services with an aggregate price of more than \$100,000, unless such Company submits a written certification that such Company is not currently engaged in a boycott of goods or services from Israel that constitutes an integral part of business conducted or sought to be conducted with the State.

As a Contractor entering into a contract with the State of Kansas, it is hereby certified that the Company listed below is not currently engaged in a boycott of Israel as set forth in HB 2482, 2018 Legislature.

Charles Zaylor D.O.
Signature, Title of Contractor

January 8, 2020

Date

Charles Zaylor, DO

Printed

Kansas Health and Recovery Solutions, P.C.

Name of Company



Transmittal Letter

January 10, 2020

Kansas Department of Administration
Procurement and Contracts
900 SW Jackson, Suite 451-South
Topeka, KS 66612-1286

RE: EVT0006973 – RFP for Comprehensive Health Care Services for the Kansas Department of Corrections

Dear Members of the Procurement Negotiation Committee (PNC):

Kansas Health and Recovery Solutions, PC, (the PC) has teamed with Wellpath, LLC (formerly known as Correct Care Solutions), a Nashville-based public health organization, to submit our proposal to provide Comprehensive Healthcare Services for the State of Kansas Department of Corrections (KDOC) in response to Event No. EVT0006973. The PC shall provide all physician and mid-level services contemplated by this solicitation. The PC has engaged Wellpath, LLC to provide all management services including but not limited to back-office services such as payroll and benefits, accounts receivable and payable, accounting, legal, and network development. For purposes of this proposal, the collective entities are hereafter referred to as Wellpath.

As the nation's largest provider of public healthcare services to incarcerated patients, Wellpath has more experience providing evidence-based healthcare services to high-risk, vulnerable, and special needs populations than any other provider.

The following are responses to required statements:

- a.) Kansas Health and Recovery Solutions, PC is the prime contractor. Subcontractors are:
- CharDonnay
 - TridentCare (MobilexUSA)
 - Institutional Eye Care
 - RJ Young
 - Correct RX
 - Diamond
 - Regency
 - AllStar Therapies
 - Stericycle
 - InterMedRx
 - McKesson
 - Henry Schein
- b.) Kansas Health and Recovery Solutions, PC is a Professional Corporation and Wellpath is a Limited Liability Company.



- c.) No attempt has been made or will be made by Wellpath to induce any other person or firm to submit or not to submit a proposal.
- d.) Wellpath does not discriminate in employment practices with regard to race, color, religion, age (except as provided by law), sex, marital status, political affiliation, national origin or disability.
- e.) No cost or pricing information has been included in this transmittal letter or the Technical Proposal.
- f.) Wellpath presently has no interest, direct or indirect, which would conflict with the performance of services under this contract and shall not employ, in the performance of this contract, any person having a conflict.
- g.) The person signing the proposal, Brad Dunbar, is authorized to make decisions as to pricing quoted and has not participated, and will not participate, in any action contrary to the above statements.
- h.) There is no reasonable probability that the Wellpath is or will be associated with any parent, affiliate or subsidiary organization, either formally or informally, in supplying any service or furnishing any supplies or equipment to Wellpath which would relate to the performance of this contract. If at any time after a proposal is submitted, such an association arises, Wellpath will obtain a similar certification and authorization and we acknowledge failure to do so will constitute grounds for termination for cause of the contract at the option of the State.
- i.) Wellpath agrees that any lost or reduced federal matching money resulting from unacceptable performance in a contractor task or responsibility defined in the RFP, contract or modification shall be accompanied by reductions in state payments to Wellpath.
- j.) Wellpath has not been retained, nor has it retained a person to solicit or secure a state contract on an agreement or understanding for a commission, percentage, brokerage or contingent fee, except for retention of bona fide employees or bona fide established commercial selling agencies maintained by the bidder for the purpose of securing business. Wellpath acknowledges that for breach of this provision, the Committee shall have the right to reject the proposal, terminate the contract for cause and/or deduct from the contract price or otherwise recover the full amount of such commission, percentage, brokerage or contingent fee or other benefit.

In preparing this response, we have thoroughly reviewed the RFP, attended the pre-bid conference, and worked diligently to deliver a meaningful proposal that demonstrates an innovative, effective, and efficient approach. We have also drawn from our significant experience with the KDOC during our tenure as your healthcare provider from 2003 to 2013.

Led by a team of clinical experts and informed by decades of experience, we have been providing comprehensive care and treatment consistent with best practices in statewide DOC settings since 2003. We offer unimpeded access to our leadership and an ongoing commitment to KDOC. More importantly, we believe our proposal represents a best-value to the KDOC and the State of Kansas.

KDOC Accomplishments

Working with the KDOC in a strong partnership, our collaborative accomplishments from 2003-2013 included:

- The Council of State Governments presented their highest award to Wellpath for our joint program, which allowed rural jails across the state to leverage the Wellpath pharmacy contract. This program resulted in millions of dollars in savings to Kansas taxpayers.



- Development, organization, and implementation of a health fair with Washburn University for those offenders at the medium and maximum-security unit at Topeka Correctional Facility (TCF) in an effort to continue promoting health education and awareness to this population. We subsequently worked with the KDOC and Washburn University to receive Internal Review Board approval for publication regarding the positive effects of the Inmate Health Fair.
- TCF's Mental Health team was chosen by the KDOC and Contract Monitors to create a model of increased services for mentally ill segregated patients.
- Our staff at TCF served as Guest Lecturers at regional universities for 4th semester nursing students.
- Oncology services were brought on-site with the purchase of equipment to mix medication on-site, reducing off-site transportation costs.
- Telepsychiatry was fully implemented in Norton Correctional Facility (NCF).
- Wellpath's NCF staff piloted the Sapphire eMAR from 2011-2013
- Wellpath's NCF staff were instrumental in establishing the electronic lab for the state of Kansas
- Wellpath recorded improved patient outcomes by daily monitoring of non-compliance
- Wellpath instituted an open medical and mental health sick call process improving both compliance and access to care at TCF
- Wellpath implemented an Inmate Hospice Program at TCF by certifying eligible inmate volunteers as hospice workers
- Wellpath opened an additional medication and clinic room by creating three (3) on-site clinics at TCF

A Dedicated State and Federal Division

Wellpath has delivered comprehensive healthcare services in DOC, Federal Bureau of Prisons (FBOP) and Private Prison settings since our inception, including experience with the treatment of substance abuse, sex offender treatment, restoration to competency, juvenile and adult populations. Providing healthcare to justice-involved populations in restrictive environments is our company's core competency, and we continue to grow by building on this strength. Our FBOP programs comply with FBOP performance-based standards, which frequently exceed NCCHC and/or ACA standards for services such as Hepatitis C. Additionally, we have achieved accreditation of the BOP programs by The Joint Commission and the Accreditation Association of Ambulatory Health Care as required by the individual contracts.

Wellpath provides healthcare to 150,000 state DOC and federal patients in 164 locations, including facilities in Arizona, Arkansas, California, Florida, Georgia, Illinois, Kentucky, Louisiana, Maine, Massachusetts, New Mexico, Oklahoma, Pennsylvania, South Carolina, Tennessee, and Texas.

Our extensive experience in providing correctional health care services in a variety of settings and in compliance with correctional and free world health care standards gives us the ability to collect, analyze and trend data from a variety of correctional settings, giving us a unique perspective and an increased ability to develop and implement best practices.

Expert Leadership and Staffing

Our project leadership team has been specifically selected based on their relevant expertise and knowledge of the KDOC. This team includes:



- **Charles Zaylor, Doctor of Osteopathic Medicine, President – Kansas Health & Recovery Solutions, PC**
- **Brad Dunbar, President – State and Federal Division**
- **Jon Bosch, BSN, MHSA, Senior Vice President, Operations – State and Federal Division**
- **David Thompson, Vice President – State Prisons**
- **William Ruby, Doctor of Osteopathic Medicine, CCHP, Medical Director – State and Federal Division**
- **Charlene Donovan, PhD, RN, PMHNP-BC, Vice President, Behavioral Health**
- **Deleca Reynolds-Barnes, PharmD, Vice President – Pharmacy Services**
- **Lynn Cole, MHA, CPHQ, CCHP, Director of Compliance (Regional Vice President Candidate)**
- **Dwight Sims, Vice President, State Prisons (Regional Vice President Candidate)**
- **Kim Hofmann, Regional Manager, Arkansas DOC (Regional Manager Candidate)**

Wellpath's culture of caring is rooted in a core belief that in order to provide the best patient care you must have the best people. Wellpath has developed industry-leading talent acquisition and employee retention programs to consistently recruit and retain highly qualified employees

Claims Savings

Wellpath (then known as CCS) assisted the KDOC in passing legislation extending Medicaid pricing to inmates held in county jails in Kansas. Once passed, we established a process to reprice claims for a fixed fee per claim for any jail in Kansas that needed the service. We continued that service even after ending the DOC contract in 2013. So far in 2019 our repricing has resulted in \$3,152,534 in savings for Kansas jails.

Wellpath Mission, Vision, and Values

Wellpath is specifically organized to provide comprehensive correctional healthcare services to agencies like the KDOC. Our programs in these facilities include the design and successful operation of comprehensive medical, dental, and mental health services for inmate populations. With each of our successful contracts and satisfied clients, we have demonstrated the necessary capabilities and resources that make us a qualified and willing partner for the State of Kansas.

Given the opportunity to work with you again, we will provide the same dedicated level of service that our clients have come to expect from us.

Our Mission

Our mission is to provide quality care to every patient with compassion, collaboration, and innovation. We are committed to our role as a true solutions provider in the healthcare industry and in the communities we serve. With a constant focus on patient care, we will offer innovative solutions to the KDOC and efficiently execute our

"When you think about our patients, they tend to be the most underserved, and I think there is no greater calling than to work with and to care for those people who have historically been left out and received the least healthcare."

Jorge Dominicus, Wellpath CEO



operational plans in coordination with your program objectives, and national, and State of Kansas standards.

Our Vision

Our vision is to transform healthcare by delivering hope and healing through public health partnerships. Wellpath was born out of the joining of two great companies that recognized the importance of putting patients first and providing high-quality care to a population often overlooked. We believe in transforming public health by delivering **hope and healing** to those who need it most. We treat our patients with the dignity and compassion they deserve, because we care about them as human beings. We are the right people, striving to do the right thing, while creating healthier communities—one patient at a time.

Our Values

Wellpath will continue to recruit and retain only the best personnel in the industry. We strive to hire individuals who possess the qualities that we value most in ourselves, our employees, and in others. These attributes are known in the Wellpath family as **The Five Hs: Humility, Honesty, Hunger, Hard Work, and Humor.**

Wellpath's Focus


Our philosophy is simple: we listen to our clients; we assess the situation; and we offer targeted, implementable solutions. Wellpath concentrates on establishing partnerships with county, state, or federal agencies that are experiencing challenges meeting their healthcare delivery needs in a fiscally responsible way. We focus on creating and maintaining successful partnerships with our clients, and we create value in our partnerships through long-term cost savings and improved patient care. Our focus is best summarized by what we like to call **The Five Ps: Patients, People, Partners, Processes, and Performance.**

Company Compassion

Transforming public health by delivering hope and healing to those who need it most, Wellpath treats our patients and partners with the dignity and compassion they deserve. We genuinely care about them as our family. When we treat patients and staff with compassion, everyone wins.

Wellpath Warriors ensure a compassionate, smooth transition. Wellpath will deploy a team of "Wellpath Warriors" to Kansas. The "best of the best" of our clinical, administrative and operational employees, this elite group is trained and certified in the best practices in correctional healthcare. They will be called into action for the transition to ease stress typically felt by staff and to ensure uninterrupted care for patients.

Wellpath established the **Dare to Care Employee Assistance Fund** to support our valued team members when they



"I am extremely impressed and satisfied with [Wellpath's] commitment to assuring an effective, efficient, and seamless transition process. In addition to the contractual staffing model, [Wellpath] deployed resources and subject matters experts from across the country in order to assure that our transition process was a success."

Colonel James Reyes, Broward (FL) Sheriff's Office
ADP: 3,700



need it most. Wellpath employees and their eligible dependents can apply for economic assistance to help meet their needs in the event of unexpected economic hardship. Employees may be eligible for assistance if they experience extreme or catastrophic circumstances beyond their control, including loss of property due to natural disaster; life-threatening illness or injury; or the loss of a family member. Dare to Care is funded through employee donations and matching contributions from Wellpath.



Communication, Collaboration, and Connectivity

We do everything to ensure improved outcomes and to reduce recidivism through effective communication, collaboration, and community connectivity.

Working in collaboration with the KDOC and community providers, Wellpath strongly believes in treatment communities in the form of “**Centers of Excellence.**” These Centers of Excellence an effective way of promoting care practices and peer relationships of individuals with similar health conditions. The Wellpath vision of a Center of Excellence emphasizes and facilitates treatment planning, staff education, offender health promotion and improved care management for specific disease processes.

Our **Continuous Quality Improvement (CQI)** program will provide open communication, transparency, and accountability to the KDOC. This approach results in better outcomes for our patients and cost savings for our clients. Our CQI team will review, assess, and monitor all processes, ensure best practices, and make changes where needed to improve care and outcomes for our patients. Our customized statistical reports for the KDOC will provide all the required data to track our program and its results.

Community Connectivity: Our goal is to enhance our patients’ health and reduce the likelihood of recidivism. To achieve our goal, we collaborate with as many community resources as possible, allowing discharged patients to continue their treatment plans in the community after release. To understand the available community resources, we have contacted or met with individuals from community stakeholder organizations. These include: *the Kansas Department of Health and Environment’s Ryan White Part B Program, Holland Pathways Addiction Treatment Center, BHG: Behavioral Health Group, Planned Parenthood, NAMI|Kansas, Friends for Recovery Association, Mo-Kan Pet Partners, and the University of Kansas School of Music.*

Network Development: To demonstrate our focus on improving clinical results and cost efficiencies, we have established relationships with medical specialists and local hospitals to provide on-site and off-site care to the patients of KDOC. Wellpath has identified potential partners, including some of your current providers, for various service improvements. Please review our corresponding [Letters of Intent in Attachment J.](#)

Travel Nurse Program: Wellpath has established a Travel Nurse Program to provide coverage for vacancies, reduce over-time hours, and avoid the use of agency nurses at our sites. Travel nurses are Wellpath RNs and LPNs who travel to sites to provide coverage and are available to work multiple shifts and weekends. They obtain licensure in the states that are not compact. Our travel nurses are thoroughly screened on their knowledge assessment on clinical tasks, Wellpath policies and procedures, and the Wellpath Care Management system, in addition to being computer literate. At no incremental cost to the KDOC, Wellpath will expand our Travel Nurse Program to form a Kansas-dedicated team of

traveling professionals whose primary objective is to mitigate risks associated with staffing challenges at KDOC facilities. The Travel Nurse Program is one of several tools we use to proactively deliver on our promise to provide exceptional patient care and can be expanded to other professional positions based on the evolving supply and demand of resources across the state.

KDOC Human Resource Business Partner (HRBP): We hire and retain great people. At Wellpath, we are so much more than just a dedicated staff of thousands of nationwide healthcare professionals. We are a true family. We hire well, train well and treat our people well. Our many long-term employees are a testament to our unmatched warm and friendly culture, and the fact that we place great value on our people. Our people-focused environment cannot be maintained without the proper team members physically engaging daily in the KDOC culture. The HRBP is a position we have included in the KDOC staffing matrix and we believe is a critical team member that supports the success of our partnership with KDOC and the care of our patients. The HRBP aligns business objectives with employee and management needs for a designated functional relationship and delivers value added services to management and employees helping to create an engaged workforce. The HRBP provides guidance to our KDOC workforce on a wide scope of human resource issues including employee relations, onboarding, retention, positive work environment, policy interpretation, employment law compliance, compensation, benefits, and development. In short, the HRBP is a culture warrior solely dedicated to a constant and proactive approach to improving the people experience at KDOC.

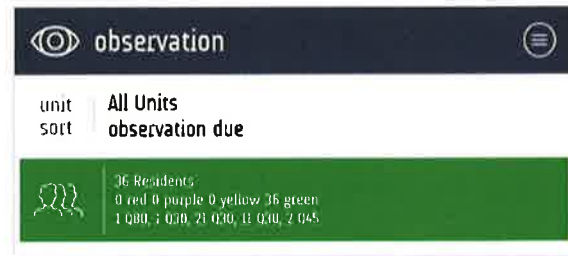
Technological Innovation

Wellpath understands that technology is crucial to the delivery of quality healthcare and we are committed to technological innovation. **Our proposal includes a variety of innovative technology offerings at no additional cost to the State.** We provide technical support to assist with electronic medical records. In fact, we are committed to staffing 5 IT and EMR support staff in the Regional office to assist with all technological needs!

We also offer an advanced patient monitoring system for patients on suicide watch, tablet collaborations with your communications provider, Century Link, and a web-based client portal that will connect the KDOC to real-time reporting on statistics related to the delivery of care. The State will also benefit from the data-driven tools and industry-leading practices utilized by our Talent and Acquisition Team to recruit and retain qualified staff in remote and challenging locations.

- **NextGen:** Wellpath participated in the original implementation of NextGen for the KDOS and will provide dedicated staff to assist with enhancements to the system. Our experts have a proven record of refining the efficiency, quality, and safety of electronic health records including NextGen, CorEMR, and eOMIS.
- **Wellpath's EMR Solution as a Future Option:** If the KDOC is interested, Wellpath has the flexibility to offer a customized EMR solution. Our web-based Electronic Records Management Application (ERMA) is an application that operates as an integral part of healthcare delivery in a correctional system. Wellpath developed, owns, and operates ERMA and can offer it as an Electronic Medical Record (EMR) solution for the KDOC with no cost for licensing, training, interfaces, upgrades, or 24/7 support. ERMA is a hosted application therefore no servers are required at your prison facilities. More than 100 Wellpath clients use ERMA as their complete EMR solution.

- Wellpath Client Portal:** One of our most recent innovations, the Wellpath Client Portal, provides the KDOC real-time reporting on statistics related to the delivery of care, such as intake screenings completed, staffing hours provided, and more. It is a secure digital gateway for shared communication and information that designated KDOC staff can access via a web browser or mobile application. We will collaborate with the KDOC to develop portal reporting that meets or exceeds the requirements presented upon transition.
- Patient Activity Monitoring:** Wellpath proposes incorporation of our exclusive Patient Activity Monitoring Management (PAMM) system to monitor patients on suicide watch. PAMM is a tablet-based application that collects observation data and reports it via a performance dashboard, giving facility administration accurate observation compliance statistics at all times. Integration with ERMA, if desired, can result in real-time updates and invaluable data reporting.



- Care Management System:** Wellpath will implement our web-based Care Management system on the first day of the contract at no cost to the KDOC. This system is used at each of our contracted sites to ensure clinical control and cost efficiencies by allowing us to track off-site care, ensure timely return from off-site visits, manage claims, and provide reports to assist with cost containment and budget preparation. Even with the current NextGen system in place, Wellpath will implement the Care Management system as part of our standard technology package at no additional charge.
- Informatics:** Wellpath's clinical and operational leadership team uses powerful business intelligence software, such as Tableau, to ensure efficient delivery of services. By using these tools, we can identify trends as they emerge. A sample of the key indicators tracked using this software include Off-site referrals, Inpatient/ER utilization, Claim details, Pharmacy utilization, Labs, Filled/vacant FTEs, and Overtime.

Research-Driven Programming

Aligned with the work of leading researchers, **Wellpath's expert staff incorporate effective, proven advancements and research-based and evidence-informed programming to treat assessed mental and behavioral healthcare needs**, criminogenic thinking, behavioral dysregulation, substance use disorders, and sex offenders in traditional group settings, modified therapeutic communities (MTCs), supportive living units, and restrictive housing.

Patient-Centered Model. We recognize that recovery begins as a partnership between the patient and the clinical provider. This truth is fundamental to the services we provide and applies to every aspect of their delivery. **Our organization has embraced the recovery model since our inception and we promote patient empowerment, independence, and self-sufficiency as integral parts of our treatment model.** We know that success depends upon caring partnerships between our patients, employees, clients,



advocacy groups, and the communities we serve. The entire Wellpath team will provide care with the respect and understanding that these patients deserve.

Our organization has worked hard to foster a culture focused on providing quality health care, promoting active treatment planning and evidence-based programming, and patient trust by providing an environment of respect, dignity, and transparency. We look forward to partnering with the State, and believe our proposal demonstrates the commitment, expertise, and leadership necessary to make Wellpath the KDOC's partner of choice in meeting the health care challenges of today and moving forward.

Summary

Throughout this proposal, you will notice the blue icon to the right of this paragraph. This icon is a way for us to highlight innovative solutions and other differentiators that are **unique to a partnership with Wellpath**.



You will also encounter the green icon to the right of this paragraph, which clearly identifies areas within our proposal where we believe **cost savings advantages** are gained by partnering with Wellpath.



As the largest provider of public healthcare services in the nation, our accreditation history is well-documented: **We have never failed to obtain nor lost accreditation status at any of our client facilities**, and we have never been denied for continued accreditation. Wellpath has more experience providing evidence-based behavioral health services to high-risk, vulnerable, and special needs populations than any other provider. Led by a team of clinical experts and informed by decades of experience, we have been providing comprehensive care and treatment consistent with best and evidence-based practices in statewide DOC settings since 2003.

In closing, we respectfully ask for your business and thank you for considering Wellpath as your partner. We personally commit to delivering all necessary resources to create a successful program for the Kansas Department of Corrections.

Sincerely,



Charles Zaylor, DO, President
Kansas Health and Recovery Solutions, PC



Brad Dunbar, President - State and Federal Division
Wellpath LLC

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The documents marked “CONFIDENTIAL/TRADE SECRET OR PROPRIETARY” represent trade secrets as defined by K.S.A. § 60-3320. Pursuant to K.S.A. § 45-221(a)(2) and K.S.A. § 60-432, these documents are not subject to disclosure under the Kansas Open Records Act (“KORA”). Wellpath respectfully requests that these documents not be disclosed pursuant to any request made under KORA, or otherwise copied or distributed for any reason.

1 BIDDER INFORMATION (RFP PG. 13)

Kansas Health and Recovery Solutions, P.C. (the “PC”) submits this bid in coordination with Wellpath LLC (“Wellpath”) as its Management Services Organization (PC and Wellpath LLC hereinafter collectively known as the “Companies”). The PC shall provide all physician and mid-level services contemplated by this solicitation. The PC has engaged Wellpath LLC to provide all management services including but not limited to back-office services such as payroll and benefits, accounts receivable and payable, accounting, legal, and network development.

a. Date Established

Wellpath has been providing medical and behavioral health services to jails and prisons for more than 35 years – since our inception in 1983 as California Forensic Medical Group (CFMG)/Correctional Medical Group Companies (CMGC). In 2018, CMGC and Correct Care Solutions (CCS) joined forces to “transform public health by delivering hope and healing to those who need it most” with over 15,000 seasoned healthcare professionals serving over 300,000 adult and juvenile patients every day.

Kansas Health and Recovery Solutions, P.C. was formed in 2019.

b. Ownership

Kansas Health and Recovery Solutions, PC is a physician owned entity that engages Wellpath LLC to perform management services on its behalf. Wellpath LLC is taxed as a partnership for federal income tax purposes and is owned directly and indirectly by Wellpath Holdings, Inc.

c. Personnel

Number of personnel, full and part time, assigned to this project by function and job title; include resumes of personnel assigned to the project stating their education and work experience.

Job Title	FTEs (Base)	FTEs (Alternate)
HSA	9.00	10.00
Director of Nursing	11.00	11.00
Assistant Director of Nursing	-	2.00
Medical Director	8.15	8.35
Midlevel Practitioner	11.00	11.00
Dentist	11.55	11.55
Dental Assistant	11.40	11.40
Charge RN	1.50	1.50
Infection Control Nurse	3.50	3.50
RN	120.60	117.50
LPN	65.40	64.40
Medical Assistant	45.20	45.20
EMT	11.20	16.40
Admin Assistant	7.50	7.50
Medical Records Clerk	14.80	14.80

Job Title	FTEs (Base)	FTEs (Alternate)
Unit Clerk	5.50	5.50
Lab Tech	2.50	3.50
X-Ray Tech	2.55	2.55
Clinical Director, Ph.D.	4.00	4.00
Psychiatrist	6.86	6.85
Psychiatric APRN	2.80	5.20
Forensic Psychologist, Ph.D.	3.00	3.00
Behavioral Health Professional, MA/MSW	74.40	71.50
Admin Assistant MH	7.90	8.00
Activity & Rec Therapist, BA	20.00	22.00
Psych RN	3.00	3.00
Psychologist, Ph.D., RDU	2.00	1.00
Psychom, BA RDU	1.00	1.00
Psychologist, MA, RDU	10.00	10.00
Physician, RDU	0.30	0.30
Psychiatrist, RDU	1.00	1.00
Licensed Addiction Counselor, BA	3.00	3.00
Sex Offender Treatment, MA/MSW	2.00	2.00
Regional Vice President	1.000	1.00
Regional Medical Director	1.000	1.00
Assoc. Regional Medical Director	0.250	0.50
Regional Midlevel Practitioner	1.000	1.00
Regional Dental Director	0.500	0.50
Regional Psychiatric Director	1.000	1.00
Regional Manager	1.000	2.00
Regional Director of Nursing	1.000	1.00
Administrative Assistant	1.500	1.50
UM Coordinator	1.000	1.00
QI Coordinator	1.000	1.00
Regional Mental Health Coordinator	1.000	1.00
Regional Telepsychiatrist	0.500	0.50
ART Clerk	1.000	1.00
IT/EMR Support	5.000	5.00
Recruiter	--	1.00
HR Business Partner	--	1.00
TOTAL	501.36	510.50

Regional Office Staff

Resumes are provided in [Tabbed Attachment A](#).

d. Resources

Resources assigned to this project and the extent they are dedicated to other matters

Wellpath employs 1,600 healthcare professionals in our State and Federal Division. Operating within more than 140 adult and juvenile facilities around the country, Wellpath treats 150,000-plus patients. Wellpath provides our state and federal partners with recruitment and staffing, pharmacy management, integrated EMR, claims adjudication, and mental and behavioral health programming. We serve as a specialized healthcare provider with an intense focus on core competencies. We work alongside our partners to help project cost, as well as offer support in facility accreditation and more advanced behavioral programming.

e. Organization

Provide a detailed organizational chart identifying the organizational structure to include relationships to corporate offices. If any subcontractors are proposed, provide information on each subcontractor.

The officers of Kansas Health and Recovery Solutions, P.C. are:

Charles L. Zaylor, DO – President & Treasurer
Grady J. Bazzel, MD – Secretary

The PC is wholly-owned by Drs. Zaylor and Bazzel.

The organizational structure is provided at the end of this section.

f. Financials

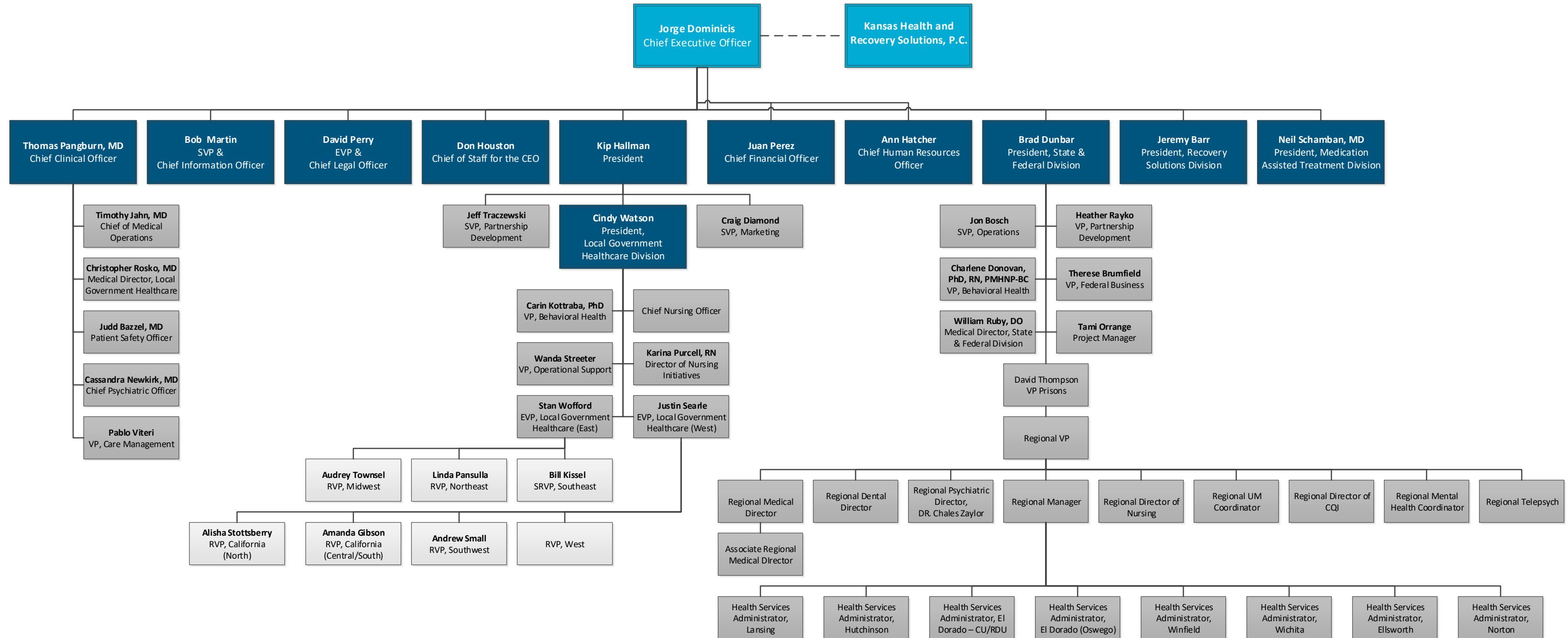
Provide audited financial statements for the last two (2) years. Financial statements shall be prepared and audited by an independent, licensed CPA according to Generally Accepted Accounting Principles (GAAP) and shall include a balance sheet, income statement, cash flow statements, and accompanying accountant's notes. If the vendor proposes to utilize subcontractors and/or a wholly owned subsidiary, the financials shall be submitted for those organizations separately. The State shall have the right to request additional financial data in order to obtain information deemed necessary.

Wellpath has provided the requested financial statements in a sealed envelope in the back pocket of the original proposal binder. Please note this information is **Confidential & Proprietary**.

g. Legal Action

Description of all legal action, pending, or in the past five (5) years, that resulted in decision against the vendor, or any legal action against any other company that has occurred as a result of business association with the vendor.

Wellpath has provided the requested legal action information as **Tabbed Attachment B**. Please note this information is **Confidential & Proprietary**.



2 QUALIFICATIONS (RFP PG. 13)

A description of the bidder's qualifications and experience providing the requested or similar service, including resumes of personnel assigned to the project stating their education and work experience, shall be submitted with the Technical Proposal. The bidder must be an established firm recognized for its capacity to perform. The bidder must have sufficient personnel to meet the deadlines specified in the bid event.

As stated in **Section 1**, Kansas Health and Recovery Solutions, P.C. (the "PC") submits this bid in coordination with Wellpath LLC ("Wellpath") as its Management Services Organization (PC and Wellpath LLC hereinafter collectively known as the "Companies"). The PC shall provide all physician and mid-level services contemplated by this solicitation. The PC has engaged Wellpath LLC to provide all management services including but not limited to back-office services such as payroll and benefits, accounts receivable and payable, accounting, legal, and network development.

a. Technical and Medical Support

Demonstrate the ability to provide a system of technical and medical support, as well as professional staff development.

Wellpath is the premier provider of localized, high-quality, compassionate care to vulnerable patients in challenging clinical environments. In October 2018, affiliates of Correct Care Solutions, LLC (CCS) and Correctional Medical Group Companies, Inc. (CMGC) combined to create one family of public and correctional healthcare companies now known as **Wellpath**. The KDOC will have the benefit of the combined resources and experience of these leading companies in the public health industry.

Wellpath is specifically organized to provide comprehensive correctional healthcare services, initially for the State of Kansas. Our programs in facilities, now, such as those of the KDOC, include the design and successful operation of comprehensive medical, dental, and mental health services for inmate populations.

With each of our successful contracts and satisfied clients, we have demonstrated the necessary capabilities and resources that make us a qualified and willing partner for the KDOC.

Given the opportunity to work with KDOC again, we will provide the same dedicated level of service that our current clients have come to expect from us.

Wellpath at a Glance

- 35+ years in the industry
- Privately owned—We answer to our clients, not shareholders
- Nearly 16,000 Wellpath employees provide healthcare services for nearly 300,000 patients in 33 states
- More than 60,000,000 patient encounters each year
- Clients include state and federal prison systems, county/regional jails, detention centers, and juvenile facilities
- Annual sales = \$1.6 billion
- Financially strong and stable
- Impeccable litigation record
- 100% success in our accreditation efforts

Today, nearly 16,000 Wellpath employees care for nearly 300,000 patients in 33 states, with more than 60,000,000 patient encounters each year. The knowledge we gain from the patients we treat throughout our client base leads to improved care for our patients at each individual site.

Our Mission

Our mission is to provide quality care to every patient with compassion, collaboration, and innovation.

We are committed to our role as a true solutions provider in the healthcare industry and in the communities we serve. With a constant focus on patient care, we will offer innovative solutions to the KDOC and efficiently execute our operational plans in coordination with your program objectives, and national and State of Kansas standards.

"When you think about our patients, they tend to be the most underserved, and I think there is no greater calling than to work with and to care for those people who have historically been left out and received the least healthcare."

Jorge Dominicus,
Wellpath CEO

Our Vision

Our vision is to transform healthcare by delivering hope and healing through public health partnerships.

Wellpath was born out of the joining of two great companies that recognized the importance of putting patients first and providing high-quality care to a population often overlooked.

We believe in transforming public health by delivering **hope and healing** to those who need it most. We treat our patients with the dignity and compassion they deserve, because we care about them as human beings. We are the right people, striving to do the right thing, while creating healthier communities—one patient at a time.

Our Values

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

Our values THE FIVE HS



HUMILITY

A mindset that ensures we never lose sight of our identity and our loyalty to those we serve and support.



HONESTY

A commitment to the highest level of personal and professional integrity with our partners and our patients.



HUNGER

A desire for all personnel to learn, teach and grow in a team-supported environment.



HARD WORK

A fundamental willingness to work harder and smarter in the interest of providing better service to our partners and patients.



HUMOR

A stress reliever that is essential for maintaining a positive, passionate attitude and a superior quality of life at work.

Always Do the Right Thing!



Our Focus

Our philosophy is simple: we listen to our clients; we assess the situation; and we offer targeted, implementable solutions.

Wellpath concentrates on establishing partnerships with county, state, or federal agencies that are experiencing challenges meeting their healthcare delivery needs in a fiscally responsible way.

We focus on creating and maintaining successful partnerships with our clients, and we create value in our partnerships through long-term cost savings and improved patient care. Our focus is best summarized by what we like to call *The Five Ps*.

Our State and Federal Division

Wellpath has delivered comprehensive healthcare services in DOC, Federal Bureau of Prisons (FBOP) and Private Prison settings since our inception, including experience with the treatment of substance abuse, sex offender treatment, restoration to competency, juvenile and adult populations. Providing healthcare to justice-involved populations in restrictive environments is our company's core competency, and we continue to grow by building on this strength. Our FBOP programs comply with FBOP performance-based standards. Additionally, we have achieved accreditation of the BOP programs by The Joint Commission and the Accreditation Association of Ambulatory Health Care as required by the individual contracts.

Wellpath provides healthcare to 150,000 state DOC and federal patients in 164 locations, including facilities in Arizona, Arkansas, California, Florida, Georgia, Illinois, Kentucky, Louisiana, Maine, Massachusetts, New Mexico, Oklahoma, Pennsylvania, South Carolina, Tennessee, and Texas.


Our extensive experience in providing correctional health care services in a variety of settings and in compliance with correctional and free world health care standards gives us the ability to collect, analyze and trend data from a variety of correctional settings, giving us a unique perspective and an increased ability to develop and implement best practices.

Services Provided


Wellpath provides a wide range of healthcare services, ancillary services, and products for our clients, including:

- Medical care
- Dental care
- Inmate health education and awareness programs


Our focus THE FIVE Ps




PATIENTS
We consider patients' needs and outcomes FIRST in all decisions we make.




PEOPLE
We value our patients, patients' families, staff and all stakeholders.



PARTNERS
We strive to meet all deliverables as contracted and provide our partners with the best services.




PROCESSES
We believe that constant adherence to best practices leads to successful outcomes.



PERFORMANCE
We strive to perform above expectations in all areas of our business.

Always Do the Right Thing!



- Optical care
- Mental health care
- On-site care
- Receiving screenings
- Triage and sick call
- Suicide prevention/intervention
- Withdrawal management and substance use programs
- Comprehensive health appraisals
- Radiology and laboratory services
- Medically necessary diet programs
- Special needs and chronic care
- Continuity of care and discharge planning
- Telemedicine services
- Collaboration with community services agencies
- Network development
- Hiring/staffing
- Recruitment/retention plans
- Facility/custody/law enforcement staff training programs
- Emergency and hospitalization arrangements
- Utilization management
- Pharmaceutical supply and medication management
- Third-party reimbursement follow-up and processing
- Co-pay programs
- Cost recovery programs
- Catastrophic re-insurance coverage
- Continuous Quality Improvement (CQI) program
- Electronic Record Management Application (ERMA®)
- National Accreditation – NCCHC/ACA/CALEA
- Medication Assisted Treatment (MAT)
- Jail-based Restoration to Competency

Core Competencies and Strengths

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

Hands-on Approach

The Wellpath Executive Team is closely involved with the implementation and operation of services for our clients. Continuous communication helps minimize surprises and ensures a mutual understanding of decisions and protocols. To ease the transition of services, Wellpath prefers to meet with new clients and valued medical personnel within 48-72 hours of notice of contract award; the members of our proposed Regional Management Team will become familiar faces as they provide guidance and insight to members of the on-site medical team at each KDOC facility.

Employee Advocates

Our employees are our most valued assets, and we are committed to equipping Wellpath team members with the necessary tools for success. Wellpath provides our site leaders with management training that allows them to foster the proper culture for working in a challenging environment. We believe that in order to be the company that clients want to work *with*, we must be the company that employees want to work *for*.

Upon notification of award, Wellpath will work closely with the KDOC to retain any valued current members of your healthcare team. Several of our previous KDOC employees are interested in returning to the care of your offender population. Prior to contract start-up, our team will personally meet with

current staff to address any questions and concerns. We believe this respect and consideration initiates a positive relationship to sustain a long-term commitment in a productive environment.

Cost Containment

In all programs we design and operate, our objective is to uncover all possible areas of savings without sacrificing quality. As your partner, Wellpath will negotiate contracts for goods and services to benefit your medical program. We will work to create efficiencies in staffing, pharmacy, and off-site costs for the KDOC. Our vendor contracts commonly offer an economy of scale to generate savings that we can pass on to our clients. Because we care for nearly 300,000 patients nationwide, we have significant buying power and will negotiate to secure the best possible rates with all on-site and off-site providers.



Advanced Utilization Management

Wellpath is prepared to implement our Care Management system, a browser-based web application designed to manage inmate off-site medical services. The Wellpath Care Management system allows us to track off-site care, ensure timely return to the facility, manage claims, and provide reports to assist with cost containment and budget preparation. The Care Management system will be **operational on Day One** and will function along with your Jail Management System (JMS) to create more clinical control and cost efficiencies for on-site and off-site medical, dental, and mental health activities.



Proven Success Managing Chronic Care

Wellpath has successfully established many on-site programs and specialty care clinics for our current clients. Our continued focus on the identification, referral, and treatment of inmates with chronic conditions allows Wellpath to manage our patients' needs before they escalate and require off-site consultation, or result in grievances or litigation. We are proposing to create several Centers of Excellence for the KDOC, including Dialysis, Oncology, Pre-Natal Care, Pulmonology, Cardiology, AIDS/HIV, Orthopedics, Hepatitis C, and Dementia. More about these Centers can be reviewed in [Section 5.3.12.1 Plan for Patients Requiring Close Medical Supervision or Multi-Disciplinary Care](#).



Community Connection

A successful medical program has a positive community impact and Wellpath is dedicated to establishing relationships within the communities we serve. We partner with local organizations such as the **Kansas Ryan White Part B Program, Planned Parenthood, NAMI-Kansas, and BHG – Behavioral Health Group** to maximize continuity of care for each patient; we work with local agencies to develop training programs for nursing students and new correctional staff; and we seek out local charities that allow us to give back to the community. Wellpath will extend continuity of care by helping connect patients with community resources and having an impact on recidivism. As we perform due diligence for the KDOC medical program, we will continue to communicate with area providers to form partnerships and enhance the continuity of care for your inmate population.



The Kansas Ryan White Part B Program Julie Dillingham, Care Program Manager

Providing Care and Support Services for Kansans Living with HIV-Infection, Wellpath will refer to The Kansas Ryan White Part B Program for HIV/AIDS

health and social services including primary medical care, medication assistance, health insurance assistance, mental health counseling, substance use treatment, home health care, dental care, housing and medical case management.



Holland Pathways Addiction Treatment Center
Monica, Business Development

Wellpath will refer to Holland Pathways Addiction Treatment Center in Wichita for alcohol and drug rehab, including medically-monitored detoxification services and sobriety coaching.



Behavioral Health Group
Michelle McGraw, Regional Director

Wellpath will refer to BHG's locations in Kansas City and Overland Park for Addiction Counseling and Medication Assisted Treatment (MAT). MAT utilizes a combination of medication such as methadone, buprenorphine and buprenorphine/Naloxone (Suboxone, Zubsolv, Bunavail) along with counseling to provide a comprehensive approach to treatment. BHG can provide education programs to staff and patients on a variety of topics.



Katherine Dolesy, Health Center Manager

Wellpath will refer patients to Planned Parenthood's locations in Wichita and Overlook Park for high quality education, counseling and medical services. Working with their Outreach Coordinators to provide on-site education on a multitude of sexual and reproductive health topics including, but not limited to, safer sex methods, sexually transmitted infections, HIV/AIDS awareness and prevention, nutrition, and personal skills and relationships.



Rick Cagan, Project Director

Providing support and education for those affected by mental illness.



Wellpath will refer to Friends of Recovery Association and The Oxford House for recovery housing upon reentry.



MO-KAN PET PARTNERS

We've reached out to Mo-Kan Pet Partners to begin discussion and solidify an agreement for Animal-Assisted Interventions.



We've reach out to The University of Kansas, Division of Music Education and Music Therapy, to begin discussion and solidify an agreement for music therapy.

b. Recruiting and Retention

Demonstrate recruiting and retention capabilities.

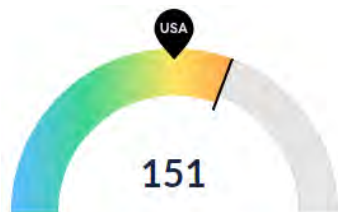
Wellpath's culture of caring is rooted in a core belief that in order to provide the best patient care you must have the best people. In every aspect of our organization we value our skilled and compassionate team, and work hard to make sure everyone feels valued, supported, recognized and set up for success. From onboarding and training, to benefits and leadership development, we provide a warm, family-feeling team environment that attracts the best and gives them reason to stay for decades.

We Attract the Best, so
your Patient Care is
the Best.

Wellpath has developed industry-leading talent acquisition and employee retention programs to consistently recruit and retain highly qualified employees. Our initiatives include strategic talent acquisition plans, competitive benefits programs, opportunities for professional development, and structured onboarding programs to educate new employees and welcome them to the Wellpath team.

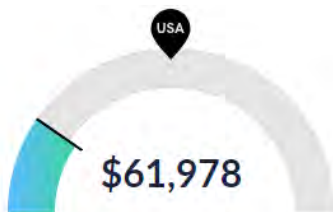
Salary & Wage Analytics

Wellpath has invested into economic modeling data that allows us to evaluate each market based on real salary and market analytics. Our teams include the clinical discipline expert, compensation team, and recruiting team to agree on wage rates for positions. Together this team examines the supply of the market, validates compensation data and reviews the competition of other companies advertising for the same positions in the market. Tools like this allow us better insight to know where people live verses where they work and how many actual jobs are being filled every month.



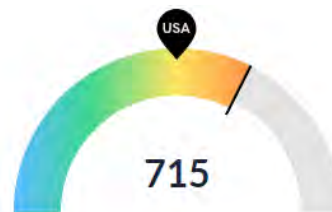
Matching Profiles

Leavenworth County, KS is a hotspot for people matching your search. The national average for an area this size is 110* matching profiles, while there are 151 here.



Compensation

The cost for talent is low in Leavenworth County, KS. The national median salary for people matching your search is \$70,776, while you'll pay \$61,978 here.



Postings Competition

Competition from online job postings is high in Leavenworth County, KS. The national average for an area this size is 473* job postings annually, while there are 715 here.

*National average values are derived by taking the national value for people matching your search and scaling it down to account for the difference in overall workforce size between the nation and Leavenworth County, KS. In other words, the values represent the national average adjusted for region size.

Registered Nurse - For Demonstration Purposes Only.

Talent Acquisition

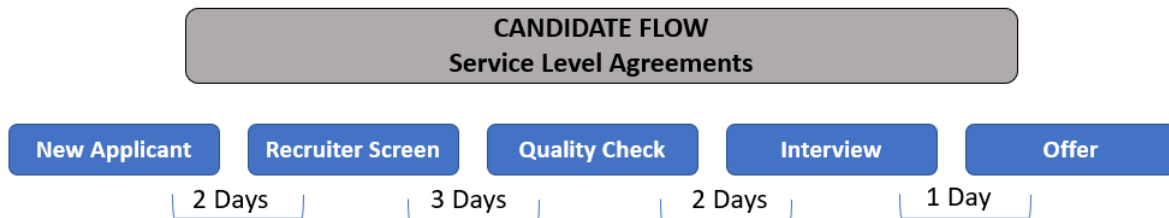
At Wellpath, we have the distinct pleasure and opportunity to make a difference every day to the lives of others through our work with many of society's most vulnerable and at-risk patient populations. Most healthcare professionals chose this profession to help others and give back, and our success in attracting

and retaining great talent is that we provide one of the most powerful and unique ways for them to do exactly that.

Wellpath provides on-site support to clients through a highly skilled and responsive Human Resources department that facilitates the recruitment, development, and retention of healthcare professionals. Our dedicated talent acquisition team of Physician Recruiters, Nurse Recruiters, Managers, and Coordinators actively source high-potential candidates, screen applicants, and conduct interviews. Using competency-based behavioral interview questions and partnering with our clinical and operational specialists enables us to make informed hiring decisions. We perform primary source verification of credentials and licensure concurrently during the interviewing and screening process. We then select the best candidates based on qualifications and credentials, experience, references, interview results, and other information.

The Wellpath Candidate Service Level Agreements

Local, regional, and national recruitment campaigns keep a constant flow of qualified candidates within reach to discuss opportunities. In the current candidate market, we know that candidates are best retained if they are contacted and screened in the first 48 hours of their application or contact with Wellpath. Knowing that, we have developed standardized Service Level Agreements (SLA's) to manage our applicant flow to ensure that we process candidates timely and fill positions quickly.



Wellpath uses the iCIMS Applicant Tracking System (ATS) & Customer Relationship Manager (CRM) to maximize talent acquisition. Hiring Managers work with a dedicated recruiter and the Wellpath recruiting team to advertise any open positions in the ATS. The iCIMS ATS leverages mobile, social, and video technologies to better manage the talent acquisition lifecycle. It helps us build CRM talent pools, in addition to automating our recruitment marketing, applicant screening, and onboarding processes. The talent acquisition process is illustrated in the following figure. The iCIMS CRM contains over 50k pipelined candidates with over 50% in the nursing industry.

Metrics and Results

With continuing challenges of lower unemployment rates for healthcare professionals, we are vigilant in our consistent search strategies for talent. Wellpath continually looks for cutting-edge tools to source and communicate with candidates while also using tried-and-true strategies, like extending a phone call to a candidate directly. We have built strategic media partnerships that leverages application feeder system that evaluates and rotates our posting needs daily. A few of those partnerships include TextRecruit, App Feeder, Indeed and other social media platforms.

We are strongly invested in technology to promote our open positions and provide us with robust analytics to help us understand the growing needs in staffing, as well as the outcomes of our efforts. Following are the results of our recruiting efforts in 2019:

- Total Hires – 7,039 (positions filled from internal and external applicants)
- Average Candidate Recruiting Cycle (Application to Offer) – 1 week
- Average of 93,000 applications submitted annually

Internal Recruiting

A key aspect of our culture is our desire to develop leaders and help encourage professional growth. As a result we encourage our best and brightest not only to continue their own training and development, but also to be aware of the various opportunities available throughout the organization.

Wellpath posts all job openings internally and externally. Internal applicants are given initial consideration for opportunities based on our desire for team members to be able to advance their careers. Wellpath employees are eligible to apply for internal opportunities after completing six months in their current role, provided they are in good standing.

If a team member is interested in transferring to another position and/or location, as part of the internal application process, he or she must answer questions that validate they have informed their manager of their interest in another position or site. Interviews are typically conducted by the Hiring Manager or regional staff. We also welcome input from our clients during the interview process for key positions.

College and University On-site Recruiting

Many of us know that while corrections may not be everyone's first career thought, once people get a taste many find it's the perfect fit and one of healthcare's most rewarding sectors available today. To help educate and attract new grads, a key aspect of our recruiting strategy is to reach out into our communities to develop effective relationships with local colleges and universities. During our previous tenure, our staff at Topeka and Hutchinson held job fairs with the local colleges to ensure a strong recruiting pool. We created a successful program with Kansas University and assisted in the development of a rotation for the Nurse Master's Program participants. Also in the State of Kansas, Behavioral Health professionals completed internships working with our Mental Health providers.

Our proactive recruitment model is based on building relationships with resources in the communities we serve. Our goal is to hire local, as we believe those with a vested interest in our healthcare mission will better serve our patients.

A key part of the Wellpath recruitment plan includes reaching out to local nursing schools and residency programs to attract healthcare professionals to a career in corrections. We develop nurse residency programs for at many of our client facilities, and we have established provider-level residency programs for physician, psychiatry, and dentistry roles throughout the United States. We have found that by increasing community interest and education regarding corrections, we have been able to attract and recruit healthcare providers who may have otherwise overlooked a career in our industry.

We look for those who want
to help a vulnerable
population and make a
difference every day.

Equal Employment Opportunities

Wellpath values diversity and our employees' rich variety of experiences, ethnic backgrounds and cultures. The broad pool of knowledge and ideas that they contribute has been invaluable in allowing us to constantly elevate our level of care and ensure the safety of our facilities. It also allows us to deliver culturally competent care and more personalized service. We have a culture that values collaboration and recognizes the synergies that are created when everyone works cooperatively. Our family of professionals enjoy supportive, tight-knit, diverse, and fun team relationships.

In addition, Wellpath employs over 500 men and women who have served in the military and we thank them all. We let our recruits know that they can put their military experience to work as part of an organization that welcomes veterans not just for their service, but because we know their training and teamwork experience are a perfect fit for our culture. We believe in excellence and commitment, all core to their training. Even as we continue to grow rapidly, we work hard to maintain a culture that is welcoming, nurturing and always military friendly.

Wellpath is an Equal Employment Opportunity (EEO) employer with a thorough diversity policy in place to appropriately guide our recruiting and hiring processes. We 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, gender, sexual preference, marital status, age, disability, or national origin.

Salary and Benefits

Our goal is to retain all qualified, properly credentialed individuals who have the attributes to succeed as a part of our team, with the KDOC's input and approval. Wellpath will ensure the compensation offered to these employees is at least equivalent to what they are currently receiving, including providing full benefits on Day One for employees who qualify for full benefits in their current position.

Wellpath offers competitive salaries and benefits to attract and retain qualified staff. We conduct local due diligence and salary surveys to ensure that our proposed rates are competitive within the surrounding area and to ensure that staff recruitment and retention efforts are successful. Our benefits program exceeds market standards and is designed to attract and retain healthcare staff while recognizing the diverse needs and goals of our workforce.

Wellpath also promotes retention through:

- Retention bonuses
- Referral bonuses for hard-to-fill positions
- Incremental increases of benefits such as vacation and 401k vesting based on length of employment
- Annual salary increases based on performance and qualifications
- Monetary assistance and time off for CMU/CEU programs related to specific skill sets
- Employer Tuition Reimbursement Program, which can be used for licensure renewal
- Malpractice insurance coverage for practitioners
- Company-sponsored gatherings

- Discounted offerings for theme parks, restaurants, movie theaters, and other activities

Employee Benefits Program

Wellpath provides employees with a comprehensive, flexible benefits program that focuses on their health and well-being. All new hires, transitioning employees, and current staff are able to enroll in Wellpath benefits through our online and mobile enrollment system, which streamlines communications, education, forms, and all other benefit-related options.

Wellpath offers three medical plan options with a robust pharmacy program, two dental plan options, vision, and company-paid life insurance, as well as additional insurance options for employees, spouses, and children. We also offer short- and long-term disability plans to offset income loss in case of an emergency, as well as various supplemental insurance programs that pay staff directly for illness or accidental injury. Additionally, Wellpath offers numerous incentives for employees who take steps towards healthier lifestyles, rewarding them for making healthy choices; a wellness incentive program is an important part of Wellpath's commitment to healthy living.

As part of our wellness initiatives, members are rewarded through the MedEncentive programs for learning information that will help improve health. MedEncentive is a program designed to help our employees, in consultation with their doctor, better understand and self-manage their health. Members also gain the peace of mind that comes from knowing their doctor's care is consistent with "best practices" as published by independent and highly credible sources. Each time members visit their physician, they receive an invitation to complete an Information Therapy prescription. Completion is easy, and members earn a \$15 reward each time they complete an Information Therapy prescription.

Affordability is top priority for all Wellpath benefit programs. We work closely with our vendors to ensure that we provide competitive benefit plans at affordable rates. To do this, ***we subsidize most of the total cost of healthcare*** and tier the out-of-pocket biweekly premiums so that staff with lower income pay less than staff who earn higher wages. Wellpath also offers a Health Savings Account option with an annual employer contribution that allows employees to make pre-tax contributions to pay for doctor's visits, medications, and other health services.

Wellpath subsidizes most of the healthcare costs and tier out-of-pocket premiums so that staff with lower income pay less than staff who earn more.

Preventive care is essential for maintaining well-being and quality of life. Therefore, we encourage our employees to use the benefits we offer to improve their overall wellness. Simply by obtaining or maintaining an annual physical on file (within the last year), employees receive a \$50 per-paycheck discount off their medical plan premium.

Financial wellness is an important aspect of retention, and Wellpath offers multiple retirement and other saving options for employees. In addition to a traditional 401k with a company match, Wellpath offers a Roth IRA, 409A deferred compensation plan, college tuition reimbursement, and a 529 College Savings Plan. Wellpath employees can also meet, at no cost, with a licensed financial advisor who is knowledgeable about our company-sponsored benefits.

Wellpath offers a competitive paid time off program based on years of service, as well as paid holidays throughout the year.

State Transitioned Employee Benefits

Wellpath offers a competitive benefits package to all employees. ***Wellpath benefits will begin immediately for retained/phased-in staff***, consistent with the current status of the employee's benefits eligibility.

Employee Retention

Wellpath has an incredible track record of retaining the industry's most passionate, compassionate and skilled professionals.

Consistent staffing improves the quality of patient care and minimizes issues that can lead to grievances and lawsuits. What's more, we understand the importance, for continuity of care, of ensuring that most of our employees are full-time employees. Wellpath always focuses on prudent staff deployment with an eye toward employee retention in order to promote high efficiency, fewer mistakes, and improved morale. As a result, we have an excellent retention rate with low turnover.

Building a great team is one thing;
keeping it intact is something entirely
different.

So, what is our secret to successful retention? We believe it's a mix of the following areas that few others can offer:

Our Focus on Patient Care. We never lose sight of our primary goal to help patients achieve healthier, more productive, satisfying lives as a result of the best clinical practices and highest quality patient-centered healthcare in challenging clinical environments. Our philosophy is to treat every patient with compassion, respect and dignity, to look at them as if they were family members, and to remind ourselves that we may be the only friendly, non-judgmental interaction they encounter. We strive to reduce recidivism and make a difference every day through our wide range of healthcare services that result in patient satisfaction, patient safety, operational efficiencies and positive outcomes.

We strive every day to be the
correctional healthcare partner
state agencies want to work
with and employees want to
work for!

A Culture of Caring. We are proud of our unique, warm, "Culture of Caring" that includes our patients, people, and partners. This culture helps us attract and retain the best healthcare professionals which translates into the best care and most successful partnerships. It combines:

- **Our Mantra:** "Always Do the Right Thing!"
- **Our Values:** The 5 Hs: Humility, Honesty, Hunger, Hard Work, and Humor
- **Our Focus:** The 5 Ps: Patients, People, Partners, Processes, Performance
- **Our Aim:** To make a difference outside of our facilities through community partnerships

Being a Part of Something Big! Being a part of Wellpath is being a part of an organization that can help so many across the country (and world) daily. Wellpath employs nearly 16,000 professionals at 550 facilities in 33 states across America and Australia, and cares for more than 300,000 patients each day. For over 35 years, we have provided comprehensive healthcare services in jails, prisons, psychiatric hospitals, and inpatient and residential treatment facilities, including experience with adults, juveniles, sex offenders, and geriatric populations. Our transition/“new start” experience, including helping partners go from self-operated to outsource, is without match and since January 1, 2014 we have started 74 new facilities nationwide serving approximately 164,000 adults and 1,500 juvenile patients.

Innovation. We are always striving to develop and implement clinical and technological innovations to improve the delivery of patient healthcare. Our clinical teams are leading the way in mental health, addiction and Medically Assisted Treatment, collaborative care, and suicide prevention. In addition, we serve our patients and partners using an array of industry-leading innovations including Telehealth, eConsult, client portals, our Patient Activity Monitoring Management (PAMM) system, and ERMA our electronic records management solution that is live in over 180 sites across the country.

Professionally Rewarding Work Environment. In many cases, our team can spend several months or longer with those under their care. We focus on patient care first and we get to know those we are treating very well. This give us the opportunity to witness the results of our hard work. We offer an interesting range of acuity, challenging work, a good level of patient volume.

Work / Life Balance. We recognize that to be successful at work people need to have the flexibility to manage day-to-day personal responsibilities. We provide job security, stable scheduling and programs designed to enhance life outside of work. These programs range from stress management and wellness programs to financial planning workshops and setting priorities in life.

Industry Leading Experts / Innovative Treatment Approaches. We employ the most talented and experienced professionals in the industry and pride ourselves on the innovative quality of care we provide. All aspects of our operations are based on leading industry best practices and continuous innovation has been one of the keys to our success. We’re always striving to do things a better way, and that typically attracts the brightest and most dedicated professionals.

Benefit Related Incentives. Wellpath offers benefit-related incentives to entice those who may be looking at a slightly higher rate of pay as per diem staff to commit to full-time employment. We are proud to say that over 96% of all Wellpath jail positions are filled with permanent employees (any open positions are temporarily filled through overtime and PRN staffing pools). We attribute our retention success and low turnover to maintaining competitive salary and benefits packages, embracing diversity, rewarding superior performance, and providing meaningful work in a friendly environment.

Professional Development and Tuition Assistance

Our employees love what they do and appreciate how much they are valued. We promote our employees from within and it's not uncommon for our top-performers to quickly move up the ranks. We are committed to providing the tools and knowledge to help people grow professionally and deliver the highest quality care possible. This includes training programs with nationally renowned industry experts.

Wellpath doesn't just staff
positions, we develop
leaders

Our successful operation begins with teams of motivated employees who are given the tools they need to be successful in their careers. Caring for and respecting patients in correctional facilities requires hiring ethical and competent professionals, and then building upon their skills through continued training initiatives.

Wellpath has a dedicated Organizational Development Department that oversees the Wellpath Leadership Academy offering a full range of professional development opportunities, including training programs, continuing education, clinical exposure, promotion preparation, succession planning, and peer reviews. Our dedication to our employees' continued development and long-term professional satisfaction creates lower turnover, reduces costs due to replacement and training, and strengthens team spirit through mutual respect and recognition of each individual's contributions.

Wellpath encourages employees to take advantage of opportunities for advancement and professional growth. Wellpath offers tuition assistance to employees as an opportunity to advance their skills and their career.

Employee Survey Responses

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

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

Employee Recognition

Everyone loves a pat on the back from time to time and we have a culture that regularly recognizes the exceptional work done by our extraordinary team. In our different divisions and in different ways we are never shy about saying that we are all about our people, and we love to shine a light on them whenever we can. From corporate "shout outs" to divisional awards to site level employees of the month, we never miss an opportunity to shine a light on a Wellpath rock star.

Wellpath attracts and retains skilled and competent personnel through employee incentives. However, incentives alone do not build loyalty; a friendly company culture ensures the long-term satisfaction of our employees. We understand that the primary reason for dissatisfaction in the healthcare field is feeling undervalued. From the recruiting process through the life of their career, each person is treated with respect, incentivized and rewarded for dedication and performance, and viewed as an asset of our team.

Enhancing our ability to retain healthcare professionals throughout the life of a contract is our employee recognition program. Wellpath has a formal Employee Recognition Program based on our company slogan: “Always Do the Right Thing!” The program, known as “R³ Recognition,” is designed to reward employees for outstanding performance and exemplary service. The purpose of the Employee Recognition Program is to motivate positive job behavior and build a sense of pride in each employee. By recognizing our top performing employees, we increase employee morale, as well as increase quality of care.

Each Wellpath location incorporates “R³ Recognition” into its local operations. The primary program is the 5H Award, which represents the values by which Wellpath strives to exist: **H**unger, **H**onesty, **H**ard Work, **H**umility, and **H**umor. Wellpath encourages the use of the 5H Program to continuously recognize employees whose contributions echo these values. In order to recognize a particular staff member, each Wellpath location or territory is responsible for creating their own R³ Recognition Committee and celebrating recognized employees on a monthly and quarterly basis.

Wellpath presents recognition awards each month and quarter based on attendance, customer service, teamwork, and overall performance. On an annual basis, the leadership team of each Wellpath business unit chooses one individual from each of the quarterly 5H Award Winners to be nominated for the President’s Award. All nominees for the quarterly award, Quarterly Award Winners, and President’s Award Winners are recognized on the Wellpath website and are eligible to receive a monetary award, certificate of recognition, and a gift.

Flexible Scheduling

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

Human Resources Hotline

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

Wellness Program

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

Wellpath also offers telemedicine services for employees to access a primary care provider on their own schedule, 24/7. The cost of telemedicine visits are covered by Wellpath with no charge to the employee.

Specialty services such as mental health, nutrition, lactation support, and psychiatry are also available with a nominal co-pay.

Employee Assistance Program

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

Dare to Care

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

We started Dare to Care in 2010 in response to the flooding that devastated the City of Nashville. Since its inception, **the Dare to Care fund has provided nearly \$913,000 in financial assistance** to more than 500 employees and their families in need their time of need.



Wellpath partners with the Community Foundation of Middle Tennessee to manage all funds and award gifts, which keeps the application process private and ensures that requests for assistance are reviewed by an impartial and experienced third party. Dare to Care is funded through employee donations and matching contributions from Wellpath.

See also [Section 5.22.5](#).

c. Accreditation

Demonstrate recent experience in achieving and maintaining NCCHC and ACA accreditation in correctional facilities.

The Wellpath program for the KDOC will meet or exceed community standards of care, as well as standards established by the National Commission on Correctional Health Care (NCCHC) and American Correctional Association (ACA). Wellpath will ensure that each KDOC facility achieves and maintains full compliance with NCCHC and ACA standards.

Wellpath operates each of our programs at an appropriate level of care consistent with standards established by the NCCHC and ACA. Our accreditation history is well documented: **We have never failed to obtain nor lost accreditation status at any of our client facilities**, and we have never been denied for continued accreditation. We conduct mock accreditation surveys at each facility prior to the actual on-site audit, and we discuss our findings and recommendations with the on-site staff. Additionally, our

internal quality improvement programs ensure that our client facilities meet and maintain the applicable standards.

Jon Bosch, Senior Vice President of Operations for the Wellpath State and DOC division, is the former Director of Accreditation for the NCCHC. Mr. Bosch first participated in the accreditation of the KDOC facilities in the early 1990's.

Wellpath maintained NCCHC accreditation at all KDOC facilities prior to the decision to withdraw from the program. In 2011 Wellpath help secure ACA accreditation at the Lansing Correctional Facility.

Client Accreditation Status

Wellpath currently provides healthcare services in **213 facilities** accredited by the NCCHC and/or ACA. The following table provides a summary of our current accreditation status. We have provided a detailed list of these accredited facilities in [Tabbed Attachment C](#). *Please note that this information is confidential and proprietary.*

Wellpath National Accreditations by the Numbers	
Accrediting Agency	Number of Facilities
NCCHC, ACA & CALEA (Triple Crown)	20
NCCHC & ACA	22
NCCHC Only	46
ACA Only	125
TOTAL	213

Unique Accreditation Perspective

Wellpath has strong connections to the NCCHC and ACA. Jon Bosch, who led our compliance and accreditation department until transitioning into a new role within the company, is the former Director of Accreditation for the NCCHC. Wellpath has a unique perspective into the accreditation process due to our employees' participation in the following NCCHC activities:

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

Wellpath personnel have participated in NCCHC standards development and interpretation; on-site accreditation surveys; and training of lead surveyors. We typically send more than 50 staff members to the annual NCCHC conference each year for training. Wellpath staff members regularly serve as presenters and educational session leaders at the conference. Wellpath hosts CCHP examinations at our Home Office in Nashville, Tennessee and in various locations throughout the country to make it

convenient for our employees to take the exam. Encouraging this certification, we provide CCHP examination opportunities for our employees on a regularly scheduled basis.

NCCHC and ACA Certification

Wellpath encourages our medical professionals to obtain certification through the NCCHC and ACA. Becoming a Certified Correctional Health Professional (CCHP) through the NCCHC and a Certified Correctional Nurse Manager (CCN-M) through the ACA offers immeasurable benefits and is highly regarded by management, peers, staff, and others. It is a step toward increased knowledge, greater professional recognition, and identification as a leader in the complex and ever-changing field of correctional healthcare.



Health professionals working in correctional settings face unique challenges including working within strict security regulations, dealing with crowded facilities, and understanding the complex legal and public health considerations of providing care to incarcerated populations. Achieving professional certification ensures that our employees possess the skills needed to meet these challenges. Wellpath reimburses testing fees to employees who pass.

d. Billing

Demonstrate the ability for processing and handling bill payment services with a history of timely bill payments to current subcontractors and vendors.

Wellpath will work with our vendor partners to establish a timeframe for payment that is agreeable to all parties. Vendor invoices are sent to the Accounts Payable department and processed through an automated workflow system called **Docuphase**. Site Administrators approve the invoices in Docuphase and the invoices are routed back to AP to pay. AP pulls vendor payments according to terms set up for each vendor. Vendor payments are released weekly and can be processed by check, ACH, or virtual credit card.

Hourly subcontractors will be paid through our payroll department. The subcontractors clock in and out of Kronos at each site. The Site Administrator approves the timesheet in Kronos and payment is processed on set payment dates twice per month. Our third-party payroll processor, ADP, sends payment to the subcontractor in the form of a check or direct deposit.

Wellpath can also utilize the State of Kansas Procurement Card.

3 EXPERIENCE (RFP PG. 13)

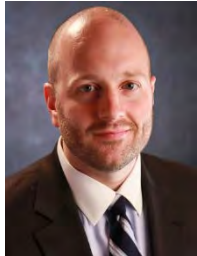
Bidders shall possess organizational qualifications that include one (1) or more senior management staff with at least three (3) years of experience in the operation, management, and provision of medical and behavioral health care services in a correctional system(s) with a cumulative population of at least 1,000 offenders with diverse and significant health care needs.

As stated in **Section 1**, Kansas Health and Recovery Solutions, P.C. (the “PC”) submits this bid in coordination with Wellpath LLC (“Wellpath”) as its Management Services Organization (PC and Wellpath LLC hereinafter collectively known as the “Companies”). The PC shall provide all physician and mid-level services contemplated by this solicitation. The PC has engaged Wellpath LLC to provide all management services including but not limited to back-office services such as payroll and benefits, accounts receivable and payable, accounting, legal, and network development.

State and Federal Division

Leaders in Wellpath’s State and Federal Division bring many decades of correctional healthcare experience serving populations of at least 1,000 offenders. These individuals have operations and management experience in delivery of care to offenders with significant healthcare needs. We also have a significant number of “alumni” from our years as provider for the Kansas DOC, including the President of the PC, **Charles Zaylor, DO**. Resumes are provided in [Tabbed Attachment A](#).

Brad Dunbar | President, State & Federal Division



Mr. Dunbar is an accounting professional with more than 10 years of experience. He joined Wellpath in June 2016 as the Vice President of Accounting and was quickly promoted to Corporate Controller after demonstrating a keen understanding of the correctional healthcare industry. In 2017, Mr. Dunbar was promoted again to Executive Vice President of the Local Government Healthcare Division, with responsibility for the largest division within Wellpath. In 2018, he moved into the State and Federal Division, becoming Executive Vice President of Operations. In March 2019, he was promoted to his current role as President of the State and Federal Division, providing operational oversight of state and federal facilities, with responsibility for the overall management and administration of the division. Mr. Dunbar holds a Bachelor of Arts degree in accounting from the University of Memphis.

Jon Bosch, BSN, MHSA | Senior Vice President of Operations, State & Federal Division



KDOC Experience

Mr. Bosch has worked in the healthcare field for more than 35 years, with more than 28 years of correctional healthcare experience. He has served in a variety of operational management, business development, and clinical services roles throughout his career, and has surveyed and developed healthcare programs for hundreds of correctional facilities. Mr. Bosch is the former Director of Accreditation and Quality Assurance for NCCHC. He earned a Bachelor of Science in Nursing degree from the University of North Dakota and a Master of Health Service Administration degree from George Washington University in Washington, D.C.

William Ruby, DO, CCHP | Medical Director, State & Federal Division



Dr. Ruby has practiced in multiple areas of medicine, including community-based clinics, public health agencies, academic institutions, and correctional medicine. His passion for treating patients began immediately after training when he was the Director of Primary Care for the Center for AIDS Research and Education. Dr. Ruby furthered his reach of patients and administrative duties as the Medical Director for the New York State Department of Corrections. He was then recruited to The Johns Hopkins University School of Medicine as Assistant Professor of Medicine in the Infectious Diseases Division, where he developed the first telemedicine program, which remains active today, and concurrently held the position of Deputy Director of Clinical Services for the Maryland Department of Public Safety and Correctional Services. In order to better the treatment of HIV disease, he was recruited to a major pharmaceutical company where he was the National Medical Director for the Community, Corrections, Managed Care, and Governmental Affairs markets, where he was instrumental in bringing HIV and HCV medications to market. Dr. Ruby joined Wellpath in 2011.

David Thompson | Vice President, State Prisons



KDOC Experience

Mr. Thompson joined Wellpath in October 2018, having previously managed multiple state and local detention contracts at both the regional and corporate levels as a Senior Vice President and Regional Chief Operating Officer. He has more than 30 years of experience in healthcare delivery, including 25 years in correctional healthcare, starting out as a site-level Health Services Administrator. In his current role, Mr. Thompson is responsible for the overall management of several state prison contracts, including three statewide DOCs and Wellpath's operations with The GEO Group.

Charlene Donovan, PhD, RN, PMHNP-BC | Vice President of Behavioral Health for Corrections



KDOC Experience

Dr. Donovan joined the company in 2003 and currently serves as Vice President of Behavioral Health for Corrections for Wellpath. She received her PhD in Clinical Psychology from The University of Memphis and has spent her entire professional career in the correctional behavioral health field, including several years as the Director of Mental Health Services for the KDOC. Dr. Donovan holds psychologist licensure in numerous states, the ASPPB Certificate of Professional Qualification, and Registration with the National Register of Health Service Providers in Psychology. She also served on the NCCHC committee that designed and developed the Correctional Health Professional certification process and examination for Mental Health Professionals (CCHP-MH).

Heather Rayko | Vice President of Partnership Development, State & Federal Division



Ms. Rayko joined Wellpath in 2014 as a Director of Partnership Development. She has 22 years of correctional healthcare experience, serving privatized correctional facilities and private correctional healthcare companies as the Vice President of a specialized diagnostic services and physical therapies contractor. She brings a development and operational management background in sub-acute nursing care, physical therapy, occupational therapy, speech language pathology, and portable diagnostics to the Wellpath team. Ms. Rayko leads the expansion of Wellpath's state and federal footprint throughout the United States.

Renee Negri | Director of Partnership Development and Engagement, State & Federal Division



Ms. Negri joined Wellpath in August of 2019 as a Director of Partnership Development and Engagement. She has over 10 years of combined healthcare experience, serving privatized correctional facilities and private correctional healthcare companies in development, engagement, partner services, and operations. She also brings a background in sub-acute nursing care and personal care home administration to the Wellpath team. Over the past 10+ years, Ms. Negri has successfully strategized and secured local, state, and privatized healthcare partnerships in 10 states. She obtained her Bachelor of Science in Business Administration from California University of Pennsylvania. She will be fully accessible as a client liaison for the duration of the contract.

Wellpath Leadership Candidates for the KDOC

Charles Zaylor, DO | President, Kansas Health & Recovery Solutions, PC



KDOC Experience

Dr. Zaylor joined Wellpath (formerly CCS) in 2003 as the Director of Psychiatric Services for the Kansas Department of Corrections and later became Regional Psychiatric

Director for the Midwest Region. He provides clinical psychiatric services to adult and juvenile facilities in the Kansas City area, as well as several other jails and juvenile facilities across the U.S. via telemedicine. Prior to joining Wellpath, he served as a faculty member at the University of Kansas School of Medicine. Dr. Zaylor earned his DO degree from Kansas City University of Medicine and Biosciences. He completed his internship at Capital Regional Medical Center in Jefferson City, Missouri, and completed his residency in psychiatry at the

University of Kansas Medical Center.

Lynn M. Cole, MHA, CPHQ, CCHP | Director of Compliance | Regional Vice President Candidate



Ms. Cole is an experienced and certified healthcare operations professional with 20+ years in the healthcare industry. She has more than 12 years of correctional healthcare operations management experience and more than a decade of experience in hospital operations management. She has a Master of Health Administration (MHA) with a concentration in health policy and administration and formerly served as chief operating officer (COO) for a hospital. She served in a variety of operations management positions for state DOC contracts held by another correctional healthcare provider from 2007-2018.

Dwight Sims | Vice President, State Prisons | Regional Vice President Candidate



Mr. Sims joined Wellpath in October 2018, bringing 25 years of experience with adult and juvenile populations in both state and federal correctional facilities. Prior to joining Wellpath, he spent 12 years as the senior warden over state and federal contract facilities. In his current role, Mr. Sims is responsible for the overall management of several state prison contracts, including two statewide DOCs and Wellpath's operations with CoreCivic, as well as statewide juvenile detention programs in Louisiana and Illinois. He possesses the institutional operational knowledge to ensure that health services are delivered in a manner that coincides with the mission of each facility he oversees.

Kim Hofmann | Regional Manager Candidate



KDOC Experience

Ms. Hofmann has 18 years of state contract correctional experience as a Regional Manager, Health Services Coordinator, Assistant HSA and Medical Records Clerk. She has a B.S. degree in Criminal Justice from Peru State College in Nebraska. She has served as Regional Manager for Wellpath's contracts with Arkansas (January 2014 – present) and Kansas (July 2012-December 2013).

We are aware that several of Wellpath's best previous employees have continued in key leadership positions with your current provider or wish to return to a position held when Wellpath was the KDOC's provider. In anticipation of Wellpath's successful award, we have contacted the following individuals and have determined their interest in continuing as key leaders:

- **Janice Garth, MBA, MSN, APRN, FNP-C, OCN** – Formerly and oncology nurse for Wellpath with the KDOC at El Dorado from 2005-2013. She is currently head of the oncology department at the Kentucky State Reformatory.
- **Debra Lundry, RN** – Ms. Lundry has been with the Hutchinson Correctional Facility for more than 16 years. Her tenure includes six years as the Director of Nursing; she was promoted to Health Services Administrator in 2007 and has continued to serve in that capacity.
- **Pamela Casanova, RN** – Former HSA at Eldorado (December 2012-January 2014) and RN Charge Nurse at HCF, EDCF, LCF, and TCF (August 2005-December 2011).

Corporate Support

Jorge Dominicus | Chief Executive Officer



Mr. Dominicus serves as the Chief Executive Officer for Wellpath. His role is to ensure operational excellence and to drive the organization's strategic focus. Before joining Wellpath, Mr. Dominicus served for 10 years as President of GEO Care, during which time GEO Care increased revenue six-fold. Prior to that, he served 14 years as Vice President of Corporate Affairs at Florida Crystals Corporation, where he was responsible for all governmental and public affairs activity at the local, state, and federal level, as well as for the coordination of community outreach and charitable involvement. Mr. Dominicus also served in various public and government policy positions in Florida, including the St. Mary's Medical Center Governing Board and the Criminal Justice Commission. He holds a bachelor's degree in business administration, finance, and international business from Florida International University.

Don Houston | Chief of Staff



As Chief of Staff, Mr. Houston assists the CEO with the execution of strategic initiatives throughout the organization. He previously served as President of the State and Federal Division, overseeing business development, administration, and overall management of our state, federal, and private prison business. Mr. Houston has more than 30 years of correctional experience, including 18 years as a Senior Regional Vice President with a major private corrections corporation and 7 years with the Texas Department of Criminal Justice. He has extensive experience working with a variety of state legislatures, local governments, and executive branches of government.

Juan Perez | Chief Financial Officer



Mr. Perez is a highly capable executive with extensive accounting and finance experience, including public accounting, as well as public and private equity-sponsored companies. He joined Wellpath in April 2016 with a solid background in mergers, acquisitions, and divestitures.

Mr. Perez's industry experience includes high tech, manufacturing, resort, healthcare, real estate, telecom, financial services, and ISPs. He is an excellent leader with proven experience leading and assembling large finance organizations while increasing productivity. Mr. Perez is a licensed CPA.

Ann Hatcher | Chief Human Resources Officer



Ms. Hatcher is responsible for developing and executing Wellpath's HR strategy to support the overall business plan and strategic direction. Prior to joining Wellpath in April 2019, she spent 22 years at Hospital Corporation of America (HCA), serving in a variety of HR leadership roles, including developing and overseeing award-winning hospital executive development and IT human resources programs. Most recently, Ms. Hatcher served as Vice President of Human Resources for HCA's Nursing Services Division, in which she ensured integrated HR support of the company's new nursing strategy. She also brings expertise in talent management, including recruiting, succession planning, and leadership development.

Thomas Pangburn, MD | Chief Clinical Officer



Dr. Pangburn joined Wellpath as Chief Clinical Officer in 2019. His primary responsibility is ensuring that we provide our patients with quality healthcare. He also works as a liaison between medical staff and administration to support positive channels of communication while ensuring appropriate care to all patients. Prior to joining Wellpath, Dr. Pangburn served as Chief Medical and Innovation Officer for MedExpress. A board-certified emergency medicine physician, he previously served as Director of Emergency Services at Heritage Valley Health Systems. Dr. Pangburn has also led clinical initiatives for UnitedHealth Group and Optum that addressed quality and total cost of care. Dr. Pangburn received his MD, Summa Cum Laude, from the University of Pittsburgh School of Medicine in Pennsylvania.

Tim Jahn, MD | Chief of Medical Operations



Dr. Jahn works with our provider community to ensure Wellpath physicians operationalize medical quality, total cost of care for healthcare delivery, and the customer experience of our patients and clients. He works closely with operations and partnership development in clinical decision making, quality outcomes, contract compliance, and performance to budget, and the physician's role in client satisfaction and business development. Dr. Jahn has nearly three decades of proven clinical leadership. He joined Wellpath after six-years as Baptist Health's System Chief Clinical Officer. Dr. Jahn is a decorated Navy veteran with 13 years of service including active duty in the Gulf War. He is a graduate of the University of Wisconsin School of

Medicine and Public Health.

David Perry | Executive Vice President & Chief Legal Officer



Mr. Perry joined Wellpath in August 2015 as our Chief Legal Counsel, overseeing all legal matters and serving as the primary legal advisor to Wellpath. As member of the senior leadership team, he leads and manages legal, compliance, and risk management functions for Wellpath. Most recently, Mr. Perry was a partner at Holland & Knight, a leading global law firm. As a corporate and securities attorney, he focused on corporate finance, securities, and mergers and acquisitions. Mr. Perry worked on numerous financings of significant size, representing organizations in media, food products, transportation, biotechnology, and other industries. He received his bachelor's degree from the University of Notre Dame and his juris doctor's degree from Yale Law School.

Stan Wofford, MBA, CCHP | Executive Vice President of Local Government Healthcare



KDOC Experience

Mr. Wofford provides guidance and management to regional leaders in the eastern half of the country as Executive Vice President of Local Government Healthcare.

He is responsible for supervisory training, quality improvement, risk minimization, and accreditation compliance. Mr. Wofford oversees the development and implementation of health systems; accreditation preparation, including the American Correctional Association, National Commission on Correctional Health Care, and various state audits/accreditations; troubleshooting; client retention; and staffing issues resolution. He also acts as a site liaison for Home Office staff. Mr.

Wofford joined Wellpath (formerly CCS) in 2007 as a Health Services Administrator for the KDOC and, through hard work and dedication, worked his way up to his current position. He earned his bachelor's degree in healthcare management from Southern Illinois University and his MBA from North Central University in Arizona.

Bob Martin | Senior Vice President & Chief Information Officer



KDOC Experience

Mr. Martin has been with Wellpath since the founding of legacy company CCS in 2003. He has over 32 years of information technology experience, including 20 years in the healthcare arena. Mr. Martin is responsible for overseeing technology services and coordinating major project management activities. Currently, his team supervises the daily production and development of Wellpath internal systems and networks, as well as external IT needs, including various electronic medical records products. Mr. Martin has a bachelor's degree in engineering with an emphasis in computer science from Michigan State University.

Cassandra Newkirk, MD | Chief Psychiatric Officer



Dr. Newkirk has more than 32 years of experience in forensic psychiatry and correctional mental health services administration. Having previously served as Chief Medical Officer for our Recovery Solutions Division, Dr. Newkirk is now the Chief Psychiatric Officer for Wellpath, making her the psychiatric leader for Recovery Solutions clinical activities while adding oversight duties for Wellpath psychiatric correctional programs. Immediately prior to joining Recovery Solutions, she was the Director of Mental Health at Rikers Island in New York. Dr. Newkirk practiced general and forensic psychiatry in Atlanta with faculty appointments at Emory University and

Morehouse Schools of Medicine, and currently holds a voluntary faculty position at Florida International University. She also served as Deputy Commissioner and Chief Psychiatrist for the Georgia Department of Corrections. Dr. Newkirk has held a variety of positions on professional-related organizations, including the American Correctional Health Services Association, Florida Psychiatry Society, and the Georgia Psychiatric Physicians Association. She received her bachelor's degree from Duke University, her Doctor of medicine degree from the University of North Carolina at Chapel Hill, and a master's degree in business administration with emphasis in healthcare management from Regis University. Dr. Newkirk completed her residency in psychiatry at Emory University School of Medicine and is board certified in general and forensic psychiatry.

Johannes Dalmasy, MD | Chief Psychiatrist for Corrections



Dr. Dalmasy is a board-certified psychiatrist whose correctional healthcare career began more than 20 years ago with the Federal Bureau of Prisons. He has experience as a staff psychiatrist, Regional Medical Director, and Medical Director for CMHS, LLC, a private provider of mental health services to local detention facilities in Maryland. Dr. Dalmasy also serves as an assistant professor of psychiatry at the University of Maryland School of Medicine, and he is a member of the teaching faculty of the University of Maryland-Johns Hopkins University joint forensic psychiatry fellowship program. His other areas of expertise include sports psychiatry and cross-cultural

mental health derived from his many years of consulting roles for professional sports organizations. Dr. Dalmasy completed his specialty training at the Institute of Psychiatry and Human Behavior of the University of Maryland in Baltimore.

Paul da Cunha, DMD | Chief Dental Officer



Dr. da Cunha joined Wellpath in 2012 and was gradually promoted to Chief Dental Officer. He serves as a liaison between dental staff and administration to ensure positive preventative and treatment care. He has lived in multiple areas throughout the world and has worked in multiple organizations. For more than 10 years, Dr. da Cunha has held positions of dental leadership in private practice, behavioral development facilities, and correctional facilities. He has been practicing dentistry since 2005 and is a member of the American Dental Association, as well as the American Correctional Association. Dr. da Cunha earned a bachelor's degree in biochemistry from Lipscomb University in Tennessee and is a graduate of Tufts School of Dental Medicine in Massachusetts.

Judd Bazzel, MD | Patient Safety Officer



KDOC Experience

Dr. Judd Bazzel joined Wellpath in 2005. He received his Medical Doctorate from the University of South Alabama College of Medicine in Mobile, Alabama and completed a residency in Family Medicine at the University of South Alabama Medical Center. Dr. Bazzel began working in correctional settings during his time as Chief Resident and dedicated himself to the practice of correctional medicine in 2004. He is a member of the Society of Correctional Physicians and the Academy of Correctional Health Professionals. He assists in leading our clinical team and provides a hands-on management style when assisting our nurses and on-site medical practitioners. Dr. Bazzel began his career with Wellpath as Medical Director for Davidson County (Nashville), Tennessee, giving him hands-on experience with large jails.

Uduakobong Ikpe-Welch, PhD, JD | Vice President of Behavioral Health | State & Federal Division



KDOC Experience

Dr. Ikpe-Welch joined Wellpath in 2012 as Clinical Supervisor at the KDOC's Lansing Correctional Facility. She then became a Regional Behavioral Health Manager and was later promoted to Director of Behavioral Health for the Local Government Healthcare Division. She now serves as Vice President of Behavioral Health for the State and Federal Division. Her experience in correctional healthcare includes oversight of behavioral health services in juvenile, jail, and prison settings; collaboration in the development of behavioral health treatment units for local and state correctional facilities; and implementation of treatment programming for behavioral health

patients in restrictive housing. Dr. Ikpe-Welch earned her PhD in clinical psychology with a concentration in forensic psychology from Nova Southeastern University and her law degree from the University of Miami.

Deleca Reynolds-Barnes, PharmD | Vice President, Pharmacy Services



Dr. Reynolds-Barnes joined Wellpath in 2017 and brings more than 25 years of pharmacy and pharmaceutical experience to her role as Vice President, Pharmacy. Dr. Reynolds-Barnes is responsible for the provision of pharmaceutical care and pharmacy services to all Wellpath facilities. Prior to joining Wellpath, she was the Vice President of Correctional Pharmacy Services for Maxor Correctional Pharmacy Services (formerly Secure Pharmacy Plus). She also served as Pharmacist-in-Charge and General Manager for Career Zone Pharmacy with responsibility for the start-

up and implementation of this pharmacy relocating to Middle Tennessee. Dr. Reynolds-Barnes is a Course Instructor in Pharmacy Leadership and Management at Lipscomb University College of Pharmacy in Nashville, Tennessee. Dr. Reynolds-Barnes earned her Doctor of Pharmacy from the University of Tennessee Health Science Center, College of Pharmacy. She completed her residency at the University of Cincinnati Hospital.

Pablo Viteri, MS, MHP, CCHP | Vice President of Care Management



Mr. Viteri has more than two decades of experience as a supervisor and utilization manager in national managed care organizations. As Vice President of Care Management for Wellpath, he is responsible for supervising care management staff across the U.S. Mr. Viteri focuses on improving the efficiency and effectiveness of Wellpath healthcare services, implementing improved processes as needed to promote accuracy while conserving resources. He is also skilled in productivity reporting and in developing yearly departmental budgets. Mr. Viteri holds a Master of Science degree in health services administration from Nova Southeastern University's School of Business and Entrepreneurship in Fort Lauderdale, Florida.

Martin Case | Senior Director of Corporate Safety



Mr. Case has been providing safety expertise for Wellpath since 2014. As Senior Director of Corporate Safety he has managed employee safety and loss control in state hospitals, forensic treatment centers, local, state, and federal detention facilities, as well as in civil commitment settings nationwide. He also is responsible for the company's Recovery Solutions Safety Leadership Summit that is focused on new strategies for mental health treatment. His efforts have led to a significant reduction in workers' compensation costs and initiatives to reduce costs for the jails and prisons divisions. Throughout his career, Mr. Case has created similar results for Community Health Systems (CHS) and TRW Automotive Manufacturing. His skills have resulted in safety management awards, including the 2012 Theodore Roosevelt Award for Workers' Compensation and Disability Management and the 2011 National Underwriters Honorable Mention Award in Workers' Compensation Management.

Kim Christie, RN, BSN, CCHP, CCN/M | Vice President of Partnership Operations



KDOC Experience

Ms. Christie joined Wellpath in 2005 and specializes in contract start-up and facility healthcare management. She has 30 years of correctional healthcare experience in both jail and prison settings, having served in clinical roles (as an RN in corrections) and operational roles (as an HSA, Regional Manager, Regional Vice President, and Division Vice President). Ms. Christie is CCHP certified, ACA CCN-M certified, and a member of the American Correction Health Services Association and the American Jail Association. She earned a Bachelor of Science in Nursing degree from Thomas Jefferson University in Philadelphia, Pennsylvania.

4 TIMELINE (RFP PG. 13)

A timeline for implementing services must be submitted with the bid.

Having successfully transitioned multiple statewide Department of Corrections healthcare systems, Wellpath is well-prepared to deliver a seamless transition in Kansas. Our comprehensive Contract Implementation Plan (CIP), subject to the KDOC's approval, describes our approach for transitioning the healthcare program. It includes specifications for the recruitment of current and new staff, contracting with network providers, development of policies and procedures, training and education of staff, and understanding of the current NextGen EHR system.

Wellpath has provided a copy of our detailed CIP plan with a comprehensive listing of tasks, the individuals responsible, and the projected dates for completion following this section. This timeline assumes a contract award date on or before April 1, 2020 and a service start date of July 1, 2020. It will be updated to reflect the actual contract award and service start dates, as necessary. Please note that this CIP plan is for illustrative purposes only and will be adjusted after contract implementation plans are finalized with the KDOC. Additional start-up goals and timeframes will be established in conjunction with the KDOC immediately following contract award.

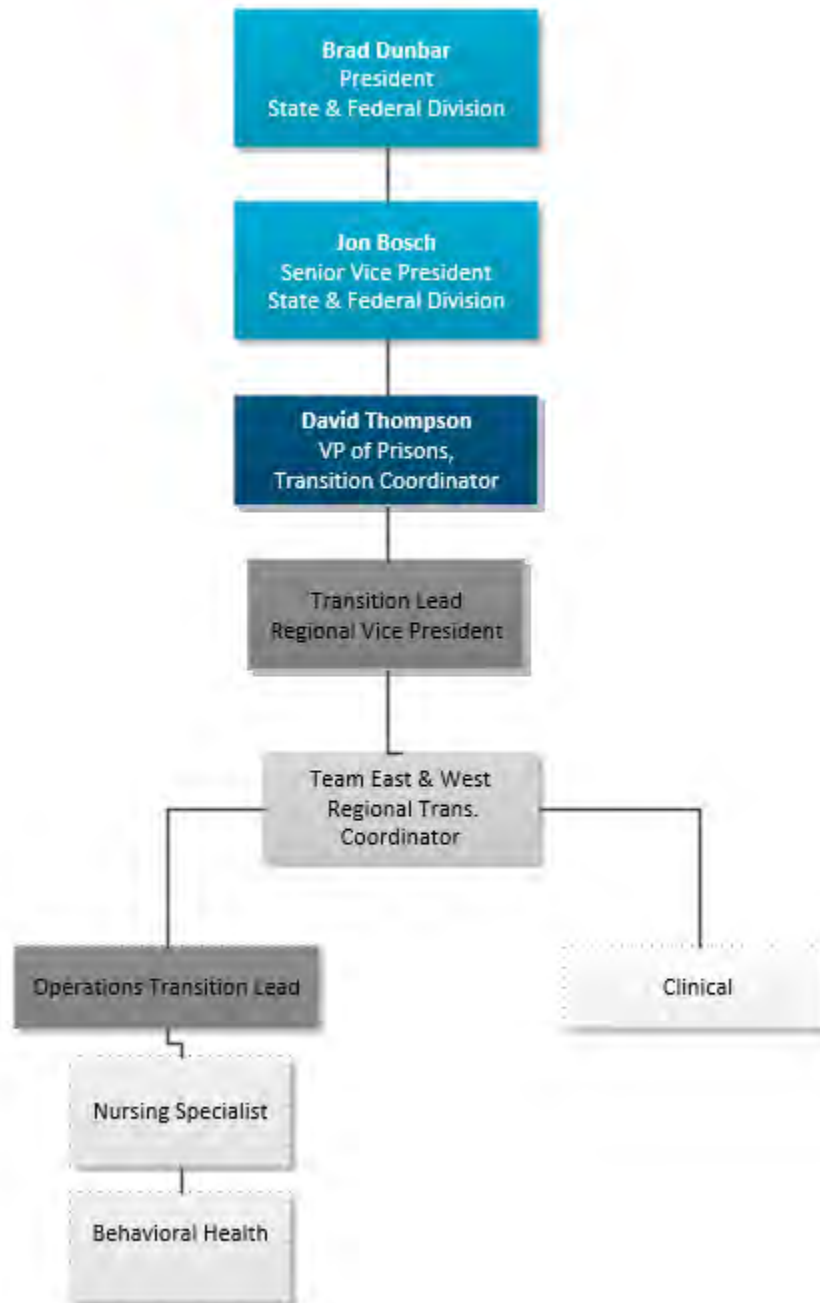
Wellpath will complete a thorough and orderly transition and implementation of services. Our confidence is based upon the following:

- **Transition Plan:** Senior Wellpath executives and key line managers have been closely involved in assembling this proposal. Additionally, Wellpath professionals attended the pre-bid conference, participated in facility tours, investigated community partner opportunities and analyzed all available data to establish a strategic proposal and transition plan. The implementation will include clear and frequent communication with the KDOC to ensure the execution of sound strategic business decisions, related to established timelines, resource allocation, and anticipation of issues before they occur.
- **Experience in Similar Projects:** In addition to the KDOC in 2003, our past transition experience includes the successful changeover of statewide healthcare programs in Arkansas, Kentucky, Maine, Massachusetts (including Bridgewater State Hospital), Vermont, and Pennsylvania. Our most recent transition of the Massachusetts DOC, with an average daily population of 8,900, included the hiring and training of more than 400 administrative, healthcare, and support personnel and the establishment of a regional office.
- **KDOC Experience:** Wellpath previously partnered with the KDOC in the provision of healthcare services. Our past experience and recently acquired knowledge of the current system provides an excellent opportunity for a successful transition.

Transition Team

Wellpath transition teams have extensive experience and a high level of expertise with their assigned roles. A transition guide will be established to ensure that all transition team members are familiar with key points of the KDOC RFP, the Wellpath response, and expectations of the process. Wellpath's successful transition and implementation process places experienced Wellpath team members onsite, working next to our new staff.

Wellpath has assembled an experienced, responsive leadership team to manage the start-up and implementation process for each of the facilities. Wellpath will dispatch two teams, in conjunction with our regional distribution of transition team members throughout the state.



Each team will consist of clinical, behavioral health, administrative, and nursing support personnel, supplemented by our Wellpath Warriors Team.

Wellpath Warriors

The new Wellpath Warriors Program prepares select employees to serve as Wellpath culture ambassadors and assist with contract start-ups across the country. Members are trained to help facilitate the implementation of crucial systems and processes for the transition of new Wellpath contracts. The Wellpath Warrior Training curriculum covers:



- Administration
- Policies and Procedures
- Receiving Screening
- Health Assessment
- CIWA/COWs
- Safety Cell/Sobering
- Restraints
- Pregnancy
- Suicide Prevention
- Emergency Response
- Medication Administration and Bridging
- Sick Call
- ERMA/CorEMR
- Diabetic Protocols
- Accreditation
- Professional Nursing Documents
- Skills Labs: Learn, Teach, and Do

Wellpath Warriors must have at least six months of experience in corrections, a clear background check, and the ability to work flexible shifts during the transition. They must also pass competency exams at the end of the training course to become part of the Wellpath Warriors team. Each training session, held at our Home Office in Nashville, ends with a graduation and awards ceremony to recognize the new team members. The entire Home Office is invited to join in the celebration, and Wellpath CEO, Jorge Dominicus, routinely attends the ceremony to recognize the hard work and dedication of these outstanding team members.

We have provided a sample Wellpath Warriors flyer on the following page.



JOIN THE WELLPATH WARRIORS

We're looking to grow our team of elite "shining stars" for intermittent new start-ups around the country, and we want you!

WHAT WE'RE LOOKING FOR:

- Proficiency in your skillset
- Professional, positive and optimistic attitude
- Desire to teach, coach and train
- Great customer service and communication
- Proficient EHR and computer skills
- Excellent decision making and critical thinking under duress
- Familiar with accreditation
- Ability to suspend judgment
- Follows chain of command
- Culture ambassadors

MINIMUM REQUIREMENTS:

- Six months experience in corrections
- A clear background check
- Valid driver's license
- Willing to travel
- Able to commit to a minimum of 2-3 transitions per year
- Pass all Warrior policy/procedure exams
- EHR and computer skills
- Good standing at current site/no disciplinary action
- Professionalism (attire, attitude)
- Shift Flexibility (including 12+ hour shifts and night shifts)

ALWAYS DO THE RIGHT THING!

To apply, please visit: www.wellpathcare.com/warriors

Regional Office

Wellpath has identified office space at 901 S. Kansas Avenue in Topeka for our Regional Office.

Additional Corporate Support

Wellpath has more than 300 additional Home Office team members prepared to support the healthcare program for the state of Kansas. Support will be provided from human resources, recruitment, payroll, compliance/accreditation, pharmacy, finance, and information technology representatives. Each of these teams will be responsible for ensuring that programing follows the tenets of the contract, Wellpath protocols, and industry standards.



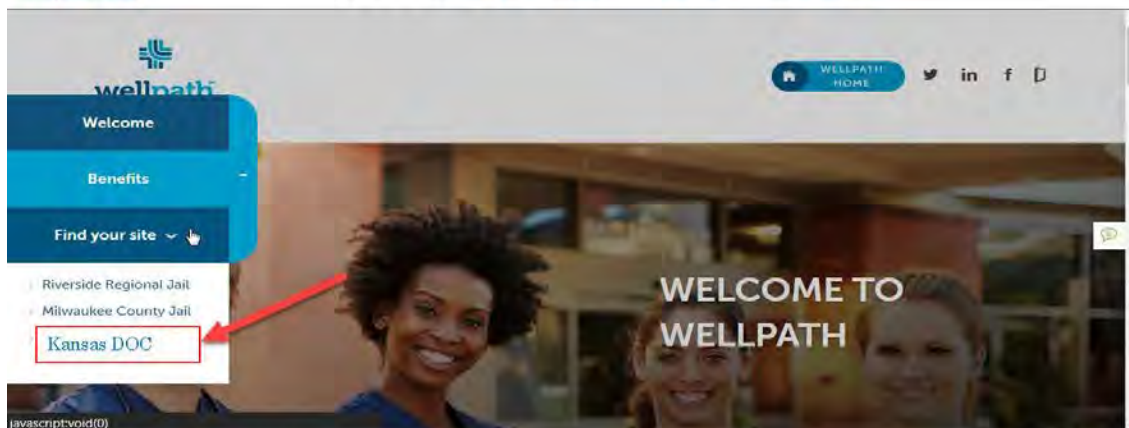
Immediate Steps

Wellpath's transition process begins at the time of notification to award. The first step is to set timelines, preferably within 48-72 hours, to conduct a face to face meeting with the KDOC leadership team as well as site correctional leadership and healthcare teams.

Immediately upon notification of award, we will set up a "startup portal" website for KDOC employees that will be the repository for all information related to the hiring, orientation, and transition process. An example web address would be: <http://newWellpath.recruiting.com/Kansas-DOC>.



How to Initiate Your Transition to Wellpath! Website - wellpath.recruiting.com



1. Visit – wellpath.recruiting.com
2. Click the + sign on the left hand side and then click the Find your site.
3. Use the "click here" links below to access our CCS/CMGC, Wellpath online transition application.

We will also be scheduling employee screenings for any staff members interested in scheduling an eligibility meeting for continued employment. If any employee that is interested in employment with CCS/CMGC, Wellpath is not available on either of these dates other accommodations will be made on an individual basis or if you would like to go ahead and complete your profile, you can do so by [clicking here.](#) If you would like additional information, visit our Frequently Asked Questions page by [clicking here.](#)


4. Create a User Name and Password, complete each step of the application.

Transition Meetings: What you must bring!

- * Professional License: Original or copy of current validation
- * CPR Card
- * Most recent paystub
- * All other certifications

Next, within 24 hours of award, Wellpath will conduct a conference call with all home office departments. This initial call will solidify primary points of contact and set expectations.

The on-site meetings will be geared toward information distribution for the purpose of reducing anxiety. Operations and human resources personnel will meet with staff to establish lines of communication, review anticipated timelines, answer frequently asked questions, and to distribute “How to apply” guidelines, applications, and paperwork. Wellpath has found this process to be extremely beneficial to achieving staff commitment and preserving staff retention.



How to Initiate your Transition Process with Wellpath

- Visit jobs.wellpathcare.com/careers/
- Scroll to the bottom of the page and click on “Learn More” as displayed below:

Are you transitioning to Wellpath as part of a New Site Contract?

[Learn More](#)
- This site provides information about your transition to Wellpath through documents and videos.
- Select the link for “[Client/County Name]”:

Overview

Wellpath Benefits

Rowan County, NC
- Use the “[click here](#)” link below to access our Wellpath online application.

Welcome to Wellpath

To view open positions that we need to fill, click the link to the right. [Wellpath Jobs](#)

All current employees, please initiate the transition process by completing your profile in our company’s system. [Click here.](#)
- Create a User Name and Password, complete each of the steps of the application.

Eligibility Meeting: What you must bring

- * Professional license: original or copy of current validation
- * Last pay stub
- * CPR card
- * All other certifications

Staff Recruitment and Hiring

Wellpath’s automated process makes the transition easy for individuals currently working within the system. The “How to Apply” guidelines assist with the six easy step application process.

In cadence with the established transition plan, Wellpath will immediately begin recruiting efforts. Recruitment efforts will be directed by the Wellpath Recruiting Manager for Vermont with the support of our corporate Human Resources department. Wellpath will have discussions with the Department to review strengths and weaknesses of the current healthcare team.

Licensure Requirements

Wellpath will ensure that all employees and contractors are properly licensed or certified for their positions. Once onsite personnel have been selected, Wellpath will provide applicable certification and licensing information to the KDOC. Prior to employment, Wellpath will provide the KDOC with copies of all background and credentialing information for professional staff, including licenses, CME credits, proof of professional certification, Drug Enforcement Administration (DEA) numbers, malpractice insurance certificates, evaluations, position responsibilities, and up-to-date resumes.

Orientation and Training

Prior to initiating employment, new employees will participate in training that includes an introduction to Wellpath, security parameters at the sites, information regarding Wellpath policies and procedures, emergency response and NCCHC standards. Each employee hired by Wellpath during the transition period will undergo specific training regarding the expectations Wellpath has for the KDOC program, as well as their specific role. KDOC staff members are welcome to join in these training sessions. These training sessions are conducted outside in geographical centralized locations and participants are paid for the time spent in the training.

Establishing Professional Contracts

Wellpath's Network Development team will establish a healthcare network for services provided in the community. To the extent possible Wellpath will expand the current complement of services provided onsite. Throughout the transition period, we will continue contacting these providers to establish a strong provider network and the best possible onsite programs. Because Wellpath has already been in contact with many providers, this will serve as a confirmation call for most.

Reporting Procedures

Wellpath will identify and customize all reports requested by the KDOC. Samples of current reports will be provided for review and comment. Report formats and expectations for distribution will be finalized prior to the initiation of service. Many Wellpath reports are automated and can be delivered on a scheduled basis, based on needs of the KDOC.

Equipment and Supplies

Wellpath will ensure that necessary equipment is available for start-up and work with the KDOC to determine a secure place at each site where all packages can be delivered and kept secure until the transition of services occurs. Wellpath will also ensure the necessary supplies are onsite, including but not limited to laboratory, radiology, medical, and dental supplies. We have par level ordering guidelines and will order the supplies necessary to ensure continuity of care.

Preparing Drug Utilization Data

Wellpath will review any drug utilization information to ensure the availability of adequate medication on Day One of start-up so that no break in care and treatment occurs.

Identification of Current Health Cases

Wellpath will communicate throughout the transition process with the incumbent provider. We will request knowledge of any patients currently hospitalized, those in need of specialized chronic care,

those with off-site appointments scheduled for the next 30 days, and all patients currently on suicide watch.

Preparing a Strategic/Operational Plan

As stated previously, Wellpath has provided our comprehensive Contract Implementation Plan (CIP), which will be subject to the Department's approval, describing our approach for transitioning the healthcare program, including specifications for the recruitment of current and new staff; onsite medical, mental health services; pharmaceutical, laboratory, radiology, and medical supplies; equipment and inventory; and health records management.

This CIP plan is for illustrative purposes only and will be adjusted after contract implementation plans are finalized with the KDOC. Additional start-up goals and timeframes will be established in conjunction with the KDOC immediately following contract award.

With over 16 years of company experience in Department of Correction settings, and Having successfully transitioned multiple statewide DOC healthcare systems, Wellpath is confident we can deliver a seamless transition in Kansas. Wellpath has fostered a culture that focuses on providing quality comprehensive healthcare, promoting active treatment planning and programming, and patient trust by providing an environment of respect, dignity, and transparency. Our team of experts has successfully implemented comprehensive healthcare services in multiple states and has helped state agencies to mitigate problems by developing innovative solutions.

We look forward to the opportunity to assist the KDOC in addressing the challenges it faces now and in the future.

5 METHODOLOGY (RFP PG. 14)

Bidders shall submit with the bid, a detailed explanation of the methodology for implementing services.

5.1 *Scope* (RFP PG. 23)

Wellpath understands the Kansas Department of Corrections (KDOC) is soliciting bids for the provision of comprehensive health care services to include medical, dental, behavioral health, and related support services for offenders in the custody of the Secretary of Corrections. We are aware the provision of services is primarily provided on-site at nine (9) facilities and three (3) satellite facilities identified in Appendix A of the RFP and that specialized services may be provided through agreements with area providers such as hospitals, clinics, medical specialists, laboratories and other specialized services.

Wellpath acknowledges the Contract resulting from this RFP is a full-risk contract and we would be held responsible for the provision of healthcare as described in the RFP, and for costs through the duration of the Contract and any renewal periods. Wellpath agrees to be responsible for any and all agreements with local healthcare providers, pharmacies, specialists, etc., and for developing efficiencies and controlling costs.

Wellpath further acknowledges:

The objective of this contract is to secure a qualified Contractor who can manage and operate a comprehensive health care services program for KDOC offenders and in a cost-effective manner by delivering high quality health care services that meets community standards.

We agree to:

- Comply with and maintain ACA and NCCHC standards as well as maintain ACA and/or NCCHC accreditation status;
- Implement a written health care work plan with clear objectives; develop and implement policies and procedures;
- Comply with all state licensure, requirements and standards regarding delivery of health care;
- Maintain full reporting and accountability to the KDOC; and
- Maintain an open, collaborative relationship with the administration and staff of KDOC and the individual facilities.

Wellpath understands it is the expectation of the State of Kansas that the offenders in the KDOC correctional facilities receive appropriate and necessary health care in the least restrictive environment while conserving resources and costs. Wellpath services will be provided in a manner that promotes maintenance of safety in the facility and in the community.

Wellpath acknowledges the KDOC serves a current population of approximately 10,000 adult offenders and 165 juvenile offenders and that most facilities have several separate housing units that require separate clinic operations. We have reviewed the description of the clinic locations and populations served by each clinic in the Facility Population, Infirmary, and Acuity Report (RFP Appendix B).

We have also reviewed the list of definitions with respect to terms utilized in this RFP provided in RFP Appendix C.

5.2 Access to Health Care Services (RFP PG. 23)

Wellpath health care programs are based upon the standards established by the National Commission on Correctional Health Care (NCCHC) and the American Correctional Association (ACA). Wellpath will ensure that the KDOC program complies with these national standards as well as KDOC policy and federal, state, and local laws, statutes and ordinances. Offenders will receive evidence-based healthcare in accordance to community standards.

Wellpath will provide unimpeded access consistent with an offender's rights under the U.S. Constitution and we will ensure that all offenders understand their rights to access health care services to meet their medical, dental and behavioral health needs. These rights include:

- Access healthcare services
- A professional medical judgment
- The care that has been ordered

Wellpath will provide all offenders, regardless of status, unimpeded access to correctional health care services. Our health care staff will ensure offenders have access to a level of care commensurate with the severity of the presenting symptoms. If the needed level of care is not available at the facility of residence, Wellpath will ensure timely referral is made to another KDOC facility or outside provider in for necessary care.

Wellpath will provide access to medical, dental, and behavioral health care services at each of the KDOC facilities through:

- Receiving Screening
- Health Assessment
- Sick Call
- Chronic Care
- Segregation Rounds
- Staff Referral
- Family Referral
- Officer Referral

In our previous contract with the Kansas DOC, Wellpath instigated an open sick call process. Wellpath understands the importance of ensuring access to the health care program. Our CQI program monitors ongoing access to care.

5.3 Comprehensive Medical Services (RFP PG. 23)

5.3.1 Medical Oversight – Responsible Health Authority (RFP PG. 23)

Wellpath will **provide a full range of health care services under the supervision of** Charles Zaylor, MD, a **physician licensed by the Kansas Board of Healing Arts.**

Dr. Zaylor is a widely published researcher, teacher, and psychiatric practitioner with 17 years of correctional experience. He completed his residency at Kansas Medical Center. He received his D.O. from Kansas City University of Medicine and Biosciences-College of Osteopathic Medicine. Dr. Zaylor is a Physician reviewer and member of the Kansas Foundation for Medical Care, Inc. and Psychiatric Consultant to the Kansas Board of Healing Arts.

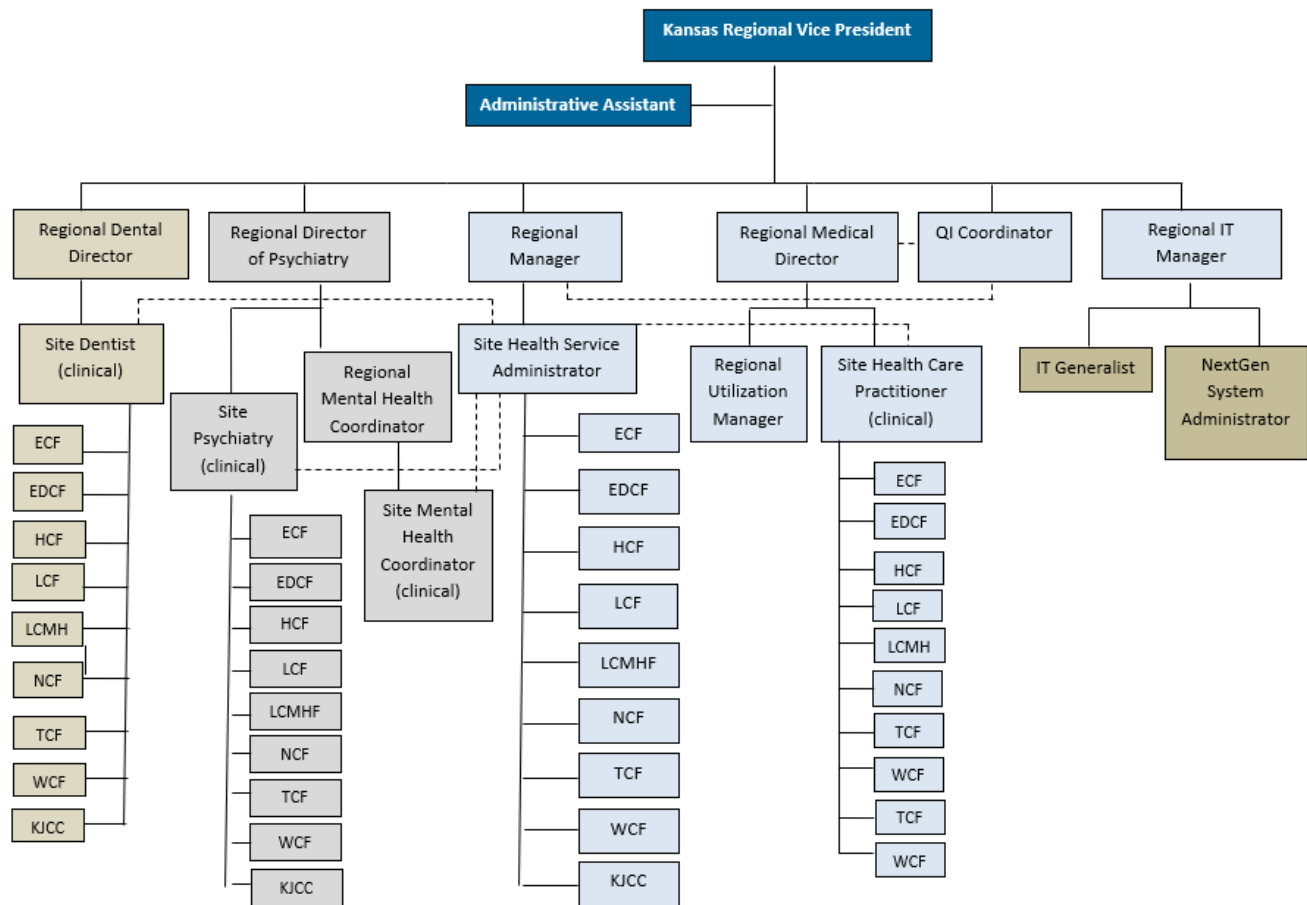
William Ruby, MD, Wellpath's Medical Director for State Programs, will provide somatic oversight for the Kansas DOC medical programs.

National standards and evidence-based practices will be used to establish clinical guidelines. The clinical guidelines will direct the care given to KDOC adult and juvenile offenders at the site level. Wellpath care management processes help determine when an offender's health care needs are beyond the scope of care provided at the site level. In these instances, referrals will be made to ensure that offenders are evaluated and treated by specialty providers. To the extent possible, specialty encounters will occur on-site.

Our mantra is **"Always Do the Right Thing"** ensuring our patients receive medically necessary health care services in a humane and respectful manner. This philosophy has proven to be effective in implementing health care programs that reduce offender grievances and adverse events.

We have included on the following page the company's organizational chart identifying clinical roles.

Kansas Regional Organizational Chart



5.3.2 Reserved (RFP PG. 23)

5.3.3 Standards of Care (RFP PGS. 23-24)

Wellpath will provide services in accordance with the American Correctional Association (ACA) and the National Commission on Correctional Health Care (NCCHC) standards, Performance Based Medical Standards (PBMS) for juvenile offenders, and prevailing professional practices. Our personnel and administration will meet or exceed standards established by ACA and NCCHC as they currently exist and/or may be amended. Wellpath will also comply with all established policies outlined in the KDOC Internal Management Policies and Procedures (IMPPs) Manuals as they currently exist and/or may be amended.

In addition to compliance with the KDOC IMPP, Wellpath also has established guidelines for the care and treatment of chronic health conditions. The guidelines, based on national criteria and evidence-based medicine, meet NCCHC Clinical Practice guidelines and will be subject to approval by the KDOC.

Wellpath primary care physicians are knowledgeable in the treatment of HIV, TB, Hepatitis, and other communicable disease. We are well-prepared to manage the Infectious Disease program for the KDOC. **William Ruby, DO, Wellpath's Medical Director for State Programs**, is board-certified in Infectious Disease Medicine.

5.3.4 Nursing Clinical Guidelines (RFP PG. 24)

5.3.4.1 EHR Treatment Guidelines and Algorithms (RFP PG. 24)

Wellpath understands the current KDOC electronic health records system (EHR) is NextGen and it has built into its program a specific set of nursing treatment guidelines or algorithms (RFP Appendix D). We also understand this EHR system has the flexibility to accommodate changes to the Guidelines as improvements are made.

5.3.4.2 Nursing Clinical Guidelines (RFP PG. 24)

Wellpath understands that it is necessary to reduce the potential for process variation in order to ensure the delivery of quality health care services. Reducing variation in the health care delivery process improves quality and reduces costs.

In order to reduce such variations with nursing encounters, Wellpath has established a comprehensive set of nursing clinical guidelines. These will be adapted specifically for the KDOC. The nursing clinical guidelines are used to facilitate accurate evaluation and ensure consistency of care by guiding nurses through the assessment and decision-making processes.

Wellpath provides training to nurses on the use of the nursing clinical guidelines as part of their initial orientation and annually. Additionally, our CQI program evaluates the use of and effectiveness of the nursing clinical guidelines.

Wellpath nursing clinical guidelines will be consistent with Kansas Board of Nursing scope of practice and national standards. The effectiveness of our nursing clinical guidelines has been acknowledged by the NCCHC.

Wellpath nursing guidelines include, but are not limited to:

- Emergency Allergic Reaction and Anaphylaxis
- Anxiety
- Arthritis
- Asthma Exacerbation
- Back Pain
- Burns
- Chest Pain
- Common Skin Problems – Acne

- Common Skin Problems – Blisters
- Dyspepsia and Acid Complaints
- Ectoparasites- Female patients
- Fever
- Foreign Body in the Eye

We have included in **Tabbed Attachment D** samples of the following nursing clinical guidelines utilized for these basic nursing encounters:

- a. General Musculoskeletal pain
- b. Ectoparasites
- c. Influenza-like Illness
- d. Dental Pain
- e. Ear, Nose, and Throat
- f. MRSA

5.3.4.3 Emergent Nursing Clinical Guidelines (RFP PG. 24)

Tabbed Attachment D also includes emergent nursing clinical guidelines that cover standing orders for emergency medications and/or treatments for the following:

- a. Trauma
- b. Head Injury
- c. Intoxication and Withdrawal
- d. Chest Pain (guideline must include EKG with interpretation (over-read) by a cardiologist within 30 minutes from the time the EKG was sent to the cardiology provider)
- e. Hypoglycemia
- f. Seizure/Status Epilepticus
- g. Emergent Allergic Reaction/Anaphylaxis
- h. Respiratory Distress
- i. Suspected Overdose (include the use of Narcan)
- j. Heat-related Illness
- k. Post-exposure prophylaxis
- l. PREA

5.3.5 Consent to Treat/Right to Refuse (RFP PG. 24)

Wellpath will obtain appropriate consent to treat prior to providing treatment. We acknowledge the offender's right to refuse treatment as described by the NCCHC standards. We are aware that juveniles have specific rules and regulations regarding consent to treat and right to refuse and understand the juvenile's rights and parental consent.

Wellpath's *Consent to Treatment and Informed Consent for Medical Services* forms is signed by the patient and becomes part of the patient's medical record. The medical record will indicate if the patient refused to sign the form.

Wellpath has significant experience with juvenile healthcare programs and will work with Juvenile Justice personnel to ensure that the appropriate consent is obtained from the parent, guardian or legal custodian, as required by law, prior to performing invasive procedures. Juveniles also have the right to refuse care. In these cases, the juvenile will be appropriately counseled on the potential risks of refusing the care and/or treatment and will be referred to the Health Care Practitioner.

The Wellpath CQI program addresses the informed consent and refusal processes.

5.3.6 Receiving Screening (RFP PG. 24)

5.3.6.1 Performance of Receiving and Transfer Screenings

Wellpath nursing staff will perform receiving and transfer screenings that include both visual and chart reviews on all offenders upon their arrival at each facility and at each unit within a facility, if the offender transfer results in a transfer of oversight from one clinic to another. Receiving and transfer screenings will be performed in compliance with NCCHC and/or ACA current standards for screening.

Wellpath understands the importance of the receiving screening process to ensure that offenders with health care needs are appropriately identified and referred for care. Our receiving screening process emphasizes the identification, referral, and treatment of offenders with acute and chronic health care conditions. Wellpath knows that ensuring a timely receiving screening process with appropriate referrals and the initiation of essential medication and treatment, as needed, is one of the most important functions of a correctional health care program.

The Wellpath receiving screening process will comply with NCCHC standards, ACA standards and KDOC IMPP 10-117.

Within the KDOC system, receiving screening will primarily be completed at the Receiving and Diagnostic Units located at the El Dorado Correctional Facility and at the Topeka Correctional Facility. However, staff at all facilities will be appropriately trained in the receiving screening process and have the capability of receiving offender admissions.

The Wellpath staffing plan provides for qualified health professionals to conduct receiving screenings 24 hours per day, seven (7) days per week, including holidays. Wellpath staff will receive training in the use of the EHR receiving screening form to document findings of the receiving screenings process.

As a result of the receiving screening process:

- Offenders presenting with significant clinical findings will be referred as necessary.
- Offenders exhibiting signs of acute mental illness, psychological distress, or danger of harm to self or others will be referred to the behavioral health staff for further evaluation.
- Offenders presenting stable on non-formulary medication at the time of admission will have this medication continued until they can be evaluated by a Health Care Practitioner. Consideration will be given to continuing the non-formulary medication.

The receiving screening process will include, at a minimum:

- ✓ *Inquiry into current illnesses, health problems, and conditions:*
 - Current illnesses and health problems including medical, mental health and dental problems and allergies
 - Any history of tuberculosis or other infectious or communicable diseases or symptoms including chronic cough, hemoptysis, lethargy, weakness, weight loss, loss of appetite, fever and night sweats
 - Mental health problems including suicidal ideation, psychosis and hospitalizations
 - A physician assesses the patients need for medications and special health needs in a timely manner
 - For women, date of last menstrual cycle, current gynecological problems, and current or recent pregnancy
 - Use of alcohol and other drugs, including types, methods, date and time of last use, and problems associated with ceasing use
 - Notation of personal physician and any medical risk
 - Other health problems as designated by the responsible physician
 - History of or present suicidal and/or self-destructive behavior or ideations
 - Inquiry into insurance coverage
- ✓ *Observation of the following:*
 - Appearance, which includes state of consciousness, mental status, conduct, tremors, and sweating
 - Behavior such as disorderly, appropriate or insensible
 - Body deformities and ease of movement, trauma markings, bruises, lesions, eye movement, and/or jaundice
 - Identification of disabilities and special equipment needed
 - Persistent cough or lethargy
 - Condition of skin including trauma markings, scars, tattoos, bruises, lesions, jaundice, rashes and infestations, and needle marks or other indications of substance abuse
- ✓ *Other:*
 - Verification of current medication
 - Recording of vital signs as indicated
 - Screening for symptoms of pulmonary tuberculosis (TB)
 - VDRL and STD testing for Gonorrhea, Chlamydia and HIV if clinically indicated
 - Pregnancy testing for females as indicated
 - Oral screening; instruction in oral hygiene and oral health education will be conducted
 - Initial mental health evaluations
 - Initiation of nursing clinical guidelines, as indicated to inform the offender, verbally and in writing of:
 - Right to healthcare
 - How to access medical, mental health, dental and emergency services sick call and co-pay process
 - The grievance process
 - Referrals for emergent, urgent and routine health care needs

- Communication related to the housing needs of offenders with physical handicaps or disabilities
 - Verification of medically necessary special diets
- ✓ *Notation of the disposition based on the information obtained in the admission screening process includes one of the following:*
- Local hospital for emergent and urgent health care services
 - Medical housing, infirmary, isolation or observation
 - General population, with referrals for care as indicated

5.3.6.2 Transfer Screening Form (RFP PG. 24)

For transfers to facilities with less than 24-hour nursing coverage, the main clinic staff will complete the transfer screening form through chart review using the NextGen system. The form will be reviewed and the offender assessed the next day nursing staff is on-site.

5.3.6.3 Behavioral Health Referrals (RFP PG. 25)

Health care professionals will refer offenders exhibiting signs of acute mental illness, psychological distress, or danger of harm to self or others to the behavioral health professional staff for further evaluation.

5.3.6.4 Significant Clinical Findings (RFP PG. 25)

Health care professionals will refer offenders presenting with significant clinical findings during the health screening process to the HCP, as necessary.

5.3.6.5 Current Medications (RFP PG. 25)

If an offender is shown to be stable on medications upon admission, Wellpath will consider the use of formulary exceptions to continue the medications prescribed to offenders prior to admission.

5.3.6.6 Communication (RFP PG. 25)

Wellpath will ensure communication occurs between site health care staff regarding patients with complex medical or mental health conditions prior to transfer. Such communication will be documented in NextGen.

Our medical and mental health staff will meet daily with correctional staff to share relevant information, to review the status of patients under constant observation, and to make determinations regarding continued observation or return of patients to general population. Wellpath staff will use the **Whiteboard Method** in each facility to review the status of infirmary patients. A physician will approve each patient's return to general population when recovered.

The Wellpath Whiteboard Methodology

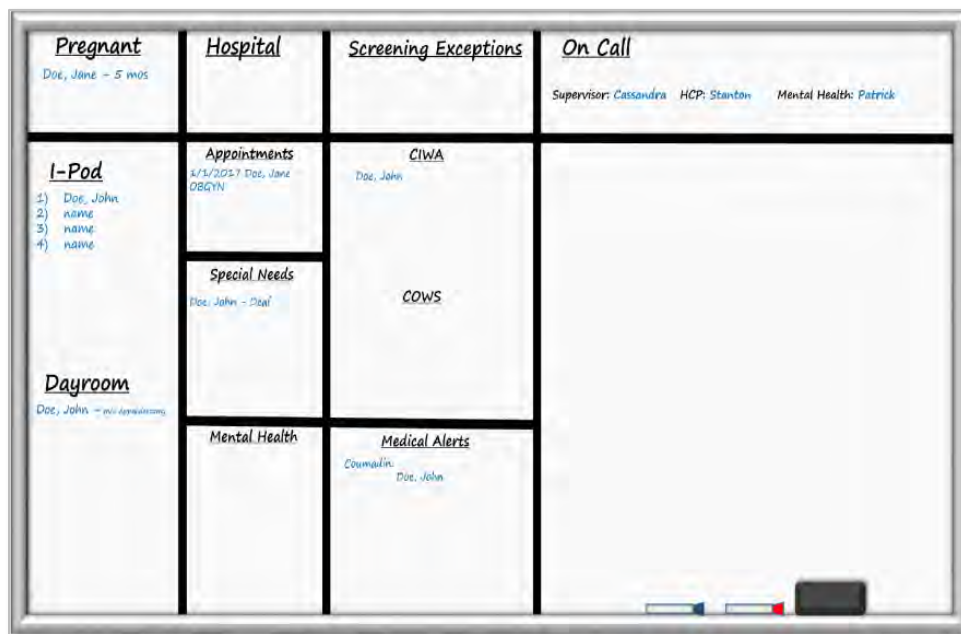
We have developed a "whiteboard method" for the management of special needs patients and we will implement this effective methodology to improve care at the KDOC facilities. The Wellpath whiteboard

method essentially creates a real-time HSA Command Center that provides an interactive communication system for all stakeholders at the facility.

Wellpath staff are charged with advocating for our patients, executing policy and procedure, and representing our clients' needs, while simultaneously weighing potential liability and risk to all involved. The whiteboard is a means of enhancing organization and streamlining information-sharing related to special needs patients.

The whiteboard is a special needs tracking tool that demonstrates a global awareness of the special needs of the patient population. It provides an accurate snapshot of the site's high-risk patients and responsibilities for the care of these patients.

The whiteboard is divided into categories that serve as the foundation of operational and clinical discussions that take place during daily morning briefings at our sites. This visual map serves as an outline that provides shape and structure to the focused review of salient topics.



Whiteboard categories are site-specific and may include pregnant patients, inpatient status, appointments, medical housing, special needs housing, mental health housing, screening exceptions, withdrawal protocols, and/or high-acuity patients.

All teams will be aware of the whiteboard's importance in guiding daily activities at the KDOC, and clinical and administrative staff will participate in daily whiteboard meetings. Relevant data from daily briefings will be translated onto the board by leaders who are assigned to update specific areas. Every employee will be empowered to "own the board" since its contents should include pertinent items communicated via email, in-person conversation, or reported in a log. There is no information sharing that is considered too small or insignificant.

5.3.7 Initial Health Assessment (RFP PG. 25)

5.3.7.1 Timing of Health Assessments (RFP PG. 25)

Wellpath staff will conduct a comprehensive health assessment in compliance with NCCHC standards, ACA standards, KDOC IMPP 10-117 and the American Academy of Family Physicians Guidelines. This will include a complete medical history and physical examination, for all offenders within seven (7) days of any offender received at any KDOC and Juvenile Facility.

A physician, a mid-level provider, or a properly trained Registered Nurse (RN) will conduct the health assessment in accordance with local regulations. Prior to performing health assessments, RNs must complete physical exam training provided or approved by the responsible physician or designee. The RN must pass a written test and successfully demonstrate an exam for the physician, who will sign off on the RN's competency to complete the task. The training is documented in the RN's training record and is repeated annually. For additional information on nurse competency exams (and other Wellpath training initiatives), please see [Section 5.21 – Training](#).

A Wellpath physician will review, sign, and date any assessments completed by an RN and any abnormal assessments completed by a mid-level provider. Any abnormal results of the health assessment will be reviewed by a physician or mid-level provider for appropriate disposition.

The comprehensive health assessment will minimally include:

- A review of the receiving screening
- Complete history and physical examination
- Recording of vital signs, (including height, weight, pulse, temperature, BMI)
- Dental screening/oral cavity screening
- Vision and hearing screening
- Laboratory tests including VDRL, TB Mantoux test, TB blood testing for positive Mantoux tests and immune suppressed adult and juvenile offenders
- GC testing and pregnancy testing for females under the age of 60
- The collection of additional health data to complete the medical, dental, mental health and immunization histories
- For females, inquiry into menstrual cycle and unusual bleeding, the current use of contraceptives, medications, breast masses and nipple discharge, and pregnancy tests will be conducted. If indicated, testing will also be conducted for gonorrhea
- Other tests and examinations as appropriate required and indicated (diagnostic panel, urinalysis, EKG, etc.)
- The initiation of therapy and immunizations, when indicated
- A plan for follow-up and initiation of therapy when indicated
- Full body head to toe examination
- Juveniles receive BMI, Growth Chart Plotting, and Updated Immunization Review and Administration

- Any abnormal results of the health assessment will be reviewed by a physician or midlevel provider for appropriate disposition
- Signature, dates, time and title of the individual performing the assessment
- Intake offenders are to be provided medical treatment plans, wellness plan, and smoking cessation education

At the conclusion of the physical examination the clinician will determine:

- Medical clearance for food service
- Medical clearance with or without limitations or housing requirements
- If the offender has identified limitations that may warrant special requests
- A plan for follow up and initiation of therapy when indicated
- A plan for compliance with NCCHC and ACA on parole and condition violator health assessments.

A physician will review, initial, and date all health assessments completed by registered nurses and any assessment completed by a mid-level provider if abnormal findings were present. Health assessments will be documented in the EHR. Wellpath will ensure on-going compliance in the area of health assessments. Our staffing plan includes Health Care Practitioners and additional health care staff specifically designated for the health assessment process. The Wellpath CQI Program will monitor on-going compliance of the health assessment process, quality and effectiveness.

 Medical History and Physical Assessment with Behavioral Health		Patient Name (Last, First, MI): _____	
Date of Birth: _____	Status: _____ <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile	Date of Birth: _____	Status: _____ <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile
<input type="checkbox"/> Receiving Screening reviewed <input type="checkbox"/> Per site policy, no Medical History and PH <input type="checkbox"/> No change in health status <input type="checkbox"/> Date of previous exam: _____ <input type="checkbox"/> Patient refused Medical History and Physical Assessment <input type="checkbox"/> Appropriate <input type="checkbox"/> Unable to complete Medical History and Physical Assessment <input type="checkbox"/> Out of Court <input type="checkbox"/> Patient unavailable due to Patient <input type="checkbox"/> House Arrest		PREA Questions time: _____ 1. Has the patient ever been a victim of sexual abuse? 2. Does the patient feel vulnerable? 3. Has the patient ever been arrested for a sex offense against an adult or a child? 4. Does the patient identify or be perceived as gay, lesbian, bisexual, transgender? 5. Is the patient detained for any civil immigration purposes? 6. Does the patient have a physical disability or developmental delay/disability? 7. Is this the patient's first time being arrested? 8. Is the patient of small or large build? If any "yes" answers, notify classifications and n Referred for Evaluation? _____	
Problems _____ Yes _____ No _____ Anemia _____ Arthritis _____ Asthma _____ Balance/Oziness _____ Bloodshot _____ Bowler infection _____ Blood _____ Cough/Sputum _____ D.T.'s _____ Diabetes _____ False Teeth _____ Gall Bladder _____ Gonorrhea _____ Hay Fever _____ Headache _____ Hearing _____ Heart _____ Heartburn _____ Hepatitis _____ Hemia _____ Immunization Status _____ Other _____ Date of last tetanus: _____ Immunizations up to date <input type="checkbox"/> Yes <input type="checkbox"/> No PPD Status: <input type="checkbox"/> Past Positive <input type="checkbox"/> Previous Treatment with Meds: <input type="checkbox"/> Yes <input type="checkbox"/> No Was treatment completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Positive PPD: _____ Where diagnosed: _____ <input type="checkbox"/> No History of past positive <input type="checkbox"/> Unexplained weight loss <input type="checkbox"/> Fever or Chills <input type="checkbox"/> Night sweats <input type="checkbox"/> Chronic cough – lasting 3 weeks or longer / Bloody sputum Smoker <input type="checkbox"/> Yes, <input type="checkbox"/> No, _____ after day _____		Examiner's Signature / Title _____ Date _____	
Vision (Snellen Chart) _____ RT _____ w/ glasses _____ LT _____ w/ glasses _____ Breast Exam <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Deferred Rectal Exam <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Deferred Testicular Exam <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Deferred Educational Materials Provided <input type="checkbox"/> Yes <input type="checkbox"/> No Oral Hygiene Instructions Provided <input type="checkbox"/> Yes <input type="checkbox"/> No Dental Screening done <input type="checkbox"/> Yes <input type="checkbox"/> No Allergies: _____		Summary _____ Disposition _____ 9. Family Situation (check) _____ 10. History of special education? _____ 11. Education (highest grade completed) _____ 12. Level of Cognitive Functioning (check) _____ 13. I/MI concerned with ability to cope? _____ COMMENTS (Comment on all "YES" responses) _____ Allergies: _____	

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An initial health assessment shall be completed by a Wellpath qualified health care professional within seven (7) days of admission to a KDOC facility.

5.3.7.2 Health Assessment Plan (RFP PG. 25)

Wellpath nurses conducting health assessments will be trained and certified by an HCP. We acknowledge the certification may be a certificate of completion issued by Wellpath upon successful completion of training. We will submit the training curriculum to KDOC for approval prior to implementing. See [Section 5.21 – Training](#).

Nurses conducting dental screening/oral cavity screening will be trained and certified by a dentist. Wellpath will submit the training curriculum to KDOC prior to implementing.

5.3.8 Periodic Health Assessments (RFP PGS. 25-26)

Periodic health assessments will be completed every five years for healthy offenders under age 39, every three years for offenders 40 to 55, and annually for offenders 55 and older. However, some offenders enrolled in chronic care will receive an annual health assessment regardless of age as part of the special needs program.

Wellpath will utilize the OMIS/JJIS report and the electronic health record to track and schedule periodic health assessments. Offenders identified as needing a health assessment are appropriately scheduled. By managing health assessment appointments in the EHR there is a better opportunity to plan and bundle services into the health assessment encounter.

The health assessment process will be reviewed during the juvenile implementation process. Staff will receive training and will be prepared to perform health assessments consistent with the established policy.

5.3.9 Medical Classification System (RFP PG. 26)

5.3.9.1 PULHEX Classification System (RFP PG. 26)

Wellpath understands the KDOC uses the PULHEX classification system to describe the medical and mental health status of the adult offenders and a separate classification is utilized for youth. We have reviewed copies of these forms in the RFP's Appendix E.

Wellpath understands the importance of the classification system to ensure that an offender's medical and mental health condition is considered when recommending housing and facility assignment, consistent with the KDOC mission. Wellpath will communicate an offender's special health status with the KDOC utilizing the PULHEX classification system. Should the KDOC determine that another system will be implemented, Wellpath will work with the KDOC to use the new classification system.

A juvenile's health care needs will be communicated to the juvenile facility administration, when necessary.

5.3.9.2 Housing and Facility Assignment (RFP PG. 26)

Wellpath acknowledges the KDOC will consider the offender's medical and mental health condition when determining housing and facility assignment, consistent with the KDOC's mission. We understand all decisions regarding facility and housing assignment remain with KDOC.

5.3.9.3 Shared Information Impacting Work and Housing Assignments (RFP PG. 26)

Wellpath and the KDOC will share the offender's security classification, medical information and other areas of special care issues on a need-to-know basis as it relates to the medical/mental health status that impact work and housing assignments.

5.3.10 Non-Emergency Health Care Services / Sick Call (RFP PG. 26)

5.3.10.1 Sick Call Plan (RFP PG. 26)

Because sick call is the primary method for offenders to access the health care system, it is one of the most important functions of the correctional health care delivery system. Wellpath's sick call process effectively ensures that offenders requesting health care services are seen in a timely manner and in the most appropriate health care setting. The Wellpath nursing sick call process focuses on the delivery of services that do not require the attention of a Health Care Practitioner, thus maximizing practitioner time.

During the receiving screening, Wellpath staff will advise all offenders of their right to access care and the process for requesting healthcare services. Information regarding access to healthcare will be communicated to offenders both verbally and in writing in a language the offender comprehends upon arrival at the facility. Provisions will be made to ensure that non-English speaking offenders understand how to obtain healthcare.

Wellpath will provide daily triage of offender requests regardless of housing classification. The Wellpath sick call process uses nurses, mid-level providers and physicians as the primary providers of sick call services, each performing care within their designated scope of practice.

In facilities that do not maintain health care staff 24 hours per day, seven (7) days per week, designated Wellpath health care professionals will be available to provide telephone triage. Wellpath will work closely with the KDOC staff to ensure appropriate access and the provision of necessary care.

The sick call process at each juvenile facility will be reviewed during the implementation process. Sick call will be conducted seven (7) days per week. Wellpath will provide juvenile health staff with training on the sick call process. The training will include the requirements of national standards for juvenile health care programs and the defined sick call process. Nursing personnel assigned to the juvenile facilities will also receive training on the use of the nursing clinical guidelines. Prior to the implementation of the juvenile system Wellpath will establish nursing clinical guidelines for the KDOC juvenile program. The nursing clinical guidelines will be based on the guidelines established specifically for the KDOC adult program. Wellpath understands the KDOC has two (2) primary systems for offender access to routine health care.

a. Open Sick Call (RFP PG. 26)

Wellpath will conduct open sick call to allow offenders to report at a specific time to be evaluated for health care concerns without waiting for a scheduled appointment. Open sick call will be restricted to specific time frames and closed outside of those time frames until open sick call time the next business day.

b. Closed Sick Call (RFP PG. 26)

Wellpath acknowledges closed sick call allows offenders to submit written health requests that are picked up and then health care appointments are scheduled at a specific time. Qualified health care professionals must gather, review, and prioritize (triage) health requests daily (7 days per week including holidays) at all facilities.

5.3.10.2 Health Care Requests (RFP PG. 26)

Wellpath will triage offender requests for health care daily. We understand Secure Boxes for the purpose of collecting written health requests are in place.

Offenders will have immediate access to sick call request forms that meet all standards and guidelines. Correctional staff can also make referrals if they have concerns for the health status of an offender. All medical complaints will be recorded, along with a recommended intervention and referral to appropriate healthcare staff.

Offenders will have unimpeded access to both emergency and routine care, regardless of their location, custody level, or status, at all times. If an offender is unable to attend a sick call session due to custody status (e.g., segregated offenders) or as a result of physical condition, we will arrange to conduct sick call services at the offender's cell.

Healthcare services will be provided in a manner that complies with state and federal privacy mandates. Wellpath understand the importance of decentralized services in order to minimize offender movement and we will conduct sick call services and nursing encounters in the offender housing units to the fullest extent possible.



The form is titled "HEALTHCARE REQUEST" and "SOLICITUD DE SERVICIO DE SALUD". It includes a "RECEIVED" stamp with fields for Date, Initials, and Time. The form contains fields for Name (Nombre), DOB (Fecha de nacimiento), ID # (Nº de identificación), and Living Unit (Unidad). There are checkboxes for Medical (Medico), Behavioral Health (Salud Mental), Dental (Dental), and Other. A section for "Nature of problem or Request (be specific)" is followed by a line for "Naturaleza del problema o solicitud (sea específico)". A consent statement is provided in English and Spanish. Below this is a section for "PATIENT SIGNATURE (Firma del Paciente)" and "Date (Fecha)". A dashed line separates the patient section from the triage section, which is labeled "DO NOT WRITE BELOW THIS LINE (TO BE COMPLETED BY TRIAGE STAFF)". The triage section includes checkboxes for Triage: Emergent, Urgent, Routine, and fields for Triage Date, Initials, and Time. Below this is a section for "INITIAL:" with checkboxes for Sick Call, Nurse, HCP, Dentist, Behavioral Health, Eye Doctor, and Other. A section for "RESPONSE TO PATIENT / COMMENTS" includes checkboxes for Patient seen, Response sent, Patient refused, Patient released, and Fee Charge. A note at the bottom states: "NOTE: Treatment information should not be noted above but should be documented on the appropriate treatment form(s)". The form ends with fields for Staff Signature and Date.

5.3.10.3 Face-to-Face Encounter (RFP PG. 26)

A Wellpath qualified health care professional or trained health care liaison (when applicable) will conduct a face-to-face encounter to triage a health request within 24 hours of receipt of the request. A nursing sick call appointment/assessment, if not done at the face-to-face encounter, will occur in a timely manner and in accordance with the patient's clinical status. The sick call appointment will be held within 72 hours of the initial face-to-face triage encounter.

5.3.10.4 Weekend Requests – Wichita Work Release Facility and Stockton Correctional Facility (RFP PG. 26)

Wellpath understands the **Wichita Work Release Facility** and Stockton **Correctional Facility (NCF – East Unit)** do not have health care staff on weekends. A trained Wellpath health liaison will be available to pick and review requests in the absence of a qualified healthcare professional in a continuous 24-hour period. The health liaison will arrange access to health care as directed by and coordinated with qualified health care professionals at the parent facilities.

5.3.10.5 Guidelines for Triaging Health Complaints (RFP PG. 26)

Wellpath will have guidelines, established by our **Regional Medical Director**, in place for triaging health complaints. All Wellpath healthcare staff will be trained in the use of those guidelines.

5.3.10.6 Sick Call Frequency – All Facilities Except Adults in Restricted Housing and at KJCC (RFP PG. 26)

Nursing sick call will be conducted five (5) to seven (7) days per week depending on the size of the facility and the overall health status of the offender population.

5.3.10.7 Sick Call Frequency – Restricted Housing and at KJCC (RFP PG. 26)

Wellpath will conduct nursing sick call seven (7) days per week for offenders in restrictive housing and for juvenile offenders at **Kansas Juvenile Correctional Complex**.

5.3.10.8 Sick Call Appointments/Assessments for Offenders in Restricted Housing (RFP PG. 27)

Wellpath will ensure sick call appointments/assessments for offenders in restrictive housing occur within 24 hours of the request in order to minimize the number of transports out of high security areas.

5.3.10.9 Sick Call During Normal Sleep Hours (RFP PG. 27)

Daily sick call will only occur during normal sleep hours of the offenders (between 11 pm and 3:30 am) in the event of an emergency.

5.3.10.10 HCP Referrals on Second Complaint (RFP PG. 27)

Wellpath nursing staff will refer offenders to the HCP when an offender presents with the same medical complaint more than twice and has not seen the HCP. However, offenders will be scheduled at any time prior to two (2) nursing visits when clinically indicated.

5.3.10.11 Urgent Needs (RFP PG. 27)

Wellpath will ensure urgent needs are addressed by immediate evaluation and referral to a HCP.

5.3.10.12 Nursing Clinical Encounters (RFP PG. 27)

Wellpath will conduct nursing clinical encounters in a clinical setting regardless of the offender's housing location. Nursing assessments and treatments will not be conducted cell-side in restrictive housing.

5.3.10.13 HCP Clinic Timing (RFP PG. 27)

Wellpath will conduct HCP clinics on-site, with patient encounters scheduled a minimum of four (4) hours per week per 100 offenders.

5.3.10.14 HCP On-Site Requirements for Facilities with More Than 1,000 Offenders (RFP PG. 27)

Wellpath acknowledges that facilities with more than 1,000 offenders must have HCP clinics five (5) days per week.

5.3.10.15 HCP Referral Timing (RFP PG. 27)

Wellpath will ensure referral to the HCP occurs within seven (7) calendar days of the nursing sick call encounter.

5.3.10.16 HCP Clinic During Normal Sleep Hours (RFP PG. 27)

Wellpath will not hold HCP clinics during offenders' normal sleep hours (between 11 pm and 3:30 am) unless emergent.

5.3.10.17 HCP Sick Call – Appropriate Setting (RFP PG. 27)

Wellpath will hold HCP sick call in an appropriate clinical setting. We understand some facilities have multiple clinical areas in various housing and restricted housing units in order to reduce risks associated with transporting offenders to the main clinics and we will conduct HCP sick call in the assigned clinical areas in restricted housing.

5.3.10.18 HCP Sick Call – Offender Housing Status (RFP PG. 27)

Wellpath will make HCP sick call available regardless of the offenders housing status.

5.3.10.19 Co-Pay Program (RFP PG. 27)

Wellpath understands the KDOC has an established co-pay program for adult offenders and there is no co-pay program for juvenile offenders. Per *Kansas Administrative Regulation 44-5-115(c)*, each offender will be charged \$2 for each primary visit initiated by the offender to sick call. A primary visit shall be the initial visit for a specific complain or condition. Wellpath will ensure offenders are not charged for the following:

- a. Medical visits initiated by medical or mental health staff.

- b. Institution intake screenings.
- c. Routinely scheduled physical examinations.
- d. Clinical services reports, including reports or evaluations requested by any service provider in connection with participation in the reentry program.
- e. Evaluations requested by the Prisoner Review Board.
- f. Referrals to a consultant physician.
- g. Infirmary care.
- h. Emergency treatment, including initial assessments and first-aid treatment for injuries incurred during the performance of duties on a work detail or in private industry employment.
- i. Mental health group sessions.
- j. Facility-requested mental health evaluations.
- k. Follow-up visits initiated by medical staff.
- l. Follow-up visits initiated by an offender within 14 days of an initial visit.

5.3.10.20 Multiple Co-Payment Restrictions (RFP PG. 27)

Wellpath will not assess multiple co-payments on a single sick call encounter for several complaints / conditions and will track all co-pays as outlined in the **Kansas Administrative Regulations**. Wellpath will report all chargeable events to facility business offices each week.

5.3.10.21 Single Encounter – Multiple Issues (RFP PG. 28)

Wellpath will not limit health complaints to only one issue during a single encounter. All reasonably related issues will be addressed during the visit in order to reduce the amount of offender movement to and from clinic spaces.

5.3.11 Restrictive Housing Medical Issues (RFP PG. 28)

Upon notification that an offender will be placed in restrictive housing, a qualified healthcare professional will review the offender's health record to determine whether existing medical, dental, or mental health needs contraindicate the placement or require accommodation. If contraindications or accommodations are noted, the healthcare professional will inform the KDOC and provide a full explanation. The review and any subsequent notification will be documented in the offender's health record.

This review also allows healthcare staff to plan for continued service delivery for offenders placed in restrictive housing. Mental health staff will be notified when an offender is placed in restrictive housing and will be available to participate in the ongoing monitoring of the offender's progress.

The Wellpath staffing matrix provides necessary staffing to ensure that segregation rounds and necessary sick call services are conducted seven (7) days per week for segregated offenders.

5.3.11.1 Sick Call Frequency in Restricted Housing (RFP PG. 28)

Wellpath will conduct nursing sick call for restricted housing offenders seven (7) days per week.

The proposed sick call process for segregated offenders provides:

- If an offender's custody status precludes attendance to sick call, arrangements will be made to provide sick call services at the place of confinement in designated segregation sick call rooms.
- Referral to the Health Care Practitioner will be completed seven (7) calendar days from the sick call appointment when the need for the referral was identified.
- Health Care Practitioners will conduct sick call in special clinic rooms in the segregation areas whenever appropriate and possible.
- Segregation rounds will be made by qualified health care professionals daily at all segregation units and for all segregated offenders.
- Sick call will be held during the normal waking hours. Sick Call will not occur from 11pm to 3:30am, except in emergency situations.

5.3.11.2 Designated Restrictive Sick Call Rooms (RFP PG. 28)

Wellpath will make arrangements to provide sick call services in designated restrictive housing sick call rooms if an offender's custody status precludes attendance at a sick call session in the main clinic.

5.3.11.3 HCP Referral (RFP PG. 28)

Wellpath will ensure referral to the HCP is completed within seven (7) calendar days from sick call appointment when a referral is warranted.

5.3.11.4 HCP Sick Call (RFP PG. 28)

Wellpath will conduct HCP sick call in special clinic rooms in restrictive housing to reduce risks associated with transporting restrictive housing offenders to the main clinic areas.

5.3.11.5 Restrictive Housing Rounds (RFP PG. 28)

Wellpath qualified health care and mental health professionals will conduct rounds daily at all restrictive housing units and for all restrictive housing offenders. The frequency of segregation rounds may be determined based on facility policy, accreditation standards, or degree of isolation. Typically, segregation rounds are conducted weekly by mental health staff and at least three times per week by medical staff.

Restrictive housing rounds will be documented on individual logs, to include the date and time of contact and signature or initials of the staff member making rounds. Wellpath staff will document any significant findings in the offender's health record and will make any needed referrals for care. We will promptly inform facility administration of offenders



The form is titled "Mental Health Weekly Segregation Rounds Form" and includes the Wellpath logo. It is designed for documenting mental health rounds for offenders in segregation. The form is divided into four columns, each representing a different offender. Each column contains the following sections:

- Date Entered Segregation:** A line for the date.
- Orientation:** A list of checkboxes for Person, Place, and Time.
- Affect:** A list of checkboxes for Flat/Blunted, Euphoric, Euthymic, Dysthymic, Angry, and Other.
- Mood:** A list of checkboxes for Calm, Agitated, Depressed, Angry, and Other.
- Cognition:** A list of checkboxes for Normal, Hallucinations, Delusions, Suicidal Ideation, and Homicidal Ideation.
- Psych Meds:** A list of checkboxes for Not Prescribed, Compliant, and Non-compliant.
- Behavior:** A list of checkboxes for Cooperative, Aggressive, Assaulting, Withdrawn, and Mute.
- Cell:** A list of checkboxes for Messy and Clean.
- Remarks:** A line for additional notes.
- Staff Initials:** A line for the staff member's initials.
- Footer:** A line for the inmate's name (Last, First), a line for the inmate's ID, a line for the DCB, and a line for the date.

who are physically or psychologically deteriorating, and those exhibiting other signs or symptoms of failing health.

5.3.11.6 Restrictive Housing Sick Call Hours (RFP PG. 28)

Wellpath will not conduct restrictive housing sick call or other services during routine offender sleep hours (11 pm to 3:30 am) unless emergent.

5.3.11.7 Nursing Documentation Templates in EHR (RFP PG. 28)

Wellpath will develop and implement nursing templates in the NextGen EHR to document each offender's status as observed/assessed during daily restrictive housing rounds.

5.3.11.8 Assessment Upon Placement in Restrictive Housing (RFP PG. 28)

Upon notification from the KDOC that an offender is being placed on restricted housing status, a Wellpath qualified health professional will review the health record and assess the offender within four (4) hours of placement. Wellpath healthcare staff will notify appropriate KDOC staff if the offender has health needs that require accommodation.

5.3.11.9 Restrictive Housing Clearance EHR templates (RFP PG. 28)

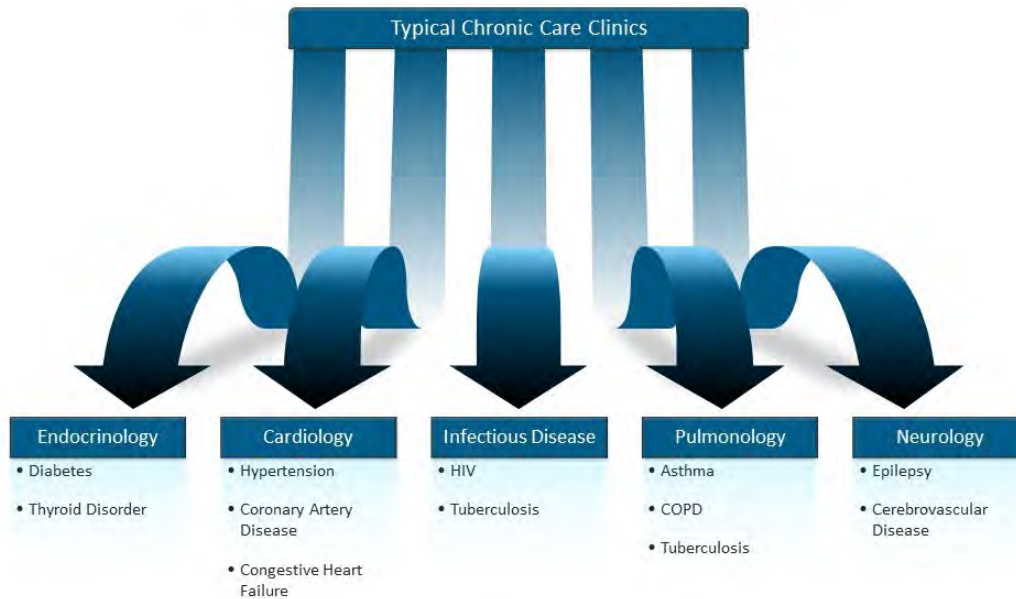
Wellpath will maintain Restrictive Housing Clearance templates in the NextGen EHR so that documentation meets current ACA and/or NCCHC standards.

5.3.12 Special Needs Clinics / Chronic Care / Special Needs Treatment Planning (RFP PG. 28)

Many KDOC offenders have special healthcare needs requiring ongoing medical supervision and/or multidisciplinary care. Wellpath has established a Special Needs Program focused on the identification, referral, and treatment of offenders with special needs, including chronic conditions (e.g., diabetes, hypertension, asthma, seizures, etc.) and communicable diseases (e.g., HIV, tuberculosis, etc.). Our continued focus on the identification, referral, and treatment of offenders with chronic conditions allows us to manage our patients' needs before they escalate and require off-site consultation or result in grievances or litigation.

Wellpath considers any patient with long-term healthcare needs related to chronic conditions or acute medical and/or mental health problems to be a special needs patient. Special needs patients include those that are mentally ill and/or developmentally disabled. It is our goal to provide special needs patients with services that promote health maintenance and health improvement. The Wellpath Special Needs Program also emphasizes patient education to encourage compliance with treatment plans both during and following incarceration.

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



Special Needs Screening

Wellpath staff will perform a special needs screening during the initial intake process and again during the health assessment. The screening will address housing, monitoring, and follow-up for special needs patients. The results of the special needs screening will be documented on a Chronic Care Referral form, which will be placed in the offender's medical record.

Wellpath staff receive focused training and guidance regarding appropriate interventions based on the special needs screening. If it is determined that an offender requires ongoing care, Wellpath staff will make recommendations for specialty healthcare services, appropriate housing, work assignments, and program participation.

Patients with special needs may also be identified through self-report, during a provider encounter, or by correctional staff. Self-reported conditions will be entered in the patient's medical record and verified by the medical provider. Referrals from correctional staff will be managed in the same manner as if the report had been made directly to medical or mental health staff by the offender.

Classification and Housing

Wellpath receiving screening guidelines address housing for offenders with special healthcare needs, those who require monitoring, and those who may be in danger of harming themselves or others. Wellpath staff will make a recommendation for housing best equipped to meet the individual's special

The image shows a 'Chronic Care Referral Form' from Wellpath. It includes sections for patient information, medical history, medications, and provider information. The form is designed to be filled out by a healthcare provider to document a patient's chronic conditions and the need for ongoing care.

Chronic Care Referral Form

☐ Asthma ☐ Hypertension
☐ COPD/Pulmonary ☐ HIV
☐ Cardiac ☐ Mental Health
☐ Seizures ☐ Pregnancy
☐ Diabetes ☐ Hep C
☐ Non-Insulin Dependent Diabetes
☐ Other _____

Medications Verification
☐ Called 1st Attempt Date / Time: _____ ☐ Faxed ☐ Called 2nd Attempt Date / Time: _____ ☐ Faxed

Dispensing Agency Name and Phone Number
☐ Pharmacy ☐ Doctor's Office ☐ Family ☐ Other: (please specify) _____

Name: _____
 Phone Number: _____

Medications

Medication(s) Name and Dose:	Last Date Filled:	Date Last Taken:	(check only if applicable)
_____	_____	_____	<input type="checkbox"/> correct <input type="checkbox"/> no number
_____	_____	_____	<input type="checkbox"/> correct <input type="checkbox"/> no number
_____	_____	_____	<input type="checkbox"/> correct <input type="checkbox"/> no number
_____	_____	_____	<input type="checkbox"/> correct <input type="checkbox"/> no number
_____	_____	_____	<input type="checkbox"/> correct <input type="checkbox"/> no number

Source: _____ Contact: _____
 Provider Appointment Date: _____

Form Completed By

Printed Name: _____ Signature: _____ Date: _____

Printed Name: _____ ID# _____ DOB _____ Date _____

needs and will inform correctional staff of offenders with special needs that affect classification and housing. If an offender requires enhanced monitoring, the HSA or Medical Director will be contacted.

5.3.12.1 Plan for Patients Requiring Close Medical Supervision or Multi-Disciplinary Care **(RFP PG. 28)**

We have included in **Tabbed Attachment E**, our **Global Prison Policies and Procedures Manual** which includes a plan for patients with special needs who require close medical supervision and/or multi-disciplinary care. These policies and procedures cover:

- Hyperlipidemia,
- GERD,
- Diabetes,
- HIV,
- Cardiac/HTN,
- Seizure,
- Asthma/COPD,
- Hepatitis C,
- Cancer Patients,
- Frail Offenders,
- Pregnant Offenders,
- Dialysis Patients, and
- Other cases as outlined in NCCHC and/or ACA standards.

We have also included as **Tabbed Attachment F, Minimum Standards of Care for Chronic Disease**.

Wellpath will conduct chronic care visits every 90 days or more frequently when clinically indicated. Documentation of the frequency and type of visits, labs, and follow-up shall be entered into the offender health care record as part of a special needs treatment plan. Any deviation from the chronic care clinical guidelines for the special needs type of patient shall be justified in the health care record.

Centers of Excellence

Wellpath strongly believes in treatment communities in the form of “Centers of Excellence.” Centers of Excellence are an effective way of promoting care practices and peer relationships of individuals with similar health conditions. The Wellpath vision of a Center of Excellence emphasizes and facilitates treatment planning, staff education, offender health promotion and improved care management for specific disease processes. The concentration of like patients also increases demands for specific specialty services and increases the potential of providing on-site clinics. Wellpath will work with the KDOC to provide any or all of the following Centers of Excellence to best meet the unique healthcare needs of your offender population.



Wellpath previously provided three Centers of Excellence for the KDOC and plan on continuing when awarded the contract:

- ✓ **Center of Excellence for Dialysis** – Wellpath is impressed with the new Lansing Correctional Facility and proposes to utilize it as the Center of Excellence for Dialysis for male offenders. We

propose Topeka Correctional Facility as the Center of Excellence for Dialysis for women. For both locations, dialysis will be provided on-site. Additionally, and specifically for nephrology, a Nurse Manager (RN), Registered Nurse(s), Certified Clinical Hemodialysis Technician(s) (CCHT), Licensed Practical Nurses as needed, Biomed Technician(s), CharDonnay Nephrologist / Nephrology Group (in person and/or via telemedicine), and an Administrative Assistant.

- ✓ **Center of Excellence for Oncology** – El Dorado Correctional Facility was previously the Center of Excellence for oncology. Our long-term relationship with Dr. Christopher Dakhil and Dr. Shaker Dakhil ensured on-site oncology services. Wellpath was instrumental in bringing oncology on-site for the KDOC. Hospice Experience with KY DOC and AR DOC: At Kentucky State Reformatory, Wellpath provides services for the skilled nursing care facility, including on-site oncology, chemotherapy, and a hospice program that supports these activities. In the Arkansas DOC, Wellpath manages the special needs unit and applies hospice principles, including EOL activities. For the Kentucky DOC Oncology and On-site Chemotherapy Program Wellpath addressed the higher than average rate of cancer diagnosis and treatment among patients incarcerated within the 12 DOC institutions after we noticed a steady rise in off-site chemotherapy treatments across the state from early 2014 through 2015. In early 2016, Wellpath finalized a contract with a local oncology team and hired an onsite chemotherapy certified ARNP. A total oncology care program was established that included onsite chemotherapy at the Kentucky State Reformatory (KSR). The oncology program allows oncology patients across the state to have a treatment plan developed by the respected oncology team at Norton Healthcare. The program currently treats 10 patients per month, but is capable of treating even more. Through the first nine months of the first year the program was in place, 649 infusions were performed on-site. Telehealth encounters and the onsite chemotherapy treatments saved more than 1,000 off-site trips during that time.
- ✓ **Center of Excellence for Pre-Natal Care** – The Topeka Correctional Center will be the Center of Excellence for Pre-Natal care with Wellpath. The Pre-Natal care program was managed by Dr. Edds, who provided Pre-Natal care as well as the pre and post-delivery processes. OB ultrasounds can be performed as clinically indicated for pregnant females

Wellpath would also like to propose the addition of six additional **Centers of Excellence** for patient care in the KDOC and a Medication-Assisted Treatment **Program of Excellence**.

1. **Center of Excellence for Pulmonary Care** - Hutchinson Correctional Facility would become a Center of Excellence for pulmonary care. Two Wellpath employees would be assigned to the Hutchinson Correctional Facility to work with patients with COPD and other respiratory conditions throughout the KDOC system. Wellpath previously identified the Hutchinson Correctional East Unit as a potential location for the management of patients requiring long term portable ventilators. The facility would have easy access to the medical clinic.
2. **Center of Excellence for HIV Care** – Hutchinson Correctional Facility would become the Center of Excellence for HIV care. Nursing staff at the Hutchinson Correctional Facility have worked closely with our HIV expert, Dr. William Ruby. Wellpath will provide additional training to the nursing staff on the management of the HIV disease process. The training and designation of Hutchinson Correctional Facility as the Center will improve the management of HIV throughout the KDOC system. AIDS/HIV treatment clinics will be further enhanced through telemedicine.

3. **Center of Excellence for Cardiology** – Lansing Correctional Facility would become the Center of Excellence for Cardiology. Saint Luke’s South Hospital, located in Kansas City is a full service hospital that has excellent Cardiology services. The Lansing Correctional Facility is in close proximity to Saint Luke’s South and Wellpath had a great relationship with the Hospital.
4. **Center of Excellence for Orthopedics** - Lansing Correctional Facility would become the Center of Excellence for Orthopedics. Wellpath proposes including an Orthopedic specialist to provide Orthopedic telemedicine services. The facility’s physical plant would need to provide sufficient space to house the equipment needs for this type of patient.
5. **Center of Excellence for Hepatitis C** – El Dorado Correctional Facility would become the Center of Excellence for Hepatitis C. This facility large infirmary space would be ideal and Wellpath staff at this location will have significant experience with the HCV disease process and treatment if the KDOC wishes to pursue this Center. Telehealth will be used to supplement clinics.
6. **Center of Excellence for Dementia** - Norton Correctional Facility would become the Center of Excellence for Dementia. The facility has medical housing located near the clinic where the dementia patients could be housed. The health care program nursing staff and sufficient Health Care Practitioner coverage would be imperative to the success of this Center. Dementia is a growing concern as your population ages. These patients typically do not benefit from behavioral health therapies, with the exception of activity therapy. They mainly need protection and care for their unique medical needs.

Program of Excellence for Medication Assisted Therapy

Wellpath has developed a multidisciplinary Medication Assisted Treatment (MAT) Implementation Team to work with our client partners who are interested in establishing MAT services in some form, including full MAT programs. This team provides education and information to our partners about various MAT options, along with clinical workflows, recommended staffing resources, counseling recommendations, and problem solving for various challenges that operationalizing a MAT program can present. We look forward to collaborating with the KDOC to design the right program that fits your needs for MAT. We recently implemented a pilot program for the Pennsylvania Department of Correction.

In our commitment to addressing the opioid epidemic, Wellpath established a Medication Assisted Treatment (MAT) Division devoted to opioid use disorder, and we recently hired **Neil Schamban, MD** as Division President. With our experience and dedicated team of subject matter experts, we look forward to working with the KDOC to expand MAT programming for the KDOC facilities. This will include on-site or telemed providers to make recommendations for initiating or continuing MAT and coordination with local OTP’s to ensure methadone continuation for offenders who received methadone in the community prior to incarceration.

5.3.12.2 Chronic Care Guidelines (RFP PG. 28)

Special needs treatment plans shall be developed by a Wellpath HCP and updated at each HCP chronic care/special needs visit. We have included in [Tabbed Attachment F](#), a copy of the [Minimum Standards for Care of Chronic Disease](#) and in [Tabbed Attachment E Global Prison Policies and Procedures](#). We understand the KDOC must approve these guidelines and may require additional guidelines be developed and implemented depending on the comprehensiveness of the manual.

Wellpath acknowledges that during the lifetime of the contract, addition chronic diseases may be identified by professional healthcare organizations. We agree to develop/implement appropriate guidelines to treat newly recognized diseases in partnership with the KDOC.

5.3.13 Hepatitis C (RFP PGS. 28-29)

We understand opt-out testing for the existing offender population was implemented in October 2018, concluded in March 2019, and opt-out testing continues to be offered at admission. We acknowledge current practice is to treat all priority level 1 and 2 offenders, followed by priority level 3.

We understand the KDOC's goal is to provide direct acting viral (DAA) treatment to 605 offenders in FY 2021 in order to eliminate the existing backlog and that current estimates indicate approximately 500 offenders will require treatment annually thereafter, based on current infection rates at RDU. Wellpath acknowledges this is not to be interpreted as a cap on the number of offenders to be treated.

Wellpath will immediately begin to address the backlog of Hepatitis C patients. We will treat up to 500 priority level 1 and 2 offenders, followed by priority level 3 as is current practice for year one. Wellpath plans to provide direct acting viral (DAA) treatment and work diligently to eliminate the existing backlog by 2021 year-end.

Wellpath will treat El Dorado Correctional Facility as the **Center of Excellence for Hepatitis C**. Since this facility has a large infirmary space and we will include staff at this location with significant experience with the HCV disease process and treatment. Additional treatment plans may include telehealth appointments.

Anyone at high risk of exposure to HCV will be tested to screen for Hepatitis C infection. High risk persons include:

- Anyone who has ever injected or inhaled illicit drugs
- Anyone who has abnormal liver function test results with no identified cause
- Youth born to mothers with Hepatitis C
- Health care and emergency workers who have been exposed to blood or accidental needle sticks
- People with hemophilia who were treated with clotting factors before 1987
- People who have undergone long-term hemodialysis treatments
- People who received blood transfusions or organ transplants before 1992
- Sexual partners of anyone diagnosed with Hepatitis C infection
- People with HIV infection
- Anyone born from 1945 to 1965
- Anyone who has been in prison

Blood sample: At patient's initial visit, Wellpath will order blood work, look for other infections, assess liver and gather a baseline for all measurements prior to treatment. Wellpath will conduct tests to assess the liver health.

Hepatitis C patients should be seen monthly during treatment with review of accompanying labs. At each chronic care visit, particular attention will be paid to reviewing any interval changes in history, labs and renewal of medications.

We have included in [Tabbed Attachment G](#), our [Infection Control Manual](#) which includes guidelines for diagnosing and treating all patients with Hepatitis C.

5.3.14 Emergency Medical Services (RFP PG. 29)

5.3.14.1 Comprehensive Emergency Services (RFP PG. 29, 4.3.20.1 numbering out of sequence)

Wellpath will provide comprehensive emergency services to all offenders. We will make provisions and be responsible for all costs for 24-hour emergency medical, behavioral health, and dental care, including but not limited to 24-hour on-call services.

5.3.14.2 Emergency Response Team (RFP PG. 29)

Wellpath will participate and be considered as part of the response team to make on-site immediate assessments of clinical need in an emergency call. This will include specialized response training and activities.

We acknowledge the inclusion of EMT positions in the RFP staffing plan (Appendix F) to provide emergency coverage 24 hours per day, seven days per week. We understand EMTs can make the medical restrictive housing rounds.

Wellpath will make the EMTs available for extra training in security measures as necessary to work well with the site security team. We understand these individuals are expected to be the first responder in any facility emergency and when not engaged in emergency activities, the EMT may make medical restrictive housing rounds and may be assigned to the clinic to assist with those duties what are within their scope of practice.

Wellpath will prepare site-specific emergency, natural/man-made disaster contingency and continuity procedures and drills as part of our Disaster and Emergency Preparedness Plans developed for each site. Members of the Wellpath leadership team will participate and assist in planning the procedures pertaining to the delivery of comprehensive health care in the event of a disaster. [Section 3.14 – Emergency Medical Services](#) provides detail on the plan.

Per the requirements of the RFP and our previous knowledge, Wellpath has provided sufficient staffing to handle emergency response during day shifts. The designated staffing would be available to make immediate assessments of clinical need in an emergency call. The staff will be assigned to the segregation areas and will also complete medical segregation rounds. The Wellpath staff assigned to

this post will receive specialize training on security and segregation processes and requirements. These individuals will be our first responders.

Ambulance Services

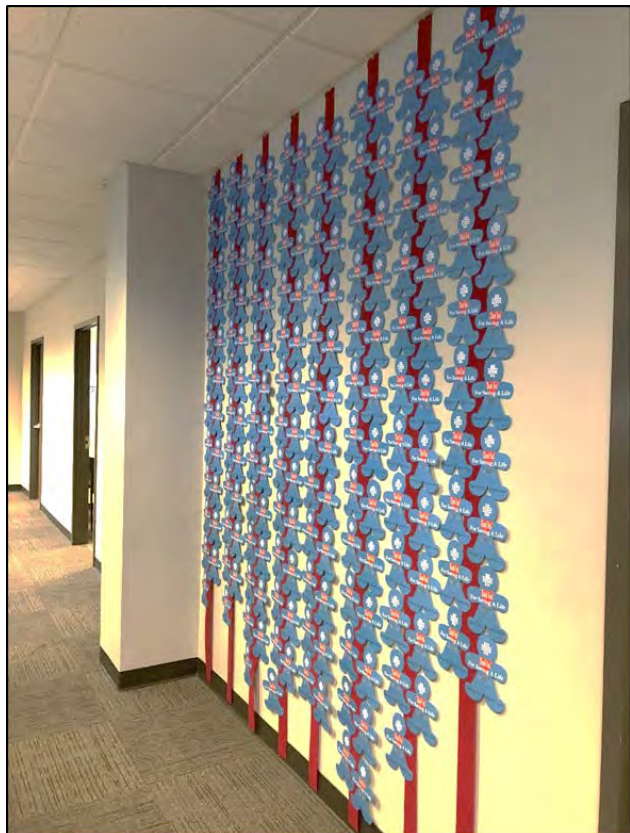
Wellpath will develop and implement a written plan addressing ambulance services, including the use of KDOC institutional transportation when available and when the offender does not require specialize medical transport services. All transports will be coordinated with KDOC.

The Wellpath Care Management team will communicate with off-site facilities to ensure patients are in the proper environment for care and released back to the KDOC as soon as responsibly possible. Upon return to the facility, patients will be seen by a provider for treatment review. The Wellpath Care Management Program will provide retrospective reviews on ambulance and emergency services.

5.3.14.3 Narcan (RFP PG. 29)

Wellpath will supply Narcan for inclusion in Fentanyl exposure kits for KDOC facilities and parole offices which can be administered by trained KDOC staff in the event of staff or offender exposure.

All Wellpath facilities that are eligible under state law have Narcan (naloxone) stocked with their emergency response supplies. Narcan is used in the event of an emergency for at-risk patients or anyone who is suspected of having an opiate/opioid overdose. Specifically, any patient found to be unresponsive with unknown cause, or pulseless or apneic, should be given Narcan early on as part of the resuscitative process. Wellpath nursing staff are trained in Narcan administration and are encouraged and empowered in its use in order to save lives. Since we started using Narcan in 2015, Wellpath staff have saved nearly 500 patients from overdosing. ***In 2019, Wellpath saved 299 lives using Narcan (illustrated in our Home Office on the Saved Lives Wall).***



Wellpath will ensure that opioid-dependent individuals have access to appropriate medication assisted treatment (MAT) services that conform to state and federal regulations.

Opioid Use Disorder

Opioid Use Disorder (OUD) falls under the general category of Substance Use Disorder (SUD) and according to the Diagnostic and Statistical Manual of Mental Disorders (DSM–5) is marked by:

- Compulsion and craving
- Tolerance
- Loss of control
- Withdrawal when use stops
- Continued opioid use despite adverse consequences

According to the Substance Abuse and Mental Health Service Administration (SAMHSA) and the National Institute on Drug Abuse, addiction is a chronic, treatable disease. Chronic care management is effective for many long-term medical conditions, such as diabetes and cardiovascular disease, and it can offer similar benefit to patients with SUD. Lifestyle modification is another important component of chronic disease management. For many chronic diseases, medications can be reduced or stopped with behavioral change, exercise, and weight loss. In the case of OUD, behavior modification strategies, lifestyle changes, and treatment of underlying mental health conditions may prepare a patient to reduce or discontinue MAT. However, some patients may remain on medication indefinitely despite great efforts to address health and lifestyle concerns.

There are three FDA-approved medications used to treat OUD: methadone, buprenorphine, and naltrexone. These medications are used in conjunction with other strategies and services needed to support recovery for people with OUD. The selected treatment for opioid-dependent patients is typically geared towards the availability for continuity of care upon discharge to the community.

Buprenorphine is a partial opioid agonist, meaning it both activates and blocks opioid receptors in the brain. This allows it to reduce or eliminate opioid withdrawal symptoms, including drug cravings, without producing the “high” or dangerous side effects of heroin and other opioids. It is available for sublingual (under the tongue) administration, both in a stand-alone formulation (called Subutex) and in combination with another agent called naloxone (marketed as Suboxone). Buprenorphine is sometimes prescribed to older adolescents on the basis of two research studies indicating its efficacy for this population, even though it is not approved by the FDA for pediatric use.

Physicians with special certification may provide office-based buprenorphine treatment for detoxification and/or maintenance therapy. The Wellpath Clinical Department is undergoing a company-wide effort to staff physicians with DEA X-numbers, which gives them the ability to prescribe buprenorphine and Suboxone. Wellpath currently has 133 DEA X-licensed somatic physicians, psychiatrists, and mid-level providers throughout the country.

Methadone has a long history of use in the treatment of opioid dependence in adults. It is a full opioid agonist, meaning it activates opioid receptors in the brain to prevent withdrawal symptoms and reduce cravings. Methadone is available through specially licensed opioid treatment programs (OTPs). In select cases and in some States, opioid-dependent adolescents between the ages of 16 and 18 may be eligible

for methadone treatment, provided they have two documented failed treatments of opioid detoxification or drug-free treatment and have a written consent for methadone signed by a parent or legal guardian.

Naltrexone is approved for the prevention of relapse in adult patients following complete detoxification from opioids. It is an opioid antagonist, meaning it blocks the brain's opioid receptors to prevent opioid drugs from acting on them. This blocks the high the user would normally feel and prevents withdrawal symptoms if recent opioid use has occurred. It can be taken orally in tablets or as a once-monthly injection (a preparation called Vivitrol) administered in a doctor's office.

Wellpath Experience Establishing and Operating MAT Programs

In our commitment to addressing the opioid epidemic, Wellpath established a Medication Assisted Treatment (MAT) Division devoted to opioid use disorder, and we recently hired **Neil Schamban, MD** as Division President. With our experience and dedicated team of subject matter experts, we look forward to working with the DDOC to expand MAT programming. This can include on-site or telemed providers to make recommendations for initiating or continuing MAT and coordination with local Opioid Treatment Programs (OTP's) to ensure methadone continuation for offenders who received methadone in the community prior to incarceration.

Wellpath has also developed a multidisciplinary Medication Assisted Treatment (MAT) Implementation Team to work with our client partners who are interested in establishing MAT services in some form, including full MAT programs. This team provides education and information to our partners about various MAT options, along with clinical workflows, recommended staffing resources, counseling recommendations, and problem solving for various challenges that operationalizing an MAT program can present. If desired by the KDOC, we can use our experience to formulate a plan for MAT programming at individual facilities, including site-specific policies and procedures. We look forward to collaborating with the KDOC to design the right program that fits your needs for MAT.

Wellpath manages methadone programs in several facilities. Each program meets industry standards and DEA, federal, state, and local laws and regulations. We brought this service on site many years ago for our client in Davidson County, Tennessee, offering significant cost savings by reducing off-site transportation; previously, the County had transported opioid-dependent pregnant patients off site each day to receive treatment. We also provide methadone on-site at our Alameda County, California, facility, which is a licensed Opioid Treatment Program; in Arapahoe County, Colorado, Massachusetts, and Anne Arundel County, Maryland, we provide methadone and buprenorphine through partnerships with community providers.

In the field of opioid addiction treatment, clinical studies and years of experience show that the methadone-based approach to detoxification and maintenance is an effective intervention for patients assessed as appropriate candidates for it. Clinical studies also confirm that providing methadone to opioid-dependent pregnant women protects the health of the fetus. Unfortunately, the absence of such opioid treatment programs in correctional facilities means lost opportunities to help addicted inmates, especially those who participate in a community-based OTP but must forfeit continuity of care when they become incarcerated.

Obtaining the necessary licensure for providing an on-site methadone program is a major undertaking, requiring as much as 12-24 months to secure. By federal law, corrections-based OTPs must obtain certification from SAMHSA, an agency of the U.S. Department of Health and Human Services, but to

become certified, the OTPs first must be accredited by a federally approved body. Wellpath has experience in obtaining the required licensure and accreditation, but is also experienced in working with community providers for the provision of on-site MAT.

Wellpath MAT in the Pennsylvania Department of Corrections

We are working with the same OTP partner, in the development of MAT in the Pennsylvania Department of Corrections. The MAT pilot program for the PADO that began in June of 2019 consists of the following:

- Naltrexone (initiation, maintenance and on release)
- Vivitrol (maintenance and 90 days prior to release)
- Suboxone (maintenance for patients on Suboxone when they have been on maintenance Suboxone in the community or county jail and enter PADO)
- Sublocade (currently at SCI-Muncy for short-term Parole violators)
- Methadone (currently for pregnant patients with opioid addiction at Greenfield clinic for patients at SCI-Cambridge Springs only)

Wellpath MAT in the Massachusetts Department of Corrections

Wellpath has been providing buprenorphine to inmate patients in the MADOC at MCI Framingham, Cedar Junction, South Middlesex, and MASAC since April 1, 2019. Clinical decision-making is patient centered, and involves input from behavioral health, psychiatry, nursing, and medical providers. Interdisciplinary case conferences are held at least weekly at each of these sites in order to help guide the best treatment options and recommendations. We offer informational trainings for health care and correctional staff who may have some questions and concerns about bringing a new treatment modality into the correctional setting. The MAT pilot program for the MADOC consists of the following:

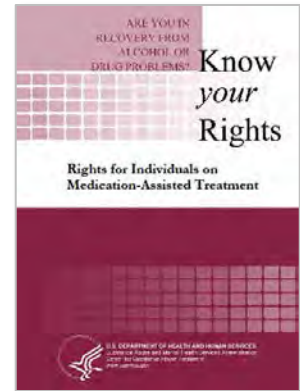
- Naltrexone as a bridge to Vivitrol: this program has been in place since 2015
- Suboxone (buprenorphine)
 - used at intake facilities to assist with opiate detox MADOC
 - used to continue maintenance for those who entered MADOC on maintenance in the community or at a county jail
 - used to initiate maintenance where clinically appropriate at both female facilities, and at three male facilities. Three additional male facilities to begin offering maintenance with buprenorphine on or around Jan1, 2020.
 - goal is to offer long term buprenorphine maintenance at all 16 MADOC facilities starting April 1. 2020
- Methadone -currently for pregnant patients only, but alignment with OTP is underway so that others may be included

Identifying the Need for MAT

The Wellpath receiving screening includes questions regarding drug and alcohol use, including types, methods, date and time of last use, problems associated with ceasing use, and history of treatment for

substance use. When informed about a patient withdrawing from opiate addiction, nursing staff will obtain information regarding the patient's vital signs, withdrawal symptoms, alcohol and/or drug history, other significant medical history, and pregnancy status for female patients.

If an individual is opiate-dependent and reports using methadone, Wellpath staff will attempt to verify the treatment being received in the community and can coordinate to ensure appropriate dosing schedules. If the MAT cannot be verified, or the patient is newly identified as being appropriate for methadone maintenance services, Wellpath staff can coordinate with the KDOC for transportation of the patient off site for evaluation.



5.3.15 Sexual Assault (RFP PG. 29)

5.3.15.1 PREA Reporting (RFP PG. 29)

Wellpath health care professionals will immediately notify the KDOC of any offender report of sexual assault as required by the KDOC's PREA policy. Wellpath will ensure offenders who report sexual assault are treated for immediate stabilizing health care needs on-site and then transferred to an off-site hospital emergency room for forensic evaluation and treatment. Wellpath will coordinate all transfers and will be responsible for payment of all services related to the treatment and evaluation. Wellpath will also be responsible for appropriate follow-up for prophylactic treatment per CDC guidelines and referral to behavioral health staff will be made upon return to a KDOC facility.

5.3.15.2 Annual and Specialized Training (RFP PG. 29)

Wellpath will ensure annual and specialized training is provided for HCPs, nursing, and behavioral health staff on treatment of sexual assault victims in accordance with KDOC policy and PREA standards.

5.3.15.3 PREA Reporting – Juveniles (RFP PG. 29)

Wellpath will notify the KDOC of sexual assaults on juvenile offenders as outlined in KDOC's PREA policy.

5.3.15.4 Prophylactic Medication (RFP PG. 29)

Wellpath will maintain prophylactic medications on-site to allow immediate treatment of a patient's exposure while waiting for the complete prescription to be obtained from Correct RX.

5.3.16 Prenatal Care / OBGYN Services (RFP PG. 29)

Wellpath understands the special healthcare needs of female patients and we have established a program that addresses these needs in accordance with NCCHC and ACA standards. All medical staff working with the female population will be familiar with the specialized aspects of care required. The Wellpath **Female Health** program includes:

- Determining menstrual and gynecological problems as part of the receiving screening
- Determining pregnancy status by history and/or pregnancy testing, as appropriate
- Identifying appropriate activity capabilities for pregnant and non-pregnant female patients (medical clearance for work as appropriate)
- Screening for sexually transmitted diseases found at significant frequency in the population
- Pap smear testing in accordance with the recommendations of major medical societies, modified to reflect individual patient medical needs
- Breast cancer screening in accordance with recommendations of major medical societies, modified to reflect individual patient medical needs (anticipated duration of confinement is also considered)
- Providing health education on issues specific to the female population
- Providing contraceptive counseling and/or medication as medically necessary
- Access to obstetrical and gynecological specialists

Prenatal Care and Ob/Gyn services will be initiated at the reception process. Offenders identified as being pregnant will be referred for enrollment in the Wellpath Pre-Natal care program. Staff members will be specifically trained in the care of the pregnant offender. The Wellpath staffing plan for the Topeka Correctional Facility and the Kansas Juvenile Correctional Complex includes OB/GYN trained Health Care Practitioners. This would be a part of the Center for Excellence we are proposing.

The Wellpath **Pre-Natal** Program includes:

- Pregnancy counseling

- A mental health referral for any woman considering termination of the pregnancy for counseling and support
- Routine urine testing for proteins and ketones
- Vital signs and weight
- Appropriate laboratory and diagnostic testing related to pregnancy including glucose tolerance testing
- Observation for signs of toxemia
- Provision of vitamins and dietary supplements
- Patient education on important health topics related to pregnancy to include appropriate levels of activity, safety precautions and nutritional guidance and counseling
- Childbirth preparation
- Education on infant care
- Identification and disposition of high-risk pregnancies, to include appropriate referrals to a specialist physician or hospital facility
- Assessment of fundal height and heart tone
- Clinical guidelines for the opiate addicted to include provisions for pharmacological treatment
- Post-partum care

High risk pregnancies will be consistently monitored, and if not hospitalized, the offender will be housed in the infirmary as indicated to maintain their safety. Perinatal care is provided in accordance with specialists' recommendations.

5.3.16.1 Pregnancy Tests (RFP PG. 29)

Wellpath will administer pregnancy tests for female offenders under age 60 immediately upon arrival on intake. We will ensure provision of close obstetrical supervision and pre-natal care for pregnant offenders. The Wellpath pre-natal program as a Center of Excellence is designed to meet the special needs of the pregnant offenders at the TCF.

5.3.16.2 Pap Test/Breast Examinations/Mammograms (RFP PG. 29)

Wellpath will provide pap/breast examinations and mammograms for all female offenders, unless contraindicated by the HCP on a case-by-case basis. The plan is age-specific and complies with the NCCHC, ACA, and American College of Obstetricians and Gynecologists (ACOG) clinical guidelines. Typically, female offenders over the age of 40 will receive mammograms every two years, unless there is an indication for more frequent screening.

Wellpath is investigating the potential of providing on-site or mobile mammogram services. The cost of the onsite equipment is extremely expensive and therefore not a feasible option. Wellpath will pursue mobile Mammography services through Center For Diagnostic Imaging.



5.3.16.3 Annual Mammograms (RFP PG. 30)

Although Wellpath policy provides for mammograms for females over the age of 50, Wellpath will provide annual mammograms for all female offenders over age forty (40) , as required by the RFP,

unless contraindicated on a case-by-case basis. With differing mammogram guidelines, Wellpath will provide females less than 40 years of age with mammograms if they have a history of breast cancer, have a higher risk of breast cancer, or are carriers of the BRCA genetic mutation.

Mammograms expose women to radiation, which can increase the risk of breast cancer. Increasing the age of mammograms to age 50 for most women, and reducing the frequency to every two years may save lives by drastically reducing radiation exposure.

5.3.16.4 OBGYN Service Plans for Topeka Correctional Facility and Kansas Juvenile Correctional Complex (RFP PG. 30)

Wellpath acknowledges the **Topeka Correctional Facility** currently houses all adult female offenders and the **Kansas Juvenile Correctional Complex** houses all juvenile female offenders. Wellpath has included staffing to provide OB/GYN services on-site at these two facilities through monthly onsite clinics.

5.3.17 Diagnostic / Ancillary Services (RFP PG. 30)

5.3.17.1 Ancillary Services (RFP PG. 30)

Wellpath will ensure Ancillary Services are performed on-site to the fullest extent possible with mobile units utilized when possible. Off-site ancillary services, such as laboratory and radiology, will be scheduled in advance whenever possible to allow for adequate notification of the need for transportation. The cost of all offender health-related services shall be Wellpath's responsibility.

5.3.17.2 Diagnostic Services (RFP PG. 30)

Wellpath will be responsible for providing and maintaining all diagnostic services. Standard, non-complex X-Ray services will be available on-site at each facility's main clinic. Mammography is not on-site but may be provided via mobile services. Wellpath will provide radiographs by a registered technician, interpretation by a board-certified radiologist with provisions for written reports of all findings and recommendations in a timely manner consistent with community standards. Basic ultrasound services will be provided on-site subject to the interpretation guidelines outlined above.

All test results will be documented in the EHR and the HCP ordering the tests will provide documented acknowledgement of the results in the EHR.



Wellpath will identify the most cost-effective and comprehensive radiology program for the KDOC. We have a national contract with MobilexUSA to provide on-site radiology services. Mobilex is the country's leading provider of mobile X-ray and ultrasound services, serving more than 6,000 facilities nationwide.



We will work with Mobilex to establish a routine schedule for on-site radiology services, including:

- Mobile X-ray services
- Ultrasounds

- Sonograms
- Doppler studies
- Holter monitor studies

Results can be received electronically, via fax, or manually on paper. We will maintain a log to document the type and number of X-rays completed and the results received. Medical personnel will review the log daily to determine if any test results are outstanding. This process will ensure that test results are reported in a timely manner.

All X-rays and radiology special studies will be read by a board-certified radiologist, who will provide a typed and/or automated report within 24 hours. The radiologist will call the institution if a report necessitates immediate intervention. The site Medical Director or physician/mid-level designee will be notified of all abnormal radiology results and will review, initial, and date all X-ray reports within five working days.

Wellpath staff will document and store digital images and radiology reports in the patient's electronic medical record, when possible. The site Medical Director or physician/mid-level designee will meet with the patient to discuss their results and will establish a plan of care as appropriate. Any follow-up with the patient will be noted in the medical record.

Following is the Letter of Intent from TridentCare (MobilexUSA).

TridentCareSM

12/02/2019
Susan Patrick Harris
Procurement Director
Wellpath
1283 Murfreesboro Road, Ste. 500
Nashville, TN 37217

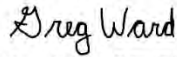
Dear Susan:

It is our understanding that Wellpath is submitting a bid to provide services as the medical services provider for Kansas Department of Corrections.

TridentCare is excited to partner with Wellpath for the provision of on-site imaging services, should you be awarded the contract.

We currently provide imaging services to over 200 correctional sites across the country and look forward to the opportunity to continue our partnership with Wellpath.

Sincerely,



Greg Ward, R.T. (R)(ARRT)
Executive Vice President of Business Development
greg.ward@tridentusahealth.com
M: (615) 714-4561

TridentCareSM

★ 930 Ridgebrook Road ★ Sparks, MD 21152 ★ (800) 786-8015

EKG Services

Wellpath will work to provide EKG testing on site to the greatest degree possible. EKG services will be available 24/7. Wellpath staff will perform the actual EKG tracings and maintain a log of completed EKGs. Reports requiring immediate action by a practitioner will be called in as soon as possible for interpretation; other reports will be faxed as soon as the report is read. All ischemic, dysrhythmic subacute abnormalities and associated medical records will be reviewed by a cardiologist.

Wellpath can provide practitioners with annual re-training in interpreting emergency EKGs. With the use of standardized protocols that utilize EKG findings and cardiac enzyme testing results, a qualified practitioner can make a more informed decision about whether a patient reporting chest pain requires evaluation at an emergent care facility, or whether the patient may safely remain within the facility. The collateral benefit to these types of on-site, instantaneous evaluations is that they reduce the number of trips associated with bona fide emergencies, and resulting costs for transportation and security.

5.3.17.3 Laboratory Testing (RFP PG. 30)

Wellpath will provide laboratory testing services with test results documented in the EHR. The HCP ordering the laboratory tests will provide documented acknowledgement of the results in the EHR.



Wellpath will provide on-site laboratory services through our national contract with Laboratory Corporation of America (LabCorp). With more than 35 years of experience serving physicians and their patients, LabCorp operates a sophisticated laboratory network, performing more than one million tests on more than 370,000 specimens each day.



The laboratory program for the KDOC facilities will include necessary supplies, timely pickup and delivery, and accurate reporting within 24 hours on most labs. We will ensure that all qualified healthcare personnel are trained in the collection and preparation of laboratory specimens.

A medical provider will review and sign off on all laboratory results, which will be reported via the NextGen EHR. If test results indicate a critical value, the provider will also receive an alert via telephone. All laboratory results will be reviewed within 24-48 hours (72 hours for weekends and holidays); the provider will be notified immediately to review all STAT lab reports and any abnormal test results. Where preliminary results are available, they will also be presented for medical review.

A medical provider will review and sign off on all laboratory results, which will be reported via a dedicated printer. If test results indicate a critical value, the provider will also receive an alert via telephone. All laboratory results will be reviewed within 24-48 hours (72 hours for weekends and holidays); the provider will be notified immediately to review all STAT lab reports and any abnormal test results. Where preliminary results are available, they will also be presented for medical review.

The laboratory program will comply with all standards set forth by the American College of Pathology and all Kansas requirements for medical pathology, specimen handling, testing, and reporting. On-site services will be performed in accordance with the Clinical Laboratories Inspection Act (CLIA) and will comply with the Clinical Laboratory Improvement Amendments of 1988.

We will train all on-site staff on our laboratory policies and will provide a diagnostic procedure manual that includes reporting on STAT and critical values. All diagnostic laboratory reports and any resulting plans for follow-up care will be made part of the patient's medical record.

Lab Formulary

Wellpath and LabCorp have established a lab formulary to manage laboratory costs. As part of our agreement with LabCorp, we receive discounted pricing for lab tests that we renegotiate on a regular basis to ensure savings for our clients. The lab formulary includes the most commonly required tests, which allows Wellpath staff to expedite the ordering process by easily selecting the appropriate tests.



Should a medical provider recommend a test outside the approved lab formulary, a non-formulary request must be approved before the test can be completed. Wellpath staff complete non-formulary requests through our Care Management system. The non-formulary request will be reviewed by the Regional Medical Director, who will either approve the lab test or suggest an alternative plan.

Following is the Letter of Intent from LabCorp.



Laboratory Corporation of AmericaTM Holdings
358 South Main Street
Burlington, NC 27215
Telephone: 336-229-1127
Facsimile: 336-436-4048

December 2, 2019

WellPath, Inc
1283 Murfreesboro Road, Suite 500
Nashville, TN 37217

This letter of intent confirms that Laboratory Corporation of America Holdings (LabCorp) will provide laboratory services to the Kansas Department of Corrections, should WellPath, Inc. be successful in its bid. Said services will be provided under the contract currently in place between WellPath and LabCorp.

LabCorp is a clinical reference laboratory with annual revenues of approximately \$11.3 billion in 2018. Headquartered in Burlington, North Carolina, LabCorp has approximately 48,000 employees worldwide and offers a broad range of genomic/esoteric tests. LabCorp tests more than 470,000 specimens daily for over 220,000 clients nationwide.

LabCorp operates a national network of 38 primary testing locations, more than 1,700 Patient Service Centers, and offers specialized disciplines of esoteric testing expertise through the LabCorp Specialty Testing Group.

- ◆ The Center for Esoteric Testing
- ◆ The Center for Molecular Biology and Pathology (CMBP)
- ◆ Litholink Corporation
- ◆ National Genetics Institute
- ◆ Endocrine Sciences
- ◆ Dianon Pathology
- ◆ Genetica DNA Laboratories
- ◆ Cellmark Forensics
- ◆ Monogram Biosciences
- ◆ Integrated Genetics
- ◆ Integrated Oncology
- ◆ Colorado Coagulation
- ◆ MedTox
- ◆ ViroMed

LabCorp's clients include physicians, patients and consumers, biopharmaceutical companies, state and federal governments, managed care organizations, hospitals, clinics, correctional facilities, government agencies, and many Fortune 1000 companies, and other clinical laboratories.

Sincerely,

Jane Clery

Jane Clery
AVP National Accounts

5.3.17.4 CLIA Waivered Testing (RFP PG. 30)

Wellpath acknowledges that any CLIA-waivered on-site laboratory tests must be approved by the KDOC. Our plan for the provision of laboratory services, described above, describes how the results will be documented in the EHR and acknowledged by ordering HCP. Wellpath will be responsible for all staff education and quality measures associated with the proposed CLIA-waivered test. Wellpath will also be responsible for maintaining and posting a current CLIA-waiver in the medical department.

5.3.17.5 STAT Laboratory Studies (RFP PG. 30)

Wellpath will provide stat (immediate) laboratory studies when clinically indicated. Results of these studies should be available within four (4) hours and will be entered in the EHR and acknowledged by the ordering HCP.

Wellpath HCPs will order laboratory studies as medically indicated. Wellpath will provide phlebotomy services in a manner that allows for routine laboratory studies to be drawn within 72 hours of the HCP's order.

Hospitals utilized for laboratory studies are listed in [Section 5.3.25 – Off-Site Hospital Care](#).

5.3.18 Nutrition and Medical Diets (RFP PG. 30)**5.3.18.1 Nutritive Supplements (RFP PG. 30)**

Wellpath will provide nutritive supplements under the control of Wellpath's Regional Medical Director (inclusive of all required and/or prescribed maintenance solutions and/or hyper-alimentation products) that are medically prescribed by a licensed physician. This shall include all medically prescribed soluble, insoluble, and other liquid or colloid preparations.

5.3.18.2 Special Diet Orders (RFP PG. 30)

A standard special medical diet program will be established between Wellpath and the food service contractor. Special diet orders will be written by Wellpath HCPs and any deviation from the special diet orders as described in IMPP 10-119D (RFP Appendix G) will require written authorization from Wellpath's Regional Medical Director. Wellpath acknowledges that the KDOC is responsible for the cost of all food as prescribed under the standard special diet program outlined in KDOC policy to include those special diet forms requiring Wellpath's Regional Medical Director approval except those nutritive supplements described in *RFP Section 4.3.24.1*.

5.3.18.3 Daily List of Offenders Requiring Special Medical Diet (RFP PG. 31)

Wellpath will provide a daily list of all offenders requiring a special medical diet to the food service manager at each facility.

5.3.18.4 Special Medical Diets – Juveniles (RFP PG. 31)

Wellpath acknowledges that, in addition to the requirements above, special medical diets for juvenile offenders must comply with the federal School Lunch and School Breakfast program and Kansas State Board of Education requirements and regulations.

5.3.18.5 HCP Medical Diet Review (RFP PG. 31)

A Wellpath HCP will review all medical diets every 90 days for continued medical necessity. If the need for the medical diet has resolved, the HCP will discontinue the prescribed medical diet. If the need remains, the HCP will continue the diet for up to another 90 days.

5.3.19 Specialty Services (RFP PG. 31)

Wellpath will provide all medical specialty services required to meet the health care needs of the offender population. These services will include the following (*new services proposed are italicized*):

Facility	Specialty	Hours of Services
Lansing Correctional Facility		
	Dialysis Services on-site 100% to include monthly MD consult, lab and hemodialysis staff and requires 6-month management meeting reviews with vendor support providers <i>Center of Excellence for Dialysis (Men)</i>	Nephrologist 8-hour clinic every 6 weeks with daily patient hemodialysis runs. Requires additional staffing provisions for the specialized hemodialysis employees. This FTE is an additional cost and not reflected in the formal medical staffing plans for LCF and TCF.
	Ultrasound Services	Monthly or as needed to meet facility needs
	Optometry	8 hours per week
	Oral Surgeon	8 hours per month
	Physical Therapy	Weekly or as needed
	Ophthalmology	Quarterly or as needed to meet facility needs
	<i>Center of Excellence for Cardiology</i>	Minimum of monthly or as needed
	<i>Center of Excellence for Orthopedics</i>	Minimum of monthly or as needed
	<i>Medication-Assisted Treatment (MAT) Program of Excellence</i>	Weekly or as needed

Facility	Specialty	Hours of Services
Topeka Correctional Facility		
	Routine Dialysis is provided on-site when required. Renal services may support up to 2 renal female patients. <i>Center of Excellence for Dialysis (Women)</i>	Limited Routine Nephrologist consult clinic are held the LCF Central Unit or with local community renal provider.
	Optometry	6 hours per week
	Oral Surgeon	8 hours per month
	Physical Therapy	Weekly or as needed
	OB services- requires on site prenatal and postnatal services with contract community hospital for labor and delivery services. <i>Center of Excellence for Pre-Natal Care</i>	Contract with OB provider to conduct prenatal and postnatal care on site in amounts of time necessary to meet community standards of care
	GYN Services (Colposcopy/LEEP)	Contract with GYN provider to conduct LEEP and other procedures on site in amounts of time necessary to meet facility needs
	Ultrasound Services	Monthly or as needed to meet facility needs
	LEEP	As needed
	Ophthalmology	Quarterly or as needed to meet facility needs
	Colposcopy	As needed
	<i>Medication-Assisted Treatment (MAT) Program of Excellence</i>	Weekly or as needed
Winfield Correctional Facility		
	Optometry	8 hours per week
	Ultrasound Services	Monthly or as needed to meet facility needs
	Ophthalmology	Quarterly or as needed to meet facility needs
	<i>Medication-Assisted Treatment (MAT) Program of Excellence</i>	Weekly or as needed
Ellsworth Correctional Facility		
	Optometry	8 hours per week
	Ophthalmology	Quarterly or as needed to meet facility needs
	Ultrasound services	Monthly or as needed to meet facility needs

Facility	Specialty	Hours of Services
	Physical Therapist	Weekly or as needed
	Oral Surgeon	8 hours per month
	<i>Medication-Assisted Treatment (MAT) Program of Excellence</i>	Weekly or as needed
Hutchinson Correctional Facility		
	Ultrasound Services	Monthly or as needed to meet facility needs
	Optometry	8 hours per week
	Oral Surgeon	8 hours per month
	Physical Therapist	Weekly or as needed
	Ophthalmology services	Quarterly or as needed to meet facility needs
	<i>Center of Excellence for HIV Care</i>	Minimum of monthly or as needed
	<i>Center of Excellence for Pulmonary Care</i>	Minimum of monthly or as needed
	<i>Medication-Assisted Treatment (MAT) Program of Excellence</i>	Weekly or as needed
Larned Correctional MH Facility		
	Optometry	8 hours per week
	Ophthalmology services	Quarterly or as needed to meet facility needs
	Ultrasound Services	Monthly or as needed to meet facility needs
	Oral Surgeon	8 hours per month
	Physical Therapist	Weekly or as needed
	<i>Medication-Assisted Treatment (MAT) Program of Excellence</i>	Weekly or as needed
El Dorado Correctional Facility		
	Chemotherapy/Oncology Infusion Nurse	40 hours per week or as needed
	Optometry	8 hours per week
	Ultrasound Services	Monthly or as needed to meet facility needs
	Oral Surgeon	8 hours per month
	Physical Therapist	Weekly or as needed
	Oncology Physician	Monthly or as needed to meet facility needs
	Ophthalmology services	Quarterly or as needed to meet facility needs
	Endoscopy clinic	Monthly
	<i>Center of Excellence for Hepatitis C</i>	Minimum of monthly or as needed
	<i>Medication-Assisted Treatment (MAT) Program of Excellence</i>	Weekly or as needed

Facility	Specialty	Hours of Services
Oswego Unit		
	Optometry Services	As needed to meet facility needs
	Ophthalmology Services	Quarterly or as needed to meet facility needs
	Oral Surgeon	8 hours per month
	Ultrasound services	Monthly or as needed to meet facility needs
	<i>Medication-Assisted Treatment (MAT) Program of Excellence</i>	Weekly or as needed
Norton Correctional Facility		
	Optometry	8 hours per week
	Ophthalmology Services	Quarterly or as needed to meet facility needs
	Ultrasound services	Monthly or as needed to meet facility needs
	Oral Surgeon	8 hours per week
	Physical Therapist	Weekly or as needed
	<i>Center of Excellence for Dementia</i>	Monthly or as needed
	<i>Medication-Assisted Treatment (MAT) Program of Excellence</i>	Weekly or as needed
Kansas Juvenile Correctional Complex		
	Optometry	8 hours per month
	Mobile Radiology	As Needed
	Physical Therapist	As Needed
	OB Services	Contract with OB provider to conduct prenatal and postnatal care on site in amounts of time necessary to meet community standards of care
	<i>Medication-Assisted Treatment (MAT) Program of Excellence</i>	Weekly or as needed

5.3.20 Telemedicine (RFP PG. 31)

Wellpath has unique experience with telemedicine that we can use to establish a successful program for KDOC. We have developed a corporate Telemedicine Program to optimize and advance telemedicine services for our clients. The Wellpath Telemedicine Program extends consistent access to quality medical and mental health services beyond local staff coverage by removing potential barriers to accessing necessary healthcare services based on time and location. Today, Wellpath provides telemedicine services in jails, prisons, and forensic hospitals to county, state, FBOP, ICE, and USMS detainees.

Wellpath excels in the use of telemedicine at correctional facilities and has an established infrastructure to support this type of healthcare delivery. We have invested deeply in technology, allowing facility staff to conduct **seamless delivery of specialty clinical services** in partnership with our own network of telemedicine providers and strategic national and international telemedicine practice partners. Wellpath currently conducts more than 6,900 synchronous audio-video telemedicine encounters each month in 205 facilities across 32 states. We performed more than 83,000 telemedicine encounters in 2018.



Wellpath Telemedicine by the Numbers	
Description	Number
Wellpath telemedicine providers	100+
Telemedicine contracts	95
Facilities using telemedicine	205
States where Wellpath uses telemedicine	32
Monthly synchronous audio-video telemedicine encounters	6,900+
2018 telemedicine encounters	83,000+

Wellpath has successfully developed telemedicine clinics for many clients, including State Departments of Corrections in Arkansas, Kentucky, Maine, and Pennsylvania. The Wellpath Telemedicine Program has been well received by clients, clinicians, and patients. Additionally, Dr. William Ruby, Wellpath Associate Chief Clinical Officer, created the Correctional Medicine Telemedicine Project at the Johns Hopkins School of Medicine.

We will analyze the additional, unique needs for telemedicine clinics at each facility and submit our detailed plan for the implementation of telemedicine services. Based on individual facility needs, patient volume, technological accessibility, and facility work flow, the following specialty clinics could be provided via telemedicine. This list is not all-inclusive; as statistics indicate a need for additional specialties, we will evaluate to determine if care would be more efficiently provided on site or through telemedicine.

- Wound care
- Infectious disease
- Dermatology
- Internal medicine
- Family practice
- Emergency services
- Cardiology
- Endocrinology
- Pulmonology
- Orthopedics

Each of these clinics can be conducted using a secure video conferencing platform, a high-definition exam camera, and the assistance of on-site nursing staff. The technology is easily implemented and any costs for a telemedicine program are typically offset by savings from reduced off-site services utilization. Services brought on site using telemedicine would



typically result in cost savings as a result of clinic (rather than per patient) rates and decreased officer transportation expenditures. We look forward to using our expertise in the area of telemedicine to create better access to care for your offender population.

Benefits of Telemedicine

Telemedicine services are an excellent complement to a traditional, on-site healthcare program. This is particularly true in areas where recruiting providers can be challenging, or during off-hours for consultation purposes in order to prevent off-site transportation. Telemedicine, when considered in total (actual medical services provided, transportations costs, and public safety issues), is a cost-effective, appropriate level of care that meets or exceeds community standards.

Features and Benefits of the Wellpath Telemedicine Program	
Our Feature	Your Benefit
No patient movement required	Eliminates the need for off-site transport; reduces associated travel costs
Provider can be located anywhere	Facilitates seamless prescribing provider coverage during absences; reduces staffing vacancy and absence-related costs; facilities continuity when patients transferred between facilities.
Available during off hours	Shortens service delivery times; increases access to care during urgent situations
Connects national specialty service groups to enhance best practice of care for complex cases	Provides impactful specialist coverage in a timely fashion; promotes synchronized education for staff on current clinical issues
Supports prompt and accurate diagnoses	Maintains equivalent diagnostic and therapeutic outcomes compared to in-person consultations
More than 100 Wellpath providers	Shortens service delivery times; reduces time to fill telemedicine positions; reduces employee burnout

5.3.20.1 Telemedicine Providers (RFP PG. 31)

Wellpath will employ or subcontract with qualified health care providers to provide telemedicine services telemedicine program in accordance with NCCHC and/or ACA Standards. These providers will be licensed in the State of Kansas and credentialed through a State of Kansas hospital or clinic.

Wellpath understands one (1) telemedicine unit will be available for specialty services and general care at KDOC facility main units and that the maintenance and the upkeep of the telemedicine hardware and software and equipment will be our responsibility. Wellpath will be responsible for any software licensing associated with use of telehealth equipment with ownership transferred to the KDOC at the termination of the contract. Replacement of telemedicine hardware and software will be accomplished at Wellpath's expense at a replacement rate of 25% per year.

a. Telemedicine Plan (RFP PG. 31)

Within 30 calendar days of contract award, Wellpath will submit to the KDOC a telemedicine plan designed to provide any additional telemedicine services as appropriate, to improve the efficiency and effectiveness of healthcare service delivery to the offender population in all KDOC locations.

Wellpath understands this plan will be subject to KDOC approval. Wellpath agrees to review the plan semi-annually and revise the plan, as needed, based on analysis of utilization trends and the telemedicine program's goals. Wellpath will submit a report of the analysis and plan revisions to the KDOC, as requested, and we acknowledge any revision to the plan is subject to KDOC approval.

The complete Wellpath Telemedicine Plan is included in [Section 5.3.20.9: Statement of Work Requirements](#).

5.3.20.2 Network Infrastructure (RFP PG. 31)

Wellpath will be responsible for the maintenance of the secure network infrastructure for all telehealth and telepsychiatry, telephone fees related to telemedicine, and the maintenance of the functioning secure network meeting NIST, CJIS, ITEC, KDOC, and HRSA rules and regulations. Wellpath will also be responsible for fees associated with regular telephone line services and for the operation and functionality of the network with up time of no less than 99.9%.

Wellpath has included a primary and backup data circuit for each facility as well as the related firewalls, content filtering and implementation service.

Wellpath will attempt to transition any existing circuits from the existing provider as to minimize any potential interruption in service.

5.3.20.3 Virtual Multi-Specialty Outpatient Clinic (RFP PG. 31)

Wellpath understands the KDOC also seeks to establish a virtual multi-specialty outpatient clinic with the following provider services:

- Endocrinology
- Rheumatology
- Hematology
- Infectious Disease
- Dermatology
- Wound care
- Cardiology
- Pulmonology
- Immunology

Wellpath Telemedicine Policy

Appropriate use of telemedicine requires a thorough understanding of relevant laws, requirements, and guidelines that govern topics, including but not limited to:

- Telemedicine provision
- Confidentiality
- Protected health information

- Appropriate technology services to support a telemedicine platform
- Selection and onboarding of healthcare providers
- Obtaining informed consent that addresses issues specific to telemedicine

It is Wellpath policy to conduct telemedicine encounters in a manner that complies with all state and federal laws, including those relating to the licensing of healthcare providers and the privacy of patient information. Wellpath tracks the evolving telemedicine regulatory landscape and works with sites to establish and maintain compliance. We also enforce corporate telemedicine policies that establish expectations for the quality of telemedicine care delivery, technology performance, and the patient experience.

NCCHC on Telemedicine

For a decade, the NCCHC has held that the utilization of telemedicine services offers jails and prisons “the ability to provide medical expertise to remote areas that might otherwise go without...enhanced access to the expertise of specialists; improved quality of care; reduced professional isolation for rural healthcare professionals; and in many cases, a reduction in overall costs.”

Technology and Equipment

Equipment packages are comprised of both teleconferencing equipment and medical peripherals and hardware, as deemed necessary. All peripherals exist on the patient side of the consultation. The setup for remote providers is very straightforward, requiring only software and a computer or handheld device with a stable internet connection and a camera.

A variety of technology solutions are available and in use for telemedicine encounters based on the clinical requirements of the specialty and the needs and preferences of our clients. All solutions ensure data security and HIPAA compliance, and all solutions are dependent upon a stable network with adequate bandwidth.



Wellpath utilizes Zoom, an end-to-end secure and HIPAA-compliant web-based teleconferencing software. Zoom can be used with a standard all-in-one PC, laptop, or Toughbook with webcam and audio capabilities; wound care evaluation software-enabled cellular devices; and solutions that seamlessly connect with existing client investments in Polycom, Sony, and Cisco hardware.

Accessory options include remote pan and tilt cameras, mobile carts, dual monitor options, echo cancellation mics, speakers and headphones, as well as telemedicine-capable high-resolution USB clinical peripherals. The Wellpath Telemedicine Department works with each institution to design, test, and implement a telemedicine technology solution that suits their unique needs, physical space, budget, network, and existing hardware.



Implementation

The Wellpath Telemedicine Department leads and facilitates the implementation of telemedicine services at our client facilities. Utilizing an established telemedicine implementation approach, the team will customize the plan to address the unique needs and work collaboratively with the Department's IT team and site leadership as well as Wellpath IT, Operations, and Clinical leadership to ensure success. Our implementation process will focus on the following areas of activity.

Project Initiation

Wellpath will schedule a kickoff call that focuses on defining project scope, collaboration, and setting expectations. This will include:

- Setting project roles and points of contact
- Discussing institution challenges and needs
- Establishing criteria for telemedicine success
- Reviewing preliminary technical and staffing information
- Discussing budget considerations
- Reviewing provider resource options
- Involvement of technical staff to consider connectivity between the sites

Policies and Procedures

Wellpath will work with the institution project team regarding relevant regulatory telemedicine requirements or guidelines. This will include:

- Providing information on the Wellpath Telemedicine Policy
- Researching and providing information on state and federal regulations
- Recommending workflow adjustments or additional forms to comply with regulatory requirements

Coordination and Workflow

Wellpath will establish a clearly defined coordination and workflow process to support telemedicine delivery of care. This will include:

- Establishing a clinic schedule
- Defining documentation workflow between the institution and provider, including the EHR
- Establishing a clinic workflow that optimizes efficiency and productivity with consideration for staff involvement

Staffing and Training

Wellpath will provide training to key participating staff and providers to support the success of the telemedicine initiative. This will include:

- Sharing relevant policy and regulatory information
- Discussing the telemedicine workflow for the institution
- Training each participant to use the selected telemedicine equipment, software, accessories and peripherals relevant to their role
- Providing information on how to get help should a technical issue arise

Wellpath HSA Praises Telemedicine Program

"In the beginning, some of our employees had extreme anxiety over the thought of computer technology equipment and potential IT problems. To overcome the tension amongst the employees, we performed a live demonstration with pseudo patients (staff)...in order for them to have a better understanding. In addition, we developed site-specific Telehealth User Manuals and worked with the employees on an individual basis to ease their comfort level. Taking these extra steps to minimize the tension worked wonders. After the live demonstration and additional training, our employees were getting excited...After the first Telehealth Infectious Disease Clinic, they were sold on the concept. Not only did [they] embrace the idea, but now they are asking if other specialists will be seeing patients through Telehealth. Thank you for providing this resource...it is greatly appreciated!"

Telepsychiatry

Wellpath envisions the opportunity to supplement the on-site behavioral health coverage by using telepsychiatry as appropriate for assessments and consultations. We will provide appropriate personnel to be present during telepsychiatry sessions. The provision of telepsychiatry will not take the place of face-to-face patient encounters but will act as an adjunct service to reduce off-site transportation and security costs.

The significant and sustained shortage of available qualified psychiatrists continues to drive the demand for telepsychiatry services across the United States. According to *U.S. News and World Report*, the number of total physicians in the United States increased by 45% over the last 19 years, while the number of total psychiatrists has increased only 12%. Meanwhile, during this time, the U.S. population has increased by 37%. A recent survey by the Association of American Medical Colleges revealed that 59% of psychiatrists are age 55 or older and are close to retirement age.

Wellpath utilizes telepsychiatry as an effective solution to the nationwide shortage of behavioral health professionals, using teleconferencing solutions to connect on-site behavioral health programs for increased access to care. Telepsychiatry allows access to remote specialists and removes potential barriers to accessing necessary psychiatric services. It can also be used during off-hours for consultation purposes in order to prevent off-site transportation.

Wellpath performed more than 83,000 telemedicine encounters in 2018, and 76% were for telepsychiatry appointments. We offer a broad range of telepsychiatry services and specialties, including but not limited to:

- Intake mental health screenings
- Follow-up mental health assessments
- Medication checks
- Evaluation of suicidal offenders
- Referral for commitment
- Off-shift evaluations

5.3.20.4 Telehealth Technology Platform (RFP PG. 31)

Wellpath understands the KDOC seeks a tele-health technology platform and has included it in our pricing.

5.3.20.5 Responsibility for Patient (RFP PG. 32)

A Wellpath physician will be responsible for the patient while the patient is in the clinic and during the period the contracted telehealth provider is consulting with the patient.

5.3.20.6 Use of EHR (RFP PG. 32)

Wellpath will utilize the existing Electronic Health Record - Nextgen for viewing documentation and order entry.

5.3.20.7 Timely Documentation (RFP PG. 32)

Wellpath will ensure completion of all telehealth encounter documentation in a timely manner and in keeping with the policies and procedures of the KDOC and NCCHC and/or ACA standards, within the EHR.

5.3.20.8 Quality Metrics (RFP PG. 32)

Wellpath will meet provider or programmatic quality metrics such as: diagnosis accuracy, accepting provider satisfaction with telemedicine services provided, efficient use of time, integration into workflow, patient presentation skills, proper video etiquette and overall patient satisfaction with telemedicine services.

5.3.20.9 Statement of Work Requirements (RFP PG. 32)

Wellpath has provided below our detailed plan to meet and expand upon the KDOC's Statement of Work requirements.

IT Telemedicine Implementation Overview

Wellpath will implement a Telehealth Network that meets all the requirements as presented in the RFP. Some assumptions were required in order to provide a design and budget for the Telehealth Network. We based much of this Telemedicine plan on our previous IT knowledge of the KDOC facilities. Upon award, the Wellpath IT team would do a thorough review of all facilities and networking components to complete the final telemedicine implementation and develop a workplan and timeline.

This proposal section provides the following:

1. **Telehealth Network Diagram**

Wellpath is presenting two network design options. A diagram of each option is provided. These two high level diagrams show the major components of the KDOC Telehealth Network that Wellpath is proposing. A detailed explanation is provided in the Design Overview section.

2. **Implementation Approach**

This section explains the implementation project Wellpath proposes implement the Telehealth Network and to migrate the devices being used by Wellpath onto the new Telehealth Network.

3. **Telehealth Design Overview**

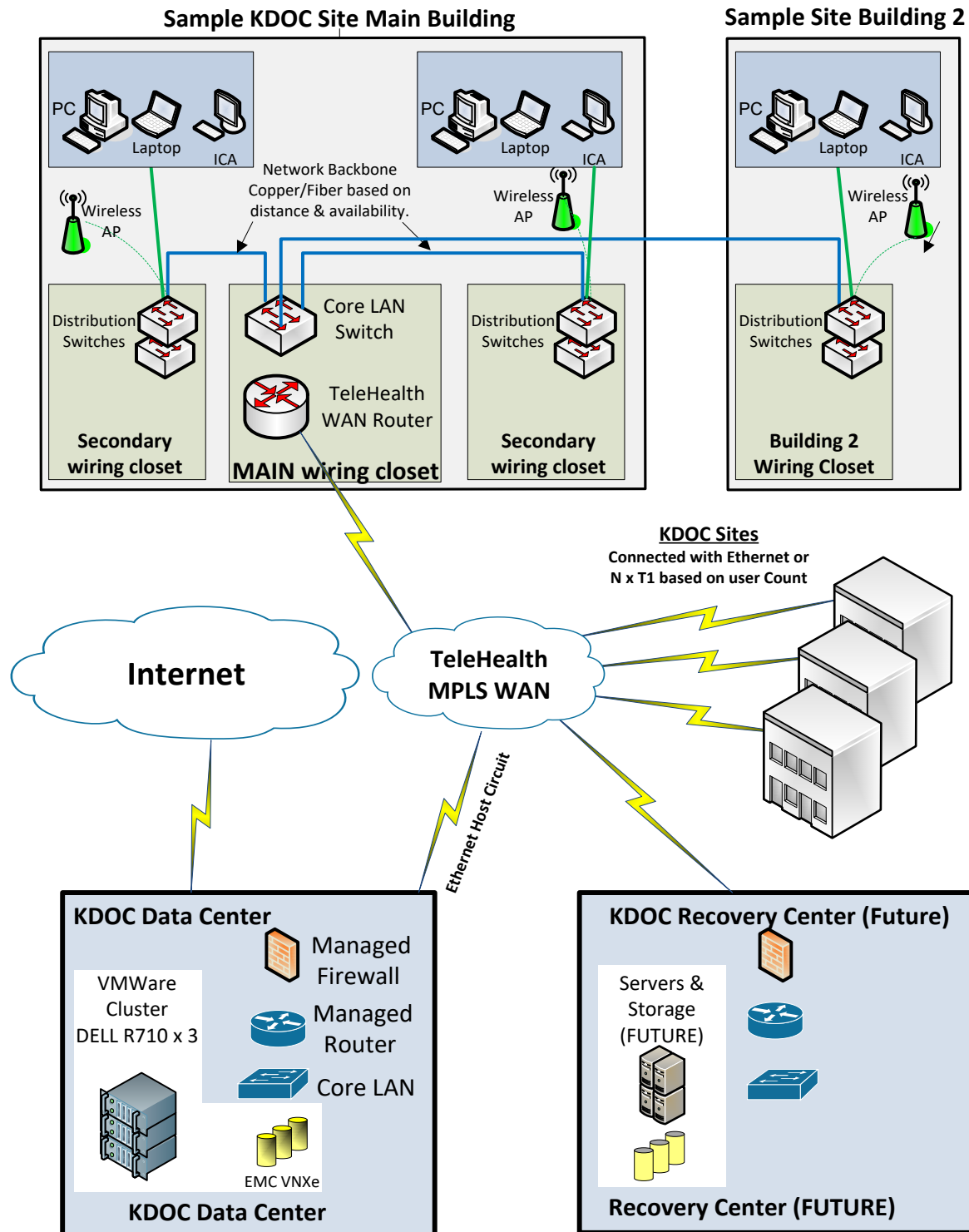
This section explains each component of the Telehealth Network being proposed and the assumptions that Wellpath has made.

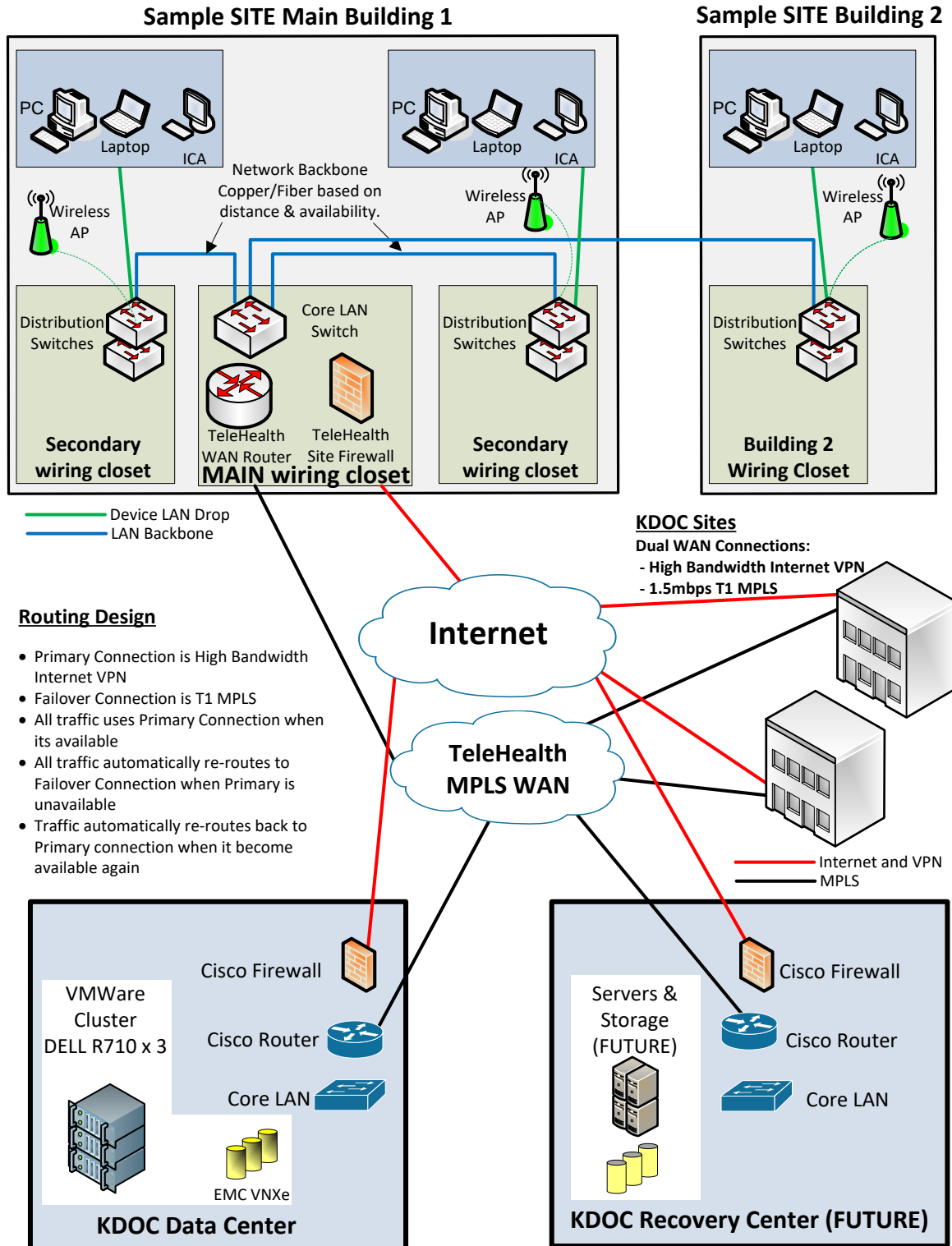
4. **Telehealth Budget**

Wellpath has established a Telehealth Network fund based on the design and assumptions and will work with the KDOC on refinements to the design.

Wellpath will contact the state's provider to request the State's discounted rate on this new Telehealth Network. This insures that the KDOC doesn't pay a premium on the cost of the network above what they have already negotiated with the State's primary network carrier. This may impact the budget for the telehealth program if the provider will not allow the same savings on the telehealth network.

KDOC Telehealth Network Diagram – Redundant Broadband WAN





**Wellpath was not able to obtain a detailed inventory of equipment and systems in use as it was deemed a "cyber security risk" by the KDOC. Therefore, the diagrams and specifications involved represent Wellpath's best estimate of understanding of the systems KDOC has in place. Wellpath*

would welcome the opportunity to review existing systems in detail and modify its recommendations, cost and approach to the technology infrastructure.

Implementation Approach

Wellpath will collaborate with KDOC to complete this implementation and migration project. The objective of the project is to:

1. Implement a KDOC Telehealth Network
2. Migrate all devices onto the Telehealth Network
3. Provide ongoing support and maintenance of the Telehealth Network

Wellpath will collaborate closely with KDOC to ensure that KDOC's requirements and preferences are accommodated. Decisions regarding design, timing, and budget will incorporate input and buy-in from KDOC. The project will consist of the following major activities:

Project Activities:

1. *Planning Phase*

Wellpath will collaborate with KDOC to perform the following:

- a. Document requirements for Telehealth at the overall Network and Site level
Review telecom carrier options for the network
- b. Collaboratively select a telecom carrier and an overall network design
- c. Place telecom circuit orders
- d. Develop a detailed project plan

Planning Deliverables:

- Telehealth Network Requirements
- Project Plan

2. *Design Phase*

Wellpath will collaborate with KDOC to perform the following:

- a. Perform an on-site review of each location to determine site related requirements including cabling, device placement, wireless requirements, etc.
- b. Collaborate with KDOC IT to agree upon and a detailed physical and logical design for each location and the overall network.
- c. Develop a Bill of Material identifying all equipment required to implement the design
- d. Develop an overall project budget.
- e. Obtain KDOC approval on the Budget

Design Deliverables:

- Telehealth Network Design
- Cabling Requirements for all sites
- Equipment Bill of Material

- Project Budget

3. *Implementation Phase*

Wellpath will work with the KDOC to implement the network per the plan and design. This activity may end up being phased in by site to best accommodate timing and resources.

Activities include:

- a. Place orders and coordinate with cabling contractors to perform required cabling installation
- b. Order Equipment
- c. Install Equipment
- d. Perform Data Center related changes to allow parallel Network operation (Parallel operation required during cutover phase)
- e. Activate Telecom Circuits
- f. Test Network

Implementation Deliverables:

- Data Center systems ready to support the network
- Network operational and ready to accept devices and traffic

4. *Operational Transition*

Wellpath will work with the KDOC to migrate devices and traffic to the Telehealth Network.

Once the migration is complete, activities include:

- a. Migrate devices to the network per the project schedule. This involves moving device drops from the current KDOC network switches to the Telehealth network switches
- b. Test devices and network performance as each site is migrated
- c. Once all sites are migrated, perform any required updates to the Wellpath data center network security to achieve the level of network segmentation desired by KDOC

Operational Transition Deliverables:

- Wellpath Devices on the Telehealth Network
- Security and Routing changes complete per the design

Project Timeline

We have included our best approximation on the project timing to take three (3) months. This timeline will be adjusted once Wellpath and the KDOC have collaborated and made the necessary planning and design decisions, and telecom circuit orders have been placed.

Proposed Approximate Project Timeline

Project Phase	Month 1				Month 2				Month 3				Month 4			
Planning	■	■	■	■												
Design		■	■	■	■	■										
Implementation																
Procurement and Circuit Provisioning				■	■	■	■	■	■	■						
Cabling Installation					■	■	■	■	■	■						
Device Installation and Testing										■	■	■	■			
Operational Transition													■	■	■	■

Telehealth Network Design Overview

The high-level design of the Telehealth Network consists of the following components:

1. Telehealth Wide Area Network (WAN)
2. Telehealth Local Area Network (LAN)
3. Workstation and Device Drops
4. Facility and Campus Backbone Cabling
5. Telehealth Wireless Network
6. Internet Services

Details on each of these components are provided below.

Telehealth Wide Area Network

Wellpath will implement a Telehealth Wide Area Network (WAN) that interconnects all in-scope KDOC locations to the Data Center. This WAN will carry all Telehealth and EHR data from the KDOC and JJA locations to the KDOC Data Center.

Redundant Broadband WAN

This network provides two circuits at each site; a high bandwidth fiber broadband connection and a second circuit as a backup should the Broadband connection fail. This design provides more bandwidth to each site, but uses a lower “Quality” circuit for the broadband connection. The backup network provides comparable quality and reliability to the Kansas network. The design and capabilities of each of these options is identified below. Wellpath is recommending the Redundant Broadband WAN option because it provides higher bandwidth for a lower monthly recurring telecommunication cost.

1. Redundant Broadband WAN

This network will provide the following capabilities:

Dual Circuit Redundancy at all major sites

All sites where possible will have two WAN circuits and a routing failover design to automatically re-route traffic in the event the primary connection fails.

High Bandwidth

The network is designed to provide the bandwidth and response time necessary to support all anticipated Telehealth needs including terminal sessions, PC email, Internet and application access, Telehealth video conferencing, and support for future medical applications.

The Redundant Broadband WAN will consist of the following:

- i. A dedicated network from the selected carrier.
The network will have circuits terminating in the KDOC facilities as shown in the Telehealth Network Summary Table. Wellpath has obtained budgetary pricing from multiple carriers. There are differences in pricing and capabilities between the carriers that must be considered in the final selection. Wellpath will collaborate with KDOC to select the carrier that best meets KDOC's needs.
- ii. A high bandwidth Broadband Internet Virtual Private Network (VPN) network.
The Broadband VPN network will have Internet Circuits terminating in the KDOC facilities as shown in the Telehealth Network Summary Table. These circuits will have a firewall-based VPN connection to the Data Center. The Broadband connections forming this network will consist of Data Over Cable Service Interface Specification (DOCSIS) connections, and Asymmetric Digital Subscriber Line (ADSL) connections where they are available.
- iii. The Data Center location will have "Host" circuits through which all site data traffic is delivered to the EHR systems in the Data Center.
- iv. Each in-scope site on the Telehealth Network will have a Router and Firewall installed in the "Main" wiring closet or telecom demarcation location to terminate the telecommunications circuits, provide the VPN services, and route the traffic.

Telehealth Local Area Network

Wellpath will implement a new Telehealth Local Area Network (LAN) that includes LAN switches at the in-scope KDOC locations. This Telemedicine LAN would carry the Telehealth and EHR traffic to the Telehealth WAN router at each in-scope KDOC location, which would route the traffic onto the Telehealth WAN, which would carry the traffic to the Data Center.

The Telehealth LAN will consist of the following:

- a. Primary "core" Ethernet switch at each in-scope facility
A managed Ethernet switch will be installed in the "Main" wiring closet at each in-scope site. This core switch will be "uplinked" to the Router and will serve as the primary switch and the network core for that facility. Telehealth devices and other distribution switches in other closets will be connected to this switch
- b. Distribution switches in all required wiring closets
Managed Ethernet switches will be installed in any other required wiring closets at the in-scope KDOC facilities. These distribution switches will be installed in the wiring closets in each area where Telehealth devices operate. They will be connected to the core switch, which will connect them back to the WAN and the Data Center. The number of switches installed will be determined by the number of telehealth devices in that area.

- Switches within a wiring closet will be interconnected to each other
- Each wiring closet will be uplinked to the core switch in the “Main” wiring closet
- Wellpath does not have current knowledge of the wiring infrastructure and wiring closet layouts at KDOC’s facilities. In order to prepare this proposal and budget, Wellpath has estimated the number of wiring closets and required switch ports in each in-scope facility. These estimates are provided in the Telehealth Network Summary Table and define that portion of the scope and budget of the Wellpath proposal. Upon award or when deemed appropriate, Wellpath will work with the KDOC to develop a detailed requirements and implementation plan.

1. **Workstation and Device Drops**

The Telehealth LAN will provide network drops to all fixed-location telehealth workstations and devices.

The workstation and device drops will be implemented as follows:

- a. Utilize the existing KDOC LAN Drop Cabling where possible
When LAN drop cabling exists between the wiring closet and the workstation or device location, Wellpath will use any existing cabling to connect the device to the Telehealth LAN switch.
- b. Install LAN Drop Cabling where required
When LAN drop cabling does not exist, Wellpath will contract with an approved cabling installer and have new cabling installed. This requires that distance limits of the cabling can be accommodated and that KDOC approves the pathway and grants access to the cabling installer.

Wellpath does not have current detailed knowledge of the LAN Drop cabling in place at KDOC’s facilities. In order to prepare this proposal and budget, Wellpath has assumed that LAN Drop cabling exists at 90% of the device locations and that new cabling can be installed at the remaining locations for \$750 per drop.

2. **Facility and Campus Backbone Cabling**

KDOC sites that have more than one building or wiring closet will require that LAN switches be connected to the core switch via backbone cabling. This cabling is typically fiber optic and runs between buildings and between wiring closets.

Backbone cabling will be interconnected as follows:

- a. Use either Fiber or Copper backbone, as appropriate
The switches Wellpath is proposing support both fiber and copper backbone cabling. Wellpath will work with KDOC to determine the most appropriate backbone design for each in-scope facility.
- b. Use Existing Backbone Cabling where possible
When backbone cabling exists and KDOC is amenable to allowing Wellpath to use it for the Telehealth LAN, Wellpath will use this existing backbone cabling to interconnect the LAN switches.
- c. Install new Backbone Cabling where required
When backbone cabling does not exist or KDOC elects to not allow Wellpath to use it for the

Telehealth LAN, Wellpath will contract with an approved cabling installer and have new cabling installed. This requires that distance limits of the cabling can be accommodated and that KDOC approves the pathway and grants access to the cabling installer.

- d. Wellpath does not have detailed knowledge of the backbone cabling in place at KDOC's facilities. In order to prepare this proposal and budget, Wellpath has assumed that backbone cabling exists at 50% of the wiring closet locations and that new cabling can be installed at the remaining wiring closet locations at an addition cost. These costs are budgeted in our pricing.

3. *Internet Services*

Wellpath will implement Internet services on the Telehealth network using ISP services at the Data Center location, and at the remote sites for the Redundant Broadband WAN option.

Site		Primary (Fiber DIA) Circuit Bandwidth
Landon State Office Building	900 SW Jackson Street, Topeka, KS 66612	100M
El Dorado Corr. Facility (EDCF) Central Unit	1737 US-54, El Dorado, KS 67042	100M
EDCF Oswego	1022 Fordyce Blvd. Oswego, KS 67356	50M
Ellsworth Corr. Facility (ECF)	1607 State St, Ellsworth, KS 67439	50M
Hutchinson Corr. Facility (HCF)	500 Reformatory St, Hutchinson, KS 67501	100M
Kansas Juv. Corr. Complex (KJCC)	1430 NW 25th St, Topeka, KS 66618	100M
Lansing Corr. Facility (LCF)	399, 301 E Kansas St, Lansing, KS 66043	100M
Larned Corr. Men. Health Fac. (LCMHF)	1318 KS Hwy 264, Larned, KS 67550	50M
Norton Corr. Facility (NCF)	11130 Road E4, Norton, KS 67654	50M
NCF East Unit — Stockton	1210 S Cedar St, Stockton, KS 67669	50M
Topeka Corr. Facility (TCF)	815 S.E. Rice Road, Topeka, KS 66607	100M
Winfield Corr. Facility (WCF)	1806 Pinecrest Circle, Winfield, KS 67156	50M
Wichita Work Release Facility (WWRF)	401 S. Emporia, Wichita, KS 67202	20M

Telehealth Network Assumptions:

1. The KDOC will provide complete data on locations and cabling infrastructure to allow Wellpath to revise the design
2. The KDOC will collaborate with Wellpath to determine installation design for each location.
3. Budget is based on device quantity estimates and budget allowances stated in the pricing proposal.
4. If any of the following quantities are revised in the final design - Wiring Closets, Devices, Routers, Switches, Access Points, New LAN Drops, and New Backbone Cables – then the Budget Total available for the project will be adjusted accordingly.

Expansion of Statement of Work

- a. Description of type of device and integration to provide services, online workflow, payments, and health device integration.

As described earlier, Wellpath has the knowledge, experience and capability to expand the use of telehealth including expanded device integration. Device options include remote pan and tilt cameras, mobile carts, dual monitor options, echo cancellation mics, speakers and headphones, as well as telemedicine-capable high-resolution clinical peripherals. These can include, but not limited to, ultrasound, ECG, scopes, digital stethoscopes, and virtually any other accessory. The Wellpath Telemedicine Department works with each institution to design, test, and implement a telemedicine technology solution that suits their unique needs, physical space, budget, network, and existing hardware.

- b. Training and implementation support detail, including whether training is live, or online, individual or group sessions, or online webinars. Also provide detail on training manuals, customizable quick guides, etc.

All training for the duration of the contract will be included. Much of the initial training is live and follow up training is provided through group sessions or online webinars through the Wellpath Academy. All training manuals and guides are provided electronically and are updated on a regular basis. These updates are sent out to all employees. Wellpath will suggest a series of telemedicine enabling policies and procedures that can enhance the utility of telemedicine within the KDOC.

- c. Address support protocol, as well as typical support problems, and experienced downtime. Provide how responses are provided (phone, email, text), and response time (assuming one (1) hour is industry standard).

Wellpath maintains a 24x7 helpdesk which will serve as frontline support. Wellpath also utilizes a 3rd party NOC (network operations center) which will monitor, on Wellpath's behalf, and respond to all network outages, latency or other related issues with the carriers.

- d. Experience in implementation of telehealth procedures relative to customization of clinical templates, order sets, documentation templates, medication regimes, etc. as required for cohesive patient and clinician engagement.

Wellpath has implemented telehealth solutions in hundreds of locations over its entire history. Currently we operate telehealth solutions in 205 facilities across 32 states. In each of these instances we have updated our policies and procedures to be telehealth friendly. We think of telehealth as an extension of onsite services and expect that they order sets, documentation templates, etc will be the same as those used for onsite providers.

- e. List current or potential barriers to implementing and expanding telemedicine services within any of the KDOC locations.

Wellpath has significant IT resources and the capability to expand telemedicine to the KDOC facilities. We do not anticipate any barriers that cannot be addressed upon award.

- f. Upon reviewing the proposals KDOC may request on site demonstrations of two to three of the top ranked bidders. On-site demonstrations include view patient and clinician engagement workflows, demonstrations of acute environment workflows, scheduled workflows with patient and clinician engagement, and workflows for physician provider to physician consultant engagement.

Wellpath acknowledges on-site telemedicine demonstrations may be requested by the KDOC and will work to accommodate any requests and assistance required.

5.3.20.10 Annual Report on the Effectiveness Telemedicine Program Goals (RFP PG. 32)

Wellpath will submit to the KDOC an annual report on the effectiveness of the telemedicine program goals. This report will include an assessment of the program's efficiency, quality, and offender satisfaction.

5.3.20.11 Electronic Log of Telemedicine Equipment (RFP PG. 32)

Wellpath will maintain an electronic log documenting the use of telemedicine equipment to include, but not be limited to, the following:

- a. Physical location of the healthcare provider providing the telemedicine service.
- b. Date and time of service.
- c. Reason for equipment's use, including the specific medical service (e.g., dermatology consult, in-service).
- d. Offender name and KDOC offender number.
- e. Contractor's medical staff participants.

5.3.21 Health Education (RFP PG. 32)

Wellpath will provide patient education through use of materials such as written pamphlets, drug profile information, internet information, and videos. These materials will be utilized by nursing during routine health-related contacts. Annual wellness fairs for offenders will be held at each facility. Wellpath acknowledges that the KDOC reserves the right to request that Wellpath develop and implement new offender education materials to address needs that arise during the life of the contract.

Wellpath emphasizes the importance of patient education at all client sites. It is imperative that offenders receive basic, and often critical, knowledge about common healthcare needs, issues, and diseases. Therefore, Wellpath staff will provide offenders with complete education information upon orientation and admittance to the KDOC and additional information during any healthcare encounter as determined by the provider in the course of his or her examination.

Wellpath will provide detailed information on health issues that assist offenders in self-care strategies, including but not limited to personal hygiene, healthy lifestyle choices, getting better sleep, and ways to maintain optimal health. Health education can also be provided through group sessions when applicable for more widespread issues such as MRSA, smoking cessation, fitness, and the flu.

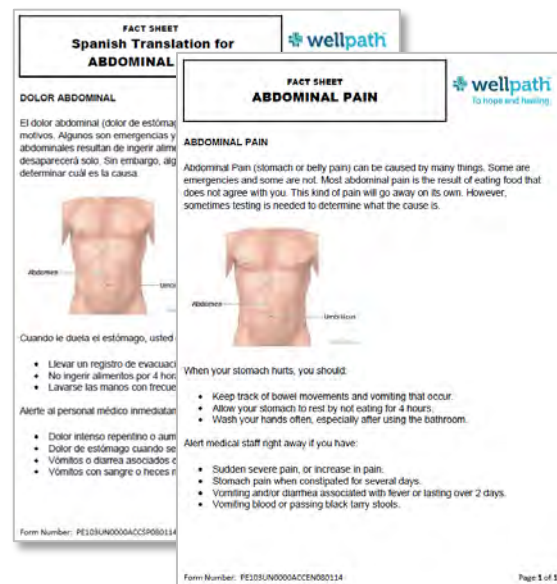
Offenders with chronic conditions such as asthma or diabetes will receive additional health education stressing the importance of proper health management and nutrition. Wellpath staff will educate offenders on their conditions, their role in the treatment plan, and the importance of adherence to the plan. Education will also include recommendations for lifestyle modifications and information regarding continuity of care upon release. The education will be documented in the offender's health record.

Educational Materials

Wellpath will collaborate with the KDOC in developing a comprehensive health education program for each facility. We offer a variety of health education programs that can be customized to meet the specific needs of the facility's offender population, including but not limited to locally prevalent chronic diseases. One such program was developed to address a common problem in correctional facilities—trouble sleeping. We have provided a sample Sleep Hygiene Manual in **Tabbed Attachment H**. **Please note that this information is confidential and proprietary.**

Wellpath provides patient health education through multiple means, including oral instructions at times of service delivery and written information using brochures, pamphlets, orientation packets, and instructional posters. Educational materials are available in areas easily accessible to patients, including clinic areas.

As part of our commitment to achieving health equity, we ensure equal access for individuals with diverse cultural backgrounds and/or limited English proficiency, including literacy issues. In accordance with National CLAS and NCCHC standards, Wellpath provides all health information to patients both verbally and in writing in the patient's preferred language, when possible, or in a language that patient understands easily. All Wellpath forms are available in English and Spanish, and we make provisions for other languages as needed.



When a literacy or language problem prevents a patient from understanding written information, a staff member who speaks the patient's language or a translator assists the patient. Wellpath ensures that individuals providing language assistance are competent interpreters. We understand that untrained individuals serving as interpreters may not meet the needs of the patient.

For hearing-impaired patients, Wellpath has access to video remote interpreting through a company called Virtual VRI. Sign language interpreting through Virtual VRI is available for pre-scheduled appointments or on demand as needed.



LanguageLine

Wellpath has an agreement with LanguageLine Solutions to aid in the provision of services for limited- or non-English speaking and culturally diverse patients. LanguageLine provides over-the-phone interpretation and document translation services for more than 240 languages. Wellpath staff receive training on working with LanguageLine and assisting limited- and non-English speaking patients, and are provided with lanyard cards so they have access to the contact information at all times.

LanguageLine supports risk management initiatives to protect the confidentiality and security of patient information, strengthening meaningful access and regulatory compliance in the delivery of vital services to meet these requirements:

- Affordable Care Act, Section 1557 (ACA)
- Americans with Disabilities Act (ADA)
- Centers for Medicare & Medicaid Services (CMS)
- Fraud, Waste and Abuse (FWA)
- Health Insurance Portability and Accountability Act (HIPAA)
- Protected Health Information (PHI)
- The Joint Commission
- Title VI of the Civil Rights Act of 1964 (Title VI)

Medical Reference Library

Wellpath maintains a comprehensive library of course content for preventive health education that can be customized for a readily available training agenda and scheduled delivery to meet the needs of the entire offender population. We will provide a medical reference library accessible at all times by healthcare personnel, with basic reference texts related to diagnosis and treatment in a primary care setting.

UpToDate

Wellpath also offers access to UpToDate® Clinical Knowledgebase and Support Tools, an online medical resource for provider evidence-based clinical reference and patient education materials. All users are given single-click access to these valuable medical reference and client-specific patient education materials on multiple topics. **UpToDate helps to increase the quality of patient care by allowing providers to print patient education materials and discuss them with the patient while they are together.**



UpToDate covers more than 10,000 topics in 22 medical specialties and includes more than 9,000 graded recommendations; 27,000 graphics; and 380,000 Medline abstracts, as well as references and a drug database. Content is reviewed and edited continuously with content updated within UpToDate every weekday.



UpToDate includes treatment recommendations based on the latest and best medical evidence. Recommendations are kept current as new studies are released and practices change. Topics available within medical specialties in UpToDate include:

- Medical Calculators
- Adult Primary Care
- Allergy & Immunology
- Cardiology
- Critical Care
- Drug Information
- Emergency Medicine
- Endocrinology
- Gastroenterology
- Nephrology
- Neurology
- Hematology
- Hepatology
- Infectious Diseases
- Oncology
- Pulmonology
- Rheumatology
- Surgery
- Internal Medicine
- Geriatrics
- Psychiatry
- Dermatology
- Palliative Care

UpToDate is evidence-based and uses a literature-driven updating system. More than 450 journals are monitored by more than 5,700 doctors, editors and authors, and anytime something of importance is published, it is incorporated into the program. The key word is “incorporated”—UpToDate is not a journal watch. New studies are not simply added, but rather they are placed in the context of what has already been published in that field. This instant availability of continuously updated, evidence-based

healthcare information, accessible from inside the patient record, will aid medical staff in providing the highest quality of care.

5.3.22 Food Service Screenings (RFP PG. 33)

Upon request, Wellpath will provide authorized KDOC personnel information concerning the health status of prospective food service workers and will conduct health clearance examinations for such offenders.

Wellpath will complete periodic food service clearances for food service workers in compliance with ACA and/or NCCHC standards. These clearances will be conducted using a cursory screening questionnaire, completed in accordance with NCCHC and/or ACA standards.

5.3.23 Dialysis Services (RFP PG. 33)

5.3.23.1 Outline of Proposed Dialysis Program (RFP PG. 33)

Wellpath understands dialysis services are provided at the **Topeka Correctional Facility** and **Lansing Correctional Facility** and that the average dialysis patient daily census at LCF is eight (8) and the average daily TCF dialysis census is one (1).

Wellpath will provide on-site dialysis services and peritoneal dialysis in the designated area of the **TCF and LCF**. We have a national contract with CharDonnay Dialysis, Inc. to provide a full-range of on-site hemodialysis services. CharDonnay specializes in providing dialysis services to correctional institutions throughout the country. By incorporating the CharDonnay-contracted nephrologists, nurses, dialysis technicians, biomedical technicians, and administrative support into our team, Wellpath can provide a comprehensive dialysis solution for the KDOC.



On-site services will include initial assessment, individualized care plans, and monthly follow-ups. Individualized care plans will be based on an evaluation of the nature of the offender's illness and the treatment modality prescribed. These care plans will address each patient's physical, medical, dietary, psychological, functional, and rehabilitation needs. Inmates undergoing dialysis will receive education to help them understand all aspects of their treatment. We will ensure that dialysis services are documented in the patient's medical record.

5.3.23.2 On-Site and Off-Site Peritoneal and/or Hemo-Dialysis Services (RFP PG. 33)

Wellpath will provide all on-site and off-site peritoneal and/or hemodialysis services, supplies, equipment, and other related expenses.

Wellpath will provide a board-certified nephrologist to supervise all dialysis services. The nephrologist will make on-site visits to LCF at least every six (6) weeks. Wellpath understands TCF dialysis patients will be transported by KDOC to LCF for nephrology consults.

Wellpath staffing will be based on State regulations and Medicaid standards. All staff are appropriately licensed or certified to include certification by NNCC (Nephrology Nursing Certification Commission) for dialysis techs.

Dialysis staff will be provided in-service training and orientation to the facility. Staff competency for the performance of clinical care and comprehension of policies and procedures will be documented at initial hire and annually thereafter. Training will be provided to facility staff initially and thereafter at least quarterly on the pre and post-treatment need of dialysis patients. Education will be provided to the offenders to help them understand all aspects of their treatment. A Board-Certified Nephrologist will be contracted and will hold monthly clinics at both the Lansing Correctional Facility and the Topeka Correctional Facility.

On-site services will include initial assessment, individual treatment plans, monthly follow-ups, dialysis review, and renal transplant evaluations. The individualized treatment plans are based on an evaluation of the nature of the offender's illness, the treatment modality prescribed, and address an assessment of the following needs:

- Physical
- Medical
- Dietary
- Psychosocial
- Functional
- Rehabilitation

5.3.23.3 Renal Dialysis Quality Improvement and Infection Control Program (RFP PG. 33)

Wellpath will develop and maintain a renal dialysis Quality Improvement and Infection Control Program for the KDOC to include accountability of sharps and waste management.

Wellpath, in collaboration with Chardonay, has developed policies and procedures for the provision of care consistent with CMS (Center for Medicare Services) and AAMI (Association for the Advancement of Medical Instrumentation) standards and a comprehensive Infection Control Plan that complies with the regulations for end stage renal disease services contained in Code of Federal Regulations related to patient safety. Policy and procedure as well as infection control addresses all standard-based precautions as well as:

- Applicable security directives
- Water and dialysate quality: water quality tests will be conducted and results provided to the CHCA
- Reuse of hemodialyzers and bloodlines
- Physical environment requirements
- Patient's rights
- Adverse reactions
- Emergency procedures
- Plan of action in the event of unavailability of dialysis machinery due to electrical outages or other inevitabilities

The Letter of Intent from CharDonnay is provided below.

CharDonnay Dialysis, Inc.

November 25, 2019
Chase Tatum, Procurement Specialist
Wellpath
VIA email: ctatum@wellpath.us

Re: Kansas DOC Pricing – Lansing and Topeka

Mr. Tatum,

Thank you for contacting CharDonnay Dialysis, Inc. (CDI) regarding the on-site contract for the Kansas DOC. CDI is highly interested in providing professional services to satisfy your needs in the correctional setting. With our twenty-five years of providing industry leading dialysis, biomedical, and clinical administrative functions, we are confident that you will be very satisfied with our team and their services. We pride ourselves on excellent quality of service, flexibility and responsiveness, and an unwavering commitment to treat our clients with the kindness and respect that our family-owned and operated business has become known for.

Enclosed are proposed pricing and services per your request. The proposed pricing is based on CDI's cost to provide the services outlined for the facility named in the LOI. We are hoping to work as a team to arrive at an agreement that will be beneficial and economically rewarding for both parties. In the event that the proposed pricing changes, CDI will communicate any adjustments prior to rendering services and will obtain customer approval.

As any future opportunities or contracts arise, we will be happy to help you evaluate your needs and offer you the professional services that will help you, your company, and your patients be happy, healthy, and successful.

Again, thank you for choosing CharDonnay Dialysis, Inc. We are excited to offer Wellpath these services, and look forward to continuing our fruitful partnership.

Regards,



Jason Combs - President, CharDonnay Dialysis

Phone: 217-304-6033

Email: jason.combs@chardonnaydialysis.net

All information provided in this LOI is considered confidential and may not be used or disclosed without the written consent of CharDonnay Dialysis, Inc. This LOI is non-binding and subject to successful and mutually agreeable contract negotiations by both parties.

CharDonnay Dialysis, Inc. | 807 West Farchild St. | Danville, IL 61832 | Tel 217-477-1490 Fax 217-477-1495 | Web site: www.chardonnaydialysis.net

5.3.24 Infirmary Services (RFP PG. 33)

5.3.24.1 Infirmary Services Plan (RFP PGS. 33-34)

ACA defines an infirmary as a specific area, separate from other housing areas where offenders are housed and provided health care. NCCHC defines infirmary care as care provided to patients with an illness or diagnosis that requires daily monitoring, medication and/or therapy, or assistance with activities of daily living at a level needing skilled nursing intervention.

Wellpath will operate multiple infirmaries across the KDOC system. Infirmary care will be provided to offenders with chronic illnesses, acute conditions, and special needs.

We have reviewed the acuity level and description in the RFP's Appendix B and understand the following shall be used as a minimum guideline in operating the KDOC's infirmaries:

- a. HCP on call 24 hours per day, seven days per week, for infirmary consultation.
- b. HCP documented on-site rounds daily (5 days per week) on each patient in the occupied infirmary. Smaller minimum facilities may use telehealth.
- c. Supervision of the infirmary by a Registered Nurse on duty on-site 24 hours per day, seven days per week.
- d. A minimum of one Registered Nurse staffed in the occupied infirmary 24 hours per day, seven days per week.
- e. Documented nursing infirmary rounds completed at a minimum of once per shift.
- f. One licensed nurse in the infirmary at all times for every ten (10) patients. If the acuity of the patient load requires more staffing Wellpath will add the staffing as needed.
- g. A patient may be placed in the infirmary by a RN for nursing observation for up to 23 hours. If the patient is stable and the issue resolved at the end of 23 hours, the nurse may release the patient back to his/her regular housing assignment. If the patient is not stable or the issue is unresolved, the RN will contact the HCP for further orders.
- h. A patient may be admitted to the infirmary only by an HCP. If the HCP admits a patient to the infirmary, an admission note and treatment plan/orders will be entered in the EHR. The admission note will clearly document the reason/diagnosis for the admission. The completed physical examination does not replace the admission note.
- i. An HCP shall complete a physical examination of all offenders admitted to any infirmary within 24 hours of the offender's admission to the infirmary (during weekdays, 72 hours on the weekend). The medical history and physical evaluation will be documented in the EHR system.
- j. All infirmary patients must be within sight or sound of a staff person (call lights and sound monitors are in place).
- k. When a patient's health care issue has been resolved, the patient will be discharged by the order of the HCP. The HCP will enter a discharge note that includes, but is not limited to, the summary of care provided, disposition of the patient upon release, and a discharge diagnosis. A follow-up visit will be scheduled with the HCP to occur within seven (7) calendar days.
- l. A manual of infirmary nursing care procedures will be available. Wellpath has submitted its manual of infirmary nursing care procedures in [Tabbed Attachment I](#). The infirmary manual will be updated annually.
- m. Negative airflow isolation rooms will be routinely monitored to ensure appropriate air exchanges are maintained in accordance with Centers for Disease Control (CDC) guidelines. Wellpath acknowledges the KDOC will perform quarterly checks and provide routine

maintenance. Wellpath will perform daily checks for unoccupied rooms and checks each shift when occupied with isolated offenders. If Wellpath finds that the negative air flow is not circulating correctly, we will notify the KDOC in writing of our finding. If the KDOC has not corrected the problem within 72 hours, Wellpath may arrange for a professional air-handling vendor to assess/correct the problem and submit the invoice for those services to the KDOC for reimbursement.

The Health Care Practitioner's admission order includes:

- diagnosis
- level of care
- level of activity
- allergies
- diet
- medication and treatment
- diagnostic monitoring and testing

A progress note will be documented at the time of the first infirmary encounter. The progress note will demonstrate that the health record has been reviewed and the patient has been evaluated. Additionally, an individualized treatment plan will be established.

Wellpath will staff the infirmary appropriately to provide 24/7 coverage for the care and observation of infirmary patients. We will utilize a combination of RNs, LPNs, and Medical Assistants for the provision of care; a supervising RN will be on duty 24/7, and a physician will be on call 24/7. An initial nursing assessment for all infirmary admissions will be completed by an RN. Nursing staff will conduct rounds daily, with a nursing note at least once per shift or more often as indicated by the patient's condition.

Wellpath will ensure that the infirmary spaces have the necessary staff and supplies to provide both routine and emergency ancillary services on site. Scope of the infirmary will include detoxification, convalescent care, skilled nursing care, pre- and post-surgical management, and limited acute care. The infirmary will also be used as a protective environment for offenders exhibiting symptoms or behavior serious enough to require notification of medical or mental health staff.

Our extensive experience managing and operating on-site infirmaries in correctional health care programs will ensure the KDOC Infirmary Program is compliant with ACA and NCCHC standards as well as KDOC requirements. The Wellpath Infirmary Program is based on a written plan that defines:

- The Scope of Care, to include palliative and hospice care
- Policy and Procedure
- Staffing Requirements
- Admission and Discharge criteria
- Diagnostic testing and monitoring
- Equipment needs
- Support Services
- Quality Improvement

Sample Infirmary Rotating Schedule

[illegible]

5.3.25 Off-Site Hospital Care (RFP PG. 34)

5.3.25.1 Arrangement and Payment for Care (RFP PG. 34)

Wellpath will obtain routine outpatient/inpatient hospitalization services from health care providers who meet the health care requirements of the offender. When off-site hospitalization and/or specialty hospital services for an offender are required, Wellpath will be responsible for the arrangement and payment of all hospital care and related health care expenses within 120 days of service. We have included letters of support from the most frequently used hospitals near the KDOC facilities in [Attachment J](#).

The following shows hospitals and mileage from each facility.

Facility	Address	City	State	Zip
El Dorado Correctional Facility	1737 US-54	ElDorado	KS	67042
Susan B. Allen Memorial Hospital (3 Miles)				
Kansas Medical Center (20 Miles)				

Facility	Address	City	State	Zip
Ellsworth Correctional Facility	1607 State Street	Ellsworth	KS	67439
Ellsworth County Medical Center (2 Miles)				
Lincoln County Hospital (26 miles)				
Hutchinson Correctional Facility	500 Reformatory Street	Hutchinson	KS	67501
Hutchinson Regional Medical Center (4 Miles)				
Newton Medical Center (33 Miles)				
Kansas Juvenile Correctional Complex	1430 NW 25th Street	Topeka	KS	66618
Stormont Vail Hospital (5 Miles)				
University of Kansas - St. Francis Campus (6 Miles)				
Lansing Correctional Facility	301 E. Kansas Street	Lansing	KS	66043
Saint John Hospital (3 Miles)				
Saint Luke's Cushing Hospital (5 Miles)				
Larned Correctional Mental Health Facility	1318 KS Highway 264	Larned	KS	67550
Pawnee Valley Community Hospital (4 Miles)				
Edwards County Medical Center (4 Miles)				
Norton Correctional Facility	11130 Road E4	Norton	KS	67654
Norton County Hospital (4 Miles)				
Decatur County Hospital (33 Miles)				
Topeka Correctional Facility	815 SE Rice Road	Topeka	KS	66607
Stormont Vail Hospital (5 Miles)				
University of Kansas - St. Francis Campus (6 Miles)				
Wichita Work Release Facility	401 S. Emporia Street	Wichita	KS	67202
Wesley Medical Center (30 Miles)				
Ascension Via Christi St. Francis (32 Miles)				
Winfield Correctional Facility	1806 Pinecrest Circle	Winfield	KS	67156
William Newton Hospital (2 Miles)				
South Central Kansas Medical Center (12 Miles)				

5.3.25.2 Daily Health Care Status Review for Off-Site Patients (RFP PG. 34)

Wellpath will review the health care status of offenders admitted to outside hospitals daily to ensure that the duration of the hospitalization is no longer than medically indicated. We will provide each facility warden and the Director of Health Care Compliance with a weekly health status report of all hospitalized offenders from that facility. Wellpath will also provide the Health Care Compliance Office with a daily health status report of all hospitalized KDOC offender. We understand this may be done via conference call.

5.3.26 Assisted Daily Living Unit (ADL Unit) (RFP PG. 34)

Wellpath understands the KDOC currently houses special needs patients requiring some form of ADL assistance in the infirmary and throughout all KDOC facilities in housing units equipped to handle the offender's needs.

In the fall of 2012, Wellpath worked with the KDOC to open an assisted living program at the El Dorado Correctional Facility Oswego Unit. The unit was opened to address the needs of the aging population and offenders with health conditions that make it difficult for them to perform normal activities of daily living (ADL). Wellpath is eager to work with the KDOC in the further development of these types of programs.

Wellpath will monitor these offenders to ensure that they receive appropriate care and assistance with the ADL process as appropriate.

Elderly Patients

We recognize that frail and elderly patients require additional consideration regarding their unique needs. Wellpath providers will develop treatment plans to specifically meet those needs. Housing assignments, including lower bunk assignments, for patients over 60 with difficulty climbing to the top bunk or for patients with Alzheimer's or other dementia will be reviewed by the site physician and assigned as indicated.

Wellpath has produced a nurse training document covering the changes that occur in the various body systems of aging populations, and special areas of concern when assessing elderly patients. After completing the training, nurses should be able to conduct a thorough examination taking into consideration the physiological conditions of aging. A copy of the "Nursing Assessment of the Incarcerated Elderly Patient" is included as [Tabbed Attachment K](#).

5.3.27 End of Life Program (RFP PG. 34)

5.3.27.1 Comprehensive End of Life Program (RFP PG. 34)

Wellpath acknowledges that offenders diagnosed with an illness in an advanced stage, where curative therapy is no longer indicated, are eligible for the end-of-life program. Wellpath will provide a comprehensive end-of-life program that is a certified program based on established hospice correctional guidelines and includes:

- Medically directed care
- Interdisciplinary plan of care development
- Family involvement
- Training and use of offender volunteers
- Treatment of pain and non-pain symptoms
- Patient education
- Counseling
- Alternative housing

Hospice Program

Wellpath will provide hospice services at all correctional facilities with an infirmary. Wellpath understands how hospice in a correctional environment differs from traditional End of Life (EOL) programs. For a hospice program to be successfully adapted to a correctional facility it must address the following areas:

- Medically directed care based on an interdisciplinary plan of care development
- Treatment of pain and non-pain symptoms
- Patient education about advanced directives
- Family involvement
- Training and use of patient volunteers
- Alternative housing
- A certified end of life program based on hospice correctional guidelines

Medical Directed Care

The care of the hospice patient will be managed by the site special needs committee, and individual treatment plans will be established. EOL programs are not simply a place, but a philosophy of care. The Wellpath philosophy regarding hospice care is based on the belief that when a patient is confronted with a terminal diagnosis, treatment should be aimed at providing comfort, with a focus on symptom control and quality of life for individuals and their families. The emphasis on EOL care attempts to aggressively attend to patients whose life expectancy is less than six (6) months. The plan of care should incorporate aspects such as:

- Patient education
- Training in pain and symptom management
- Grief and depression counseling
- Patient's spiritual needs in accordance with end-of-life arrangements
- Increased visitation for families
- Adaptation of the environment
- Dietary needs

Treatment of Pain and Non-Pain Symptoms

The program is designed to treat pain and non-pain related symptoms. The goal is to attend to the patient's comfort at all levels:

- Physical
- Emotional
- Spiritual

Wellpath Experience Managing DOC Hospice Programs

The Wellpath hospice program surpasses industry standards. It has been recognized by the National Hospice and Palliative Care Association (NHPCA).

Patient Education

In accordance with NCCHC Standard P-F-07, Care for the Terminally Ill, EOL programs should give patients who are terminally ill the opportunity to create or modify pre-existing advance directives and to have their advance directive honored. Qualified healthcare professionals must provide medical information to patients involved in end-of-life planning and who request such assistance in preparing an advance directive.

Family Involvement

It is also important whenever possible, that the patient's family be actively involved in the program, including increased time and access to the patient. Increased communication to and cooperation from the security staff is essential for the success of this program.

Wellpath recognizes in terms of end-of-life care, "family" is defined by the patient and may include persons who are not related to the patient by blood or legal tie. Wellpath staff receive training in effective and compassionate communication with both terminally ill patients and their family members.

Training and Use of Patient Volunteers

Patients and community volunteers who have been screened in advance may also take part in EOL services. The Wellpath Hospice Care Manual will be developed pertaining to all specific procedures related to training, education and patient care in the KDOC. Wellpath will provide these patients with proper supervision, and adequate training in facility rules and expectations of the Hospice Care Program.

Alternative Housing

Patients in EOL programs should typically be housed in the infirmary or in another location with continuous monitoring and access to care.

Hospice Correctional Guidelines

Wellpath utilizes the National Hospice and Palliative Care Organizations (NHPCO) Quality Guidelines for Hospice and EOL Care in Correctional Settings. Wellpath is a strong supporter of NHPCO.

Healthcare Proxies

As deemed necessary, appropriate healthcare personnel will assist patients with understanding, counseling, and implementation of healthcare proxies and advanced directives when medically appropriate. Written policy and defined procedure will protect patient rights, including a plan for terminally ill patients and palliative care.

Patients approaching the end of life will be permitted to execute advance directives, including living wills, healthcare proxies, and do not resuscitate (DNR) orders. These directives will be signed only after the patient receives appropriate information regarding the meaning and impact of such decisions. In the event a patient shows interest or desires to execute an advance directive, the patient will be informed about the diagnosis, prognosis, care options, the consequences of choosing an advance directive, and the availability of palliative care and hospice services.

Patients desiring to execute advance directives will be referred to mental health staff for an evaluation of individual competency to make such decisions. Those determined to be incompetent to make end-of-

life decisions will be referred to the Superintendent and Jail Administrator, or their designees, as to the notification of the patient's next of kin.

Before a healthcare proxy or living will is used as the basis for withholding or withdrawing care, there will be an independent review, by a physician not directly involved in the patient's treatment, of the patient's course of care and prognosis. DNR orders will be reviewed by a medical professional not directly involved in the patient's treatment.

Appropriate documentation will be included in the patient's health record.

Please see a copy of Wellpath's palliative care manual in [Tabbed Attachment L](#).

5.3.23 Outpatient Surgery / Ambulatory Services (RFP PG. 34)

Wellpath acknowledges that off-site health care services are a necessary part of the offender health care services. We understand these processes include, but are not limited to: specialty ambulatory clinics, outpatient one (1) day surgeries, and specialist off-site procedures and diagnostic testing.

Wellpath will establish and maintain a network of health organization and specialty providers to ensure that the offender population has timely access to necessary health care services. Wellpath understands that we are required to authorize, schedule and coordinate the provision of all medically necessary outpatient services, including but not limited to: outpatient surgery, ER, diagnostic testing (MRI, CAT scan, ultrasound) and ambulance service.

Care Management

Please refer to [Section 5.12. - Utilization Management](#) for detail regarding the Wellpath Care Management program.

5.4 Transportation and Security (RFP PG. 34)

5.4.1 Off-Site Transportation (RFP PGS. 34-35)

Wellpath acknowledges:

- ✓ Transportation of offenders for off-site services or transfer to another KDOC facility shall be the responsibility of the KDOC, except when transportation requires travel by emergency vehicle. Wellpath will provide a documented emergency transportation services plan upon award. Such ambulance and/or advanced life services will be by pre-arranged agreement and all costs related to these specialty transportation services will be the responsibility of Wellpath.
- ✓ Offenders considered for functional incapacitation or parole release requiring ambulance services will remain the transport responsibility of Wellpath until they arrive at the specialized facility designated for their ongoing care. Wellpath will be responsible for the cost of any medical transport vehicle costs for functionally incapacitated offenders needing transport.
- ✓ Wellpath will be responsible for health care services to those offenders in transit between facilities and throughout the state while under the supervision of the KDOC. This includes

services to offenders being transported to and from a facility work release or private industry employment location.

- ✓ Wellpath will coordinate the scheduling of off-site services from KDOC facilities to community providers with the facility transportation supervisor as designated by the warden.
- ✓ When deemed necessary by the Secretary of Corrections for the safety and orderly operation of KDOC facilities, the KDOC may place offenders in contract beds both within the state of Kansas and out-of-state. Wellpath will screen those individuals being considered for contract bed placement for chronic or other medical conditions that might preclude the safe housing of the offender in a contract facility and provide a summary of that documentation to the KDOC Contract Bed Coordinator so that appropriate decisions can be made regarding placement. Any on-site care the contract facility provides to its own offenders will be provided to the KDOC offenders. Any off-site care required for the health of a KDOC offender housed in a contract facility shall be coordinated with Wellpath and Wellpath will be responsible for the costs of such care, including emergent care, unless otherwise covered by the contract between the KDOC and the contract facility. For medically necessary off-site care that is not emergent, Wellpath may request the KDOC return the offender in need of care back to an appropriate KDOC facility so that they can assess the need for and arrange the off-site care, as clinically indicated.

5.4.2 Security (RFP PG. 35)

Wellpath acknowledges:

- ✓ The KDOC will provide security and security procedures to protect Wellpath's equipment as well as KDOC medical equipment. Wellpath will ensure that the Wellpath's staff adheres to all policies and procedures regarding transportation, security, custody, and control of offenders.
- ✓ The KDOC will provide security escorts to and from clinic appointments whenever necessary as determined by security regulations and procedures outlined in KDOC policy.

5.5 Comprehensive Dental Services (RFP PG. 35)

5.5.1 General Dental Services (RFP PG. 35)

Wellpath will provide dental services to satisfy the dental care needs of the KDOC's offender population in accordance with NCCHC and ACA standards. We take the dental needs of our patients very seriously, as dental health can have a serious impact on the overall physical health of a patient. Neglect of dental needs can lead to serious infection, affecting both the health of the patient and cost of treatment.

Consistent with the Wellpath care philosophy, services will be provided on site to the extent possible. Dental services, including but not limited to exams and treatment (e.g., emergency fillings and extractions), will be provided by dental personnel licensed to practice in the State of Kansas.

The Wellpath proposed staffing plan includes a dental assistant at each facility (except for Wichita) to assist the dentist, manage the treatment schedule and care requests, and properly maintain and sterilize all equipment.

Quality Improvement

Wellpath will complete regular dental audits to ensure the provision of appropriate services for the KDOC. Dental audits are designed to ensure, at a minimum:

- Proper PPE is worn when treating patients
- Patients are wearing protective eyewear when receiving treatment
- Instruments are properly sterilized
- Instrument counts are logged properly
- Weekly spore counts are conducted regularly
- All nursing staff have completed dental screening training and competency assessment
- Proper maintenance of equipment logs
- Current certifications for anyone taking dental X-rays
- Sharps counts are conducted and logged properly
- Peer reviews are current on the dentist

5.5.1.1 On-Site General Dentistry (RFP PG. 35)

Wellpath will identify, plan and provide for all on-site general dental services to include on-site oral surgery services. Wellpath will be responsible for dental emergencies per established medical protocol.

5.5.1.2 Regional Dental Director (RFP PG. 35)

The Wellpath Regional Dental Director will be responsible for providing clinical oversight regarding off-site dental referral services.

5.5.1.3 Dental Screenings (RFP PG. 35)

Dental screenings will be conducted by Wellpath nursing staff upon the offender's arrival for admission to KDOC in compliance with NCCHC and/or ACA standards.

During the receiving screening, nursing staff will conduct an initial oral screening to identify any complaints needing referral. Offenders will receive a more in-depth oral screening within 30 days of admission during the comprehensive health assessment to identify additional dental needs or required referrals. A qualified healthcare professional will perform the screening and instruct the offender on maintaining proper oral hygiene.

Nursing staff will receive documented training approved or provided by a dentist on performing oral screenings, including questions to ask and what to look for. The oral screening will include:

- Taking dental history
- Documenting evidence of visible cavities/decay, missing restoration, or tissue abnormalities
- Providing oral hygiene instruction and preventive education
- Initiating dental specialist referrals, if needed



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5.5.1.4 Dental Exams - Parole and Conditional Release Violators (RFP PG. 35)

Wellpath acknowledges that parole violators and conditional release violators will be provided a dental examination by a dentist within thirty (30) days of admission, if the last examination was completed more than one year from re-admission date.

5.5.1.5 Initial Dental Examinations and Oral Hygiene Instruction (RFP PG. 36)

Wellpath will provide dental examination and instruction in oral hygiene within thirty (30) days of admission for all newly admitted offenders to KDOC in compliance with NCCHC and ACA standards.

5.5.1.6 Subsequent Dental Examinations and Oral Hygiene Instruction (RFP PG. 36)

Wellpath will provide dental examination and instruction in oral hygiene during the birthday month for all offenders every two (2) years unless required more frequently by NCCHC and/or ACA standards for dental care.

5.5.1.7 Dental Treatment (RFP PG. 36)

Wellpath will provide dental treatment, not limited to extractions, in accordance with a treatment plan based upon established priorities that in the dentist's judgment are necessary for maintaining the offender's health status.

Offenders can request dental services through the sick call process. The dentist will evaluate the offender's initial dental screening, assess the severity of the complaint, and schedule a dental exam. After the exam, the dentist will prioritize and schedule any needed treatment. If it is determined that non-treatment would compromise the offender's health, the appropriate dental services will be provided as soon as possible.

The Classification and Priority Treatment program gives priority scheduling to:

- Offenders who need emergency dental treatment, including but not limited to those with abscessed teeth, trauma, and facial swelling
- Offenders who have chronic medical conditions such as diabetes, heart conditions, or any condition that compromises their immune system

5.5.1.8 Dental Specialist Referrals (RFP PG. 36)

Wellpath dentists will make referrals to dental specialists, as needed.

5.5.1.9 Emergency Dental Care (RFP PG. 36)

Emergency dental services will be available as needed. Medical staff will evaluate the emergency in accordance with dental emergency protocols and will refer the patient to an off-site emergency or

dental provider if clinically appropriate. Wellpath staff will arrange transportation to off-site facilities with KDOC staff, if necessary.

A medical practitioner will evaluate patients in need of emergency dental care, with appropriate intervention until the patient can be seen by a dental practitioner or transferred for emergency care as indicated. Dental needs are categorized as Emergent or Urgent: Emergent intervention is provided within 4 hours; Urgent intervention is provided within 48 hours by a medical practitioner. Emergent and Urgent dental needs will be addressed by a medical practitioner until a dentist is available.

EMERGENT dental conditions include:	URGENT dental conditions include:
<ul style="list-style-type: none"> • Tooth avulsion • Suspected fractured jaw • Difficulty breathing or swallowing due to swelling from tooth abscess • Uncontrollable bleeding • Acute cellulites compromising the airway 	<ul style="list-style-type: none"> • Pericoronitis • Heavy calculus accumulation with inflammation • Visual evidence of decay • Visual evidence of missing filling(s) • Swelling surrounding affected tooth/teeth • Redness of gingival surrounding affected tooth/teeth • Drainage from affected tooth/teeth • Generalized facial/cheek/jaw swelling without compromise to airway

5.5.2 Dentures (RFP PG. 36)

5.5.2.1 Denture Requirements (RFP PG. 36)

Wellpath will provide dentures for offenders requiring dentures for mastication, as approved by the Regional Dental Director.

Previously, Wellpath partnered with the KDOC to establish the KCI Dental Lab for the production of dentures. Dr. Davis (previous CCS Regional Dental Director) and Dr. Fritts were instrumental in developing the Dental Lab. Female offenders who work in the lab receive extensive education on the denture making process and obtain a valuable skill. The affordable dentures and partials produced in the Dental Lab benefit low income recipients.

5.5.2.2 Dentures for Cosmetic Purposes (RFP PG. 36)

Dentures will be provided by Wellpath and paid for by the offender when requested for cosmetic purposes only, as allowed by time and approved by Wellpath's Regional Dental Director.

5.5.2.3 Replacement Dentures Within Five Years of Original Issue (RFP PG. 36)

Dentures older than five years will be replaced, as appropriate if the original dentures were required for mastication and the lost or damaged denture is older than five (5) years. However, if the denture is less than five (5) years old and has been lost or damaged, the offender will be responsible for the cost of the

denture. Lack of the ability of the offender to pre-pay for the denture will not preclude Wellpath from obtaining them.

5.5.2.4 Replacement Dentures Past Five Years of Original Issue (RFP PG. 36)

Wellpath will provide and pay for replacement dentures if the original dentures are required for mastication and the lost or damaged denture is older than five (5) years.

5.5.2.5 KCI Denture Laboratory (RFP PG. 36)

Wellpath will purchase all medically necessary dentures from the **Kansas Correctional Industries (KCI)** denture laboratory at **Topeka Correctional Facility**. Wellpath understands the price of the dentures includes shipping to and from the sites to the denture laboratory. Wellpath will be responsible for the costs of materials required to make casts, molds, and impressions that are sent to the denture laboratory for the manufacture of the final product. Wellpath understands that if dentures are cosmetic and/or an offender is paying for them, he/she may designate the dental department to have the dentures manufactured at an alternative laboratory. In the event KCI is unable to fulfill orders, Wellpath acknowledges it may utilize another vendor with approval from the Director of Health Care Compliance.

5.6 Comprehensive Behavioral Health Services (RFP PG. 36)

5.6.1 Comprehensive, Evidence-Based Behavioral and Mental Health Services and Programming (RFP PG. 36)

Wellpath will provide comprehensive, evidence-based behavioral and mental health services and programming that meet the needs of the total offender population. These services will be provided from the point of entry to a facility through re-entry to the community following discharge. This will include immediate and ongoing treatment for those with an established history of behavioral health needs, as well as a means to assess and provide treatment at any point during an offender's incarceration whether or not they have had any prior history of services.

Wellpath will meet or exceed the standards of care as established by ACA and/or NCCHC for behavioral health care and shall remain current as standards change over time. We have extensive experience providing services in specialized behavioral health units in a variety of settings, and we have reviewed the Behavioral Health specialized housing units found in RFP Appendix I:

KDOC Behavioral Health Specialized Housing Units	
Facility/Unit	Number of Beds
EDCF IRU – C1	64
EDCF IRU – C2	128
LCF – TRU	110
LCF – TRU 2	174
TCF – MH	26
KJCC – MH	15

Services to be provided at all facilities are described below.

5.6.2 Screening (RFP PG. 36)

Screening will be conducted upon intake (inter-or intra-system transfers), with follow-up assessments as necessary. The screening process is the beginning step for identifying those patients with mental and behavioral health issues and identifying those patients who need a more thorough assessment of clinical needs. As such, screenings are an essential process that must be done accurately and timely, and Wellpath ensures that team members receive training on the screening process. Wellpath also monitors both national and correctional trends related to mental health, substance use and suicide trends, and screening tools are updated as needed.

Wellpath understands that times of transition, such as intake or a facility change, can be a stressful time for patients. Our behavioral health team pays particular attention to any adjustment concerns or issues patients may express during the screening process. Services to assist patients experiencing adjustment or any other behavioral health issues will be provided as clinically indicated.

5.6.3 Outpatient, Individualized Services (RFP PGS. 36-37)

Outpatient, individualized services will include, but not be limited to:

- Procedures for obtaining and documenting informed consent.
- Routine assessments that lead to behavioral health diagnoses and appropriate classifications.
- Prompt assessment of emergent offender needs through mental health sick call.
- Individualized treatment planning.
- Psychiatric treatment and monitoring, including the prescribing and availability of appropriate psychotropic medications.
- The provision of evidenced-based group therapy.
- The provision of evidenced-based individual therapy.
- Crisis assessment and interventions.
- Intensive services for offenders in restrictive housing.
- A referral process for individuals whose service needs exceed the capability/design of the facility to which they are assigned.

Wellpath strongly endorses a proactive approach to behavioral health care, built on a foundation of evidence-based assessment and treatment approaches. Treatment plans are developed collaboratively with patients, with the ultimate goals of decreasing the likelihood of crisis events and increasing coping and problem-solving skills, as well as gaining insight and understanding about any diagnosed mental health disorders. Programming may be offered in either individual or group modalities, depending on each patient's specific needs. Individuals who undergo psychological assessment, treatment, and/or other evaluations, such as those for possible civil commitment purposes or for use in parole board deliberations, are provided both written and verbal information related to informed consent procedures. Information provided includes but is not limited to risks and benefits of participating in the clinical contact, along with alternate treatment options and limits of confidentiality. Individuals are also informed they may refuse services or refuse to participate in an evaluation.

Wellpath has extensive experience in psychological assessments and provides a variety of assessment services in many contracts across the country, with both adult and youth patients. Wellpath also provides specialized assessments as needed, including neuropsychological screening and assessment, sex offender evaluations, and developmental disability assessments. Our Wellpath team members who have evaluation and assessment responsibilities are well-versed in various assessment tools, and we will work collaboratively with KDOC to ensure that evaluations and assessments are making use of the most up to date approaches and tools. Of particular note regarding sex offender evaluation and treatment issues, **Dr. Rebecca Jackson, Wellpath Recovery Solutions Director of Sexually Violent Predator Clinical Programs**, is a nationally recognized expert in this area and consults with all Wellpath divisions as needed.

Using results from the Reception and Diagnostic Unit evaluations and any other available assessments, individuals referred for ongoing behavioral health services will meet with behavioral health staff to identify the program and treatment opportunities most suitable for their presenting clinical needs. Such programs may include group and/or individual treatment, with measurable outcomes to assess each patient's progress toward goals. Wellpath utilizes a treatment review committee composed of behavioral health clinical leaders to identify and evaluate evidence-based and evidence-informed treatment programs for their relevance and applicability to justice-involved adults and youth. Approved

programming is included on the Wellpath treatment matrix, organized according to presenting clinical issue/diagnosis, and team members can access information about specific programming and the material needed to facilitate specific programming options.

The results of the Reception and Diagnostic Unit process is only one avenue through which offenders may access clinically indicated services. Offenders may be recommended to the behavioral health team for an evaluation at any point of their incarceration and may also self-refer through use of the mental health sick call process. Sick calls are triaged daily and assessed in terms of the immediacy of response indicated, from emergent, to urgent, to routine. Behavioral health staff offer behavioral health sick call services daily when on site, and those sick calls considered emergent or urgent in nature are followed up by Wellpath nursing staff when behavioral health staff are not on site.

Wellpath is well-versed in assessment and intervening in crisis events. Of particular importance in such situations is an accurate and thorough assessment of the patient's presentation, including a suicide risk assessment. Wellpath has developed specific training modules for our behavioral health staff in responding to crisis events and conducting suicide risk assessments. Other training modules address evidence-based interventions for crisis events. Wellpath makes use of a variety of evidence-based interventions such as Collaborative Safety Planning and Brief Cognitive Behavioral Therapy for patients at risk of suicide.

A key factor in resolving crisis events is to understand what is causing distress for the patient, and then develop a plan of care with interventions designed to decrease the sense of distress experienced. Wellpath Behavioral Health team members also receive training in the importance of ongoing care after a crisis event, to include enrollment in ongoing programming as clinically indicated, and use of the Behavioral Health Special Needs program.

There are times when a patient's clinical presentation and clinical needs exceed the services that can be provided at the current facility. If such becomes the case, the offender's primary behavioral health professional will consult with his or her clinical supervisor to determine the patient's appropriateness for transfer to one of the specialized behavioral health units in KDOC, such as the TRU unit at LCF or the IRU at EDCF, or the specialized units at TCF or KJCC if the patient is a woman or youth, respectively. If a transfer to a higher level of care is indicated, the requesting behavioral health team will follow referral and transfer procedures as outlined in KDOC Policy and Procedure.

If the offender is at a smaller site but may benefit from transfer to a larger site that can offer more robust services but does not appear to present a clinical need for transfer to a specialized mental health unit, the site's behavioral health team will contact the Regional Behavioral Health Coordinator for consultation. Any transfers between sites will follow KDOC policy and procedure and will include appropriate notification to identified KDOC personnel.

Wellpath offers a robust psychiatry program, under the guidance and direction of **Cassandra Newkirk, MD, Chief Psychiatric Officer** and **Johannes Dalmasy, MD, Chief of Psychiatry – Corrections Division**. Drs. Newkirk and Dalmasy emphasize a proactive approach to psychiatry services, including use of evidence-based approaches in the psychiatric management of serious mental illness. Our psychiatry leadership works closely with our Regional psychiatry leadership in operationalizing the Wellpath psychiatry program, and ensure that the Wellpath formulary includes appropriate psychotropic medication, while also ensuring that the Wellpath non-formulary process provides access to psychotropic medications and treatment needed for patients who present with such needs.

Wellpath has developed an approach to treating offenders in restrictive housing units that offers an opportunity to address risk factors that contribute to placements in restrictive housing units and future risk of criminal recidivism, as well as mental and behavioral health issues for offenders in restrictive housing settings that present with those clinical needs. Our behavioral health team members receive training and education specific to working with patients in restrictive housing units, with a particular focus on the risk needs responsivity model and using interventions that target each individual's unique needs.

It is vital to accurately assess patient need and risk of criminal behavior as starting points for determining most effective treatment tracks. Engaging patients proactively in treatment that most effectively addresses treatment needs is a powerful step toward avoiding disciplinary issues and risk of placement in restrictive housing settings. As indicated, patients will be engaged in treatment modalities that build coping and problem-solving skills and are designed to increase the likelihood of making appropriate behavioral choices.

Wellpath relies on evidence-based treatment curricula, with the behavioral health professional utilizing a program that targets the individual's specific treatment needs. We use programming for patients in restrictive housing designed to decrease the likelihood of future placements in restrictive housing units. Wellpath has utilized in-cell programming specifically designed to address the needs of patients held in long-term restrictive housing units. Our programming addresses both mental health and criminogenic needs as important intervention targets in order to reduce recidivism.

Wellpath has had notable success in intensive programming for patients in restrictive housing units in the Maine and Massachusetts Departments of Correction. Wellpath also has a long association with **Dr. Robert Morgan**, a national expert on segregation and restrictive housing, and **John G. Skelton, Jr.** Regents Endowed Professor and Chairman of the Psychology program at Texas Tech University. We have collaborated with Dr. Morgan's team on data collection related to the Changing Lives, Changing Outcomes programs and Dr. Morgan consults with Wellpath on staff training initiatives related to restrictive housing clinical treatment initiatives.

5.6.4 Continuity of Care (RFP PG. 37)

Wellpath will coordinate with the KDOC's discharge planning staff for services to provide continuity of care between the facility and community and will include the involvement of correctional staff (e.g., probation and parole), as appropriate. Wellpath will provide full access (including edit access) to the EHR to all KDOC discharge planners and Central Office Reentry staff overseeing discharge planning work and preparing benefits applications including the SOAR Specialist. Wellpath will ensure the efficient transfer of appropriate medical and behavioral health information to the discharge planners to enable proper continuity of care for offender release planning.

Wellpath understands the essential role that continuity of care planning has in assisting offenders in their transition back to the community. It can be extremely challenging for offenders with serious mental health issues to navigate the community health care system, and engaging in such care after release is a key component in avoiding recidivism. Wellpath has extensive experience in providing continuity of care services in other systems, and we understand the important role that the KDOC discharge planners and Central Office Reentry staff play in assuring the wellbeing of releasing offenders.

Wellpath team members will work closely with KDOC discharge planning staff, to include participation in multidisciplinary team meetings if such is requested, to assist in assuring smooth transitions to community-based services.

5.6.5 Multi-disciplinary Teams (RFP PG. 37)

The Wellpath Behavioral and Mental Health Program makes consistent use of a multidisciplinary team meeting model across all our clinical divisions, and it is our strong belief that the multidisciplinary nature of our approach yields improved patient outcomes. We have found this approach particularly useful in specialized mental health units, substance abuse treatment units, sex offender treatment programs, restrictive housing units, and patients considered at high risk for suicide.

We look forward to partnering with the KDOC on a multidisciplinary approach to patient care and working collaboratively toward achieving optimal patient outcomes. Our approach typically includes team members from behavioral health (including mental health, psychiatry, substance abuse, sex offender treatment, activity therapy), medical, nursing, security, facility administration and others as clinically indicated.

5.6.6 Specialty Care (RFP PG. 37)

Specialty care will be provided appropriate to the facility population. Upon occasion, offenders may present with need for specialized assessment or evaluation, and Wellpath is able to draw from our extensive network of subject matter experts to determine the most appropriate assessment battery for the offender. If our Wellpath team is unable to provide such a service within the facility, we will identify a community provider who has the necessary expertise to provide the needed services. Wellpath has provided care for patients suffering from neurocognitive disorders utilizing the multidisciplinary approach to include continued individualized treatment planning and increased service provision.

Another area of specialized care includes treating those offenders diagnosed with Gender Dysphoria. Wellpath established a **Gender Dysphoria Committee** composed of subject matter experts to consult with site teams who are treating offenders diagnosed with Gender Dysphoria. Most care can be provided on-site, but offenders will be referred for off-site services as needed, such as for endocrinology consults in more complex cases. Sample Gender Dysphoria Plan materials are provided in [Tabbed Attachment M](#). **Please note this information is Confidential & Proprietary.**

5.6.6.1 Female Offenders (RFP PG. 37)

Treatment will be provided for female offenders that is comparable to that offered to males, but which addresses the unique and specific needs of the female population. Women who become justice-involved often present with a notable trauma history and dating back to childhood and continuing through adolescence and adulthood. Wellpath team members are knowledgeable about the potential impact of trauma on individual's coping and mental health, and trauma informed care is a foundational hallmark of our treatment approach to our patients, especially our female and youth patient populations.

Dr. Kevin Huckshorn, Director of Evidence-Based Practices in our Recovery Solutions division is a nationally recognized expert on trauma informed care, publishing and speaking frequently on the topic. Wellpath Recovery Solutions currently provides management, programming, and treatment to hundreds of female patients exhibiting suicidal ideation, self-injurious behaviors, SMI, and/or behavior management issues at six locations in five states. Wellpath currently uses DBT-based techniques and trauma-informed interventions to help patients experience greater safety, trust, and engagement in services, collaboration with providers, empowerment, recovery, and healing. Trauma-informed and recovery principles are used in assessment, treatment planning, crisis intervention, treatment programs, and discharge planning. Wellpath provides a gender sensitive environment consistent with evidence-based practices to:

- Establish a safe physical and emotional environment, where basic needs are met, safety measures are in place, and staff responses are consistent, predictable, and respectful
- Understand how cultural context influences perception of and response to traumatic events and the recovery process
- Provide opportunities for patients to make daily decisions and participate in the creation of personal goals
- Recognize that healing happens in relationships and promote healthy relationships among patients through modeling pro-social behaviors and offering directed activities
- Empower patients to make decisions on treatment, generating a greater incentive to meet treatment goals

Our treatment goals include helping patients understand the impact that past trauma has on coping, problem solving, health and mental well-being, while also providing hope that trauma does not need to define one's future. This approach emphasizes empowering those patients who have experienced trauma to develop self-confidence, learn healthy coping and problem-solving skills, and set goals and expectations for themselves and for those with whom they develop relationships.

5.6.6.2 Juvenile Offenders (RFP PG. 37)

Wellpath has extensive experience providing evaluation and treatment services to youth populations, including through our contracts with the Louisiana Office of Juvenile Justice, the Maine Department of Corrections, and the Illinois Department of Youth Services where our focus is on psychology and psychiatry.

Treatment will be provided for juvenile offenders that addresses developmental as well as general behavioral health needs and will be built on a foundation of trauma informed care. Of particular importance is the role of family in the youth's life, and Wellpath will work closely with KJCC staff on family connections, family education, reunification and continuity of care services for youth transitioning back to family settings in the community.

Wellpath has developed an education and training program for staff working with justice-involved youth, and we look forward to collaborating on training initiatives as needed. Particularly important in any such training is to focus on developmental stages as well as how presentations of mental health diagnoses can differ between adults and youth. Equally important is information on childhood trauma and its impact on childhood and adolescent development, as well as approaches to trauma informed

care.

Wellpath focuses on evidence-based treatment for justice-involved youth and utilizes a treatment review committee composed of Home Office and Regional leaders to evaluate various programs for use in our youth-oriented justice contracts.

5.6.6.3 Reintegration Programming LCF TRU, LCF TRU-II, EDCF IRU, TCF MH Unit, and KJCC MH Unit (RFP PG. 37)

Wellpath will provide specialized programs focusing on reintegration for the LCF TRU, LCF TRU-II, EDCF IRU, TCF MH Unit, and KJCC MH Unit. Wellpath has extensive experience developing and managing specialized mental health units for men, women and youth in various contracts. Of note, **Charlene Donovan, Ph.D., RN, MSN, PMHNP-BC, Vice President of Behavioral Health** and former LCF MH Clinical Supervisor, was directly involved in the development and opening of the original LCF TRU. Several current Wellpath team members have been involved in various KDOC specialized mental health units, including **Dr. Ikpe-Welch, Dr. Renee Prew, Dr. Robyn Hodges, Dr. Charles Zaylor, Michelle Reed, and Cheri Jaynes.**

Maine DOC

Additionally, to increase the availability of mental health services, Wellpath assisted in the establishment of a 30-bed Intensive Mental Health Unit (IMHU) within the Maine State Prison (MSP) to provide intensive mental health treatment services for justice-involved individuals. Although Wellpath was providing medical and mental health treatment to patients housed at MSP on the existing mental health unit, the IMHU allowed for an enhancement of intensive mental health treatment to patients.

The IMHU established a supportive and safe environment in order to provide comprehensive psychosocial rehabilitation and recovery services for justice-involved individuals suffering from severe and persistent mental illness, including those with psychiatric disabilities, cognitive limitations, and extreme behavioral problems. The IMHU level system is designed to motivate patients on the unit to improve and maintain appropriate behaviors. The system measures progress, motivates patients to comply with treatment, and rewards them when they do. Wellpath' achievements at the IMHU include:

- Developing a specialized unit that effectively addresses a range of psychiatric and characterological problems
- Reducing usage of correctional staff for management of difficult patients with acceptance of IMHU by correctional staff
- Introducing tele-consultation to facilitate communication with families and significant others who were resources for patients, but living a significant distance from the IMHU
- Virtually elimination of significant incidents, such as fighting and assaults
- An approximate 83% reduction in off-site emergency trips related to self-injurious behavior within six months of opening
- An approximate 50% reduction in the number of patients refusing medication

The IMHU aims to address acute and chronic conditions in a humane manner with the goal of functioning safely and productively within the least restrictive environment. Treatment interventions

utilized involve a person-centered, holistic, rehabilitative approach to care. Wellpath works in conjunction with the Department of Health and Human Services to provide a treatment facility for those not only housed within the Department of Corrections, but those involved in the justice system (i.e., jails) who need a safe and secure placement for the treatment of their mentally ill patients. Services include: assessment, individual and group therapy, vocational opportunities, education, medication management, medical care, case management, discharge planning, library and peer mentorship.

Massachusetts DOC

Wellpath works collaboratively with the Massachusetts DOC in a variety of MH Treatment Units, to include specialized mental health units for both male and female patients, as well as specialized units for patients who present with both significant mental health issues, significant personality disorders, and disciplinary issues. Our focus in these units is to offer small staff to patient ratios to allow for significant levels of daily therapeutic interaction, paired with targeted interventions focused on presenting clinical and behavioral issues. We also work cooperatively with the MA DOC when patients require transfer to a higher level of care, and coordinate directly with the treatment staff at Bridgewater State Hospital when patient transfers occur.

Orleans Parish, Louisiana

Wellpath also established a 39-bed mental health unit (HSU-2) with a 64-bed mental health reintegration unit for Orleans Parish, Louisiana. The goal of HSU-2 is to provide increased treatment and support to offenders unable to manage in general population due to acute mental illness. HSU-2 functions mainly as a stabilization unit and the ultimately all patients are to be transitioned back to general population. Upon return to the main jail, patients are housed in a step-down unit designed to slowly reintegrate the patient in to general population. Patients in the step-down unit participate in evidenced-based group programming, activity and recreational therapy, and the Special Needs Behavioral Health program. A multidisciplinary treatment team led by the psychiatrist and comprised of both Wellpath and Orleans Parish staff meets weekly to discuss the patients' progress through the program and eventual integration into general population.

Louisiana Office of Juvenile Justice

In terms of youth programming, Wellpath has extensive experience in specialized behavioral health units targeting justice-involved youth. Wellpath has collaborated with the Louisiana Office of Juvenile Justice (LA OJJ) at the Swanson Center for Youth (SCY) in Monroe to establish two mental health units designed to provide treatment to patients with an increased mental health needs. The Mental Health Treatment Unit (MHTU) is a self-contained unit that offers a mental health treatment program administered and managed by Wellpath with collaborative services provided by the LA OJJ. The MHTU provides close monitoring, evaluation, and treatment for male adolescents diagnosed with mental illness that significantly impairs their cognitive, emotional, and/or behavioral functioning in the juvenile secure care setting. The treatment program at the MHTU is based on a commitment to respecting the dignity of each youth while promoting individual personal development.

The goal of the MHTU is to reduce the negative effects of mental illness while teaching and reinforcing prosocial skills to improve the functioning of each youth. The program also aims to reduce risk factors related to delinquency. The objective of treatment is to improve the youth's level of functioning such

that living in a less structured environment such as the general population of a secure care setting or the larger community once released is possible. This mission is accomplished by increasing emotional and behavioral stability, teaching social and coping skills, and helping youth generalize acquired skills to prevent relapse after they leave the MHTU.

The Transitional Mental Health Treatment Unit (TMHU) is an open campus transitional unit that supports the transition from a structured self-contained mental health treatment program to a less restrictive but equally supportive open campus structured program. The TMHU provides support, monitoring, evaluation, and treatment for adolescents diagnosed with mental illness as they make the transition from the Mental Health Treatment Unit (MHTU).

The goal of TMHU is to assist youth in maintaining gains achieved in the Mental Health Treatment Unit where they received specialized care to reduce the negative effects of mental illness by continuing to increase emotional and behavioral stability and encouraging youth to use higher order thinking, and generalization of the social and coping skills learned in MHTU. This generalization of acquired skills will allow them to maintain gains achieved and prevent relapse into past behaviors.

Both MHTU and TMHU utilize a combination of services including medical, counseling, psychiatry, psychopharmacological, psychological, nursing, social work, educational, security, spiritual/religious, and recreational services as part of treatment. Every member of the staff assigned to the unit is considered part of the interdisciplinary treatment team. Motivational Enhancement, Cognitive Behavioral Therapy, and Dialectical Behavior Therapy form the core of treatment along with sensitivity to multicultural issues.

The underlying assumption of treatment is that the issues that prevent youth from functioning adequately are cognitive, emotional, and behavioral in nature and that all three of these areas must be addressed with youth with a concomitant awareness of the youth's motivation to change. All services are closely coordinated with OJJ staff to ensure continuity of care across various environments the youth may participate in while assigned to the care of OJJ.

All treatment is based on the following five core functions:

- Motivating and engaging youth and family and/or guardians
- Motivating and engaging staff
- Assisting youth in acquiring skills to afford them a wider array of cognitive, emotional, and behavioral responses
- Structuring the environment so that pro-social thinking and behavior is promoted, practiced, and reinforced
- Assisting youth in generalizing skills learned so that new behaviors can transcend the immediate treatment environment and have more potential for long-term effects

We have found these units benefit from consistent team assignments, with ongoing therapeutic contact throughout the day as well as clinical team involvement in educational multidisciplinary meetings. Collaboration remains important in developing each youth's individualized treatment plan, and token economies have proven quite useful with this population.

Overall, Wellpath provides evidence-based, multidisciplinary behavioral and mental health services in a variety of locations across the country. We work collaboratively with patients to develop individualized treatment plans, and the treatment teams develop daily program schedules that offer programming relevant to all offenders, while primary therapists work generally in individual modalities to address patient specific goals. These programs include activity and recreational therapy programming that can focus on socialization and communication skills. The following is an example schedule.

Monday	Tuesday	Wednesday	Thursday	Friday
8:00am – Wellness/Health 3B on tier	8:00am – Wellness/ Health 3B on tier	8:00am – Wellness/Health 3B on tier	8:00am – Wellness/Health 3B on tier	8:00am – Wellness/Health 3B on tier
9:00am – 3E/F Substance Abuse on 3 rd Floor Multi- purpose Room	9:00am – 3 E/F IMR on 3 rd Floor Multipurpose Room	9:00am – Relaxation 3B on tier	8:30am – 2E Mental Health Group in 2E/F Interview Room	9:00am – Relaxation 3B on tier
9:00am – Relaxation 3B on tier	9:00am- Relaxation 3B on tier	10:00am – Recreational Therapy 3D on 3 rd Floor Multi- Purpose Room	9:00am – Relaxation 3B on tier	9:00am – 2D Mental Health 2C/D Interview Room
		10:00am – 4D Mental Health 4C/D Interview Room	9:00am – 3D Music Therapy 3 rd Floor Multi- purpose Room	9:00am – 2F Mental Health Group in 2E/F Interview Room
			9:30pm – 2E Mental Health Group in 2E/F Interview Room	10:00am – Recreational Therapy 3D on 3 rd Floor Multi- Purpose Room (E. Smith
			10:00am – 4C Mental Health 4C/D Interview Room	
10:00am- Psychotherapy 3B 3 A/B Interview Room	10:00am – 3D Music/Activity on 3 rd Floor Multi- purpose Room	10:00am – Psychotherapy 3B A/B Interlock Room	10:00am – 3 E/F Skill Building on 3 rd Floor Multi- purpose Room	10:00am – Motivation 2A on 4 th Floor Multi- Purpose Room
10:00am – Motivation 2A on	10:00am- Psychotherapy		10:00am – Music Therapy 2A on 4 th	10:30am – 4B Mental Health

Monday	Tuesday	Wednesday	Thursday	Friday
<p>4th Floor Multi-purpose Room</p> <p>10:00am – 3D Substance Abuse</p> <p>3rd Floor Multi-purpose Room</p> <p>11:00am – 4A Peer Support on 4th Floor Multi-Purpose Room</p> <p>11:00am – 3E/F Music/Activity on 3rd Floor Multi-Purpose Room</p>	<p>3B A/B Interlock Room</p> <p>10:00am – Music Therapy 2A on 4th Floor Multi-purpose Room</p> <p>11:00am – 3D Peer Support on 3rd Floor Multi-purpose Room</p>	<p>10:00am – Anger Management 2A on 4th Floor Multi-Purpose Room</p> <p>11:00am – 4E/F Peer Support on 4th Floor Multi-Purpose Room</p> <p>11:00am – 3E/F Music/Activity on 3rd Floor Multi-Purpose Room</p>	<p>Floor Multi-Purpose Room</p> <p>11:00am – GP Male Music Therapy Group 4th Floor Multi-Purpose Room</p> <p>11:00am – 3 D/E/F Choir on 3rd Floor Multi-Purpose Room</p>	<p>4A/B Interview Room</p> <p>11:00am – 4E Mental Health in 4th Floor Multi-Purpose Room</p> <p>11:00am – 3D Music/Activity on 3rd Floor Multi-Purpose Room</p>
<p>1:00pm- Motivation 3B on tier</p> <p>1:00pm – 3E/F Anger Management on 3rd Floor Multi-purpose Room</p> <p>1:00pm – 2A Psychotherapy 4th Floor Multi-purpose Room (Kaila)</p> <p>2:00pm – 3D Music/Activity on</p>	<p>1:00pm – Self-Expressive 3B on tier</p> <p>1:00pm – 3E/F IMR 3rd Floor Multi-purpose Room</p> <p>1:00pm – GP Male Music Therapy Group 4th Floor Multi-Purpose Room</p> <p>2:00pm – Music Therapy 3B 4th Floor Multi-Purpose Room</p> <p>2:00pm – 3D Psychotherapy:</p>	<p>1:00pm – Anger Management 3B on tier</p> <p>1:00pm – 3D Music/Activity on 3rd Floor Multi-Purpose Room</p> <p>1:00pm – 2A Psychotherapy 4th Floor Multi-Purpose Room (Kaila)</p> <p>2:00pm – 3D Skill Building on 3rd Floor Multi-purpose Room</p>	<p>1:00pm – Social Skills 3B on tier</p> <p>1:00pm – 3E/F Seeking Safety 3rd Floor Multi-Purpose Room</p> <p>2:00pm – 3A Mental Health 3A/B Interview Room</p> <p>2:00pm – Music therapy 3B 4th Floor Multi-purpose</p>	<p>1:00pm – Leisure Education 3B on tier</p> <p>1:00pm – 3D Seeking Safety on 3rd Floor Multi-Purpose Room</p> <p>1:00pm – 2A Psychotherapy 4th Floor Multi-Purpose Room (Kaila)</p> <p>2:00pm (Sunday) – 2C Juvenile Group Therapy (TBD)</p>

Monday	Tuesday	Wednesday	Thursday	Friday
3 rd Floor Multi-purpose Room	IMR 3 rd Floor Multi-Purpose Room 4:00pm – 2C (Juveniles) Music/Activity on Tier 2C	2:00pm – 4A Mental Health 4A/B Interview Room	2:00pm – 3D IMR 3 rd Floor Multi-purpose Room	2:00pm – 3D DBT on 3 rd Floor Multi-Purpose Room 4:00pm – 2C (Juveniles) Music/Activity on Tier 2C
8:00pm – 1A Substance Abuse/Mental Health 4A/B Interview Room	7:00pm – TDC Dual Diagnosis (TBD) 8:00pm – 1 B Substance Abuse/Mental Health 1A/B Interview Room	7:30pm – 2C (Juveniles) Decision Making on Tier 2C 8:00pm – 1C Substance Abuse/Mental Health 1C/D Interview Room	7:00pm – TDC Dual Diagnosis (TBD) 8:00pm – 1D Substance Abuse/Mental Health 1C/D Interview Room	8:00pm – 1E Substance Abuse/Mental Health 1E/F Interview Room

Wellpath has developed continuous quality improvement measures specific to the various specialized mental health units across Wellpath divisions in order to closely examine patient outcomes in these units. We would look forward to collaborating with KDOC healthcare leaders as needed regarding the existing quality improvement program for the KDOC specialized mental health unit.

5.6.6.4 Specialized Programs (RFP PG. 37)

Wellpath will provide specialized programs for offenders who are placed at facilities for geriatric, cognitively impaired, intellectually disabled, or for offenders with dementia (EDCF Oswego, WCF, TCF) including mental health therapy and activity/recreational therapy services. Wellpath has found that these patient groups respond very well to activity and recreational therapy services given their emphasis on socialization, communication and social skills. Wellpath has also identified evidence-based treatments that are designed for these patient groups, and these are included as part of the Wellpath approved treatments program. Key to the success of these programs are frequent contacts with treatment staff, with staff involved in briefer clinical interactions that occur more frequently.

5.6.7 Continuous Quality Improvement Program – Behavioral Health (RFP PG. 37)

Wellpath will have in place a continuous quality improvement (CQI) program that relates specifically to the identified behavioral health needs or issues at each site. Wellpath will also provide general

monitoring of common CQI elements throughout the state. See [Section 5.10 – Quality Improvement Program](#).

5.6.8 Mental Health Screens (RFP PG. 37)

5.6.8.1 Mental Health Screen at Entry (RFP PG. 37)

Upon entry to any facility, a Wellpath mental health trained or qualified mental health care provider will provide all offenders a mental health screen to identify emergent mental health concerns as well as relevant mental health history. Wellpath views the screening process as essential for initiating clinically indicated behavioral health care. Wellpath provides education and training to our team members who conduct these screening assessments, with emphasis on screening for suicide risk red flags.

Guidelines for referrals are also provided, and the prevailing Wellpath guideline is “when in doubt – make the referral!” Our team members are encouraged to refer on for further behavioral and mental health assessment if there is any concern about an offender’s presentation or response to screening questions. As noted previously, Wellpath recognizes that transition points can be challenging in terms of adjustment concerns, and our team members will work with these offenders in their adjustment process to the facility.

5.6.8.2 Mental Health Screen – File Review and Face-to-Face (RFP PG. 37)

The mental health screen will include a file review as well as face-to-face interview. The Wellpath training program underscores the importance of the file review in the screening process given the relevance of information about past functioning in the facility. In other jurisdictions, Wellpath has deployed a receiving screen tool that alerts the intake staff in real time if responses to certain, key questions differ from prior responses in past intake events. This allows the intake staff to focus on these key areas (such as prior suicide attempts) to determine the reason for the difference in responses while also deciding the best course of action to maintain patient safety.

5.6.8.3 Screening Process (RFP PGS. 37-38)

The following will be included as part of the screening process, with documentation of the findings made by the screener:

- a. Current suicidal ideation or a history of suicidal behaviors.
- b. Current or recent prescription(s) of psychotropic medication(s). Offenders that present with a current prescription for psychiatric medications, are to be referred to psychiatric staff for a medication evaluation (to be completed within 72 hours of the referral).
- c. Current or recent reports of, or treatment for mental health problems.
- d. Any history of inpatient or outpatient mental health treatment.
- e. Recent pattern of alcohol or substance use, as well as any history of substance used disorder treatment.
- f. A report of the appearance and behavior of the offender, including level of consciousness, any evidence of abuse or trauma, any displayed or suspected symptoms of psychosis, depression, anxiety or aggression.

- g. Offenders exhibiting signs of acute mental illness, psychological distress, or danger of harm to self or others are to be immediately referred to the behavioral health staff for further assessment.
 - 1. For emergent issues, an assessment is to be completed as soon as possible (within 1-hour).
 - 2. Offenders who self-report (or have a known history within the preceding two years of) suicide attempts, non-suicidal self-injury, psychiatric hospitalizations or having been prescribed psychotropic medications, shall be referred to the behavioral health staff for further review as a non-emergent referral.
 - 3. For non-emergent issues with adults, a face-to-face assessment is to be completed the same day, when possible, but no later than 24-hours after the identification of the issue.

5.6.9 Intra-system Transfers and Receiving (RFP PG. 38)

Wellpath will provide any currently incarcerated offender being transferred, who has been receiving behavioral health treatment or is prescribed psychotropic medication, a brief review and synopsis of their care communicated to the appropriate behavioral health staff at their destination site, prior to their transfer. These warm hand-off contacts will be documented in the offender's health record, to include the name of the Behavioral Health Professional contacted at the receiving facility.

All offenders received who have been receiving behavioral health treatment or have been prescribed psychotropic medication will have their behavioral health record reviewed by Wellpath behavioral health staff within 12 hours of arrival at their destination site to ensure continuity of care. Appointments and follow-up care will be made to ensure ongoing care with the least interruption (including the ongoing prescribing and receiving of psychiatric medications as well as individual therapeutic interactions).

Offenders who have an active behavioral health treatment plan will meet with his or her assigned Behavioral Health Professional to review the treatment plan and make any changes indicated based on the patient's progress toward goals and any updates that are indicated based on programming available at the receiving facility. The assigned Behavioral Health Professional will also assure that offenders involved in the Special Needs Program at the sending facility will be enrolled in the Special Needs Program at the receiving facility.

All new intakes and transfers will be reviewed weekly as part of the clinical team meeting to ensure that all indicated services and programs are initiated for the offender.

5.6.10 Behavioral Health Appraisals (RFP PG. 38)

Wellpath will ensure all offenders admitted to any facility as parole-, post release-, or condition-violators ("PV &/or "CV") have a behavioral health appraisal completed within 14 days of admission, unless one was completed within the preceding 90 days. The appraisal shall include at a minimum:

- a. Review of the offender's most recent mental health screening and RDU report.
- b. Intake interview and a review of any new file or correctional information to determine any changes from the most recent RDU report.
- c. A written summary of the above interaction and reviews with recommendations for follow-up treatment or programming needs, or a follow-up mental health evaluation.

Offenders admitted with verified psychotropic medication will be referred to psychiatric staff to continue psychiatric services. These offenders will also be reviewed as part of the weekly clinical team meeting to ensure all clinically indicated services are initiated for these patients. A primary Behavioral Health Professional will also be assigned to work collaboratively to develop an individualized treatment plan, and those who present such a need will be enrolled in the Special Needs Program.

5.6.11 Mental Health Evaluations (RFP PG. 38)

Offenders referred either internally (i.e., through the Behavioral Health Appraisal process) or from the RDU as needing further mental and behavioral health services, will be provided a mental health evaluation within 14 days of the referral or arrival at the facility.

At a minimum, Wellpath's evaluation will include a review of the screen, appraisal and/or RDU report, and direct observation of the offender's behavior, completion of a clinical interview, and the collection and review of additional data (as appropriate) which may include further personality, intellectual, developmental or functioning assessments/tests, compilation of the individual's mental health treatment history, and development and implementation of a treatment plan, or the review and update of an existing treatment plan to address the identified needs, and which includes all appropriate professions involved in the individual's mental health treatment.

As above, these offenders will also be reviewed as part of the weekly clinical team meeting to ensure all clinically indicated services are initiated for these patients. A primary Behavioral Health Professional will also be assigned to work collaboratively to develop an individualized treatment plan, and those who present such a need will be enrolled in the Special Needs Program.

5.6.12 Mental Health Classifications (RFP PG. 38)

Wellpath acknowledges:

Mental health classifications shall be assigned within 14 days of admission to any facility and updated at least once every 120 days.

Mental health classifications will be reflective of any facility or unit restrictions based on medication issues and overall level of mental health functioning. Wellpath will utilize the KDOC classification systems and determine each offender's mental health treatment needs, housing and placement needs, employability limitations, functional ability limitations, and referral to treatment as indicated. Wellpath will also incorporate the age of offender, mental illness, cognitive disability, and intellectual disability in the mental health classification.

Wellpath's classification report (submitted via the EHR) will interface and update the classifications into the OMIS/JJIS system.

5.6.13 Mental Health Sick Call (RFP PG. 39)

Wellpath will provide a process by which offenders can request mental health services daily. Requests will be triaged by a Wellpath mental health trained or qualified mental health care provider within 24 hours of being received, with the results of the triage being documented (determination of the request as being emergent, urgent or routine, and the disposition – referral or appointment made, or the offender seen).

A priority system for requests will be in place with emergent and urgent requests being seen as soon as possible, and routine requests being seen within the same or next business day.

Mental health sick call will be held in a clinic setting, at least five days per week at each facility.

For requests for psychotropic medications or when a referral for a psychiatric medication review / assessment is indicated, referrals to Wellpath psychiatry staff or a Wellpath psychiatric nurse will be completed within seven days from the sick call appointment unless the referral is considered emergent or urgent.

Emergent/urgent referrals shall be seen by Wellpath psychiatry staff within 72-hours of the referral.

Wellpath understands there are no co-pays for mental health sick call.

5.6.14 Crisis Intervention (RFP PGS. 39-40)

Wellpath will ensure that crisis intervention services are available 24 hours per day, seven (7) days per week with the following minimal expectations:

- a. Each facility is to have behavioral health staff available via an on-call schedule prepared at least monthly, with staff able to respond and report to the facility within one hour of being called.
- b. Monthly on-call schedules are prepared to provide psychiatric coverage via telephone, telehealth, or in-person visits. We acknowledge response from the on-call provider is expected to occur by whatever means is feasible within 15 minutes of being contacted by a site or behavioral health staff.
- c. Staffing coverage at a Master's level will be provided at a minimum of 16 hours per day, on-site, seven days per week at EDCF, HCF, KJCC, LCF, and TCF to assess, treat and collaborate with nursing and other staff as appropriate on the provision of care for any offender on crisis status. During the daily review of individuals on crisis level monitoring, psychiatry shall be actively involved (via telephone, tele-psych, or in-person) to determine the appropriate crisis level (remain the same, increase or decrease) for each offender.
- d. Staffing coverage at a Master's level will be provided at a minimum of eight hours per day, on-site, Monday through Friday at ECF, EDCF-Oswego Unit, LCMHF, NCF and WCF, to assess, treat and collaborate with psychiatry, nursing, and other staff as appropriate on the provision of care for any offender on crisis status.
 - (1) Offenders on crisis status over the weekends and/or holidays at these facilities are to be seen by nursing staff each day, consulting via telephone with the on-call behavioral health staff regarding their status or need for more specialized assessment/intervention. The

review and results of the consultation are to be included as part of the nursing staff's documentation.

When responding to crisis situations and ongoing crisis reviews, Wellpath staff will actively collaborate with security, the unit team, nursing and other staff as appropriate to provide a consistent, unified approach in de-escalating the situation and resolving the symptoms and/or behaviors that precipitated the crisis.

Wellpath has an extensive education and training program for behavioral health team members (the Wellpath Clinical Academy) that covers responding to crises, conducting effective suicide risk assessments, and brief clinical interventions that focus on reducing patient distress and increasing focus on problem solving and coping skills, such as Collaborative Safety Planning. Wellpath team members are trained to focus on patient safety as the ultimate goal of any crisis assessment, utilizing mental health and suicide watch procedures as clinically indicated.

Suicide Awareness and Prevention

Suicide is a leading cause of death in correctional facilities, and Wellpath takes suicide awareness and prevention very seriously. Wellpath has adopted and utilizes the Zero Suicide Model across our enterprise as a guiding framework for an active, multidisciplinary approach to suicide risk reduction. Our program emphasizes adopting a culture in which any suicide is unacceptable, while focusing on training our staff, identifying patients at risk for suicide, engaging patients in evidence-based treatment designed to mitigate risk, safely transitioning patients to care in the community upon release from custody and ongoing analysis of all of these efforts.

The Wellpath Suicide Risk Reduction Program includes written, defined policies and procedures that address education, screening, on-site intervention, special needs treatment plans, and scheduled on-going care, and includes continuous quality improvement measures deployed according to a regular schedule as well as ad hoc reviews when indicated. Risk of patient suicide in prison settings varies across the incarceration period, with the initial several days after admission or transfer to a facility, when patients receive negative news, or if they become fatigued or overwhelmed by the experience of being incarcerated all being high risk times. Wellpath trains our team members to "be in the moment" with our patient population, to be aware of risk factors and to act with urgency if any concern arises about a patient's safety. Wellpath utilizes evidence-based interventions and treatments such as, but not limited to, Brief-CBT and Collaborative Safety Plans, to work with patients to mitigate suicide risk, reduce mental health symptoms, and develop and enhance coping and problem-solving skills.

Suicide Risk Reduction training is a mandatory part of Wellpath new employee orientation and is also required annually for all Wellpath employees and subcontractors. Wellpath offers additional training opportunities on a quarterly basis, along with special programming during Suicide Prevention Month each September. Wellpath is also working with the American Foundation for Suicide Prevention to identify programming that can be offered directly to our patient population to learn more about suicide and suicide prevention. Wellpath is also able to work directly with the KDOC to provide suicide risk reduction training to staff and officers if such is requested.

The Suicide Risk Reduction Program teaches how to recognize when a patient needs emergency mental health care, based on questions asked during the receiving screening and any warning signs of self-harming behavior. Similar assessment approaches are also utilized if concern for risk of suicide arises at

any point in the patient's incarceration. Any patient who is determined to be a suicide risk will be placed on suicide watch until they are evaluated by behavioral health staff and ultimately cleared by the psychiatric provider, psychiatric clinician, or doctorate level psychologist. Patients may report suicidal ideation to medical, mental health, or security personnel. Concerns expressed by family members and/or correctional personnel prompt follow-up and documentation from Wellpath staff. We take such reports very seriously as often patients may be more open with family or friends about their thoughts of suicide and these types of referrals warrant significant caution by the MHP when assessing the patient's overall risk status.

Our organization has had notable success in implementing the Zero Suicide Model across sites in order to provide a program that continually works on enhancements and improvements at a variety of key points in the suicide risk reduction process. While Wellpath is proud of our success in reducing suicides in our facilities, we deem the only acceptable number of suicides to be zero, and we continually improve our efforts towards suicide awareness and suicide risk reduction.

5.6.15 Inmate Companion Program (RFP PG. 40)

Wellpath understands the KDOC has implemented an offender companion program to supplement the oversight and supervision of offenders placed on crisis level supervision.

An interesting note, **Dr. Charlene Donovan, VP of Behavioral Health Services** and former LCF Mental Health Clinical Supervisor, designed an earlier version of an inmate companion program for LCF that was utilized in the late 1990s. We appreciate that KDOC has opted to once again implement an inmate companion program on a larger scale, and we look forward to working collaboratively on this program. We will ensure that designated behavioral health staff are certified to provide the Mental Health First Aid program, or we will work with community trainers to provide this program.

At sites where the offender companion program is active, Wellpath behavioral health staff will work cooperatively with KDOC staff in implementing the following:

- a. Complete file reviews and individual interviews of offenders who have been nominated for, or applied for, inclusion in the program as a companion.
- b. Completion of a brief report concerning the suitability of each candidate reviewed for the program.
- c. Provide training in "Mental Health First Aid" (4 hours) and "Suicide Prevention" (2 hours) for offenders enrolled in the program.
- d. Regularly attend and participate at meetings of the Offender Companion Program Committee.
- e. Provide debriefing services for the offender companions within 24 hours of being notified of a companion's use (to debrief on any issues, concerns or trauma related processes that arose as a part of the offender's work).
- f. Maintain statistical information regarding the number of reviews/interviews, training, and debriefings completed, with the results compiled on a monthly basis and provided to KDOC and/or the contract monitors.

5.6.16 Mental Health Special Needs Clinics / Special Needs Treatment Plans (RFP PGS. 40-41)

Wellpath will provide oversight and care for offenders presenting with severe & persistent mental illnesses (SPMI), as well as others who are identified as needing special monitoring and a multi-disciplinary approach to care, through special needs clinics that include at a minimum the development, implementation and maintenance of special needs treatment plans that conform to professional standards and:

1. Are developed and implemented within fourteen (14) days of the RDU report being completed, or within fourteen (14) days of the mental health need having been identified/diagnosed.
2. Are individualized with input from the offender and multi-disciplinary team (MDT).
3. Include strengths as well as targeted symptoms and/or behaviors.
4. Include short- and long-term goals, the methods and interventions by which these goals will be pursued, the frequency of meetings to implement the methods and interventions, and the individuals responsible for the oversight of each goal.
5. Are inclusive of all aspects of mental health care, including psychiatry, individual/group psychotherapy, psycho-educational activities, therapeutic recreation/activities, and other specialties/treatments as individually indicated.
6. Are reviewed and updated at least once every ninety (90) days.

If acceptable to the KDOC, Wellpath will utilize the current Mental Health Classification systems in place with the KDOC and KJA but can discuss upon transition any changes that need to be made. Wellpath will update Mental Health Classification ratings for individuals as clinical conditions warrant, such as in the case of enrolling an individual in the special needs program, placing an individual in a specialized mental health unit, removing an individual from the special needs program due to presence of stability and improvement in daily functioning, and after completion of the RDU evaluation process. Mental Health Classifications for individuals who meet criteria for SPMI will be reviewed and updated as needed every 120 days or more frequently as clinically indicated. A parallel process will be established at the KJA facilities, and the Mental Health Classification of youth designated as SED will be reviewed every 120 days as well and updated as needed.

Determination of initial Mental Health Classification and evaluation of the ongoing accuracy of a current Mental Health Classification requires that a licensed behavioral health professional who is familiar with the individual consider a variety of factors related to a person's functioning. These factors can include:

- presence of a mental or personality disorder and the level of severity of the disorder,
- impaired intellectual or cognitive functioning,
- presence of traits or factors such as age that would suggest vulnerability to exploitation in a correctional setting, and
- presence of psychosocial stressors (either acute or chronic) that are likely to impact functioning; such factors are taken into account when determining an individual's Mental Health Classification.

Typically these determinations are relatively straightforward as each individual involved in the special needs program and designated as SPMI or SED is seen on a monthly basis by a member of the behavioral

health and is well-known to the primary therapist. This schedule of visits will be continued by Wellpath in the new contract, and special needs visits will continue to target skill development in identified deficit areas with overall goals of improving daily functioning in the immediate timeframe and addressing criminogenic factors across a longer timeframe. Wellpath currently utilizes such evidenced based programming designed for lower functioning individuals and these programs will be continued.

Classification information will be entered in the individual's health record; this information will transfer to the OMIS and the JJIS system through an interface connecting the two systems.

It is essential to ensure our assessment of an individual's status as meeting criteria for Serious and Persistent Mental Illness (SPMI) or Severely Emotionally Disturbed (SED) meets the criteria set forth by community providers. Wellpath is proud of our efforts in contracts across the nation to work cooperatively with community behavioral health agencies to be good partners in terms of the quality of our assessments. Our community partners understand we have a solid foundation for our needs assessments and engage in appropriate referrals to their agencies. We are successful in these endeavors because we make it a priority to ensure that we correctly classify the status of our behavioral health clients.

The tools like the Independent Living Skills Survey (ILSS) and the Child and Adolescent Functional Assessment Scale (CAFAS) are validated instruments. They are time-consuming to complete. We look forward to a discussion with KDOC regarding the use of such a tool and the ability to adapt components from these scales, paired with Kansas specific criteria, to develop a functional assessment tool that meets the needs of KDOC. Results of the screening tool will be included in the RDU evaluation report in OMIS/JJIS and the individual's health record. This tool may be utilized by the discharge planners under the direction of a Behavioral Health Professional as appropriate in ongoing discharge planning efforts.

The presence of a diagnosis of Pedophilia or Sexual Disorder NOS (Hebephilia) will prompt further assessment by the Wellpath Forensic Psychologists associated with the sexually violent predator commitment act for civil commitment proceedings. Because of the seriousness of these diagnoses, it is essential that assessments that result in these diagnostic profiles are accurate. It is beneficial to obtain a second opinion regarding the accuracy of the diagnoses, therefore such cases will be referred to the RDU Psychiatrist or Psychologist will review each of these cases to provide a confirmatory assessment and ensure that such diagnoses are assigned appropriately.

Wellpath plans to ensure that receiving facilities are alerted to any imminent issues of concern upon an individual's transfer to another facility/housing unit. Such contact will be via telephone call or secure email exchange. The Wellpath goal is for the RDU Behavioral Health management team not be surprised by any individual who arrives with notable behavioral health, programming or discharge planning needs.

Wellpath has developed specific education and training on the philosophy and operationalization of special needs programming for our behavioral health team members. Wellpath views Special Needs programming as an essential, proactive opportunity to work with offenders who have serious mental illness, developmental disabilities or serious adjustment issues to enhance coping, problem solving skills, and awareness of red flags and increasing symptoms in order to avoid or minimize crisis events. Building these skills helps offenders feel more empowered in managing their reactions to events, and avoid negative consequences that can be associated with crisis episodes. Wellpath prioritizes and emphasizes our approach to Special Needs Programming for these reasons.

Offenders will be scheduled for regular meetings with a Wellpath behavioral health professional as specified in the offender's treatment plan. These meetings will be scheduled no less than once every 30 days, whether or not the offender agrees to comply with treatment recommendations. We have found that offenders who are hesitant to engage individually may be willing to participate in activity or recreational therapy, and these modalities will be offered to such offenders as a way to begin building therapeutic rapport and work toward including individual visits in addition to activity therapy contacts.

Offenders prescribed psychotropic medication(s) will be scheduled for regular meetings with Wellpath psychiatric staff. These meetings will be scheduled no less than once every 90 days (or more often if indicated in the treatment plan). Juvenile offenders and offenders in specialty programs (TRU, IRU, TCF MH Unit) will be seen no less than once every 30 days.

Regular meetings of the Multidisciplinary Team (MDT) will be held at least once every 90 days.

Offenders will be offered clinical interventions that are designed to meet their individual needs. Typically, access to skills training to assist with daily functioning within the correctional setting is a beneficial offering to most offenders involved in Special Needs Programming.

5.6.17 Restrictive Housing Services (RFP PG. 41)

Wellpath will ensure the ongoing provision of treatment for offenders in restrictive housing who were receiving services prior to their entry, as well as specialty services specific to the restrictive housing population. This will include, but not be limited to:

- a. Upon admission to restrictive housing, a mental health restrictive housing screening will be conducted by a Wellpath qualified health care professional. All offenders will receive a screening by a Wellpath behavioral health professional within 24 hours of placement into restrictive housing.
- b. Restrictive housing rounds shall be made by Wellpath behavioral health staff, with documentation occurring in the EHR at least once each week, at the following minimum intervals:
 1. Daily rounds Monday through Friday, at EDCF, HCF, KJCC, LCF, and TCF.
 2. Weekly rounds at all other facility restrictive housing units. Offenders with SPMI or SMI will be seen daily, Monday through Friday, by Wellpath behavioral health staff at these facilities.

Wellpath will provide mental health special needs clinics and treatment planning for offenders in restrictive housing living areas. We will bring our positive experiences working in restrictive housing units to the KDOC.

Wellpath, in conjunction with the Maine Department of Correction (ME DOC), has utilized in-cell programming via monitors included in each cell that provide psycho-educational programming to reinforce holistic learning and to provide stimulation to those with such behavioral dysregulation that they require more restrictive housing and limited or no interaction with others. The psycho-education programming schedule included CBT basics to TED (Technology, Entertainment, and Design) talks. These programs targeted mental health and emotion regulation skills. In the Massachusetts Department of Corrections changes in legislation have resulted in alternative programming requirements for patients

diagnosed with a serious mental illness who require restrictive housing placement resulting the development of secure adjustment units and secure treatment units for these patients. Wellpath utilizes therapeutic modules as part of the provision of this innovative behavioral health programming in order to increase patient interaction and improve reintegration into general population.

Wellpath strongly believes that programming must be ongoing for those offenders in restrictive housing settings that have a clinical need for such services. Wellpath utilizes evidence-based programming that focuses on mental health issues as well as behavioral issues and choices that put the offender at risk of returning to restrictive housing or reoffending when released to the community. These programs follow a risk needs responsivity model, and can be administered either in an individual or group modality depending on the site physical plant and the readiness of the offender to interact in a group setting. As noted previously, Wellpath works closely with **Dr. Robert Morgan from Texas Tech University** and a nationally recognized expert in evidence-based treatment and mental health services in restrictive housing settings.

Goals of these programs include gaining insight and understanding of problematic behavioral and decision-making patterns that contribute to placement in restrictive housing in order to avoid future similar consequences by making more appropriate choices. Our overarching goal is to contribute to the safety and security of each institution by helping patients make more prosocial decisions by considering consequences of possible actions. These programs can be utilized in individual or group formats, and we also have experience with video programming.

We anticipate bringing Dr. Morgan to Kansas to provide specialized training to our Wellpath behavioral health team members. Dr. Morgan's has provided training to several of our jurisdictions and they are consistently well received.

We are also cognizant of the risk of suicide in restrictive housing settings, and our team members are trained to understand the unique stressors of these environments for our patients. Additionally, focus upon a successful transition from restrictive housing to general population prior to release from incarceration is of great importance for this population and Wellpath is willing to assist in the furtherance of that goal. Wellpath is willing to participate in any multidisciplinary or restrictive housing review team meetings and in the development and implementation of systemic approaches for the management of patients who historically require restrictive housing placement in keeping with ACA, NCCHC, and federal, state, and local statutes and legislation.

Wellpath will be responsible for mental health sick call for restrictive housing offenders to be held seven days per week at EDCF, HCF, KJCC, LCF and TCF. If an offender's custody status precludes attendance at a sick call session, arrangements will be made to provide sick call services at the place of confinement. Mental health sick call will be held in special clinic rooms in restrictive housing whenever possible to reduce risks associated with transporting restrictive housing offenders.

Crisis intervention services will be provided, to include coordination and interactive multi-disciplinary treatment team planning with security for all offenders presenting with suicide risks.

As part of the **Restrictive Housing Review Board** team, Wellpath's behavioral health staff will:

- Make recommendations regarding the need for alternative placement for offenders with mental illness and/or developmental disabilities.

- Make recommendations regarding whether offenders in restrictive housing are to be included in a behavioral management program, or if they would benefit from being admitted to the Individualized Reintegration Unit (or if already at IRU, in the special restrictive housing management program).

Wellpath will develop a program plan for transitioning out of restrictive housing for offenders with mental illnesses, who are at high risk for returning to restrictive housing as well as to assist those in extended restrictive housing (longer than 30 days) to return to a transition setting and eventually general population. For youth placed in restrictive housing, our goal is to work collaboratively with the KJCC staff to move youth out of restricted settings as soon as possible given potential risk factors associated with isolation, re-experiencing of trauma, and the development of new mental health symptoms.

Wellpath's regional behavioral health staff will provide restrictive housing treatment development support as well as guidance relating to offender placement and transfers. As noted above, the evidence-based programming Wellpath utilizes in such settings specifically focuses on lowering risk of recidivism either in terms of a return to a restricted housing setting as well as recidivism in the community if the offender is released to the community.

Wellpath acknowledges all behavioral health restrictive housing rounds (outlined in RFP Section 4.6.17.1(b)) must be completed on all KDOC restricted housing offenders.

5.6.18 Continuum of Mental Health Care and Specialized Housing Units (RFP PG. 42)

Wellpath understands there is a continuum of mental health services available to all KDOC offenders and this continuum encompasses close supervision and treatment of offenders presenting with acute needs through those needing only outpatient or occasional services.

5.6.18.1 Specialized Housing Units & Services (RFP PG. 42)

Wellpath acknowledges:

- a. Mental health housing units have been established for adult male offenders with active symptoms of SPMI, SMI or serious concerns associated with MI symptoms, intellectual disability issues or other cognitive/neurocognitive issues.
- b. An **Individualized Reintegration Unit (IRU)** has been established at the El Dorado Correctional Facility (EDCF) for offenders with high acuity symptoms, as well as a step-down process for those needing a more intense, residential type of program. This consists of up to 64 beds for the highest acuity needs and up to 128 additional beds for the residential/reintegration program.
- c. At the Lansing Correctional Facility, up to 284 beds have been provided for the **Treatment and Reintegration Unit (TRU)**, which also features a residential level reintegration unit (up to 110 beds) and a more intensive outpatient focused program (the remaining TRU beds).
- d. For the female offenders, up to 26 beds are available at TCF to provide services for high acuity and transitional mental health services.
- e. At KJCC up to 15 beds are available to be used to address serious behavioral and mental health concerns.

- f. For each of the programs presented above (as well as for the cross-transfer process and associated continuity of care) Wellpath has included below, details on the following:
1. A proposed treatment process that encompasses evidenced-based group therapy (the minimum number of groups, types/content of groups, frequency of groups), individualized treatment planning, monitoring and therapy services (including a process for working with offender resistant to group or individual therapy), medication monitoring and education (the processes by which medication compliance is to be monitored and shared with the treatment team) and a reintegration/re-entry process for transfers or discharges from the system.

Wellpath has extensive experience in facilitating specialized behavioral and mental health units. In those units, our goal is to develop a programming schedule that offers programming throughout the day and into the early evening during the week, along with programming during the day shift on weekends. We would look forward to working with KDOC staff to determine the times available for programming for each of these specialized units, and a schedule specific to each unit will be developed. In general, programming includes community meetings, evidence-based group therapies, medication adherence and education groups offered by nursing team members, individual treatment, and activity and recreational therapy.

In terms of medication adherence, nurses assigned to these specialized units will provide report in the daily clinical morning meeting regarding any patients who have decreased medication adherence so that adherence issues can be addressed with the patient that day. Such may take the form of meeting with nursing or behavioral health staff to determine reasons for decreased adherence, with referral for psychiatric review if clinically indicated. If not already available, Wellpath would appreciate working with KDOC to develop a report from the EHR to provide data daily regarding medication adherence in these specialized behavioral and mental health units.

Wellpath has seen positive outcomes in the implementation, and suggests use of, a Social Learning Program approach to support the recovery and improve the functioning of patients in the mental health unit. This structured, milieu-based approach to psychosocial rehabilitation includes integrated skills training techniques and supports based on social learning theory. The mission of the Social Learning Program is to provide psychosocial rehabilitation and person-centered, trauma-informed recovery services. Outcomes we will measure include the ability to safely live in a less restrictive setting, reliable performance of activities of daily living, improved social and occupational functioning, and a higher perceived quality of life. This approach will allow for treatment of a variety of presenting clinical issues and symptoms, as is expected on the mental health units.

The Level System sets parameters for the scope and type of privileges the patient will be able to access, and again Wellpath looks forward to discussions regarding the use of a level system at Southern State. Our approach to level systems is designed to motivate patients on specialized units to improve and maintain appropriate behaviors. It measures, it motivates, and it rewards. Patients measure their progress with treatment adherence. Patients gain more privileges and independence as they increase their level. When there is a negative behavior, they lose privilege and independence. The level system is rated levels 0-5, 0 being the most restrictive and 5 being the least. Levels are based on how well patients perform in regards to treatment adherence, progress toward treatment plan goals, medication adherence, job performance, hygiene, and

community behavior (staff and peers). Levels are adjusted during treatment team review. At any time if safety of the unit, others, staff, or the patient is compromised the patient will be dropped in level automatically until treatment team review.

The Social Learning Program requires that team members, including Correctional Officers and Wellpath staff participate in training to fully understand and implement the tenets of the program. Training will occur during transition, as well as at designated intervals over time. Wellpath's Continuous Quality Improvement (CQI) program will develop and implement CQI studies designed to ensure the program is implemented according to the training and expectations of the Social Learning Program.

As offenders progress toward completion of their individual treatment goals and move through the step system in the program, the clinical team, as part of the weekly clinical meeting, will discuss those offenders who may be nearing the transition step in the program. Offenders identified as such will be offered the opportunity to request move to the transition phase and will meet with the clinical team to discuss his or her readiness for transition. If approved by the clinical team, the offender will be accepted to the transition phase, and programming will focus on re-integration activities such as involvement or enhanced involvement in general population activities such as work assignments, educational or vocational programming, recreation and meal times in general population (or in the context that most closely resembles the facility structure to which the offender will return).

2. The dual-diagnosis treatment process for offenders presenting with both substance use issues in addition to their SPMI/SMI/MI symptoms.

Offenders who present with dual diagnosis issues, identified either through the RDU process or through a later evaluation, will be offered involvement in dual diagnosis programming. Wellpath has identified several evidence-based treatment programs for this population, and Wellpath behavioral health team members will receive training in the facilitation of these programs, as well as ongoing clinical supervision as needed. Treatment fidelity will be measured, as will patient outcomes (assessed via self-report and facility reports/disciplinary actions).

3. A process whereby a weekly meeting occurs making transfer recommendations to/from high-acuity and transitional/reintegration units. Documentation of this meeting shall occur and be maintained and available, to demonstrate that ongoing continuity of care, as well as important clinical information, has been shared across facilities prior to and after transfers.

Wellpath utilizes a weekly multidisciplinary team meeting model to evaluate transfer recommendations to and from specialized behavioral health units. Involvement of Regional Behavioral Health leadership is also an important component in these decisions, and recommendations to and from these units will be reviewed by Regional leadership. At times emergent requests are received, and our teams will activate as needed to review such requests. Transfer requests will be made in writing and completed on a standardized form approved by the KDOC, and these documents will be maintained in the offender's health record.

4. The process by which offenders who refuse to participate in the usual programmatic courses remain supported and are provided services necessary for their mental health care, and are encouraged to complete/be involved in their treatment and ongoing care.

Occasionally Wellpath encounters patients who are resistant or hesitant to engage in treatment programs. We have found that engagement in activity or recreational therapy is a more acceptable modality to such patients, and offering individual activity and recreational therapy is often very well accepted and opens the door to additional levels of engagement across time. For offenders who continue to resist all attempts at engagement, the clinical team will meet to discuss additional interventions to obtain engagement, such as additional psychiatric evaluation or use of a behavioral management plan to more intensively address engagement.

5. The method by which continuous quality improvement tracking shall be implemented and maintained to address, at a minimum:
 - The effectiveness of the individualized treatment plans and multi-disciplinary process.
 - The post-transfer/transition tracking to monitor for treatment success and recidivism (returning to a higher level of treatment) for program review, feedback and revision.
 - Reviews, at least annually, of the programmatic structure, offered group and individual therapies, any necessary treatment adjustments and recommended staffing levels based on the preceding year's (and anticipated next year's) acuity and actual treatment milieu.

Wellpath has in place a companywide process by which an internal review of mental health services is developed and implemented. This will be adapted specifically to the KDOC with review completed at both a statewide level (common measurements across all facilities) and at the specific program/facility level. At a minimum, the process will include the following:

- Participation in one or more multi-disciplinary quality improvement committee(s) which include a qualified mental health professional as a member.
- Collecting, trending and analyzing of data combined with planning, intervening and reassessing services.
- Evaluating defined data which will result in more effective access to care, improved quality of care, and better utilization of resources.
- Reviewing all suicides or suicide attempts and other serious incidents (e.g., use of force, assaults, restraints/involuntary medications) involving offenders with a serious mental illness.
- Review clinical care issues, implementing measurable corrective action plans to address and resolve important problems and concerns identified specific to mental health issues, and incorporating findings of internal review activities into the Contractor's educational and training activities.
- Maintaining appropriate records of internal review activities.
- A provision by which the information gathered will be shared with staff, in a manner consistent with improving the quality of services while respecting confidentiality.
- Requiring a provision that records of internal review activities comply with legal requirements on confidentiality of records.
- The process by which a comprehensive monthly report of all MH-CQI activities will be provided to the Office of Healthcare Compliance.

5.6.18.2 Activity and Recreational Services (RFP PG. 43)

Wellpath will develop a comprehensive, site-specific plan for activity and recreational services at EDCF, KJCC, LCF, HCF and TCF. It will include:

- Activity & Recreational therapists (ARTs) with at least a bachelor's degree in an appropriate activity therapy field (e.g., recreation, art or music therapy) or in a behavioral health-related field (e.g., psychology, social work, counseling).
- Services provided under the direction of independently licensed behavioral health staff.
- Services providing purposeful, goal-oriented activities that teach and facilitate skills in: assertiveness, independent living (including time management, management of medication, & health promotion), promoting individualized interests and pursuits, interpersonal and social skills, stress management, activities of daily living (e.g. hygiene), exercise, build job skills, and skills-building activities as directed by the behavioral health staff.
- Among the activity and recreational services programs/topics Wellpath anticipates implementing are:
 - Activity Therapy 1
 - Activity Therapy 2
 - Activity Therapy 3
 - Alcohol & Drug Treatment Group
 - Anger Management Group
 - Anxiety Group
 - Art Therapy
 - Art Therapy Group
 - Behavioral Health Group (MHP)
 - Cognitive Behavioral Therapy Group
 - Cognitive Behavioral Therapy
 - Cognitive Skills Group
 - Communication Skills Group
 - Competency Games Group
 - Competency Group
 - Creative Expression Group
 - Crisis Intervention
 - Crisis Management Group
 - Group
 - Group Session
 - Group Counseling
 - Group Counseling – MHP
 - Group Therapy
 - Healthy Relationships Group
 - Individual Session
 - Individual Counseling
 - Individual Therapy

- Individual Therapy – Sexual Abuse
- Individual Therapy – Substance Abuse
- Individual Therapy – MHP
- Juvenile SBT Group
- Juvenile SBT Individual
- Major Depression
- Managing Anxiety
- Managing Depression
- Mental Health Group
- Mindfulness / Relaxation Group
- Recreation Therapy Group
- Recreation Therapy Intervention
- Substance Abuse Group
- Therapeutic Writing Group

Wellpath will determine the location and frequency of these offerings and will provide training to activity and recreational services staff to allow them to deliver recovery-based, skills building strategies.

5.6.18.3 Sex Offender and Substance Use Treatment for the Juvenile Offender Populations (RFP PG. 43)

Wellpath will provide sex offender and substance abuse treatment programs for juvenile offenders. The programs will include:

1. Screening and assessments allowing youth to be matched with interventions that meet their identified need and risk level.
2. The levels of treatment provided, what type of treatment modalities utilized, and frequency of anticipated visits at each treatment level in the proposal.
3. Discharge assessments and recommendations for the juvenile offender upon release.
4. The collection of outcome data to enhance programming and methods utilized to collect outcome data.

5.6.19 Services to be Available at all Facilities, Including the Specialized Mental Health Programs (RFP PGS. 43-44)

5.6.19.1 Group Therapy (RFP PGS. 43-44)

As noted previously, Wellpath maintains a standing Treatment Review Committee that reviews evidence-based and evidence-informed programs for their potential efficacy and utility in justice-involved populations. As part of this process, Wellpath maintains an approved Program Matrix organized by clinical presenting issue. As new programs are evaluated and deemed appropriate for justice-involved patients, the program will be added to the matrix, Wellpath Behavioral Health Team members will be notified of the addition, and any necessary training or assessment tools needed for the program will be deployed as sites utilize the program. Wellpath will complete and document all mental

health group sessions as required by this contract, and clinical documentation will be maintained in the offender's health record.

Wellpath will provide group therapy to include, but not be limited to the following:

1. Core groups with modularized interventions taken from evidence-based practices, designed specifically for justice-involved adult and juvenile offenders with mental illness addressing: medication adherence, criminogenic risk factors, addictive behavior, trauma-informed interventions (i.e., Seeking Safety), and managing stress and anger in healthy ways using mindfulness-based techniques.
2. Thinking for a Change (T4C) group for the adult serious mental illness (SMI) populations which includes having staff trained in T4C and co-facilitating T4C groups including in partnership with KDOC program providers.
3. A process by which group offerings are reviewed and updated at least annually, with new group or major revisions being developed and submitted for review and approval by the Office of Healthcare Compliance.
4. Dual diagnosis groups.
5. Restrictive housing program with consideration for remote video group (telehealth) capabilities.
6. An open-ended group therapy program that allows offenders to have immediate access to treatment and prevent waiting lists.

Wellpath will complete and document all mental health group sessions as required by this contract.

5.6.19.2 Psychiatric Services and Psychotropic Medication (RFP PG. 44)

Wellpath will develop a full range of therapeutic treatment protocols for offenders needing psychiatric medication and services. The plan will include, but not be limited to:

1. Monthly on-call schedules prepared to provide psychiatric coverage via telephone, telehealth, or in-person visits within 15 minutes of being contacted by a site or behavioral health staff.
2. Psychiatric evaluation of offenders referred by medical or behavioral health staff within seven days for routine cases and within 72 hours for urgent cases, which are not psychiatric emergencies. Emergency psychiatric referrals shall be addressed within four hours.
3. The psychiatrist will see non-emergency, newly admitted offenders on psychotropic medications within 72 hours.
4. Wellpath will provide a psychiatrist to routinely interview and examine offenders on psychotropic medications often enough to monitor potential relapses and medication side effects. Psychiatric medication evaluations will occur at a minimum every 90 days in general population units and at a minimum of every 30 days within mental health units.
5. All offenders prescribed psychotropic medications will be offered the opportunity to attend a psycho-educational group provided by Wellpath qualified behavioral health and/or nursing staff. The psycho-educational group will focus on increasing understanding of mental illness, the effects and side effects of psychotropic medications, and the need for treatment compliance.
6. The use of atypical anti-psychotic medications, new generation anti-depressants, and generics have been included as part of Wellpath's formulary.
7. If an offender is shown to be stable on medications upon admission, Wellpath will consider the use of formulary exceptions to continue the medications prescribed to SPMI offenders prior to admission.

8. At least one (1) FTE Psychiatrist or other Physician, will be trained and credentialed to prescribe “Medication Assisted Treatment” (MAT) utilizing the current medications used to treat opioid and other substance use disorders. This physician will be responsible for assessing, treating/prescribing and monitoring the use of MAT for offenders admitted, maintained or to be discharged on such a treatment regimen. This physician will be included as a member of each multidisciplinary treatment team for any offender prescribed such medications.

5.6.19.3 Individual Therapy (RFP PG. 44)

In addition to sick call interventions, Wellpath will provide individual therapy on a limited, outpatient basis. Individual therapy services will be detailed in an individualized treatment plan whether they occur as part of, or distinct from the specialized treatment programs. Individual treatment modalities will be based on evidence-based and evidence-informed programs

5.6.19.4 Consultation and Behavioral Interventions for Personality/Behavior Disorders (RFP PG. 45)

Wellpath will evaluate offenders who have become a serious management problem due to abnormal or problematic behavior. Once the evaluation is completed and the offender conduct is classified as “behavioral” in nature, Wellpath will designate behavioral health staff to lead a multi-disciplinary services team (MDT), including unit team counselors and security staff. The MDT will:

1. Develop a behavior management plan (BMP) which targets specific, maladaptive behaviors, provides reinforcement protocols for appropriate/pro-social behaviors, outlines the role of all team members in implementing the plan and includes a process to take and track data through the plan’s implementation.
2. Utilize evidence-based therapeutic interventions and skill building techniques as indicated.
3. Provide training for all staff who are likely to be interacting with the individual (including correctional personnel) on the successful implementation process for the BMP, to include, when indicated, de-escalation techniques, and the difference between symptoms of serious mental illnesses and behavioral acting out.
4. Ensure continuity of care between facilities, to include comprehensive discharge and follow-up plans.

Additionally, Wellpath has developed specific training and education modules around the behavioral management plan concept and will ensure that Behavioral Health Professionals receive this training. Wellpath would welcome the chance to work collaboratively on any related training for facility staff that the KDOC believes would be beneficial, and/or include facility staff in the training offered to the Behavioral Health team.

5.6.19.5 Documentation of Encounters (RFP PG. 45)

Wellpath will document all behavioral health and psychiatric encounters in the EHR and conform to contemporary professional standards. Such documentation will be completed prior to the end of the workday of the behavioral health staff completing the encounter. Wellpath understands exceptions may be made due to a temporary failure of the EHR or other emergency situation(s) that may arise at a

facility. In these rare instances, documentation for all encounters will be completed by no later than the end of the next business day.

5.6.20 Mental Health Continuous Quality Improvement (MH-CQI) (RFP PGS. 45-46)

Wellpath has in place a companywide process by which an internal review of mental health services is developed and implemented. This will be adapted specifically to the KDOC with review completed at both a statewide level (common measurements across all facilities) and at the specific program/facility level. At a minimum, the process will include the following:

- Participation in one or more multi-disciplinary quality improvement committee(s) which include a qualified mental health professional as a member.
- Collecting, trending and analyzing of data combined with planning, intervening and reassessing services.
- Evaluating defined data which will result in more effective access to care, improved quality of care, and better utilization of resources.
- Reviewing all suicides or suicide attempts and other serious incidents (e.g., use of force, assaults, restraints/involuntary medications) involving offenders with a serious mental illness.
- Review clinical care issues, implementing measurable corrective action plans to address and resolve important problems and concerns identified specific to mental health issues, and incorporating findings of internal review activities into the Contractor's educational and training activities.
- Maintaining appropriate records of internal review activities.
- A provision by which the information gathered will be shared with staff, in a manner consistent with improving the quality of services while respecting confidentiality.
- Requiring a provision that records of internal review activities comply with legal requirements on confidentiality of records.
- The process by which a comprehensive monthly report of all MH-CQI activities will be provided to the Office of Healthcare Compliance.

5.7 Pharmacy Services (RFP PGS. 46-47)

5.7.1 General Pharmaceutical Services (RFP PGS. 46-47)

Wellpath, working with one of its nationally contracted pharmacies - **Correct RX Pharmacy Services, Inc. (Correct RX) or Diamond Pharmacy**, will be responsible for the provision of all prescription and non-prescription medications. Oversight of our pharmacy provider will be provided by **Deleca Reynolds-Barnes, PharmD**, Wellpath's Vice President of Pharmacy Services.



All medications will be prescribed in accordance with State and Federal regulations and all pharmaceutical services will be under the supervision of a Kansas-licensed pharmacist. We have provided letters of support from both Correct RX Pharmacy Services and Diamond Pharmacy in [Tabbed Attachment J](#).

Wellpath, through our pharmacy provider, will provide all related packaging, inclusive of all packaging material, supplies, distribution, and courier services.

Wellpath, through our pharmacy provider, will fill and deliver all medically prescribed non-emergency medications within 24 hours from the date the prescription is written and will provide such medications continuously thereafter as prescribed. We will fill and deliver all emergency prescription medications immediately utilizing their retail pharmacy network.

Wellpath will maintain an adequate supply of stock medications at each facility's medication room that can accommodate most prescriptions ordered by the HCP until the offender's medication card arrives. Stock medications will be used, when appropriate, to cover the first 48 hours of the prescribed order.

Our plan to carry out pharmaceutical operations includes, but is not limited to:

- a. Level of professional staff qualifications designated for medication administration in accordance with KDOC policy
- b. System for administration to include Keep on Person medication system
- c. Controlled substances accountability
- d. Medication Administration Record utilization
- e. Monthly reports as to the number of scripts written and medications dispensed
- f. Reporting of medication nursing errors
- g. Medication pharmacy errors
- h. Corrective action plans
- i. Return and credits for unused medication
- j. Emergency medication acquisition
- k. Pharmacist consultation
- l. Pharmacy inspections
- m. Pharmacy medication education materials
- n. Pharmacy inventory
- o. Formulary
- p. Pharmacy & Therapeutics Committee
- q. DEA License verification

- r. Institutional Drug Room Licensure
- s. Medication Renewal tracking system
- t. Drug Storage and delivery services
- u. IV drugs including chemotherapy drugs that can be safely administered by chemotherapy-certified staff at EDCF
- v. Accountability and destruction processes
- w. Stock medication supplies and approval
- x. Back up pharmacy services
- y. Hepatitis C direct acting antiviral treatment for all offenders identified with the disease
- z. Medication treatment for offenders whose diagnosis currently has no identified medication regimen as new medication regimes are identified during the life of the contract that may prolong the life or cure the illness of such offenders in accordance with accepted community standards of care for such diseases
- aa. Annual documentation of RN, LPN and CMA staff's competency to properly administer medications to the offenders through both Keep-On-Person (KOP) and Direct Observation Programs.

Our pharmacy vendor will maintain all pharmaceutical licenses in accordance with state and federal regulations. They will also ensure:

- On-time delivery with accessible local backup pharmacy to ensure 24/7 availability
- Computerized systems for provider ordering through medication administration
- Inventory management and medication reordering
- Safe medication administration practices
- Simplified processes for emergency medication ordering and formulary exceptions
- Accurate medication order delivery
- Knowledgeable and accessible customer service available 24/7

Delivery Schedule

Wellpath will provide pharmacy services seven days a week, with scheduled shipment of medications six days a week and local backup pharmacy services available on Sundays, holidays, and in urgent or emergent situations. All prescription orders will be logged in the patient's medical record.

Emergency Medications

Medications for life-threatening or mental illnesses, or serious chronic diseases, will not be delayed upon admission. We have established a list of "no-miss" medications to facilitate this process. All efforts are made to verify and administer these medications prior to the next scheduled dose once the medical staff is aware, and within 24 hours for all other medications.

Our pharmacy will expedite orders and delivery of emergency medications. If there is an immediate need to initiate medication, the medication will be obtained from the backup pharmacy as quickly as possible. We will use local pharmacies to supply emergency prescription medications and as backup for pharmacy services. Due to our pharmacy providers' sizes and volume, they both have aggressive national contracts with most chain pharmacies and is willing to negotiate with any pharmacy that is not in their network.

Wellpath will provide a seven (7) day supply of prescribed medications to offenders who are in custody to appear in court, or before some other official body or authority, and it is expected that the offender will return to KDOC custody after the court or official appearance.

Stock Medications

Wellpath will only use in-house stock medications as appropriate and as allowable within state guidelines. Emergency medications not found in the emergency medication kit or the starter packs and unavailable from the pharmacy provider in sufficient time will be provided in a minimum quantity by a backup pharmacy. The site Medical Director will collaborate with the pharmacy provider to determine which medications need to be added to the emergency stock supply list to help minimize future emergency orders.

Keep on Person (KOP)

KOP programs are common in the correctional setting and can be a highly effective method of medication administration. The Wellpath KOP program identifies medications that may be included in the program. Additionally, the provider must specifically indicate if an offender is capable of participating in the program. This program will be continued at the KDOC facilities to promote self-care practices and facilitate the medication administration process. An effective KOP policy allows qualified offenders to keep medications in their possession in a safe and secure manner.

Controlled Substance Accountability

Wellpath will utilize a Controlled Substance Log Book at each location where narcotics are stored, administered or handled. All controlled substances entering the facility either from the pharmacy or brought in by patient will be logged and accounted for. The site Health Services Administrator and Medical Director will be responsible for ensuring accountability of all controlled substances. The Wellpath Controlled Substance Log Book has been reviewed by the DEA and found to be an extremely effective process for maintaining accountability of controlled substances.

Formulary Management

Our formulary will best manage pharmaceutical costs for KDOC. In a correctional facility, formulary usage with strict compliance is shown to significantly decrease total monthly pharmacy invoices. The formulary for the KDOC facilities can be customized based on review of usage and cost efficiency.

The Wellpath formulary is continually reviewed and modified as needed through addenda and memoranda to reflect any changes to the paper copy or electronic format. Immediate changes, with the approval of the site Medical Director and KDOC, will be incorporated with the release of new medications, when clinical information identifies previously unknown safety concerns, and when generic products become available.

Utilization is important for formulary management and development. Our pharmacy will review and provide evidence-based literature review articles specific to areas that may affect utilization and the cost-effectiveness of medications. Pricing increases and decreases also are monitored daily. To assist in this effort, our pharmacy providers receive daily price change reports for review, as well as weekly information when new medications are expected to receive generic approval and pricing. This information will be provided to the site Medical Director for review when assessing a medication's formulary status.

Formulary Management Report

Wellpath can provide a Formulary Management Report (FMR) on a monthly basis. FMRs are a modular combination of Excel spreadsheets and charts that illustrate monthly expenditures, usage, prescribing habits, and trends.

Wellpath can also provide a formulary exception report listing all non-formulary medications prescribed during a particular period and sorted by prescriber, medication name, and patient. The report contains the medication's name and strength, dispense date, offender name and number, prescriber, cost per prescription, order stop date, primary therapeutic class, secondary therapeutic class, formulary status indicator, and total cost per medication dispensed.

Pharmacy and Therapeutics (P&T) Committee

Wellpath will establish a Pharmacy and Therapeutics (P&T) Committee to monitor pharmaceutical processes and utilization practices. The P&T Committee will be responsible for managing the formulary and will help balance efficacy, safety, and cost of certain medications by requiring prior approval. The site Medical Director will chair the P&T Committee, which will be multidisciplinary and will meet quarterly. Copies of P&T Committee meeting minutes and related reports will be provided.

Pharmacy Education

Wellpath will provide in-service education programs for licensed staff on pharmacy regulations and procedures, adverse drug reactions, drug interactions, and other subjects as requested. Diamond provides medication information and educational materials to prescribers, nurses, officers, and patients on topics such as medication therapies, side effects, and proper administration of medications.

Formulary Exceptions

As part of the receiving screening process, Wellpath staff will attempt to obtain treatment information from community providers and verify medications to facilitate continuity of care. During the receiving screening, Wellpath staff will ask each offender about preferred providers and medical, dental, or mental health treatment in progress. They will also ask the offender to complete a Release of Information (ROI) in order to request and obtain medical and/or mental health information. The ROI also allows Wellpath staff to begin the medication verification process.

Medications that are verified will be reviewed by a prescribing clinician and continued as clinically indicated. If the medication verified is not considered a formulary medication, the medication order will be bridged for up to 30 days to ensure no break in care while allowing time for a clinician to review the clinical necessity of the medication.

If a non-formulary medication is to be continued after the initial bridge order, the prescribing clinician will request continuation of the medication (to include a brief clinical rationale for the medication) through the Wellpath Non-Formulary Medication Request process. The Regional Medical Director will review non-formulary requests on a daily basis.



Formulary Exception Request

Form fields include:

- Inmate Number
- Site
- Location: ☐ Inmate Type ☐ Home ☐ State ☐ Inpatient Compound ☐ Federal ☐ CCHHS
- Patient Name (First) ☐ Middle ☐ Last
- Birth date: ☐ Social Security #
- Gender: ☐ Male ☐ Female
- Requesting Provider: ☐ Anticipated Release Date
- Formulary Exception Type: ☐ Bridge (for continuity of care) (less than 7 day supply) ☐ Routine (less than 30 day supply) ☐ Immediate (emergency fill) (less than 7 day supply)
- Psychotropic Drug: ☐ Yes ☐ No
- Request Date: Drug Allergies: ☐ N/A
- Diagnosis Requiring this Drug:
- Drug and dose req (pertinent duration of therapy):
- Pertinent history and clinical justification for this drug exception:
- Justify the Non-Formulary usage:
- Verbal Order: ☐ Taken by: Given by: Physician ☐ Date: Time:
- Nurse Signature:

The HSA will be notified if a non-formulary medication is ordered without the appropriate use of a non-formulary request form.

Disposal

Medications that cannot be returned to the pharmacy (e.g., non-unit-dose medications, medications refused by the offender, and/or medications left by offenders upon discharge) will be destroyed. Wellpath will make every reasonable accommodation to minimize the amount of pharmaceuticals that must be destroyed.

Regular audits will be conducted to remove discontinued or expired medications. The pharmacy provider can email the facility a daily Excel report to alert staff of medications approaching their expiration date. They can also set a trigger to alert staff when there are “X” number of days (e.g., 1 week, 10 days, 2 weeks, etc.) prior to a medication expiring.

Wellpath will dispose of pharmaceutical waste in compliance with federal, state, and local laws and regulations. The HSA will be responsible for overseeing, monitoring, and ensuring compliance with the pharmaceutical waste disposal policy.

Wellpath staff will place pharmaceutical waste inside of an approved collection container as soon as is practically possible from the time the medication becomes waste and will fill out the appropriate disposal form. We will ensure the availability of RX Destroyer products for these purposes. The RX Destroyer container will remain locked in the medication room cabinet.



Wellpath staff will ensure that pharmaceutical waste is kept in a secure location and, if controlled, is counted until disposal. All controlled substances will be retained in a double-locked area with restricted access and continued counts at each shift until they can be destroyed by authorized individuals. This will be tracked in the controlled substances log book.

5.7.2 Release Medications (RFP PG. 47)

Wellpath will provide a seven-day supply of prescribed medications for offenders released in custody to appear in court or before some other official body or authority, and it is expected that the offender will return to KDOC custody after the court of official appearance.

Wellpath will provide a 30-day supply of release medications, including tricyclics, to offenders being released into the community, if the offender can be trusted to handle the medication responsibly.

Wellpath understands offenders in need of closer supervision will be assigned to a KDOC discharge planner and will receive a seven-day supply of medication. The offender will receive up to five additional seven-day prescription refills at a pharmacy convenient to the offender's residence.

Wellpath acknowledges that the offender is responsible to purchase all medication requiring prescription refills from a local pharmacy. Prescription refills will continue to be written by the facility HCP or psychiatrist until the offender successfully completes an initial health care visit, or 45 days from release from a KDOC facility, whichever comes first.

Wellpath will provide a seven-day supply of medications to offenders released into the custody of another jurisdiction, such as county jail or Federal detainer.

Discharge Medications

Wellpath will ensure that offenders have an adequate supply (up to 30 days) of required medications to accommodate the transition of care to a community provider and ensure no lapse in care. Many offenders are coping with chronic and/or mental illnesses that require daily medication administration. If given sufficient discharge notice, our staff will educate these patients on how to obtain and maintain their medications and will provide links to community resources for prescription services.




Wellpath has developed a method for providing discharge medications by working in conjunction with an agency called InMedRx. When we are given sufficient notice of release, we can provide prescriptions for patients in need of discharge medications, including psychotropic medications. If desired by, Wellpath can implement this program within 90 days of contract start. A Letter of Intent from InMedRx is provided in **Tabbed Attachment J**.

Prescriptions are sent to a local pharmacy in InMedRx's network; Wellpath completes a Patient Prescription Eligibility Form, which provides all billing information needed by the pharmacy to bill electronically. The patient provides proof of identity at the pharmacy to obtain their medication.

An InMedRx coverage card is provided with the discharge paperwork for the patient to present at the pharmacy. Using InMedRx increases the number of patients who are able to obtain discharge medications and improves continuity of care.

Sample InMedRx Prescription Benefits Card (front and back)

 <p>wellpath InMedRx A Care Services Company</p>	<p>Pharmacist: The patient listed below is eligible for free prescription benefits. Please call the _____ County Sheriff's office at _____ for prescription eligibility information or if the prescription order has not been received.</p> <p>Patient Name: _____</p> <p>Patient DOB: _____</p> <p>Pharmacy: _____</p> <p>Reminder medications MUST be picked up by: _____</p> <p><i>For claims processing assistance, contact InMedRx @ 888-896-1283</i></p>
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5.7.3 Identification of Pharmacy Vendor (RFP PG. 47)

Wellpath has provided information regarding Correct RX and Diamond, our proposed pharmaceutical vendors. This includes the name of vendor, location of vendor's parent company and location of the warehouse supplying medication to KDOC offenders. There is no company or corporate affiliation with Wellpath.

Wellpath uses Diamond Pharmacy to provide pharmaceutical services and management to offenders. Diamond is the United States' largest provider of pharmaceuticals to the incarcerated population.

Diamond's headquarters are located at 645 Kolter Drive, Commerce Park, Indiana, Pennsylvania 15701-3570. Although other bidders may use Diamond in their proposals, it is important to note that Wellpath is Diamond's largest client.

Wellpath is also including Correct RX Pharmacy. Correct Rx Pharmacy Services headquarters are located at 1352-C Charwood Road, Hanover, Maryland, 21076. Wellpath is Correct RX's largest client, as well.

This ensures the most aggressive contracted pricing and dedicated customer service for the KDOC regardless of the pharmacy provider you prefer. These benefits are passed on to our clients to ensure they receive the best pharmacy services possible.

We have included the costs associated with pharmacy as required.

5.8 Reception and Diagnostic Units (RDU) (RFP PGS. 47-48)

5.8.1 Forensic Psychological Evaluation Process (RFP PGS. 47-48)

Wellpath will provide forensic psychological evaluation and diagnostic services as well as other psychological services necessary for intake processing of adult and juvenile offenders. We understand that on a case-by-case basis, there may be other offenders who require forensic psychological evaluations, and for whom, similar processes will be required.

The forensic psychological evaluation provided by Wellpath will include:

- a. A complete file review, to include the most recent mental health screening and any other relevant material from the current or preceding incarceration.
- b. Administration, scoring, and interpretation of psychological testing, including Level of Service Inventory – Revised (LSI-R), Level of Service/Case Management Inventory (LS/CMI), Youth Level of Service/Case Management Inventory (YLS/CMI), personality instruments, intelligence screening and assessment instruments, traumatic brain injury screening tool, and other screening instruments, as determined by the KDOC for each offender referred to the RDU, whether as a new admission or otherwise, for whom a thorough evaluation is indicated.
 1. LSI-Rs will be done with fidelity; an interview will be conducted separately for LSI-R from any clinical interview; a rating will be made according to the rules and standards related to the LSI-R; detailed notes will be entered reflecting the reasoning for the rating; collateral checks will be done as necessary to confirm or glean necessary information for a complete risk/needs assessment, including criminal history and otherwise. Wellpath staff administering the LSI-R will participate in all training including initial, practice audios for feedback, refresher, booster, remedial and otherwise, as directed by the KDOC. The raters will participate in observation and feedback sessions to ensure the fidelity of the LSI-R. Wellpath will track and provide any data requested related to fidelity, interrater reliability, norming or other evaluation or research regarding the LSI-R. A Wellpath representative will actively participate as a member of the LSI-R Steering Committee, providing input on policy and practice related to the LSI-R, and remain current on all training and policies related to the LSI-R.
- c. Completion of a Mental Status Examination, review of psychological history (including but not limited to psychotherapy, groups, medication, education/special education placement, sexual

abuse-victimization, predatory behavior, hospitalization, violent behavior, drug/alcohol use/treatment, hospitalization, sexual offenses, cerebral trauma/seizures, organic syndromes including dementia and/or other neurological disorders, suicidal behavior) and current functioning on all new admissions utilizing standard community practice techniques identified by the KDOC.

- d. Procurement of prior treatment records and evaluations from third parties.
- e. Entry of pertinent psychological testing and interview findings in the RDU report, located in the **Offender Management and Information System (OMIS)**, the **Justice Information System (JIS)**, and in the EHR.
- f. RDU process is tracked and managed by various staff members throughout the process:
 - a. The El Dorado Correctional Facility RDU Behavioral Health site leaders rely on a variety of tracking mechanisms to ensure that the evaluation team remains on track with meeting deadlines. The RDU Behavioral Health Coordinator will maintain a Report Database that indicates the number of reports due any given day, week and month. At the end of each day, the Coordinator enters data on completed reports so that there is a running record of the week to date, month to date, and year to date.
 - b. The Psychometrist maintains an RDU Inmate Database; upon admission each individual's name, KDOC number, arrival date, report due date and the name of the assigned evaluator is entered in the database. A list of each week's reports that are due is given to the Wellpath Clinical Supervisor, who marks off each name on the weekly list as a report is sent to for review. After the report has been cosigned, a separate mark is entered by the individual's name to indicate that all steps involved in the evaluation have been completed and the weekly list is returned to the Psychometrist so the database can be updated with the finished reports.
 - c. Finally there is a "RDU Mental Health Report" e-mail distribution list. A list of the completed reports for the day is sent out to the distribution list. The Coordinator and Clinical Supervisor keep copies of these emails and can easily respond to inquiries received about completion dates for particular reports. These three tracking mechanisms, and the dedication of the evaluation team at RDU has enabled this program to meet contract requirements each month for over two years now; an exemplary effort. Tracking efforts at Topeka Correctional Facility-RDU are less intensive given the significantly fewer admissions and the utilization of one report writer. The same is generally true from our experience of juvenile facilities; the low number of admissions makes tracking report due dates a much simpler process, and it is our expectation that such will be the case at Kansas Juvenile Correctional Complex as well.
- g. Determination of the offender's psychological diagnoses, program needs including, but not limited to: substance abuse and sexual offender treatment needs, mental health treatment needs, housing and placement needs, employability or educational limitations due to mental illness, functional ability limitations due to mental illness, and referral to treatment as indicated.
- h. Determination of an offender's risk of suicide and homicide due to mental illness, and identification and implementation of appropriate responses and treatment using crisis intervention procedures to reduce the identified risk.
- i. Identification and referral to a Wellpath psychiatrist for all offenders admitted with current prescriptions for psychotropic medications, or for whom medications may be of benefit in the treatment of their mental health.
- j. Incorporation of a mental health classification process, using standardized measures / definitions, consistent with community measures to determine Severe and Persistent Mental

Illness (SPMI), Serious Mental Illness (SMI), Mental Illness (MI), and/or Intellectual Disability (ID) and document such as part of the evaluation/reporting process.

- k. Participation in a multi-disciplinary team to determine recommended programs, services, and interventions to address risk and need.
- l. Identification of need for and initiation of the follow-up evaluation by a psychiatrist or Ph.D. psychologist on all offenders with suspected pedophilia diagnosis for the adult units.
- m. Coordination of an initial discharge plan based upon the offender's mental health needs with KDOC discharge planners.
- n. For offender's with identified mental health conditions requiring intervention:
 - 1. Development and implementation of a treatment plan to begin addressing those conditions.
 - 2. Upon completion of the RDU evaluation and transfer to another facility, referral to the behavioral health staff with a synopsis of the initial diagnoses, needs and treatment plan, so the receiving facility can complete a mental health evaluation.

5.8.2 Timeliness of Reports (RFP PG. 49)

Wellpath will provide sufficient licensed behavioral health professionals to ensure that all RDU reports are completed, reviewed by independently licensed psychology staff (when appropriate), and placed in OMIS/JJIS and the EHR within 14 days of admission. We understand the intake point for male offenders is at EDCF, for females it is TCF and for juveniles it is KJCC and that staffing is required at all three intake facilities.

Wellpath will ensure all RDU reports are completed within 14 days.

5.8.3 Periodic Evaluation of the RDU Process (RFP PG. 49)

Wellpath will conduct periodic reviews, as determined by the KDOC, of treatment, education, and other offender recidivism reduction programs and services in other KDOC facilities so as to maintain an adequate level of awareness on the part of the KDOC and Wellpath regarding the various offender program options existing in the Department.

5.8.4 Testing Materials and Supplies (RFP PG. 49)

Wellpath will be responsible for the cost of all testing materials, scoring tools, and educational materials necessary to complete the RDU process.

5.9 Forensic Programs (RFP PG. 49)

5.9.1 Clinical Services Reports & PCL-R Evaluations (RFP PG. 49)

Wellpath understands the KDOC, through its current contractor utilizes 3 FTE PhD psychologists to complete Clinical Services Reports (CSRs). CSRs are required and requested by the courts, **Kansas Prisoner Review Board (PRB)**, and the KDOC. The courts require CSRs from PhD psychologists to make determinations on the level of risk for adult sexual offenders to commit additional offenses. The psychologists may be called to testify in probable cause hearings as well as trials. The PRB requests CSRs,

which may include requests for **Psychopathy Checklist – Revised (PCL-R)** evaluations, for use in parole decisions.

The CSR process includes the a clinical interview, utilization of a the Static-99-R, which yields an estimate of recidivism risk for individuals who have committed a sexual offense, and the Violence Risk Appraisal Guide (VRAG) which provides an estimate of likelihood of violent offending, current diagnostic impressions and recommendations for treatment while incarcerated or after release to the community, or additional assessment. The offender may refuse to participate in the clinical interview at which time the report is completed based upon review of the offenders Institutional File, Medical and Mental Health records and documentation, and the offenders Sex Offender Treatment Program file.

Additionally, Wellpath has experience with CSRs for KPRB includes the completion of several reports by Dr. Ikpe-Welch and it has been our experience that three full time Psychologists has provided adequate staffing to complete requested reports in a timely manner; however these Psychologists have also at times provided additional assessments services to include full intellectual assessments, assessments of cognitive functioning, neuropsychological screens and limited neuropsychological batteries as the need has occurred. These services have proved quite valuable in terms of obtaining certain community services upon release based on level of cognitive impairment or diagnostic impressions suggestive of the presence of a dementia process, which provides direction in determining housing assignment and level and type of medical, behavioral health and activity therapy services indicated.

Throughout its association with KDOC, Wellpath employed highly skilled Licensed Psychologists who traveled to KDOC facilities throughout the state to complete Clinical Services Reports requested by the various entities with authority to make such requests. Two of our Psychologists completed these reports and attended numerous court appearances to testify as to the findings of their reports at Probable Cause hearings related to the Kansas Sexually Violent Predator Civil Commitment statute.

These reports generally included a mental status examination, a thorough clinical interview, utilization of various actuarial based risk assessment tools such as the Psychopathy Checklist-Revised (PCL-R), which yields an indication of the likely presence of psychopathy traits in a given individual; the Static-99-R, which yields an estimate of recidivism risk for individuals who have committed a sexual offense; and the Violence Risk Appraisal Guide (VRAG), which provides an estimate of likelihood of violent offending, current diagnostic impressions, and recommendations for treatment while incarcerated or after release to the community, or additional assessment.

It is our experience that three full time Psychologists would be needed to provide adequate staffing to complete requested reports in a timely manner; however these Psychologists may also provide additional assessments services, to include full intellectual assessments, assessments of cognitive functioning, neuropsychological screens, and limited neuropsychological batteries as needed.

These services are quite valuable in terms of obtaining certain community services upon release based on level of cognitive impairment or diagnostic impressions suggestive of the presence of a dementia process. This then provides direction in determining housing assignment and level and type of medical, behavioral health and activity therapy services indicated. It will be beneficial to have additional discussion to determine if additional evaluating professionals might be necessary if a notable increase in these additional assessment requests is expected.

5.9.2 Forensic Health Care Issues, DNA Testing & Court Ordered Lab (RFP PG. 49)

Wellpath will provide qualified personnel in conducting security related health care procedures in response to a request from the KDOC or pursuant to a search warrant or court order, provided there is written consent of the offender.

In the absence of the written consent of the offender and in response to a search warrant, court order, or KDOC investigation request, including, but not limited to: inducement of vomiting, body cavity searches, withdrawal of blood, and examination for sexual assault, Wellpath will arrange for and contract with a community health care provider for the services at no additional cost to the KDOC.

Wellpath will provide offender antibody testing for HIV/HBV/HCV, as requested by the KDOC, following an occupational exposure between a KDOC employee and an offender. The results of the testing shall be sent to the employee's attending physician.

The Kansas Bureau of Investigation will be responsible for all DNA testing. Wellpath will assist KDOC in coordination of KBI staff site visits to perform the testing, such as space to perform lab draws.

5.9.3 Research (RFP PG. 49)

Wellpath acknowledges no research projects involving offenders shall be conducted with prior approval as outlined in IMPP 06-101D (RFP Appendix K).

Wellpath will not perform research projects involving offenders, other than projects limited to the use of information from records compiled in the ordinary delivery of patient care activities, without the prior written consent of the KDOC Deputy Secretary of Programs, Research and Support Services. If a research project is proposed, conditions under which research will be conducted is agreed upon by Wellpath and KDOC, and is governed by written policy. In every case, written informed consent of each offender who is a subject of a research project will be obtained prior to the offender's participation as a subject.

5.10 Quality Improvement Program (RFP PG. 50)

5.10.1 CQI Program Procedure (RFP PG. 50)

Wellpath will introduce proven performance monitoring techniques at the KDOC facilities, including our Continuous Quality Improvement (CQI) program, which includes audit and medical chart review procedures to ensure compliance with contract requirements, as well as NCCHC and ACA standards. We will also conduct Medical Audit Committee (MAC) meetings and peer reviews to evaluate the KDOC healthcare program.

We are dedicated to continuously improving our services and program offerings for our clients. We use established techniques like electronic CQI screens and advanced technology to make our programs even better.

This program will include a CQI Coordinator at the Regional Office level and a QI coordinator as part of a post-duty at each facility. The goal of the Wellpath CQI program will be to ensure quality health care services are provided to offenders.

Continuous Quality Improvement Program

Wellpath continually focuses on maintaining a high quality of care for our patients. We have established policies and procedures and a data-driven Continuous Quality Improvement (CQI) program to ensure the continued quality of our medical programs. The goal of the CQI program, which operates under the authority of our Chief Clinical Officer, is to ensure systems and programs guarantee that our patients receive quality healthcare services. The CQI program will ensure that clinical care delivery at all KDOC facilities is conducted in accordance with our high expectations, as well as NCCHC and ACA standards.

Within 90 days of contract implementation, Wellpath will develop a site-specific CQI plan for the KDOC based on the scope of care provided. The CQI plan will address healthcare services provided both on and off site for quality, appropriateness, and continuity. We will use the CQI plan to review and define the scope of care provided within the system, as well as the CQI review process and meeting format. We will coordinate with KDOC to integrate our program with any quality assurance initiatives currently in place.

Our Home Office CQI team will conduct an onboarding series of calls that team members will participate in for one hour a month for the initial four months of the new contract. Following the four transition calls, on-site staff will follow the Wellpath CQI calendar as it relates to program auditing and review. Home Office CQI team is available at any time to assist on-site staff in the implementation and coordination of the CQI plan.

Scope of CQI Program

Wellpath will conduct CQI studies to ensure that all services meet established minimum thresholds. We will be responsible for monitoring relevant areas for quality improvement, including accreditations, credentialing, environmental inspections, emergency drills, nursing, intake, medication management, special housing, and ancillary services.

Routine CQI studies will examine areas where overlap or hand-off occurs, as well as other problem-prone, high frequency/volume, and risk management processes, including but not limited to: Receiving Screenings, Screening and Evaluation at Health Assessment, Special Needs, Segregation, Treatment Planning, Suicide Prevention, Medication Administration, Initiating Medication at Intake, as well as processes exclusive to the KDOC.

Wellpath will complete monthly CQI screens as outlined in the CQI Calendar, plus at least one ad hoc screen per quarter to evaluate a site-specific issue presenting challenges. Examples of ad hoc screens include:

- Missed Medication (investigative study)
- TB Screening
- Health Assessment – Periodic
- Grievances
- Communication with Custody
- Initiating Essential Medications – Return from Hospital

- Prenatal and Postpartum Care – HEDIS and Outcome Study
- Asthma Outcome Study

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

Month	Nursing	Site Medical Director	Mental Health
January	Chronic Care Services		
February	Site specific study CQI Meeting	Scheduled and Unscheduled Off-site Care	Suicide Prevention
March	Alcohol/Benzodiazepine Withdrawal Opiate Withdrawal		
April	Medication Administration Pregnancy Care		Segregation
May	CQI Meeting Initial Health Assessment MAT	Physician Chart Review	Suicide Prevention
June	Dental Care Dietary Services		
July	Receiving Screen & Med Verification Intra-System Transfer (prisons only)	HIV*	Psychiatric Services- HEDIS
August	Site specific study CQI Meeting		
September	Ancillary Services Emergency Services Diabetes – HEDIS*		Suicide Prevention
October	Alcohol/Benzodiazepine Withdrawal Sick Call Asthma Outcome Study - JUVENILE		MH Special Needs & Treatment Planning
November	CQI Meeting Patient Safety (review year-to-date) MAT	Infirmity Level Care	
December	Annual Review of CQI Program (do not enter in DTW-send to the CQI PM) Grievance Log (CA sites only)		Suicide Prevention

1. Site-specific studies are studies which examine a site-specific problem.
 - a. Examples of how these studies can be accomplished are:
 - i. Completing an existing study in DTW out of order (in a month or quarter when it is not due).
 - ii. Modifying the EXCEL version of a study to meet specific site concerns or issues (this would not be entered into DTW)
 - iii. Create a new study to address a novel concern or issue (this would not be entered into DTW)
 - b. Complete the “Site Specific Study” in DTW
 - c. Email or fax the study to your CQI Program Manager (if the original study is not entered into DTW)
2. Juvenile sites will DISREGARD items with a red asterisk (*)

3. Adult sites will DISREGARD items labeled JUVENILE
4. Juvenile sites will perform studies labeled JUVENILE, and all other applicable studies not marked with a red asterisk (*)
5. If your site's contract requires more frequent CQI Meetings, or additional studies, please add those to the requirements listed above.

Quality Improvement Committee

A multidisciplinary Quality Improvement (QI) Committee will direct all CQI activities. The QI Committee will be led by the site Medical Director and will include the HSA, site Safety Coordinator, dentist, designated mental health representative, and appropriate KDOC representatives. The QI Committee will be responsible for performing monitoring activities, discussing the results, and implementing corrective actions as indicated.

The QI Committee will typically meet quarterly to review significant issues and changes and provide feedback for the purpose of improving processes or correcting any deficiencies or improving processes. Wellpath marks all CQI activity records as confidential; discussions, data collection, meeting minutes, problem monitoring, peer review, and information collected as a result of the CQI program are not for duplication or outside review.

Due to our company's involvement in a Patient Safety Organization (PSO), such analyses are considered Patient Safety Work Product, and are reported to the PSO to enhance learning and to prevent adverse events in the future through that learning. This also allows both Wellpath and KDOC to maintain the confidentiality of these analyses (which may identify system weaknesses or deficiencies and corrective action taken), while also providing some protection from discovery.

High-Risk Items

The Wellpath CQI program addresses many forms of risk management, including clinical and environmental risk management tools that work to identify and reduce variability, as well as reducing liability when adverse events occur. The QI Committee will address the following risk management items:

- **Critical Clinical Event (CCE) Reviews** – The QI Committee will monitor, review, and report on the healthcare staff's response to critical clinical events. The QI Committee will use the root cause analysis problem solving methodology to review the CCE.
- **Emergency Drill Reviews** – The QI Committee will monitor, review, and report on the healthcare staff's response to emergency drills.
- **Environmental Inspection Reports** – Wellpath will participate in monthly facility environmental inspections to ensure that offenders live, work, recreate, and eat in a safe and healthy environment.
- **Resolution Tracking** – The QI Committee will track deficiencies identified during routine environmental inspections through resolution.
- **Utilization Management** – Wellpath will monitor the provision of care to ensure that medically necessary healthcare services are provided in the most appropriate setting.
- **Grievances** – The Wellpath grievance process is consistent with national standards and internal client policies. The QI Committee will review and categorize grievances to identify potential

issues and determine if patterns exist or develop. Patient satisfaction surveys will be administered on topics relevant to the offender population.

- **Pharmacy** – Wellpath will ensure quality pharmacy programming through regularly scheduled on-site inspections performed by a consulting state-licensed pharmacist. We will document inspection reports and maintain them on file, and the consulting pharmacist will provide a summary of these discussions and actions to the QI Committee.
- **Pharmacy Reports** – Wellpath will use pharmacy reports to identify outliers and trends, then evaluate and address all outliers. The Regional Medical Director will review pharmacy utilization data on a regular basis.

5.10.2 QI Records (RFP PG. 50)

Wellpath will maintain Quality Improvement records on-site at each facility and at the Wellpath regional office. Wellpath's regional office staff will identify statewide trends in health care compliance and incorporate corrective action planning in the CQI program.

5.10.3 Health Services Report (RFP PG. 50)

As part of the CQI Program, the Wellpath CQI Coordinator will be responsible for providing accurate Health Services Report (RFP Appendices L, M, and N) numbers on a monthly basis to the KDOC.

CQIP Reporting - The CQI Coordinator will provide accurate Health Services Report numbers on a monthly basis to the Kansas Department of Corrections. A monthly summary of all CQI activities may be provided to the DOHCS. The summary will include compliance thresholds, problem tracking reports, and corrective action plans. Historically, this summary was been provided on a quarterly basis. This summary can be easily provided monthly, as requested in the RFP.

Quality Improvement records will be maintained at each facility and at the Wellpath Regional Office in Topeka. The Regional Office staff will be responsible for identification of statewide trends in health care compliance and shall incorporate corrective action planning in the CQI program.

RiskQual

Wellpath uses RiskQual a comprehensive Risk Management Information System (RMIS). RiskQual manages our Patient Safety program, CCEs, Quality Improvement Program, claims and lawsuits, and employee relations events. RiskQual provides the following benefits:

- **Efficiencies in Management** – the use of a web-based program allows for event review and Root Cause Analysis to occur regardless of the location of the individual requested to perform the Quality Improvement review or the employee relations investigations. This also allows for early identification of high-risk events and rapid response. With RiskQual, the risk manager is on the pulse of risk-related events, able to uniquely identify and analyze key areas in need of risk management involvement, able determine needs for improvement, and ultimately enhance the implementation of facility-wide risk control measures.
- **Document Management** – all information generated in relation to a claim, lawsuit, quality study, patient safety event, or an employee relations event can be consolidated into the RMIS

for reduced need for storage and ready access to licensed users regardless of their physical location. Essentially, these processes become “paperless.”

- **Queries** – the RMIS has the ability to query the data entered for real time reporting. This feature aids trend discovery and improvement plan development.
- **Security** – this system is HIPAA compliant and has permissions-based securities so the potential for a breach of quality improvement, legal, and employee relations information is significantly reduced.
- **Reporting** – the RMIS is very user friendly and provides consistent and streamlined reporting of events from the field.

Safety

RiskQual is Kansas State/National/Federal Regulatory Compliant and provides a Root Cause Analysis/Action Plan.

RiskQual Management Capabilities:

- Automated Follow-Up via system or email based on User-Defined Rules
- Mail Merge, File Attachments, Appointment Tracking
- Automatic Email integration to MS Outlook
- Direct integration between modules
- Online data entry tool for Occurrence Reporting/Incident Entry.
- The claims module provides a comprehensive claims management tool for the effective and efficient processing of claims and lawsuits data.
- The Quality Module provides the tools for full automation and control of the quality management process.

5.10.4 Monthly CQI Activity Summary (RFP PG. 50)

Wellpath will submit to the Director of Health Care Compliance a summary of all CQI activity each month, to include compliance threshold, problem tracking reports, and corrective action plans when in accordance with our PSO. Joint quarterly meetings will be held between the Office of Health Care Compliance (OHCC) and Wellpath to evaluate the quality of the health care being provided as documented by the CQI program data.

Wellpath understands the OHCC can mandate areas of concern be monitored by Wellpath’s CQI Process in order to maintain quality of care across the system. We acknowledge that the CQI program for the KDOC must look specifically at health care processes specific to the KDOC regardless of what issues are being monitored across Wellpath’s other contracts. The KDOC-specific CQI plan will identify indicators that are being met, indicators not being met, action plans to correct the indicators not being met, and a plan for re-evaluation until all indicators are met.

5.10.5 EHR System Reports (RFP PG. 50)

Wellpath has included in the plan the use of NextGen, your EHR system, to obtain reports outlined by the CQI Coordinator and the EHR Committee as outlined in RFP Section 4.20. If the reports are found to

retrieve incorrect data, Wellpath will correct the electronic reports so that the correct data is retrieved within 30 days.

Healthcare Effectiveness Data and Information Set (HEDIS)

The **Healthcare Effectiveness Data and Information Set (HEDIS)** provides outcome measures against which health plans, Medicare groups, and Medicaid groups can compare their performance. They reflect actual performance against metrics that are considered important by experts in healthcare across the delivery spectrum. They provide opportunity for correctional systems to compare themselves against community performance; as such they are the most applicable, objective measures of the "standard of care in the community."

Not all HEDIS measures are appropriate for use in correctional settings, however. We measure our performance against Medicaid, where these outcomes exist, as this is the most similar population to that which we serve. Should Medicaid outcomes not be available, Wellpath will decide based on the indicator which outcome to compare, using the data published in the previous year.

We have included examples of the following CQI Studies in **Attachment N**:

- Scheduled and Unscheduled Off-Site Care
- Suicide Prevention
- Medication Assisted Treatment (Mat)
- Patient Safety

Upon transition, Wellpath will conduct initial studies to identify areas that need improvement and monitoring that will be an additional guide to clinic outcomes. A sample of a Baseline Audit we used with statewide DOC systems is included in **Attachment O**.

We will take into account any items in need of improvement as identified during the RFP process and discuss with the DOC the plan for the vision of care. Wellpath will work with KDOC and the office of Healthcare Compliance to develop Kansas-specific indicators. We have previous CQI indicators that we will be able to refer to as our baseline for new indicators.

We will work to identify clinical outcomes that can be tracked electronically and provide the Department real time access to the current state of care. The Regional Office CQI personnel will have oversight and collaborate with site staff to ensure audits are conducted and corrective action plans executed as needed.

Automated Tracking and Reporting of Client Metrics: Customized monitoring views are used to track key events in the patient care lifecycle, including annual health appraisals, dental exams, chronic care visits, and any other site-specific protocols. Metrics can be combined for each facility's peer group to show how the facility compares to others.

The CQI program consists of the following key elements:

- An established multidisciplinary quality improvement committee that meets quarterly to design CQI activities and to implement corrective actions
- A review of the effectiveness of the CQI program
 - A complete review of all CQI studies

- A complete review of administrative and staff meeting minutes
 - Review of other CQI-related written materials
- At least one process or outcome quality improvement study that:
 - Identifies an existing problem at the facility
 - establishes a threshold
 - Include the development and implementation of improvement plans
 - Includes monitoring and evaluation of the results of the improvement plans

Indicators for High Risk/High Volume Activities

The CCQ CQIP will address activities that are inherently high risk, or that occur at high volumes. These include the following activities:

- Risk Management
- Credentialing
- Infection Control
- Grievances
- Emergency and Disaster Drills
- Pharmacy and Therapeutics Committee
- Medication Error Reduction
- Accreditation
- Care Management
-

Indicators for Self-Injurious Behavior and other Sentinel Events

Serious events, such as deaths, near suicides, hospitalization necessitated by certain potentially avoidable conditions (for example diabetic ketoacidosis, delirium tremens, status asthmatics and ruptured appendix) requiring hospitalization, and other events of concern to our clients rarely occur within correctional settings. However, when they do occur they deserve individual review to identify any process failures that might be modified to improve future outcomes.

Wellpath calls these events "critical clinical events." All critical clinical events are discussed at CQI committee meetings, in relation to process issues, and are patient de-identified.

Special Treatment Procedures

The CQIP will include special provisions to establish procedures for the use of special treatment procedures, and to review those procedures and any incidents when such treatments become necessary.

Mental Health Watch

Wellpath will play an active role in managing mental health emergencies. Inmates demonstrating self-injurious behaviors and increased suicide risk will be placed on constant observation until a comprehensive mental health evaluation can be completed and an appropriate disposition determined. Designated mental health housing will be used as a protective environment for inmates exhibiting behaviors that require close monitoring.

When inmates are in crisis, they will receive regular visits from mental health staff in order to provide support and evaluate their risk. Providing supportive and diagnostic services to inmates when they are in crisis will:

- Provide needed support to the patient
- Manage utilization of medical services (research has demonstrated that many people in crisis seek medical attention when their needs are more psychological) and provide a point of collaboration with the psychiatric provider if a medication adjustment or re-assessment is needed

Mental health staff will perform scheduled rounds and evaluations when patients are placed in observation or isolation. Inmates will be cleared from close observation and suicide watch only by qualified mental health professionals.

Mental health staff will meet daily with correctional staff to share relevant information, to review the status of inmates on constant observation, and to make determinations regarding continued observation or return of inmates to general population. The psychiatrist or designee will determine when an inmate can be returned to general population, with documentation in the inmate's health record regarding the decision.

Restraints

Patients who are demonstrating assaultive behavior, suicidal behavior, self-injurious behavior, or other behaviors potentially dangerous to themselves or others will be given the opportunity to de-escalate by means of verbal interventions, encouragement of voluntary removal from the precipitating situation or any non-physical de-escalation method in accordance with the patient's personal safety plan. If these methods fail and there is an imminent risk of the patient physically harming himself or others, a decision to restrain the patient may be initiated by a physician, registered nurse or highest level staff immediately available who is trained in seclusion and restraint procedures.

Chemical Restraints

A chemical restraint is a medication that is used to control the behavior or to restrict the patient's freedom of movement and is not a standard treatment of the patient's psychiatric condition.

Wellpath has developed an emergency psychotropic medication protocol for patients determined by a physician to be dangerous to themselves or others due to acute psychiatric symptoms. The emergency administration process complies with NCCHC standards, as well as applicable laws and regulations governing emergency use of forced psychotropic medications. Emergency psychotropic medications are prescribed only when clinically indicated, and are not used for disciplinary reasons or for the management of negative behaviors associated with personality disorders. Wellpath has a Quality Improvement process for monitoring emergency administration of psychotropic medications that will be completed after such an event occurs.

When an emergency medication is administered, the patient will be placed on continuous observation for no less than one hour to monitor vital signs, including respiratory status. The patient must then remain on continuous observation watch until a mental health staff member, through a face-to-face evaluation and consultation with a psychiatric provider, determines that the patient no longer poses an imminent threat to self or others. If a second dose of emergency psychotropic medication is considered,

the psychiatrist must reconsider the entire course of care during the immediate event. In no case may a psychiatrist order a third dose of emergency psychotropic medication without a face-to-face evaluation of the patient. Additionally in these cases, the psychiatrist will consider the need to petition for commitment to an inpatient psychiatric unit if the patient is determined to present a need for this level of care.

Therapeutic Restraints

Wellpath will have established policies to govern authorized restraints, including personal restraint, ambulatory restraint, and four-point restraints (beds and chairs).

CQI for Subcontractors

Wellpath will oversee and document CQI activities conducted by subcontractors, including our laboratory, x-ray, pharmacy, psychiatric, dental, and dialysis services subcontractors. Wellpath will provide documentation verifying these activities to the DOC.

5.11 Contract Monitoring/Management and Directing Services and Peer Review (RFP PG. 50)

5.11.1 Management and Oversight Staff (RFP PG. 50)

Wellpath acknowledges the OHCC will provide management and oversight staff for professional, contract management and oversight, observation of treatment, and assessment of program outcomes.

5.11.2 Peer Review (RFP PG. 50)

Wellpath acknowledges the OHCC will provide peer review for patient care cases relative to this contract.

Wellpath will provide a peer review consistent with accreditation and contractual responsibilities to ensure that the healthcare program meets community standards of care. Peer reviews will be conducted by an internal provider and will ensure an unbiased review. Wellpath will work with the KDOC to share any information not restricted by applicable state and federal laws.

5.11.3 Scheduled and Unscheduled Audits (RFP PG. 50)

Wellpath's regional office staff and site staff will support and cooperate with scheduled and unscheduled audits of selected health care areas as developed and required by the OHCC. Wellpath acknowledges OHCC staff have the right to conduct these audits on behalf of the KDOC without the presence of Wellpath's Regional Office staff.

5.11.4 Offender Deaths (RFP PG. 50)

In instances of offender deaths, the Wellpath HCP will complete a death summary and submit the summary to the OHCC within seven days from the date of death. Wellpath acknowledges that the KDOC

will arrange for all autopsies as required by law and KDOC policy. Wellpath will cooperate and participate in any investigation by the Kansas Bureau of Investigation and/or any other state government oversight investigation as approved and required by the Secretary of Corrections.

In the event of an inmate's death, the site Medical Director, HSA, and appropriate correctional personnel will be notified; in the event of a suicide, homicide, accidental, or suspicious death, the medical examiner and appropriate law enforcement officials will also be notified. Wellpath will participate in conjunction with the State Attorney, or designee, to conduct a mortality review consistent with NCCHC and ACA standards, as well as state and federal law.

The HSA will notify the Wellpath Regional Manager, electronically report the event directly to the Director of CQI, and assist in providing information to administration, who will then communicate with the patient's next-of-kin and request an autopsy. A copy of the autopsy report and death certificate will be filed in the offender's closed medical record.

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

Wellpath will report all deaths in accordance with pertinent regulations and timeframes. The report will include a narrative medical history covering the period 90 days prior to the death, the deceased's primary medical or psychiatric diagnosis and therapy provided, and a narrative description of the terminal event. If additional facts or critical information are discovered about a submitted incident, Wellpath will submit a follow-up report within 14 days of such a discovery.

Wellpath will notify the State Attorney and designated KDOC representative(s) in writing of any offender-related litigation we receive involving correctional healthcare. We will not settle any offender litigation without first contacting the State Attorney.

5.11.5 Serious Incident Review (RFP PG. 50)

Wellpath will conduct a Serious Incident Review (SIR), chaired by the Regional Medical Director, on all unexpected deaths, suicide attempts, and any adverse event related to the provision of health care that results in a hospital admission. Wellpath will provide a copy of the SIR to the Director of Health Care Compliance within 30 calendar days of the serious event.

Wellpath acknowledges:

- The SIR shall be treated as and considered a part of the Peer Review process.
- The SIR shall be structured and follow generally accepted practices for completing such investigations (e.g., "root cause analyses").
- If warranted, separate corrective action plans shall be developed to address any issues identified as part of the SIR, which will include a timeline for completion and the individual staff responsible for their completion. Such plans will be provided to the OHCC either as part of the

SIR, or as a separate document (if it is to be a second document, it is to be submitted to the OHCC within 14 days of the submission of the SIR report).

Critical Clinical Event (CCE) Management

Should a CCE occur, the HSA for the facility will promote patient safety by instituting systems to prevent adverse and near-miss clinical events. This will be achieved through the Continuous Quality Improvement (CQI) program and the Wellpath Safety Program. The HSA, in conjunction with the CQI program, will establish an error reporting system for health staff to voluntarily report, in a non-punitive environment, errors that affect patient safety. Additionally, the HSA or Medical Director can recommend a review of an adverse or near-miss clinical event.

A critical clinical event (CCE) is an occurrence involving death or serious physical or psychological injury, or risk thereof. CCE reviews are conducted on clinical occurrences that are considered a patient safety issue, including but not limited to:

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

At the conclusion of the CCE review process (to include if cause is due to failure of policy or procedure), a corrective action plan will be maintained on site, along with a record that the CCE review was discussed in the QI Committee meeting. Additionally, our corporate Risk Manager will retain at the Wellpath Home Office a full record of the CCE review and recommendations, a full record of Root Cause Analysis (if one was performed), and supporting documentation as deemed necessary by the Risk Manager.

5.11.6 OHCS Access (RFP PG. 51)

Wellpath will include provisions that grant and allow the OHCS access to, and inclusion in discussions, reviews, meetings, and any other activities that impact the care provided to offenders. We acknowledge this includes, but is not limited to:

- Scheduled and unscheduled site level team, departmental or service-wide meetings.
- Daily, weekly and/or quarterly oversight, quality, planning and review meetings and/or teleconferences.

- Statewide or local management meetings in which patient care, program review and/or any other topics associated with the health or mental health care services are discussed.
- Complete access to the EHR and any/all paper health care records, meeting minutes, or other documents necessary to facilitate the ongoing peer review process.

5.11.7 Internal Peer Review Program (RFP PG. 51)

Wellpath has included a plan for an internal peer review program, established for HCPs practicing in the KDOC system. As part of the CQI Program, HCPs will evaluate their own and other HCP's documentation of health care practices.

Wellpath completes annual peer review of its Physicians, Psychiatrists, Dentists, Physician Assistants, Advanced Practice Nurses, Psychologists and Masters-Level Mental Health Professionals. The purpose of the peer review is to assure the clinical practice of the practitioner is competent and is congruent with the practice guidelines. The review also creates an opportunity for the practitioner to receive feedback regarding his/her performance from another practitioner with an understanding of the clinical practice being reviewed in the hope that such feedback will lead to an improvement in the quality and/or efficiency of that clinical practice. Peer review is highly confidential and is not open to distribution or discovery; in most instances, courts have zealously guarded this confidentiality.

Several accrediting agencies require that peer review be completed annually. These agencies, including NCCHC and ACA, do not need to see the actual peer review, but they do need to see evidence that it has been carried out. Wellpath will maintain Peer Review Signature Sheets at the Topeka Regional Office, assuring the completion of the peer review and discussion of findings with the practitioner.

The peer review process includes review of representative health records (types of records reviewed depends upon the nature of the practice), interviews with selected coworkers, including but not necessarily limited to the Health Services Administrator, regarding the practitioner's performance, an interview with the practitioner regarding his/her perception of his/her performance, and an exit interview during which the reviewer discusses the findings with the practitioner.

When significant opportunities for improvement are identified, the Peer Reviewer will work with the practitioner to develop a Performance Improvement Plan. The peer review will then be scheduled for follow-up at a date that is reflective of the magnitude of improvements to be made by the practitioner.

5.12 Utilization Management (RFP PGS. 51-52)

5.12.1 Implementation and Management of UM Program (RFP PG. 51)

Wellpath Care Management System

Wellpath will implement our web-based Care Management system at the KDOC facilities to be **operational on Day One of the contract at no cost to the KDOC**. Our Care Management System creates more clinical control and cost efficiencies for off-site care by allowing us to track off-site services, ensure timely return from off-site visits, manage claims, and provide reports to assist our clients with cost containment and budget preparation.



The Care Management system will function alongside the KDOC's Offender Management Information System (OMIS), to ensure accurate reports for the KDOC. The KDOC will be given login information for the Care Management system in order to access management information and monitor off-site scheduling and inpatient status. With our robust Care Management system, Wellpath can offer the KDOC a level of automation and accuracy in reporting that *none* of our competitors can match.

Advanced Utilization Management

Wellpath has the strongest utilization management program in the industry for managing patient care. Our Care Management program uses evidence-based guidelines to determine medical necessity as part of our approval process.

The Wellpath Care Management program is clinically overseen by **Medical Director of Care Management, Donald Rhodes, MD** and is operationally managed by **Vice President of Care Management, Pablo Viteri**. Dr. Rhodes and the Care Management team will work together with Statewide Chief Medical Officer, and on-site medical personnel to ensure that patients receive medically necessary healthcare services in the most appropriate setting.

Care Management System

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

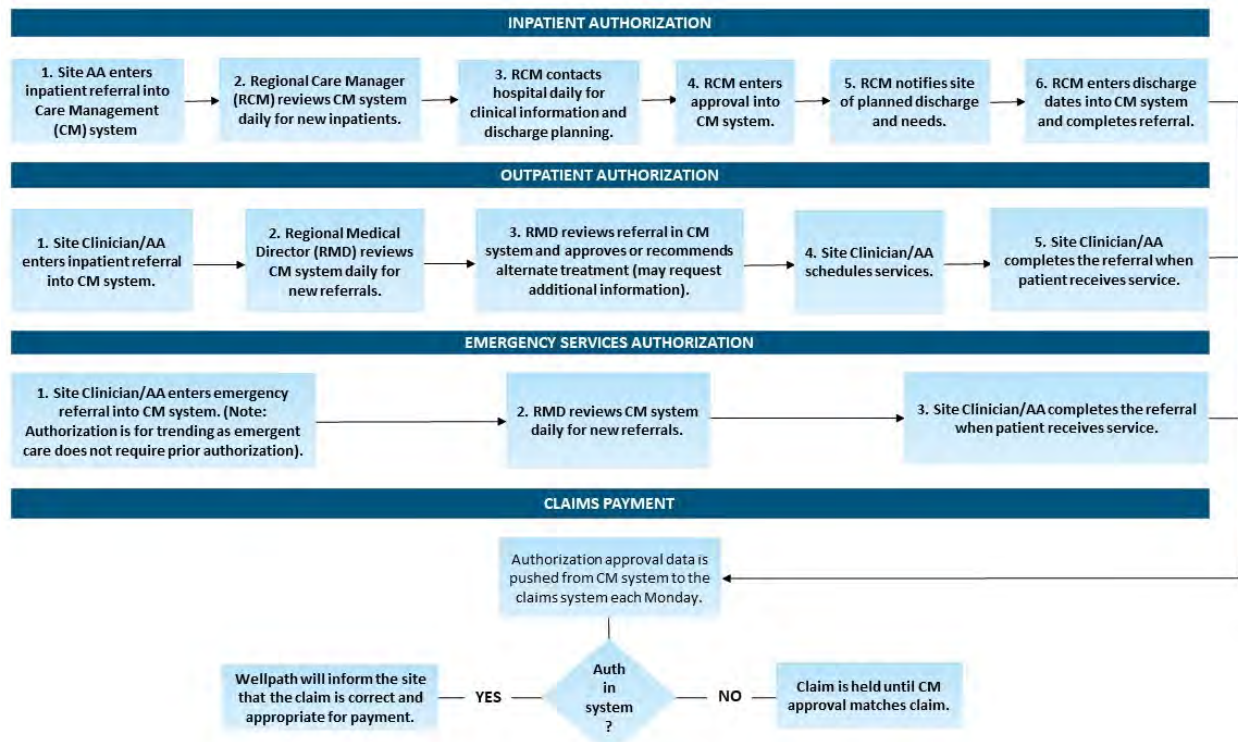
Wellpath will coordinate, validate, and track off-site care and invoicing through the Care Management system. We use an established review process to ensure that off-site referrals are medically necessary, and that payments made are appropriate. Following is a summary of the Wellpath Care Management process.

1. When an on-site provider determines that an offender may need community-based services, the provider uses the Care Management system to document and communicate the Consultation Request.
2. Our Statewide Chief Medical Officer will access the Care Management system daily to review requests and take one of the following actions:
 - Authorize a specific diagnostic or therapeutic modality
 - Recommend an alternative treatment plan
 - Request additional information
3. If it is determined that the requested service is medically necessary, the request is approved and an authorization number is established in the Care Management system, which automatically sends the authorization number to the site and to the Wellpath Claims Department.
4. Once the site receives an authorization number, an appointment can be scheduled within the system. Authorization numbers are only valid for a specific period. Wellpath will communicate service approval to the community provider and will require pre-approval in order to assume financial responsibility for services rendered. We will also verify that all invoiced charges are

appropriate. Since the system sends the authorization number to our claims department, they are able to review every invoice to ensure that the KDOC is only billed for the approved services.

5. If a patient is released from custody prior to a scheduled appointment, Wellpath will notify the community provider that the KDOC is no longer financially responsible, and remove the pending appointment from the system.
6. The site Medical Director will review and address discharge summaries and medical recommendations that the community provider makes.

The Wellpath Review Process



Prospective Review (Prior Authorization)

Wellpath requires prior review and authorization of all non-urgent or non-emergent care. Our clinicians follow ACA and NCCHC standards and correctional guidelines to review and approve services. The site Medical Director will initiate a second review if standards are not clearly met. Alternative treatment is only at the discretion and direction of a physician.

Emergency Services

Wellpath does not require prior authorization for emergent services. Medical personnel may make emergency off-site referrals based on established guidelines and their professional interpretation of a patient's need. Off-site medical services exceeding the scope of the initial emergent episode are not covered. Unrelated, non-emergent diagnostic services or treatment initiated in conjunction with an emergent event requires prior authorization.

Length of Stay Management

Wellpath will assign a Medicaid Enrollment Coordinator to manage all off-site, inpatient care on a daily basis through contact with the hospital. Our Care Management team is notified of inpatient admissions at the time of admission. Wellpath Regional Care Managers and Regional Medical Directors follow NCCCHC standards, InterQual Criteria, and correctional guidelines to review inpatient services daily.

Clinical Decision Support

Concurrent Review

Our Medical Director of Care Management holds clinical rounds via telephone twice weekly to ensure inpatient stays are appropriate and meet national guidelines (InterQual Criteria) for continued inpatient stay. The Wellpath site Medical Director, Statewide Chief Medical Officer, and Medicaid Enrollment Coordinator will attend the clinical rounds discussion. As a result of this multidisciplinary approach, Wellpath ensures that inpatient stays are well managed and appropriate transitions of care are completed with improved accuracy.

InterQual Criteria provide evidence-based clinical decision support guidelines to ensure that care is provided in the most appropriate setting. InterQual helps providers determine the most appropriate level of care based on severity of illness and intensity of care required.

Retrospective Review

The Wellpath Care Management Department and site leadership retrospectively review emergency care. Wellpath uses a retrospective review process to resolve claims issues, determine appropriateness of care post-delivery, and perform focused reviews. We will also perform focused reviews at the request of the provider.

Discharge Planning

Wellpath manages a robust hospital discharge planning process, which begins at inpatient admission. Our Medicaid Enrollment Coordinator will work collaboratively with our on-site staff and hospital staff to ensure appropriate transitions of care. This partnership will help us ensure that excellent care continues from hospital discharge through return to the facility.

Documentation and Follow-up

Medical staff will see patients returning from a hospital stay for follow-up during the next provider sick call clinic, and will document the follow-up in the patient's medical record. All information and documentation returned with the patient will become part of the patient's medical record, including a detailed discharge summary, along with a disposition and instruction sheet describing actions taken, orders written, and treatments performed.

Utilization Review

The Wellpath Care Management system generates reports that allow us to analyze the utilization of off-site services on behalf of our clients. We will use this data to assess the need for additional on-site and off-site services, as well as the potential impact that systems such as telemedicine may have. We will continuously evaluate both the number of cases as well as the costs associated with transporting

offenders in determining which clinics are held on site. Constant evaluation of specialty services will ensure the most cost-effective solution for clinics.

Wellpath requires prior review and authorization of all non-urgent or non-emergent care. Our clinicians follow ACA and NCCHC standards and correctional guidelines to review and approve services. The site Medical Director will initiate a second review if standards are not clearly met. Alternative treatment is only at the discretion and direction of a physician.

5.12.2 Integration and Coordination with Current Medicaid Policies (RFP PG. 51)

The Utilization Management Program includes integration and coordination with current Medicaid policies to meet KDOC, Federal HRSA, and KDHE requirements as it relates to information gathering, statistics, and claims processing. Wellpath will be responsible for all clinical decisions and hospital discharge planning.

Wellpath previously assisted the KDOC in passing legislation extending Medicaid pricing to offenders held in county Jails in Kansas. Once legislation passed, we setup a process to reprice claims for a fixed fee per claim for any jail in Kansas that needed the service. We continue that service today, even after ending the KDOC contract in 2013. **In 2019 alone, our repricing has resulted in \$3,152,534 in savings for Kansas jails.** Wellpath is well-prepared to integrate and follow Kansas Medicaid policy and claims processing for the KDOC.

5.12.3 Inpatient Services (RFP PG. 51)

Wellpath understands inpatient services are currently part of the comprehensive healthcare price and that Medicaid provides for offenders that are released to the hospital greater than 24 hours, for patients under age 19, pregnant females, chronic disease resulting in disability, and over age 65. We also understand this has, historically for the last three years (FY 2017 – FY 2019), represented 39% of your inpatient hospital days.

Wellpath acknowledges the OHCC assists both the KDOC and the KDHE in administering the plan and that Wellpath will be responsible for cooperating and assisting eligible offenders in completing Medicaid applications and forwarding those applications to the OHCC. In addition, Wellpath will provide the OHCC with a detailed list of offenders who are inpatients at a community hospital. This information will include access to any record(s)/communication(s) that will assist in determining Medicaid eligibility.

Wellpath understands the OHCC coordinates with the KDHE and the KDOC for eligibility determinations and that any monies paid by Medicaid to off-site hospitals for those offenders qualifying will be deducted at 100% rate from Wellpath's monthly payments.

Wellpath Kansas Hospital Experience

Wellpath has always placed a very high emphasis on cultivating and maintaining a strong and collaborative relationship with the Kansas local community hospital and physician providers. Such a relationship is a hallmark of Wellpath nationwide, and will be critical to enabling KDOC and Wellpath to obtain medically necessary hospital services in combination with the proper stewardship of taxpayer resources. Wellpath historically paid special attention to its Kansas hospital provider network,

During our ten-year partnership with the KDOC, Wellpath had several success stories with Kansas hospitals & physician providers which was evident when these hospitals were contacted about supporting our pending 2020 proposal. Several examples follow:

Hutchinson Correctional Facility: Hutchinson Correctional Facility and Wellpath had a time where the local community hospital (known then as Promise Regional Medical Center) and the local predominant medical group (Hutchinson Clinic) had refused to accept offender patients, thus forcing Hutchinson Correctional Facility to transport patients to Wichita, resulting in increased cost and security risks for KDOC. In 2011, the Hutchinson Correctional Facility Warden became aware of an Administration change at Promise Regional (which would also include a name change to Hutchinson Regional Medical Center, or HRMC) and advised Wellpath that the new HRMC administration may be receptive to treating HCF patients. Wellpath supported the Hutchinson Correctional Facility Warden's initiative by contacting the new HRMC CEO & CFO, and arranged a meeting of KDOC, Wellpath, and HRMC administrators on-site at HRMC. Wellpath then contacted, visited, and worked with the Hutchinson Clinic physician group in order to obtain their physician services, both inpatient and outpatient, in Hutchinson and at HRMC. Wellpath was able to coordinate and negotiate contracts with both the hospital and the physician group, and in the 12 month period ended 5/31/13, 9 out of 14 HCF acute inpatient admissions were at HRMC, with only 5 admissions taken to the Wichita area, all 5 of which required higher-level tertiary care. *A letter of support from Hutchinson Regional Medical Center is included with our proposal.*

Norton Correctional Facility: In 2012, Wellpath elected to change its employee health benefit plan to an Aetna plan. At the time, Aetna did not include Norton County Hospital (NCH) in its network. NCH then attempted to join the Aetna network but Aetna prevented it. The NCH CEO then contacted Wellpath, and Wellpath then advised Aetna to add NCH to the Aetna network. Aetna did so shortly thereafter. Although not an issue affecting offender care, this is an example of Wellpath's strong provider relationships. *A letter of support from Norton County Hospital is included with our proposal.*

El Dorado Correctional Facility - Oswego Unit: KDOC & KUPI conceptualized a 270 ADP ADL facility in Oswego for the ageing and disabled KDOC population. Wellpath then worked in partnership with KDOC & KUPI to develop the operational details, construct a business plan, and to negotiate a services arrangement with Oswego Community Hospital and other Labette County and nearby communities' healthcare providers. The ADL facility opened in the fall of 2012.

Lansing Correctional Facility: Lansing Correctional Facility had traditionally used Providence Medical Center (PMC) in Kansas City, KS and St. John Hospital (STJ) in Leavenworth, KS as hospital providers. Due to customer service and cost concerns, Wellpath determined that an alternative provider was required. Wellpath then negotiated a contract with St. Luke's South Hospital in Overland Park. In April 2013 the PMC/STJ system was acquired by Prime Healthcare, a California-based system. Wellpath worked with the new ownership to revise the relationship and amended contract.

El Dorado: El Dorado Correctional Facility historically used Wesley Medical Center for most hospital services, and had a good working relationship with that institution. A competing Wichita hospital - Via Christi –was also used to a lesser extent by Wellpath for KDOC patients but had previously been unwilling to agree to a reasonable discount arrangement. Wellpath was able to reach an agreement with Via Christi, which resulted in a reduction in the offsite costs to the KDOC. *A letter of support from Via Christi Hospital Wichita is included with our proposal.*

KU Medical Center & KUPI: Wellpath is very mindful of the importance of maintaining a positive and solid relationship with the University of Kansas Medical Center, and in particular with the KUPI personnel who are the overseers and monitors of the KDOC medical vendor contract. KUPI serves as the guiding force for direction and support for this contract as both parties will need to work together to maintain and continually improve the health care efficacy and efficiency for the Kansas patients that we would serve, while also keeping in mind the obligation to be proper stewards of taxpayer resources. A prime example of this is noted above for Oswego - the realization of the need for and the conceptualization by KUPI of a Geriatric Care facility for KDOC, for which Wellpath then supported KUPI and KDOC by preparing a business plan, researching and detailing the necessary logistics, and negotiating contracts as necessary with local offsite healthcare providers, etc. We believe KUPI would support a working relationship between KUPI and Wellpath in the future.

Facility	Address	City	State	Zip
El Dorado Correctional Facility	1737 US-54	ElDorado	KS	67042
Susan B. Allen Memorial Hospital (3 Miles)				
Kansas Medical Center (20 Miles)				
Ellsworth Correctional Facility	1607 State Street	Ellsworth	KS	67439
Ellsworth County Medical Center (2 Miles)				
Lincoln County Hospital (26 miles)				
Hutchinson Correctional Facility	500 Reformatory Street	Hutchinson	KS	67501
Hutchinson Regional Medical Center (4 Miles)				
Newton Medical Center (33 Miles)				
Kansas Juvenile Correctional Complex	1430 NW 25th Street	Topeka	KS	66618
Stormont Vail Hospital (5 Miles)				
University of Kansas - St. Francis Campus (6 Miles)				
Lansing Correctional Facility	301 E. Kansas Street	Lansing	KS	66043
Saint John Hospital (3 Miles)				
Saint Luke's Cushing Hospital (5 Miles)				
Larned Correctional Mental Health Facility	1318 KS Highway 264	Larned	KS	67550
Pawnee Valley Community Hospital (4 Miles)				
Edwards County Medical Center (4 Miles)				
Norton Correctional Facility	11130 Road E4	Norton	KS	67654
Norton County Hospital (4 Miles)				
Decatur County Hospital (33 Miles)				
Topeka Correctional Facility	815 SE Rice Road	Topeka	KS	66607
Stormont Vail Hospital (5 Miles)				
University of Kansas - St. Francis Campus (6 Miles)				
Wichita Work Release Facility	401 S. Emporia Street	Wichita	KS	67202

Facility	Address	City	State	Zip
Wesley Medical Center (30 Miles)				
Ascension Via Christi St. Francis (32 Miles)				
Winfield Correctional Facility	1806 Pinecrest Circle	Winfield	KS	67156
William Newton Hospital (2 Miles)				
South Central Kansas Medical Center (12 Miles)				

5.12.4 EHR Updates (RFP PG. 51)

Wellpath will enter and update data into the EHR system to include offender history of birth records, Medicaid beneficiary ID numbers, current medical insurance, and disability claims. This information will be obtained as part of the mental health and medical intake process.

5.12.5 EHR as Official UM Documentation Source (RFP PG. 52)

Wellpath acknowledges the KDOC considers the NextGen EHR to be the official documentation source of all utilization management activities regardless of any proprietary Wellpath methods of documenting utilization management activities. We understand that as the OHCC reviews records for ascertaining compliance with the utilization management aspects of this contract, the EHR will be the only source utilized to measure compliance.

5.12.6 Decision-Making Process (RFP PG. 52)

Wellpath has outlined in [Section 5.12](#), the health care decision-making process. Utilization decisions will be made by the Kansas-licensed Regional Medical Director based in Wellpath's Topeka, Kansas, Regional Office with access to the KDOC's EHR, NextGen, utilizing appropriate community standards of care.

Wellpath will update decision-making processes as community standards of care are updated during the life of the contract. Wellpath will be responsible for all clinical decisions. We acknowledge the following examples of unacceptable utilization management practices:

- Documenting UM activities, medical information, medical care plans using proprietary methods but not in the EHR.
- Making UM care decisions by non-Kansas licensed physicians located outside of Kansas without access to the EHR.
- Using alternative treatment plans that are not based on current standards of care.

Wellpath will conduct CQI studies of utilization practices such as:

- The amount of time between submission of utilization requests to time of actual decisions,
- The amount of time between actual decision until necessary procedure/consultation scheduled, and
- The amount of time between actual decision until procedure/consultation completed.

Wellpath's Regional Medical Director or designee will meet on a weekly/regular basis with the OHCC to jointly review UM activities and/or specific cases.

5.13 Reports and Manuals (RFP PG. 52)

5.13.1 Regional Office Responsibilities (RFP PG. 52)

Wellpath will provide detailed statistical reports each month. These reports will include data that reflect the previous month's activity. Wellpath will maintain an extensive logging system for collecting data and statistics to assist in analyzing trends in the utilization of healthcare services. Demonstrating accountability through transparent reporting is a Wellpath core competency. In all medical operations, but especially in the corrections environment, it is essential to keep detailed accurate records that are readily available and easily accessed.

As stewards of the State of Kansas DOC Health Care Program, accountability for the success of your program will be our responsibility. To continually review the effectiveness of our program and to improve overall program quality and efficiencies, Wellpath will provide more clinical and operational reports than any other company in the industry.

Wellpath's clinical and operational leadership team uses powerful business intelligence software, such as [Tableau](#), to ensure efficient delivery of services. By using these tools, we can identify trends as they emerge. A sample of the key indicators tracked using this software include: Off-site referrals; Inpatient/ER utilization; Claim details; Pharmacy utilization; Labs; Filled/vacant FTEs; and Overtime.

One of our most recent innovations, the [Wellpath Client Portal](#), will provide the KDOC real-time reporting on statistics related to the delivery of care, such as intake screenings completed, staffing hours provided, and more. It is a secure digital gateway for shared communication and information that designated KDOC staff can access via a web browser or mobile application.

Reports specifically prepared to meet the needs of the KDOC include monthly statistical reports regarding the operation of the healthcare program and the volume of services being provided to the KDOC patients.

Wellpath's regional office staff will be responsible for writing, maintaining and producing copies of reports, manuals and guidelines to assist facility staff in the daily handling of health care issues. The reports and manuals will include, but not be limited to:

- Policy and Procedure Manual
- Quality Improvement Manual & Reports
- Infectious Disease Control Manual & Reports
- End-of-life Hospice Manual
- EHR Manual
- Hepatitis Control Protocols
- Treatment Guidelines
- Behavioral Health Treatment Manual
- Monthly Meeting minutes as required by NCCHC and ACA

- Health Services Report (sample provided in RFP Appendix L, M, and N)
- Inpatient Hospital Report
- Infirmary Report
- Infectious Disease Control Report
- Utilization Management Weekly Offsite Appointment Schedule
- All reports as described in the RFP

5.13.2 Monthly Reports (RFP PG. 52)

Wellpath will ensure all monthly reports are forwarded to the KDOC by the 10th day of the following month for which they were written.

5.13.3 Manual Review and Update (RFP PG. 52)

Wellpath will ensure all manuals are reviewed and updated annually. A statement of annual review with all changes made to the manuals shall be forwarded to the KDOC by July 1st each year.

5.14 Accreditation (RFP PG. 53)

Wellpath will obtain and maintain NCCHC and ACA accreditation in coordination with the KDOC management team. ACA accreditation shall be for the health care operations only.

5.15 Offender Grievance Mechanism (RFP PG. 53)

5.15.1 Offender Complaints (RFP PG. 53)

Wellpath has provided the policies and procedures to be followed in dealing with offender complaints regarding any aspect of the health care delivery system in **Tabbed Attachment E**. These will be adapted, if necessary, to comply with applicable Kansas Administrative Regulations

We recognize that our first responsibility is to our patients, to allow them access to care and treatment sufficient to meet their medical needs, and we train and expect our staff to operate efficiently and appropriately while respecting those needs. Our excellent litigation history and our record of reduced grievances are indicative of the exemplary care our team members provide. All Wellpath personnel receive grievance resolution training, which teaches them to address concerns at the point of contact prior to the offender initiating a grievance.

Grievance Reporting

Wellpath will maintain a daily log of all grievances that will include the name of the person filing the grievance, the date and nature of the grievance, staff named in grievance if any, whether the grievance is founded or unfounded, staff responding, and date and nature of response.

Sample Grievance Log

Site Name: _____ Site Number: _____		GRIEVANCE LOG										
Patient Name	Patient Number	Date Received by Medical (this should match the date stamped on the grievance)	NATURE OF GRIEVANCE	** GC (include as many codes as appropriate)	Staff named in grievance (please list requested if the grievance is substantiated)	Same complaint within 30 days? (Y or N)	Founded or Unfounded	Face-to-face conversation with patient? (Y or N)	Describe Grievance Response by Staff (what did staff tell the patient)	** RC	Staff Responding	Date of Response
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												

** GC = GRIEVANCE Categories (include as many as needed)			
1. Dissatisfied with Quality of Care	7. Request for Off-Site Specialty Care		
2. Dissatisfied with Response to Non-Medical Request	8. Conduct of Healthcare staff		
3. Delay in Healthcare Provided	9. Threat of Litigation		
4. Problems with Medication	10. Other		
5. Requesting results of healthcare diagnostic studies/labs	11. Medical/Somatic		
6. Special requests (diet, shoes, mattress, etc.)	12. Mental Health	13. Dental	

** RC = RESOLUTION Categories			
A. Provided explanation/inform	D. Ordered medication		
B. Corrective action with staff	E. Scheduled appt.		
C. Communication Clarification	F. Unresolved		

A Discipline Code (bolded and shaded above) MUST be included in the GC listed in each entry on log.

Wellpath will submit to the KDOC a monthly report identifying offender grievances, along with copies of all medical grievance requests and their resolutions. We will categorize all grievances received and provide grievance statistics as a part of the monthly health services statistical report, with data including but not limited to:

- Number of offenders with grievances
- Dissatisfied with medical care
- Dissatisfied with dental care
- Dissatisfied with mental health care
- Dissatisfied with staff conduct
- Dissatisfied with delay in healthcare
- Problems with meds
- Request to be seen

5.15.2 Response Timeframe (RFP PG. 53)

The Wellpath grievance process will be consistent with national standards and with KDOC policies. Wellpath staff will attempt to respond to grievances, complaints, and inquiries as soon as is practical, generally within 72 hours of receipt. All Wellpath healthcare staff will be available to attend to medical grievances, which include complaints such as not being seen in a timely manner for a sick call request, medications not being started in a timely manner, and conduct of healthcare staff.

The site Medical Director or designee will resolve urgent grievances, which are defined as those complaints that involve an immediate need on the part of the offender for healthcare services. Wellpath

will resolve concerns and grievances in collaboration with the HSA and mental health, dental, pharmacy, or other appropriate service providers.

The HSA or appropriate designee will work with the KDOC in the investigation, follow-up, and resolution of complaints in accordance with KDOC policies, and will implement recommendations. When necessary, Wellpath staff will conduct a face-to-face interview with the offender and participate as a part of the grievance committee.

If the grievance is substantiated, the site HSA or designee will develop and implement a corrective action plan for the grievance. Our Quality Improvement Committee and Medical Audit Committee will review and categorize grievances to identify potential issues and to determine if patterns exist or develop.

Wellpath understands we will have seven (7) calendar days to completely answer and have all responses back to the Director of Health Care Compliance. Wellpath will provide all case follow-up documentation on recommendations from the Director of Health Care Compliance within 10 working days of the request for follow-up.

5.16 Infectious Disease Control (IDC) (RFP PG. 53)

5.16.2 Infection Control Processes (RFP PG. 53)

Infection Control

Wellpath has a written infection control policy that will promote the creation and maintenance of a safe and healthy environment for the inmates, staff, and visitors of the KDOC facilities. The policy includes recommendations from the Centers for Disease Control (CDC) as they relate to infectious disease diagnosis and treatment. Oversight includes medical care, monitoring, and case management of inmates with HIV/AIDS, hepatitis C (HCV), and other infectious diseases.

The Wellpath Infection Control Program is in compliance with ACA and NCCHC standards. Wellpath maintains an infection control manual that guides the inflectional control plan for each of our facilities. The manual addresses the management of infectious and communicable diseases. The manual includes procedures for prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting requirements to applicable local, state, and federal agencies. Our **Infection Control Manual** is included as **Tabbed Attachment G**. It is **Confidential & Proprietary**.

The primary drivers of effective infection control policies, procedures, and guidelines include: **Identification, Prevention, Diagnosis, and Treatment**. The Wellpath Infection Control Program aims to effectively control the occurrence and spread of communicable diseases by maintaining compliance with universal precaution procedures. The program ensures the provision of appropriate cleaning and personal protective equipment, and includes training on general sanitation issues and preventing the transmission of blood borne pathogens.

The goals of the Wellpath Infection Control Program are:

- To identify those individuals who are at risk for infectious diseases
- To monitor and report the incidence of infectious diseases among staff and inmates
- To promote a safe and healthy environment through the use of regular inspections, education, communication, and role modeling
- To survey patients from the time of their entry into the facility
- To provide timely, effective treatment when an infectious disease is identified
- To administer vaccinations to minimize the spread of infectious diseases
- To protect the health and safety of staff and inmates by using appropriate isolation precautions
- To establish effective decontamination techniques for cleaning of medical equipment and contaminated reusable items
- To provide safe means of disposing of biohazardous waste and used needles and sharps
- To implement and use strict Standard Precautions to minimize the risk of exposure to blood and bodily fluids
- To file required reports in a manner that is consistent with local, state, and federal laws and regulations
- To establish and maintain a good working relationship with the Kansas Department of Health and Environment, the community, and the facility in matters that relate to the prevention of infectious diseases
- To train staff during their orientation and on an ongoing basis regarding each facet of the Infection Control Program
- To monitor the effectiveness of the Infection Control Program through ongoing Quality Improvement data collection and statistical reporting

It is our expectation to reach these goals through a commitment to early identification from surveillance of potential and actual occurrences of infectious disease. As part of the receiving screening process, Wellpath staff will inquire into any past history of infectious or communicable diseases, and will ensure complete clearance for the inmate's assignment to general population. Those at risk for spreading a communicable disease will be segregated from the general population.

The Wellpath Clinical Team addresses the control of all infectious diseases. For specific diseases, Wellpath staff will consult the UpToDate® Clinical Knowledgebase (described in [Section 5.3.21](#)) and CDC guidelines for the latest protocols, and will coordinate with the local Health Department as needed. Wellpath provides training and education to healthcare and correctional staff on the latest standard precautions to be utilized when handling inmates with communicable diseases.

Wellpath will use our [Care Management System](#) to customize a monthly report of all inmates diagnosed with an infectious disease. Data will include each patient's name and identification number, the date of service, the patient's disposition, and the infectious disease diagnosis. All clinic logs and statistical data will be maintained by the designated Infection Control Coordinator. All appointments will be scheduled and completed in the Care Management system by the Infection Control Coordinator.

Collaboration and Reporting

Wellpath will assist the Kansas Department of Health and Environment (KDHE) to promote good health and well-being while preventing the spread of disease by instituting an effective disease control program at the KDOC facilities, educating our patients, identifying and treating patients infected with or exposed to contagious diseases, and maintaining a collaborative relationship with the Health Department. Our staff will work closely with the KDHE on any significant emerging public health events impacting the community.

Wellpath will immediately report all highly infectious communicable diseases to the Health Department, in accordance with local regulations. We will work with the Health Department concerning communicable disease screening, continuing medical surveillance, case management, reporting, and inmate referral in the community. The HSA will be responsible for reporting incidents to public health officials; however, all Wellpath staff will be trained on the notification process to ensure timely reporting in cases of unexpected absence or scheduled time off.

Our on-site healthcare team will closely monitor and promptly transmit to the KDOC, the KDHE, and necessary outside hospitals and healthcare delivery facilities information regarding the presence or incidence of communicable diseases in a patient that was recently treated or will be treated at their location. The Wellpath Infection Control Nurse in conjunction with the facility HSA, will be responsible for managing, reporting, and recording these cases and implementing appropriate educational programs to prevent future occurrences of these incidents.

Infection Control Success Stories

Louisville, KY

When Wellpath (formerly CCS) began providing services for the Louisville Metro Department of Corrections (LMDC), the facility was experiencing frequent hepatitis A outbreaks. We had to quickly develop a post-exposure protocol tailored to the facility; due to the frequent movement of inmates throughout the facility, it was very important that our staff be able to respond rapidly to prevent the spread of the disease, while trying not to restrict the daily corrections operations. This presented a challenge in the beginning because our staff were often faced with administering 150 or more patient vaccines per day during outbreaks, plus vaccines for both healthcare staff and correctional staff. But we rose to the occasion and were able to contain the outbreaks.

In January 2018, Wellpath began working with the Louisville Department of Public Health and Wellness to offer the hepatitis A vaccine to all incoming patients at intake. In February 2018, Wellpath, Public Health and Wellness, and the LMDC worked together to vaccinate approximately 1,500 patients. Since partnering with Public Health and Wellness, who supplies the vaccines, **Wellpath nurses have vaccinated nearly 8,800 patients to date.**

As a result of our effective partnership with Public Health and Wellness, **we have assisted in vaccinating a large portion of the community's at-risk population.** We continue to work closely with Public Health and Wellness, especially in the coordinated care of patients who have hepatitis A. While the facility is no longer in an epidemic state, Public Health and Wellness has asked that we continue to offer the hepatitis A vaccine at intake since we may receive patients transferred from other nearby counties that may be struggling with hepatitis A. Additionally, if an incoming inmate receives a positive Syphilis test and they

have received services from Public Health and Wellness prior to incarceration, Wellpath coordinates with Public Health and Wellness to provide appropriate treatment.

Davidson County, TN

When the Davidson County Jail in Nashville, Tennessee experienced a hepatitis A outbreak in 2018, Wellpath immediately acted to help contain it. We coordinated with the Health Department to develop a plan of action that included: isolation; symptom monitoring and treatment based on findings; routine labs while in isolation with appropriate follow-up; working with custody to ensure a cleaning program was in place that included disinfectant of hepatitis A virus; and offering education and immunizations to existing and newly booked inmates. We also provided additional staffing to administer the needed immunizations **at our own cost**. We will bring this same level of commitment to our partnership with the KDOC.

Macomb County, MI

In 2017, the Michigan Department of Health and Human Services declared an emergency activation in response to a hepatitis A outbreak. To help combat the outbreak, Wellpath purchased vaccine-grade refrigerators and coordinated with facility administration to provide a second medical office in the intake area dedicated to providing hepatitis A vaccines (provided by the Macomb County Health Department) to all incoming inmates. This quick reaction by Wellpath, Macomb County, and the Health Department **reduced the prevalence of hepatitis A in the Macomb County Jail from 12 cases in 2017 to just one case in 2018**.

Shelby County, TN

In Shelby County (Memphis), Tennessee, our inmate medical services contract is actually with the County Health Department, with whom we enjoy a successful collaborative relationship. Since transitioning the Shelby County contract, we have improved communication between our staff, the County, and the Health Department. One example of our effective collaboration with the Shelby County Health Department is in the provision of our Infection Control Program. Our infection control policy for Shelby County includes strict collaboration with the Health Department to ensure control of infectious diseases and other public health concerns/threats involving Shelby County's inmates/detainees and/or staff.

In 2017, the Shelby County Jail was plagued by scabies outbreaks. In order to identify the source of the outbreaks and control them, Wellpath implemented a system of identification and trained officers on scabies control. We conducted a root cause analysis and discovered the source of the problem was the facility's laundry, which was sent out to another facility. We determined that the laundry facility wasn't using a high enough temperature to launder the Jail's linens. By training the laundry facility staff on proper handling of the linens (including separating the laundry into biohazard bags) and the appropriate temperature and chemicals to use, we were able to control the outbreaks and significantly reduce the incidence of scabies at the Jail.

Vaccinations

During the comprehensive health assessment, Wellpath staff will gather information regarding immunization history and will initiate any needed immunizations and therapy. We will coordinate with medical providers as needed to obtain vaccination records and initiate a treatment plan to complete the required vaccinations on schedule. Wellpath follows CDC recommendations for Juvenile vaccinations.

Tuberculosis

As part of the receiving screening process, Wellpath staff will inquire into any past history of tuberculosis and ask specific symptom screening questions. We typically administer a Tuberculin Skin Test (TST) during the comprehensive health assessment. If documentation of a positive test is in the record or if the inmate indicates such, we will follow CDC guidelines of annual symptom screening and will perform a chest X-ray if symptoms indicate the clinical necessity. The results of TSTs will be read and documented within 48-72 hours.

HIV/AIDS

Wellpath will provide Human Immunodeficiency Virus (HIV) testing and counseling on a confidential, case-by-case basis to those inmates who request it. We will report all confirmed cases of HIV to the Health Department.

Medical staff will evaluate inmates identified as having HIV, and will work to ensure that these inmates have access to practitioners trained in the care of HIV disease and HIV medications as medically necessary. Housing for HIV-positive inmates will be determined by the physician's evaluation of acuity of symptoms, and the inmate's behavior to prevent risk of transmission, or if the inmate would be at risk of physical harm from other inmates.

Dr. William Ruby, Associate Chief Clinical Officer for Wellpath, has specialized experience in preventing the transmission of infectious disease and is a Diplomate of the American Academy of HIV Medicine.



Specialized HIV consultation is also available through our pharmacy provider, Diamond Pharmacy Services. Diamond has pharmacists who are certified by the American Academy of HIV Medicine (AAHIVM) as HIV Experts™ (AAHIVE) and are specially trained to provide HIV services. Diamond has invested significant resources to have AAHIVE pharmacists on staff, which is imperative in the correctional environment.

Diamond's AAHIVE pharmacists are involved on a daily basis in providing education and training regarding HIV, hepatitis B virus (HBV), and hepatitis C virus (HCV) to our staff of nurses and prescribers. These experts are available to answer questions related to the treatment of HIV, HBV, and HCV-infected patients and HIV/HBV/HCV co-infected patients. They also can answer questions relating to drug-drug and drug-disease state interactions. With the substantial volume of HIV medications ordered by most correctional facilities, Diamond's AAHIVE pharmacists will be a valuable resource for expert HIV guidance, recommendations, and disease management protocols designed specifically for the KDOC's HIV-positive inmate population.

Influenza

Wellpath will develop an influenza response program consisting of surveillance, treatment, and monitoring consistent with community standards and established KDOC policies and procedures. Healthcare staff will evaluate inmates identified as having contagious upper respiratory infections and may isolate these inmates if necessary. Our proposed staffing plan includes a designated staff member responsible for the Infection Control Program in accordance with NCCHC and ACA standards.

Ectoparasites

As part of our infection control program, Wellpath has established guidelines and protocols for the prevention, identification, and treatment of ectoparasites such as pediculosis (lice) and scabies. The Wellpath policies and procedures define the treatment of anyone exposed to ectoparasites, as well as best practices for prevention. Staff responsible for direct patient care will be educated on ectoparasite identification and control.

Ectoparasite control will begin with the receiving screening, which will include inquiry and observation regarding the potential presence of ectoparasites. Any evidence of ectoparasites will be addressed promptly. When head ectoparasites are found, the patient will be moved to an area of isolation and treated with approved medications per physician's order. When determining the proper treatment, conditions such as pregnancy, open sores, or rashes will be considered.

Measles

Wellpath has issued a clinical monograph to our healthcare providers addressing the recent outbreak of measles throughout the United States. In conjunction with the CDC's Health Advisory of January 23, 2015, healthcare staff at our contracted facilities are now considering measles in evaluation of patients with a fever and rash, and are inquiring as to a patient's vaccination history. Given the highly contagious nature of this virus, guidelines and protocols are available for healthcare providers at each site regarding screening, risk factors, transmission, diagnosis and laboratory testing, isolation, and treatment.

Serious Infectious Diseases

Wellpath staff will follow the Wellpath Infection Control policies and procedures for the treatment of infectious diseases. Wellpath does not generate policies for all infectious disease diagnoses. When a serious infectious disease (e.g., legionella, norovirus, etc.) has been identified, our priority is to provide timely, effective treatment to those affected.

For specific diseases, Wellpath staff will consult UpToDate and CDC guidelines for the latest protocols and will coordinate with the Health Department as needed. The Wellpath Clinical Team will address the control of all infectious diseases. Wellpath provides training and education to healthcare and correctional staff on the latest standard precautions to be utilized when handling inmates with communicable diseases.

Public Health Events

Wellpath remains continually vigilant to address any infectious outbreaks and pandemic events. As in any crisis situation, we proactively prepare for such events by initiating protocols and developing a plan of action to keep pace with any potential situation as it may evolve. Our primary concern is for our patients, staff, and partners in any potential crisis. We routinely partner with local Health Departments to stay abreast of developing crises in our communities.

We understand that, unlike other potential catastrophes, a pandemic outbreak may result in dramatically reduced staffing levels. In the event of a pandemic situation, we will work to ensure that key employees are available to carry out essential functions following appropriate procedures. The Wellpath Regional Medical Director, in consultation with the KDOC, will determine guidelines for prioritizing delivery of healthcare based on the severity of an outbreak and rates of absence.

5.16.3 IDC-Training RNs (RFP PG. 53)

Wellpath has identified IDC-trained Registered Nurses in the staffing plan as 1 FTE each at LCF, EDCF and HCF. TCF will be staffed with a 0.5 FTE IDC nurse. Wellpath understands IDC-trained nurses at the facility level do not require certification in infection control but must be certified by KDHE for HIV counseling.

5.16.4 IDC Post Duties for Other Sites (RFP PG. 53)

Wellpath will ensure other sites not large enough to require specified IDC nurses have, as part of the nursing post duties, those duties necessary to provide comprehensive infection control.

5.16.5 KDHE Supplies (RFP PG. 53)

Wellpath understands it may, through agency agreement, purchase or receive at no cost, immunizations, test serum, PPD, and treatment medications through the KDHE when available.

5.16.6 KDHE Partnership (RFP PG. 53)

Wellpath understands it is expected to partner with KDHE through required planning meetings, on issues of bioterrorism, ectoparasite control, and containment of infectious diseases.

5.16.7 Medical Hazardous Waste (RFP PG. 53)

Wellpath will ensure safe collection and storage of medical hazardous wastes and will have in place a plan for disposal in compliance with applicable Federal and State regulations and guidelines. Wellpath will be responsible for all costs associated with the handling, storage and destruction of bio-hazardous waste except as listed in this section.



Wellpath has a national contract with Stericycle for the disposal of all bio-hazardous and infectious waste. Stericycle is a leader in the medical waste industry and specializes in biohazardous waste disposal. Through the services of Stericycle, we will make provisions for the collection, storage, and removal of all infectious waste and sharps containers in accordance with state and federal regulations. The scheduling and frequency of the removal will be approved by KDOC.

5.16.8 Biohazardous Waste Storage (RFP PG. 53)

Wellpath understands the KDOC will provide secure storage areas at each facility for the storage of biohazardous waste materials.

Biomedical waste disposal at each Wellpath location is governed by policy and procedure and includes the proper containment, housing, and disposal of waste. Stericycle provides our sites with red biohazard bags for waste disposal and biohazard boxes for bundling and disposal. Proper disposal of sharps is controlled through the purchase of sharps disposal containers through the medical supplier. Pickup frequency is typically based on volume and the space available for housing. Pickup manifest tracking

forms will be maintained on site by the HSA. Healthcare staff will follow standard precautions to minimize the risk of exposure to blood and body fluids of potentially infected patients.

5.16.9 Biohazardous Waste Log (RFP PG. 53)

Wellpath will log all biohazardous waste material as stored and logged as destroyed. Disposal of dirty needle containers will be logged with specific identification markings for each container.

5.17 Medical Administrative Committee (MAC) (RFP PG. 53)

5.17.1 Monthly MAC Meetings (RFP PG. 53)

Wellpath will establish a Medical Audit Committee (MAC) to oversee all healthcare functions. The MAC will meet on a regularly scheduled basis (typically each quarter) with distributed agendas at each facility. The purpose of MAC meetings is to assess the healthcare program, ensuring that high-quality medical, dental, and mental health services are available to the entire offender population. Wellpath will conduct MAC meetings in coordination with KDOC administration.

We understand the designated warden and/or deputy warden are required to attend these meetings. Wellpath will ensure that, at a minimum, the health services administrator, site medical director, site QI coordinator, and site behavioral health coordinator are all members of the committee.

Wellpath's Regional Vice President or a regional office designee will attend a MAC for each site on a quarterly basis. Wellpath will keep agendas and minutes of these meetings and make them available for review by the OHCC.

Discussions will include monthly health services statistics by category of care, current status of the healthcare program, costs of services, coordination between security and health services, and identified issues and program needs. The MAC will also review and categorize grievances to identify potential issues and to determine whether patterns exist or develop. Meeting minutes will be documented, distributed to attendees and KDOC administration, and maintained for reference.

Wellpath will also provide monthly and quarterly reports regarding the clinical operation of the healthcare program, in accordance with NCCHC and ACA standards. We will regularly confer with the KDOC regarding any issues deemed appropriate, including existing procedures and any proposed changes to procedure.

5.17.2 Regional VP and Regional Staff (RFP PG. 53)

Wellpath will ensure that the Regional Vice President and key regional staff meet with OHCC staff at least monthly to discuss problems and progress in the fulfillment of the contract requirements.

5.18 Equipment and Supplies (RFP PG. 54)

Wellpath will make provisions for, and be responsible for all medical supplies, forms, office supplies, health record jackets, books, periodicals, and prosthetic devices, including hearing aids and eye glasses, and behavioral health testing materials, supplies, and equipment.

Wellpath will purchase all consumable medical supplies and pharmaceuticals and will purchase or lease all items of equipment which it deems necessary to perform health care services at the designated institutions during the term of the contract.

Wellpath will be responsible for maintenance, repair and replacement of all equipment necessary for the delivery of health care services to offenders during the term of the contract. General scheduled maintenance and inspections for x-ray and other medical equipment are required to be maintained in accordance with the manufacturer's suggested maintenance schedules.

Wellpath will be responsible for purchase or lease of all copy machines and other office equipment necessary to perform routine administrative functions. We understand the health care equipment fund, as described in *RFP Section 4.19*, will not be utilized for these services.

Wellpath understands the KDOC shall provide Wellpath with office space, facilities as designated by the KDOC, and utilities to enable Wellpath to perform its obligations and duties under the contract. Internet connectivity will be Wellpath's responsibility.

Wellpath will use and maintain the equipment and supplies in place at the designated facilities at the commencement of the contract in the performance of its responsibilities under the contract. Wellpath will return all such equipment and any new, purchased equipment, in good state of repair and working order, subject to reasonable wear and tear, and any remaining supplies to the KDOC at the time of termination of the contract. Thirty days prior to the termination of the contract, representatives from the KDOC, the current Contractor, and the new Contractor will tour the designated institutions to determine the condition and inventory all equipment.

Wellpath will purchase all unused and current dated health care supply inventory from the outgoing Contractor that was purchased by the outgoing Contractor, and not through the equipment fund, at a fair market price. The KDOC will provide, at no cost to Wellpath, any on-hand existing inventory that is in place at the beginning of the contract, providing it is not on the outgoing Contractor's inventory as a purchasable item.

Wellpath understands it is expected that the outgoing Contractor shall convey, transfer, assign or otherwise make available to the new Contractor any and all service contracts and/or warranties, which are in force and in effect at any time during the term of the contract with respect to equipment used in the health care units.

5.19 Health Care Equipment Fund (RFP PG. 54)

Wellpath will be responsible for the acquisition of health care equipment which is defined as capital outlay items with a life expectancy of at least one year and an initial acquisition cost of \$1,000. We acknowledge a sum of \$280,000, payable to Wellpath on or about July 1 annually, will be set aside for

the sole purpose of for the acquisition of equipment. Wellpath will obtain approval from the Director of Health Care Compliance, or designee, prior to obtaining any health care equipment pursuant to this section. Wellpath understands such approval will not be unreasonably withheld.

Wellpath agrees:

- All equipment acquired pursuant this section shall be become property of the KDOC.
- To provide to the OHCC and the KDOC Fiscal Services Division at the end of each month a report itemizing each item purchased pursuant to this section, the amount expended on each item, and the balance remaining in the health care equipment fund. The amount of any unauthorized purchase made from the health care equipment fund shall be deducted from the next monthly invoice. Any funds not spend during the contract year shall carry forward to the next contract year. Upon the termination of the contract, any remaining balance shall be deducted from the final payment to Wellpath.

5.20 Health Information Management (RFP PGS. 55-)

5.20.1 EHR Committee (RFP PG. 55)

Wellpath will share support for the current EHR system, NextGen, with the KDOC. We acknowledge Wellpath will be held accountable and report directly to the KDOC IT Director and that the EHR Committee is co-chaired by the KDOC IT Director or designee and the Director of Health Care Compliance or designee. Wellpath understands the committee will select members from the KDOC and Wellpath staff to sit on the committee, which sets project priorities, monitors performance, and facilitates information sharing with all stake holders. We also understand that these meetings will be held quarterly on KDOC premises. Wellpath acknowledges all funding, work product, and maintenance for the EHR will be controlled by the committee and documented quarterly.

5.20.2 Electronic Health Records (RFP PGS. 55-56)

Wellpath will be responsible for the annual cost of the support agreement for the **NextGen** software and for cost of equipment or any other software and maintenance agreements. Wellpath will provide and maintain all current licenses required for the operation of all EHR devices. All software versions will meet KDOC operational and health industry standards to promote functionality and security and will stay on the current release version. Prior to implementation, all software upgrades shall be presented to the KDOC for approval and scheduling.



Following discussion with Medicalistics, we understand that there are significant upgrades available that have been made to NextGen that are not currently implemented in the KDOC's EMR. Bob Martin, CIO and Joel Jensen, Vice President of IT for Wellpath have significant experience working with NextGen and the KDOC. Their personal history with KDOC and Nextgen can provide confidence that Wellpath can implement the system upgrades that Kansas has been desiring and not received during the last 6 years.





EMR Training will be included in our contract for the life of our partnership.

Wellpath understands the KDOC is currently running NextGen version 5.8 UD2 and KBM 8.10. Medicalistics is proposing services that will include a NextGen upgrade, implementation of features currently not utilized by the KDOC, as well as ongoing maintenance support. The services are estimated based on current knowledge of the KDOC's environment.

The services necessary to meet the requirements of the RFP will require an upgrade to NextGen 5.9.3 KBM 8.4.3 w/ BH 3.0. This will also include an upgrade of the department's current CHM content also provided by Medicalistics. As part of the overall upgrade, Medicalistics will also incorporate the implementation of NextGen scheduling and NextGen Document Management System (DMS) also known as scanning. The Implementation model requires that the EHR Upgrade, DMS, and EAS modules all go live together and have been priced as such. These services will require various aspects of administrative training and configuration support. Due to the nature of KDOC's highly customized environment, through Medicalistics, Wellpath is also proposing onsite time for a GAP Analysis followed by customization hours to support moving selected customizations into the upgraded environment. The initial hours proposed to support any customization or development needs is purely an estimate at best and is not meant to include all development needs the KDOC may require.

Medicalistics also sees a need and value in providing super user training and end-user training of the standard upgraded software. Wellpath understands these estimates do not include the creation of any training materials but the end user training is based on providing training to approximately 400 users and an average of 8 hours of training per class based on a class size of no more than 25 users. Onsite Go Live coaching is also imperative to a successful implementation of the new and upgraded software. Medicalistics proposes two resources onsite across 12 locations for 4 days each. Wellpath pricing includes training costs.

Wellpath understands and is prepared to implement an EMAR. Medicalistics' eZmar is the only compatible EMAR to NextGen providing full integration. The implementation of eZmar will require significant discovery and medication analysis, various levels of admin and user training, and Go Live coaching at each facility. The services estimated are based on a total of 12 facilities and the resources required to train end-users at each facility and support the Go Live for each of these facilities. In most cases, we are factoring in 2 resources at each facility for a period of no less than 3 days.

Wellpath's **Cost Proposal** includes all costs necessary to maintain and upgrade the current EHR system. These costs include but are not limited to:

1. Annual software licensing and support agreements.
2. Cloud/hybrid Cloud resources as required, Server, SAN or appliance acquisition and replacement to maintain the system growth and maintain functionality and compatibility with software requirements as new technologies are developed.
3. Annual software, hardware licensing, maintenance and support agreements associated with operating the NextGen EHR.

Wellpath was not able to obtain a detailed inventory of equipment and systems in use as it was deemed a "cyber security risk" by the KDOC. Therefore, the diagrams and specifications involved represent Wellpath's best estimate of understanding of the systems KDOC has in place. Wellpath

would welcome the opportunity to review existing systems in detail and modify its recommendations, cost and approach to the technology infrastructure.

Wellpath will take steps to ensure the EHR maintains an up time of 99.9% accessibility to users with no more than a two second wait time for information retrieval to the client station.

Wellpath acknowledges:

- The NextGen EHR is interfaced with the KDOC's Offender Systems, e.g. Offender Management Information System (OMIS); Wellpath will monitor all interfaces to ensure that information is transported as expected with a 99.9% success rate.
- The KDOC reserves the right to all health information created on Kansas offender population and the data is to remain control of the Department and shall not be transferred without explicit consent of the KDOC.
- The KDOC and its agents will have full access to the all technology assets, the EHR system, hardware, software, network, and work product.
- No access will be allowed from outside of the boundaries of Kansas for any EHR or OMIS which also includes hardware, software, or work product without the approval of the KDOC.
- Wellpath will provide adequate number of licensed and credentialed providers in the State of Kansas in order to be able to provide clinical coverage 24 hours per day, seven days per week, 365 days per year.
- Wellpath will provide technical support 24 hours per day, seven days per week, 365 days per year within 30 days of the contract start-up. This will include but not limited to a:
 - a. Backup Plan
 - b. Risk Plan
 - c. Mitigation Plan
 - d. Communication Plan
- Wellpath will maintain an electronic log documenting the effectiveness of the EHR to include, but not be limited to, the following:
 - a. Staff provider identification
 - b. Number of log-ins
 - c. Calls to help desk
 - d. Messaging alerts
 - 1. Number Issued
 - 2. Number ignored
 - 3. Number of overrides
 - e. Provider oversight number of signatures missing
 - f. EMAR
 - 1. Use at POC
 - 2. Timeliness Errors
 - 3. Reminders/ Alerts Overridden

- g. Documentation: Notes, Assessments, Care Plans
 - 1. Number Late
 - 2. Number of Data Elements missed

Wellpath will maintain an electronic log documenting the performance of the EHR to include, but not be limited to, the following:

- a. Percentage of system uptime
- b. Percentage of system downtime and type of event
 - 1. Scheduled
 - 2. Network
 - 3. Server
 - 4. Power
- c. User availability
- d. Percentage of network latency
- e. Percentage of packet loss
- f. Network Utilization
- g. CPU/RAM/IO Utilization reports
- h. Seconds per transaction time

Within 30 calendar days of the contract award date, Wellpath will submit to the KDOC a plan to ensure that the NextGen EHR receives the following enhancements and expansions offering areas to provide comprehensive electronic documentation:

- ✓ EHR certification
- ✓ Portability of information
- ✓ OB/GYN
- ✓ I.C.S. scanning
- ✓ Patient scheduled module
- ✓ Discharge planning
- ✓ Medication Administration Record

5.20.3 Clinical Staff Equipment and Supporting Devices (RFP PGS. 56-57)

Wellpath understands there are 350 Dell computers and HP thin clients in 12 KDOC facilities across Kansas and that there are approximately 23 timeclocks and printers to maintain and service. We are also aware that there are approximately 70 personal printers connected to the Medical system. These personal printers are used with 40 Canon copiers, printer and scanners which are used with EHR and are leased by the current medical contractor for use with the system.

Wellpath agrees to provide for the replacement of clinical staff hardware at our expense and at the rate of 25% per year. Wellpath will supply the KDOC with a quarterly replacement schedule forecasting the expected replacement of equipment. This report will contain at minimum:

- a. Equipment serial number
- b. Condition (e.g., Poor, Fair, etc.)

- c. Age in years
- d. Remaining useful life
- e. Replacement cost
- f. Comments

Wellpath will be responsible for any software licensing associated with use of clinical staff equipment and will ensure ownership of software and hardware is transferred to the KDOC at the termination of the contract.

Wellpath will be responsible for the cost and functioning of all medical devices connecting digitally to the EHR, including: scanners, printers, telehealth devices, x-ray, ECG devices, etc.

Wellpath will provide five full-time employees (see listing below) to administer the technology of the healthcare solutions of the KDOC and reporting to the technology division of the KDOC.

1. One **Project Manager** to support and facilitate system development and technology deployment.
2. One **Information Technology Generalist** to support and maintain the infrastructure required to serve the clinical staff in day to day operation.
3. One **NextGen Administrator** to facilitate the construction and modification of data-entry screens and output reports.
4. One **Database Administrator/Report Writer** to facilitate the care of the data systems associated with the EHR and for providing reporting as required by the KDOC.
5. One **Clinical Developer/Trainer** to work in coordination with KDOC staff development for the education of both contract staff and KDOC staff on new solution deployments and best practices.

5.20.4 Healthcare Information Technology Network Infrastructure (RFP PGS. 57-58)

Wellpath will be responsible for the following information technology requirements:

- Installation of a separate secure network infrastructure for all healthcare, EHR, and for the installation and maintenance of the functioning secure network meeting NIST, CJIS, ITEC, KDOC, and HRSA rules and regulations;
- Operation and functionality of the network with up time of no less than 99.9%;
- Defining network requirements;
- Identifying potential sources for required products and services;
- Maintaining proficiency with legacy systems;
- Assessing new relevant technologies and technical approaches;
- Recommending relevant solutions;
- Estimating costs and benefits;
- Designing, developing, deploying, and testing hardware and/or software systems;
- Installation, operation, management, monitoring, maintenance, repair, documentation, and upgrade of computer networks at KDOC facilities, including local area networks, wide area networks, private networks, and remote access services; and

- Providing support for the administration, configuration management, maintenance, documentation, and improvement of the network / communication infrastructure such as the underground and in-building cable plants utilized to provide communication services.

Wellpath will maintain and review a retained granular electronic log documenting the network-related environment to include, but not be limited to, the following:

- a. Availability
- b. Utilization
- c. Latency and performance
- d. Date and time
- e. Jitter
- f. Transport Connectivity

Wellpath will provide replacement network infrastructure equipment (i.e., network switching) at our expense and at the rate of one year prior to device end of life or sooner, if warranted. Wellpath will supply the KDOC with a quarterly replacement schedule forecasting the expected replacement of equipment. This report shall contain at minimum:

- a. Equipment serial number
- b. Condition (e.g., Poor, Fair, etc.)
- c. Age in years
- d. Remaining useful life
- e. Replacement cost
- f. Comments

Wellpath will provide a secure wireless infrastructure meeting NIST, CJIS, ITEC, KDOC, and HRSA rules and regulations within all 12 KDOC facilities to provided healthcare related services within, but not limited to: clinics, restrictive housing units, closed observation units, RDU and mental health units.

Wellpath will maintain and review a retained granular electronic log documenting the network related environment to include, but not be limited to, the following:

- a. Availability
- b. Utilization
- c. Latency and performance
- d. Date and time
- e. Jitter
- f. Transport Connectivity

5.20.5 Health Care Documentation (RFP PGS. 58-59)

Wellpath acknowledges that medical health records, data, information, and reports collected or prepared by Wellpath in the course of performing its duties and obligations under this contract shall be deemed to be owned by the Department. The ownership provision is in consideration of Wellpath's use of public funds in collecting or preparing such medical records, data, information, and reports. Wellpath

will not use these items for any independent Wellpath project or publicize them without the prior written permission of the Department.

Wellpath agrees that subject to applicable Federal and State laws and regulations, the Department shall have full and complete rights to reproduce, duplicate, disclose, download, and otherwise use all such information with proper notification. Prior to or at the termination of the contract, Wellpath will make available all such information as requested by the Department, including in a readable electronic format specified by the Department.

Wellpath acknowledges:

- a. All offenders shall have an electronic health care record that encompasses medical, behavioral health, dental procedures, and clinical treatment records. The health care record shall be kept current at all times. PAQ lists of laboratory test results, and other patient care information / orders shall be noted by the physician of record within 72 hours of the test results or orders. Documentation of every encounter with the offender is required to be completed on the same day in which the encounter occurred and in a timely manner as to provide accurate and consistent documentation of all health care occurrences.
- b. Documentation of noting of HCP orders shall occur as soon as medically necessary to provide appropriate follow up from the encounter. Noting of orders shall be accomplished by a licensed nurse and shall be completed within twenty-four (24) hours of the encounter. Routine HCP infirmary orders shall be noted within eight (8) hours of the written order, and HCP STAT orders shall be noted immediately.
- c. Wellpath and the KDOC shall approve all EHR templates for the EHR system.
- d. KDOC medical units are considered paperless. Wellpath is responsible for providing scanners and scanning any paper documentation that may be generated regarding offender care into the appropriate offender record.

5.20.6 Records Retention (RFP PG. 59)

Wellpath understands X-rays are currently digitally stored on a PACS system and we will be responsible for all licensing and upgrade costs associated with offender x-ray storage on the PACS system. Storage, retention, and maintenance will be performed in accordance with Kansas Administrative Regulations and Kansas Statute Annotated.

Wellpath will be responsible for all costs associated with offender x-ray storage and will ensure all offender x-rays are properly stored and maintained in a climate conducive to x-ray review and consultation when necessary. Storage, retention and maintenance will be performed in accordance with State Regulations and Statutes on retention of x-ray film. KDOC will be responsible for storage space, transportation for health information records and x-rays, and archival of x-rays and health information records at no additional cost to Wellpath.

5.20.7 Confidentiality of Offender Health Information (RFP PG. 59)

As a long-term provider of offender health care, Wellpath has assessed its obligations pursuant to HIPAA and incorporated that assessment into its daily practices. Under HIPAA's Privacy Rule, Protected Health

Information (PHI) of offenders in lawful custody may be disclosed for use by the correctional facility for the following purposes and must otherwise be protected:

- Provision of health care to the individual
- The health and safety of other offenders
- The health and safety of officers or other employees of the correctional institution, or persons involved in transporting offenders
- Other activities necessary to the "maintenance of safety, security, and good order" of such institutions

Wellpath will comply with all federal or state laws related to the use and disclosure of information, including information that constitutes PHI as defined by HIPAA. Wellpath has a comprehensive program of compliance regarding the requirements of both HIPAA and the Health Information Technology for Economic and Clinical Health (HITECH) Act. All Wellpath staff are required to engage in annual training on HIPAA and Wellpath maintains a detailed HIPAA Manual that we can provide to the KDOC if requested.

Wellpath agrees to provide medical records, in accordance with HIPAA, as necessary to appropriate health services providers, attorneys in causes of action where health care is at issue, for quality assurance and/or peer review, by court order, or as authorized by KDOC. Wellpath recognizes offenders have the right to review their records and to make notes of the contents. Wellpath will make provisions for offenders to exercise this right in accordance to policies of the agency. Written authorization from the offender or guardian is obtained prior to the transfer of the health record or health information outside the correctional system, unless otherwise provided for by law. Pertinent information regarding the offender's health is communicated to local specialty providers upon referral.

Wellpath acknowledges that all health information shall be the property of the KDOC, and any disputes of records information retrieval shall be referred to the KDOC Chief Legal Counsel.

Wellpath agrees that offender health care information and offender institutional files are confidential in nature. Wellpath employees and KDOC employees will be allowed access to these files only as needed for their duties related to the care of the offender and in accordance with the rules established by the KDOC. Wellpath will honor all policies and procedures for safeguarding the confidentiality of files and we will be responsible for ensuring all Federal and State regulations regarding health information privacy are maintained.

NextGen Interface

Wellpath will upgrade and use NextGen at the KDOC facilities for all medical records. Wellpath will use the reporting function in the NextGen system to track all offenders from the time of booking, allowing the medical team to review all patient records. Care management information (e.g. case manager notes, formulary requests, etc.) may be maintained in the Wellpath Care Management modules and be interfaced back into NextGen to be included in the NextGen EHR.



5.20.8 Information Dissemination (RFP PG. 59)

Wellpath understands we will have access to the OMIS/JJIS system for collecting and analyzing trends in the utilization of health care services at each site. However, we will have no responsibility for upkeep or maintenance to the system, except as required to enter shared health care information into the system as compatibility building.

Wellpath's plan includes procedures for the transfer of pertinent health information to the supervising emergency room physician during emergency transports, and/or other off-site services as necessary to provide a continuum of care to the patient.

Wellpath will not publish any findings based on data obtained from the operation of this contract without the prior consent of the KDOC, whose written consent shall not be reasonably withheld. We understand the KDOC may release without consent of Wellpath any document or data subject to release pursuant to the Kansas Open Records Act, Legislative inquiries, or any other State agency official with legal authority to obtain the information.

In addition to NextGen improvements, Wellpath is prepared to implement the following within 180 days following transition.

Client Portal for the KDOC

Wellpath continues to be on the cutting edge of correctional health care technology. The Client Portal is a secure digital gateway for shared communication and information that can be accessed by our clients via a Web browser or mobile phone app. Our client partners will have confidential, secured online access to view their site's information, including current performance reporting; major contract deliverables, such as Health Service Reports and other required reporting; contact information; and a support hotline via instant messaging for faster escalation of issues. We look forward to offering this advanced technology to the KDOC.



Advanced Patient Monitoring System

The staff at many of our facilities use our exclusive Patient Activity Monitoring Management (PAMM) system to complete patient observations. PAMM is a computer tablet and application **offered exclusively by Wellpath**. We welcome the opportunity to give an on-site demonstration of the PAMM system and its capabilities.

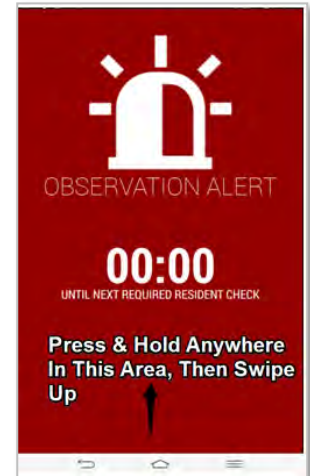


PAMM has been custom-built to interface with our Electronic Record Management Application (ERMA) but can also be used independently, which sends patient information and observation orders to PAMM; PAMM then sends completed patient check information. Certain EMR functions interface with PAMM and directly impact its usage, including:

- Patient Status
- Patient Location
- Precautions
- Patient Observations (including activity and behaviors)



Medical, mental health, or correctional staff will see the Patient Countdown Timer screen, which displays the time left before the next patient check is due. Staff then swipe the screen to complete a patient observation.



The PAMM application is color-coded. A red screen indicates that an observation should be done immediately. Green indicates that no observation is due for at least 5 minutes. Yellow indicates that an observation is due within 2-5 minutes.

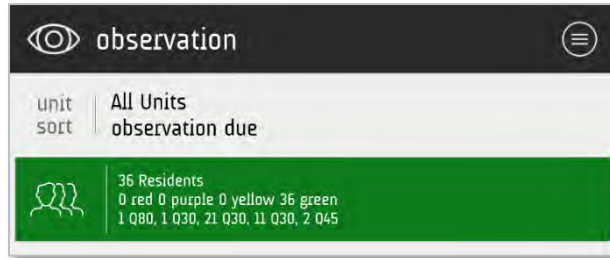
The Patient Observation List displays all patients that are scheduled for an observation, starting from the observations closest to their scheduled time. Each patient is displayed on a “card.”

The elements of a card include:

- **Time** – Displays the time remaining until the next due observation
- **Observation Interval** – Displays the interval at which the patient should be observed (Q15, Q30, or Q60 refer to observations needed every 15, 30, or 60 minutes)
- **Last Observation** – Displays when the last observation was performed and any associated information on that activity

The patient's location is synced to PAMM directly (typically from ERMA); PAMM then operates without the need for Wi-Fi during the observation rounds. At the time of the observation, the patient's picture is captured directly on the tablet and the patient's activity and behavior are documented. A note about the patient's activity at the time of observation may also be included.

PAMM observation data is available via a performance dashboard, giving facility administration accurate observation compliance statistics at all times.



5.21 Training (RFP PG. 59)

Wellpath acknowledges all full-time personnel must complete 40 hours of orientation to KDOC through the facility's training department prior to actual performance of any duties for Wellpath and part-time and temporary employees will be required to complete 16 hours of orientation prior to actual performance of any duties for Wellpath.

We understand personnel assigned to the Kansas Juvenile Correctional Complex shall complete orientation as outlined in the ACA Juvenile Standards and NCCHC. Currently that is 160 hours orientation for each new employee.

Wellpath will provide notification of all staff orientation needs, in writing to the facility human resource department a minimum of one week in advance. We understand the KDOC will ensure adequate orientation schedules are in place to prevent delays in start dates for new contract employees. Wellpath acknowledges any staffing penalty resulting from a delay of more than seven days due to KDOC orientation scheduling issues will be waived until training can be scheduled by the KDOC and the KDOC will make every reasonable effort to schedule new contract employees in the first available orientation session at each facility.

Wellpath understands staff must complete 40 hours of annual training every year thereafter, to include 16 hours of formal classroom training by the KDOC training department and 24 hours related to professional responsibility. Training hours will be documented in the employee's personnel records and subject to review by the KDOC.

Health Training for Correctional Officers

Wellpath has developed a Health Training for Correctional Officers manual that complies with the requirements of NCCHC Standard J-C-04. The manual can be offered as a supplement to facility-provided

education. It is comprised of 16 training modules addressing the essential information that correctional staff must understand when presented with potentially urgent or emergent situations.

What Do You See

Patients in alcohol/benzodiazepine withdrawal may exhibit:

- Seizures
- Nausea/vomiting
- Anxiety/nervousness
- Hallucinations (may see, hear, and/or feel things that aren't there)
- Altered mental status
- Abdominal pain
- Agitation
- Tremors
- Sweating
- Headache

What Do You Do – Take Action!

<p><u>If you suspect withdrawal:</u></p> <ul style="list-style-type: none"> • Having seizures • Having tremors • Having vomiting and/or diarrhea • Experiencing hallucinations 	<p><u>You should:</u></p> <ul style="list-style-type: none"> • Notify medical for urgent assistance • Do not leave medical alone with the patient • Prepare to activate EMS and do not leave the patient until they leave with EMS
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Each training module includes a topic-specific slideshow presentation, a curriculum outline for the presenter/trainer, and handouts for correctional staff. Wellpath staff will present the training topics, which are based on our *7 Minutes to Save* Rapid Response Series and are designed to be presented in a brief amount of time (average 7-15 minutes).

Wellpath will provide training at each of the basic and annual training classes conducted by the KDOC at the facilities for corrections officers and other KDOC staff, as requested. Training subjects will include, but are not limited to:

1. Recognition and handling of medical complaints
2. Suicide potential and precautions
3. Mental illness care and management techniques
4. Mental retardation care and management technique
5. Communicable diseases including, HIV, Hepatitis, MRSA
6. Universal Precautions, Cleaning Techniques, and TB
7. Chemical Dependency treatment models
8. Intake Screening
9. Discharge Planning
10. Behavior disorders vs. mental illness
11. Emergency medical treatment
12. Keep on Person Medication and Medication Administration guidelines
13. Training for officers and offender peers for suicide prevention companion program, end of life care companion program, and peer support group
14. Other training as required by the KDOC Training Director and Director of Health Care Compliance

Crisis Intervention Training (CIT)

Wellpath will collaborate with KDOC to develop additional training topics specific to the KDOC, as needed. Wellpath proposes **Crisis Intervention Training (CIT)**, specific to corrections.



The frequency of training is typically based on accreditation standards and/or facility policy; however, Wellpath recommends a minimum of monthly training. Training sessions will be scheduled in coordination with KDOC, and the facility HSA or designee will maintain documentation of completed training sessions.



The Wellpath Orientation and Training Program for the KDOC

Wellpath will provide appropriate orientation and training for all healthcare personnel. The lives and health of our patients depend on the knowledge, practical skills, and competencies of the professionals who care for them. We begin with the identification, validation, and recruitment of the very best people, then we orient them to our company culture and operations through an established onboarding process. We will also extend appropriate educational offerings to KDOC personnel and train correctional staff in medical issues as requested.

Wellpath will participate in online content development, training forums, and responsive interaction to any questions generated from the training outlines at no additional cost to the KDOC upon mutual agreement of Wellpath's Regional Vice President and the Director of Health Care Compliance.

Wellpath's Regional Director of Nursing and the Regional Behavioral Health Coordinator will be responsible for monitoring and providing monthly continuing education training classes, CEU certifications, and tracking of training records for all facilities in the KDOC system. The Wellpath Regional Director of Nursing and the Wellpath Regional Behavioral Health Coordinator will participate in these training sessions whenever possible, but at least twice per year, per facility.

Wellpath will set aside \$100,000 dedicated specifically to training facility health care staff. We understand this education fund is to provide clinical enhancement training for facility contract staff only and shall not be utilized for Regional or Corporate training purposes.

Wellpath will obtain approval from the Director of Health Care Compliance prior to approving any such training pursuant to this section. We understand such approval shall not be unreasonably withheld. At the end of each month, Wellpath will provide to the OHCC and the KDOC Fiscal Services Division a report itemizing expenditures made pursuant to this section and the balance remaining in the health care education fund. The amount of any unauthorized purchase made from the education fund will be deducted from the next monthly invoice. Any funds not spent during the contract year shall carry forward to the next contract year. Upon the termination of the contract, any remaining balance shall be deducted from the final payment to Wellpath.

Wellpath Orientation

Wellpath will submit an orientation program for all healthcare staff. We will provide the KDOC with comprehensive orientation curricula, schedules, appropriate forms, tracking and recordkeeping, and required documentation to support evidence of orientation of personnel.

Wellpath provides a comprehensive three-phase training program for new employees. New staff members complete the Wellpath onboarding process, and then receive ongoing skills/knowledge assessment through our Performance Enhancement and Leadership Development programs. All new employees are required to participate in each of the three phases. The frequency and focus of each training phase is determined by the position and learning capacity of individual employees.

Phase 1: Onboarding

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

Onboarding Step 1: Orientation

Each new hire is scheduled to participate in an eight-hour learning experience (the physician orientation program has additional requirements), where they are introduced to our company culture, as well as policies and procedures. The program is designed to clearly establish expectations and to involve new employees in the success of the company. **We have included a flash drive containing a sample Wellpath New Hire Welcome video with our original proposal.**

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

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

Onboarding Step 3: Follow-up

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

Phase 2: Performance Enhancement

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

Phase 3: Leadership Development

Wellpath uses Leadership Development training to invest in employees’ continued growth in order to develop leaders from within. Each training session, varying in delivery and duration, is designed to strengthen the leadership competencies of our employees. The Leadership Development training sessions are a collaborative effort between our Home Office and on-site leaders.

Wellpath Leadership Boot Camp

Wellpath Leadership Boot Camp, held at our Home Office in Nashville, gives our new leaders the opportunity to learn about Wellpath values, policies, practices, and culture. Boot Camp is a three-day interactive experience focusing on People Skills, Patient Care, Processes and Procedures, Partnering with

our clients, and operations. We will ensure that the HSAs for each facility have the opportunity to attend our Boot Camp program.

 HSA-NEW LEADER BOOT CAMP				
Day One Agenda: Monday, January 28, 2019				
Time	Topic	Presented	Focus	Location
1:00-1:30	Welcome, Introduction, and Objectives	Angela Lewis Manager, Learning and Development	Welcome Getting to Know You Program Expectations	1 st Floor Training Room
1:30-2:00	Culture	Frankie Allen Senior Leadership Development Consultant	Who We Are	1 st Floor Training Room
2:00-2:30	Understanding Your Contract	Colton Cline Lori Schwartzmiller	Review of Contract Q&A	1 st Floor Training Room
2:30-2:45	Dare to Care	Bob Martin, SVP Chief Information Officer	Caring for Our People	1 st Floor Training Room
2:45-3:30		Break and Tour of Building		1 st Floor Training Room
3:30-4:00	HR Benefits	Tanya Black Tom Penn Kim Kilmon	Process Insurance Tuition Reimbursement	1 st Floor Training Room
4:00-4:30	Telemedicine	CJ Whitfield Director, Telemedicine	Patients Process	1 st Floor Training Room
4:30-5:00	Wellpath Executive Moments	Jorge Dominicus CEO	Inspired to Lead	1 st Floor Training Room
5:00-5:30	Wellpath Executive Moments	Kip Hallman President	Inspired to Lead	1 st Floor Training Room

New Practitioner Orientation

New Wellpath practitioners (physicians and mid-level providers) undergo a structured New Practitioner Orientation process focused on critical thinking and clinical decision making in the correctional environment. The training is presented by the Wellpath Chief Clinical Officer or designee. New practitioners receive an orientation manual that also serves as a reference tool for information related to their daily work in corrections.

Over the first 12 months of their employment with Wellpath, practitioners work with an assigned coach/mentor to ensure a thorough onboarding and to provide them with resources for their clinical work in correctional healthcare. At the end of the first 120 days of employment, practitioners participate in a focused clinical review, and at the end of their first year, they participate in a peer review with their mentor or Regional Medical Director.

New Practitioner Clinical Orientation

Completion Checklist

- ☐ 7 Minutes to Save
- ☐ Alcohol & Benzodiazepine Withdrawal
- ☐ Opiate Withdrawal
- ☐ Suicide Risk Reduction
- ☐ Trauma
- ☐ Consent & Refusals
- ☐ CCSMGR
- ☐ UptoDATE

	Practitioner Initials	Mentor Initials	Date
New Practitioner Orientation			
	T - 30 Days	Month 1	Month 2
SAFETY	Custodial Specific Facility (HSA) Tour of Facility Facility Specific Training Pearls to Live By	Behavioral Outliers (Practitioner) Indications for Special Items (Practitioner) Mentor Call (Practitioner & Mentor)	Family Concerns/Calls Mentor Call (Practitioner & Mentor) Diversion
QUALITY	ETOH Withdrawal (Video & Mentor) 7 Minutes to Save (PPT & Mentor) Alcohol & Benzodiazepine Withdrawal Opiate Withdrawal Suicide Risk Reduction Seizures ERMA Consent & Refusals	ERMA CCS Philosophy & the 5 H's Deliberate Indifference Radiology Pharmacy ER Utilization Lab UptoDATE	Chronic Care (Practitioner) Grievances CQI & Patient Safety Work Product Accommodations, including Prosthetics 7 Minutes to Save (PPT & Mentor) Primary & Secondary Survey Use of Force Head Trauma Chest Pain
SERVICE	Time & Attendance (HR) HR Requirements (HR) CCSMGR (IT or Ops) Email & Password (IT) On-Call Expectations (Practitioner & Mentor) Health Care Process in Jail Clinical Considerations for Accommodation Needs	EMR for Operations & Charts (HSA) No-Miss Medications Therapeutic Diets & Food Allergies Addiction Withdrawal Duties of the Site Practitioner	Infectious Disease: MRSA (Methicillin Resistant Staph Aureus), TB Highlights of CCS Care Guidelines: Asthma, Diabetes, Hypertension, Seizures HIV Anti-coagulation Hep C Treatment Planning Infirmity Care Mental Health: Suicide, Malingering, Hungerstrikes, Self-Injurious Patient Contract Discussion Bedside Manner

Wellpath practitioners receive ongoing training and clinical decision support from the Wellpath Clinical Department. Our Associate Chief Clinical Officer and Regional Medical Directors mentor and coach our on-site providers. Regional Medical Directors are available to our on-site medical staff for knowledge sharing and clinical decision support. The Wellpath Clinical Department conducts webinar events to train practitioners on timely and relevant correctional healthcare issues.

Qualified Mental Health Professional Orientation

Mental health professionals receive an Onboarding Manual specifically designed for our behavioral health staff. Additionally, each mental health staff member is assigned a mentor who works directly with them throughout the 60-day onboarding process to ensure they are well prepared for success in their new position.

Administrative/Support Personnel Orientation

The Operations Support team provides in-person training for administrative personnel at the site level and quarterly training at our Nashville Home Office. The team also provides remote operational support and assistance by phone and email on a daily basis.

Wellpath offers a quarterly three-day Administrative Assistant (AA) training program that provides in-depth information on all departmental processes and procedures necessary for the AA to be successful in their role. The program is held at our Home Office and representatives from each Home Office department cover their respective processes, allowing administrative staff receive information directly from and establish a relationship with all departments.

Wellpath also conducts a monthly administrative conference call for all HSAs and AAs covering an array of topics such as human resources, workers' comp, payroll, ERMA, and more. Attendees have an opportunity to ask questions or discuss challenges, and to offer information regarding best practices during this call.

Administrative Assistant Training				
Day Three: Friday, March 15th				
Time	Topic	Presenter	Key Learning	
8:30-9:00	Clinical Services	Oliver Dunbar	ODS, Prospekt, QMS, Monthly Pay	
9:00-9:30	Accounts Payable	Rebecca Parris	General Code, Subcontractor, AR/PA	
9:30-9:45	Site Licensing	Aileen Vancil	USA, ODS, Compliance, Site & Incident	
9:45-10:00	Break			
10:00-10:30	Safety	Marci Cook, Matthew Ryan	All About Safety	
10:30-11:00	Workers Compensation	Kristine Hill, Patricia Dabbs, Nicole Brodsky	WEC Process	
11:00-11:45	Lunch			
11:45-12:00	Wellpath Executive Speaker	Jorge Demerick	The Future of Health Care	
12:00-12:45	Group Activity	Ops Specialists	Game Plan	
12:45-1:15	Closing / Wrap-Up			
1:15	Travel Home for 10:30 Report			

Administrative Assistant Training				
Day Two: Thursday, March 14th				
Time	Topic	Presenter	Key Learning	
8:15-9:00	Recruiting / iCIMS	Teri Lary, Doreen Hester, Brandi Soud	Privacy	
9:00-10:00	Organizational Development / Wellpath Academy	Tom Loughman, Earl Hest, Eric Hest, Ellen	ODS Mission & Vision, Wellpath Academy	
10:00-10:15	Break			
10:15-11:00	HRIS	Tracy Tucker	New Hire Process, HRIS	
11:00-11:30	Benefits	Thomas Bush, Kim Korman	Insurance, Tuition Reimbursement	
11:30-12:00	Lunch			
12:00-12:45	Employee Relations	ER Team	HR & Payroll, HR / Employee Complaints	
12:45-1:00	Subcontractor Contracts	Colleen Oline	Process	
1:00-1:30	Credentialed	Michael McDonald	Process	
1:30-2:00	Legal	Hannah Belmont	Signature / Im, Medical Records, Overtime	
2:00-2:45	Break			
2:45-3:30	Payroll	Jerry Rayburn, David Hest, Janice Branchaud	Payroll, HR, HRIS, HRIS, HRIS	
3:30-4:15	Policy Center and CCSMGR	Daniel Bales	Process & HRIS	
4:15-5:00	Supplies / Formulary	Chase Taylor, Bianca Woodson	Office, Medical, Supply, ODS, Non-Employee	
5:00	Travel to Dinner			
5:00	Dinner			

Administrative Assistant Training				
Day One: Wednesday, March 13th				
Time	Topic	Presenter	Key Learning Points	Location
8:30-9:00	Introductions	Ops Specialists	Meet & Greet, Introductions, Misadventure, Welcome to Wellpath	1st Floor Common Area
9:00-9:30	Administrative Checklist Review	Ops Specialists	Administrative Checklist	1st Floor Common Area
9:30-10:00	Wellpath Executive Speaker	HR Helman	Wellpath Mission & Vision, How did we begin?	1st Floor Common Area
10:00-10:30	Grab Bag Topics	Tracy Tucker, Patricia Dabbs, Amy Dab, Megan Pratt	Drug Tests / Team Meetings, Book Orders / ADP, Signature Lines, Kiosk	1st Floor Common Area
10:30-10:45	Helpdesk	Richard Lee, Mark Vercil	Overview	1st Floor Common Area
10:45-11:15	Accreditation Preparation	Megan Pratt, Hillary Gold	Preparation for NCHE / ACH	1st Floor Common Area
11:15-12:00	Lunch			1st Floor Common Area
12:00-2:30	ERMA Case Management	Megan Pratt, Hillary Gold, TJ Stevenson	Overview, Overview, Event Detail, Referral Entry / Scheduling	1st Floor Common Area
2:30-3:00	Care Management	Margo Threthorn	Early Case Log / W Tracking	1st Floor Common Area
3:00-3:30	Claims	Tammy Adams, Emily Adams, Corinne Morris	Claims Process, Customer Service Help / Overview	1st Floor Common Area
3:30-3:45	Break			
3:45-4:15	Medicaid and Reimbursement	Melanie Davis, Cindy Sutherland	Process & Process	1st Floor Common Area
4:15-5:00	Monthly Reports & Logs	Dani Specialists	Reports/Overview, Submitting Reports, Meeting Minutes	1st Floor Common Area
5:00	Travel to Dinner			
5:00	Dinner			Intensivists HR Meeting

DON Orientation

All new Wellpath DONs undergo a three-day onboarding session that provides hands-on skills training and advanced correctional nursing instruction. This intensive educational event, which is held quarterly at our Nashville Home Office, equips our DONs with additional skills and resources they can take back to their sites and their staff.

The Wellpath Nursing Services Department has also established a Nursing Services Hotline for DONs to call and ask questions related to nursing practice, training questions, or resource needs. The Nursing Services Hotline is answered during regular business hours by a Registered Nurse who is knowledgeable about state-specific scope of practice and Wellpath clinical policies, resources, and processes.

Continuing Education

Wellpath offers professional development and training opportunities and will work with the KDOC to ensure that on-site personnel receive corrections-specific training opportunities. We offer both in-house and community opportunities for continuing education programs applicable to a career in correctional healthcare. By encouraging our employees to take advantage of these opportunities, we are building an even stronger, more professional staff equipped to meet our clients' diverse needs.

While employees are ultimately responsible for their own development, it is our philosophy to provide Wellpath team members with the proper tools to build on their knowledge and further their success. We maintain a Continuing Nurse Education (CNE) provider license that allows us to offer continuing

education credits to nursing personnel as an employee benefit. Employees have the opportunity to complete a variety of CNE modules focused on topics commonly seen in the corrections environment.

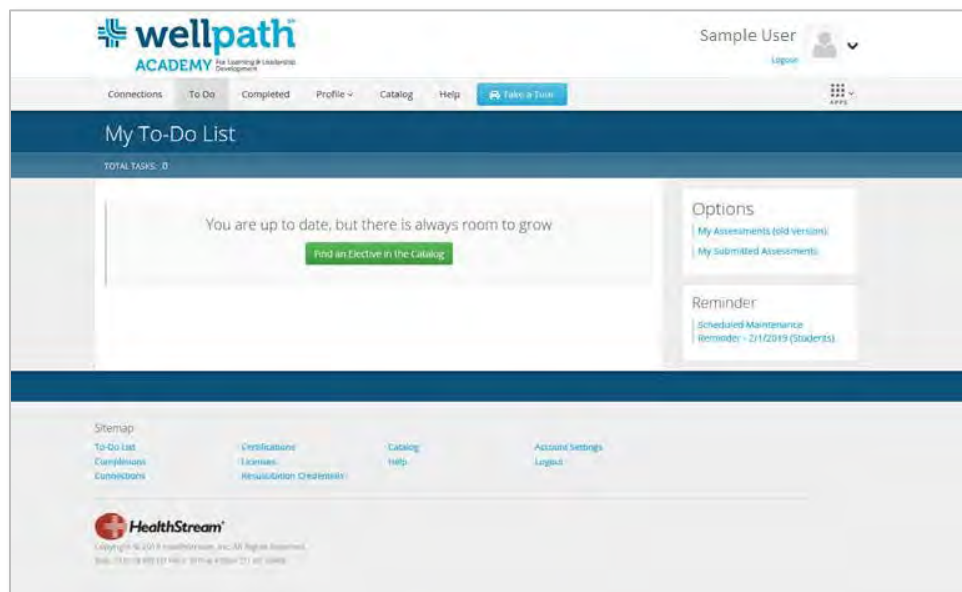
Wellpath Academy Learning Center

Wellpath has partnered with HealthStream to create the Wellpath Academy Learning Center, which we use to deliver, track, and manage training content, including E-learning courses, classroom courses, other learning events, certifications and licenses, and more. When an employee signs in to Wellpath Academy, they are taken to the To Do tab, which shows all assigned training courses with due dates.



When new trainings are added to an individual's To-Do list, they receive an email notifying them of the new required training and the due date for completion. Mandatory courses for all Wellpath employees include, but are not limited to: HIPAA, Sexual Harassment, Bloodborne Pathogens, and Hazard Communication. Site-specific courses can also be added to the Learning Center.

Once an employee has completed all assigned courses, they also have the option of completing elective courses to further their professional development. Further, if an employee completes a course outside of Wellpath, they have the option to add it to their completed courses transcript. Employees can also add information regarding certifications, licenses, resuscitation cards, and more to their personal profile.



In-Service Training

Wellpath maintains a video library and other reference materials that facilities can use to build site-specific training programs. The Wellpath Organizational Development Department also offers self-study continuing education and training programs, which can be tailored to meet the specific needs of the KDOC. The self-study programs are available electronically and the Organizational Development team is available for assistance as needed.

The self-study training programs build on the foundation established during the orientation process and are conducted in accordance with professional and legal standards. For example, Wellpath ensures that all staff members are trained on PREA standards by providing education, testing their knowledge, and providing certification based on demonstrated competency; Suicide Prevention training is a mandatory part of Wellpath new employee orientation and is also required annually for all Wellpath employees and subcontractors.

The HSA will be responsible for ensuring that healthcare personnel receive regular training on topics specific to the KDOC. Wellpath identifies new topics on an ongoing basis through our Continuous Quality Improvement (CQI) program. Additional training may be requested through a Clinical Training Request submitted to the Regional Director of Operations. The HSA will maintain documentation of completed training in an individualized training record for each employee.



CLINICAL TRAINING REQUEST
(Please complete BOLD items and submit to your Regional Manager)

Requested by: _____ Location: _____ Date Submitted: _____

Timeline: Specific date(s) requested: _____

Target audience: (check all applicable) ☐ RN/LPN ☐ MD ☐ MHP ☐ NP/PA ☐ Dental ☐ Other _____

Type of Request: ☐ Initial training ☐ Repeat training - use previous date(s) _____

Requested topic for training: _____

Please describe any precipitating incident(s) that prompted this request: _____

This section to be completed by Regional Manager

Review: ☐ Approved ☐ Denied

Priority: ☐ Expedited (within 48 hours) ☐ 31-60 days ☐ 61-90 days ☐ 91-120 days ☐ Not Time Specific

Comments: _____

Regional Manager Signature: _____ Date: _____

Upon completion submit to Nursing Department via email (preferred): clinicaltraining@kdocinc.com or 781.833.3228

This section to be completed by Nursing Services Team Member

Method: ☐ Skills (Onsite) ☐ Distance/Webinar ☐ Self-Study (slides/handouts) ☐ Other _____

Date(s) scheduled: _____ ☐ Clinical Training Calendar

Assigned To: _____ Date Notified of Assignment: _____

Date site notified: _____ Site contact person/notification given to: _____

Nursing Approval: _____ Date: _____

7 Minutes to Save

Wellpath is mindful of the time requirements for providing guidance and education to both healthcare and correctional staff. Therefore, we developed our *7 Minutes to Save* campaign, which presents topics vital to the management of urgent and emergent issues encountered within a correctional setting in **short, easy-to-comprehend training sessions**.

7 Minutes to Save is a Rapid Response Series designed to standardize our approach to trauma evaluation. The program addresses many topics, including suicide prevention, pregnancy, trauma, and optimized care for patients experiencing alcohol and drug withdrawal. Training topics for healthcare staff include:

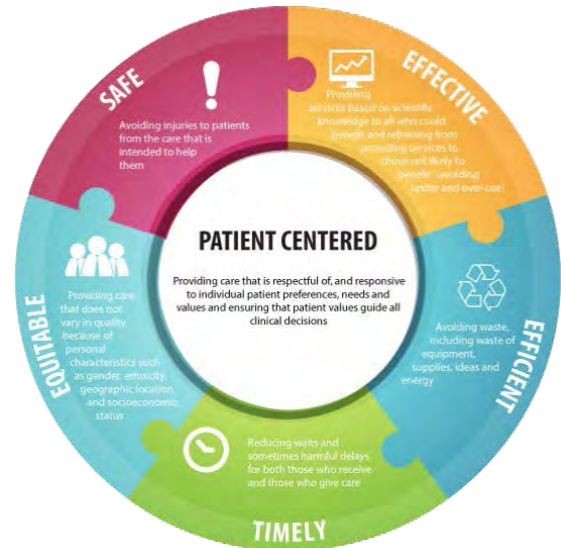
- Alcohol & Benzodiazepine Withdrawal
- Altered Mental Status
- Chest Pain
- Choking
- Head Trauma
- Opioid Overdose
- Opioid Withdrawal
- Primary & Secondary Trauma Survey
- Respiratory Distress
- Seizures
- Serious Abdominal Pain
- Suicide Risk Reduction
- Triaging the Surgical Abdomen
- Use of Force



In addition to our Rapid Response Series, the Wellpath Clinical Department has developed a *7 Minutes to Save* series focused on Patient Care. The goal of the Patient Care Series is to equip our clinicians with up-to-date information to guide their recommendations for diagnostic and therapeutic interventions. The training series emphasizes intentional concern for patient needs based on the **STEEP** principle,

which dictates that patient care should be **Safe, Timely, Effective, Efficient, Equitable, and Patient Centered**:

- **Safe** – Avoids injuries to patients from care that is intended to help them
- **Timely** – Reduces waits and delays for both those who receive care and those who give care
- **Effective** – Based on scientific knowledge, extended to all likely to benefit, while avoiding underuse and overuse
- **Equitable** – Provides consistent quality, without regard to personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status
- **Efficient** – Avoids waste, including waste of equipment, supplies, ideas, and energy
- **Patient-centered** – Respects and responds to individual patient preferences, needs, and values, ensuring that patient values guide all clinical decisions



Specialized Nurse Education

Wellpath has established a Nursing Services Department whose mission is to promote correctional nursing care focused on patients, formed in a collaborative and supportive environment, and grounded in evidence-based competencies and practice. The Wellpath Nursing Services Department is leading the charge in making Wellpath the leader in healthcare delivery through excellence in nursing practice.

Nursing Services' primary focus is the development and delivery of nursing education through an assortment of training initiatives, including Continuing Nurse Education (CNE), independent/self-study, in-person clinical education, distance education (webinars, conference calls, etc.), and corrections-specific video training.

In addition to our cutting-edge training programs, Wellpath has developed educational materials that can be placed conspicuously in our sites to remind nurses of basic protocols, like **SBAR** communication (**S**ituation, **B**ackground, **A**pplicable nursing data, **R**quest/Recommendation).

SBAR	
SITUATION	I am calling because.....
BACKGROUND	The patient's clinical background is..... (chronic conditions, allergies, etc.)
APPLICABLE NURSING DATA	I am concerned because..... (data to support concern, including vital signs)
REQUEST/RECOMMENDATION	What needs to be done for the patient? Discuss and decide.

Core Competency Training and Evaluation

Wellpath offers regular training opportunities for nurses to keep their skills sharp and stay on top of the latest developments in clinical practice. The Wellpath Nursing Services Department distributes an Annual Clinical Training Calendar with monthly training assignments focused on a variety of Core Knowledge topics, such as Patient Evaluation, Emergency Response, Suicide Prevention, and Withdrawal Management.

Each monthly training assignment includes a Clinical Skill Competency (CSC) component designed to provide technique refreshers and verification of clinical skills. The Clinical Skill Competency modules are part of the Clinical Skill Competency Evaluation Manual developed by the Wellpath Nursing Services Department to ensure that our nurses are well equipped to care for our patients.

The purpose of the Clinical Skill Competency Evaluation Manual is to identify competent clinical practice, areas requiring additional training, and opportunity to improve skill sets through practice and re-evaluation. The manual presents nursing professionals with a variety of scenarios to assess their clinical competency and decision-making ability. Wellpath nurses must successfully demonstrate the clinical skill covered in each CSC module in order to pass their evaluation.

Nurses are trained and evaluated on clinical skills essential for the effective and efficient delivery of healthcare in the correctional environment, including but not limited to conducting intake screenings, health assessments, and sick call. The CSC evaluations are developed by the Corporate Director of Nursing in collaboration with the Patient Safety Officer, based on current evidence and peer-reviewed nursing resources. The manual is reviewed and approved annually and updated as needed.

5.21 Staffing (RFP PG. 60)

5.22.1 Base Staffing Plan Requirements (RFP PG. 60)

Kansas Health and Recovery Solutions, P.C. and Wellpath are enthusiastic about the opportunity to partner, once again, with the Kansas DOC to provide comprehensive health and behavioral health services for the patients housed within KDOC correctional facilities. Wellpath has worked diligently to deliver a meaningful proposal that illustrates the best value, while providing the highest level of clinical care and treatment, for the KDOC with transparency and accountability which will create a strong partnership and goal alignment between Wellpath and the Kansas Department of Corrections. Wellpath has many years of experience in recruiting health care professionals for DOC institutions and a rich and successful history in Kansas. Although recruiting healthcare professionals in DOC settings can be challenging, Wellpath is experienced with this issue by virtue of our current DOC clients. In fact, Wellpath has expanded our recruiting efforts through our Talent Acquisition team with a structure dedicated specifically to the needs of the DOC environment.

In addition, Wellpath leveraged the knowledge and experience in recruitment, compensation and benefits from our current local detention contracts with the State of Kansas. Our local detention partners provide a geographic reference specific to many of the DOC locations.

We understand the KDOC is aware that recruitment challenges have existed in the State of Kansas. To address those specific Kansas needs, Wellpath works with community nursing programs to develop sponsorships and internships to enhance our ability to recruit and retain quality nursing staff.

Additionally, Wellpath recruitment strategies for the KDOC are designed to meet the challenges of the environment. Networking and partnering with local hospitals and other healthcare organizations, as well as tailoring recruitment packages to individual needs, especially when recruiting physicians, can make the difference and bring quality healthcare professionals on board. Certain circumstances may require the use of temporary and/or Locum tenens physicians to meet KDOC patient care needs and Wellpath has strong relationships with multiple agency and Locum partners.

Wellpath is poised to continue the robust telemedicine and telepsychiatry programs currently operating with the KDOC facilities. Wellpath will evaluate the current effectiveness of the telehealth programming and seek to enhance care delivery through this medium as appropriate.

Based on the requirements of the RFP, Wellpath is proposing the base staffing plan (**RFP Appendix F shown below**) as well as our alternate staffing recommendations based on the RFP document, Questions and Answers, Site Tours and finally our 10 years of experience providing services to the KDOC. The KDOC RFP and subsequent Answers to Questions includes significant increases in professional health care resources, based on our prior experience in the KDOC system. Wellpath will implement a recruitment strategy to ensure that appropriate professional staff are recruited, hired, and trained to appropriately execute the requirements of the new contract.

Appendix F - Base Staffing Plan													
	Lansing	Hutchinson	El Dorado - CU, RDU	El Dorado - SE (Orwig)	Winfield	Wichita	Ellsworth	Norton	Topeka	Larned	Ks Juvenile	Regional	Total
Contract Capacity:	2,432	1,918	1,806	202	632	754	915	977	948	598	170		10,912
HSA	1.00	1.00	1.00	0.00	1.00	0.00	1.00	1.00	1.00	1.00	1.00	0.00	9.00
DOH	1.00	1.00	2.00	1.00	1.00	0.00	1.00	1.00	1.00	1.00	1.00	0.00	11.00
MD	2.00	1.50	1.00	0.25	0.40	0.25	0.50	0.40	0.30	0.35	0.00	0.00	8.15
PAN/PIARNP	2.00	1.50	3.00	0.25	0.60	0.40	0.25	1.00	1.00	0.30	0.20	0.00	11.00
DDS	2.50	2.00	2.00	0.20	0.50	0.00	1.00	1.00	1.00	0.25	1.10	0.00	11.55
Dental Assistant	2.50	2.00	2.00	0.20	0.50	0.00	1.00	1.00	1.00	0.25	0.75	0.00	11.00
RN	19.00	22.00	23.10	4.00	7.70	1.00	3.80	9.50	12.20	7.20	10.20	0.00	125.00
LPH	13.00	16.00	11.00	1.00	4.00	2.00	5.00	4.70	5.20	4.00	1.00	0.00	65.00
CNA	8.00	10.00	12.00	3.00	0.00	0.00	2.00	1.00	0.00	0.00	1.00	0.00	43.20
ENT	4.20	4.20	4.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12.60
Admin Assist	1.00	1.00	1.00	0.00	1.00	0.00	0.00	1.00	0.50	1.00	1.00	0.00	7.50
Med Records	2.00	2.00	3.00	0.00	1.00	0.00	1.00	1.00	1.00	1.00	2.00	0.00	14.00
Ward Clerk	2.00	1.00	2.00	0.00	0.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.50
Lab Tech	1.00	0.50	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.50
X-Ray Tech	0.50	0.50	1.00	0.00	0.10	0.00	0.10	0.00	0.25	0.00	0.10	0.00	2.55
SUB TOTAL	65.30	62.00	70.60	10.00	17.90	3.25	21.75	22.00	33.15	16.55	19.95	0.00	343.75
MENTAL HEALTH													
Clinical Director, PhD	1.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	1.00	0.00	4.00
Psychiatrist	1.00	1.00	2.00	0.00	0.33	0.00	0.33	0.40	1.50	0.20	0.60	0.00	6.86
Psych APRN	1.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
Forensic Psychologist, Ph.D.	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	3.00
Behavioral Health Prof., MA/MSW	17.00	11.00	19.00	1.00	2.75	0.25	3.00	3.00	7.00	2.00	7.00	0.00	73.00
Admin Assist	1.00	1.00	1.50	0.00	0.50	0.00	1.00	0.50	1.00	0.00	1.00	0.00	7.50
Activity & Rec, Therapist, BA	7.00	2.00	5.00	1.00	0.00	0.00	0.00	0.00	2.00	0.00	3.00	0.00	20.00
Psych RN	1.00	0.00	1.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	3.00
Psychologist, Ph.D., RDU	0.00	1.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
Psychom, BA RDU	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
Psychologist, MA, RDU	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	1.00	0.00	10.00
Physician, RDU	0.00	0.00	0.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.30
Psychiatrist RDU	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
Licensed Addiction Counselor, BA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.00	0.00	3.00
Sex Offender Treatment, MA/MSW	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7.00	0.00	7.00
SUB TOTAL	31.00	16.00	41.00	2.00	3.50	0.25	4.25	4.30	14.00	3.20	18.60	0.00	139.86
REGIONAL STAFF													
Regional Vice President													1.00
Regional Medical Director													1.00
Assoc. Regional Medical Director													0.25
PAN/PIARNP													1.00
Regional Dental Director													0.50
Regional Psychiatric Director													1.00
Regional Manager													1.00
Regional Director of Nursing													1.00
Admin Assistant													1.50
UM Coordinator													1.00
GI Coordinator													1.00
Regional Mental Health Coord													1.00
Regional Telepsych													0.50
ART Clerk													1.00
IT / EMR Support													5.00
SUB TOTAL													17.75
RFP TOTAL	97.30	78.00	112.40	12.00	21.38	3.50	26.00	26.96	47.15	19.75	38.55	17.75	501.36

Regional Contract Management

Wellpath is proposing a locally based, Topeka, Kansas, contract management structure responsible for the execution and daily management of the contract.

Led by the Statewide Regional Vice President, Regional Medical Director, and Regional Director of Nursing, our regional management team will include dedicated resources to manage and enhance all aspects of our program. Additionally, our behavioral health programs will be managed by the Regional Psychiatric Director and Regional Mental Health Coordinator.

Wellpath believes it is critical to have our regional team near KDOC health services management staff in order to make time sensitive decisions and be readily available as needed. Therefore, Wellpath has identified office space within minutes of the Topeka KDOC offices.

The regional management team includes dedicated resources for the following disciplines:

- Clinical Services
- Psychiatric & Behavioral Health Services
- Dental Services
- Utilization Management Services
- Continuous Quality Improvement
- Talent Acquisition / Recruiter
- Information Technology and Support Services
- Administrative Support Staff

Alternate Staffing Plan Enhancements

We have included our proposed, detailed staffing plans on the following pages. Several enhancements we want to highlight include:

Associate Regional Medical Director: Wellpath has increased our proposal ARMD to a total of 0.5 FTE based on our direct operational knowledge from our other DOC contracts. We believe the increase will allow for enhanced utilization management and decision services as well as teaching and support for the site medical directors.

Recruiter: Wellpath will hire a full-time recruiter into the Topeka regional office. We believe embedding the recruiter in the local community provides the best opportunity to successfully source, recruit and retain the most talented applicants for our programs.

Compliance Team: Wellpath will provide compliance team members specific to the KDOC to ensure we meet and exceed the performance expectations as defined in the RFP. Wellpath welcomes the accountability and the opportunity to demonstrate the highest level of service delivery.

Psychiatric Mid-Level Practitioner: Wellpath has proposed the addition of a Psych APRN for the following facilities:

- Hutchinson – 1.0 FTE
- Topeka – 1.0 FTE
- Juvenile – 0.4 FTE

The above additions were based on close review of the provide monthly operational statistics and our knowledge of the time required to provide such services.

Site Medical Director: Finally, upon review of the provided operational statics and our prior experience in the KDOC, Wellpath increased the SMD at the Topeka facility to 1.0 FTE. We believe this will best serve the patient population and allow for an enhanced recruitment and retention experience for the facility.

Kansas DOC Regional Office									
Day Shift									
POSITION	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Hrs/WK	FTEs
Regional Vice President	8	8	8	8	8			40	1.000
Regional Medical Director	8	8	8	8	8			40	1.000
Assoc. Regional Medical Director	4	4	4	4	4			20	0.500
Regional Midlevel Practitioner	8	8	8	8	8			40	1.000
Regional Dental Director	4	4	4	4	4			20	0.500
Regional Psychiatric Director	8	8	8	8	8			40	1.000
Regional Manager	16	16	16	16	16			80	2.000
Regional Director of Nursing	8	8	8	8	8			40	1.000
Administrative Assistant	12	12	12	12	12			60	1.500
UM Coordinator	8	8	8	8	8			40	1.000
QI Coordinator	8	8	8	8	8			40	1.000
Regional Mental Health Coord.	8	8	8	8	8			40	1.000
Regional Telepsych	4	4	4	4	4			20	0.500
ART Clerk	8	8	8	8	8			40	1.000
IT/EMR Support	40	40	40	40	40			200	5.000
Recruiter	8	8	8	8	8			40	1.000
HR Business Partner	8	8	8	8	8			40	1.000
Total Hours/FTE - Day								840	21.000
Weekly Total									
TOTAL HOURS/FTE - WEEKLY								840	21.00

Lansing Correctional Facility									
Day Shift									
POSITION	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Hrs/WK	FTEs
H.S.A.	16	16	16	16	16			80	2.000
Director of Nursing	8	8	8	8	8			40	1.000
Assistant Director of Nursing	8	8	8	8	8			40	1.000
Physician	16	16	16	16	16			80	2.000
PA/ARNP	16	16	16	16	16	16	8	104	2.600
Dentist	20	20	20	20	20			100	2.500
Dental Assistant	20	20	20	20	20			100	2.500
Infection Control Nurse	8	8	8	8	8			40	1.000
RN	24	16	16	16	16	40	40	168	4.200
LPN	32	32	24	24	24	24	24	184	4.600
CMA	24	24	24	24	24	16	16	152	3.800
EMT	16	16	16	16	16	16	16	112	2.800
Administrative Assistant	8	8	8	8	8			40	1.000
Medical Records Clerk	24	24	24	16	24			112	2.800
Unit Clerk	16	16	16	16	16			80	2.000
Lab Tech	8	8	8	8	8			40	1.000
X-Ray Tech	4	4	4	4	4			20	0.500
Clinical Director, Ph.D.	8	8	8	8	8			40	1.000
Psychiatrist	8	8	8	8	8			40	1.000
Psych APRN	12	10	10	10	10	10	10	72	1.800
Forensic Psychologist, Ph.D.	16	16	16	16	16			80	2.000
Behavioral Health Prof., MA/MSW	104	112	104	112	104	16	16	568	14.200
Administrative Assistant MH	8	8	8	8	8			40	1.000
Activity & Rec Therapist, BA	56	56	56	56	56			280	7.000
Psych RN	0	0	0	0	0			0	0.000
Total Hours/FTE - Day								2,612	65.300
Evening Shift									
POSITION	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Hrs/WK	FTEs
RN	40	40	40	40	40	40	40	280	7.000
LPN	24	24	24	24	24	24	24	168	4.200
Behavioral Health Prof., MA/MSW	16	16	16	16	16	16	16	112	2.800
CMA	16	16	16	16	16	16	16	112	2.800
Total Hours/FTE - Evening								672	16.800
Night Shift									
POSITION	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Hrs/WK	FTEs
RN	32	32	32	32	32	32	32	224	5.60
LPN	24	24	24	24	24	24	24	168	4.20
EMT	8	8	8	8	8	8	8	56	1.40
CMA	16	16	16	16	16	16	16	112	2.80
Total Hours/FTE - Night								560	14.00
Weekly Total									
TOTAL HOURS/FTE - WEEKLY								3,844	96.10

El Dorado - CU, RDU									
Day Shift									
POSITION	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Hrs/WK	FTEs
H.S.A.	8	8	8	8	8			40	1.000
Director of Nursing	16	16	16	16	16			80	2.000
Physician	8	8	8	8	8			40	1.000
PA/ARNP	24	24	24	24	24			120	3.000
Dentist	16	16	16	16	16			80	2.000
Dental Assistant	16	16	16	16	16			80	2.000
Charge RN	4	4	4	4	4			20	0.500
Infection Control Nurse	8	8	8	8	8			40	1.000
RN	56	48	48	48	48	48	48	344	8.600
LPN	24	24	24	24	24	24	24	168	4.200
CMA	16	24	24	24	24	24	24	160	4.000
EMT	16	16	16	16	16	16	16	112	2.800
Administrative Assistant	8	8	8	8	8			40	1.000
Medical Records Clerk	24	24	24	24	24			120	3.000
Unit Clerk	16	16	16	16	16			80	2.000
Lab Tech	8	8	8	8	8			40	1.000
X-Ray Tech	8	8	8	8	8			40	1.000
Clinical Director, Ph.D	8	8	8	8	8			40	1.000
Psychiatrist	16	16	16	16	16			80	2.000
Psych APRN	8	8	8	8	8			40	1.000
Behavioral Health Prof., MA/MSW	136	120	120	120	120	16	16	648	16.200
Administrative Assistant MH	12	12	12	12	12			60	1.500
Activity & Rec Therapist, BA	56	56	56	56	56			280	7.000
Psych RN	16	16	16	16	16			80	2.000
Psychologist, Ph.D., RDU	8	8	8	8	8			40	1.000
Psychom, BA, RDU	8	8	8	8	8			40	1.000
Psychologist, MA, RDU	64	64	64	64	64			320	8.000
Physician, RDU	6	6						12	0.300
Psychiatrist, RDU	8	8	8	8	8			40	1.000
Total Hours/FTE - Day								3,284	82.100
Evening Shift									
POSITION	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Hrs/WK	FTEs
RN	48	48	48	48	48	48	48	336	8.400
LPN	24	24	24	24	24	24	24	168	4.200
EMT	16	16	16	16	16	16	16	112	2.800
CMA	24	24	24	24	24	24	24	168	4.200
Total Hours/FTE - Evening								784	19.600
Night Shift									
POSITION	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Hrs/WK	FTEs
RN	32	32	32	32	32	32	32	224	5.60
LPN	24	24	24	20	16	16	16	140	3.50
EMT	8	8	8	8	8	8	8	56	1.40
CMA	24	24	24	24	24	24	24	168	4.20
Total Hours/FTE - Night								588	14.70
Weekly Total									
TOTAL HOURS/FTE - WEEKLY								4,656	116.40

El Dorado - ES (Oswego)									
Day Shift									
POSITION	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Hrs/WK	FTEs
Director of Nursing	8	8	8	8	8			40	1.000
Physician	8	6						14	0.350
PA/ARNP	8	2						10	0.250
Dentist	8							8	0.200
Dental Assistant	8							8	0.200
RN	16	16	16	16	16			80	2.000
LPN	8	8	8	8	8			40	1.000
CMA	24	24	24	24	24	16	16	152	3.800
Behavioral Health Prof., MA/MSW	8	8	8	8	8			40	1.000
Activity & Rec Therapist, BA	8	8	8	8	8			40	1.000
Total Hours/FTE - Day								432	10.800
Evening Shift									
POSITION	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Hrs/WK	FTEs
RN	8	8	8	8	8			40	1.000
Total Hours/FTE - Evening								40	1.000
Night Shift									
POSITION	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Hrs/WK	FTEs
RN	8	8	8	8	8			40	1.00
Total Hours/FTE - Night								40	1.00
Weekly Total									
TOTAL HOURS/FTE - WEEKLY								512	12.80

Winfield Correctional Facility									
Day Shift									
POSITION	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Hrs/WK	FTEs
H.S.A.	8	8	8	8	8			40	1.000
Director of Nursing	8	8	8	8	8			40	1.000
Physician	8	8						16	0.400
PA/ARNP	8	8	8					24	0.600
Dentist	4	4	4	4	4			20	0.500
Dental Assistant	4	4	4	4	4			20	0.500
RN	16	16	16	16	16	8	8	96	2.400
LPN	32	32	32	32	32			160	4.000
Administrative Assistant	8	8	8	8	8			40	1.000
Medical Records Clerk	8	8	8	8	8			40	1.000
Unit Clerk	4	4	4	4	4			20	0.500
X-Ray Tech	4							4	0.100
Psychiatrist	6	7						13	0.325
Behavioral Health Prof., MA/MSW	24	24	24	24	14			110	2.750
Administrative Assistant MH	4	4	4	4	4			20	0.500
Total Hours/FTE - Day								663	16.58
Evening Shift									
POSITION	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Hrs/WK	FTEs
RN	16	16	16	16	16	8	8	96	2.400
Total Hours/FTE - Evening								96	2.400
Night Shift									
POSITION	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Hrs/WK	FTEs
RN	16	16	16	16	16	8	8	96	2.40
Total Hours/FTE - Night								96	2.40
Weekly Total									
TOTAL HOURS/FTE - WEEKLY								855	21.38

Wichita, KS									
Day Shift									
POSITION	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Hrs/WK	FTEs
Physician	8	2						10	0.250
RN	8	8	8	8	8			40	1.000
LPN	16	16	16	16	16			80	2.000
Behavioral Health Prof., MA/MSW	5	5						10	0.250
Total Hours/FTE - Day								140	3.500
Weekly Total									
TOTAL HOURS/FTE - WEEKLY								140	3.50

Ellsworth Correctional Facility									
Day Shift									
POSITION	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Hrs/WK	FTEs
H.S.A.	8	8	8	8	8			40	1.000
Director of Nursing	8	8	8	8	8			40	1.000
Physician	4	4	4	4	4			20	0.500
PA/ARNP	8	6						14	0.350
Dentist	8	8	8	8	8			40	1.000
Dental Assistant	8	8	8	8	8			40	1.000
RN	24	24	16	16	16	16	16	128	3.200
LPN	16	16	16	16	16			80	2.000
CMA	16	16	16	16	16			80	2.000
Medical Records Clerk	8	8	8	8	8			40	1.000
X-Ray Tech	4							4	0.100
Psychiatrist	6	7						13	0.325
Behavioral Health Prof., MA/MSW	24	16	16	16	16	16	16	120	3.000
Administrative Assistant MH	8	8	8	8	8			40	1.000
Total Hours/FTE - Day								699	17.48
Evening Shift									
POSITION	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Hrs/WK	FTEs
RN	16	16	16	16	16	16	16	112	2.800
LPN	16	16	16	16	16			80	2.000
Total Hours/FTE - Evening								192	4.800
Night Shift									
POSITION	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Hrs/WK	FTEs
RN	16	16	16	16	16	16	16	112	2.80
LPN	8	8	8	8	8			40	1.00
Total Hours/FTE - Night								152	3.80
Weekly Total									
TOTAL HOURS/FTE - WEEKLY								1,043	26.08

Norton Correctional Facility									
Day Shift									
POSITION	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Hrs/WK	FTEs
H.S.A.	8	8	8	8	8			40	1.000
Director of Nursing	8	8	8	8	8			40	1.000
Physician	8	8						16	0.400
PA/ARNP	8	8	8	8	8			40	1.000
Dentist	8	8	8	8	8			40	1.000
Dental Assistant	8	8	8	8	8			40	1.000
Charge RN	8	8	8	8	8			40	1.000
RN	24	24	24	24	24	24	24	168	4.200
LPN	12	12	12	12	12	8	8	76	1.900
EMT	8	8	8	8	8			40	1.000
Administrative Assistant	8	8	8	8	8			40	1.000
Medical Records Clerk	8	8	8	8	8			40	1.000
Psychiatrist	8	8						16	0.400
Behavioral Health Prof., MA/MSW	24	24	24	24	24			120	3.000
Administrative Assistant MH	8	8	8	8	8			40	1.000
Total Hours/FTE - Day								796	19.90
Evening Shift									
POSITION	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Hrs/WK	FTEs
RN	16	16	16	16	16	16	16	112	2.800
LPN	8	8	8	8	8	8	8	56	1.400
Total Hours/FTE - Evening								168	4.200
Night Shift									
POSITION	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Hrs/WK	FTEs
RN	8	8	8	8	8	8	8	56	1.40
LPN	8	8	8	8	8	8	8	56	1.40
Total Hours/FTE - Night								112	2.80
Weekly Total									
TOTAL HOURS/FTE - WEEKLY								1,076	26.90

Topeka Correctional Facility									
Day Shift									
POSITION	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Hrs/WK	FTEs
H.S.A.	8	8	8	8	8			40	1.000
Director of Nursing	8	8	8	8	8			40	1.000
Physician	8	8	8	8	8			40	1.000
PA/ARNP	8	8	8	8	8			40	1.000
Dentist	8	8	8	8	8			40	1.000
Dental Assistant	8	8	8	8	8	8		48	1.200
Infection Control Nurse	4	4	4	4	4			20	0.500
RN	20	20	20	20	20	24	24	148	3.700
LPN	16	16	16	16	16	16	16	112	2.800
CMA	16	16	16	16	16	16	16	112	2.800
Administrative Assistant	4	4	4	4	4			20	0.500
Medical Records Clerk	8	8	8	8	8			40	1.000
X-Ray Tech	5	5						10	0.250
Clinical Director, Ph.D	8	8	8	8	8			40	1.000
Psychiatrist	8	8	8	8	8			40	1.000
Apsych APRN	8	8	8	8	8			40	1.000
Behavioral Health Prof., MA/MSW	48	48	40	48	44	8	8	244	6.100
Administrative Assistant MH	8	8	8	8	8			40	1.000
Activity & Rec Therapist, BA	16	16	16	16	16			80	2.000
Psych RN	8	8	8	8	8			40	1.000
Psychologist, MA, RDU	8	8	8	8	8			40	1.000
Total Hours/FTE - Day								1,274	31.850
Evening Shift									
POSITION	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Hrs/WK	FTEs
RN	24	24	24	24	24	24	24	168	4.200
LPN	16	16	16	16	16	16	16	112	2.800
Behavioral Health Prof., MA/MSW	8	8	8	8	8	8	8	56	1.400
CMA	16	16	16	16	16	8		88	2.200
Total Hours/FTE - Evening								424	10.600
Night Shift									
POSITION	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Hrs/WK	FTEs
RN	24	24	24	24	24	16	16	152	3.80
LPN	16	16	16	16	16	16	8	104	2.60
Total Hours/FTE - Night								256	6.40
Weekly Total									
TOTAL HOURS/FTE - WEEKLY								1,954	48.85

Larned Correctional MH Facility									
Day Shift									
POSITION	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Hrs/WK	FTEs
H.S.A.	8	8	8	8	8			40	1.000
Director of Nursing	8	8	8	8	8			40	1.000
Physician	8	6						14	0.350
PA/ARNP	4	4	4	4	4			20	0.500
Dentist	8	2						10	0.250
Dental Assistant	8	2						10	0.250
RN	16	16	16	16	16	8	8	96	2.400
LPN	16	16	16	16	16			80	2.000
Administrative Assistant	8	8	8	8	8			40	1.000
Medical Records Clerk	8	8	8	8	8			40	1.000
Psychiatrist	8							8	0.200
Forensic Psychologist, Ph.D.	8	8	8	8	8			40	1.000
Behavioral Health Prof., MA/MSW	16	16	16	16	16	16	16	112	2.800
Total Hours/FTE - Day								550	13.750
Evening Shift									
POSITION	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Hrs/WK	FTEs
RN	16	16	16	16	16	8	8	96	2.400
LPN	8	8	8	8	8			40	1.000
Total Hours/FTE - Evening								136	3.400
Night Shift									
POSITION	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Hrs/WK	FTEs
RN	16	16	16	16	16	8	8	96	2.40
LP	8	8	8	8	8			40	1.00
Total Hours/FTE - Night								136	3.40
Weekly Total									
TOTAL HOURS/FTE - WEEKLY								822	20.55

Hutchinson Correctional Facility									
Day Shift									
POSITION	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Hrs/WK	FTEs
H.S.A.	8	8	8	8	8			40	1.000
Director of Nursing	8	8	8	8	8			40	1.000
Assistant Director of Nursing	8	8	8	8	8			40	1.000
Physician	12	12	12	12	12			60	1.500
PA/ARNP	12	12	12	12	12			60	1.500
Dentist	16	16	16	16	16			80	2.000
Dental Assistant	16	16	16	16	16			80	2.000
Infection Control Nurse	8	8	8	8	8			40	1.000
RN	40	32	32	32	32	48	48	264	6.600
LPN	24	24	24	24	24	24	24	168	4.200
CMA	16	16	16	16	16	24	24	128	3.200
EMT	16	16	16	16	16	16	16	112	2.800
Administrative Assistant	8	8	8	8	8			40	1.000
Medical Records Clerk	16	16	16	16	16			80	2.000
Unit Clerk	8	8	8	8	8			40	1.000
Lab Tech	4	4	4	4	4			20	0.500
X-Ray Tech	4	4	4	4	4			20	0.500
Psychiatrist	8	8	8	8	8			40	1.000
Apsych APRN	8	8	8	8	8			40	1.000
Behavioral Health Prof., MA/MSW	80	72	72	72	72	8	8	384	9.600
Administrative Assistant MH	8	8	8	8	8			40	1.000
Activity & Rec Therapist, BA	16	16	16	16	16			80	2.000
Total Hours/FTE - Day								1,896	47.400
Evening Shift									
POSITION	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Hrs/WK	FTEs
RN	48	48	48	48	48	48	48	336	8.400
LPN	16	16	16	16	16	24	24	128	3.200
EMT	8	8	8	8	8	8	8	56	1.400
CMA	24	24	24	24	24	24	24	168	4.200
Total Hours/FTE - Evening								688	17.200
Night Shift									
POSITION	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Hrs/WK	FTEs
RN	32	32	32	32	32	32	32	224	5.60
LPN	16	16	16	16	16	8		88	2.20
EMT	8	8	8	8	8	8	8	56	1.40
CMA	24	24	24	24	24	24	24	168	4.20
Total Hours/FTE - Night								536	13.40
Weekly Total									
TOTAL HOURS/FTE - WEEKLY								3,120	78.00

Kansas Juvenile Correctional Complex									
Day Shift									
POSITION	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Hrs/WK	FTEs
H.S.A.	8	8	8	8	8			40	1.000
Director of Nursing	8	8	8	8	8			40	1.000
Physician	8	8	8					24	0.600
PA/ARNP	8							8	0.200
Dentist	8	8	8	8	8	4		44	1.100
Dental Assistant	8	8	8	6				30	0.750
RN	24	24	24	24	24	24	24	168	4.200
LPN	8	8	8	8	8			40	1.000
CMA	8	8	8	8	8			40	1.000
Administrative Assistant	8	8	8	8	8			40	1.000
Medical Records Clerk	16	16	16	16	16			80	2.000
Lab Tech	8	8	8	8	8			40	1.000
X-Ray Tech	4							4	0.100
Clinical Director, Ph.D	8	8	8	8	8			40	1.000
Psychiatrist	8	8	8					24	0.600
Psych APRN				8	8			16	0.400
Behavioral Health Prof., MA/MSW	40	40	40	48	40	8	8	224	5.600
Administrative Assistant MH	8	8	8	8	8			40	1.000
Activity & Rec Therapist, BA	24	24	24	24	24			120	3.000
Psychologist, MA, RDU	8	8	8	8	8			40	1.000
Licensed Addiction Counselor, BA	24	24	24	24	24			120	3.000
Sec Offender Treatment, MA/MSW	16	16	16	16	16			80	2.000
Total Hours/FTE - Day								1,302	32.550
Evening Shift									
POSITION	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Hrs/WK	FTEs
RN	16	16	16	16	16	24	24	128	3.200
Behavioral Health Prof., MA/MSW	8	8	8	8	8	8	8	56	1.400
Total Hours/FTE - Evening								184	4.600
Night Shift									
POSITION	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Hrs/WK	FTEs
RN	16	16	16	16	16	16	16	112	2.80
Total Hours/FTE - Night								112	2.80
Weekly Total									
TOTAL HOURS/FTE - WEEKLY								1,598	39.95

NOTE ON ALL PROPOSED STAFFING PLANS: Wellpath may substitute one hour of physician time for two hours of mid-level practitioner time, or two hours of mid-level practitioner time for one hour of physician time, as necessary and with KDOC approval.

5.22.2 Staff Accountability and Time Clocks (RFP PG. 61)

Wellpath will submit copies of staffing schedules, encompassing all health care staff to the Director of Health Care Compliance by the 10th day of each month prior to delivery of service.

Wellpath will utilize time clocks at our expense to determine actual hours of service provided. We understand actual hours of service may include hours worked outside of the facility up to four (4) hours per week per fulltime HCP and the off-site hours must be directly related to providing on-call services, including infirmary rounds, community hospital rounds on KDOC offenders, and surgical time as it relates to KDOC offenders. Any routine outside worked hours must be given prior approval from the KDOC. Documentation of on-call schedules will be provided to the KDOC to demonstrate on call hours worked.

Wellpath will not count hours worked out-of-state or at locations other than KDOC facilities as authorized absences or KDOC contract hours. Wellpath's Regional Utilization Management Coordinator, Regional Psychiatrist, Regional Director of Nursing, Regional Behavioral Health Director, and Regional Medical Director positions will be identified by title as outlined in the RFP and are considered essential to the KDOC operation. These positions will not be shared with, or perform duties for, any other contract outside of the KDOC contract.

Wellpath understands Health Services Administrators and Directors of Nursing will be allowed to assist other facilities and other contract sites up to three (3) weeks per calendar year, if the KDOC facility is appropriately staffed during their absence. We acknowledge HCPs already fulfilling equal to a fulltime position under this contract (40 hours per week) will not be allowed to fulfill other position hours for this contract or any other contract during regularly scheduled working hours, except for short durations, and as approved by the Wellpath Regional Vice President and the Director of Health Care Compliance.

Per the RFP requirement, in the event of a strike, slowdown or full or partial work stoppage of any kind by Wellpath employees, we will continue to perform our obligations and will indemnify KDOC for any reasonable losses it may incur in the event of a strike, slowdown, and or full or partial work stoppage by Wellpath employees.

5.22.3 Retention of Current Contract Staff (RFP PGS. 61-62)

Upon notification of award, Wellpath will work closely with KDOC to retain any valued current members of your healthcare team at or above their current salary level – no one will go backward in pay. Prior to contract start-up, our team will personally meet with current staff to address any questions and concerns. We believe this respect and consideration initiates a positive relationship to sustain a long-term commitment in a productive environment.

The Wellpath plan for staff retention of the current contract staff includes:

- a. Our plan for salary compensation for all current contract employees.
- b. Current staff salaries will not be reduced. Our staffing costs are based on significant due diligence on local and surrounding area salary surveys and research which will likely result in an increase over current base salaries your incumbent hires at. No current employee will go backward in pay.

- c. Wellpath's current Benefit Plan and how that plan relates to all current contract employees to include whether the current employees working within the KDOC contract will be enrolled in the current plan or a different plan.
- d. Employee health care costs to include identification of rural community providers and service differences for rural areas.
- e. Seniority/longevity bonuses or incentives for current contract staff with long-term service records.
- f. Sick leave and vacation time.

Wellpath will interview each current facility contract staff member to determine his or her continued employability status.

Wellpath agrees to waive eligibility time frames for health and retirement programs for all continued current contract staff.

Wellpath also agrees that it shall not bind any of its employees, or those under contract with Wellpath, to any agreement, which would inhibit, impede, prohibit or restrain in any way that would restrict such employee or independent contractor from accepting employment with any subsequent health care service provider to the KDOC or any other employer.

Wellpath understands the KDOC currently has three state-employed health care positions in place prior to privatization. Wellpath will be responsible for reimbursement to the KDOC for salaries, benefits, overtime, vacation, sick leave, and malpractice insurance costs for these three positions via an offset on the monthly payment voucher. We acknowledge the amount deducted will be based on actual salary and benefits expenditures and that should any of the state employees leave their position, Wellpath will be responsible for filling these positions as part of the contracted staffing plan at no additional cost to the State.

Wellpath understands the importance of maintaining existing contract staff to the extent that they are qualified, that the position still exists, and both the KDOC and Wellpath agree to that employment.

5.22.4 Credentialing Criteria (RFP PG. 62)

Wellpath acknowledges that throughout the term of this contract, the KDOC has the right of approval prior to Wellpath hiring:

- Any regional staff,
- Health services administrators,
- Directors of Nursing,
- Behavioral Health Coordinators,
- Any Director-Level Position,
- Physicians,
- Psychiatrists,
- Advanced Practice Registered Nurses, or
- Any other position the KDOC may designate during this contract term.

Wellpath uses an on-line credentialing system that will allow us, upon request, to provide the KDOC relevant credentialing documents on file for any physician, administrator, psychiatrist, psychologist, dentist, or behavioral health coordinator.

For each member of the health care staff, Wellpath will provide a written position description which clearly delineates assigned responsibilities. Wellpath will monitor the performance of health care staff to ensure adequate performance in accordance with these position descriptions.

Wellpath will furnish the necessary administrative, supervisory, professional, and support staff for the proper and effective operation of the program defined in the RFP specifications, subject to the approval of such staff by the Director of Health Care Compliance. If any applicant recommended by Wellpath fails to receive approval by the KDOC, Wellpath understands it will receive a written summary of the reasons for the disapproval.

Wellpath agrees that in the event the KDOC, in its discretion, is dissatisfied with any of the personnel provided under this contract, the KDOC may deny access of such personnel to the correctional facility. The KDOC will then provide written notice to Wellpath of such fact and the reasons therein, and the Wellpath will remove the individual in question from the programs covered and replace with other appropriate personnel until an approved replacement is found.

Wellpath will employ only licensed and qualified personnel to provide clinical and behavioral health coverage for all health care related services of this contract. Wellpath continually monitors all practitioners through a continuous query of their National Practitioner Data Bank reports in order to monitor unreported state and federal license reports, any Professional Board actions, any professional sanctions or any malpractice lawsuit payments that are made on behalf of the practitioner.

The following are verifications monitored on the practitioners:

Verification	Physician	Psychiatrist	Psych or Somatic Mid-Level	Dentist	Psychologist	Mental Health Professional	Other
State License	X	X	X	X	X	X	X
NPDB	X	X	X	X	X	X	X
NPI	X	X	X	X	X	X	X
OIG	X	X	X	X	X	X	X
Medicare Opt-Out	X	X	X	X	X	X	X
Peer References	X	X	X	X	X	X	X
NSCH			X	X	X	X	X
DEA	X	X	X	X			
AMA	X	X	X				

Wellpath will maintain personnel files on contractual personnel, in the Health Services Administrator's office and a credentialing file in the home office, as applicable. These files will be made available to the Director of Health Care Compliance or their designee upon request.

Wellpath acknowledges all contract personnel will be required to submit to a background investigation conducted by the KDOC.

All Wellpath personnel will comply with applicable state, federal, and local laws, regulations, court orders, administrative regulations, administrative directives, and policies and procedures of the KDOC and Wellpath, including any amendments thereto. All contract staff shall maintain any insurance required by law.

The Wellpath Regional Director of Nursing and the Wellpath Regional Behavioral Health Coordinator, in conjunction with the HSAs, will be responsible for monitoring licensure compliance for all newly hired staff, and annually thereafter.

In an effort to keep vacant health care positions to a minimum, Wellpath agrees to keep health care position wages current with market forces. During the procurement process, Wellpath has performed a market survey for all licensed health care professions (physicians, psychiatrists, APRNs, RNs, LPNs, EMTs, CMAs, psychologists, master's level behavioral health professionals). A copy of the market survey will be submitted to the KDOC Human Resources Department, Executive Director of Contracts and Finance, and the Director of Health Care Compliance for review.

Upon commencement of this contract, the licensed staff's minimum rate of pay will be at the 50th percentile for their profession based on their licensure and experience. Any increase in pay resulting from said market survey shall be within the not to exceed amount agreed to in this Contract and not subject to renegotiation. On July 1 of each succeeding contract year, Wellpath will present a new market survey of all licensed health care professions with a plan to keep all licensed staff's minimum rate of pay at the 50th percentile during the succeeding year. The initial and all subsequent market surveys will be specific the area around each facility. The 50th percentile of the market survey will become the staffing deduction amount outlined in RFP Section 4.24.

5.22.5 Recruitment and Retention (RFP PG. 63)

Wellpath's culture of caring is rooted in a core belief that in order to provide the best patient care you must have the best people. In every aspect of our organization we value our skilled and compassionate team, and work hard to make sure everyone feels valued, supported, recognized and set up for success. From onboarding and training, to benefits and leadership development, we provide a warm, family-feeling team environment that attracts the best and gives them reason to stay for decades.

We Attract the Best, so
your Patient Care is
the Best.

Wellpath has developed industry-leading talent acquisition and employee retention programs to consistently recruit and retain highly qualified employees. Our initiatives include strategic talent acquisition plans, competitive benefits programs, opportunities for professional development, and structured onboarding programs to educate new employees and welcome them to the Wellpath team.

Salary & Wage Analytics

Wellpath has invested into economic modeling data that allows us to evaluate each market based on real salary and market analytics. Our teams include the clinical discipline expert, compensation team,

and recruiting team to agree on wage rates for positions. Together this team examines the supply of the market, validates compensation data and reviews the competition of other companies advertising for the same positions in the market. Tools like this allow us better insight to know where people live versus where they work and how many actual jobs are being filled every month.



*National average values are derived by taking the national value for people matching your search and scaling it down to account for the difference in overall workforce size between the nation and Leavenworth County, KS. In other words, the values represent the national average adjusted for region size.

Registered Nurse - For Demonstration Purposes Only.

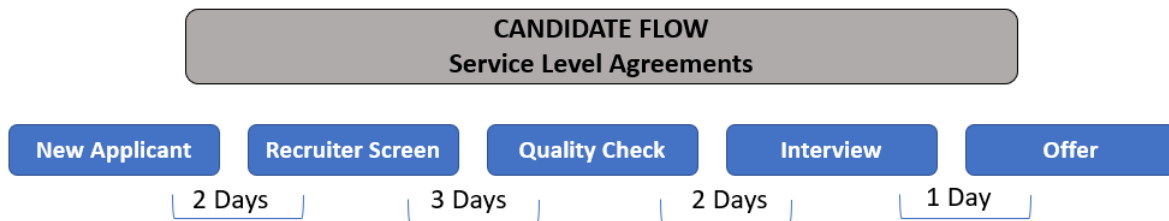
Talent Acquisition

At Wellpath, we have the distinct pleasure and opportunity to make a difference every day to the lives of others through our work with many of society's most vulnerable and at-risk patient populations. Most healthcare professionals chose this profession to help others and give back, and our success in attracting and retaining great talent is that we provide one of the most powerful and unique ways for them to do exactly that.

Wellpath provides on-site support to clients through a highly skilled and responsive Human Resources department that facilitates the recruitment, development, and retention of healthcare professionals. Our dedicated talent acquisition team of Physician Recruiters, Nurse Recruiters, Managers, and Coordinators actively source high-potential candidates, screen applicants, and conduct interviews. Using competency-based behavioral interview questions and partnering with our clinical and operational specialists enables us to make informed hiring decisions. We perform primary source verification of credentials and licensure concurrently during the interviewing and screening process. We then select the best candidates based on qualifications and credentials, experience, references, interview results, and other information.

The Wellpath Candidate Service Level Agreements

Local, regional, and national recruitment campaigns keep a constant flow of qualified candidates within reach to discuss opportunities. In the current candidate market, we know that candidates are best retained if they are contacted and screened in the first 48 hours of their application or contact with Wellpath. Knowing that, we have developed standardized Service Level Agreements (SLA's) to manage our applicant flow to ensure that we process candidates timely and fill positions quickly.



Wellpath uses the iCIMS Applicant Tracking System (ATS) & Customer Relationship Manager (CRM) to maximize talent acquisition. Hiring Managers work with a dedicated recruiter and the Wellpath recruiting team to advertise any open positions in the ATS. The iCIMS ATS leverages mobile, social, and video technologies to better manage the talent acquisition lifecycle. It helps us build CRM talent pools, in addition to automating our recruitment marketing, applicant screening, and onboarding processes. The talent acquisition process is illustrated in the following figure. The iCIMS CRM contains over 50k pipelined candidates with over 50% in the nursing industry.

Metrics and Results

With continuing challenges of lower unemployment rates for healthcare professionals, we are vigilant in our consistent search strategies for talent. Wellpath continually looks for cutting-edge tools to source and communicate with candidates while also using tried-and-true strategies, like extending a phone call to a candidate directly. We have built strategic media partnerships that leverages application feeder system that evaluates and rotates our posting needs daily. A few of those partnerships include TextRecruit, App Feeder, Indeed and other social media platforms.

We are strongly invested in technology to promote our open positions and provide us with robust analytics to help us understand the growing needs in staffing, as well as the outcomes of our efforts. Following are the results of our recruiting efforts in 2019:

- Total Hires – 7,039 (positions filled from internal and external applicants)
- Average Candidate Recruiting Cycle (Application to Offer) – 1 week
- Average of 93,000 applications submitted annually

Internal Recruiting

A key aspect of our culture is our desire to develop leaders and help encourage professional growth. As a result we encourage our best and brightest not only to continue their own training and development, but also to be aware of the various opportunities available throughout the organization.

Wellpath posts all job openings internally and externally. Internal applicants are given initial consideration for opportunities based on our desire for team members to be able to advance their careers. Wellpath employees are eligible to apply for internal opportunities after completing six months in their current role, provided they are in good standing.

If a team member is interested in transferring to another position and/or location, as part of the internal application process, he or she must answer questions that validate they have informed their manager of their interest in another position or site. Interviews are typically conducted by the Hiring Manager or regional staff. We also welcome input from our clients during the interview process for key positions.

College and University On-site Recruiting

Many of us know that while corrections may not be everyone's first career thought, once people get a taste many find it's the perfect fit and one of healthcare's most rewarding sectors available today. To help educate and attract new grads, a key aspect of our recruiting strategy is to reach out into our communities to develop effective relationships with local colleges and universities. During our previous tenure, our staff at Topeka and Hutchinson held job fairs with the local colleges to ensure a strong recruiting pool. We created a successful program with Kansas University and assisted in the development of a rotation for the Nurse Master's Program participants. Also in the State of Kansas, Behavioral Health professionals completed internships working with our Mental Health providers.

Our proactive recruitment model is based on building relationships with resources in the communities we serve. Our goal is to hire local, as we believe those with a vested interest in our healthcare mission will better serve our patients.

A key part of the Wellpath recruitment plan includes reaching out to local nursing schools and residency programs to attract healthcare professionals to a career in corrections. We develop nurse residency programs for at many of our client facilities, and we have established provider-level residency programs for physician, psychiatry, and dentistry roles throughout the United States. We have found that by increasing community interest and education regarding corrections, we have been able to attract and recruit healthcare providers who may have otherwise overlooked a career in our industry.

We look for those who want
to help a vulnerable
population and make a
difference every day.

Equal Employment Opportunities

Wellpath values diversity and our employees' rich variety of experiences, ethnic backgrounds and cultures. The broad pool of knowledge and ideas that they contribute has been invaluable in allowing us to constantly elevate our level of care and ensure the safety of our facilities. It also allows us to deliver culturally competent care and more personalized service. We have a culture that values collaboration and recognizes the synergies that are created when everyone works cooperatively. Our family of professionals enjoy supportive, tight-knit, diverse, and fun team relationships.

In addition, Wellpath employs over 500 men and women who have served in the military and we thank them all. We let our recruits know that they can put their military experience to work as part of an organization that welcomes veterans not just for their service, but because we know their training and teamwork experience are a perfect fit for our culture. We believe in excellence and commitment, all core to their training. Even as we continue to grow rapidly, we work hard to maintain a culture that is welcoming, nurturing and always military friendly.

Wellpath is an Equal Employment Opportunity (EEO) employer with a thorough diversity policy in place to appropriately guide our recruiting and hiring processes. We 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, gender, sexual preference, marital status, age, disability, or national origin.

Salary and Benefits

Our goal is to retain all qualified, properly credentialed individuals who have the attributes to succeed as a part of our team, with the KDOC's input and approval. Wellpath will ensure the compensation offered to these employees is at least equivalent to what they are currently receiving, including providing full benefits on Day One for employees who qualify for full benefits in their current position.

Wellpath offers competitive salaries and benefits to attract and retain qualified staff. We conduct local due diligence and salary surveys to ensure that our proposed rates are competitive within the surrounding area and to ensure that staff recruitment and retention efforts are successful. Our benefits program exceeds market standards and is designed to attract and retain healthcare staff while recognizing the diverse needs and goals of our workforce.

Wellpath also promotes retention through:

- Retention bonuses
- Referral bonuses for hard-to-fill positions
- Incremental increases of benefits such as vacation and 401k vesting based on length of employment
- Annual salary increases based on performance and qualifications
- Monetary assistance and time off for CMU/CEU programs related to specific skill sets
- Employer Tuition Reimbursement Program, which can be used for licensure renewal
- Malpractice insurance coverage for practitioners
- Company-sponsored gatherings
- Discounted offerings for theme parks, restaurants, movie theaters, and other activities

Employee Benefits Program

Wellpath provides employees with a comprehensive, flexible benefits program that focuses on their health and well-being. All new hires, transitioning employees, and current staff are able to enroll in Wellpath benefits through our online and mobile enrollment system, which streamlines communications, education, forms, and all other benefit-related options.

Wellpath offers three medical plan options with a robust pharmacy program, two dental plan options, vision, and company-paid life insurance, as well as additional insurance options for employees, spouses, and children. We also offer short- and long-term disability plans to offset income loss in case of an emergency, as well as various supplemental insurance programs that pay staff directly for illness or accidental injury. Additionally, Wellpath offers numerous incentives for employees who take steps towards healthier lifestyles, rewarding them for making healthy choices; a wellness incentive program is an important part of Wellpath's commitment to healthy living.

As part of our wellness initiatives, members are rewarded through the MedEncentive programs for learning information that will help improve health. MedEncentive is a program designed to help our employees, in consultation with their doctor, better understand and self-manage their health. Members also gain the peace of mind that comes from knowing their doctor's care is consistent with "best

practices” as published by independent and highly credible sources. Each time members visit their physician, they receive an invitation to complete an Information Therapy prescription. Completion is easy, and members earn a \$15 reward each time they complete an Information Therapy prescription.

Affordability is top priority for all Wellpath benefit programs. We work closely with our vendors to ensure that we provide competitive benefit plans at affordable rates. To do this, ***we subsidize most of the total cost of healthcare*** and tier the out-of-pocket biweekly premiums so that staff with lower income pay less than staff who earn higher wages. Wellpath also offers a Health Savings Account option with an annual employer contribution that allows employees to make pre-tax contributions to pay for doctor’s visits, medications, and other health services.

Wellpath subsidizes most of the healthcare costs and tier out-of-pocket premiums so that staff with lower income pay less than staff who earn more.

Preventive care is essential for maintaining well-being and quality of life. Therefore, we encourage our employees to use the benefits we offer to improve their overall wellness. Simply by obtaining or maintaining an annual physical on file (within the last year), employees receive a \$50 per-paycheck discount off their medical plan premium.

Financial wellness is an important aspect of retention, and Wellpath offers multiple retirement and other saving options for employees. In addition to a traditional 401k with a company match, Wellpath offers a Roth IRA, 409A deferred compensation plan, college tuition reimbursement, and a 529 College Savings Plan. Wellpath employees can also meet, at no cost, with a licensed financial advisor who is knowledgeable about our company-sponsored benefits.

Wellpath offers a competitive paid time off program based on years of service, as well as paid holidays throughout the year.

State Transitioned Employee Benefits

Wellpath offers a competitive benefits package to all employees. ***Wellpath benefits will begin immediately for retained/phased-in staff***, consistent with the current status of the employee’s benefits eligibility.

Employee Retention

Wellpath has an incredible track record of retaining the industry’s most passionate, compassionate and skilled professionals.

Consistent staffing improves the quality of patient care and minimizes issues that can lead to grievances and lawsuits. What’s more, we understand the importance, for continuity of care, of ensuring that most of our employees are full-time employees. Wellpath always focuses on prudent staff deployment with an eye toward employee retention in order to promote high efficiency, fewer mistakes, and improved morale. As a result, we have an excellent retention rate with low turnover.

Building a great team is one thing; keeping it intact is something entirely different.

So, what is our secret to successful retention? We believe it's a mix of the following areas that few others can offer:

Our Focus on Patient Care. We never lose sight of our primary goal to help patients achieve healthier, more productive, satisfying lives as a result of the best clinical practices and highest quality patient-centered healthcare in challenging clinical environments. Our philosophy is to treat every patient with compassion, respect and dignity, to look at them as if they were family members, and to remind ourselves that we may be the only friendly, non-judgmental interaction they encounter. We strive to reduce recidivism and make a difference every day through our wide range of healthcare services that result in patient satisfaction, patient safety, operational efficiencies and positive outcomes.

We strive every day to be the correctional healthcare partner state agencies want to work with and employees want to work for!

A Culture of Caring. We are proud of our unique, warm, "Culture of Caring" that includes our patients, people, and partners. This culture helps us attract and retain the best healthcare professionals which translates into the best care and most successful partnerships. It combines:

- **Our Mantra:** "Always Do the Right Thing!"
- **Our Values:** The 5 Hs: Humility, Honesty, Hunger, Hard Work, and Humor
- **Our Focus:** The 5 Ps: Patients, People, Partners, Processes, Performance
- **Our Aim:** To make a difference outside of our facilities through community partnerships

Being a Part of Something Big! Being a part of Wellpath is being a part of an organization that can help so many across the country (and world) daily. Wellpath employs nearly 16,000 professionals at 550 facilities in 33 states across America and Australia, and cares for more than 300,000 patients each day. For over 35 years, we have provided comprehensive healthcare services in jails, prisons, psychiatric hospitals, and inpatient and residential treatment facilities, including experience with adults, juveniles, sex offenders, and geriatric populations. Our transition/"new start" experience, including helping partners go from self-operated to outsource, is without match and since January 1, 2014 we have started 74 new facilities nationwide serving approximately 164,000 adults and 1,500 juvenile patients.

Innovation. We are always striving to develop and implement clinical and technological innovations to improve the delivery of patient healthcare. Our clinical teams are leading the way in mental health, addiction and Medically Assisted Treatment, collaborative care, and suicide prevention. In addition, we serve our patients and partners using an array of industry-leading innovations including Telehealth, eConsult, client portals, our Patient Activity Monitoring Management (PAMM) system, and ERMA our electronic records management solution that is live in over 180 sites across the country.

Professionally Rewarding Work Environment. In many cases, our team can spend several months or longer with those under their care. We focus on patient care first and we get to know those we are treating very well. This give us the opportunity to witness the results of our hard work. We offer an interesting range of acuity, challenging work, a good level of patient volume.

Work / Life Balance. We recognize that to be successful at work people need to have the flexibility to manage day-to-day personal responsibilities. We provide job security, stable scheduling and programs designed to enhance life outside of work. These programs range from stress management and wellness programs to financial planning workshops and setting priorities in life.

Industry Leading Experts / Innovative Treatment Approaches. We employ the most talented and experienced professionals in the industry and pride ourselves on the innovative quality of care we provide. All aspects of our operations are based on leading industry best practices and continuous innovation has been one of the keys to our success. We're always striving to do things a better way, and that typically attracts the brightest and most dedicated professionals.

Benefit Related Incentives. Wellpath offers benefit-related incentives to entice those who may be looking at a slightly higher rate of pay as per diem staff to commit to full-time employment. We are proud to say that over 96% of all Wellpath jail positions are filled with permanent employees (any open positions are temporarily filled through overtime and PRN staffing pools). We attribute our retention success and low turnover to maintaining competitive salary and benefits packages, embracing diversity, rewarding superior performance, and providing meaningful work in a friendly environment.

Professional Development and Tuition Assistance

Our employees love what they do and appreciate how much they are valued. We promote our employees from within and it's not uncommon for our top-performers to quickly move up the ranks. We are committed to providing the tools and knowledge to help people grow professionally and deliver the highest quality care possible. This includes training programs with nationally renowned industry experts.

Wellpath doesn't just staff
positions, we develop
leaders

Our successful operation begins with teams of motivated employees who are given the tools they need to be successful in their careers. Caring for and respecting patients in correctional facilities requires hiring ethical and competent professionals, and then building upon their skills through continued training initiatives.

Wellpath has a dedicated Organizational Development Department that oversees the Wellpath Leadership Academy offering a full range of professional development opportunities, including training programs, continuing education, clinical exposure, promotion preparation, succession planning, and peer reviews. Our dedication to our employees' continued development and long-term professional satisfaction creates lower turnover, reduces costs due to replacement and training, and strengthens team spirit through mutual respect and recognition of each individual's contributions.

Wellpath encourages employees to take advantage of opportunities for advancement and professional growth. Wellpath offers tuition assistance to employees as an opportunity to advance their skills and their career.

Employee Survey Responses

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

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

Employee Recognition

Everyone loves a pat on the back from time to time and we have a culture that regularly recognizes the exceptional work done by our extraordinary team. In our different divisions and in different ways we are never shy about saying that we are all about our people, and we love to shine a light on them whenever we can. From corporate "shout outs" to divisional awards to site level employees of the month, we never miss an opportunity to shine a light on a Wellpath rock star.

Wellpath attracts and retains skilled and competent personnel through employee incentives. However, incentives alone do not build loyalty; a friendly company culture ensures the long-term satisfaction of our employees. We understand that the primary reason for dissatisfaction in the healthcare field is feeling undervalued. From the recruiting process through the life of their career, each person is treated with respect, incentivized and rewarded for dedication and performance, and viewed as an asset of our team.

Enhancing our ability to retain healthcare professionals throughout the life of a contract is our employee recognition program. Wellpath has a formal Employee Recognition Program based on our company slogan: "Always Do the Right Thing!" The program, known as "R³ Recognition," is designed to reward employees for outstanding performance and exemplary service. The purpose of the Employee Recognition Program is to motivate positive job behavior and build a sense of pride in each employee. By recognizing our top performing employees, we increase employee morale, as well as increase quality of care.

Each Wellpath location incorporates "R³ Recognition" into its local operations. The primary program is the 5H Award, which represents the values by which Wellpath strives to exist: **H**unger, **H**onesty, **H**ard Work, **H**umility, and **H**umor. Wellpath encourages the use of the 5H Program to continuously recognize employees whose contributions echo these values. In order to recognize a particular staff member, each Wellpath location or territory is responsible for creating their own R³ Recognition Committee and celebrating recognized employees on a monthly and quarterly basis.

Wellpath presents recognition awards each month and quarter based on attendance, customer service, teamwork, and overall performance. On an annual basis, the leadership team of each Wellpath business unit chooses one individual from each of the quarterly 5H Award Winners to be nominated for the President's Award. All nominees for the quarterly award, Quarterly Award Winners, and President's

Award Winners are recognized on the Wellpath website and are eligible to receive a monetary award, certificate of recognition, and a gift.

Flexible Scheduling

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

Human Resources Hotline

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

Wellness Program

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

Wellpath also offers telemedicine services for employees to access a primary care provider on their own schedule, 24/7. The cost of telemedicine visits are covered by Wellpath with no charge to the employee. Specialty services such as mental health, nutrition, lactation support, and psychiatry are also available with a nominal co-pay.

Employee Assistance Program

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

Dare to Care

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

We started Dare to Care in 2010 in response to the flooding that devastated the City of Nashville. Since its inception, **the Dare to Care fund has provided nearly \$913,000 in financial assistance** to more than 500 employees and their families in need their time of need.



Wellpath partners with the Community Foundation of Middle Tennessee to manage all funds and award gifts, which keeps the application process private and ensures that requests for assistance are reviewed by an impartial and experienced third party. Dare to Care is funded through employee donations and matching contributions from Wellpath.

See also [Section 2.b.](#)

5.22.6 KDOC Employee Services (RFP PG. 63)

Wellpath will provide emergency medical treatment necessary to stabilize any injured KDOC employee, Wellpath employee, volunteer, Contractor, or visitor who is injured or becomes ill at the site. Follow-up care shall be the responsibility of the person receiving the emergency treatment.

In the event of a facility crisis, Wellpath will provide KDOC employees with behavioral health crisis intervention. This shall be limited to a one-time consultation, with referral to community services. All Wellpath staff shall participate in the facilities' emergency plans as outlined in the IMPP.

Wellpath will provide pre-employment physical examinations, at no additional cost to the KDOC, to corrections officers, corrections counselors, maintenance staff and other direct offender supervision personnel as required by IMPP, and in accordance with ACA and/or NCCHC standards.

Wellpath will provide staff to assist the KDOC in providing hepatitis B vaccinations, flu vaccinations, and annual TB blood testing for all KDOC and contract employees (this includes parole services staff, the food service vendor, and other KDOC and contracted employees). Wellpath understands TB program tracking is the responsibility of the KDOC facility human resource managers with assistance from the facilities' health services administrators. Wellpath will be responsible to provide staff, needles, syringes, alcohol wipes, educational pamphlets, inoculations, and vaccines at no additional cost to the KDOC.

Wellpath acknowledges the KDOC will assist Wellpath in establishing agreements for ordering supplies of inoculations and vaccines through interagency agreement with the KDHE. Wellpath will act as a backup in cases of shortage from the KDHE and Wellpath HSAs will coordinate delivery of inoculations and vaccines through the KDHE.

Wellpath will ensure all KDOC staff, including contract staff, receive annual TB blood tests or annual follow-up if past positive. Wellpath will have written policies and procedures consistent with the KDOC Occupational Exposure Control Plan as required by OSHA Standard 29 CFR Number 1910.1030 Occupational Exposure to Blood Borne Pathogens.

5.23 Payment *(RFP PG. 64)*

5.23.1 Monthly Payment

Wellpath acknowledges the basis for the monthly payment shall be the annual not to exceed amount, less the amount identified in the Health Care Service Category Identification Table located in the cost proposal section of the RFP for hepatitis C direct acting antiviral (DAA) medications, to establish the adjusted base contract amount.

5.23.2 Invoice

Wellpath will submit to the KDOC an invoice each month for 1/12 the adjusted base contract amount to include any additions or subtractions for per capita adjustments as described in Cost Proposal section for the previous month.

5.23.3 Hepatitis C DAA

Wellpath will include the amount expended on hepatitis C DAA during the preceding month and a list of each offender for whom DAA treatment was provided for. This list will include, at a minimum, offender name, number, facility, DAA prescribed, and cost.

5.23.4 Adjustments

Wellpath agrees that any adjustments, to include staffing deductions (RFP Section 4.24), clinical performance guarantees (RFP Section 4.25), and liquidated damages (RFP Section 4.26), from the preceding month(s) will be applied to the base payment.

5.24 Staffing Deductions *(RFP PG. 64)*

5.24.1 Payment Deductions for Unfilled Positions

Wellpath acknowledges the KDOC shall deduct from the 1/12 payment one hundred percent (125%) of the actual cost of staff positions, which are unfilled from the initial date of the vacancy. The cost for licensed staff shall adjusted annually to correspond with pay adjustments made as a result of the annual market survey described in RFP Section 4.22.4.10.

5.24.2 Weekly Staffing Status Reports

Wellpath will provide, at a minimum, the staffing levels established by this contract. Weekly status reports on each staff position will be reported to KDOC each month as required by the KDOC. We understand the calculations for staffing deductions from the 1/12 payment to Wellpath will be based on the following terms:

- **Authorized paid absence:** Authorized paid absences, to include sick, vacation, holiday, bereavement leave, and approved education/training for all non-essential employees will not be deducted from the 1/12 payments. Non-Essential employees are identified as all employees working for Wellpath to fulfill the requirements of this contract that are not listed as essential employees below.
- **Unauthorized absence:** All absences that are not paid by Wellpath will be considered unfilled position hours for all non-essential employees and will be deducted at 100% from the 1/12 payment.
- **Required backfill for all essential employees:** Employee's positions classified as essential are: physicians, mid-level practitioners, registered nurses, licensed practical nurses, certified medical aides, psychiatrists. All essential employee hours shall be considered "unfilled" when the employee is absent from the work place during regularly scheduled hours regardless if it is an authorized paid absence or not. Essential hours may be backfilled by overtime, PRN staff, or agency staff. Unfilled essential hours shall be recognized as vacancies and will be deducted from the 1/12 payments.

Wellpath understands the KDOC will require Wellpath employees working for the KDOC contract to observe and maintain the same holiday schedule as set forth by the State of Kansas for state employees. Staffing penalties shall not be deducted for non-essential or essential employees holiday hours, except for those hours minimally required to maintain a level of staff at each facility as would normally be required to staff on a weekend day.

Wellpath has provided in our proposal a normal weekend staffing plan for each unit within each facility.

5.24.3 Staffing Deduction Collection

Wellpath acknowledges staffing deductions will be collected in the form of an offset against the monthly payment to Wellpath and such offsets will occur until assessed deductions are fully recouped.

5.25 Clinical Performance Guarantees (RFP PG. 65)

5.25.1 Performance Measures Monitored

Wellpath understands the KDOC will monitor the health care services provided as outlined in this contract. Thirteen (13) specific measures will be monitored each month in accordance with the minimum standard set forth in the RFP. Those specific standards include:

1. Initial Health Assessment (RFP 4.3.7)
2. Periodic Health Assessment (RFP 4.3.8)
3. Non-Emergency Health Care Services/Sick Call (RFP 4.3.10)
4. Restrictive Housing Medical Services (RFP 4.3.11)
5. Special Needs Clinics/Chronic Care/Special Needs Treatment Planning (RFP 4.3.12)
6. Specialty Services (RFP 4.3.25)
7. Timeliness of RDU Reports (RFP 4.8.2)
8. Mental Health Screens (RFP 4.6.8)
9. Intra-system Transfers and Receiving (RFP 4.6.9)

10. Mental Health Special Needs Clinic and Treatment Planning (RFP 4.6.16)
11. Mental Health Sick Call (RFP 4.6.13)
12. Behavioral Health Restrictive Housing Rounds (RFP 4.6.17.1(b))
13. Mental Health Group Sessions (RFP 4.6.19.1)

5.25.2 Performance Below 90%

If performance falls below 90%, Wellpath agrees to pay to the KDOC as fixed, agreed, and performance guarantees, \$100.00 times the number of noncompliant occurrences identified during the review period.

5.25.3 Subsequent Review of Below 90% Score

Wellpath acknowledges that any subsequent review resulting in performance falling below 90% of this standard within six (6) months of the latest review requiring performance guarantees as described in the RFP, shall be considered a lack of resolution to the substandard performance and shall result in performance guarantees of \$125.00 times the number of noncompliant occurrences. A third substandard performance lower than 90%, within six (6) months of the latest review requiring performance guarantees as described in the RFP shall be taken at \$150.00 per occurrence. Any continued substandard findings within six (6) months from the latest review period resulting in penalty, will result in further penalties in increases of \$25 per occurrence (i.e., \$175, \$200, \$225, etc.) until the substandard performance is resolved.

5.25.4 Penalty Cycle

Wellpath agrees that if its performance remains above a 90% compliance threshold for a period of six (6) consecutive months without penalty, following an imposition of a penalty, then any substandard performance begins a new penalty cycle as described above.

5.25.5 Measured Standards Substitution

Wellpath agrees that during the life of the contract, health care processes may be identified that are of more importance than thirteen (13) standards identified above and that with 90 days' notice to the Wellpath, the KDOC and the OHCC reserve the right to substitute one of the outlined standards with a new standard more indicative of new health care areas of emphasis. We understand that at no time will there be more than thirteen (13) standards reviewed per month.

5.25.6 EHR Reports for Standards Monitoring

Wellpath understands that as far as possible, the OHCC will seek to review these standards on a statewide basis from HER reports both the OHCC and Wellpath can use to monitor and improve performance. Wellpath agrees to make every effort to maintain accurate EHR reports and will work with the OHCC to immediately correct any errors detected when monitoring these standards.

5.25.7 Calculation Method for Requiring Payment as a Result of Non-Compliance

Wellpath acknowledges that the KDOC has final authority over calculation method and determination of the number of non-compliant occurrences requiring payment of such performance guarantees.

5.25.8 Performance Guarantee Collection

Wellpath acknowledges performance guarantees will be collected in the form of an offset against the monthly payment to Wellpath and such offsets will occur until assessed performance guarantees are fully recouped.

5.26 Liquidated Damages *(RFP PGS. 65-66)*

5.26.1 Liquidated Damages Assessment

Wellpath acknowledges the KDOC may impose liquidated damages if it is determined Wellpath is found to be non-compliant with any term of this contract not covered by RFP Sections 4.24 and 4.25. We also understand liquidated damages will be assessed on a per occurrence, per day basis and the amount of the liquidated damages will increase after every 30 days that the item of non-compliance remains unresolved.

5.26.2 Cure Notice

Wellpath acknowledges the Director of Health Care Compliance will provide a written cure notice to the Wellpath's Regional Vice President when it is determined that Wellpath is in non-compliance and that such written cure notice will specify a cure period of at least 30 days. Should Wellpath fail to address the deficiency within the cure period, we understand liquidated damages will be assessed starting the first day following the end of the cure period. Wellpath also acknowledges the KDOC and the OHCC may extend the cure period if Wellpath has not fully resolved the issue of non-compliance but has shown improvement during the cure period and that liquidated damages will accrue until Wellpath has addressed the deficiency to the satisfaction of the KDOC and OHCC.

5.26.3 Liquidated Damages Collection

Wellpath acknowledges liquidated damages will be collected in the form of an offset against the monthly payment to Wellpath and such offsets will occur until assessed liquidated damages are fully recouped.

5.26.4 Liquidated Damages Amounts

Wellpath acknowledges liquidated damages for the first 30 days following the expiration of the cure period will be \$125 per occurrence, per day and for each subsequent 30-day period, the amount will increase by \$25 per occurrence, per day, (i.e., \$125 for days 31 – 60, \$150 for days 61-90, etc.) until the deficiency is resolved.

5.27 Per Capita Adjustments (RFP PG. 65)

5.27.1 Fluctuations in ADP

Wellpath acknowledges that to account for fluctuations in the offender population, adjustments to monthly payment shall as the actual average daily population (ADP) for that month at each facility increases or decreases and the per capita rate will be applied to difference between the contract capacity and actual ADP.

5.27.2 Adjustments

Wellpath acknowledges no adjustments will be made until the monthly ADP is 10% above or below the contract capacity as shown in RFP Appendix F. We understand the adjustments will continue until the monthly ADP returns to within 10% of the contract capacity and further adjustments may be made when the monthly ADP increases/decreases in increments of 10%, consistent with the per capita rates included in the RFP cost proposal section.

5.27.3 Per Capita Payments

Wellpath acknowledges per capita adjustment will be considered full compensation and the only payment for all offender services for those offenders over the facility capacity and are in no way related to monies owed for offenders counted within the facility capacity. We understand per capita payments by the KDOC to Wellpath are considered comprehensive and will include all costs to provide health care needs to the population, including, but not limited to:

- Staffing
- Supplies
- Pharmaceutical costs
- Administrative overhead costs
- Treatment and related services
- On-site specialty services
- Off-site specialty services
- Any hospitalizations covered under this contract

5.27.4 Facility Openings and Closures

Wellpath acknowledges that in the event the KDOC elects to open or close facilities, both parties will negotiate the compensation and staffing levels for that facility providing the KDOC elects to contract for health care services at any such facility.

5.27.5 Facility Changes

Wellpath acknowledges any future consolidation or separation of any current facility shall not affect the duty of Wellpath to provide services pursuant to this contract in the same manner as though the

consolidation or separation had not occurred. We agree that capacity expansion at existing facilities shall not be interpreted as a new facility.

5.28 Criminal Background Investigation (RFP PG. 66)

Wellpath agrees to provide personnel information, including fingerprints, as may be required by the Secretary of Corrections and to allow criminal justice agencies to perform background checks and investigations on any of its personnel.

6 REFERENCES (RFP PG. 14)

List all contracts within the last three (3) years, including any that are no longer active and/or operated under prior ownership or management. For each contact provide:

- (a) Full contract/customer organization name.
- (b) Customer contact name for verification, to include address, telephone number, and email address. Each contact person shall have first-hand knowledge regarding the specific work of the vendor.
- (c) Specify if the contract is active or inactive.
- (d) Specify contract dates, to include all renewal options. If the contract was terminated prior to the contract end date, provide the termination date and the contract end date.
- (e) Specify the annual average daily population for each year of the contract.
- (f) Approximate revenue in the most recent year of the contract.
- (g) List of services provided (mental health, dental, medical, substance abuse treatment, sex offender treatment, pharmacy, telehealth, etc.).
- (h) If the contract is inactive, provide full and complete disclosure of the reason(s) why the contract was ended (terminated, not renewed, not awarded through competitive bidding, etc.).

Please see the attached list of current contracts and a three-year history of inactive contracts.

(a) Full contract /customer organization name	(b) Customer contact name for verification, to include address, telephone number, and email address.	(c) Specify if the contract is active or inactive.	(d) Specify contract dates, to include all renewal options. If the contract was terminated prior to the contract end date, provide the termination date and the contract end date.	(e) Specify the annual average daily population for each year of the contract.	(f) Approximate revenue in the most recent year of the contract.	(g) List of services provided	(h) If the contract is inactive, provide full and complete disclosure of the reason(s) why the contract was ended
GEO Group	Arizona State Prison, Florence West 715 E Diversion Dam Rd. Florence, AZ 85232 James Black, Western Regional VP 310-348-3000 jblack@geogroup.com	Active	7/1/09	750	Private Client, cannot disclose	Medical, dental, mental health, psychiatry	N/A
GEO Group	Arizona State Prison, Kingman (Cerbat Unit & Huachuca Unit) 4646 W English Dr. Golden Valley, AZ 86403 James Black, Western Regional VP 310-348-3000 jblack@geogroup.com	Active	12/1/15	3230	Private Client, cannot disclose	Medical, dental, mental health, psychiatry	N/A
GEO Group	Arizona State Prison, Phoenix West 3402 W Cocopah St. Phoenix, AZ 85009 James Black, Western Regional VP 310-348-3000 jblack@geogroup.com	Active	7/1/09	484	Private Client, cannot disclose	Medical, dental, mental health, psychiatry	N/A
GEO Group	Central Arizona Correctional Facility 1401 E Diverson Dam Rd. Florence, AZ 85132 James Black, Western Regional VP 310-348-3000 jblack@geogroup.com	Active	7/1/09	1280	Private Client, cannot disclose	Medical, dental, mental health, psychiatry	N/A
Yuma County (AZ) Juvenile Court	Yuma County Juvenile Justice Center 2440 W 28 th St. Yuma, AZ 85364 Tim D. Hardy, Dir. 928-314-1813 thardy@courts.az.gov	Active	7/1/09	44	<\$1 million	Medical, mental health, psychiatry	N/A
Arkansas Dept. of Correction & Dept. of Community Correction	25 Sites - Arkansas DOC 6814 Princeton Pike Pine Bluff, AR 71611 Rory Griffin, Dep. Dir 870-267-6892 rory.griffin@arkansas.gov	Active	1/1/14	17,968	>\$20 Million	Medical, dental, mental health, psychiatry	N/A

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(a) Full contract /customer organization name	(b) Customer contact name for verification, to include address, telephone number, and email address.	(c) Specify if the contract is active or inactive.	(d) Specify contract dates, to include all renewal options. If the contract was terminated prior to the contract end date, provide the termination date and the contract end date.	(e) Specify the annual average daily population for each year of the contract.	(f) Approximate revenue in the most recent year of the contract.	(g) List of services provided	(h) If the contract is inactive, provide full and complete disclosure of the reason(s) why the contract was ended
Arkansas Dept. of Human Services' Division of Youth Services	7 Sites – Arkansas DHS-DYS 700 Main St. Little Rock, AR 72203 Marq Golden, Program Mgr. 501-320-6106 Marq.Golden@dhs.arkansas.gov	Active	7/1/18	350	\$1-5 Million	Medical, dental, mental health, psychiatry	N/A
Alameda County (CA)	Santa Rita Jail and Glenn E. Dyer Detention Facility 5325 Broder Blvd. Dublin, CA 94568 Sheriff Greg Ahern 510-272-6866 gahern@acgov.org	Active	10/1/16	2534	>\$20 Million	Medical, dental	N/A
Amador County (CA)	Amador County Jail 700 Court St. Jackson, CA 95642 Capt. Bryan Middleton 209-223-6500 - bmiddleton@amadorgov.org	Active	6/1/99	82	<\$1 million	Medical, dental	N/A
Butte County (CA)	Butte County Jail and Juvenile Hall 33 County Center Dr. Oroville, CA 95965 Lt. Jerrod Agurkis 530-538-7396 jagurkis@buttecounty.net	Active	5/1/02	574	\$1-5 Million	Medical, dental, mental health	N/A
Calaveras County (CA)	Calaveras County Jail 1045 Jeff Tuttle Dr. San Andreas, CA 95249 Sheriff Rick DiBasilio 209-754-6500 rdibasilio@co.calaveras.ca.us	Active	6/1/99	96	<\$1 million	Medical, dental	N/A
Colusa County (CA)	Colusa County Jail 929 Bridge St. Colusa, CA 95932 Lt. Miguel Villasenor 530-458-0203 mvillasenor@colusasheriff.com	Active	6/1/00	80	<\$1 million	Medical, dental, mental health	N/A

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El Dorado County (CA)	Placerville Jail, South Lake Tahoe Jail, Juvenile Hall, and Juvenile Treatment Center 300 Fair Ln. Placerville, CA 9566 Undersheriff Randy Peshon 530-621-6576 peshonr@edso.org	Active	6/1/96	394	\$1-5 Million	Medical, dental, mental health	N/A
Fresno County (CA)	Main Jail, North Annex Jail, South Annex Jail, and Juvenile Justice Campus 1225 M St. Fresno, CA 93721 Capt. Steve McComas 559-600-8145 stephen.mccomas@fresnosheriff.org	Active	7/1/18	3024	>\$20 Million	Medical, dental, mental health	N/A
GEO Group	Adelanto Detention Facility 10400 Rancho Rd. Adelanto, CA 92301 James Black, Western Regional VP 310-348-3000 jblack@geogroup.com	Active	8/1/11	1900	Private Client, cannot disclose	Medical, dental, mental health, psychiatry	N/A
GEO Group	Central Valley Modified Community Correctional Facility (MCCF) 254 Taylor Ave. McFarland, CA 93250 James Black, Western Regional VP P: 310-348-3000 E: jblack@geogroup.com	Active	9/30/15	640	Private Client, cannot disclose	Medical	N/A
GEO Group	Desert View Modified Community Correctional Facility (MCCF) 10450 Rancho Rd. Adelanto, CA 92301 James Black, Western Regional VP 310-348-3000 Ejblack@geogroup.com	Active	9/30/15	640	Private Client, cannot disclose	Medical	N/A

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GEO Group	Golden State Modified Community Correctional Facility (MCCF) 611 Frontage Rd. McFarland, CA 93250 James Black, Western Regional VP P: 310-348-3000 E: jblack@geogroup.com	Active	9/30/15	640	Private Client, cannot disclose	Medical	N/A
GEO Group	McFarland Female Community Reentry Facility 120 Taylor Ave. McFarland, CA 93250 Danny Boyd, Dir. of Medical Services 561-236-9174 dboyd@geogroup.com	Active	3/10/19	270	Private Client, cannot disclose	Medical, dental, mental health, psychiatry	N/A
GEO Group	Mesa Verde ICE Processing Facility 425 Golden State Ave. Bakersfield, CA 93301 Danny Boyd, Dir. of Medical Services 561-236-9174 dboyd@geogroup.com	Active	5/19/19	375	Private Client, cannot disclose	Medical, dental, mental health, psychiatry	N/A
Glenn County (CA)	Glenn County Jail 141 S Lassen St. Willows, CA 95988 Sheriff Rich Warren 530-934-6441 gcsoadmin@countyofglenn.net	Active	11/1/09	110	\$1-5 Million	Medical, dental, mental health	N/A
Humboldt County (CA)	Humboldt County Correctional Facility and Humboldt County Juvenile Hall 826 4th St. Eureka, CA 95501 Sheriff William Honsal 707-268-3618 whonsal@co.humboldt.ca.us	Active	12/1/99	406	\$1-5 Million	Medical, dental, mental health	N/A
Imperial County (CA)	Regional Adult Detention Facility, Herbert Hughes Correctional Center, and Imperial County Juvenile Hall 328 W Applestill Rd. El Centro, CA 92244 Chief Jamie Clayton 442-265-2222 jclayton@icso.org	Active	1/1/95	487	\$1-5 Million	Medical, dental, mental health	N/A

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Kern County Sheriff's Office (CA)	Kern County Admission, Evaluation, and Stabilization (AES) Center 17635 Industrial Farm Rd., Bldg. #46 Bakersfield, CA 93308 Lt. Anthony Gordon 661-428-5146 gordona@kernsheriff.org	Active	4/23/18	60	>\$20 Million	Medical, dental, mental health, jail-based competency restoration	N/A
Lake County (CA)	Hill Road Correctional Facility 4913 Helbush Dr. Lakeport, CA 95453 Sheriff Brian Martin 707-262-4200 brian.martin@lakecountyca.gov	Active	1/1/96	296	\$1-5 Million	Medical, dental, mental health, psychiatry	N/A
Lassen County (CA)	Lassen County Jail and Lassen County Juvenile Detention Center 1405 Sheriff Cady Rd. Susanville, CA 96130 Sheriff Dean Growdon 530-257-6121 sheriff@co.lassen.ca.us	Active	2/1/15	83	\$1-5 Million	Medical, dental, mental health	N/A
Madera County (CA)	Madera County Jail, Madera County Juvenile Detention Facility, and Madera County Juvenile Boot Camp 14191 Rd. 28 Madera, CA 93638 Chief Manual Perez 559-675-7951 MaPerez@co.madera.ca.gov	Active	4/1/06	466	\$1-5 Million	Medical, dental, mental health	N/A
Merced County (CA)	Merced County Main Jail, John Latorraca Correctional Facility, and Juvenile Justice Correctional Complex 700 W 22nd St. Merced, CA 95340 Sheriff Vern Warnke 209-385-7444 Vern.warnke@countyofmerced.com	Active	7/1/97	573	\$5-10 Million	Medical, dental, mental health	N/A

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Monterey County (CA)	Monterey County Jail 1414 Natividad Rd. Salinas, CA 93906 Sheriff Steve Bernal 831-755-3750 bernalst@co.monterey.ca.us	Active	1/1/84	947	\$5-10 Million	Medical, dental, mental health	N/A
Napa County (CA)	Napa County Jail and Napa County Juvenile Hall 1125 3rd St. Napa, CA 94559 Lenard Vare, Director 707-253-4401 corrections@countyofnapa.org	Active	7/1/00	228	\$1-5 Million	Medical, dental, mental health	N/A
Nevada County (CA)	Wayne Brown Correctional Facility and Carl F. Bryan II Juvenile Hall 925 Maidu Ave. Nevada City, CA 95959 Sheriff Keith Royal 530-265-1471 sheriff@co.nevada.ca.us	Active	2/1/92	224	\$1-5 Million	Medical, dental, mental health	N/A
Placer County (CA)	Auburn Main Jail, South Placer Jail, and Juvenile Detention Facility 2775 Richardson Dr. Auburn, CA 95603 Sheriff Devon Bell 530-889-7800 dbell@placer.ca.gov	Active	10/1/88	740	\$5-10 Million	Medical, dental, mental health	N/A
San Benito County (CA)	San Benito County Jail and San Benito County Juvenile Hall 710 Flynn Rd. Hollister, CA 95024 Sheriff Darren Thompson 831-636-4080 info@sbcsheriff.org	Active	7/1/04	129	\$1-5 Million	Medical, dental, mental health	N/A

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San Diego County (CA)	Kearny Mesa Juvenile Detention Facility, East Mesa Juvenile Detention Facility, Girls Rehabilitation Facility and Urban Camp 2801 Meadow Lark Dr. San Diego, CA 92123 Adolfo Gonzales, Chief Probation Officer 858-514-3200 adolfo.gonzales@sdcounty.ca.gov	Active	3/1/99	N/A	\$5-10 Million	Medical, dental	N/A
San Luis Obispo County (CA)	San Luis Obispo County Jail 1585 Kansas Ave. San Luis Obispo, CA 93405 Dr. Christy Mulkerin, Chief Medical Officer 805-781-4510 cmulkerin@co.slo.ca.us	Active	2/1/19	525	\$5-10 Million	Medical, dental, mental health	N/A
Santa Barbara County (CA)	Santa Barbara County Jail, Santa Barbara Juvenile Hall, and Los Prietos Boys' Camp 4436 Calle Real Santa Barbara, CA 93110 Chief Vincent Wasilewski 805-681-4246 www4973@sbsheriff.org	Active	4/1/17	1052	\$5-10 Million	Medical, dental, mental health (MH at Adult only)	N/A
Santa Cruz County (CA)	Santa Cruz Main Jail, Blaine Street Women's Facility, and Rountree Men's Medium Facility 259 Water St. Santa Cruz, CA 95060 Sheriff Jim Hart 831-454-7619 shf177@santacruzcounty.us	Active	10/1/12	443	\$1-5 Million	Medical, dental	N/A
Shasta County (CA)	Shasta County Jail and Shasta Juvenile Rehabilitation Facility 1655 W St. Reddin, CA 96001 Sheriff Tom Bosenko 530-245-6167 sheriff@co.shasta.ca.us	Active	6/1/08	351	\$1-5 Million	Medical, dental, mental health	N/A

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Solano County (CA)	Solano County Justice Center, Stanton Correctional Facility, Claybank Detention Facility, and Solano County Juvenile Hall 500 Union Ave. Fairfield, CA 94533 Sheriff Tom Ferrara 707-784-7000 tferrara@solanocounty.com	Active	3/1/04	774	\$10-20 Million	Medical, dental, mental health	N/A
Sonoma County (CA)	Main Adult Detention Facility and North County Detention Facility 2777 Ventura Ave. Santa Rosa, CA 95403 Sheriff Mark Essick 707-565-2781 mark.essick@sonoma-county.org	Active	11/1/01	1064	\$5-10 Million	Medical, dental, mental health, JBCT	N/A
Stanislaus County (CA)	Stanislaus County Men's Jail, Stanislaus County Public Safety Center, Stanislaus County Honor Farm, and Stanislaus County Juvenile Hall 805 12th St. Modesto, CA 95354 Capt. Bill Duncan 209-525-5612 bduncan@stanislaussheriff.com	Active	7/1/93	1194	\$10-20 Million	Medical, dental, mental health, JBCT	N/A
Sutter County (CA)	Sutter County Jail 1077 Civic Center Blvd. Yuba City, CA 95993 Capt. Daniel Buttler 530-822-2219 dbuttler@co.sutter.ca.us	Active	5/1/17	232	\$1-5 Million	Medical, dental, mental health	N/A
Tulare County (CA)	Main Jail, Bob Wiley Detention Facility, Men's Correctional Facility, Pre-Trial Facility, and Juvenile Detention Facility 2404 W Burrel Ave. Visalia, CA 93291 Jason Britt County Admin. Officer 559-636-5005 jbritt@co.tulare.ca.us	Active	7/1/18	922	\$10-20 Million	Medical, dental, mental health	N/A

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Tuolumne County (CA)	Tuolumne County Jail and Mother Lode Regional Juvenile Detention Facility 175 Yaney Ave. Sonora, CA 95370 Lt. Tamara McCaig 209-605-6253 tmmccaig@co.tuolumne.ca.us	Active	11/1/01	146	\$1-5 Million	Medical, dental	N/A
Ventura County (CA)	East County Jail, Todd Road Jail, Pre-Trial Detention Facility, and Juvenile Justice Center 2101 E Olsen Rd. Thousand Oaks, CA 91360 Sheriff Bill Ayub 805-654-2381 william.ayub@ventura.org	Active	11/1/87	1673	\$10-20 Million	Medical, dental, mental health	N/A
Yolo County (CA)	Monroe Detention Center, Walter J. Leinberger Memorial Center, and Juvenile Detention Facility 140 Tony Diaz Dr. Woodland, CA 95776 Sheriff Tom Lopez 530-668-5283 tlopez@yolocounty.org	Active	7/1/90	343	\$1-5 Million	Medical, dental, mental health	N/A
Yuba County (CA)	Yuba County Jail 215 5th St., Ste. 150 Marysville, CA 95901 Sheriff Wendell Anderson 530-749-7777 wanderson@co.yuba.ca.us	Active	9/1/17	369	\$1-5 Million	Medical, dental, mental health	N/A
Adams County Sheriff's Office (CO)	Adams County Detention Facility 150 N 19th Avenue Brighton, CO 80601 Chris Laws, Division Chief 303-655-3303 CLaws@adcogov.org	Active	4/01/16	1050	\$1-5 Million	Medical, dental	N/A
Arapahoe County (CO)	Arapahoe County Detention Facility 7373 S Potomac St. Centennial, CO 80012 Carl Anderson, Contract Monitor 720-874-3598 canderson@arapahoegov.com	Active	3/24/04	1256	\$1-5 Million	Medical, psychiatry	N/A

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Boulder County (CO) Sheriff's Office and Colorado Office of Behavioral Health	Boulder County RISE Program 5600 Flatiron Pkwy. Boulder, CO 80301 Chief Jeff Goetz 303-441-3600 jgoetz@bouldercounty.org	Active	6/1/19	18	\$1-5 Million	Jail-based competency restoration, including psychiatry, psychology, social work & peer support	N/A
Colorado Dept. of Human Services	Arapahoe County Detention Facility (RISE Program) 7375 S Potomac St. Centennial, CO 80112 Sabina Genesio, CFO 719-546-4976 Sabina.genesio@state.co.us	Active	11/1/13	95	\$5-10 Million	Jail-based competency restoration, including psychiatry, psychology, social work & peer support	N/A
Eagle County (CO)	Eagle County Detention Facility 885 E Chambers Ave. Eagle, CO 81631 Capt. Greg VanWyk 970-328-8518 Gregory.vanwyk@eaglecounty.us	Active	9/1/09	75	<\$1 million	Medical	N/A
Elbert County (CO)	Elbert County Jail 751 Ute Ave. Kiowa, CO 80117 Lt. Chad Church 303-805-6120 chad.church@elbertcounty-co.gov	Active	5/15/08	35	<\$1 million	Medical	N/A
Federal Bureau of Prisons (FBOP)	Federal Correctional Institution (FCI) Englewood 9595 W Quincy Ave. Littleton, CO 80123 Mason Lacy, Supervisory Contracting Specialist 303-763-4300 x2530 mlacy@bop.gov	Active	9/19/13	1018	\$1-5 Million	Medical	N/A
Jefferson County (CO)	Jefferson County Detention Facility 200 Jefferson County Pkwy. Golden, CO 80401 Mike Fish, Detention Services Mgr. 303-271-5391 mfish@co.jefferson.co.us	Active	1/1/04	1300	\$1-5 Million	Medical, dental	N/A

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Morgan County (CO)	Morgan County Detention Facility 801 E Beaver Ave. Fort Morgan, CO 80701 Undersheriff Dave Martin 970-542-3448 dmartin@co.morgan.co.us	Active	4/1/99	85	<\$1 million	Medical	N/A
Routt County (CO)	Routt County Detention Center 2025 Shield Dr. Steamboat Springs, CO 80487 Lt. Joseph Boyle 970-870-5507 jboyle@co.routt.co.us	Active	9/13/99	30	<\$1 million	Medical	N/A
Broward (FL) Sheriff's Office	Main Jail Bureau, Joseph V. Conte Facility, Paul Rein Detention Facility, North Broward Bureau, and Pompano Beach Satellite 555 SE 1st Ave. Ft. Lauderdale, FL 33310 Col. James Reyes, Exec. Dir. 954-831-6403 James_Reyes@sheriff.org	Active	9/1/18	3700	>\$20 Million	Medical, dental, mental health, psychiatry	N/A
Federal Bureau of Prisons (FBOP)	Federal Correctional Complex (FCC) Coleman 846 NE Terrace Coleman, FL 33521 Brian Douthit, Complex Health Services Admin./COTR 352-689-7000 x7033 bdouthit@bop.gov	Active	1/1/16	6432		Medical, psychiatry	N/A

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Florida Dept. of Children & Families	Florida Civil Commitment Center 13619 SE Hwy. 70 Arcadia, FL 34266 Tarha Selvidge, Contract Mgr. 850-717-4346 Tarha_selvidge@dcf.state.fl.us	Active	6/6/06	720	>\$20 Million	Sex offender treatment, total facility mgmt. & outpatient mental health treatment consisting of assessment, evaluation, treatment & an inpatient mental health unit providing structured treatment setting for residents who cannot live in the general population	N/A
Florida Dept. of Children & Families	South Florida Evaluation & Treatment Center 18680 SW 376 th St., Florida City, FL 33034 Tarha Selvidge, Contract Mgr. 850-717-4346 Tarha_selvidge@dcf.state.fl.us	Active	4/19/05	249	>\$20 Million	Competency restoration, forensic psychology, forensic psychiatry, forensic social work, recreational therapy, psychiatric medication, court reports, court evaluations, all other mental health services & total facility mgmt.	N/A

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Florida Dept. of Children & Families	South Florida State Hospital 800 E Cypress Dr. Pembroke Pines, FL 33025 Tarha Selvidge, Contract Mgr. 850-717-4346 Tarha_selvidge@dcf.state.fl.us	Active	8/6/98	341	>\$20 Million	Competency restoration, forensic psychology, forensic psychiatry, forensic social work, recreational therapy, psychiatric medication, court reports, court evaluations for 65 forensic step-down beds; provide all mental health services for 286 civil beds & total facility mgmt.	N/A
Florida Dept. of Children & Families	Treasure Coast Forensic Treatment Center 96 SW Allapattah Rd. Indiantown, FL 34956 Tarha Selvidge, Contract Mgr. 850-717-4346 Tarha_selvidge@dcf.state.fl.us	Active	4/1/07	224	>\$20 Million	Competency restoration, forensic psychology, forensic psychiatry, forensic social work, recreational therapy, psychiatric medication, court reports, court evaluations, all other mental health services & total facility mgmt.	N/A
GEO Group	Graceville Correctional Facility and Blackwater River Correctional Facility 5400 Bayline Dr. Panama City, FL 32404 Dr. Ernesto Alvarez, EVP of Health Services 561-999-5890 eralvarez@geogroup.com	Active	2/1/14	3807	Private client, cannot disclose	Medical, dental, mental health, psychiatry	N/A

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Lake County (FL) Sheriff's Office	Lake County Detention Center 551 W Main St. Tavares, FL 32778 Capt. Skott Jensen 352-742-4040 skott.jensen@lcso.org	Active	7/1/19	925	\$1-5 Million	Medical, dental, mental health, psychiatry	N/A
Lee County (FL)	Downtown Jail; Core Facility and Community Programs Unit 2115 Dr. Martin Luther King Jr. Blvd. Fort Myers, FL 33901 Col. Tom Eberhardt 239-633-4592-Teberhardt@sheriffleefl.org	Active	5/25/18	1650	\$5-10 Million	Medical, dental, mental health	N/A
Monroe County (FL) Sheriff's Office	Monroe County Detention Center, Marathon Detention Center, and Plantation Key Detention Center 5525 College Rd. Key West, FL 33040 Sheriff Rick Ramsay 305-292-7001 RRamsay@keysso.net	Active	10/1/17	458	<\$1 million	Medical	N/A
Nassau County (FL)	Nassau County Jail & Detention Center 76001 Bobby Moore Cir. Yulee, FL 32097 Sheriff Bill Leeper 904-548-4069 bleeper@nassauso.com	Active	4/1/10	260	<\$1 million	Medical	N/A
Palm Beach County (FL) Sheriff's Office	Palm Beach County Main Detention Center and Palm Beach County West Detention Center 3228 Gun Club Rd. West Palm Beach, FL 33406 Sheriff Ric Bradshaw 561-688-3021 BradshawR@PBSO.org	Active	6/10/19	2080		Medical, dental, mental health, psychiatry	N/A
Pasco (FL) Sheriff's Office	Pasco Sheriff's Office Detention Center 20101 Central Blvd. Land O'Lakes, FL 34637 Maj. Stacey Jenkins 813-235-6000 sjenkins@pascosheriff.org	Active	10/1/13	1575	\$1-5 Million	Medical, dental, mental health, psychiatry	N/A

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Santa Rosa County (FL) Sheriff's Office	Santa Rosa County Jail 5755 E Milton Rd. Milton, FL 32583 Maj. Randy Tift 850-490-0636 rtift@srso.net	Active	2/1/19	725	\$1-5 Million	Medical, dental, mental health, psychiatry	N/A
Sumter County (FL)	Sumter County Detention Center 219 E Anderson Ave. Bushnell, FL 33513 Chief Dep. Chris Haworth 352-569-1630 CHaworth@sumtercountysheriff.org	Active	9/1/18	480	<\$1 million	Medical, dental, mental health	N/A
Augusta-Richmond County (GA)	Charles B. Webster Detention Center and Richmond County Correctional Institution 1941 Phinzy Rd. Augusta, GA 30901 Capt. Sheila B. White 706-821-1577 swhite@augustaga.gov	Active	1/1/11	1100	\$1-5 Million	Medical, dental, mental health, psychiatry	N/A
Bulloch County (GA)	Bulloch County Jail 17257 Hwy. 301 N Statesboro, GA 30458 Capt. Kenny Thompson 912-764-1737 kenny.thompson@bullochsheriff.com	Active	9/1/17	337	<\$1 million	Medical, dental, mental health	N/A
Cherokee County (GA)	Cherokee Adult Detention Center 498 Chattin Dr. Canton, GA 3011 Maj. Bill Smith 678-614-2326 WJsmith@cherokeeega.com	Active	10/1/17	620	\$1-5 Million	Medical, dental, mental health, psychiatry	N/A
Cook County (GA)	Cook County Jail 1000 County Farm Rd. Adel, GA 31620 Capt. Jessica Crosby 229-896-7471 j.crosby@cookcogasheriff.com	Active	4/1/13	96	<\$1 million	Medical, dental, mental health	N/A

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CoreCivic	Coffee Correctional Facility 1153 N. Liberty St. Nicholls, GA 31554 John Baxter, VP of Health Services 615-263-6628 john.baxter@cca.com	Active	11/1/15	3032		Medical, dental, mental health, psychiatry	N/A
DeKalb County (GA) Sheriff's Office	DeKalb County Jail 4415 Memorial Dr. Decatur, GA 30032 Maj. LoRandy Akies, Jail Cdr. 404-298-8508 Loakies@dekalbcountyga.gov	Active	1/1/11	3400		Medical	N/A
Effingham County (GA)	Effingham County Jail and Effingham County Correctional Institution 601 N Laurel St. Springfield, GA 31329 Chief Richard Bush 912-754-9715 rbush@effinghamcounty.org	Active	3/4/03	351	<\$1 million	Medical, dental, mental health	N/A
Gwinnett County (GA)	Gwinnett County Detention Center and Comprehensive Correctional Complex 2900 University Pkwy. Lawrenceville, GA 30043 Col. Don Pinkard 770-619-6670 donald.pinkard@gwinnettcounty.com	Active	1/1/17	2500	\$5-10 Million	Medical, dental, mental health, psychiatry	N/A
Lee County (GA)	Lee County Jail 119 Pineland Rd. Leesburg, GA 31763 Maj. Claudia Tupper 229-759-3334 ctupper@lee.ga.us	Active	3/1/10	78	<\$1 million	Medical, dental, mental health	N/A
Rockdale County (GA) Sheriff's Office	Rockdale County Jail 911 Chambers Dr. NW Conyers, GA 30012 Maj. Mike Ransom 770-278-8063 mike.ransom@rockdalecountyga.gov	Active	4/15/13	370	\$1-5 Million	Medical, mental health, psychiatry	N/A

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Sumter County (GA)	Sumter County Jail and Sumter County Correctional Institute 352 McMath Mill Rd. Americus, GA 31719 Col. Eric Bryant 229-924-4094 ebryant@sumtercountyga.us	Active	3/1/13	492	<\$1 million	Medical, dental, mental health	N/A
Thomas County (GA)	Thomas County Jail 921 Smith Ave. Thomasville, GA 31799 Capt. Ron James 229-225-3312 Ron.james@thomascountyga.gov	Active	1/1/12	197	<\$1 million	Medical, dental, mental health	N/A
Wayne County (GA)	Wayne County Jail 1892 S Macon St. Jesup, GA 31545 Sheriff John Carter 912-427-5975 majorjgc@yahoo.com	Active	6/1/09	123	<\$1 million	Medical, dental, mental health	N/A
Champaign County (IL)	Champaign County Correctional Center and Champaign County Satellite Jail 204 E Main St. Urbana, IL 61802 Capt. Karee Voges 217-384-1240 kvoges@co.champaign.il.us	Active	5/1/04	223	<\$1 million	Medical, mental health, psychiatry	N/A
Champaign County (IL)	Champaign County Juvenile Detention Center 400 S Art Bartell Rd. Urbana, IL 61802 Joe Gordon, Dir. 217-384-3751 jgordon@co.champaign.il.us	Active	5/1/04	N/A	<\$1 million	Medical, mental health	N/A
Fayette County (IL)	Fayette County Jail 221 S 7 th St. Vandalia, IL 62471 Sheriff Chris Smith 618-283-2141 csmith@yahoo.com	Active	4/15/05	25	<\$1 million	Medical, mental health, psychiatry	N/A

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Federal Bureau of Prisons (FBOP)	Metropolitan Correctional Complex (MCC) 71 W Van Buren St. Chicago, IL 60605 Zaida Ndife, HSA 312-322-0567 x1401 zndife@bop.gov	Active	6/1/13	604	\$1-5 Million	Medical	N/A
Franklin County (IL)	Franklin County Juvenile Detention Center 409 E Washington St. Benton, IL 62812 Sarah Popham, Jail Superintendent 618-438-2222 spopham@il2ndcircuit.org	Active	2/15/04	N/A	<\$1 million	Medical	N/A
Illinois Dept. of Juvenile Justice	Illinois Youth Center Chicago 136 N Western Ave., 3 rd Fl. Chicago, IL 60612 Heidi Mueller, Director 312-814-3057 Heidi.E.Mueller@doc.illinois.gov	Active	11/1/01	N/A	\$1-5 Million	Medical, dental	N/A
Illinois Dept. of Juvenile Justice	Illinois Youth Center Harrisburg 1201 W Poplar Harrisburg, IL 62946 Heidi Mueller, Director 312-814-3057 Heidi.E.Mueller@doc.illinois.gov	Active	1/16/00	N/A	\$1-5 Million	Medical, dental, mental health, psychiatry	N/A
Illinois Dept. of Juvenile Justice	Illinois Youth Center St. Charles 4450 Lincoln Hwy. St. Charles, IL 60175 Heidi Mueller, Director 312-814-3057 Heidi.E.Mueller@doc.illinois.gov	Active	9/20/00	N/A	\$1-5 Million	Medical, dental, mental health, psychiatry	N/A
Illinois Dept. of Juvenile Justice	Illinois Youth Center Warrenville 30 W 200 Ferry Rd., Warrenville, IL 60555 Heidi Mueller, Director 312-814-3057 Heidi.E.Mueller@doc.illinois.gov	Active	9/20/00	N/A	\$1-5 Million	Medical, dental, mental health, psychiatry	N/A

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Illinois Dept. of Juvenile Justice	Illinois Youth Center Pere Marquette 17808 State Hwy. 100 W Grafton, IL 62039 Heidi Mueller, Director 312-814-3057 Heidi.E.Mueller@dcj.illinois.gov	Active	3/29/13	N/A	<\$1 million	Medical, dental, mental health, psychiatry	N/A
LaSalle County (IL)	LaSalle County Jail 707 E Etna Rd. Ottawa, IL 61350 Jason Edgcomb, Jail Superintendent 815-434-8383 jedgcomb@lasallecounty.org	Active	12/1/02	180	<\$1 million	Medical, mental health	N/A
LaSalle County (IL)	LaSalle Juvenile Detention Center 707 E Etna Rd. Ottawa, IL 61350 Patrick Sweeney, Juvenile Superintendent 815-434-8383 psweeney@lasallecounty.org	Active	12/1/02	N/A	<\$1 million	Medical, mental health	N/A
McHenry County (IL) Sheriff's Office	McHenry County Jail 2200 N Seminary Ave. Woodstock, IL 60098 Lt. Daniel Sitkie 815-334-4910 dpsitkie@co.mchenry.il.us	Active	9/1/05	520	\$1-5 Million	Medical, mental health, psychiatry	N/A
Peoria County (IL) Sheriff's Office & Juvenile Court	Peoria County Jail and Juvenile Detention Center 309 N Maxwell Rd. Peoria, IL 61604 Sheriff Brian Asbell 309-697-8515 basbell@peoriacounty.org	Active	2/1/98	506	\$1-5 Million	Medical, mental health, psychiatry	N/A
Stephenson County (IL)	Stephenson County Jail 1680 Singer Dr. Freeport, IL 61032 Steve Stovall, Jail Superintendent 815-235-8252 sstovall@co.stephenson.il.us	Active	9/2/02	135	<\$1 million	Medical, mental health	N/A

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Tazewell County (IL)	Tazewell County Jail 101 S Capitol Pekin, IL 61554 Kurt Ulrich, Jail Administrator 309-478-5613 kulrich@tazewell.com	Active	12/1/99	170	<\$1 million	Medical, mental health, psychiatry	N/A
Will County (IL) Sheriff's Office	Will County Adult Detention Facility and River Valley Juvenile Detention Center 95 S Chicago St. Joliet, IL 60436 Dale Santerelli, Warden 815-740-5570 dsanterelli@willcosheriff.org	Active	11/1/06	775	\$1-5 Million	Medical, dental	N/A
Williamson County (IL)	Williamson County Jail 200 W Jefferson St. Marion, IL 62959 Sheriff Bernie Vick 618-997-6541 bvick@wcsheriff.com	Active	1/1/01	140	<\$1 million	Medical	N/A
Elkhart County Sheriff's Dept.	Elkhart County Corrections Center 26861 CR 26 Elkhart, IN 46517 Capt. Brad Rogers 574-891-2301 brogers@elkhartcountysheriff.com	Active	1/1/09	750	\$1-5 Million	Medical, dental, mental health, psychiatry	N/A
Marion County Sheriff's Office (IN)	Marion County Jail, Marion County Arrest Processing Center, and Indianapolis City-County Building 40 S Alabama St. Indianapolis, IN 46204 Kevin Murray, Sheriff's Atty. 317-237-3855 Kevin.Murray@indy.gov	Active	1/1/10	1280		Medical, dental, mental health, psychiatry	N/A
Marion County Superior Court (IN)	Marion County Juvenile Detention Center 2451 N Keystone Ave. Indianapolis, IN 46218 Terrance Asante-Doyle, Superintendent 317-327-8300 Terrance.Asante-Doyle@indy.gov	Active	1/1/14	N/A	<\$1 million	Medical, dental, mental health, psychiatry	N/A

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Polk County (IN) Sheriff's Office	Polk County Jail 1985 NE 51st Pl. Des Moines, IA 50313 Capt. Cory Williams 515-323-5457 cory.williams@polkcountyiowa.gov	Active	7/1/16	1100	\$1-5 Million	Medical, dental, mental health, psychiatry	N/A
Federal Bureau of Prisons (FBOP)	United States Penitentiary (USP) Leavenworth 1300 Metropolitan Ave. Leavenworth, KS 66048 Brad Tenpenny, Supervisory Contract Specialist 913-578-1303 btenpenny@bop.gov	Active	4/1/09	1934	\$5-10 Million	Medical	N/A
Sedgwick County (KS) Juvenile Services	Juvenile Detention Facility and Juvenile Residential Facility 700 S Hydraulic Ave. Wichita, KS 67211 Christine Collins-Thorman, Project Manager 316-660-7018 christine.collins@sedgwick.gov	Active	9/24/18	N/A	<\$1 million	Medical, psychiatry	N/A
Sedgwick County (KS) Sheriff's Office	Sedgwick County Detention Center 141 W Elm St. Wichita, KS 67203 Col. Brian White, Undersheriff 316-660-3906 brian.white@sedgwick.gov	Active	3/1/05	1360	\$1-5 Million	Medical, dental, mental health, psychiatry	N/A
Wyandotte County (KS) Sheriff's Office	Wyandotte County Adult Detention Center and Wyandotte County Juvenile Detention Center 710 N 7th St. Kansas City, KS 66101 Linda Hendrix, Sheriff's Admin. Mgr. 913-573-2952 lhendrix@wycosheriff.org	Active	1/1/06	400	\$1-5 Million	Medical, dental, mental health, psychiatry	N/A

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Kentucky Department of Corrections	13 Facilities -KDOC 3001 W Hwy. 146 La Grange, KY 40032 Cookie Crews, Statewide HSA 502-222-7808 cookie.crews@ky.gov	Active	3/1/14	20,000	>\$20 Million	Medical	N/A
Louisville (KY) Metro Department of Corrections	Louisville Metro Jail Complex, Community Correctional Center, and Youth Detention Center 400 S 6 th St. Louisville, KY 40202 Dwayne Clark, Director 502-574-2118 Dwayne.Clark@louisvilleky.gov	Active	12/1/13	2000	\$5-10 Million	Medical, dental, mental health, psychiatry	N/A
Federal Bureau of Prisons (FBOP)	Federal Correctional Complex (FCC) Pollock 1000 Airbase Rd. Pollock, LA 71467 Will Vasquez, Cdr., HSA 318-561-5546 wvasquez@bop.gov	Active	4/1/13	2550	\$5-10 Million	Medical	N/A
Louisiana Office of Juvenile Justice	Bridge City Center for Youth, Swanson City Center for Youth, and Columbia Center for Youth 7919 Independence Blvd. Baton Rouge, LA 70806 Denise Dandridge, Dir. of Health Services 225-287-7995 Denise.L.Dandridge@la.gov	Active	9/1/10	N/A	\$1-5 Million	Medical, dental, mental health, psychiatry	N/A
City of New Orleans (LA)	Templeman, Temporary Detention Center, Conchetta, Intake, Hunt, Tents, and Orleans Parish Prison 1300 Perdido St., Ste. 5E03 New Orleans, LA 70112 Sunni J. LeBeouf, City Atty. 504-658-9920 Sunni.LeBeouf@nola.gov	Active	11/1/14	2100		Medical, dental	N/A

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St. Tammany Parish (LA) Sheriff's Office	St. Tammany Parish Jail 1200 Champagne St. Covington, LA 70433 Chief Greg Longino 985-276-1023 greglongino@stpso.com	Active	7/1/17	900	\$1-5 Million	Medical, dental, mental health	N/A
Maine Department of Corrections	6 Facilities – MDOC 111 State House Station Augusta, ME 04333 Randall Liberty, Commander 207-287-4360Randall.Liberty@maine.gov	Active	7/1/12	2442	>\$20 Million	Medical, dental, mental health, psychiatry	N/A
Allegany County (MD) Sheriff's Office	Allegany County Detention Center 14300 McMullen Hwy. SW Cumberland, MD 21502 Capt. Dan Lasher 301-268-2907 Dan.Lasher@alleganygov.org	Active	7/1/98	140	<\$1 million	Medical, dental, mental health, psychiatry	N/A
Anne Arundel County (MD)	Jennifer Road Detention Center and Ordinance Road Correctional Center 131 Jennifer Rd. Annapolis, MD 21401 Bill Martin, Superintendent 410-222-7154 dcmart00@aacounty.org	Active	10/1/17	900	\$5-10 Million	Medical, dental, mental health	N/A
Calvert County (MD) Sheriff's Office	Calvert County Detention Center 325 Stafford Rd. Barstow, MD 20610 Maj. T.D. Reece, Administrator 410-535-4300 x8902 reecetd@co.cal.md.us	Active	7/1/90	220	<\$1 million	Medical, psychiatry	N/A
Dorchester County (MD) Sheriff's Office	Dorchester County Detention Center 829 Fieldcrest Rd. Cambridge, MD 21613 Dir. Joseph Hughes, Warden 410-228-9779 jhughes@docogonet.com	Active	7/1/93	130	<\$1 million	Medical, mental health, psychiatry	N/A

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Frederick County (MD) Sheriff's Office	Frederick County Adult Detention Center 7300 Marcie's Choice Lane Frederick, MD 21704 Sheriff Charles Jenkins 301-600-1532 c.jenkins@frederickcountymd.gov	Active	7/1/01	350	\$1-5 Million	Medical, mental health, psychiatry	N/A
Howard County (MD) Department of Corrections	Howard County Detention Center 7301 Waterloo Rd. Jessup, MD 20794 Jack Kavanagh, Director 410-313-5230 jkavanagh@howardcountymd.gov	Active	7/1/05	350	\$1-5 Million	Medical, dental, mental health, psychiatry	N/A
Kent County (MD) Sheriff's Office	Kent County Detention Center 104 Vickers Dr., Unit A Chestertown, MD 21620 Herb Dennis, Warden 410-810-2257 hdennis@kentgov.org	Active	10/26/93	60	<\$1 million	Medical, mental health, psychiatry	N/A
Montgomery County (MD) Department of Correction & Rehabilitation	Montgomery County Detention Center, Montgomery County Correctional Facility, and Pre-Release Center 1307 Seven Locks Rd. Rockville, MD 20854 Arthur Wallenstein, Director 240-777-9976 arthur.wallenstein@montgomerycountymd.gov	Active	7/1/12	1080	<\$1 million	Medical	N/A
Queen Anne's County (MD) Department of Corrections	Queen Anne's County Detention Center 500 Little Hut Dr. Centreville, MD 21617 LaMonte Cooke, Warden 410-758-3817 lcooke@gac.org	Active	10/25/93	130	<\$1 million	Medical, mental health, psychiatry	N/A
Somerset County (MD)	Somerset County Detention Center 30474 Revells Neck Rd. Westover, MD 21871 Louis Hickman, Warden 410-651-5936 lhickman@somersetmd.us	Active	6/1/00	70	<\$1 million	Medical, mental health, psychiatry	N/A

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Talbot County (MD) Department of Corrections	Talbot County Detention Center 115 West Dover St. Easton, MD 21601 Terri Kokolis, Director 410-770-8120 tkokolis@talbgov.org	Active	7/1/94	80	<\$1 million	Medical, mental health, psychiatry	N/A
Wicomico County (MD) Department of Corrections	Wicomico County Detention Center 411 Naylor Mill Rd. Salisbury, MD 21801 Ruth Colbourne, Warden 410-548-4970 rcolbourne@wicomicocounty.org	Active	10/1/07	370	\$1-5 Million	Medical, dental	N/A
Worcester County (MD)	Worcester County Jail 5022 Joyner Rd. Snow Hill, MD 21863 Donna Bounds, Warden 410-632-1300 dbounds@co.worcester.md.us	Active	7/1/11	330	<\$1 million	Medical, mental health, psychiatry	N/A
Essex County (MD) Sheriff's Department	Essex County Correctional Facility (Middleton Jail and House of Corrections), Essex County Pre-Release Center, and Essex County Women-in-Transition Facility 20 Manning Ave. Middleton, MA 01949 Aaron Eastman, Superintendent 978-750-1900 x3356 AEastman@essexsheriffma.org	Active	12/10/18	1552	\$5-10 Million	Medical, dental, mental health, MAT/OTP	N/A
Massachusetts Department of Correction	15 Facilities – MDOC 50 Maple St., Ste. 3 Milford, MA 01757 Stephanie Collins, Assistant Deputy Commissioner of Clinical Services 508-422-3479 Stephanie.Collins@MassMail.State.MA.US	Active	7/1/18	8900	>\$20 Million	Medical, dental, mental health, substance abuse, sex offender treatment, MAT	N/A

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Massachusetts Department of Correction	Bridgewater State Hospital 50 Maple St., Ste. 3 Milford, MA 01757 Stephanie Collins, Assistant Deputy Commissioner of Clinical Services 508-422-3479 Stephanie.Collins@MassMail.State.MA.US	Active	4/9/17	275	>\$20 Million	Assessment, treatment planning, psychiatric services, competency restoration, court reports, court testimony, psychosocial rehab., discharge planning, medical care, pharmacy, food/nutrition, facility maintenance, transportation & security	N/A
Worcester County (MA) Sheriff's Office	Worcester County Jail and House of Corrections 5 Paul X Tivnan Dr. Worcester, MA 01583 David Tuttle, Superintendent 508-854-1801 davidt@sdw.state.ma.us	Active	10/5/15	1240	\$1-5 Million	Medical, dental	N/A
Alger County (MI)	Alger County Jail 101 Court St. Munising, MI 49862-Sheriff Todd Brock- 906-387-7022-tbrock@algerso.com	Active	6/1/09	18	>\$20 Million	Medical	N/A
Allegan County	Allegan County Adult Correctional Facility 112 N Walnut St. Allegan, MI 49010 Lt. Jim Miller 269-673-0458 jmillier@allegancounty.org	Active	1/1/07	173	<\$1 million	Medical, mental health, psychiatry	N/A
Arenac County	Arenac County Jail 126 N Grove St. Standish, MI 48658 Sgt. Mike Badour 989-846-4561 mbadour@arenacountygov.com	Active	7/1/09	50	<\$1 million	Medical	N/A

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Bay County	Bay County Law Enforcement Center 501 3 rd St. Bay City, MI 48708 Sheriff Troy Cunningham 989-895-4050 CunninghamT@baycounty.net	Active	11/1/98	263	<\$1 million	Medical	N/A
Berrien County (Adult)	Berrien County Jail 919 Port St. St. Joseph, MI 49085 Undersheriff Charles Heit 269-983-7111 x7219 cheit@berriencounty.org	Active	1/1/13	365	\$1-5 Million	Medical, mental health, psychiatry	N/A
Berrien County (Juvenile)	Berrien County Juvenile Center 6414 Deans Hill Rd. Berrien Center, MI 49102 Elvin Gonzalez, Family Division Admin. 269-982-8615 egonzale@berriencounty.org	Active	1/1/13	N/A	<\$1 million	Medical	N/A
Chippewa County (MI)	Chippewa County Correctional Facility 325 Court St. Sault Ste. Marie, MI 49783 Lt. Paul Stanaway 906-635-7620 pstanaway@chippewacountymi.gov	Active	10/3/11	165	<\$1 million	Medical	N/A
Clare County (MI)	Clare County Correctional Facility 255 W Main St. Harrison, MI 48625 Lt. Bryan Dunn 989-539-7166 DunnB@clareco.net	Active	11/15/08	175	<\$1 million	Medical	N/A
Federal Bureau of Prisons (FBOP)	Federal Correctional Institution (FCI) Milan 4004 E Arkona Rd. Milan, MI 48160 Jimmy Zestos, HSA 734-439-5418 jzestos@bop.gov	Active	3/1/93	1454	\$1-5 Million	Medical	N/A

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Gogebic County (MI)	Gogebic County Jail 100 W Iron St. Bessemer, MI 49911 Sgt. Jay Kangas, Jail Administrator 906-667-0203 x193 jkangas@gogebic.org	Active	8/6/07	25	<\$1 million	Medical	N/A
Grand Traverse County (MI)	Grand Traverse County Sheriff's Office Correctional Facility 320 Washington St. Traverse City, MI 49684 Capt. Chris Barsheff, Jail Administrator 231-922-4535 cbarsheff@gtsheriff.org	Active	3/1/10	142	<\$1 million	Medical	N/A
Isabella County (MI)	Isabella County Correctional Facility 207 N Court St. Mount Pleasant, MI 48858 Lt. Kevin Dush 989-779-3328 kfdush@isabellacounty.org	Active	5/15/07	210	<\$1 million	Medical, mental health, psychiatry	N/A
Isabella County Trial Court (MI)	Isabella County Non-Secure Detention Home 300 N Main St. Mount Pleasant, MI 48858 Kerri Curtiss, Court Administrator 989-772-0911 x213 kcurtiss@isabellacounty.org	Active	12/1/07	N/A	<\$1 million	Medical	N/A
Lenawee County (MI)	Lenawee County Jail 549 N Winter St. Adrian, MI 49221 Capt. James Craig, Jail Commander 517-264-5390 jim.craig@lenawee.mi.us	Active	6/1/07	247	<\$1 million	Medical	N/A
Macomb County (MI) Sheriff's Office	Macomb County Jail and Macomb County Juvenile Justice Center 43565 Elizabeth Rd. Mt. Clemens, MI 48043 Capt. Walter Zimny, Jail Administrator 586-307-9348 Walter.Zimny@macombcountymi.gov	Active	9/12/11	1400	\$5-10 Million	Medical, dental, mental health, psychiatry	N/A

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Marquette County (MI)	Marquette County Jail 236 W Baraga Ave. Marquette, MI 49855 Gregg Gustafson, Jail Administrator 906-225-8445 ggustafson@mqtc.org	Active	2/1/06	60	<\$1 million	Medical, mental health, psychiatry	N/A
Michigan Dept. of Community Health	Center for Forensic Psychiatry 8303 Platt Rd. Saline, MI 48175 Bethann Duffy, Purchasing Director 734-295-4531 duffybe@michigan.gov	Active	8/1/02	228	<\$1 million	Medical	N/A
Monroe County (MI)	Monroe County Youth Center 3600 S Custer Rd. Monroe, MI 48161 Melissa Strong, Director 734-240-3237 melissa_strong@monroemi.org	Active	1/17/12	N/A	<\$1 million	Medical	N/A
Muskegon County (MI)	Muskegon County Jail 25 W Walton Ave. Muskegon, MI 49440 Lt. Mark Burns 231-724-6289 burnsm@co.muskegon.mi.us	Active	12/30/09	415	<\$1 million	Medical, mental health, psychiatry	N/A
Newaygo County (MI)	Newaygo County Jail 1035 E James St. White Cloud, MI 49349 Sgt. Johnathon Borgman, Jail Administrator 231-689-7364 jona@co.newaygo.mi.us	Active	4/1/08	245	<\$1 million	Medical	N/A
Oakland County (MI) Sheriff's Office	Oakland County Jail & Annex and Oakland County East Annex 1201 N Telegraph Rd. Pontiac, MI 48341 Maj. Charles Snarey 248-858-5017 SnareyC@oakgov.com	Active	3/1/12	1520	\$5-10 Million	Medical, dental	N/A

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Ogemaw County (MI)	Ogemaw County Correctional Facility 806 W Wright St. West Branch, MI 48661 Undersheriff Leigh David 989-345-0153 davidl@ocmi.us	Active	3/1/10	65	<\$1 million	Medical	N/A
Saginaw County (MI) Family Court	Saginaw County Juvenile Detention Center 3360 Hospital Rd. Saginaw, MI 48602 Brandon Genwright, Director 989-799-2821 x4206 bgenwright@saginawcounty.com	Active	12/1/02	56	<\$1 million	Medical	N/A
Tuscola County (MI)	Tuscola County Jail 420 Court St. Caro, MI 48723 Sheriff Glen Skrent 989-673-8161 x2224 ggs@tuscolacounty.org	Active	7/1/09	78	<\$1 million	Medical	N/A
Washtenaw County (MI)	Washtenaw County Jail 2201 Hogback Rd. Ann Arbor, MI 48107 Eric Kunath, Commander 734-973-4931 kunathe@ewashtenaw.org	Active	1/1/93	360	\$1-5 Million	Medical	N/A
Washtenaw County (MI)	Washtenaw County Juvenile Detention Center 4125 Washtenaw Ave. Ann Arbor, MI 48108 Lisa Greco, Director 734-973-4354 grecol@ewashtenaw.org	Active	6/1/02	40	<\$1 million	Medical	N/A
Wayne County (MI)	Andrew C. Baird Detention Facility, Old Wayne County Jail, William Dickerson Detention Facility, and Wayne County Juvenile Detention Facility 3501 Hamtramck Dr. Hamtramck, MI 48212 Dr. Keith Dlugokinski 313-224-7901 Kdlugoki@waynecounty.com	Active	1/1/17	2866		Medical, dental, mental health, psychiatry	N/A

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Douglas County (NE) Department of Corrections	Douglas County Correctional Center 710 S 17th St. Omaha, NE 68102 Michael Myers, Director 402-599-2278 michael.myers@douglascounty-ne.gov	Active	3/1/08	1250	\$5-10 Million	Medical, dental, mental health, psychiatry	N/A
Lancaster County (NE)	Lancaster County Youth Services Center 1200 Radcliff St. Lincoln, NE 68512 Michelle Schindler, Director 402-441-7093 mschindler@lancaster.ne.gov	Active	7/1/10	N/A	<\$1 million	Medical	N/A
Lancaster County Corrections Department (NE)	Lancaster County Intake & Detention Facility, and Lancaster County Correctional Facility 3801 W "O" St. Lincoln, NE 68508 Bradley L. Johnson, Director 402-441-1902 bjohnson@lancaster.ne.gov	Active	6/2/11	467	\$1-5 Million	Medical, mental health, psychiatry	N/A
Sarpy County (NE)	Sarpy County Jail 1208 Golden Gate Dr. Papillion, NE 68046 Beth Garber, Contract Admin. 402-593-4476 bcunard@sarpy.com	Active	7/1/13	125	<\$1 million	Medical, mental health, psychiatry	N/A
Clark County (NV) Juvenile Justice Services	Juvenile Detention Center, Spring Mountain Residential Center, and Spring Mountain Youth Camp 601 N Pecos Rd. Las Vegas, NV 89101 John Martin, Director 702-455-5200 john.martin@clarkcountynv.gov	Active	8/1/16	N/A	\$1-5 Million	Medical	N/A

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Las Vegas (NV) Metropolitan Police Department	Clark County Detention Center and North Valley Center 330 S Casino Center Blvd. Las Vegas, NV 89101 Capt. William Teel 702-671-3862 W5911T@LVMPD.COM	Active	7/1/19	4500	>\$20 Million	Medical, dental, mental health, psychiatry	N/A
Hudson County (NJ)	Hudson County Correctional and Rehabilitation Center 30-35 S Hackensack Ave. Kearny, NJ 07032 Ron Edwards, Director 201-395-5600, x5007 redwards@hcnj.us	Active	10/1/18	1200	\$5-10 Million	Medical, dental, mental health, psychiatry	N/A
Curry County (NM)	Curry County Detention Center 801 Mitchell St. Clovis, NM 88101 Lance Pyle, County Manager 575-763-6016 lpyle@currycounty.org	Active	8/1/09	250	<\$1 million	Medical	N/A
New Mexico Military Institute	New Mexico Military Institute 101 W College Blvd. Roswell, NM 88201 Col. Judy Scharmer, CFO 575-624-804 scharmer@nmmi.edu	Active	8/1/09	N/A	<\$1 million	Medical	N/A
Roosevelt County (NM)	Roosevelt County Adult Detention Center 1700 N Boston Ave. Portales, NM 88130 Justin Porter, Warden 575-636-5988 jporter@rooseveltcounty.com	Active	3/27/09	85	<\$1 million	Medical, mental health, psychiatry	N/A
San Juan County (NM)	San Juan County Adult Detention Center, Juvenile Services Facility, and Alternative Sentencing Facility 871 Andrea Dr. Farmington, NM 87401 Tom Havel, Warden 505-566-4500 thavel@sjcounty.net	Active	7/1/17	698	\$1-5 Million	Medical, mental health (ADC only)	N/A

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Orange County (NY)	Orange County Correctional Facility 110 Wells Farm Rd. Goshen, NY 10924 Col. Anthony Mele, Correctional Admin. 845-291-2728 amele@orangecountygov.com	Active	2/19/16	600	\$1-5 Million	Medical, dental	N/A
Rensselaer County (NY) Sheriff's Department	Rensselaer County Correctional Facility 4000 Main St. Troy, NY 12180 Chief David Hetman 518-270-1601 dhetman@rensco.com	Active	3/1/18	310	\$1-5 Million	Medical, dental	N/A
Rockland County (NY)	Rockland County Correctional Facility 53 New Hempstead Rd. New City, NY 10956 Chief Karl Mueller 845-638-5621 karl.mueller@rcpin.net	Active	12/31/15	200	\$1-5 Million	Medical	N/A
Westchester County (NY) Department of Correction	Westchester County Correctional Facility 10 Woods Rd. Valhalla, NY 10595 Leandro Diaz, Dep. Comm. of Correction 914-231-1326 lidd@westchestergov.com	Active	6/26/10	1400	\$10-20 Million	Medical, dental, mental health, psychiatry	N/A
Brunswick County (NC) Sheriff's Office	Brunswick County Detention Center 70 Stamp Act Dr. Bolivia, NC 28422 Chief Dep. Charlie Miller 910-880-4901 chiefdeputymiller@gmail.com	Active	7/1/10	365	\$1-5 Million	Medical, dental, mental health, psychiatry	N/A
Buncombe County (NC)	Buncombe County Detention Facility 20 Davidson Dr. Asheville, NC 28801 Capt. Tony Gould 828-545-3287 tony.gould@buncombecounty.org	Active	6/11/11	533	<\$1 million	Medical, dental, mental health	N/A

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Columbus County (NC)	Columbus County Detention Center 805 Washington St. Whiteville, NC 28472 Sheriff Jody Greene 910-625-5398 jgreene@columbusco.org	Active	6/1/13	171	<\$1 million	Medical, dental, mental health	N/A
Durham County (NC) Health Department	Durham County Detention Facility and Durham County Youth Home 414 E Main St. Durham, NC 27701 Gayle Harris, Director, Durham County Health Dept 919-560-7650 gharris@dmcc.gov	Active	9/1/04	659	\$1-5 Million	Medical, dental	N/A
Forsyth County (NC) Sheriff's Office	Forsyth County Law Enforcement Detention Center 201 N Church St. Winston-Salem, NC 27120 Sgt. Lori Woods 336-917-9625 woodll@fcsso.us	Active	9/1/09	1016	\$1-5 Million	Medical, dental, mental health, psychiatry	N/A
Guilford County (NC) Sheriff's Department	Greensboro Detention Center, High Point Detention Center, and Juvenile Detention Center 201 S Edgeworth St. Greensboro, NC 27401 Maj. Johnnie Maynard 336-641-2650 jmaynar@guilfordcountync.gov	Active	7/1/14	1100	\$1-5 Million	Medical, dental, mental health, psychiatry	N/A
Henderson County (NC)	Henderson County Detention Center 375 1st Ave. E Hendersonville, NC 28792 Capt. Todd McCrain 828-694-2703 tmccrain@hendersoncountync.org	Active	9/1/15	171	<\$1 million	Medical, dental, mental health	N/A

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Jackson County (NC)	Jackson County Detention Center 399 Grindstaff Cove Rd. Sylva, NC 28779 Sheriff Chip Hall 828-269-9189 clhall@jacksonnc.org	Active	1/1/13	52	<\$1 million	Medical, dental, mental health	N/A
McDowell County (NC)	McDowell County Jail 593 Spaulding Rd. Marion, NC 28752 Sheriff Robert Buchanan 828-652-2235 rbuchanan@mcdowellsheriff.org	Active	6/1/17	153	<\$1 million	Medical, dental, mental health	N/A
Mecklenburg County (NC) Sheriff's Office	Mecklenburg County Jail-Central, Mecklenburg County Jail-North, and Work Release & Restitution Center 801 E 4th St. Charlotte, NC 28202 Rachel Vanhoy, Business Mgr. 704-336-2543 Rachel.vanhoy@mecklenburgcountync.gov	Active	10/1/08	2800	\$5-10 Million	Medical, dental, mental health, psychiatry	N/A
New Hanover County (NC) Sheriff's Office	New Hanover County Detention Facility 3950 Juvenile Center Rd. Castle Hayne, NC 28429 Maj. Doug Price 910-297-9268 DPrice@nhcgov.com	Active	7/1/07	650	\$1-5 Million	Medical, dental, psychiatry	N/A
Pender County (NC)	Pender County Jail 104 N Walker St. Burgaw, NC 28425 Capt. Sam Jones 910-259-1500 sam.jones@pendersheriff.com	Active	8/1/15	47	<\$1 million	Medical, dental, mental health	N/A
Transylvania County (NC)	Transylvania County Detention Center 153 Public Safety Way Brevard, NC 28712 Lt. Kris McCall 828-884-3147 kmccall@tcsonc.org	Active	3/1/09	79	<\$1 million	Medical, dental, mental health	N/A

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Crawford County (OH)	Crawford County Jail 3613 Stetzer Rd. Bucyrus, OH 44820 Sheriff Scott Kent 419-562-7906 scott.kent@crawfordcountysheriffohio.com	Active	8/1/06	90	Medical	Local Detention	N/A
Hancock County (OH)	Hancock County Justice Center 200 W Crawford St. Findlay, OH 45840 Lt. Ryan Kidwell 419-424-7098 rckidwell@co.hancock.oh.us	Active	1/15/07	106	<\$1 million	Medical	N/A
Mahoning County (OH)	Mahoning County Justice Center 110 5 th Ave. Youngstown, OH 44503 Capt. Kenny Kountz 330-480-5020 kkountz@sheriff.mahoning.oh.us	Active	1/1/07	500	\$1-5 Million	Medical, dental	N/A
Northwest Community Corrections Center (OH)	Northwest Community Corrections Center 1740 E Gypsy Lane Bowling Green, OH 43402 Cary Williams, Director 419-354-7444 cwilliams@co.wood.oh.us	Active	10/1/99	64	<\$1 million	Medical	N/A
Portage County (OH)	Portage County Jail 8240 Infirmary Rd. Ravenna, OH 44266 Joann Townend, Director 330-297-3614 JTownend@portageco.com	Active	4/1/07	205	<\$1 million	Medical, dental	N/A
Warren County (OH)	Warren County Jail; Warren County Juvenile Detention Center 550 Justice Dr. Lebanon, OH 45036 Dep. Chief Barry K. Riley 513-695-1280 barry.riley@wcsooh.org	Active	9/9/13	280	<\$1 million	Medical, psychiatry	N/A

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Wood County (OH)	Wood County Justice Center 1960 E Gypsy Lane Bowling Green, OH 43402 Capt. Rebecca McMonigal 419-373-6527 rmcmonigal@co.wood.oh.us	Active	1/1/06	149	<\$1 million	Medical, dental, mental health, psychiatry	N/A
Wood County (OH) Juvenile & Probate Court	Wood County Juvenile Detention Center; Juvenile Residential Center of Northwest Ohio 1032 S Dunbridge Bowling Green, OH 43402 Rich Schmidbauer, Director 419-352-3554 rschmidbauer@co.wood.oh.us	Active	1/1/93	N/A	<\$1 million	Medical	N/A
Federal Bureau of Prisons (FBOP)	Federal Correctional Institution (FCI) El Reno 4205 Hwy. 66 W El Reno, OK 73036 Debra Aynes, HSA 405-319-7424 daynes@bop.gov	Active	7/1/15	1220		Medical	N/A
Federal Bureau of Prisons (FBOP)	Federal Transfer Center (FTC) Oklahoma City 7410 S MacArthur Blvd. Oklahoma City, OK 73189 Dan Wagoner, Health HSA 405-680-4209 dwagoner@bop.gov	Active	7/1/15	1325	\$1-5 Million	Medical	N/A
GEO Group	Lawton Correctional Facility 8607 Flower Mound Rd. Lawton, OK 73501 Amber Martin, VP of Contracts Admin. 561-999-7359 amartin@geogroup.com	Active	10/1/13	2625	Private Client, cannot disclose	Medical, dental, mental health, psychiatry	N/A
Columbia County (OR)	Columbia County Jail 901 Port Ave. St. Helens, OR 97051 Capt. Tony Weaver 503-366-4630 tony.weaver@co.columbia.or.us	Active	7/31/06	150	<\$1 million	Medical, mental health, psychiatry	N/A

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Coos County (OR) Sheriff's Office	Coos County Jail 200 E 2nd St. Coquille, OR 97423 Capt. Darius Mede 541-396-3121 x412 dmede@co.coos.or.us	Active	7/1/09	80	<\$1 million	Medical, mental health, psychiatry	N/A
Douglas County (OR) Sheriff's Office	Douglas County Jail; Douglas County Juvenile Detention Facility 1036 SE Douglas Ave. Roseburg, OR 97470 Lt. Mikel Root, Jail Administrator 541-440-4504 mlroot@co.douglas.or.us	Active	5/1/08	210	<\$1 million	Medical, dental, psychiatry	N/A
Jackson County (OR) Sheriff's Office	Jackson County Jail, Jackson County Community Transitions Center, and Jackson County Juvenile Services Center 787 W 8th St. Medford, OR 97501 Lt. Josh Aldrich 541-774-6850 AldricJM@jacksoncounty.org	Active	5/15/07	270	<\$1 million	Medical, dental, mental health	N/A
Josephine County (OR) Sheriff's Office	Josephine County Jail 1901 NE F St. Grants Pass, OR 97526 Lt. Edward Vincent 541-474-5119 evincent@co.josephine.or.us	Active	7/1/12	90	<\$1 million	Medical	N/A
Lane County (OR)	Lane County Jail 101 W 5th Ave. Eugene, OR 97401 Capt. Clint Riley 541-682-2242 Adult.Corrections@co.lane.or.us	Active	7/1/15	376	\$1-5 Million	Medical, dental, mental health	N/A
Umatilla County (OR)	Umatilla County Correctional Facility 4700 NW Pioneer Pl. Pendleton, OR 97801 Capt. Thoren Hearn 541-966-3674 thoren.hearn@umatillacounty.net	Active	7/10/01	124	<\$1 million	Medical, mental health, psychiatry	N/A

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Yamhill County (OR)	Yamhill County Jail and Yamhill County Juvenile Detention 535 NE 5th St. McMinnville, OR 97128 Sheriff Tim Svenson 503-434-7440 svensont@co.yamhill.or.us	Active	2/1/17	230	\$1-5 Million	Medical, dental	N/A
Clinton County (PA)	Clinton County Correctional Facility 58 Pine Mountain Rd. McElhattan, PA 17748 John Rowley, Warden 570-769-7680 x3602 jrowley@clintoncountypa.com 27 Facilities - PA DOC	Active	9/10/17	275	<\$1 million	Medical, dental	N/A
Pennsylvania Dept. of Corrections	1920 Technology Pkwy. Mechanicsburg, PA 17050 Christopher Oppman, Deputy Secretary of Administration, Bureau of Health Care Services 717-728-5309 coppman@pa.gov	Active	9/1/14	48,000	>\$20 Million	Medical, MAT	N/A
Berkeley County (SC)	Hill-Finklea Detention Center 300 California Ave. Moncks Corner, SC 29461 Randy Demory, Director 843-719-454 randy.demory@berkeleycountysc.gov	Active	2/12/16	350	<\$1 million	Medical	N/A
Lexington County (SC) Sheriff's Department	Lexington County Detention Center 521 Gibson Rd. Lexington, SC 29072 Maj. Kevin Jones 803-785-2497 kjones@lcsd.sc.gov	Active	2/1/08	1100	\$1-5 Million	Medical, dental, mental health, psychiatry	N/A
Richland County (SC) Sheriff's Department	Alvin S. Glenn Detention Center 201 John Mark Dial Dr. Columbia, SC 29209 Ronaldo Myers, Director 803-576-3202 myers.ronaldo@richlandcountysc.gov	Active	3/18/06	1100	\$1-5 Million	Medical, dental, mental health	N/A

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South Carolina Department of Mental Health	Columbia Regional Care Center 7901 Farrow Rd. Columbia, SC 29203 Doug Glover, Procurement Manager 803-898-8472 Dog64@scdmh.org	Active	7/1/05	354	\$10-20 Million	Psychiatric, medical & skilled nursing care for 176 beds; support & nursing services for 178 forensic beds (w/ treatment services provided by SC Dept. of Mental Health) & total facility mgmt.	N/A
South Carolina Department of Mental Health	SC SVPTP 2414 Bull St. Columbia, SC 29202 Mark Binkley, General Counsel & Deputy Director 803-898-8392 mwb86@scdmh.org	Active	12/1/16	200		Sex offender treatment, total facility mgmt. & outpatient mental health treatment consisting of assessment, evaluation & treatment	N/A
CoreCivic	Silverdale Detention Facilities\7609 Standifer Gap Rd. Chattanooga, TN 37422 John Baxter, VP of Health Services 615-263-6628 john.baxter@cca.com	Active	11/1/15	1062		Medical, dental, mental health, psychiatry	N/A
Knox County (TN) Government - Mental Health Program	Knox County Jail and Roger D. Wilson Detention Facility 5001 Maloneyville Rd. Knoxville, TN 37918 Chief Brian Bivens 865-659-4411 brian.bivens@knoxsheriff.org	Active	12/3/18	1000	<\$1 million	Mental health, psychiatry	N/A
Metropolitan Government of Nashville and Davidson County (TN)	Correctional Development Center Male, Hill Detention Center, and Maximum Correctional Center 506 2nd Ave. N Nashville, TN 37201 Chief John Ford 615-862-8955 jford@dcso.nashville.org	Active	10/1/05	1500		Medical, dental, mental health, psychiatry	N/A

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Montgomery County (TN) Sheriff's Office	Montgomery County Jail; Montgomery County Workhouse 120 Commerce St., Ste. 208 Clarksville, TN 37040 Asst. Chief Dep. Douglas Tackett, Jail Administrator 931-648-0615 x1301 dktackett@montgomerycountyttn.org	Active	2/1/05	540	\$1-5 Million	Medical, dental, mental health, psychiatry	N/A
Shelby County (TN) Division of Corrections	Shelby County Correctional Center 1045 Mullins Station Rd. Memphis, TN 38134 Anthony Alexander, Director 901-222-8675 anthony.alexander@shelbycountyttn.gov	Active	7/1/06	2300	\$5-10 Million	Medical, psychiatry	N/A
Shelby County (TN) Sheriff's Office	Shelby County Jail, Shelby County Jail East and Shelby County Juvenile Detention Services 201 Poplar Ave. Memphis, TN 38103 Kirk Fields, Chief Jailer 901-222-4753 kirk.fields@shelby-sheriff.org	Active	7/1/06	2500	\$10-20 Million	Medical, dental, mental health, psychiatry	N/A
Bell County (TX)	Bell County Jail; Bell County Annex Jail and Bell County Juvenile Detention Center 2405 S Loop 121 Belton, TX 76513 Lt. Byron Shelton, Jail Administrator 254-933-6701 Byron.Shelton@co.bell.tx.us	Active	1/1/09	906	\$1-5 Million	Medical, dental, mental health, psychiatry	N/A
Collin County (TX)	Collin County Detention Center, Collin County Minimum Security Facility, and John R. Roach Juvenile Detention Center 4300 Community Ave. McKinney, TX 75071 Sheriff Jim Skinner 972-547-5100 sheriffskinner@collincountyttx.gov	Active	10/1/08	1012	\$5-10 Million	Medical, dental, mental health, Moral Reconation Therapy	N/A

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Ellis County (TX)	Wayne McCollum Detention Center 300 S Jackson Waxahachie, TX 75165 Chief Terry Ogden 972-877-2298 terry.ogden@co.ellis.tx.us	Active	2/1/07	400	\$1-5 Million	Medical, mental health, psychiatry	N/A
Federal Bureau of Prisons (FBOP)	Federal Correctional Complex (FCC) Beaumont 5980 Knauth Rd. Beaumont, TX 77705 Dennis Sherrill, Admin. Contracting Officer 409-727-8187 x4043 dsherrill@bop.gov	Active	4/1/13	5650	>\$20 Million	Medical, dental, mental health, psychiatry	N/A
Federal Bureau of Prisons (FBOP)	Federal Correctional Institution (FCI) Big Spring 1900 Simler Ave. Big Spring, TX 79720 Teleisa Crnkovich, HSA 432-466-2438 tcrnkovich@bop.gov	Active	10/1/16	1254	\$1-5 Million	Medical	N/A
Fort Bend County (TX) Sheriff's Office	Fort Bend County Jail 1410 Ransom Rd. Richmond, TX 77469 Capt. Daniel Quam 281-341-4669 quamdani@co.fort-bend.tx.us	Active	3/1/10	900	\$1-5 Million	Medical, dental, mental health, psychiatry	N/A
GEO Group	Big Spring Correctional Center Cedar Hill and Big Spring Correctional Center Flightline 1701 Apron Dr. Big Spring, TX 79720 Amber Martin, VP of Contracts Administrator 561-999-7359 amartin@geogroup.com	Active	1/7/13	3400	Private Client, cannot disclose	Medical, dental, mental health, psychiatry	N/A

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GEO Group	Rio Grande Detention Center 1001 San Rio Blvd. Laredo, TX 78046 Dr. Ernesto Alvarez, EVP of Health Services 561-999-5890 eralvarez@geogroup.com	Active	11/1/16	1900	Private Client, cannot disclose	Medical, dental, mental health, psychiatry	N/A
Hays County (TX) Commissioners Court	Hays County Juvenile Detention Center 2250 Clovis Barker Rd. San Marcos, TX 78666 Brett Littlejohn, Administrator 512-393-5220 brett.littlejohn@co.hays.tx.us	Active	8/1/19	35	<\$1 million	Medical	N/A
Hays County (TX) Sheriff's Office	Hays County Jail1307 Uhland Rd. San Marcos, TX 78666 Chief Michael Davenport 512-393-7837 davenport@co.hays.tx.us	Active	6/1/13	310	\$1-5 Million	Medical, dental, mental health, psychiatry	N/A
Kerr County (TX)	Kerr County Detention Center 400 Clearwater Paseo Kerrville, TX 78028 Sheriff W.R. Hierholzer 830-896-1257 sheriff@co.kerr.tx.us	Active	10/1/08	180	<\$1 million	Medical	N/A
Lubbock County (TX) Community Supervision & Corrections Dept.	Lubbock County Court Residential Treatment Center 3501 N Holly Ave. Lubbock, TX 79403 Valerie Monteilh, Warden 806-765-3328 vmonteilh@co.lubbock.tx.us	Active	9/1/98	225	<\$1 million	Medical	N/A
Montgomery County (TX)	Montgomery County Jail 1 Criminal Justice Dr. Conroe, TX 77301 Sheriff Rand Henderson 936-760-5800 rand.henderson@mctx.org	Active	7/1/13	920	\$1-5 Million	Medical, dental, mental health	N/A

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Nueces County (TX) Sheriff's Office	Nueces County Jail and McKenzie Annex 901 Leopard St. Corpus Christi, TX 78401 Chief Martin Arnold 361-887-2301 Martin.arnold@co.nueces.tx.us	Active	12/1/15	1008	\$1-5 Million	Medical, dental, mental health, psychiatry	N/A
Reeves County (TX) Commissions Court	Reeves County Detention Centers (R1 & R2) 1560 W CR 204 Pecos, TX 79772 Judge W.J. Bang, MD 432-445-5418 x1437 drbang@aol.com	Active	10/1/19	1800	>\$20 Million	Medical, dental, mental health, psychiatry, pharmacy	N/A
Reeves County (TX) Commissions Court	Reeves County Detention Center (R3) 1560 W CR 204 Pecos, TX 79772 Judge W.J. Bang, MD 432-445-5418 x1437 drbang@aol.com	Active	3/1/04	1376	>\$20 Million	Medical, dental, mental health, psychiatry, pharmacy	N/A
Texas Civil Commitment Office	Texas Civil Commitment Center P.O. Box 149347, Mail Code 4300 Austin, TX 78714 Marsha McLane, Executive Director 512-834-4590- marsha.mclane@tcco.texas.gov	Active	9/1/15	382	>\$20 Million	Sex offender treatment, total facility mgmt. & outpatient mental health treatment consisting of assessment, evaluation & treatment	N/A

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Texas Department of State Health Services	Montgomery County Mental Health Treatment Facility 700 Hilbig Rd. Conroe, TX 77301 BD Griffin, Assistant County Attorney 936-539-7955 Bd.griffin@mctx.org	Active	3/1/11	100	\$10-20 Million	Competency restoration, forensic psychology, forensic psychiatry, forensic social work, recreational therapy, psychiatric medication, court reports, court evaluations, all other mental health services & total facility mgmt.	N/A
University Medical Center (Lubbock, TX)	Lubbock County Detention Center; Lubbock County Juvenile Justice Center 3502 N Holly Ave. Lubbock, TX 79403 Sheriff Kelly Rowe 806-775-1400 rowe@co.lubbock.tx.us	Active	10/1/94	1512	\$1-5 Million	Medical, dental, mental health, psychiatry	N/A
Wichita County (TX)	Wichita County Jail, Wichita County Jail Annex, and Juvenile Probation Downtown Office 900 7th St. Wichita Falls, TX 76301 Chief Dep. Derek Meador 940-766-8170 derek.meador@co.wichita.tx.us	Active	1/1/10	438	\$1-5 Million	Medical, dental, mental health	N/A
Alexandria (VA) Sheriff's Office	Alexandria Adult Detention Center 2001 Mill Rd. Alexandria, VA 22314 Capt. Shelbert Williams 703-746-5038 shelbert.williams@alexandriava.gov	Active	3/1/11	390	\$1-5 Million	Medical	N/A
Chesapeake (VA) Sheriff's Office	Chesapeake Correctional Center 400 Albemarle Dr. Chesapeake, VA 23322 Undersheriff William C. Bennett 757-382-2887 Cbennett@cityofchesapeake.net	Active	4/16/08	1120	\$1-5 Million	Medical, dental, mental health, psychiatry	N/A

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Hampton Roads Regional Jail Authority (VA)	Hampton Roads Regional Jail 2690 Elmhurst Lane Portsmouth, VA 23701 David Hackworth, Superintendent 757-488-7500 hackworthk@hr.rj.virginia.gov	Active	12/1/15	1075	\$5-10 Million	Medical, dental, mental health, psychiatry	N/A
Henrico County (VA) Sheriff's Office	Henrico County Regional Jail West; and Henrico County Regional Jail East 4301 E Parham Rd. Richmond, VA 23273 Col. Merle H. Bruce, Jr., Contract Monitor 804-501-4575 bru62@co.henrico.va.us	Active	6/1/07	1150	\$1-5 Million	Medical, dental	N/A
Loudoun County (VA) Sheriff's Office	Loudoun County Adult Detention Center 42035 Loudoun Center Pl. Leesburg, VA 20175 Capt. Michael Cox 703-771-5212 michael.cox@loudoun.gov	Active	7/1/05	370	\$1-5 Million	Medical, dental, mental health, and psychiatry	N/A
Newport News (VA) Department of Juvenile Services	Newport News Juvenile Detention Center 350 25th St. Newport News, VA 23607 Dawn D. Barber, Director 757-926-1680 barberdd@nngov.com	Active	7/2/12	N/A	<\$1 million	Medical	N/A
Newport News (VA) Sheriff's Office	Newport News City Jail 224 26th St. Newport News, VA 23607 Col. Eileen Sprinkle, Chief Deputy 757-926-3993 esprinkle@nngov.com	Active	8/1/11	490	\$1-5 Million	Medical, mental health, psychiatry	N/A
Norfolk (VA) Sheriff's Office	Norfolk City Jail 811 E City Hall Ave. Norfolk, VA 23510 Lt. Richard Trevana 757-328-4174 richard.trevana@norfolk-sheriff.com	Active	7/1/04	1800	\$1-5 Million	Medical, dental, mental health, psychiatry	N/A

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Piedmont Regional Jail Authority (VA)	Piedmont Regional Jail 801 Industrial Park Rd. Farmville, VA 23901 James Davis, Superintendent 434-392-1601 x237 jhdavis@prja.org	Active	12/1/18	700	\$1-5 Million	Medical, dental, mental health (no pharmacy)	N/A
Portsmouth (VA) Sheriff's Office	Portsmouth City Jail 701 Crawford Pkwy. Portsmouth, VA 23704 Lt. Col. William Rucker 757-391-3217 ruckerw@portsmouthva.gov	Active	11/1/09	500	\$1-5 Million	Medical, dental, mental health, psychiatry	N/A
Riverside Regional Jail Authority (VA)	Riverside Regional Jail (Main Facility; Pre-Release Center) 500 FOLAR Trail North Prince George, VA 23860 Maj. Dawn Flippin, Director of Inmate Service & Support 804-520-8434 dflippin@prjva.org	Active	3/1/19	1538	\$5-10 Million	Medical, dental, mental health	N/A
Roanoke (VA) Sheriff's Office	Roanoke City Jail 340 Campbell Ave. SW Roanoke, VA 24016 Maj. David Bell 540-853-2056 david.bell@roanokeva.gov	Active	7/1/10	620	\$1-5 Million	Medical, dental, mental health, psychiatry	N/A
Western Virginia Regional Jail Authority	Western Virginia Regional Jail 5885 W River Rd. Salem, VA 24153 Col. Bobby Russell, Superintendent 540-378-3701 bobby.russell@wvrj.org	Active	2/1/09	850	\$1-5 Million	Medical, dental, mental health, psychiatry	N/A
Clallam County	Clallam County Corrections Facility 223 E 4 th St. Port Angeles, WA 98362 Chief Wendy Peterson 360-417-2356 wpeterson@co.clallam.wa.us	Active	4/1/10	120	<\$1 million	Medical	N/A

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Clark County Sheriff's Office	Clark County Jail, Clark County Juvenile Facility, and Clark County Work Release Center 707 W 13th St. Vancouver, WA 98666 Ric Bishop, Chief Corrections Deputy 360-397-6043 ric.bishop@clark.wa.gov	Active	2/1/10	730	\$1-5 Million	Medical, dental, mental health, psychiatry	N/A
Cowlitz County	Cowlitz County Corrections Department (Main Jail & 3 rd Floor Jail) and Cowlitz County Juvenile Detention Center 1935 1 st Ave. Longview, WA 98632 Marin Fox, Director 360-577-3094 x2217 foxm@co.cowlitz.wa.us	Active	1/1/13	280	<\$1 million	Medical, mental health, psychiatry	N/A
Nisqually Public Safety	Nisqually Corrections Center 11702 Yelm Hwy. SE Olympia, WA 98513 Jeff Smith, Director 360-459-9603 smith.jeff@nisqually-nsn.gov	Active	1/29/18	250	\$1-5 Million	Medical, mental health, pharmacy	N/A
Washington State Department of Social and Health Services	Maple Lane Competency Restoration Program 4500 10th Ave. SE, 2nd Floor Lacey, WA 98503 Timothy Hunter, State Hospital Forensic Policy and Legislative Administrator 360-725-2265 huntetj@dshs.wa.gov	Active	12/14/15	30	\$1-5 Million	Competency restoration, forensic psychology, forensic psychiatry, forensic social work, recreational therapy, psychiatric medication, peer support & all other mental health services	N/A
Yakima County (WA) Department of Corrections	Yakima County Detention Center 111 N Front St. Yakima, WA 98902 Ed Campbell, Jail Director 509-574-1628- ed.campbell@co.yakima.wa.us	Active	9/5/06	730	\$1-5 Million	Medical	N/A

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Yakima County (WA) Juvenile Court	Yakima County Juvenile Detention Center 1728 Jerome Ave. Yakima, WA 98902 Candi Shute, Detention Manager 509-574-2110 candi.shute@co.yakima.wa.us	Active	10/1/07	N/A	<\$1 million	Medical	N/A
Adams County (WI)	Adams County Jail 301 Adams St. Friendship, WI 53934 Sheriff Sam Wollin 608-339-4265 sam.wollin@co.adams.wi.us	Active	4/16/01	70	<\$1 million	Medical	N/A
Barron County (WI)	Barron County Jail 1420 State Hwy. 25 N Barron, WI 54812 Tim Evenson, Jail Administrator 715-537-6718 tim.evenson@co.barron.wi.us	Active	1/1/12	142	<\$1 million	Medical	N/A
Brown County (WI)	Brown County Jail 3030 Curry St. Green Bay, WI 54311 Capt. Heidi Michel, Jail Administrator 920-391-6806 Michel_hj@co.brown.wi.us	Active	2/26/07	578	<\$1 million	Medical, dental, mental health, psychiatry	N/A
Dane County (WI) Sheriff's Office	Dane County Jail 115 W Doty St. Madison, WI 53703 Capt. Tim Ritter 608-284-6165 ritter@danesherriff.org	Active	1/1/08	950	\$1-5 Million	Medical, dental, mental health, psychiatry	N/A
Dodge County (WI)	Dodge County Detention Facility 216 W Center St. Juneau, WI 53039 Capt. Tony Brugger 920-386-3733 abrugger@co.dodge.wi.us	Active	12/15/00	100	<\$1 million	Medical, mental health, psychiatry	N/A

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Door County (WI)	Door County Jail 1201 S Duluth Ave. Sturgeon Bay, WI 54235 Sheriff Tammy Sternard 920-746-5660 tsternard@co.door.wi.us	Active	1/1/05	60	<\$1 million	Medical, mental health, psychiatry	N/A
Eau Claire County (WI)	Eau Claire County Jail 728 2 nd Ave. Eau Claire, WI 54703 Capt. Dan Bresina 715-839-5162 dan.bresina@co.eau-claire.wi.us	Active	8/1/06	250	<\$1 million	Medical, mental health	N/A
Eau Claire County (WI)	Northwest Regional Juvenile Detention Center 728 2 nd Ave. Eau Claire, WI 54703 Rob Fadness, Director 715-839-5128 rob.fadness@co.eau-claire.wi.us	Active	1/1/08	N/A	<\$1 million	Medical, mental health	N/A
Forest County (WI)	Forest County Jail 100 S Park Ave. Crandon, WI 54520 Josh Bradley, Jail Administrator 715-478-3331 jbradley@forestcountysheriff.org	Active	12/18/06	60	<\$1 million	Medical, mental health, psychiatry	N/A
Green Lake County (WI)	Green Lake County Correctional Facility 571 CR A Green Lake, WI 54941 Corrections Lt. Lori Leahy 920-294-4059 x1150 lleahy@co.green-lake.wi.us	Active	1/1/06	45	<\$1 million	Medical	N/A
Lincoln County (WI)	Lincoln County Jail 1104 E 1 st St. Merrill, WI 54452 Lt. David Manninen 715-536-9244 dmanninen@co.lincoln.wi.us	Active	11/1/02	75	<\$1 million	Medical, mental health	N/A

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Marathon County (WI) Sheriff's Office	Marathon County Jail 500 Forest St. Wausau, WI 54403 Sandra La Du-Ives, Jail Administrator 715-261-1701 Sandra.LaDu-Ives@co.marathon.wi.us	Active	12/1/15	250	<\$1 million	Medical	N/A
Milwaukee County (WI) House of Correction & Office of the Sheriff	Milwaukee County Jail and Milwaukee County House of Correction 949 N 9 th St. Milwaukee, WI 53233 Michael Hafemann, Superintendent 414-427-4752 Michael.Hafemann@milwaukeecountywi.gov	Active	4/1/19	2300		Medical, dental, mental health, psychiatry	N/A
Oconto County (WI)	Oconto County Jail 301 Washington St. Oconto, WI 54153 Carol Kopp, Jail Administrator 920-834-6900 carol.kopp@co.oconto.wi.us	Active	7/1/07	75	<\$1 million	Medical	N/A
Outagamie County (WI)	Outagamie County Sheriff's Office Jail 320 S Walnut St. Appleton, WI 54911 Capt. David Kiesner 920-832-5617 Dave.Kiesner@outagamie.org	Active	1/1/09	312	<\$1 million	Medical, mental health, psychiatry	N/A
Price County (WI)	Price County Jail 164 Cherry St. Phillips, WI 54555 Lt. Gabe Lind, Jail Administrator 715-339-5488 gabe.lind@co.price.wi.us	Active	1/1/07	32	<\$1 million	Medical	N/A
Shawano County (WI)	Shawano County Jail 405 N Main St. Shawano, WI 54166 Greg Trinko, Jail Administrator 715-526-7955 greg.trinko@co.shawano.wi.us	Active	11/1/03	110	<\$1 million	Medical	N/A

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St. Croix County (WI)	St. Croix County Jail 1101 Carmichael Rd. Hudson, WI 54016 Capt. Chris Drost 715-386-4744 christopher.drost@sccwi.gov	Active	8/1/06	96	<\$1 million	Medical	N/A
Taylor County (WI)	Taylor County Jail 224 S 2 nd St. Medford, WI 54451 Sgt. Angie Becker 715-748-1431 angie.becker@co.taylor.wi.us	Active	1/2/06	50	\$1-5 Million	Medical, dental, mental health, psychiatry	N/A
Waukesha County (WI) Sheriff's Department	Waukesha County Jail and Huber Facility 515 W Moreland Blvd. Waukesha, WI 53188 Capt. Angela Wollenhaupt 262-548-7177 AWollenhaupt@waukeshacounty.gov	Active	1/1/05	460	<\$1 million	Medical, mental health, psychiatry	N/A
Waupaca County (WI)	Waupaca County Jail 1402 E Royalton St. Waupaca, WI 54981 Capt. Adam Wogsland 715-256-4505 adam.wogsland@co.waupaca.wi.us	Active	8/1/01	200	<\$1 million	Medical	N/A
Waushara County (WI)	Waushara County Jail 430 E Division St. Wautoma, WI 54982 Heather Wittig, Jail Administrator 920-787-6503 HeatherW.sheriff@co.waushara.wi.us	Active	7/1/03	120	<\$1 million	Medical	N/A
Winnebago County (WI)	Winnebago County Jail 4311 Jackson St. Oshkosh, WI 54901 Capt. Todd Christie 920-236-7339 tchristie@co.winnebago.wi.us	Active	10/1/01	300	<\$1 million	Medical, mental health, psychiatry	N/A

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Laramie County (WY)	Laramie County Detention Center 1910 Pioneer Ave. Cheyenne, WY 82001 Capt. Mike Sorenson 307-633-4713 sorenson@laramiecounty.com	Active	6/1/99	250	\$1-5 Million	Medical	N/A
Laramie County (WY)	Laramie County Juvenile Services Center 13794 Prairie Center Circle Cheyenne, WY 82009 Capt. Mike Sorenson 307-633-4713 sorenson@laramiecounty.com	Active	7/1/12	N/A	<\$1 million	Medical	N/A
Park County (WY)	Park County Detention Center 1402 Riverview Dr. Cody, WY 82414 Lt. Todd Larson 307-899-7417 TLarson@parkcountysheriff.net	Active	9/1/10	70	<\$1 million	Medical	N/A
Sheridan County (WY)	Sheridan County Detention Center 54 W 13 th St. Sheridan, WY 82801 Lt. Emily Heiser 307-672-3455 egarrett@sheridancountysheriff.com	Active	4/1/09	90	<\$1 million	Medical	N/A

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7 BIDDER CONTRACTS (RFP PG. 14)

Bidders must include with their RFP response, a copy of any contracts, agreements, licenses, warranties, etc. that the bidder would propose to incorporate into the contract generated from this Bid Event. (State of Kansas form DA-146a remains a mandatory requirement in all contracts.)

Wellpath has completed significant due diligence to prepare our proposal for the KDOC. We are including our letters of support and intent with our proposal, as contracts cannot be produced until an award is made. We have included below a list of the service providers and hospitals we have been working with to develop a strong program for the KDOC. These letters can be found in [Tabbed Attachment J](#).

Provider	Service
Ascension Via Christi St. Francis	Hospital
Edwards County Medical Center	Hospital
Ellsworth County Medical Center	Hospital
Hutchinson Regional Medical Center	Hospital
Lincoln County Hospital	Hospital
Norton County Hospital	Hospital
Saint John Hospital	Hospital
Stormont Vail Hospital	Hospital
CharDonnay	Dialysis
LabCorp	Laboratory
TridentCare (MobilexUSA)	Mobile X-Ray
Institutional Eye Care	Optometry and Eyeglasses
RJ Young	Office Equipment
Correct RX	Pharmacy
Diamond	Pharmacy
Regency	Office Products
AllStar Therapies	Physical Therapy
Stericycle	Medical Waste
Henry Schein	Dental Supplies
McKesson	Medical Supplies
InMedRx	Discharge Medications

Wellpath has reviewed the mandatory State of Kansas form DA-146a and accepts the terms presented in this form.

8 TECHNICAL LITERATURE (RFP PG. 14)


All Technical Proposals shall include specifications and technical literature sufficient to allow the State to determine that the equipment/services meet(s) all requirements. If a requirement is not addressed in the technical literature, it must be supported by additional documentation and included with the bid. Proposals without sufficient technical documentation may be rejected.


As stated in **Section 1**, Kansas Health and Recovery Solutions, P.C. (the “PC”) submits this bid in coordination with Wellpath LLC (“Wellpath”) as its Management Services Organization (PC and Wellpath LLC hereinafter collectively known as the “Companies”). The PC shall provide all physician and mid-level services contemplated by this solicitation. The PC has engaged Wellpath LLC to provide all management services including but not limited to back-office services such as payroll and benefits, accounts receivable and payable, accounting, legal, and network development.

Wellpath understands that technology is crucial to the delivery of quality healthcare and we are committed to technological innovation. **Our proposal includes a variety of innovative technology offerings at no additional cost to the State.** We will provide technical support to assist with electronic medical records.

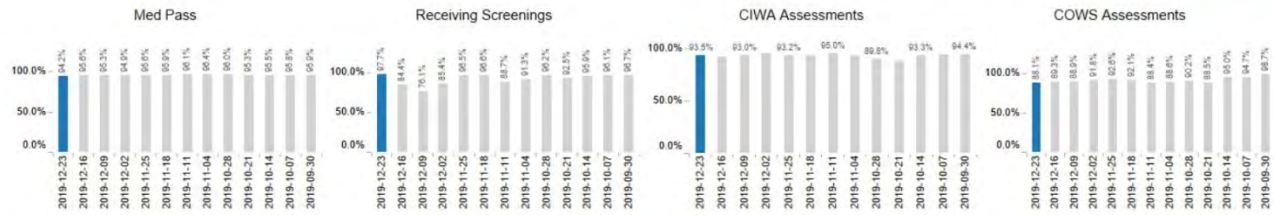
The State will also benefit from the data-driven tools and industry-leading practices utilized by our Talent and Acquisition Team to recruit and retain qualified staff in remote and challenging locations.

- **NextGen** - Wellpath will provide dedicated staff to assist with the enhancement of the current electronic health record system, NextGen. Our experts have a proven record of refining the efficiency, quality, and safety of other electronic health records such as CorEMR and eOMIS.

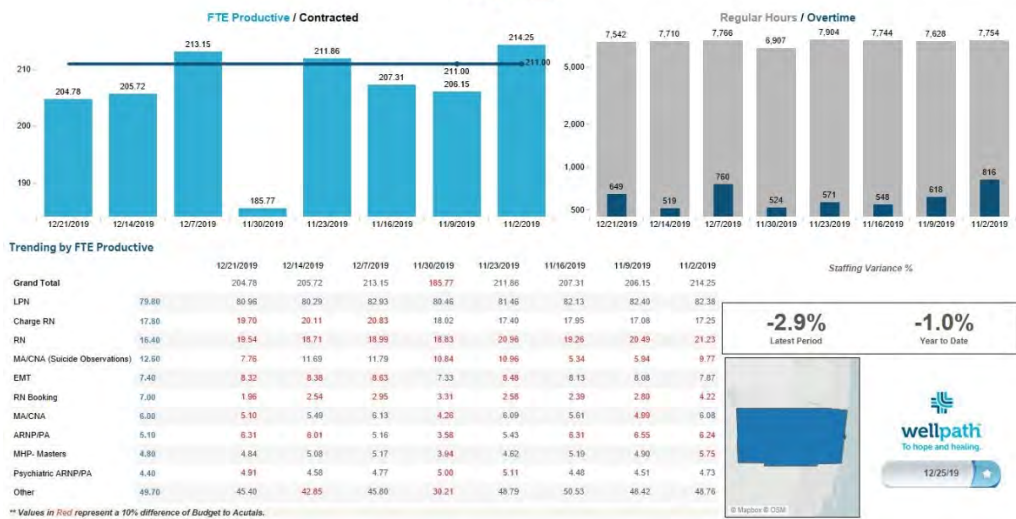

- **Wellpath’s EMR Solution - ERMA as a Future Option** - If the KDOC is ever interested, Wellpath has the flexibility to offer a customized EMR solution. Our web-based Electronic Records Management Application (ERMA) is an application that operates as an integral part of healthcare delivery in a correctional system. Wellpath developed, owns, and operates ERMA and can offer it as an Electronic Medical Record (EMR) solution for the KDOC with no cost for licensing, training, interfaces, upgrades, or 24/7 support. ERMA is a hosted application therefore no servers are required at your prison facilities. More than 100 Wellpath clients use ERMA as their complete EMR solution including Massachusetts and Maine DOCs.


- **Wellpath Client Portal** - One of our most recent innovations, the Wellpath Client Portal, provides the KDOC real-time reporting on statistics related to the delivery of care, such as intake screenings completed, staffing hours provided, and more. It is a secure digital gateway for shared communication and information that designated KDOC staff can access via a web browser or mobile application. Screenshots on the following pages provide overview of how the portal can be used for real-time informatics for the KDOC.

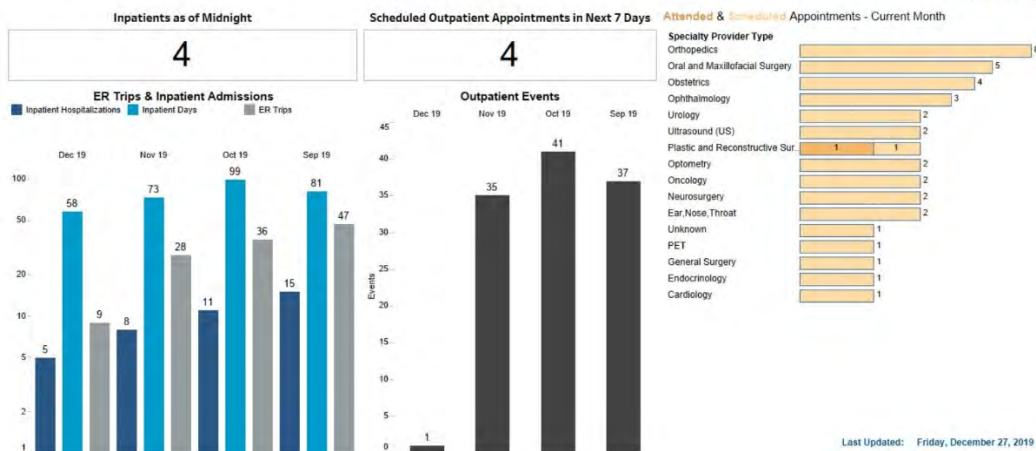
Compliance Dashboard



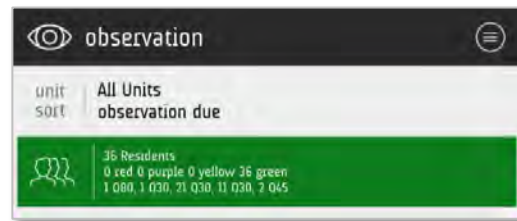
FTE Trending



Offsite Dashboard



- Patient Activity Monitoring** - Wellpath proposes incorporation of our exclusive Patient Activity Monitoring Management (PAMM) system to monitor patients on suicide watch. PAMM is a tablet-based application that collects observation data and reports it via a performance dashboard, giving facility administration accurate observation compliance statistics at all times. Integration with ERMA, if desired, can result in real-time updates and invaluable data reporting.



- Care Management** - Wellpath will implement our web-based Care Management system on the first day of the contract at no cost to the KDOC. This system is used at each of our contracted sites to ensure clinical control and cost efficiencies by allowing us to track off-site care, ensure timely return from off-site visits, manage claims, and provide reports to assist with cost containment and budget preparation. With the current NextGen system in place, Wellpath will implement the Care Management system as part of our standard technology package at no additional charge.



- Informatics** - Wellpath's clinical and operational leadership team uses powerful business intelligence software, such as Tableau, to ensure efficient delivery of services. By using these tools, we can identify trends as they emerge. A sample of the key indicators tracked using this software include: Off-site referrals; Inpatient/ER utilization; Claim details; Pharmacy utilization; Labs; Filled/vacant FTEs; and Overtime.



Health Information Exchange - A health information exchange (HIE) is organized to facilitate the exchange of health care information electronically among medical facilities, health information organizations, and government agencies, according to national standards. An HIE allows health care professionals to appropriately access and securely share a patient's vital medical information electronically, thereby improving the speed, quality, safety, and cost of patient care.



Wellpath uses the Kansas Health Information Network HIEs to facilitate access to and retrieval of clinical data to provide safer, timely, efficient, effective, and equitable patient-centered care in our other Kansas accounts. This is especially beneficial for the comprehensive health assessment (history and physical), at which time nursing staff will complete referrals for specialty care as needed. Accessing the KHIN and KAMMCO allows Wellpath staff to obtain records from community providers and gather any data needed to complete the patient's medical, dental, and mental health histories. This is impactful when an offender is transferred from local detention to a KDOC facility. The patient record is readily available ensuring continuity of care.



As Health Information Exchanges are created nationally, Wellpath work to integrate them.

As the nation's largest provider of public healthcare services to incarcerated patients, Wellpath has more experience providing evidence-based healthcare services to high-risk, vulnerable, and special needs populations than any other provider.

Led by a team of clinical experts and informed by decades of experience, we have been providing comprehensive care and treatment consistent with best practices in statewide DOC settings since 2003. With each year, we have continued to improve upon the technology used to ensure we are best prepared to meet the needs and expectations of our partners. Our technology also helps ensure we are fully accountable for the program we present to you.

With our technology supporting and driving so much of our healthcare services, we have more detail in the technical proposal for each of our innovative solutions.

9 EVENT DETAILS FORM (RFP PG. 2)

The Event Details form has been submitted separately with the **Cost Proposal**.

10 AMENDMENTS OR SUPPLEMENTAL FORMS (RFP PG. 2)

Amendment acknowledgements are provided following this page.



AMENDMENT Request for Proposal

Amendment Date: October 16, 2019
Amendment Number: 1
Bid Event ID: EVT0006973
Closing Date: January 3, 2020, 2:00 PM CST
Procurement Officer: Aubrey Waters
Telephone: 785-296-2401
Fax: 785-296-7240
E-Mail Address: aubrey.waters@ks.gov
Web Address: <http://admin.ks.gov/offices/procurement-and-contracts/>
Item: Comprehensive Health Care Services
Agency: Kansas Department of Corrections (KDOC)

Conditions:

1. Pre-Bid meeting and site visit information is provided on the following page.
2. The pre-bid meeting and site visits are mandatory.
3. There is a limit of three (3) attendees per bidder.
4. Attendees must register by emailing aubrey.waters@ks.gov with: Company name, Federal Tax ID number, Attendee names, titles and email addresses prior to 12:00PM CST, Friday 11/1/2019.
5. Bidder questions must be submitted by email to aubrey.waters@ks.gov, in the provided Question Submission Format prior to 12:00PM CST, Friday 11/15/19. All bidder questions and agency answers will be provided in an amendment posted to our site.

There are no other changes at this time.

A signed copy of this Amendment must be submitted with your bid. If your bid response has been returned, submit this Amendment by the closing date indicated above.

I (We) have read and understand this amendment and agree it is a part of my (our) bid response.

NAME OF COMPANY OR FIRM: Kansas Health and Recovery Solutions, PC

SIGNED BY: Charles L. Zaylor DO

TITLE: Charles L. Zaylor - President DATE: January 8, 2020

AMENDMENT

Request for Proposal

Amendment Date: October 30, 2019

Amendment Number: 2

Bid Event ID: EVT0006973

Closing Date: January 3, 2020, 2:00 PM CST

Procurement Officer: Aubrey Waters
Telephone: 785-296-2401
Fax: 785-296-7240
E-Mail Address: aubrey.waters@ks.gov
Web Address: <http://admin.ks.gov/offices/procurement-and-contracts/>

Item: Comprehensive Health Care Services

Agency: Kansas Department of Corrections (KDOC)

Conditions:

1. Bidder questions and agency answers regarding the Pre-Bid meeting and site visit information is provided on the following page.
2. Addresses and more details for the Pre-Bid meeting and site visit information is provided on the following pages.

There are no other changes at this time.

A signed copy of this Amendment must be submitted with your bid. If your bid response has been returned, submit this Amendment by the closing date indicated above.

I (We) have read and understand this amendment and agree it is a part of my (our) bid response.

NAME OF COMPANY OR FIRM: Kansas Health and Recovery Solutions, PC

SIGNED BY: 

TITLE: Charles L. Zaylor, DO - President DATE: January 8, 2020

AMENDMENT Request for Proposal

Amendment Date: November 27, 2019

Amendment Number: 3

Bid Event ID: EVT0006973

Closing Date: January 3, 2020, 2:00 PM CST

Procurement Officer: Aubrey Waters
Telephone: 785-296-2401
Fax: 785-296-7240
E-Mail Address: aubrey.waters@ks.gov
Web Address: <http://admin.ks.gov/offices/procurement-and-contracts/>

Item: Comprehensive Health Care Services

Agency: Kansas Department of Corrections (KDOC)

Conditions:

1. Bidder questions and agency answers are provided as a separate attachment titled EVT6973 Questions and Answers. Also provided as separate attachments: Appendix MH1, CMA Curriculum, KJCC License, and KOSA MOA.

There are no other changes at this time.

A signed copy of this Amendment must be submitted with your bid. If your bid response has been returned, submit this Amendment by the closing date indicated above.

I (We) have read and understand this amendment and agree it is a part of my (our) bid response.

NAME OF COMPANY OR FIRM: Kansas Health and Recovery Solutions, PC

SIGNED BY: Charles L. Zaylor DO

TITLE: Charles L. Zaylor, DO DATE: January 8, 2020

AMENDMENT

Request for Proposal

Amendment Date: December 4, 2019

Amendment Number: 4

Bid Event ID: EVT0006973

Closing Date: January 10, 2020, 2:00 PM CST

Procurement Officer: Aubrey Waters
Telephone: 785-296-2401
Fax: 785-296-7240
E-Mail Address: aubrey.waters@ks.gov
Web Address: <http://admin.ks.gov/offices/procurement-and-contracts/>

Item: Comprehensive Health Care Services

Agency: Kansas Department of Corrections (KDOC)

Conditions:

1. Bidder questions and agency answers are provided as a separate attachment titled EVT6973 Questions and Answers 2. Also provided as separate attachments: FY17 3-6 SITE TOTALS, FY17 7-9 SITE TOTALS, FY17 10-11 SITE TOTALS, FY17 12-2 SITE TOTALS, FY17 STATE TOTAL, FY18 3-4 SITE TOTALS, FY18 5-6 SITE TOTALS, FY18 7-9 SITE TOTALS, FY18 10-11 SITE TOTALS, FY18 12-2 SITE TOTALS, FY18 STATE TOTAL.
2. The closing date has been extended to Friday, January 10, 2020 at 2:00PM CST.

There are no other changes at this time.

A signed copy of this Amendment must be submitted with your bid. If your bid response has been returned, submit this Amendment by the closing date indicated above.

I (We) have read and understand this amendment and agree it is a part of my (our) bid response.

NAME OF COMPANY OR FIRM: Kansas Health and Recovery Solutions, PC

SIGNED BY: _____

TITLE: Charles L. Zaylor - President

DATE: January 8, 2020



AMENDMENT Request for Proposal

Amendment Date: December 5, 2019

Amendment Number: 5

Bid Event ID: EVT0006973

Closing Date: January 10, 2020, 2:00 PM CST

Procurement Officer: Aubrey Waters
Telephone: 785-296-2401
Fax: 785-296-7240
E-Mail Address: aubrey.waters@ks.gov
Web Address: <http://admin.ks.gov/offices/procurement-and-contracts/>

Item: Comprehensive Health Care Services

Agency: Kansas Department of Corrections (KDOC)

Conditions:

1. Provided as separate attachments: FY19 3-6 SITE TOTALS, FY19 7-11 SITE TOTALS, FY19 12-2 SITE TOTALS, FY19 STATE TOTAL.

There are no other changes at this time.

A signed copy of this Amendment must be submitted with your bid. If your bid response has been returned, submit this Amendment by the closing date indicated above.

I (We) have read and understand this amendment and agree it is a part of my (our) bid response.

NAME OF COMPANY OR FIRM: Kansas Health and Recovery Solutions, PC

SIGNED BY: 

TITLE: Charles L. Zaylor - President DATE: January 8, 2020

11 EXCEPTIONS TO RFP (RFP PG. 2)

- Wellpath respectfully takes exception to Section 3.11 and requests a reciprocal right to terminate without cause.
- Wellpath respectfully takes exception to Section 3.12, Section 3.34, Section 3.50, and any other provision to the extent these provisions could jeopardize the confidential, proprietary, trade secret, or otherwise protected status of, or Wellpath's ownership interest in, any of Wellpath's information.
- Wellpath respectfully takes exception to Section 3.26 to the extent this provision would require Wellpath to reimburse or otherwise pay for insurance expenses for any personnel not on contractor's staff.
- Wellpath respectfully takes exception to Section 3.53 in the event Wellpath invokes any termination provision.
- Wellpath respectfully takes exception to RFP Section 4.25 Clinical Performance Guarantees and Section 4.26 Liquidated Damages and requests the opportunity to discuss objective metrics to ensure contract compliance.