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REQUIRED DOCUMENTATION

Vendor Response Checklist

VENDOR RESPONSE CHECKLIST
REQUEST FOR PROPOSAL (RFP)

The following checklist is provided to assist bidders in ensuring all requirements are met and all required submissions are included with the bid. Bidders are instructed to utilize this list for their own convenience to ensure compliance.

__X__ Completed Bidder Registration submitted prior to bid submission (One time)
__X__ Invitation to participate received from Procurement Officer prior to bid submission (Each bid)

Technical Proposal (Original and copies requested in hardcopy and electronic format – See Section 2.1)
__X__ Signature Sheet
__X__ Tax Clearance Certificate
__X__ Immigration Reform and Control Certification
__X__ Sexual Harassment policy
__X__ Boycott of Israel
__X__ Transmittal Letter
__X__ Bidder Information
__X__ Qualifications
__X__ Experience
__X__ Timeline
__X__ Methodology
__X__ References
__X__ Bidder Contracts/Subcontractor information, if applicable
__X__ Technical Literature, address Specifications
__X__ Completed and signed Event Details document
__X__ Any Amendments or Supplemental forms provided
__X__ Exceptions to RFP noted, if applicable

Cost Proposal (Original and copies requested in hardcopy and electronic format – See Section 2.1)
__X__ Cost Sheet
__X__ Completed and signed Event Details document

Emailed bids are not accepted. Bids must be received in our office prior to 2:00PM CST on the closing date to be considered. Bids must be marked as follows:

Department of Administration
Procurement and Contracts
Proposal # EVT0006973
Closing Date: January 3, 2020
900 SW Jackson, Suite 451 South
Topeka, KS 66612-1286

We recommend shipping via UPS as they deliver daily direct to our office. In order to be considered, your bid must be received prior to 2:00PM CST on the closing date.

If you're hand delivering your bid, we are located in the Landon State Office Bldg at 9th and Jackson. Jackson is a one-way street. There is metered parking in front of the building. Enter the public entrance through the North doors. You will pass the Security desk and walk down the long hallway to the South end of the building. Ride the South elevators to the 4th floor. Our office is to your left as you exit the elevator. Your bid needs to be time stamped as received by 2:00PM to be considered.

NOTE: In order to properly and completely respond to this Request for Proposal, bidders must carefully review all sections and respond as required.

1. Signature Page

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 Corizon, LLC

Mailing Address 103 Powell Court City & State Brentwood, TN Zip 37027

Toll Free Telephone 800-729-0069 Local 615-376-1300

Cell Phone N/A Fax Number 615-376-1350

Tax Number 43-1281312

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 marketing@corizonhealth.com

Signature Michael Murphy Date 12-18-2019

Typed Name Michael Murphy Title Senior Vice President Operations - State

---

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

Bidding Process Contact Name Dana Bell c/o Corizon

Mailing Address 103 Powell Court City & State Brentwood, TN Zip 37027

Toll Free Telephone 800-729-0063 Local N/A

Cell Phone 318-426-8264 Fax Number 615-376-1350

E-Mail Dana.Bell@corizonhealth.com

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 Michael Murphy

Mailing Address 103 Powell Court City & State Brentwood, TN Zip 37027

Toll Free Telephone 800-729-0069 Local 615-376-0689

Cell Phone 801-725-6103 Fax Number 629-333-7325

E-Mail Mike.Murphy@corizonhealth.com

2. Tax Clearance Certificate

Kansas Department of Revenue

Laura Kelly, Governor
Mark A. Burghart, Secretary

www.ksrevenue.org

CERTIFICATE OF TAX CLEARANCE

Corizon, LLC

ISSUE DATE
01/06/2020

TRANSACTION ID
TKXS-XCA7-GXRY

CONFIRMATION NUMBER
CC63-S3Y2-KSXK

TAX CLEARANCE VALID THROUGH 04/05/2020

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

STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
SCOTT SCHWAB

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 5050281

Entity Name: CORIZON, LLC

Entity Type: FOR: LTD LIABILITY COMPANY

State of Organization: MO

Resident Agent: THE CORPORATION COMPANY, INC.

Registered Office: 112 SW 7TH STREET, SUITE 3C, TOPEKA, KS 66603

was filed in this office on September 15, 2016, and is in good standing, having fully complied with all requirements of this office.

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

In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of January 06, 2020

SCOTT SCHWAB
SECRETARY OF STATE

Certificate ID: 1122596 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.

3. Immigration Reform and Control Certification

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.

Signature, Title of Contractor
Senior Vice President of Operations - State

12/18/2019
Date

4. Sexual Harassment Policy

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.

Michael Murphy 12/18/2019 — Michael Murphy

Signature and Date — Printed Name

5. Boycott of Israel

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.

Michael Murphy SVP of Operations - State
Signature, Title of Contractor

12/18/2019
Date

Michael Murphy
Printed

Corizon, LLC
Name of Company

6. Event Details Document

STATE OF KANSAS
Event Details

PeopleSoft Strategic Sourcing

Event ID	Format	Type	Page
17300-EVT0006973	Sell	RFx	1
Event Round	**Version**		
1	1		
Event Name			
Comprehensive Health Care Services			
Start Time		**Finish Time**	
10/10/2019 15:40:00 CDT		01/03/2020 14:00:00 CST	

Event Currency: US Dollar
Bids allowed in other currency: No

Bidder: **PUBLIC EVENT DETAILS**

Submit To: Department of Administration
Procurement and Contracts
900 SW Jackson
Suite 451-South
Topeka KS 66612-1286
United States

Contact: Aubrey L Waters
Phone: 785/296-2401
Email: aubrey.waters@ks.gov

Event Description

Request for Proposal (RFP) for Comprehensive Health Care Services for the Kansas Department of Corrections (KDOC).

General Comments

- **********
  0005 - Request for Proposal pursuant to K.S.A. 75-37,102

- **********
  BIDDER MUST OBTAIN A CURRENT TAX CLEARANCE CERTIFICATE
  A "Tax Clearance" is a comprehensive tax account review to determine and ensure that the account is compliant with all primary Kansas Tax Laws administered by the Kansas Department of Revenue (KDOR) Director of Taxation. Information pertaining to a Tax Clearance is subject to change(s), which may arise as a result of a State Tax Audit, Federal Revenue Agent Report, or other lawful adjustment(s).

  INSTRUCTIONS: To obtain a Current Tax Clearance Certificate, you must:
  • Go to http://ksrevenue.org/taxclearance.html to request a Tax Clearance Certificate
  • Return to the website the following working day to see if KDOR will issue the certificate
  • If issued an official certificate, print it and attach it to your bid response
  • If denied a certificate, engage KDOR in a discussion about why a certificate wasn't issued

  Bidders (and their subcontractors) are expected to submit a current Tax Clearance Certificate with every event response.

  REMINDER: You will need to sign back into the KDOR website to view and print the official tax clearance certificate.

  Information about Tax Registration can be found at the following website:
  http://www.ksrevenue.org/busregistration.html

  Procurement and Contracts reserves the right to confirm tax status of all potential contractors and subcontractors prior to the release of a purchase order or contract award.

  In the event that a current tax certificate is unavailable, Procurement and Contracts reserves the right to notify a bidder (one that has submitted a timely event response) that they have to provide a current Tax Clearance Certificate within ten (10) calendar days, or Procurement and Contracts may proceed with an award to the next lowest responsive bidder, whichever is determined by the Director of Purchases to be in the best interest of the State.

- **********
  MANDATORY REQUIREMENT: If you are interested in bidding on this transaction you MUST BE OFFICIALLY INVITED to the event. Contact the person named above at least 24 HOURS BEFORE the official finish date and time to request the official invitation.

  Due to State of Kansas SMART Strategic Sourcing System requirements, any bidder with an interest in bidding on any State of Kansas SOURCING EVENT must officially request an invitation from the Procurement Officer (Event Contact) at least 24 hours before the Bid Event official finish date and time. If you fail to request such in a timely fashion, your bid may be rejected in its entirety.

  EXCEPTION: If you have received a Bid Event Document with your company's name in the upper right hand corner of the document, your company has already been invited to the bid event.

  If you are not a registered bidder/vendor with the state of Kansas you must register as a bidder AND request official invitation at least 24 hours before the Bid Event official finish date and time. To register as a bidder visit our website: www.admin.ks.gov/offices/procurement-and-contracts

STATE OF KANSAS
Event Details (cont.)

PeopleSoft Strategic Sourcing

Event ID	Format	Type	Page
17300-EVT0006973	Sell	RFx	2
Event Round	**Version**		
1	1		
Event Name			
Comprehensive Health Care Services			
Start Time		**Finish Time**	
10/10/2019 15:40:00 CDT		01/03/2020 14:00:00 CST	

Event Currency: US Dollar
Bids allowed in other currency: No

Bidder: **PUBLIC EVENT DETAILS**

Submit To: Department of Administration
Procurement and Contracts
900 SW Jackson
Suite 451-South
Topeka KS 66612-1286
United States

Contact: Aubrey L Waters
Phone: 785/296-2401
Email: aubrey.waters@ks.gov

- **********
During the 2012 Session, the Kansas Legislature enacted a Bidder Preference Program which created three (3) bid preferences. To see if you qualify for any of the preferences, please go to the following website for more information:
www.admin.ks.gov/offices/procurement-and-contracts/bidder-preference-program.

To claim this preference, the bid response must include the Preference Request Form and you must respond to the applicable Bidder Preference category in the question under the General Questions section on the following page(s).

****
During the 2014 Session, the Kansas Legislature enacted the Disabled Veteran Owned Business bidder preference program. For more information or to see if you qualify, please go to the following website:
http://admin.ks.gov/docs/default-source/ofpm/procurement-contracts/disabled-veteran-preference-program.doc

To claim this preference, the bid response must include a copy of the letter from Procurement and Contracts certifying your company as a Disabled Veteran Owned Business and you must respond to the applicable Disabled Veteran Owned Business category in the question under the General Questions section on the following page(s).

- **********
Emailed or Fax Bids Submission will NOT be accepted for this Bid Event.

- ATTC - See the attachment for additional information.

- **********
Pre-proposal Conference - A mandatory pre-proposal conference and site visits will be held. More information will be provided in an amendment as soon as possible.

Attendance is required in person this pre-proposal conference. Failure to attend the pre-bid conference will result in rejection of your bid. Questions requesting clarification of the Bid Event must be submitted electronically (in the provided Question Submission format) to the Procurement Officer (Event Contact) indicated above at a day and time to be determined. Impromptu questions may be permitted and spontaneous unofficial answers provided, however bidders should understand that the only official answer or position of the State of Kansas will be presented in writing.

Failure to notify the Procurement Officer (Event Contact) of any conflicts or ambiguities in the Bid Event may result in items being resolved in the best interest of the State. Any modification to this Bid Event as a result of the pre-proposal conference, as well as written answers to written questions, shall be made in writing by addendum and dispatched to all bidders associated to this event. Only written communications are binding.

Answers to questions will be available in the form of an addendum on the Procurement and Contracts' website, www.admin.ks.gov/offices/procurement-and-contracts.

It shall be the responsibility of all participating bidders to acquire any and all addenda and additional information as it is made available from the web site cited above. Vendors/Bidders not initially invited to participate in this Bid Event must notify the Procurement Officer (Event Contact) of their intent to bid at least 24 hours prior to the event's closing date/time. Bidders are required to check the website periodically for any additional information or instructions.

STATE OF KANSAS
Event Details (cont.)

PeopleSoft Strategic Sourcing

Event ID	Format	Type	Page
17300-EVT0006973	Sell	RFx	3
Event Round	**Version**		
1	1		
Event Name			
Comprehensive Health Care Services			
Start Time		**Finish Time**	
10/10/2019 15:40:00 CDT		01/03/2020 14:00:00 CST	

Event Currency: US Dollar
Bids allowed in other currency: No

Bidder: **PUBLIC EVENT DETAILS**

Submit To: Department of Administration
Procurement and Contracts
900 SW Jackson
Suite 451-South
Topeka KS 66612-1286
United States

Contact: Aubrey L Waters
Phone: 785/296-2401
Email: aubrey.waters@ks.gov

General Questions

Question	UOM	Best	Worst	Response
Does your organization accept the State of Kansas terms and conditions as stated?				Yes

Required: Yes Mandatory Response No

Response Comments

Is a current Tax Clearance Certificate included with this bid event submission (instructions provided in RFP document)? — Yes

Required: Yes Mandatory Response No

Response Comments

Is a completed Immigration Reform and Control form included with this bid event submission (form provided in the RFP document)? — Yes

Required: Yes Mandatory Response No

Response Comments

Is a completed Sexual Harassment form included with your bid event submission (form provided in the RFP document)? — Yes

Required: Yes Mandatory Response No

Response Comments

Is a completed Boycott of Israel form included with your bid event submission (form provided in the RFP document)? — Yes

Required: Yes Mandatory Response No

STATE OF KANSAS
Event Details (cont.)

PeopleSoft Strategic Sourcing

Event ID	Format	Type	Page
17300-EVT0006973	Sell	RFx	4
Event Round	**Version**		
1	1		
Event Name			
Comprehensive Health Care Services			
Start Time		**Finish Time**	
10/10/2019 15:40:00 CDT		01/03/2020 14:00:00 CST	

Event Currency: US Dollar
Bids allowed in other currency: No

Bidder: PUBLIC EVENT DETAILS

Submit To: Department of Administration
Procurement and Contracts
900 SW Jackson
Suite 451-South
Topeka KS 66612-1286
United States
Contact: Aubrey L Waters
Phone: 785/296-2401
Email: aubrey.waters@ks.gov

Response Comments

Please select ONE category from the following list with regard to a Bidder Preference. If selecting a Bidder Preference category, supporting documentation must accompany this bid response. (Note: #3 "State Use Purchases" category does not apply to Requests for Proposals)

Options:	Select One
Not claiming any Bidder Preference Category	X
Claiming the Disabled Veteran Owned Business Category	
Claiming the State Use Purchases Bidder Preference Category	
Claiming the Certified Business Bidder Preference Category	

Required: Yes Mandatory Response: No

Response Comments

Payments Terms are "Net 30 days ARO". Show discount(s) if payment is made in less than thirty days. Discounts offered will NOT be considered in determining the low bid.

No

Required: Yes Mandatory Response: No

Response Comments

Procurement Card (P-Card): Presently, many State Agencies use a State of Kansas Procurement Card (Visa-branded P-Card) in lieu of a state warrant to pay for some of its purchases. No additional charges will be allowed for using the card.
May agencies use their P-Card for contract purchases?

NO

Required: Yes Mandatory Response: No

Response Comments

Corizon Health has indicated on the Event Details document that we will not accept the Procurement Card (P-Card) for payment. We are not set up to receive P-Cards.

STATE OF KANSAS
Event Details (cont.)

PeopleSoft Strategic Sourcing

Event ID	Format	Type	Page
17300-EVT0006973	Sell	RFx	5
Event Round	**Version**		
1	1		
Event Name			
Comprehensive Health Care Services			
Start Time		**Finish Time**	
10/10/2019 15:40:00 CDT		01/03/2020 14:00:00 CST	

Event Currency: US Dollar
Bids allowed in other currency: No

Bidder: PUBLIC EVENT DETAILS

Submit To: Department of Administration
Procurement and Contracts
900 SW Jackson
Suite 451-South
Topeka KS 66612-1286
United States

Contact: Aubrey L Waters
Phone: 785/296-2401
Email: aubrey.waters@ks.gov

Line Details

No Bid: ☐

Line: 1 **Item ID:** **Line Qty:** 1.00 **UOM:** Each **Bid Qty:**
Required: No **Reserve Price:** No
Min/Max Qty: No min / No max

Description: Healthcare

Question	UOM	Best	Worst	Response
Do not enter pricing here. Pricing should be provided in the Cost Sheet section of the RFP document.				No

Required: No Mandatory Response: No

Response Comments

Corizon, LLC's cost sheets have been submitted with our Cost Proposal

STATE OF KANSAS
Event Details (cont.)

PeopleSoft Strategic Sourcing

Event ID	Format	Type	Page
17300-EVT0006973	Sell	RFx	6
Event Round	**Version**		
1	1		
Event Name			
Comprehensive Health Care Services			
Start Time		**Finish Time**	
10/10/2019 15:40:00 CDT		01/03/2020 14:00:00 CST	

Event Currency: US Dollar
Bids allowed in other currency: No

Bidder: PUBLIC EVENT DETAILS

Submit To: Department of Administration
Procurement and Contracts
900 SW Jackson
Suite 451-South
Topeka KS 66612-1286
United States

Contact: Aubrey L Waters
Phone: 785/296-2401
Email: aubrey.waters@ks.gov

Bidder Information

Firm Name:	Corizon, LLC				
Name:	Michael Murphy	**Signature:**	Michael Murphy	**Date:**	12/18/2019
Phone #:	801-725-6103	**Fax #:**	629-333-7325		
Street Address:	103 Powell Court				
City & State:	Brentwood, TN	**Zip Code:**	37027		
Email:	mike.murphy@corizonhealth.com				

STATE OF KANSAS
Event Details (cont.)

PeopleSoft Strategic Sourcing

Event ID	Format	Type	Page
17300-EVT0006973	Sell	RFx	7
Event Round	**Version**		
1	1		
Event Name			
Comprehensive Health Care Services			
Start Time		**Finish Time**	
10/10/2019 15:40:00 CDT		01/03/2020 14:00:00 CST	

Event Currency: US Dollar
Bids allowed in other currency: No

Bidder: PUBLIC EVENT DETAILS

Submit To: Department of Administration
Procurement and Contracts
900 SW Jackson
Suite 451-South
Topeka KS 66612-1286
United States

Contact: Aubrey L Waters
Phone: 785/296-2401
Email: aubrey.waters@ks.gov

Appendix A - Line Specifications

Line: 1 **Item ID:** **Line Qty:** 1 **UOM:** Each
Description: Healthcare

Item Specifications

Manufacturer:
Mfg Item ID:
Item Length: 0
Item Width: 0
Item Volume: 0
Item Weight: 0
Item Size:
Item Height: 0
Dimension UOM:
Volume UOM:
Weight UOM:
Item Color:

Shipping Information

Schedule: 1
Quantity: 1
Due Date: 01/03/2020
Freight Terms:
Ship Via: Common Carrier

Ship To: KDOC
KDOC
714 SW Jackson St, Ste 300
Topeka KS 66603-3722
United States

STATE OF KANSAS
Event Details (cont.)

PeopleSoft Strategic Sourcing

Event ID	Format	Type	Page
17300-EVT0006973	Sell	RFx	8
Event Round	**Version**		
1	1		
Event Name			
Comprehensive Health Care Services			
Start Time		**Finish Time**	
10/10/2019 15:40:00 CDT		01/03/2020 14:00:00 CST	

Event Currency: US Dollar
Bids allowed in other currency: No

Bidder: **PUBLIC EVENT DETAILS**

Submit To: Department of Administration
Procurement and Contracts
900 SW Jackson
Suite 451-South
Topeka KS 66612-1286
United States

Contact: Aubrey L Waters
Phone: 785/296-2401
Email: aubrey.waters@ks.gov

Appendix B - Terms & Conditions

1. Debarment of State Contractors. Any Contractor who defaults on delivery or does not perform in a satisfactory manner as defined in this Agreement may be barred for a period up to three (3) years, pursuant to K.S.A. 75-37,103, or have its work evaluated for pre-qualification purposes. Contractor shall disclose any conviction or judgment for a criminal or civil offense of any employee, individual or entity which controls a company or organization or will perform work under this Agreement that indicates a lack of business integrity or business honesty. This includes (1) conviction of a criminal offense as an incident to obtaining or attempting to obtain a public or private contract or subcontract or in the performance of such contract or subcontract; (2) conviction under state or federal statutes of embezzlement, theft, forgery, bribery, falsification or destruction of records, or receiving stolen property; (3) conviction under state or federal antitrust statutes; and (4) any other offense the State determines to be so serious and compelling as to affect responsibility as a state contractor. For the purpose of this section, an individual or entity shall be presumed to have control of a company or organization if the individual or entity directly or indirectly, or acting in concert with one or more individuals or entities, owns or controls twenty-five (25) percent or more of its equity, or otherwise controls its management or policies. Failure to disclose an offense may result in disqualification of the Proposal or termination of the Agreement, as determined by the State.

2. Accounts Receivable Set-Off Program: If during the course of this contract the Contractor is found to owe a debt to the State of Kansas, agency payments to the Contractor may be intercepted / setoff by the State of Kansas. Notice of the setoff action will be provided to the Contractor. Pursuant to K.S.A. 75-6201 et seq, Contractor shall have the opportunity to challenge the validity of the debt. If the debt is undisputed, the Contractor shall credit the account of the agency making the payment in an amount equal to the funds intercepted. K.S.A. 75-6201 et seq. allows the Director of Accounts and Reports to set off funds the State of Kansas owes Contractors against debts owed by the contractor to the State of Kansas. Payments set off in this manner constitute lawful payment for services or goods received. The Contractor benefits fully from the payment because its obligation to the State is reduced by the amount subject to setoff.

3. Disclosure of Bid Event Content and Proprietary Information: All bid responses become the property of the State of Kansas. The Kansas Open Records Act (K.S.A. 45-215 et seq) requires public information be placed in the public domain at the conclusion of the selection process, and be available for examination by all interested parties. More information on this subject can be found at the following website: http://admin.ks.gov/offices/chief-counsel/kansas-open-records-act.

4. BIDDER MUST OBTAIN A CURRENT TAX CLEARANCE CERTIFICATE A "Tax Clearance" is a comprehensive tax account review to determine and ensure that the account is compliant with all primary Kansas Tax Laws administered by the Kansas Department of Revenue (KDOR) Director of Taxation. Information pertaining to a Tax Clearance is subject to change(s), which may arise as a result of a State Tax Audit, Federal Revenue Agent Report, or other lawful adjustment(s). INSTRUCTIONS: To obtain a Current Tax Clearance Certificate, you must: 1) Go to: http://ksrevenue.org/taxclearance.html to request a Tax Clearance Certificate; 2) Return to the website the following working day to see if KDOR will issue the certificate; 3) If issued an official certificate, print it and attach it to your bid response; and 4) If denied a certificate, engage KDOR in a discussion about why a certificate wasn't issued. Bidders (and their subcontractors) are expected to submit a current Tax Clearance Certificate with every event response. REMINDER: You will need to sign back into the KDOR website to view and print the official tax clearance certificate. Information about Tax Registration can be found at the following website:
http://www.ksrevenue.org/busregistration.html. Procurement and Contracts reserves the right to confirm tax status of all potential contractors and subcontractors prior to the release of a purchase order or contract award. In the event that a current tax certificate is unavailable, Procurement and Contracts reserves the right to notify a bidder (one that has submitted a timely event response) that they have to provide a current Tax Clearance Certificate within ten (10) calendar days, or Procurement and Contracts may proceed with an award to the next lowest responsive bidder, whichever is determined by the Director of Purchases to be in the best interest of the State.

5. Immigration and Reform Control Act of 1986 (IRCA): 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-contractors. 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 such 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

STATE OF KANSAS
Event Details (cont.)

PeopleSoft Strategic Sourcing

Event ID	Format	Type	Page
17300-EVT0006973	Sell	RFx	9
Event Round	**Version**		
1	1		
Event Name			
Comprehensive Health Care Services			
Start Time		**Finish Time**	
10/10/2019 15:40:00 CDT		01/03/2020 14:00:00 CST	

Event Currency: US Dollar
Bids allowed in other currency: No

Bidder: **PUBLIC EVENT DETAILS**

Submit To: Department of Administration
Procurement and Contracts
900 SW Jackson
Suite 451-South
Topeka KS 66612-1286
United States
Contact: Aubrey L Waters
Phone: 785/296-2401
Email: aubrey.waters@ks.gov

work in the United States constitutes a material breach and, at the State's option, may subject the contract to termination for cause and any applicable damages. Unless provided otherwise herein, all contractors are expected to be able to produce for the State any documentation or other such evidence to verify Contractor's IRCA compliance with any provision, duty, certification, or like item under the contract.
Bidders must submit a Certification Regarding Immigration Reform and Control form with every event response. The form can be found at the following website:
http://www.admin.ks.gov/docs/default-source/ofpm/procurement-contracts/irca.doc.

6. It is the bidder's responsibility to submit questions, acknowledge addenda and attend pre-bid conferences as indicated in this event or attachment(s). When communicating always refer to the Bid Event ID.

7. Conflict of Interest: With the submission of a response for this bidding event, you certify that you do not have any substantial conflict of interest sufficient to influence the bidding process of this event. A conflict of substantial interest is one which a reasonable person would think would compromise the opening bidding process.

8. Competition: The purpose of this Request is to seek competition. The bidder shall advise Procurement and Contracts if any specification, language or other requirement inadvertently restricts or limits bidding to a single source. Notification shall be in writing and must be received by Procurement and Contracts no later than five (5) business days prior to the event closing date. The Director of Purchases reserves the right to waive minor deviations in the specifications which do not hinder the intent of this Request.

9. Acceptance or Rejection: The State reserves the right to accept or reject any or all bid responses or part of a response; to waive any informalities or technicalities; clarify any ambiguities in responses; modify any criteria in this Event; and unless otherwise specified, to accept any item in a response.

Last Updated: 01/24/2019

7. Amendments (1-6)

Office of Procurement and Contracts
900 SW Jackson St., Room 451 South
Topeka, KS 66612

DeAngela Burns-Wallace, Acting Secretary

Kansas
Department of Administration

Phone: 785-296-2376
Fax: 785-296-7240
www.admin.ks.gov/offices/procurement-and-contracts

Laura Kelly, Governor

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: Corizon, LLC

SIGNED BY: Michael Murphy

TITLE: SVP of Operations – State DATE: 12/30/2019

Pre-Bid Conference			
Date	**Day**	**Time**	**Location**
November 4, 2019	Monday	9:00AM - 9:30AM	Lansing Correctional Facility Max Visitation
Site Visits			
Date	**Day**	**Time**	**Location**
November 4, 2019	Monday	9:30AM - 11:00AM	Lansing Correctional Facility
		11:00AM - 1:00PM	Travel to Topeka / Lunch
		1:00PM - 2:00PM	Topeka Correctional Facility
		2:00PM - 2:30PM	Travel to KS Juvenile Correctional Complex
		2:30PM - 3:30PM	Kansas Juvenile Correctional Complex
November 5, 2019	Tuesday	7:30AM - 10:00AM	Travel to Winfield
		10:00AM - 11:00AM	Winfield Correctional Facility
		11:00AM - 1:00PM	Travel to El Dorado / Lunch
		1:00PM - 3:00PM	El Dorado Correctional Facility
		3:00PM - 5:30PM	Travel to Hutchinson
November 6, 2019	Wednesday	8:30AM - 10:00AM	Hutchinson Correctional Facility - Central Unit
		10:00AM - 11:00AM	Hutchinson Correctional Facility - East Unit
		11:00AM - 1:30PM	Travel to Larned / Lunch
		1:30PM - 2:30PM	Larned Correctional Mental Health Facility
		2:30PM - 5:00PM	Travel to Norton
November 7, 2019	Thursday	8:30AM - 10:00AM	Norton Correctional Facility
		10:00AM - 1:30PM	Travel to Ellsworth / Lunch
		1:30PM - 2:30PM	Ellsworth Correctional Facility

Office of Procurement and Contracts
900 SW Jackson St., Room 451 South
Topeka, KS 66612

Kansas
Department of Administration

Phone: 785-296-2376
Fax: 785-296-7240
www.admin.ks.gov/offices/procurement-and-contracts

DeAngela Burns-Wallace, Acting Secretary

Laura Kelly, Governor

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: Corizon, LLC

SIGNED BY: Michael Mayly

TITLE: SVP of Operations – State DATE: 12/18/2019

1. In regards to the note about the limit of three attendees per bidder, since the site tours occur over a few days, is it okay to have a mix up of attendees on varying days, as long as it's only three attendees at a time?
   A. Yes, as long as all attendees are registered and there are only 3 per day.

2. Would the KDOC be willing to consider allowing one or two additional attendees to the pre-bid meeting portion of Monday only?
   A. No, the limit is 3 per day.

3. Will everyone be responsible for their own transportation between the facilities or will the State provide transportation?
   A. Bidders are responsible for their own transportation, accommodations and food for the duration of the pre-bid and site visits.

4. We previously registered an account, to which you officially invited us as a bidder. The actual legal bidding entity for this procurement is a wholly-owned subsidiary under a different name. Should we create an additional account under that name and ask to be invited? Or would being invited under the other suffice?
   A. You need to register and be invited as the entity and Federal Tax ID number (FEIN) that will be bidding on this. It needs to be consistent with where payment would go if a contract were to be awarded.

Pursuant to Kansas Department of Corrections Internal Policies and Procedures and Correctional Facility General Orders all persons entering a facility shall possess a valid picture identification. Contraband is defined as any item that has not been approved for introduction into a correctional facility by law, regulation, policy, or otherwise specifically authorized by the warden, per K.A.R. 44-2-103 or the superintendent, per K.A.R. 123-2-111. Personal items should be limited to what is necessary to conduct business. Tobacco Products are prohibited and are defined as cigarettes; pipes; pipe tobacco; loose-leaf tobacco; tobacco substitutes; chewing tobacco; smokeless tobacco; cigars; matches; cigarette lighters; smoking paraphernalia; electronic cigarettes (also known as e-cigarettes, personal vaporizers or PVs); and all items developed or processed for the primary purpose of facilitating the use or possession of tobacco or tobacco-based products.

Cell phones and or tablets may be authorized in advance however cannot be utilized for video, photographs, or recordings of any type.

Winter weather may warrant heavy outerwear and as part of the tour walking outside will be required. Please make sure proper searches of these garments is completed prior to entrance into a correctional facility. All visitors are subject to search in accordance with KDOC IMPP 12-115/JJA IMPP 12-103.

It is suggested to stay:
Monday 11/4 - stay in Topeka
Tuesday 11/5 - stay in Hutchinson
Wednesday 11/6 - stay in Norton

Pre-Bid Conference			
Date	**Day**	**Time**	**Location**
November 4, 2019	Monday	9:00AM - 9:30AM	Lansing Correctional Facility Max Visitation 301 E Kansas St Lansing, KS 66043
Site Visits			
Date	**Day**	**Time**	**Location**
November 4, 2019	Monday	9:30AM - 11:00AM	Lansing Correctional Facility 301 E Kansas St Lansing, KS 66043
		11:00AM - 1:00PM	Travel to Topeka / Lunch
		1:00PM - 2:00PM	Topeka Correctional Facility 815 S.E. Rice Rd. Topeka, KS 66607
		2:00PM - 2:30PM	Travel to KS Juvenile Correctional Complex
		2:30PM - 3:30PM	Kansas Juvenile Correctional Complex 1430 N.W. 25th St. Topeka, KS 66618-1499
November 5, 2019	Tuesday	7:30AM - 10:00AM	Travel to Winfield
		10:00AM - 11:00AM	Winfield Correctional Facility 1806 Pinecrest Circle Winfield, KS 67156
		11:00AM - 1:00PM	Travel to El Dorado / Lunch
		1:00PM - 3:00PM	El Dorado Correctional Facility 1737 S.E. HWY 54 El Dorado, Ks. 67042
		3:00PM - 5:30PM	Travel to Hutchinson
November 6, 2019	Wednesday	8:30AM - 10:00AM	Hutchinson Correctional Facility - Central Unit 500 South Reformatory Road Hutchinson, KS 67501
		10:00AM - 11:00AM	Hutchinson Correctional Facility - East Unit 500 South Reformatory Road Hutchinson, KS 67501
		11:00AM - 1:30PM	Travel to Larned / Lunch
		1:30PM - 2:30PM	Larned Correctional Mental Health Facility 1318 KS Highway 264 Larned, KS 67550-0280
		2:30PM - 5:00PM	Travel to Norton
November 7, 2019	Thursday	8:30AM - 10:00AM	Norton Correctional Facility 11130 Road E4 Norton, KS 67654
		10:00AM - 1:30PM	Travel to Ellsworth / Lunch
		1:30PM - 2:30PM	Ellsworth Correctional Facility 1607 State St Ellsworth, KS 67439 Take Hwy 156 south from I-70 then west on Hwy 140/15th Street

Office of Procurement and Contracts
900 SW Jackson St., Room 451 South
Topeka, KS 66612

DeAngela Burns-Wallace, Acting Secretary

Kansas
Department of Administration

Phone: 785-296-2376
Fax: 785-296-7240
www.admin.ks.gov/offices/procurement-and-contracts

Laura Kelly, Governor

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: Corizon, LLC

SIGNED BY: Michael Murphy

TITLE: SVP of Operations – State DATE: 12/18/2019

Office of Procurement and Contracts
900 SW Jackson St., Room 451 South
Topeka, KS 66612

DeAngela Burns-Wallace, Acting Secretary

Kansas
Department of Administration

Phone: 785-296-2376
Fax: 785-296-7240
www.admin.ks.gov/offices/procurement-and-contracts

Laura Kelly, Governor

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: Corizon, LLC

SIGNED BY: Michael Murphy

TITLE: SVP of Operations – State DATE: 12/18/2019

Office of Procurement and Contracts
900 SW Jackson St., Room 451 South
Topeka, KS 66612

DeAngela Burns-Wallace, Acting Secretary

Kansas
Department of Administration

Phone: 785-296-2376
Fax: 785-296-7240
www.admin.ks.gov/offices/procurement-and-contracts

Laura Kelly, Governor

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: Corizon, LLC

SIGNED BY: Michael Murphy

TITLE: SVP of Operations – State DATE: 12/18/2019

Office of Procurement and Contracts
900 SW Jackson St., Room 451 South
Topeka, KS 66612

DeAngela Burns-Wallace, Acting Secretary

Kansas
Department of Administration

Phone: 785-296-2376
Fax: 785-296-7240
www.admin.ks.gov/offices/procurement-and-contracts

Laura Kelly, Governor

AMENDMENT
Request for Proposal

Amendment Date: December 20, 2019

Amendment Number: 6

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. Section 4.8.1.1 (b) is deleted in its entirety. KDOC is going to take over the LSI-R process in RDU. No change in staffing.

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: Corizon, LLC

SIGNED BY: Michael Murphy

TITLE: SVP of Operations - State DATE: 12/30/2019

8. Exceptions

EXCEPTIONS

Corizon Health is not taking any exceptions to the RFP.

9. Insurance Certificates

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/24/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
DENISE D. BARNES
USI HEALTHCARE – A DIVISION OF USI SOUTHWEST, INC.
9811 KATY FREEWAY, SUITE 500
HOUSTON, TX 77024

CONTACT NAME: DEBBIE HOLSTINE
PHONE (A/C, No, Ext): 713-490-4679
FAX (A/C, No): 713-343-5025
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	TWIN CITY FIRE INSURANCE COMPANY	29459
INSURER B:	LONE STAR ALLIANCE, INC. (RRG)	15211
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
VALITAS HEALTH SERVICES, INC.
CORIZON, LLC
CORRECTIONAL MEDICAL SERVICES, INC.
103 POWELL COURT
BRENTWOOD, TN 37027

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS	
A	**GENERAL LIABILITY** X COMMERCIAL GENERAL LIABLITY CLAIMS-MADE X OCCUR **GEN'L AGGREGATE LIMIT APPLIES PER:** X POLICY PRO-JECT LOC			61CESOF6441	01/01/19	01/01/20	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS – COMP/OP AGG EMPLOYEE BENEFITS	$1,000,000 $500,000* $ N/A $1,000,000 $3,000,000 $3,000,000 $1,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS			N/A	N/A	N/A	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ N/A $ N/A $ N/A $ N/A
	UMBRELLA LIAB OCCUR **EXCESS LIAB** CLAIMS MADE DED RETENTION $			N/A	N/A	N/A	EACH OCCURRENCE AGGREGATE	$ N/A $ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **(Mandatory in NH)** If yes, describe under **Y / N** DECRIPTION OF OPERATIONS below	N / A		N/A	N/A	N/A	WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE – EA EMPLOYEE E.L. DISEASE – POLICY LIMIT	 $ N/A $ N/A $ N/A
B	MEDICAL PROFESSIONAL LIABILITY – OCCURRENCE			4-454719	01/01/19	01/01/20	$1,000,000 PER LOSS EVENT $3,000,000 ANNUAL AGGREGATE $21,000,000 POLICY AGGREGATE	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remakrs Schedule, if more space is required)
*DAMAGE TO RENTED PREMISES LIMITS APPLIES PER PREMESIS. LIMITS INCLUDE ALL SELF-INSURED PORTIONS OF THE LIMITS OF LIABILITY
BID EVENT RFP #EVT0006973 - KDOC COMPREHENSIVE HEALTH CARE SERVICES **DRAFT - COVERAGE EFFECTIVE UPON AWARD OF CONTRACT**

CERTIFICATE HOLDER

KANSAS DEPARTMENT OF ADMINISTRATION
PROCUREMENT AND CONTRACTS
900 SW JACKSON, STE 451
TOPEKA, KS 66612

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

1/1/2020

DATE (MM/DD/YYYY): 10/23/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
LOCKTON COMPANIES
3657 BRIARPARK DRIVE, SUITE 700
Houston TX 77042

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : See Attached	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
1359399
Corizon, LLC
103 Powell Court
Brentwood TN 37027

COVERAGES **CERTIFICATE NUMBER:** 16375482 **REVISION NUMBER:** XXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY			NOT APPLICABLE			EACH OCCURRENCE	$ XXXXXXX
	CLAIMS-MADE / OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ XXXXXXX
							MED EXP (Any one person)	$ XXXXXXX
							PERSONAL & ADV INJURY	$ XXXXXXX
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ XXXXXXX
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ XXXXXXX
	OTHER:							$
	AUTOMOBILE LIABILITY			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident)	$ XXXXXXX
	ANY AUTO						BODILY INJURY (Per person)	$ XXXXXXX
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$ XXXXXXX
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$ XXXXXXX
								$
	UMBRELLA LIAB / OCCUR			NOT APPLICABLE			EACH OCCURRENCE	$ XXXXXXX
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$ XXXXXXX
	DED / RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	Y	See Attached	1/1/2019	1/1/2020	X PER STATUTE / OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
WAIVER OF SUBROGATION IS GRANTED IN FAVOR OF CERTIFICATE HOLDER WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT WHERE PERMISSIBLE BY LAW.

CERTIFICATE HOLDER

16375482

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

CANCELLATION See Attachment

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Carrier	Eff. Date	Exp. Date	Policy #	States
New Hampshire Ins Co	01/01/2019	01/01/2020	012716997	FL
New Hampshire Ins Co	01/01/2019	01/01/2020	012716998	KS
New Hampshire Ins Co	01/01/2019	01/01/2020	012716999	ID,KS,MD,MI,MN,MO,ND,NM, NY,OH,OK,TN,WA,WY
New Hampshire Ins Co	01/01/2019	01/01/2020	012717000	NJ
New Hampshire Ins Co	01/01/2019	01/01/2020	012717001	AZ,KY,NJ,PA,VA
New Hampshire Ins Co	01/01/2019	01/01/2020	012717002	TN
New Hampshire Ins Co	01/01/2019	01/01/2020	012717003	MI

PartnerRe

EVIDENCE OF COVERAGE

BROKER:	INSURER AFFORDING COVERAGE:
Richard Polay Principal U.S. Advisors, Inc. 100 Beach Drive N.E., #1003 St. Petersburg, Florida 33701	PartnerRe America Insurance Company Wilmington, Delaware Mailing Address: 450 Sansome Street, 4th Floor San Francisco, California 94111

POLICYHOLDER:
Valitas Health Services, Inc. d/b/a Corizon, LLC (For Kansas Department of Corrections Covered Persons)
103 Powell Court, Suite 200
Brentwood, Tennessee 37027

SUBSIDIARY OR AFFILIATED ENTITIES INCLUDED IN THIS POLICY:
Not Applicable

Type of Insurance:	Policy Number:	Policy Effective Date:	Policy Expiration Date:
Provider Stop Loss	P0312707206	May 1, 2019	May 1, 2020

Covered Persons:	Specific Deductible:	Claims Basis:	Maximum Benefit:
Commercial	$550,000	12/21	$1,500,000

Notes:
Kansas Department of Corrections
All Eligible Services per the Schedule of Insurance under the Managed Care Excess of Loss Insurance Policy, including transplants in an inpatient or outpatient setting.

For informational/illustrative purposes on behalf of Policyholder.
January 3, 2020

10. PharmaCorr Certification

PHARMACORR
The intelligent choice in correctional pharmacy

CERTIFICATION FOR ACCESS TO BOOKS AND RECORDS

I, Alan Turovlin, as President of PharmaCorr, LLC, ("PharmaCorr"), a wholly owned subsidiary of Corizon, LLC ("Corizon"), with the authority to bind PharmaCorr, hereby certify the following:

During the term of the Agreement between the Kansas Department of Corrections ("KS DOC") and Corizon, wherein PharmaCorr will be providing pharmacy services, PharmaCorr shall make available to the State of Kansas and/or other governmental entities with monitoring authority, all records, documents and other papers relating to the direct delivery of pharmacy services to the inmates of the KS DOC. The KS DOC and the state of Kansas and any other governmental entity understand that many of the systems, methods, procedures, written material and other controls employed by PharmaCorr are proprietary in nature and will remain the property of PharmaCorr. Information concerning PharmaCorr may not be used, distributed, copied or otherwise utilized by the KS DOC, except in connection with the delivery of pharmacy services, or as permitted by law.

PHARMACORR, LLC

Alan Turovlin
President

AUTHENTICATED BY NOTARY AS FOLLOWS:

I, Jacqueline N Konarik as a licensed notary public certify that Alan Turovlin appeared in his official capacity as the President for PharmaCorr, LLC and I verified the individual's identity on this date:

December 3, 2019.

My commission expires on: September 25, 2022

AFFIX NOTARY SEAL

JACQUELINE N. KONARIK
NOTARY
06009396
EXP. 09/25/22
PUBLIC
STATE OF OKLAHOMA

11. Performance Bond Capacity

Sharon J. Potts

Marsh USA Inc.
3560 Lenox Road NE
Suite 2400
Atlanta, GA 30326
Sharon.J.Potts@marsh.com
www.marsh.com

Kansas Department of Corrections
Aubrey Waters
Office of Procurement and Contracts
900 SW Jackson, Suite 451South
Topeka, Kansas 66612-1286

January 06, 2020

Subject: Corizon, LLC. - Brentwood, TN
Kansas Department of Corrections – Comprehensive Health Care Services – EVT0006973

Dear Aubrey:

Berkley Insurance Company, a corporation under the laws of the State of Delaware, with an office and place of business located at 475 Steamboat Road, Greenwich, CT 06830, represents Corizon, LLC., for surety bonding needs.

At the present time, Corizon, LLC. is in a position to consider single projects up to $5,000,000 within an aggregate limit of $50,000,000. The statement of these values is neither a commitment nor a limitation of the bonding capacity of Corizon, LLC. At the request of Corizon, LLC. Berkley Insurance Company will give favorable consideration to providing the required performance and payment bonds.

Please note that the decision to issue performance and payment bonds is a matter between Corizon, LLC. and Berkley Insurance Company, and will be subject to Berkley Insurance Company's standard underwriting at the time of the final bond request, which will include but not limited to the acceptability of the contract documents, bond forms and financing. Berkley Insurance Company assumes no liability to Corizon, LLC. third parties or to you if for any reason Berkley Insurance Company does not execute said bonds.

If you have any questions or need any additional information, please do not hesitate to contact me.

Sincerely,

Sharon J. Potts, Attorney in Fact
Berkley Insurance Company "A+" Rating by A. M. Best

No. BI-477n

POWER OF ATTORNEY
BERKLEY INSURANCE COMPANY
WILMINGTON, DELAWARE

NOTICE: The warning found elsewhere in this Power of Attorney affects the validity thereof. Please review carefully.

KNOW ALL MEN BY THESE PRESENTS, that BERKLEY INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Delaware, having its principal office in Greenwich, CT, has made, constituted and appointed, and does by these presents make, constitute and appoint: ***Gary D. Eklund; D-Ann Kleidosty; Sharon J. Potts; or Maria Concepcion de Marquez of Marsh USA, Inc. of Atlanta, GA*** its true and lawful Attorney-in-Fact, to sign its name as surety only as delineated below and to execute, seal, acknowledge and deliver any and all bonds and undertakings, with the exception of Financial Guaranty Insurance, providing that no single obligation shall exceed **One Hundred Million and 00/100 U.S. Dollars (U.S.$100,000,000.00),** to the same extent as if such bonds had been duly executed and acknowledged by the regularly elected officers of the Company at its principal office in their own proper persons.

This Power of Attorney shall be construed and enforced in accordance with, and governed by, the laws of the State of Delaware, without giving effect to the principles of conflicts of laws thereof. This Power of Attorney is granted pursuant to the following resolutions which were duly and validly adopted at a meeting of the Board of Directors of the Company held on January 25, 2010:

RESOLVED, that, with respect to the Surety business written by Berkley Surety, the Chairman of the Board, Chief Executive Officer, President or any Vice President of the Company, in conjunction with the Secretary or any Assistant Secretary are hereby authorized to execute powers of attorney authorizing and qualifying the attorney-in-fact named therein to execute bonds, undertakings, recognizances, or other suretyship obligations on behalf of the Company, and to affix the corporate seal of the Company to powers of attorney executed pursuant hereto; and said officers may remove any such attorney-in-fact and revoke any power of attorney previously granted; and further

RESOLVED, that such power of attorney limits the acts of those named therein to the bonds, undertakings, recognizances, or other suretyship obligations specifically named therein, and they have no authority to bind the Company except in the manner and to the extent therein stated; and further

RESOLVED, that such power of attorney revokes all previous powers issued on behalf of the attorney-in-fact named; and further

RESOLVED, that the signature of any authorized officer and the seal of the Company may be affixed by facsimile to any power of attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligation of the Company; and such signature and seal when so used shall have the same force and effect as though manually affixed. The Company may continue to use for the purposes herein stated the facsimile signature of any person or persons who shall have been such officer or officers of the Company, notwithstanding the fact that they may have ceased to be such at the time when such instruments shall be issued.

IN WITNESS WHEREOF, the Company has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 22nd day of May, 2019.

Attest: Berkley Insurance Company

(Seal) By _____ By _____

Ira S. Lederman
Executive Vice President & Secretary

Jeffrey M. Hafter
Senior Vice President

WARNING: THIS POWER INVALID IF NOT PRINTED ON BLUE "BERKLEY" SECURITY PAPER.

STATE OF CONNECTICUT)
) ss:
COUNTY OF FAIRFIELD)

Sworn to before me, a Notary Public in the State of Connecticut, this 22nd day of May, 2019, by Ira S. Lederman and Jeffrey M. Hafter who are sworn to me to be the Executive Vice President and Secretary, and the Senior Vice President, respectively, of Berkley Insurance Company.

MARIA C RUNDBAKEN
NOTARY PUBLIC
CONNECTICUT
MY COMMISSION EXPIRES
APRIL 30, 2024

Maria C. Rundbaken
Notary Public, State of Connecticut

CERTIFICATE

I, the undersigned, Assistant Secretary of BERKLEY INSURANCE COMPANY, DO HEREBY CERTIFY that the foregoing is a true, correct and complete copy of the original Power of Attorney; that said Power of Attorney has not been revoked or rescinded and that the authority of the Attorney-in-Fact set forth therein, who executed the bond or undertaking to which this Power of Attorney is attached, is in full force and effect as of this date.

Given under my hand and seal of the Company, this 6th day of January, 2020.

(Seal)

Vincent P. Forte

WARNING – Any unauthorized reproduction or alteration of this document is prohibited. This power of attorney is void unless seals are readable and the certification seal at the bottom is embossed. The background imprint, warning and **verification instructions** (on reverse) must be in blue ink.

Please **verify the authenticity** of the instrument attached to this Power by:

Toll-Free Telephone: (800) 456-5486; or

Electronic Mail: BSGInquiry@berkleysurety.com

Any written notices, inquiries, claims or demands to the Surety on the bond attached to this Power should be directed to:

Berkley Surety
412 Mount Kemble Ave.
Suite 310N
Morristown, NJ 07960
Attention: Surety Claims Department

Or

Email: BSGClaim@berkleysurety.com

Please include with all communications the bond number and the name of the principal on the bond. Where a claim is being asserted, please set forth generally the basis of the claim. In the case of a payment or performance bond, please also identify the project to which the bond pertains.

Berkley Surety is a member company of W. R. Berkley Corporation that underwrites surety business on behalf of Berkley Insurance Company, Berkley Regional Insurance Company and Carolina Casualty Insurance Company.

EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

Corizon Health has had the privilege of serving as the Kansas Department of Corrections' (KDOC's) healthcare partner since January 2014. We are excited to present our proposal to continue to provide the healthcare program at the KDOC facilities. By choosing to once again partner with Corizon Health, the KDOC will be selecting a partner with a proven commitment to take the steps necessary to implement improvements to the processes, procedures, staffing deployment, care management, technology, and costs required to deliver quality care.

Our proposal reflects our commitment to build upon our six (6)-year partnership. Corizon Health is in the unique position of being able to take our knowledge and experience partnering with the KDOC and using this expertise to immediately and effectively translate it into a focused, accountable health care program that will provide the KDOC with a **clinically effective and operationally efficient** healthcare delivery system. One of the major advantages of choosing Corizon Health is our proven infrastructure in Kansas and our ability to collaboratively work with you to identify solutions, develop enhancements, and implement and execute a successful program. This is evidenced by the measurable successes and the momentum we have built in recent months with our new leadership working in partnership with the KDOC.

For example, we have made significant strides in the testing and treatment of Hepatitis C patients and treatment will continue to be a priority for KDOC offenders. Our recently updated Hepatitis Management Plan for the KDOC has been provided as **Attachment S**.

Additionally, in recent months our behavioral health staff assisted the KDOC in the development and implementation of the **Offender Companion Program**. We fully support the KDOC's commitment to suicide prevention and recognize the important role Offender Companions have in ensuring the safety of individuals on crisis level observation status.

Recognizing the KDOC's desire to increase on-site specialty medicine to reduce the demands for off-site transportation by custody personnel as well as well as reduce the risks associated with off-site transportation, Corizon Health launched a successful telemedicine program at the onset of our contract. While the security clearance requirements introduced in 2017-18 significantly impacted the availability of telehealth providers, the adjustments since made to those requirements have enabled us to begin the process of rebuilding our telehealth provider network and telehealth visits are now on the rise again.

Of note, since January 2019, Corizon Health has steadily increased the number of on-site specialty appointments almost five times over with 401 on-site specialty provider and ancillary visits in November 2019. We anticipate the combination of telehealth visits and on-site specialty care will continue to increase resulting not only in improved patient care onsite, but also reducing the demand and cost for off-site transportation.

In 2018, the **KJCC was announced as the corrections' recipient of the 2018 Barbara Allen-Hagen Award, the highest honor given by Performance-based Standards (PbS)**. PbS is an initiative by the Council of Juvenile Correctional Administrators that provides national standards for juvenile justice agencies, facilities, and residential care providers. The KJCC's behavioral health team worked to improve three deficit areas in its suicide prevention program: staff training, suicide assessment and detection, and intra-facility communication and collaboration.

Aside from increasing access to behavioral health services, KJCC implemented daily behavioral health contacts with each youth and instituted weekly multi-disciplinary team meetings to discuss youth who may be at risk and formulate plans for intervention. Every KJCC employee now receives eight-hour juvenile justice training that emphasizes warning signs, procedures, and interventions for working with youth at-risk of attempting suicide.

In October 2014, through the efforts of Corizon Health's behavioral health team and the Kansas Department of Corrections, the **juvenile outpatient substance abuse program was licensed**. In June 2019 the site completed the Kansas Department for Aging and Disability Services (KDADS) Audit for Licensure as an Outpatient Treatment Facility and passed with no identified deficiencies and no corrective action plans. This was the second consecutive audit completed by the site that was free from deficiencies and corrective action plans. KJCC received a two year license, with the next licensure renewal in 2021.

Our healthcare team is committed to exceeding your expectations by delivering our industry-leading **COR Care Model** for healthcare services. Using best practices and evidence-based medicine, we strive to minimize medical risk/litigation, appropriately manage costs and be a good steward of limited taxpayer dollars, while optimizing adult and juvenile offender care. Our responsibility is to be more than a provider of mandated health care. We consider it a calling for our company to partner with you, to bring private sector innovation and continued modernization to the correctional health care field. The key to offering greater value over time is continual improvement of the health care process, which in turn, fosters staff retention and loyalty to achieve optimal health outcomes. Our common goal is to successfully fulfill our role and discharge offenders back into the community in better health than when they arrived.

Corizon Health is committed to again earning the opportunity to **partner with the KDOC**. Our contract leadership team is ready to immediately "hit-the-ground-running" to begin the new contract and build on the successes we have achieved in recent months. We have the right people, resources, and technology required to make the KDOC healthcare program a sustainable and measureable success.

2.3
TRANSMITTAL LETTER

2.3 TRANSMITTAL LETTER

Ms. Aubrey Waters
Procurement Officer
Kansas Department of Administration
Procurement and Contracts
900 SW Jackson, Suite 451-South
Topeka, KS 66612-1286

RE: Bid Event Number: EVT0006973 – Comprehensive Health Care Services

Dear Ms. Waters and Members of the Evaluation Committee,

Corizon, LLC (Corizon Health) is pleased to respond to your Request for Proposals (RFP) for the provision of Comprehensive Health Care Services for offenders under the care and custody of the Kansas Department of Corrections (KDOC).

Our healthcare team is committed to exceeding your expectations by delivering our industry-leading **COR Care Model** for health care services. Using best practices and evidence-based medicine, we strive to minimize medical risk/litigation, appropriately manage costs, and be a good steward of limited taxpayer dollars, while optimizing offender care. Our responsibility is to be more than a provider of mandated health care. We consider it a calling for our company to partner with you to bring private sector innovation and continued modernization to the correctional health care field. The key to offering greater value over time is continual improvement of the health care process, which in turn, fosters staff retention and loyalty to achieve optimal health outcomes.

Transmittal Letter Requirements

Consistent with section **2.3 Transmittal Letter** (RFP page 12), the following statements are being provided in accordance with the RFP requirements:

a) Corizon, LLC (Corizon Health) is the prime contractor. As the number of subcontractors we will be using is extensive, we have provided a subcontractor list at the end of this letter.

b) Corizon, LLC the bidding entity is a limited liability company.

c) Corizon Health confirms that no attempt has been made or will be made to induce any other person or firm to submit or not to submit a proposal.

d) Corizon Health 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) Corizon Health confirms that no cost or pricing information has been included in the transmittal letter or the Technical Proposal.

f) Corizon Health confirms we presently have 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) Corizon Health confirms that Michael Murphy, Senior Vice President – State Corrections, the person signing the proposal, 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) Corizon Health is proposing PharmaCorr, LLC ("PharmaCorr"), a wholly owned subsidiary, as the pharmacy services provider. Consequently, Corizon Health has included a written certification and authorization ("Certification") from PharmaCorr granting the State and/or the Federal Government the right to examine any directly pertinent books, documents, papers and records involving such transactions related to the contract. The Certification is included in the Required Documents section of our technical proposal. Further, Corizon Health certifies that in the event of any similar association with a parent, affiliate, or subsidiary organization arises during the term of the contract, Corizon Health will obtain the required Certification and acknowledges that failure to do so will constitute grounds for termination of the contract at the option of the State.

i) Corizon Health 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 Corizon Health.

j) Corizon Health 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.

Corizon Health 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 Closing

Thank you for the opportunity to present this proposal. It is our firm commitment to continue to partner with you to achieve success and build on the accomplishments you have already achieved in your offender health care program. Should you have any questions or need clarification on any component of our response, please do not hesitate to contact Dana Bell, Director of Business Development at 318-426-8264 or Dana.Bell@corizonhealth.com.

Sincerely,

Michael Murphy
Senior Vice President – State Corrections

CORIZON HEALTH

Corizon Health's Proposed Subcontractors:

Subcontractor	Service
A& D Hearing Center, Inc.	Audiology/Hearing Aids
Abraham, Larry DPM	Podiatry
Advanced Cardiac Care of Kansas	Cardiology
American Telehealth Solutions	Multi-Specialty Group
ARC Physical Therapy Plus, Limited Partnership	Physical Therapy
Ashcom, Thomas L. M.D., PhD, PA	Cardiology
Aspire Rehab Center, LLC	Physical Therapy
Baraban, Marc MD, LLC	Plastic Surgery
Bioreference Laboratories	Laboratory
Blanchaert Jr., Remy H DDS, MD, PA	Oral Maxillofacial Surgery
Blue Valley Hospital	Hospital
Blue Valley Surgical Associates	General Surgery/ Telehealth
Brodine, Christopher M. DPM, PA	Podiatry
BTX KS INC dba BioTech X-Ray	X-ray/Radiology
Cancer Center of Kansas, P.A.	Oncology
Card, Aaron Sterling DMD	Oral Maxillofacial Surgery
Central Kansas Orthopedic Group, LLC	Orthopedics
CEP American Kansas, LLC	Emergency Medicine
CharDonnay Dialysis, Inc.	Dialysis
Chehab, Bassem M. M.D., PA	Cardiology
Cintas Corporation No. 2	Shredding
Claflin Ambulance Service Associates	Ambulance
Cole, Roy E. DDS, MD, PA	Oral Maxillofacial Surgery
Coleman, Robert L. D.P.M., PA	Podiatry
Correctional Medical Imaging	Radiology
Crawley, Patricia MD	Cardiology
Diagnostic Imaging Centers, P.A.	Mammography
Drs. Joyce & Hursh, LLC	Optometry
EagleMed, LLC	Air Transport
El Dorado Surgical Associates	General Surgery
Ellsworth County EMS	Ambulance
Ellsworth County Medical Center	Hospital
Endoscopy & Surgery Center of Topeka	Ambulatory Surgery Center
Global Diagnostic Services, Inc.	Ultrasound
Grene Vision Group, LLC	Ophthalmology
Habib, Fariz M.D., P.A.	Neurology
Harris, Christopher DMD, MD	Oral Maxillofacial Surgery
Harry Hynes Memorial Hospice	Hospice Care
Hays Medical Center, Inc.	Hospital
Heartland Anesthesia Associates	Anesthesia
Heartland Cardiology, PA	Cardiology

CORIZON HEALTH

Subcontractor	Service
MobilexUSA	Diagnostic Services
Moore, James MD	Telemedicine
Mowery Clinic	Multi-Specialty Group
Nephrology Associates	Nephrology
Nephropath dba Arkana	Nephrology
Neurology Consultants of Kansas	Neurology
Northeast Kansas GI Consultants, PA	Gastroenterology
Norton County Hospital	Hospital
NovaCare Outpatient Rehabilitation East, Inc.	Physical Therapy
Ottley Neurology Center	Neurology
Overland Park Orthopedics, LLC	Orthopedics
Parikh, Dhaval M.D., PA	Cardiology
Pawnee Valley Community Hospital, Inc.	Hospital
Plainville Ambulance Service	Ambulance
Platte Valley Medial Group	Multi-Specialty Group
Premsingh, Nalini G. M.D. d.b.a. The Heart Clinic	Cardiology
Prime Healthcare Services-Leavenworth Surgery Center, LLC dba Saint John Surgery Center	Hospital
Progressive Therapy & Sports Medicine	Physical Therapy
Providence Medical Center	Hospital/General Acute
Radiology Associates of Hays PA	Radiation Oncology
Radiology Professionals of Hutchinson, LLC	Radiation Oncology
Reifschneider Eye Center, PA	Ophthalmology
Reusser, Layne M. M.D., PA	Cardiology
Ridgewood Surgery & Endoscopy Center, LLC	Ambulatory Surgery Center
Rooks County Health Center	Hospital
Saint John Hospital	Hospital/General Acute
Sale, Dennis DO	Medical Director
Select Physical Therapy Holdings, INC	Physical Therapy
Snap Diagnostics	Sleep Studies
St. Francis Health Center	Hospital
St. Luke's Cushing Hospital, Inc.	Hospital
St. Luke's South Hospital	Hospital
Steckley, Richard A. MD., PA	Cardiology
Stericycle, Inc.	Biohazardous Waste Removal
Stockton Ambulance Service dba Rooks County EMS	Ambulance
Stormont-Vail Healthcare, Inc.	Hospital
Surgery Center of South Central Kansas	Ambulance Surgery Center
Surgical Specialists, PA	General Surgery
Susan B. Allen Memorial Hospital	Hospital/General Acute
Symphony Diagnostic Services No. 1 d/b/a: MobilexUSA	Diagnostic Services
Tallgrass Orthopedic and Sports Medicine, LLC	Orthopedics
Tallgrass Surgical Center	Ambulatory Surgery Center
Tauke, Jason T. M.D., PA	Cardiology

2.4
BIDDER INFORMAITON

2.4 BIDDER INFORMATION

The bidder must include a narrative of the bidder's corporation and each subcontractor if any. The narrative shall include the following:
(a) date established;
(b) ownership (public, partnership, subsidiary, etc.);
(c) 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.
(d) resources assigned to this project and the extent they are dedicated to other matters;
(e) 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.
(f) 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.
(g) 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.

For over forty years Corizon Health has been an industry leader **focused exclusively on developing and operating correctional-based health care systems.** This focused experience with hundreds of clients and millions of patient encounters over the past years has enabled us to build a health care delivery system established on replicable, evidence-based best practices. These best practices include continuous quality improvement principles, utilization management practices, reentry planning, telehealth programs, and accreditation standards. Our health care delivery system platform embraces a population health/risk-based approach with a patient-centered focus.

(a) date established;

The modern Corizon Health was formed from the merger of the parent entities of the nation's two leading correctional health care companies, Prison Health Services, Inc. (PHS) and Correctional Medical Service, Inc. (CMS). PHS was organized and incorporated in 1978 while CMS was incorporated in 1979.

In March 2011, Valitás Health Services, Inc., (Valitás), the parent company of CMS, entered into an Agreement and Plan of Merger with America Service Group Inc. (ASG), the parent company of PHS. The transaction was completed in June 2011. Valitás is the ultimate parent of Corizon, LLC, which is the bidding entity for this proposal.

Additionally, we are one of a few correctional healthcare companies that has a wholly owned pharmacy subsidiary – PharmaCorr, LLC. Established in in Oklahoma City in April of 1996, PharmaCorr serves only the corrections industry.

(b) ownership (public, partnership, subsidiary, etc.);

Corizon, LLC is a limited liability company.

(c) 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.

The number of personnel, full and part-time, assigned to this project is provided by function and job title in our proposed staffing plans which can be found in **Attachment A.** Resumes for our contract leadership team, shown in the organizational chart in *item e* below, can be found in **Attachment F.**

(d) resources assigned to this project and the extent they are dedicated to other matters;

The resources assigned to this project, as shown in the staffing plans provided in **Attachment A** are dedicated solely to our contract with the KDOC.

The framework for Corizon Health's program is to effectively manage the contract through a centralized point of accountability for optimal coordination and management control. As such, **Michael Murphy, Senior Vice President, State Corrections,** provides executive level oversight and administrative leadership for the KDOC contract as well as all other Corizon Health state contracts.

Additionally our contract is support by Corizon Health's senior leadership team, described in detail in section *2.6 Experience*. Our Healthcare Support Team Services is also involved in the support and oversight of the contract. These services are located in our central office in Brentwood, Tennessee.

Healthcare Support Team Services		
DEPARTMENT	**SERVICES SUPPORTING KDOC FACILITIES**	
Finance	▪ Accounting ▪ Audit ▪ Business Intelligence ▪ Financial Reporting	▪ Health Informatics ▪ Insurance ▪ Taxes and Facility (Leases)
Human Resources	▪ Benefits ▪ Compensation ▪ Human Capital Management ▪ Locums & Agency Management ▪ Payroll ▪ Talent Acquisition	▪ Retention ▪ Employee Safety ▪ Training and Organization Development ▪ Workers Compensation ▪ Credentialing
Information Technology	▪ Application Development ▪ Clinical Information Systems ▪ Electronic Health Records ▪ Network Operations	▪ *PeopleSoft* Operations ▪ Support Services ▪ Telecommunications ▪ Telehealth Support
Legal	▪ Contract Drafting, Negotiation and Interpretation	▪ Dispute Resolution

Healthcare Support Team Services		
DEPARTMENT	**SERVICES SUPPORTING KDOC FACILITIES**	
	▪ Compliance ▪ Litigation, Claims and Risk Management ▪ In-Service Education (i.e., HIPAA, Ethics)	▪ Statutory and Regulatory Interpretation ▪ Inmate Grievance Support ▪ Professional Liability Claims
Nursing	▪ Accreditation ▪ Clinical Competency Program ▪ Correctional Officer Education ▪ Core Process Program ▪ Infectious Disease Management ▪ Continuous Quality Improvement ▪ Policy & Procedure Updates	▪ Nursing Administration ▪ Nurse Preceptor and Mentor Programs ▪ Nursing Education/Resources ▪ Patient Education ▪ Site Support and Troubleshooting
Operations	▪ Behavioral Health ▪ Clinical Innovation & Strategy ▪ Nursing Administration	▪ Reentry ▪ Start-Up Support ▪ Telehealth ▪ Utilization Management
Pharmacy (PharmaCorr)	▪ Clinical Pharmacy Interventions ▪ Formulary Management ▪ Medication Adherence ▪ Medication Order Entry System (web-based)	▪ Medication Therapy Management ▪ Reporting
Provider Operations	▪ Claims ▪ Network Development	▪ Provider Relations ▪ Purchasing ▪ Vendor Diversity
Patient Safety	▪ Patient Safety	

(e) 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.

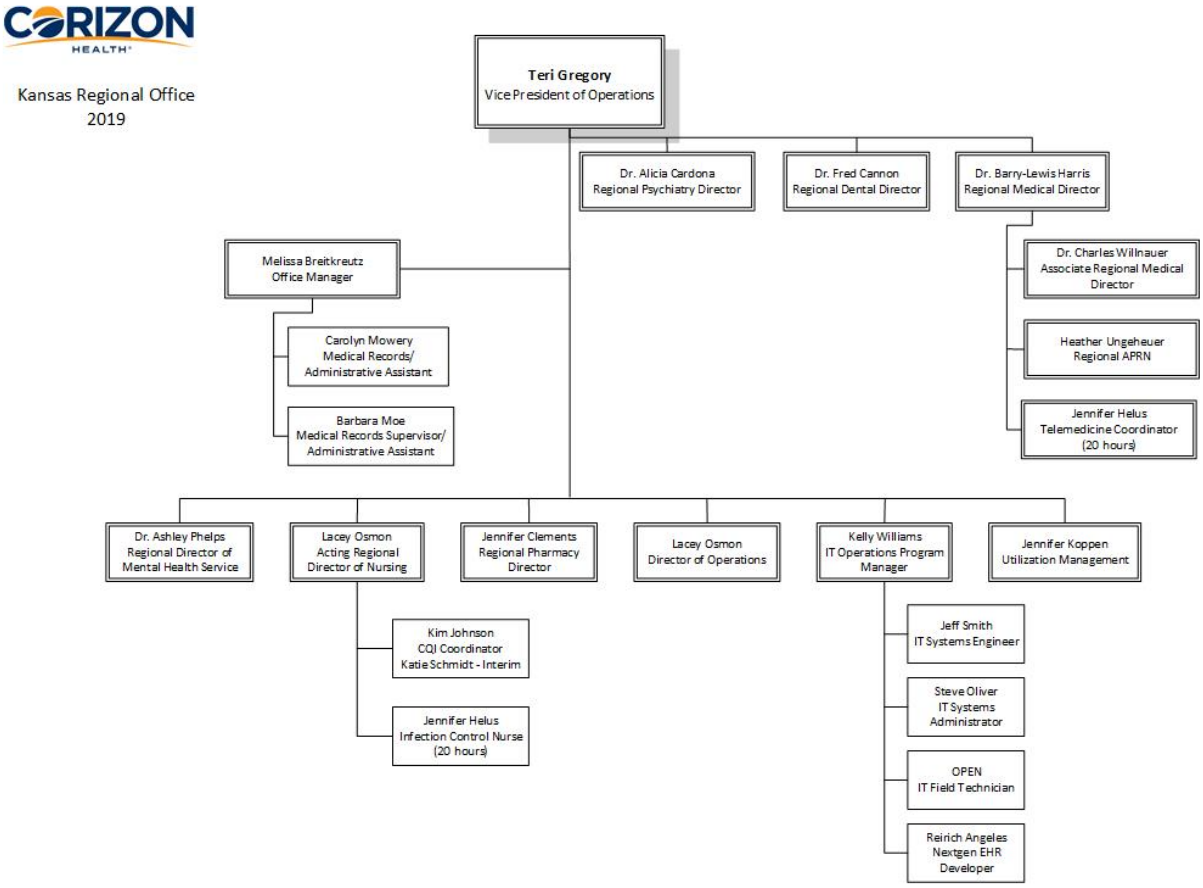
Corizon Health strives to reduce administrative burdens and streamline efficiencies for our clients by providing a client-focused approach, which is one of the reasons we have established a regional office in Topeka. Our regional management team is empowered by Corizon Health's executive leadership to make administrative and operational decisions in line with contract compliance directly with and **"close to the client."** In this capacity, the team is charged with maintaining ongoing and proactive communication with KDOC and site staff.

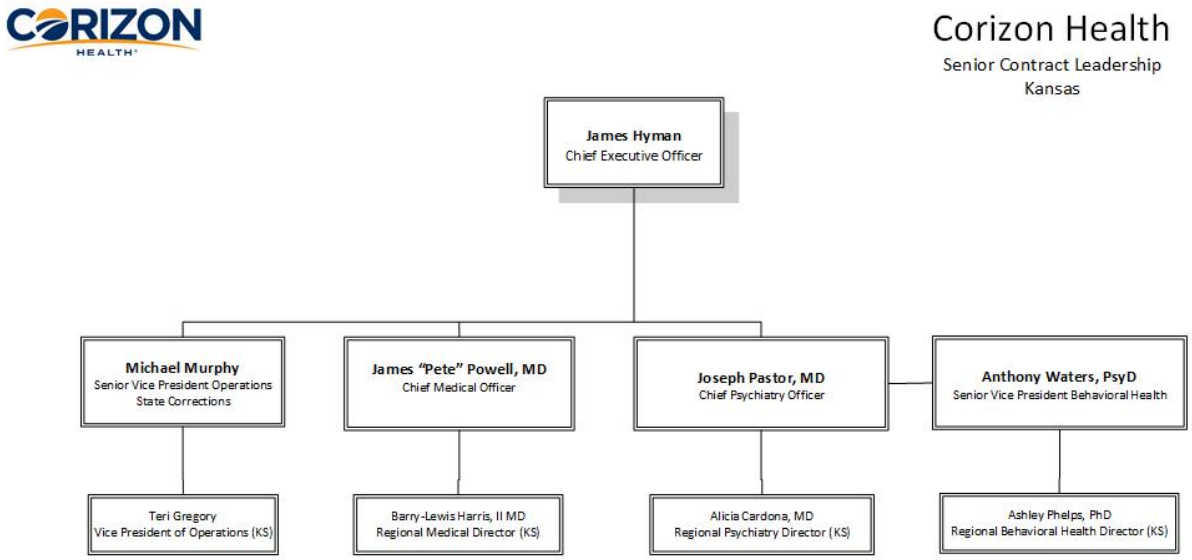
The primary responsibilities of the staff in our regional office include:

- Serving as direct liaisons with KDOC officials;

- Ensuring the delivery of all health care services in accordance with contract and community standards on a daily/continual basis;
- Supervision and guidance to the site Medical Directors;
- Coordinating and overseeing the operational activities of the KDOC contract;
- Supervising the fiscal management of the contract services;
- Establishing and maintaining productive working relationships with secondary care service providers in the community;
- Ensuring the proper reporting mechanisms are functional between the KDOC and Corizon Health;
- Providing legal interventions and risk management;
- Ensuring that internal/external communications of Corizon Health and KDOC systems interface, are functional and that appropriate security measures are in place;
- Participation on KDOC committees, as requested;
- Providing required KDOC reports and tracking information;
- Maintaining appropriate site infection prevention and control;
- Ensuring Continuous Quality Improvement (CQI) auditing for all aspects of services;
- Compiling an annual report for all services;
- Resolving offender/family concerns via various mechanisms; and
- Promote a positive environment for and with the KDOC and their Corrections Centers.

The following **KDOC Regional Office Management Organizational Chart** illustrates the reporting structure for the program. As reflected in this chart, Corizon Health provides a clear, streamlined clinical and administrative reporting structure, governed by and accountable to the KDOC and ensuring strong clinical and administrative management of the program. The second organizational chart reflects the contract reporting structure to Corizon Health's corporate office.


Kansas Regional Office
2019
Teri Gregory
Vice President of Operations
Dr. Alicia Cardona
Regional Psychiatry Director
Dr. Fred Cannon
Regional Dental Director
Dr. Barry-Lewis Harris
Regional Medical Director
Melissa Breitkreutz
Office Manager
Carolyn Mowery
Medical Records/
Administrative Assistant
Barbara Moe
Medical Records Supervisor/
Administrative Assistant
Dr. Charles Willnauer
Associate Regional Medical
Director
Heather Ungeheuer
Regional APRN
Jennifer Helus
Telemedicine Coordinator
(20 hours)
Dr. Ashley Phelps
Regional Director of
Mental Health Service
Lacey Osmon
Acting Regional
Director of Nursing
Jennifer Clements
Regional Pharmacy
Director
Lacey Osmon
Director of Operations
Kelly Williams
IT Operations Program
Manager
Jennifer Koppen
Utilization Management
Kim Johnson
CQI Coordinator
Katie Schmidt - Interim
Jennifer Helus
Infection Control Nurse
(20 hours)
Jeff Smith
IT Systems Engineer
Steve Oliver
IT Systems
Administrator
OPEN
IT Field Technician
Reirich Angeles
Nextgen EHR
Developer


Corizon Health
Senior Contract Leadership
Kansas
James Hyman
Chief Executive Officer
Michael Murphy
Senior Vice President Operations
State Corrections
James "Pete" Powell, MD
Chief Medical Officer
Joseph Pastor, MD
Chief Psychiatry Officer
Anthony Waters, PsyD
Senior Vice President Behavioral Health
Teri Gregory
Vice President of Operations (KS)
Barry-Lewis Harris, II MD
Regional Medical Director (KS)
Alicia Cardona, MD
Regional Psychiatry Director (KS)
Ashley Phelps, PhD
Regional Behavioral Health Director (KS)

Subcontractors

Corizon Health routinely and rigorously reviews the qualifications of our subcontractors to perform the duties for which they are contracted, as we realize they represent Corizon Health as an extension of our company. Therefore, prior to committing business to subcontractors, we review the following factors regarding the suitability of each subcontractor. Based on their specialty, subcontractors report through our Regional Medical Director (or designee) or Vice President of Operations (or designee).

- **Financial Stability** – Determination is made by review of a Dunn & Bradstreet Report and/or subcontractor financial statement (if available.)
- **Insurance Coverage** – A copy of the subcontractor's current liability insurance coverage is reviewed to ensure type of coverage and limits.
- **Business Licensure** – A copy of a current business licensure (where applicable) is obtained or verbal verification must be received from the appropriate licensing agency.
- **Minority Business Certification/Veteran Small Business Certification (where applicable)** – A copy of Minority Business Enterprise (MBE) or Veteran Small Business certification or application is obtained if applicable.
- **Review of Credentials** – Representatives of Corizon Health's Network Development Department obtains, reviews, and verifies each subcontractor's credentials to determine whether business may be committed to a prospective supplier.
- **Contracting** – All contracts issued to prospective suppliers are reviewed by representatives of Corizon Health's Network Development or Legal Departments prior to execution.

It is Corizon Health's intention to continue to subcontract with the following companies.

A & D Hearing Center, Inc.	
Company Address	2205 South 4th Street, Leavenworth, KS 66048
Contract Service(s)	Audiology/Hearing Aids
Qualifications and Experience	A & D Hearing Center has been in business for over 30 years. Dr. Kevin Albee was appointed by the Governor of Kansas to the Board of Hearing aid examiners on 6/23/14 and continues to serve today.

Abraham, Larry DPM	
Company Address	321 North Main, El Dorado, KS, 67042
Contract Service(s)	Podiatry
Qualifications and Experience	Dr. Larry L. Abraham DPM is a male podiatrist in El Dorado, KS with over 46 years of experience. The procedure that Dr. Abraham most frequently performs is Abscess Drainage. Dr. Abraham graduated in 1973. He is licensed to practice by the state board in Kansas (12-00110).

Advanced Cardiac Care of Kansas	
Company Address	700 Medical Center Drive, Suite 240, Newton, KS, 67114
Contract Service(s)	Cardiology
Qualifications and Experience	Advanced Cardiac Care Of Kansas is a group practice with 1 location. Currently, Advanced Cardiac Care Of Kansas specializes in Cardiovascular Disease and Internal Medicine with 1 physician.

American Telehealth Solutions	
Company Address	1777 Tamiami Trail, Suite 303-13, Port Charlotte, FL 33948
Contract Service(s)	Multi-Specialty Group
Qualifications and Experience	American Telehealth Solutions is committed to providing quality clinical healthcare and improve the delivery of medical services through advanced technology while serving Florida communities and America's rural areas. We provide specialty care services to skilled nursing facilities, prisons and rural hospitals.

ARC Physical Therapy Plus, Limited Partnership	
Company Address	PO Box 219297, Kansas City, MO 64121
Contract Service(s)	Physical Therapy
Qualifications and Experience	ARC Physical Therapy+ offers industry-leading physical and occupational therapy throughout Kansas, Missouri and Iowa. We are dedicated to helping individuals recover from injury and get back to work, sport or life.

Ashcom, Thomas L. M.D., PhD, PA	
Company Address	9350 East 35th Street North; Suite 101, Wichita, KS 67226
Contract Service(s)	Cardiology
Qualifications and Experience	Dr. Thomas Ashcom, MD is a cardiology specialist in Wichita, KS and has been practicing for 29 years. He graduated from Jefferson Medical College Of Thomas Jefferson University, Thomas Jefferson University in 1983 and specializes in cardiology.

Aspire Rehab Center, LLC	
Company Address	3512 Southwest Fairlawn Road; Suite 200, Topeka, KS, 66614
Contract Service(s)	Physical Therapy
Qualifications and Experience	Our goal is to help our patients avoid invasive procedures utilizing chiropractic, physical therapy and medicine as well as cutting edge technology (Spinal Decompression, Deep Tissue Laser Therapy).

Baraban, Marc MD, LLC	
Company Address	823 Southwest Mulvane St., Suite 200, Topeka, KS 66606
Contract Service(s)	Plastic Surgery
Qualifications and Experience	Dr. Marc Baraban, MD is a cosmetic, plastic & reconstructive surgery specialist in Topeka, KS and has been practicing for 39 years.

Bio-Reference Laboratories, Inc.	
Company Address	481 Edward H. Ross Drive, Elmwood Park, NJ 07407
Contract Service(s)	Laboratory
Qualifications and Experience	Bio-Reference has been Corizon Health's national partner since 2001. They are the third largest full-service clinical diagnostic laboratory in the U.S., providing reliable testing and related services to physician offices, clinics, hospitals, long-term care facilities, employers, governmental units and correctional institutions. Since 1981, the company has earned a reputation for extraordinary growth with a medical staff comprised of more than 160 MD, PhD, or other Professional level clinicians and scientists with expertise across all fields including Pathology, Cytogenetics, Coagulation, Genetics, and R&D.

Blanchaert Jr., Remy H DDS, MD, PA	
Company Address	1919 North Webb Road, Wichita, KS 67206
Contract Service(s)	Oral Maxillofacial Surgery
Qualifications and Experience	Dr. Blanchaert is an oral and maxillofacial surgeon in Kansas with over 29 years of experience.

Blue Valley Hospital	
Company Address	12850 Metcalf Avenue, Overland Park, KS 66213
Contract Service(s)	Hospital
Qualifications and Experience	Blue Valley Hospital is a general medical and surgical facility.

Blue Valley Surgical Associates	
Company Address	12850 Metcalf Avenue, Suite 220, Overland Park, KS 66213
Contract Service(s)	General Surgery/Telehealth
Qualifications and Experience	Blue Valley Surgical Associates is a multispecialty clinic group with locations across Missouri and Kansas. They are dedicated to top-quality medical care focused on the best possible outcomes and the utmost patient satisfaction.

Brodine, Christopher M. DPM, PA	
Company Address	2010 Southwest 10th Avenue Topeka, KS 66604
Contract Service(s)	Podiatry
Qualifications and Experience	Dr. Brodine is a podiatry specialist and has over 20 years of experience.

BTX KS INC dba BioTech X-Ray	
Company Address	1065 Executive Parkway; Suite 220, St. Louis, MO 63141
Contract Service(s)	X-ray / Radiology
Qualifications and Experience	Portable diagnostic imaging using advanced technology.

Cancer Center of Kansas, P.A.	
Company Address	818 North Emporia; Suite 403, Wichita, KS 67201
Contract Service(s)	Oncology
Qualifications and Experience	The Cancer Center of Kansas specializes in the treatment of all types of cancer and blood disorders.

Card, Aaron Sterling DMD	
Company Address	3550 South 4th Street; Suite 240, Leavenworth, KS 66048
Contract Service(s)	Oral Maxillofacial Surgery
Qualifications and Experience	Dr. Card is a board certified surgeon, practices a full scope of oral and maxillofacial surgery. His expertise ranges from wisdom tooth removal to corrective jaw surgery, and includes a full range of dental implant, bone grafting and facial reconstruction procedures.

Central Kansas Orthopedic Group, LLC	
Company Address	1514 K-96 Highway, Great Bend, KS 67530
Contract Service(s)	Orthopedics
Qualifications and Experience	Central Kansas Orthopedic Group brings the latest in surgical innovations and rehab techniques to surgery and physical therapy patients.

CEP American Kansas, LLC	
Company Address	2100 Powell Street, Emeryville, CA 94608
Contract Service(s)	Emergency Medicine
Qualifications and Experience	Medical Group that specializes in emergency medicine.

CharDonnay Dialysis, Inc.	
Company Address	607 West Fairchild, Danville, IL 61832
Contract Service(s)	Dialysis
Qualifications and Experience	CharDonnay Dialysis provides dialysis in an institutional setting.

Chehab, Bassem M. MD, PA	
Company Address	9350 East 35th Street North; Suite 101 Wichita, KS 67226
Contract Service(s)	Cardiology
Qualifications and Experience	Dr. Chehab specializes in cardiovascular disease and internal medicine.

Cintas Corporation No. 2	
Company Address	800 Airpark Commerce Drive; Suite 802, Nashville, TN 37217
Contract Service(s)	Shredding
Qualifications and Experience	On-site shredding services

Claflin Ambulance Service Associates	
Company Address	309 West Front Street/P.O. Box 387, Claflin, KS 67525
Contract Service(s)	Ambulance
Qualifications and Experience	Ambulance services

Cole, Roy E. DDS, MD, PA	
Company Address	1919 North Webb Road, Wichita, KS 67206
Contract Service(s)	Oral Maxillofacial Surgery
Qualifications and Experience	Dr. Cole provides oral and maxillofacial surgery.

Coleman, Robert L. D.P.M., PA	
Company Address	1200 North Main, Hutchinson, KS 67501
Contract Service(s)	Podiatry
Qualifications and Experience	Dr. Coleman is a foot specialist.

Correctional Medical Imaging	
Company Address	2713 Industrial Drive; Suite C, Jefferson City, MO 65109
Contract Service(s)	Radiology
Qualifications and Experience	Correctional Medical Imaging, Inc. is a diagnostic radiology in Jefferson City, MO. The provider is a radiologist who utilizes x-ray, radionuclides, ultrasound and electromagnetic radiation to diagnose and treat disease.

Crawley, Patricia, MD	
Company Address	9350 East 35th Street North, Suite 101, Wichita, KS 67226
Contract Service(s)	Cardiology
Qualifications and Experience	Dr. Crawley is a cardiovascular disease specialist.

Diagnostic Imaging Centers, P.A.	
Company Address	5400 North Oak Trafficway #206, Kansas City, MO 64118
Contract Service(s)	Mammography
Qualifications and Experience	Diagnostic Imaging Centers, P.A. is a premier outpatient imaging provider. Our mission is to provide you the best in outpatient imaging care.

Drs. Joyce & Hursh, LLC	
Company Address	201 North Vine, El Dorado, KS 67042
Contract Service(s)	Optometry
Qualifications and Experience	This is an optometry eye care clinic that has been open since 1949.

EagleMed, LLC	
Company Address	6601 West Pueblo Drive, Wichita, KS 67209
Contract Service(s)	Air Transport
Qualifications and Experience	EagleMed is a medical air transport service.

El Dorado Surgical Associates	
Company Address	700 West Central; Suite 406, El Dorado, KS 67042
Contract Service(s)	General Surgery
Qualifications and Experience	El Dorado Surgical Associates specializes in Obstetrics and Gynecology.

Ellsworth County EMS	
Company Address	1107 Evans Street, Ellsworth, KS 67439
Contract Service(s)	Ambulance
Qualifications and Experience	The mission of Ellsworth County EMS is to provide rapid professional pre-hospital emergency care and safe transportation to all requests for emergency services within Ellsworth County. To promote public wellness and safety awareness in the communities. To offer initial and continuing education in emergency pre-hospital care.

Endoscopy & Surgery Center of Topeka	
Company Address	2200 Southwest 6th Street, Suite 103, Topeka, KS, 66606
Contract Service(s)	Ambulatory Surgery Center
Qualifications and Experience	The Endoscopy & Surgery Center of Topeka specializes in gastroenterology and internal medicine.

Global Diagnostic Services, Inc.	
Company Address	2066 Eastside Drive, Suite 100, Conyers, GA 30013
Contract Service(s)	Ultrasound
Qualifications and Experience	Global Diagnostic Services, Inc. provides on-site medical diagnostic services and medical staffing.

Grene Vision Group, LLC	
Company Address	1851 North Webb Road, Wichita, KS 67206
Contract Service(s)	Ophthalmology
Qualifications and Experience	Grene Vision Group is the leading provider of optometry services and vision care products in Wichita, Kansas (KS).

Habib, Fariz, MD, PA	
Company Address	920 Sixth Avenue, Leavenworth, KS 66048
Contract Service(s)	Neurology
Qualifications and Experience	Dr. Habib has over 43 years of diverse experience, especially in neurology.

Harris, Christopher, DMD, MD	
Company Address	1919 North Webb Road, Wichita, KS 67206
Contract Service(s)	Oral Maxillofacial Surgery
Qualifications and Experience	Dr. Harris has over 13 years of experience in maxillofacial surgery.

Harry Hynes Memorial Hospice	
Company Address	313 South Market Street, Wichita, KS 67202
Contract Service(s)	Hospice Care
Qualifications and Experience	Harry Hynes Memorial Hospice has been the preferred hospice provider for 36 years. With our expertise in end-of-life care, compassionate staff, and personalized care plans, we provide the best hospice experience to patients and families.

Hays Medical Center, Inc.	
Company Address	2220 Canterbury Drive, Hays, KS 67601
Contract Service(s)	Hospital
Qualifications and Experience	Hays Medical Center is a private, not-for-profit hospital formed by the 1991 merger of two religiously affiliated facilities, and provides the only tertiary level services in the region.

Heartland Anesthesia Associates	
Company Address	4013 N. Ridge Road, Suite, 100, Wichita, KS 67205
Contract Service(s)	Anesthesia
Qualifications and Experience	Heartland Anesthesia Associates is an anesthesiologist who specializes in the diagnosis and treatment of addictions.

Heartland Cardiology, PA	
Company Address	551 North Hillside, Suite 410, Wichita, KS 67214
Contract Service(s)	Cardiology
Qualifications and Experience	For 25 years, our motto has been simple: Quality, Compassion & Efficiency. We've always believed that when health care providers put patients first, everything else will follow successfully.

Heartland Dermatology and Skin Cancer Center	
Company Address	828 Elmhurst Blvd, Salina, KS 67401
Contract Service(s)	Dermatology
Qualifications and Experience	Heartland Dermatology has been serving Western and Central Kansas families since 1977 with offices in Salina, Hays, Great Bend, Newton & Dodge City. Dr. Shaffer and his staff have developed treatment protocols to provide patients with comprehensive medical, surgical, and cosmetic dermatologic care of skin, hair and nails.

Heartland Pathology, PA	
Company Address	9300 East 29th Street North, #208, Wichita, KS 67226
Contract Service(s)	Pathology
Qualifications and Experience	Heartland Pathology is a physician-owned, full service anatomic pathology lab dedicated to providing patient-centered pathology services.

Hutchinson Ambulatory Surgery Center, LLC	
Company Address	2205 North Waldron, Hutchinson, KS 67502
Contract Service(s)	Ambulatory Surgery Center
Qualifications and Experience	The Hutchinson Clinic Ambulatory Surgery Center is a 13,600 square-foot out-patient surgery facility with 3 operating rooms and 1 procedure room with state-of-the-art equipment.

Hutchinson Clinic	
Company Address	2101 North Waldron, Hutchinson, KS 67502
Contract Service(s)	Multispecialty Group/Telehealth
Qualifications and Experience	The Hutchinson Clinic is a multi-specialty medical clinic covering all of your primary and specialty care needs. With over 100 doctors and providers and over 30 clinical departments.

Hutchinson Physicians, PA	
Company Address	2102 North Waldron Street, Hutchinson, KS 67502
Contract Service(s)	Hospitalist Services
Qualifications and Experience	The Hutchinson Clinic is a team of 70+ physicians with over 600 healthcare professionals located in Central Kansas. The Clinic is physician owned and operated.

Hutchinson Regional Medical Center, Inc.	
Company Address	1701 East 3rd Avenue, Hutchinson, KS 67502
Contract Service(s)	Hospital/General Acute
Qualifications and Experience	Hutchinson Regional Medical Center is a not-for-profit, 199-licensed bed medical facility serving the health needs of more than 65,000 residents of Hutchinson, Reno County and the surrounding Central Kansas region.

Infectious Disease Consultants, PA	
Company Address	1100 North St. Francis, Wichita, KS 67214
Contract Service(s)	Infectious Disease
Qualifications and Experience	Infectious Disease Consultants provide comprehensive consultations, care and education for patients with complex infectious diseases at the request of your Primary Care or Specialty Physician.

Inpatient Physicians, PC fka South Sound Inpatient Physicians	
Company Address	1123 Pacific Avenue, Tacoma, WA 98402
Contract Service(s)	Hospitalist Services
Qualifications and Experience	Sound Physicians is a physician-founded and led organization providing services across the acute episode of care – through emergency medicine, critical care, hospital medicine, population health, telemedicine and physician advisory services.

Institutional Eye Care	
Company Address	8951 Bonita Beach Road; #525; Suite 369, Bonita Springs, FL 34315
Contract Service(s)	Optometry
Qualifications and Experience	Institutional Eye Care is the country's largest on-site visions services provider to correctional facilities. With a network of over 700 licensed and credentialed professionals, our partnerships extend to all 50 states, and we have provided on-site vision services internationally since 2000.

Integrity Imaging PA	
Company Address	1300 East 5th Avenue, Winfield, KS 67156
Contract Service(s)	Radiation Oncology
Qualifications and Experience	Integrity Imaging, PA has been in business for 13 years providing diagnostic radiation as their primary specialization.

James, Richard N. DPM	
Company Address	1230 East 6th Avenue; Suite 2A, Winfield, KS 67156
Contract Service(s)	Podiatry
Qualifications and Experience	Treats conditions and disorders of the foot, ankle and lower leg.

Jayhawk File Express, LLC	
Company Address	601 Southeast 5th Street, Topeka, KS 66601
Contract Service(s)	Imaging Services
Qualifications and Experience	Jayhawk File Express services include both hard-copy and digital records storage and management, document imaging, document, digital media and hard drive destruction, and computer backup tape storage and rotation services.

Kansal Eye Physicians	
Company Address	1499 East Iron Avenue, Salina, KS 67401
Contract Service(s)	Ophthalmology
Qualifications and Experience	We offer a variety of surgical options depending on the eye treatment needed. To learn more scroll down and see the surgical and non-surgical options provided. Surgery can be performed by an ophthalmologist to remove cataracts.

Kansas City Hospice & Palliative Care	
Company Address	9221 Ward Parkway; Suite 100, Kansas City, MO 64114
Contract Service(s)	Hospice Care
Qualifications and Experience	Kansas Palliative & Hospice Care is a community based hospice care organization dedicated to hospice care and focused on meeting or exceeding our patients' individual medical, emotional

	and spiritual needs, while making each remaining moment as meaningful as possible.

Kansas Medical Center, LLC	
Company Address	1124 W. 21st St., Andover, KS 67002
Contract Service(s)	Hospital
Qualifications and Experience	Kansas Medical Center is a fully physician owned hospital. In addition to our owners, we have many doctors on staff that cover a wide array of specialties.

Kansas Medical Clinic	
Company Address	2200 Southwest 6th Avenue; Suite 104, Topeka, KS 66606
Contract Service(s)	Multi-Specialty Group
Qualifications and Experience	Kansas Medical Clinic is a multi-specialty group that provides dermatology and gastroenterology services.

Kansas Nephrology Physicians, P.A.	
Company Address	1035 North Emporia; Suite 105, Wichita, KS 67214
Contract Service(s)	Nephrology
Qualifications and Experience	KNP has 7 physicians, supporting 15 clinic locations, 14 dialysis facilities and 4 home dialysis programs to provide the best care for our patients.

Katz Rehab Services, P.A.	
Company Address	200 W. Douglas Avenue Suite 250, Wichita, KS 67202
Contract Service(s)	Physical Therapy
Qualifications and Experience	Katz Rehab Services specializes in rehab through physical and occupational therapy.

KC Pulmonary Associates	
Company Address	8919 Parallel Parkway, Kansas City, KS 66112
Contract Service(s)	Pulmonology
Qualifications and Experience	Kansas City Pulmonary Clinic specializes in Critical Care Medicine, Internal Medicine, Pulmonary Disease and Sleep Medicine with 8 physicians.

Kepke, Dennis MD	
Company Address	PO Box 126, Wilson, KS 67490
Contract Service(s)	Internal Medicine
Qualifications and Experience	Dr. Kepke has over 39 years of medical practice.

Kongs, Laura PT	
Company Address	2708 SW Indian Hills Road, Topeka, KS 66614
Contract Service(s)	Physical Therapy/Telemedicine
Qualifications and Experience	Ms. Kongs is a Registered Physical Therapist.

Lawrence Cancer Center or Precision Cancer Center	
Company Address	3330 Arkansas Street; Suite 120, Lawrence, KS 66044
Contract Service(s)	Oncology
Qualifications and Experience	We offer treatment for a comprehensive list of malignancies and participate in the major clinical trials that are ongoing in the country. We pride ourselves on providing state of the art care and are accredited by the American College of Radiation Oncology (ACRO). All of our physicians are board certified by the American Board of Radiology (ABR).

Leavenworth County EMS	
Company Address	500 Eisenhower; Suite 103, Leavenworth, KS 66048
Contract Service(s)	Ambulance
Qualifications and Experience	Since 1976, the mission statement of Leavenworth County EMS is to provide quality, responsive and cost effective prehospital advanced life support care and transport to the citizens.

Leavenworth Kansas City Imaging, PA	
Company Address	9201 Parallel Parkway, Kansas City, KS 66112
Contract Service(s)	Radiation Oncology
Qualifications and Experience	Leavenworth Kansas City Imaging specializes in diagnostic radiology.

Lichty, Jonas A. DDS, MD, PA	
Company Address	1919 North Webb Road, Wichita, KS 67206
Contract Service(s)	Oral Maxillofacial Surgery
Qualifications and Experience	Dr. Lichty specializes in oral and maxillofacial surgery

Life Touch EMS, LLC	
Company Address	901 East Crawford Street, Suite 300, Salina, KS 67401
Contract Service(s)	Ambulance Service
Qualifications and Experience	At Life Touch EMS, our family takes care of patients like they are members of our own family, and we know there is a lot at stake each time we take your precious cargo somewhere in one of our ambulances.

Lincoln Center Obstetrics & Gynecology, PA	
Company Address	800 Southwest Lincoln Street, Topeka, KS 66606
Contract Service(s)	OB/GYN
Qualifications and Experience	Lincoln Center Obstetrics & Gynecology is a specialty group practice providing compassionate, high quality, individualized, affordable and progressive medical care to women of all ages in Topeka and Northeast Kansas.

Lipman, Randee E. MD, PA	
Company Address	1515 South Clifton; Suite 320, Wichita, KS 67218
Contract Service(s)	Cardiology
Qualifications and Experience	Randee E Lipman, MD is a cardiovascular disease internal medicine in Wichita, KS with 36 years of experience. The provider is an internist who specializes in diseases of the heart and blood vessels and manages complex cardiac conditions such as heart attacks and life-threatening, abnormal heartbeat rhythms.

Lloyd, Michael F. DO, PA	
Company Address	9350 East 35th Street North; Suite 101, Wichita, KS 67226
Contract Service(s)	Cardiology
Qualifications and Experience	Dr. Lloyd has over 30 years of experience. Specialties include cardiovascular disease and internal medicine.

Lui, Nason M.D. P.A.	
Company Address	1516 Southwest 6th Street, Topeka, KS 66606
Contract Service(s)	General Surgery
Qualifications and Experience	Dr. Nason Lui, MD is a general surgery specialist in Topeka, KS. He graduated from Northwestern University The Feinberg School Of Medicine and specializes in general surgery.

Maksoud, Aziz R. M.D., PA	
Company Address	9350 East 35th Street North; Suite 101, Wichita, KS 67226
Contract Service(s)	Cardiology
Qualifications and Experience	Dr. Aziz Maksoud, MD is an interventional cardiology specialist in Wichita, KS and has been practicing for 21 years. He specializes in interventional cardiology, cardiology, and more.

McKesson Medical-Surgical	
Company Address	8121 10th Avenue North, Golden Valley, MN 55427
Contract Service(s)	Medical Supplies
Qualifications and Experience	McKesson Medical-Surgical is a medical distributor offering medical supplies, healthcare solutions, distribution services and clinical resources.

Medevac Med America, Inc. dba American Medical Response	
Company Address	1902 Foxridge Drive, Kansas City, KS 66106
Contract Service(s)	Ambulance
Qualifications and Experience	American Medical Response, Inc. (AMR) is a medical transportation company in the United States that provides and manages community-based medical transportation services, including emergency (911), non-emergency and managed transportation, fixed-wing air ambulance and disaster response. AMR employs more than 28,000 clinicians and has a fleet of more than 6,600 ambulances, as well as air ambulances and contracted vehicles that transport people living in more than 4,000 communities nationwide.

Metro Courier, Inc.	
Company Address	4949 South Lulu Court, Wichita, KS 67216
Contract Service(s)	Courier Services
Qualifications and Experience	Since 1985 we've been delivering something just as important as your package: trust and security. We maintain our own fleet, from cars to vans to box trucks. Our drivers are uniformed Metro team members, not contractors. And our Service Guarantee accompanies every delivery.

Mid-Kansas Dermatology Clinic	
Company Address	1861 North Rock Road; Suite 310, Wichita, KS 67206
Contract Service(s)	Dermatology
Qualifications and Experience	Mid-Kansas Dermatology Clinic is a patient-oriented, scientifically-based dermatology practice, dedicated to providing personalized care and the latest technology

Midland Care Hospice House	
Company Address	200 Southwest Frazier Circle, Topeka, KS 66606
Contract Service(s)	Hospice Care
Qualifications and Experience	For over four decades, Midland Care has been a pioneer and leader in responding to the most challenging health care needs in our community. Midland Care now offers an integrated

	community care delivery system addressing social, physical and spiritual needs, improving quality of life for our aging population to keep seniors at home and independent longer, as a vital part of our community.

Midwest Gastroenterology Clinic	
Company Address	1035 North Emporia; Suite 270, Wichita, KS 67214
Contract Service(s)	Gastroenterology
Qualifications and Experience	Midwest Gastrointestinal Associates (MGI), is the area's best choice for high quality and cost-effective digestive health care. MGI is dedicated to the care of patients with gastrointestinal conditions.

Midwest Medical Specialist, P.A.	
Company Address	5330 North Oak Trafficway; Suite 201, Kansas City, MO 64118
Contract Service(s)	Multispecialty Group/Hearing Aid Fitting
Qualifications and Experience	Midwest Medical Specialists, P.A. was founded in 1995, joining the specialties of Dermatology and Otolaryngology. Our practice currently has 4 Board Certified Dermatology physicians and 3 Board Certified/Board Eligible ENT physicians, with one of those physicians being a dual specialty physician who treats both dermatology and ENT patients.

Midwest Pathology Associates, LLC	
Company Address	7301 College Boulevard; Suite 101, Overland Park, KS 66210
Contract Service(s)	Pathology
Qualifications and Experience	Midwest Pathology Associates, LLC is a health care organization with anatomic pathology and clinical pathology as their primary medical specialization.

Midwest Surgical PA	
Company Address	1431 South Bluffview; Suite 210, Wichita, KS 67218
Contract Service(s)	General Surgery
Qualifications and Experience	Midwest Surgical PA is a group practice which specializes in colon and rectal surgery and general surgery.

Midwest Vascular Access	
Company Address	8207 Melrose Drive; Suite 150 Lenexa, KS 66214
Contract Service(s)	Health Care Services
Qualifications and Experience	We are experts in all facets of vascular disease. Our medical services are focused on cutting-edge, image guided, minimally invasive procedures that treat a wide spectrum of disorders with

	the latest technology, resulting in the least amount of risk and the shortest recovery time.

MobilexUSA	
Company Address	930 Ridgebrook Road; 3rd Floor, Sparks, MD 21152
Contract Service(s)	Diagnostic Services
Qualifications and Experience	As America's leading provider of mobile imaging services, our MobilexUSA X-Ray technologists and sonographers travel to more than 7,000 facilities located throughout most of the United States.

Moore, James, MD	
Company Address	315 Robin Court, Newton, KS 67114
Contract Service(s)	Telemedicine
Qualifications and Experience	Dr. Moore is a psychiatry specialist and has been practicing for 45 years.

Mowery Clinic	
Company Address	737 East Crawford Street, Salina, KS 67401
Contract Service(s)	Multi-Specialty Group
Qualifications and Experience	Mowery Clinic has a proud history of caring for the residents of Salina and Central Kansas since 1934. Today the Clinic is a multi-specialty clinic with physicians caring for newborns to geriatrics.

Nephrology Associates	
Company Address	2790 Clay Edwards Drive; Suite 410, North Kansas City, MO 64116
Contract Service(s)	Nephrology
Qualifications and Experience	Established in 1979, Nephrology Associates prides itself on providing the highest quality of care to all patients with chronic kidney disease and other kidney disorders in the greater Kansas City area. Since the first day Nephrology Associates has grown to an interdisciplinary team of twelve Nephrologists, five nurse practitioners and a qualified staff to assist you with your healthcare needs.

Nephropath dba Arkana	
Company Address	10810 Executive Center Drive; Suite 100, Little Rock, AR 72211
Contract Service(s)	Nephrology
Qualifications and Experience	We provide renal pathology, serology, neuropathology, biopharma services, and molecular (genomic) services. We've doubled down on our commitment to research and teaching. We've recently added a world-class zebrafish research lab. We are actively working toward the day that our research yields breakthroughs

	that make our services unnecessary. Eradicating rare and common diseases is the end game of all of our efforts because patient health is foremost in our minds every day.

Neurology Consultants of Kansas	
Company Address	2135 North Collective Lane, Wichita, KS 67206
Contract Service(s)	Neurology
Qualifications and Experience	Neurology Consultants of Kansas is dedicated to giving you the compassionate care and treatment you deserve. Our neurologists have been partners for over 20 years, and have established a strong reputation based on trust, relationships, and results.

Northeast Kansas GI Consultants, PA	
Company Address	920 Sixth Avenue, Leavenworth, KS 66048
Contract Service(s)	Gastroenterology
Qualifications and Experience	Northeast Kansas GI Consultants PA is focused on providing high-quality service and customer satisfaction - we will do everything we can to meet your expectations. We offer comprehensive Gastroenterology services.

Norton County Hospital	
Company Address	102 East Holme Street, Norton, KS 67654
Contract Service(s)	Hospital
Qualifications and Experience	The Norton County Hospital is a 25-bed critical access hospital and Level IV trauma center, and along with the Norton Medical Clinic, provides medical services for residents in Norton County and surrounding northwest Kansas and southwest Nebraska communities.

NovaCare Outpatient Rehabilitation East, Inc.	
Company Address	400 Technology Drive; Suite 240, Cononsburg, PA 15317
Contract Service(s)	Physical Therapy
Qualifications and Experience	At Novacare, we provide industry-leading and outstanding physical therapy, hand therapy and rehabilitation to help our patients recover from injuries and prevent future problems.

Ottley Neurology Center	
Company Address	1212 B. East 27th Street; Suite 1, Hays, KS 67601
Contract Service(s)	Neurology
Qualifications and Experience	Dr. Barbara-Jean Ottley, MD is a neurology specialist in Hays, KS and has been practicing for 25 years.

Overland Park Orthopedics, LLC	
Company Address	12200 West 106th Street; Suite 400, Overland Park, KS 66215
Contract Service(s)	Orthopedics
Qualifications and Experience	Dr. Daniel Farrell specializes in orthopedic surgery. He delivers comprehensive orthopedic care using the most advanced techniques and tools available today. Dr. Farrell uses the latest medical technology with the state of art medical facility to provide his patients the best possible outcome.

Parikh, Dhaval M.D., PA	
Company Address	9350 East 35th North; Suite 101, Wichita, KS 67226
Contract Service(s)	Cardiology
Qualifications and Experience	Dr. Parikh is a cardiac electrophysiology specialist.

Pawnee Valley Community Hospital, Inc.	
Company Address	923 Carroll Avenue, Larned, KS 67550
Contract Service(s)	Hospital
Qualifications and Experience	The University of Kansas Health System Pawnee Valley Campus, formerly Pawnee Valley Community Hospital, plays a vital role in the community as a Critical Access Hospital serving the medical needs of Pawnee County, Kansas. The hospital became part of The University of Kansas Health System in 2017, providing people in Pawnee and surrounding counties with greater access to the most advanced care.

Plainville Ambulance Service	
Company Address	109 Southwest 9th Street, Plainville, KS 67663
Contract Service(s)	Ambulance
Qualifications and Experience	Ambulance service specializing in emergency response.

Platte Valley Medical Group	
Company Address	816 22nd St., Suite 100, Kearney, NE 68845
Contract Service(s)	Multi-Specialty Group
Qualifications and Experience	Platte Valley Medical Group is a multi-specialty physician organization located in Kearney Nebraska. Our team of providers have been proudly serving patients from communities in Central Nebraska, Northern Kansas, and beyond for over 60 years.

Premsingh, Nalini G. M.D. d.b.a. The Heart Clinic	
Company Address	1601 Meadowlark Lane; Suite B, Kansas City, KS 66102
Contract Service(s)	Cardiology
Qualifications and Experience	Dr. Nalini Premsingh, MD is a cardiology specialist in Kansas City, KS and has been practicing for 43 years.

Prime Healthcare Services-Leavenworth Surgery Center, LLC dba Saint John Surgery Center	
Company Address	3550 S. 4th St., Suite G1, Leavenworth, KS 66048-5071
Contract Service(s)	Hospital
Qualifications and Experience	Whether you and your family need top-notch emergency care or are looking for senior behavioral health services for a loved one, the physicians, nurses and clinicians at Saint John are top performers.

Progressive Therapy & Sports Medicine	
Company Address	117 West 6th, Larned, KS 67550
Contract Service(s)	Physical Therapy
Qualifications and Experience	Progressive Physical Therapy is an outpatient physical therapy and rehabilitation practice that specializes in Physical Therapy & Sports Medicine. We are dedicated to providing the highest quality of care in a friendly and encouraging environment. Our treatment is based on state-of-the-art medical technology along with hands-on care.

Providence Medical Center	
Company Address	8929 Parallel Parkway, Kansas City, KS 66112
Contract Service(s)	Hospital/General Acute
Qualifications and Experience	This hospital's mission is to deliver compassionate, quality care to patients and better healthcare to communities.

Radiology Associates of Hays PA	
Company Address	2220 Canterbury Drive, Hays, KS 67601
Contract Service(s)	Radiation Oncology
Qualifications and Experience	Radiology Associates of Hays specializes in diagnostic radiology.

Radiology Professionals of Hutchinson, LLC	
Company Address	1701 East 23rd Street, Hutchinson, KS 67502
Contract Service(s)	Radiation Oncology

Qualifications and Experience	There are two health care providers, specializing in diagnostic radiology, interventional radiology, nuclear medicine, interventional radiology, nuclear medicine.

Reifschneider Eye Center, PA	
Company Address	101 6th Avenue; Suite 100, Leavenworth, KS 66048
Contract Service(s)	Ophthalmology
Qualifications and Experience	The eye care center Reifschneider Eye Center offers ophthalmology services, optometry services, cataract surgery, eyelid surgery, BOTOX and more.

Reusser, Layne M. M.D., PA	
Company Address	9350 East 35th Street North; Suite 101, Wichita, KS 67226
Contract Service(s)	Cardiology
Qualifications and Experience	Dr. Layne Reusser, MD is an internal medicine specialist in Wichita, KS and has been practicing for 26 years.

Ridgewood Surgery & Endoscopy Center, LLC	
Company Address	4013 North Ridge Road; Suite 100, Wichita, KS 67205
Contract Service(s)	Ambulatory Surgery Center
Qualifications and Experience	Ridgewood Surgery and Endoscopy center is locally owned by a group of Physicians. Our Facility offers 3 fully – equipped operating rooms and 1 procedure room.

Rooks County Health Center	
Company Address	1210 N. Washington, PO Box 389, Plainville, KS 67663
Contract Service(s)	Hospital
Qualifications and Experience	Rooks County Health Center is committed to maintaining and restoring health, enhancing the dignity of the individual and fostering life from beginning to end in an empathetic, caring and professional environment. We believe that health care depends on a combination of medical technology, caring and skilled medical professionals and an excellent medical environment.

Saint John Hospital	
Company Address	3500 5th 4th Street, Leavenworth, KS 66048
Contract Service(s)	Hospital/General Acute
Qualifications and Experience	Saint John is a local, full-service hospital.

Sale, Dennis DO	
Company Address	1 Riverfront Plaza, Suite 100, Lawrence, KS 66044
Contract Service(s)	Medical Director
Qualifications and Experience	Dr. Sale is a family medicine specialist.

Select Physical Therapy Holdings, INC	
Company Address	2916 S. 4th St. Suite 300, Leavenworth, KS 66048
Contract Service(s)	Physical Therapy
Qualifications and Experience	Select Physical Therapy is the leading physical therapy service provider. Select's therapy team works directly with you and your referring physician to create a plan of care that meets your overall goals. Our therapists are dedicated to the communities they serve and to helping you discover the power of physical therapy.

Snap Diagnostics	
Company Address	5210 Capital Drive, Wheeling, IL 60090
Contract Service(s)	Sleep Studies
Qualifications and Experience	We have been serving sleep testing needs in medical practices since 1996. Medical practices throughout the US have referred hundreds of thousands of patients for our home sleep test.

St. Francis Health Center	
Company Address	1700 Southwest 17th Street, Topeka, KS 66608
Contract Service(s)	Hospital
Qualifications and Experience	The University of Kansas Health System St. Francis Campus in Topeka, Kansas, provides inpatient care within a 378-bed hospital facility and 15 outpatient clinics, where patients from across the Topeka region can visit their primary and specialty care providers.

St. Luke's Cushing Hospital, Inc	
Company Address	711 Marshall Street, Leavenworth, KS 66048
Contract Service(s)	Hospital
Qualifications and Experience	Patients have access to streamlined, state-of-the-art emergency, inpatient, and diagnostic services from emergency physicians and experienced registered nurses and staff. Patients in Cushing's Emergency Department also have access to heart and stroke protocols.

St. Luke's South Hospital	
Company Address	12300 Metcalf Avenue, Overland Park, KS 66213
Contract Service(s)	Hospital
Qualifications and Experience	Saint Luke's South Hospital in Overland Park, Kansas, is the only hospital in Johnson County awarded five stars by the Centers for Medicare & Medicaid Services for quality measures including safety, effectiveness, and patient experience.

Steckley, Richard A. MD., PA	
Company Address	9530 East 35th Street North; Suite 101, Wichita, KS 67226
Contract Service(s)	Cardiology
Qualifications and Experience	Dr. Richard Steckley, MD is a cardiology specialist in Wichita, KS and has been practicing for 40 years.

Stericycle, Inc.	
Company Address	28161 N. Keith Drive, Lake Forest, IL 60045
Contract Service(s)	Biohazardous Waste Removal
Qualifications and Experience	Stericycle specializes in dependable medical waste disposal solutions for large and small quantity generators.

Stockton Ambulance Service dba Rooks County EMS	
Company Address	115 South Walnut Street, Stockton, KS 67669
Contract Service(s)	Ambulance
Qualifications and Experience	Rooks County EMS Service strives each day to provide the highest quality of pre-hospital care to all that we serve. Rooks County EMS is a volunteer service operating with 50 volunteers of Nurses, Paramedics, AEMT's, EMT's and EMR's.

Stormont-Vail Healthcare, Inc.	
Company Address	1500 Southwest Tenth Avenue, Topeka, KS 66604
Contract Service(s)	Hospital
Qualifications and Experience	Stormont Vail Hospital is a 586-bed acute care referral center in Northeast Kansas.

Surgery Center of South-Central Kansas	
Company Address	1708 East 23rd Street, Hutchinson, KS 67502
Contract Service(s)	Ambulance Surgery Center
Qualifications and Experience	Surgery Center of South-Central Kansas is a state-of-the-art outpatient surgery center with two operating rooms and a laser room.

Surgical Specialists, PA	
Company Address	4013 North Ridge Road; Suite 210, Wichita, KS 67205
Contract Service(s)	General Surgery
Qualifications and Experience	Our goal is to provide quality surgical care to our patients and timely, courteous service to those physicians who refer patients to us.

Susan B. Allen Memorial Hospital	
Company Address	720 West Central Avenue, El Dorado, KS 67042
Contract Service(s)	Hospital/General Acute
Qualifications and Experience	The mission of Susan B. Allen Memorial Hospital is to provide compassionate, professional healthcare to the people we serve.

Symphony Diagnostic Services No. 1 d/b/a: MobilexUSA	
Company Address	13773 Icot Boulevard; Suite 102, Clearwater, FL 33760
Contract Service(s)	Diagnostic Services
Qualifications and Experience	As America's leading provider of mobile imaging services, our MobilexUSA X-Ray technologists and sonographers travel to more than 7,000 facilities located throughout most of the United States.

Tallgrass Orthopedic and Sports Medicine, LLC	
Company Address	6001 Southwest 6th Avenue; Suite 100, Topeka, KS 66615
Contract Service(s)	Orthopedics
Qualifications and Experience	At Tallgrass Orthopedic and Sports Medicine, our orthopedic surgeons and staff provide excellence in orthopedic care in a friendly and professional atmosphere

Tallgrass Surgical Center	
Company Address	6001 Southwest 6th Avenue; Suite 100, Topeka, KS 66615-1004
Contract Service(s)	Ambulatory Surgery Center
Qualifications and Experience	Tallgrass Surgical Center, located in Topeka, Kansas, provide the following surgical specialties: General Surgery, Weight Loss Surgery, Gynecology, Ophthalmology, Orthopedic Surgery, Pain Management, Plastic Surgery (Reconstructive or Cosmetic), Podiatry and Retina Specialties.

Tauke, Jason T. M.D., PA	
Company Address	9350 East 35th Street North; Suite 200, Wichita, KS 67226
Contract Service(s)	Cardiology
Qualifications and Experience	Jason T. Tauke specializes in internal medicine with subspecialties in cardiovascular medicine.

Team Vision Surgery Center	
Company Address	6100 East Central Avenue 6, Wichita, KS 67208
Contract Service(s)	Ambulatory Surgery Center
Qualifications and Experience	We offer a range of procedures at Team Vision Surgery Center to assist you and your physician in treating an eye condition. When patients choose to use an outpatient surgery center, also called an ambulatory surgery center (ASC), most find that the process is much more convenient, as well as more personal. Our center offers a relaxed environment with medical staff focused on offering individualized patient care. Our specialized staff helps each patient's visit go as quickly and smoothly as possible.

Topeka Ear, Nose and Throat	
Company Address	920 Southwest Lane Street; Suite 200, Topeka, KS 66606
Contract Service(s)	Otolaryngology
Qualifications and Experience	Proudly treating NE Kansas' ear, nose and throat needs Established in 1997, Topeka Ear, Nose & Throat relies on an experienced staff of otolaryngologists, audiologists, speech-language pathologists and physician assistants to provide top-notch care for children and adults in Topeka and surrounding areas.

Topeka Hospital, LLC d/b/a The University of Kansas Health System St. Francis Campus	
Company Address	1700 SW 7th Street, Topeka, KS 66606
Contract Service(s)	Hospital
Qualifications and Experience	The University of Kansas Health System St. Francis Campus honors the hospital's proud history delivering world-class, compassionate care close to home. In the Heart of Topeka with a commitment to the community, we continue to evolve to serve future generations here in Topeka, honoring our past and embracing the future.

Topeka Physician Group, LLC d/b/a The University of Kansas Physicians - Topeka	
Company Address	1700 SW 7th Street, Topeka, KS 66606
Contract Service(s)	Multi-Specialty Group
Qualifications and Experience	Topeka Physician Group LLC is a Medical Group that has 18 practice medical offices located in 1 state 3 cities in the USA. There are 123 health care providers, specializing in Obstetrics/Gynecology, Family Practice, Family Medicine, Emergency Medicine, Internal Medicine, Nurse Practitioner, Occupational Therapy, Physical Therapy, Urology, Physician Assistant and more.

United Imaging Consultants, LLC	
Company Address	5800 Foxridge Drive; Suite 240, Mission, KS 66202
Contract Service(s)	Radiation Oncology
Qualifications and Experience	The Mission of United Imaging Consultants is to deliver diagnostic and interventional radiology expertise and care to patients and clinical partners with a strong focus on service excellence and integrity.

United Radiology Group	
Company Address	119 West Iron Avenue, Salina, KS 67401
Contract Service(s)	Radiation Oncology
Qualifications and Experience	United Radiology is dedicated to serving the diagnostic needs of rural Kansas. The mammography coach is an integral part of our commitment to rural hospitals and clinicians of Kansas. We have increased our services and deepened our commitment to these rural Kansas clinics and hospitals with the purchase of a new 3D tomosynthesis mobile.

University of Kansas School of Medicine Wichita Medical Practice Association	
Company Address	1010 N. Kansas, Suite 3049, Wichita, KS 67214
Contract Service(s)	Telemedicine
Qualifications and Experience	The University of Kansas School of Medicine-Wichita Medical Practice Association (MPA) was established to provide medical education, research, and medical care through its members who are full-time faculty at the University of Kansas School of Medicine-Wichita. Our physicians, psychologists, and other providers care for patients several outpatient clinics.

Via Christi Health, Inc.	
Company Address	929 North St. Francis Street, Wichita, KS 67214
Contract Service(s)	Hospital/General Acute
Qualifications and Experience	Ascension Via Christi is the largest provider of health services in Kansas, delivering a continuum of high-quality, compassionate care to people throughout the region. Through our integrated network we provide state-of-the-art acute care, behavioral healthcare, senior communities, home healthcare and family medicine care.

Vitreo-Retinal Consultants & Surgeons, P.A.	
Company Address	530 North Lorraine Street, Wichita, KS 67214
Contract Service(s)	Ophthalmology
Qualifications and Experience	At Vitreo-Retinal Consultants, our ophthalmologists are specially trained to detect even the rarest retinal disease and provide a specific treatment plan or perform a surgical procedure to slow down the progress or eliminate the disease in order to prevent vision loss.

Washburn Surgery Center	
Company Address	619 Southwest Corporate View, Topeka, KS 66615-1233
Contract Service(s)	Ambulatory Surgery Center
Qualifications and Experience	Heartland Eye Care has its own state licensed and fully accredited surgical center, Washburn Surgery Center. Our surgery center is conveniently located just across the hall from our office. Here we perform cataract surgery, diagnostic testing, and laser procedures in our pleasant, comfortable and fully equipped facility.

Wesley Pathology Consultants	
Company Address	8200 East 34th Circle North Suite 1404, Wichita, KS 67226
Contract Service(s)	Pathology
Qualifications and Experience	Wesley Pathology Consultants, Pa is a Medical Group that has only one practice medical office located in Wichita KS. There are 5 health care providers, specializing in Pathology, being reported as members of the medical group.

WestGlen Endoscopy Center, LLC	
Company Address	16663 Midland Drive; Suite 200, Topeka, KS 66217
Contract Service(s)	Ambulatory Surgery Center
Qualifications and Experience	WestGlen Endoscopy Center is an outpatient endoscopic facility specializing in colorectal cancer screening and the treatment of various digestive diseases. We believe in compassionate medicine, where patients feel reassured and unrushed.

WestGlen Gastrointestinal Consultants	
Company Address	7230 Renner Road, Shawnee, KS 66217
Contract Service(s)	Gastroenterology
Qualifications and Experience	WestGlen Gastrointestinal Consultants in Kansas City, feeling better is closer than you think. Our practice is committed to delivering the care you deserve. We provide a broad range of

	treatment, for virtually the entire range of liver, biliary tract, and gastrointestinal disease. All our doctors are Board Certified.

Whittington, Christian, MD	
Company Address	804 State St., Larned, KS 67550
Contract Service(s)	Family Medicine
Qualifications and Experience	Dr. Christian Whittington, MD is a family medicine specialist in Larned, KS and has been practicing for 18 years. He graduated from University of Kansas / School of Medicine in 1998 and specializes in family medicine.

Wichita Ear Clinic, PA	
Company Address	9350 East Central, Wichita, KS 67206
Contract Service(s)	Otolaryngology
Qualifications and Experience	Wichita Ear Clinic is the preeminent surgical group in the area specializing in hearing, dizziness, inner ear, skull base and facial nerve disorders in children and adults. Our team is dedicated to providing the highest quality of compassionate healthcare for all disorders of the ear and related structures.

Wichita Endoscopy Center, LLC	
Company Address	9050 East 29th Street North; Suite 100, Wichita, KS 67226
Contract Service(s)	Ambulatory Surgery Center
Qualifications and Experience	Wichita Falls Endoscopy Center is committed to providing safe care for our patients. Wichita Falls Endoscopy Center is accredited by Medicare and the Accreditation Association for Ambulatory Health Care (AAAHC).

Wichita State University/Evelyn Cassat Speech-Language Clinic	
Company Address	1845 Fairmount, Wichita, KS 67260-0038
Contract Service(s)	Audiology/Hearing Aids
Qualifications and Experience	The Evelyn Hendren Cassat Speech-Language-Hearing (SLH) Clinic at Wichita State University offers diagnostic and clinical services to the general public in the areas of speech, language and hearing disorders.

William Newton Memorial Hospital	
Company Address	1300 East 5th Avenue, Winfield, KS 67156
Contract Service(s)	Hospital/General Acute
Qualifications and Experience	William Newton Memorial Hospital, established in 1927 and located in Winfield, Kan., is a nonprofit community general

	hospital licensed for more than 90 beds that offers a variety of services to the area community.

Zarnow, Hilary MD	
Company Address	720 West Central Avenue, El Dorado, KS 67042
Contract Service(s)	Radiation Oncology
Qualifications and Experience	Dr. Hilary Zarnow, MD is a diagnostic radiology specialist in El Dorado, KS and has been practicing for 45 years. He graduated from University Of Illinois College Of Medicine in 1969 and specializes in diagnostic radiology.

(f) 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.

Corizon Health has provided financial statements for the two (2) most recent fiscal years in **Attachment H.** With the intention of open and full disclosure, we have provided the available (unaudited) financial statements for Corizon, LLC, which are followed by the audited financial statements for Valitás Health Services, Inc., as required by the RFP. In addition, we have provided the unaudited financial statements for PharmaCorr, LLC, a wholly-owned pharmacy subsidiary of Corizon, LLC.

(g) 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.

A description of all legal action, pending, or in the past five (5) years, that resulted in decision against Corizon Health, or any legal action against any other company that has occurred as a result of business association with Corizon Health is provided in **Attachment I.**

2.5
QUALIFICATIONS

2.5 Qualifications

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. Additionally, bidders must:
(a) Demonstrate the ability to provide a system of technical and medical support, as well as professional staff development.
(b) Demonstrate recruiting and retention capabilities.
(c) Demonstrate recent experience in achieving and maintaining NCCHC and ACA accreditation in correctional facilities.
(d) Demonstrate the ability for processing and handling bill payment services with a history of timely bill payments to current subcontractors and vendors.

For over forty years Corizon Health has been an industry leader **focused exclusively on developing and operating correctional-based health care systems.** This focused experience with hundreds of clients and millions of patient encounters over the past years has enabled us to build a health care delivery system established on replicable, evidence-based best practices. These best practices include continuous quality improvement principles, utilization management practices, reentry planning, telehealth programs, and accreditation standards. Our health care delivery system platform embraces a population health/risk-based approach with a patient-centered focus.

We began by serving our first client in 1978. Together, Corizon Health affiliated companies make up one of the largest and most experienced providers of modern correctional healthcare in the United States. Our programs and information technology applications represent the industry's best practices in healthcare delivery.

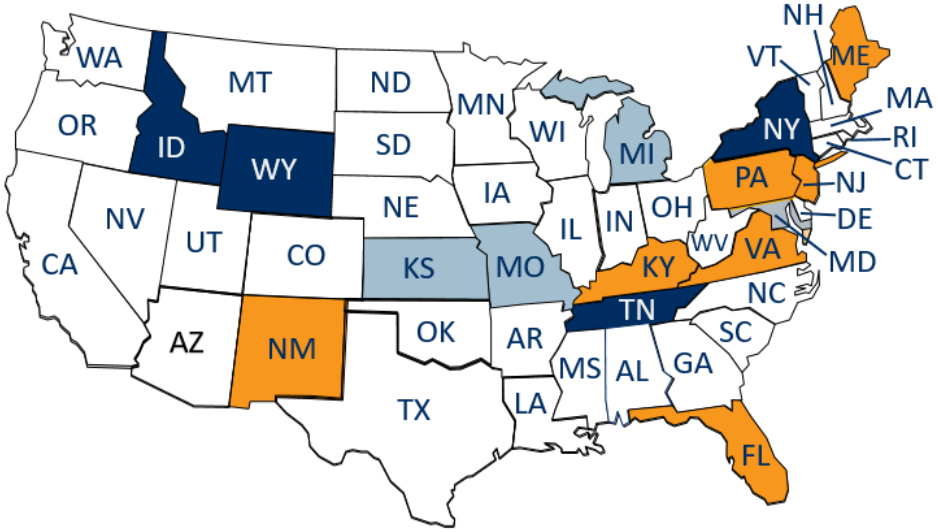
Additionally, we are one of a few correctional healthcare companies that has a wholly owned pharmacy subsidiary – PharmaCorr, LLC. Established in in Oklahoma City in April of 1996, PharmaCorr serves only the corrections industry.

Currently 6,000 Corizon Health employees provide medical and behavioral health care daily for more than 140,000 offenders and detainees in 159 correctional facilities located in 15 states – including Kansas – across a diverse range of facilities and populations including the following:

- Prisons and jails of all security classifications;
- Facility sizes ranging from 25 juveniles to multi-site state prison systems with over 39,000 offenders;
- Male, female, federal, and juvenile populations; and
- Special populations including the elderly, LGBTI, and women's health.

As shown in the map below, we currently partner with 29 clients, representing eight (8) Department of Corrections and twenty-one (21) county or metropolitan contracts. The majority of our statewide contracts have been partners with Corizon Health for five (5) years or more; five (5) have been partners for over ten years.

Our Client Contracts



KEY

Corizon serves state or partial state patients

Corizon serves both prison and jail patients

Corizon serves jail patients

SERVICE SUMMARY – 10/31/2019

- **Total Clients – 29**
- **Department of Corrections – 8**
- **Facilities – 159**
- **Number of States – 15**
- **Average Daily Population – 140,402**

As the table that follows reflects, many of our current large correctional programs represent long-term partnerships that **have grown and succeeded in multiple rebids.**

Corizon Health's Experience with Large Correctional Systems	
Missouri Division of Offender Rehabilitation Services/Department of Corrections	
Years of Service	**27 Years** (December 1992-Present)
ADP	**27,000**
Scope of Services	Medical, Pharmacy, Behavioral Health, Sex Offender Treatment, Dental, and Support Services
Lexington-Fayette County, Kentucky	
Years of Service	**27 Years** (July 1992 – Present)
ADP	**1,300**
Scope of Services	Medical, Dental, and Pharmacy Services
Philadelphia Department of Prisons	
Years	**26 Years** (August 1993 – Present)
ADP	**5,000**
Scope	Medical, Dental, Pharmacy, and Support Services
Polk County Department of Detention	
Years	**19 Years** (January 2001 – Present)
ADP	**2,600**
Scope	Medical, Mental Health, Dental, Pharmacy, and Support Services

Corizon Health's Experience with Large Correctional Systems	
Leon County, Florida	
Years	**17 Years** (October 2002 – Present)
ADP	**1,100**
Scope	Medical, Mental Health, Dental, Pharmacy, and Support Services
Wyoming Department of Corrections	
Years of Service	**14 Years** (July 2005-Present)
ADP	**1,900**
Scope of Services	Medical, Pharmacy, Behavioral Health, Dental and Support Services
Idaho Department of Correction	
Years of Service	**14 Years** (July 2005-Present)
ADP	**7,700**
Scope of Services	Medical, Pharmacy, Psychiatry, Dental, and Support Services
Kent County, Michigan	
Years of Service	**14 Years** (January 2006 – Present)
ADP	**1,000**
Scope of Services	Medical, Mental Health, Dental, and Support Services
Michigan Department of Corrections	
Years of Service	**10 Years** (April 2009-Present)
ADP	**39,000**
Scope of Services	Medical and Psychiatry Practitioner Staffing and Management, Pharmacy, and Support Services
Tennessee Department of Correction	
Years of Service	**7 Years** (July 2012-Present)
ADP	**14,000**
Scope of Services	Mental Health
Kansas Department of Corrections	
Years of Service	**6 Years** (January 2014-Present)
ADP	**10,000**
Scope of Services	Medical, Behavioral Health, Dental, Pharmacy Services and Support Services to all offenders. Substance Use and Sex Offender Treatment Services to the Juvenile Offenders.

In each of the contracts listed above, we are providing essential health care services that are delivered in a manner consistent with best practices and tailored to each client, varying community standards, and the needs of the particular facility. We work closely with other vendors and site staff to ensure clear communication and handoffs occur when referrals are made, and that integrated team efforts support the health of our patients.

We also recognize the unique healthcare needs of juvenile offenders and have worked in partnership with our clients to develop programming specific to the needs of this population. In addition to providing care for juveniles housed at the **Kansas Juvenile Correctional Complex (KJCC),** Corizon Health provides healthcare to juvenile offenders in the following locations:

- Michigan Department of Corrections – 100 juveniles
- Philadelphia (PA) Juvenile Justice Services Center – 154 juveniles
- Essex County (NJ) Juvenile Detention Center – 84 juveniles
- Kent County (MI) Juvenile Detention Center – 61 juveniles
- Polk County (FL) Sheriff's Office – 40 juveniles
- Shawnee County (KS) Youth Detention Facility – 25 juveniles
- Doña Ana County (NM) Juvenile Detention Center – 20 juveniles

Kansas Regional Management Team

We recognize that successful partnerships are built on open and consistent communication and transparency. Corizon Health's regional management team for the KDOC includes seasoned administrators and experienced correctional health care professionals who are committed to meeting and exceeding your expectations.

The framework for Corizon Health's program is to effectively manage the contract through a centralized point of accountability for optimal coordination and management control. **Michael Murphy, Senior Vice President, State Corrections,** will provide executive level oversight and administrative leadership. Mr. Murphy has more than 35 years in the corrections industry with responsibilities ranging from regional management of federal correctional facilities and medical operations to design-build-finance, business development, and oversight of federal/state government and customer relations.

Although each member of our team is integral to our success, the following paragraphs highlight the individuals who will be responsible for the clinical and managerial administration of the KDOC's health care services program.

Teri Gregory – Vice President of Operations, has over 24 years of experience in correctional healthcare and administration. She is **dedicated solely to our contract with the Kansas Department of Corrections (KDOC)** and reports to Michael Murphy, Senior Vice President, State Corrections. Ms. Gregory is ultimately responsible for the provision of comprehensive healthcare services at all KDOC facilities including meeting the expectations of the KDOC, maintaining the standards for providing medical and behavioral health care to the offender population, and meeting the needs of the Corizon Health's clinical staff in Kansas. She also works collaboratively with the KDOC and Corizon Health's corporate leadership to determine, implement, and monitor the strategic direction and plan to meet the KDOC's contract expectations.

Dr. Barry-Lewis Harris, II, MD – Regional Medical Director, joined Corizon Health in 2018. He brings over 23 years' experience providing health care in a several different venues including family practice and serving as Chief Medical Officer/Medical Director for the Memphis Health Center in Memphis, TN. Licensed in the state of Kansas, Dr. Harris received his Doctor of Medicine from James H. Quillen College of Medicine at East Tennessee State University and a B.S. from the University of Tennessee at Martin.

In addition to Ms. Gregory and Dr. Harris, the following senior contract leadership team members will continue to provide comprehensive healthcare services to the KDOC offender population.

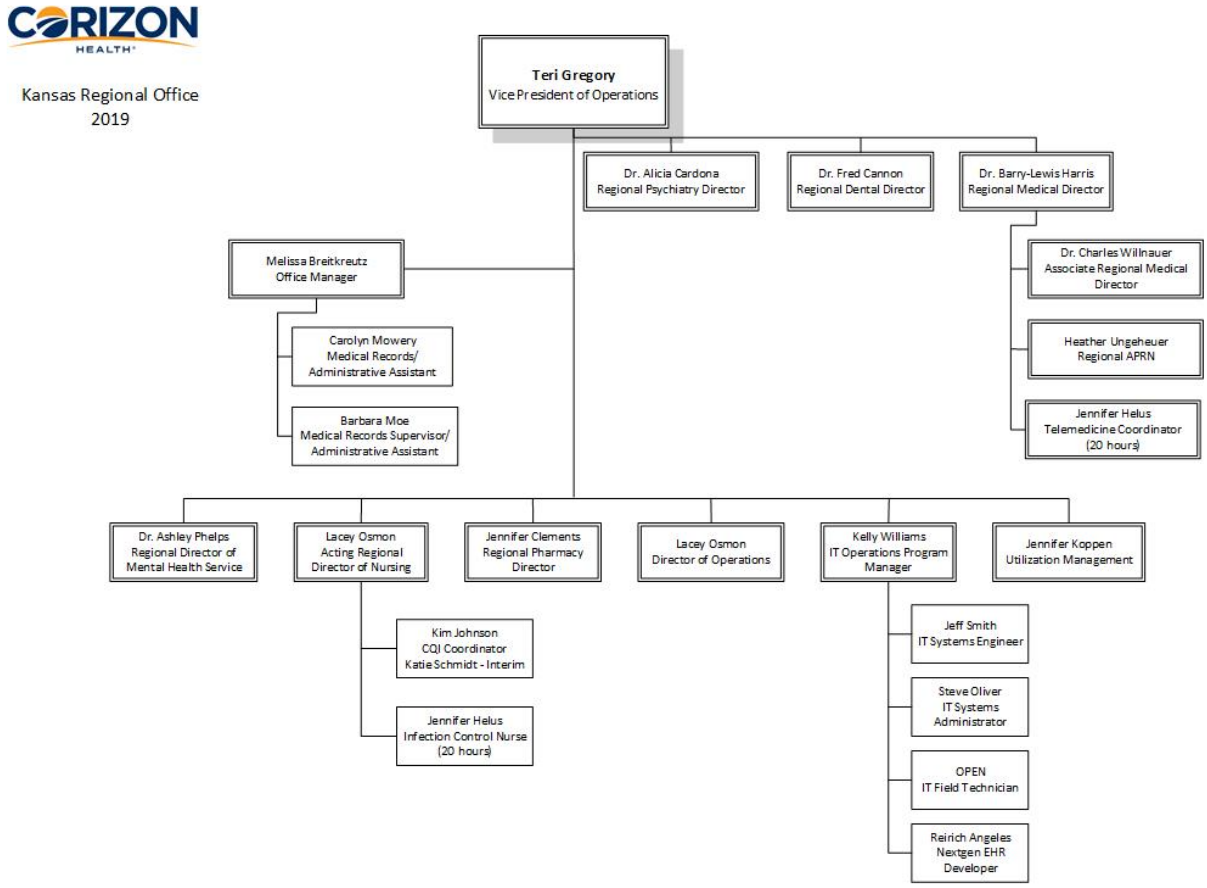
Alicia Cardona, MD – Regional Director of Psychiatry: Dr. Cardona has over six (6) years' experience in providing psychiatric care to offenders and over fifteen years' experience practicing psychiatry. She is Board Certified in Psychiatry and Neurology and has received numerous awards and honors. She is also a member of the American Board of Medical Specialties. As Corizon Health's Regional Director of Psychiatry for the company's contract with the KDOC, Dr. Cardona is responsible for behavioral health services, including mental health and substance abuse programs. She ensures the provision of appropriate and quality health care to offenders, overseeing professional duties, appropriate utilization of services, and approval for off-site mental health services, including inpatient admissions. Dr. Cardona also supervises the professional mental health staff (psychiatrists, psychologists, and clinicians) and administrative staff.

Ashley Phelps, PhD – Regional Behavioral Health Director: Dr. Phelps has over 20 years behavioral health management experience and has served in her present position for over five (5) years. She recently contributed to the creation and publication of the NCCHC's new *Suicide Prevention Resource Guide for Corrections*. As Corizon Health's Regional Behavioral Health Director for the company's contract with the KDOC, Dr. Phelps oversees the behavioral health program leadership and development and is accountable for the quality of behavioral health care provided to the KDOC offenders.

Fred Cannon, DDS – Regional Director of Dentistry: Dr. Cannon has 20 years of correctional dentistry experience and 31 years as a dentist. He is responsible for the KDOC dental care program ensuring quality oral care management and clinical dental care is provided to the KDOC offender population. Dr. Cannon received his Doctor of Dental Surgery from the University of Missouri, Kansas City School of Dentistry and a B.S. in Biology from Northeast Missouri State University.

Lacey Osmon, RN, PMHNP, CCHP – Director of Operations: Ms. Osmon joined Corizon Health's Kansas team in 2015 bringing with her sixteen years of nursing and health care administration experience. As Director of Operations, Ms. Osman is the chief administrative manager responsible for the delivery of contract services including supervision of personnel, budget management, and serving as the liaison for services at the KDOC facilities.

The following **KDOC Regional Office Management Organizational Chart** illustrates the reporting structure for the program. As reflected in this chart, Corizon Health provides a clear, streamlined clinical and administrative reporting structure, governed by and accountable to the KDOC and ensuring strong clinical and administrative management of the program.



Resumes for the contract management leadership shown in the organizational chart are provided in **Attachment F.**

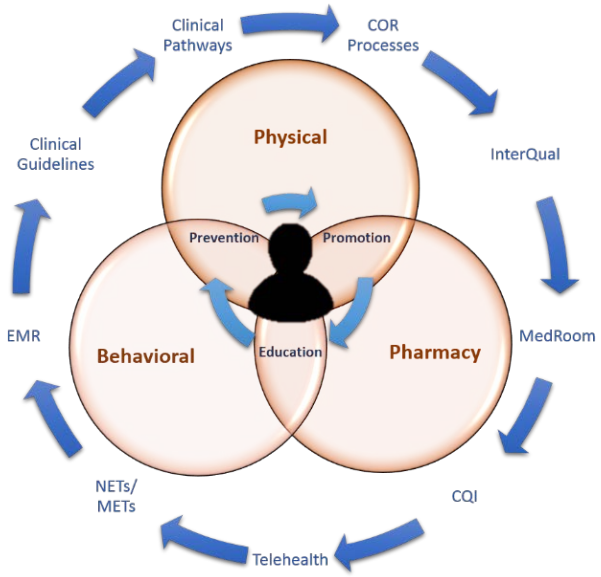
(a) Demonstrate the ability to provide a system of technical and medical support, as well as professional staff development.

Corizon Health's COR Care Model includes many practices we have had in place for years along with developing new innovations and adopting best practices designed to increase efficiency and accountability while reducing risk. Our driving motivation is to do the right thing for our patient: The right care, at the right time, and in the right place. By following these three simple criteria, we fulfill our mission as caregivers and healers within the budgets established to provide this care. Most importantly, this process **aligns with your goals and will make a difference in the lives of our patients and in the well-being of our communities** by ensuring a continuous and standardized care model among all disciplines, processes, and programs.

COR Care model is designed to overcome the challenges of the correctional environment and meet client and community expectations within defined budgetary resources through an integrated care model developed specifically for corrections.

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

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



Preparing the offender for **reentry to the community** is an equally imperative mission. Our healthcare team will work collaboratively with custody and our community partners in a multidisciplinary treatment team to identify the needs of the offender, develop individual reentry plans, and coordinate services. As a further commitment to our reentry efforts, we will conduct a survey of offenders who reenter the system to determine and identify unforeseen barriers to successful reentry.

COR Care Components

There are unique elements contained within the three components of our COR Care Model that differentiate our approach from those of our competitors and firmly validates Corizon Health's position as a leading correctional healthcare provider. **Our COR Care model is the framework for safe and reliable care, and makes Corizon Health a High Reliability Organization (HRO).**

✓ COR Team

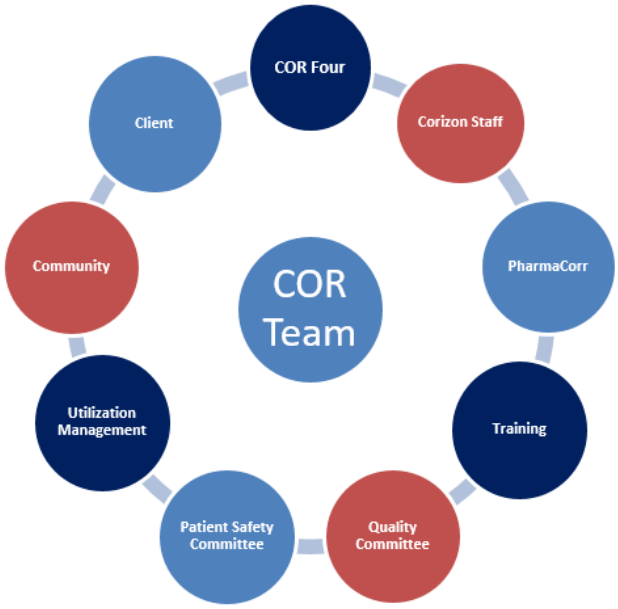
COR Team reflects the teamwork and collaboration required to practice comprehensive healthcare at the patient level, and in the larger healthcare support environment, where every one of us holds some level of accountability for achieving positive health outcomes for our patients. Our COR Team is comprised of our site leaders, staff, and collaborative relationship with our clients, as well as PharmaCorr, community partners, and our Healthcare Support Team. All of our COR Team members are vital to a successful medical program.

COR Four

- Patient care teams are led by our COR Four – the site medical director, behavioral health leader, director of nursing, and health services administrator.
- Our COR Four teams work together to form a multidisciplinary team to provide integrated care to our patients.
- Patients are viewed holistically and we manage what are often multiple health issues as effectively and efficiently as possible.

Corizon Health Staff

- Providers, nursing, behavioral health, and administrative support staff work with site leaders and client partners to deliver effective, timely and efficient care.
- Corizon Health hires qualified individuals and orients them to the correctional environment and the detail of your facility to maximize their success with delivery of care.
- Our staff are considered to be "part of the family". We provide robust benefits and incentives to retain our qualified staff.



Clients

- The success of our programming begins with a strong partnership with our clients.
- The KDOC can expect routine communication from your site and regional leadership team.
- Both site and regional leadership participate in meetings and trainings at the facility.
- We respect the role of the staff. We will work with you to adapt our approach to fit your facility.

Community

- Building strong relationships with community partners, including the ER and hospitals, is a high priority to our success.
- Our physicians are encouraged to round on hospitalized patients and meet with hospital treating physicians.
- Our HSA and other site leaders identify and establish partnerships with community resources to provide services to incarcerated and released patients.

PharmaCorr

- Corizon Health's wholly owned subsidiary pharmacy, PharmaCorr, supports the KDOC program by providing pharmaceutical services.
- PharmaCorr has 20 years of corrections specific pharmacy care.
- PharmaCorr supports our clients by providing training, pharmaceutical inspections, and pharmacist consultation to our sites.

Utilization Management

- Corizon Health site staff will review all cases for clinical need and only refer patients for offsite care if their needs exceed what care is able to be delivered on site.
- Corizon Health has a tracking system to monitor any requests for services and ensure completion of care.
- Our Regional Medical Director and UM nurses consult with site medical providers on a daily basis to ensure appropriate treatment plans are implemented.
- Corizon Health reviews all claims against authorized services to verify accuracy before payment.

Training

- Corizon Health staff receive ongoing training to ensure most current standard of care is applied.
- Corizon Health will develop and implement any training for KDOC staff as determined is appropriate or needed.
- Our staff will participate in all required KDOC trainings.
- Corizon Health offers an extensive learning management system (Torch LMS) with hundreds of clinical courses for our staff to expand their knowledge and skills at no cost to them.

Corizon Health's staff development and plan is described in detail in section *2.11 Technical Literature, section 4.21.5.* A sample training plan has been provided in **Attachment P.**

Patient Safety Committee

- Our multi-disciplinary clinical committee is focused on site and organizational process improvements through implementation of meaningful solutions.
- Sentinel Event reporting allows us to know about and understand both our successes and opportunities for improvement.
- Corizon Health is participating with a federally qualified Patient Safety Organization (PSO), the Center for Patient Safety, making us one of the few correctional healthcare companies to meet this standard.

Quality Improvement Committee

- At Corizon Health, CQI is a company-wide endeavor supported by all departments and employees.
- Our proprietary ***Continuous Quality Improvement Manual*** provides our healthcare team at each site with a framework and the necessary tools to develop a meaningful, site-specific quality improvement program.
- Corizon Health has established a peer review process to facilitate the evaluation of health care providers who provide service in Corizon Health contracts to determine current competency.

✓ COR Processes

Our **COR Process** program is the most visible aspect of **COR Care** at the facility level. It is the standardization and centralization of evidence-based, clinical processes and procedures to improve care, increase quality and lower risk. Through empowering staff with standardized clinical pathways, we provide better care and control costs by better identifying patient needs before health deteriorates and requires more costly interventions.

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

- Intake
- Medication management
- Chronic care
- Infirmary care
- Urgent/emergent care

- Health assessments
- Sick call

Behavioral health concerns are integrated into each of the COR Processes, ensuring timely referrals and interventions.

We believe that the difference between Corizon Health and our competitors is the attention to detail, training and oversight built into our COR Processes. **There simply is nothing else like it available in the correctional healthcare market today.**

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

✓ **COR Tech**

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

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

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

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

(b) Demonstrate recruiting and retention capabilities.

Corizon Health shares the KDOC's commitment to ensure sufficient staffing and resources are provided to maintain effective clinical oversight of the healthcare program and ensure quality patient care is provided. As an employer of healthcare professionals throughout Kansas, including both the KDOC and county jail facilities, we are well aware of the recruitment challenges facing healthcare companies throughout the state, particularly nursing and provider shortages. In fact, we experience many of them ourselves as we compete with other healthcare companies for qualified nursing and provider staff – in markets where the number of available staff is often less than the number of open positions.

Despite these challenges, we undertook a number of initiatives over the past few years to enhance both our current recruiting program and retention of the current healthcare team. The following highlights

some of our key initiatives which continue to show positive results in terms of positions filled and staff retention.

- Improved our 2020 Benefits offerings to reduce out-of-pocket expenses for the majority of employees.
- Conduct periodic surveys to gauge employee satisfaction.
- Conduct thorough exit interviews to research the root cause of turnover and address any issues.
- Reduced overall turnover in the Kansas contract 4% in the last 8 months.
- Implemented sign-on bonuses for several sites which are paid out over an 18 month period to encourage attraction and retention.
- Implemented salary adjustments over the past 2 years which annualized pay at over $1.15 million that impacted employees at eight (8) sites. With an additional four (4) sites planned for adjustments in April 2020, which brings total to 1.4 million to the Kansas team.
- Implemented an employee referral program to encourage attraction of new employees and retention of current employees.

It is Corizon Health's compensation philosophy to pay all employees fairly for their contribution based on a system that considers both internal and external equity. To determine external equity, we conduct periodic surveys to identify the market value for jobs like those Corizon Health positions in the current Kansas contract. Internally, a job evaluation system is used and pay rates are determined from many factors including education, experience, responsibility, performance and market value. Rates are reviewed annually or more often as needed to ensure we remain competitive with the local labor market.

Corizon Health is committed to ensuring employees are paid fairly and competitively and has no intention of reducing the salaries of current employees.

Employee Benefit Program

Providing rewards to Corizon Health employees goes far beyond the paychecks they receive. Our benefits program offers other essential rewards. By sharing in the cost of benefits for all of our employees, Corizon Health makes an investment in its people in return for their hard work and performance. Our comprehensive benefits and pay package is an investment that supports a more balanced, healthier lifestyle for our employees and their families.

In addition to our health plan options, employees also are offered the following benefits:

- Health Savings Account
- Flexible Spending Accounts: Health Care and Dependent Care
- Company-provided Group Term Life & AD&D Life Insurance

- Supplemental Life Insurance Coverage for the Employee, Spouse and Children
- Supplemental AD&D Coverage for the Employee and Family
- Short-term and Long-term Disability Income Protection
- Life Management Plan (EAP)
- Voluntary Critical Illness Coverage
- Voluntary Accident Coverage
- Voluntary Identity Theft Coverage
- Paid Time Off (PTO) Bank
- Extended Sick Leave Bank
- 401(k) Retirement Plan
- Tuition Assistance Plan
- Employee Discount Program for Products and Services
- Continuing Education
- Corizon Health Learning Center (Torch LMS)

Continuing Education Resources

While offering competitive compensation and benefits programs is critical to ensuring we attract qualified candidates, we have also learned that the key to successful retention of those professionals is to recruit individuals who are motivated by a sense of purpose and desire to serve – and provide them an opportunity to learn and grow. Our **Tuition Assistance Program** assists eligible employees in obtaining the education needed in their current job or those jobs into which they may reasonably be expected to advance**. We have found that fostering an environment that encourages career growth not only greatly enhances our ability to retain quality employees, but also greatly improves the integrity of our programs.**

A robust continuing education offering through a partnership with multiple CE/CME content vendors allows our staff to access hundreds of CE/CMEs through Torch LMS. We offer courses specific to behavioral health, dental, nursing, provider diagnosis and treatment as well as corrections-specific courses such as PREA training.

Courses are updated and/or exchanged multiple times throughout the year (annually for those issued on a yearly schedule) and are eligible for Continuing Education because most are approved by national and state-specific accrediting boards such as NASW, APA, etc. Content is selected and updated by members of the Nursing Services and the Training/Organization Development teams.

Recruitment Strategies

Corizon Health understands the importance, for continuity of care, of ensuring that all sites are staffed in accordance with the sites established staffing plan. Sites that are consistently staffed improve the quality of patient care, reduce employee stress and burnout, and minimize employee relations issues that can lead to complaints and lawsuits.

As a company we are focused on attracting and retaining top talent by maintaining competitive salaries and benefits, rewarding high performance, providing an open and inclusive environment where team members are heard, all while answering a call to service.

Corizon Health's **Employee Value Proposition (EVP)** focuses on the following:

1. **Work** – rewarding work focused on serving an underserved population. What our team members do everyday matters.
2. **Rewards** – recognizing employees through our employee recognitions program wherein employees can be nominated for consistently living out the company's SMART (Safety, Motivation, Accountability, Respect and Teamwork) values.
3. **Environment** – providing an open and inclusive environment where team members have a voice.
4. **People** – setting team members up for success through established onboarding practices and throughout their career with opportunities for personal and professional development.
5. **Opportunities** – creating opportunities for career advancement, professional development through formal training and on-the-job learning, and networking opportunities through memberships in professional organizations.

In addition to the employee retention strategies we have implemented (see section *4.22.3.1*), we have a robust talent acquisition program Corizon Health's Talent Acquisition Center of Excellence's (COE) mission is to provide exceptional talent to support Corizon Health as an industry leader and employer of choice. We place the **right person** in the **right role**, at the **right time**, for the **right cost**. These guiding principles are important tenets for how we approach recruiting.

The foundation for effective recruiting is to foster a professional work environment where team members are valued for their contributions to operations. Sophisticated compensation practices are necessary to establish competitive wages and benefits, allowing our talent acquisition team to effectively hire nurses, physicians, and ancillary healthcare professionals. To achieve these results, our talent acquisition process includes:

- **Dedicated Team** – physician recruiters and clinical recruiters, focused by region, by position.
- **Dedicated Administrative Resources** – focused on credentialing, sourcing and advancing the prospective candidate throughout the process.
- **Data-Driven Recruiting Strategies** – leveraging analytics tools enables Corizon Health to use the right candidate sourcing and attraction strategy by knowing where the people are. Corizon Health continues to innovate in talent acquisition by incorporating advanced technologies such as artificial intelligence and predictive analytics to source and understand candidate's motivations and retention potential.
- **Extensive Online Recruitment Advertising** – Corizon Health uses programmatic marketing, which is the latest innovation for Talent Acquisition organizations. Programmatic marketing utilizes artificial intelligence and machine learning to predict with great accuracy the best locations to post jobs online. It also provides unparalleled tracking of job performance. These innovations give our team great predictability and optimizes our investments to truly target our advertising to the most ideal candidate pool. We also utilize a variety of targeted advertising and recruitment brand marketing

tools including an enhanced website, candidate texting and email, and passive candidate sourcing. All Corizon Health career opportunities are optimized on all major search engines to increase marketability and visibility.

- **Best in Class Applicant Tracking System** – Corizon Health has partnered with iCIMS Applicant Tracking System (ATS) to provide a best in class candidate experience. Our ATS also affords our recruiters and operational leaders a streamlined and efficient hiring process.
- **Relationship Recruiting** – Corizon Health's talented recruiters, along with site clinical leaders, work with local colleges and universities, as well as professional associations, to attract local talent through these relationships. We also recognize that great talent follows great talent, and we actively advertise new company opportunities within Corizon Health, in order to promote employee referrals.
- **Salary Surveys** – are conducted regularly by our Compensation Department to ensure competitive wages in the local market.
- **Continuous Review and Planning** – to ensure timely response to changing markets and seasonal and cyclical workforce demands.
- **Military Program** – Corizon Health has developed a military recruiting program that features a dedicated job page for military recruiting. The program is solely focused on attracting and hiring clinical staff through military partnerships.

Technology and Metrics

Our Talent Acquisition COE includes the use of a best in class Applicant Tracking System (ATS), iCIMS, where positions are posted, and recruiters work in real time to source candidates. We have a dedicated Manager, Talent Acquisition who is our system administrator for ATS.

ATS data management is provided through Corizon Health's Talent Acquisition COE. This ensures the appropriate positioning on the web, as well as tracking of the responses to monitor and report best practices. ATS provides a stable and secure portal to ensure that leads are thoroughly investigated, and the results of the contact are reported.

With the use of ATS, as well as our high-touch personal interactions, the transitioning of new candidates becomes seamless and minimizes the extraneous paperwork through implementation of a computerized application and on-boarding process.

ATS provides robust analytics to help us understand the growing needs in staffing, as well as focus on the outcomes of our efforts.

Talent Acquisition COE Team

Corizon Health's Talent Acquisition COE team is tasked with filling thousands of positions annually. Each recruiter is responsible for developing and implementing a tailored recruitment plan, lead generation and applicant screening, advertisement development and placement, providing recruitment training to site managers, and participating in community awareness activities such as job fairs, open houses, and nursing school visits.

Management Recruiters handle talent acquisition of regional and local supervisory positions including Vice Presidents of Operations, Directors of Operations, HSAs, Directors of Nursing, Associate Regional Mental Health Directors, Regional Medical Directors, Regional Directors of Nursing, and Mental Health Administrators.

Provider Recruiters find and interview candidates for physician, psychiatry, and dental providers for state and community partner sites across the country.

Clinical Recruiters are responsible for recruiting and hiring positions including RNs, LPNs, LVNs, Mental Health Professionals, CMAs, CNAs, QMAs, clerks, and ancillary support staff. Our recruiters are well versed in healthcare recruiting and stay in tune with the latest trends by membership in professional organizations, as well as attending conferences and symposiums on talent acquisition topics.

Recruiting and Sourcing Tools

The key to successful retention in corrections staffing is recruiting individuals who are motivated by our mission and a sense of purpose – who feel a "call to service" – and providing them the opportunity to learn and grow. Corizon Health encourages all employees to be on the lookout for new team members who are motivated by that same calling. Corizon Health has also created enhanced selection training for those involved in recruiting, interviewing, and selecting Corizon Health employees and introduced standard interview process for physician and nursing staff.

Military Program

As noted previously, Corizon Health has implemented a strategic initiative to increase our presence in the military and veteran community to both better serve our incarcerated veterans and to increase our efforts in hiring qualified veterans into our organization across the country. Recently, Corizon Health was awarded "Bronze Status" as a Military Friendly Employer.

Recent statistics indicate that more than 35% of the Bureau of Prisons workforce serve or have served in the United States Armed Forces. Corizon Health recognizes how much our company, our partners and **our patients benefit from the vast experience of veterans as corrections professionals**, including those serving as counselors, managers, administrative staff, and medical and behavioral health professionals.

Corizon Health actively seeks to hire veterans into our workforce because:

- They know how to operate within an agency.
- They are professional and know how to navigate the para-military environment that is corrections.
- They have a lot of expertise and training, and that enhances our workforce.
- They bring a wealth of talent, skills and training to any job.
- They are well-suited to public safety, patient care and offender rehabilitation.
- Their capabilities, competence, and ability to communicate often make veterans a natural fit for our work environments.

Each year, Corizon Health sponsors a booth at the annual **Association of Military Surgeons of the United States (AMSUS)** Continuing Education Meeting. Throughout the meeting, attendees have the opportunity to earn CEs from world-renowned speakers, network across services nationally and internationally and view demonstrations of the latest advances in healthcare. There are typically a large number of military professionals who are retiring or leaving from the military and looking for full-time civilian employment.

Finally, Corizon Health leaders have presented at VA Hospitals and military-sponsored job fairs to increase our recruiting efforts and does targeted recruitment campaigns to those ready to contemplate their next career after service. These leaders include Corizon Health employees who are both veterans and currently active as both enlisted professionals and officers in the armed forces.

We believe there are opportunities for us to partner together to target these same audiences who may be considering a second career for jobs not only in clinical operations, but in correctional officer careers as well.

Academic and Professional Partnerships

Corizon Health encourages our operations teams to develop and implement a local recruitment plan which includes regularly scheduled meetings with local medical associations and other professional programs in order to build relationships and continually sell correctional medicine as an option to the traditional role. In Kansas, we currently have affiliations with the following colleges and universities:

- Bryan University – Medical Assistant Program
- University of Saint Mary – Psychology Program
- Emporia University – Social Work Program
- Newman University – Social Work Program
- Washburn University – Psychology Program
- Emporia University – Rehabilitation Counseling Program
- Wichita State University – Psychology Program
- Hutchinson Community College – Nursing Program
- Emporia University – Art Therapy Counseling Program
- Washburn University – Nursing Program
- Wichita Area Technical College – Nursing Program
- Bethel College –Nursing Program
- Pratt Community College – Nursing Program
- University of Kansas School of Medicine – Medical Program
- Coffeyville Community College – Nursing Program
- Baker University – for Nursing Program

In addition, Corizon Health is partnering with academic institutions on a national basis such as Johns Hopkins University for nursing students clinical rotations and recruitment. We are also working with Chamberlain University to develop a specialty correctional curriculum that will be offered nationally to nurses to better prepare them for the nuances of working in the correctional system.

The following is a first-person testimonial to our academic partnerships as told by our **Regional Director of Operations, Jeannette Stoltenberg, RN, BSN**:

> *"In January of 2012, I started a rotation with Corizon Health at the Genesee County Jail as a student nurse through the University of Michigan-Flint. I completed one full clinical rotation, approximately 12 weeks and 120 hours, at the jail. After graduating with my Bachelor of Science in Nursing, I became aware of an open position for an RN with Corizon Health at the Saginaw County Jail. I accepted that position in March 2013 and worked as a full-time RN for approximately three months. In June 2013, I was approached by Corizon Health's SVP over the Michigan jails and asked if I would consider taking the Health Services Administrator (HSA) position at the Saginaw County Jail. I accepted the offer and assumed that role in July 2013. I served as HSA for the SCJ for approximately three years. In November 2016, I accepted my current position as Regional Director of Operations, Northern Region, at the Michigan Regional Office in Lansing.*
>
> *When I returned to nursing school as a second career, I had never thought about correctional nursing. Without the clinical experience in a correctional facility while I was in school, this is not an avenue that I would have even considered, or even really known about. Corizon Health and the Genesee County Jail afforded me the opportunity to see what correctional nursing was all about and realize that this career choice was a perfect fit for me."*

Recruiting and Social Media

Our **Social Media Recruiting Strategy** ensures job postings are positioned to receive the largest number of viable applicants. Open positions are posted through our active ***Twitter*** feed and are linked directly back to our ***Facebook*** Careers tab to further drive traffic to our social media pages. In addition, our ***LinkedIn*** page currently has over 14,000 followers who all have access to the open positions posted within our Careers tab.

Our social footprint surpasses leading competitors with more followers on *LinkedIn*, three times more followers on *Facebook* career page, and a higher overall rating on *Indeed*, one of the world's leading search engines for job listings.

We recently launched Corizon Radio – a weekly podcast that tells the stories of the people who help our company achieve its vision and mission. Corizon Radio is the first podcast focused on correctional healthcare and provides listeners with insight into the world of correctional healthcare as told by Corizon Health's own employees.

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

Corizon Health has a multi-decade history in providing a correctional healthcare programs in accordance with NCCHC and ACA standards as well as specific state agency requirements and PREA. To ensure our client partners are able to retain accreditation, members of our Clinical Program, or others familiar with the auditing process, provide preparation materials and continuing guidance as well as mock audits well in advance of actual NCCHC or state agency audits. Since contract inception, we have partnered with the KDOC to ensure ACA accreditation is maintained at all KDOC facilities.

Corizon Health employees are actively involved in NCCHC programs and conferences and a number of our professionals have presented at NCCHC conferences over the years. Most recently Corizon Health employees have presented on topics such as: *An Integrated Approach for the Management of Inmates with Cognitive Impairments*; *Lateral Violence in Nursing: Recognition and Prevention*; *A Multidisciplinary Approach to Pain Management*; *The Role of the Nurse in Chronic Disease Management*; and *Colorectal Cancer Early Detection*.

We also have two Corizon Health team members currently serving on NCCHC committees or boards:

- **Tara Taylor, BSN, RN, CCHP, Regional Director of Nursing** is a member of the NCCHC Certified Correctional Health Professional Board of Trustees

- **Leonora Muhammad, DND, APRN, AGPCNP-BC, CCHP, Senior Director of Quality Improvement & Patient Safety** is a member of the NCCHC Certified Correctional Health Professional Board of Trustees.

  On October 14, at NCCHC's 2019 annual conference, Dr. Muhammad was recognized as NCCHC's Young Professional of the Year. Her nomination for the Young Professional award noted her leadership, strong work ethic and professionalism.

To assist our client partners in retaining accreditation, members of our Clinical Program, or others familiar with the auditing process, provide preparation materials and continuing guidance as well as mock audits well in advance of actual accreditation or state agency audits. In addition to the KDOC, the following are Corizon Health's ACA and NCCHC accredited state corrections sites.

Idaho Department of Correction	
8 Facilities Accredited	NCCHC
Maryland Department of Public Safety and Correctional Services	
4 Facilities Accredited	ACA – 3, NCCHC – 1
Missouri Department of Corrections	
20 Facilities Accredited	NCCHC
New York State Department of Corrections	
Coxsackie RMU	ACA

Tennessee Department of Correction	
12 Facilities Accredited	ACA
Wyoming Department of Correction	
5 Facilities Accredited	NCCHC and ACA

The following are Corizon Health's NCCHC and ACA accredited **community jail sites**.

Michigan	
Genesee County	NCCHC
Kent County	NCCHC
Calhoun County	NCCHC
Florida	
Charlotte County	NCCHC
Alachua County	NCCHC
Leon County	NCCHC
Okaloosa County	NCCHC
Polk County (Central and South County Jails)	NCCHC
Kansas	
Shawnee County Jail and Juvenile Facility	NCCHC
Missouri	
City of St. Louis (Jail and Criminal Justice Center)	NCCHC
New Jersey	
Essex County Juvenile Detention Center	NCCHC
Passaic County Jail	NCCHC
Pennsylvania	
City of Philadelphia (5 Facilities)	NCCHC
Virginia	
Arlington County	ACA

Measures of Success

Our understanding of and adherence to NCCHC correctional standards has garnered accolades from NCCHC as shown below:

- Missouri DOC: Farmington Correctional Center – NCCHC Facility of the Year (2019)
- Okaloosa County (FL): Baby & Me program – NCCHC Program on the year nominee (2015)
- Essex County (NJ) Juvenile Detention Center — NCCHC Facility of the Year (2013)
- Wyoming DOC: Group weight loss program — NCCHC Program of the Year (2011)
- Missouri DOC: Tipton Correction Center — NCCHC Facility of the Year (2010)

Corizon Health has also helped jail client-partners prepare for ICE inspections. An ICE auditor commented that our performance at one of our mid-size jail partners should be a "model" for other correctional sites. Two other partner sites were identified and commended by the ICE Audit Committee

as a Best Practice Facility and recommended as "State of the Art" facility for other correction facilities to emulate. Most recently, the Calhoun County Jail (Michigan) received a 100 percent score on its recent Detention Standards Compliance Audit with the Immigration and Customs Enforcement (ICE) division of the U.S. Department of Homeland Security.

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

Corizon Health has been utilizing an Oracle PeopleSoft web-based integrated suite of software modules for general ledger, accounts payable, accounts receivable, asset management, HRIS and payroll services for over fifteen (15) years. The PeopleSoft system is a premier software package that has a flexible chart of accounts and hierarchy structure that allows for tracking and paying vendor and subcontractor invoices. For off-site medical claims Corizon Health uses **TriZetto® QNXT™**. QNXT offers the following advantages:

- **Improved member eligibility process** — Member eligibility in the QNXT system includes automated tools to identify member eligibility issues prior to a claim being received, which allows us to correct any issues up front and prevent delays or inaccuracies in subsequent provider payment; and

- **Provider claim auto-adjudication** — Provider payment within QNXT allows for system checks and balances (eligibility, medical authorization, provider contract) to be configured to automatically process, with human intervention only occurring when there is an error or issue with member eligibility or provider billing practices.

Of note, Valitás Health Services, Inc. through its operating company, Corizon, LLC has strong credit ratings in the industry. Corizon LLC's overall credit rating is excellent with a PAYDEX score of 77 (an EXCELLENT score) as measured by Dunn & Bradstreet. The PAYDEX credit score measured by Dunn & Bradstreet reflects the promptness of payments to creditors. A copy of our Dunn & Bradstreet Report is provided in **Attachment H.**

2.6
EXPERIENCE

2.6 Experience

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.

Corizon Health's contract with the KDOC will continue to be supported by a senior contract management team with significant experience in the operation, management, and provision of medical and behavioral health care services in a correctional system with a cumulative population of at least 1,000 offenders with diverse and significant health care needs.

Kansas Regional Management Support

The framework for Corizon Health's program is to effectively manage the contract through a centralized point of accountability for optimal coordination and management control. **Michael Murphy, Senior Vice President, State Corrections,** will provide executive level oversight and administrative leadership. Mr. Murphy has more than 35 years in the corrections industry with responsibilities ranging from regional management of federal correctional facilities and medical operations to design-build-finance, business development, and oversight of federal/state government and customer relations.

Teri Gregory – Vice President of Operations, has over 24 years of experience in correctional healthcare and administration. She is **dedicated solely to our contract with the Kansas Department of Corrections (KDOC)** and reports to Michael Murphy, Senior Vice President, State Corrections. Ms. Gregory is ultimately responsible for the provision of comprehensive healthcare services at all KDOC facilities including meeting the expectations of the KDOC, maintaining the standards for providing medical and behavioral health care to the offender population, and meeting the needs of the Corizon Health's clinical staff in Kansas. She also works collaboratively with the KDOC and Corizon Health's corporate leadership to determine, implement, and monitor the strategic direction and plan to meet the KDOC's contract expectations.

Dr. Barry-Lewis Harris, II, MD – Regional Medical Director, joined Corizon Health in 2018. He brings over 23 years' experience providing health care in a several different venues including family practice and serving as Chief Medical Officer/Medical Director for the Memphis Health Center in Memphis, TN. Licensed in the state of Kansas, Dr. Harris received his Doctor of Medicine from James H. Quillen College of Medicine at East Tennessee State University and a B.S. from the University of Tennessee at Martin.

In addition to Ms. Gregory and Dr. Harris, the following senior contract leadership team members will continue to provide comprehensive healthcare services to the KDOC offender population.

Alicia Cardona, MD – Regional Director of Psychiatry: Dr. Cardona has over six (6) years' experience in providing psychiatric care to offenders and over fifteen years' experience practicing psychiatry. She is Board Certified in Psychiatry and Neurology and has received numerous awards and honors. She is also a member of the American Board of Medical Specialties. As Corizon Health's Regional Director of Psychiatry for the company's contract with the KDOC, Dr. Cardona is responsible for behavioral health services, including mental health and substance abuse programs. She ensures the provision of

appropriate and quality health care to offenders, overseeing professional duties, appropriate utilization of services, and approval for off-site mental health services, including inpatient admissions. Dr. Cardona also supervises the professional mental health staff (psychiatrists, psychologists, and clinicians) and administrative staff.

Ashley Phelps, PhD – Regional Behavioral Health Director: Dr. Phelps has over 20 years behavioral health management experience and has served in her present position for over five (5) years. She recently contributed to the creation and publication of the NCCHC's new *Suicide Prevention Resource Guide for Corrections*. As Corizon Health's Regional Behavioral Health Director for the company's contract with the KDOC, Dr. Phelps oversees the behavioral health program leadership and development and is accountable for the quality of behavioral health care provided to the KDOC offenders.

Fred Cannon, DDS – Regional Director of Dentistry: Dr. Cannon has 20 years of correctional dentistry experience and 31 years as a dentist. He is responsible for the KDOC dental care program ensuring quality oral care management and clinical dental care is provided to the KDOC offender population. Dr. Cannon received his Doctor of Dental Surgery from the University of Missouri, Kansas City School of Dentistry and a B.S. in Biology from Northeast Missouri State University.

Lacey Osmon, RN, PMHNP, CCHP – Director of Operations: Ms. Osmon joined Corizon Health's Kansas team in 2015 bringing with her sixteen years of nursing and health care administration experience. As Director of Operations, Ms. Osman is the chief administrative manager responsible for the delivery of contract services including supervision of personnel, budget management, and serving as the liaison for services at the KDOC facilities.

Resumes for the senior contract management leadership listed above are provided in **Attachment F.**

Corizon Health's Corporate Support

Corizon Health's senior leadership team, which also has extensive correctional health care experience, will also continue to support the KDOC contract.

JAMES HYMAN – CHIEF EXECUTIVE OFFICER

As Corizon Health's Chief Executive Officer, Mr. Hyman is responsible for setting the strategic direction of the company and leading the company to reach its full potential as the nation's correctional healthcare provider of choice.

Mr. Hyman brings more than 25 years' experience in business leadership across multiple industries to this role. His executive leadership experience includes serving from 2005-2010 as CEO of Cornell Companies, a provider of corrections, education, rehabilitation and treatment services to federal, state and local governments; and as CEO from 2015-2017 of Community Education Centers, the leading provider of offender reentry and in-prison treatment services in America, operating in 17 states and the Commonwealth of Bermuda.

Mr. Hyman has most recently been CEO of Citizens Parking, one of the largest parking operators in North America. Earlier in his career, he held executive positions with Starwood Hotels & Resorts Worldwide, GE Capital Services, McKinsey & Company, and JP Morgan. Mr. Hyman also chairs the Mega-Cities Project, an international not-for-profit focused on urban development issues.

SHALIN SHAH – CHIEF FINANCIAL OFFICER

As Chief Financial Officer, Mr. Shah is responsible for the company's financial operations including Financial and Operational Accounting, Corporate Finance, Treasury, Tax, and Risk Management Programs.

Mr. Shah has more than 25 years' experience serving in both hospital Chief Financial Officer and Chief Operating Officer roles. His unique combination of healthcare operations and financial management will significantly drive productivity and efficiencies and position Corizon Health for continued growth as the nation's correctional healthcare provider of choice.

Mr. Shah comes to Corizon Health from St. Thomas Health where he was the Chief Financial Officer of the Midtown and West facilities, the company's two most-prominent hospitals with combined revenues exceeding $800 million.

JAMES "PETE" POWELL, MD, MMHC – CHIEF MEDICAL OFFICER

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

Prior to joining Corizon Health, Dr. Powell served as Vice President of Physician Practice Services at Community Health Systems (CHS) – one of the nation's leading operators of general acute care hospitals and outpatient services. As the Vice President of Physician Practice Services, Dr. Powell oversaw 14,000 employees and 4,000 clinicians, spanning 1,100 sites in 21 states and was responsible for physician practices services, the employed physician network, overall quality, medical staff affairs, and recruiting.

From 1996 to 2014, Dr. Powell worked in a variety of positions at Vanderbilt University Medical Center serving his last seven years there as Assistant Chief Medical Officer overseeing Vanderbilt Health Williamson, a multi-specialty physician network system of care.

JOSEPH M. PASTOR, M.D., CCHP – CHIEF PSYCHIATRIC OFFICER

Dr. Pastor has over 26 years of medical practice experience and has extensive knowledge of the correctional, community, private and academic mental health sectors. He is an expert in the integration of physical and behavioral medicine and is trained in adult and child/adolescent psychiatry.

He has worked in correctional health care since 1998, and has served at Corizon Health in multiple roles since 2009 and was named Chief Psychiatric Officer in July 2016.

Dr. Pastor consults internationally on correctional health and suicide prevention. In April 2017 he presented on *Suicide Prevention* at La Spezia Penitentiary, La Spezia, Italy and *Extremist Ideology and Psychiatric Morbidity* at Ospedale di Santa Maria Nuova in Florence, Italy.

J. SCOTT KING, J.D. – EXECUTIVE VICE PRESIDENT AND CHIEF LEGAL OFFICER

As Chief Legal Officer, Executive Vice President and Secretary for Corizon Health, Mr. King oversees Corizon Health's Legal Department, including contracting functions, litigation management and general operational issues.

He has more than 20 years of legal experience focusing on health care and transactional law. His specialized areas of practice include HIPAA, anti-kickback fraud and abuse, Medicare and Medicaid reimbursement and other statutory compliance matters.

Prior to joining Corizon Health in 2005, Mr. King was Assistant General Counsel for the Dialysis Clinic, Inc. in Nashville. He also served as a staff attorney for the Tennessee Department of Health and Tennessee Department of Mental Health and Developmental Disabilities.

CAROLYN H. SCHNEIDER – CHIEF HUMAN RESOURCES OFFICER

As Chief Human Resources Officer, Ms. Schneider is responsible for the strategy of Corizon Health's Human Capital. She is the Cultural Architect and oversees the company's Talent Acquisition, Talent Management, and Total Rewards programs. She also partners with the company's operations and clinical teams to ensure best practices in the area of Human Capital.

Ms. Schneider is a seasoned Human Resources Executive with over 25 years' experience leading all aspects of employee and labor relations, compensation, and talent management. Prior to joining Corizon Health, Ms. Schneider served as Vice President of Human Resources for RCCH Health Partners, a company formed two years ago by the merger of Capella Healthcare and Regional Care Healthcare Partners. Ms. Schneider led the integration of those two entities and the resulting

combined workforce of 14,000 employees in 12 states, as well as spearheading the company's nurse recruitment and retention effort.

MICHAEL J. MOVER CHIEF INFORMATION OFFICER

As Chief Information Officer (CIO) Mr. Mover is responsible for the organization's overall information technology strategy, initiatives, and associated operations. He provides strategic vision and leadership for the design, implementation, project management, and cost implications of enterprise and clinical information technology systems, programs, and processes. In his role as CIO, Mr. Mover is also responsible for delivering IT solutions that drive clinical and financial performance, quality of care, safety, customer service, provider relationships, and employee engagement, utilizing best practices and continuous improvement methodologies.

Mr. Mover has over 25 years' experience driving transformational and technological change, primarily in the healthcare industry. He brings a proven track record of orchestrating re-engineered processes, resulting in the elimination of millions of dollars of operational expenses, consistently optimizing departments to decrease expenses while increasing productivity, and designing and delivering cost-effective, high performance technology solutions.

Prior to joining Corizon Health, Mr. Mover served as Chief Information Officer and Senior Vice President of Information Systems for Saint Thomas Health/Ascension Information Services where he was tasked with driving strategy and operations for all information technology initiatives for Saint Thomas Health in Nashville (9 hospitals and over 500 employed physicians across more than 100 locations).

F. JEFFREY SHOLEY, CPA – SENIOR VICE PRESIDENT, FINANCE & TREASURY

As SVP of Finance & Treasury, Mr. Sholey is charged with overseeing Company financial reporting and treasury functions. Additional responsibilities include back office support functions such as payroll, accounts payable, accounts receivable and the company's provider claims operations. He collaborates with Operations, Business Development and other department leaders to provide financial support.

Mr. Sholey is a Certified Public Accountant with over 16 years of experience in correctional healthcare. Prior to joining Corizon, he served for 13 years at a national public accounting firm where he provided audit and business advisory services for multi-location, highly decentralized entities, both public and private.

AL TUROVLIN, CPA, CGMA – PRESIDENT, PHARMACORR

As President of PharmaCorr, Mr. Turovlin oversees the day-to-day operations of PharmaCorr, the company's wholly owned pharmacy subsidiary. In this role he interacts with a variety of healthcare professionals, as well as corrections and administrative staff to achieve the goals of PharmaCorr and fulfill contract requirements. He is also responsible for supervision of the purchase of pharmaceuticals and develops institutional policies relating to all aspects of pharmacy practice. Mr. Turovlin is leading a multi-year effort to develop improved processes and procedures for PharmaCorr that will increase the responsiveness to their clients while improving the efficiency of the operation.

Mr. Turovlin has over 40 years of national and international business leadership experience including providing advisory services and interim management to private equity firms and their portfolio companies and other organizations requiring transformational leadership and helping these organizations navigate the change process and increase EBITDA and cash flow via the adoption of improved practices, processes, and procedures in the functional areas of sales, back-office operations, supply chain, finance and accounting, and information systems.

Corizon Health's Experience

For over forty years Corizon Health has been an industry leader **focused exclusively on developing and operating correctional-based health care systems.** This focused experience with hundreds of clients and millions of patient encounters over the past years has enabled us to build a health care delivery system established on replicable, evidence-based best practices. These best practices include continuous quality improvement principles, utilization management practices, reentry planning, telehealth programs, and accreditation standards. Our health care delivery system platform embraces a population health/risk-based approach with a patient-centered focus.

We began by serving our first client in 1978. Together, Corizon Health affiliated companies make up one of the largest and most experienced providers of modern correctional healthcare in the United States. Our programs and information technology applications represent the industry's best practices in healthcare delivery.

Additionally, we are one of a few correctional healthcare companies that has a wholly owned pharmacy subsidiary – PharmaCorr, LLC. Established in in Oklahoma City in April of 1996, PharmaCorr serves only the corrections industry.

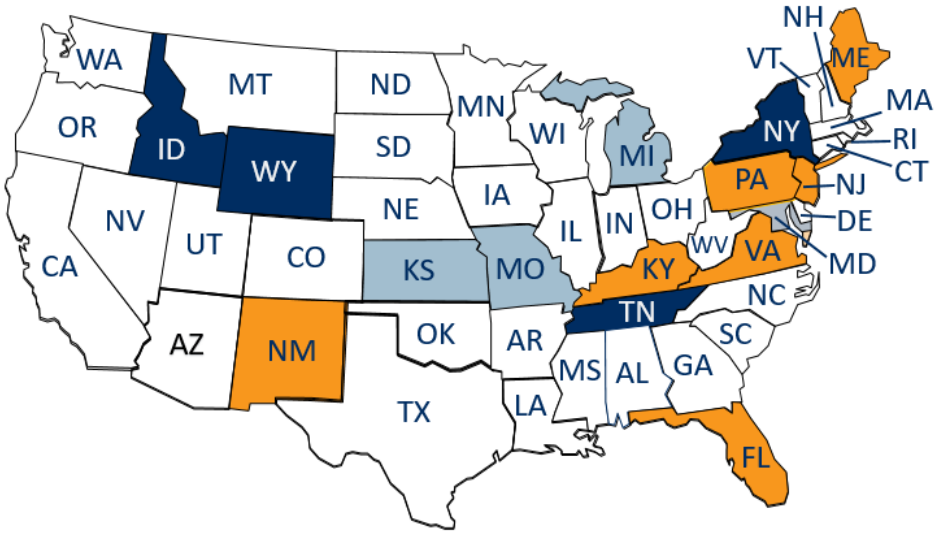
Currently 6,000 Corizon Health employees provide medical and behavioral health care daily for more than 140,000 offenders and detainees in 159 correctional facilities located in 15 states – including Kansas – across a diverse range of facilities and populations including the following:

- Prisons and jails of all security classifications;
- Facility sizes ranging from 25 juveniles to multi-site state prison systems with over 39,000 offenders;

- Male, female, federal, and juvenile populations; and
- Special populations including the elderly, LGBTI, and women's health.

As shown in the map below, we currently partner with 29 clients, representing eight (8) Department of Corrections and twenty-one (21) county or metropolitan contracts. The majority of our statewide contracts have been partners with Corizon Health for five (5) years or more; five (5) have been partners for over ten years.

Our Client Contracts



KEY

Corizon serves state or partial state patients

Corizon serves both prison and jail patients

Corizon serves jail patients

SERVICE SUMMARY – 10/31/2019

- **Total Clients – 29**
- **Department of Corrections – 8**
- **Facilities – 159**
- **Number of States – 15**
- **Average Daily Population – 140,402**

As the table that follows reflects, many of our current large correctional programs represent long-term partnerships that **have grown and succeeded in multiple rebids.**

Corizon Health's Experience with Large Correctional Systems	
Missouri Division of Offender Rehabilitation Services/Department of Corrections	
Years of Service	**27 Years** (December 1992-Present)
ADP	**27,000**
Scope of Services	Medical, Pharmacy, Behavioral Health, Sex Offender Treatment, Dental, and Support Services
Lexington-Fayette County, Kentucky	
Years of Service	27 Years (July 1992 – Present)
ADP	1,300
Scope of Services	Medical, Dental, and Pharmacy Services

Corizon Health's Experience with Large Correctional Systems	
Philadelphia Department of Prisons	
Years	**26 Years** (August 1993 – Present)
ADP	**5,000**
Scope	Medical, Dental, Pharmacy, and Support Services
Polk County Department of Detention	
Years	**19 Years** (January 2001 – Present)
ADP	**2,600**
Scope	Medical, Mental Health, Dental, Pharmacy, and Support Services
Leon County, Florida	
Years	**17 Years** (October 2002 – Present)
ADP	**1,100**
Scope	Medical, Mental Health, Dental, Pharmacy, and Support Services
Wyoming Department of Corrections	
Years of Service	**14 Years** (July 2005-Present)
ADP	**1,900**
Scope of Services	Medical, Pharmacy, Behavioral Health, Dental and Support Services
Idaho Department of Correction	
Years of Service	**14 Years** (July 2005-Present)
ADP	**7,700**
Scope of Services	Medical, Pharmacy, Psychiatry, Dental, and Support Services
Kent County, Michigan	
Years of Service	**14 Years** (January 2006 – Present)
ADP	**1,000**
Scope of Services	Medical, Mental Health, Dental, and Support Services
Michigan Department of Corrections	
Years of Service	**10 Years** (April 2009-Present)
ADP	**39,000**
Scope of Services	Medical and Psychiatry Practitioner Staffing and Management, Pharmacy, and Support Services
Tennessee Department of Correction	
Years of Service	**7 Years** (July 2012-Present)
ADP	**14,000**
Scope of Services	Mental Health
Kansas Department of Corrections	
Years of Service	**6 Years** (January 2014-Present)
ADP	**10,000**
Scope of Services	Medical, Behavioral Health, Dental, Pharmacy Services and Support Services to all offenders. Substance Use and Sex Offender Treatment Services to the Juvenile Offenders.

In each of the contracts listed above, we are providing essential health care services that are delivered in a manner consistent with best practices and tailored to each client, varying community standards, and the needs of the particular facility. We work closely with other vendors and site staff to ensure clear communication and handoffs occur when referrals are made, and that integrated team efforts support the health of our patients.

We also recognize the unique healthcare needs of juvenile offenders and have worked in partnership with our clients to develop programming specific to the needs of this population. In addition to providing care for juveniles housed at the **Kansas Juvenile Correctional Complex (KJCC),** Corizon Health provides healthcare to juvenile offenders in the following locations:

- Michigan Department of Corrections – 100 juveniles
- Philadelphia (PA) Juvenile Justice Services Center – 154 juveniles
- Essex County (NJ) Juvenile Detention Center – 84 juveniles
- Kent County (MI) Juvenile Detention Center – 61 juveniles
- Polk County (FL) Sheriff's Office – 40 juveniles
- Shawnee County (KS) Youth Detention Facility – 25 juveniles
- Doña Ana County (NM) Juvenile Detention Center – 20 juveniles

2.7
TIMELINE

2.7 Timeline

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

We recognize the importance of ensuring continuity of clinical care and administrative management services during the transition phase of the contract. **As the KDOC's current partner, Corizon Health will not require the same level of contract transition support from the KDOC as a new provider inevitably would.** All clinical and treatment services are already in place – including pharmacy services, an established network to provide on and off-site care, and contracts with ancillary service providers such as laboratory, physical and occupational therapy, diagnostics, medical waste disposal, etc.

A continued partnership with Corizon Health will not only ensure seamless continuity of clinical care and administrative management services and responsiveness throughout the duration of the contract negotiation, but will also allow our contract leadership team to maintain continued focus on providing high quality care.

The transition from one healthcare vendor to another is a sizeable and expensive undertaking (which often brings along with it several unexpected challenges); we ask that the KDOC assess the scope of the process required when transitioning among vendors. Changes in healthcare vendors will result in some level of service disruption, as the new vendor will need to establish relationships with the community service providers and local hospital and provider networks.

Should a transition of healthcare vendors occur, we believe some backsliding in the overall program quality may occur. As key leadership positions change and experienced leaders are no longer with the program, it will take significant time, resources, knowledge, and experience for the new vendor to hire their leadership team and for them to then get up to speed on the details and specifics of the KDOC's health care program.

2.8
METHODOLOGY

2.8 Methodology

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

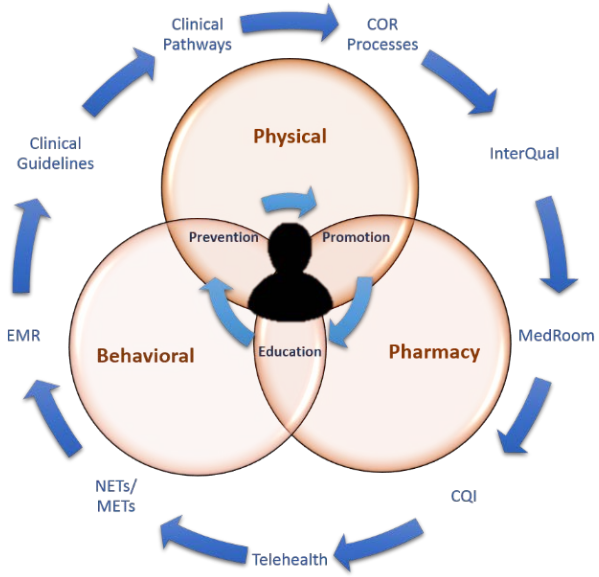
Through 40 years of innovation and learning, Corizon Health is offering the most forward-looking approach of any provider. We call it our **COR Care Model**. We are thinking outside the bricks and mortar of the correctional facility to address the spectrum of patient care needs. As correctional healthcare specialists, we have found no singularly perfect community model to address the myriad health and custody-related issues our patients face, so we developed COR Care. **This approach to care incorporates best practices from the nation's most successful integrated-care models into correctional healthcare practices that consider the unique considerations of a secure environment.**

> ***COR Care is how we do what we do. It sets Corizon Health apart from other correctional healthcare providers.***

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

Integration of Care into One Continuum

COR Care includes many practices we have had in place for years along with developing new innovations and adopting best practices designed to increase efficiency and accountability while reducing risk. Our driving motivation is to do the right thing for our patient: The right care, at the right time, and in the right place. By following these three simple criteria, we fulfill our mission as caregivers and healers within the budgets established to provide this care. Most importantly, this process **aligns with your goals and will make a difference in the lives of our patients and in the well-being of our communities** by ensuring a continuous and standardized care model among all disciplines, processes, and programs.



Corizon Health's COR Care model is designed to overcome the challenges of the correctional environment and meet client and community expectations within defined budgetary resources through an integrated care model developed specifically for corrections.

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

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

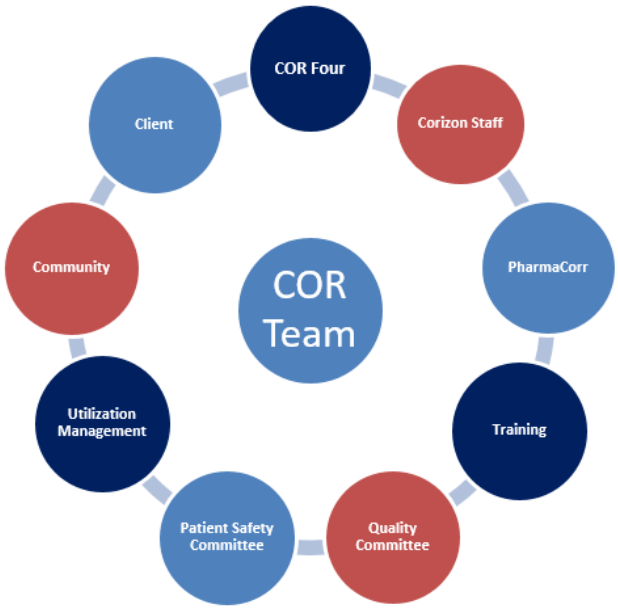
Preparing the offender for **reentry to the community** is an equally imperative mission. Our healthcare team will work collaboratively with custody and our community partners in a multidisciplinary treatment team to identify the needs of the offender, develop individual reentry plans, and coordinate services. As a further commitment to our reentry efforts, we will conduct a survey of offenders who reenter the system to determine and identify unforeseen barriers to successful reentry.

COR Care Components

There are unique elements contained within the three components of our COR Care Model that differentiate our approach from those of our competitors and firmly validates Corizon Health's position as a leading correctional healthcare provider. **Our COR Care model is the framework for safe and reliable care, and makes Corizon Health a High Reliability Organization (HRO).**

✓ COR Team

COR Team reflects the teamwork and collaboration required to practice comprehensive healthcare at the patient level, and in the larger healthcare support environment, where every one of us holds some level of accountability for achieving positive health outcomes for our patients. Our COR Team is comprised of our site leaders, staff, and collaborative relationship with our clients, as well as PharmaCorr, community partners, and our Healthcare Support Team. All of our COR Team members are vital to a successful medical program.



COR Four

- Patient care teams are led by our COR Four – the site medical director, behavioral health leader, director of nursing, and health services administrator.
- Our COR Four teams work together to form a multidisciplinary team to provide integrated care to our patients.
- Patients are viewed holistically and we manage what are often multiple health issues as effectively and efficiently as possible.

Corizon Health Staff

- Providers, nursing, behavioral health, and administrative support staff work with site leaders and client partners to deliver effective, timely and efficient care.

- Corizon Health hires qualified individuals and orients them to the correctional environment and the detail of your facility to maximize their success with delivery of care.
- Our staff are considered to be "part of the family". We provide robust benefits and incentives to retain our qualified staff.

Clients

- The success of our programming begins with a strong partnership with our clients.
- The KDOC can expect routine communication from your site and regional leadership team.
- Both site and regional leadership participate in meetings and trainings at the facility.
- We respect the role of the staff. We will work with you to adapt our approach to fit your facility.

Community

- Building strong relationships with community partners, including the ER and hospitals, is a high priority to our success.
- Our physicians are encouraged to round on hospitalized patients and meet with hospital treating physicians.
- Our HSA and other site leaders identify and establish partnerships with community resources to provide services to incarcerated and released patients.

PharmaCorr

- Corizon Health's wholly owned subsidiary pharmacy, PharmaCorr, supports the KDOC program by providing pharmaceutical services.
- PharmaCorr has 20 years of corrections specific pharmacy care.
- PharmaCorr supports our clients by providing training, pharmaceutical inspections, and pharmacist consultation to our sites.

Utilization Management

- Corizon Health site staff will review all cases for clinical need and only refer patients for offsite care if their needs exceed what care is able to be delivered on site.
- Corizon Health has a tracking system to monitor any requests for services and ensure completion of care.
- Our Regional Medical Director and UM nurses consult with site medical providers on a daily basis to ensure appropriate treatment plans are implemented.
- Corizon Health reviews all claims against authorized services to verify accuracy before payment.

Training

- Corizon Health staff receive ongoing training to ensure most current standard of care is applied.
- Corizon Health will develop and implement any training for KDOC staff as determined is appropriate or needed.
- Our staff will participate in all required KDOC trainings.
- Corizon Health offers an extensive learning management system (Torch LMS) with hundreds of clinical courses for our staff to expand their knowledge and skills at no cost to them.

Patient Safety Committee

- Our multi-disciplinary clinical committee is focused on site and organizational process improvements through implementation of meaningful solutions.

- Sentinel Event reporting allows us to know about and understand both our successes and opportunities for improvement.
- Corizon Health is participating with a federally qualified Patient Safety Organization (PSO), the Center for Patient Safety, making us one of the few correctional healthcare companies to meet this standard.

Quality Improvement Committee

- At Corizon Health, CQI is a company-wide endeavor supported by all departments and employees.
- Our proprietary ***Continuous Quality Improvement Manual*** provides our healthcare team at each site with a framework and the necessary tools to develop a meaningful, site-specific quality improvement program.
- Corizon Health has established a peer review process to facilitate the evaluation of health care providers who provide service in Corizon Health contracts to determine current competency.

✓ COR Processes

Our **COR Process** program is the most visible aspect of **COR Care** at the facility level. It is the standardization and centralization of evidence-based, clinical processes and procedures to improve care, increase quality and lower risk. Through empowering staff with standardized clinical pathways, we provide better care and control costs by better identifying patient needs before health deteriorates and requires more costly interventions.

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

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

Behavioral health concerns are integrated into each of the COR Processes, ensuring timely referrals and interventions.

We believe that the difference between Corizon Health and our competitors is the attention to detail, training and oversight built into our COR Processes. **There simply is nothing else like it available in the correctional healthcare market today.**

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

✓ **COR Tech**

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

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

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

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

2.9
REFERENCES

2.9 References

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.)

Corizon Health has provided a list of our active and inactive contracts, per the RFP requirements on the following pages.

Active Contracts

Active Contract	Contract Dates & Renewal Options	ADP 2017 - 2019	Revenue	Services Provided
Alachua County, FL Major Jeff Cloutier 3333 N.E. 39th Avenue, Gainesville, FL 32609 P/352-491-4452 jcloutier@alachuasheriff.org	**Initial Contract:** Jan-06 **Current Contract:** Oct-17 **Renewal Options:** 2	727	$6.9M	Medical, Mental Health, Dental, Pharmacy, and Support Services

Active Contract	Contract Dates & Renewal Options	ADP 2017 - 2019	Revenue	Services Provided
Charlotte County, FL Norman Wilson, Captain 26601 Airport Road, Punta Gorda, FL 33982 P/941-639-2101 Norman.Wilson@ccso.org	**Initial Contract:** Feb-97 **Current Contract:** Oct-16 **Renewal Options:** 0	616	$4.4M	Medical, Dental, Mental Health, Pharmacy, and Support Services
Leon County, FL Ed Lee, Major 2825 Municipal Way, Tallahassee, FL 32302 P/850-616-3587 leee@leoncountyfl.gov	**Initial Contract:** Oct-02 **Current Contract:** Oct-17 **Renewal Options:** 2	1,199	$6.5M	Medical, Mental Health, Dental, Pharmacy, and Support Services
Okaloosa County, FL C. Eric Esmond, Major 1200 East James Lee Blvd., Crestview, FL 32536 P/850-689-5685 eesmond@myokaloosa.com	**Initial Contract:** Nov-03 **Current Contract:** Sep-16 **Renewal Options:** 2	776	$3.1M	Medical, Dental, Mental Health, Pharmacy, Support Services

Active Contract	Contract Dates & Renewal Options	ADP 2017 - 2019	Revenue	Services Provided
Polk County Department of Detention, FL Michael Allen, Chief 1891 Jim Keene Boulevard, Winter Haven, FL 33880 P/863-298-6206 mallen@polksheriff.org	**Initial Contract:** Jan-01 **Current Contract:** Jun-08 **Renewal Options:** 0	2,718	$20M	Medical, Dental, Mental Health, Pharmacy, Support Services
Idaho Department of Correction Pat Donaldson, Chief 1299 North Orchard Street, Suite 110, Boise, ID 83720 P/208-658-2108 pdonalds@idoc.idaho.gov	**Initial Contract:** Jul-05 **Current Contract:** Jan-14 **Renewal Options:** 1	7,749	$43.7M	Medical, Mental Health, Dental, Pharmacy
Kansas Department of Corrections Gerald Jorgenson 714 SW Jackson, Jayhawk Towers, Suite 300, Topeka, KS 66603 P/785-296-0045	**Initial Contract:** Jan-14 **Current Contract:** Jan-14 **Renewal Options:** 1	10,146	$65.1M	Medical, Dental, Mental Health, Pharmacy, and Support Services to all offenders; Substance Abuse and Sex Offender Treatment Services to Juvenile Offenders

Active Contract	Contract Dates & Renewal Options	ADP 2017 - 2019	Revenue	Services Provided
Gerald.Jorgenson@ks.gov				
Shawnee County, KS Timothy Phelps, Major 501 S.E. 8th Street, Topeka, KS 66607 P/785-251-6602 tim.phelps@snco.us	**Initial Contract:** Mar-02 **Current Contract:** Jan-18 **Renewal Options:** 2	556	$2.7M	Medical, Dental, Pharmacy, Mental Health and Support Services
Lexington-Fayette County, KY Steve Haney, Director 600 Old Frankfort Circle, Lexington, KY 40510 P/859-425-2700 shaney@lexingtonky.gov	**Initial Contract:** Jul-92 **Current Contract:** 07-19 **Renewal Options:** 2	1,435	$4.7M	Medical, Dental, Pharmacy
Maryland Department of Public Safety and Correctional Services Sharon Baucom, MD, Dir. Of Clinical Services 300 East Joppa Road, Suite 1000, Towson, MD 21286-3020 P/410-585-3373 Sharon.Baucom@maryland.gov	**Initial Contract:** Jan-19 **Current Contract:** Jan-19 **Renewal Options:** 0	20,494	$127.27M	Medical and Utilization Management Services

Active Contract	Contract Dates & Renewal Options	ADP 2017 - 2019	Revenue	Services Provided
Prince George's County Correctional Center, MD Mary Lou McDonough, Director 13400 Dille Drive, Upper Marlboro, MD 20772 P/301-952-7015 mlmcdonough@co.pg.md.us	**Initial Contract:** Jul-93 **Current Contract:** Jun-12 **Renewal Options:** 0	795	$5.3M	Medical, Dental, Mental Health, and Pharmacy
Michigan Department of Corrections Heidi Washington, Director 206 E. Michigan Avenue, Grandview Plaza, Lansing, MI 48909 P/517-335-2243 washingtonM6@michigan.gov	**Initial Contract:** Apr-09 **Current Contract:** Jun-16 **Renewal Options:** 0	38,815	$127.3M	Medical and Psychiatry Practitioner staffing and Management Services, Pharmacy, Offsite Network Development, Utilization Management and Claims Payment, Onsite Laboratory, Radiology and Dialysis Services
Calhoun County, MI	**Initial Contract:** Mar-99 **Current Contract:** Jan-15	568	$1.9M	Medical, Dental, Mental Health, Pharmacy

Active Contract	Contract Dates & Renewal Options	ADP 2017 - 2019	Revenue	Services Provided
	Renewal Options: 2			
Matthew Saxton, Sheriff 161 East Michigan Avenue, Battle Creek, MI 49014-4066 P/269-969-6423 msaxton@calhouncountymi.gov				
Genesee County, MI	**Initial Contract:** Oct-00 **Current Contract:** Oct-15 **Renewal Options:** 0	632	$2.1M	Medical, Dental, Mental Health, Pharmacy, and Support Services
Robert J. Pickell, Sheriff 1002 S. Saginaw Street, Flint, MI 48502 P/810-257-3819 rpickell@co.genesee.mi.us				
Kent County, MI	**Initial Contract:** Jan-06 **Current Contract:** Jan-14 **Renewal Options:** 0	1,167	$5.1M	Medical, Dental, Mental Health and Support Services
Michelle Young, Undersheriff 701 Ball Avenue NE, Grand Rapids, MI 49503 P/616-632-6102 Michelle.Young@kentcountymi.gov				
Saginaw County, MI	**Initial Contract:** Nov-09 **Current Contract:** Jan-19	399	$1.8M	Medical, Dental, Mental Health, Pharmacy, and Support Services

Active Contract	Contract Dates & Renewal Options	ADP 2017 - 2019	Revenue	Services Provided
Bill Federspiel, Sheriff 618 Cass Street, Saginaw, MI 48602-1529 P/989-790-5407 wfederspiel@saginawcounty.com	**Renewal Options:** 0			
St. Clair County, MI Captain Tom Bliss 1170 Michigan Road, Port Huron, MI 48060 P/810-987-1700 tbliss@stclaircounty.org	**Initial Contract:** 09-19 **Current Contract:** 09-19 **Renewal Options:** 2	500	$1.7M	Medical, Dental, Mental Health, Pharmacy, and Support Services
Missouri Division of Offender Rehabilitation Services Matt Sturm, Deputy Director 2729 Plaza Drive, Jefferson City, MO 65102 P/573-526-6501 Matt.Sturm@doc.mo.gov	**Initial Contract:** Dec-92 **Current Contract:** Jul-14 **Renewal Options:** 1	27,079	$152.3M	Medical, Mental Health, Dental, and Pharmacy Services
City of St. Louis, MO	**Initial Contract:** Apr-02 **Current Contract:** Jul-14 **Renewal Options:** 0	952	$7.8M	Medical, Mental Health, Dental, Pharmacy, and Support Services

Active Contract	Contract Dates & Renewal Options	ADP 2017 - 2019	Revenue	Services Provided
Richard Gray, Director of Public Safety 7600 Hall Street, St. Louis, MO 63147 P/314-622-3391 grayr@stlouis-mo.gov				
St. Louis Family Court - Juvenile Division Detention Center, MO Kathryn Herman, Assistant Court Administrator 3847 Enright, St. Louis, MO 63108 P/314-552-2042 Kathryn.Herman@courts.mo.gov	**Initial Contract:** Jan-19 **Current Contract:** Jan-19 **Renewal Options:** 0	25	N/A	Medical Services
Essex County, NJ (Juvenile Facility) Dennis Hughes, Director Board of Chosen Freeholders, Hall of Records, 465 MLK Jr. Blvd., Rm. 558, Newark, NJ 07102 P/973-268-3542 deahughes@aol.com	**Initial Contract:** Jun-96 **Current Contract:** Jan-18 **Renewal Options:** 1	84	$1.7M	Medical, Mental Health, Dental, Pharmacy, and Support Services
Passaic County, NJ	**Initial Contract:** May-11 **Current Contract:** May-19 **Renewal Options:** 2	552	$3.8M	Medical Staffing, Mental Health, and Support Services

Active Contract	Contract Dates & Renewal Options	ADP 2017 - 2019	Revenue	Services Provided
Michael Tolerico, CJM, CPM, Warden 11 Marshall Street, Paterson, NJ 07501-1899 P/973-881-4619 mtolerico@pcsheriff.org				
Doña Ana County, NM Captain Vicki Hooser 1850 Copper Loop Drive, Las Cruces, NM 88005 P/575-647-7600 vickig@donaanacounty.org	**Initial Contract:** Jan-08 **Current Contract:** Jul-16 **Renewal Options:** 5	836	$5.7M	Medical, Mental Health, Dental, Pharmacy, and Support Services
Coxsackie RMU, NY Brooke Blaise, Deputy Superintendent Box 200 Route 9W, Coxsackie, NY 12051 P/518-731-2781 Ext. 6055 Brooke.Blaise@doccs.ny.gov	**Initial Contract:** Feb-98 **Current Contract:** Apr-17 **Renewal Options:** 0	54	$5.3M	Managed Care Model, Skilled Nursing Unit, Regional Medical Unit
City of Philadelphia, PA	**Initial Contract:** Aug-93 **Current Contract:** Jul-19 **Renewal Options:** 0	5,078	$47.1M	Medical, Dental, Pharmacy, and Support Services

Active Contract	Contract Dates & Renewal Options	ADP 2017 - 2019	Revenue	Services Provided
Bruce Herdman, Chief of Medical Operations 7901 State Road, 2nd Floor, Philadelphia, PA 19136 P/215-685-7804 Bruce.Herdman@prisons.phila.gov				
Tennessee Department of Correction	**Initial Contract:** Jul-12 **Current Contract:** 04-16 **Renewal Options:** 0	14,275	$14M	Mental Health
Dr. Jim Casey, Director of Behavioral Health Services 4th Floor, Rachel Jackson Building, 320 Sixth Avenue North, Nashville, TN 37243-0465 P/615-253-8163 jim.casey@tn.gov				
Arlington County, VA	**Initial Contract:** Nov-06 **Current Contract:** Nov-13 **Renewal Options:** 0	365	$3.7M	Medical, Dental, Mental Health, and Support Services
Beth Arthur, Sheriff Arlington County Sheriff's Office, 1435 N Courthouse Road, Arlington, VA 22201 P/703-228-4460 barthur@arlingtonva.us				
Wyoming Department of Correction	**Initial Contract:** Jul-05 **Current Contract:** Jan-16 **Renewal Options:** 0	1,972	$18.5M	Medical, Dental, Mental Health, Pharmacy, and Support Services

Active Contract	Contract Dates & Renewal Options	ADP 2017 - 2019	Revenue	Services Provided
R.O. (Bob) Lambert, Director 1934 Wyott Drive, #100, Cheyenne, WY 82002 P/307-777-7208 bob.lampert@wyo.gov				

Inactive Contracts

Inactive Contract	Contract Dates & Renewal Options	ADP 2017 - 2019	Revenue	Services Provided	Inactive Contract - Why?
Alabama Department of Corrections Ruth Naglich 301 South Ripley, Montgomery, AL 36104 P/334-353-4049 Ruth.Naglich@doc.alabama.gov	11/07 – 4/18	21,278	$95.4M	Medical, Dental, Pharmacy	Competitive Bid Process
Arizona Department of Corrections Richard Pratt 1601 W. Jefferson, Phoenix, AZ 85007 P/602-771-2100, ext. 401 rpratt@azcorrections.gov	3/13 – 6/19	33,587	$189M	Medical, Dental, Mental Health, Pharmacy, Support Services	Competitive Bid Process
Santa Barbara County, CA Bill Brown 105 E. Anapamu Street, Room 406, Santa Barbara, CA 93101 P/805-681-4290 wfb4029@sbsheriff.org	7/95 – 3/17	1,026	$4.9M	Medical, Dental, Pharmacy, Support Services	Competitive Bid Process
Fresno County, CA David Pomaville 2200 Fresno St., Fresno, CA 97321 P/559-600-6401 dpomaville@co.fresno.ca.us	6/14 – 6/18	3,230	$21.9M	Medical, Dental, Mental Health, Pharmacy, Support Services	Competitive Bid Process

Tulare County, CA	7/13 – 6/18	1,683	$11.6M	Medical, Dental, Mental Health, Pharmacy, Support Services	End of Contract Term

Mike Boudreaux
2404 West Burrel Avenue, Visalia, CA 93291-4580
P/559-636-4716
mboudreaux@co.tulare.ca.us

St. Lucie County, FL	8/97 -9/18	1,301	$6.0M	Medical, Dental, Pharmacy, Support Services	Competitive Bid Process

Patrick Tighe
4700 W. Midway Road, Ft. Pierce, FL 34981
P/772-462-3396
TigheP@stluciesheriff.com

Indiana Department of Corrections	9/05 – 3/17	25,387	$100.0M	Medical, Dental, Mental Health, Pharmacy, Support Services	Competitive Bid Process

Julie A. Lanham
Indiana Government Center South, 302 West Washington St., Room E334, Indianapolis, IN 46204
O/317-233-4789
jlanham@idoc.in.gov

Cumberland County, ME	11/01 – 8/18	399	$2.9M	Medical, Dental, Mental Health, Pharmacy	Contract Ended

Kevin Joyce
50 County Way, Portland, ME 04102
P/207-774-5939
joyce@cumberlandcounty.org

Anne Arundel County, MD	10/97 – 9/17	762	$5.3M	Medical, Dental, Mental Health, Pharmacy, Support Services	Competitive Bid Process

Terry Kokolis
44 Calvert Street, Annapolis, MD 21401
P/410-222-7084
tkokolis@aacounty.org

Hennepin County, MN	1/11 – 11/19	420	$4.3M	Medical, Dental, Mental Health, Nursing, Pharmacy, Psychiatric	Client contract was terminated by the County to allow them to utilize the current statewide DOC vendor in accordance with Minnesota statutes.
Frederick Bryan 1145 Shenandoah Lane, Plymouth, MN 55447 P/612-348-9720 Frederick.Bryan@hennepin.us					
City of Henderson, NV	8/94 – 6/18	490	$2.3M	Medical, Dental, Mental Health, Support Services	End of Contract Term
Captain Marc Cassell 18 E. Basic Road, Henderson, NV 89015 P/702-267-4568 marc.cassell@cityofhenderson.com					
Bergen County Jail, NJ	1/93 -6/17	483	$450.0K	Management and Physician Only	Competitive Bid Process
Chris Davies Board of Chosen Freeholders, One Bergen County Plaza, Floor 5, Room 520, Hackensack, NJ 07601 P/201-336-3500 Ext. 3572 cdavies@bcsd.us					
Kintock Group - Corporate Office, NJ	8/04 -5/18	341	$985.0K	Medical, Mental Health, Support Services	End of Contract
Gretchen Wiseman, CAO 580 Virginia Drive, Suite 250, Fort Washington, PA 19034 P/610-687-1336 Gretchen.Wiseman@kintock.org					

Somerset County, NHJ	9/06 – 6/19	175	$400K	Medical, Dental, Mental Health, Pharmacy, Support Services	Competitive Bid Process

Charles M. O'Neill
Somerset County Administrative Building, 40 Grove Street, Somerville, NJ 08876-1262
P/908-231-7150
oneil@co.somerset.nj.us

Clackamas County Sheriff's Office, OR	7/11 – 2/18	478	$3.5M	Medical, Dental, Mental Health, Support Services	Competitive Bid Process

Lt. Steve Hohensee
2206 S. Kaen Road, Oregon City, OR 97045
P/503-722-6714
SteveHon@co.clackamas.or.us

Riverside Regional Jail, VA	3/16 – 2/19	1,354	$7M	Medical, Dental, Mental Health, Pharmacy, Support Services	End of Contract Term

Major Dawn M. Flippin
500 FOLAR Trail, North Prince George, VA 23860
P/804-520-8434
dflippin@rrjva.org

2.10
BIDDER CONTRACTS

2.10 Bidder Contracts

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.)

Corizon Health is not proposing any contracts, agreements, licenses, or warranties to incorporate in the contract generated from this Bid Event. We acknowledge that the State of Kansas form DA-146A remains a mandatory requirement in all contracts.

2.11
TECHNICAL LITERATURE

2.11 Technical Literature
4. Specifications

4.1 Scope

4.1.1. Scope of Services

4.1.1. 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. The provision of services is primarily provided on-site at nine (9) facilities and three (3) satellite facilities identified in Appendix A. Specialized services may be provided through agreements with area providers such as hospitals, clinics, medical specialists, laboratories and other specialized services. The Contract resulting from this RFP is a full-risk contract. The Contractor will be held responsible for the provision of healthcare as described herein, and to absorb costs through the duration of the Contract and any renewal periods. The Contractor is responsible for any and all agreements with local healthcare providers, pharmacies, specialists, etc., and for developing efficiencies and controlling costs.

Corizon LLC (Corizon Health) is pleased to present our proposal to the Kansas Department of Corrections to continue to deliver comprehensive healthcare services to the Kansas Department of Corrections' (KDOC's) nine (9) facilities and three (3) satellite facilities. We have had the privilege of partnering with the KDOC since January 2014.

We acknowledge that specialized services may be provided through agreements with area providers such as hospitals, clinics, medical specialists, laboratories and other specialized services. We also understand that the contract resulting from this RFP is a full-risk contract.

Corizon Health will be held responsible for the provision of healthcare as described herein, and to absorb costs through the duration of the Contract and any renewal periods. Corizon Health will be responsible for any and all agreements with local healthcare providers, pharmacies, specialists, etc., and for developing efficiencies and controlling costs.

4.1.2. Contract Management Experience

4.1.2. 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. Contractor shall 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. It is the expectation that the offenders in the KDOC correctional facilities receive appropriate and necessary health care in the least restrictive environment while conserving resources and costs. Services shall be provided in a manner that promotes maintenance of safety in the facility and in the community.

Corizon Health acknowledges the objectives of this contract and is committed to managing and operating the comprehensive health care services program for KDOC adult and juvenile offenders and in

a cost-effective manner by delivering high quality health care services that meets or exceed community standards.

We will comply with and maintain ACA and NCCHC standards, PREA requirements, and KDOC Internal Management Polices and Procedures, 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.

Appropriate and necessary health care will be provided in the least restrictive environment while conserving resources and costs and in a manner that promotes maintenance of safety in the facility and in the community.

Our goal is to deliver a clinically effective and operationally efficient healthcare program for you that is founded on best practices, evidence-based medicine, proven systems, and the application of sound management principles. We place critical importance on cost control and resource management and work purposefully to foster a client-focused culture. Recognizing the importance of collaboration with the KDOC in delivering quality healthcare services, Corizon Health is committed to a maintaining a successful partnership with the KDOC. The following pages describe our plan to accomplish these objectives.

Evidence-Based Clinical Guidelines

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

National Expert Guidelines	Link
ADA: American Diabetes Association	http://www.diabetes.org
DHHS: Department of Health and Human Services	https://aidsinfo.nih.gov/contentfiles/lvguidelines/AA_Recommendations.pdf
NCCN: National Comprehensive Cancer Network	https://www.nccn.org
ACC/AHA: American College of Cardiologist/American Heart Association	https://www.nhlbi.nih.gov
GOLD: Global Initiative for Chronic Obstructive Lung Disease	http://goldcopd.org
ATS: American Thoracic Society	https://www.thoracic.org
AES: American Epilepsy Society	http://www.epilepsy.com https://www.aesnet.org
ACC/AHA: American College of Cardiologist/American Heart Association	http://professional.heart.org

National Expert Guidelines	Link
NIH.NHLBI: National Institute of Health. National Heart, Lung and Blood Institute	https://www.nhlbi.nih.gov
FBOP: Federal Bureau of Prisons	https://www.bop.gov
CDC: Centers for Disease Control and Prevention	https://www.cdc.gov/tb
NICE: National Institute for Health and Care Excellence	https://www.nice.org.uk/guidance/conditions-and-diseases/neurological-conditions
IDSA: Infectious Diseases Society of America	http://www.idsociety.org
AASLD: American Association for the Study of Liver Disease	https://www.aasld.org
ACC/AHA: American College of Cardiologist/American Heart Association	https://www.nhlbi.nih.gov
NKD KDOQI: National Kidney Disease: Kidney Disease Outcomes Quality Initiative	http://www.ajkd.org/content/kdoqiguidelines
NIH.NHLBI: National Institute of Health. National Heart, Lung and Blood Institute	https://www.nhlbi.nih.gov
ACR: American College of Rheumatology	https://www.ncbi.nlm.nih.gov
AACE: American Association of Clinical Endocrinology	https://www.aace.com
ACG: American College Gastroenterology	http://gi.org
American Psychiatric Association	https://www.psychiatry.org
American Academy of Psychiatry and the Law	www.aapl.org

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

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

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

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

- Asthma
- Diabetes
- Diabetic Ketoacidosis
- Dyslipidemia
- Seizure Disorder
- Sickle Cell Disease
- TB/LTBI
- Warfarin Management

- Gestational Diabetes
- HIV/AIDS
- Hypertension
- MRSA
- PTSD
- Schizophrenia
- ADHD
- Bipolar Disorder
- Extrapyramidal Symptoms
- Major Depressive Disorder
- Substance Abuse Withdrawal
- Gender Dysphoria
- Women's Health

By way of an example, the following paragraphs describe how providers use the **Clinical Pathways** for patients found to have the chronic condition of diabetes.

Patients who report a history of diabetes, or who are diagnosed with diabetes and requiring treatment are evaluated by a practitioner for physical, substance use histories, co-morbidities, nutritional status and medication review.

Corizon Health's **Clinical Pathway for Diabetes** includes the following tools to provide treatment across the continuum of care:

- The provider will assess the information provided by the nursing staff and can refer to the Corizon Health *Diabetes Pathway* for recommended evaluation, treatment and follow-up. The **Clinical Pathways** also include the Chronic Care Encounter tool for Metabolic Diseases, The Prescriptive Optimization for Safety and Efficacy (P.O.S.E.) tool, Patient Safety Cases, Corrective Regular Insulin Coverage (CRIC) Instructions, Finger Stick Blood Glucose (FSBG) records for both new intake cases and ongoing monitoring, and a tool for Monofilament Testing for Diabetes.

- The provider then orders the treatment plan using the *Metabolic Chronic Care Encounter Tool* and *Physician Order.* Healthcare staff continues to monitor the patient using the *FSBG Record* at each blood sugar check, as ordered by the provider. Built into this tool is a mandatory weekly review by the practitioner, ensuring all diabetic patients have close oversight.
- Nursing tools include a Nurse Encounter Tool (NET) for Hyper/Hypoglycemia as well as a resource tool that details symptoms and causes of both hyper and hypoglycemia and preventive measures for both.

Chronic Care Clinical Pathway: DIABETES	
Pathway	
TOOLS	
Provider Tools	CCC Encounter-Metabolic P.O.S.E. Patient Safety Cases CRIC Instructions FSBG-New Intake FSBG Record Monofilament Testing for Diabetes
Nursing Tools	NET-Hyper/Hypoglycemia NET Resource-Blood Glucose Alteration
Patient Education	PIFS-Diabetes General Information PIFS-Diabetes-Long Term Problem PIFS-A1c PIFS-Checking your Blood Sugar PIFS-Taking Insulin
CO Education	COB-Diabetes

Once the patient is enrolled in the Diabetic Chronic Care Clinic, Corizon Health's clinical team begins the process of patient education. **Patient Information Fact Sheets (PIFS)** are made available to assist with on-site support and motivation to make lifestyle adjustments to assist with control of their illness. These teaching tools are used during patient encounters, individual counseling, as well as for the patient to read and reference later. Additional educational material specifically developed for the Correctional

Officer is available to assist him or her with management of the patient in population as well as rapid identification of critical health concerns.

4.1.3. KDOC Population

4.1.3. KDOC serves a current population of approximately 10,000 adult inmates and 165 juvenile offenders. Most facilities have several separate housing units that require separate clinic operations. A description of the clinic locations and populations served by each clinic is identified in the Facility Population, Infirmary, and Acuity Report (Appendix B).

Corizon Health welcomes the opportunity to continue to provide health care services to the KDOC's adult and juvenile offenders. As the incumbent provider, our health care team is knowledgeable of the KDOC's housing units and clinic operations. We have reviewed the information provided in Appendix B.

4.1.4. Definitions

4.1.4. A list of definitions with respect to terms utilized in this RFP is provided in the document Definitions (Appendix C).

Corizon Health has reviewed the list of definitions with respect to the terms utilized in this RFP provided in Appendix C.

4.2. Access to Health Care Services

4.2.1. Access to Health Care Services

4.2.1. All offenders, regardless of status, shall have unimpeded access to correctional health care services. Contractor's health care staff shall ensure that 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, timely referral shall be made to another KDOC facility or outside provider in which the necessary care is available.

Corizon Health ensures that all offenders, regardless of status or ability to pay, have unimpeded access to scheduled and emergency healthcare at a level of care commensurate with the severity of the presenting symptoms and in accordance with *KDOC IMPP 10-122D – Programs and Services: Access to and Availability of Heath Care Services*. This includes access to medical, behavioral health, and dental care for adult and juvenile offenders.

4.2.2. Plan to Access Health Care Services

4.2.2. The Contractor shall describe how they intend to provide unimpeded access to care that meets the offender's necessary medical, dental, and behavioral health needs.

Within four (4) hours of their arrival at the facility, offenders are screened and informed of the availability of health care services to include the following:

1. Orientation information for health care services both oral and written in a form and language understood by the offender
2. How to access medical, behavioral health and dental services specific to the facility where the offender is housed and for which the orientation is provided

3. Explanation of and procedures for securing consent to treat (medical) forms are obtained at the time of admission
4. The grievance process for medical-related complaints.

There is also a sign posted in the intake area instructing offenders how to access care for their immediate healthcare needs.

After receiving orientation on how to access medical care, each offender is asked to sign an *Access to Healthcare Information* handout – specific to that facility – stating that they received the information both verbally and written, and that they understand how to access both emergency and routine medical care.

Offenders keep the written handout, and return the signed statement of understanding to the medical department. The signed statement becomes a part of each inmate's permanent medical record.

Access to Health Services for Inmates with Special Needs

Corizon Health provides proper accommodation for any offenders with physical and/or developmental disabilities as required by the American Disabilities Act (ADA), including, but not limited to non-English speaking, developmentally disabled, illiterate, blind, mentally ill or deaf inmates. This includes providing assistance communicating with healthcare personnel and understanding how to access healthcare services.

Non-English speaking offenders or those who may have difficulty communicating verbally are provided with a written and/or verbal translation of applicable health services policies and procedures. We also use **Stratus Video™** for language service solutions or, if available at the facility, bi-lingual staff to facilitate communication.

Each facility also has a picture poster to assist offenders with communication until assistance with interpretation and translation is obtained.

The facility's Health Services Administrator is responsible for monitoring and responding to any potential impediments to an offender's access to care including coordinating with Security and ensuring that all clinical encounters are conducted in private and carried out in a manner designed to encourage the patient's subsequent use of health services.

4.3. Comprehensive Medical Services

4.3.1. Medical Oversight – Responsible Health Authority

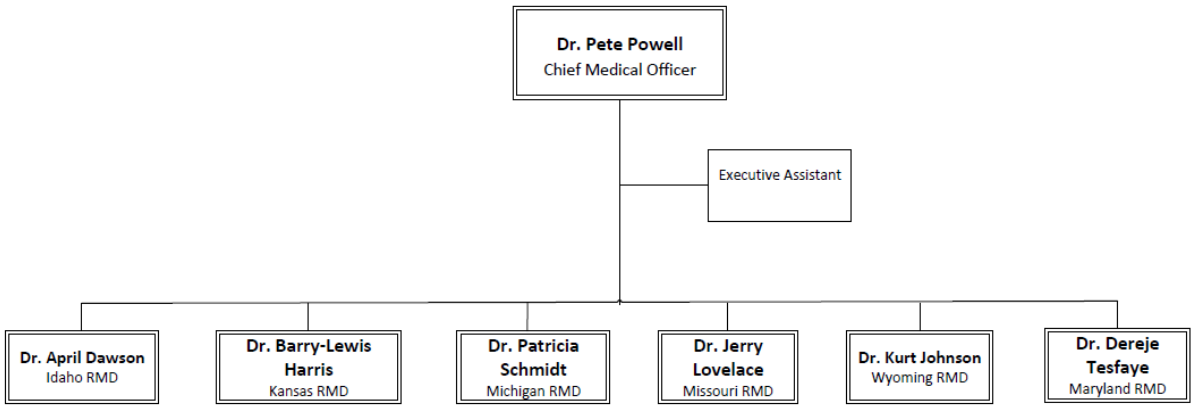
4.3.1. Medical Oversight – Responsible Health Authority. The Contractor shall provide a full range of health care services under the supervision of a physician licensed by the Kansas Board of Healing Arts. Administration of the entire KDOC program does not have to be limited to one health care professional. When this authority is other than a licensed physician, clinical judgment rests with a single designated responsible health care practitioner (HCP). The Contractor shall include a copy of the company's organizational chart identifying clinical oversight.

Dr. Barry-Lewis Harris, II will continue to serve as Corizon Health's Regional Medical Director. Dr. Lewis is licensed by the Kansas Board of Healing Arts and, as the responsible health authority, is responsible for all clinical care provided under the contract. Corizon Health understands that administration of the entire KDOC program does not have to be limited to one health care professional. When this authority is not a licensed physician, clinical judgment will rest with a single designated responsible health care provider.

Dr. Harris is actively involved in all major clinical components of Corizon's health care program including review of medical care provided and medical professional aspects of provider contracts, management of all on-site clinical care, peer review, and related protocol development and implementation. Other key responsibilities include:

- Collaboration with the KDOC on high acuity cases and/or concerns;
- Serving as discussion leader for selected in-service training classes;
- Overseeing the on-site quality assurance program, including infection control and assuring implementation and ongoing supervision of onsite chronic care clinics;
- Consulting with medical providers in the community to resolve issues in delivering services to offenders;
- Assisting in screening, interviewing, and evaluating credentials of health care providers;
- Providing guidance, training and leadership to other site health care providers;
- Providing base-line utilization review for necessity and appropriateness of referral of patients for outpatient and inpatient specialty referral, including consultation to other health care staff in the referral of patients to emergency offsite providers;
- Serving as health care resource to the KDOC in specific patient cases, readiness for disaster preparedness, infectious disease and other clinical health care issues; and
- Providing initial, on-site/regional training to providers.

As shown in the organizational chart below, Dr. Harris reports directly to Corizon Health's Chief Medical Officer, Dr. James "Pete" Powell.



4.3.2. Reserved

4.3.2. Reserved

Corizon Health understands this section was reserved for any additional requirements.

4.3.3. Standards of Care

4.3.3. Standards of Care. The Contractor shall 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. The performance of the Contractor's personnel and administration must meet or exceed standards established by ACA and NCCHC as they currently exist and/or may be amended. In addition, the Contractor shall 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. The Contractor shall identify the clinical criteria utilized to determine necessity for health care and treatment that at a minimum meet the NCCHC Clinical Practice Guidelines (i.e. Internally developed or other national criteria such as the American Academy of Family Physicians Guidelines).

By design, all Corizon Health's clinical and operating procedures have been developed to, at a minimum, comply with and meet ACA and NCCHC healthcare standards and those of our clients. Developed by Corizon Health's Nursing Department, they provide clinical governance for the management and implementation of safe, effective and efficient health care services. They also play an integral role in Corizon Health's Continuous Quality Improvement (CQI) Program.

The following are key features of Corizon Health's Policies and Procedures:

- Healthcare policies and procedures are site-specific and modified to comply with the approved policies and procedures of the KDOC and applicable KDOC standards, statutes, regulations, policies, and guidelines as well as any restrictions or requirements placed on licensure by the respective licensing boards.

- The Table of Contents and each policy and procedure reference the associated NCCHC (Medical and Mental Health) and ACA standard(s).

- Each procedure describes in detail, and in sequence, when appropriate, how a policy is to be carried out and by whom.

- Each policy and procedure in the manual is reviewed at least annually, and revised as necessary under the direction of the Site Medical Director (SMD) and Health Services Administrator (HSA). The policy bears the date of the most recent review or revision. Policies are signed and dated individually by the HSA and our Regional Medical Director (RMD) and an attestation page is maintained in the manual reflecting the most recent review or update.

- Corizon Health's policies are correctional-driven, including such areas as security issues, kitchen, industries, safety and sanitation or offender workers, and reflect and endorse the policy maintained by the KDOC.

Polices and Procedure Manuals – Table of Contents Excerpts

Below are excerpts from the Table of Contents for our Policy and Procedure manual for prisons and juvenile facilities.

General Health Services Policy & Procedure

Table of Contents-Prison 2018

Corizon Policy#	Title	Core Process	NCCHC 2018	NCCHC MH-2015	ACA ACI-4-	ACA 2016 Supplement
Section A - Governance and Administration						
A-01.00	Access to Care		A-01	A-01	-4344, -4345	4-4344 Revised 2014
A-02.00	Responsible Health Authority	ALL	A-02	A-02	-4380	
A-03.00	Medical Autonomy		A-03	A-03	-4381	4-4381 Revised 2006
A-04.00	Administrative Meetings and Reports		A-04	A-04	-4408	
A-05.00	Policies and Procedures	ALL	A-05	A-05	-4424	
A-06.00	Continuous Quality Improvement Program		A-06	A-06	-4410, -4422, -4423	
A-07.00	Privacy of Care		A-07	A-09	-4403	
A-07.01	Medical Chaperone		A-07	A-09	-4403	
A-08.00	Health Records		A-08	H-03	-4396, -4413, -4415	4-4396 and revised 2006
A-09.00	Procedure in the Event of an Inmate Death		A-09	A-10	-4395, -4410, -4425	
A-10.00	Grievance Process for Health Care Complaints		A-10	A-11	-4394	

CORIZON HEALTH

General Health Services Policies and Procedures
Juveniles-2015
Table of Contents

Title	Corizon Policy	NCCHC Policy	NCCHC MH Policy	ACA 4-JCF	ACA 3-JDF-	ACA 2014 Supplement
PERSONNEL AND TRAINING						
Credentials	Y-C-01.00	Y-C-01	MH-C-01	4C-51 4C-53	4C-10 4C-12	
Clinical Performance Enhancement	Y-C-02.00	Y-C-02	MH-A-01	6C-11	1C-16	
Professional Development	Y-C-03.00	Y-C-03	MH-C-03	6E-07 6E-11 6E-12 6E-13 6E-14	1D-10 1D-14	3-JDF-1D-10
Health Training for Child Care Workers	Y-C-04.00	Y-C-04	MH-C-04	6E-08	1D-08	3-JDF-10-08
Medication Administration Training	Y-C-05.00	Y-C-05	MH-C-05	4C-28	4C-18 4C-20	3-JDF-4C-20
Inmate Workers	Y-C-06.00	Y-C-06	MH-C-06	4C-57	none	
Staffing	Y-C-07.00	Y-C-07	MH-C-07	4C-35 4C-55 4C-56	1C-04	
Health Care Liaison	Y-C-08.00	Y-C-08	MH-C-08	4C-52	4C-17	

4.3.4. Nursing Clinical Guidelines

4.3.4.1. Currently our electronic health records system (EHR) has built into its program a specific set of nursing treatment guidelines or algorithms (Appendix D). The EHR system has the flexibility to accommodate changes to the Guidelines as improvements are made.

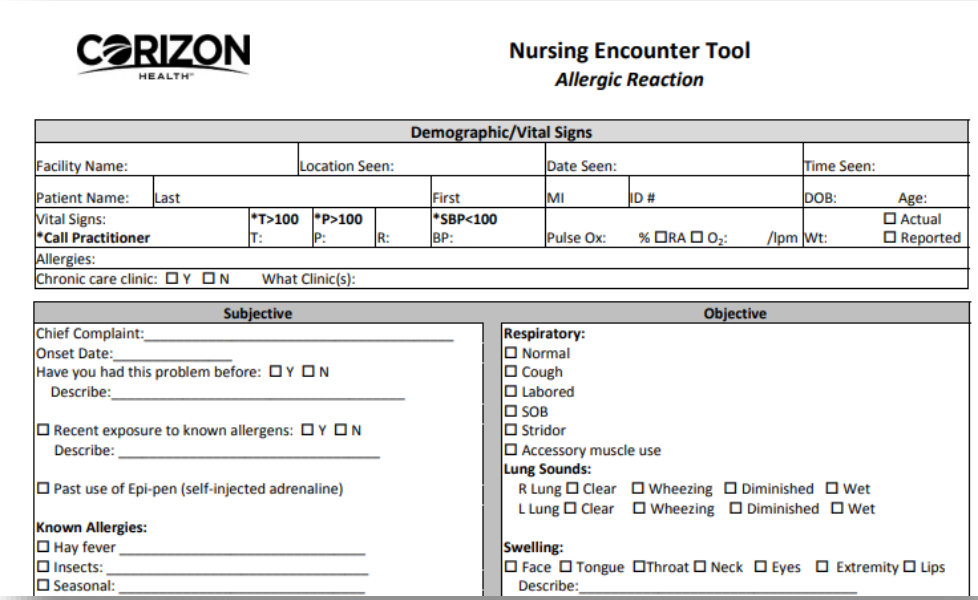
Corizon Health is familiar with the KDOC's EHR and the nursing treatment guidelines/algorithms that are built into the EHR. We will continue to work with the KDOC to ensure that the guidelines/algorithms are updated as changes and improvements are made.

Corizon Health's Nursing Encounter Tools (NETs) serve as our nursing treatment guidelines within the KDOC's EHR system.

Nursing Encounter Tools

Corizon Health's **Nursing Encounter Tools (NETs)** are used to document patient encounters and guide our nurses as they work through the treatment decision making processing. Additionally, the NETs aid in communication and teamwork, support patient safety and risk management, and provide decision support for accurate interventions, including the appropriate referrals to provider sick call. Our *Nursing Encounter Tool Manual* also includes support tools that provide instruction on the use of the NETs thereby supporting a consistent approach to the nurse/patient encounter and nursing care documentation. The Table of Contents and examples of our NETs are provided in **Attachment B**. An excerpt from our ***Allergic Reaction NET*** is shown below.

Based on the assessment findings, the patient's condition is defined as routine, urgent or emergent. The NETs provide instruction for the appropriate intervention by the nurse for emergent, urgent or routine intervention as required by patient presentation. If the condition is urgent, the patient is referred immediately to a provider. If the condition is emergent, the nurse notifies the provider. NETs have been developed for conditions regularly seen in a sick call clinic. The nurse can use the NETs to document the addressing of routine care needs including the need for follow-up visits and patient education. NETs have been developed for the 25 conditions regularly seen in a sick call clinic.



CORIZON HEALTH

Nursing Encounter Tool
Allergic Reaction

Demographic/Vital Signs								
Facility Name:		Location Seen:			Date Seen:		Time Seen:	
Patient Name:	Last			First	MI	ID #	DOB:	Age:
Vital Signs: ***Call Practitioner**	***T>100** T:	***P>100** P:	R:	***SBP<100** BP:	Pulse Ox:	% ☐RA ☐ O_2: /lpm	Wt:	☐ Actual ☐ Reported
Allergies:								
Chronic care clinic: ☐ Y ☐ N What Clinic(s):								

Subjective	Objective
Chief Complaint:_____ Onset Date:_____ Have you had this problem before: ☐ Y ☐ N Describe:_____ ☐ Recent exposure to known allergens: ☐ Y ☐ N Describe: _____ ☐ Past use of Epi-pen (self-injected adrenaline) **Known Allergies:** ☐ Hay fever _____ ☐ Insects: _____ ☐ Seasonal: _____	**Respiratory:** ☐ Normal ☐ Cough ☐ Labored ☐ SOB ☐ Stridor ☐ Accessory muscle use **Lung Sounds:** R Lung ☐ Clear ☐ Wheezing ☐ Diminished ☐ Wet L Lung ☐ Clear ☐ Wheezing ☐ Diminished ☐ Wet **Swelling:** ☐ Face ☐ Tongue ☐Throat ☐ Neck ☐ Eyes ☐ Extremity ☐ Lips Describe:_____

Nursing staff is trained on the use of the NETs as part of our orientation program that has been designed specifically for nursing and clinical staff. Nurses who are assigned sick call responsibilities participate in additional competency and assessment training to assure that nursing assessments are conducted accurately and completely and that the NETs are used appropriately for each sick call visit. Corizon Health's providers are also available at the facility or on call for assistance.

4.3.4.2. Include in the response 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

The following nursing clinical guidelines are provided in **Attachment J.**

KDOC Requirement	Corizon Health NET/Flow Sheet
(a) General Musculoskeletal Pain	NET – Musculoskeletal
(b) Ectoparasites	NET – Skin
(c) Influenza-Like Illness	NET – Influenza Like Illness
(d) Dental Pain	NET – Dental
(e) Ear, Nose, and Throat	NET – Ears
(f) MRSA	KDOC Flow Sheet – MRSA

4.3.4.3. Include in the response the following emergent nursing clinical guidelines that include standing orders for emergency medications and or treatments:
(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

The following emergent nursing clinical guidelines are provided in **Attachment K.**

KDOC Requirement	NET/Policy & Procedure/Flow Sheet
(a) Trauma	Trauma is woven into the following NETs: ▪ Altered Mental Status ▪ Bites ▪ Ears ▪ Gastrointestinal ▪ Genitourinary ▪ Head Injury ▪ Musculoskeletal ▪ Post Use of Force ▪ Seizure
(b) Head Injury	NET – Head Injury
(c) Intoxication and Withdrawal	NET – Withdrawal – SAW
(d) Chest Pain	KDOC Flow Sheet – Chest Pain NET – Chest
(e) Hypoglycemia	NET – Hyperglycemia/Hypoglycemia
(f) Seizure/Status Epilepticus	NET – Seizure
(g) Emergency Allergic Reaction/Anaphylaxis	NET – Allergic Reaction

KDOC Requirement	NET/Policy & Procedure/Flow Sheet
(h) Respiratory Distress	NET – Upper Respiratory Symptoms
(i) Suspected Overdose	NET – Overdose
(j) Heat-related Illness	NET – Heat Related Illness
(k) Post-Exposure Prophylaxis	Policy & Procedure: Care of Inmate with Exposure to Bloodborne Pathogens
(l) PREA	NET – PREA

4.3.5. Consent to Treat/Right to Refuse

4.3.5. Consent to Treat/Right to Refuse. The Contractor shall obtain appropriate consent to treat prior to performance of treatment. The Contractor shall acknowledge the offender's right to refuse treatment as described by the NCCHC standards. Juveniles have specific rules and regulations regarding consent to treat and right to refuse. All bidders shall confirm they understand the juvenile's rights and parental consent.

Corizon Health acknowledges that offenders have the right to make informed decisions regarding health care, including the right to refuse care as described by NCCHC standards. Corizon Health staff will obtain appropriate consent from offenders prior to performing any medical treatment in accordance with NCCHC standards and informed consent practices applicable in Kansas.

While a general consent to treatment is collected for each patient, Corizon Health requires written consents for any invasive procedures including surgeries, invasive diagnostic tests, dental extractions, and use of psychotropic medications. Each patient shall review the consent form with the physician or midlevel provider prior to initiation of any care. Consent forms detail the benefits and risks of the planned procedure and are signed by both the patient and the reviewing practitioner.

Corizon Health acknowledges that juveniles have specific rules and regulations regarding consent to treat and right to refuse and confirms we understand the juvenile's rights and parental consent. In the event that the patient is a juvenile, consent is obtained from the parent or legal guardian/custodian. Additionally, all patients who receive telehealth services must sign a consent form prior to initiation of this level of care.

Corizon Health acknowledges that offenders are not allowed to refuse infirmary housing; however, they are allowed to refuse medical treatment in the infirmary.

If an offender refuses treatment, Corizon Health staff will obtain the offenders signature on a refusal form that will be maintained in the offender's medical record. Any health evaluation and treatment refusal will be documented and include the following:

- Description of the service being refused
- Evidence that the offender has been informed of any adverse health consequences that may occur because of the refusal
- The signature of the patient, to include date and time
- The signature of a health staff witness
- If the patient does not sign the refusal form, it will be noted on the form by a second health or custody staff witness

Education is also a key component and is provided when the patient refuses any aspect of treatment. The provider is also notified.

Excerpts from our *Informed Consent for Medical Services* form and *Refusal of Clinical Services* form are shown below:

Informed Consent for Medical Services

DEMOGRAPHICS			
Facility Name:		ID Number:	
Patient Name:		Date of Birth:	
Housing Location: ◯ General Population ◯ Segregation ◯ Infirmary ◯ Other:		Sex: ◯ Male ◯ Female	

MEDICAL SERVICES CONSENT

I hereby authorize _____ (my health care provider and / or
(Practitioner)
other designated medical professional) to treat me as necessary in their judgment. I understand I may withdraw this consent to any specific treatment by refusing the treatment or test. The procedure(s),

_____
(State in Layman's Terms)

necessary to treat my condition has been fully explained to me by _____
(Name, Title)

and I understand the nature of and risks associated with this procedure(s). Briefly stated, they are:

REFUSAL OF CLINICAL SERVICES

PATIENT DEMOGRAPHICS			
Patient Name:		ID Number:	
Facility Name:		Date of Birth:	
Housing Location:	❍ General Population ❍ Segregation ❍ Infirmary ❍ Other	Sex:	❍ Male ❍ Female

SERVICE(s) REFUSED

I, _____ have been told I have _____
Name of Patient Condition/Illness

The risks and benefits of my treatment plan have been explained to me and I am refusing:

☐ Medication (list)	☐ Chronic Care Clinic (list)	☐ X-Ray Services (list)
☐ Physical Exam / H&P/ Health Assessment	☐ Behavioral Health/Psychiatry	☐ Offsite Appointments (list)
☐ Other (list)	☐ Dental Care (list)	

***Health Services Staff: If critical medication refer to policy G-05.01-Refusal of Medication or Clinical Encounter*

Location of refused encounter: ☐ Onsite ☐ Offsite ☐ Telehealth

4.3.6 Receiving Screening

4.3.6.1 Nursing staff shall 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 are to be performed in compliance with NCCHC and/or ACA current standards for screening. Describe in the proposal the Contractor's plan to meet the criteria in this section.

Receiving screening is the vital first step to planning a successful continuum of care, which includes the medical, behavioral health, dental, and pharmaceutical needs of a patient entering a facility. In addition, it affords Corizon Health staff the opportunity to rapidly identify serious health needs and provide appropriate care so that potential medical emergencies can be averted. The process also allows for the identification of non-urgent medical concerns that will require further follow-up and/or treatment.

Corizon Health nursing staff will perform health, dental, and behavioral health receiving and transfer screenings within four (4) hours of the offender's arrival at the facility and prior to the offender's assignment to a living area. Receiving and transfer screenings include both visual and chart reviews on all offenders upon their arrival at each facility and at each unit within the facility (if the offender transfer results in transfer of oversight from one clinic to another.)

Receiving and/or transfer screenings are performed in compliance with ACA and NCCHC current standards for screening and in accordance with *KDOC's IMPPP 10-117D – Program and Services: Health Care Screenings, Assessments, and Evaluations.*

The following paragraphs describe Corizon Health's plan to meet the KDOC's receiving/transfer screening criteria.

Screening the Immediate State

To ensure the urgent/emergent health needs of a patient are identified and addressed in a timely manner, our medical professionals are trained to evaluate the Immediate State (condition) of the offender. This evaluation screening is a vital first step to completing the Intake/Receiving Screen and ensures offenders who present with the following conditions are referred for immediate care and potentially for medical clearance:

- unconscious,
- semi-conscious,
- bleeding,
- mentally unstable,
- in substance use withdrawal; or
- otherwise urgently in need of medical attention

Additionally, offenders exhibiting signs of acute mental illness during the health screening process, psychological distress, or danger of harm to self or others are referred to the behavioral health professional staff for further evaluation.

Completing the Intake and Receiving Screening

Once cleared for entry to the facility, the next essential step is completion of the intake and receiving screening. Corizon Health's intake/receiving screening tool, approved by the KDOC, identifies patient need and guides staff to make appropriate referrals to ensure those needs are addressed. This tool meets NCCHC and ACA requirements and uses simple terms that can easily be understood by the patient, who may not speak English or may have a physical (i.e. speech, hearing, sight) or mental disability. If an offender requires a translator, Corizon Health provides this with 24-hour access to trained medical interpreters via telephone, with more than 30 languages available.

Corizon Health has trained staff available 24/7 to complete intake/receiving screening at all adult and juvenile facilities.

Corizon Health's intake and receiving screening includes the following components:

- Any past history of infectious or communicable illness (i.e., HIV, TB, STDs, etc.), treatment, or symptoms (e.g., lethargy, weakness, weight loss, loss of appetite, fever, night sweats) suggestive of such illness;
- Current or past illness, health condition, or special need;
- Behavioral health problems to include suicide potential/risk;
- Past or present treatment or hospitalization for mental disturbance or suicide attempt(s);
- Dental problems, treatment for dental problems;
- Allergies;
- Medications taken and special health (including dietary) requirements;
- Use of alcohol and other drugs including type(s) of drugs used (legal and illegal), mode of use, amounts used, frequency used, date or time of last use and history of any withdrawal symptoms that may have occurred after ceasing use (e.g., convulsions);
- Possibility of current pregnancy, recent pregnancy, and current gynecological problems;
- Other health problems designated on the admission screening form approved by the Director of Healthcare Services;
- Current immunization status; and
- Personal physician, if applicable.

Our intake and receiving screen also records observation of:

- Behavior (state of consciousness, mental status (including suicidal ideation), general appearance, conduct, tremors, and sweating)
- Physical deformities and ease of movement
- Persistent cough or lethargy
- Physical deformities and condition of skin including evidence of abuse and/or trauma markings, bruises, lesions, jaundice, rashes and examination for infestations and/or the presence of ectoparasites, needle marks or other indications of drug abuse and tattoos
- Breathing

We also administer a screening test for tuberculosis as recommended by the CDC.

Recommendations for clinical disposition and referral include:

- General population
- General population with referral to sick call or appropriate health care services
- Referral to appropriate health care service for emergency treatment (including medical isolation), if necessary
- Other disposition as appropriate to the offenders health and/or behavioral health condition

Results of the receiving screening are documented in the offender's health record, including the date and time when referral/placement takes place.

If there is an area of concern or health need not addressed on the intake screen, the intake screener is trained to ask additional questions, seek provider consultation and develop an action plan to address the need. Corizon Health staff uses critical thinking skills to ensure the health needs of the patient are identified and addressed.

Once all the intake screen information is gathered, the screener is responsible for ensuring the appropriate medical and behavioral health follow up is scheduled with the appropriate provider(s) in a timely manner. Any urgent/emergent needs are communicated to the appropriate provider.

Offenders who need to be seen by a physician or behavioral health professional are referred for such evaluation and care. Findings of the screening are entered into the offender's medical record.

Addressing Identified Health Concerns

Corizon Health's COR Process program for intake is designed to deliver a standard action plan for any and all issues we identify during our receiving screen. This includes:

Urgent/Emergent Needs

- Corizon Health staff are trained to quickly identify urgent/emergent health needs
- The screener will use their clinical knowledge and critical thinking skills to identify and respond urgent/emergent needs
- Corizon Health staff will coordinate the delivery of urgent /emergent care with custody to limit disruption to the intake process

Minor Medical Needs

- Corizon Health staff will identify minor medical needs at intake which require routine health care follow up
- Our goal is to resolve minor medical needs while the patient is still in intake
- If for some reason we cannot resolve the issue while the patient is in intake, we will arrange for minor medical need follow up

Substance Use and Withdrawal

When individuals enter a correctional facility, they often present with a history of drug and/or alcohol abuse. It is important these individuals are identified timely and the appropriate interventions implemented. Corizon Health's intake and receiving screening is designed to:

- Identify signs and symptoms of substance use withdrawal
- Identify patients at risk for acute substance use withdrawal
- Implement timely intervention(s) when withdrawal symptoms are identified
- Maintain the safety of patients with substance use withdrawal symptoms through careful screening and frequent monitoring

Specific screening information obtained during this process includes:

- Type of substance(s) used;
- Frequency and amount of usage;
- Approximate time of last use;
- Symptoms experienced when ceasing use in the past (a past history of complications from alcohol or drug abstinence or a history of previous episodes of withdrawal is a strong risk factor for repeat and even more severe alcohol or drug withdrawal).

Additionally, Corizon Health has a detailed substance withdrawal program. Our treatment protocols for detoxification meet or exceed NCCHC and ACA standards.

Behavioral Health Screening

As a matter of routine, the initial intake screening includes obtaining a mental health history, as well as identifying urgent or emergent psychiatric needs, and other key indicators to establish behavioral health risk. Corizon Health's intake and receiving screen incorporates:

- Suicide prevention screening at every intake
- Immediate referral for persons identified as high risk for self-injury for placement on a suicide precaution status in identified safe and appropriate housing
- Recognition that the continuation of current treatment is imperative for the stabilization of the patient, therefore, the psychiatrist is consulted to continue verified current medications at intake

Dental Screening

An oral screening is performed on all newly admitted offenders at intake. Corizon Health's staff are trained to identify both non-emergent and urgent/emergent dental conditions, and we have created dedicated tools to aid staff in identification and referral of dental care needs.

The intent of the oral screening is to:

- Identify any obvious or gross abnormalities that require an immediate referral to a dentist
- Visually observe the teeth and gums
- Identify urgent issues such as pain and infection that require immediate referral to the provider

In addition to the oral screening, the intake process provides the opportunity for healthcare staff to conduct oral hygiene instruction with the offender. In accordance with NCCHC standards, Corizon Health's education materials includes both rationale for good oral hygiene and instructions on how to properly care for your teeth.

Chronic Care and Special Needs

A goal of intake screening is to ensure patients with chronic care and special needs are properly identified. The timely identification and enrollment of offenders with chronic conditions and/or special needs into a chronic care/special needs program helps:

- Reduce the frequency and severity of symptoms
- Prevents disease progression and complications
- Fosters improved function within the correctional environment

The actions taken at intake set the stage for entering the patient into the appropriate chronic care/special needs program and ensuring the appropriate care plan is established. We recognize that offenders with special needs are especially vulnerable in the correctional setting. Corizon Health will communicate the offender's needs to other healthcare team members and custody staff to ensure they are properly cared for and placed in the appropriate housing unit.

Gender-Specific Assessment

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

Health Education and Wellness Information

Corizon Health provides health education and wellness information to offenders to encourage them to assume more responsibility for their health status. We believe offender health education is an ongoing process that occurs during each health encounter. Patient education is incorporated into:

- Receiving screening
- Physical assessment
- Each medical visit

Noted previously, Corizon Health staff will inform offenders of the healthcare services available to them as a standard practice during intake. This includes a detailed overview, both orally and in writing, of available services and subsequent health benefits, as well as how to access these services.

Description of health benefits will include information on services that are included and those that are excluded. In addition, our staff will encourage each offender to disclose all pertinent information regarding his/her healthcare history to allow for timely care and appropriate housing assignments. An offender's right to refuse or consent to mental health services and confidentiality issues are also explained at this time.

4.3.6.2 In the case of transfers to facilities with less than 24-hour nursing coverage, the main clinic staff, through chart review on the EHR system, shall complete the transfer screening form. The form shall be reviewed and the offender assessed at the next day nursing staff on site.

As noted previously in the case of transfers from other KDOC and Juvenile facilities to facilities with less than 24-hour nursing coverage, the main clinic staff, through chart review on the EMR system, will complete the transfer screening form. The form will be reviewed and the offender assessed at the next nursing staff visit. At a minimum, the transfer screening will include the following:

- Inquiry into:
  - ✓ Whether the offender is being treated for a medical or dental problem.
  - ✓ Whether the offender is currently on medication.
  - ✓ Whether the offender has a current medical or dental complaint.
- Observation of:
  - ✓ General appearance and behavior.
  - ✓ Physical deformities.
  - ✓ Vital signs.
  - ✓ Evidence of abuse or trauma.

Transfer screening training is provided during annual and basic training to all security staff at those facilities with less that 24-hour per day coverage by QHCP staff.

4.3.6.3 Health care professionals shall 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.

Noted above, as a matter of routine, the initial intake screening includes obtaining a mental health history, as well as identifying urgent or emergent psychiatric needs, and other key indicators to establish behavioral health risk. Corizon Health's intake and receiving screen incorporates:

- Suicide prevention screening at every intake
- Immediate referral for persons identified as high risk for self-injury for placement on a suicide precaution status in identified safe and appropriate housing
- Recognition that the continuation of current treatment is imperative for the stabilization of the patient, therefore, the psychiatrist is consulted to continue verified current medications at intake

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

Corizon Health staff are trained to quickly identify urgent/emergent health needs:

- The screener will use their clinical knowledge and critical thinking skills to identify and respond to urgent/emergent needs
- Corizon Health staff will coordinate the delivery of urgent /emergent care with custody to limit disruption to the intake process

Once all the intake screen information is gathered, the screener is responsible for ensuring the appropriate medical and behavioral health follow up is scheduled with the appropriate provider(s) in a timely manner. Any urgent/emergent needs are communicated to the appropriate provider.

4.3.6.5 If an offender is shown to be stable on medications upon admission, the use of formulary exceptions to continue the medications prescribed to offenders prior to admission shall be considered.

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

4.3.6.6 Contractor shall ensure communication occurs between site health care staff regarding patients with complex medical or mental health conditions prior to transfer. Such communication shall be documented in the EHR.

Corizon Health ensures communication will continue to occur between site health care staff regarding patients with complex medical or mental health conditions prior to transfer. We currently use the transfer/receiving screen in the EHR and verbally communicate prior to the transfer. Behavioral health sends the bed list and manages movement for these offenders. All communication is documented in the EHR.

4.3.7 Initial Health Assessment

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

A Corizon Health qualified health care professional (QHCP) will complete an initial health assessment within seven (7) days of admission to a KDOC facility.

4.3.7.2 Nurses conducting health assessments must be trained and certified by an HCP. The certification may be a certificate of completion issued by the Contractor upon successful completion of training. The Contractor must submit the training curriculum to KDOC for approval prior to implementing. Nurses conducting dental screening/oral cavity screening must be trained and certified by a dentist. The Contractor must submit the training curriculum to KDOC prior to implementing. The Contractor shall describe in the proposal the health assessment plan to include compliance with NCCHC, ACA standards, and the American Academy of Family Physicians Guidelines on Health Assessments, and should include at a minimum:

Corizon Health nurses conducting health assessments are trained and certified by a Corizon Health HCP. Corizon Health nurses conducting dental screening/oral cavity screening are trained and certified by a dentist. Corizon Health has implemented the 2018 NCCHC standards which now require health assessment training as part of our nursing staff's education and as such all Corizon Health nursing staff is

trained to provide health assessments in accordance with NCCHC and ACA standards prior to delivering patient care. This training was submitted to, and approved by, the KDOC prior to implementation.

The following paragraphs describe Corizon Health's plan to provide health assessments in accordance with NCCHC and ACA standards and the American Academy of Family Physicians Guidelines on Health Assessments.

Patients within the correctional setting have a higher incidence of medical problems compared to the general population. Initial and periodic health assessments provide a comprehensive examination and review of their healthcare status enabling our healthcare team to identify, evaluate, and monitor the patient's health status.

The periodic health assessment serves as a way to monitor patient health conditions over the period of their incarceration. Preventive diagnostic testing, such as mammograms, pelvic exams, lab studies, and prostate cancer screenings, will be conducted as clinically indicated and in line with health industry recommendations. Vaccines will be ordered or updated as appropriate.

These Corizon Health assessments are completed based on national recommendations and standards for treatment, care, and prevention, including NCCHC and ACA standards and the American Academy of Family Physicians Guidelines on Health Assessments.

Each offender undergoes a health appraisal as designated by the site medical director, performed by a Registered Nurse or above, within seven days of the offender's arrival at the facility, based on the criteria listed in the NCCHC standards.

All positive findings will be reviewed by a provider. If any part of the health assessment is deferred, the health assessment is also referred to a provider for disposition.

Health assessment will include, at a minimum, the following:

- Review of the receiving screening
- Complete history and physical examination
- Taking and recording vital signs (including height, weight, pulse, temperature, BMI)
- Dental screening/oral cavity screening by nursing staff trained by a dentist
- Vision and hearing screening
- Laboratory tests including VDRL, TB Mantoux test, as well as TB blood test for all positive Mantoux and immune suppressed adult and juvenile offenders. (Note, Corizon Health utilizes the free services offered by the Kansas Department of Health and Environment (KDHE) when available.)
- Gonorrheal and chlamydia testing on all offenders
- Pregnancy testing for females under age 60
- Hepatitis C opt out testing is offered to all offenders at admission and at the offenders periodic health assessment
- HIV opt-in/opt-out testing is offered to all offenders. (Note, Corizon Health utilizes the free services offered by the KDHE when available.)

- Other tests and examinations as clinically indicated or required by the RMD
- Review of the results of the health assessment by a physician if an RN completed the health assessment
- 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
- Full body head to toe examination

In addition, the juvenile health assessment will include BMI, growth chart plotting, and updated immunization review and administration.

Upon identification of a medical or mental health problem requiring immediate treatment, Corizon Health nurses will make appropriate referral to a physician for care and treatment as well as follow-up and further evaluation. Referrals will be completed by a QHCP within seven (7) calendar days of the referral.

Should an offender be diagnosed with an infectious disease, the offender will be placed in medical isolation until the physician determines the offender is cleared and allowed to be placed in the general population.

Using this process will ensure a comprehensive evaluation is provided by trained Corizon Health personnel educated in detecting communicable diseases and illness. We have found early identification results in prompt treatment and monitoring and allows for appropriate housing placement (if deemed clinically necessary).

4.3.8 Periodic Health Assessments

Contractor shall identify conditions that set the frequency of periodic health assessments as outlined and described in 4.3.7 of this RFP, to include a plan for health assessments annually for offenders with special needs, chronic care, juvenile offenders, and offenders over age 50. At a minimum, health assessments for healthy offenders under age 39 shall be completed every five (5) years, and age 39 to 50 every three (3) years. A computer-generated listing of all adult offenders by birthday month is available at each facility clinic through the OMIS system. A computer-generated listing of all juvenile offenders by birthday month is available at the facility clinic through the JCFS system. A periodic health assessment will not be due if an offender's birth month occurs within 30 days of his initial health assessment.

Periodic health assessments for all adult and juvenile offenders, including those with special needs/chronic care patients, and offenders over the age of 50 will be scheduled during the patient's 12th month of custody (or 12 months from most recent physical assessment) and at least five days prior to the due date to allow for any potential delays. KDOC has recently allowed Corizon Health to perform the periodic health assessments for chronic care patients who are assessment annually within the month prior to birth month.

At a minimum, health assessments for healthy offenders under age 39 are completed every five (5) years and for ages 39 to 50, these assessments are completed every three (3) years.

Corizon Health will continue to use the computer generated listing of all adult offenders by birthday month that is available via the OMIS system. For juvenile offenders we use the list available at the

facility clinic through the JCFS system. Corizon Health will not provide the periodic health assessment if the offender's birth month occurs within 30 days of his/her initial health assessment.

Corizon Health follows national guidelines when it comes to preventive care and diagnostic work ups for the aging population. Our providers include appropriate diagnostic testing for patients age 50 and older, or earlier based on medical history, such as:

- Colorectal Cancer Screening for adults age 50-75 annually
- Prostate Cancer screening for males ages 55 + annually
- Breast exam annually and mammography every two years for women 40 +
- Cholesterol screening for adults annually
- Vaccinations for adults ages 65 + annually, such as influenza, pneumonia, shingles

Chronic care patients are monitored routinely by a physician or midlevel provider, with routine examinations as appropriate to be determined by the level of disease control. The provider will establish the appropriate duration for a complete health appraisal, but not to exceed 12 months.

We review immunizations for juveniles and update their schedule as necessary.

Per Corizon Health's policies and procedures, periodic health assessments will include, but not be limited to, the following:

1. Health Assessment History

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

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

Health Assessment - History

Last Name:	First:	MI:	ID:
Date: Time: ◯ AM ◯ PM	Sex: ◯ Male ◯ Female	DOB:	Alias:
Intake form reviewed: ◯ Yes ◯ No If no, reason:			History & Physical refused: ◯ Yes ◯ No
Interpreter used: ◯ Yes ◯ No Name:		Service:	
Is there anything you forgot to mention or felt uncomfortable bringing up in your intake screening: ◯ No ◯ Yes:			

HISTORY

Major Surgical History (within past year) ◯ Yes ◯ No ☐ Due to traumatic injury ☐ Brain surgery ☐ Heart surgery ☐ Abdominal Surgery ☐ Other	**Medical Hospitalizations (within past year)** ◯ No ◯ Yes:	**Ever had transplant surgery:** ◯ No ◯ Yes ☐ Kidney ☐ Other:
Give dates:	**Past Significant Surgery:** ◯ No ◯ Yes:	

2. Health Assessment – Physical

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

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

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

Health Assessment – Physical

Last Name:	First:	MI:	ID:

Date:	Time: ◯ AM ◯ PM	Sex: ◯ Male ◯ Female	DOB:	Alias:

PHYSICAL

GENERAL OBSERVATION

General Appearance:

Acute Distress: ◯ Yes ◯ No	Dehydrated: ◯ Yes ◯ No	Additional Observation: ◯ Yes ◯ No
Describe:	Describe:	Describe:

Mobility Restrictions	**Physical Aids**	**Hearing Disability**
◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No
☐ Deformity ☐ Amputation ☐ Cast	☐ Wheelchair ☐ Crutches/Canes	Deaf: ☐ Right ☐ Left ☐ Both ☐ Neither
☐ Splint ☐ Paraplegic ☐ Quadriplegic	☐ Brace ☐ CPAP	Hearing Impaired: ☐ Right ☐ Left ☐ Both ☐ Neither
Other:	Other:	Hearing Aid: ◯ Yes ◯ No

4.3.9 Medical Classification System

4.3.9.1 KDOC currently uses the PULHEX classification system to describe the medical and mental health status of the adult offenders. Youth utilize a separate classification. Copies of these forms are provided in Appendix E.

Corizon Health has reviewed the classification system documents provided in Appendix E and acknowledges that the KDOC currently uses the PULHEX classification system to describe the medical and mental health status of the adult offenders and a separate classification for youth. As the incumbent healthcare provider, we are familiar with this classification system.

4.3.9.2 KDOC will consider the offender's medical and mental health condition when determining housing and facility assignment, consistent with KDOC's mission. All decisions regarding facility and housing assignment shall remain with KDOC.

Corizon Health understands that the KDOC considers the offender's medical and mental health condition when determining housing and facility assignment, consistent with KDOC's mission. We acknowledge that decisions regarding facility and housing assignment remain with KDOC.

4.3.9.3 The Contractor and KDOC shall 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.

Corizon Health understands that we share with the KDOC 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.

4.3.10 Non-Emergency Health Care Services/Sick Call

4.3.10.1 The Contractor shall identify a plan that meets NCCHC and/or ACA standards and is responsible to meet the criteria for this section. KDOC has two (2) primary systems for offender access to routine health care.

(a) Open sick call allows offenders to report at a specific time to be evaluated for health care concerns without waiting for a scheduled appointment. Open sick call is restricted to specific time frames and then closed outside of those time frames until open sick call time the next business day.
(b) 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.

Sick call constitutes a significant portion of our clinical interactions with the offender population. Because this is a crucial component of care, Corizon Health established Sick Call as one of our COR Processes, developing trainings and tools to assist our staff with successful completion of this process. Corizon Health's sick Call COR Process meets both NCCHC and ACA standards. As with all our COR Processes, Corizon Health used the lessons learned in our four decades of operation to design a Sick Call Program that would address the needs at any facility that houses prison, jail, or juvenile offenders.

4.3.10.2 Offender requests for health care must be triaged daily. Secure Boxes for the purpose of collecting written health requests are in place.

Corizon Health nursing staff collects health requests a minimum of once daily, usually during medication passes, from secure collection points throughout each facility. A Corizon Health RN triages the health requests within 24 hours of receipt:

- Emergent, urgent, or time sensitive complaints are seen immediately
- Non-emergent complaints are seen as soon as practicable, but within 48 hours with the exception of weekends when complaints will be seen the next business day

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

A qualified healthcare professional (or trained health care liaison when applicable) conducts a face to face encounter for 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, occurs in a timely manner and in accordance with the patient's clinical status. The sick call appointment is held within 72 hours of the initial face to face triage encounter.

Corizon Health's Nursing Encounter Tools

The most critical element of the sick call process is utilizing the correct tools to identify and resolve patient's health complaints. Corizon Health uses our **Nursing Encounter Tools (NETs)** to document sick call encounters. The NETs are nursing protocols, including written guidelines that specify the steps to be taken in examining a patient.

We have identified 26 common complaints frequently seen in sick call. A team of Corizon Health providers established criteria for a guided assessment, including the most essential information needed to address these common complaints. From this, our 26 NETs were created. Each NET includes:

- Subjective Complaint from the patient
- Nurse's Objective Findings
  - Vital signs and physical observations
  - Behavioral observations
- Nursing Assessment
  - Built into each NET is an assessment and direction for both routine and urgent/emergent findings
- Action Plan for Care
  - Directives for nurses in "if/then" format
  - Encounter directed to most appropriate course of action based on findings, including instruction for urgent or emergent findings
- Patient Education
  - Corizon Health has a Patient Information Fact Sheet (PIF) for every coordinating NET
  - PIFSs are available in both English and Spanish
  - PIFSs are written at a literacy level that's easy to understand

Our NETs are updated as often as needed based on the latest clinical recommendations for addressing health complaints. The Site Medical Director reviews the NETs and nurse protocols for the site at a minimum once per year and approves or updates as necessary.

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

Corizon Health recognizes that the Wichita Work Release Facility and Stockton Correctional Facility (NCF-East Unit) do not have health care staff on weekends. Accordingly, we will provide a trained health liaison to pick up and review health requests in the absence of a QHCP in a continuous 24-hour period. The current training has been approved by the KDOC.

The health liaison will arrange access to health care as directed and coordinated with the QHCPs at the parent facilities – Winfield Correctional Facility for Wichita and Norton Correctional Facility for Stockton.

4.3.10.5 Guidelines for triaging health complaints must be established by the Contractor's health authority and all healthcare staff must be trained in the use of those guidelines.

Dr. Barry-Lewis Harris, II, Corizon Health's Regional Medical Director is responsible for establishing and training healthcare staff on the guidelines for triaging health complaints. Guidelines are based on NCCHC and ACA standards as well as KDOC Internal Management Policies and Procedures (IMPPs).

4.3.10.6 Nursing sick call shall be conducted five (5) days per week at all facilities except for adults in restricted housing and juvenile offenders at Kansas Juvenile Correctional Complex.

Nursing sick call will be conducted five (5) days per week at all facilities except for adults in restricted housing and juvenile offenders at Kansas Juvenile Correctional Complex.

Scheduling the Clinical Encounter

- Noted previously, any patient whose health request is triaged as urgent/emergent/time sensitive is seen by a qualified healthcare professional immediately.
- Sick call will be completed within 24 hours of receipt of the health request in compliance with NCCHC standards.
- If a patient is scheduled for a clinic other than Nursing (i.e., Behavioral Health, Dental, or Provider), and they cannot be seen within the required time frame, the patient will been seen in nurse sick call.

Conducting the Sick Call Encounter

- Corizon Health will work with custody to ensure patients are seen regardless of housing assignment
- Documentation for each encounter is conducted using Corizon Health's Nursing Encounter Tools (NETs) described above
- Refusals of care requires face-to-face education between a nurse and the patient on the risk of refusal

4.3.10.7 Nursing sick call must be held seven (7) days per week for offenders in restrictive housing and for juvenile offenders at Kansas Juvenile Correctional Complex.

Nursing sick call is held seven (7) days per week for offenders in restrictive housing and for juvenile offenders at Kansas Juvenile Correctional Complex.

4.3.10.8 Sick call appointments/assessments for offenders in restrictive housing shall occur within 24 hours of the request in order to minimize the number of transports out of high security areas.

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

4.3.10.9 Daily sick call shall not occur except in an emergency during normal sleep hours of the offenders between 11:00 PM and 3:30 AM.

Corizon Health understands that daily sick call will not occur except in an emergency during normal sleep hours of the offenders between 11:00 PM and 3:30 AM.

4.3.10.10 Nursing staff must 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 shall be scheduled at any time prior to two (2) nursing visits when clinically indicated.

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 continue to be scheduled at any time prior to two (2) nursing visits when clinically indicated.

4.3.10.11 Urgent needs shall be addressed by immediate evaluation and referral to a HCP.

Corizon Health confirms that urgent, emergent, or time sensitive needs shall be addressed by immediate evaluation and referral to a HCP.

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

Nursing clinical encounters will be conducted in a clinical setting regardless of the offender's housing location. Corizon Health confirms that nursing assessments and treatments will not be done cell-side in restrictive housing.

4.3.10.13 HCP clinics shall be on-site, seeing patients a minimum of four (4) hours per week per 100 offenders.

HCP clinics will be held on site in a clinical setting. Providers are scheduled a minimum of four (4) hours per week per 100 offenders.

4.3.10.14 Facilities with more than 1,000 offenders shall be required to have health care practitioner clinics five (5) days per week.

Facilities with more than 1,000 offenders will have HCP clinics five (5) days per week.

4.3.10.15 Referral to the HCP shall be completed within seven (7) calendar days of the nursing sick call encounter.

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

4.3.10.16 HCP clinics will not be held during the offenders' normal sleep hours between 11:00 PM and 3:30 AM unless emergent.

HCP clinics will not be held during the offenders' normal sleep hours between 11:00 PM and 3:30 AM unless emergent.

4.3.10.17 HCP sick call shall be held in an appropriate clinical setting. 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. It is expected that HCP sick call will be done in the assigned clinical areas in restricted housing.

HCP sick call will be held in an appropriate clinical setting. We recognize that some facilities, such as Lansing, El Dorado, Hutchinson, Topeka, and Larned have multiple clinical areas in various housing and restricted housing units in order to reduce risks associated with transporting offenders to the main clinics. We acknowledge that KDOC's expectation that HCP sick call be done in the assigned clinical areas in restricted housing.

4.3.10.18 HCP sick call shall be available regardless of the offenders housing status.

Corizon Health confirms that HCP sick call will be available regardless of the offenders housing status.

4.3.10.19 KDOC has an established co-pay program for adult offenders. There is no co-pay program for juvenile offenders. Per Kansas Administrative Regulation 44-5-115(c), each inmate shall be charged a fee of $2.00 for each primary visit initiated by the inmate to sick call. A primary visit shall be the initial visit for a specific complain or condition. Inmates shall not be 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 inmate within 14 days of an initial visit.

Corizon Health acknowledges that the KDOC has a co-pay program for adult offenders and that there is no co-pay program for juveniles. Per Kansas Administrative Regulation 44-5-115(c), each inmate is charged a fee of $2.00 for each primary visit initiated by the inmate to sick call. A primary visit is the initial visit for a specific complain or condition.

Corizon Health acknowledges that inmates are not charged for items (a) – (l) listed in the above requirement.

4.3.10.20 Multiple co-payments may not be assessed on a single sick call encounter for several complaints/conditions. The Contractor shall track all co-pays as outlined in the Kansas Administrative Regulations and report all chargeable events to the facilities business offices each week.

Multiple co-payments will not be assessed on a single sick call encounter for several complaints/conditions. Corizon Health tracks all co-pays in accordance with the Kansas Administrative Regulations and reports all chargeable events to the facilities business offices each week.

4.3.10.21 The Contractor shall not limit health complaints to only one issue during a single encounter. It is expected that all reasonably related issues shall be addressed during the visit so the amount of offender movement to and from clinic spaces is reduced.

Corizon Health will not limit health complaints to only one issue during a single encounter. We understand that our healthcare staff is expected to address all reasonably related issues during the visit so the amount of offender movement to and from clinic spaces is reduced.

4.3.11 Restrictive Housing Medical Services

4.3.11.1 The Contractor shall conduct nursing sick call for restricted housing offenders seven (7) days per week.

Nursing sick call for restricted housing offenders will be held seven (7) days per week. It is our current practice to monitor all offenders placed in restricted housing based upon their level of isolation in accordance with NCCHC requirements.

Sick call procedures for offenders in restricted housing operate in the same manner as sick call for the general population, with the exception that access to care is provided when segregation rounds are conducted in these designated areas. Upon discussion with the offender or the receipt of a health request, triage of the healthcare request occurs.

Based on this triage, the clinician makes a determination of the health care needs, including service area requested (medical provider, nursing, behavioral health, dental), the urgency the of request, and if medical complaint, the most appropriate level of medical provider (provider, advanced level practitioner, nurse). Referral to the HCP will be completed as soon as practical, but within seven (7) calendar days from the sick call appointment when the referral was warranted. If the triage process determines that there is an urgent need, Corizon healthcare staff coordinates with custody staff to arrange a move to the appropriate medical area to properly assess and treat the offender.

4.3.11.2 If an offender's custody status precludes attendance at a sick call sessions in the main clinic, arrangements must be made to provide sick call services in designated restrictive housing sick call rooms.

Sick call will be held in special clinic rooms in restrictive housing whenever medically possible to reduce risks associated with transporting restrictive housing offenders to the main clinic areas. Corizon Health will not conduct restrictive housing sick call or provider other services during routine sleep hours unless emergent.

4.3.11.3 Referral to the HCP shall be completed within seven (7) calendar days from sick call appointment when a referral is warranted.

Referral to the HCP will be completed as soon as practical, but within seven (7) calendar days from the sick call appointment when the referral was warranted.

4.3.11.4 HCP sick call shall be held in special clinic rooms in restrictive housing to reduce risks associated with transporting restrictive housing offenders to the main clinic areas.

HCP sick call will be held in special clinic rooms in restrictive housing whenever medically possible to reduce risks associated with transporting restrictive housing offenders to the main clinic areas.

4.3.11.5 Restrictive housing rounds shall be made by qualified health care professionals daily at all restrictive housing units and for all restrictive housing offenders.

As is current practice, a qualified health care professional will make restrictive housing rounds daily at all restrictive housing unit and for all restrictive housing offenders.

4.3.11.6 Restrictive housing sick call and other services shall not occur during routine sleep hours of 11:00 pm to 3:30 am unless emergent.

Restrictive housing sick call and other services will not occur during routine sleep hours of 11:00 pm to 3:30 am unless emergent.

4.3.11.7 The Contractor shall develop and implement nursing documentation templates in the EHR to document each offender's status as observed/assessed during daily restrictive housing rounds.

Corizon Health has developed and implemented nursing documentation templates in the EHR to document each offender's status as observed/assessed during the daily restrictive housing rounds. An example of the template is shown below.

Kansas Department of Corrections
Restrictive Housing Log for Nursing

MEDS: YES / NO

Month/Year

SEG Placement Date:

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Time															
Inmate Reaction															
Medical Staff Initials															

Date	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Time																
Inmate Reaction																
Medical Staff Initials																

*Inmate Reaction: 1= Verbal response to nurse 2= Respirations noted by nurse 3= Inmate not in cell

Staff initials indicate restrictive housing rounds made; additional comments regarding health care documented into EMR

Staff Names/Initials

Date:																
Cell #																

Inmate Name:	DOC#:	DOB:	Male/ C , H, AA, NA	Facility: LCF MAX

Temp: _____ B/P: _____ P: _____ R: _____ O_2: _____ Wt: _____ BHP: _____

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

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

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

Corizon Health will maintain Restrictive Housing Clearance templates in the EHR so that documentation meets current ACA and/or NCCHC standards. An example of the template is shown below.

Restrictive Housing Clearance ○ Cleared for RH ○ Not Cleared for RH

Date: Time: Location: Patient KDOC#:

1. Restrictive Housing Clearance Review Type:
2. Is the patient VERBALIZING thoughts of self harm to you? ○ No ○ Yes
3. Is the patient taking psychotropic medications? ○ No ○ Yes
4. Patient file reviewed within 4 hours notification on RH placement ○ No ○ Yes
   Patient physically assessed and VS taken ○ No ○ Yes
5. Is the patient going to Restrictive Housing for behavior that could lead to additional criminal charges? Examples: Physical/sexual assault on staff or another inmate or dangerous contraband in facility, arson, theft, escapes or kidnapping? ○ No ○ Yes
6. Does the patient appear upset, emotional, crying? ○ No ○ Yes
7. Has a prior history of self harm attempts? ○ No ○ Yes *(Review Risk Assessment below)* ☐ Reviewed
8. Diagnosed with major mental illness such as schizophrenia, psychotic disorder, major depressive, bipolar or schizoaffective? ○ No ○ Yes Mental Health Diagnoses ☐ Reviewed
9. Does the patient appear intoxicated/under influence of drugs or alcohol? ○ No ○ Yes
10. Has the patient been placed on recent Mental Health crisis placement within the 90 days? ○ No ○ Yes
    Look for notes or diagnoses labeled MH Crisis Level or MH Crisis in the patient history

IF ANY OF THE ABOVE QUESTIONS ARE MARKED "YES", CONTACT MENTAL HEALTH SERVICES IMMEDIATELY by PHONE. IF AFTER HOURS, PAGE THE ON-CALL MENTAL HEALTH PROFESSIONAL !!!

Name of Mental Health staff contacted Date / / Time

11. Is the inmate cleared medically for restictive housing ○ No ○ Yes
12. Has the patient come into contact with another person body fluids? ○ No ○ Yes
    If yes contact the infection control nurse using button EMAIL INFECTION CONTROL NURSE ☐ Emailed infection control nurse

4.3.12 Special Needs Clinics/Chronic Care/Special Needs Treatment Planning

4.3.12.1 The Contractor shall include a plan for patients

All offenders indentifed with chronic conditions are scheduled for an initial evaluation by a medical provider to include return appointments as directed by the provider. Early identification and diagnosis of chronic disease and treatment is of utmost importance. From the health screening at intake to the nurse and provider visits and the timely review of lab values, **we are able to quickly enroll patients in the chronic care clinics and implement a treatment plan.**

Studies show that correctional facilities contain a significant number of offenders with chronic illness. These offenders with chronic illness must have their disease properly managed during their period of incarceration. Recognizing the impact this has on the correctional healthcare program in terms of patient care, staffing, housing, and cost, Corizon Health's Chronic Disease Management Program is built on a **foundation of patient education and prevention with the goal of maintaining or improving overall individual and population health.**

Corizon Health's approach to chronic care includes:

- Using assessment tools that identify individuals who will benefit from preventive care
- Population health management tools identifying those at risk for chronic conditions and care gaps through predictive modeling

- Coordination of care providers (medical, psychiatry, behavioral health, pharmacy, nursing, and case management) through weekly meetings
- A focus on self-management and patient education on treatment plans
- Provision of care in the most appropriate setting within the facility
- Use of evidence-based treatment guidelines to ensure high quality consistent care that results in better outcomes
- Medication compliance, use of the most cost-effective medications, and management of patients on multiple medications (polypharmacy)

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

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

Chronic Care Clinics

Chronic care clinics enhance the patient's knowledge of the disease and thereby promote self-care and good health practices. Corizon Health providers will see patients on a chronic care schedule as appropriate to be determined by the level of disease control. The following excerpt describes our chronic care follow up degree of control due dates and degree of control definitions.

CHRONIC CARE FOLLOW UP DUE DATE AND DEFINITIONS

CC Disease	Degree of Control - Due Dates*			Degree of Control - Definitions**		
	Good	Fair	Poor	Good2	Fair2	Poor2
Active TB	30	30	30	None	None	None
Analgesic Medication Monitoring	180	180	180	None	None	None
Asthma	180 to 365	180 to 365	30 to 90	<1SABA canister/month, No attacks or night awakening.	< 1 SABA canister/month. 1 attack in past month. 1 night awakening per week.	> 1 SABA canister/month. >1 attack/month. Night awakening >3/week
BPH	365	365	365	None	None	None
CAD	365	180	90 (or per HCP)	None	None	None
Cancer	30 (or per HCP)	30 (or per HCP)	30 (or per HCP)	None	None	None
COPD	365	180	180	None	None	None
Diabetes	180 to 365	90 to 180	30 to 60	HgbA1c < 7%	HgbA1c 7-9%	HgbA1c > 9%
Dyslipidemia	365	180	90	LDL-C at goal	LDL-C 130-159 mg/dl	LDL-C > 160 mg/dl
Endocrine	365 (or per HCP)	365 (or per HCP)	365 (or per HCP)	None	None	None
GERD	365	365	365	None	None	None
Hepatitis B	180	180	180	None	None	None
Hepatitis C	90 to 180	90 to 180	90 to 180	None	None	None
Hepatitides Other	90 to 180	90 to 180	90 to 180	None	None	None
HIV	90	90	90	VL undetectable for the specific assay being used, wt. stable (90% of IBW) and CD4 stable or rising.	VL < 1k copies or wt. 85% to 95% of IBW, and CD4 stable.	VL > 1k copies or wt. < 85% of IBW, and CD4 < 50 or declining. *Monthly or more frequently if needed until at least fair control is achieved- consult RMD about need for HIV genotype.*
HTN	365	180	90	S < 140 or D < 90	S > 140, < 160 or D > 90, < 100	S > 160 or D > 100
LTBI	365	365	365	None	None	None
Other (1-4)	365	365	365	None	None	None
Seizure	365	180	90 (or per HCP)	No Seizure since last visit	One seizure since last visit	> 1 seizure since last visit
Sickle Cell	365 (if not symptomatic or per HCP)	365 (if not symptomatic or per HCP)	365 (if not symptomatic or per HCP)	None	None	None
Special Needs	365 (or per HCP)	365 (or per HCP)	365 (or per HCP)	None	None	None

* Numbers in column B, C and D are referred to in **DAYS.** If two due numbers are displayed in any column, the auto-default will be the highest of the two. For example, if 180 to 365 is displayed, the auto-default for the Next Follow Up Visit Due date will be 365 days. The Provider will have the option to select less than 365 days if desired.

** Not all CC conditions will have definitions provided, only use those provided. Remove previous pop-ups and display definitions direction to the right of **Degree of Control Definition.**

In addition to obtaining a focused history with the offender, a visit to the chronic care clinic includes:

- An examination of the general condition of the offender
- An examination of specific disease indicators as established by Corizon Health protocol
- Any abnormalities present are monitored and/or corrected to decrease the rate of disease progression and minimize complications
- Review of any previous laboratory or diagnostic results
- Provider review of other health visits, e.g. sick call, dental, or behavioral health, for coordination of care and identification of comorbidities
- Initiation or updating of the Individual Treatment Plan (ITP), including medications, diets, exercise, housing recommendations (when necessary), treatments, follow-up care, consultant recommendations, and education on disease management

Corizon Health will continue to provide the following on-site chronic care clinics at the KDOC facilities. Other chronic care clinic will be added as needed.

- Active TB
- Asthma
- Coronary Artery Disease (CAD)
- COPD
- Dyslipidemia
- GERD
- Analgesic Medication Monitoring
- Benign Prostatic Hyperplasia (BPH)
- Cancer
- Diabetes
- Endocrine
- Hepatitis B

- Hepatitis C
- HIV
- Latent TB Infection
- Sickle Cell
- Hepatitis (other)
- Hypertension
- Seizure
- Special Needs

Special Needs Population

In addition to managing patients with chronic health conditions, Corizon Health also identifies and provides care for patients with special needs. NCCHC defines special needs patients as those with health conditions that require regular care. Examples of special needs patient categories include:

- Patients on dialysis
- Adolescents in adult facilities
- Physically disabled (mobility impairment, visual, hearing and speech impairment)
- Developmentally disabled individuals, the frail or elderly
- Patients with severe mental illness
- Suspected victims of physical or sexual abuse
- Pregnant patients

All special needs patients are placed on a roster that is regularly updated. This allows quick identification of higher risk individuals within the facility. Special needs patients will have an individual treatment plan, which will be routinely updated at clinical visits. Site leadership will keep the facility command staff aware of patients who are recent returns from hospitalizations or emergency room events.

Chronic care and special needs programs are monitored for the quality of care delivered through our CQI program. Below is a partial example of our proprietary *Operations Checklist* to audit chronic care education. This checklist assists site leaders in measuring the efficacy of the site program.

CORE PROCESS PROGRAM		CORIZON HEALTH
Chronic Care/Special Needs	305-CL	Operations Checklist
Chronic Care Education		

Facility:	Name of Reviewer(s):
Date of Review:	

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

Juvenile Residents

Juvenile residents with special needs such as (chronically ill, physically or developmentally disabled, pregnant, suicidal, or mentally ill) will each have a written treatment plan, developed by a HCP that will address, at a minimum:

- Diet (based on child nutrition)
- Exercise
- Medication
- Diagnostic Monitoring
- Frequency of Medical Evaluation
- Adaption to Correctional Setting
- Areas of Modification

4.3.12.2 Special needs treatment plans shall be developed by a HCP and updated at each HCP chronic care/special needs visit. The proposal shall include, as an attachment, a copy of the Contractor's chronic care manual for KDOC's evaluation. KDOC must approve the Contractor's chronic care guidelines. KDOC may require additional guidelines that need to be developed and implemented depending on the comprehensiveness of the manual. During the lifetime of the contract, addition chronic diseases may be identified by professional healthcare organizations. It is the expectation of the KDOC that the Contractor will develop/implement appropriate guidelines to treat newly recognized diseases.

Written treatment plans are part of the on-going health care continuum for patients requiring a greater than routine level of health services. Patients in this category may include, but are not limited to those with chronic illnesses, significant communicable diseases, serious mental illness, pregnancy, and terminal illness.

A Corizon Health HCP will develop an Individual Treatment Plan (ITP) for any patient suffering from chronic disease or needing convalescent care. The ITP is designed to maximize the offender's development and acquisition of perceptual skills, social skills, self-direction, and emotional stability, effective use of time, basic knowledge, vocational occupational skills, and social and economic values relevant to the offender's success upon release.

Specifically, our plan of care for each patient addresses the following:

- Frequency of follow-up examinations
- Type and frequency of diagnostic testing
- Therapeutic medications and modalities
- Evaluation and assessment
- Pharmacological management
- Monitoring medication compliance and therapeutic blood levels
- Health Education and Wellness Information – such as *Patient Information Fact Sheets (PIFS)* and *Correctional Officer Briefings (COBs)*
- Preventive medicine screening needs
- Vaccination needs specific to current diagnosis
- Behavioral health needs
- Readiness to change assessment of lifestyle habits affecting management of disease.

ITPs are reviewed regularly and revised as needed, to ensure continuity of care.

Chronic Care Manual

Corizon Health's Chronic Care Manual is provided as **Attachment L.**

Corizon Health acknowledges that the KDOC must approve our chronic care guidelines and may require additional guidelines that need to be developed and implemented. We also understand that during the lifetime of the contract, addition chronic diseases may be identified by professional healthcare organizations and it is the KDOC's expectation that Corizon Health will develop/implement appropriate guidelines to treat newly recognized diseases.

4.3.13 Hepatitis C

Contractor shall include a plan for diagnosing and treating all patients with Hepatitis C. Opt-out testing for the existing inmate population was implemented in October 2018 and concluded in March 2019. Opt-out testing continues to be offered at admission. Current practice is to treat all priority level 1 and 2 offenders, followed by priority level 3. KDOC's goal is to provide direct acting viral (DAA) treatment to 605 offenders in FY 2021, thus eliminating the existing backlog. Current estimates indicate that approximately 500 offenders will require treatment annually thereafter. This is an estimate based on current infection rates at RDU and is not to interpreted as a cap on the number of offenders who are to be treated.

Corizon Health's Hepatitis Management Plan has been provided as **Attachment S.** We will continue to make Hepatitis C treatment a priority for KDOC offenders and provide the KDOC with monthly reports outlining the DAA treatment and the pre-medication work up costs incurred.

4.3.14 Emergency Medical Services

4.3.20.1 Comprehensive emergency services shall be provided to all offenders. Contractor shall make provisions and be responsible for all costs for twenty-four (24) hour emergency medical, behavioral health, and dental care, including but not limited to twenty-four (24) hour on-call services.

Corizon Health will be responsible for the provision and cost of emergency services for all offenders requiring emergency medical, behavioral health, and/or dental services under this contract. In the event required emergency services exceed the capabilities of those that are available onsite, the offender will be referred to the nearest emergency room capable of handling the emergency. Emergency transfers will be coordinated with facility security staff.

Corizon Health's staffing plan includes adequate coverage to ensure an on-call provider, with back up by the Regional Medical Director that is available to provide 24-hour coverage. We also provide back up call coverage as we know more than one emergency can occur at the same time.
Corizon Health requires all calls to the on-call provider, including on-site, remote and after-hours consultations, to be documented in the appropriate patient chart.

We will continue to post an **On-Call Coverage Schedule** in the infirmary/medical unit at each facility which will be updated monthly and will include the providers' name and contact telephone numbers. We also post **On-Call Procedures**, which will be updated as needed. The On-Call Procedures list the

health care staff and include the name, title, contact information and "if no response" directions. On-call coverage/response will be monitored through the Continuous Quality Improvement Program (CQI).

Corizon Health's **COR Care Model** includes detailed policies and procedures for providing onsite emergency medical treatment to offenders in an efficient and timely manner at all times. These policies and procedures reflect NCCHC and ACA guidelines and will comply with state and federal compliance agencies and standards.

Urgent Emergent Care

Corizon Health recognizes that response and resolution of urgent and emergent situations is essential to the KDOC operations. Unexpected circumstances and critical events require immediate action by members of the healthcare team, and our training modules and support tools aid the professional in swift response. Whether the situation involves a single individual or is a large-scale event in the facility, Corizon Health is prepared to respond. We will make sure:

- Emergency equipment and supplies are available and accessible
- Our emergency plan is up to date and congruent with the facility's larger plan
- We are prepared well in advance of predicted events, such as hurricanes or snowstorms
- Staff actively participate in all drills and exercises

For all sites that require 24 hour coverage, Corizon Health medical services staff will provide 24/7 on-site emergency service coverage for offenders, staff, contractors, and visitors whenever necessary. The Site Medical Director, or Midlevel Provider (or their designee) are on-call twenty-four (24) hours per day as well as the Health Services Administrator or Director of Nursing (or their designee). This ensures that two Corizon Health staff are on call 24/7.

For sites that do not have 24 hour medical staff coverage, Corizon Health will have an on-call provider available for offender emergency services.

Preparing a Response

Urgent and Emergent events present as threats to life, health, or the environment and involve the combined tasks of the custody, medical, and mental health teams until the event is resolved. The response of the healthcare staff in emergent situations may require the delivery of life saving interventions to prevent serious impairment or death.

Members of Corizon Health's professional staff receive Basic Life Support (BLS) certification training, including Automatic External Defibrillators (AED) training. Any Corizon Health employee with direct patient care responsibilities will, at a minimum, maintain current BLS certification at the Medical Professional Level of training. Any Corizon Health staff working in the facility but does not have direct patient care responsibilities (Administrative Assistants, Medical Records Clerks, etc.) will, at a minimum, maintain a current BLS certification at a Community Member Level of training.

While urgent and emergent response efforts are made to protect or sustain health, Corizon Health's efforts will be done in a manner that does not jeopardize the security of the facility. These situations often require integration and collaboration with various government and private agencies to neutralize or resolve the incident. Because of this, Corizon Health will:

- Understand the roles and responsibilities of the medical department in these situations
- Train healthcare staff with the knowledge, skills, and competencies to assist in urgent and emergent response efforts

Emergency Transfers

Whenever possible and clinically appropriate, Corizon Health will address emergent health needs on site. However, in some instances, the transfer of a patient to an emergency receiving facility to receive a higher level of care or stabilization is required. Corizon Health's commitment to you for emergency health care includes the following:

- Arrangements with local EMS and ambulance services for emergency transport of the patient from the facility via a medical vehicle equipped with Advanced Cardiac and Basic Life Support (BLS)
- Agreement(s) with appropriate local hospital(s) to provide emergency services on a 24-hour basis
- 24-hour per day, seven-day per week availability of physician, dentist, psychiatrist, mental health professional, and/or health care administrator services
- Coordination with custody staff for arrangements when the immediate transfer of an offender is indicated
- Documentation of all medical emergencies
- Coordination with Utilization Management to review and approve hospital services and return the patient to the facility as expeditiously as appropriate

Annual Emergency & Medical Response Drills

Corizon Health personnel delivering care will be trained in the implementation of emergency plans and participate in emergency drills.

- At least one mass disaster drill will be conducted annually at each facility
- Health emergency man-down drills will be practiced throughout the year on each shift where health staff are regularly assigned
- Both mass disaster and man-down drills will be documented by Corizon Health medical staff and will be subject to a critique which will be used for health staff education
- The responding teams will be provided an opportunity to debrief after emergencies and review performance to better assist with future emergency response
- The critiques of all drills will be reviewed at the next monthly health staff meeting

Tracking Emergency Medical Requests

Emergency medical requests will be tracked on our *Emergency Response* form, which documents findings and interventions, including, but not limited to the following information:

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

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

CORIZON HEALTH

CORIZON Promote a culture of safety

Emergency Response

Demographics

Facility Name	Date ___/___/___	Time code called:_____	Time medical arrived :_____
Location: ❍ General Population ❍ Segregation ❍ Infirmary ❍ Other:_____			
Patient's Name Last_____ First _____ MI__	ID Number	Birth Date___/___/___	❍ Male ❍ Female

History of Event ☐ Check if this section required additional documentation

Historian:
❍ Inmate/Patient ❍ Correctional Staff ❍ Other Inmate ❍ Medical Staff ❍ Other:_____

Initial presentation ☐ Check if this section required additional documentation

Responsiveness:	Mental status	Vital signs
Time:_____		
❍Awake:	Oriented ❍Y ❍N:_____	P_____
❍Responds to Voice:	☐ Responds Verbally ☐ Follows command	R_____
❍ Responds to Pain:	Type of response: _____	BP_____
❍ Unresponsive:		T_____
☐ EMS Activated		Pulse ox _____%_____
EMS process times:	Activation:_____ Arrival:_____	Transport :_____
Practitioner:	❍ Notified ❍ Attending	Date:___/___/___ Time:_____

C Basic Life Support (BLS): Circulation ☐ Check if this section required additional documentation

Time:_____ Pulse detected: ❍ Y: Rate_____ Describe:_____
❍ N: CPR Initiated ☐ AED Applied

Basic Life Support (BLS): Defibrillation: ☐ Check if this section required additional documentation

Time:_____ AED Prompt: ❍ Shock Advised Result: ❍ Pulse_____ ❍ No Pulse: Continue CPR
❍ No Shock advised CPR continued for approximately _____minutes

Time:_____ AED Prompt: ❍ Shock Advised Result: ❍ Pulse_____ ❍ No Pulse: Continue CPR
❍ No Shock advised CPR continued for approximately _____minutes

Time:_____ AED Prompt: ❍ Shock Advised Result: ❍ Pulse_____ ❍ No Pulse: Continue CPR
❍ No Shock advised CPR continued for approximately _____minutes

Time:_____ AED Prompt: ❍ Shock Advised Result: ❍ Pulse_____ ❍ No Pulse: Continue CPR
❍ No Shock advised CPR continued for approximately _____minutes

Time:_____ AED Prompt: ❍ Shock Advised Result: ❍ Pulse_____ ❍ No Pulse: Continue CPR
❍ No Shock advised CPR continued for approximately _____minutes

AED analyzed number of times:_____ Total number AED prompted of shocks:_____

Initials	Date	Initials	Date	Initials	Date	Initials	Date

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Emergency room (ER) encounters are tracked using our CARES platform, described in detail in section *4.12 Utilization Management Program.* Additional hospital transfer/ER forms and any other supporting documentation is also uploaded to CARES to minimize delays.

4.3.20.2 The Contractor shall participate and be considered as part of the response team for the purpose of making on-site immediate assessments of clinical need in an emergency call. Specialized response training and activities are required. Included in the staffing plan in Appendix F are EMT positions that shall provide emergency coverage twenty-four (24) hours per day, seven (7) days per week. This staff shall be allowed to make the medical restrictive housing rounds. The Contractor will make the EMTs available for extra training in security measures as necessary to work well with the site security team. These individuals would be expected to be the first responder in any facility emergency. 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.

Corizon Health recognizes our role as part of the response team that makes on-site immediate assessments of clinical needs in an emergency call. Our participation as a response team member will include:

- Completion of the specialized response training and activities as required
- Provision of EMT positions that provide emergency coverage twenty-four (24) hours per day, seven (7) days per week.
- This staff will be available for extra training in securing measures as necessary to work in coordination with the site security team

EMT staff will be the first responder in any facility emergency. 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.

Appendix F indicates that EMTs are at the following KDOC correctional facilities: Lansing, Hutchinson, and El Dorado. Rapid Response Team (RRT) responsibilities are fulfilled by trained nursing staff at the other facilities.

4.3.20.3 Contractor shall supply Narcan for inclusion in Fentanyl exposure kits for the correctional facilities and parole offices and administered by trained KDOC staff in the event of staff or offender exposure.

Corizon Health will supply Narcan for inclusion in Fentanyl exposure kits for the correctional facilities and parole offices that will be administered by trained KDOC staff in the event of staff or offender exposure.

4.3.21 Sexual Assault

4.3.21.1 Any offender report of sexual assault to health care professionals shall be reported immediately according to KDOC's PREA policy. Offenders who report sexual assault shall be treated for immediate stabilizing health care needs on-site and then transferred to an offsite hospital emergency room for forensic evaluation and treatment. The Contractor shall coordinate all transfers and shall be responsible for payment of all services related to the treatment and evaluation. The Contractor shall be responsible for appropriate follow up for prophylactic treatment per CDC guidelines and referral to behavioral health staff shall be completed upon return to a KDOC facility.

Corizon Health will follow and enforce the KDOC's *IMPP 10-103D – Programs and Services: Coordinated Response to Sexual Abuse and Harassment* with the assurance that access to medical and mental health care will be provided immediately, upon report or discovery, to victims of sexual misconduct. Offenders who report sexual assault will be treated for immediate stabilizing heath care needs on site and then transferred to an offsite hospital emergency room for forensic evaluation and treatment.

Corizon Health will coordinate all transfers and will be responsible for payment of all services related to treatment and evaluation. Corizon Health will also be responsible for appropriate follow up for prophylactic treatment per CDC guidelines. Referral to behavioral health staff will be completed upon the individual's return to a KDOC facility.

Corizon Health staff will follow up for prophylactic treatment and additional care if needed (sexually transmitted infection, pregnancy test, communicable diseases, etc.) and referral to mental health for crisis intervention counseling and follow-up upon the patient's return from the offsite facility. Our staff

will also provide a report to the correctional authorities to affect a separation of the victim from the abuser in their housing assignments.

4.3.21.2 Annual and specialized training shall be provided for HCPs, nursing, and behavioral health staff on treatment of sexual assault victims in accordance with KDOC policy and PREA standards.

Corizon Health employees, including HCPs, nursing, and behavioral health staff, receive specialized PREA training for treatment of sexual assault victims through our orientation program. Staff training, which complies with PREA, KDOC policy, and NCCHC standards, for our healthcare professionals is held on an annual basis to ensure our staff is trained to detect, assess, and respond to signs of sexual abuse and harassment, preserve physical evidence of sexual assault, and notify the Health Services Administrator and Site Medical Director of any sexual assault occurrences. Additionally, this training includes (but is not limited to) the following:

- Orientation information at intake
- Written materials (pamphlets, posters, etc.)
- Gender-specific education
- Institutional policy and corresponding sanctions (including site commitment addressing sexual assault)
- Awareness of sexual violence, including "red flags" for potential victimization and offender prevention/protection strategies such as boundaries, coping skills, and the grooming and coercion process
- The health and safety risks of consensual sexual relations
- Staff readiness to assist offenders and avenues for reporting both fears and incidents
- The investigation process (including timeliness and evidence preservation)
- Sanctions for false reporting
- Warnings to predatory and sexually aggressive offenders
- Availability of counseling and other treatment services

Site-specific policies and procedures for treatment of anyone reporting sexual assault include the following:

- Healthcare staff interacts with the offender in a neutral and non-judgmental manner.
- Healthcare staff limits solicitation of details of assault.
- Emergency medical treatment is provided by the on-site medical staff if medically necessary.
- The offender/victim is transported to an Emergency Department for treatment and gathering of evidence by qualified professionals in a timely fashion.
- The Site Medical Director reviews the treatment recommendations from the Emergency Department for indicated treatment and testing.
- Staff is trained in standards for ongoing care of a person who has been sexually assaulted.

Resource available to our site staff include our PREA Nursing Encounter Tool (NET) and our PREA-Recommended Interventions NETs Resource Document (excerpt shown below):

NETs Resource Document
PREA-Recommended Interventions

IMMEDIATE RESPONSE TO AN ACT OF SEXUAL ABUSE IS OF THE UTMOST IMPORTANCE.

1. A practitioner should be contacted immediately, for directions/orders regarding transport to a local ER, where SANE trained staff is available to collect the evidence.
2. A head to toe assessment should be completed ASAP, to determine if the inmate has any life threatening injuries that need to be treated immediately.
3. Necessary emergency care needs to be provided.
4. Do not:

Additionally, the questions from our Behavioral Health Appraisal for intake, noted below, play a central role in supporting our compliance with PREA guidelines.

- Do you have a history of assaultive/violent behavior?
- Do you have a history of sex offenses?
- Do you have a history of being a victim of abuse?

If an offender answers yes to any or all of these questions, a referral for a mental health evaluation is generated. These questions are repeated during the history portion of the intake health screening and assessment to ensure consistent and accurate information. Collection and dissemination of information is reported to the correctional authority/designee when a potential risk is identified through the evaluation.

Documentation of training will be maintained at Corizon Health's Kansas Office. We also have *Sexual Assault/PREA Response Checklist* for healthcare staff a **Patient Information Fact Sheet** (PIFS) for offenders, which informs them of their rights and the zero-tolerance policy for sexual abuse in a correctional setting.

Corizon Health staff will assist with correctional officer and non-custody training as requested. Assisting with training fosters effective working relationships between medical and non-medical staff and facilitate awareness of medical and behavioral health's role in a PREA event.

4.3.21.3 Reports of sexual assaults on juvenile offenders must be reported to authorities as outlined in KDOC's PREA policy.

Reports of sexual assaults on juvenile offenders will be reported immediately to the Kansas Protection Report Center as required by *IMPP 10-103D*.

4.3.21.4 The Contractor shall have on hand a stock of enough prophylactic medications to immediately treat a patient's exposure while waiting for the complete prescription to be obtained from the contracted pharmacy.

Corizon Health ensures we will have on hand a stock of enough prophylactic medications to immediately treat a patient's exposure while waiting for the complete prescription to be obtained from the pharmacy.

4.3.22 Prenatal Care/OBGYN Services

4.3.22.1 Pregnancy tests will be taken immediately upon arrival on intake for female offenders under age 60. Pregnant offenders require close obstetrical supervision and pre-natal care. The Contractor shall include in the proposal a written pre-natal program that shall be provided to meet the special needs of the pregnant females.

Our program of care for female patients will include the following elements to ensure a healthier female population from intake until the patient returns to the community:

- Administration of urine pregnancy tests upon arrival of all intake female offenders under the age of 60 years of age.

- A prenatal program that meets the special needs of pregnant offenders (described in the paragraphs that follow.)

Additionally, our program of care for female patients includes:

- Utilization of gender-specific intake screening and health assessment tools.
- Specialized, evidence-based medical management protocols addressing the range and complexity of health and mental health needs of incarcerated women;
- An in-service training program for nursing and clinical staff addressing topics such as the fundamentals of women's health, co-occurring disorders, the interaction of trauma and post-traumatic stress disorder (PTSD) with overall health of women;
- An integrated model of patient education reflecting the complexity of the medical and psychosocial needs of incarcerated women; and
- Specialized and coordinated systems of re-entry and medical discharge planning, with emphasis given to women in particularly high-risk groups.

Corizon Health will also provide the following preventive health care services including:

- Colposcopies
- Endometrial biopsies
- Loop Electrosurgical Excision Procedure (LEEPS)

Care for Pregnant Offenders

Corizon's health care staff takes very seriously the special circumstances surrounding the pregnancy of an incarcerated mother. Due to the high-risk factors previously mentioned, including substance use and chronic illness, pregnant offenders are often at a substantially higher risk for complication during pregnancy. Our intake process is designed to identify pregnant women entering the facility and provide these women with comprehensive perinatal and obstetric care.

Prior to providing any medical care associated with high-risk and/or normal-risk pregnancies, all pregnancies are confirmed with a urine or serum HCG test or verification of fetal heart tones. Pregnant offenders are educated regarding the dangers of HIV transmission to the infant during pre and post-test counseling. Throughout a woman's pregnancy, the Corizon healthcare staff provides a prenatal management program that focuses on the prevention and management of conditions that lead to poor outcomes and assist pregnant women in proper dietary and health plans.

Our prenatal care program is provided using American College of Obstetrics and Gynecology (AGOG) standards and includes the following:

- Vital signs and weight
- Laboratory testing, including routine urine testing for proteins and ketones
- Medical examinations
- Diagnostic testing such as ultrasounds, sonograms, etc.
- Assessment of fundal height and heart tone
- Dietary supplements
- Observation for signs of toxemia

Results of the offender's prenatal screening tests will be documented in the medical record.

When a pregnant female is admitted to the facility with a history of opiate use, or dependence (including methadone and buprenorphine) a practitioner will be contacted so that the opiate dependence can be assessed and treated appropriately by an obstetrics specialist.

Appropriate Vitamins and Dietary Needs: Corizon's health care team closely monitors pregnant patients to ensure that dietary requirements, vitamin supplements, education, and clinical oversight are provided. A medical provider will order prenatal vitamins and diet for a pregnant offender at the offender's initial intake physical examination.

In addition, as part of our quality improvement activities, we assess prenatal clinic patients individually and determine adequacy of received prenatal care. Our emphasis on prenatal, perinatal gynecologic, and self-care, ensures that our patients typically return to the community with a better understanding of themselves and the healthcare system.

Diabetes in Pregnancy: Screening for diabetes in pregnancy is a routine part of our prenatal care. Corizon Health recommends diabetes testing routinely at the first visit for pregnant offenders who indicate the following:

- Are older than 25 years;
- Are overweight;
- Have had gestational diabetes;
- Have had a baby greater than 9 pounds;
- Have a close relative with diabetes;
- Had problems in a previous pregnancy (such as stillbirth);
- Known diabetic; and
- Suggestive signs and symptoms

In the absence of the above-listed risk factors, diabetic screening will take place at 24–28 weeks of pregnancy. This is consistent with ACOG recommendations and the American Diabetes Association's *2011 Position Statement*. Management of pregnant women with diabetes is coordinated with the OB-GYN specialist.

Because women with a history of diabetes in pregnancy have a greatly increased subsequent risk for diabetes, they will be screened for diabetes 6 to 12 weeks after delivery using standard and emergency care for ob-gyn services.

Post-Partum Care: As the post-partum woman's body transitions to its non-pregnant state, integrated medical care is individualized and coordinated with appropriate disciplines by the medical provider. It is anticipated that labile emotions from the normal hormonal changes of the postpartum period can be further complicated by incarceration. Because of this, Corizon Health's nurses are trained in the use of sick call protocols, including our Nursing Encounter Tools, designed to triage specific complaints effectively. Additionally, our mental health staff closely monitors female patients after deliver for signs of post-partum depression and a mental health clinician sees all post-partum women within five (5) days of their return from the hospital.

Health Education: Supporting Self Care and Disease Education: Corizon Health offers education to female offenders during virtually every health care encounter, including intake. In the earlier stages of pregnancy, general educational topics are designed to provide information regarding what to expect during pregnancy, and self-care tips designed to promote a healthy pregnancy. Some topics such as proper levels of activity, nutrition, and safety throughout the term of pregnancy are individualized as needed. As term approaches, education is provided about recognizing signs of labor.

Our educational curriculum typically includes:

- Continuing Education (CEs) for health care staff;
- Correctional health education for the female population; and
- Patient Education provided at clinic appointments both per guidelines according to stage of pregnancy and as individually needed.

Patient Information Fact Sheets (PIFS) are made available in English and Spanish on topics specific to female offenders. Examples of these PIFS are available upon request.

- Menopause
- Pelvic Inflammatory Disease

- Labor and Delivery
- Bacterial Vaginosis
- Genital Herpes-HSV 2
- Genital HPV- Human Papilloma Virus
- Birth Control
- Chlamydia
- Vaginal Yeast Infection

Coordination with Community Programs and Social Services: While discharge planning is vital for all offenders, the process of coordinating post-release care for women presents particular challenges. The following issues require particular attention to the issue of coordinating care both within the facility and with community agencies:

- The presence of dependent children
- Domestic violence
- Generally higher rates of mental disorder and addiction
- Co-occurring disorders

4.3.22.2 The Contractor shall provide a plan for pap/breast examinations and mammograms on all female offenders, unless contraindicated by the HCP on a case-by-case basis. The plan is required to be age specific and in compliance with ACA and NCCHC, and American College of Obstetricians and Gynecologists clinical guidelines.

Corizon Health's plan for Pap and Breast examinations for all female offenders, unless contraindicated by the HCP on a case-by-case basis is as follows and is in compliance with ACA, NCCHC, and the American College of Obstetricians and Gynecologists clinical guidelines.

- Women at average risk of breast cancer will be offered screening mammography starting at age 40 years. If they have not initiated screening in their 40s, they will begin screening mammography by no later than age 50 years. Women at average risk of breast cancer will have screening mammography every one or two years until age 70.

- Cytology (pap smear) testing for cervical cancer is recommended in women age 21–65 every 3 years. Women age 30-65 who want to lengthen screening intervals can elect cytology and HPV screening every 5 years.

4.3.22.3 Annual mammograms shall be performed on all female offenders over age forty (40) unless contraindicated by the HCP on a case-by-case basis. The Contractor shall describe the mammogram program provided to meet the needs of females less than forty (40) years of age.

Corizon Health will provide annual mammograms for all female offenders over age forty (40) unless contraindicated by the HCP on a case-by-case basis. Mammograms are provided on site by **Diagnostic Imaging Centers, PA.**

4.3.22.4 Topeka Correctional Facility currently houses all adult female offenders and the Kansas Juvenile Correctional Complex houses all juvenile female offenders. The contractor shall provide a plan to provide OB/GYN services on-site at these two facilities. This requirement will be considered met if the site medical director for these sites is an OB/GYN specialist or family practitioner with OB/GYN experience.

Corizon Health provides a midwife that is partnered through Stormont Vail Health Center maternal fetal medicine and Lincoln Center Obstetrics & Gynecology, P.A. The midwife comes on site once each week to see pregnant patients. High risk pregnant patients are sent to Lincoln Center Obstetrics & Gynecology and/or maternal fetal medicine as needed.

The current site medical director is trained in internal medicine with GYN experience.

If needed, a midwife from the University of Kansas Health System/St. Francis Campus will see pregnant offenders housed at KJJC.

4.3.23 Diagnostic/Ancillary Services

4.3.23.1 Ancillary Services should be performed on-site to the fullest extent possible. Mobile units should be considered when possible. Offsite ancillary services such as laboratory and radiology shall 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 the responsibility of the Contractor.

Corizon Health will continue to provide ancillary services on site to the fullest extent possible to include the use of mobile units when possible. Offsite ancillary services when needed will be scheduled in advance whenever possible to ensure adequate notification of the need for transportation. Corizon Health will be responsible for the cost of offender health-related services.

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

Corizon Health will be responsible for providing and maintaining all diagnostic services. Standard, non-complex X-Ray services are available on-site at each facility's main clinic. We will continue to contract with **MobilexUSA (now TridentCare)** to provide mobile radiological services, including ultrasounds. Mammograms are provided on site by **Diagnostic Imaging Centers, PA.**

All x-rays will be provided by board-certified radiologists and will be taken by a registered technician. A written report of all findings and recommendations will be providing in a timely manner consistent with community standards.

Nonemergent x-rays will be completed within 24 hours of the HCP's order. Emergent radiology services will be provided at the nearest hospital.

Test results will be documented in the EHR. The HCP ordering the tests will provide documented acknowledgement of the results in the EHR.

4.3.23.3 The Contractor shall be responsible for providing a plan for laboratory testing services. Laboratory test results will be documented in the EHR. The HCP ordering the laboratory tests will provide documented acknowledgement of the results in the EHR.

Corizon Health will provide routine laboratory services in consultation with our national laboratory vendor, **Bio-Reference Laboratories, Inc. (Bio-Reference)**. Laboratory test results will be documented in the EHR. The HCP ordering the laboratory tests will provide documented acknowledgement of the results in the EHR.

Our partnership with Bio-Reference not only provides cost advantages that are reflected in Corizon Health's pricing; it also enhances our ability to demand a higher level of service from them for services provided at each Corizon Health contract site. Bio-Reference interfaces laboratory results directly with the electronic health record.

Critical lab values for each will be **analyzed and aggregated in a monthly report to allow the site** clinicians to readily identify patients who require more frequent monitoring in chronic care clinics and more treatment adjustments to improve outcomes.

Bio-Reference complies with all national and Kansas laws, rules, regulations and standards regarding analytical methods/procedures. **Our laboratory program includes a provision for STAT work and "critical level" abnormal values with results available within four hours after the specimen is obtained**.

Laboratory services through Bio-Reference will include:

- Laboratory/diagnostic supplies, centrifuges, manuals, and shipping supplies needed for each site
- Specimen pick-up and delivery at each site, Monday through Friday
- Results of routine labs within 24 hours of being performed (excluding laboratory tests that normally take more than 24 hours to perform)
- Personnel capable of performing the appropriate collection procedures
- The availability of "STAT laboratory testing" for urgent care situations 7 days a week with the results available to the ordering provider within 4 hours of obtaining the specimen. Bio-Reference will contract with hospitals in close proximity to the sites for STAT labs
- Immediate telephone report of life-threatening abnormal results or any result that needs immediate intervention
- Clinical Laboratory Improvement Act (CLIA) waivers or approvals, as appropriate
- Statutorily obtaining labs for all new intakes and parole violators to include HIV screening and confirmation, Hepatitis C screening, and a risk stratification for syphilis
- Specimen preparation
- Phlebotomy
- Daily delivery of test results
- Collection of DNA specimens needed for forensic testing or required by state law or court order

Corizon Health's site providers will review, initial and date all laboratory reports to indicate the results have been assessed for the indicated follow-up care or next appropriate diagnostic step within 24 hours. In the event the laboratory report and clinical condition of the patient do not correlate, the provider will

reorder the test or take other appropriate measures. Results will be placed in the offender's medical record upon receipt.

Abnormal results will be reviewed promptly and initialed by the provider, with a follow-up plan of care outlined and communicated to the offender.

When STAT or emergency requests are needed and Bio-Reference is unable to process the test within the necessary timeframe, we transfer the specimen for processing to a hospital local to the institution. The nurse on staff checks all results and the physician is notified of any grossly abnormal values. The results are signed off by the physician and then filed in the patient's medical record.

At a minimum, Corizon Health will provide the following diagnostic services on site, unless otherwise determined by a provider:

- Multiple-test dipstick urinalysis
- Finger-stick blood glucose testing
- Hand-held peak flow meter
- INR/PTT testing
- Occult stool cards and developer
- Pregnancy testing

We will evaluate other opportunities for testing as needed.

4.3.23.4 Any CLIA waivered on-site laboratory tests must be approved by KDOC and the plan for provision of such services must outline how the results will be documented in the EHR and acknowledged by ordering HCP. The Contractor is responsible for all staff education and quality measures associated with the proposed CLIA-waivered test. The Contractor is responsible for maintaining and posting a current CLIA-waiver in the medical department.

Corizon Health acknowledges that any CLIA waivered on-site laboratory tests must be approved by KDOC and the plan for provision of such services must outline how the results will be documented in the EHR and acknowledged by ordering HCP.

Corizon Health will provide all staff education and quality measures associated with the proposed CLIA-waivered test and will be responsible for maintaining and posting a current CLIA-waiver in the medical department.

4.3.23.5 The Contractor shall be responsible for providing a plan to do stat (immediate) laboratory studies when clinically indicated. Results of these studies should be available within four (4) hours. The results shall be entered into the EHR and acknowledged by the ordering HCP.

Noted previously, through Bio-Reference, "STAT laboratory testing" for urgent care situations is available seven (7) days a week with the results available to the ordering provider within 4 hours of obtaining the specimen. Bio-Reference has contracts with hospitals in close proximity to the sites for STAT labs.

When STAT or emergency requests are needed and Bio-Reference is unable to process the test within the necessary timeframe, we transfer the specimen for processing to a hospital local to the facility. The nurse on staff checks all results and the ordering HCP is notified of any grossly abnormal values.

Results are acknowledged by the ordering HCP and entered into the EHR.

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

The HCP will order laboratory studies as medically indicated. Phlebotomy services are provided in a manner that allows for routine laboratory studies to be drawn within 72 hours of the HCP's order.

4.3.24 Nutrition and Medical Diets

4.3.24.1 The Contractor shall provide nutritive supplements under the control of the 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.

Under the control of Regional Medical Director, Dr. Barry-Lewis Harris, Corizon Health will provide nutritive supplements inclusive of all required and/or prescribed maintenance solutions and/or hyper-alimentation products) that are medically prescribed by a licensed physician. This will include all medically prescribed soluble, insoluble, and other liquid or colloid preparations.

4.3.24.2 Special diet orders are required to be written by HCPs. A standard special medical diet program is established between the health care Contractor and the food service contractor. Any deviation from the special diet orders as described in IMPP 10-119D (Appendix G) shall require written authorization from the Regional Medical Director. KDOC shall be 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 Regional Medical Director approval with the exception of those nutritive supplements described in section 4.3.24.1.

Special diet orders will be written by Corizon Health's Health Care Providers (HCPs). We will continue the standard special medical diet program currently established with the food service contractor. Any deviation from the special diet orders as described in IMPP 10-119D (Appendix G) will require written authorization from our Regional Medical Director.

Corizon Health 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 the Regional Medical Director's approval, with the exception of those nutritive supplements described above in section 4.3.24.1.

4.3.24.3 The Contractor shall provide a daily list of all offenders requiring a special medical diet to the food service manager at each facility.

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

4.3.24.4 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.

Corizon Health understands that in addition to the requirements listed 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.

4.3.24.5 All medical diets must be reviewed every 90 days by the HCP 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.

Corizon Health HCPs 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 at which time the HCP will again review the medical necessity of the diet.

4.3.25 Specialty Services

4.3.25.1 The Contractor shall provide all medical specialty services required to meet the health care needs of the offender population. The Contractor must list services to be provided through on-site specialty service clinics. At a minimum, the contractor shall provide the on-site services outlined in Appendix H. Bidders are encouraged to list any additional recommended services they can provide on-site.

Corizon Health's ability to provide the KDOC offender population with the specialty care services and treatment they need will be facilitated by a network of specialty physicians and the use of telemedicine. Access to off-site specialty care will be provided when medically necessary and these needs cannot be met through scheduled on-site specialty clinics or via telemedicine. We recognize that there are significant costs, as well as safety and security concerns associated with such off-site needs. Therefore, we use a robust Utilization Management (UM) process to determine medical necessity by applying InterQual criteria and review by the Corizon Health's Regional Medical Director Dr. Barry-Lewis Harris.

Corizon Health will continue to provide the following on-site specialty services at the KDOC facilities as outlined in Appendix H and shown below. Endoscopy is provided via telemedicine. Other on-site specialty services will be added as needed.

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	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	Monthly or as needed to meet facility needs
	Optometry	8 hours per week

Facility	Specialty	Hours of Services
	Oral Surgeon	8 hours per month
	Physical Therapy	Weekly or as needed
	Ophthalmology	Quarterly or as needed to meet facility needs
Topeka Correctional Facility	Routine Dialysis is provided on site when required. Renal services may support up to 2 renal female patients.	**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.	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	Monthly or as needed to meet facility needs
	LEEP	as needed
	Ophthalmology	Quarterly or as needed to meet facility needs
	Colposcopy	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
Ellsworth Correctional Facility	Optometry	8 hours per week
	Ophthalmology	Quarterly or as needed to meet facility needs
	Ultrasound	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
Hutchinson Correctional Facility	Ultrasound	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	Quarterly or as needed to meet facility needs
Larned Correctional MH Facility	Optometry	8 hours per week
	Ophthalmology	Quarterly or as needed to meet facility needs
	Ultrasound	Monthly or as needed to meet facility needs
	Oral Surgeon	8 hours per month
	Physical Therapist	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	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	Quarterly or as needed to meet facility needs
	Endoscopy	Monthly
Oswego Unit	Optometry	As needed to meet facility needs
	Ophthalmology	Quarterly or as needed to meet facility needs
	Oral Surgeon	8 hours per month
	Ultrasound	Monthly or as needed to meet facility needs
Norton Correctional Facility	Optometry	8 hours per week

Facility	Specialty	Hours of Services
	Ophthalmology	Quarterly or as needed to meet facility needs
	Ultrasound	Monthly or as needed to meet facility needs
	Oral Surgeon	8 hours per week
	Physical Therapist	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

4.3.26 Telemedicine

4.3.26.1 Contractor shall employ or subcontract with qualified health care providers to provide telemedicine services telemedicine program that is in accordance with NCCHC and/or ACA Standards. These providers will need to be licensed in the State of Kansas and credentialed through a State of Kansas hospital or clinic. One (1) telemedicine unit shall be available for specialty services and general care at KDOC facility main units. The maintenance and the upkeep of the telemedicine hardware and software and equipment shall be the responsibility of the Contractor. The Contractor will be responsible for any software licensing associated with use of telehealth equipment with ownership transferred to KDOC at the termination of the contract. Replacement of telemedicine hardware and software will be done at the expense of the Contractor at replacement rate of 25% per year.

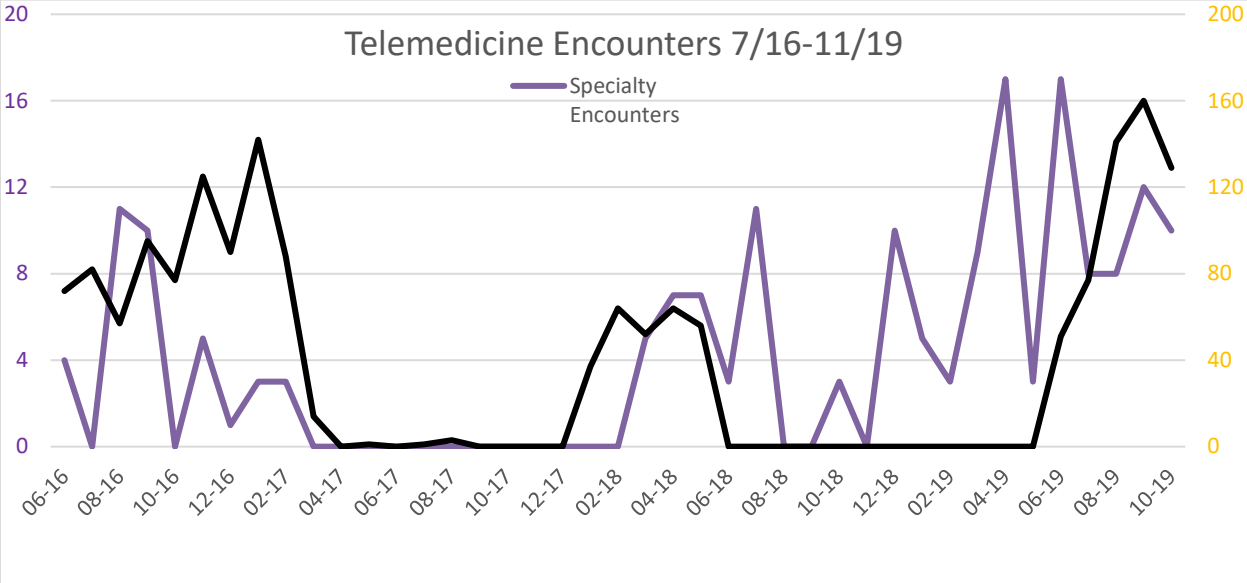
(a) Within thirty (30) calendar days of the contract award date, the Contractor shall submit to the Department a telemedicine plan designed to provide telemedicine services over the term of this contract as appropriate, to improve the efficiency and effectiveness of healthcare service delivery to the inmate population in all KDOC locations. This plan is subject to approval by the Department. The Contractor shall review the plan semi-annually and revise the plan as needed based on analysis of utilization trends and the telemedicine program's goals. A report of the analysis and plan revisions shall be submitted to the Department as requested. Any revision to the Contractor's plan is subject to Department approval.

Corizon Health will continue to maximize the use of telemedicine at the KDOC facilities to reduce the need for off-site consultations and specialty consultations, in scenarios where doing so does not impede the quality of care. The use of telemedicine is one of our key strategies to improve the timeliness of specialty care we provide for our patients and remain fiscally accountable.

Currently, implemented at all KDOC facilities, Corizon Health providers licensed in the State of Kansas and credentialed through a State of Kansas hospital or clinic provide the following:

From July 2016 through November 2019, telehealth encounters were performed in the following specialties: Cardiology, Infectious Disease, Neurology, Orthopedics, Dermatology, and General Surgery. Non-specialty services we provide include: Sick Call, Chronic Care and Health Assessments.

The following chart highlights telemedicine usage in the KDOC over this period.



Telemedicine Equipment

The El Dorado Correctional Facility and Ellsworth Correctional Facility have two (2) telemedicine units. All other facilities have one unit. Corizon Health will be responsible for the maintenance and the upkeep of the telemedicine hardware and software and equipment shall be the responsibility of the Contractor.

Corizon Health will be responsible for any software licensing associated with use of telehealth equipment with ownership transferred to KDOC at the termination of the contract. Replacement of telemedicine hardware and software will be done at Corizon Health's expense at replacement rate of 25% per year.

Telemedicine Plan

Within 30 days of the contract award date, Corizon Health will submit to the Department a telemedicine plan designed to provide telemedicine services over the term of this contract as appropriate, to improve the efficiency and effectiveness of healthcare service delivery to the offender population in all KDOC locations.

We acknowledge this plan is subject to the Department's approval. Corizon Health will review the plan semi-annually and revise the plan as needed based on analysis of utilization trends and the telemedicine program's goals. A report of the analysis and plan revisions will be submitted to the Department as requested. Corizon Health will obtain the Department's approval for any revisions to the plan.

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

Corizon Health will install, operate and maintain a highly available, robust and secure network infrastructure. Reports will be provided as defined in the RFP for bandwidth utilization, network congestion, and equipment life cycle and refresh timelines. Corizon Health anticipates having exclusive responsibility for managing and maintaining this network and that KDOC will provide space, power and appropriate cooling at no cost to Corizon Health.

The network environment will be refreshed to support additional throughput and will eliminate 100 Mb connections and interfaces. The storage network backbone will be refreshed to fully utilize the capability of the server and storage systems that will be replaced.

Corizon Health will be responsible for the installation of a separate secure network infrastructure for all telehealth and telepsychiatry, telephone fees related to telemedicine, and the installation and maintenance of the functioning secure network meeting NIST, CJIS, ITEC, KDOC, and HRSA rules and regulations.

Corizon Health will also be responsible for fees associated with regular telephone line services. Corizon Health acknowledges our responsibility for the operation and functionality of the network with up time of no less than 99.9%.

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

(a) Endocrinology, rheumatology, hematology, infectious disease, dermatology, wound care, cardiology, pulmonology, and immunology.
(b) The vendor shall submit a list of contracted telehealth providers, and their respective specialty who either have a Kansas license or a will make a good faith effort to obtain a Kansas license with their proposal. The contractor will provide a plan to implement these telehealth services within 90 days of the contract start-up.

Corizon Health currently has a virtual multi-specialty clinic by being contracted with **American Telehealth Solutions** as well as independent physicians to provide telehealth services in the areas of Cardiology, Infectious Disease, General Surgery, Orthopedics, and Urology. American Telehealth Solutions has capacity to provide services in the areas of Endocrinology, Rheumatology, Hematology, Dermatology, Pulmonology, and Immunology. Wound Care is currently being provided via telehealth by a Corizon Health employed health care provider for the entire state.

All specialists not currently contracted by American Telehealth Solutions are willing to obtain a Kansas license to provide telehealth services upon issuance of the new contract. Corizon Health will continue to obtain additional independent telehealth providers who have the capacity to see patients via telehealth as well face to face visits when needed. Our current list of providers include: Cardiology (Drs. Grover, Mattar, Shaheen), General Surgery (Drs. Clarke, Gaston, Gleason, McKesey, Shaw), Infectious Disease

(Dr. Sweet), Orthopedics (Drs. Hildenbrand, Lairmore), Urology (Drs. Matteuci, Smith), Wound Care (Dr. Wilson).

4.3.26.4 The KDOC also seeks a tele-health technology platform and desires pricing that reflects a provided infrastructure.

Corizon Health's Cost Proposal includes the pricing for a telehealth technology platform.

4.3.26.5 The vendor physician shall maintain responsible for the patient while the patient is in the clinic and the contracted tele-health provider shall assume responsibility for the patient.

Corizon Health's physician will be responsible for the patient while the patient is in the clinic and the contracted telehealth provider will assume responsibility for the patient.

4.3.26.6 Utilizing the existing Electronic Health Record for viewing documentation and order entry is required.

Corizon Health recognizes leveraging the EHR for viewing clinical documentation and order entry is critical. As such, we currently leverage NextGen for these functions and will continue to do so with whatever electronic health record the State requires.

4.3.26.7 Expectation is for completion of all documentation in a timely manner and in keeping with the policies and procedures of the KDOC and NCCHC and/or ACA standards.

Corizon Health's telehealth provider will be responsible for patient records wherever the provider is conducting the visit ensuring patient records remain confidential, private, and HIPAA compliant and are documented in accordance with KDOC, NCCHC, and ACA standards. Paper records will be stored in a locked file cabinet or disposed of safely and securely per HIPAA guidelines. All provider notes will be entered into the patient's medical record.

4.3.26.8 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.

Corizon Health's Telehealth Provider Acknowledgement provided in **Attachment M**, addresses the procedures, expectations and programmatic quality metrics for providers delivering telehealth on behalf of Corizon Health.

4.3.26.9 Proposals should address how the offeror will meet and expand the requirements of this Statement of Work as well as detail on:

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

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

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

Following are descriptions of the Wall Mounted Telehealth Unit and the Telemedicine "Suitcase" Unit.

Wall Mounted Telehealth Unit

The Patient Assessment Terminal (PAT) is a wall mount system designed for telemedicine consults. Unlike other healthcare wall cabinets or computer stations, **this unique telemedicine terminal is the first continually connected telemedicine wall station.** Having the medical devices remain connected significantly reduces the need for constant training required for set up due to attrition and facilitates the acceptance of new technology among staff.

- Two separate monitors and workstations improve the patient assessment experience. One facilitates the patient assessment and video consult between patient and provider and the second serves as the clinician's documentation workspace.
- Medical equipment and telemedicine devices are conveniently located in lower storage space so they can remain connected, easily accessed for patient exams, and then securely stored when not in use.
- Lower cabinet folds down into a clean working surface to rest connected medical devices during exams.
- Integrated PC, monitor(s), keyboard/mouse, video camera system, and conference speaker/microphone.
- Video conference: hardware or software-based video conference systems can be easily integrated.

- Customizable with private label and accent color options.
- FDA listed and MDDS compliant station.

Telemedicine "Suitcase" Unit

Corizon Health recommends an all-in-one portable telehealth solution (shown here) for the KDOC. We are currently providing our partner sites with a single telehealth unit that contains all necessary computer hardware, medical peripherals, and communications equipment in one simple and portable "suitcase" type package. We believe that this solution will maximize telehealth usage due to its portability and ease of use.

(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.

Corizon Health telemedicine training practices offer live, online, individual and group sessions for users. Full training documentation has been created and is currently in use on site. Copies of the training guides are available upon request.

(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).

Support protocols are in place to offer 24/7/365 service desk support through email, phone, text, and the service desk portal. The most common issues are user related, to include resetting user credentials and communication device selections. These issues are addressed immediately upon receipt of notification. In rare cases, equipment failure (i.e. stethoscope, otoscope or exam camera) which causes the equipment to become non-functional. In such cases, replacement devices will be provided to the facility within 24 hours.

(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.

Currently all encounters utilize existing forms. Telehealth encounters are standardized just like a face-to-face specialty encounter.

Corizon Health has provided telemedicine to the KDOC since 2015. Telepsychiatry services began day one of the contract (January 2014).

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

Some of the common barriers to the implementation and expansion of telemedicine services are:

- Lack of providers able to offer their services
- Lack of buy-in from providers to the benefits of telemedicine technology
- Timing and locations for telemedicine encounters can be limited making scheduling difficult
- Availability of custody to escort patients to telemedicine locations

To assist our patients in understanding their telehealth appointment, we've developed a Patient Information Fact Sheet (PIFS) which addresses the following frequently asked questions: What is a Telehealth Visit? How does a Telehealth Visit Work? What else should I know? An excerpt from the PIFS is shown below.

CORIZON HEALTH

Patient Information Fact Sheet
Your Telehealth Appointment

What is a Telehealth visit?

- You are scheduled to see a practitioner who is not here on site.
- Telehealth makes it possible for you to see practitioners that you may not have been able to see without it.
- By using cameras and screens and sound, like TV does, you will be able to have care from practitioners who may be far away.
- You will both be able to see and talk to each other.

(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.

Corizon Health welcomes the opportunity to participate in an on-site demonstration to 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.

4.3.26.10 A report on the effectiveness of the telemedicine program goals shall be submitted to the Department annually and shall include an assessment of the program's efficiency, quality, and inmate satisfaction.

Corizon Health will submit an annual report to the Department on the effectiveness of the telemedicine program in meeting the program's goals and the program's efficiency, quality, and offender satisfaction with the program.

4.3.26.11 The Contractor shall 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) Inmate name and KDOC offender number.
(e) Contractor's medical staff participants.

Corizon Health will maintain an electronic log documenting the use of telemedicine equipment that includes 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) Inmate name and KDOC offender number.
(e) Corizon Health's medical staff participants.
Requirements (b), (c), and (d), are currently available. Requirements (a) and (e) will be added upon the start of the new contract.

4.3.27 Health Education

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

Corizon Health provides health education and wellness information to offenders. Our goal is to provide offenders with culturally appropriate information, education, advocacy and support regarding their overall health and to empower them to take responsibility for their own health needs and make healthier choices. We proactively screen for common health conditions – both medical and behavioral health, offer regular immunizations, and address lifestyle choices such as substance use and exercise. Our clinical teams provide interactive patient encounters wherein the patients are educated as to their disease, co-morbidities, risk factors and behaviors, and medication education and adherence. Patients are further supported in designing a care plan and in addressing any need for continuing treatment upon discharge.

Corizon Health acknowledges that the KDOC reserves the right to request us to develop and implement new offender education materials to address needs that arise during the life of the contract.

Health Education Programs

Corizon Health staff will inform offenders of the healthcare services available to them as a standard practice during intake. This includes a detailed overview, both orally and in writing, of available services and subsequent health benefits, as well as how to access these services.

Description of health benefits will include information on services that are included and those that are excluded. In addition, our staff will encourage each offender to disclose all pertinent information regarding his/her healthcare history to allow for timely care and appropriate housing assignments. An offender's right to refuse or consent to mental health services and confidentiality issues are also explained at this time.

In addition to the sharing educational information during patient encounters, our health educational programs are delivered through educational and instructional pamphlets, posters/signs, decals, banners and Patient Information Fact Sheets (PIFSs) in English and Spanish that can be posted throughout medical and housing units. Offender TV is used for health education when available at the facility.

In some cases, our professional staff may offer group sessions on particular topics of health awareness, when appropriate. For example, educational topics provided in this format includes:

- Personal hygiene
- Tuberculosis and other communicable diseases
- Hepatitis
- Prevention of HIV infection and other sexually transmitted infection
- Diabetes
- Hypertension and cardiac disease
- Pregnancy, birth control and women's health topics
- Adverse effects of tobacco use
- Adverse effects of alcohol and psychoactive drug use
- Positive effects of physical activity
- Positive effects of healthy diet
- Prevention of dental and periodontal disease
- Other related health issues

Noted above, we have a library of **Patient Information Fact Sheets (PIFS),** in English and Spanish, on nearly 100 different topics that provide health and wellness information to offenders, including specific behavioral health conditions: bipolar, anger management, Attention Deficit Hyperactivity Disorder (ADHD), General Anxiety Disorder, Major Depression, Post-Traumatic Stress Disorder (PTSD), schizophrenia and awareness topics like suicide prevention and PREA. Sample PIFSs have been provided as **Attachment C.**

To support offender awareness of the ongoing need for suicide prevention, Corizon Health developed *Your Brother's Keeper*, a laminated poster, that can be displayed in the housing units to emphasize the offender's responsibility in the prevention of suicide (also available, *Your Sister's Keeper*). This poster has proven to be an effective reminder of everyone's need for awareness in preventing suicides.

Corizon Health has also implemented **Annual Health Fairs** to enhance the education process. Health fairs have been a great way to teach offenders about personal health and healthy habits. A joint effort by Corizon healthcare staff, the KDOC, and representatives from a variety of community resources, the fairs have included local hospitals and nursing schools, dentists, optometrists, mental health professionals, and a variety of community-based organization that provide educational information and resources on a variety of medical conditions such as cancer, obesity, heart disease and diabetes.

The fairs also have creative interactive games such as Wheel of Health and STD Roulette that give offenders the opportunity to spin the wheels and answer questions depending on where the wheel stops. If the offender is correct, they win a prize – usually a piece of candy or something approved by the Warden. In our experience, offenders enjoy this type of interaction and come out by the hundreds to be involved in the health fairs.

Health and Wellness for Correctional Staff

We also have a series of thirty (30) **Correctional Officer Briefings** (COBs) that address common medical and behavioral health conditions seen within correctional facilities such as HIV, diabetes, depression, anger management, coronary artery disease, post-traumatic stress disorder (PTSD), and suicide prevention. These fact sheets provide information, with general guidelines given for specific circumstances regarding a behavioral health disorder, medical condition, illness or disease.

COBs provide suggestions from Corizon Health's medical/behavioral health departments that correctional officers can also use to help offenders help themselves. Nursing leaders at the Complexes are available to work with security to do briefings at officer roll call on common conditions or requested education topics.

Sample COBs have been provided as **Attachment E.**

Health and Wellness for Healthcare Staff

Within the corrections environment, which is often chaotic or high-pressured, it's critical that we recognize the causes, signs, and symptoms of burnout and the positive steps we can take to help our staff keep their lives in balance and overcome burnout.

Communication and social contact are two proven ways to minimize stress and burnout in the work environment. For example, in Michigan, we've implemented a monthly open forum conference call which allows our staff and leadership to discuss questions/issues of concern, share ideas and information, and make their voices heard. Also, at the annual statewide Corizon Health meeting for our Michigan staff, Dr. Danielle Bradshaw, Corizon Health State Psychiatric Director, presented a lecture to all staff on *Physician Suicide, Burn Out, and Self-Care.* During this presentation she educated staff on the risk factors contributing to burn out and suicide among health care providers along with recommendations for self-care to prevent burn out as well as strategies for reaching out to peers at work who may be struggling. These are the types of programs Corizon Health is looking to adapt for our clients nationwide.

To further assist employees manage stress and burnout, Corizon Health has 15 courses that are in the online Torch Learning Management System (LMS) that are CEU eligible. In addition, we have an annual training requirement *Counteracting the Dangers of Desensitization* that all employees must complete each year. This course introduces the topics of compassion fatigue and maintaining a healthy mind and body. It offers strategies to recognize compassion fatigue in one's self and others and how to address. We also have over 30 courses that help our healthcare professionals in dealing with stress disorders in their patients. These courses also are eligible for CEUs.

Additionally, staff has access to Corizon Health's Employee Assistance Program (EAP), a confidential program provided at no cost to help employees manage life's challenges.

4.3.28 Food Service Screenings

4.3.28.1 The Contractor, upon request, shall provide authorized KDOC personnel information concerning the health status of prospective food service workers and shall conduct health clearance examinations for such offenders. The Contractor shall complete periodic food service clearances for food service workers in compliance with ACA and/or NCCHC standards.

Upon request, Corizon Health will provide authorized KDOC personnel information concerning the health status of prospective food service workers and will conduct health clearance examinations for such offenders. Corizon Health will continue to complete periodic food service clearances for food service workers in compliance with ACA and NCCHC standards.

4.3.28.2 The Contractor shall perform clearances for contract food service staff via a cursory screening questionnaire. The screenings shall be completed in accordance with NCCHC and/or ACA.

Corizon Health will perform clearances for contract food service staff via a cursory screening questionnaire. The screenings will be completed in accordance with NCCHC and ACA standards.

4.3.29 Dialysis Services

4.3.29.1 Dialysis services are provided at the Topeka Correctional Facility and Lansing Correctional Facility. The average dialysis patient daily census at LCF is eight (8) and the average daily TCF dialysis census is one (1). The Contractor shall provide an outline of the proposed dialysis program.

Corizon Health will provide dialysis services at the Topeka Correctional Facility (TCF) and the Lansing Correctional Facility (LCF) through our national partnership with **CharDonnay Dialysis, Inc. (CharDonnay) a certified Women Business Enterprise (WBE).** CharDonnay currently provides dialysis services for three (3) other Corizon Health clients.

Corizon Health proposes to continue with the current plan of care found at TCF and LCF for dialysis patients as outlined in Appendix H.

Our dialysis services program ensures the following for our dialysis patients:

- An initial assessment of each dialysis patient;
- An individualized care plan for each dialysis patient;
- Monthly follow-up visit for each dialysis patient; and,
- Assessment of renal offenders to determine the need for dialysis.

Corizon's healthcare staff ensures that all dialysis treatment is noted in the patient's health record.

The dialysis program, provided in coordination with CharDonnay, will include all onsite peritoneal and/or hemodialysis services, supplies, equipment, specialty consults by a Kansas-licensed physician specializing in Nephrology and Internal Medicine, and other related expenses, with the exception of

KDOC owned equipment. **CQI monitoring will be an essential element of our oversight for this on-site specialty service.** For example, a minimum of 10% of charts will be reviewed on a monthly basis with a maximum of 20 cases for CQI purposes.

Corizon Health and CharDonnay have a written plan that addresses the unavailability of dialysis machinery. If unavailability occurs, the following steps will be implemented:

- Assessment of all the dialysis patients will take place to ensure the determination of staging for alternative dialysis treatment site. This assessment will be conducted in conjunction with the Nephrologist and the facility's Medical Director.
- We will communicate with security/building maintenance to determine nature of the outage or other disruption of service and duration of interruption of services.
- The offenders impacted by the event (scheduled for treatment on the day of occurrence) will be transferred to the nearest location that provides dialysis services. This treatment site decision will be communicated with KDOC and security staff.
- In the event that the current schedule does not support the number of offenders needing dialysis to include offenders housed at LCF or TCF, an extra shift, extra day, or seven-day schedule will be added to accommodate the dialysis load.

4.3.29.2 The Contractor shall identify and provide all on-site and off-site peritoneal and/or hemo-dialysis services, supplies, equipment, and other related expenses. The Contractor shall demonstrate in the proposal the ability to provide for on-site dialysis services. The Contractor shall provide a board-certified nephrologist to supervise all dialysis services. The nephrologist shall make on-site visits to LCF at a minimum of every six (6) weeks. TCF dialysis patients shall be transported by KDOC to LCF for nephrology consults at LCF.

Corizon Health will provide all on-site and off-site peritoneal and/or hemodialysis services, supplies, equipment, and other related services through CharDonnay.

Corizon Health will continue to provide a board-certified Nephrologist to supervise all dialysis services. The nephrologist will make on-site visits to LCF at a minimum of every six (6) weeks. TCF dialysis patients will be transported by KDOC to LCF for nephrology consults at LCF.

4.3.29.3 The Contractor is responsible for developing and maintaining a renal dialysis Quality Improvement and Infection Control Program to include accountability of sharps and waste management.

CQI monitoring is an essential element of Corizon Health's ultimate oversight for this onsite specialty service and Corizon Health will provide all reports associated with the dialysis program. Corizon Health maintains written policies and procedures that are OSHA compliant for infection control, bloodborne pathogens, biohazardous waste and storage/disposal of sharps.

These policies include on-site dialysis units. The policies address use of proper waste receptacles, puncture resistant containers, and spill kits for cleaning blood and body fluid spills. All biohazardous waste is labeled as such and is accessible to authorized personnel only. Sharps are discarded directly into leak proof, puncture resistant containers.

Employees are trained and oriented to OSHA standards with annual retraining as part of continuous quality improvement. State and Federal OSHA posters are displayed in work areas. Personal Protective Equipment and Blood borne pathogen control plans are accessible to all employees. Continuous quality improvement is maintained through monitoring of compliance with OSHA standards. Corizon Health will collaborate with the KDOC to develop dialysis specific CQI logs and tracking documents or will comply with the existing procedures for documentation.

4.3.30 Infirmary Services

4.3.30.1 The Contractor shall include in the proposal a detailed plan for infirmary services. The acuity level and description can be found in Appendix B. In operating the infirmaries, the following shall be used as a minimum guideline:
(a) HCP on call twenty-four (24) hours per day, seven (7) 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 shall be by a registered nurse on duty on-site twenty-four (24) hours per day, seven (7) days per week.
(d) A minimum of one (1) registered nurse is staffed in the occupied infirmary twenty-four (24) hours per day, seven (7) days per week.
(e) Documented nursing infirmary rounds are 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 the Contractor must add the staffing as needed.
(g) A patient may be placed in the infirmary by a RN for nursing observation for a period of time 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 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 twenty-four (24) hours of the offender's admission to the infirmary (during weekdays, 72 hours on the weekend). The medical history and physical evaluation shall 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 is available. The Contractor will submit a manual of infirmary nursing care procedures with their contract proposal. The infirmary manual will be updated annually.
(m) Negative airflow isolation rooms shall be routinely monitored to ensure appropriate air exchanges are maintained in accordance with Center for Disease Control guidelines. KDOC shall perform quarterly checks and provide routine maintenance. Contractor shall perform daily checks for unoccupied rooms and checks each shift when occupied with isolated offenders. If Contractor's finds that the negative air flow is not circulating correctly, they will notify the KDOC in writing of their finding. If KDOC has not corrected the problem within 72 hours, Contractor can arrange for a professional air-handling vendor to assess/correct the problem and submit the invoice for those services to KDOC for reimbursement.

Corizon Health will continue to utilize facility infirmaries to their fullest extent consistent with acceptable medical standards of care. Corizon Health will operate the infirmaries in accordance with the following guidelines:

a. A Corizon Health HCP will be on call twenty-four (24) hours per day, seven (7) days per week, for infirmary consultation.

b. HCP documented on-site rounds will be conducted daily (5 days per week) on each acute status patient in the occupied infirmary. In smaller, minimum facilities use of telehealth will be considered and approved as deemed appropriate by Corizon Health's RMD.

c. A registered nurse will supervise the infirmary onsite 24-hours per day, seven days per week.

d. A minimum of one (1) registered nurse will be staffed in the occupied infirmary twenty-four (24) hours per day, seven (7) days per week.

e. Documented nursing infirmary rounds are completed at a minimum of once per shift.

f. One licensed nurse will be in the infirmary at all times for every ten (10) patients. If the acuity of the patient load requires more staffing, Corizon Health will add the staffing as needed.

g. A patient may be placed in the infirmary by a RN for nursing observation for a period of time 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. Only an HCP may admit a patient to the infirmary for more than 23 hours. If the HCP admits a patient to the infirmary, an admission note, and treatment plan/order(s) are entered in the EHR. The admission note clearly documents the reason/diagnosis for the admission. The completed physical examination does not replace the admission note.

i. An HCP will complete a physical examination of all offenders admitted to any infirmary within twenty-four (24) hours of the offender's admission to the infirmary (during weekdays, 72 hours on the weekend). The medical history and physical evaluation are documented in the EHR.

j. All infirmary patients are within sight or sound of a staff person. We understand that call lights and sound monitors are in place.

k. When a patient's health care issue has been resolved, the patient is discharged by the order of the HCP. The HCP enters 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 is scheduled with the HCP to occur within seven (7) calendar days.

l. A manual of infirmary nursing care procedures is available in all infirmaries. Corizon Health also has an *Infirmary Manual* that provides a guideline for flow, process, and documentation in infirmaries and the policies for standard procedures to operate and maintain an infirmary. Used

in conjunction with the *Lippincott Manual of Nursing Practice*, this manual provides the guidelines to implement safe and effective clinical care to our patients and can be used as an additional resource to complement the existing manual of infirmary nursing care. A copy of our Infirmary Manual is provided in **Attachment N**.

m. Negative airflow isolation rooms are routinely monitored to ensure appropriate air exchanges are maintained in accordance with Center for Disease Control guidelines. Corizon Health understands that the KDOC will continue to perform quarterly checks and provide routine maintenance. Corizon Health staff will perform daily checks for unoccupied rooms and checks each shift when occupied with isolated offenders. If we find that the negative air flow is not circulating correctly, we will notify the KDOC in writing of our finding. We understand that if the KDOC has not corrected the problem within 72 hours, Corizon Health can arrange for a professional air-handling vendor to assess/correct the problem and submit the invoice for those services to the KDOC for reimbursement.

Infirmary care is one of Corizon Health's COR Processes, whereby we provide detailed instructions addressing specific clinical processes for healthcare staff that delivers care to patients housed in the infirmary. Based on national standards and developed from the experience of our Healthcare Support Team members and site and regional leaders, our ***COR Process for Infirmary Care*** provides insight into the essential elements of the infirmary program including admission, determining acuity levels, 23-Hour observation status, sheltered housing admission, urgent/emergent care, daily care, implementing provider orders, using Corizon Health NETs, shift reports, coordinating off-site care, inpatient hospital returns, end of life care, and discharge.

Corizon Health will provide 24-hour nursing care in the infirmary for offenders with acute and sub-acute medical problems that cannot be adequately cared for in general population but do not require acute hospitalization. Infirmary care will be provided in accordance with requirements established in NCCHC standards and the Kansas Nursing Practice Act. We will use infirmary beds in lieu of inpatient hospitalization only whenever medically appropriate.

Infirmary care will be provided under the leadership of the site Medical Director, with additional support and leadership from our Regional Medical Director, Dr. Barry-Lewis Harris, II. Daily oversight of inpatient care will be provided to include compliance with admission and discharge requirements, collaboration in the development of specialized care plans, and coordination of support services.

Infirmary Admission

- Defined 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 for 24 hours or more.
- Admission to the infirmary requires a HCP order
- When a HCP admits a patient to the infirmary/medical unit he/she will assign the patient an acuity level
- Acuity levels are utilized to assist in identifying the severity of an illness and determine the level of resources required to provide the care identified

- The determination of patient acuity levels is critical to ensure appropriate care for patients with serious medical, dental and/or behavioral health issues
- Acuity levels determine the minimum amount of monitoring to include HCP rounds, vital signs and nursing evaluations.

Acuity levels are determined at the time of admission by the HCP and the nurse. Corizon Health defines three (3) levels of acuity – acute, sub-acute, and chronic:

- **Acute** – Requires the highest level of provider and skilled nursing care that can be provided in the infirmary environment. Acute patients would receive frequent care, data collection, and documentation. At a minimum, vital signs and nursing examinations are documented every eight (8) hours

- **Sub-Acute** – Requires an intermediate level of provider and nursing care. Nursing care, data collection, and documentation occurs less frequently than the acute level. At a minimum vital signs and nursing examinations are documented daily

- **Chronic** – Requires a lower level of provider and nursing care. Nursing care, data collection, and documentation occur less frequently than the sub-acute level. At a minimum vital signs and nursing examinations are documented weekly

Observation

- Defined as care provided to patients who need medical, dental, behavioral health, or observation that is provided for 23 hours or less
- Patients may be placed on observation for new or worsening symptoms of a known or suspected condition, test preparation or specimen collection
- The observation period provides health personnel time to determine if a patient needs to be admitted to the infirmary, transferred to another facility or hospital, or discharged back to their housing unit
- Patients may be placed in an observation status by a qualified health care professional other than a physician
- At the end of 23 hours, observation status ends and a disposition decision is made. The patient may be released to other housing, admitted to the infirmary, or transferred to a higher level of care.

Sheltered Housing

- Defined as a protective environment for patients that do not require 24-hour nursing care
- Sheltered housing is the equivalent of home care in the community
- Patients placed in sheltered housing in an infirmary setting must have an admission order from a provider
- Collection of baseline data at admission assists with ongoing monitoring for the sheltered housing patient

Documenting Daily Care

Documentation of care is essential, particularly for patients in the infirmary/medical observation unit. Corizon Health provides qualified individuals to deliver care, collect data, document care provided and communicate with other healthcare staff in order to promote wellness and to ensure the delivery of patient care in a safe and efficient manner. Corizon Health staff are trained to:

- Provide care as ordered by the HCP and based on patient need
- Make adjustments in care and orders as patient care needs change
- Make sure the frequency of provider and nursing rounds in the infirmary is specified based on clinical acuity and the categories of care provided
- See that all care provided is documented in the medical record and all medications documented on the Medication Administration Record (MAR)

4.3.20 Off-site Hospital Care

4.3.20.1 The Contractor shall 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 is required, Contractor shall be responsible for the arrangement and payment of all hospital care and related health care expenses within 120 days of service.

Corizon Health will maintain clinical oversight and utilization review services for all outpatient/inpatient hospitalization services. We will obtain routine outpatient/inpatient hospitalization services from healthcare providers who meet the health care requirements of the offender. When offsite hospitalization, and/or specialty hospital services for an offender is required, Corizon Health will be responsible for the arrangement and timely payment of all hospital care and related health care expenses within 120 days of service.

Corizon Health will continue to use the following hospital/medical centers for outpatient/inpatient hospitalization services.

Hospital	Location
Blue Valley Hospital	Overland Park
Ellsworth County Medical Center	Ellsworth
Hays Medical Center, Inc.	Hays
Hutchinson Regional Medical Center	Hutchinson
Kansas Medical Center	Andover
Norton County Hospital	Norton
Pawnee Valley Community Hospital	Larned
Providence Medical Center	Kansas City
Rooks County Health Center	Plainville
Saint John Hospital	Leavenworth
St. Francis Health Center	Topeka
St. Luke's Cushing Hospital	Leavenworth
St. Luke's South Hospital	Overland Park
Stormont-Vail Healthcare	Topeka

Susan B. Allen Memorial Hospital	El Dorado
Topeka Hospital/University of Kansas Health System	Topeka
Via Christi Health	Wichita
William Newton Memorial Hospital	Winfield

4.3.20.2 The Contractor shall 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. Contractor shall provide each facility warden and the Director of Health Care Compliance with a weekly health status report of all hospitalized offenders from that facility. Contractor shall provide the health care compliance office with a daily health status report of all hospitalized offenders from all KDOC facilities. This may be done via conference call.

Corizon Health 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. Each facility warden and the Director of Health Care Compliance will be provided with a weekly health status report of all hospitalized offenders from that facility. Corizon Health will also provide the health care compliance office with a daily health status report of all hospitalized offenders from all KDOC facilities. We understand this may be done via conference call.

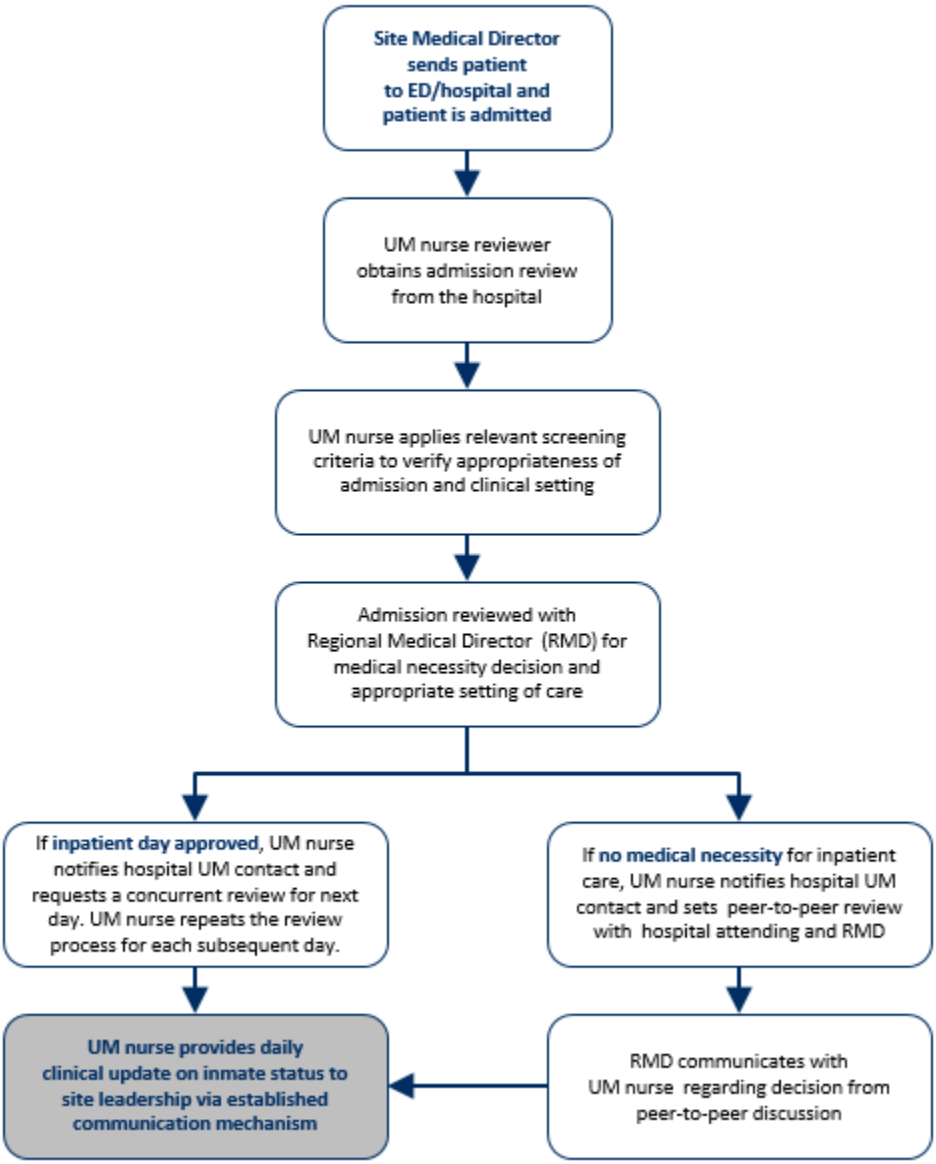
Inpatient Hospital Admissions

All inpatient hospital admissions are subject to Corizon Health's utilization review process and procedures. We believe it is essential that offenders have an effective treatment plan that includes realistic treatment goals and a credible discharge plan. To achieve this, **discharge planning from the hospital begins on the day of admission**. Our review process for inpatient admissions includes (but is not limited to) the following:

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

The flowchart below illustrates our inpatient UM process:

Inpatient Utilization Management



Concurrent Review

For patient hospitalization, Corizon Health uses concurrent review. Through the concurrent review process, we monitor appropriateness of the care, the setting, and the progress of discharge plans. This ongoing review is directed at maintaining quality and effectiveness of care and keeping costs as reasonable as practicable.

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

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

4.3.21 Assisted Daily Living Unit (ADL unit)

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.

Corizon Health will continue to provide special needs patients requiring some form of ADL assistance with all the required elements of treatment, including a specialized treatment plan based on the patient's specific needs.

4.3.22 End of Life Program

4.3.22.1 Offenders diagnosed with an illness in an advanced stage, where curative therapy is no longer indicated, shall be eligible for the end-of-life program. The Contractor shall provide a comprehensive end-of-life program that includes:

(a) Medically directed care.
(b) Interdisciplinary plan of care development.
(c) Family involvement.
(d) Training and use of offender volunteers.
(e) Treatment of pain and non-pain symptoms.
(f) Patient education.
(g) Counseling.
(h) Alternative housing.
(i) End-of-life program is a certified program based on established hospice correctional guidelines.

Corizon Health acknowledges that offenders diagnosed with an illness in an advanced stage, where curative therapy is no longer indicated, is eligible for the end-of-life program. Our program is explained in the following paragraphs. The current End-of-life program is not certified. Under the new contract, Corizon Health will work with the KDOC to obtain certification for the program based on established hospice correctional guidelines.

Medically Directed Care

Corizon Health's approach to end of life care offers a comprehensive, medically directed, team-oriented program of care that seeks to treat and comfort terminally ill patients and their families. All terminally ill patients will have a treatment plan that is developed, monitored, and updated by the Site Medical Director and the Director of Nursing.

Unlike hospice in the community, we have the ability to begin our relationship with the patient throughout the continuum of the many stages of their illness. This provides our healthcare staff the opportunity to develop stronger patient and healthcare provider relationships. These stages of the disease process could take years rather than months. Corizon Health's interdisciplinary and comfort-oriented care proactively provides an environment and structure for seriously ill patients to live with dignity until their death.

During each stage of the disease, every effort is made to maintain the patient in general population. If available, patients are housed in the infirmary. Once the disease process makes it necessary, the patient can be transferred to the identified end-of-life facility. As the disease process shifts from the curative phase to the comfort phase, the patient is still allowed to make choices and remain involved in care decisions. Special attention is focused on:

- Symptom management, including pain control
- Managing the physical environment
- Encouraging family involvement
- Assessing and addressing psychosocial and spiritual services
- Bereavement care for staff, "prison family" as approved

Interdisciplinary Plan of Care Development

A patient's care team is a multidisciplinary team comprised of, at a minimum, the following:

- The patient, as able, and allowed by custody
- Medical Director/Attending Physician
- Other Physicians, mid-levels, or other specialists as needed
- Licensed Nursing personnel
- Qualified Behavioral Health Professional(s) (QBHP)
- Senior level classification/custody staff/designees
- Facility Chaplain or Spiritual Advisor
- Social Workers
- Dieticians
- Pharmacist
- Other professionals that may be included as requested by the team
- Offender volunteers to the extent permitted by KDOC policy

The team is led by the Site Medical Director/Attending Physician. With the team, an individualized plan of care will be developed based on comprehensive assessments including the patient's specific wishes. The team will meet at a minimum monthly, but more frequently as medically indicated, to maintain the patient's individualized plan of care. Attendance at the meetings will be based on individual patient need as determined by the Medical Director/Attending Physician. If the patient is unable to attend team meetings, their desires will be understood, considered and communicated by attending members of the team.

The plan of care will include problems (actual, expected or potential), interventions for management of the problems including symptom control and pain management and goals for management of the terminal illness. Interventions may include:

- Providing a continuum of care encouraging offenders to remain independent in activities of daily living as long as permitted
- Alleviating pain and unpleasant symptoms
- Providing education and emotional support
- Reassuring offenders and families that care will continue until death
- Providing care that is agreeable and reasonable
- Decreasing or eliminating any unnecessary procedure

Our end-of-life program is patient-focused, while considering the correctional facility's institutional atmosphere and culture as well. We tailor our end-of-life program to provide a respectful end of life by staffing the environments with experienced, warm, caring, and responsive staff dedicated to providing comfort and dignity to patients confronting death. While the majority of end-of-life patients have cancer, our end-of-life program also cares for people suffering from other terminal illnesses, such as Alzheimer's, AIDS, COPD, heart disease, and end-stage liver and renal disease.

Palliative Care Education

Members of the patient's care team receive training based on the Institute of Medicine's (IOM's) four core components of professional preparation for palliative/end-of-life care:

1. Scientific and clinical knowledge – including "how we die," the nature of pain and other symptoms and their effective management (pharmacological and otherwise), the appropriateness of life-prolonging measures, and the array of necessary assessment tools.
2. Interpersonal and communication skills – including listening, working with patient/family emotional responses, providing information and conveying bad news, empathy and sensitivity to cultural differences.
3. Ethical and professional principles – such as honoring patient and family preferences, being aware of conflicts of interest and conflicting goals, and acting as role models of clinical excellence.
4. Organization skills – including effective teamwork and the ability to help patients and families negotiate the intricacies of the health care system.

Medical providers, nurses, social workers, chaplains and ancillary staff will receive general training in palliative care from a Hospice or Palliative Care professional. The program covers:

- History and philosophy of the palliative care movement, death and dying as experienced by the patient, family, close friends and caregivers.
- Palliative care principles and practice; pain and symptom management; physical, psychosocial and spiritual aspects of death and dying; the use of analgesics, especially opioids; opioids and addiction; over and under treatment of pain and symptoms.
- The care team and Plan of Care; teamwork issues; the patient/family as unit of care (if indicated); effective use of the care plan as a treatment tool.

- Palliative care in corrections; current range of practice; the experience of dying while incarcerated; how programs fit with the overall correctional mandate; the roles of patient/family, other offenders, correctional officers, local and state administration.

Family Involvement

In our experience as the end of life nears, the patient/family-of-choice centered model is the most effective manner in which to individualize the dying process. This is the model that Corizon Health currently has in place for our contracts where we are responsible for providing end-of-life care. The patient and family-of-choice should be engaged and allowed, within the framework of the KDOC rules and regulations, to have some manner of input into the patient's final days.

Before entering into the hospice phase of their life, the patient will be provided education and counseling sufficient for them to verbalize an understanding of hospice concepts and the shift from curative, to palliative to hospice care. They will be encouraged to complete Advanced Directives and/or a living will so that their desires will be known well in advance.

When the Site Medical Director determines that care in a community setting is medically preferable, he/she will make a recommendation to the appropriate legal authority regarding the patient's transfer or early release. All efforts to this end is coordinated with the KDOC. The patient is provided all necessary means of transportation from the releasing facility to the destination as outlined in the approved release plan. The patient's plan of care, as described in the preceding section, should always consider a medical parole as a part of the ongoing plan of care process.

Training and Use of Offender Volunteers

To the extent allowed by KDOC policy, offender volunteers will be utilized to assist the patient. Offender volunteers do not provide physical care. The volunteer program training includes, but is not limited to:

- Program description, logistics and supervision
- Introduction of Hospice Concepts and Philosophy
- Personal concepts of death and dying
- Culture, gender and race philosophies
- Communication skills
- Role and boundary setting of and for the volunteer
- Medical aspects of death and dying
- The active dying processes
- Care and comfort measures
- Spiritual needs at the end of life
- Psycho-Social aspects of death and dying
- The bereavement process, grief and loss
- Confidentiality, patient rights, advance directives (all volunteers will be required to sign a document stating that they understand and accept full responsibility for maintaining patient rights and confidentiality)
- Personal stress management

- Personal and clinical journaling

In addition to these hospice aspects of the training, Corizon Health's medical and mental health care staff will provide additional training in the mechanics of providing patient assistance, such as activities of daily living (ADL) assistance and other tasks as allowed by KDOC policy. A graduation program and certification of completion of training will be provided to all volunteers who successfully complete the standard training.

The use of this statewide standardized training program and movement of trained volunteers from facility to facility for custody reasons, will allow for a perpetuation of the quality of the program's services and growth. The trained and experienced volunteers should find this training and experience beneficial for their own personal growth and as they seek employment in the community.

As important as the care of the individual patients, will be the care of the volunteers. Individual and/Group Counseling, as needed, will be offered through the Mental/Behavioral Health Departments throughout their service and after their involvement in the death of a patient. Support groups will be designed and offered to all offenders participating as volunteers in the end-of-life program.

This ongoing counseling service will be provided at regularly scheduled sessions as well as when needed by the volunteer. Bereavement counseling will be made available to volunteers and staff following the death of a patient.

Treatment of Pain and Non-Pain Symptoms

Pain and symptom control lie at the very heart of end-of-life care. The goals of pain management are:

1. Assess the frequency and magnitude of the pain
2. Prevent or minimize side effects
3. Improve the quality of life
4. Ease of administration
5. Erase the pain memory
6. Determine the etiology

Corizon Health utilizes pharmacological and non-pharmacological therapies to control symptoms that, if untreated, could result in patient suffering. The physician, nurse, and pharmacist are important team members in evaluating pain and treating it pharmacologically. If available, community hospice consultants can often provide excellent advice regarding pain management. Clergy, nurses, and offender volunteers work to ease psychological and spiritual pain.

Corizon Health can also identify and obtain providers to assist with pain management through telemedicine, face-to-face encounters, or within the correctional facility as an on-site clinic.

Patient Education

Effective patient education is integral to the success of end-of-life care. Therefore, Corizon Health requires that an initial referral for the end-of-life program always begin with honest communication regarding the patient's prognosis, future care, and treatment options.

Counseling

As a member of the care team, the designated Qualified Behavioral Health Professional (QBHP) will provide varying levels of counseling and support to all patients in the end-of-life program. This includes daily rounds, Monday through Friday, performed by a QBHP on site with services offered or scheduled as necessary. Additional group services will be offered, as necessary and allowed.

Alternative Housing

Noted previously, during each stage of the disease, every effort is made to maintain the patient in general population until the disease process makes it necessary to transfer the patient to the identified end-of-life facility.

4.3.23 Outpatient Surgery/Ambulatory Services.

The offsite health care services are a necessary part of the offender health care services. These processes include, but are not limited to, specialty ambulatory clinics, outpatient one (1) day surgeries, and specialist offsite procedures and diagnostic testing.

Corizon Health ensures that routine, non-emergent procedures to include processes such as specialty ambulatory clinics, outpatient one (1) day surgeries, and specialist offsite procedures and diagnostic testing will be reviewed by the Regional Medical Director Dr. Barry-Lewis Harris and evidence based criteria applied from the UM nursing staff. Once approved, Corizon Health will ensure the most cost-effective method is used to provide this service, coordinate with custody on off-site referrals and ensure if needed, an infirmary bed is on hold for return of the offender.

4.4 Transportation and Security

4.4.1 Off-site Transportation

4.4.1.1 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. The Contractor shall provide a documented emergency transportation services plan. Such ambulance and/or advanced life services shall be by pre-arranged agreement. All costs related to these specialty transportation services are the responsibility of the Contractor.

Corizon Health acknowledges that transportation for off-site services or transfers to another KDOC is the KDOC's responsibility, except when transportation requires travel by emergency vehicle. Each ambulance provider we work with is equipped with life support systems and is operated by personnel

trained in life support and certified in the State of Kansas. Corizon Health is responsible for the costs related to these specialty transportation services.

We currently use the following ambulance/emergency transportation services:

- Claflin Ambulance Service Associates
- Ellsworth County EMS
- Leavenworth County EMS
- Plainville Ambulance Service
- Stockton Ambulance Service

American Medical Response provides air ambulance service, if needed.

4.4.1.2 Offenders considered for functional incapacitation or parole release requiring ambulance services will remain the transport responsibility of the Contractor until they arrive at the specialized facility designated for their ongoing care. The Contractor shall be responsible for the cost of any medical transport vehicle costs for functionally incapacitated offenders needing transport.

Offenders considered for functional incapacitation or parole release requiring ambulance services will remain Corizon Health's responsibility for transport until they arrive at the specialized facility designated for their ongoing care. Corizon Health will be responsible for the cost of any medical transport vehicle costs for functionally incapacitated offenders needing transport.

4.4.1.3 The Contractor shall 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.

Corizon Health 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.

4.4.1.4 The Contractor shall coordinate the scheduling of off-site services from KDOC facilities to community providers with the facility transportation supervisor as designated by the warden.

Corizon Health will coordinate the scheduling of off-site services from KDOC facilities to community providers with the facility transportation supervisor as designated by the warden.

4.4.1.5 When deemed necessary by the Secretary of Corrections for the safety and orderly operation of KDOC facilities, KDOC may place offenders in contract beds both within the state of Kansas and out-of-state. Contractor shall 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 onsite care the contract facility provides to its own offenders will be provided to the KDOC offenders. Any offsite care required for the health of a KDOC offender housed in a contract facility shall be coordinated with Contractor and the Contractor will be responsible for the costs of such care, including emergent care, unless otherwise covered by the contract between KDOC and the contract facility. For medically necessary offsite care that is not emergent, the Contractor may request the KDOC to return the offender in need of care back

to an appropriate KDOC facility so that they can assess the need for and arrange the offsite care as clinically indicated.

Corizon Health understands that 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. Corizon Health 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 onsite care the contract facility provides to its own offenders will be provided to the KDOC offenders. Corizon Health will coordinate any offsite care required for the health of a KDOC offender housed in a contract facility and will be responsible for the costs of such care, including emergent care, unless otherwise covered by the contract between KDOC and the contract facility. For medically necessary offsite care that is not emergent, Corizon Health may request the KDOC to return the offender in need of care back to an appropriate KDOC facility so that they can assess the need for and arrange the offsite care as clinically indicated.

4.4.2 Security

4.4.2.1 KDOC shall provide security and security procedures to protect the Contractor's equipment as well as KDOC medical equipment. The Contractor shall ensure that the Contractor's staff adheres to all policies and procedures regarding transportation, security, custody, and control of offenders.

Corizon Health acknowledges that the KDOC will provide security and security procedures to protect the Corizon Health's equipment as well as KDOC medical equipment. Corizon Health ensures that our staff will adhere to all policies and procedures regarding transportation, security, custody, and control of offenders.

4.4.2.2 KDOC shall provide security escorts to and from clinic appointments whenever necessary as determined by security regulations and procedures outlined in KDOC policy.

Corizon Health acknowledges that the KDOC will provide security escorts to and from clinic appointments whenever necessary as determined by security regulations and procedures outlined in KDOC policy.

4.5 Comprehensive Dental Services

4.5.1 General Dental Services

4.5.1.1 The Contractor shall identify, plan and provide for all on-site general dental services. The Contractor shall also provide on-site oral surgery services. The Contractor shall be responsible for dental emergencies per established medical protocol.

Corizon Health will continue to provide dental care, in accordance with ACA and NCCHC standards through qualified dentists licensed to practice in Kansas. With the goal of providing dental care on site to the extent practicable, the dental program will be under the direction and supervision of **Dr. Fred Cannon, Corizon Health's Regional Dental Director.**

Corizon Health's dental care will be in compliance with applicable health care standards as follows:

- Screenings will be conducted at intake by an RN that has been trained by a licensed dentist.
- Offenders will have access to dental services through the sick call process.
- If an emergency condition exists, the offender will receive timely and appropriate treatment.
- A dentist will complete a dental treatment plan for each offender for whom a dental condition has been identified. This plan will describe, in order of priority, those services that need to occur to maintain the offender's health status.
- Juvenile offenders will be scheduled for a complete dental examination by a licensed professional after 30 days of being in custody.

What is oral hygiene?

Oral hygiene means keeping the inside of the mouth (teeth, gums and tongue) clean.
Good oral hygiene is important because:

- It helps to prevent cavities, early tooth loss, gum disease and bad breath
- Infections that start in the mouth can spread to become sinus, jawbone or ear infections
- A cut in the mouth can become infected just like a cut on any other part of the body

What should I do?

Routine dental care is important for good health. Brush your teeth (or dentures) for 2-3 minutes twice every day.
Also do a few brush strokes on the tongue, rinse well.

Images courtesy of Sunstar Americas, Inc.

- Rinse your mouth with water when you cannot brush
- Dentures or partial plates should be brushed and soaked overnight in water
- Choose healthy foods. Foods that are good for bones and muscles are also good for teeth and gums
- Avoid sugary drinks and snacks
- Smoking and chewing tobacco are linked to dental problems including gum, tongue and throat cancers
- If it's not food, do not chew on it, chewing on hard objects (like pencils) can crack or weaken teeth

Put in a sick call request if you have:

- Tooth pain
- Swollen, painful or bleeding gums
- Loose or broken teeth that are causing pain
- A change in the way a partial or dentures fit, that is causing pain
- Patches inside your mouth that look thick or fuzzy, white or grey

Until you see the dentist:

- Avoid extremely hot or cold liquids and foods
- Rinse with warm salt water 4 times a day, mix 1 teaspoon of table salt in 1 cup of warm water
- Apply cool cloths to the area for the first day, then warm cloths
- Take pain medicine as directed

Tell a correctional officer to call medical if you have:

- Fever after dental work
- A mouth injury that:
  - Knocks a tooth out or loose
  - Causes heavy bleeding that will not stop
  - Makes you unable to open and close your mouth

4.5.1.2 The Regional Dental Director shall be responsible for providing clinical oversight regarding off-site dental referral services.

Noted above, Dr. Fred Cannon, Corizon Health's Regional Dental Director is responsible for providing clinical oversight regarding off-site dental referral services.

4.5.1.3 Dental screenings shall be conducted by nursing staff upon arrival on admission to KDOC as compliant with NCCHC and/or ACA standards.

Trained nursing staff will perform a dental screening on all newly admitted offenders. Corizon Health's staff are trained to identify both non-emergent and urgent/emergent dental conditions, and we have created dedicated tools to aid staff in identification and referral of dental care needs.

The intent of the dental screening is to:

- Identify any obvious or gross abnormalities that require an immediate referral to a dentist
- Visually observe the teeth and gums
- Identify urgent issues such as pain and infection that require immediate referral to the provider

In addition to the dental screening, the intake process provides the opportunity for healthcare staff to conduct oral hygiene instruction with the offender.

4.5.1.4 Parole violators and conditional release violators shall 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.

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.

4.5.1.5 Contractor shall 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.

In accordance with NCCHC and ACA standards, Corizon Health will provide a dental examination and instruction in oral hygiene and preventive oral education within 30 days of admission.

4.5.1.6 Contractor shall 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.

Corizon Health will also provide dental examinations and instruction in oral hygiene during the birthday month for all offenders biannually.

4.5.1.7 Contractor shall 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.

Oral treatment, not limited to extractions, will be provided according to a treatment plan based on a system of established priorities for care when, in the dentist's judgement, the offender's health would otherwise be adversely affected. The site Medical Director will work with the dentist to ensure dental care is appropriate for the needs of the offender. Referrals to dental specialists will be made as clinically indicated.

Dental services will be provided as clinically indicated including:

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

4.5.1.8 Referral to dental specialists are to be provided as needed.

Noted above, referrals to dental specialists will be made as clinically indicated.

4.5.1.9 Contractor shall provide emergency dental care.

Corizon Health will provide emergency dental treatment and dental services including:

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

4.5.2 Dentures

4.5.2.1 The Contractor shall be responsible for dentures for offenders requiring dentures for mastication.

Corizon Health will be responsible for dentures for all offenders requiring dentures for mastication.

4.5.2.2 Dentures shall be provided by the Contractor and paid for by the offender when requested for cosmetic purposes only, as allowed by time and approved by the Regional Dental Director.

Corizon Health will provide dentures, paid for by the offender, when requested for cosmetic purposes only, as allowed by time and approved by Dr. Cannon.

4.5.2.3 Replacement dentures shall be provided by the Contractor and paid for by the offender for dentures that are lost or damaged within five (5) years of the original issued denture.

Corizon Health will provide replacement dentures, paid for by the offender, for dentures that are lost or damaged within five (5) years of the original issued denture.

4.5.2.4 Replacement of dentures shall be the responsibility of the Contractor if the original dentures are required for mastication and the lost or damaged denture is older than five (5) years.

Corizon Health will replace dentures if the original dentures were required for mastication and the lost or damage denture is older than five (5) years.

4.5.2.5 The Contractor shall purchase all medically necessary dentures from the Kansas Correctional Industries' (KCI) denture laboratory at Topeka Correctional Facility. The price of the dentures includes shipping to and from the sites to the denture laboratory. The Contractor is 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. 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, the Contractor may utilize another vendor with approval from the Director of Health Care Compliance.

Corizon Health will purchase all medically necessary dentures from the Kansas Correctional Industries' (KCI) denture laboratory at the Topeka Correctional Facility. We understand that the price of the dentures includes shipping to and from the sites to the denture laboratory.

Corizon Health 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. If the dentures are cosmetic and/or an offender is paying for them, we understand that the offender may designate the dental department to have the dentures manufactured at an alternative laboratory.

In the event KCI is unable to fulfill orders, Corizon Health will use another vendor with approval from the KDOC Director of Health Care Compliance.

4.6 Comprehensive Behavioral Health Services

4.6.1 Mental Health Services and Programming

The Contractor shall provide comprehensive, evidence-based behavioral and mental health services and programming that meet the needs of the total offender population. These services are to be provided from the point of entry to a facility through re-entry to the community following discharge. This is to 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. The contractor shall 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). Behavioral health specialized housing units can be found in Appendix I. The following services are to be provided at all facilities:

Corizon Health welcomes the opportunity to continue to provide comprehensive, evidence-based behavioral and mental health services and programming that meet the needs of the KDOC's adult and juvenile offender population. Our holistic approach to behavioral health care addresses co-morbid conditions and provides an ongoing focus to prepare offenders for successful release to the community. We achieve these results through an "individual differences" approach to each offender, taking into consideration both specific cultural values and cultural identities in the diagnosing, treatment and discharge planning needs of each offender.

Suicide prevention as well as identification, intervention and treatment of offenders exhibiting suicidal self-injurious tendencies, is a company-wide program focused on risk reduction and identifying markers for vulnerability. Cultural awareness and recognition of risk factors and warning signs for potential suicide risk are emphasized upon hire and as a part of an ongoing focus of training for all staff.

Consistent with national standards and clinical practice guidelines, our behavioral health services program is designed to maximize on-site care using evidence-based and evidence-informed clinical guidelines and protocols. This includes our emphasis on a multidisciplinary and integrated approach to behavioral health care and working collaboratively with the KDOC and medical, nursing, pharmacy, dental, security, and other providers clinically indicated.

Dr. Alicia Cardona will continue to serve as the **Regional Psychiatric Director**. She has over fifteen years' experience practicing psychiatry, including serving in her present position for over five (5) years. Dr. Cardona is Board Certified in Psychiatry and Neurology. She has received numerous awards and honors and is a member of the American Board of Medical Specialties.

Dr. Ashley Phelps will continue to serve as the **Regional Behavioral Health Director**. Dr. Phelps has over 10 years behavioral health management experience and has served in her present position for over five (5) years. Dr. Phelps recently contributed to the creation and publication of the NCCHC's new *Suicide Prevention Resource Guide for Corrections*.

Resumes for Dr. Cardona and Dr. Phelps are provided in **Attachment F.**

Our objective is to alleviate the symptoms of mental illness and help patients optimally manage their behavioral health issues within the correctional environment, and transition successfully to the community setting upon release, with an ultimate goal of reducing recidivism and promoting public health. To accomplish required objectives this may include, but not be limited to the following:

- Collaborative team practice model
- Evidence-based and evidence-informed practice parameters
- Longitudinal risk assessment tools
- Objective psychological assessment instruments
- Cognitive–behavioral curriculum
- Dialectical behavior therapy (DBT)
- Dual Diagnosis
- Motivational Interviewing
- A modified "treatment mall" where offenders have access to various treatment group options based on their needs as outlined in his/her treatment plan
- Self-management tools to help patients gain the knowledge and skills necessary to manage their mental illness
- Participation of mentally ill inmates in the Specialty/Chronic Care Clinics
- Substance Abuse Program for juvenile offenders including pre and post test data on curriculum
- Sex Offender Treatment programming for juvenile offenders including pre and post test data on curriculum
- Individualized Reintegration Unit (IRU) treatment programs for the mentally ill
- Treatment and Reintegration Unit (TRU) for the mentally ill
- Out-of-Cell Evidence-Based Practices (EBP) for mentally ill inmates in segregated housing;
- Gender Dysphoria management appropriate for the corrections environment and consistent with community standards
- Pharmacy management
- Mental Health CQI tools
- Process and outcome quality program indicator measurements and root cause analyses
- Regularly scheduled site audits and chart reviews
- Data management automation

4.6.2 Mental Health Intake Screening

4.6.2 Screening upon intake (inter-or intra-system transfers), with follow-up assessments as necessary.

Upon entry to any facility, a qualified behavioral health care provider (QBHP) completes a mental health intake screening on all offenders to identify emergent mental health concerns as well as document the offender's mental health history. This screen is used to identify offenders with mental illness, suicide risk, substance use, and neurocognitive and neurodevelopmental disorders and includes observation of the individual's behavior and symptoms, as well as a series of questions designed to elicit information regarding the individual's history of behavioral health treatment, drug use, and suicidal behaviors. The screen also elicits information regarding current or past use of psychotropic medications, previous psychiatric hospitalizations, current depression, and suicidal, homicidal, and self-harm ideation, plan and intent.

Please see section *4.6.8 Mental Health Screens* for further detail on intake screening.

4.6.3 Outpatient, Individualized Services

4.6.3 Outpatient, individualized services, to include but not be limited to:
4.6.3.1 Procedures for obtaining and documenting informed consent
4.6.3.2 Routine assessments that lead to behavioral health diagnoses and appropriate classifications.
4.6.3.3 Prompt assessment of emergent offender needs through mental health sick call.
4.6.3.4 Individualized treatment planning.
4.6.3.5 Psychiatric treatment and monitoring, including the prescribing and availability of appropriate psychotropic medications.
4.6.3.6 The provision of evidenced-based group therapy.
4.6.3.7 The provision of evidenced-based individual therapy.
4.6.3.8 Crisis assessment and interventions.
4.6.3.9 Intensive services for offenders in restrictive housing.
4.6.3.10 A referral process for individuals whose service needs exceed the capability/design of the facility to which they are assigned.

Corizon Health will provide comprehensive, evidence-based behavioral health programs that meet the needs of adult and juvenile offenders in KDOC facilities. As described throughout this proposal, our behavioral health program provides outpatient, individualized services that include the following:

- 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

4.6.4 Discharge Planning Coordination

4.6.4 Contractor shall coordinate with KDOC discharge planning staff for services to provide continuity of care between the facility and community, to include the involvement of correctional staff (e.g., probation and parole) as appropriate. Contractor shall provide all KDOC discharge planners and Central Office Reentry staff overseeing discharge planning work and preparing benefits applications including the SOAR Specialist full access to EHR, including edit access. Contractor will insure the efficient transfer of appropriate medical and behavioral health information to the discharge planners to enable proper continuity of care for offender release planning.

Corizon Health will coordinate with KDOC discharge planning staff for services to provide continuity of care between the facility and community, to include the involvement of correctional staff (e.g., probation and parole) as appropriate. We will provide all KDOC discharge planners and Central Office Reentry staff overseeing discharge planning work and preparing benefits applications including the SOAR Specialist full access to EHR, including edit access. Corizon Health ensures the efficient transfer of appropriate medical and behavioral health information to the discharge planners to enable proper continuity of care for offender release planning.

4.6.5 Multidisciplinary Teams

4.6.5 Multidisciplinary teams that include behavioral health, medical, nursing, team management, security and others as clinically indicated.

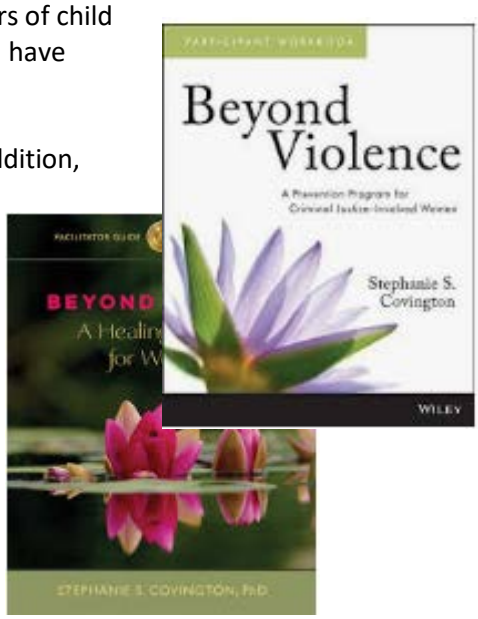
Corizon Health's behavioral health staff actively collaborate and work in coordination with KDOC staff to provide integrated, direct care to the offender population. We understand that an effective multidisciplinary treatment team system includes multiple providers that have the capacity and willingness to provide not only an integrated treatment model, but also a parallel treatment model with appropriate communications and collaboration between agencies and vendors. The collaboration and sharing of information in the development of the treatment plan promotes well-informed treatment determinations. We recognize the importance of building cooperative and professional working relationships and will foster this environment in the delivery of quality and effective mental healthcare services.

Corizon Health places the clinical treatment team and management of the offender as the core of our mission. Our behavioral health staff, as well as all Corizon Health staff, will continue to participate and be active members within all multidisciplinary teams charged with the clinical management of mentally ill offenders. Per the KDOC requirements and consistent with Corizon Health's commitment to meeting best practice standards, the multidisciplinary teams will minimally consist of behavioral health, medical, nursing, team management, security, and other (pharmacy, dental, etc.) as clinically indicated.

4.6.6 Specialty Care Appropriate to the Facility Population

4.6.6.1 Treatment for female offenders that is comparable to that offered to males, but which addresses the unique and specific needs of the female population.

While it is not uncommon for offenders' involvement in the justice system – male or female – to trigger a reliving of past traumatic events, female offenders are a diverse group. Many are ethnic minorities, have had significant academic or educational difficulties, are survivors of child abuse (sexual, physical, and/or emotional) or domestic violence, and have histories of substance use.



Female offenders have higher rates of mental illness than men. In addition, female offenders involved in the criminal justice system are more likely than men to enter because of drug-related charges. According to the Bureau of Justice Statistics, almost half of the women in prison reported committing their offense under the influence of drugs or alcohol.

In consideration of all of these factors, Corizon Health provides KDOC female offenders specific mental health services, including but not limited to:

- A multi-disciplinary, holistic, and comprehensive assessment including violence and abuse, self-harm, substance abuse, eating disorders and mental health history/needs

- Abuse/victimization counseling
- Female-specific educational programming such as *Beyond Trauma* and *Beyond Violence* developed by Stephanie Covington, PhD, LCSW
- Individual treatment plans
- Mental health therapeutic interventions and activities (individual/group)
- Inpatient mental healthcare
- Trauma recovery and empowerment
- Crisis intervention
- Gang interventions
- Parenting support

4.6.6.2 Treatment for juvenile offenders that address developmental as well as general behavioral health needs.

Behavioral health services for juvenile offenders begins upon their arrival at the Kansas Juvenile Correctional Complex (KJCC) and continue throughout their confinement. Treatment is rooted in an ideological approach, tailored to the youthful population with the goal of returning the offenders to the community with a better understanding of their mental illness and stability of symptoms gained through informed provision of care and psychoeducation. Our program of juvenile offenders describing screening and assessments, treatment levels, and discharge planning is described in detail in section *6.6.18.3 Sex Offender and Substance Use treatment for the Juvenile Offender Population*.

4.6.6.3 Specialized programs focusing on reintegration for the LCF TRU, LCF TRU-II, EDCF IRU, TCF MH Unit, and KJCC MH Unit.

Corizon Health will provide specialized programs focusing on reintegration for the LCF TRU, LCF TRU-II, EDCF-IRU, TCF MH Unit, and KJCC MH Unit for individuals that struggle with living in the general population setting due to serious mental illness (SMI) and/or severe and persistent mental illness (SPMI) as well as individuals with special behavioral needs whose symptoms impair their ability to adequately manage their own health and welfare in a general population. Treatment in this environment is focused on enhancement of coping strategies, individual strengths and skills development and the individual works towards reintegration. Please see section *4.8.18.1 Specialized Housing Units and Services*.

4.6.6.4 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.

Numerous studies point to the fact that elderly or aging offenders, defined as those age 50 and older, comprise the fastest growing age group among offenders. Many of these patients are at high risk or already have chronic diseases or related conditions, primary attributable to the unhealthy conditions they experienced prior to and during incarceration. Elderly or frail patients, particularly those who suffer from conditions where they require assistance with their activities of daily living, are vulnerable in the correctional setting as they are often exploited or victimized by younger prisoners. Additionally, coping with and adapting to being incarcerated is creates additional challenges and stress exasperating already existing medical and behavioral health issues. The care and treatment of special needs patients is tracked through our CQI program.

The Importance of Intake Screening and Special Needs Patients

A goal of intake screening is to ensure patients with chronic care and special needs, such as the elderly, cognitively impaired, intellectually disabled, or those with dementia, are properly identified. The timely identification and enrollment of special needs patients into a chronic care/special needs program helps reduce the frequency and severity of symptoms, prevents disease progression and complications, and fosters improved function.

The intake nurse and the QBHP play key roles in identifying and responding to the needs of this population. They responsible for communicating the patient's needs to other healthcare team members and custody staff to ensure these patients are properly cared for and placed in the appropriate housing unit. The actions taken at intake set the stage for entering the patient into the appropriate chronic care/special needs program and ensuring the appropriate care plan is established.

To support this goal, Corizon Health documents the following:

- Description of the patient's chronic care/special needs
- Provider orders and completion of orders if applicable
- Custody staff notification
- Special housing and/or accommodations recommendation(s)
- Interventions and times action(s) completed
- Patient education and patient's understand of education

National correctional health standards require each facility to maintain a list of patients with chronic care and special needs. Corizon Health maintains a list of all special needs patients for identification and tracking purposes and reviews the list with the Site Medical Director and Behavioral Health Coordinator on a monthly basis to ensure accuracy and add any changes and/or updates.

Care for Aging Offenders

Corizon Health follows national guidelines when it comes to preventive care and diagnostic work ups for the aging population. Our providers include appropriate diagnostic testing for patients age 50 and older, or earlier based on medical history, such as:

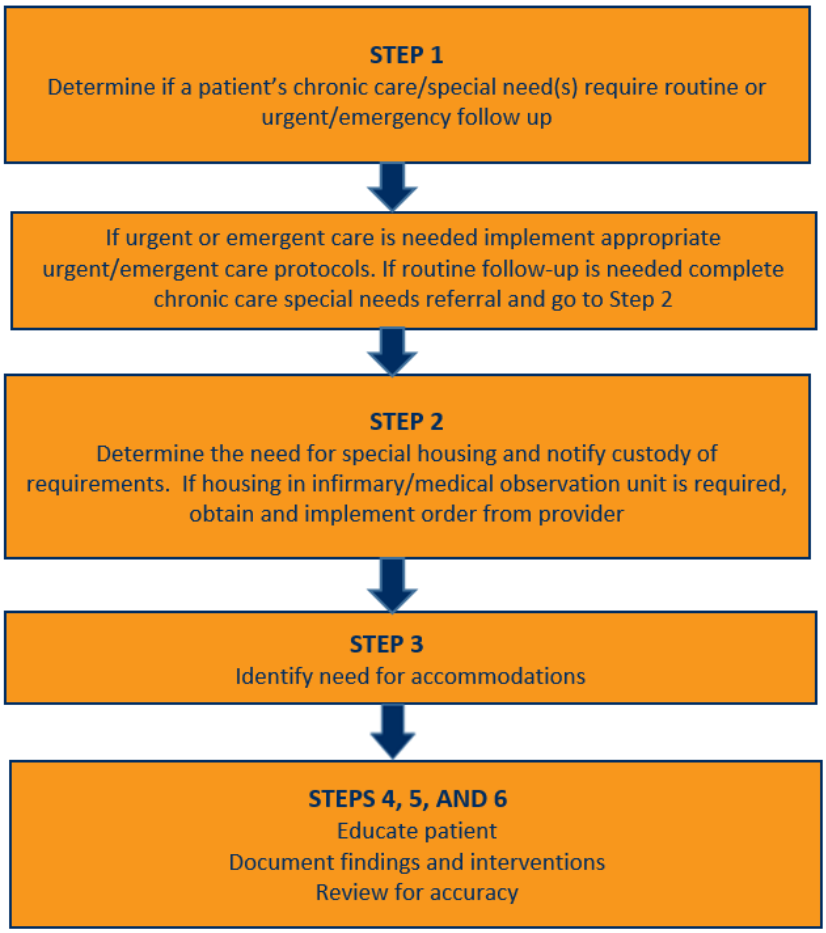
- Colorectal Cancer Screening for adults age 50-75 annually
- Prostate Cancer screening for males ages 55 + annually
- Breast exam annually and mammography every two years for women 40 +
- Cholesterol screening for adults annually
- Vaccinations for adults ages 65 + annually, such as influenza, pneumonia, shingles

While all stages of life include risk factors for mental health problems, older individuals may experience additional stressors that are more common in later life. These potential issues, like a significant ongoing loss in capacities and a decline in functional ability, can lead to the development of new or can exacerbate underlying mental health issues. Older adults may experience reduced mobility, chronic pain, frailty or other health problems, for which they require some form of long-term care. In addition, older people are more likely to experience events such as bereavement. Our behavioral health team

plays an important role in screening and treatment for diseases of aging including increased episodes of depression or conditions such as dementia. Prompt recognition and treatment of mental, neurological, and/or substance use disorders in older adults is essential. Both psychosocial interventions and medications are utilized as clinically indicated.

Treatment for individuals with geriatric medical needs, as well as those with dementia and other neurocognitive disorders, occurs on-site at the larger KDOC facilities within the site infirmaries. In addition to these service areas, the KDOC provides housing and treatment services specific to the elderly and/or those experiencing cognitive decline at the Treatment and Reintegration Unit (TRU) and Oswego Correctional Facility.

The programs at these facilities provide monitoring of and help with activities of daily living, developing appropriate compensation strategies to account for cognitive decline, skills development, and ongoing stabilization of behavioral health symptoms throughout the course of the individual's incarceration. Within these programs, individuals may participate in group therapy, individual therapy, special needs monitoring, and receive activity therapy and psychiatric services with the goal of maintaining and/or improving their mental and physical stability.



Placement for Geriatric/Dementia Patients

The following outlines the placement program for geriatric/dementia patients that was developed in collaboration with the KDOC for future implementation.
The Frailty Scale is currently in use by the medical team to complete the ADL logs.

Individuals considered for placement in the geriatric / dementia treatment areas are first rated medically by Corizon Health's providers using the Frailty Scale. The Frailty Scale also takes into consideration the Mobility Scale, which assesses walking distances, stair climbing ability, need for equipment for mobility, need for assistance by staff for activities of daily living, or needing total care.

The Frailty Scale is as follows:

1 = Individual is not frail
2 = Individual is de-conditioned due to age or handicap; however, would not be considered frail
3 = Individual is considered frail due to age or handicap
4 = Individual is considered frail due to disease process or injury
5 = Individual is frail to the point of total care

For medical purposes, an individual is classified as frail on the scale with a score of 3 through 4. Comparatively speaking, these individuals would be considered for an assisted living facility within the community designed for geriatric individuals. Individuals on a scale of 3-4 within the KDOC would be considered for placement at the geriatric unit at Oswego Correctional Facility, Winfield Correctional Facility, or the TRU at Lansing Correctional Facility.

Individuals with a level 5 on the Frailty Scale are placed in sheltered housing in an infirmary setting because they are total care patients.

Individuals who are diagnosed with a neurocognitive disorder are monitored cognitively as well as physically for placement within a dementia program or infirmary. The Behavioral Health Functional Ability Classification Levels guide the level of support an individual needs. A BH Classification Functionality Level of 2-4 would indicate consideration for placement within a geriatric / dementia program. A BH Classification Functionality Level of 4-5 would indicate consideration for placement within an infirmary.

Program Design

Clinical programmatic design focuses on three areas – Activity Therapy, Physical Therapy, and Behavioral Health.

Activity Therapy is designed to keep the elderly population active and engaged through group activities such as music and geriatric exercise programs and cognitive skill building, companionship programs such as peer support or a dog program, and work assignments as appropriate to the individual's functional abilities.

Physical Therapy for rehabilitation for orthopedic issues.

Behavioral Health support to identify, monitor, and develop treatment plans.

Corizon Health's behavioral staff provides skills training to assist offenders with daily functioning. The training focuses on life management skills for activity therapy (AT). The following are examples of what is done for AT at the Oswego Correctional Facility, which houses many cognitively impaired individuals:

- 4 cognitive groups a week for 30 minutes, consisting of 3 offenders in each. Offenders do different activities to promote memory and cognitive skills such as different puzzles, trivia, and games
- 4 different exercise groups a week
  - 4-wheel drive – exercise group for those that use a wheelchair or walker that need some assistance with exercise.

  - Fitness happens – exercise group for those using a cane or that have some stability issues.
  - Circuit training – exercise group for those individuals that are able bodied and that can complete more strenuous exercises.
  - Tai Chi – exercise/relaxation group for any individuals.
- 2 different art classes to separate the mental health offenders so that they can have more one on one attention.
- Wellness group for an hour every week. This is an ongoing group that covers various topics to promote health and well-being.
- Approximately 15 one on one sessions a week with cognitive individuals.

4.6.7 Continuous Quality Improvement

4.6.7 A continuous quality improvement (CQI) program that relates specifically to the identified behavioral health needs or issues at each site, as well as inclusive of general monitoring of common CQI elements throughout the state.

Corizon Health's Continuous Quality Improvement (CQI) program, described in detail in section 4*.6.20 Mental Health Continuous Quality Improvement (MH-CQI)*, is used to evaluate the healthcare – including mental health care – provided to offenders at both on and off-site locations, on a continual basis to ensure quality, appropriateness, and continuity of care. Like our medical program, our Mental Health CQI process has audit tools designed to encompass high volume, high risk, and problem-prone aspects of correctional mental health care.

4.6.8 Mental Health Screens

4.6.8.1 Upon entry to any facility, all offenders will receive a mental health screen by a mental health trained or qualified mental health care provider to identify emergent mental health concerns as well as relevant mental health history.

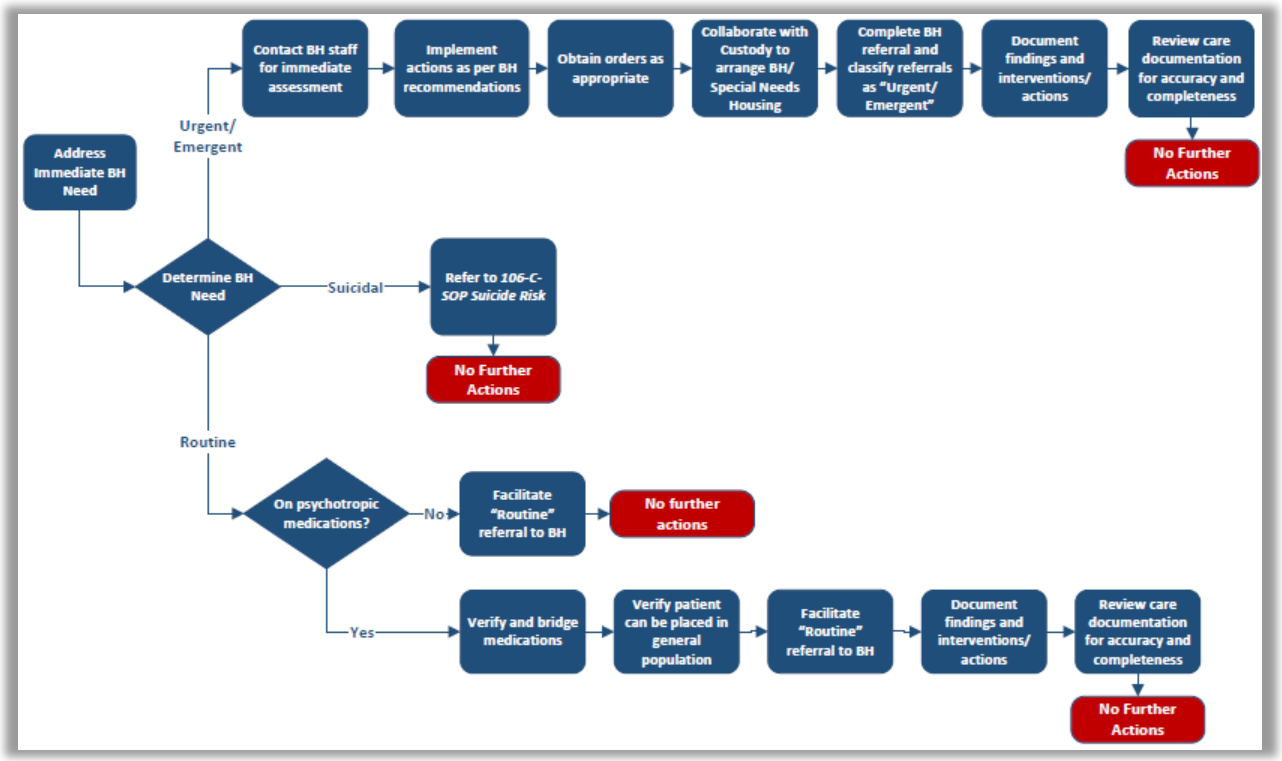
Upon entry to any facility, a mental health trained nurse or qualified mental health care provider (QBHP) completes a mental health intake screening on all offenders to identify emergent mental health concerns as well as document the offender's mental health history. This screen is used to identify offenders with mental illness, suicide risk, substance use, and neurocognitive and neurodevelopmental disorders and includes observation of the individual's behavior and symptoms, as well as a series of questions designed to elicit information regarding the individual's history of behavioral health treatment, drug use, and suicidal behaviors. The screen also elicits information regarding current or past use of psychotropic medications, previous psychiatric hospitalizations, current depression, and suicidal, homicidal, and self-harm ideation, plan and intent.

If an offender presents with evidence of current suicidal or homicidal ideation, or intent to commit self-harm, the nurse conducting the assessment immediately notifies on-site or on-call behavioral health staff and informs them of the need for screening by a Qualified Behavioral Health Professional (QBHP).

Individuals with a psychotropic medication regimen upon admission to KDOC custody are immediately referred to a psychiatric healthcare provider or psychiatric Advanced Practice Registered Nurse (APRN).

All initial mental health screens are reviewed by a QBHP following the notification of positive findings. For those with positive findings, an in-person interview and assessment is completed by a QBHP.

The following diagram illustrates the clinical workflow for addressing mental health needs, as part of our Intake COR Process.



4.6.8.2 The screen includes a file review as well as face-to-face interview.

The mental health screening includes a file review as well as a structured face-to-face interview with the offender. The face-to-face interview will include:

- Assessment of the offender's current behavioral status and condition
- Assessment of the offender's current suicidal potential and person-specific factors that increase suicide potential
- Assessment of offender's potential for violence and person-specific factors that increase violence potential
- Assessment of and prior sexual abuse, victimization, and predatory behavior
- Assessment of drug and alcohol use and/or addiction

4.6.8.3 The following must 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.

The mental health screening is a structured interview that includes:

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 referred to psychiatric staff for a medication evaluation that is completed within 72 hours of the referral
c. Current or recent reports of, or treatment for mental health problem
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 use 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

Offenders with emergent issues such as those exhibiting signs of acute mental illness, psychological distress, or danger of harm to self or others are immediately referred to the behavioral health staff for further assessment. The assessment is completed as soon as possible (within one hour).

Offenders who self-report or have a known history within the preceding two years of suicide attempts, non-suicidal self-injury, psychiatric hospitalizations or have been prescribed psychotropic medications, are referred to the behavioral health staff for further review as a non-emergent referral.

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.

The mental health screen findings are documented in the offender's health record.

4.6.9 Intra-system Transfers and Receiving

4.6.9.1 Any currently incarcerated offender being transferred, who has been receiving behavioral health treatment or is prescribed psychotropic medication, will have a brief review and synopsis of their care communicated to the appropriate behavioral health staff at their destination site, prior to their transfer.

Any currently incarcerated offender being transferred, who has been receiving behavioral health treatment or is prescribed psychotropic medication, will have a brief review and synopsis of their care communicated to the appropriate behavioral health staff at their destination site, prior to their transfer.

This is done on the transfer sending and transfer receiving templates. The transfer sending is sent by the Behavioral Health Coordinator (BHC) at the sending site and is then reviewed by the BHC at the receiving site. The BHC at the receiving site reviews the sending document and complete a chart review and then completes the transfer receiving document and makes appropriate referrals.

4.6.9.2 All offenders received who have been receiving behavioral health treatment or have been prescribed psychotropic medication will have their behavioral health record reviewed by behavioral health staff within twelve (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).

To ensure continuity of care, all offenders who have been receiving behavioral health treatment or have been prescribed psychotropic medication will have their behavioral health record reviewed by behavioral health staff within twelve (12) hours of arrival at their destination site. 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).

4.6.10 Behavioral Health Appraisals

4.6.10.1 All offenders admitted to any facility as parole-, post release-, or condition-violators ("PV &/or "CV") will have a behavioral health appraisal completed within fourteen (14) days of admission, unless one was completed within the preceding ninety (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.

All offenders admitted to any facility as parole-, post release-, or condition-violators ("PV &/or "CV") will have a behavioral health appraisal completed within fourteen (14) days of admission, unless one was completed within the preceding ninety (90) days. The appraisal, which is documented in the offender's medical record, is conducted by a QBHP or the BHC and will 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.

4.6.11 Mental Health Evaluations

4.6.11.1 Offenders referred either internally (i.e., through the Behavioral Health Appraisal process) or from the RDU as needing further mental and behavioral health services, shall receive a mental health evaluation within fourteen (14) days of the referral or arrival at the facility.

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 receive a mental health evaluation, as described below, within fourteen (14) days of the referral or arrival at the facility.

4.6.11.2 At a minimum, the evaluation shall 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.

The mental health evaluation will include a structured interview with inquiries that include, but are not limited to the following:

- A review of the screen, appraisal and/or RDU report
- Direct observation of the offender's behavior
- Completion of a clinical interview
- 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, including corrections-based mental health treatment
- 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
- Current and historic use of psychotropic medications
- History of suicidal behavior and assessment of current suicide risk
- Assessment of violent behavior and potential for violent behavior
- Assessment of drug and alcohol use and/or history
- History of physical or sexual trauma (as victim and/or perpetrator)
- History of special education placement or diagnosis of learning disorders
- Psychosocial history
- Mental status evaluation
- History of head trauma, seizures or seizure disorders
- Assessment of current mental status and condition

Our mental health evaluation includes diagnostic impressions and treatment recommendations. Information obtained from the mental health evaluation is documented in the offender's medical record.

4.6.12 Mental Health Classifications

4.6.12.1 Mental health classifications shall be assigned within fourteen (14) days of admission to any facility and updated at least once every 120 days.

Corizon Health assigns mental health classifications, in accordance with the KDOC's mental health classification system, within fourteen (14) days of admission to any facility. The classification includes a numbered level system that indicates the severity of an individual's disorder (Disorder level), the individual's functional abilities (Functionality), the individual's level of treatment need (BH Treatment), and the recommendations regarding specialized housing (Housing level). Behavioral health staff will review and update the classifications at least once every 120 days.

4.6.12.2 Mental health classifications shall be reflective of any facility or unit restrictions based on medication issues and overall level of mental health functioning. The Contractor shall 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. The Contractor will also incorporate the age of offender, mental illness, cognitive disability, and intellectual disability in the mental health classification.

Mental health classifications will be reflective of any facility or unit restrictions based on medication issues and overall level of mental health functioning. Corizon Health will utilize the KDOC classification systems, provided as Appendix MH1 in Addendum 3, and determine each offender's mental health treatment needs, housing and placement needs, employability limitations, functional ability limitations, and referral to treatment as indicated. Corizon Health will also incorporate the age of offender, mental illness, cognitive disability, and intellectual disability in the mental health classification.

4.6.12.3 The Contractor's classification report (via the EHR) must interface and update the classifications into the OMIS/JJIS system.

Corizon Health's classification report is provided via the EHR and interfaces and updates the classifications into the OMIS/JJIS system.

4.6.13 Mental Health Sick Call

4.6.13.1 The contractor shall provide a process by which offenders can request mental health services on a daily basis.

Corizon Health has established a sick call process for the KDOC facilities whereby all offenders, including those in Restrictive Housing Units (RHUs) and Individualized Reintegration Units (RHUs), have the opportunity to request mental health care on a daily basis.

4.6.13.2 Requests are to be triaged by a 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).

To facilitate patient flow and maintain the efficiency of the sick call process, we use a triage system. Upon receipt by medical staff, mental health service requests are documented and triaged by a mental health trained nurse or QBHP within 24 hours of being received.

Our patient care teams are led by our COR Four – the site Medical Director, Behavioral Health leader, Director of Nursing, and Health Services Administrator. Our COR Four teams work together to form a multidisciplinary team that facilitates communication between healthcare staff and provides integrated care to our patients.

4.6.13.3 A priority system for requests should be provided that has emergent and urgent requests being seen as soon as possible, and routine requests being seen within the same or next business day.

The mental health RN or QBHP will triage the mental health sick call requests as follows:

Emergent	The offender will be seen immediately
Urgent	The offender will be seen within 4 hours of triage
Routine	The offender will be seen within the 24 hours of triage

Triage Process for Psychiatric Referrals from Behavioral Health Staff

Recognizing that an effective referral process is necessary to achieve successful treatment outcomes and that there is additional value in having positive collaborative engagement across all professional disciplines, Corizon Health's Behavioral Health Department has implemented a structured process to assist the appropriate referral of patients to psychiatric providers.

Designed to provide a structured process to assist in the appropriate referral of patients to psychiatric providers, this triage resource defines **emergent, urgent, new patient/routine, and potential referrals**, including the expected action(s) of mental health staff. An excerpt from this triage process, showing the emergency referral process, is shown below:

1) Emergent Referral:

Definition: Dangerous to self (suicidal or self-harming)

Dangerous to others

Gravely disabled as defined by local statute and Corizon policy

Action: Contact Psychiatry provider and schedule Emergent referral to Psychiatric provider within one day

QMHP will complete a Mental Health Evaluation Form (4 pages) and longitudinal risk assessment including Mental Health Risk Assessment Tool prior to Psychiatric provider evaluation. Mental Health Individualized Treatment Plan can be completed after reviewing Provider evaluation and documentation.

4.6.13.4 Mental health sick call shall be held in a clinic setting, at least five days per week at each facility.

Mental health sick call will be held in a central clinic setting at least five days per week at each facility, including holidays.

Sick call schedules may be subject to change based on the facility's needs and holiday schedules. Should offender movement in the facility be restricted, Corizon Health will adjust sick call arrangements to meet security requirements. Offenders unable to report to sick call are handled through placement in the infirmary setting, or on a case-by-case basis and evaluated in an appropriate setting within the facility.

Sick Call in Restrictive Housing and Individualized Reintegration Units

Offenders in restricted housing will be seen daily and their health needs will be evaluated by a QBHP. All offenders assigned to Restrictive Housing Unit (RHU) or all other designated mental health units in the system will be seen within 24 hours of the mental health sick call request. It is our current practice to monitor all offenders placed in a RHU or IRU based upon their level of isolation in accordance with NCCHC requirements.

Sick call will be held in special clinic rooms in the RHU or IRU whenever medically possible to reduce risks associated with transporting these offenders to the main clinic areas. Corizon Health does not conduct sick call or provide other services during routine sleep hours unless it is an emergent or urgent request.

Sick call procedures for offenders in the RHUs or IRUs operate in the same manner as sick call for the general population, with the exception that access to care is provided when segregation rounds are conducted in these designated areas. Upon discussion with the offender or the receipt of a Health Services Request (HSR) form, triage of the healthcare request occurs.

Based on this triage, the clinician makes a determination of the behavioral health care needs, including service area requested (medical provider, nursing, behavioral health, dental), the urgency the of request, and the most appropriate level of medical provider (provider, advanced level practitioner, nurse). Referral to the behavioral health care provider will be completed as soon as practical, but within seven calendar days from the sick call appointment when the referral was warranted. If the triage process determines that there is an urgent need, Corizon Health's behavioral health care staff coordinates with custody staff to arrange a move to the appropriate area/facility to properly assess and treat the offender.

4.6.13.5 Requests for psychotropic medications or when a referral for a psychiatric medication review/assessment is indicated, referrals to psychiatry staff or a psychiatric nurse shall 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 psychiatry staff within 72-hours of the referral.

Requests for psychotropic medications or when a referral for a psychiatric medication review/assessment is indicated, referrals to psychiatry staff or a psychiatric nurse will be completed within seven days from the sick call appointment unless the referral is considered emergent or urgent. Emergent/urgent referrals are seen by psychiatry staff within 72-hours of the referral.

4.6.13.6 There are no co-pays for mental health sick call.

Corizon Health acknowledges that there are no co-pays for mental health sick call.

4.6.14 Crisis Intervention

4.6.14.1 The Contractor shall ensure that crisis intervention services are available twenty-four (24) hours per day, seven (7) days per week. The following are the 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 within fifteen (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 sixteen (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 (8) 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.

Corizon Health ensures that crisis intervention services are available twenty-four (24) hours per day, seven (7) days per week and include the following:

a. Each facility has behavioral health staff available via an on-call schedule that is prepared 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 within fifteen (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 sixteen (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, Corizon Health's psychiatry team is actively involved (via telephone, telepsychiatry, 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 (8) 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.

Offenders on crisis status over the weekends and/or holidays at these facilities are seen by Corizon Health 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 included in the nursing staff's documentation.

The following are some examples our electronic health record templates for crisis intervention.

Suicide Observation Progress Note Template

Navigation

Specialty ▼ Behavioral Health Visit Type ▼ Suicide Monitoring

Suicide Observation | Suicide Risk Eval | TX Plan | BH Classifications | Juvi BH Class | BH Referrals

Care Guidelines | Global Days Panel Control: Toggle Cycle

General
Vital Signs
Subjective
Objective
Interventions
Assessment
Assessment/Diagnosis
Plan

For standard document: Generate Document *For review through PAQ:* Generate Document

Suicide Observation Progress Note—General Panel

Navigation

SuiW SuiA Detox Restr CC SMI

Specialty ▼ Behavioral Health Visit Type ▼ Suicide Monitoring

Suicide Observation | Suicide Risk Eval | TX Plan | BH Classifications | Juvi BH Class | BH Referrals

Care Guidelines | Global Days Panel Control: Toggle Cycle

General

Date placed: 07/04/2018 Time placed: hour 5 minutes 45 am pm Clear Shift Documented: Day Evening Night

Suicide observation: Initial visit Daily visit Post-suicide observation release

Temporary Mental Health Placement: Initial visit Daily visit

Vital Signs
Subjective
Objective
Interventions
Assessment
Assessment/Diagnosis
Plan

For standard document: Generate Document *For review through PAQ:* Generate Document

Suicide Observation Progress Note—Subjective Panel

Specialty ▾ Behavioral Health Visit Type ▾ Suicide Monitoring

Suicide Observation | Suicide Risk Eval | TX Plan | BH Classifications | Juvi BH Class | BH Referrals

Care Guidelines | Global Days Panel Control: Toggle Cycle

General
Vital Signs
Subjective

Reasons for crisis level:

- Suicide threat
- Suicide gesture
- Suicide attempt
- Harm to self
- Harm to others
- Increased hallucinations
- Increased sensitivity to stimuli
- Increased delusions
- Increased situational distress
- Threat/gesture of self-harm

Reason for placement:
Offender

Patient Complaints:

Objective
Interventions
Assessment
Assessment/Diagnosis

4.6.14.2 When responding to crisis situations and ongoing crisis reviews, staff shall 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.

When responding to crisis situations and ongoing crisis reviews, Corizon Health's behavioral health 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.

Corizon Health's COR Care program recognizes the important working partnerships that must exist between healthcare and custody staff to maintain the safety of everyone inside the facility. We respect the role of correctional officers and support collaboration between medical and security personnel through programs such as crisis intervention training.

Corizon Health Crisis Intervention Strategies

Corizon Health's mental health professionals are committed to applying preventive approaches; however, they are also trained in the application of crisis intervention techniques required during psychiatric emergencies. Appropriate identification and management of psychiatric emergencies requires an array of clinical expertise that offers the client appropriate, expeditious and quality mental health services.

We understand that the expert clinical skills of the QBHPs in the management of crisis situations offer the offender quality mental health services and immediate access to assessment and treatment. Corizon Health's mental health professionals are trained in de-escalation strategies in an effort to prevent harm to self or others during a potential crisis.

The following basic strategies are utilized:

- Quickly assess lethality and imminent danger of the situation; that is, "safety first"
- Rapid establishment of a collaborative rapport through the use of reflective listening, exploration of feelings and expressions of empathy with feelings, not behavior, and identification of precipitants
- Problem solving (i.e., what will help now)

Our mental health professionals are trained to do the following to maintain awareness of their own emotional expressions and non-verbal cures, as we recognize that expressions of anxiety may actually increase the offender's anxiety.

- Appear calm, centered and self-assured
- Speak in a low, consistent tone of voice, with minimal emotional expression
- Avoid power struggles
- Avoid expressions of defensiveness, do not take the offender's behavior personally
- Explain limits in a respectful tone
- Identify the major problems and offer to help
- Know when to get out of the way and let security do their job

4.6.15 Inmate Companion Program

4.6.15.1 The KDOC has implemented an inmate companion program to supplement the oversight and supervision of offenders placed on crisis level supervision.

Corizon Health's behavioral health staff is proud to have assisted the KDOC in the development of the *Offender Companion Program*. We fully support the KDOC's commitment to suicide prevention and recognize the important role Offender Companions have in ensuring the safety of individuals on crisis level observation status.

4.6.15.2 At sites where the inmate companion program is active, the contractor's behavioral health staff will be required to 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.

At sites where the inmate companion program is active, Corizon Health's behavioral health staff has been working cooperatively with KDOC staff to implement 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.

Currently potential Offender Companions are nominated by the local unit team staff members at the facility and the Behavioral Health Coordinator/Clinical Director (or designee) screens the candidate for appropriateness for the position. Individuals approved by the Behavioral Health Coordinator/Clinical Director (or designee) are reviewed for approval by the facility's Offender Companion Program Committee (OCPC) and sent to the Warden for final approval. Each Offender Companion applicant must meet the following criteria at a minimum:

1. No R1 or R2 disciplinary offense convictions in the last six (6) months.

2. No suicide attempts or serious self-injurious behaviors in the last 10 years.

3. No medical or behavioral health restrictions which preclude the performance of duties. Examples of these restrictions include, but are not limited to:
   - Any behavioral health treatment classification of 4 or higher
   - Any medical restriction regarding vision or hearing difficulty or prolonged sitting
   - Final approval and/or exceptions to these criteria may occur as deemed appropriate by medical or behavioral health staff.

4. No facility violence in the last two (2) years.

5. No confirmed drug use in the last twelve months.

6. No substantiated PREA incident involvement as a perpetrator in the last 10 years.

7. No history of sexual battery while incarcerated.

8. No sexual misconduct history in the last five (5) years.

9. No validated security threat group members.

10. Able to read and write clearly, and to understand instructions (as determined by behavioral health staff with educational staff consultation as needed.

The screening also includes a **Mini-Mental Status Examination** to quantify cognitive function and screen for cognitive loss by testing the candidate's orientation, attention, calculation, recall, language, and motor skills as well as completion of a **Trauma Screen and PTSD-DSM5 Checklist**.

b. Completion of a brief report concerning the suitability of each candidate reviewed for the program.

The facility's Behavioral Health Coordinator/Clinical Director or designee sends the completed and signed *Behavioral Health Screening Form* to the OCPC.

c. Provide training in "Mental Health First Aid" (4 hours) and "Suicide Prevention" (2 hours) for offenders enrolled in the program.

Corizon Health's behavioral staff will provide training the Mental Health First Aid (4 hours) and Suicide Prevention (2 hours) for offenders enrolled in the program. Since Mental Health First Aid training is an 8 hour training, we would like the opportunity to discuss with the KDOC similar training programs that would meet the needs of this training requirement.

The core concepts of the training include, but are not limited to:

1. Understanding the importance of suicide prevention.
2. Understanding the research pertaining to suicide in prisons.
3. Recognizing possible risk and protective factors of individual suicide.
4. Understanding how and with whom to communicate to prevent individual suicides.
5. Learning how to respond to potentially suicidal individuals.
6. Understanding the emergency response to a suicide attempt.
7. The importance and requirements of confidentiality.
8. The importance and requirements of appropriate documentation and communication of observations while on duty.

All Offender Companion candidates must pass a written exam (achieve a score of 80% or better) at the completion of initial training to demonstrate appropriate incorporation of training information.

Offender Companions also receive up to two (2) hours of refresher training quarterly to review procedures/policies, discuss clinical issues, and supplement training. Quarterly refresher training will be provided by the facility's BH Coordinator/Clinical Director, or designee. At least once annually, security staff will be included in the quarterly training to provide updates/refresher training on security related procedures.

Following are some sample excerpts from the Mental Health and Suicide Prevention training materials:

Offender Companion Mental Health Training – Excerpts

8 ★

MYTHS ABOUT MENTAL ILLNESS

Myth #3:

People with mental illness are violent and unpredictable.

Fact:

The ***vast majority*** of people with mental illness are no more violent than anyone else. You probably know multiple people with mental illness that you wouldn't even have guessed were dealing with it.

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MENTAL HEALTH DISORDERS: *POST-TRAUMATIC STRESS DISORDER*

- Common symptoms of PTSD include:
  1. Intrusive, distressing memories, dreams, or flashbacks.
  2. Avoidance of memories, thoughts, feelings, people, places, objects, or situations related to the traumatic event(s).
  3. Negative thoughts or mood related to the event.
  4. Other changessuch as trouble sleeping, angry outbursts, or recklessness.
- Treatment for PTSD typically includes medication therapy as well as group or individual therapy to process the person's trauma and learn skills to cope with symptoms of the illness.

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PART 2: OFFENDER COMPANION SKILLS

- It is important to understand the expectations of individuals who are selected to act as Offender Companions.
- First, we will review the characteristics common in good Offender Companions. These characteristic include, but are not limited to:
  1. Integrity
  2. Confidentiality
  3. Healthy Recovery Awareness
  4. Feelings Awareness
  5. Effective Non-Verbal Communication
  6. Effective Active Listening Skills
  7. Healthy Wellness and Self-Care
  8. Effective Use of Supervision

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SCENARIO #1 DISCUSSION

- Individual presents as tearful
- Will not answer safety questions
- Disheveled
- Poor eye contact
- Mumbling

Offender Suicide Prevention Training – Examples

3

Suicide Research

Prison Suicide

- There are close to **200** prison suicides each year
- In 2016, the rate of suicide in state prison systems was **20** deaths per 100,000 offenders.
  - The suicide rate in the general population was **13.9** deaths per 100,000 citizens in 2016
- 90 percent of suicides of incarcerated people are committed by hangings

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1) Signs and Symptoms of Suicidal Behavior

- Current Depression
- Expressing or Exhibiting Strong Guilt and/or Shame over Offense
- Talking About or Threatening Suicide (making statements that are death-related or are final in nature, e.g. "I've had it, I can't take it anymore.")

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Self-Harm/Non-Suicidal Self-Injury

Why Do Individuals Self-Harm?

- To cope — it temporarily relieves intense feelings, tension, pressure, anxiety, and anger
- As self-punishment for feelings of guilt, sexual or violent impulses, and/or low self-esteem
- As a way to control and manage pain (unlike the pain experienced through physical or sexual abuse)
- To manipulate one's environment

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Reporting

- Documenting what you observe while observing individuals on Crisis Level Status is absolutely essential to the effectiveness of KDOC's suicide prevention program.

The documentation you create:

- Ensures that there is a record of the attempt to provide appropriate observation to individuals assigned to observation
- Provides valuable information about the statements and behaviors of individuals on crisis level status, during times in which security, program and administrative staff are not able to observe the patient
- Provides much needed information to behavioral health staff regarding the behavior of individuals on crisis level status. This information is invaluable to a behavioral health staff's evaluation of the individual's current stability or suicidality.

d. Regularly attend and participate at meetings of the Offender Companion Program Committee.

Corizon Health's behavioral health staff will continue to regularly attend and participate in the Offender Companion Program Committee meetings.

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).

Site behavioral health staff provide weekly group-based debriefing services for individuals employed as Offender Companions. The purpose of debriefing services is to provide these individuals with an opportunity to discuss concerns related to their experiences as Offender Companions as well as a base of support for both clinical and procedural struggles.

In some cases, Offender Companions may witness situations that have a negative impact on their mental well-being. When this occurs, Offender Companions may request individual-based debriefing

services by submitting a sick call request to the site behavioral health staff. Offender Companions may also request an emergent debriefing if they have observed a situation that results in concern for their personal safety.

Corizon Health would like the opportunity to discuss with the KDOC an efficient way to meet the needs of the KDOC and the KDOC's Offender Companion Program.

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.

Corizon Health's behavioral health staff will maintain statistical information regarding the number of reviews/interviews, training, and debriefings completed. The results are compiled on a monthly basis and provided to the KDOC and/or the contract monitors.

4.6.16 Mental Health Special Needs Clinics / Special Needs Treatment Plans

4.6.16.1 The Contractor shall include a plan to 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:

(a) 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.

Corizon Health will continue to provide oversight and care for offenders presenting with severe and persistent mental illnesses (SPMI) as well as others who are identified as needed special monitoring and a multidisciplinary approach to care through special needs clinics. These may including individuals experiencing serious mental illness (SMI), intellectual disability, autism spectrum disorder, or neurocognitive disorder. Corizon Health's QBHP provides case management monitoring services to track symptoms of mental illness, review psychotropic medication compliance and provide appropriate therapeutic interventions as outlined in the individualized treatment plan (ITP)

Special Needs Individualized Treatment Plans

Individualized Treatment Plans (ITPs) for offenders with special needs 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. The goal of treatment plans is to set out an

agreement between the multidisciplinary team (MDT) and the individual offender. The plan represents short-term 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 oversight of each goal.

The type and course of treatment is laid out in the ITP to include all aspects of mental health care, including psychiatry, individual/group psychotherapy, psycho-educational activities, therapeutic recreation/activities, and other specialties/treatments as individually indicated so both the offender and MDT are aware and in agreement of how therapy will progress and will how it will demonstrate if the offender has met the plan's long and short-term goals.

Treatment plans are designed to be fluid and responsive to the offender interactions/needs that may change over the course of treatment. Corizon Health's approach to treatment planning encourages improved communication through simplified language and inclusion of treatment relevant information with the understanding that treatment plans need to accommodate offenders with a broad range of intellectual, academic, and neurological functioning.

Treatment plans are reviewed and updated at least once every 90 days.

4.6.16.2 Regular meetings with a behavioral health professional as specified in the offender's treatment plan, but no less than at least once every thirty (30) days, whether or not the offender agrees to comply with treatment recommendations.

The behavioral health professional specified in the offender's treatment plan will meet with the offender at least once every thirty (30) days, whether or not the offender agrees to comply with the treatment recommendations. The goal of the meeting is to further the treatment objectives identified in the treatment plan.

4.6.16.3 Regular meetings with psychiatric staff for offenders prescribed psychotropic medication(s). These meetings shall occur no less than once every ninety (90) days (or more often if indicated in the treatment plan), except for juvenile offenders and offenders in specialty programs (TRU, IRU, TCF MH Unit) who shall be seen no less than once every thirty (30) days.

Regular meetings with psychiatric staff for offenders prescribed psychotropic medication(s) will occur no less than once every ninety (90) days (or more often if indicated in the treatment plan), except for juvenile offenders and offenders in specialty programs (TRU, IRU, TCF MH Unit) who are seen no less than once every thirty (30) days.

4.6.16.4 Regular meetings of the MDT at least once every ninety (90) days.

MDT meetings will be held at least once every ninety (90) days and enhance coordination among the treatment team members.

4.6.16.5 Skills training to assist with daily functioning within the correctional setting.

Activity Therapists work under the direction of licensed behavioral health staff to provide purposeful, goal-oriented activities that teach and facilitate skills in: assertiveness, independent living (including

time management, management of medication, and health promotion), interpersonal and social skills, stress management, activities of daily living, (e.g. hygiene), exercise, and job skills. These staff also promote individualized interests and pursuits, and engage individuals in other skills-building activities as directed by behavioral health staff.
Examples of activity therapy include:

Leisure Education: The ultimate outcome of leisure education is seen as enabling individuals to enhance the quality of their lives in leisure. Individuals learn to consider the role and responsibility of recreation, leisure in various aspects of health and daily living. Approaches and strategies which can be utilized in this process are presented.

Life Management Skills: Individuals learn skills and behaviors appropriately to increase their responsibly in the management of personal affairs. They are skills acquired via teaching or direct experience that are used to handle problems and questions commonly encountered in daily human life.

Relaxation Group/Stress Reduction: Relaxation techniques are exercises done that reverse the physical stress response. The belly softens, the breathing deepens, muscles ease, digestion improves, the heart slows and blood pressure lowers. Individuals learn and practice various relaxation techniques that involve concentration or mindfulness.

4.6.17 Restrictive Housing Services

4.6.17.1 The Contractor shall provide for 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 is to include, but not be limited to:

(a) Upon admission to restrictive housing, a mental health restrictive housing screening shall occur by a qualified health care professional. All offenders shall receive a screening by a behavioral health professional within twenty-four (24) hours of placement into restrictive housing.
(b) Restrictive housing rounds shall be made by 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 facilities' restrictive housing units (except for offenders with SPMI or SMI, who shall be seen daily, Monday through Friday, by behavioral health staff at these facilities).

Corizon Health will continue to provide 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 is to include, but not be limited to:

(a) Mental Health Restrictive Housing Screening

Upon admission to restrictive housing QHCP completes a mental health restrictive housing screening of the offender. Within twenty-four (24) hours of placement into restrictive housing all offenders receive a face-to-face screening/assessment by a behavioral health professional (BHP) which includes providing input on the individual's mental status and any necessary feedback regarding the individual's special needs pertaining to his/her conditions for individuals who have received a BH Disorder Classification of 4-6.

The BHP is also responsible for orienting all individuals placed in RH during the face-to-face assessment/screening as to how to access behavioral health treatment.

(b) Restrictive Housing Rounds

Restrictive housing rounds are made by behavioral health staff, with documentation occurring in the EHR at least once each week, at the following minimum intervals:

- Daily rounds Monday through Friday at EDCF, HCF, KJCC, LCF, and TCF.
- Weekly rounds at all other facilities' restrictive housing units (except for offenders with SPMI or SMI, who shall be seen daily, Monday through Friday, by behavioral health staff at these facilities).

In addition to the above noted practice, the following processes is in place at all adult facilities for the identification and treatment of those who are at a higher risk within the restrictive housing environment:

I. Higher Risk Restrictive Housing Unit (HR-RHU) client screening:

A. The BHP who admits the client to Restrictive Housing will assess the client and review the file for the following information:
   - Behavioral Health treatment need Level 3 or above
   - History of Crisis Level Placement
   - History of Suicide Attempts
   - MI diagnosis (diagnosis classification 3+)
   - CSSRS concerns

B. Clients with any of the above concerns identified upon or subsequent to Restrictive Housing admission will be included on a list of Higher Risk Restrictive Housing (HR-RHU) clients.

C. This list will be reviewed weekly in Clinical Staff Meetings.

D. Individualized Treatment Plans for Higher-Risk Restrictive Housing Clients
   - All HR-RHU clients will have an individualized treatment plan specific to Restrictive Housing.
   - This treatment plan will be reviewed and updated at least monthly
   - The individualized treatment plan may include any or all of the following interventions

II. Interventions

A. Symptom-specific self-help materials with follow-up discussions

B. Individual therapy conducted in a confidential area (out of cell) as indicated

C. RH offenders with a behavioral health treatment level of 4 or above (special needs), receive weekly out of cell contacts in a confidential area

III. Frequency of Contacts

A. Offenders in RH will be seen according to site protocol, but at a minimum a restrictive housing round note and a restrictive housing review board note will be documented weekly

B. An MSE will be completed with each encounter documented in the electronic health record

C. A CSSRS will be completed weekly and documented in the electronic health record

IV. Accommodations requested of Custody Staff

4.6.17.2 Mental health special needs clinics and treatment planning shall occur with offenders in segregated living areas.

Individuals in need of RH due to violence, or other security reason as determined by the facility Administration remain in the RH Unit and receive treatment on that unit if necessary. Individuals who are determined to have a serious mental illness (with consideration given to BH Disorder levels 4-6) are provided a combination of three to five (3-5) hours of out-of-cell treatment and activities (may be structured or unstructured) per day unless there is a serious risk of harm that day with the individuals participating in the out-of-cell activity. These individuals are identified within 24 hours (or 72 hours on the weekends) of RH placement and services are initiated immediately after they are identified.

4.6.17.3 The Contractor shall identify a plan and is responsible for mental health sick call for restrictive housing offenders to be held seven days per week at EDCF, HCF, KJCC, LCF and TCF.

Offenders in restricted housing at EDCF, HCF, KJCC, LCF, and TCF will be seen and evaluated daily by a QBHP. All offenders assigned to Restrictive Housing are seen within 24 hours of the mental health sick call request. It is our current practice to monitor all offenders placed in an RHU based upon their level of isolation in accordance with NCCHC requirements.

Sick call procedures for offenders in the RHUs or IRUs operate in the same manner as sick call for the general population, with the exception that access to care is provided when segregation rounds are conducted in these designated areas. Upon discussion with the offender or the receipt of a Health Service Request, triage of the healthcare request occurs.

Based on this triage, the clinician makes a determination of the behavioral health care needs, including service area requested (medical provider, nursing, behavioral health, dental), the urgency the of request, and the most appropriate level of medical provider (physician, advanced level practitioner, nurse). Patients referred to the behavioral health care provider are seen as clinically indicated but no later than seven days from the referral. If the triage process determines that there is an urgent need, Corizon Health's behavioral health care staff coordinate with custody staff to arrange a move to the appropriate area/facility to properly assess and treat the offender.

4.6.17.4 If an offender's custody status precludes attendance at a sick call session, arrangements must be made to provide sick call services at the place of confinement.

If an offender's custody status precludes attendance at a sick call session, Corizon Health makes arrangements to provide sick call services at the offender's place of confinement.

4.6.17.5 Mental health sick call shall be held in special clinic rooms in restrictive housing whenever possible to reduce risks associated with transporting restrictive housing offenders.

Sick call will be held in special clinic rooms in restrictive housing whenever medically possible to reduce risks associated with transporting these offenders to the main clinic areas. Corizon Health does not conduct sick call or provide other services during routine sleep hours unless it is an emergent or urgent request.

4.6.17.6 Crisis intervention services, to include coordination and interactive multi-disciplinary treatment team planning with security for all offenders presenting with suicide risks.

Crisis intervention services include the coordination and interactive multi-disciplinary treatment team planning with security for all offenders presenting with suicide risks.

4.6.17.7 Behavioral health staff shall work as part of the Restrictive Housing Review Board's team to perform the following, at a minimum:
(a) Make recommendations regarding the need for alternative placement for offenders with mental illness and/or developmental disabilities.
(b) 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).

Corizon Health's QBHP's are part of the Restrictive Housing Review Board team and are actively involved in the screening process, providing input on the individual's mental status, and any necessary feedback regarding the individual's special needs, including

a. Making recommendations regarding the need for alternative placement for offenders with mental illness and/or developmental disabilities.

b. Making 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).

4.6.17.8 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. Regional behavioral health staff shall provide restrictive housing treatment development support as well as guidance relating to offender placement and transfers

Transition planning into a less restrictive environment is included within each offender's Individualized Treatment Plan (ITP). Reentry into a less restrictive placement takes place before release unless the individual poses too great a risk to facility security as determined by the Multidisciplinary Service Team (MDST).

Reintegration plans are developed by the MDST for each individual when a move to a less restrictive environment is considered. This plan is constructed by the BHP together with the individual, and signed by the individual prior to their advancement to different treatment level or a less restrictive housing placement. This plan reflects the recommendations of the MDST as a whole. It is included as part of the individual's ITP and is entered into the health record by the QBHP.

Dr. Cardona, Regional Psychiatric Director and Dr. Phelps, Regional Behavioral Health Director participate in the MDSTs as needed including development of the BIP and program development for transition.

Behavioral Health (BH) Treatment while placed in Short-term Restrictive Housing (under 30 days)

Corizon Health's behavioral health staff assists offenders with coping skills to manage placement within the restrictive housing (RH) environment and works with offenders to decrease behaviors that may have place them in the RH environment and prevent decompensation. Should the uncommon need arise for a seriously mentally ill individual to be placed within short-term restrictive housing, the individual receives the following monitoring, assessments, and consultations with the Multi-Disciplinary Services Team:

- Behavioral health assessment prior to admission into restrictive housing to determine behavioral health treatment needs and treatment plan development. If the individual shows significant difficulties in functional ability, placement in a diversionary BH program or IRU is considered.
- Consultation with the MDST and the Restrictive Housing Review Board regarding behavioral health treatment needs.
- Daily rounds.
- Out-of-cell individual or group or activity therapy, unless rare circumstances occur where safety/security aspects call for cell-side interventions. Treatment plans more commonly include approximately 10 hours of weekly BH treatment.
- Psychiatric visits as determined by the treatment plan.

Behavioral Health Treatment while placed in Extended Restrictive Housing

Should the uncommon event arise for a seriously mentally ill individual to be placed within Extended Restrictive Housing, the individual receives the following monitoring, assessments, and consultations with the MDST:

- Ongoing behavioral health assessments occur at least every 30 days to determine whether any decline in mental status or increase in symptoms has occurred as a result in Extended Restrictive Housing.
- Ongoing treatment received is determined according to the BH Classification of the individual and the designated functional acuity of the individual. Ongoing behavioral health treatment planning occurs. If the individual shows significant difficulties in functional ability, placement in a diversionary BH program or IRU is considered.
- Consultation with the MDST and the Restrictive Housing Review Board regarding behavioral health treatment needs.
- Daily rounds.

- Out-of-cell individual, group or activity therapy, unless rare circumstances occur where safety/security aspects call for cell-side interventions. If such cases arise, these are documented within the MDST review.

- Psychiatric visits as determined by the treatment plan.

4.6.17.9 It is expected that all behavioral health restrictive housing rounds as outlined in section 4.6.17.1(b) of this RFP shall be completed on all KDOC restricted housing offenders.

Corizon Health acknowledges the KDOC's expectation that all behavioral health restrictive housing rounds as outlined in Section 4.6.17.1(b) are completed on all restricted housing offenders. These housing rounds are documented daily on paper and then charted weekly. There is an RH log at each facility for this purpose.

4.6.18 Continuum of Mental Health Care and Specialized Housing Units.

A continuum of mental health services is available to all offenders. The continuum encompasses close supervision and treatment of offenders presenting with acute needs through those needing only outpatient or occasional services.

4.6.18.1 Specialized Housing Units & Services

(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 program presented above (as well as for the cross-transfer process and associated continuity of care) the contractor shall identify in their proposal, the following minimum details:
(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.
(2) The dual-diagnosis treatment process for offenders presenting with both substance use issues in addition to their SPMI/SMI/MI symptoms.
(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.

(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.
(5) The method by which continuous quality improvement tracking shall be implemented and maintained to address, at a minimum:
(a) The effectiveness of the individualized treatment plans and multi-disciplinary process.
(b) 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.
(c) 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

The following paragraphs describe the programs presented at the Mental Health and Specialized Housing Units.

Individualized Reintegration Unit

Treatment Process: Offenders are considered for treatment programming in the Individualized Reintegration Unit as a result of presenting behavioral health issues or historical behavioral health functioning. If the behavioral health treatment team determines an offender presents with issues that may warrant treatment in the Individualized Reintegration Unit, regardless of current housing location, a QBHP will complete a transfer summary and submit such to the Behavioral Health Coordinator and/or Clinical Supervisor for review. Upon approval by the Behavioral Health Coordinator/Clinical Supervisor, it is sent to KRO for review and approval by the Regional Behavioral Health Director and/or the Regional Psychiatric Director.

Once an offender is approved for treatment in the Individualized Reintegration Unit, their transfer to the unit is dependent upon their current level of functioning and bed availability. An offender's transfer to the unit, upon approval and bed availability, is determined through regular communications between the Regional Behavioral Health Director and/or the Regional Psychiatric Director and site Behavioral Health Leadership. Once transferred to the Individualized Reintegration Unit, offenders are assigned to a primary QBHP and an individualized treatment plan is completed and/or updated. Treatment interventions include evidence-based group or individual therapy and psycho-social and educational modules by licensed or trained medical staff, psychiatric services, activity therapy, special needs monitoring, and interventions to increase medication compliance.

Treatments and activities that best meet the needs of the individual and facility is directed by the multi-disciplinary services team. The types, frequency and content of groups are determined based on the clinical need of the offender. QBHPs have access to and are able to utilize approved evidence-based/evidence-informed curricula. Further there is a level system each offender works through as they become increasingly stable. Treatment Levels afford increasing opportunities to interact with general population, with the ultimate goal of reintegrating with general population, which is considered a less restrictive environment. Each offender's progress is discussed weekly during MDST meetings, which may include issues of medication compliance, resistance and strategies to address such.

Dual Diagnosis Treatment Process: Issues related to dual diagnoses that impact treatment may be addressed in an offender's individualized treatment plan. These issues may include, but is not limited to, improving an offender's ability to identify symptoms of mental illness as separate from issues related to

substance abuse and psychoeducation regarding dual diagnosis issues. QBHPs have access to and utilize approved, evidence-based curricula targeted toward the dually diagnosed population. Further, relapse prevention issues may be discussed, which may include identifying triggers for relapse, identifying appropriate support systems, and strategies to maintain sobriety.

Weekly Meetings: The MDST consists of the Corrections Counselor or Unit Team Manager, Qualified Behavioral Health Professional, and Lieutenant or living unit Security representative. Any additional staff from other disciplines may attend as deemed appropriate (such as a representative from Activity Therapy, Psychiatry, Re-entry or Chaplain). The MDST meets at least once per week to review IRU offenders. Standard protocol consists of a review of each offender every 30 days. Offenders that present with a higher level of acuity can be reviewed more frequently. Discussion of cases include treatment plan progress, mental status, Unit Team and/or Security concerns, activity outside of cell, the offenders progress in programming related to their individualized treatment plan and incentive level. The results of the MDST are documented in the offender's chart.

Non-Participating Offenders: Offenders who present as resistant to treatment will be discussed during MDST meetings on a case-by-case basis. Once an offender is identified as being resistant to treatment, the QBHP will revise the treatment plan to better accommodate the individual's need and encourage participation. The MDST discusses the treatment plan weekly and intervention techniques to improve participation.

CQI Tracking: In addition to the scheduled Quality Improvement Program, the effectiveness of programming on the Individualized Reintegration Unit will be discussed among members of the Multi-Disciplinary Services Team on a weekly basis. These discussions may include barriers to, or improvements in, each offender's individual progress as well as the overall effectiveness of the programs offered. Once an offender completes programming on the Individualized Reintegration Unit and are considered for transition to a lower level of care or reintegration with general population, the offender's primary QBHP will discuss such during the MDST. If members of the MDST agree, a summary will be written and provided to the Behavioral Health Director and/or the IRU Supervisor.

Once approved, the summary will be submitted to the Regional Behavioral Health Director for final review and approval. Once approved, the offender will be transitioned to a lower level of care and/or general population. Regularly scheduled behavioral health meetings to monitor the transition progress will be put in place. Supports provided during the transition to a lower level of care and/or general population will be determined as clinically indicated. The MDST team will regularly discuss the programming available on the Individualized Reintegration Unit and may make suggestions for modification as needed.

Treatment and Reintegration Unit

Treatment Process: Offenders are considered for treatment programming in the Treatment and Reintegration Unit (TRU) as a result of presenting behavioral health issues or historical behavioral health functioning. During the consideration process the Behavioral Health Treatment Team will present the offender during clinical meetings. If the Behavioral Health Treatment Team determines an offender presents with issues that may warrant treatment, regardless of current housing location, a QBHP will complete a transfer summary and submit such to the TRU Program Manager and/or Assistant TRU

Supervisor for review. Upon approval by the TRU Program Manager and/or Assistant TRU Supervisor, it is sent to KRO for review and approval by the Regional Behavioral Health Director and/or the Regional Psychiatric Director. Once an offender is approved for treatment in the Treatment and Reintegration Unit, their transfer to the unit is dependent upon their current level of functioning and bed availability.

An offender's transfer to the unit, upon approval and bed availability, is determined through regular communications between the Regional Behavioral Health Director and/or the Regional Psychiatric Director and site Behavioral Health Leadership. Once transferred to the Treatment and Reintegration Unit, offenders are assigned to a primary QBHP and an individualized treatment plan is completed and/or updated. The treatment programs provided on the Treatment and Reintegration Unit include evidenced based group therapy, individual therapy, medication management (if indicated), activity therapy, and psychoeducational/psychosocial groups. The types, frequency and content of groups are determined based on the clinical need of the offender. QBHPs have access to and are able to utilize approved evidence-based/evidence-informed curricula. Further there is a level system each offender works through as they become increasingly stable.

Treatment Levels afford increasing opportunities to interact with general population, with the ultimate goal of reintegrating with general population, which is considered a less restrictive environment. Each offender's progress is discussed weekly during clinical meetings, which may include issues of medication compliance, resistance and strategies to address such with the offender are discussed.

Dual Diagnosis Treatment Process: Issues related to dual diagnoses that impact treatment may be addressed in an offender's individualized treatment plan. These issues may include, but is not limited to, improving an offender's ability to identify symptoms of mental illness as separate from issues related to substance abuse and psychoeducation regarding dual diagnosis issues. QBHPs have access to and utilize approved, evidence-based curricula targeted toward the dually diagnosed population. Further, relapse prevention issues may be discussed, which may include identifying triggers for relapse, identifying appropriate support systems, and strategies to maintain sobriety.

Weekly Meetings: The Multi-Disciplinary Treatment Team meets weekly and is comprised of the TRU Program Manager, Assistant TRU Supervisor, TRU Qualified Behavioral Health Professionals, Activity Therapist, Corrections Manager, Unit Team Manager, Unit Team Supervisors, Correction Counselors, and Re-Entry Staff. Discussion of cases include treatment plan progress, mental status, Unit Team and/or Security concerns, activity outside of cell, the offenders progress in programming related to their individualized treatment plan and incentive phase. In addition, specialized treatment meetings are held on an as needed basis related to more acute issues that may be presenting.

Treatment considerations as well as offender management issues by DOC are discussed, problem solving for issues such as Hunger Strike, prolonged or frequent Crisis Levels, or offender's difficulty in functioning within a particular environment. Participants for this particular type of MDT typically include Deputy Warden, Medical Director, Behavioral Health Coordinator, Clinical Director, Psychiatrist, HSA, DON, Unit Team Supervisor, TRU Supervisors, and primary BHP. Results are recorded in offender's electronic health record.

Non-Participating Offenders: Offenders who present as resistant to treatment will be discussed during TRU Treatment Team meetings on a case-by-case basis. Some individuals may not be ready for the

group environment due to symptomology. Therefore, treatment need, level of functioning, and severity of symptoms are taken into account. The Treatment Team may decide to generate a plan in which incentives are utilized in order to increase program participation.

CQI Tracking: In addition to the scheduled Quality Improvement Program, the effectiveness of programming on the Treatment and Reintegration Unit will be discussed among members of the Multi-Disciplinary Team on a weekly basis. These discussions may include barriers to, or improvements in, each offender's individual progress as well as the overall effectiveness of the programs offered. Once an offender completes programming on the Treatment and Reintegration Unit and are considered for reintegration with general population, the offender's primary QBHP will discuss such during the MDT. If members of the MDT agree, the offender will be transitioned into general population through a step-down process by which offenders are seen on a regular basis by a QBHP. Supports provided during the transition to general population will be determined as clinically indicated. The TRU Treatment team will regularly discuss the programming available on the Treatment and Reintegration Unit and may make suggestions for modification as needed.

Female Offenders – Topeka Correctional Facility

Treatment Process: Offenders are considered for treatment on the Mental Health Unit as a result of presenting behavioral health issues. During the consideration process the Behavioral Health Treatment Team will present the offender during clinical meetings. If the Behavioral Health Treatment Team determines an offender presents with issues that may warrant treatment on a unit a QBHP will complete a transfer summary and submit such to the Behavioral Health Coordinator and Clinical Supervisor for review. Upon approval by the Behavioral Health Coordinator/Clinical Supervisor, it is sent to KRO for review and approval. Once an offender is approved for treatment on the Mental Health Unit, they are assigned to a primary BHP and an individualized treatment plan is completed.

The treatment programs provided on the Mental Health Unit, include evidenced based group therapy, individual therapy, medication management (if indicated), activity therapy, and psychoeducational/psychosocial groups. Further there is a treatment level system each offender works through as they become increasingly stable. Treatment Levels afford increasing opportunities to interact with general population, with the ultimate goal of reintegrating with general population, which is considered a less restrictive environment. Each offender's progress is discussed weekly during clinical meetings, which may include issues of resistance and strategies to address such with the client are discussed.

Dual Diagnosis Treatment Process: Issues related to dual diagnoses that impact treatment may be addressed in an offender's individualized treatment plan. These issues may include, but is not limited to, improving an offender's ability to identify symptoms of mental illness as separate from issues related to substance abuse and psychoeducation regarding dual diagnosis issues. Further, relapse prevention issues may be discussed, which may include identifying triggers for relapse, identifying appropriate support systems, and strategies to maintain sobriety.

Weekly Meetings: The Behavioral Health treatment team, classification staff, and security officers who work with the offenders on the Mental Health unit, meet weekly to discuss each individual client. These discussions include progress, or lack thereof, in the therapeutic process, increase/decrease of a client's

treatment level, treatment planning issues, and issues concerning release. The results of the MDT are documented in the offender's chart, at least monthly, or when significant changes are made.

Non-Participating Offenders: Offenders who present as resistant to treatment will be discussed with the clinical behavioral health team as well as during weekly MDT meetings for the Mental Health Unit. During these meetings strategies for addressing the resistance will be discussed as well as a plan for implementation.

CQI Tracking: In addition to the scheduled Quality Improvement Program, the effectiveness of programming on the Mental Health Unit, will be discussed among members of the MDT (the Behavioral Health Treatment Team, Classification staff, and Security staff), weekly. These discussions may include barriers to or improvements in, each offender's individual progress as well as the overall effectiveness of the programs offered. Once an offender completes programming on the Mental Health Unit and are considered for reintegration with general population, the offender's primary QBHP will discuss such during the MDT. If members of the MDT agree, the offender will be transitioned into general population with regularly scheduled behavioral health meetings to monitor the transition progress.

Supports provided during the transition to general population, will be determined as clinically indicated. The Behavioral Health Treatment team will regularly discuss the programming available on the Mental Health Unit and may make suggestions for modification as needed.

Kansas Juvenile Correctional Center

Treatment Process: At Kansas Juvenile Correctional Complex, there are two units dedicated to serving high acuity youth with behavioral and mental health concerns. Youth with a BH classification of 3 or higher are considered for placement on the mental health unit through the multi-disciplinary referral process. Each youth housed on the behavioral health unit has and individualized treatment plan and the plan is updated weekly and as needed by the multi-disciplinary care team consisting of the Behavioral Health Coordinator, the assigned unit Qualified Behavioral Health Professional, Corrections Counselor, Unit Team Manager, Activity Therapist, Educational staff and representatives from operations.

Youth engaged in this program receive daily group activities selected from a list of available evidenced-based curricula that are facilitated by qualified behavioral health professionals and activity therapy staff based on clinical need and current treatment level. Youth on the most restrictive statuses receive daily interventions from both BH staff and AT. Youth on the least restrictive statuses receive less frequent interventions, but receive weekly interventions and still attend educational programming. Additionally, all youth are seen for individual behavioral health services.

Youth engaged in the BH Treatment Program attend educational services independent from youth in general population until they demonstrate readiness for transition to general population living as determined appropriate by the multi-disciplinary team. Youth receiving medication services are monitored for compliance by the multi-disciplinary team and medication compliance is encouraged as part of the individualized treatment plan and is addressed as criteria for advancing in treatment levels to prepare for reintegration to general population. Youth receiving medication services are seen by Psychiatry monthly.

Dual Diagnosis Treatment Process: Issues related to dual diagnoses that impact treatment may be addressed in a youth's individualized treatment plan. These issues include topics such as the impact of substance use on level of functioning, triggers, and relapse prevention. In addition, all youth who are identified as having substance use histories through RDU Process may be referred for treatment services through the licensed outpatient treatment program operated at KJCC.

Weekly Meetings: The Multi-Disciplinary Team meets weekly and consists of the Behavioral Health Coordinator, the assigned unit Qualified Behavioral Health Professional, Corrections Counselor, Unit Team Manager, Activity Therapist, Educational staff and representatives from operations. During this meeting, decisions are made regarding treatment levels, progress in programming, and reintegration into general population. The results of the MDT are documented in the youth's chart.

Non-Participating Offenders: Youth who present as resistant to treatment will be discussed during multi-disciplinary meetings on a case-by-case basis. Therefore, treatment need, level of functioning, and severity of symptoms are taken into account. The multi-disciplinary may decide to generate a plan in which incentives are utilized in order to increase program participation.

CQI Tracking: Quality Assurance is conducted on a weekly basis through submission of BH group numbers, through participation in the Corizon CQSI program, through the Kansas BH CQI program and through facility process and outcome studies targeted on the delivery of care and services provided to youth housed in these units. Once a youth completes programming on the Mental Health Unit and are considered for reintegration with general population, the youth's primary QBHP will discuss such during the MDT. If members of the MDT agree, the youth will be transitioned into general population with regularly scheduled behavioral health meetings to monitor the transition progress.

Supports provided during the transition to general population, will be determined as clinically indicated. The behavioral health treatment team will regularly discuss the programming available on the Mental Health Unit and may make suggestions for modification as needed.

4.6.18.2 Activity and Recreational Services

(a) The Contractor shall include a comprehensive plan for activity and recreational services at EDCF, KJCC, LCF, HCF and TCF.
(b) Activity & Recreational therapists (ART's) shall have at least a bachelor's degree in an appropriate activity therapy field (this is preferred, e.g., recreation, art or music therapy) or in a behavioral health related field (e.g., psychology, social work, counseling).
(c) The services are to be provided under the direction of independently licensed behavioral health staff, and are to provide 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.
(d) The Contractor shall provide a list of all activity and recreational services programs/topics and include percentage of anticipated use. The Contractor shall identify what training will be provided to all activity and recreational services staff for them to deliver recovery based, skills building strategies.

Corizon Health's approach to activity and recreational services is consistent with the KDOC's program goals and supports the current research that demonstrates the efficacy of physical activity targeting a

wide range of mental health problems including depression, anxiety and stress responses, cognition, sleep, and addictive disorders. Research also supports an inverse relationship between participation in pro-social activities and risk of individuals to engage in crime.

Activity and recreational services will be provided on site at EDCF, KJCC, LCF, HCF, and TCF.

Corizon Health acknowledges the educational requirements of Activity and Recreational Therapists (ART's), as well as the need to practice under direction of an independently licensed behavioral health staff. The ARTs will provide purposeful, goal-oriented activities that teach and facilitate skills in: assertiveness, independent living (including time management, management of medication, and 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. ARTs also promote individualized interests and pursuits and engage individuals in other skills-building activities as directed by the behavioral health staff.

The ARTs assess each offender referred and formulate treatment plans based on the individual's current needs and level of functioning. Therapeutic activities will be both individually and group based. We will continue to use the current Behavioral Health Activity Curriculum.

Leisure Education	
Curriculum	Leisure Education I: A Manual of Activities and Resources
Author	Norma J. Stumbo, Ph.D., CTRS
Anticipated Use %	10 – 20%

Life Management Skills	
Curriculum	Life Management Skills: Volumes I – VIII
Author	Wellness Reproductions & Publishing
Anticipated Use %	25 – 35 %

We will also continue to offer the following group-based activities as part of the Activity Therapy services curriculum.

Health and Wellness	
Program Summary	Provides a variety of physical activities to promote teamwork, communication, physical activity, and health and wellness
Program Goals	Individuals gain an improved understanding of physical health and actions they can take to improve their own health and wellness.
Anticipated Use %	10 – 20 %

Games and Music	
Program Summary	Provides education and opportunities for individuals to explore a variety of games and other leisure activities, such as music listening and appreciation, and lyric interpretation and writing.
Program Goals	Individuals are able identify personal areas of interest/hobbies and are able to utilize these for more adaptive management of free time upon return to the community or transition to a less restrictive setting.
Anticipated Use %	5 – 10%

Arts & Crafts	
Program Summary	Provides education and opportunities for patients to explore a variety of crafting activities. Promotes the development of skills and provides opportunities for creativity and expression.
Program Goals	Individuals are able identify personal areas of interest/hobbies and are able to utilize these for more adaptive management of free time upon return to the community or transition to a less restrictive setting.
Anticipated Use %	5 – 10%

Current Events	
Program Summary	Educates and encourage individuals to keep up with world and community events using a variety of materials such as newspapers, internet articles and other supplemental materials. Encourages socialization and communication skills through sharing opinions and thoughts on a wide variety of topics. Promotes validation of personal opinions and feelings, as well as development of respect for other's opinions through discourse.
Program Goals	Individuals develop a better understanding of events happening in the world and an improved ability to evaluate and share information. Awareness of events in the community is beneficial for individuals who have been incarcerated or hospitalized for an extended period of time as it can help to keep them in touch with the world around them.
Anticipated Use %	5 – 10%

Management of Personal Life Skills	
Program Summary	Provides individuals with education and training in money management, household maintenance, health care issues, and transportation/communication issues. Assists in the development of skills integral to personal life and work issues.
Program Goals	Individuals identify personal barriers and strengths and acquire basic management skills. Individuals submit a household/management budget that encompass all the variables and skills learned in the group to fit their lifestyle.
Anticipated Use %	10 – 20%

Coping Skills	
Program Summary	Provides a variety of activities to educate group members about ways to manage stress, including mindfulness exercises, meditation, and various relaxation techniques.
Program Goals	Individuals can identify and utilize productive means of dealing with stressful situations that arise in their daily lives
Anticipated Use %	10 – 20%

Social Skills	
Program Summary	Provide opportunities for individuals to learn and practice communication skills
Program Goals	The appropriate module is chosen based on the clinical need of the individual(s) being served, and to address a specific treatment plan goal.
Anticipated Use %	10 – 20%

Training for Activity and Recreational Services Staff

Training for activity and recreational services staff is provided during our onboarding and annual training.

4.6.18.3 Sex Offender and Substance Use Treatment for the Juvenile Offender Populations.

(a) The Contractor shall provide sex offender and substance abuse treatment programs for juvenile offenders. The programs shall 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.

Behavioral health services for juvenile offenders begins upon their arrival at the Kansas Juvenile Correctional Complex (KJCC) and continues throughout their confinement. Treatment is rooted in an evidence-based approach, tailored to the youthful population with the goal of returning the offenders to the community with a better understanding of their behavior through informed provision of care and psychoeducation.

Both sex offender and substance use treatment for the juvenile offender population are provided in accordance with *KDOC Internal Management Policy and Procedure 20-110J – Restrictive Housing: Treatment Units for Behavioral Health Offenders.*

Sex Offender Treatment Services

Corizon Health supports the KDOC's approach to implement evidence-based best practices to address sexual offending behaviors in its incarcerated youth. Research has shown that certain techniques are effective with incarcerated youth; specifically curricula that incorporates cognitive behavioral techniques to change risky thinking and behavior.

In partnership with the KDOC, Corizon Health implemented and now maintains a specialized sexual offender treatment program for the Kansas Juvenile Justice Authority.

Treatment services concentrate on behavioral patterns of sexual offending, changing irrational thinking patterns into rational thinking patterns, and enhancing motivation for treatment, while also incorporating treatment for trauma-related symptoms and symptoms of other serious mental illness. Psychotropic medication management is also incorporated into the model by members of the same treatment team, according to the individual's treatment plan.

In accordance with the Community Manual, youth are admitted to the treatment unit following discussion with treatment team to determine their readiness to engage in the treatment process. Youth are required to accept some responsibility for their sexual mistaken behavior to be an appropriate candidate for the treatment program. They have the opportunity to refuse to participate in treatment and are reassessed prior to each round of treatment. Those that are court ordered are required to complete treatment in the community if they choose not to participate while at KJCC.

Prior to participating in the treatment program youth are advised of the expectations including the "no aggression" policy. If youth are engaging in aggression while living on the treatment unit they are staff for termination and transferred back to general population as to ensure the mission statement of "safe and secure environment" is being maintained.

The program is comprised of the following components: Evaluation, Recommendations, and Outcome Assessments and Follow-up Recommendations.

Evaluation: Individuals who have been adjudicated of a sexual offense are evaluated for static and dynamic risk factors associated with sexual offending behaviors utilizing the Juvenile Sexual Offender Assessment Protocol – II (JSOAP-II). The evaluation establishes the level of treatment indicated for the individual based on their current risk for re-offense.

Recommendations: The following discharge recommendations (i.e. community treatment) may be recommended based on the results of the risk assessment:

- Mental health treatment as stabilization prior to initiating sex-offender treatment
- Motivational Interviewing as a preparatory course to assess and prepare for readiness to address the co-occurring disorders
- Educational & Preventive groups
- Pathways group therapy curriculum for sexual offender treatment

Outcome Assessments and Follow-up Recommendations: Following completion of the designated curricula, outcome measures are administered with the purpose of reducing sexual offending behaviors, improving psychiatric symptoms and functioning, reduce recidivism, and improve quality of life.

- Determination of needs and follow-up recommendations are provided prior to the individual's release.
- The total duration of treatment is determined by the individual's needs and response to treatment.

Sexual Offender Treatment: Treatment includes a harm reduction model, incorporates issues related to trauma and violence, motivational aspects, and gender-informed best-practices.

Corizon Health uses the *Pathways Program,* an evidence-based program shown to be effective in reducing risk of sexual offending in youthful individuals that is the KDOC's approved primary curriculum for individuals receiving sex offender treatment. The Pathways workbook has been a cornerstone in the treatment of sexually aggressive youth since the first edition was issued twenty years ago. As the field has evolved and advanced, so has Pathways. The current edition (4th) reflects current research and clinical experience with adolescents by focusing on strength-based methods to help individuals develop healthy and productive lifestyles consistent with the Good Lives Model of rehabilitation. Pathways uses a restorative justice theme emphasizing concern for restitution, development of victim empathy and personal responsibility. Focus is shifted from the offense cycle into understanding the antecedents to an individual's sexual acting out.

In October 2014, through the efforts of Corizon Health's behavioral health team and the Kansas Department of Corrections, the juvenile outpatient substance abuse program was licensed. In June 2019 the site completed the Kansas Department for Aging and Disability Services (KDADS) Audit for Licensure as an Outpatient Treatment Facility and passed with no identified deficiencies and no corrective action plans. This was the second consecutive audit completed by the site that was free from deficiencies and corrective action plans. KJCC received a two year license, with the next licensure renewal in 2021.

Substance Use Treatment

Corizon Health supports the KDOC's approach to implement evidence-based best practices to address substance use in youthful offenders. Research has shown that certain techniques are effective with incarcerated youth; specifically curricula that incorporates cognitive behavioral techniques to change risky thinking and behavior.

Treatment services concentrate on behavioral patterns of addiction, changing irrational thinking patterns into rational thinking patterns, enhancing motivation for treatment, while also incorporating treatment for trauma-related symptoms and symptoms of other mental disorders. Psychotropic medication management is also incorporated into the model by members of the same treatment team, according to the individual's treatment plan. Depending on level of treatment need, group therapy is the primary mode of treatment, with individual sessions added as needed.

Corizon Health clinicians performing substance-related treatment are licensed as addiction counselors in Kansas by the Behavioral Sciences Regulatory Board.

The program is comprised of the following components: Evaluation, Recommendations, and Outcome Assessments and Follow-up Recommendations.

Evaluation: At a minimum, staff conduct the following assessments on the youth to determine program appropriateness:

a. Youth Level of Services/Case Management Inventory (YLS/CMI) to be completed either at KJCC or in the in community
b. Substance Abuse Subtle Screening Inventory – Adolescent (SASSI-A2) or Substance Abuse Subtle Screening Inventory-4 (SASSI-4)
c. CRAFFT Screening Tool
d. Content consistent with the Kansas Client Placement Criteria (KCPC) in the format of a Psychosocial Assessment
e. Other standardized substance abuse assessment instruments approved by KDOC/JS and the Kansas Department of Corrections

Recommendations: The following may be recommended based on the results of the evaluation:

- Mental health Treatment as stabilization prior to initiating substance abuse treatment
- Motivational Interviewing as a preparatory course to assess and prepare for readiness to address the co-occurring disorders
- Educational & Preventive groups
- Substance Abuse group therapy curriculum

Outcome Assessments and Follow-up Recommendations: Following completion of the designated therapeutic curriculums, outcome measures are administered.

- Outcomes are targeted to reduce substance use, improve psychiatric symptoms and functioning, increase housing stability, reduce recidivism, and show an improved quality of life
- Determination of needs and follow-up recommendations are provided prior to the individual's release
- The total duration of treatment is determined by the individual's needs and response to treatment

Substance Use Treatment: Mental health and substance use treatment are evaluated and addressed by the same team, in the same location, and is integrated on organizational and clinical levels. Treatment includes a harm reduction model, incorporates issues related to trauma and violence, motivational aspects, and gender-informed best-practices.

Corizon Health uses the Matrix Model, an evidence-based program shown to be effective in reducing risk of substance use in youthful individuals that is the KDOC's approved primary curriculum for individuals receiving substance use treatment services. *The Matrix Model for Teens and Young Adults*, like the matrix model for adults, is a comprehensive, organized set of evidence-based therapeutic

interventions to address substance abuse. *The Matrix Model for Teens and Young Adults* consists of research-based techniques integrated into an approach that includes individual sessions, family sessions, group sessions, Twelve Step programs, and separate parent and adolescent substance-education groups.

The duration of outpatient treatment is determined by the individual's illness and his or her response to treatment. Therapeutic groups for children and adolescents are specifically designed to meet developmental and treatment needs.

For a juvenile offender who is age 18 years or older, no more than 8 hours of scheduled counseling services are provided each week. For a juvenile offender who is under age 18 years, no more than 5 hours or of scheduled counseling services are provided each week. Treatment is documented in the juvenile offender's health record.

Services are delivered in a group format with individual assessment and therapy sessions throughout the treatment program. The treatment tracks for groups are as follows:

- Youth identified with low-risk will be recommended for Phase I Substance Abuse Treatment Curriculum to include the Truth about Drugs.

- Youth identified with moderate or high risk who have a length of stay limiting the duration of treatment will be recommended for Phase II Substance Abuse Treatment Curriculum to include six sessions of the Truth about Drugs, What Got Me Here?, Individual Change Plan and Early Recovery Adolescent Group.

- Youth identified with moderate risk will be recommended for Phase III Substance Abuse Treatment Curriculum to include the Truth about Drugs, What Got me Here?, Individual Change Plan, Responsible Behavior, Substance Using Behaviors, Handling Difficult Emotions, Early Recovery Skills and Relapse Prevention (20 sessions).

- Youth identified with high risk will be recommended for Phase IV Substance Abuse Treatment Curriculum to include the Truth about Drugs, What Got me Here?, Individual Change Plan, Responsible Behavior, Substance Using Behaviors, Handling Difficult Emotions, Early Recovery Skills and Relapse Prevention (32 sessions).

The Individualized Treatment Plan is developed with the juvenile offender's input and includes the following:

- Presenting problems or diagnostic impression based on the assessment
- Strengths or assets and weaknesses or liabilities of the juvenile offender,
- Long term goals
- Short term goals
- Tasks identified to achieve short term goals
- Type and frequency of treatment services to be provided
- Name of the primary counselor
- Date the treatment plan will be reviewed or updated

- Upon completion or termination from the program, a discharge plan indicating community resources or referrals
- Dated signature of the qualified staff
- Juvenile offender signature and date

Treatment plan updates are completed for juvenile offenders receiving outpatient treatments, no later than 90 days following the development of the initial treatment plan, or earlier as needed.

Juvenile Offender Curriculum

Corizon Health uses the following curriculum for juvenile offenders:

Group Name	Curriculum
Aggression Replacement Training (ART)	Aggression Replacement Training: A Comprehensive Intervention for Aggressive Youth
Anger Management	In Control: A Skill-Building Program for Teaching Young Adolescents to Manage Anger
Dialectical Behavior Therapy	Dialectical Behavior Therapy
Motivational Interviewing	Curriculum Based Motivation Group
Positive Life Changes	Positive Life Changes: A Cognitive-Behavioral Intervention for Adolescents and Young Adults
Seeking Safety	Seeking Safety
Sex Offender Treatment Program	Pathways, 4th Edition
Sex Offender Treatment Program (Low Functioning)	Footprints
Substance Abuse Treatment Program	The Matrix Model-Intensive Outpatient Alcohol and Drug Treatment Program
Substance Abuse Treatment Program	Forward Thinking
Substance Abuse Treatment Program	Helping Women Recover
Substance Abuse Treatment Program	Adolescent Co-Occurring Disorders Series; Anger Management
Trauma Intervention	Coping With Stress: A CBT Program for Teens with Trauma
Thinking for a Change	Thinking for a Change
Understanding and Reducing Angry Feelings	Understanding and Reducing Angry Feelings
Emotional Empowerment Program	Emotional Empowerment Program
Foundations of Character	Foundations of Character
Skillstreaming	Skillstreaming the Adolescent: A Guide for Teaching Prosocial Skills
Trauma Resolution Program	Trauma Resolution Program
Girl's Circle	Girl's Circle
Voices	Voices: A Program of Self-Discovery and Empowerment for Girls
Leisure Education	Leisure Education I: A Manual of Activities and Resources
Life Management Skills	Life Management Skills: Volumes I thru VIII

4.6.19 Services to be Available at all Facilities, Including the Specialized Mental Health Programs

4.6.19.1 Group Therapy

(a) Identify in the proposal the process by which the minimum number of groups identified in Appendix J for each facility shall be provided. The groups shall 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. The Contractor shall provide samples of learning objectives, homework assignments for each module, and outcome assessments.
(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 (tele-health) capabilities.
(6) An open-ended group therapy program that allows offenders to have immediate access to treatment and prevent waiting lists.
(7) It is expected that all mental health group sessions shall be completed and documented as required by this contract.

Corizon Health's behavioral health staff utilizes the KDOC's *Behavioral Health Group Curriculum* to provide evidence-based treatment options based on the current needs and level of functioning for an identified group of individuals. All treatment modules are approved by the KDOC and are either evidence-based or evidence-informed and require the QBHP to administer a pretest and posttest. Upon completion of the module, the individual is awarded a certificate of completion.

Corizon Health confirms these groups include, but are not limited to the following:

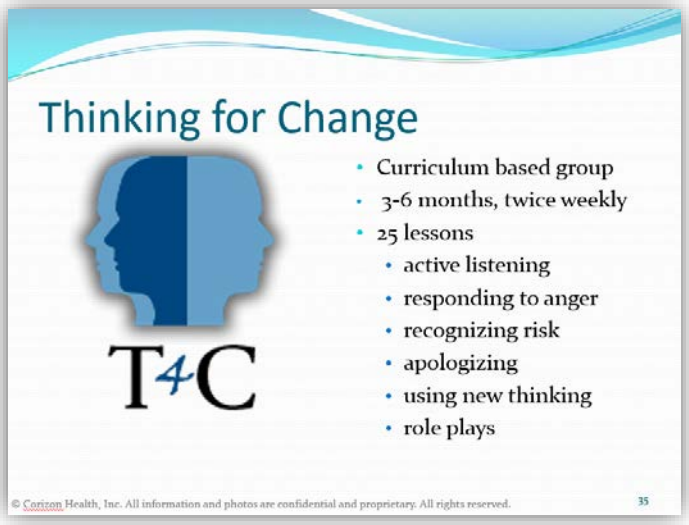
- Core groups with modularized interventions taken from evidence-based practices, designed specifically for justice-involved adult and juvenile offenders with mental illness addressing: medication adherence, criminogenic risk factors, addictive behavior, trauma-informed interventions (i.e.: Seeking Safety), and managing stress and anger in healthy ways using mindfulness-based techniques. Examples of learning objectives, homework assignments for each module, and outcome assessments are provided in **Attachment G.**

- 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.

- 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. We currently analyze the data from the pre and post tests and consult with the Director of Behavioral Health Services, Division of Family Medicine, Kansas Department

of Corrections/The University of Kansas Medical Center for the addition or removal of curriculum.

- Dual diagnosis groups.
- Restrictive housing program with consideration for remote video group (telehealth) capabilities.
- An open-ended group therapy program that allows offenders to have immediate access to treatment and prevent waiting lists.
- Mental health group sessions are completed and documented in the EHR as required by this contract.



The current KDOC Behavioral Health Group Core Curriculum includes the programs in the following table. Each group address one of more of the following areas:

- Addictive Behavior (AB)
- Criminogenic Risk Factors (CRF)
- Dual Diagnosis (DD)
- Medication Adherence (MA)
- Managing Stress and Anger (MSA)
- Restrictive Housing (RH)
- Skills and Mindfulness Training (SMT)
- Thinking for a Change (T4C)
- Trauma-Informed Intervention (TII)

Curriculum	Curriculum Reference	Pre/Post-Test
Anger Management for Substance Abuse and Mental Health Clients: A Cognitive Behavioral Therapy Manual	Reilly P. M., Shopshire M. S., Durazzo T. C., & Campbell T. A. (2002). *Anger management for substance abuse and mental health clients: Participant workbook.* HHS Pub. No. (SMA) 12-4210. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.	Snell Clinical Anger Scale
Beyond Anger	Harbin, T.J. (2000). *Beyond anger: A guide for men: How to free yourself from the grip of anger and get more out of life*. New York, NY: Avalon.	Snell Clinical Anger Scale

Curriculum	Curriculum Reference	Pre/Post-Test
Beyond Trauma	Covington, S. S. (2016). *Beyond trauma: A healing journey for women.* Center City, MN: Hazelden.	TCU Mental Trauma and PTSD Screen
CBT for Depression in Veterans	Wenzel, A., Brown, G. K., & Karlin, B. E. (2011). *Cognitive behavioral therapy for depression in veterans and military servicemembers: Therapist manual.* Washington, DC: U.S. Department of Veterans Affairs.	Quick Inventory of Depressive Symptomatology (QIDS-16; self-rated or clinician-rated)
Cognitive-Behavioral Social Skills Training for Schizophrenia: A Practical Treatment Guide	Granholm, E., McQuaid, J., & Holden, J. (2016). *Cognitive behavioral social skills training for schizophrenia: A practical treatment guide.* New York, NY: Guilford Press.	TCU Social Functioning
The Complete Art of Assertiveness	Hermes, S. (1997). The complete art of assertiveness: Practical skills for positive communication. Center City, MN: Hazelden.	Rathus Assertiveness Schedule
Criminal and Addictive Thinking (A New Direction)	Minnesota Department of Corrections (2011). *A new direction: A cognitive behavioral treatment curriculum, Revised*. Center City, MN: Hazelden.	TCU Criminal Thinking Scales
Criminal Conduct and Substance Abuse	Wanberg, K. W., & Milkman, H. B. (2008). *Criminal conduct and substance abuse treatment-The provider's guide: Strategies for self-improvement and change; Pathways to responsible living* (2nd ed.). Thousand Oaks, CA: Sage Publications.	TCU Criminal Thinking Scales
Curriculum Based Motivation Group	Fields, A. E. (2005). *Curriculum-based motivation group: A five session motivational interviewing group intervention*. Vancouver, WA: Hollifield Associates.	Situational Confidence Questionnaire; SOCRATES
Dialectical Behavior Therapy	Linehan, M. M. (2015). Skills training manual for treating borderline personality disorder (2nd ed.). New York, NY: The Guilford Press.	WCCL, MAAS, DERS
Drug and Alcohol Education Workbooks	Minnesota Department of Corrections (2011). *A new direction: A cognitive behavioral treatment curriculum, Revised*. Center City, MN: Hazelden.	Situational Confidence Questionnaire; SOCRATES

Curriculum	Curriculum Reference	Pre/Post-Test
Emotional Empowerment Program	D. Wood, S. Khilnani, & T. Fulks. (2013). *Emotional empowerment program*. Brentwood, TN: Corizon Health.	Difficulties in Emotion Regulation Scale (DERS)
The Emotion Regulation System for Cognitively Challanged Clients	Brown, J. F. (2015). *The emotion regulation skills system for cognitively challenged clients: A DBT®-informed approach*. New York, NY: Guilford Press.	DERS-SF
Foundations of Character	T. Fulks. (2014). *Foundations of character*. Brentwood, TN: Corizon Health.	TCU Criminal Thinking Scales
From the Inside Out (Relationships)	Larsen, E. (1999). *From the inside out: Taking personal responsibility for relationships in your life*. Center City, MN: Hazelden.	Relational Assessment Questionnaire (RAQ) and Conflict Resolution Questionnaire (CRQ)
Integrated Dual Disorders Treatment	Fox, M.B. (2015). *The Integrated Dual Disorders Treatment (IDDT) recovery life skills program, Revised: A group approach to relapse prevention and healthy living*. Center City, MN: Hazelden.	Situational Confidence Questionnaire
A Mind Frozen in Time	Crosby, J.P. (2008). A mind frozen in time: A PTSD recovery guide. Indianapolis, IN: Dog Ear Publishing.	TCU Mental Trauma and PTSD Screen
A Mindfulness-Based Stress Reduction Workbook	Stahl, B., & Goldstein, E. (2010). *A mindfulness-based stress reduction workbook*. Oakland, CA: New Harbinger.	Mindfulness Awareness Attention Scale (MAAS)
Mind Over Mood: Change How You Feel by Changing the Way You Think	Greenberger, D., & Padesky, C. A. (2015). Mind over mood: Change how you feel by changing the way you think (2nd ed.). New York, NY: Guilford Press.	Quick Inventory of Depressive Symptomatology (QIDS-16; self-rated or clinician-rated)
Positive Psychology Group Therapy for Long-Term Incarceration	Chahine, A. D. (2014). Positive psychology group therapy for long-term incarceration. North Charleston, SC: CreateSpace Independent Publishing Platform.	Positive and Negative Affect Schedule-X

Curriculum	Curriculum Reference	Pre/Post-Test
Relapse Prevention Therapy	Parks, G. A., & Marlatt, G. A. (1999). Relapse prevention therapy for substance-abusing offenders: A cognitive-behavioral approach. In E. Latessa (Ed.), *What works: Strategic solutions: The International Community Corrections Association examines substance abuse* (pp. 161-233). Lanham, MD: American Correctional Association.	Situational Confidence Questionnaire; SOCRATES
Relapse Prevention Workbook	Minnesota Department of Corrections (2011). *A new direction: A cognitive behavioral treatment curriculum, Revised*. Center City, MN: Hazelden.	Situational Confidence Questionnaire; SOCRATES
Release and Reintegration	Minnesota Department of Corrections (2011). *A new direction: A cognitive behavioral treatment curriculum, Revised*. Center City, MN: Hazelden.	TCU Criminal Thinking Scales
Seeking Safety	Najavits, L.M. (2002). Seeking safety: A treatment manual for PTSD and substance abuse. New York: Guilford Press.	TCU Mental Trauma and PTSD Screen
Socialization (A New Direction)	Minnesota Department of Corrections (2011). *A new direction: A cognitive behavioral treatment curriculum, Revised*. Center City, MN: Hazelden.	TCU Social Functioning Scales
Start Now	Sampl, S., Trestman, R., & Krauss, W. (2013). *START NOW facilitator manual*. Farmington, CT: University of Connecticut Health Center.	TCU Criminal Thinking Scales
Thinking for a Change	Bush, J., Glick, B., & Taymans, J. (2017) *Thinking for a change*. Washington, DC: National Institute of Corrections.	TCU Criminal Thinking Scales
Time Out For Men and Ideas for Better Communication: Special Version for Incarcerated Populations.	Bartholomew, N. G., & Simpson, D. D. (1996). *Time out! For men: A communication skills and sexuality workshop for men*. Fort Worth, TX: Texas Institute of Behavioral Research. Bartholomew, N. G., & Simpson, D. D. (2005). *Ideas for better communication: A collection of materials for leading counseling sessions on ways to improve relationships through communication.* Fort Worth, TX: Texas Institute of Behavioral Research.	Relational Assessment Questionnaire (RAQ) and Conflict Resolution Questionnaire (CRQ)

Curriculum	Curriculum Reference	Pre/Post-Test
Trauma Recovery and Empowerment Model	Harris, M. (1998). *Trauma recovery and empowerment: A clinician's guide to working with women in groups*. New York: The Free Press.	TCU Mental Trauma and PTSD Screen
Values and Personal Responsibility	Minnesota Department of Corrections (2011). *A new direction: A cognitive behavioral treatment curriculum, Revised*. Center City, MN: Hazelden.	TCU Criminal Thinking Scales

Corizon Health's current adult group therapy schedule is consistent with the minimum number of groups identified in RFP Appendix J.

Kansas Department of Corrections – Group Therapy Curricula

Within the KDOC, Corizon Health utilizes only evidence-based and evidence-informed group therapy curricula. A statewide team of Mental Health Professionals and Mental Health Coordinators researched the mental health and criminogenic needs of the incarcerated population in Kansas, identified proven interventions to address these needs, and proposed relevant assessment instruments to be used to measure baseline and post-intervention symptoms and functioning.

Preliminary statistics from the Kansas Department of Corrections' Office of Victim Services reveal that between 45% and 50% of KDOC inmates have histories of perpetrating intimate partner violence (Good, 2014). Corizon Health mental health staff at Norton Correctional Facility (NCF) has completed 28 full cycles of an evidence-based *Relationships Group* designed to teach healthy relationship skills, which are widely considered to play an essential role in decreasing the incidence of intimate partner violence. One hundred eighty-three participants have completed the Relationships Group, reporting an **average of 40% increase in Relational Esteem**, a **45% decrease in Relational Depression**, and an **18% improvement in Conflict Resolution** Questionnaire score.

4.6.19.2 Psychiatric Services and Psychotropic Medication
(a) The Contractor shall develop a full range of therapeutic treatment protocols for offenders needing psychiatric medication and services. The plan shall include, but not be limited to:
(1) Monthly on-call schedules are prepared to provide psychiatric coverage via telephone, telehealth, or in-person visits within fifteen (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 (7) days for routine cases and within seventy-two (72) hours for urgent cases, which are not psychiatric emergencies. Emergency psychiatric referrals shall be addressed within four (4) hours.
(3) The psychiatrist shall see non-emergency, newly admitted offenders on psychotropic medications within seventy-two (72) hours.
(4) The Contractor shall 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 shall occur at a minimum of every ninety (90) days in general population units and at a minimum of every thirty (30) days within mental health units.
(5) All offenders who are prescribed psychotropic medications shall be offered the opportunity to attend a psycho-educational group provided by qualified behavioral health and/or nursing staff. The focus of the psycho-

educational group shall be 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 shall be included as part of the Contractor's formulary.
(7) If an offender is shown to be stable on medications upon admission, the use of formulary exceptions to continue the medications prescribed to SPMI offenders prior to admission shall be considered.
(8) At least one (1) FTE Psychiatrist or other physician, will be trained and credentialed to prescribe the current medications used to treat opioid and other substance use disorders ("Medication Assisted Treatment" (MAT)). 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.

Corizon Health will provide a full range of therapeutic treatment protocols for offenders needing psychiatric medication and services, including, but not limited to:

- Monthly on-call schedules to provide psychiatric coverage via telephone, telehealth, or in-person visits within fifteen (15) minutes of being contacted by a site or behavioral health staff.

- Psychiatric evaluation of offenders referred by medical or behavioral health staff within seven (7) days for routine cases and within seventy-two (72) hours for urgent cases, which are not psychiatric emergencies. Emergency psychiatric referrals will be addressed within four (4) hours.

- The psychiatrist will see non-emergency, newly admitted offenders on psychotropic medications within seventy-two (72) hours.

- Corizon Health 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 occur at a minimum of every ninety (90) days in general population units and at a minimum of every thirty (30) days within mental health units.

- All offenders who are prescribed psychotropic medications are offered the opportunity to attend a psycho-educational group provided by qualified behavioral health and/or nursing staff. The focus of the psycho-educational group is on increasing understanding of mental illness, the effects and side effects of psychotropic medications, and the need for treatment compliance.
- The use of atypical anti-psychotic medications, new generation anti-depressants, and generics is included as part of Corizon Health's formulary.

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

- At least one (1) FTE Psychiatrist or other physician, will be trained and credentialed to prescribe the current medications used to treat opioid and other substance use disorders ("Medication Assisted Treatment" (MAT)). 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.

Psychotropic Medication Management

Managing psychiatric medications is an integral component to any correctional behavioral health program. Our psychiatric practice is based on the American Academy of Psychiatry and the Law and the American Psychiatric Association's guidelines. Corizon Health's practitioners are trained in up-to-date and empirically validated psychotropic medication interventions.

Corizon Health measures prescribing practice, monitors utilization of specific medications, and addresses formulary and non-formulary issues proactively by adhering to the evidence base in corrections. Our formulary recommendations reflect current research findings and our clinicians are continually apprised of the current public health issues. They remain vigilant to iatrogenic harm, which may be caused by overprescribing psychiatric medications and lack of patient adherence.

We have also developed and implemented Ten Quality Indicators for Prescribing Behavior that we apply to our patients and providers. These quality indicators are consistent with those developed by the American Psychiatric Association and community standards. Psychotropic Medication Quality Indicator examples include the following:

- Use of three or more psychiatric medications for sixty (60) days or more;
- Use of an atypical antipsychotic at a higher (or lower) than recommended dose for sixty (60) days s or more; and
- Use of two atypical antipsychotics – one at a lower dose and one at a higher (or lower) dose for sixty (60) days or more.

Corizon Health psychiatry leaders at the KDOC, in conjunction Dr. Joe Pastor, Corizon Health's Chief Psychiatry Officer, monitor prescribing behavior and proactively provide individual one-to-one consultation and group supervision that occurs regularly and as needed to shape prescribing behavior to what best matches patient needs. Routine monthly psychiatry group practice meetings are required as are monthly individual provider meetings.

Psychotropic medication monitoring occurs through our CQI program and the Annual Peer Review process. Prescribing behavior is compared to standardized quality indicators that are based on American Psychiatric Association guidelines and the American Academy Psychiatry and the Law Document for Prescribing in Corrections.

4.6.19.3 Individual Therapy
(a) In addition to sick call interventions, individual therapy will be provided on a limited, outpatient basis.
(b) Individual therapy services are to be detailed in an individualized treatment plan whether they occur as part of, or distinct from the specialized treatment programs.

While group therapy intervention is viewed as the most efficient and effective treatment modality, individual therapeutic treatments will be provided on an ongoing basis as deemed clinically appropriate. Individual therapy services are to be detailed in an individualized treatment plan whether they occur as part of, or distinct from the specialized treatment programs.

Recognizing that offenders with significant mental health impairments sometimes do not feel comfortable talking and participating in group activities, Corizon Health will conduct individual mental health sessions for those patients who may benefit from more individualized, one-on-one sessions. Mental health treatment will also include written assignments to help process messages regarding daily living skills and emotional regulation.

4.6.19.4 Consultation and Behavioral Interventions for Personality/Behavior Disorders

(a) The Contractor shall 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, the Contractor will utilize designated behavioral health staff to lead a multi-disciplinary services team, including unit team counselors and security staff which 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.

Corizon Health believes that although personality disorders are persistent, the symptomatology associated with those disorders is treatable through the use of specific, highly structured, targeted intervention strategies aimed at risk reduction. Corizon Health will evaluate offenders who have become a serious management problem due to abnormal or problematic behavior. These evaluations will consist of:

- Review of institutional behavior including Disciplinary Report history;
- Review of previous mental health history and criminal history;
- Discussion with Unit Team Counselor/Unit Team Manager;
- Clinical Interview; and
- Risk Assessment Instruments such as: PCL-R, VRAG, SORAG (as needed).

Upon completion of the evaluation, Corizon Health will disseminate the findings including recommendations for intervention/management to appropriate personnel. Corizon Health will lead a coordinated effort among Unit Team and security staff to develop a Behavioral Intervention Plan (BIP) that targets problematic behaviors. The BIP will utilize evidence-based therapeutic interventions and skills-building techniques wherever possible. The BIP will include behavioral objectives whereby progress is assessed through the demonstration of risk-reducing or harm-reducing behaviors.

Therapeutic interventions will be cognitive-behavioral in nature and will include the following:

- Cognitive Restructuring
- Assertive Communication
- Use of Thinking Reports
- Journaling (as necessary)
- Behavioral Agreements

- Collaboration between the Offender, Unit Team Counselor, Custody, and Therapist

In addition to the above-mentioned interventions, behavioral health staff will attempt to replace targeted behaviors with healthy, pro-social behaviors through the teaching of skills. Skills-building is an important part of behavioral change and behavioral health staff will increase the offender's proficiency in newly acquired skills by reinforcing them. The DSM 5 lists several areas of importance in defining personality disorders: cognition, affectivity, interpersonal functioning, and impulse control. The techniques outlined below are examples of therapeutic techniques aimed at enhancing the offender's skills in those areas:

- Empathy Enhancement Strategies (taking another's perspective)
- Emotional Regulation (teaching the offender how to respond to situations/stressors without emotional reactions)
- Role-Play (e.g. allowing the offender to practice utilizing assertive communication)
- Teaching of Delayed Gratification Techniques (for offenders with impulse-control problems)

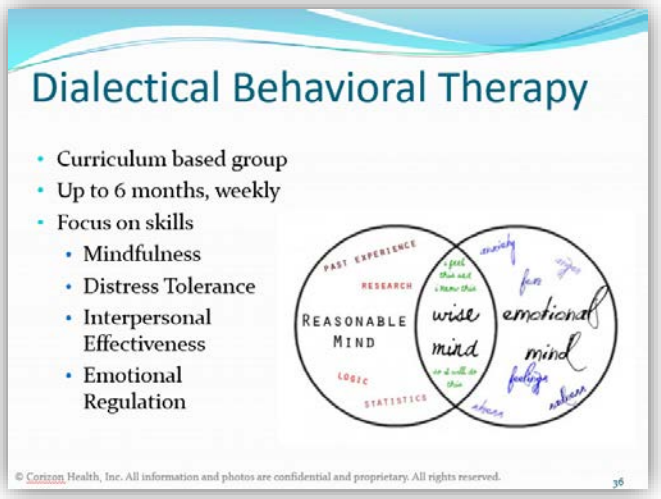
Treatment of a Personality Disorder in prisons requires a multidisciplinary approach regarding "how to manage" their targeted behaviors. Corizon Health's behavioral health staff assess, plan and implement strategies to clinically manage difficult behaviors. The principles of Dialectical Behavioral Therapy (DBT), developed by Marsha Linehan of the University of Washington in Seattle, have been found to be useful in understanding and treating those suffering with chronic thoughts of suicide and multiple suicide attempts and her interventions have since been demonstrated as effective in treating a much broader class of disorders. Many of her approaches are Cognitive-Behavioral based, but also incorporates other modalities that focus on "acceptance" and "change" strategies.

Cognitive interventions will be utilized less for those offenders with lower levels of functioning. In addition, Corizon Health will provide training to security staff and Unit Team regarding behavioral disorders, de-escalation techniques, and the difference between mental disorder and behavioral acting out. Such training will occur as needed. Corizon Health will communicate with personnel from other facilities during times of offender transfer and/or discharge to ensure continuity of care.

When attempting to manage a difficult and chronic behavior such it may be beneficial to develop a Behavioral Intervention Plan (BIP). The plan works best when:

- It is put in writing
- It involves incremental steps that reinforce periods without self-injury or other identified problem behavior.
- Behavioral expectations are defined
- It is discussed with the offender and clear expectations are conveyed
- Built in incentives to meet expectations and disincentives for negative behavior are included
- It is signed by the designated team member(s)
- Security staff have input & are kept informed
- It is distributed to team members, medical, and security staff

The steps above will help cement the overall goal that the offender learns that his behavior has specific consequences and that he is responsible for the choices he makes. It also reduces the likelihood of inconsistencies. Corizon Health's QBHPs are aware that having the flexibility to build in incentives/disincentives for negative behaviors often presents challenges in a correctional setting. Yet, it is one of the most important steps, if not the most important, to behavior change.



Corizon Health understands that some offenders require repeated and at times long-term interventions due to their inability to self-regulate. Corizon will continue to provide input and services as necessary to those offenders who have significant difficulty managing their behaviors on a consistent basis. The degree of involvement will remain consistent with the identified need. Corizon understands that security staff must make decisions regarding placement of these offenders based on the need to maintain the safety and security of all offenders and staff. Corizon recognizes our role in this matter is advisory, and will work with security personnel to maintain safety within the environment.

4.6.19.5 Documentation of encounters

(a) Documentation of all behavioral health and psychiatric encounters are to be recorded in the EHR and conform to contemporary professional standards.
(b) Documentation is to be completed prior to the end of the workday of the behavioral health staff completing the encounter. 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 shall be completed by no later than the end of the next business day.

Corizon Health acknowledges that documentation of all behavioral health and psychiatric encounters are to be recorded in the EHR and conform to contemporary professional standards.

Corizon Health acknowledges that documentation is to be completed prior to the end of the workday of the behavioral health staff completing the encounter. 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.

4.6.20 Mental Health Continuous Quality Improvement (MH-CQI)

4.6.20.1 The Contractor shall provide a process by which an internal review of mental health services are developed and implemented. This review is to be completed at both a statewide level (common measurements across all facilities) and at the specific program/facility level. At a minimum, the process should include the following:

(a) Participation in one or more multi-disciplinary quality improvement committee(s) which include a qualified mental health professional as a member.
(b) Collecting, trending and analyzing of data combined with planning, intervening and reassessing services.
(c) Evaluating defined data which will result in more effective access to care, improved quality of care, and better utilization of resources.
(d) 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.
(e) 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.
(f) Maintaining appropriate records of internal review activities.
(g) 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.
(h) Requiring a provision that records of internal review activities comply with legal requirements on confidentiality of records.
(i) The process by which a comprehensive monthly report of all MH-CQI activities will be provided to the Office of Healthcare Compliance.

Corizon Health's Continuous Quality Improvement (CQI) program is used to evaluate the healthcare – including behavioral health care on a continual basis to ensure quality, appropriateness, and continuity of care. Like our medical program, our Mental Health CQI process has audit tools designed to encompass high volume, high risk, and problem-prone aspects of correctional mental health care.

Corizon Health's CQI Coordinator, Kim Johnson, is based in our Kansas Office, and is responsible for planning, organizing, directing and managing the CQI program, including mental health, for the facilities. She also serves as a resource for each site and is a member of each site's CQI Committee. Additionally, each facility has a QI Coordinator as part of a post duty.

Corizon Health's Mental Health Continuous Quality Improvement (MH-CQI) incorporates NCCHC and ACA standards **is based on four decades of providing correctional health care in correctional facilities.** It fulfills national correctional health care standards and state regulations while adapting to our client's specific requirements.

Psychotropic medication monitoring occurs through our CQI program and the Annual Peer Review process. Prescribing behavior is compared to standardized quality indicators that are based on American Psychiatric Association guidelines and the American Academy Psychiatry and the Law Document for Prescribing in Corrections.

Following are other sources or topics for tracking and auditing that we utilize.

- Clinically-Order Restraints
- Infirmary Healthcare Record
- Medication Compliance Monitoring
- Psychotropic Medication Monitoring
- Forced ER Psych Meds (non-court ordered)
- Intake Training
- Intake Timeliness for Inmates in Segregation
- Suicide Prevention Program
- Intake Screening and Assessment
- Inmate Request for MH Services – Sick Call
- Refusal of Treatment
- Mental Health Treatment Plans
- Bipolar Disorder
- Major Depression
- Schizophrenia
- Chart Review

- Suicide Process and NSSIB
- Seclusion
- Psychotropic Medication Prescribing
- Psychotropic Medication Verification
- Psychotropic Medications
- Transfers – Intrasystem Custody
- Release Planning

An example of Corizon Health's Intake **Suicide Risk Audit Tool** is provided in **Attachment Q.**

In addition, QI screens have been developed for specific behavioral health processes to examine the quality of care delivered through the process. Gaps in care that are identified are addressed by the CQI Committee and are monitored until the desired performance is achieved.

Below is an example of the rollup template for behavioral health CQI studies we conducted at the KDOC recently, followed by an example of the CQI BH QI screen for QBHP Assessment Follow-up.

						90%+	89%-	N/R	N/A
* INDICATES KS BH CQI STUDY FOR THE MONTH									
X = PASS X = NOT PASSING 1 OR MORE	Facility								
	ECF	EDCF	HCF	KJCC	LCF	LCMHF	NCF	TCF	WCF
Core Process									
1104 - BH Psychotropic Prescribing									
1105 - BH Pschotropic Medication Monitoring									
1106 - BH Psychotropic Forced Emergency Medications									
1107 - BH QMHP Assessment and Follow-Up									
KS BH CQI BH Treatment Plans									

1107-BH QMHP Assessment Follow-UP						90%+	89%-	N/R	N/A
* INDICATES KS BH CQI STUDY FOR THE MONTH									
X = PASS X = NOT PASSING 1 OR MORE					Facility				
	ECF	EDCF	HCF	KJCC	LCF	LCMHF	NCF	TCF	WCF
Indicator									
A Behavioral Health/MH Evaluation was completed during the first encounter.									
A treatment plan was developed and documented in the patient's health record.									
Follow up visits were completed as ordered (at least every 30 days).									
A mental status exam is completed and documented in the patient's health record during each encounter.									
Counseling/therapy is provided as needed and documented in the health record. (Treatment modality and patient's response is included in the documentation).									
Patient education is documented in the patient's health record. (i.e. Patient's mental illness, effective treatments, skills to help pursue their personal recovery)									
Discharge planning is discussed and documented in the health record at each encounter.									
Appropriate referrals were made for programmiing, when applicable.									
A plan of care is documented in the health record for future behavioral health encounter.									
The behavioral health diagnosis is documented on the Master Problem List									
TOTAL QI SCORE									

Improvement plans, if needed, are developed and monitored. Following are examples of improvement plans implemented for QBHP Assessment Follow-up.

- Follow up visits are completed as ordered (at least every 30 days).

  This is reviewed at the Team Meeting and specific results shared with specific BHPs. We run a weekly report to identify those who are close to non-compliance in order to schedule them in a timely fashion.

- The behavioral health diagnosis is documented on the Master Problem List.

  This is reviewed at Team Meeting with the expectation that this is completed at transfer/intake and then also checked with monthly treatment or at Classification Review. We have also added this information to our Intake Training information.

Outcome Studies

Outcome studies have site-specific meaning and relevance and focus on the patient's response to care delivery, examining discrete, patient-specific endpoints. They reflect the impact of the health care services or interventions on the health status of patients.

The following is an excerpt from a 2019 Continuous Quality Improvement Outcome Study - *Impact of the Dialectical Behavior Therapy Group Curriculum on Dysfunctional Coping, Emotion Dysregulation, and Mindfulness* by Hilary Van Patten, LSCSW, CCHP-MH, CBHC-BS, Norton Correctional Facility Behavioral Health Study. The entire outcome study is provided in **Attachment R.**

Introduction

Dialectical Behavior Therapy (DBT) is a cognitive behavioral treatment developed by Marsha Linehan, Ph.D., ABPP, to assist clients with developing a life worth living. Through use of group skills training and individual psychotherapy, DBT participants learn skills and strategies in the areas of mindfulness, emotional regulation, distress tolerance, and interpersonal effectiveness (Linehan).

DBT has been proven effective at reducing suicidal behavior, non-suicidal self-injury, and psychiatric crisis services. Patients in a variety of settings, including correctional settings, have demonstrated reductions in symptoms of depression, anxiety, Attention Deficit Hyperactivity Disorder, and eating disorders (Decou, Comtois, and Landes; Robins & Chapman).

Recognizing the potential benefits of DBT for the incarcerated individuals they serve, Corizon Health Kansas sent behavioral health professionals and supervisors from all Kansas Department of Corrections facilities to a 2015 training in the facilitation of DBT Skills Groups. After this training, DBT groups were initiated across the state. Utilizing Marsha Linehan's *Skills Training Manual for Treating Borderline Personality Disorder*, *Second Edition*, these groups meet for at least 90 minutes twice weekly for a total of 26 weeks.

The Dialectical Behavior Therapy Ways of Coping Checklist (DBT-WCCL), the Difficulties in Emotion Regulation Scale (DERS), and the Mindful Awareness Attention Scale (MAAS) are used as pre-test and post-test measures.

- The DBT-WCCL contains subscales for skills use, general dysfunctional coping, and blaming others. This scale has shown strong validity and reliability (Neacsiu, et al.).
- The DERS assesses multiple aspects of emotion dysregulation, including non-acceptance of emotional responses, difficulties engaging in goal-directed behaviors, impulse control difficulties, lack of emotional awareness, limited access to emotion regulation strategies, and lack of emotional clarity. The DERS has been shown to be both valid and reliable (Gratz and Roemer).
- The MAAS assesses the characteristic of mindfulness, which is defined as "a receptive state of mind in which attention, informed by a sensitive awareness of what is occurring in the present, simply observes what is taking place." The MAAS has shown excellent psychometric properties. Additionally, "Correlational, quasi-experimental, and experimental studies have shown that the MAAS taps a unique quality of consciousness that is related to, and predictive of, a variety of emotion regulation, behavior regulation, interpersonal, and well-being phenomena" (Brown & Ryan)."

4.7 Pharmacy Services

4.7.1 General Pharmaceutical Services

4.7.1.1 Provision of all prescription and non-prescription medications shall be the responsibility of the Contractor. All medications must be prescribed in accordance with State and Federal regulations. All pharmaceutical services must be at the direction of a licensed pharmacist.

Corizon Health will continue to provide comprehensive pharmacy services providing all prescription and non-prescription medication through **PharmaCorr,** our wholly owned subsidiary pharmacy. PharmaCorr's services include clinical management and oversight of all facets of pharmacy operations, systems, and processes to address routine, urgent, and emergency delivery of medications. Additional information about PharmaCorr and the company's programs and services are provided in our response to the requirements below and in section *4.7.3 Identification of Pharmacy Vendor.* As noted in the Answers to Questions, Corizon Health/PharmaCorr has submitted all required pharmacy policies and procedures to the KDOC.

Pharmacy and emergency pharmacy services will be provided in accordance with NCCHC and ACA standards, as well as Kansas Board of Pharmacy and Kansas State rules and regulations, and all DEA and Federal laws, rules, and regulations and include the following:

- Prescribed medications for administration in accordance with the physician's orders
- A correctional formulary for offenders
- Prescriptions provided in unit dose packaging
- Medication inventory, storage, security, and dispensing
- Monthly utilization/cost reports for prescription and non-prescription medications
- A registered pharmacist available for consultation 24/7
- Offender drug usage profiles

- A comprehensive inventory of pharmaceutical supplies
- Designated back-up pharmacy(ies) for emergencies

Jennifer Clements, PharmD will continue to serve as the **Regional Pharmacy Director** for our contract with the KDOC. Dr. Clements is responsible for overseeing and coordinating pharmacy services, including analyzing prescription trends to monitor patient compliance and prevent excessive usage and harmful interactions. She is also responsible for the inspection of facility site medication rooms to ensure compliance with Corizon Health standards and Kansas Board of Pharmacy and Federal regulations.

Dr. Clements has over 19 years' experience as a clinical pharmacist and has been serving as the Regional Pharmacy Director for the KDOC since our contract began in January 2014. Her resume is provided in **Attachment F.**

PharmaCorr's involvement is an essential component of Corizon Health's COR Care Model and its clinical pharmacists are integral to our care teams. Licensed pharmacists monitor the prescription process from order entry to automated dispensing and shipping. MedRoom, PharmaCorr's medication management system, provides secure medication ordering, tracking, and reporting electronically via the internet from any web-enabled computer.

Orders are processed and reviewed at PharmaCorr by licensed pharmacists to check for interactions, duplicate therapies, or other clinical concerns. This process usually takes under one hour. PharmaCorr clinical pharmacists are alert and adept at identifying dangerous drug interactions and monitor for potential reduced drug efficiency due to multiple prescriptions. In this way we promote positive outcomes for our patients. Once approved, the order is delivered by automated dispensing equipment where it is cycled through the pharmacy for accuracy and completeness. This process takes under two hours.

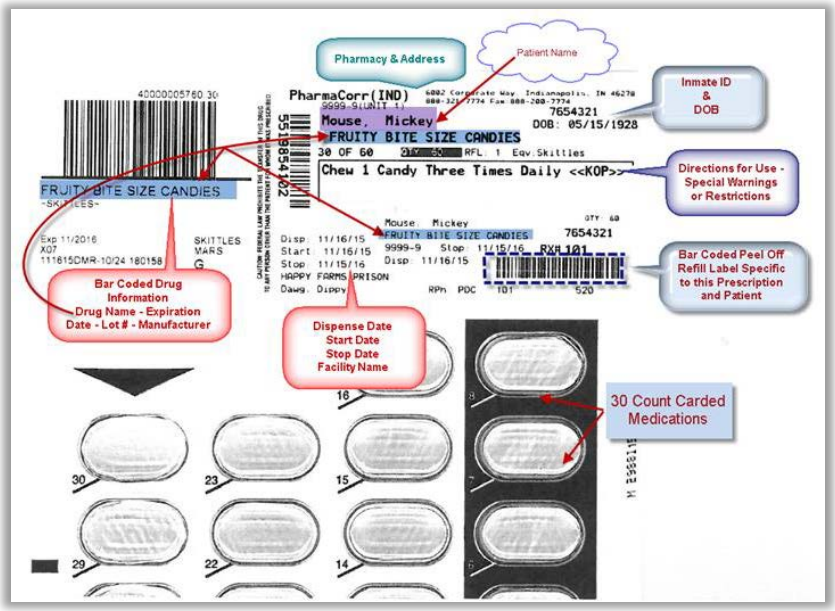
The completed order is moved to final pharmacist verification. Upon verification, the order is boxed for shipment and that box is picked up each weeknight and on Saturdays. Boxes are shipped priority overnight via United Parcel Service (UPS) and are received the following day. All facilities will receive shipments Monday – Friday and can receive shipments on Saturday in emergency situations.

4.7.1.2 The Contractor shall also provide all related packaging, inclusive of all packaging material, supplies, distribution, and courier services.

PharmaCorr will continue to provide pharmaceutical services to each facility including the purchasing, stocking, packaging, delivering, dispensing, and monitoring of prescribed medications, to include over the counter medications.

Labeling Requirements

As shown in the sample label below, PharmaCorr's prescription packaging labeling meets Federal labeling requirements as well as USP/NF standards and Kansas Board of Pharmacy requirements.



4.7.1.3 The Contractor shall fill and deliver all medically prescribed non-emergency medications within twenty-four (24) hours from the date the prescription is written and shall provide such medications continuously thereafter as prescribed. The Contractor shall fill and deliver all emergency prescription medications immediately.

PharmaCorr will fill and deliver all medically prescribed non-emergency medications within twenty-four (24) hours from the date the prescription is written and will provide such medications continuously thereafter as prescribed. PharmaCorr will fill and deliver all emergency prescription medications immediately.

Ordering and Receiving Medication

The procedure for the timely fulfilment of medication orders is essential to the care of the offender. It is imperative that all medications ordered for treatment are obtained and administered to the patient in a timely manner. Failure to do so can negatively impact the intended therapeutic effect. Corizon Health developed an efficient process to allow our staff to easily fill orders for:

- ✓ Receipt of patient specific medications
- ✓ Receipt of stock medications
  - Use established PAR levels to reduce inventory on site
  - Medications available based on facility trends/needs
- ✓ Receipt and handling of controlled medications
  - COR Care identifies strict guidelines for receiving controlled medications in facility
  - Corizon Health Red Book program ensures proper tracking and use in the facility
  - Red Book identifies discrepancies easily and is designed to prevent diversion and improper handling of medications

- Corizon Health continually monitors controlled medications that are in the facility and return what is not in use

✓ Ordering and receiving from back-up pharmacy
  - Services arranged for instances when a medication must be started immediately and is not available in clinic stock
  - Limited supply obtained until medication is received from contract pharmacy
  - Back-up pharmacy can assist with discharge medications to ensure continuity of care

Upon delivery to the site, assigned medical staff follow strict procedures to check in and account for each medication entering the facility.

- Boxes are unpacked in a systematic manner
- Staff cross references drug manifests with the contents of the boxes before adding these medications to the facility inventory
- Narcotic medications are shipped separately with separate manifests
- Two staff members are required to count and add controlled medications to our narcotic log, to ensure that the safety and security of these medications is never compromised

Manifests for all medications will be retained on site for the required period of time in compliance with DEA and state regulations.

4.7.1.4 The Contractor is responsible for maintaining an adequate supply of stock medications at each facility's drug room that can accommodate the majority of prescriptions ordered by the HCP until the offender medication card arrives. Stock medications shall be used whenever possible to cover the first forty-eight (48) hours of the prescribed order.

Corizon Health will maintain an adequate supply of stock medications at each facility's drug room that can accommodate the majority of prescriptions ordered by the HCP until the offender medication card arrives. Stock medications are used whenever possible to cover the first forty-eight (48) hours of the prescribed order.

4.7.1.5 The Contractor shall provide a plan to carry out pharmaceutical operations that includes, but shall not be 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 refund 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 and Direct Observation Programs.

Corizon Health's plan and approach to managing pharmaceutical operations for the KDOC is provided in the following paragraphs.

a) Level of professional staff qualifications designated for medication administration in accordance with KDOC policy.

Corizon Health's goal is to ensure patients always receive their medications in a timely, orderly and appropriate manner. Safety is a top priority and we train all of our staff in the best way to administer medication. For new intakes, verified medications will be continued until the onsite medical or mental health provider has reviewed the medical records and writes new orders.

Medications are administered to offenders daily as prescribed by the Corizon Health's HCPs. All medications are administered to offenders in the housing units or, as determined by the HCP, in treatment areas. **Because each facility is unique, we collaborate with custody leadership to meet the facility's needs, with safety being a priority.**

Medication is administered in accordance with KDOC, NCCHC, ACA, and Corizon Health's standards and as directed by the provider. At all sites that have 24-hour medical staff coverage, a licensed medical staff member will distribute medications at least twice daily, seven (7) days a week, including weekends and holidays, and document such at the point of care. Lists of offenders going out to court or work detail will be requested, so that medications can be administered prior to these offenders leaving the facility. Offenders returning will then receive their medications during the next regularly scheduled medication pass.

Medications will be administered in accordance with NCCHC and ACA standards, which are mirrored in our Policies and Procedures. The goal in managing the medication room is to ensure the availability of needed medications. Minimizing excess inventory and the expedient return of medications are critical

processes to ensure an organized, efficient, and accurate medication delivery system. This is accomplished through effective ordering and inventory control.

In addition, our medication management process ensures the following objectives are met:

- Patients receive their medication in an orderly and timely manner
- Patients are appropriately identified, (e.g. verified identity with arm band or other ID) prior to medication administration
- Documentation of medication administration is completed appropriately
- Provider notification occurs as outlined in Corizon Health's Refusal of Medication or Clinical Encounter policy
- The pill window area and/or medication cart remains clean, properly functioning, fully stocked, and secure when not in use
- Controlled substances stored in the medication room and/or medication cart are accounted for properly on each shift, with site and regional leadership audits to ensure compliance
- Expiring or discontinued medications will be removed from use and returned or destroyed. Medication room personnel will designate space in the medication room for the return of contaminated and clean medications.

The decision to administer psychotropic medication is a medical one and psychotropic medication will never be used for disciplinary reasons or mere behavior control. Psychotropic medication is only involuntarily administered at designated KDOC facilities, in compliance with applicable federal and Kansas laws and regulations and only on the order of a physician, psychiatrist, or other authorized individual with designated privileges.

(b) System for administration to include Keep on Person medication system.

Corizon Health will continue to support the KDOC's Keep on Person (KOP) program for offenders who meet the program criteria as written in *IMPP 10-135A Programs and Services: Medication Administration Keep-on-Person Medication Program* which excludes controlled/addictive substance (schedule I-V), psychotropic medication including non-traditional medications that are prescribed for psychiatric treatment or prescribed by a psychiatrist, Tri-cyclic antidepressant prescribed by a non-psychiatrist, medications prescribed to treat tuberculosis including prophylaxis, injectable medication, medication requiring refrigeration, stock medication not in blister pack form or in manufacturers packaging, and any other medication deemed by Dr. Harris as inappropriate for the KOP program.

All approved medications are issued as KOP to all offenders that are qualified to receive KOP medications by order of the HCP. Each drug is issued in an original container, such as a blister pack or pre-labeled tubes.

KOP Administration is part of Corizon Health's COR Care Medication Management process and as such, we have developed a policy for KOP medications. An excerpt from that policy is shown below.

CORE PROCESS PROGRAM		CORIZON HEALTH
Medication Management	217-C-SOP	Clinical SOP
KOP Administration		

PURPOSE:

Keep-on-person (KOP) medication administration programs allow patients to keep a specified quantity of medications within their possession and self-administer according to prescriber instructions. It is essential that each facility determines which medications are designated as KOP and maintains a system of reordering and distribution of KOP medications. Patient education and medication compliance monitoring must be incorporated into any KOP program.

OBJECTIVES:

1. Identify which medications are designated as KOP
2. Know the process for reordering KOP medications
3. Ensure patients receive KOP medications in a timely manner
4. Provide medication education to patients regarding self-administration of medications

PROCEDURE

KOP ADMINISTRATION		SMARTies
Step 1	Receive medications for KOP distribution from medication room	DOT (direct observation therapy) and KOP medications should be in their own designated area within the medication room

(c) Controlled substances accountability.

Corizon Health will be responsible for DEA controlled substances and all other health care supplies or equipment that may jeopardize the security of the institution. Controlled substances stored in the medication room and/or medication cart are accounted for properly on each shift, with site and regional leadership audits to ensure compliance.

Controlled Substance Training: PharmaCorr has been instrumental in implementing a specific bound and traceable log system (Red Book system) for control drug substances (CDS) throughout our various contracts including the KDOC. This process has resulted in a more transparent and functional control and tracking of CDS products.

Red Book training is a video-based learning tool, available on the MyCorizon intranet that describes how to use the Red Book in detail that can be reviewed anytime at the staff member's own pace. All employees are expected to complete Red Book Training prior to being given access to controlled substances. We train and educate on this process and provide regular audits and re-education of these Red Books as needed to ensure adherence and identify any non-adherence.

In addition, we will provide supplemental training on an annual basis to ensure all staff members are operating in compliance with NCCHC, ACA, and applicable state and federal DEA regulations.

(d) Medication Administration Record utilization.

Corizon Health currently maintains a paper medication administration record (MAR) at all correctional facilities in Kansas. Each month the paper MAR is scanned into the patient's chart into NextGen by medical records staff. A project is currently in development for implementation of an electronic medication administration record (eMAR) which is unique to each offender. Statewide implementation is scheduled for March 2020.

Drug prescriptions will continue to be ordered and maintained in NextGen; however, medications will be administered through the eMAR application. Bidirectional HL7 interfaces have been developed to send information to and from NextGen, PharmaCorr and the eMAR system. The data exchanged with PharmaCorr is consistent with the components of the pharmacy record of the prescription and the prescription label, the name of the HCP who prescribed the medication, the dose, frequency, and start date. Bar code scanners will be utilized to quickly access patients in the eMAR for administration of medications. Electronic signature pads will be used for signing medication refusals. HL7 interfaces have been developed to ensure the electronic MAR, refusals, vital signs, blood glucose and insulin is maintained in each patient's chart in NextGen.

The new eMAR system will contain an audit tracker to capture information regarding the user, time, date, medication name, eMAR review and other administration details. MARs will continue to receive a documented review by a licensed nurse. An on-demand Actions Due report is available to convey various metrics, including medication refusal, missed medications, etc.

(e) Monthly reports as to the number of scripts written and medications dispensed.

To provide a monitoring system for ordering, receiving and maintaining an inventory of pharmaceuticals in a safe, secure and organized fashion, MedRoom includes over twenty standard reports driven from user-selected parameters. Standard reporting includes (but is not limited to) the following:

- *Daily Order Summary*: Provides a list of orders for a given selection of providers and date ranges
- *Discontinued Medication List*: Provides a list of discontinued medications for a specified date range and cost center
- *Non-Formulary Meds*: Provides a list of non-formulary medications for a given date range and cost center
- *Patient Profile*: Provides a list of active medications for a given selection of cost centers, patients, providers, date ranges, and therapy groups
- *Patient Activity*: Includes all orders, refills and discontinues for a patient
- *Drug Profile*: Lists all patients who are on particular drugs or drug classes
- *Pharmacy Returns Detail*: Shows all drugs that have been returned to the pharmacy for credit
- *Refusals and Pends*: Reports all the orders that have been refused or pended by the pharmacy
- *Stop Date*: Prevents overlooked medication order renewals

(f) Reporting of medication nursing errors.

Corizon Health staff are trained to maintain proper perpetual physical inventory on all products including Controlled Dangerous Substances per KDOC and Kansas State Board of Pharmacy regulations. This includes training on the proper handling and reporting of medication errors (nursing as well as pharmacy) and the proper forms for reporting those instances. Review training is provided at least annually to ensure compliance with KDOC policy and with NCCHC and ACA standards.

We will continue to ensure documentation and tracking of medication-related errors due to nursing medication administration and to provide documentation and tracking of pharmacy dispensing errors. As part of our commitment to ensure pharmaceuticals and pharmacy inventory is accounted for, Corizon Health's nursing staff maintains perpetual inventory medications on each yard. This will continue to include daily medication delivery manifests kept in binders located in the medication rooms on each yard that are reviewed and initialed daily by the appropriate nurse authority.

We will provide documentation and tracking of medication errors utilizing the *PharmaCorr Error/Incident Report Form.* This form is completed and transmitted to PharmaCorr without delay, to facilitate timely documentation, correction, and resolution. A copy of the ***PharmaCorr Error/Incident Report Form*** is available upon request.

(g) Medication pharmacy errors.

Please see our response to *(f) Reporting of medication nursing errors*, above.

(h) Corrective action plans.

PharmaCorr's Continuous Quality Improvement (CQI) program incorporates NCCHC and ACA standards and fulfills state and national regulations. Corizon Health monitors the appropriate and effective use of medications through a multi-step program that includes Peer Review, clinical supervision, and quality assurance activities. When a site-specific problem is identified through the quarterly audit process or when a pharmacy ordering error is identified at PharmaCorr, feedback is immediately provided to the site/provider.

Once the root cause is identified, education is provided to all sites/providers to reduce, or ideally eliminate, that particular error from occurring. Corrective action plans are then reviewed in both P&T meetings and CQI meetings to determine the overall success of the plan.

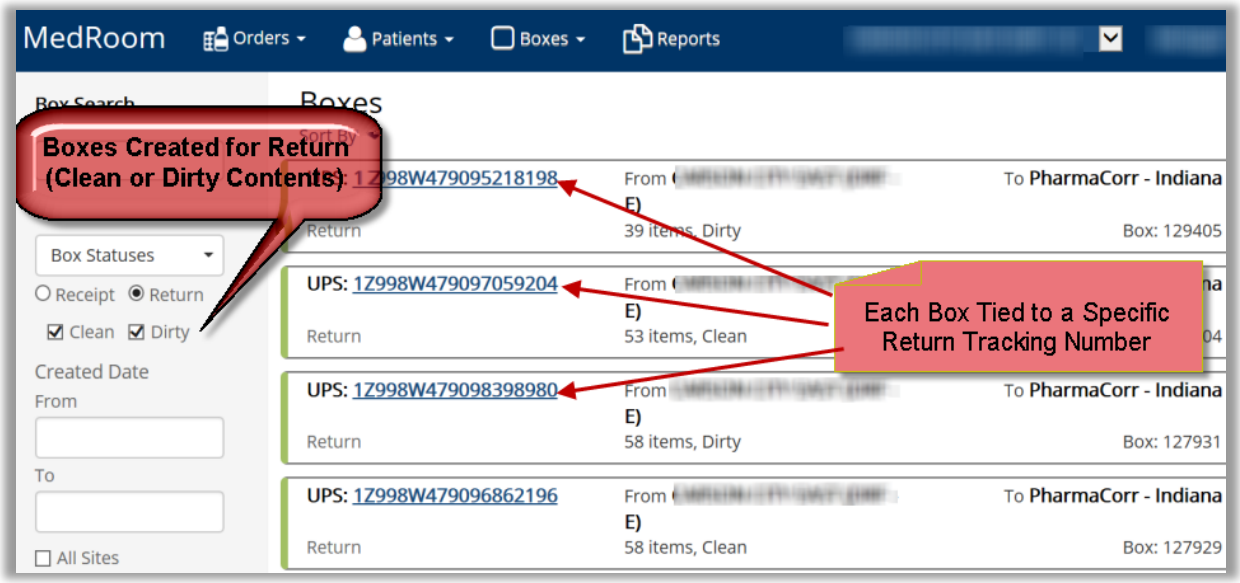
To manage and support our CQI program for the KDOC, PharmaCorr's pharmacy team is comprised of our KDOC Regional Pharmacy Director, Dr. Jennifer Clements and our clinical staff located at PharmaCorr in Oklahoma City. Together they are responsible for the provision of pharmaceutical care with the goal of achieving definite outcomes that improve patients' quality of life. This team also possesses an extensive knowledge and expertise regarding federal and state laws, and regulations governing pharmacy services. They serve to assist the KDOC facilities in compliance with regulatory standards. The pharmacists do not attend all the CQI meetings at the site level, however, they do provide support and respond to questions as needed and they do attend regional CQI meetings.

(i) Return and refund for unused medication.

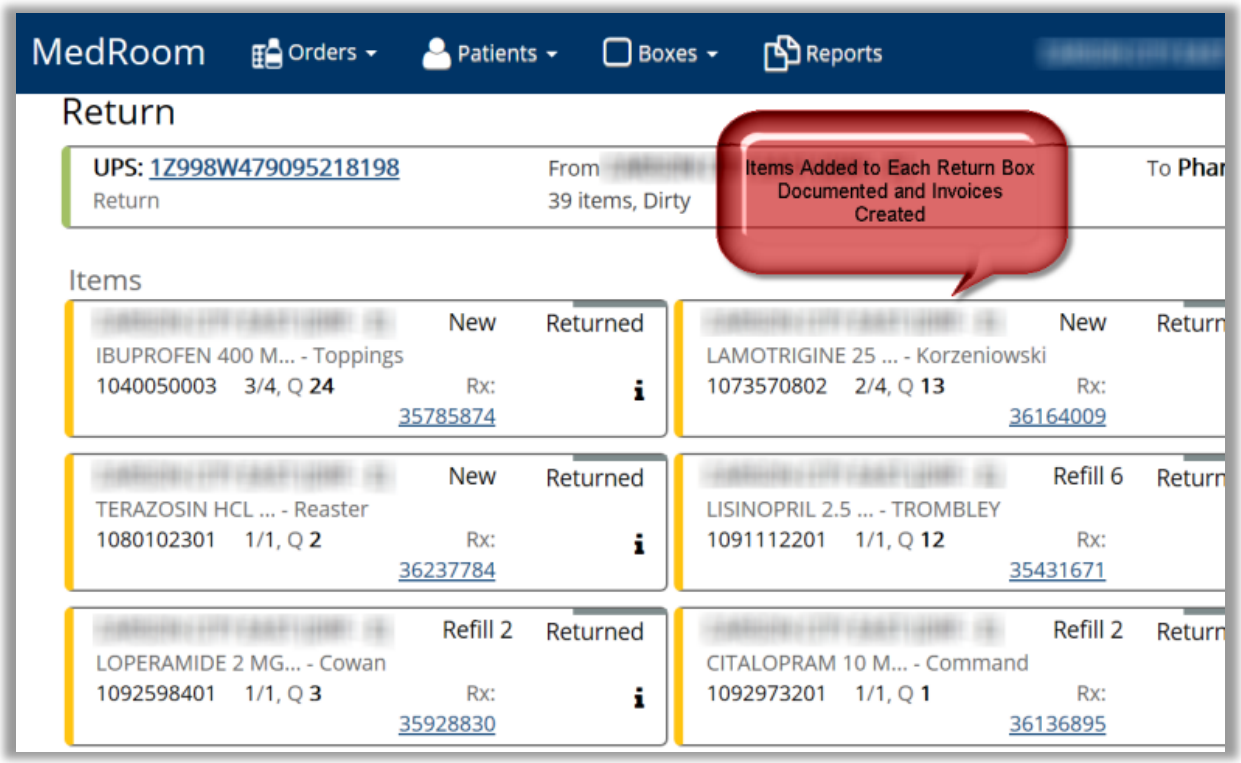
Our **AutoMed** automated medication dispensing and shipping system will maintain a complete audit trail for medications issued by and returned to the pharmacy. AutoMed is an internal PharmaCorr production system and is not part of an integrated EHR or eMAR. Additionally, our **MedRoom** system provides authorized users with real-time access into the status of medication orders, inventory and returns.

PharmaCorr's deliveries are bar-coded at the time of shipping. By scanning the UPS tracking number from the container or the reference number from the packing slip, the user is presented an online manifest. As each medication card is scanned, the manifest updates the quantity received, time and date received. Conversely, for returns, scanning the medication card creates the return order and generates a return invoice.

Illustrated by the partial screen capture below from MedRoom, boxes created for returns are tied to a specific return tracking number.



Shown by the following partial screen capture from MedRoom, items scanned and added to each return box are automatically documented and an invoice created.



PharmaCorr uses a formal process, in careful compliance with the Kansas Board of Pharmacy, DEA and other federal regulations, for the return and disposal of medications. This includes patient-specific dispensed medications, stock medications, controlled substances (whether stock or dispensed) and psychotropic medications. Through regular monitoring, we ensure medications are removed routinely. This includes thorough documentation of removal and return to the PharmaCorr distribution facility, as described above.

Return Policy: The following guidelines represent the current policy for return, re-use, and credit of pharmaceuticals:

- Expiration date of medication is equal to or in excess of 90 days from the date the return is processed

- Medication that has never been in the possession of the offender (KOP) and one of the following:
  - The returned medication represents a full card of drug product;
  - The medication was issued in a unit dose format;
  - The return is a partial card of medication, which has been packaged in a manner allowing re-issue in accordance with Board of Pharmacy regulation

The following are ineligible for credit:

- Medications which have been in the possession of the offender (KOP)

- Medications which have been subjected to questionable conditions of storage (medication that may have been stored or return shipped at unsafe temperatures or conditions)
- Medications that have been subjected to any contamination
- Medication containers which have been defaced/adulterated
- Expired medication

Additionally, containers received from the facilities designated to return medication will be inspected for evidence of contamination prior to being transported to the work area of the pharmacy.

Documentation: PharmaCorr will provide written documentation of the drugs returned for credit and disposal. Documentation will include the justification when credit is not given.

Medication Disposal: PharmaCorr has a comprehensive program for disposal of unneeded or unusable medications. This program was developed to ensure medications are disposed of in an environmentally responsible manner that complies with applicable Kansas and federal regulations. As this is a highly complex, changing and specialized area, we have chosen to collaborate with experienced, expert organizations as subcontractors to ensure compliance.

For example, PharmaCorr has a national agreement with **Stericycle**, for hazardous drug disposal services. Stericycle is an established premier provider for disposal of biohazardous waste for the healthcare industry.

We recognize there are multiple classifications of pharmaceutical waste, including non-hazardous and several sub-classifications of hazardous waste. Stericycle provides a program to dispose of non-controlled pharmaceutical waste properly, regardless of EPA classification. Each site generating pharmaceutical hazardous waste is enrolled in the program, and instruction is provided showing site personnel proper disposal protocol.

Controlled Substances: Disposal of controlled substances are a special consideration, due to stringent Federal regulations dealing with appropriate disposal and eliminating the potential for abuse. Federally licensed reverse distributors are the preferred method of disposing of these products. Because of this, PharmaCorr has a national agreement with **Rx Reverse Distributors, Inc**.

Rx Reverse Distributors is authorized through its licensure process to accept controlled substances for destruction.

Each facility will be enrolled in the Rx Reverse Distributor Program, in order to be able to send in stock-controlled substances for destruction. Authorization for destruction of C-III through C-V controlled substances is accomplished through an on-line process, while C-II products are returned via the required DEA 222 process. Additionally, a separate process has been developed with Rx Reverse Distributors to allow the disposal of patient specific controlled substances.

(j) Emergency medication acquisition.

Stock medications will continue to include medications used for urgent or emergent needs, as ordered by the HCP or mandated by protocol, to ensure continuity of care (acute as well as chronic). Healthcare staff working with medications are oriented to pharmacy procedures, which include the medication procurement from local backup pharmacy sources, as well as proper utilization of stock medications maintained at the facility.

(k) Pharmacist consultation.

PharmaCorr has a pharmacist on-call for immediate contact for emergency consultation and direct consultation by telephone regarding non-formulary requests, advice on drug choice, drug interactions, and new drug protocols. This service is available to facilities 24 hours a day, seven days a week, 365 days a year. Consultation is also provided in person or via telephone with Dr. Jennifer Clements, our Regional Pharmacy Director.

PharmaCorr clinical pharmacists at our dispensing pharmacy are available through a toll-free telephone number for consultations.

(l) Pharmacy inspections.

Quarterly on-site inspections include an inspection of pharmacy services from the point of prescription order handling, dispensing, distribution and administration, and documentation. Our pharmacy auditors inspect all areas where medications are stored and maintained to ensure medications are not expired, adulterated, or mislabeled and they are properly stored in accordance with manufacturer's requirements, and secured.

Each quarterly review includes an inspection of the drug storage areas and a review of a sampling of medical records for completeness and accuracy pertaining to medication usage. Inspections of each medication room are extensive and include, at a minimum:

- A review of individual therapies and medication utilization
- A review of controlled substance records to ensure proper documentation and accuracy
- An inspection of refrigerated units for proper contents, temperature, and appropriate storage guidelines
- Assistance in the removal of any outdated medications
- An inspection and maintenance of emergency kits and stock medications
- A review of medication storage areas for organization and cleanliness
- A review of security measures for controlled substances
- An inspection of documentation and charting of medications
- An inspection to ensure that the reconciliation of all medications is being conducted

PharmaCorr submits an electronic report of each quality assurance review to each facility HSA and Dr. Harris, our Regional Medical Director. This report identifies areas of concern or recommendations for improving pharmacy service or staff performance relative to pharmacy services. The audit document used by PharmaCorr is consistent with the accreditation requirements established by NCCHC and ACA.

PharmaCorr's pharmacy audit tool also has the ability to track compliance through our scoring system of the Medication Room Survey Form. A score is provided based upon the following areas of proficiency: General Issues, Medication Storage and Inventory, Floor Stock, Labeling, Medication Refrigerator, Controlled Substances, Emergency Cart Medications and Operational Pharmaceutical Review.

The statistics in this report are displayed graphically to allow the reader to track compliance in each of the categories listed above.

(m) Pharmacy medication education materials.

PharmaCorr knows that ultimately the success of our program relies heavily on the abilities and strengths of pharmacy and nursing employees. We have a vested interest in their success and ensure that our staff involved in the administering and ordering of medication and pharmacy supplies is provided PharmaCorr's orientation program at the onset of service.

Our PharmaCorr Operations Manual is the basis for training for staff. The purpose of the operations manual is to familiarize staff with the general operations of the pharmaceutical system. This document helps orient staff to the workflow and processes associated with the pharmacy delivery system. The purpose and intent of these policies are to provide:

- Appropriate physical control of all pharmaceutical procedures and related supplies
- Adequate inventory and accountability of all pharmaceutical products and related supplies
- Appropriate storage conditions of all pharmaceutical products and related supplies
- Appropriate training and applicable licensure of all staff
- Maintenance of documentation for administration of pharmaceuticals and other required documentation
- Adequate record keeping to reconcile all controlled substances with DEA and state regulations
- Comply with NCCHC and ACA national standards for pharmaceutical operations.

PharmaCorr Orientation and In-service Training Program: Our pharmacy orientation program includes a review of the *PharmaCorr Policies and Procedures Manual*, how to access data in the manual, and a review of the limits of the scope of responsibility.

We have provided the list below, comprised of a sampling of the subjects covered during the orientation program, to illustrate the comprehensive nature of our program. As the reader will note, our in-service training program is designed to address subjects within the *PharmaCorr Policies & Procedures Manual.*

- Pharmaceutical packaging
- Emergency faxing of orders
- Patient specific medication
- Practitioner cards
- Transfer or release of offenders
- Non-formulary request
- Medication Administration Record (MAR)
- Discontinued orders
- Transmission of orders (cut-off times)
- Practitioner data record
- Clinic stock medication (MIL)
- Controlled medication
- Formulary
- Verifying medication received
- Patient profiles and MARs
- Return of medication to PharmaCorr

- How to return/drug recalls
- Local back-up pharmacy
- P&T Committee
- Medication return form
- Problem intervention

Our in-service training is conducted by a clinical pharmacist. Subjects include but are not limited to the following:

- Pertinent clinical updates
- Training regarding reporting methodology and requirements to designated personnel
- Proper documentation and utilization of stock medication
- Medication error prevention education
- Medication administration/documentation education
- Review of the Pharmacy and Therapeutics function
- Control Substance
- Overview/update of formulary additions and deletions

We are cognizant that well-developed orientation programs, in-service training, and other professional development opportunities improve the service the KDOC receives from our program. To that end, we will continue to work with the KDOC to continually update and develop a curriculum that focuses on assisting staff to refine and tailor their skills, especially as it pertains to pharmacy services.

Controlled Substance Training: PharmaCorr has been instrumental in implementing a specific bound and traceable log system (PharmaCorr Red Book system) for control drug substances (CDS) throughout our various contracts. This process has resulted in a more transparent, functional control and tracking of CDS products.

Red Book training is a video-based learning tool, available on the MyCorizon intranet that describes how to use the Red Book in detail that can be reviewed anytime at the staff member's own pace. All employees are expected to complete Red Book Training prior to being given access to controlled substances. We train and educate on this process and provide regular audits and re-education of these Red Books as needed to ensure adherence and identify any non-adherence.

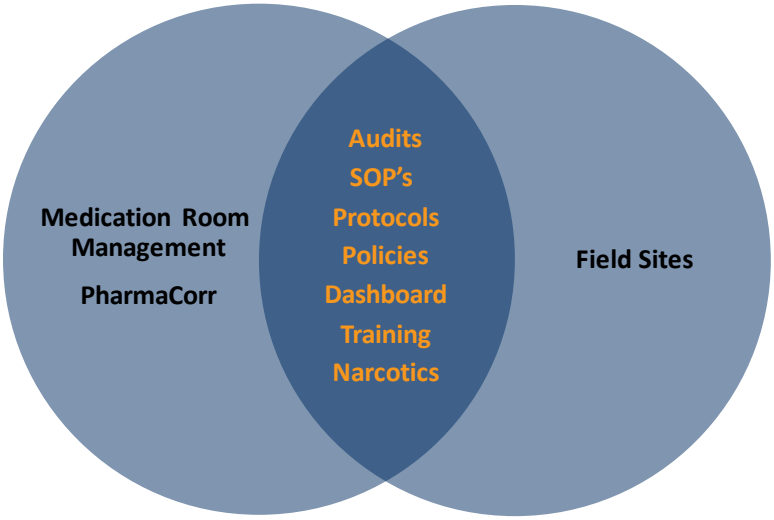
In addition, we will provide supplemental training on an annual basis to ensure all staff members are operating in compliance with NCCHC, ACA and applicable state and federal DEA regulations.

(n) Pharmacy inventory.

Corizon Health and PharmaCorr's staff will work diligently to ensure pharmaceuticals and pharmacy inventory is accounted for and actively managed at each facility. This includes quarterly reviews of drugs for outdates, appropriate dating and labeling, and multi dose vials.

We will provide for the proper disposal of expired or partially used drugs and items obtained from the pharmacy found in an offender's possession. PharmaCorr documents all pharmacy related dispensing, data entry, and shipping errors and subsequently responds with our incident report via fax on an individual basis back to each site and through monthly tabulation reports specifying each documented error.

Medication Room Management: Workspace Organization and Workflow Enhancement: Properly managing medication room operations can make a huge difference in efficiencies and cost containment. The graphic below illustrates how PharmaCorr ties together the various elements to increase medication room efficiencies.



PharmaCorr provides expertise in medication room management on site for medication room set up, organization, orientation, and training. For example, PharmaCorr provides extensive training for those responsible for ordering stock medications

Corizon Health staff is trained to maintain proper perpetual physical inventory on all products including Controlled Dangerous Substances per KDOC and Kansas State Board of Pharmacy regulations. This includes training on the proper handling and reporting of medication errors (nursing as well as pharmacy) and the proper forms for reporting those instances. Review training is provided at least annually to ensure compliance with KDOC policy and with NCCHC and ACA standards.

We will provide documentation and tracking of medication errors utilizing the *PharmaCorr Error/Incident Report Form.* This form should be completed and transmitted to PharmaCorr without delay, to facilitate timely documentation, correction and resolution. A copy of the ***PharmaCorr Error/Incident Report Form*** is available upon request.

Automated Medication Dispensing and Shipping System

Corizon Health and PharmaCorr utilize an automated medication dispensing and shipping system for ordering, receiving and maintaining an inventory of pharmaceuticals. Additionally, we will continue to educate staff on the proper use of par levels, perpetual inventory logs, security systems and monitoring processes for the check-in and storing of medications. In this way, we ensure a safe, secure, and organized inventory system at each facility, in accordance with NCCHC standards.

KDOC approved policies and procedures for secure receipt and on-site monitoring and inventory control are maintained at each facility. Parameters have been incorporated into our systems to validate the accuracy of each outgoing shipment, utilizing a bar-code scan to produce the shipment's label for UPS, which allows us to track individual items within a single container. Our systems allow us to provide a computer-generated delivery manifest to accompany each medication delivery order to a facility

Items are tied to the computer-generated delivery manifest, with additional access to web-based reports for added security and receipt confirmation.

Our **MedRoom** system adds additional measures of pharmaceutical inventory management system accountability. MedRoom is accessible via the Internet from any Web-enabled PC or laptop. It is a simple and secure user interface featuring quick search capabilities, which eases entry and management of orders. Visibility into the status of medication orders is in real-time. Using MedRoom avoids delays typically found waiting for information and tracking medications through the order and receipt process, or when refilling stock medications.

For example, with MedRoom, by scanning the UPS tracking number from the container or the reference number from the packing slip, the user is presented an online manifest. As each medication card is scanned, the manifest updates the quantity received, and the time and date received.

To provide a monitoring system for ordering, receiving and maintaining an inventory of pharmaceuticals in a safe, secure and organized fashion, MedRoom includes over twenty standard reports driven from user-selected parameters. Standard reporting includes (but is not limited to) the following:

- *Daily Order Summary*: Provides a list of orders for a given selection of providers and date ranges
- *Discontinued Medication List*: Provides a list of discontinued medications for a specified date range and cost center
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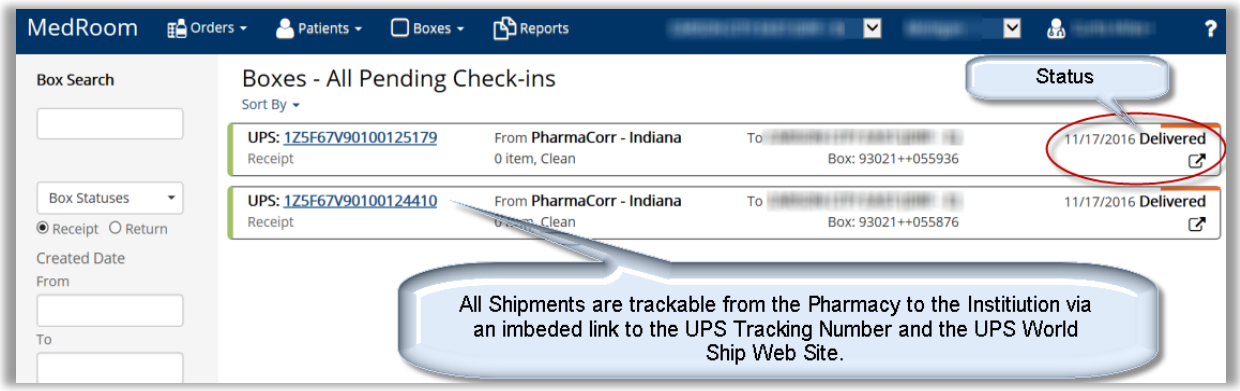
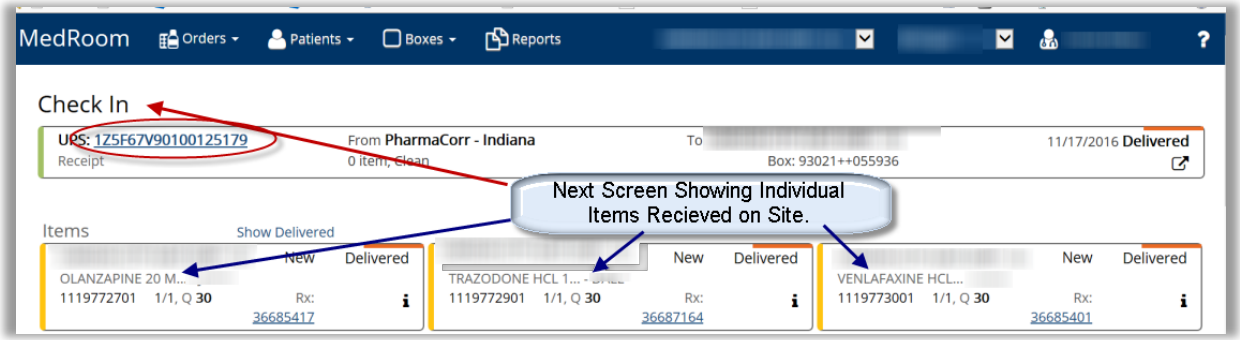
- *Patient Profile*: Provides a list of active medications for a given selection of cost centers, patients, providers, date ranges, and therapy groups
- *Patient Activity*: Includes all orders, refills and discontinues for a patient
- *Drug Profile*: Lists all patients who are on particular drugs or drug classes
- *Pharmacy Returns Detail*: Shows all drugs that have been returned to the pharmacy for credit
- *Refusals and Pends*: Reports all the orders that have been refused or pended by the pharmacy
- *Stop Date*: Prevents overlooked medication order renewals

Barcode Technology: Our monitoring system features electronic verification of receipt for each medication using a bar code scanning process. This ensures that each medication on the shipping manifest has been received and provides a quick indication when a medication is missing or damaged.

Medication Receipt Process: Monitoring the receipt of medications is a straightforward process. The user views the received boxes of medications that need to be reconciled. As a box is scanned, the user immediately identifies the medications shipped within.



Each medication in the box is scanned to verify receipt, and when the medications have been individually scanned, that box is marked in the system as fully received in the **MedRoom** receipt portion of the software tool.



(o) Formulary.

PharmaCorr recognizes the importance of effective formulary control and drug utilization review by providing clinical support to assist clinical staff in preparing clinically sound and cost-effective drug therapy strategies. This is accomplished by providing specific recommendations regarding formulary changes, drug utilization review, non-formulary review processes, and suggestions on formulary management.

To ensure prescriptions are consistent with the available formulary, PharmaCorr performs formulary management in many ways. Prospective Drug Utilization Review, clinical pharmacy interventions, provider education, electronic Prior Authorization, Medication Therapy Management, P&T meetings, MedRoom software, and retrospective drug utilization reviews are just some of our tools used to perform formulary management.

PharmaCorr tailor's clinical pharmacy interventions and formulary management activities to the KDOC. It is notable that our clinical pharmacists also make clinically appropriate recommendations that are cost-neutral or that may increase therapy cost. We do not jeopardize the quality of care or clinical review to focus solely on cost-saving interventions. For example, we provide the following:

- Sole responsibility for managing non-formulary medication process (medical director only consulted when required);
- Primary review of non-formulary medication orders (prior to Medical Director);
- Secondary review of non-formulary medication orders (post Medical Director);
- Review of targeted drugs/therapies for statewide cost containment or clinical initiatives;
- Integration of pharmacy interventions into the EHR; and,
- Reporting pharmacist interventions by facility, practitioner, therapeutic category, drug, and outcome (with documented cost savings/additions).

Medication ordering, tracking and reporting electronically is completed through MedRoom.

PharmaCorr's philosophy is that formulary management is more than just agreeing to an approved list of medications to be utilized within a contract. It involves many other aspects, which many competitors do not directly manage or for which little control can be exercised due to reliance on external relationships with sub-contracted pharmacy vendors.

(p) Pharmacy & Therapeutics Committee.

Corizon Health regards the Pharmacy and Therapeutics (P&T) Committee as crucial for making decisions that drive quality, cost-effectiveness, and evidence-based care. This Committee looks at each aspect of medication related practices, which includes formulary management, prescribing practices, and other areas that affect the health of our patients.

The P&T Committee will continue to consist of **Dr. Barry-Lewis Harris**, **Regional Medical Director, Dr. Jennifer Clements, Regional Pharmacy Director** (Committee Chair) and facility medical practitioners, physicians, mid-level providers, nurses, pharmacists, and representatives from KDOC. The Committee will continue to meet quarterly for an open review of medication usage and will make collaborative recommendations to the KDOC regarding additions, deletions or modifications of the drug formulary. The KDOC will have access to all data reviewed at the meeting, as well as access and review of all notes and memos that result.

Our clinical pharmacists take an active role in facilitating the P&T Committee. This includes, but is not limited to, providing quarterly reports and maintaining meeting minutes to account for the Committee's activities. The P&T Committee also assist healthcare practitioners in fulfilling oversight responsibilities related to clinical quality assurance and proper patient care. This includes the following key components:

- Providing direction for appropriate use of pharmaceuticals
- Ensuring compliance with appropriate standards and regulations

Additionally, the PharmaCorr corporate clinical pharmacy team provides comprehensive guidance for clinical services in support of the pharmacy staff at each facility.

Corizon Health also has a national P&T Committee. This P&T Committee identifies prescribing patterns for our practitioners and is responsible for recommendations for additions and deletions to the list of

formulary medications. The P&T Committee also monitors usage of pharmaceuticals including psychotropic medications. Typically, P&T Committee meetings are held at least quarterly.

(q) DEA License verification.

Verification of DEA and Kansas controlled substance registration is confirmed through Corizon Health's credentialing process.

(r) Institutional Drug Room Licensure.

The Kansas Board of Pharmacy permits expire on June 30th of each year and can be confirmed via the Board of Pharmacy's website.

(s) Medication Renewal tracking system.

Several reports are available through NextGen to assist the sites in tracking when medication orders will expire. The *'RX-Inactive-Range'* report captures all medication orders expiring within a chosen time frame and includes order details.

In addition, Corizon Health reports are available through MedRoom and the intranet allowing further options for tracking expired medication orders.

(t) Drug Storage and delivery services.

The ordering, receipt, storage, and administration of medications will continue to be provided on-site utilizing existing physical space for the pharmacy at each facility.

PharmaCorr will continue to dispense medications from its mail order pharmacy operation in Oklahoma City. Prescriptions, with the exception of backup medications, urgent and emergent orders, will be filled via this format. We believe this model best serves the KDOC from a clinical and financial standpoint through economies of scale and standardization. Continual review and adjustment of stock availability in addition to the utilization of backup pharmacies allows the appropriate and timely provision of medications.

(u) IV drugs including chemotherapy drugs that can be safely administered by chemotherapy-certified staff at EDCF.

Chemotherapy drugs are provided through PharmaCorr, specialty pharmacies, or the Cancer Center of Kansas and are administered by a chemotherapy nurse who is certified through the Oncology Nursing Society.

(v) Accountability and destruction processes.

In order to run an organized and efficient medication delivery program, we believe it is imperative to limit the amount of excess inventory at the facility. Corizon Health staff are trained to identify expiring

or discontinued meds, remove them from inventory and return them to the pharmacy. The medication room has designated areas for clean and contaminated medications, making it easy to remove excess inventory and prepare for return. Excess inventory is removed at a minimum weekly, which assists with the efficient med room operations. Corizon Health has developed separate and distinct processes for handling and returning or destroying controlled and non-controlled substances. These processes are monitored by the consultant pharmacy during our quarterly audits.

Additionally, all our staff are trained in the safe and proper disposal for single dose medications on site, as well as how to return controlled substances to a reverse distributor for proper disposal. Corizon Health adheres to EPA guidelines for pharmaceutical waste. We provide the appropriate pharmaceutical waste containers to the facility to ensure single dose disposal is done appropriately. Additionally, have established an account for each facility with RX Reverse Distributors, Inc. Staff will remove unused, expired, or discontinued controlled substances from inventory and send for destruction. Our staff is trained in proper procedure and DEA notifications as required by law. This safety focus eliminates the amount of controlled substances on site.

(w) Stock medication supplies and approval.

Stock medications will continue to include medications used for urgent or emergent needs, as ordered by the HCP or mandated by protocol, to ensure continuity of care (acute as well as chronic). Healthcare staff working with medications will continue to be oriented to pharmacy procedures, which include the medication procurement from local backup pharmacy sources, as well as proper utilization of stock medications maintained at the facility.

(x) Back up pharmacy services.

As a prominent national provider, our singular focus on correctional pharmacy enables us to use our purchasing power to negotiate contracts with suppliers and vendors that will translate into savings and benefits for our clients. Bundled into our services is also our network of back-up pharmacies which is quite comprehensive with associated deeply discounted reimbursement rates providing an added benefit when local service is required.

PharmaCorr has a national agreement with Employer Health Options (EHO) to provide local back-up pharmacy services. EHO is a national pharmacy benefit management focused on administering prescription claims for health maintenance organizations, third party administrators, preferred provider organizations, and pharmacy benefits management companies.

The following is a list of our “back-up” pharmacies throughout the state that are available to provide local services when needed.

El Dorado Correctional Facility	
Fredonia Pharmacy	Fredonia
Funk Pharmacy & Gift	Concordia
Medical Pharmacy	Holton
Walgreen’s Drug Store	El Dorado

Ellsworth Correctional Facility	
Seitz Drug Company	Ellsworth
Hutchinson Correctional Facility	
The Medicine Shoppe	Hutchinson
Walgreen's Drug Store	Topeka
Kansas Juvenile Correctional Complex	
Dillons Pharmacy	Topeka
Lansing Correctional	
Walgreen's Drug Store	Leavenworth
Larned Correctional Facility Central	
Walmart Pharmacy	Great Bend
Larned Correctional Facility West	
Medical Pharmacy	Holton
Walgreen's Drug Store	Topeka
Norton Correctional Facility	
Moffet Drug	Norton
Shopko Pharmacy	Norton
Topeka Correctional Facility	
Professional Pharmacy	Wichita
Walgreen's Drug Store	Topeka
Walmart Pharmacy	Atchison
Winfield Correctional Facility	
Walgreen's Drug Store	Wichita

(y) Hepatitis C direct acting antiviral treatment for all offenders identified with the disease.

Corizon Health will provide Direct Acting Antiviral (DAA) treatment for offenders who are identified with Hepatitis C who appropriately meet the criteria for DAA therapy and are willing to undergo treatment.

(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.

New treatment regimens will be evaluated via our Pharmacy and Therapeutics process for utility and will be considered on a case by case basis. This will be in line with community standards for care of 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 and Direct Observation Programs.

Documentation for annual training and testing of RN, LPN and CMA staff's competency to properly administer medications through the Keep-on-Person and Direct Observation Programs will be kept in the employee's training file.

4.7.2 Release Medications

4.7.2.1 The Contractor shall provide a seven (7) 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.

PharmaCorr will provide a seven (7) day supply of prescribed medications for offenders released in custody to appear in court or before some other official body or authority. It is expected that the offender will return to KDOC custody after the court of official appearance.

4.7.2.2 The Contractor shall provide a thirty (30) day supply of release medications, including tri-cyclics to offenders being released into the community, if the offender can be trusted to handle the medication responsibly.

Corizon Health will provide a thirty (30) day supply of release medications, including tricyclics to offenders being released into the community, if, the Site Medical Director or provider designee determines the offender can be trusted to handle the medication responsibly.

4.7.2.3 Offenders in need of closer supervision shall be assigned to a KDOC discharge planner and shall receive a seven (7) day supply of medication. The offender shall receive up to five (5) additional seven (7) day prescription refills at a pharmacy convenient to the offender's residence.

Offenders in need of closer supervision will be assigned to a KDOC discharge planner and will receive a seven (7) day supply of medication. The offender will also receive up to five (5) additional seven (7) day prescription refills at a pharmacy convenient to the offender's residence.

4.7.2.4 The offender is responsible to purchase all medication requiring prescription refills from a local pharmacy. Prescription refills shall continue to be written by the facility HCP or psychiatrist until the offender successfully completes an initial health care visit, or forty-five (45) days from release from a KDOC facility, whichever comes first.

Corizon Health acknowledges that the offender is responsible for purchasing 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 forty-five (45) days from release from a KDOC facility, whichever comes first.

4.7.2.5 Bidders are encouraged submit proposals for extending release medications to 90 days post discharge to allow plenty of time for community provider follow-up appointments.

Corizon Health, through PharmaCorr, will extend release medications to 90 days post discharge to allow additional time for community provider follow-up appointments. As noted in section *4.7.2.2* above, the supply of release medications will be provided if the offender can be trusted to handle the medication responsibly.

4.7.2.6 The Contractor shall provide a seven-day supply of medications to offenders released into the custody of another jurisdiction, such as county jail or Federal detainer.

Corizon Health, through PharmaCorr, will provide a seven-day supply of medications to offenders released into the custody of another jurisdiction, such as a county jail or Federal detainer.

4.7.3 Identification of Pharmacy Vendor

4.7.3.1 The Contractor shall provide information regarding the pharmaceutical vendor the Contractor intends to use to include name of vendor, location of vendor's parent company, location of any branch or warehouse supplying medication to KDOC offenders, and any company or corporate affiliation with the Contractor.

Corizon Health will continue to provide a comprehensive pharmacy services program that includes all prescription and non-prescription medication through **PharmaCorr, LLC** (PharmaCorr) our wholly owned subsidiary pharmacy. PharmaCorr pharmacy services will also include clinical management and oversight of all facets of pharmacy operations, systems, and processes to address routine, urgent, and emergency delivery of medications.

PharmaCorr has a dispensing operation in Oklahoma City, Oklahoma and provides mail-order pharmacy services to correctional facilities in 13 states – ***including Kansas***. PharmaCorr has over 20 years of experience shipping medication to statewide and county correctional facilities, nationwide and currently provides pharmacy services to 22 jail contracts and five (5) of Corizon Health's statewide contracts – ***including the Kansas Department of Corrections and Shawnee County, KS.***

PharmaCorr is the premier correctional pharmaceutical provider in the country. Since its inception, it has had a singular focus of providing pharmacy services only to prisons, jails and juvenile centers. Ensuring each prescription is provided as prescribed, on time and to whom it was intended while working with our partners to ensure all safety and security protocols are followed is what has made PharmaCorr a sustained operational success. In purchasing and dispensing $100 million of pharmaceutical inventory each year, PharmaCorr has significant buying power in the market that translates to additional savings for our partners. And equally important, **the company's record of safety is unparalleled in the pharmacy industry, with an industry error rate of just 0.0173%**.

Technology Support

In addition to the standard retrospective review/management, PharmaCorr provides proactive formulary management. We provide tailored prescribing education, pharmacy trend and targets, latest evidence-based guidelines, and innovative technology solutions.

Our commitment to high quality correctional healthcare has led us to invest in technological advancements and state-of-the-art systems. We partnered with an industry-leading pharmacy order management system software vendor to develop integrated systems for order entry, non-formulary approval, receiving and returns, which are linked to allow **bar-code tracking at all aspects of the order fulfillment phases.** Our advancement has led to two integrated systems that we implemented as part of our services for the Agency: MedRoom and AutoMed.

MedRoom provides medication ordering, tracking, and reporting electronically and securely via the Internet from a Web-enabled PC or laptop computer. AutoMed is our internal automated medication dispensing and shipping system, and the hub of our dispensing and distribution processes. AutoMed uses barcode technology to track each medication order from receipt in the pharmacy, through the dispensing point and on to receipt at the correctional facility through interface with our common carrier, United Parcel Service (UPS).

Purchasing, Stocking, and Managing Medications

PharmaCorr has invested significant capital and resources in technology, infrastructure, operating systems, automation, and clinical programs to support purchasing, stocking and managing medications for our partners. Our financial management supports leveraged purchasing as well as operations. Purchasing is managed for efficiency with direct pharmacist manager involvement. Primary and secondary wholesalers have been identified to keep our drug supply stable. Limited distribution drugs are accessed through relationships with various companies that enable us to obtain better network pricing.

Unlike other pharmacies that are focused on keeping their inventory level as low as possible; PharmaCorr may forego inventory levels to forward-buy products that have increased in price. For example, during a routine price comparison, the PharmaCorr purchasing team identified a highly utilized generic product with a 2,000% price increase.

This increase could have resulted in an additional $1,000,000 in drug spend, without any changes. However, PharmaCorr's clinical team coordinated with Corizon Health and our clients to make appropriate formulary changes. By **advanced purchasing of insulin alone, PharmaCorr achieved cost-avoidance of over $1,500,000 just for one of our partners.**

A significant price increase was announced for fluphenazine. In order to delay the price increase as long as possible for our clients, PharmaCorr responded by buying as much inventory that was available at the time at the current price. As the table below illustrates, our **forward purchasing of the product resulted in over $132,000 in savings for our clients.**

Drug	QTY	Old Price	New Price	Old Price Ext	New Price Ext	Savings
Fluphenazine 1 mg 100/btl	50	$10.46	$229.84	$523.00	$11,492.00	$10,969.00
Fluphenazine 2.5 mg 100/btl	57	$14.48	$355.83	$825.36	$20,282.31	$19,456.95
Fluphenazine 5 mg 500/btl	26	$84.98	$2,342.09	$2,209.48	$60,894.34	$58,684.86
Fluphenazine 10 mg 100/btl	74	$20.98	$607.00	$1,552.52	$44,918.00	$43,365.48
Totals				**$5,110.36**	**$137,586.65**	**$132,476.29**

Advanced Pharmacy Technology Solutions: In consultation with AmerisourceBergen, we implemented an OptiFill prescription fulfillment system that re-calibrates workflow and utilizes barcode checks and built-in security measures to ensure prescriptions are correctly filled, properly labeled, and promptly shipped to their final destination. We partnered with the industry leading Pharmacy Order Management System software vendor to develop integrated systems for order entry, non-formulary approval, receiving and returns, which are linked to allow bar-code tracking for each aspect of the order fulfillment processes.

Financial Management: PharmaCorr manages cost in many ways. However, the primary drivers for managing costs for our pharmaceutical services are clinical intervention at the point of care, purchasing initiatives and effective utilization management. For example, our clinical interventions and corporate initiatives have led to lower levels of polypharmacy and better formulary compliance.

Our negotiated discounts, rebates and strategic purchases have led to lower drug costs. Our multi-tiered physician review process provides for pharmacist/practitioner teamwork to establish the most effective plan of care, thereby developing a healthier population and reducing overall healthcare costs.

We review pharmacy spending on a regular basis to look for cost savings. We recognize that the lowest cost drug does not always equate to clinical savings. For example, a subcontracted pharmacy might be focused on prescription volume or using a particular product that yields a higher profit margin. Instead, **PharmaCorr focuses on the effectiveness of clinical intervention**. We have found that with our integrated care model, money invested initially in expensive pharmaceutical treatment typically satisfies patient needs, thereby decreasing the overall medical expenses by reducing care required later.

4.8 Reception and Diagnostic Units (RDU)

4.8.1 Forensic Psychological Evaluation Process

4.8.1.1 The Contractor shall provide forensic psychological evaluation and diagnostic services as well as other psychological services necessary for intake processing of adult and juvenile offenders. On a case-by-case basis, there may be other offenders who require forensic psychological evaluations, and for whom, similar processes will be required. This evaluation shall 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) Deleted in Amendment 6.
(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 KDOC.
(d) Initiate 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 (JJIS), and in the EHR.
(f) 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.
(g) 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.
(h) Identification and referral to contractor's 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.
(i) Incorporate 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.
(j) Participation in a multi-disciplinary staffing to determine recommended programs, services, and interventions to address risk and need.
(k) Identify need for, and initiate the follow up evaluation by psychiatrist or Ph.D. psychologist on all offenders with suspected pedophilia diagnosis for the adult units.
(l) Coordinate an initial discharge plan based upon the offender's mental health needs with KDOC discharge planners.
(m) 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.

Corizon Health will continue to provide forensic psychological evaluation and diagnostic services as well as other psychological services necessary for intake processing of adult and juvenile offenders. We recognize 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. This evaluation will include the following:

a. A Complete File Review
b. Administration, Scoring, and Interpretation of Psychological Testing
c. Mental Status Examination and Review of Psychological History
d. Procurement of Prior Treatment Records and Evaluations
e. Use of the OMIS, JJIS, and EHR
f. Psychological Diagnosis and Program Needs
g. Assessment of and responding to Suicide and Homicide Risk
h. Referral to Psychiatrist
i. Mental Health Classification
j. MDT Meetings
k. Follow-Up for Suspected Pedophilia
l. Discharge Planning

m. Completion of the Evaluation Process

Our behavioral health team will continue to utilize evidence-based practices when conducting evaluations. We will perform LSI-R and YLS/CMI risk/need assessments, personality assessments, intelligence testing, and traumatic brain injury screening as part of the evaluation process.

Currently in the juvenile system the YLS/CMI is completed by the supervision officer and is reviewed by behavioral health staff who incorporate it into the RDU report. Corizon Health will work with the KDOC in the new contract to have behavioral health staff complete the YLS/CMI for juvenile offenders.

a. A Complete File Review

The psychological evaluation will begin with a review of the offender's file to include the most recent mental health screening and any other relevant material from the offender's current or preceding incarceration.

b. Administration, Scoring, and Interpretation of Psychological Testing

Adult Assessments

Our test battery at EDCF and TCF includes the instruments listed below. Please note these instruments can be used in the RDU process or at other times during incarceration. Also, not every one of them are done during the RDU process.

- **The Level of Service Inventory-Revised (LSI-R**), is a validated risk/need assessment tool used to aid in identifying problem areas in an offender's life to utilize in program development with the goal of reducing recidivism.

- The **MMPI-II** is a self-report psychological instrument designed to aid in the assessment of a wide range of clinical conditions.

- The **Mini Mental Status Exam (MMSE)** offers a quick and simple way to quantify the cognitive functioning and can screen for cognitive impairment by assessing an individual's orientation, attention, calculation, recall, language, and motor skills.

- The **Personality Assessment Inventory (PAI)** is a self-report instrument that provides information relevant to clinical diagnosing, screening for psychopathology, and aid in treatment planning.

- The **HELPS** is a brief screening tool that was designed to be used by professionals who are not TBI experts, to recognize who may be in need of formal screening of issues related to TBI.

- The **Repeatable Battery Assessment of Neuropsychological Status (RBANS**) is a brief, individually administered neuropsychological assessment aimed at measuring attention, language, visuospatial/constructual abilities, and immediate and delayed memory.

- The **Structured Interview of Reported Symptoms: 2nd Edition (SIRS-2)** is a structured interview designed to detect malingering and other forms of feigning of mental disorders, provide information about defensiveness, self-appraisal of honesty, and inconsistent responding.

- The **Wechsler Abbreviated Scale of Intelligence, Second Edition (WASI-II)** is a quick measure of verbal and non-verbal cognitive abilities.

- The **Wechsler Adult Intelligence Scale, 4th Edition (WAIS-IV)** is a validated test of intellectual functioning for adults and older adolescents.

- The **Structured Interview of Malingered Symptomatology (SIMS)** is a self-report measure used to assess potential malingering of psychosis, neurologic impairment, low intelligence, amnesia, or affective disorders.

Juvenile Assessments

Corizon Health also conducts psychological evaluations on juvenile offenders admitted to the KJCC. The assessment section for juvenile RDU evaluations are completed in seven (7) days. Our test battery for juvenile offenders includes the instruments listed below. Please note these instruments can be used in the RDU process or at other times during incarceration. Also, not every one of them are done during the RDU process.

- The **MAYSI-2** is a brief screening tool for use with youth offenders in the juvenile justice system to identify signs of behavioral/emotional disturbance.

- The **MMPI-II or A** is a self-report psychological instrument designed to aid in the assessment of a wide range of clinical conditions.

- The **JI-R** is a personality inventory designed to identify personality subtypes of children and adolescents with a focus on issues related to delinquency and conduct disorder, as well as potential motivations behind this behavior.

- The **APS** provides an in depth evaluation of the presence and severity of psychological disorders and distress.

- The **Shipley 2** provides a brief measure of two aspects of cognition, crystallized knowledge, which is likely gained through educational experiences, and fluid reasoning, or the capacity to use logic to learn and acquire new information or solve problems.

- The **J-SOAP-II** is a risk assessment instrument specifically designed to aid in the evaluation of risk of sexual recidivism for known juvenile sex offenders. (only when indicated)

- The **SASSI-A2 or A3** is designed to identify individuals with a high probability of having a substance use disorders, including substance abuse and substance dependence.

- The **CRAFT Screening Interview** is a screening tool for adolescents age 12-21, which assesses for high risk alcohol and drug use disorders.

- The **HELPS** is a brief screening tool that was designed to be used by professionals who are not TBI experts, to recognize who may be in need of formal screening of issues related to TBI.

- The **ACE Questionnaire** is a self-report measure, designed to assess if a youth has been exposed to adverse childhood events as well as the number of events experienced.

- The **Traumatic Symptom Checklist** is a self report measure utilized to help determine the possible level of severity of traumatic symptoms for which an individual may be struggling.

- The **SBQ-R** is a brief screen used to detect the need for a more in depth evaluation of suicide risk.

- The **Scale of Suicidal Ideation (SSI)** is an in depth screening utilized by behavioral health professionals to assess an individual's current feelings of suicidal ideation.

c. Mental Status Examination and Review of Psychological History

The mental status examination (MSE) and comprehensive review of psychological history provides an overview of the offender's current level of functioning, as well as biographical and historical information relevant to the offender's criminogenic risk, needs, and responsivity issues.

Mental status exam information is documented during every contact. Corizon Health's behavioral health staff is receives ongoing training related to the information needed to conduct a MSE and the importance of documenting every contact. MSE information is built into all of the behavioral health forms currently in use including:

- orientation to person, place, time, situation
- recall (3 objects)
- attention/calculation (world or serial 7s)
- language: naming, repetition, command (reading, writing, drawing)
- perceptual disturbance
- thought content
- affect
- description of appearance and behavior
- overall symptom presentation
- estimation of ability and willingness to participate in treatment
- assessment of current dangerousness to self and others

When present symptom pattern identified through the assessment process will be associated with a Diagnostic and Statistical Manual (DSM-5) diagnosis and behaviorally defined. Mental health staff identify the cognitive, behavioral, emotional, and interpersonal symptoms that the offender exhibits and compare them to the symptom patterns in the DSM-5 to determine the diagnosis.

Corizon Health will continue evaluate offenders' risk of suicide and homicide and will make referrals for crisis intervention/management as necessary. For those offenders admitted with prescriptions for psychiatric medications or who require an immediate medication evaluation, we make referrals to the psychiatrist as necessary and have incorporated a screening measure to determine SPMI/SED offenders. The results of such measures are documented in the EHR.

d. Procurement of Prior Treatment Records and Evaluations

Corizon Health's medical personnel will continue to coordinate with KDOC admission/discharge personnel and RDU staff to ensure that all necessary file information (including the affidavit) is available for review during the evaluation process. Additionally Corizon Health will continue to be responsible for the acquisition of the offender's prior medical and psychological records and will obtain appropriate releases of information as indicated.
Corizon Health facilitate the collection of records from other providers, jurisdictions, and courts as needed. Our staff enters the clinical report in the applicable EHR and databases. As part of the evaluation process, Corizon Health staff at the Reception and Diagnostic Unit (RDU) provides a diagnostic impression and makes recommendations on applicable and necessary programs, interventions, medical and psychiatric treatment needs, educational programming, and housing and placement needs.

e. Use of the OMIS, JJIS, and EHR

Corizon Health staff enters all pertinent psychological testing and interview findings in the RDU report, located in KDOC's Offender Management and Information System (OMIS) on applicable EHR screens. For juvenile offenders, this includes entry of pertinent psychological testing and interview findings from the RDU report where indicated, and in the health record.

The JJCC's Juvenile Justice Information System (JJIS) is not being used by Corizon Health's behavioral staff in the juvenile practice at this time; however, we will work with the KDOC in the new contract to incorporate this change.

f. Psychological Diagnosis and Program Needs

Corizon Health recognizes that a complete assessment and diagnosis includes all of the aforementioned areas as well as employability and education limitations due to mental illness, assessment of risk of suicide and homicide, and utilizing proven crisis intervention techniques to reduce identified risk at both the individual and systemic levels.

Corizon Health's behavioral health staff will continue to use the latest version of the Diagnostic and Statistical Manual for Mental Disorders (DSM) – currently DSM-5 – when making diagnoses. Behavioral health staff completes a comprehensive face-to-face evaluation on offenders referred for mental health treatment in a secure setting that is respectful of the offender's privacy. This evaluation is completed within fourteen (14) days of the referral request date and includes, but not be limited to the following:

- Review of mental health screening and appraisal data;
- Direct observations of behavior;
- Collection and review of additional data from individual diagnostic interviews and tests assessing personality, intellect, and coping abilities;
- Compilation of the individuals' mental health history; and
- Development and overall treatment/management plan with appropriate referral to include transfer to a mental health facility for offenders whose psychiatric needs exceed the treatment capability of the facility.

Additional components of the evaluation include:

- Assessment of current mental status and condition
- Assessment of current suicidal potential and person specific circumstances that increase suicide potential
- Assessment of violence potential and person specific circumstances that increase violence potential
- Review of available historical records of inpatient and outpatient psychiatric treatment
- Review of history of treatment with psychotropic medication
- Review of history of psychotherapy, psycho-educational groups, and classes or support groups
- Review of history of drug and alcohol treatment
- Review of educational history
- Review of history of sexual abuse, victimization, and predatory behavior
- Assessment of drug and alcohol abuse and/or addiction
- Use of additional assessment tools, as indicated
- Referral to treatment as indicated
- Development and implementation of a treatment plan, including recommendations concerning housing, job assignment, and program participation.

g. Suicide and Homicide Risk

Corizon Health uses the Scale of Suicidal ideation and the Columbia Suicide Severity Rating Scale to assess suicidal or homicidal ideation, acute or persistent mental illness, or other mental health issues that require an increased level of care or observation. In addition a structured interview by a Corizon Health behavioral health professional is conducted to gather information from the offender on the following factors:

- Past suicidal ideas and/or attempts
- Current suicidal ideas, threats or plans
- Homicidal ideas or threats
- Prior mental health treatment including hospitalization
- Recent significant loss
- History of suicidal behavior by family members or significant other
- Suicide risk during previous incarceration and/or at most recent sending institution (including county facility)
- Current, self-reported health status

h. Referral to Psychiatrist

Corizon Health documents offenders' current medications, including psychotropic medications, upon admission. This information is sent to the psychiatrist for review. The psychiatrist will make a determination as to the continuation, titration, or cessation of the medications. When immediate decisions must be made regarding medication and the psychiatrist is unavailable, this information is provided to Corizon Health's on-call physician for review.

i. Mental Health Classification

Corizon Health assigns mental health classifications, in accordance with the KDOC's mental health classification system, within fourteen (14) days of admission to any facility. The classification includes a numbered level system that indicates the severity of an individual's disorder (Disorder level), the individual's functional abilities (Functionality), the individual's level of treatment need (BH Treatment), and the recommendations regarding specialized housing (Housing level). Behavioral health staff will review and update the classifications 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. Corizon Health will utilize the KDOC classification systems, shown below, and determine each offender's mental health treatment needs, housing and placement needs, employability limitations, functional ability limitations, and referral to treatment as indicated. Corizon Health will also incorporate the age of offender, mental illness, cognitive disability, and intellectual disability in the mental health classification.

Juvenile Offenders

Each individual admitted into the KDOC – Juvenile Services custody receives a behavioral health classification assigned by a QBHP following the completion of a behavioral health assessment. The classification includes a numbered level system that indicates the severity of an individual's disorder (Disorder level) and the individual's functional abilities (Functionality). Behavioral health classifications are reviewed and updated for juvenile offenders housed in the KJCC at least every 180 days.

j. MDT Meetings

Corizon Health's psychology staff will continue to participate in the multi-disciplinary team meetings to determine/review recommended programs, services, and interventions to address an offender's risk and need.

k. Follow-Up for Suspected Pedophilia

Corizon Health will refer those individuals with a suspected diagnosis of pedophilia to a psychiatrist or Ph.D. psychologist in order to solidify the diagnostic impression. Under current Corizon Health practice a definitive diagnosis is completed by a psychiatrist. At the conclusion of the RDU evaluation, Corizon Health provides information to the receiving facilities regarding pertinent areas of concern for offenders with serious mental health disorders or other risk factors that require current or potential intervention.

i. Discharge Planning

Corizon Health's psychology staff coordinates the initial discharge plan with the KDOC discharge planners based on the assessment results offenders' mental health needs. Recommendations for discharge planning are provided in the RDU evaluation.

m. Completion of the Evaluation Process

Individualized Treatment Plans (ITPs) for offenders with special needs are developed and implemented within fourteen (14) days of the RDU report being completed. Corizon Health's psychology staff makes recommendations regarding placement or disposition whenever an assessment indicates an offender has special needs related to his/her mental status. Any offender demonstrating special needs associated with impaired cognitive functioning related to a mental disorder, significant psychological distress, or positive signs of a mental health disorder are referred for additional evaluation/testing. Psychology staff refers offenders for psychiatric evaluation if such an evaluation is clinically indicated.

A synopsis of the initial diagnoses, needs, and treatment plan are provided to the behavioral health staff at the receiving facility so the behavioral health staff can complete a mental health evaluation.

4.8.2 Timeliness of Reports

4.8.2.1 The Contractor shall 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/JCFS and the EHR within fourteen (14) days of admission. Currently the intake point for male offenders is at EDCF, for females it is TCF and for juveniles it is KJCC. Staffing is required at all three intake facilities.

Corizon Health's staffing plan provides 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/JCFS within fourteen (14) days of admission. We acknowledge that currently 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.

In the juvenile practice the JCFS is not utilized at this time and the assessment section is completed by day seven (7) with the full evaluation being completed by day fourteen (14). Also, the RDU evaluations are not currently put in the EHR; however, Corizon Health will work with the KDOC to implement this practice.

4.8.2.2 It is expected that all RDU reports shall be completed within fourteen (14) days.

Corizon Health's psychology staff will continue to complete all RDU reports within 14 days.

4.8.3 Periodic Evaluation of the RDU Process

4.8.3.1 The Contractor shall conduct periodic reviews, as determined by the Department, 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 KDOC and Contractor on the various offender program options existing in the Department.

Corizon Health conducts annual reviews of treatment, education, and other programs and services within the KDOC facilities in order to maintain awareness of the various program options within the Department.

4.8.4 Testing Materials and Supplies

4.8.4.1 The Contractor shall be responsible for the cost of all testing materials, scoring tools, and educational materials necessary to complete the RDU process.

Corizon Health will be responsible for the cost of all testing materials, scoring tools, and educational materials necessary to complete the RDU process.

4.9 Forensic Programs

4.9.1 Clinical Services Reports & PCL-R Evaluations

4.9.1.1 KDOC, through the Contractor, utilizes three (3) FTE PhD psychologists to complete Clinical Services Reports (CSRs). CSRs are required and requested by the courts, Kansas Prisoner Review Board (PRB), and 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. In the contract proposal, identify PhD staffing levels to ensure timely completion of CSRs at all KDOC facilities as requested.

Corizon Health will continue to provide three (3) Ph.D. Psychologists to complete the Clinical Services Reports (CSRs). These three psychologists conduct risk evaluations on offenders with a sex offending history prior to their release from the KDOC facilities as part of the multi-disciplinary team and civil commitment process. In addition, these psychologists provide psychopathy/violent risk assessments as needed by the Kansas Prisoner Review Board (PRB), MDT, or at the request of KDOC. Evaluations and reports are completed in an efficient manner to ensure timeliness of reports. The psychologists conducting CSRs are available to testify at probable cause hearings, pre-trial hearings (e.g., Daubert), and civil commitment trials, as necessary.

In an effort to promote efficiency, Corizon Health conducts the majority of the CSRs via telemedicine. Evaluations are conducted in-person at facilities within a reasonable distance of the evaluator, or as deemed logistically necessary on a case-by-case basis. We understand the need for quality evaluations and reports, while maintaining fidelity to standards of efficiency and expediency. Utilizing telemedicine alleviates the necessity of psychologists travel to a facility, which increases efficiency and leads to overall improved quality of reports.

Corizon Health utilizes the following protocol for CSR evaluations:

- Mental Health/Medical File Review
- Institutional File Review
- Sex Offender Treatment Program File Review
- Clinical Interview
- Static-99R and Static-2002R (on male offenders)

- Stable-2007 (on male offenders)
- PCL-R (as deemed necessary by the evaluator)
- VRAG-R (as deemed necessary by the evaluator)
- HCF-20 (as deemed necessary by the evaluator)
- Personality results (as deemed necessary by the evaluator)
- Court/criminal records (if available)
- Police reports (if available)
- Probation/Parole Records (if available)

The CSR contains information relative to the offender's index sexual offense, criminal history, treatment history, family and interpersonal history, institutional history, and medication history. The CSR also provides:

- Information from the clinical interview
- Findings of all psychological and actuarial testing instruments
- Nominal risk categories, recidivism percentages, and T-Scores as appropriate and as advised by the authors of each instrument
- Aggravating and/or mitigating risk factors as necessary
- Diagnostic impression, summary of assessment, and recommendations

4.9.2 Forensic Health Care Issues, DNA Testing & Court Ordered Lab

4.9.2.1 The Contractor shall provide qualified personnel in conducting security related health care procedures in response to a request from KDOC or pursuant to a search warrant or court order, provided there is written consent of the offender.

Corizon Health will provide qualified personnel to conduct security related health care procedures in response to a request from KDOC or pursuant to a search warrant or court order, provided there is written consent of the offender.

4.9.2.2 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. Contractor shall arrange and contract with a community health care provider for the services at no additional cost to KDOC.

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, Corizon Health will arrange and contract with a community health care provider for the services at no additional cost to KDOC.

4.9.2.3 The Contractor shall provide offender antibody testing for HIV/HBV/HCV, as requested by 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.

Corizon Health 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 will be sent to the employee's attending physician.

4.9.3 Research
4.9.3.1 No research projects involving offenders shall be conducted with prior approval as outlined in IMPP 06-101D (Appendix K).

Corizon Health has reviewed *IMPP 06-101D EVALUATION AND RESEARCH: Research and Evaluation Activities* provided in RFP Appendix K and understands that no research projects involving offenders shall be conducted without prior approval as outlined in the policy and procedure.

4.10 Quality Improvement Program

4.10.1 Procedure for CQI Program

4.10.1 The Contractor's proposal shall outline the vendor's procedure for a Comprehensive Quality Improvement (CQI) program, to include a CQI Coordinator at the Regional Office level, and a QI coordinator as part of a post-duty at each facility. If the Contractor's CQI program is outlined in a manual, a copy of the CQI manual will be submitted with the proposal. The site QI Coordinator may be part of the Infectious Disease Control Nursing responsibilities and does not require a fulltime staff person. The CQI program's goal shall be to assure quality health care services are provided to offenders. Include a description of the internal monitoring mechanism associated with the CQI program.

Corizon Health's Continuous Quality Improvement (CQI) program, described in the paragraphs below, is used to evaluate the healthcare provided to offenders at both on and off-site locations, on a continual basis to ensure quality, appropriateness and continuity of care. For example, our site-specific CQI program has appropriate monthly self-audit screens from the company's comprehensive library of tools to identify *root causes* of any gaps, which will then be targeted separately and measured with **process quality indicators**.

Corizon Health's CQI Coordinator, Kim Johnson, is based in our Kansas Office, and is responsible for planning, organizing, directing and managing the CQI program for the facilities. She also serves as a resource for each site and is a member of each site's CQI Committee. Additionally, each facility has a QI Coordinator as part of a post duty. The facility QI Coordinator is responsible for ongoing and monthly data collection and QI reporting.

Corizon Health's Approach to Continuous Quality Improvement (CQI)

Corizon Health's CQI Program, which incorporates NCCHC and ACA standards **is based on four decades of providing correctional health care in correctional facilities.** It fulfills national correctional health care standards and state regulations while adapting to our client's specific requirements.

Our CQI Program focuses on the clinical processes that support the provision of care in a safe and effective manner. For example, through Corizon Health's **COR Care Model**, we address seven (7) specific clinical processes that provide structure and the foundation for the care we deliver on a daily basis. Each process is universal and critical to ensure the continuum of care for our patient population.

1. Intake Process
2. Sick Call Services
3. Health Assessment

4. Infirmary Management/Bed Management
5. Chronic Care/Special Needs
6. Emergent/Urgent Care
7. Medication Management

We selected these seven core processes because they form **the foundation of a quality correctional healthcare program**. These are the basic "blocking and tackling" requirements that lead to positive health outcomes and lower costs.

CQI is a company-wide endeavor supported by all departments and employees. It is our expectation that quality and patient safety is the responsibility of every individual. To reinforce such expectations, Corizon Health has developed a proprietary *Quality Improvement and Patient Safety Manual* that provides our healthcare team at each site with a framework and the necessary tools to cultivate a meaningful, site-specific quality improvement program. The Table of Contents is provided in **Attachment D.**

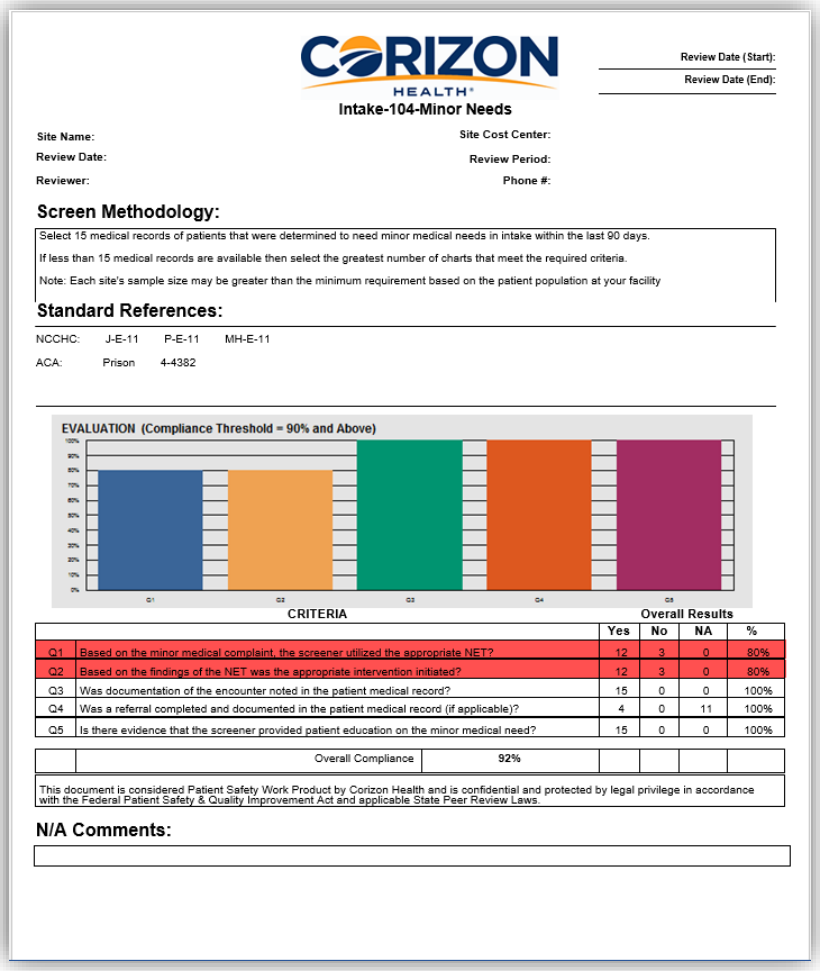
The manual is comprised of a complete overview of the site-level CQI program model, including performance measurement tools to monitor and assess the quality of health care services provided across the continuum of care, from point of entry through release. As such, the CQI program includes both process and outcome quality improvement studies.

Our regional clinical and operations leaders review CQI data on a monthly basis with a quarterly multi-departmental review. Site leadership are accountable for any necessary corrective action plan improvements under the direction and with assistance from regional clinical and operational leadership. This process includes utilizing a checklist tool to ensure that the site is implementing the key components of the program. This data review also gives regional leadership the opportunity to benchmark for quality with other Corizon Health regions.

Dashboard Monitoring

Dashboard reports summarizing CQI activities, monitoring results, improvement activities, assessment of findings, and action plans to correct or improve performance with specific follow-up criteria are generated as required. We make these reports available at the CQI Meeting.

The following is a sample Summary CQI Report that is part of a dashboard.



CORIZON HEALTH

Review Date (Start):
Review Date (End):

Intake-104-Minor Needs

Site Name: Site Cost Center:
Review Date: Review Period:
Reviewer: Phone #:

Screen Methodology:

Select 15 medical records of patients that were determined to need minor medical needs in intake within the last 90 days.
If less than 15 medical records are available then select the greatest number of charts that meet the required criteria.
Note: Each site's sample size may be greater than the minimum requirement based on the patient population at your facility

Standard References:

NCCHC: J-E-11 P-E-11 MH-E-11
ACA: Prison 4-4382

EVALUATION (Compliance Threshold = 90% and Above)

CRITERIA		Overall Results			
		Yes	No	NA	%
Q1	Based on the minor medical complaint, the screener utilized the appropriate NET?	12	3	0	80%
Q2	Based on the findings of the NET was the appropriate intervention initiated?	12	3	0	80%
Q3	Was documentation of the encounter noted in the patient medical record?	15	0	0	100%
Q4	Was a referral completed and documented in the patient medical record (if applicable)?	4	0	11	100%
Q5	Is there evidence that the screener provided patient education on the minor medical need?	15	0	0	100%
	Overall Compliance	92%			

This document is considered Patient Safety Work Product by Corizon Health and is confidential and protected by legal privilege in accordance with the Federal Patient Safety & Quality Improvement Act and applicable State Peer Review Laws.

N/A Comments:

Mandatory Error Reporting Systems

The reporting of errors is an ethical duty that we all must fulfill to maximize the benefits of patient care. Our goal is always to prevent errors, but when an error occurs our focus shifts to identifying, reporting, and implementing controls to prevent future incidents. Every error is viewed as an opportunity to improve patient safety and health. Based on our unique classification system, our system enables us to catch errors as near misses or precursor events, which helps us eliminate the opportunity to advance to a more serious event in nature.

Our system captures the type of error, notification to the provider, description of the error, root cause and actions taken, along with supervisor evaluation of the event. Each event will be categorized and utilized as part of the facility's CQI committee and program. Errors are tracked and trended by our healthcare support team CQI department, with solutions orchestrated by the Quality Improvement and Patient Safety Committee.

The following is the **Medication Incident/Error Reporting Form.**

CORIZON HEALTH

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MEDICATION INCIDENT/ERROR REPORTING FORM

THIS FORM IS CONFIDENTIAL. DO NOT FILE IN THE PATIENT'S HEALTH RECORD.

Date of report: _____ Time of Report: _____ Date/Time Supervisor Notified: _____

Date of Incident: _____ Time of Incident: _____ Facility: _____

Patient Name: _____ DOB: _____ ID#: _____ Housing Unit: _____

Type of Medication Error (*select all that apply*):

Prescribing Error

- ☐ Illegible order
- ☐ Incomplete order
- ☐ Incorrect transcription on MAR
- ☐ Patient has a history of allergy to the prescribed agent
- ☐ Medication ordered by unauthorized person
- ☐ Verbal order
- ☐ Drug selection error
- ☐ Failure to renew prescription

Pharmacy Error

(complete Pharmacy Incident/Error Report)

- ☐ Missing or lost order
- ☐ Timely arrival on site
- ☐ Wrong medication dispensed
- ☐ Wrong quantity dispensed (does not match order)
- ☐ Wrong dosage dispensed
- ☐ Deteriorated, expired or damaged medication
- ☐ Medication dispensed without a current order
- ☐ Order filled for unapproved non-formulary item
- ☐ Shipping error (*describe below*)

Monitoring Error

- ☐ Therapeutic failure
- ☐ Drug level monitoring
- ☐ Failure to renew prescription
- ☐ Side effects

Administration Error

- ☐ Medication administered to wrong patient
- ☐ Patient given the wrong medication
- ☐ Wrong dose of medication administered
- ☐ Wrong route of administration selected
- ☐ Wrong time - medication not given as ordered
- ☐ Incorrect order (dose, route, frequency)
- ☐ Medication wrongly prepared by nursing staff
- ☐ Dose not administered (missed dose)

Labeling Error

(complete Pharmacy Incident/Error Report)

- ☐ Wrong medication name on label
- ☐ Wrong patient name or inmate number on label
- ☐ Wrong dosage dispensed
- ☐ Wrong administration time(s) on container
- ☐ Wrong route on container
- ☐ Wrong quantity number in blister pack/container does not match label
- ☐ Directions on label do not match provider orders
- ☐ Wrong number of refills listed

Other

- ☐ Other (*describe below*)

Name of provider notified: _____ Date/time of notification: _____

☐ New provider orders received; see health record ☐ No new provider orders received

Description of the Medication Error: *Include the name(s) and the dose(s) of medication involved, how the error was discovered, and action(s) taken.* _____

Name of preparing the report: _____ Signature: _____ Title: _____

SUPERVISOR/MANAGER USE ONLY

Medication Error Index*: *Select the patient outcome category that best fits the error reported.*

- ☐ Category A: Circumstance or events that have the capacity to cause error
- ☐ Category B: An error occurred but the error did not reach a patient
- ☐ Category C: An error occurred that reached the patient but did not cause harm
- ☐ Category D: An error occurred that reached the patient and required monitoring to confirm no harm to the patient and/or required intervention to preclude harm

Note: Ensure Medication Error Index Categories are reported to regional leadership on monthly basis, and kept in a separate folder

Supervisor Evaluation: *Identify cause and actions taken to prevent or minimize future errors of this nature. Attach additional documentation, if necessary.* _____

Supervisor/Manager Signature: _____ Title: _____ Date/time: _____

**Reference: 2001 National Coordinating Council for Medication Error Reporting and Prevention. The Medication Error Index classifies medication errors according to the severity of the outcome.*

Site-Specific CQI Program

All Corizon Health KDOC facilities maintain a specific, multidisciplinary, site-level CQI program, as mandated by NCCHC and ACA. To manage this program, each facility has a CQI Committee that meets monthly. Members of the committee include the facility's HSA, the Director of Nursing, the Site Medical Director, and a member of Mental Health (if applicable). The site Dentist and Psychiatrist are required to attend at least one out of every three committee meetings. A representative from the KDOC is also invited to attend at least one meeting, to discuss anything related to custody and security. The HSA can also designate other people to attend, as needed.

The committee monitors the success and outcomes of the offender health programs by collecting, trending, and disseminating data, and developing and monitoring corrective action plans. The committee will also facilitate communication among the disciplines necessary for an integrated health care services program.

Our approach to monitor the quality of care consists of the following:

- Gap Analysis of the Process
- Process Quality Indicators
- Outcome Quality Indicators

The **gap analysis** will compare the processes currently in place within the correctional environment with the potential or desired performance. This technique determines what steps must be taken in order to move from current state to a desired, future state. Site and regional leadership use objective checklists to complete the gap analysis.

In addition, QI screens have been developed for each specific process to examine the quality of care delivered through the process. Gaps in care that are identified are addressed by the CQI Committee and continued to be monitored until the desired performance is achieved.

CQI committee activities are summarized and provided to the KDOC Director of Health Care Compliance each month.

COR Process CQI Calendar with Quality Indicators

Our site team follows a quarterly COR Process CQI Calendar which includes monthly contract specific audits to achieve compliance as delineated by contract.

Based on national standards, NCCHC, and identified best practices used to measure quality improvement, Corizon Health has selected a number of mandatory process and outcome audits that sites complete on a quarterly basis. A few examples of these audits include:

- Diabetes Care
- Infectious Disease
- Cardiovascular Health
- Pregnancy
- Dental

These selected audits help sites review key quality metrics that will assist with ensuring patients are receiving evidence-based quality care.

In addition to these selected audit screens, sites complete COR Process Checks daily, along with completion of their KDOC contract specific required audits screens.

Using this calendar as a framework for consistency in data collection, analysis, and action plans, site leadership determines which quality indicators and monthly self-audit screenings closely mirror the process issues identified at the site. When gaps are identified, a quality improvement plan is initiated and monitored through the Quality Improvement Patient Safety quarterly committee.

Below is an excerpt from the **COR Process CQI Calendar**.

Quality Improvement and Patient Safety (QIPS)	CORIZON HEALTH
CQI	CQI Core Process Audit Calendar 2020

Corizon Health Quarter 1 January – March 2020 (due by March 31st)				
Corizon Health Audit Screens				
Outcome Metrics Audit Screens	• OMAS-CQI-Diabetes Care			
	• OMAS-CQI-Infectious Disease-HIV			
	• OMAS-CQI-Cardiovasular Health			
Process Metrics Audit Screens	• PMAS-CQI-Intake Care			
	• PMAS-CQI-Urgent Emergent			
	• PMAS -CQI-Health Assessment			
	• PMAS -CQI-Medication Management			
Year Begin Screens (Due by Jan 30th)	• AS-CQI-Administrative Review			
	• AS-CQI-Administrative Review-Employee Files			
Core Process Check Up		Gaps /Score	QIP (X)	Additional Information
Core Process Checks-Operations Checklist-Intake				
Core Process Checks-Operations Checklist-Urgent Emergent				
Core Process Checks-Operations Checklist-Health Assessment				
Core Process Checks-Operations Checklist-Medication Management				
Core Process Checks-Audit Screens 1101-1107 -Behavioral Health				
Contract Specific Audit Screens		Gaps /Score	QIP (X)	Additional Information

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Health Record Reviews

As part of our site CQI program, the Site Medical Director reviews 15 active health records each month. This review focuses on the appropriateness of the care provided by the nursing staff, advanced practice providers and other physicians, as documented in the health record. Results are reviewed and discussed during the monthly CQI meeting. CQI self-audit screens are utilized as a tool to record the information collected and aids in the analysis of the data. Once issues are identified then a quality improvement plan is implemented to correct systems that may need improvement.

Corizon Health provides a minimum of one (1) process and/or outcome quality improvement study per year. These studies are conducted with the objective of monitoring the health care services provided and will include collecting, trending and disseminating data, as well as developing and monitoring any corrective action plans. The following types of studies have been performed: Influenza Outcomes, Blood Glucose Levels, Coumadin / INR levels, Sick call process review, and Restraint Placement Monitoring.

When projects are necessary, the involvement of site, regional and Healthcare Support Teams are essential to ensure improvement on all levels of the organization.

Quality Improvement and Patient Safety (QIP)	CORIZON HEALTH Form	
Event or Audit Date:	Site:	CC#:
(PSE) Patient Name:	(CQI) Audit Screen Name:	
Performed by (Name & Title):		

ISSUE/PROCESS/POLICY IDENTIFIED (ROOT CAUSE)	RECOMMENDATION FOR IMPROVEMENT / ACTION PLAN	OWNER / ASSIGNED TO	AUDIT DATES	STATUS/ UPDATE	TARGET COMPLETION DATE	RESOLUTION STATUS
Taxonomy Code: Patient Safety:_____ Individual Failure:_____ System Failure:_____						
1.						
Taxonomy Code: Patient Safety:_____ Individual Failure:_____ System Failure:_____						
2.						
Taxonomy Code: Patient Safety:_____ Individual Failure:_____ System Failure:_____						
3.						

Outcome Measures

Outcome measures focus on the patient's response to care delivery, examining discrete, patient-specific endpoints. They reflect the impact of the healthcare services or interventions on the health status of patients. For example:

- The percentage of patients with diabetes who had an A1c > 9%
- The rate of surgical complications or hospital-acquired infections

Outcome studies have site-specific meaning and relevance, based on process study findings from self-audits, monthly review of reports, Chronic Care Indicators and Key Performance Indicators (KPIs). KPIs include inpatient days, emergency room days and outpatient referrals. Chronic Care Indicators monitor lab trends which can be reviewed for analysis and application.

Our clinical analytics teams provide data to site and regional leadership to help guide care for offenders that is equitable, efficient, and avoids overuse or underutilization of necessary services.

Information collected in our CQI database is analyzed using dashboard reports that are trended based on site locations and actual percentages of compliance scores within an audit screen. During this analysis it can be determined if issues are generating from one particular region, facility or staff group. When precursors to errors are identified, the goal is to systematically think about how to decrease risk to patient care and simultaneously start the development of an improvement plan or project.

Based on the foundation laid by the Institute for Healthcare Improvement, Corizon Health utilizes different tools to assist in analysis of data and determine a mechanism to correcting those systems or processes that may have gaps. Other tools utilized to analyze errors are:

- Root Cause Analysis templates - Determine the potential cause of identified issues
- Driver Diagram - Visually displays what drives the achievement of a project goal
- Cause and Effect Diagrams - Determine what changes facilities can test to improve a process
- Failure Modes and Effects Analysis - Systematic, proactive analysis of a process in which a harm occurred
- Process Maps/Workflows - Review the sequence of steps in the process
- Pareto Charts - Reveal the factors that have the greatest contribution to the effect
- Plan Do Study Act Worksheets - Document the testing of a change
- Project Planning Forms/Project Charters - Determine the key components of the entire process improvement project
- Quality Improvement Plan - Highlights the plan for improvement of identified issue

4.10.2 Quality Improvement Program

4.10.2 Quality Improvement records shall be maintained on-site at each facility as well as forwarded to the Contractor's regional office. The Contractor's regional office staff is responsible for identification of statewide trends in health care compliance and shall incorporate corrective action planning in the CQI program.

Quality improvement records are maintained at each facility and forwarded to Corizon Health's regional office. Ms. Johnson, working with Lacey Osman, Acting Regional Director of Nursing, are responsible for identifying statewide trends in health care compliance. These trends are then incorporated in corrective action planning in the CQI program.

4.10.3 Health Services Report Numbers to be Submitted to KDOC

4.10.3 As part of this program the CQI Coordinator will be responsible for providing accurate Health Services Report (Appendices L, M, and N) numbers on a monthly basis to be submitted to KDOC.

Ms. Johnson will continue to be responsible for providing the Health Services Report numbers to the KDOC on a monthly basis.

4.10.4 Summary of CQI Activity

4.10.4 The Director of Health Care Compliance shall receive a summary of all CQI activity each month, to include compliance threshold, problem tracking reports, and corrective action plans. Joint quarterly meetings will be held between the Office of Health Care Compliance (OHCC) and the Contractor to evaluate the quality of the health care being provided as documented by the CQI program data. OHCC can mandate areas of concern be monitored by the Contractor's CQI Process in order to maintain quality of care across the system. It is understood that the Contractor may have interest in CQI processes that can compare work performed in Kansas with other contracts they in which they may be engaged, however the CQI program must look specifically at health care processes specific to the KDOC regardless of what issues are being monitored across the Contractor's other contracts. The Kansas specific CQI plan must identify indicators that are being met, indicators which are not being met, action plans to correct the indicators not being met, and a plan for re-evaluation until all indicators are met.

Ms. Johnson will provide a summary of all CQI activity each month to the Director of Health Compliance. The report includes compliance threshold, problem tracking reports, and corrective action plans. Ms.

Johnson participates in quarterly meetings with the Office of Health Care Compliance (OHCC) to evaluate the quality of the healthcare being provided as documented by the CQI program data we submit.

Corizon Health understands that OHCC can mandate areas of concern be monitored by our CQI Process in order to maintain quality of care across the system. It is understood that Corizon Health may have interest in CQI processes that can compare work performed in Kansas with other contracts in which we are engaged; however, our CQI program looks specifically at health care processes specific to the KDOC regardless of what issues are being monitored across our other contracts.

As noted above, our site team follows a monthly COR Process CQI Calendar to achieve compliance as delineated by the contract. This calendar is used as a framework to identify indicators that are being met, indicators which are not being met, action plans to correct the indicators not being met, and a plan for re-evaluation until all indicators are met.

4.10.5 EHR System Reports

4.10.5 Included in the plan will be the use of EHR system to obtain reports outlined by the CQI Coordinator and the EHR Committee as outlined in section 4.20. If the reports are found to retrieve incorrect data, the Contractor will correct the electronic reports so that the correct data is retrieved within 30 days.

Corizon Health confirms the EHR will be used to obtain reports outlined by our CQI Coordinator and the EHR Committee as outlined in section *4.20 Health Information Management.* If the reports are found to have retrieved incorrect data, Corizon Health will correct the electronic reports, so the correct data is retrieved within 30 days.

4.11 Contract Monitoring/Management and Directing Services and Peer Review

4.11.1 OHCC to Provide Management, Oversight Staff, Observation, Assessment

4.11.1 The OHCC shall provide management and oversight staff for professional, contract management and oversight, observation of treatment, and assessment of program outcomes.

Corizon Health acknowledges that the OHCC will provide management and oversight staff for professional, contract management and oversight, observation of treatment, and assessment of program outcomes.

4.11.2 OHCC to Provide Peer Review

4.11.2 The OHCC shall provide peer review for patient care cases relative to this contract.

Corizon Health acknowledges that the OHCC will provide peer review for patient care cases relative to this contract.

4.11.3 Staff to Support OHCC Audits

4.11.3 The Contractor's regional office staff and site staff shall support and cooperate with scheduled and unscheduled audits of selected health care areas as developed and required by the OHCC. The Contractor

acknowledges that the OHCC staff have the right to conduct these audits on behalf of the KDOC without the presence of Contractor's Regional Office staff.

Corizon Health'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. Corizon Health acknowledges that the OHCC staff have the right to conduct these audits on behalf of the KDOC without the presence of our regional office staff.

4.11.4 Submission of Death Summary

4.11.4 In instances of offender deaths, the HCP shall complete a death summary and submit the summary to the OHCC within seven (7) days from the date of death. KDOC shall make arrangements for all autopsies as required by law and KDOC policy. The Contractor shall 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 instances of offender deaths, Corizon Health's HCP will complete a death summary and submit the summary to the OHCC within seven (7) days from the date of death. Corizon Health acknowledges that the KDOC will make arrangements for all autopsies as required by law and KDOC policy.

Corizon Health 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.

Sentinel Events

The Health Services Administrator (HSA) will be responsible for the coordination of the administrative review of all deaths in custody and the implementation of any recommendations that can improve care and prevent future deaths. The clinical mortality review will be conducted by a physician not involved in the patient's treatment. The treating HCP may be involved in the mortality review process but may not independently complete the review. The Site and Regional Medical Director are responsible for ensuring the review is completed as defined by Kansas State Statute, NCCHC standards, and Corizon Health's Sentinel Event policy.

Corizon Health has established a multidisciplinary clinical committee focused on site and organizational process improvements through implementation of meaningful solutions and incorporation of these solutions into Corizon Health as an organization. Corrective action plans identified through Patient Safety Event Review are monitored for appropriateness by the clinical Patient Safety Event Committee (PSEC), and then tracked for completion and implementation.

These corrective actions do not just focus on individual performance, but on system and process defects that contribute to human error. Corizon Health actively strives to correct potential process weaknesses before patient safety events occur. This proactive, preventive process closes the loop on patient safety event review. It changes data gathering into a meaningful process improvement that does more than generate reports and statistics; it truly enhances the quality and safety of care.

In order to deliver best practices, and design process improvements that enhance the quality of care, we recognize that we must have an effective reporting system. Sentinel Event reporting allows us to know about and understand both our successes and opportunities for improvement.

Corizon Health's Sentinel Event reporting process is completed through a HIPAA-secure, web-based platform that is accessible to site leadership to enter standardized review data, to Regional Medical Directors to review the information entered by the site review, and then to corporate quality and safety team members to complete the cascading audit process. **This multi-tiered review process ensures increasing objectivity to capture performance and system issues that may require corrective action plans.**

As part of the process, sentinel events are confidential and protected by legal privilege in accordance with state peer review law. Additionally, **Corizon Health is participating with a federally qualified Patient Safety Organization (PSO)**, the Center for Patient Safety. As such, all quality and safety data are considered to be Patient Safety Work Product and is confidential and protected by legal privilege in accordance with the Federal Patient Safety & Quality Improvement Act. **This provides a "safe haven" for authentic, transparent quality and safety review without fear of disclosure.**

Corizon Health considers all mortalities and completed suicides as sentinel events. We also review other non-mortality events as defined in our Patient Safety Event Policy and Procedure. Mortality reviews are conducted in compliance with NCCHC standard P-A-09 and our published and proprietary Patient Safety Event Policy and Procedure.

4.11.5 Serious Incident Review

4.11.5 The Contractor shall be required to perform 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. The Contractor shall provide a copy of the Serious Incident Review to the Director of Health Care Compliance within thirty calendar (30) days of the serious event.

Corizon Health will perform a Serious Incident Review (SIR), chaired by our 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. We will provide a copy of the Serious Incident Review to the Director of Health Care Compliance within thirty calendar (30) days of the serious event.

4.11.5.1 The SIR shall be treated as and considered a part of the Peer Review process.

The SIR will be treated as and considered a part of the Peer Review process.

4.11.5.2 The SIR shall be structured and follow generally accepted practices for completing such investigations (e.g., "root cause analyses").

The SIR will be structured and follow generally accepted practices for completing such investigations (e.g., "root cause analyses").

4.11.5.3 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 fourteen (14) days of the submission of the SIR report).

If warranted, Corizon Health will develop separate corrective action plans to address any issues identified as part of the SIR, which will include a timeline for completion and the individual staff responsible for the completion. Such plans will be provided to the OHCC either as part of the SIR, or as a separate document. We understand that if it is to be a second document, it is to be submitted to the OHCC within fourteen (14) days of the submission of the SIR report.

4.11.6 Allow OHCS Access

4.11.6 The Contractor must 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. This includes, but is not limited to:
4.11.6.1 Scheduled and unscheduled site level team, departmental or service-wide meetings.
4.11.6.2 Daily, weekly and/or quarterly oversight, quality, planning and review meetings and/or teleconferences.
4.11.6.3 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.
4.11.6.4 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.

Corizon Health's plan 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. 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.

4.11.7 Internal Peer Review Plan

4.11.7 The Contractor shall include a plan for an internal peer review program, established for HCPs practicing in the KDOC system. As part of the CQI program HCPs shall be required to evaluate their own and other HCP's documentation of health care practices.

Since individual performance and accountability is key to a culture of patient safety, peer review is a component of Corizon Health's patient safety program. The purpose of our peer review process is to enable both parties to enhance healthcare provided to offenders. Peer reviews are completed by individuals with at least equal credentials and training. An annual peer review is required as part of our 3-year re-credentialing requirement for providers. As part of the CQI program, HCPs are required to evaluate their own and other HCP's documentation of health care practices.

Peer review helps the reviewer to understand the processes, needs, and challenges with which the provider must deal on a daily basis, in a difficult prison setting, while providing the HCP with insight into his/her clinical skills and focused feedback regarding clinical outcomes. HCPs subject to peer review

include Corizon Health credentialed physicians, psychiatrists, dentists, and mid-level practitioners (i.e. Nurse Practitioners and Physician Assistants). As part of the CQI program, HCPs are required to evaluate their own and other HCP's documentation of health care practices.

This is a fluid process performed together by the reviewer and the practitioner through dialogue and conversation to enhance competence and focus resources on areas needing improvement. This process is not a performance review.

The qualitative questionnaire for Corizon Health's Practitioner Peer Review assesses the six (6) areas of competency recommended by the **Accreditation Council for Graduate Medical Education** (ACGME) for peer performance:

- Patient Care
- Medical/Clinical Judgement
- System-Based Practice
- Practice-Based Learning
- Interpersonal Communication
- Professionalism

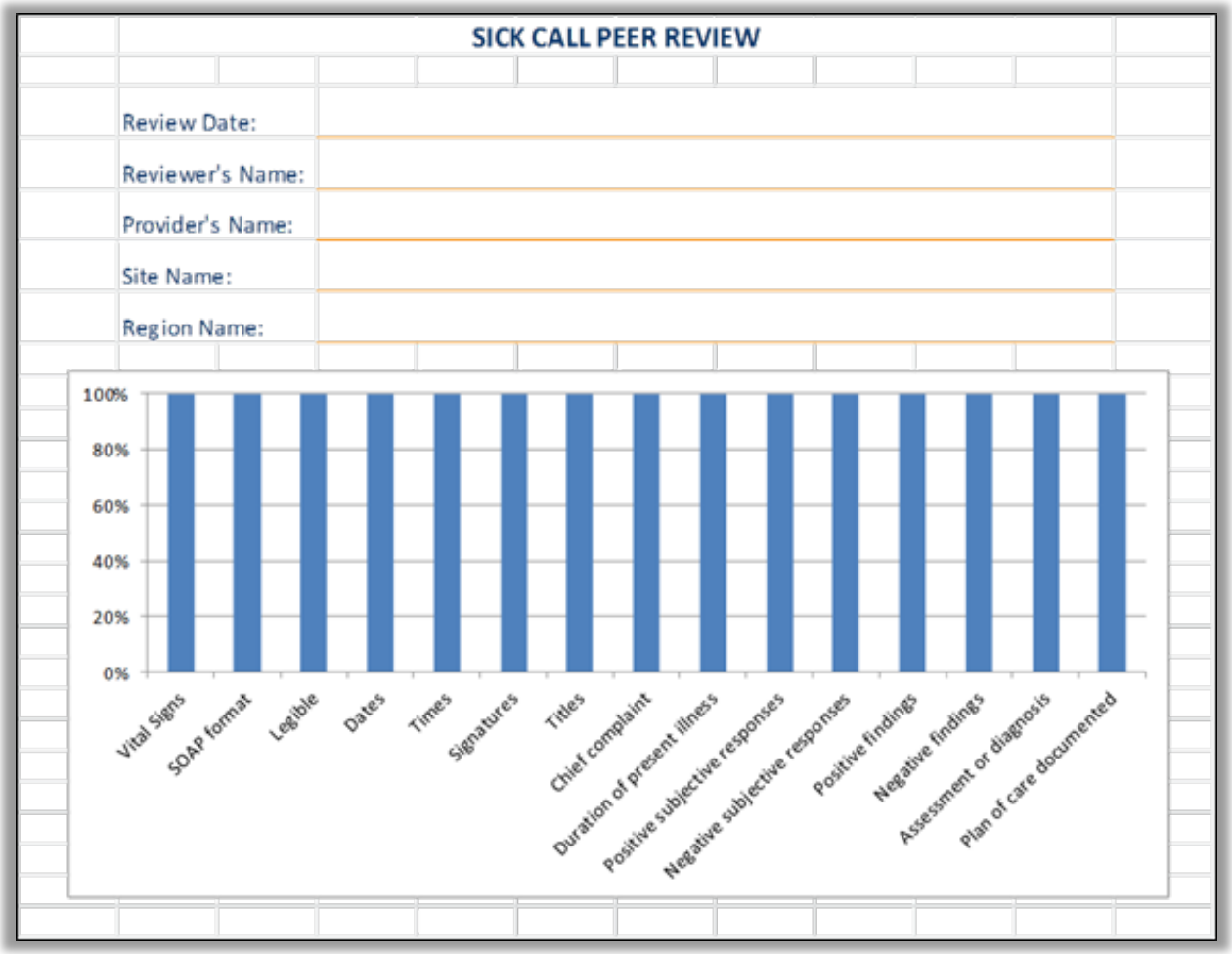
Corizon Health also has peer review tools to quantitatively audit patient records such as sick call, infirmary, or chronic care. The tool includes a series of questions that generate a summary graph. For example, the following are examples of our sick call peer review tools.

Patient Record Number:															
	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A
Vital signs are recorded?															
Progress note documentation is in the approved format (i.e. SOAP)?															
Documentation is legible?															
Documentation includes date of encounter?															
Documentation includes time of encounter?															
The provider's signature is documented?															
The provider's title is documented?															
The history of present illness contains the patient's chief complaint?															
The history of present illness contains the duration of present illness?															
The history of present illness lists pertinent positive subjective responses?															
The history of present illness lists pertinent negative subjective responses?															
The physical exam documents pertinent positive findings?															
The physical exam documents pertinent negative findings?															
A primary assessment or diagnosis is documented?															
A plan of care is documented?															

Instructions

Key Code: Y = Yes / Present N = No / Absent NA = Not Applicable

Enter the number "1" for all responses (yes, no, or N/A). This allows the computer to tabulate answers on page 3 and populate the graph on page 1.



In the event a provider does poorly through the peer review process, the supervising physician is responsible for establishing an action plan to address deficient areas and monitoring compliance and progress. For example, this may include a recommendation for additional education and training. If Corizon Health is unsuccessful in assisting a practitioner reach an acceptable level of performance, then appropriate actions are taken.

Peer review, as performed under patient safety and quality improvement, is confidential and protected by legal privilege in accordance with state peer review law.

Risk Management

Risk management is essential to Corizon Health's CQI program and as such, we will work proactively to address loss exposures and risk issues. Quality and safety improvements ultimately translate to improved risk management and good business practices. Patient safety, a key component of our CQI program, is described in the paragraphs that follow.

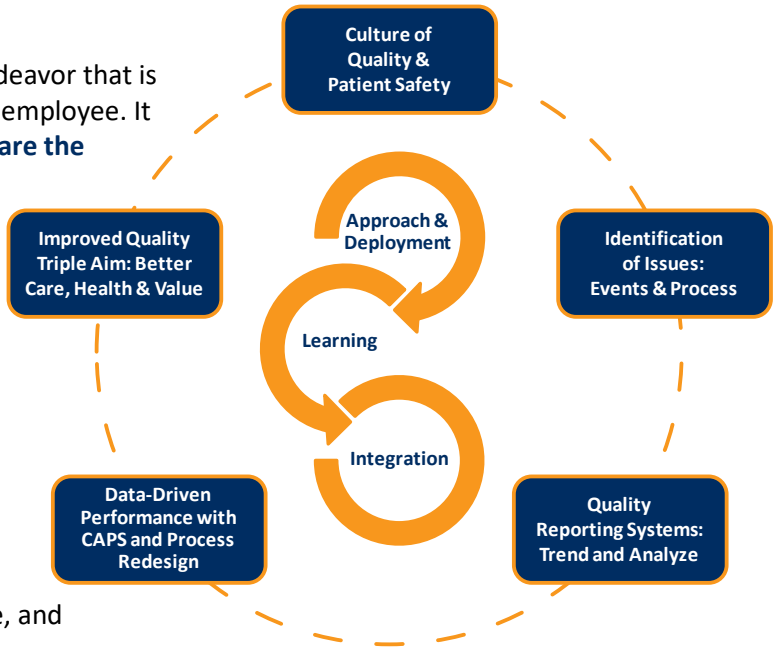
Additionally, Corizon Health utilizes Riskonnect, an industry-leading and award-winning electronic Risk

Management Information System. Used by many leading health care companies, Riskonnect consolidates and enhances relevant risk information, including claims/incidents, policy, exposure, property data, legal documents, and safety details into a single, integrated repository.

Mortalities from medical errors are reported to be the third leading cause of death in the United States. Patient safety issues are amplified in the correctional healthcare setting where many patients have complex health issues, many have lacked access to primary healthcare, and care must be delivered in an environment built for security.

To address this concern, Corizon Health developed a unique Patient Safety program as a standard of excellence for quality and safe patient care in the correctional healthcare setting. Our focus on patient safety recognizes the importance of engagement from our healthcare employees through processes that help them perform well and "do the right thing."

The Patient Safety Program is a company-wide endeavor that is actively supported by each department and every employee. It is our expectation that **quality and patient safety are the responsibility of every individual in the company, which is why SAFETY is our number one SMART value; Safety, Motivation, Accountability, Respect and Teamwork.**



Patient Safety Program Purpose

The purpose is to objectively and systematically, monitor and evaluate the appropriateness, efficiency, safety and effectiveness of care and services utilizing a multi-dimensional and trans-disciplinary approach. Corizon Health core processes are systematic, effective and repeatable, and are used consistently across the organization.

Corizon Health not only collects the clinical and operational data; we are dedicated to analyzing, trending and identifying opportunities for improvement**.** Improvement strategies and actions are then implemented, measured and evaluated over time to determine if the changes result in meaningful improvements. Corizon Health has adopted the National Patient Safety Foundation's RCA[2]: Root Cause Analysis and Action, to emphasize the importance of taking action on opportunities for improvement. Whether clinical issues or systems and processes need action, we are dedicated to ensuring continuously improved healthcare delivery.

Quality and safety improvements ultimately translate to improved risk management and good business practices. Corizon Health remains focused on an integrated performance model that captures the importance of quality, cost and value.

Models for Patient Safety and Quality Healthcare

Our Patient Safety model is dedicated to providing safe, quality healthcare for our patients through adoption of nationally recognized goals. These include the following:

- Institute for Healthcare Improvement's (IHI) *Triple Aim*;
- The Institute of Medicine's (IOM) *Six Aims for Quality Healthcare*;
- The National Patient Safety Foundation's (NPSF) *Free from Harm: Accelerating Patient Safety Improvement Fifteen Years After To Err Is Human*: and
- The "Just Culture" concept for accountability practices.

The IHI Triple Aim model of quality care is defined by the following:

Better Care

- Improved care coordination
- Improved patient and care-giver experiences

Better Health

- Improved chronic care management for at risk populations
- Improved preventative health and community health

Better Affordability

- Reduced unnecessary costs
- Reduced and simplified administrative costs

The Triple Aim components reflect the six aims for quality care outlined in the original IOM report, "To Err is Human: Building a Safer Health System."

- **Safety:** Healthcare should be safe in all of its processes, for all patients, all of the time; while avoiding harm to patients from the care that is intended to help them.

- **Effectiveness:** Providing healthcare services to all who could benefit, utilizing evidence-based knowledge and refraining from providing services to those not likely to benefit (avoiding underuse and misuse of services, respectively). Evidence-based practice requires that those who provide care consistently avoid both underuse of effective care and overuse of ineffective care that may be more likely to cause harm than help the patient. Evidence-based practice is the integration of current medical evidence with clinical expertise and patient values.

- **Patient Centeredness:** Providing care that is respectful of and responsive to individual patient preferences, needs and values while ensuring that patient values guide all clinical decisions. The right of patients to be informed decision-makers is well recognized, but not always well implemented. Informed consent should encompass informed "choice."

- **Timeliness:** Reducing potentially harmful delays. Timeliness is an important characteristic of any service and is a legitimate and valued focus of improvement in health care and other

industries. In addition to emotional stress, physical harm may result from a delay in diagnosis or treatment. Delays in diagnosis and treatment are among the most common diagnostic errors resulting in malpractice claims and poor outcomes. Delays often result in potentially preventable complications.

- **Efficiency:** Avoiding waste, including waste of equipment, supplies, ideas and energy. In an efficient health care system, resources are used to get the best value for the money spent. The opposite is waste, which is defined as the misuse of resources without benefit to the patient.

- **Equity:** Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location and socioeconomic status. This aim has two dimensions: equity at the level of the population and equity at the level of the individual. Corizon Health standardization strives to achieve equity companywide across the regions where services are provided.

National Patient Safety Foundation

Corizon Health has partnered with the National Patient Safety Foundation (NPSF) whose core mission is "improving the safety of care provided to patients." The following highlights our partnership with NPSF:

- Safety training and education through NPSF Professional Learning Series;
- NPSF resources and tools to facilitate safety culture development and enhancement of teamwork, communication and accountability across the continuum of care;
- Access to the *Lucian Leape Institute's* strategic patient safety efforts;
- Learning opportunities from NPSF Corporate Council, publications, and literature alerts;
- Access to the Agency for Health care Research and Quality (AHRQ) Survey of Patient Safety Culture for data comparisons and benchmarking; and,
- Annual participation in NPSF Patient Safety Awareness Week.

4.12 Utilization Management Program

4.12.1 The Contractor shall specify a detailed plan for implementation and maintenance of a utilization management (UM) program. Addressed in this section shall be the mechanism by which the Contractor plans to control health care cost areas in which the cost savings will be achieved and evidence of success for such a program in other contract sites.

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

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

Our UM Mission: Providing the Right Care, in the Right Setting, at the Right Time.

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

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

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

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

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

- In accordance with the generally accepted standards of medical practice (i.e. community standard of care);
- Clinically appropriate in terms of type, frequency, extent, site, duration, and considered effective for the patient's illness, injury or disease;
- Not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease; and
- Not primarily for the convenience of the patient, correctional agency or healthcare provider.

Corizon Health UM processes ensure patients are provided with medically necessary health care.

Clinical Teamwork

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

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

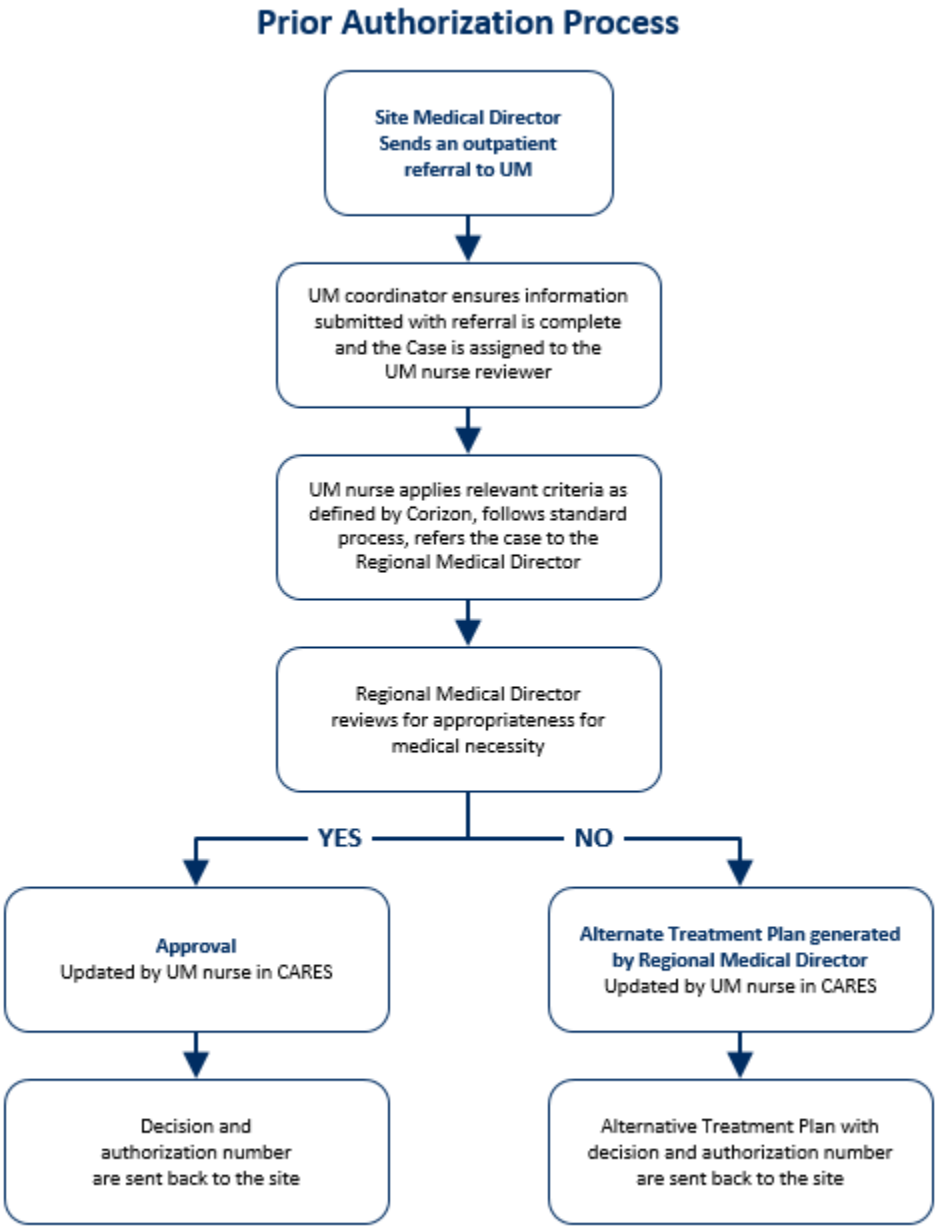
In addition to Dr. Harris, **Jennifer Koppen, RN, CCHP**, serves as our **Regional UM Nurse** and manages inpatient and outpatient appointments. In addition to managing patients directly, she works collaboratively with Dr. Harris and the KDOC to ensure patient care and safety. Ms. Koppen is based in our regional office. A copy of her resume is provided in **Attachment F.**

Prior Authorization/Pre-Certification

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

For prior authorization/pre-certification, the Site Medical Director (SMD) typically initiates the request and the information is referred to the UM team. Our team of nurses and physicians perform a detailed review of the case. If Dr. Harris concurs with the request, the service is authorized, and an appointment is scheduled. In those instances where, in the opinion of Dr. Harris, an alternative treatment plan would be more appropriate, he confers with the SMD to establish the most effective plan of care.

When services are requested that have been shown to produce the same or better outcomes when managed on-site, or are considered inappropriate, unnecessary or elective, review by Dr. Harris is required prior to authorization. As illustrated by the flowchart below, our process facilitates discussion on cases where our UM physicians believe the requested care may be served better through an Alternative Treatment Plan.



Inpatient Admissions

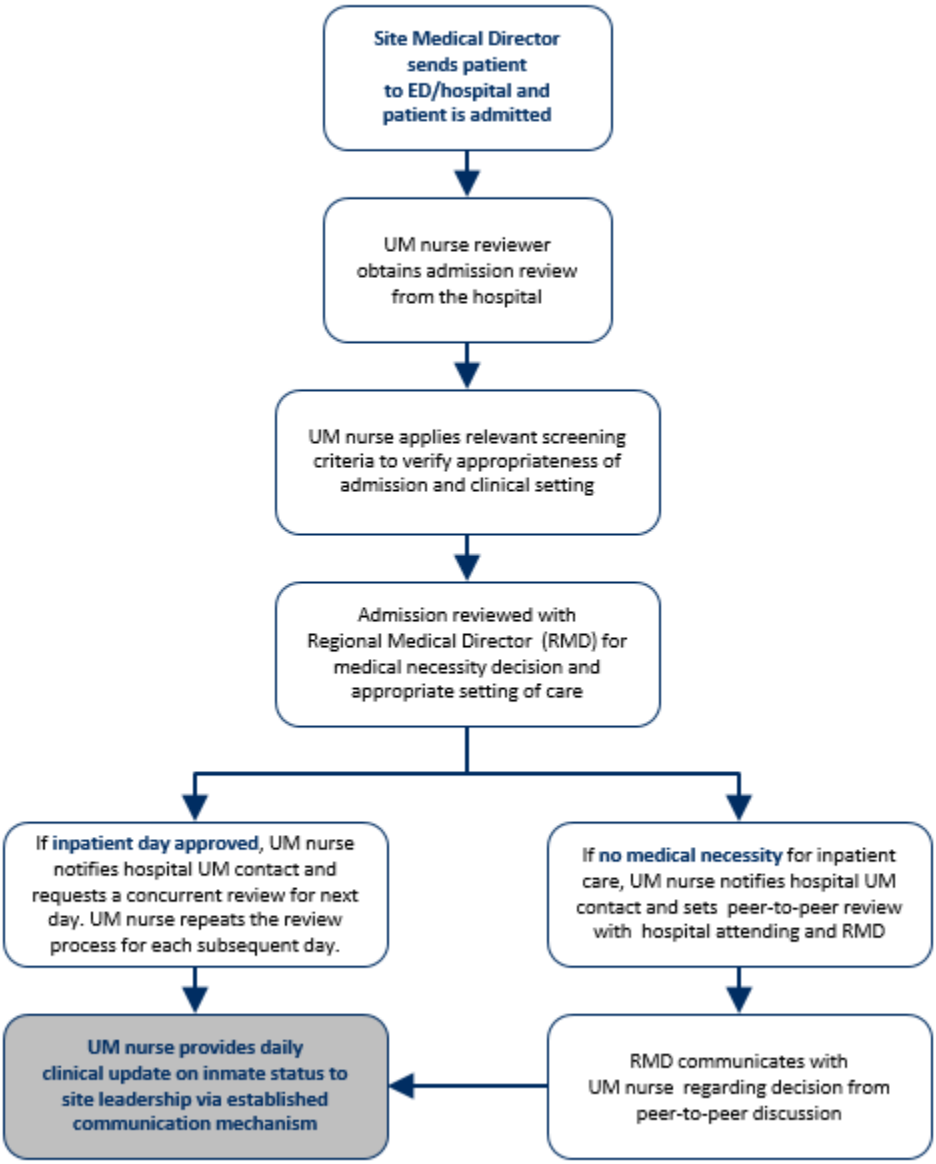
We believe it is essential that patients have an effective treatment plan that includes realistic treatment goals and a credible discharge plan. Because of this, **discharge planning from the hospital begins on the day of admission**. Our review process for inpatient admissions includes (but is not limited to) the following:

- Admission review by Dr. Harris to verify that hospitalization is necessary;

- Contact with the attending physician to determine a treatment plan and to obtain an estimated length of stay;
- Contact with the hospital's utilization management department to authorize the admission and certify length of stay; and
- Discharge planning.

The flowchart below illustrates our inpatient UM process:

Inpatient Utilization Management



Concurrent Review

For patient hospitalization, Corizon Health uses concurrent review. Through the concurrent review process, we monitor appropriateness of the care, the setting, and the progress of discharge plans. This ongoing review is directed at maintaining quality and effectiveness of care and keeping costs as reasonable as practicable.

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

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

Retrospective Review

We apply both retrospective review and prospective review to Emergency Department (ED) visits. This has enabled us to divert sending offenders offsite by applying treatment plans on site.

Through retrospective review, we evaluate the appropriateness and identify trends in ED utilization. The data collected identify trends and support recommendations to decrease inappropriate use of emergency facilities. The SMD is clinically responsible for the decision to refer a patient to an ED for treatment.

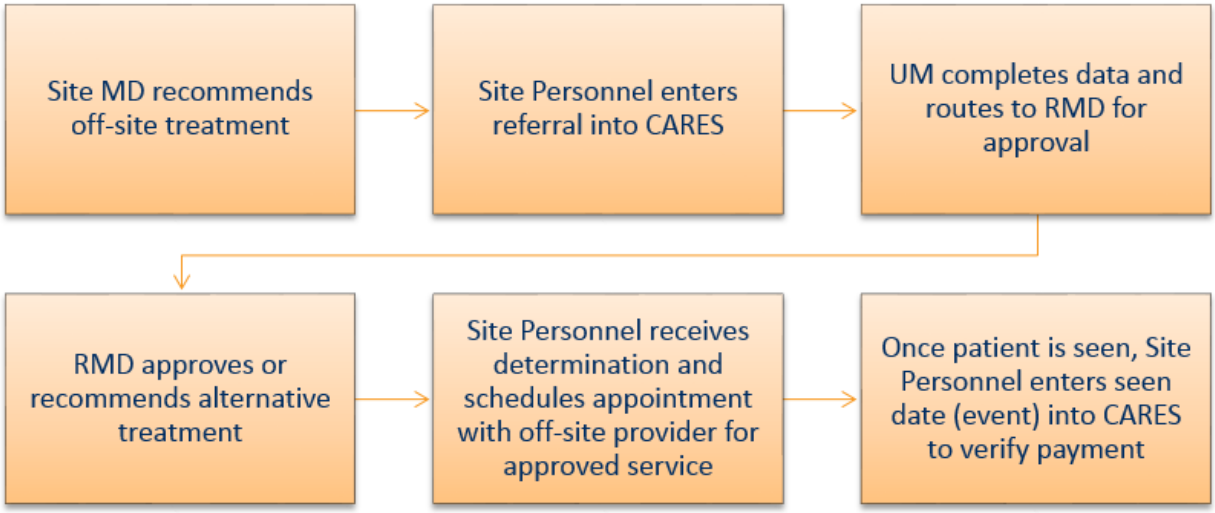
Collaboration and Communication

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

Tracking and Monitoring Appointments

CARES, **C**orizon **H**ealth's **A**uthorization **R**equest & **E**vent System, was developed by Corizon Health to replace the paper-driven utilization management referral process. Providing accountability and visibility to all users throughout the referral process, CARES offers automated management/tracking of off-site appointments and verification when the scheduled off-site care is complete. Additionally, on a daily basis, Jennifer Koppen, RN, CCHP, our Regional UM Nurse adds the information obtained from the daily inpatient clinical review and hospital records into CARES so it is available to Dr. Harris and clinical leadership team on a real-time basis.

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



Noted above, and shown in the screenshot below, CARES also provides automated appointment and verification tracking that is visible to site personnel and trackable throughout the history of the referral.

For example, if a patient has a scheduled appointed and for any reason the appointment needs to be rescheduled, site personnel will be able to track the date and time of the rescheduled appointment and the reason for the rescheduling.

The APPOINTMENT & VERIFICATION screen displays:

APPOINTMENTS & VERIFICATION

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

Submit Schedule GO

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

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

4.12.2 Plan for Implementation and Maintenance of UM Program

4.12.2 The plan will also include 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. Contractor shall be responsible for all clinical decisions and hospital discharge planning.

This responsibility is performed by the KUMC client monitor utilizing information gathered by Corizon Health's site staff who assist in gathering the needed data for the completion of Medicaid applications.

Corizon Health's UM program, described in the preceding paragraphs encompasses our responsibility for clinical decisions, under the leadership of Dr. Harris and hospital discharge planning.

4.12.3 Inpatient Services

4.12.3 Inpatient services are currently part of the comprehensive healthcare price. Medicaid provides for offenders that are released to the hospital greater than twenty-four (24) hours, for patients under age 19, pregnant females, chronic disease resulting in disability, and over age 65. This has historically for the last three (3) years (FY 2017 – FY 2019) represented thirty-nine (39%) of our inpatient hospital days. The OHCC assists both KDOC and KDHE in administering the plan. The contractor is responsible for cooperating and assisting eligible offenders in completing Medicaid applications and forwarding those applications to the OHCC. In addition, the Contractor is responsible in providing OHCC with a detailed list of inmates who are inpatient at a community hospital; this includes access to any record(s)/communication(s) that will assist in determining Medicaid eligibility. The OHCC coordinates with KDHE and KDOC for eligibility determinations. Any monies paid by Medicaid to off-site hospitals for those offenders qualifying will be deducted at 100% rate from the Contractor's monthly payments.

Corizon Health acknowledges that inpatient services are currently part of the comprehensive healthcare price and that Medicaid provides for offenders that are released to the hospital greater than twenty-four (24) hours, for patients under age 19, pregnant females, chronic disease resulting in disability, and over age 65. We also acknowledge that the OHCC assists both the KDOC and KDHE in administering the plan.

Corizon Health will continue to be responsible for cooperating and assisting eligible offenders in completing Medicaid applications and forwarding those applications to the OHCC. We will also provide the OHCC with a detailed list of offenders who are inpatient at a community hospital to include access to any record(s)/communication(s) that will assist in determining Medicaid eligibility. Corizon Health acknowledges that the OHCC coordinates with KDHE and KDOC for eligibility determinations. Any monies paid by Medicaid to off-site hospitals for those offenders qualifying will be deducted at 100% rate from Corizon Health's monthly payments.

4.12.4 Data Entry into EHR System

4.12.4 The Contractor shall be responsible for entering and updating data into the EHR system which includes 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.

Corizon Health staff will be responsible for entering and updating data into the EHR system which includes offender history of birth records, Medicaid beneficiary ID numbers, current medical insurance, and disability claims. This information is obtained as part of the mental health and medical intake process.

4.12.5 Electronic Records Used to Measure Compliance

4.12.5 KDOC understands that the Contractor may have proprietary methods of documenting utilization management activities. Regardless, the KDOC considers the EHR to be the official documentation source of all utilization management activities. As OHCC reviews records for ascertaining compliance with the utilization management aspects of this contract, the electronic record will be the only source utilized to measure compliance.

Corizon Health acknowledges that the KDOC's EHR is the official documentation source of all utilization management activities. As the OHCC reviews records for ascertaining compliance with the utilization management aspects of this contract, the electronic record will be the only source utilized to measure compliance.

4.12.6 Utilization Decision Making Process

4.12.6 The Contractor's utilization management program must outline the process for how health care decisions will be made. Utilization decisions are required to be made by the Kansas-licensed Regional Medical Director based in an established Kansas Regional Office with access to the KDOC's EHR utilizing appropriate community standards of care. The Contractor will update decision-making processes as community standards of care are updated during the life of the contract. The contractor shall be responsible for all clinical decisions. Examples of unacceptable utilization management practices include, but are not limited to:

4.12.6.1 Documenting UM activities, medical information, medical care plans using proprietary methods but not in the EHR.

4.12.6.2 Making UM care decisions by non-Kansas licensed physicians located outside of Kansas without access to the EHR.

4.12.6.3 Using alternative treatment plans that are not based on current standards of care.

Utilization decisions are made by our Regional Medical Director, Dr. Barry-Lewis Harris, who is based in Corizon Health's regional office in Topeka. Dr. Harris has access to the KDOC's EHR utilizing appropriate community standards of care. Corizon Health will update decision-making processes as community standards of care are updated during the life of the contract.

Corizon Health will be responsible for all clinical decisions and acknowledges that unacceptable utilization management practices include, but are not limited to:

- 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.

4.12.6.4 The Contractor 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, the amount of time between actual decision until procedure/consultation completed. The Contractor'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.

Corizon Health has developed and implemented a Self-Audit Screen tool to conduct CQI studies of utilization practices that includes assessment of the timeliness between the actual decision and the necessary procedure/consultation scheduled and the amount of time between the actual decision until the procedure/consultation is completed. A copy of this Self-Audit Screen tool is provided in **Attachment O.** An excerpt is shown below.

905-AS-Ancillary Offsite Services Self-Audit Screen

Site Name: _____ **Site Cost Center:** _____

Review Date: _____

Reviewer: _____ **Phone #:** _____

Screen Methodology:

1	Select at least 15 health records of patients who had offsite services (seen by offsite specialist) within the last 90 days.
2	If less than 15 health records are available then select the greatest number of charts available.
3	Note: Each site's sample size may be greater than the minimum requirement based on the patient population at your facility

Dr. Harris, or his designee if he is not available, will continue to meet with the OHCC to jointly review UM activities and/or specific cases.

4.13 Reports and Manuals

4.13.1 Reports and Manuals

4.13.1 The Contractor's regional office staff is 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 shall include, but not be limited to:

4.13.1.1 Policy and Procedure Manual.
4.13.1.2 Quality Improvement Manual & Reports.
4.13.1.3 Infectious Disease Control Manual & Reports.
4.13.1.4 End-of-life Hospice Manual.
4.13.1.5 EHR Manual.
4.13.1.6 Hepatitis Control Protocols.
4.13.1.7 Treatment Guidelines.
4.13.1.8 Behavioral Health Treatment Manual.
4.13.1.9 Monthly Meeting minutes as required by NCCHC and/or ACA.
4.13.1.10 Health Services Report (sample provided in Appendix L, M, and N).
4.13.1.11 Inpatient Hospital Report.
4.13.1.12 Infirmary Report.
4.13.1.13 Infectious Disease Control Report.

4.13.1.14 Utilization Management Weekly Offsite Appointment Schedule.
4.13.1.15 All reports as described in this RFP.

Corizon Health's regional office staff will be responsible for writing, maintaining, and producing copies of the reports, manuals, and guidelines listed above that are used to assist facility staff in the daily management and handling of health care issues.

4.13.2 Monthly Reports

4.13.2 The Contractor shall ensure all monthly reports are forwarded to KDOC by the 10th day of the following month for which they were written.

Corizon Health ensures all monthly reports will be forwarded to the KDOC by the 10th day of the following month for which they were written.

4.13.3 Annual Reviews and Updates of Manuals

4.13.3 The Contractor shall ensure all manuals are reviewed and updated annually. A statement of annual review with all changes made to the manuals shall be forwarded to KDOC by July 1st each year.

Corizon Health ensures all manuals will be reviewed and updated annually. A statement of annual review with all changes made to the manuals will be forwarded to the KDOC by July 1st each year.

4.14 Accreditation

4.14.1 NCCHC/ACA Accreditation

4.14.1 Contractor shall obtain and maintain NCCHC and/or ACA accreditation in coordination with the KDOC management team. ACA accreditation shall be for the health care operations only.

Corizon Health will continue to maintain ACA accreditation for health care operations at the KDOC medical units in coordination with the KDOC management team.

By design, all Corizon Health's clinical and operating procedures have been developed to, at a minimum, comply with and meet ACA and NCCHC healthcare standards and those of our clients. Corizon Health adheres to these standards regardless of whether or not our clients have ACA and/or NCCHC accredited facilities/programs.

Each Corizon Health program across the country is dedicated to compliance with ACA and NCCHC standards, as evidenced by the following:

- All existing Corizon Health policies and procedures, as noted above, comply with current NCCHC and ACA standards.
- Corizon Health monitors all standards updates and provides training and revisions where and when needed.
- Accreditation self-survey tools are used routinely at each Corizon Health facility to prepare for accreditation and maintain status after accreditation is achieved.
- Corizon Health requires our onsite managers to possess the ability to attain and maintain accreditation status.

- When interviewing onsite manager candidates, emphasis is placed on experience in managing accredited programs.
- Corizon Health has successfully obtained new accreditation and re-accreditation at all correctional sites with accreditation requirements.

In addition to NCCHC and ACA standards, Corizon Health is experienced with and will be compliant and participate in Performance Based Medical Standards (PBMS) for Juvenile Facilities.

4.15 Offender Grievance Mechanism

4.15.1 Policies and Procedures for Offender Complaints

4.15.1 Specify the policies and procedures to be followed in dealing with offender complaints regarding any aspect of the health care delivery system and in accordance with applicable Kansas Administrative Regulations. An outline of the current grievance process is available for review in Appendix O.

Corizon Health has reviewed and is familiar with the KDOC's offender grievance mechanism as described in Kansas Administrative Regulation – Article 15 – Grievance Procedure for Inmates (Appendix O).

Corizon Health ensures that offenders have the opportunity to bring issues/complaints to the attention of the medical staff informally using the facilities' offender request forms. These informal resolution requests will be addressed promptly by a face to face encounter between Corizon Health's medical unit management staff and the offender. If the management staff member determines that remedy is necessary to resolve the issue, the staff member will see that the remedy is implemented as soon as reasonably possible. Regardless of the resolution, the management staff member meeting with the offender will provide a written response documenting the encounter, the issues discussed, and any suggested or agreed upon resolution.

Corizon Health's Approach to Grievance Resolution

We firmly believe that the best way to manage offender grievances is to prevent them in the first place. By providing care in a consistent manner, offender grievances can largely be mitigated. For grievances received, the offender must be "given the benefit of the doubt" while recognizing the potential secondary gain issues inherent in this process.

Subsequent to local interventions, Corizon Health has found the face-to-face method for managing grievances and offender issues reduces the number of formal grievances and lawsuits filed against Corizon Health and our client partners on an annual basis. In our experience majority of offenders simply want their problem resolved and most issues can be resolved through face-to-face communication.

14.15.2 Responses to Complaints and Case Documentation

4.15.2 The Contractor is given seven (7) calendar days to completely answer and have all responses back to the Director of Health Care Compliance. The Contractor shall provide all case follow up documentation on recommendations from the Director of Health Care Compliance within ten (10) working days of the request for follow up.

Corizon Health understands that formal grievances regarding all aspects of the health care delivery system will be forwarded from the Director of Health Care Services Office. The appropriate management staff will review all the issues associated with the grievances and return the completed responses back to the Director of Health Care Services within seven (7) calendar days. This will include providing case follow up documentation on recommendations received from the Director of Health Care Services Office within ten (10) working days of the request for follow up.

4.16 Infectious Disease Control (IDC)

4.16.1 Comprehensive Infection Control Program

4.16.1 The Contractor shall establish a comprehensive infection control program based on guidelines established by KDHE and the Center for Disease Control (CDC). The proposal shall include, but not be limited to: Immunization, MRSA, Hepatitis C, Scabies and other infectious diseases.

Our Infection Prevention and Control Program is designed to ensure a safe and healthy environment is created and maintained for offenders, staff, and visitors. It is our belief that every employee plays a role in infection prevention. Because of this, our staff are trained with current infection prevention and control guidelines.

Prisons, by design, often result in communal living, which is a risk factor for the spread of communicable disease, infections, and infestations. By following established clinical guidelines, principles, and standards for surveillance, prevention, diagnoses, and treatment of communicable diseases, we ensure our healthcare program meets the needs of the offenders entrusted to our care.

Corizon Health is prepared to respond to any known or emerging threats to the health and safety of the offenders and staff at the KDOC's facilities. We continuously monitor public health concerns and roll out appropriate action plans whenever necessary. In this way, we ensure the KDOC will be engaged every step of the way when any infectious disease concerns arise.

Our Infection Prevention and Control Program is based on nationally recognized standards for infection control. To facilitate efficacy, we require each facility's program to be compliant KDHE and CDC guidelines, local, State, and Federal public health regulations, and with NCCHC and ACA standards.

Each site has a list from the local health department of the appropriate local reportable communicable diseases. This list is incorporated into the site's Infection and Prevention Control Policy. Policies and procedures are reviewed and updated on an annual basis.

Program Components

- Surveillance of offenders for serious infections and communicable diseases including ectoparasite control using transmission-based precautions and isolation, as appropriate;
- Vaccination programs with patient consent;
- Appropriate assessment, isolation and treatment of offenders for latent and active tuberculosis or other airborne illnesses;

- Coordination of appropriate community follow-up of offenders released with reportable communicable diseases;
- Adherence with local public health communicable disease reporting laws;
- Maintenance of a safe and healthy environment through proper sterilization and disinfection of equipment, appropriate containment and disposal of biohazard waste and sharps, monthly environmental inspections, and education of sanitation workers on appropriate handling and disposal of biohazard materials and spills;
- Reduction of the risk of exposure to blood and body fluids through the practice of appropriate hand hygiene, standard precautions, transmission-based precautions as appropriate, sharps injury prevention programs and exposure follow-up; and
- Up to date training programs for health care and security staffs.

Infection Prevention Staff

Dr. Barry-Lewis Harris, Regional Medical Director directs and oversees Corizon Health's Infection Prevention Program for the KDOC. **Lacey Osmon, RN, Acting Regional Director of Nursing** and **Jennifer Helus, RN, Infection Control Nurse** are responsible for the day-to-day implementation of the program and work collaboratively with corrections and healthcare staff to ensure a safe and healthy environment is created and maintained for offenders, staff, and visitors. This includes, but is not limited to:

- Providing investigative information for communicable disease and ectoparasite outbreaks, including investigation follow up, and support;
- Reviewing patient illnesses and observing for clusters, outbreaks and increases in diseases;
- Coordinating the infection prevention and control education and training to offenders, and corrections and healthcare staff;
- Ensuring that staff follows established clinical guidelines, principles and standards for surveillance, prevention, diagnosis and treatment of communicable diseases within the correctional facilities;
- Completing and forwarding all reports of communicable diseases required by the Indiana State Department of Health state statutes;
- Maintaining statistics required by the KDOC; and
- Generating the report of the safety and sanitation of the medical unit each month.

Corizon Health has full-time IDC nurses at LCF, EDCF, and HCF and TCF has a half-time IDC nurse to provide on-site clinical case management of infectious disease patients. These nurses work with Ms. Osman and Ms. Helus to follow patients identified for infectious disease consultation, which may include the following:

- Assisting with any investigations deemed necessary by the Medical Director/Health Department for prevention of spread and/or to locate the source of an infectious process;

- Providing notification of any significant and/or reportable infectious disease issues, including actions taken and to be taken up to the time of that notification;
- Offering regular education and in-service presentations related to infection prevention issues;
- Providing education for staff and offender population;
- Oversight of the testing programs for infectious diseases;
- Audits related to infection prevention and as assigned;
- Providing individual offender education as indicated;
- Conducting CQI studies to determine the effectiveness of the program and identifies areas for change that can improve the quality of care;
- Consultation with Corizon Health's Infectious Disease Specialist; and
- Attendance at the monthly Corizon Health Infection Prevention call

Post duties, outlining infection prevention and control requirements, are posted at sites that are not large enough to require specified IDC.

Corizon Health Infection Prevention and Control Program Manual

Our *Infection Prevention and Control Program Manual* addresses infection prevention issues in various correctional settings including the medical clinic, barbershop, housekeeping, linen, dental, physical therapy, laboratory and food services. Updated annually, the manual includes training for healthcare and security personnel on infectious disease control and prevention, and precautions and appropriate use of personal protective equipment.

As shown in the Table of Contents excerpt that follows, the manual also provides specific directions regarding self-protection mechanisms for staff such as the following:

- How to protect the staff member and client from exposure to infectious disease;
- How to properly care for equipment to prevent the spread of infection (sterilization and disinfection guidelines);
- What to do if an infectious disease exposure occurs;
- Reporting methods (local authorities) once an outbreak has occurred

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INFECTION PREVENTION AND CONTROL PROGRAM MANUAL
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Disease-Specific Programs

In addition to standard precautions and procedures generic to "infectious diseases," disease-specific programs are maintained that include (but are not limited to) Tuberculosis, Hepatitis, Influenza, MRSA, HIV, Ebola and Zika virus.

Tuberculosis: Corizon Health provides TB surveillance, treatment, and monitoring consistent with CDC/OSHA/DOH community standards. If an offender tests positive to the PPD test, the offender is scheduled for and receives a chest x-ray, with appropriate follow-up and care. When appropriate, the offender is placed in a negative air pressure room.

HIV Disease: Corizon Health provides voluntary HIV testing and counseling on a confidential basis to offenders who request testing. We have a practitioner evaluate offenders identified as having HIV disease. HIV offenders have access to infectious disease specialists and HIV medications as determined medically necessary.

Hepatitis: Corizon Health provides regular training for health care and corrections staff on precautions and appropriate use of personal protective equipment. We offer and provide our direct care staff with the Hepatitis B vaccine series.

Influenza: We provide an influenza response program that includes surveillance, treatment, and monitoring consistent with community standards and established KDOC policy and procedures. A practitioner evaluates offenders identified with contagious upper respiratory infections, with specific cases isolated or separated as determined necessary.

Each year Corizon Health conducts an influenza vaccination campaign in an effort to inoculate the patient population. Our campaign starts in October until the end of the season and is guided by the CDC recommendations.

MRSA: Corizon Health screens at intake and during assessments for open wounds or suspected infections. If necessary, offenders showing infection will be segregated from the general population. We work proactively to quickly treat MRSA and to prevent further spread of this infection within the KDOC facilities. We use a Skin/Soft Tissue Infection Log to track occurrences of skin infections to monitor offenders for trends and provide oversight.

Ebola: Ebola is a rare and deadly disease caused by infection with one of the Ebola virus strains found in several African countries. First discovered in 1976, outbreaks have appeared sporadically in Africa. However, the recent outbreak in West Africa was the largest Ebola outbreak in history.

Early recognition is critical for infection control and prevention. Although health authorities agree that Ebola poses no significant risk to the United States, there is lingering concern pertaining to those individuals in the United States who have traveled to or from countries in West Africa including Guinea, Liberia, Sierra Leone and Nigeria. Therefore, to ensure the health and safety of the offenders under our care, as well as to maintain the health and safety of healthcare and deputy staff, Corizon provides screening at intake for the Ebola virus in accordance with CDC guidelines.

Zika virus: Zika virus is spread to people through mosquito bites. The most common symptoms of Zika virus disease are fever, rash, joint pain, and conjunctivitis (red eyes). The illness is usually mild with symptoms lasting from several days to a week. Severe disease requiring hospitalization is uncommon.

Corizon Health follows CDC recommendations and guidelines for Zika virus surveillance, testing and treatment**.** This includes protocols for screening at intake and reporting suspected Zika cases to the appropriate departments of health.

4.16.2 Infection Control Processes and Activities

4.16.2 Contractor shall describe its infection control processes and activities as they relate to surveillance, prevention and control of infections, and employee training and education.

Corizon Health has established a system that tracks offenders with infectious diseases from initial diagnosis to final disposition. We will also participate with the KDOC and local health departments in developing a community approach to surveillance, identification, and treatment of communicable diseases.

We follow all cases of communicable disease as appropriate upon release from the facility and promptly notify facility administration of all reportable illnesses. Our health care staff is responsible for submitting appropriate reports to the local health department, outside hospitals/health care delivery facilities.

Patients with an identified communicable or infectious disease will receive medically indicated care, with the appropriate transmission-based precautions initiated to prevent spread of disease. At the KDOC's request we will generate and provide facility administration with a report on all offenders diagnosed with a reportable communicable disease.

Bloodborne Pathogen Exposure Control Plan

Exposure to bloodborne pathogens poses serious risks to both healthcare and facility staff. Recognizing this, our Bloodborne Pathogen Exposure Control Plan is designed to minimize or eliminate this risk to our employees as they work in the correctional facilities.

Our employees are trained on the components of this plan as part of their employee orientation and on an annual basis. This training is updated as necessary by the SMD and our Corporate Infection Prevention Specialist.

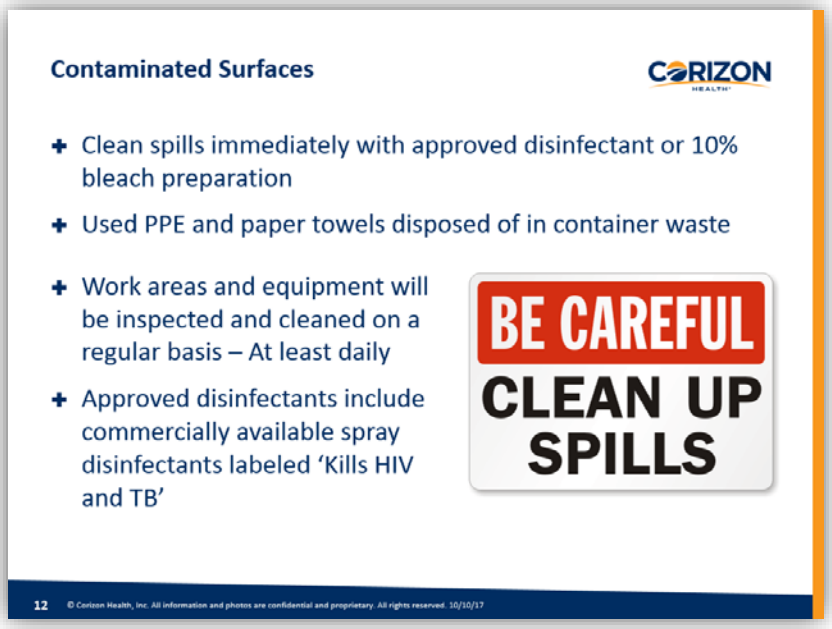
Our exposure control plan will address infection prevention and control in all aspects of the healthcare program, including disinfection or coverage of fixed equipment, sterilizing instruments according to manufacturer instructions, and monitoring the sterilization capabilities of the autoclave used. Components of the exposure control plan include the following:

- Hand hygiene
- Standard Precautions
- Personal Protective Equipment (PPE)
- Transmission-Based Precautions
- Linen handling
- Environmental disinfection
- Specimens handling
- Regulated, Biohazardous, Infectious, Medical Waste
- Sharps safety
- Bloodborne pathogen exposure follow-up
- Recordkeeping standards

Training and Education

Corizon Health ensures that our staff are fully oriented and trained regarding infection prevention and control. We provide initial infection prevention training upon hire.

Additionally, we offer infectious disease related topics such Zika virus, HIV, antibiotic stewardship and resistance, and sepsis each year as a component of our in-service education offerings. We also provide on-going training sessions that address our infectious disease processes and how the program is implemented at the site level. Corizon Health's Torch *Learning Management System (LMS)* provides a full range of infectious disease related topics allowing us to deliver comprehensive professional development instruction to our management and field employees at work or at home – and **at no cost to them**.



Our **TUBERCULOSIS IN CORRECTIONS** annual training, described in the paragraphs below, is one example of a training program we developed to equip our staff with the education and resources to treat patients with TB, which in the correctional environment, is a significant public health concern.

Approximately 4-6% of TB cases reported in the United States occur among people incarcerated at the time of diagnosis. The incarcerated population contains a high proportion of people at greater risk for TB than the overall population. Many aspects of the environment in which we care for patients increase the risk of spread of infection from infected individuals who have not been identified and/or isolated and treated timely.

We believe it is imperative that all Corizon Health providers, including our nursing staff, be up to date in their understanding of prevention, diagnosis and treatment of TB. That is why we developed a mandatory annual training – **TUBERCULOSIS IN CORRECTIONS** – designed to be both an introduction and refresher to the care of the patient with TB. Early diagnosis and effective treatment of persons with TB disease is the most effective way of preventing transmission and protecting the health of the public, our patients, and our peers.

Informational Fact Sheets for Clinicians

We also have a variety **Informational Fact Sheets for Clinicians** on infectious diseases common to corrections such as C-Difficile, Hepatitis A, B, and C, Herpes Zoster (Shingles), Lice (Body, Head, and Pubic), Norovirus, Scabies, TB and Varicella (Chicken Pox). Each fact sheet provides an overview of the topic, laboratory methods, general treatment guidelines, medications for treatment (over-the-counter and prescription), and recommendations to prevent the spread of the disease.

4.16.3 IDC Trained Registered Nurses

4.16.3 IDC trained registered nurses shall be identified in the staffing plan as full time at LCF, EDCF and HCF. TCF shall have a half-time IDC nurse. IDC trained nurses at the facility level do not require certification in infection control but shall be certified KDHE for HIV counseling.

Corizon Health's staffing plan identifies full time IDC RNs at LCF, EDCF, and HCF. TCF has a 0.5 FTE IDC nurse. Corizon Health acknowledges that the IDC trained nurses at the facility level are not required to have infection control certification but must be certified by the KDHE for HIV counseling.

4.16.4 Additional IDC Trained Staff

4.16.4 Other sites not large enough to require specified IDC nurses shall have, as part of the nursing post duties, those duties necessary to provide comprehensive infection control.

Sites that are not large enough to require specified IDC nurses will have a nursing post duties that encompass the necessary components for comprehensive infection control.

4.16.5 Receipt of Immunizations and Medications

4.16.5 The Contractor may, through agency agreement, purchase or receive at no cost, immunizations, test serum, PPD, and treatment medications through the KDHE when available.

Corizon Health understands that through agency agreement, we may purchase or receive at no cost, immunizations, test serum, PPD, and treatment medications through the KDHE when available.

4.16.6 Partnership with KDHE on Prevention Methods

4.16.6 The Contractor is expected to partner with KDHE, through required planning meetings, on issues of bioterrorism, ectoparasite control, and containment of infectious diseases.

Corizon Health will continue to partner with the KDHE, through required planning meetings, on issues of bioterrorism, ectoparasite control, and containment of infectious diseases.

4.16.7 Collection and Disposal of Biohazardous Waste

4.16.7 The Contractor shall indicate its capability to ensure safe collection and storage of medical hazardous wastes and a plan for disposal in compliance with applicable Federal and State regulations and guidelines. The Contractor is responsible for all costs associated with the handling, storage and destruction of bio-hazardous waste except as listed in this section.

Corizon Health will be responsible for the collection and storage of all hazardous waste, bio-hazardous waste, sharps and the cost for proper containment and disposal for waste and contaminated waste. We will use **Stericycle, Inc.** to collect, store, and remove medical waste and sharps containers and will ensure the safety, sanitation, and infection control at each facility in accordance with current Federal, State and local rules, guidelines, and requirements. Our program for waste management is described in further detail in section *4.16.9* below.

4.16.8 Secure Storage for Biohazardous Waste

4.16.8 KDOC shall provide secure storage areas at each facility for the storage of biohazardous waste materials.

Corizon Health acknowledges that the KDOC will provide secure storage areas at each facility for biohazardous waste materials.

4.16.9 Records of Biohazardous Waste Storage and Destruction

4.16.9 All biohazardous waste material shall be logged as stored and logged as destroyed. Disposal of dirty needle containers shall be logged with specific identification markings for each container.

Corizon Health will be responsible for all hazardous waste, bio-hazardous waste, sharps and the cost for proper containment and disposal for waste and contaminated waste. We will use **Stericycle, Inc.** to collect, store, and remove medical waste and sharps containers and will ensure the safety, sanitation, and infection control at each facility in accordance with current, federal, state and local rules, guidelines, and requirements.

Corizon Health employees will adhere to the following guidelines when packaging medical bio-chemical waste.

- All medical waste collected for disposal is placed in a container that is lined. The bag is marked according to federal, state, and local regulations (i.e., red in color and/or biohazard symbol);
- Sharp materials (sharps) are placed in an approved container especially designed for sharps waste. Sharps include needles, broken glass, scalpels, test tubes, pipettes, and Petri dishes, and will be placed within the lined container;
- Each bag is sealed or tied;
- Each container is securely closed;
- The packaged waste is within the required weight limits;
- The outside of each box is properly labeled showing the facility's name and address;
- An "incinerate only" sticker is affixed to any container holding residual chemo waste, pathological waste, or linens; and
- Cultures and stocks that are on glass, hard plastic, or petri dishes are placed in a sharps container. Cultures and stocks that are on dishes that cannot be broken will be placed in PGII certified containers

Once medical waste is packaged:

Contaminated reusable equipment, supplies, or items are handled according to industry standards and practices as required in OSHA 1910.1030 Final Rule.

- Reusable equipment contaminated with blood or other potentially infectious materials are examined and decontaminated prior to servicing or shipping.
- Reusable contaminated sharps are not stored or reprocessed in a manner that requires employees to reach by hand into containers where sharps have been placed.
- Immediately, or as soon as possible after use, contaminated reusable sharps are placed in puncture-resistant, bio-hazardous labeled or red, leak-proof containers until properly reprocessed.

- Blood/body fluid spills are cleaned up in such a manner as to protect everyone from exposure to an infectious agent. The area is properly disinfected.
- Regulated waste is identified and handled in a consistent manner to reduce the risk of exposure to pathogenic microorganisms for offenders, corrections staff, and members of the health care team.
- Corizon Health disposes of all bio-medical waste in accordance with federal, state, and local laws, regulations, and guidelines.
- All bio-hazardous waste material is logged as stored and logged as destroyed.
- Disposal of dirty needle containers is logged with specific identification markings for each container.

Corizon health care personnel conducts bio-hazard training in-service updates on an annual basis. In addition, offenders assigned by the KDOC to work in health areas will be in-serviced by health care staff regarding health safety issues and practices as related to bio-hazard concerns and materials.

4.17 Medical Administrative Committees (MAC)

4.17.1 Monthly MAC Meetings

4.17.1 The Contractor shall ensure that monthly MAC meetings are held on-site at each facility. The designated warden and/or deputy warden are required to attend the meetings monthly. The Contractor shall ensure, at a minimum, that the health services administrator, site medical director, site QI coordinator, and site behavioral health coordinator are all members of the committee. The Regional Vice President or regional office designee shall attend a MAC for each site on a quarterly basis. Agendas and minutes of these meetings shall be kept and be available for review by the OHCC.

Corizon Health will continue to hold monthly Medical Administrative Committees (MAC) meetings on-site each KDOC facility. The HSA leads the meeting assisted by the site Medical Director, Director of Nursing, and the Behavioral Health Coordinator. The meetings are held as an open forum so that all members of the staff can bring topics for discussion. These meetings ensure that lack of communication regarding the day-to-day activities of the program does not impede program progress. These meetings also provide a monthly opportunity for Corizon Health's leadership at each facility to ensure contract requirements and KDOC expectations are met.

Corizon Health understands that the designated warden and/or deputy warden are required to attend the monthly meetings. Additionally, Corizon Health's Health Service Administrator, site Medical Director, site QI Coordinator, and site Behavioral Health Coordinator are all members of the committee. Teri Gregory, Corizon Health's Vice President of Operations (or her regional office designee) will attend a MAC meeting for each site on a quarterly basis. Corizon Health keeps the agendas and minutes of the meetings and they are available for review by the OHCC.

4.17.2 OHCC Meetings with RVP and Key Regional Staff

4.17.2 The Contractor shall 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.

Corizon Health ensures that Teri Gregory, Vice President of Operations and key regional staff will continue to meet with OHCC staff at least monthly to discuss problems and progress in fulfillment of contract requirements.

4.18 Equipment and Supplies

4.18.1 Medical Supplies

4.18.1 The Contractor shall 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.

Corizon Health 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.

4.18.1 Medical Supplies

4.18.2 The Contractor shall purchase all consumable medical supplies and pharmaceuticals and shall 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.

Corizon Health 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.

4.18.3 Equipment Maintenance

4.18.3 The Contractor shall 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.

Corizon Health 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 will be maintained in accordance with the manufacturer's suggested maintenance schedules.

4.18.4 Copy Machines, Office Equipment

4.18.4 The Contractor shall be responsible for purchase or lease of all copy machines and other office equipment necessary to perform routine administrative functions. The health care equipment fund, as described in section 4.19, shall not be utilized for these services.

Corizon Health will be responsible for purchase or lease of all copy machines and other office equipment necessary to perform routine administrative functions. The health care equipment fund, as described in section *4.19 Health Care Equipment Fund*, will not be utilized for these services.

4.18.5 Office Space and Facilities

4.18.5 KDOC shall provide the Contractor with office space, facilities as designated by KDOC, and utilities to enable the Contractor to perform its obligations and duties under the contract. Internet connectivity will be the responsibility of the Contractor.

Corizon Health acknowledges that the KDOC will provide office space, facilities as designated by KDOC, and utilities to enable Corizon Health to perform its obligations and duties under the contract. Corizon Health will be responsible for internet connectivity.

4.18.6 Use and Maintenance of Facilities in Place

4.18.6 The Contractor shall 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. The Contractor shall 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 KDOC at the time of termination of the contract. Thirty days prior to the termination of the contract, representatives from KDOC, the current Contractor, and the new Contractor shall tour the designated institutions to determine the condition and inventory all equipment.

Corizon Health will continue to 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. Corizon Health 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 KDOC at the time of termination of the contract. Thirty days prior to the termination of the contract, representatives from KDOC, the Corizon Health, and the new Contractor will tour the designated institutions to determine the condition and inventory all equipment.

4.18.7 Purchase of Unused and Current Dated Inventory

4.18.7 The Contractor shall 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. KDOC shall provide, at no cost to the Contractor, 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.

As the incumbent Contractor, and should we be awarded the new contract, Corizon Health would not need to purchase unused or health care supply inventory.

4.18.8 Transfer of Service Contracts/Warranties to New Contractor

4.18.8 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.

Should Corizon Health be the outgoing Contractor, we will 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.

4.19 Health Care Equipment Fund

4.19.1 Acquisition of Health Care Equipment

4.19.1 The Contractor shall be responsible for the acquisition of health care equipment. Health care equipment is defined as capital outlay items with a life expectancy of at least one year and an initial acquisition cost of $1,000. A sum of $280,000, payable to the Contractor on or about July 1 annually, shall be set aside for the sole purpose of for the acquisition of equipment. The Contractor shall obtain approval from the Director of Health Care Compliance, or designee, prior to obtaining any health care equipment pursuant to this section. Such approval shall not be unreasonably withheld.

Corizon Health will continue to be responsible for the acquisition of health care equipment. We understand that health care equipment 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 that a sum of $280,000, payable to Corizon Health on or about July 1 annually, will be set aside for the sole purpose of for the acquisition of equipment. Corizon Health will obtain approval from the Director of Health Care Compliance, or designee, prior to obtaining any health care equipment pursuant to this section. We understand that such approval shall not be unreasonably withheld.

4.19.2 Equipment as Property of the KDOC

4.19.2 All equipment acquired pursuant this section shall be become property of the KDOC.

Corizon Health acknowledges that all equipment acquired pursuant to this will become the property of the KDOC.

4.19.3 Monthly Purchased Item Report

4.19.3 At the end of each month, the Contractor shall provide to the OHCC and the KDOC Fiscal Services Division 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 the Contractor.

At the end of each month, Corizon Health will provide to the OHCC and the KDOC Fiscal Services Division 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. We understand that the amount of any unauthorized purchase made from the health care equipment fund will be deducted from the next monthly invoice. Any funds not spend during the contract year will carry forward to the next contract year. Upon the termination of the contract, any remaining balance will be deducted from the final payment to Corizon Health.

4.20 Health Information Management

4.20.1 EHR Support

4.20.1 Support for the current EHR system is shared between the health services Contractor and the KDOC. The Contractor shall be held accountable and report directly to the KDOC IT Director. There shall be an EHR Committee to be co-chaired with the KDOC IT Director or designee and the Director of Health Care Compliance or designee. The committee will select members from the KDOC and Contractor healthcare staff to sit on the committee. The committee must set project priorities, monitor performance, and facilitate information sharing with all stake

holders. These meetings will be held at KDOC premises on a quarterly basis. All funding, work product, and maintenance for EHR shall be controlled by the committee and documented quarterly.

Corizon Health understands that support for the current EHR system is shared with the KDOC and we are held accountable and report directly to the KDOC IT Director. Corizon Health's current representatives on the EHR Committee include: Kelly Williams, IT Site Leader, Teri Gregory, Vice President of Operations, and Lacey Osmon, Director of Operations.

Some of the accomplishments made by the EHR Committee include:

- NextGen Chronic Care Module developed and implemented
- Offender Image Migration
- NextGen Database upgrade to SQL 2016
- KRO Network Upgrade
- Citrix Upgrade
- Extranet Connections (OITS)
- Surface Pro deployment to Discharge / Re-entry Planners with ability to skype and video conference
- Telehealth Equipment Review – project completed to verify and test all existing carts are operational
- Disaster Recovery (DR) site was setup and tested. Disaster Recovery plans were submitted to KDOC
- KDOC LMS Training System Interface
- Upgrade Production VMWare environment to V6.7
- MyWoundDoctor Infrastructure completed for pilot project
- EKG Firmware Update was completed on all EKG machines
- KJCC BH Facility Expansion Complete
- Kansas DMS (formally ICS) completed including installation of scanners
- Domain Migration
- Radiology Hardware installation at ECF
- Radiology Interface (Juvenile / Adult PACS)
- NextGen upgrade (including Adult NETs)
- NextGen CHM-KBM Upgrade
- Surface Pro setup and redistribution
- CQI SharePoint Site implemented
- TeleMed Security Updates completed to the telemedicine carts
- NextGen template and report modifications - Corizon Health completed multiple modifications to templates and reports to support improved clinical care and reporting including the following:
  - ADA Compliance Panel
  - Restraint Monitoring
  - Special Diets (high protein/high calorie)-HSR 17
  - Telehealth (chronic care, telehealth sick call visits, telepsychiatry) – HSR 3Q
  - Hepatitis C Opt in/out- HSR 3K
  - ILI NET (Influenza Like Illness)
  - Hepatitis – HSR 11
  - Offsite services – HSR 5
  - BH Diagnosis – HSR 23

- Classifications – HSR 15
- HIV – HSR 8
- AIDS – HSR 9
- Medications – HSR 25
- Dialysis – HSR 18
- Vital Signs Panel
- BH Treatment Plan
- ADA – HSR 13
- TB – HSR 10
- Deaths – HSR 19
- Clinical Services Reports – HSR 26 A-C
- BH - HSR23 H, I, and J
- Quantiferon Panel

4.20.2 Electronic Health Records

4.20.2.1 The Contractor shall 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. The Contractor shall 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 KDOC for approval and scheduling.

(a) The proposals shall include all costs necessary to maintain and upgrade the current EHR system. These costs shall 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.
(b) Bidders are encouraged to submit alternate proposals for a replacement EHR.

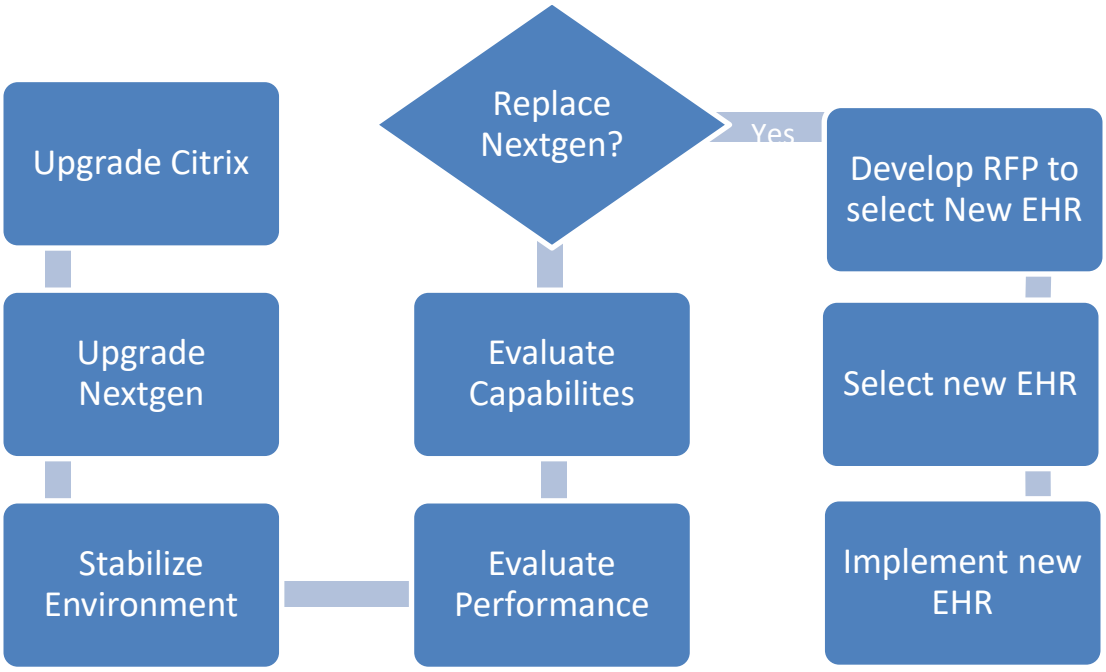
Corizon Health will be responsible for the annual cost of the support agreement for the NextGen software and for cost of equipment or any other software and maintenance agreements. We will also provide and maintain all current licenses required for the operation of all EHR devices. All software versions 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 will be presented to KDOC for approval and scheduling.

Corizon Health has extensive experience supporting the NextGen EHR, both in the KDOC and with other client partners. Corizon Health has implemented two NextGen upgrades in the past and is proposing an upgrade to NextGen version 5.9.3 upon contract award. Corizon Health is currently upgrading NextGen for the Maryland Department of Public Safety and Correctional Services (DPSCS) and we currently support NextGen for the Michigan Department of Corrections.

Corizon Health'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.

Proposal for Replacement EHR



Corizon Health has many years of experience in supporting, implementing and maintaining Electronic Health Records (EHRs). Like the KDOC, we recognize that the EHR is critical to the proper care of patients and to operational efficiencies. We have been working with the KDOC over the past 6-9 months to implement a material upgrade to the Citrix, Windows, and NextGen environment. We propose that this upgrade should be completed prior to the KDOC deciding to move to a new EHR. Once these upgrades are completed and the new hardware and new network identified in the RFP are implemented, we will have a much better idea if NextGen will be able to meet the requirements identified in the RFP. If NextGen is unable to meet those expectations, we will work the EHR steering committee to determine next steps.

Corizon Health has already discussed some options with KDOC as to viable EHR replacements. While there are a handful of vendors in this space like eOMIS, CorrecTek, and CorEMR, there are a few that should be seriously considered by Kansas that may not be as well known in corrections:

- ATG COMS – Recently deployed for state of Michigan ATG COMS is used in the federal prison system.

- OpenVista – Widely used in hospitals and by the Veteran's Administration (VA) and has an extensive footprint in state psychiatric care.
- Cerner – Broadly used in hospitals and ambulatory settings. Cerner is also implemented in California state prison system.

The mutual goal is to get a safe, effective EHR in place for the KDOC – an EHR that provides analytics, reminders, proactive monitoring and advanced safety features in an easy to use environment that encourages complete documentation. Regardless of the decision made we will need to use NextGen for at least 2-3 more years, so making it work the best we can is imperative and must be the first step. Once we have that completed we can work together to determine the best solution for the KDOC.

4.20.2.2 The contractor shall insure that 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.

Corizon Health ensures that the EHR will 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.

4.20.2.3 The NextGen EHR is interfaced with the KDOC's Offender Systems, e.g. Offender Management Information System (OMIS); the contractor will monitor all interfaces to ensure that information is transported as expected with a 99.9% success rate.

Corizon Health understands and is experienced with the NextGen EHR interface with the KDOC's Offender Systems, e.g. Offender Management Information System (OMIS). Corizon Health will continue to monitor all interfaces to ensure that information is transported as expected with a 99.9% success rate.

4.20.2.4 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.

Corizon Health acknowledges that the KDOC reserves the right to all health information created on Kansas offender population and the data is to remain control of the Department. Corizon Health confirms the data will not transferred without explicit consent of the KDOC.

4.20.2.5 The Contractor shall acknowledge that KDOC and its agents have full access to the all technology assets, the EHR system, hardware, software, network, and work product.

Corizon Health acknowledges that the KDOC and its agents have full access to the all technology assets, the EHR system, hardware, software, network, and work product.

4.20.2.6 The Contractor shall also acknowledge that no access 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.

Corizon Health acknowledges that there will be no access 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.

4.20.2.7 The contractor will need to 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.

Corizon Health's proposed staffing plan, provided in **Attachment A,** provides an adequate number of licensed and credentialed providers in the State of Kansas to provide clinical coverage 24 hours per day, seven days per week, 365 days per year.

4.20.2.8 The contractor will provide a plan to provide technical support 24 hours per day, seven days per week, 365 days per year within 90 days of the contract start-up. This shall include but not limited to:
(a) Backup Plan.
(b) Risk Plan.
(c) Mitigation Plan.
(d) Communication Plan.

Corizon Health has created plans to meet requirements (a), (b), and (c) above. A communication plan will be created upon contract start.

The Corizon Health IT Service Desk will provide support 24/7/365 for the full-suite of EHR applications utilized by healthcare staff. Corizon Health staffs full-time Service Desk employees across three escalating tiers during the day, with additional support staff available after hours. In addition to this standard support, we provide an assigned Clinical IT support representative for after-hours support.

4.20.2.9 The Contractor shall 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 logins.
(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

Corizon Health understands the importance of creating an electronic log to document the effectiveness of the EHR and support processes. Upon contract award we will immediately begin development of the required electronic log to be shared at quarterly meeting and as requested by the KDOC. Corizon Health expects that EHR governance will continue to enhance the list of important metrics and measures during the course of the contract. Any application limitations will be brought to the attention of the EHR Committee to determine next steps.

4.20.2.10 The Contractor shall 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.

Corizon Health understands the importance of creating an electronic log to document the performance of the EHR and support processes. Upon contract award, we will immediately begin development of the required electronic log to be shared at quarterly meeting and as requested by KDOC. Corizon Health expects that EHR governance will continue to enhance the list of important metrics and measures during the course of the contract. Any technical constraints will be brought to the attention of the EHR Committee.

4.20.2.11 Within thirty (30) calendar days of the contract award date, the Contractor shall submit to the KDOC a plan to ensure that the NextGen 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, M.A.R.

Many of the requirements above are currently met by Corizon Health and the existing NextGen system:

- EHR certification – Corizon Health cannot certify the NextGen EHR, only NextGen is capable of completing certification.
- Portability of information – EHR data can currently be exported, information portability will be improved with the upgrade to NextGen version 5.9.3.
- OB/GYN – OB/GYN services are currently supported in NextGen and are in use.
- I.C.S. Scanning – Scanning is currently supported in NextGen and is in use.
- Patient scheduled module – Current version of NextGen contains a patient scheduling module. NextGen version 5.9.3 contains an improved version.
- Discharge planning – Current version of NextGen contains discharge planning templates and they are in use.
- M.A.R. – The implementation of HCS eMAR is currently underway with a pilot scheduled for January 2020. A full go-live is planned for March 2020.

4.20.3 Clinical Staff Equipment and Supporting Devices

4.20.3.1 350 Dell computers and HP thin clients are in twelve (12) facilities across Kansas. Approximately twenty-three (23) time clocks and printers to maintain and service. Approximately seventy (70) personal printers are

connected to the Medical system and are used with forty (40) Cannon copiers, printer and scanners which are used with EHR and are leased by the current medical contractor for use with the system.

Corizon Health acknowledges and is experienced with the equipment available in the KDOC facilities as described above.

4.20.3.2 The Contractor shall provide for the replacement of clinical staff hardware will be done at the Contractor's expense and will be done at the rate of 25% per year. The Contractor will supply KDOC with a replacement schedule quarterly 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.

Corizon Health will provide for the replacement of clinical staff hardware at our expense. Replacement will be done at the rate of 25% per year.

Corizon Health will supply the KDOC with a quarterly replacement schedule forecasting the expected replacement of equipment. This will contain the following:

(a) Equipment serial number
(b) Condition (e.g. Poor, Fair, etc.)
(c) Age in years
(d) Remaining useful life
(e) Replacement cost
(f) Comments

4.20.3.3 The Contractor will be responsible for any software licensing associated with use of clinical staff equipment with ownership of software and hardware transferred to KDOC at the termination of the contract.

Corizon Health will be responsible for any software licensing associated with use of clinical staff equipment. Ownership of software and hardware will be transferred to KDOC at the termination of the contract.

4.20.3.4 The Contractor shall be responsible for the cost and functioning of all medical devices connecting digitally to EHR. This would include scanners, printers, telehealth devices, x-ray, ECG devices, etc.

Corizon Health 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.

4.20.3.5 The Contractor shall provide five full-time employees to include the below listing utilizing one hundred percent of the time in administering to the technology of the healthcare solutions of KDOC reporting to the technology division of the KDOC.

(a) One Project Manager to support and facilitate system development and technology deployment.

(b) One Information Technology Generalist to support and maintain the infrastructure required to serve the clinical staff in day to day operation.
(c) One NextGen administrator to facilitate the construction and modification of data-entry screens and output reports.
(d) One Database Administrator/report writer to facilitate the care of the data systems associated with the EHR and for providing reporting as required by KDOC.
(e) 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.

Corizon Health currently provides five full-time employees, devoted exclusively to administering the KDOC's technology and health care solutions. Resumes for each are provided in **Attachment F.**

Program Manager: Kelly Williams, IT Site Leader supports and facilitates system development and technology deployment.

Information Technology Generalist: Jeff Smith, System Engineer supports and maintains the infrastructure required to serve the clinical staff in day to day operations.

NextGen Administrator: Reirich Angeles, Senior EHR Applications Developer facilitates the construction and modification of data-entry screens and output reports.

Database Administrator/Report Writer: Reirich Angeles, Senior EHR Applications Developer facilitates the care of the data systems associated with the EHR and provides reporting as required by the KDOC.

Clinical Developer/Trainer: Kelly Williams, IT Site Leader works in coordination with KDOC staff development to educate both contract staff and KDOC staff on new solution deployments and best practices.

4.20.4 Healthcare Information Technology Network Infrastructure

4.20.4.1 The Contractor shall be responsible for the installation of a separate secure network infrastructure for all healthcare, EHR, and the installation and maintenance of the functioning secure network meeting NIST, CJIS, ITEC, KDOC, and HRSA rules and regulations. The Contractor shall be responsible for the operation and functionality of the network with up time of no less than 99.9%.

Corizon Health will be responsible for the installation of a separate secure network infrastructure for all healthcare, EHR, and the installation and maintenance of the functioning secure network meeting NIST, CJIS, ITEC, KDOC, and HRSA rules and regulations. We will also be responsible for the operation and functionality of the network with up time of no less than 99.9%.

4.20.4.2 The Contractor shall define network requirements; identify potential sources for required products and services; maintain proficiency with legacy systems; assess new relevant technologies and technical approaches; recommend relevant solutions; estimate costs and benefits; and design, develop, deploy, and test hardware and/or software systems.

Corizon Health will install, operate and maintain a highly available, robust, and secure network infrastructure. Corizon Health employs a technical team that to assess new technologies such as: software defined network, analytics, new EHR systems, and other critical applications. The IT team will

bring new technologies forward when deemed beneficial. Reports will be provided as defined in the RFP for bandwidth utilization, network congestion, and equipment life cycle and refresh timelines.

The network environment will be refreshed to support additional throughput and will eliminate 100 Mb connections and interfaces. The storage network backbone will be refreshed to fully utilize the capability of the server and storage systems that will be replaced.

4.20.4.3 The Contractor shall provide for the installation, operation, management, monitoring, maintenance, repair, documentation, and upgrade of computer networks at KDOC including local area networks, wide area networks, private networks, and remote access services.

Corizon Health will provide for the installation, operation, management, monitoring, maintenance, repair, documentation, and upgrade of computer networks at the KDOC including local area networks, wide area networks, private networks, and remote access services.

4.20.4.4 The Contractor shall provide 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.

Corizon Health has a robust change control/change management policy which leverages Azure DevOps (ADO) to monitor and manage the changes. With the upgrade to NextGen we will incorporate the KDOC's NextGen environment into our ADO environment.

Corizon Health will provide 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.

4.20.4.5 The Contractor shall 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.

Corizon Health 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

Any application limitations will be brought to the attention of the EHR Committee to determine next steps.

4.20.4.6 The Contractor shall provide for the replacement network infrastructure equipment (i.e. network switching) will be done at the Contractor's expense and will be done at the rate of one year prior to device end of life or sooner if warranted. The Contractor will supply KDOC with a replacement schedule quarterly 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.

Corizon Health will provide for the replacement network infrastructure equipment (i.e. network switching) at our expense. This will be done at the rate of one year prior to device end of life or sooner if warranted.

Corizon Health will provide the KDOC with a replacement schedule quarterly 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) Comment

4.20.4.7 The Contractor shall provide a secure wireless infrastructure meeting NIST, CJIS, ITEC, KDOC, and HRSA rules and regulations within all twelve (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.

(a) The Contractor shall maintain and review a retained granular electronic log documenting the network related environment to include, but not be limited to, the following:

(1) Equipment serial number.
(2) Utilization.
(3) Latency and performance.
(4) Date and time.
(5) Jitter.
(6) Transport connectivity.

Corizon Health will provide a secure wireless infrastructure meeting NIST, CJIS, ITEC, KDOC, and HRSA rules and regulations within all twelve (12) KDOC facilities to provide healthcare related services within but not limited to clinics, restrictive housing units, closed observation units, RDU and mental health units.

Corizon Health will maintain and review a retained granular electronic log documenting the network related environment to include, but not be limited to, the following:

(1) Equipment serial number

(2) Utilization
(3) Latency and performance
(4) Date and time
(5) Jitter
(6) Transport connectivity

4.20.5 Health Care Documentation

4.20.5.1 Medical health records, data, information, and reports collected or prepared by the Contractor 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 the Contractor's use of public funds in collecting or preparing such medical records, data, information, and reports. These items shall not be used by the Contractor for any independent project of the Contractor or publicized by the Contractor without the prior written permission of the Department. 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, the Contractor shall make available all such information as requested by the Department, including in a readable electronic format specified by the Department.
(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) The Contractor and KDOC shall approve all EHR templates for the EHR system.
(d) KDOC medical units are considered paperless. The Contractor is responsible for providing scanners and scanning any paper documentation that may be generated regarding offender care into the appropriate offender record.

Corizon Health understands that medical health records, data, information, and reports collected or prepared by us in the course of performing its duties and obligations under this contract are deemed to be owned by the Department and that the ownership provision is in consideration of Corizon Health's use of public funds in collecting or preparing such medical records, data, information, and reports.

Corizon Health will not use these items for any independent project or publicize them without the prior written permission of the Department. Corizon Health acknowledges that subject to applicable Federal and State laws and regulations, the Department has 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, Corizon Health will make available all such information as requested by the Department in a readable electronic format specified by the Department.

Corizon Health understands and will adhere to the requirements pertaining to offender's health records as described in the requirement above:

(a) All offenders will have an electronic health care record that encompasses medical, behavioral health, dental procedures, and clinical treatment records. The health care record will be kept current at all times. PAQ lists of laboratory, test results, and other patient care information/orders will be noted by the physician of record within 72 hours of the test results or orders. Documentation of every encounter with the offender will 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 will occur as soon as medically necessary to provide appropriate follow up from the encounter. Noting of orders will be accomplished by a licensed nurse and will be completed within twenty-four (24) hours of the encounter. Routine HCP infirmary orders will be noted within eight (8) hours of the written order, and HCP STAT orders will be noted immediately.

(c) Corizon Health and the KDOC will approve all EHR templates for the EHR system.

(d) KDOC medical units are considered paperless. Corizon Health is responsible for providing scanners and scanning any paper documentation that may be generated regarding offender care into the appropriate offender record.

4.20.6 Records Retention

4.19.5.1 X-rays are currently digitally stored on a PACS system. The Contractor shall be responsible for all licensing and upgrade costs associated with offender x-ray storage on the PACS system. Storage, retention, and maintenance shall be performed in accordance with Kansas Administrative Regulations and Kansas Statute Annotated.

Corizon Health understands that X-rays are currently digitally stored on a PACS system and we understand how this system works. We will continue to 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.

4.20.7 Confidentiality of Offender Health Information

4.20.7.1 All health information shall be the property of KDOC. Any disputes of records information retrieval shall be referred to the KDOC Chief Legal Counsel.

Corizon Health acknowledges that all health information is the property of the KDOC. Any disputes of records information retrieval will be referred to the KDOC Chief Legal Counsel.

4.20.7.2 Offender health care information and offender institutional files are confidential in nature. The Contractor's employees and KDOC employees shall 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 KDOC. The Contractor shall honor all policies and procedures for safeguarding the confidentiality of files. The Contractor shall be responsible for ensuring all Federal and State regulations regarding health information privacy are maintained.

Corizon Health will comply with all State and Federal laws with respect to the confidentiality of offender health care information and offender institutional files. Corizon Health 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 KDOC.

Corizon Health will honor all policies and procedures for safeguarding the confidentiality of files and will be responsible for ensuring all Federal and State regulations regarding health information privacy are maintained.

HIPAA Training & Education Program

Recognizing the importance of an individual's right to privacy and patient confidentiality, Corizon Health has implemented and will maintain the security and privacy measures and/or standards necessary to protect the confidential nature of Protected Health Information (PHI), including preserving the availability and integrity of this information at rest and during transmission. All documents containing confidential offender information will be handled and stored in a secure fashion.

As a healthcare provider and HIPAA compliant entity, we ensure that offender health information is handled in accordance with applicable procedures established by Federal and State confidentiality of health information laws and regulations. Through our detailed compliance program, which includes comprehensive privacy and security policies and procedures, as well as a mandatory HIPAA Training and Education Program, we educate and hold all of our employees and business associates accountable for patient confidentiality and/or security so as to ensure best practices are being followed company wide. In the event any privacy and/or security issues arise at a facility, Corizon Health's Privacy Officer and/or Security Officer respectively, are available to provide support to Corizon Health and/or KDOC employees.

Our HIPAA Training & Education Program was designed to be comprehensive and to stress the importance of patient confidentiality. Corizon Health provides HIPAA training upon hire and thereafter on an annual basis. It is our firm belief that this program will empower our employees with the knowledge they require to perform the essential functions of their job without running afoul of privacy and security regulations, and providing protection for our clients in the process.

Our HIPAA training module ensures employees have an understanding of:

- Corizon Health's privacy and security policies and procedures;
- What constitutes Protected Health Information (PHI);
- The general rules for the use and/or disclosure of PHI;
- The HIPAA privacy and security rules and how each affects employees in the workplace;
- The appropriate method for identifying and reporting privacy and/or security violations and/or Incidents;
- A patient's rights surrounding his or her PHI and the role employees have in exercising and/or preserving these rights;
- The HITECH Act and the Final Omnibus Rule (2013);
- Business Associates and the role and requirements surrounding each;
- Enforcement measures that are available in the absence of compliance; and
- Each employee's responsibility in terms of Privacy and Security surrounding PHI in the workplace.

Corizon Health provides HIPAA training during the first week of orientation with an on-line class for all new employees. Employees that provide patient care must be tested and pass the test with a 100% score before they can provide patient care.

4.20.8 Information Dissemination

4.20.8.1 The Contractor shall have access to the OMIS/JJIS system for collecting and analyzing trends in the utilization of health care services at each site. The Contractor has no responsibility for upkeep or maintenance to the system, except as required to enter shared health care information into the system as compatibility building.

Corizon Health will access the OMIS/JJIS system to collect and analyze trends in the utilization of health care services at each site. We acknowledge that we 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.

4.20.8.2 The Contractor's plan shall also include procedures for the transfer of pertinent health information to the supervising emergency room physician during emergency transports, and/or other offsite services as necessary to provide a continuum of care to the patient.

Corizon Health' fills out an offsite trip ticket that has all the necessary documentation. We also call the local ER with the report information for each transfer.

Corizon Health can leverage existing technologies such as information exchanges and other standardized protocols to improve communication as other healthcare facilities are willing to participate.

4.20.8.3 The Contractor shall not publish any findings based on data obtained from the operation of this contract without the prior consent of KDOC, whose written consent shall not be reasonably withheld. The KDOC may release without consent of the Contractor 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.

Corizon Health 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 we understand shall not be reasonably withheld.

Corizon Health acknowledges that the KDOC may release without our consent 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.

4.21 Training

4.21.1 Full-Time Employee Orientation

4.21.1 All full-time personnel shall be required to complete 40 hours of orientation to KDOC through the facility's training department prior to actual performance of any duties for the Contractor. Part-time and temporary employees shall be required to complete 16 hours of orientation prior to actual performance of any duties for the Contractor.

All full-time Corizon Health personnel will complete 40 hours of orientation to the KDOC through the facility's training department prior to actual performance of any duties for Corizon Health. Part-time and

temporary employees will complete 16 hours of orientation prior to actual performance of any duties for Corizon Health.

4.21.2 Orientation for KJCC Personnel

4.21.2 Personnel assigned to the Kansas Juvenile Correctional Complex shall complete orientation as outlined in the ACA Juvenile Standards and NCCHC. Currently that is one-hundred sixty (160) hours orientation for each new employee.

Corizon Health personnel assigned to the Kansas Juvenile Correctional Complex will complete orientation as outlined in the current ACA Juvenile Standards and NCCHC. We understand currently this is one-hundred sixty (160) hours orientation for each new employee.

4.21.3 Notification of Staff Orientation Needs

4.21.3 The Contractor shall provide notification of all staff orientation needs, in writing to the facility human resource department at a minimum of one week in advance. KDOC shall ensure adequate orientation schedules are in place to prevent delays in start dates for new contract employees. Any staffing penalty resulting from a delay of more than seven days due to KDOC orientation scheduling issues shall be waived until training can be scheduled by KDOC. KDOC will make every reasonable effort to schedule new contract employees in the first available orientation session at each facility.

Corizon Health will provide notification of all staff orientation needs, in writing to the facility human resource department at a minimum of one week in advance. Corizon Health appreciates the KDOC's commitment to ensure adequate orientation schedules are in place to prevent delays in start dates for new contract employees.

Corizon Health understands that 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. We appreciate the KDOC's efforts to schedule new contract employees in the first available orientation session at each facility.

4.21.4 Annual Training Requirements

4.21.4 All 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 shall be documented in the employee's personnel records and subject to review by KDOC.

All Corizon Health staff will 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.

4.21.5 Sample Training Plan/Employee Handbook

4.21.5 Contractor shall include a sample training plan or employee handbook describing training requirements for all employees.

A sample training plan has been provided in **Attachment P.**

Corizon Health Staff Development

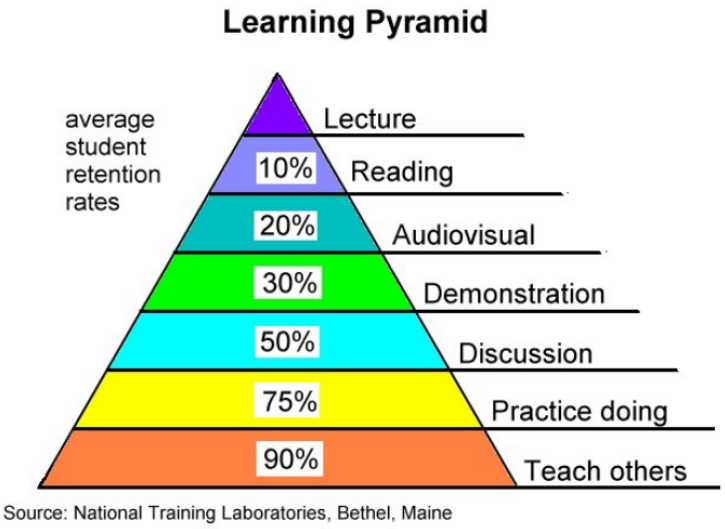
Starting on day one, Corizon Health is committed to developing our colleagues at all stages of their career. We pay particular attention to the new hire experience ensuring that from offer letter acceptance through the first 90 days, new colleagues are prepared to successfully perform their job responsibilities. Our new hire onboarding experience promotes the connection between the new hire's role, the business of Corizon Health, and the importance of delivering of high-quality care.

All newly hired colleagues participate in 16 hours of standardized learning that is a blend of classroom training, facility tours, and online content. In addition, clinical employees complete 24 hours of classroom and online learning prior to providing patient care. On their first day at the facility, new clinical employees are paired with a certified preceptor who is equipped to prepare them to meet the expectations for their role. Throughout the next two to four weeks (varies based on role and individual learning needs), the new hire learns about Corizon Health's COR Care, is provided with guided hands-on training, and gradually assigned independent responsibilities (based on readiness).

Clinical employees also have an additional three and one-half hours of online learning to complete within the first 30 days followed by three hours of content to complete by the end of 60 days. This comprehensive format of hands-on experience and one-on-one coaching blended with online learning ensures the new hires are properly prepared to deliver care that meets Corizon Health's expectations.

As shown in the graphic below, simply sitting in a room reading binders of material fosters very little learning and retention. By structuring our orientation program for interaction and engagement between the new employee and his/her manager, we can support new team members in acquiring essential information and skills to do their jobs.

A direct result of a successful onboarding experience, new employees have a solid foundation as a Corizon Health team member and are prepared for the on-going training that is essential to our commitment to deliver quality healthcare services.



Hiring managers are trained and expected to provide new Corizon Health colleagues with a customized, detailed onboarding plan that includes required, recommended, and optional activities to properly prepare for their role. Throughout the first 90 days, the manager coaches the new hire, checks on progress, and adjusts the plan to meet the individual learning needs.

Employee training is tracked through our **Torch Learning Management System (Torch LMS**) to govern compliance with required onboarding training completion and annual training requirements. Managers have access to monthly completion reports of employee participation in monthly in-service and training events. Evidence of the successful completion of competency training is accessible in the credentialing files of all licensed colleagues and of all colleagues working under the license of professional colleague.

All full-time health care staff members receive 40 hours of orientation training prior to providing patient care; a minimum of 40 hours of training during the first year on the job; and at least 40 hours of training each year thereafter. Selected topics that require staff training are identified on an on-going basis through the Continuous Quality Improvement Program (CQI).

Corizon Health offers all colleagues the opportunity to maintain professional certifications and licenses and expand their knowledge by providing access to thousands of online courses that earn Continuing Education Units (CEUs). Leveraging the libraries of leading healthcare and professional development content providers, we provide easy access to best meet the colleague's learning objectives.

Training and education are also fundamental components of our CQI program. Educational programs and tools are developed based on best practices identified within the CQI program, as well as opportunities for improvement. This method benefits both the individual site personnel as well as other sites that have similar needs or challenges.

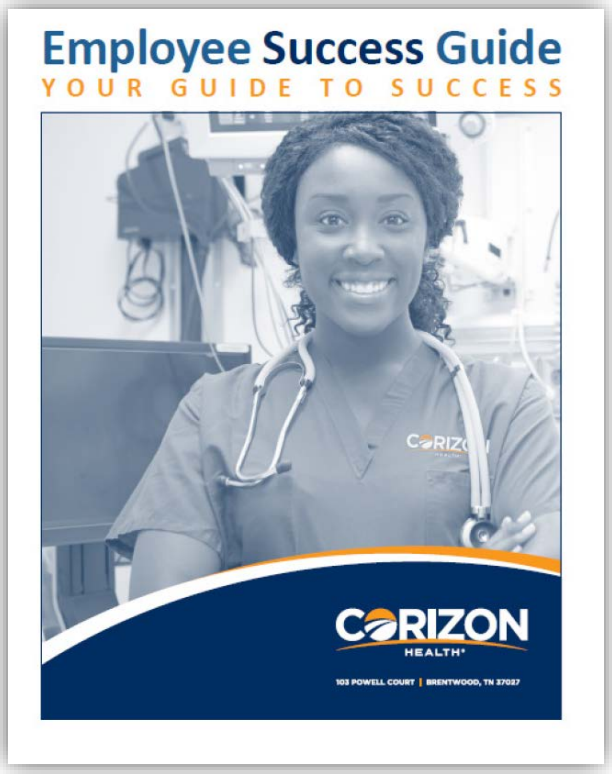
Corizon Health's Onboarding Guidelines Quick Reference Chart, provided as **Attachment P**, identifies the title of each Corizon Health Orientation, including the completion timeframe, as well as the employees who are required to attend each orientation. A detailed explanation of each orientation is provided below.

New employee training begins with our extensive **Corizon Health Employee Orientation (C.H.E.O.)** program. This program includes orientation for all employees (regardless of position) and is followed by additional orientation specific to their discipline.

All Corizon Health required training is digitized to create an interactive, learning-rich experience. For Corizon Health, it is not simply about complying with the training requirement, it is about learning the content and transferring the knowledge to on-the-job experiences. Each module includes narration, knowledge checks, and additional educational material to support learning transfer to on-the-job experiences. In addition, completion is managed through our Torch LMS.
Specifically, C.H.E.O. includes the following components.

- Corizon Health Code of Conduct and Ethics

  - Confidentiality
  - Protection and use of company property
  - Compliance with rules, laws and regulations
- Corizon Health Overview and Culture
- Corrections Environment
  - Includes safety and security policies and practices
- Emergency or Unusual Situations
- Employee Safety
- Anti-Harassment
- Hazard Communications
- Introduction to Human Resources
  - Policies and Procedures
  - *Corizon Health Employee Success Guide*
  - Drug-Free Workplace training
- Preventing Workplace Harassment
- Building Strong Partner Relationships (employee and leader versions)
- Workplace Violence Prevention
- Timekeeping (Kronos)
- Infection Prevention
- HIPAA / confidentiality training
- Counteracting the Dangers of Desensitization



Site leadership monitors each phase of the employee orientation process. Each module includes an on-the-job training application component conducted by a facilitator. Following completion of all module requirements, an assessment is given, and the results are tracked in the Torch LMS.

Annually, all Corizon Health employees are required to refresh their knowledge and understanding of key topics including Code of Conduct, HIPAA, Workplace Safety & Violence Prevention, and Counteracting the Dangers of Desensitization. Clinical employees have additional new hire and annual training requirements that is also managed through the Torch LMS.

All Corizon Health owned and developed content is created and refreshed regularly working in partnership with Corizon Health's leadership and subject matter experts.

Corizon Health Site Staff Orientation

The next step in the onboarding process for mid-level clinicians and nursing staff is **Corizon Health's Site Staff Orientation (C.H.S.S.O.),** which focuses on essential job duties, core competencies, clinical skills, and professional development. Facilitated by various members of the site or regional healthcare team, the topics for **C.H.S.S.O.** were developed to provide focused attention to the following areas:

- Build confidence in the new employee regarding their role in the unit
- Provide support for the assertive application of their skills to improve patient care
- Support an environment of safety, which is a primary focus of our patient care efforts

This orientation program focuses on key clinical skills and tasks such as physical assessment, medication administration and control, documentation, and emergency response skills. **C.H.S.S.O.** is specifically structured for nursing and other clinical staff and consists of modules covering a comprehensive array of clinical topics, including:

- Ancillary Health Services
- Behavioral Health Services
- Chronic Disease Services
- Clinical Communications
- Controlled Drug Documentation & Accountability
- Critical Thinking
- Delegation and Supervision
- Documentation & Medical Records
- Infirmary Care
- Initial and Periodic Health Assessments and Physicals
- Intake Receiving Screenings
- Transfers
- Medication Administration & Documentation
- Nursing Encounter Tools (NETs)
- Nursing Rule of 100s
- Nursing Within the Walls
- Patient Safety
- PREA
- Segregation & Special Housing
- Sharps Safety
- Sick Call
- Situations Requiring Special Procedures
- Substance Abuse Withdrawal (SAW)
- Suicide Prevention
- Tool & Sharp Control
- Urgent/Emergent Care
- Utilization Management (UM)

These modules are divided into completion groups of "before patient care," 30 days (these modules are guided by a preceptor) and 60 days. The program tools, developed specifically for correctional healthcare by our Nursing Services team, are designed to guide the orientation facilitator through use of the training materials so every detail is covered.

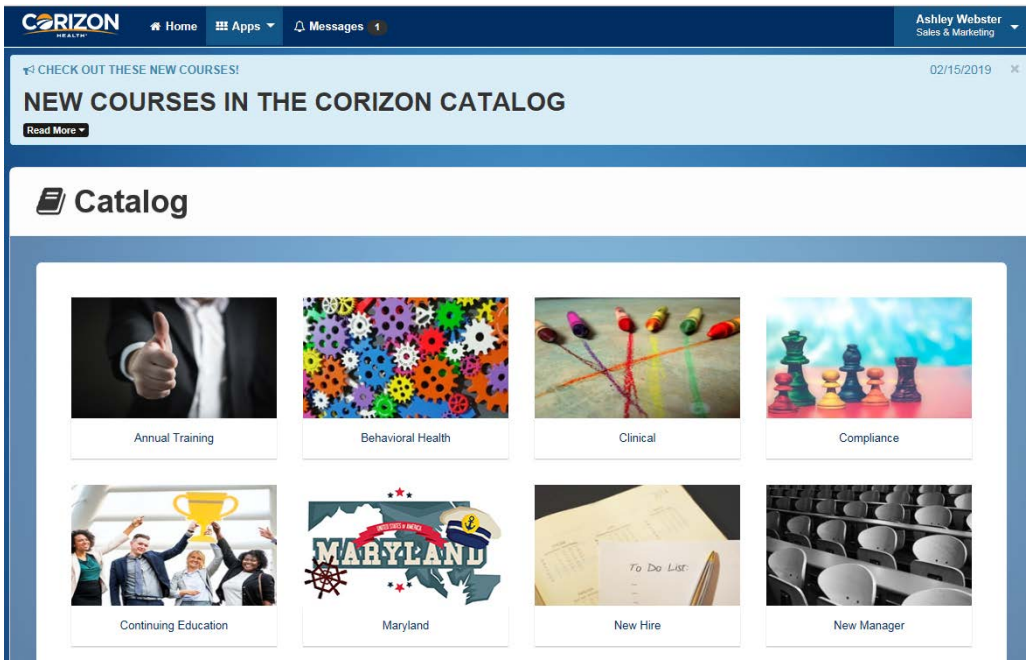
Completion of **C.H.S.S.O.** is tracked in the HRIS and/or the Torch LMS. All corresponding documents, checklists, shadow completions and acknowledgements, and continuing education are kept in the employee's training file.

Technical Systems Training

Corizon Health provides monthly technical system WebEx sessions for new managers. The classes are designed to introduce our electronic systems, tools, and reporting systems for both personnel and clinical processes and outcomes.

This training is part of the **SMART Start** orientation sessions Managers attend virtually at the beginning of their employment, but also when there are system changes/upgrades or any time they need a refresher. Topics include WFC/Kronos (scheduler & timekeeping), PeopleSoft (Human Resources management system), MyCorizon intranet, I-9/eVerify, Data Warehouse and electronic medical records (if applicable). Many of these are also recorded and available in the Torch LMS.

A combination of instructor-led, hands-on and refresher WebEx sessions are utilized for new start-up contracts. All topics have corresponding tutorials, training materials, recorded sessions and quick reference guides available on MyCorizon and in the Torch LMS. The technical training staff also provides instruction to new IT Support Services Department employees, site administrative assistants and corporate managers who will be using these tools.



Torch Learning Management System (Torch LMS)

Corizon Health supports our on-site education programs with thorough, timely, quality, state-of-the-art, customized online training programs designed to improve our teams' performance for Corizon Health's client partners. Torch LMS ensures all staff members have complete access to the latest material necessary to be successful on the job, 24/7.

Through Torch LMS, our on-site managers and field staff across the country have instant access to the Corizon Health Employee Orientation program, over 800 Continuing Education (CE) Credits, CMEs (Continuing Medical Education), annual compliance training and custom Corizon Health applications training courses.

Torch LMS allows us to deliver comprehensive professional development instruction to our management and field employees at work or at home – and **at no cost to our employees**.

Utilizing cloud-based technology, Corizon Health can connect, inform, and educate our geographically dispersed workforce using a single, integrated on-line training and communication platform. Corizon Health is able to provide a wealth of course material on topics as varied as HIPAA, Workplace Violence Prevention and CEs/CMEs for providers, nurses, pharmacists and behavioral health professionals.

Torch LMS users may take the courses at their own pace and at a time that is most convenient for them. Employees are tested on their comprehension of many subjects, thus identifying precise strengths and areas for improvement. Managers, using customizable reports, can track completion and use such data to assist in creating development opportunities for their staff.

Continuing Educational Resources

A robust continuing education offering through a partnership with multiple CE/CME content vendors allows our staff to access hundreds of CE/CMEs through Torch LMS. We offer courses specific to behavioral health dental, nursing, provider diagnosis and treatment as well as corrections-specific courses such as PREA training.

Courses are updated and/or exchanged multiple times throughout the year (annually for those issued on a yearly schedule) and are eligible for Continuing Education because most are approved by national and state-specific accrediting boards such as NASW, APA, etc. Content is selected and updated by members of the Nursing Services and the Training/Organization Development teams.

4.21.6 Training for Corrections Officers and KDOC Staff

4.21.6 Contractor shall provide training at each of the basic and annual training classes conducted by KDOC at the facilities for corrections officers and other KDOC staff as requested. Training subjects include, but are not limited to:
4.21.6.1 Recognition and handling of medical complaints.
4.21.6.2 Suicide potential and precautions.
4.21.6.3 Mental illness care and management techniques.
4.21.6.4 Mental retardation care and management techniques.
4.21.6.5 Communicable diseases including, HIV, Hepatitis, MRSA, Universal Precautions, Cleaning Techniques, and TB.
4.21.6.6 Chemical Dependency treatment models.
4.21.6.7 Intake Screening.
4.21.6.8 Discharge Planning.
4.21.6.9 Behavior disorders vs. mental illness.
4.21.6.10 Emergency medical treatment.
4.21.6.11 Keep on Person Medication and Medication Administration guidelines.

4.21.6.12 Training for officers and offender peers for suicide prevention companion program, end of life care companion program, and peer support group.
4.21.6.13 Other training as required by KDOC Training Director and Director of Health Care Compliance.

Corizon Health will provide training at each of the basic and annual training classes conducted by KDOC at the facilities for corrections officers and other KDOC staff as requested. Training subjects include, but are not limited to:

- Recognition and handling of medical complaints
- Suicide potential and precautions
- Mental illness care and management techniques
- Mental retardation care and management techniques
- Communicable diseases including, HIV, Hepatitis, MRSA, Universal Precautions, Cleaning Techniques, and TB.
- Chemical Dependency treatment models
- Intake Screening
- Discharge Planning
- Behavior disorders vs. mental illness
- Emergency medical treatment
- Keep on Person Medication and Medication Administration guidelines
- Training for officers and offender peers for suicide prevention companion program, end of life care companion program, and peer support group
- Other training as required by KDOC Training Director and Director of Health Care Compliance

Corizon Health has partnered with the KDOC to offer a training program for KDOC correctional officers to receive a Correctional Behavioral Health Certification (CBHC) from the American Correctional Association (ACA). This nationally recognized certification is designed to enhance the knowledge of correctional staff so they are better prepared to interact with offenders who exhibit behavioral health issues. The training consists of 40 hours of behavioral health training, which is provided by Corizon Health's mental health staff and includes a study of ACA's *Behavioral Health Study Guide*.

4.21.7 Online Content and Training

4.21.7 The Contractor shall participate in online content development, training forums, and responsive interaction to any questions generated from the training outlines at no additional cost to KDOC upon mutual agreement of the Regional Vice President and the Director of Health Care Compliance.

Corizon Health will participate in online content development, training forums, and responsive interaction to any questions generated from the training outlines at no additional cost to KDOC upon mutual agreement of Corizon Health's Vice President of Operations and the KDOC's Director of Health Care Compliance.

4.21.8 Monthly Continuing Education Classes

4.21.8 The Regional Director of Nursing and the Regional Behavioral Health Coordinator shall 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 Regional Director of Nursing and the Regional Behavioral Health Coordinator shall participate in these training sessions whenever possible, but at least at a minimum of twice per year, per facility.

Corizon Health's Regional Director of Nursing and the Regional Behavioral Health Coordinator will monitor and provide monthly continuing education training classes, CEU certifications, and tracking of training records for all facilities in the KDOC system. They will also participate in these training sessions whenever possible, but at least at a minimum of twice per year, per facility.

4.21.9 Education Fund

4.21.9 The Contractor shall set aside $100,000 dedicated specifically to training facility health care staff. 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. The Contractor shall obtain approval from the Director of Health Care Compliance prior to approving any such training pursuant to this section. Such approval shall not be unreasonably withheld. At the end of each month, the Contractor shall 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 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 the Contractor.

Corizon Health will set aside $100,000 dedicated specifically to training facility health care staff. This education fund will be used to provide clinical enhancement training for facility contract staff only and will not be utilized for Regional or Corporate training purposes. Corizon Health will obtain approval from the Director of Health Care Compliance prior to approving any such training pursuant to this section. We understand that such approval will not be unreasonably withheld.

At the end of each month, Corizon Health 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 spend during the contract year will carry forward to the next contract year. Upon the termination of the contract, any remaining balance will be deducted from the final payment to Corizon Health.

4.22 Staffing

4.22.1 Base Staffing Plan Requirements

4.22.1.1 The base staffing plan is included in Appendix F. Bidders shall base their proposals on this staffing plan. In addition to the base staffing plan, bidders may submit an alternate staffing plan and a revised cost proposal for consideration.

Corizon Health has provided staffing plans based on the base staffing plan that was included in Appendix F in **Attachment A.**

4.22.2 Staff Accountability and Time Clocks

4.22.2.1 Copies of staffing schedules, encompassing all health care staff, shall be submitted to the Director of Health Care Compliance by the 10th day of each month prior to delivery of service.

As is current practice, Corizon Health will provide 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 services.

4.22.2.2 The Contractor shall describe the mechanism for staff accountability. The Contractor shall utilize time clocks, at the Contractor's expense, to determine actual hours of service provided. Actual hours of service may include hours worked outside of the facility up to four (4) hours per week per fulltime HCP. The offsite 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 shall have received prior approval from KDOC. Documentation of on call schedules shall be provided to KDOC that demonstrate on call hours worked.

Corizon Health will continue to use **Kronos Workforce Central Time and Attendance and Workforce Scheduler** software which includes time clocks and addresses off-site work accountability. We understand that actual hours of service may include hours worked outside of the facility up to four (4) hours per week per fulltime HCP. We also acknowledge that offsite 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. Prior approval from the KDOC will be requested for any routine outside worked hours. Documentation of on call schedules will be provided to the KDOC that demonstrate on call hours worked.

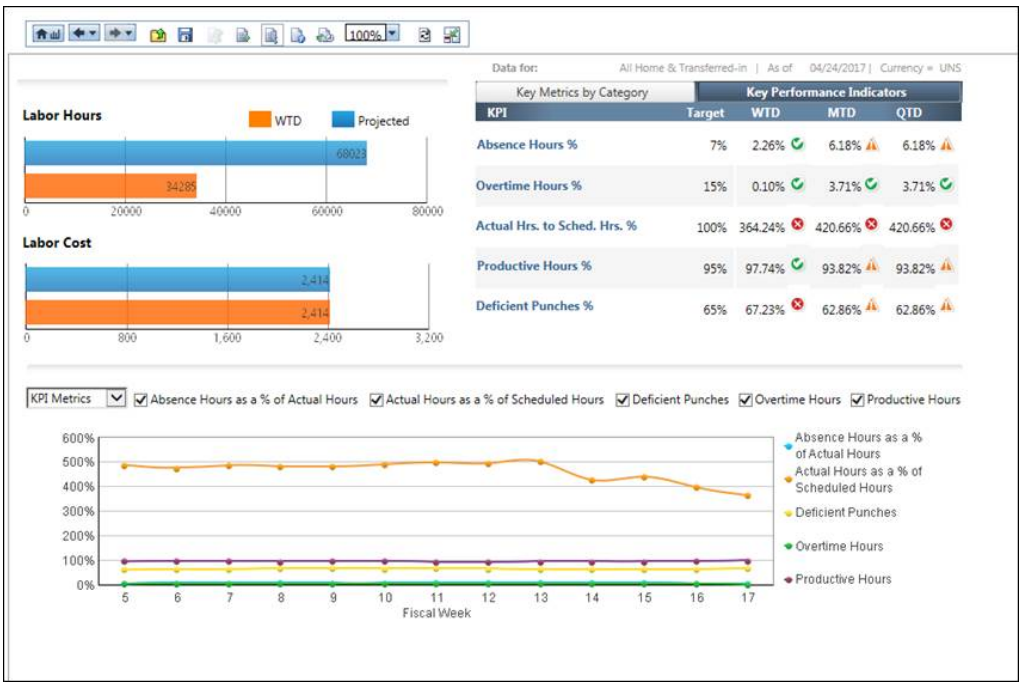
About Kronos

Kronos is a fully integrated timekeeping and scheduling software solution with comprehensive data analytics and reporting capabilities including real-time access to scheduled hours versus hours actually worked. Integration with Kronos Workload Planning functionality provides detailed comparison to hours required for every position by facility.

The current functionality of the Kronos software we use for the KDOC includes:

- Schedule validation at the clock
- Identification of misuse of Rounding Rules
- Reduction in manually added/modified punches
- Audits changes made to employee Schedules and Time and Attendance records
- Web-based dashboards with threshold-based alerts

A sample report is shown below:



Additionally, Corizon Health has installed the Kronos 4500 wall mounted time clock which utilizes biometric identity verification for complete security. The Kronos 4500 allows for employees to punch in using a reliable fingerprint scanner verifying that all employees are physically present. This helps to minimize time theft and to improve staff efficiencies. The Kronos 4500:

- Eliminates buddy punching by positively verifying the identity of employees
- Provides an accurate and reliable method for verifying employees' identity
- Offers a fast and easy enrollment process for collecting employees' biometric information
- Protects employees' privacy by converting fingerprint images into mathematical representations
- Leverages leading technology during the imaging and verification process

4.22.2.3 The Contractor shall not count hours worked out-of-state or at locations other than KDOC facilities as authorized absences or KDOC contract hours. The Contractor's Regional Utilization Management Coordinator, Regional Psychiatrist, Regional Director of Nursing, Regional Behavioral Health Director, and Regional Medical Director positions shall be identified by title as outlined in this RFP. These positions are considered essential to the KDOC operation and shall not be shared with, or perform duties for, any other contract outside of the KDOC contract. Health Services Administrators and Directors of Nurses shall 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. Further, HCPs already fulfilling equal to a fulltime position under this contract (40 hours per week) shall 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 Contractor's Regional Vice President and the Director of Health Care Compliance.

Corizon Health will not count hours worked out-of-state or at locations other than KDOC facilities as authorized absences or KDOC contract hours. We acknowledge that the following positions are considered essential to the KDOC operation and will not be shared with or perform duties for any other Corizon Health contract.

- Regional Utilization Management Coordinator – Jennifer Koppen, RN, CCHP
- Regional Psychiatrist – Dr. Alicia Cardona
- Regional Director of Nursing – Lacey Osmon, RN, PMHNP, CCHP – *Interim*
- Regional Behavioral Health Director – Dr. Ashley Phelps
- Regional Medical Director – Dr. Barry-Lewis Harris

Corizon Health acknowledges that Health Services Administrators and Directors of Nurses 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. Corizon Health HCPs already fulfilling equal to a fulltime position under the KDOC 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 Corizon Health's Kansas Vice President of Operations and the KDOC's Director of Health Care Compliance.

4.22.2.4 In the event of a strike, slowdown or full or partial work stoppage of any kind by the employees of the Contractor, the Contractor shall acknowledge in the proposal its responsibility to continue to perform its obligations under this contract and shall indemnify KDOC for any reasonable losses it may incur in the event of a strike, slowdown, and or full or partial work stoppage by the Contractor's employees.

In the event of a strike, slowdown, or full or partial work stoppage of any kind by Corizon Health employees, Corizon Health acknowledges our responsibility to continue to perform our obligations under this contract an indemnifies the KDOC for any reasonable losses it may incur in the event of a strike, slowdown, and/or full or partial work stoppage by Corizon Health employees.

4.22.3 Retention of Current Contract Staff

4.22.3.1 The Contractor shall provide a plan for staff retention of the current contract staff that includes, but is not limited to:

(a) The Contractor's plan for salary compensation for all current contract employees. Bidders shall indicate their intent to maintain current salaries or increase salaries when necessary to maintain the current staff.
(b) Bidders should include any intent to reduce salaries of current employees, or future employees as compared to the current staffing summary salaries listed.
(c) The company'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.

Corizon Health shares the KDOC's commitment to ensure sufficient staffing and resources are provided to maintain effective clinical oversight of the healthcare program and ensure quality patient care is provided. As an employer of healthcare professionals throughout Kansas, including both the KDOC and county jail facilities, we are well aware of the recruitment challenges facing healthcare companies throughout the state, particularly nursing and provider shortages. In fact, we experience many of them ourselves as we compete with other healthcare companies for qualified nursing and provider staff – in markets where the number of available staff is often less than the number of open positions.

Despite these challenges, we undertook a number of initiatives over the past few years to enhance both our current recruiting program and retention of the current healthcare team. The following highlights some of our key initiatives which continue to show positive results in terms of positions filled and staff retention.

- Improved our 2020 Benefits offerings to reduce out-of-pocket expenses for the majority of employees.
- Conduct periodic surveys to gauge employee satisfaction.
- Conduct thorough exit interviews to research the root cause of turnover and address any issues.
- Reduced overall turnover in the Kansas contract 4% in the last 8 months.
- Implemented sign-on bonuses for several sites which are paid out over an 18 month period to encourage attraction and retention.
- Implemented salary adjustments over the past 2 years which annualized pay at over $1.15 million that impacted employees at eight (8) sites. With an additional four (4) sites planned for adjustments in April 2020, which brings total to 1.4 million to the Kansas team.
- Implemented an employee referral program to encourage attraction of new employees and retention of current employees.

It is Corizon Health's compensation philosophy to pay all employees fairly for their contribution based on a system that considers both internal and external equity. To determine external equity, we conduct periodic surveys to identify the market value for jobs like those Corizon Health positions in the current Kansas contract. Internally, a job evaluation system is used and pay rates are determined from many factors including education, experience, responsibility, performance and market value. Rates are reviewed annually or more often as needed to ensure we remain competitive with the local labor market.

Corizon Health is committed to ensuring employees are paid fairly and competitively and has no intention of reducing the salaries of current employees.

Employee Benefit Program

Providing rewards to Corizon Health employees goes far beyond the paychecks they receive. Our benefits program offers other essential rewards. By sharing in the cost of benefits for all of our employees, Corizon Health makes an investment in its people in return for their hard work and performance. Our comprehensive benefits and pay package is an investment that supports a more balanced, healthier lifestyle for our employees and their families.

In addition to our health plan options, employees also are offered the following benefits:

- Health Savings Account
- Flexible Spending Accounts: Health Care and Dependent Care
- Company-provided Group Term Life & AD&D Life Insurance
- Supplemental Life Insurance Coverage for the Employee, Spouse and Children
- Supplemental AD&D Coverage for the Employee and Family
- Short-term and Long-term Disability Income Protection
- Life Management Plan (EAP)
- Voluntary Critical Illness Coverage
- Voluntary Accident Coverage
- Voluntary Identity Theft Coverage
- Paid Time Off (PTO) Bank
- Extended Sick Leave Bank
- 401(k) Retirement Plan
- Tuition Assistance Plan
- Employee Discount Program for Products and Services
- Continuing Education
- Corizon Health Learning Center (Torch LMS)

Continuing Education Resources

While offering competitive compensation and benefits programs is critical to ensuring we attract qualified candidates, we have also learned that the key to successful retention of those professionals is to recruit individuals who are motivated by a sense of purpose and desire to serve – and provide them an opportunity to learn and grow. Our **Tuition Assistance Program** assists eligible employees in obtaining the education needed in their current job or those jobs into which they may reasonably be expected to advance. **We have found that fostering an environment that encourages career growth not only greatly enhances our ability to retain quality employees, but also greatly improves the integrity of our programs.**

A robust continuing education offering through a partnership with multiple CE/CME content vendors allows our staff to access hundreds of CE/CMEs through Torch LMS. We offer courses specific to behavioral health, dental, nursing, provider diagnosis and treatment as well as corrections-specific courses such as PREA training.

Courses are updated and/or exchanged multiple times throughout the year (annually for those issued on a yearly schedule) and are eligible for Continuing Education because most are approved by national and

state-specific accrediting boards such as NASW, APA, etc. Content is selected and updated by members of the Nursing Services and the Training/Organization Development teams.

4.22.3.2 The Contractor shall interview each current facility contract staff member to determine his or her continued employability status.

As the incumbent provider, and if Corizon Health is awarded the new contract, we intend to retain the current facility staff. At the KDOC's request we will interview current facility contract staff to determine his or her continued employability status as required.

4.22.3.3 The Contractor shall waive eligibility time frames for health and retirement programs for all continued current contract staff.

As the incumbent provider, Corizon Health already has offered employee health and retirement programs.

4.22.3.4 The Contractor agrees that it shall not bind any of its employees, or those under contract with the Contractor, 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.

Corizon Health agrees it will not bind any of its employees, or those under contract with Corizon Health to any agreement, which would inhibit, impede, prohibit, or restrain in any way employee or independent contractor from accepting employment with any subsequent health care service provider to the KDOC or any other employer.

4.22.3.5 KDOC currently has three (3) state-employed health care positions who were hired prior to privatization. Contractor shall be responsible for reimbursement to KDOC for salaries, benefits, overtime, vacation, sick leave, and malpractice insurance costs for these staff via an offset on the monthly payment voucher. The amount deducted shall be based on actual salary and benefits expenditures. Should any of the state employees leave their position, the Contractor shall be responsible for filling these positions as part of the contracted staffing plan at no additional cost to the State.

Corizon Health understands that the KDOC currently has three (3) state-employed health care positions who were hired prior to privatization. Corizon Health will be responsible for reimbursement to the KDOC for salaries, benefits, overtime, vacation, sick leave, and malpractice insurance costs for these staff via an offset on the monthly payment voucher. The amount deducted will be based on actual salary and benefits expenditures. Should any of the state employees leave their position, Corizon Health will be responsible for filling these positions as part of the contracted staffing plan at no additional cost to the State.

4.22.3.6 The Contractor is strongly encouraged to maintain existing contract staff to the extent that they are qualified, that the position still exists, and both the KDOC and the successful Contractor agree to that employment.

Corizon Health intends to hire maintain the existing contract staff to the extent they are qualified, the position still exists, and both the KDOC and Corizon Health agree to that employment.

4.22.4 Credentialing Criteria

4.22.4.1 Throughout the term of this contract, KDOC shall have the right of approval prior to the Contractor's hiring of any regional staff, health services administrator, any director or nursing, any behavioral health coordinator, any director level position, physician, psychiatrist, advanced practice registered nurse, or any other position KDOC may designate during this contract term. Upon request, the Contractor shall provide KDOC with current resumes of any physician, administrator, psychiatrist, psychologist, dentist, behavioral health coordinator, or director of nurses.

Corizon Health acknowledges that throughout the term of this contract, KDOC shall have the right of approval prior to Corizon Health's hiring of any regional staff, health services administrator, any director or nursing, any behavioral health coordinator, any director level position, physician, psychiatrist, advanced practice registered nurse, or any other position KDOC may designate during this contract term. Upon request, Corizon Health will provide the KDOC with current resumes of any physician, administrator, psychiatrist, psychologist, dentist, behavioral health coordinator, or director of nurses.

4.22.4.2 The Contractor shall provide a written position description for each member of the health care staff, which clearly delineates the assigned responsibilities. The Contractor shall monitor performance of health care staff to ensure adequate performance in accordance with these positions descriptions.

Corizon Health will provide a written position description for each member of the health care staff, which clearly delineates the assigned responsibilities. We will monitor performance of health care staff to ensure adequate performance in accordance with these positions descriptions.

Annual Performance Evaluation

In addition to the evaluation of skills and competencies following training, all Corizon Health staff are scheduled to receive a written performance review on at least an annual basis. As part of this process, employees complete a self-evaluation based on their job description and any position-specific performance objectives they received at the start of the performance year.

The self-evaluation form is submitted to their manager. The manager also completes an evaluation form and schedules a review meeting with the employee. All items on performance review forms are discussed with the employee. Also, as part of the annual review process, employees and managers work jointly on performance plans for the growth and development of the employee in meeting personal and company goals, objectives and standards. Completed and signed performance review forms are filed in the employee's personnel file.

4.22.4.3 The Contractor shall furnish the necessary administrative, supervisory, professional, and support staff for the proper and effective operation of the program defined herein, subject to the approval of such staff by the Director of Health Care Compliance. If any applicant recommended by Contractor is disapproved by KDOC a written summary of the reasons for the disapproval shall be presented to the Contractor.

Corizon Health will furnish the necessary administrative, supervisory, professional, and support staff for the proper and effective operation of the program defined herein, subject to the approval of such staff by the Director of Health Care Compliance. We understand that if any applicant recommended by

Corizon Health is disapproved by KDOC, the KDOC will provide Corizon Health with a written summary of the reasons for the disapproval.

4.22.4.4 In recognition of the sensitive nature of correctional facilities, Contractor agrees that in the event KDOC, in its discretion, is dissatisfied with any of the personnel provided under this contract, KDOC may deny access of such personnel to the correctional facility. KDOC shall provide written notice to the Contractor of such fact and the reasons therein, and the Contractor shall remove the individual in question from the programs covered herein and cover with other appropriate personnel until an approved replacement is found.

Corizon Health agrees that in the event KDOC, in its discretion, is dissatisfied with any of the personnel provided under this contract, KDOC may deny access of such personnel to the correctional facility. KDOC will provide written notice to Corizon Health of such fact and the reasons therein, and Corizon Health will remove the individual in question from the programs covered herein and cover with other appropriate personnel until an approved replacement is found.

4.22.4.5 The Contractor shall employ only licensed and qualified personnel to provide clinical and behavioral health coverage for all health care related services of this contract.

Corizon Health will employ only licensed and qualified personnel to provide clinical and behavioral health coverage for all health care related services of this contract. Corizon Health's credentialing program, described in the paragraphs that follow, ensures that all staff will meet the State's licensing and credentialing requirements, as necessary for personnel.

Corizon Health's Credentialing Program

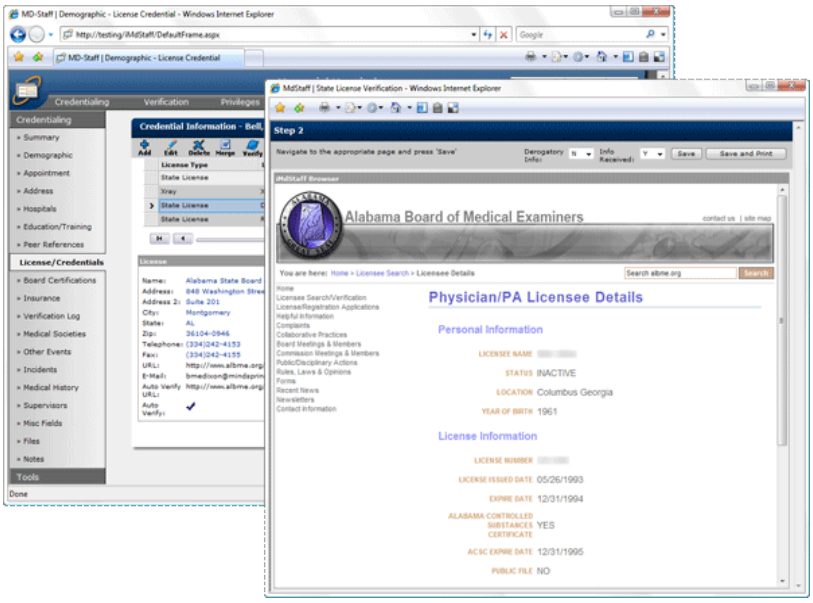
A strong credentialing process **reduces provider turnover resulting in improved clinical, financial, and legal outcomes.** It is also a proactive method to ensure that physician training and experience are aligned with each client's clinical needs.

Staff leadership uses an interview guide to assist them in discussions with physician candidates. The guide covers clinical, business and leadership areas and allows the leadership staff to communicate observations objectively and develop a strategy for a successful partnership. This process is also designed to reduce provider turnover through due diligence in screening candidates who seek to provide medical care within a correctional setting.

How does this approach benefit the KDOC?

Corizon Health will not place a physician in the facility without a thorough review of standard documentation, including training and licensure verification, and **National Practitioner Data Bank (NPDB)** review. Once this information is compiled, our Credentials Committee, which is comprised of physicians and other licensed professionals, will discuss potential candidates per our credentials policy.

Corizon Health utilizes MD-Staff, comprehensive credentialing system, to streamline and automate the credentialing process. MD-Staff is a comprehensive credentialing system that includes all of the modules needed to streamline and automate the credentialing process.



The foundation for MD-Staff is an extensive, highly relational database that stores nearly every data element relating to a provider. All of the modules in MD-Staff are built upon this single powerful database, thus allowing them to work seamlessly with each other. Unlike other credentialing systems, all of the modules are included in MD-Staff thus reducing overall cost while providing the maximum amount of features.

The web-based version of MD-Staff is a feature rich enterprise level credentialing system, yet it is still very user friendly and intuitive. Based on our highly successful Windows version of MD-Staff, the web-based version takes usability to a new level by utilizing the most advanced web-based technologies to make the application fast, responsive and easy to understand. Along with being easy to use, MD-Staff also automates many tedious credentialing processes, thus reducing workloads while increasing accuracy.

MD-Staff interfaces with numerous online verification sources in order to streamline many of the verification processes. Verification can be done directly from MD-Staff for a single provider or a group of providers, reducing the amount of time spent on verifying provider information.

Initial Credential Requirements

In order for a practitioner to provide clinical services for Corizon Health, the physician's credentials must satisfy the threshold indicators listed below, and Corizon Health must receive all applicable documentation. Threshold indicators include:

- A completed Corizon Health Application and a Consent for Release of Information form;
- Evidence of an active, unrestricted license to practice medicine in the State of Kansas;
- Copy of an active, unrestricted Drug Enforcement Administration Registration with a Kansas address;
- Copy of current Kansas controlled substance registration with a Kansas address;
- Copy of a degree from an accredited North American medical/professional school or a foreign medical/professional school accredited by the Educational Commission for Foreign Medical Graduates (ECFMG);

- A copy of Board Certification by an accredited certification board within the United States or two letters from practicing physicians in the applicant's specialty attesting to the applicant's clinical skills;
- Evidence of legal working status in the United States;
- Current hands-on certification in Basic Life Support; and
- Certificate of current medical liability insurance.

After these credentials are obtained, Corizon Health's Credentials Coordinator will perform the following:

- Verify all licenses, certifications and insurance;
- Query of the National Practitioner Data Bank (NPDB); and
- Submit documentation to our contracted Credentialing Verification Organization (CVO) for Primary Source Verification of education, employment history and active hospital staff privileges.

The completed credentialing file is reviewed by the Credentialing Coordinator for any of the following Outliers or "Red Flags." If any are present, the application is scheduled for review by the Credentialing Committee. The application must be signed and dated no more than 180 days prior to the Committee's decision. Outliers we consider include the following:

- Missing dates or gaps in training or professional practice
- Any significant omission identified
- An incomplete application or one dated and signed more than 180 days ago
- Discrepancies between information provided by the applicant and verified information
- Interruption of training for any reason
- Discrepancies in hospital staff privileges as stated and as verified
- Resignation from any organization while under investigation
- Changes, restrictions, suspensions or denial of privileges
- Any challenge to licenses to practice, including sanctions, suspensions, revocations, voluntary surrender, restrictions, or probations
- Any challenge to DEA or Kansas controlled substance registrations or restrictions thereof
- Canceled, restricted, or missing liability coverage information
- Ambiguous references from relatives or those that refer only to dates of service
- Break in service or practice of healthcare as licensed of 6 months or more
- Termination by any organization or entity
- Indictment, charges filed, or conviction of any felony or crime other than minor traffic violations
- Any professional liability history, as indicated by the application questions, verified through insurance agents, and determined by Credentialing Committee evaluation
- Any questionable, unverifiable or atypical aspect identified in the application documents
- Applicant initiated a lawsuit against previous employers or organizations

The Credentialing Coordinator will attempt to obtain clarifications or explanations of any discrepancy or outlier on the application prior to review by the Credentialing Committee.

The Credentialing Committee will give thoughtful consideration to applicants and record decisions in the minutes of the meetings. The minutes will include the reasons for any adverse decision including non-

approval of affiliation, delay of decision, and/or request for explanations, mentoring or proctoring requirements.

Provisional Credentialing (Temporary Affiliation)

Because of the nature of correctional medicine, it is frequently not possible to make other arrangements in the event a provider resigns or is otherwise unavailable. Offenders cannot go elsewhere for care, as would be possible for members of a healthcare plan outside of the facility. Therefore, it is necessary and important for Corizon Health to provide a rapid method of temporary approval for services by selected applicants.

Providers with clean records are eligible for Temporary Affiliation credentialing and may be approved for interim privileges for up to 60 days. To receive provisional credentials, a provider must present the following documentation:

- Completed, dated and signed Application for Corizon Health Affiliation;
- CV, including start/stop months/years, with explanation of any work gaps longer than six (6) months;
- Copy of Kansas license to practice;
- Copy of DEA and Kansas controlled substance registrations;
- Copy of current PLI or malpractice insurance certificate; and
- Copy of CPR/ACLS certification.

The Credentialing Coordinator will perform the following verifications:

- Perform telephone or internet verification of the license and determine if there are any sanctions;
- Determine if a provider's malpractice insurance is current and meets Corizon Health policy limits;
- Verify that the DEA and Kansas controlled substance registrations are current;
- Verify that the CPR/ACLS certificate is current and meets state contract requirements; and
- Obtain an NPDB report.

Re-credentialing

Every three years, in order for a practitioner to remain employed with Corizon Health, providers must submit or resubmit a Re-credentialing Application Packet. This Re-credentialing Packet will contain the provider's attestation that he or she has not been convicted of any crime in the past three years, has not been addicted to alcohol or controlled substances in the past three years, and has not been reported to the NPDB for any reportable incident.

The Credentialing Coordinator will verify the following:

- Medical license(s) which are currently active;
- DEA and Kansas controlled substance registration;
- Claims history via the NPDB; and
- Board certification.

Provider Files

Corizon Health will maintain a file for each provider containing the following information:

- Current unrestricted license in the State of Kansas;
- Current Kansas controlled substance registration;
- Current DEA registration;
- Current certification in Cardiopulmonary Resuscitation (CPR); and
- Renewal of board certification.

Copies of all current nursing and physician licenses will be kept on file in the Health Services Administrator's office.

Ongoing Monitoring of Credentials

Monitoring the credentials and the clinical work of our providers is an ongoing process, not limited to initial and biennial review. Our providers are subject to peer review and are reminded routinely that they are required to immediately report any of the following:

- Action to suspend or limit their license to practice medicine in any state; or to suspend or limit their DEA or Kansas controlled substance registration(s);
- Actions to revoke, suspend, or limit privileges at a hospital or any medical organization;
- Criminal conviction;
- Civil legal proceeding resulting in a penalty or an award of damages;
- Addiction to drugs, use of unprescribed narcotics, habitual or chronic use of any substance that may impair judgment;
- Addiction to alcohol or alcohol use which could impair judgment or interfere with clinical duties;
- Any situation that could reasonably be expected to hinder the provider's ability to perform contracted services in the correctional or clinical work environment; and
- Any incident reportable to the NPDB.

Corizon Health will also enroll each provider in the NPDB's Continuous Query. This keeps us informed 24 hours a day, 365 days a year about adverse licensure, privileging, Medicare/Medicaid exclusions, civil and criminal convictions, and medical malpractice payments of our practitioners. This is done for the safety of our patients, our clients, and Corizon Health.

4.22.4.6 The Contractor shall maintain personnel files in the Health Services Administrator's office on contractual personnel, which shall be made available to the Director of Health Care Compliance or their designee upon request.

Corizon Health will continue to maintain personnel files in the Health Services Administrator's office on contractual personnel. The file will be made available to the Director of Health Care Compliance or their designee upon request.

4.22.4.7 All contract personnel shall be required to submit to a background investigation conducted by KDOC.

All Corizon Health contract personnel will submit to a background investigation conducted by KDOC.

4.22.4.8 All personnel shall comply with applicable state, federal, and local laws, regulations, court orders, administrative regulations, administrative directives, and policies and procedures of KDOC and the Contractor, including any amendments thereto. All contract staff shall maintain any insurance required by law.

All Corizon Health personnel will comply with applicable state, federal, and local laws, regulations, court orders, administrative regulations, administrative directives, and KDOC and Corizon Health policies and procedures, including any amendments thereto. All Corizon Health staff will maintain any insurance required by law.

4.22.4.9 The Regional Director of Nursing and the Regional Behavioral Health Coordinator, in conjunction with the HSAs, shall be responsible for monitoring licensure compliance for all newly hired staff, and annually thereafter.

Corizon Health's Regional Director of Nursing and the Regional Behavioral Health Coordinator, in conjunction with the HSAs, will be responsible for monitoring licensure compliance for all newly hired nursing and behavioral health staff, and annually thereafter.

Licensure Compliance Program for Corizon Health Nurses and Behavioral Health Staff

In addition to our credentialing program described in section *4.22.4.5* above, Corizon Health has partnered with **EverCheck** to monitor license compliance of our nursing and behavioral health staff providing direct patient care. A paperless system, EverCheck runs license verifications behind the scenes 24/7/365. Important changes are reported directly to Corizon Health in real time via email.

EverCheck Features

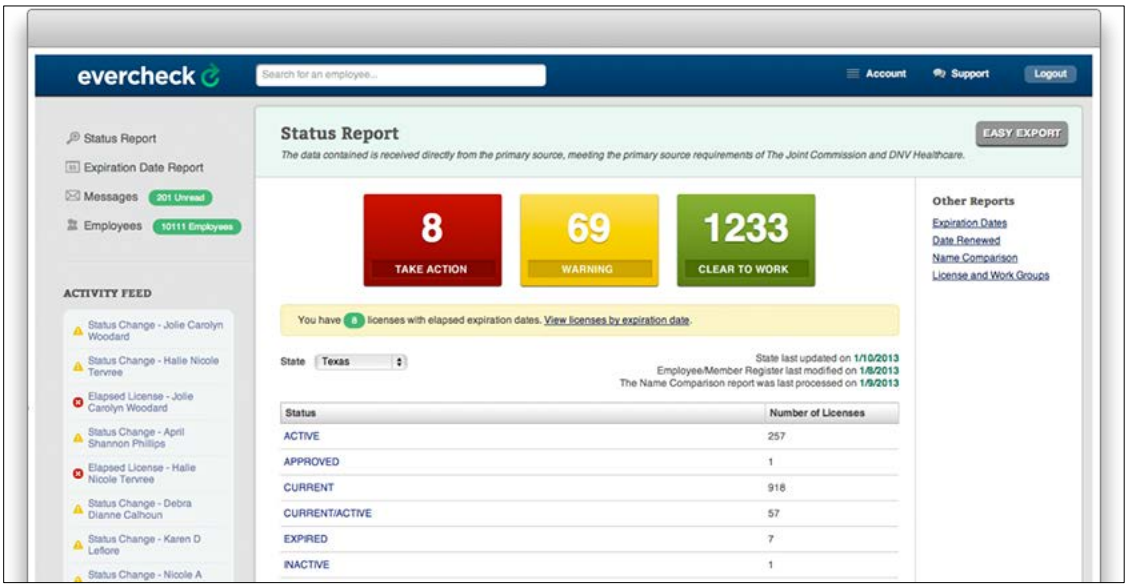
EverCheck has created a best-in-class suite of features to streamline Corizon Health's license verification process. These features include:

- **Daily Primary Source Verifications:** Licenses are automatically verified daily to keep Corizon Health aware of status changes as they occur
- **Archive of License History:** Storage of primary source screenshots for each employee, retrievable at any time
- **Email Notifications:** Customizable updates with important license information to help Corizon Health remain compliant with licensure requirements. Designated management team leaders receive email updates of important license changes that require immediate attention. With these updates, there is no need to manually monitor these licenses.
- **Effortless HRIS Integration:** Integrates seamlessly with Corizon Health's HRIS System, providing continuous updates to Primary Source information.

Reports

Corizon Health has access to the following reports through EverCheck:

- **License Status Report:** Confirms that each licensed professional providing direct patient care has been reviewed and sorted into the following compliance categories: ***Action***, ***Warning***, ***Clear to Work***. Additionally, lists the number of licenses that fall into the following status categories: Active, Approved, Current, Current/Active, Expired, Inactive, etc.
- **Expiration Date Report:** Lists employees whose license expires within the following: ***Deadline 60+ days***, ***Deadline Within 60 days***, ***Elapsed Deadline***.
- **Date Renewed Report:** Lists the licenses renewed during a certain period of time. Information includes: ***Licensee Name***, ***Date Renewed***, ***License #/Employee ID***, ***Profession***.
- **Name Comparison Report:** Details the official first and last name of the professional as licensed, compared to the first and last name of the employee.
- **Employee Detail:** Details the status history of each flagged employee, allowing Corizon Health to determine the specific cause of the professional's issue. This report details the professional's license number, name, status, if compliance is needed, state/territory, profession, expiration date, employee register, and the status history. To address outstanding issues, the manager can give online access to specific supervisors at the facility so that, in an instant, they're all viewing the same up-to-date information.
- **Status History:** Details date-stamped status history, providing irrefutable evidence as to the past activity/license history for each license.
- **Primary Source Screenshot:** Provides a screenshot from the primary source of license (shown below):



PeopleSoft® Tracking and Reporting

All Corizon Health's certifications, credentials and licensing are stored in our PeopleSoft system. This system allows the Directors of Nursing (DON) and the HSAs direct access to their individual employee's certifications, credentials and licensing dates and documentation. The HSA and DON work from within

PeopleSoft daily and will receive alerts as to credentialing that is close to expiration. This allows our staff to be proactive in staying compliant directly at the facility level.

Certifications, credentials, and licenses are also kept on file in the HSA's office.

4.22.4.10 In an effort to keep vacant health care positions to a minimum, the Contractor agrees to keep health care position wages current with market forces. Prior to the commencement of this contract, Contractor will perform 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, the Contractor 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 shall be specific the area around each facility. The 50th percentile of the market survey will become the staffing deduction amount outlined in section 4.24.

Corizon Health agrees to keep health care position wages current with market forces. Prior to the commencement of the new contract, Corizon Health will perform 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 the new 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, Corizon Health 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 to the area around each facility. The 50th percentile of the market survey will become the staffing deduction amount outlined in section *4.24.*

4.22.5 Recruitment and Retention

Bidders must demonstrate their recruitment and retentions strategies and capabilities.

Corizon Health understands the importance, for continuity of care, of ensuring that all sites are staffed in accordance with the sites established staffing plan. Sites that are consistently staffed improve the quality of patient care, reduce employee stress and burnout, and minimize employee relations issues that can lead to complaints and lawsuits.

As a company we are focused on attracting and retaining top talent by maintaining competitive salaries and benefits, rewarding high performance, providing an open and inclusive environment where team members are heard, all while answering a call to service.

Corizon Health's **Employee Value Proposition (EVP)** focuses on the following:

1. **Work** – rewarding work focused on serving an underserved population. What our team members do everyday matters.
2. **Rewards** – recognizing employees through our employee recognitions program wherein employees can be nominated for consistently living out the company's SMART (Safety, Motivation, Accountability, Respect and Teamwork) values.
3. **Environment** – providing an open and inclusive environment where team members have a voice.
4. **People** – setting team members up for success through established onboarding practices and throughout their career with opportunities for personal and professional development.
5. **Opportunities** – creating opportunities for career advancement, professional development through formal training and on-the-job learning, and networking opportunities through memberships in professional organizations.

In addition to the employee retention strategies we have implemented (see section *4.22.3.1*), we have a robust talent acquisition program Corizon Health's Talent Acquisition Center of Excellence's (COE) mission is to provide exceptional talent to support Corizon Health as an industry leader and employer of choice. We place the **right person** in the **right role**, at the **right time**, for the **right cost**. These guiding principles are important tenets for how we approach recruiting.

The foundation for effective recruiting is to foster a professional work environment where team members are valued for their contributions to operations. Sophisticated compensation practices are necessary to establish competitive wages and benefits, allowing our talent acquisition team to effectively hire nurses, physicians, and ancillary healthcare professionals. To achieve these results, our talent acquisition process includes:

- **Dedicated Team** – physician recruiters and clinical recruiters, focused by region, by position.
- **Dedicated Administrative Resources** – focused on credentialing, sourcing and advancing the prospective candidate throughout the process.
- **Data-Driven Recruiting Strategies** – leveraging analytics tools enables Corizon Health to use the right candidate sourcing and attraction strategy by knowing where the people are. Corizon Health continues to innovate in talent acquisition by incorporating advanced technologies such as artificial intelligence and predictive analytics to source and understand candidate's motivations and retention potential.
- **Extensive Online Recruitment Advertising** – Corizon Health uses programmatic marketing, which is the latest innovation for Talent Acquisition organizations. Programmatic marketing utilizes artificial intelligence and machine learning to predict with great accuracy the best locations to post jobs online. It also provides unparalleled tracking of job performance. These innovations give our team great predictability and optimizes our investments to truly target our advertising to the most ideal candidate pool. We also utilize a variety of targeted advertising and recruitment brand marketing tools including an enhanced website, candidate texting and email, and passive candidate sourcing.

All Corizon Health career opportunities are optimized on all major search engines to increase marketability and visibility.

- **Best in Class Applicant Tracking System** – Corizon Health has partnered with iCIMS Applicant Tracking System (ATS) to provide a best in class candidate experience. Our ATS also affords our recruiters and operational leaders a streamlined and efficient hiring process.
- **Relationship Recruiting** – Corizon Health's talented recruiters, along with site clinical leaders, work with local colleges and universities, as well as professional associations, to attract local talent through these relationships. We also recognize that great talent follows great talent, and we actively advertise new company opportunities within Corizon Health, in order to promote employee referrals.
- **Salary Surveys** – are conducted regularly by our Compensation Department to ensure competitive wages in the local market.
- **Continuous Review and Planning** – to ensure timely response to changing markets and seasonal and cyclical workforce demands.
- **Military Program** – Corizon Health has developed a military recruiting program that features a dedicated job page for military recruiting. The program is solely focused on attracting and hiring clinical staff through military partnerships.

Technology and Metrics

Our Talent Acquisition COE includes the use of a best in class Applicant Tracking System (ATS), iCIMS, where positions are posted, and recruiters work in real time to source candidates. We have a dedicated Manager, Talent Acquisition who is our system administrator for ATS.

ATS data management is provided through Corizon Health's Talent Acquisition COE. This ensures the appropriate positioning on the web, as well as tracking of the responses to monitor and report best practices. ATS provides a stable and secure portal to ensure that leads are thoroughly investigated, and the results of the contact are reported.

With the use of ATS, as well as our high-touch personal interactions, the transitioning of new candidates becomes seamless and minimizes the extraneous paperwork through implementation of a computerized application and on-boarding process.

ATS provides robust analytics to help us understand the growing needs in staffing, as well as focus on the outcomes of our efforts.

Talent Acquisition COE Team

Corizon Health's Talent Acquisition COE team is tasked with filling thousands of positions annually. Each recruiter is responsible for developing and implementing a tailored recruitment plan, lead generation and applicant screening, advertisement development and placement, providing recruitment training to site managers, and participating in community awareness activities such as job fairs, open houses, and nursing school visits.

Management Recruiters handle talent acquisition of regional and local supervisory positions including Vice Presidents of Operations, Directors of Operations, HSAs, Directors of Nursing, Associate Regional

Mental Health Directors, Regional Medical Directors, Regional Directors of Nursing, and Mental Health Administrators.

Provider Recruiters find and interview candidates for physician, psychiatry, and dental providers for state and community partner sites across the country.

Clinical Recruiters are responsible for recruiting and hiring positions including RNs, LPNs, LVNs, Mental Health Professionals, CMAs, CNAs, QMAs, clerks, and ancillary support staff. Our recruiters are well versed in healthcare recruiting and stay in tune with the latest trends by membership in professional organizations, as well as attending conferences and symposiums on talent acquisition topics.

Recruiting and Sourcing Tools

The key to successful retention in corrections staffing is recruiting individuals who are motivated by our mission and a sense of purpose – who feel a "call to service" – and providing them the opportunity to learn and grow. Corizon Health encourages all employees to be on the lookout for new team members who are motivated by that same calling. Corizon Health has also created enhanced selection training for those involved in recruiting, interviewing, and selecting Corizon Health employees and introduced standard interview process for physician and nursing staff.

Military Program

As noted previously, Corizon Health has implemented a strategic initiative to increase our presence in the military and veteran community to both better serve our incarcerated veterans and to increase our efforts in hiring qualified veterans into our organization across the country. Recently, Corizon Health was awarded "Bronze Status" as a Military Friendly Employer.

Recent statistics indicate that more than 35% of the Bureau of Prisons workforce serve or have served in the United States Armed Forces. Corizon Health recognizes how much our company, our partners and **our patients benefit from the vast experience of veterans as corrections professionals**, including those serving as counselors, managers, administrative staff, and medical and behavioral health professionals.

Corizon Health actively seeks to hire veterans into our workforce because:

- They know how to operate within an agency.
- They are professional and know how to navigate the para-military environment that is corrections.
- They have a lot of expertise and training, and that enhances our workforce.
- They bring a wealth of talent, skills and training to any job.
- They are well-suited to public safety, patient care and offender rehabilitation.
- Their capabilities, competence, and ability to communicate often make veterans a natural fit for our work environments.

Each year, Corizon Health sponsors a booth at the annual **Association of Military Surgeons of the United States (AMSUS)** Continuing Education Meeting. Throughout the meeting, attendees have the

opportunity to earn CEs from world-renowned speakers, network across services nationally and internationally and view demonstrations of the latest advances in healthcare. There are typically a large number of military professionals who are retiring or leaving from the military and looking for full-time civilian employment.

Finally, Corizon Health leaders have presented at VA Hospitals and military-sponsored job fairs to increase our recruiting efforts and does targeted recruitment campaigns to those ready to contemplate their next career after service. These leaders include Corizon Health employees who are both veterans and currently active as both enlisted professionals and officers in the armed forces.

We believe there are opportunities for us to partner together to target these same audiences who may be considering a second career for jobs not only in clinical operations, but in correctional officer careers as well.

Academic and Professional Partnerships

Corizon Health encourages our operations teams to develop and implement a local recruitment plan which includes regularly scheduled meetings with local medical associations and other professional programs in order to build relationships and continually sell correctional medicine as an option to the traditional role. In Kansas, we currently have affiliations with the following colleges and universities:

- Bryan University – Medical Assistant Program
- University of Saint Mary – Psychology Program
- Emporia University – Social Work Program
- Newman University – Social Work Program
- Washburn University – Psychology Program
- Emporia University – Rehabilitation Counseling Program
- Wichita State University – Psychology Program
- Hutchinson Community College – Nursing Program
- Emporia University – Art Therapy Counseling Program
- Washburn University – Nursing Program
- Wichita Area Technical College – Nursing Program
- Bethel College –Nursing Program
- Pratt Community College – Nursing Program
- University of Kansas School of Medicine – Medical Program
- Coffeyville Community College – Nursing Program
- Baker University – for Nursing Program

In addition, Corizon Health is partnering with academic institutions on a national basis such as Johns Hopkins University for nursing students clinical rotations and recruitment. We are also working with Chamberlain University to develop a specialty correctional curriculum that will be offered nationally to nurses to better prepare them for the nuances of working in the correctional system.

The following is a first-person testimonial to our academic partnerships as told by our **Regional Director of Operations, Jeannette Stoltenberg, RN, BSN**:

"In January of 2012, I started a rotation with Corizon Health at the Genesee County Jail as a student nurse through the University of Michigan-Flint. I completed one full clinical rotation, approximately 12 weeks and 120 hours, at the jail. After graduating with my Bachelor of Science in Nursing, I became aware of an open position for an RN with Corizon Health at the Saginaw County Jail. I accepted that position in March 2013 and worked as a full-time RN for approximately three months. In June 2013, I was approached by Corizon Health's SVP over the Michigan jails and asked if I would consider taking the Health Services Administrator (HSA) position at the Saginaw County Jail. I accepted the offer and assumed that role in July 2013. I served as HSA for the SCJ for approximately three years. In November 2016, I accepted my current position as Regional Director of Operations, Northern Region, at the Michigan Regional Office in Lansing.

When I returned to nursing school as a second career, I had never thought about correctional nursing. Without the clinical experience in a correctional facility while I was in school, this is not an avenue that I would have even considered, or even really known about. Corizon Health and the Genesee County Jail afforded me the opportunity to see what correctional nursing was all about and realize that this career choice was a perfect fit for me."

Recruiting and Social Media

Our **Social Media Recruiting Strategy** ensures job postings are positioned to receive the largest number of viable applicants. Open positions are posted through our active ***Twitter*** feed and are linked directly back to our ***Facebook*** Careers tab to further drive traffic to our social media pages. In addition, our ***LinkedIn*** page currently has over 14,000 followers who all have access to the open positions posted within our Careers tab.

Our social footprint surpasses leading competitors with more followers on *LinkedIn*, three times more followers on *Facebook* career page, and a higher overall rating on *Indeed*, one of the world's leading search engines for job listings.

We recently launched Corizon Radio – a weekly podcast that tells the stories of the people who help our company achieve its vision and mission. Corizon Radio is the first podcast focused on correctional healthcare and provides listeners with insight into the world of correctional healthcare as told by Corizon Health's own employees.

4.22.6 KDOC Employee Services

4.22.6.1 The Contractor shall provide emergency medical treatment necessary to stabilize any injured KDOC employee, contract 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.

Corizon Health will provide the emergency medical treatment necessary to stabilize any injured KDOC employee, contract employee, volunteer, contractor or visitor who is injured or becomes ill at the site. Any emergency medical care will be documented. Follow-up care will be the responsibility of the person receiving the emergency treatment.

4.22.6.2 In the event of a facility crisis, the Contractor shall provide KDOC employees with behavioral health crisis intervention. This shall be limited to a one-time consultation, with referral to community services. All Contractor staff shall participate in the facilities' emergency plans as outlined in the IMPP.

In the event of a facility crisis, Corizon Health's behavioral health staff will provide KDOC employees behavioral health crisis intervention. This intervention shall be limited to a one-time consultation, with referral to community services. All Corizon Health staff will participate in the facilities' emergency plans as outlined in the KDOC's *Internal Management Policies and Procedures* (IMPP).

4.22.6.3 The Contractor shall provide pre-employment physical examinations, at no additional cost to 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.

Corizon Health 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.

4.22.6.4 The Contractor shall provide staff to assist 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). Tracking of the TB program shall be the responsibility of the KDOC facility human resource managers with assistance from the facilities' health services administrators. The Contractor shall be responsible to provide staff, needles, syringes, alcohol wipes, educational pamphlets, inoculations, and vaccines at no additional cost to KDOC. The KDOC shall assist the Contractor in establishing agreements for ordering supplies of inoculations and vaccines through interagency agreement with KDHE. The Contractor shall act as a backup in cases of shortage from KDHE. The Contractor's HSA's shall be responsible for coordinating delivery of inoculations and vaccines through KDHE.

Corizon Health 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 (including parole services staff, the food service vendor, and other KDOC and contracted employees). We understand that tracking of the TB program is the responsibility of the KDOC facility human resource managers with assistance from the facilities' health services administrators. Corizon Health will provide staff, needles, syringes, alcohol wipes, educational pamphlets, inoculations, and vaccines at no additional cost to KDOC.

Corizon Health understands the KDOC will help in establishing agreements for ordering supplies of inoculations and vaccines through interagency agreement with KDHE. Corizon Health will act as a backup in cases of shortage from KDHE. Corizon Health's HSAs will be responsible for coordinating delivery of inoculations and vaccines through KDHE.

4.22.6.5 The Contractor shall ensure all KDOC staff, including contract staff, receives annual TB blood tests or annual follow-up if past positive. The Contractor shall 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.

Corizon Health ensures that KDOC staff, including contract staff, will receive annual TB blood tests or annual follow-up if past positive. Corizon Health has 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.

An excerpt from our Infection Prevention and Control Program Policy & Procedure for bloodborne pathogen exposure is shown below.

Infection Prevention and Control Program Policy & Procedure	CORIZON HEALTH **Reviewed:** 11/2014
Site Name:	**Revised:**
Title: Bloodborne Pathogen Exposure Control Plan	**No:** IP-10.40

POLICY:

Risk of exposure to bloodborne pathogens is part of healthcare. This Bloodborne Pathogen Exposure Control Plan defines Corizon's approach to minimize or eliminate this risk to our employees as they work in the Correctional Healthcare setting. Corizon employees are trained on the components of this plan as part of their new employee orientation and on an annual basis; this training is updated by the supervisor in conjunction with support for the Corporate Infection Prevention Specialist.

PROCEDURE:

1. **Program oversight**
   a. The administrator at each site is responsible for monitoring compliance with this plan.
   b. Policies and procedures related to this plan are contained in the Corizon Infection Prevention Manual.
   c. Education of new employees is provided at each site with support from the Corporate Training Department through NEO 1 and Corporate Infection Preventionist on annual update.
   d. Employees are responsible for following Corizon policies related to this plan.
2. **Plan Components**

4.23 Payment

4.23.1 Monthly Payment Basis

4.23.1 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 this RFP for hepatitis C direct acting antiviral (DAA) medications, to establish the adjusted base contract amount.

Corizon Health acknowledges that the basis for the monthly payment will 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 this RFP for hepatitis C direct acting antiviral (DAA) medications, to establish the adjusted base contract amount.

4.23.2 Monthly Invoices

4.23.2 Contractor shall submit to 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.

Corizon Health will submit an invoice each month to the KDOC 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.

4.23.3 Amount Expended on Hepatitis C

4.23.3 Contractor shall 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 shall include, at a minimum, offender name, number, facility, DAA prescribed, and cost.

Corizon Health 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.

4.23.4 Adjustments Applied to Base Payments

4.23.4 Any adjustments, to include staffing deductions (section 4.24), clinical performance guarantees (section 4.25), and liquidated damages (section 4.26), from the preceding month(s) shall be applied to the base payment.

Corizon Health acknowledges 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.

4.24 Staffing Deductions

4.24.1 Unfilled Staff Positions

4.24.1 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 section 4.22.4.10.

Corizon Health acknowledges that the KDOC will 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 will be adjusted annually to correspond with pay adjustments made as a result of the annual market survey described in section 4.22.4.10.

4.24.2 Weekly Staff Status Reports

4.24.2 The Contractor shall provide, at a minimum, the staffing levels established by this contract. Weekly status reports on each staff position shall be reported to KDOC each month as required by KDOC. Calculations for staffing deductions from the 1/12 payment to the Contractor shall be based on the following terms: 4.24.2.1 Authorized paid absence: Authorized paid absences, to include sick, vacation, holiday, bereavement leave, and approved

education/training for all non-essential employees shall not be deducted from the 1/12 payments. Non-Essential employees are identified as all employees working for the Contractor to fulfill the requirements of this contract that are not listed as essential employees in this section.

Corizon Health will provide, at a minimum, the staffing levels established by this contract. Weekly status reports on each staff position will be reported to the KDOC each month as required by KDOC. Calculations for staffing deductions from the 1/12 payment to Corizon Health will be based on the following terms identified in sections 4.24.2.1 through 4.24.2.4 below.

4.24.2.1 Authorized paid absence: Authorized paid absences, to include sick, vacation, holiday, bereavement leave, and approved education/training for all non-essential employees shall not be deducted from the 1/12 payments. Non-Essential employees are identified as all employees working for the Contractor to fulfill the requirements of this contract that are not listed as essential employees in this section.

Corizon Health acknowledges that 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 Corizon Health to fulfill the requirements of this contract that are not listed as essential employees in this section.

4.24.2.2 Unauthorized absence: All absences that are not paid by the Contractor shall be considered unfilled position hours for all non-essential employees and shall be deducted at 100% from the 1/12 payment.

Corizon Health acknowledges that all absences that are not paid by Corizon Health will be considered unfilled position hours for all non-essential employees and will be deducted at 100% from the 1/12 payment.

4.24.2.3 The Contractor shall be required to 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 shall be deducted from the 1/12 payments.

Corizon Health understands we are required to backfill for all essential employees. Employee's positions classified as essential are: physicians, mid-level practitioners, registered nurses, licensed practical nurses, certified medical aides, and psychiatrists. All essential employee hours will 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. We understand essential hours may be backfilled by overtime, PRN staff, or agency staff and that unfilled essential hours will be recognized as vacancies and will be deducted from the 1/12 payments.

4.24.2.4 KDOC shall require the Contractor's 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. The Contractor shall provide in the proposal a normal weekend staffing plan for each unit within each facility.

Corizon Health will require our 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. We understand that staffing penalties will 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. Corizon Health has provided in our proposal a normal weekend staffing plan for each unit within each facility.

4.24.3 Staffing Deductions as Offsets

4.24.3 Staffing deductions shall be collected in the form of an offset against the monthly payment to the Contractor. Such offsets shall occur until assessed deductions are fully recouped.

Corizon Health acknowledges that staffing deductions will be collected in the form of an offset against the monthly payment to Corizon Health. We understand that such offsets will occur until assessed deductions are fully recouped.

4.25 Clinical Performance Guarantees

4.25.1 Standards of Measurement

4.25.1 KDOC will monitor the health care services provided as outlined in this contract. Thirteen (13) specific measures shall be monitored each month in accordance with the minimum standard set forth in this RFP. Those specific standards include:

4.25.1.1 Initial Health Assessment (4.3.7).
4.25.1.2 Periodic Health Assessment (4.3.8).
4.25.1.3 Non-Emergency Health Care Services/Sick Call (4.3.10).
4.25.1.4 Restrictive Housing Medical Services (4.3.11).
4.25.1.5 Special Needs Clinics/Chronic Care/Special Needs Treatment Planning (4.3.12).
4.25.1.6 Specialty Services (4.3.25).
4.25.1.7 Timeliness of RDU Reports (4.8.2).
4.25.1.8 Mental Health Screens (4.6.8).
4.25.1.9 Intra-system Transfers and Receiving (4.6.9).
4.25.1.10 Mental Health Special Needs Clinic and Treatment Planning (4.6.16).
4.25.1.11 Mental Health Sick Call (4.6.13).
4.25.1.12 Behavioral Health Restrictive Housing Rounds (4.6.17.1(b)).
4.25.1.13 Mental Health Group Sessions (4.6.19.1).

Corizon Health acknowledges that the KDOC will monitor the health care services provided as outlined in this contract. Thirteen (13) specific measures, listed below, will be monitored each month in accordance with the minimum standard set forth in this RFP.

1. Initial Health Assessment (RFP section 4.3.7)
2. Periodic Health Assessment (RFP section 4.3.8)
3. Non-Emergency Health Care Services/Sick Call (RFP section 4.3.10)
4. Restrictive Housing Medical Services (RFP section 4.3.11)
5. Special Needs Clinics/Chronic Care/Special Needs Treatment Planning (RFP section 4.3.12)
6. Specialty Services (RFP section 4.3.25)
7. Timeliness of RDU Reports (RFP section 4.8.2)

8. Mental Health Screens (RFP section 4.6.8)
9. Intra-system Transfers and Receiving (RFP section 4.6.9)
10. Mental Health Special Needs Clinic and Treatment Planning (RFP section 4.6.16)
11. Mental Health Sick Call (RFP section 4.6.13)
12. Behavioral Health Restrictive Housing Rounds (RFP section 4.6.17.1(b))
13. Mental Health Group Sessions (RFP section 4.6.19.1)

4.25.2 Noncompliance

4.25.2 If performance falls below 90%, the Contractor shall, pay to KDOC as fixed, agreed, and performance guarantees, $100.00 times the number of noncompliant occurrences identified during the review period.

Corizon Health acknowledges that if performance falls below 90%, Corizon Health will pay to the KDOC as fixed, agreed, and performance guarantees, $100.00 times the number of noncompliant occurrences identified during the review period.

4.25.3 Subsequent Noncompliance

4.25.3 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 this section, 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 this section 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.

Corizon Health 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 this section, will be considered a lack of resolution to the substandard performance and will 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 this section will 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.

4.25.4 Penalty Cycle

4.25.4 If the Contractor's 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.

Corizon Health acknowledges that if our 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.

4.25.5 Substitution of Performance Measures

4.25.5 During the life of the contract, health care processes may be identified that are of more importance then thirteen (13) standards identified above. With 90 days' notice to the Contractor, KDOC and the OHCC reserves the right to substitute one of the outlined standards with a new standard more indicative of new health care areas of emphasis. At no time will there be more than thirteen (13) standards reviewed per month.

Corizon Health recognizes that during the life of the contract, health care processes may be identified that are of more importance then thirteen (13) standards identified above. We understand that with 90 days' notice, KDOC and the OHCC reserves the right to substitute one of the outlined standards with a new standard more indicative of new health care areas of emphasis. We acknowledge that at no time will there be more than thirteen (13) standards reviewed per month.

To the extent that KDOC implements a new standard that cannot be implemented within the 90 day timeframe, Corizon Health welcomes the opportunity to negotiate a reasonable timeframe for implementation that best serves the needs of the KDOC patients.

4.25.6 Statewide Standards Review

4.25.6 As far as possible, the OHCC will seek to review these standards on a statewide basis using reports from the EHR that both the OHCC and the Contractor can use to monitor and improve performance. The Contractor 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.

Corizon Health recognizes that as far as possible, the OHCC will seek to review these standards on a statewide basis using reports from the EHR that both the OHCC and Corizon Health can use to monitor and improve performance. Corizon Health 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.

4.25.7 KDOC Authority of Noncompliance Calculation

4.25.7 KDOC shall have final authority over calculation method and determination of the number of non-compliant occurrences requiring payment of such performance guarantees.

Corizon Health 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.

4.25.8 Performance Guarantees as Offsets

4.25.8 Performance guarantees shall be collected in the form of an offset against the monthly payment to the Contractor. Such offsets shall occur until assessed performance guarantees are fully recouped.

Corizon Health acknowledges that performance guarantees will be collected in the form of an offset against the monthly payment to Corizon Health. Such offsets will occur until assessed performance guarantees are fully recouped.

4.26 Liquidated Damages

4. 26.1 Liquidated Damages Assessment

4.26.1 KDOC may impose liquidated damages if it is determined that the Contractor is found to be non-compliant with any term of this contract not covered by sections 4.24 and 4.25. Liquidated damages shall be assessed on a per occurrence, per day basis. The amount of the liquidated damages shall increase after every 30 days that the item of non-compliance remains unresolved.

Corizon Health acknowledges that the KDOC may impose liquidated damages if it is determined that Corizon Health is found to be non-compliant with any term of this contract not covered by sections 4.24 and 4.25. We understand that 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.

4.26.2 Written Notice of Noncompliance Assessment

4.26.2 The Director of Health Care Compliance shall provide written cure notice to the Contractor's Regional Vice President when it is determined that the Contractor is found to be in non-compliance. Such written cure notice shall specify a cure period of at least 30 days. Should the Contractor fail to address the deficiency within the cure period, liquidated damages shall be assessed starting the first day following the end of the cure period. KDOC and the OHCC may extend the cure period if the Contractor has not fully resolved the issue of non-compliance but has shown improvement during the cure period. Liquidated damages shall accrue until the Contractor has addressed the deficiency to the satisfaction of the KDOC and OHCC.

Corizon Health acknowledges that the Director of Health Care Compliance shall provide written cure notice to our Vice President of Operations when it is determined that Corizon Health is found to be in non-compliance. Such written cure notice will specify a cure period of at least 30 days. Should Corizon Health fail to address the deficiency within the cure period, liquidated damages will be assessed starting the first day following the end of the cure period. We understand KDOC and the OHCC may extend the cure period if Corizon Health has not fully resolved the issue of non-compliance but has shown improvement during the cure period. We understand that liquidated damages will accrue until we have addressed the deficiency to the satisfaction of the KDOC and OHCC.

4.26.3 Liquidated Damages as Offsets

4.26.3 Liquidated damages shall be collected in the form of an offset against the monthly payment to the Contractor. Such offsets shall occur until assessed liquidated damages are fully recouped.

Corizon Health acknowledges that liquidated damages will be collected in the form of an offset against the monthly payment to Corizon Health. Such offsets will occur until assessed liquidated damages are fully recouped.

4.26.4 Liquidated Damage Amounts Per Occurrence, Per Day

4.26.4 Liquidated damages for the first 30 days following the expiration of the cure period shall be $125 per occurrence, per day. For each subsequent 30-day period, the amount shall 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.

Corizon Health acknowledges that liquidated damages for the first 30 days following the expiration of the cure period will be $125 per occurrence, per day. For each subsequent 30-day period, we

understand 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.

4.27 Per Capita Adjustments

4.27.1 Adjustments for ADP Fluctuations

4.27.1 To account for fluctuations in the inmate population, adjustments to monthly payment shall as the actual average daily population (ADP) for that month at each facility increases or decreases. The per capita rate will be applied to difference between the contract capacity and actual ADP.

Corizon Health acknowledges that to account for fluctuations in the inmate population, adjustments to the monthly payment will be as the actual average daily population (ADP) for that month at each facility increases or decreases. We understand that the per capita rate will be applied to the difference between the contract capacity and the actual ADP.

4.27.2 Adjustments for ADP Within 10 Percent As Shown in Appendix F

4.27.2 No adjustments shall be made until the monthly ADP is 10% above or below the contract capacity as shown in Appendix F. The adjustments shall continue until the monthly ADP returns to within 10% of the contract capacity. Further adjustments may be made when the monthly ADP increases/decreases in increments of 10%, consistent with the per capita rates included in the cost proposal.

Corizon Health acknowledges that no adjustments will be made until the monthly ADP is 10% above or below the contract capacity as shown in Appendix F. We understand the adjustments will continue until the monthly ADP returns to within 10% of the contract capacity. We also understand that further adjustments may be made when the monthly ADP increases/decreases in increments of 10%, consistent with the per capita rates included in the cost proposal.

4.27.3 Per Capita Adjustment

4.27.3 Per capita adjustment shall 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. Per capita payments by KDOC to the Contractor are considered comprehensive and shall include all costs to provide health care needs to the population, including, but not limited to:

4.27.3.1 Staffing.
4.27.3.2 Supplies.
4.27.3.3 Pharmaceutical costs.
4.27.3.4 Administrative overhead costs.
4.27.3.5 Treatment and related services.
4.27.3.6 On-site specialty services.
4.27.3.7 Off-site specialty services.
4.27.3.8 Any hospitalizations covered under this contract.

Corizon Health acknowledges that per capital 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. Corizon Health understands that per capita payments by the KDOC to Corizon Health are considered comprehensive and will include all costs to provide health care to the population including but not limited to:

1. Staffing
2. Supplies
3. Pharmaceutical costs
4. Administrative overhead costs
5. Treatment and related services
6. On-site specialty services
7. Off-site specialty services
8. Any hospitalizations covered under this contract

4.27.4 Negotiations In Event of Facilities Opened or Closed

4.27.4 In the event KDOC elects to open or close facilities, both parties shall negotiate the compensation and staffing levels for that facility providing KDOC elects to contract for health care services at any such facility.

Corizon Health 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.

4.27.5 Performance in Event of Capacity Expansion of Existing Facilities

4.27.5 Any future consolidation or separation of any current facility shall not affect the duty of the Contractor to provide services pursuant to this contract in the same manner as though the consolidation or separation had not occurred. Capacity expansion at existing facilities shall not be interpreted as a new facility.

Corizon Health acknowledges that any future consolidation or separation of any current facility will not affect Corizon Health's duty to provide services pursuant to this contract in the same manner as though the consolidation or separation had not occurred. We understand that capacity expansion at existing facilities shall not be interpreted as a new facility.

4.28 Criminal Background Investigations

Contractor 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.

Corizon Health 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.

2.12
PROCUREMENT CARD (P-CARD)

2.12 Procurement Card (P-Card)

Many State Agencies use a State of Kansas Procurement Card (currently Visa) in lieu of a state warrant to pay for certain purchases. No additional charges will be allowed for using the P-Card. Bidders shall indicate on the Event Details document if they will accept the Procurement Card for payment.

Corizon Health has indicated on the Event Details document that we will not accept the Procurement Card (P-Card) for payment. We are not set up to receive P-Cards.

ATTACHMENTS

A.
STAFFING PLANS

KSDOC - Staffing Rollup										
Day Shift										
Position	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	TBD *	Weekly Hours	FTEs
Health Service Administrator (HSA)	72.0	72.0	72.0	72.0	72.0	0.0	0.0	0.0	360.0	9.0
Director of Nursing (DON)	88.0	88.0	88.0	88.0	88.0	0.0	0.0	0.0	440.0	11.0
Medical Doctor (MD)	32.0	32.0	32.0	32.0	32.0	0.0	0.0	166.0	326.0	8.2
Physician Assistant (PA/NP/ARNP)	48.0	48.0	48.0	48.0	48.0	8.0	8.0	104.0	360.0	9.0
Dentist (DDS)	80.0	80.0	80.0	80.0	80.0	0.0	0.0	62.0	462.0	11.6
Dental Assistant	80.0	80.0	80.0	78.0	72.0	0.0	0.0	66.0	456.0	11.4
Registered Nurse (RN)	328.0	328.0	328.0	328.0	328.0	176.0	168.0	88.0	2,072.0	51.8
Licensed Practical Nurse (LPN)	176.0	176.0	176.0	176.0	160.0	112.0	120.0	32.0	1,128.0	28.2
Certified Medical Assistant (CMA)	192.0	192.0	192.0	192.0	192.0	96.0	88.0	8.0	1,152.0	28.8
Emergency Medical Technicians (EMT)	56.0	56.0	56.0	56.0	56.0	56.0	56.0	0.0	392.0	9.8
Administrative Assistant	56.0	56.0	56.0	56.0	56.0	0.0	0.0	20.0	300.0	7.5
Medical Records	112.0	112.0	112.0	112.0	112.0	0.0	0.0	32.0	592.0	14.8
Ward Clerk	40.0	40.0	40.0	40.0	40.0	0.0	0.0	20.0	220.0	5.5
Lab Technician	16.0	16.0	16.0	16.0	16.0	0.0	0.0	20.0	100.0	2.5
x-Ray Technician	8.0	8.0	8.0	8.0	8.0	0.0	0.0	62.0	102.0	2.6
Clinical Director, PhD	32.0	32.0	32.0	32.0	32.0	0.0	0.0	0.0	160.0	4.0
Psychiatrist	40.0	40.0	40.0	40.0	40.0	0.0	0.0	74.0	274.0	6.9
Psychiatric APRN	16.0	16.0	16.0	16.0	16.0	0.0	0.0	32.0	112.0	2.8
Forensic Psychologist, Ph.D.	32.0	32.0	32.0	32.0	32.0	0.0	0.0	0.0	160.0	4.0
Behavior Health Professional, MA/WSW	448.0	448.0	448.0	448.0	448.0	192.0	176.0	120.0	2,728.0	68.2
Administrative Assistant - Mental Health	56.0	56.0	56.0	56.0	52.0	0.0	0.0	40.0	316.0	7.9
Activity & Recreation Therapist, BA	136.0	136.0	136.0	136.0	136.0	24.0	32.0	24.0	760.0	19.0
Psychiatric RN	24.0	24.0	24.0	24.0	24.0	0.0	0.0	0.0	120.0	3.0
Psychologist, PhD. RDU	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.0
Psychom, BA RDU	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.0
Psychologist, MA, RDU	64.0	64.0	64.0	64.0	64.0	40.0	40.0	0.0	400.0	10.0
Physician RDU	0.0	0.0	0.0	0.0	0.0	0.0	0.0	12.0	12.0	0.3
Psychiatrist RDU	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.0
Licensed Addiction Counselor, BA	24.0	24.0	24.0	24.0	24.0	0.0	0.0	0.0	120.0	3.0
Sex Offender Treatment, MA/MSW	16.0	16.0	16.0	16.0	16.0	0.0	0.0	0.0	80.0	2.0
Regional Vice President	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.0
Regional Medical Director	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.0
Associate Regional Medical Director	0.0	0.0	0.0	0.0	0.0	0.0	0.0	10.0	10.0	0.3
Physician Assistant (PA/NP/ARNP)	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.0
Regional Dental Director	0.0	0.0	0.0	0.0	0.0	0.0	0.0	20.0	20.0	0.5
Regional Psychiatric Director	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.0
Regional Manager	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.0
Regional Director of Nursing	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.0
Administrative Assistant	8.0	8.0	8.0	8.0	8.0	0.0	0.0	20.0	60.0	1.5
UM Coordinator	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.0
QI Coordinator	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.0
Regional Mental Health Coordinator	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.0
Regional Telepsychiatry	0.0	0.0	0.0	0.0	0.0	0.0	0.0	20.0	20.0	0.5
ART Clerk	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.0
IT / EMR Support	40.0	40.0	40.0	40.0	40.0	0.0	0.0	0.0	200.0	5.0
Totals Day Shift	*2,424.0*	*2,424.0*	*2,424.0*	*2,422.0*	*2,396.0*	*704.0*	*688.0*	*1,052.0*	*14,534.0*	*363.4*
Evening Shift										
Registered Nurse (RN)	248.8	248.8	248.8	248.8	248.8	200.0	200.0	0.0	1,644.0	41.1
Licensed Practical Nurse (LPN)	120.0	120.0	120.0	120.0	120.0	112.0	112.0	0.0	824.0	20.6
Certified Medical Assistant (CMA)	100.8	100.8	100.8	100.8	100.8	76.0	76.0	0.0	656.0	16.4
Emergency Medical Technicians (EMT)	8.0	8.0	8.0	8.0	8.0	8.0	8.0	0.0	56.0	1.4
Medical Doctor (MD)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Physician Assistant (PA/NP/ARNP)	16.0	16.0	16.0	16.0	16.0	0.0	0.0	0.0	80.0	2.0
Activity & Recreation Therapist, BA	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.0
Behavior Health Professional, MA/WSW	32.0	32.0	32.0	32.0	32.0	16.0	16.0	0.0	192.0	4.8
Medical Records	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Totals Evening Shift	*533.6*	*533.6*	*533.6*	*533.6*	*533.6*	*412.0*	*412.0*	*0.0*	*3,492.0*	*87.3*
Night Shift										
Registered Nurse (RN)	196.0	196.0	196.0	196.0	196.0	172.0	156.0	0.0	1,308.0	32.7
Licensed Practical Nurse (LPN)	96.0	96.0	96.0	96.0	96.0	100.0	84.0	0.0	664.0	16.6
Certified Medical Assistant (CMA)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Emergency Medical Technicians (EMT)	8.0	8.0	8.0	8.0	8.0	8.0	8.0	0.0	56.0	1.4
Medical Doctor (MD)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Physician Assistant (PA/NP/ARNP)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Activity & Recreation Therapist, BA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Medical Records	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Totals Night Shift	*300.0*	*300.0*	*300.0*	*300.0*	*300.0*	*280.0*	*248.0*	*0.0*	*2,028.0*	*50.7*
Totals All Shifts	*3,257.6*	*3,257.6*	*3,257.6*	*3,255.6*	*3,229.6*	*1,396.0*	*1,348.0*	*1,052.0*	*20,054.0*	*501.4*
Total										
Health Service Administrator (HSA)	72.0	72.0	72.0	72.0	72.0	0.0	0.0	0.0	360.0	9.0
Director of Nursing (DON)	88.0	88.0	88.0	88.0	88.0	0.0	0.0	0.0	440.0	11.0
Medical Doctor (MD)	32.0	32.0	32.0	32.0	32.0	0.0	0.0	166.0	326.0	8.2
Physician Assistant (PA/NP/ARNP)	64.0	64.0	64.0	64.0	64.0	8.0	8.0	104.0	440.0	11.0
Dentist (DDS)	80.0	80.0	80.0	80.0	80.0	0.0	0.0	62.0	462.0	11.6
Dental Assistant	80.0	80.0	80.0	78.0	72.0	0.0	0.0	66.0	456.0	11.4
Registered Nurse (RN)	772.8	772.8	772.8	772.8	772.8	548.0	524.0	88.0	5,024.0	125.6
Licensed Practical Nurse (LPN)	392.0	392.0	392.0	392.0	376.0	324.0	316.0	32.0	2,616.0	65.4
Certified Medical Assistant (CMA)	292.8	292.8	292.8	292.8	292.8	172.0	164.0	8.0	1,808.0	45.2
Emergency Medical Technicians (EMT)	72.0	72.0	72.0	72.0	72.0	72.0	72.0	0.0	504.0	12.6
Administrative Assistant	56.0	56.0	56.0	56.0	56.0	0.0	0.0	20.0	300.0	7.5
Medical Records	112.0	112.0	112.0	112.0	112.0	0.0	0.0	32.0	592.0	14.8
Ward Clerk	40.0	40.0	40.0	40.0	40.0	0.0	0.0	20.0	220.0	5.5
Lab Technician	16.0	16.0	16.0	16.0	16.0	0.0	0.0	20.0	100.0	2.5
x-Ray Technician	8.0	8.0	8.0	8.0	8.0	0.0	0.0	62.0	102.0	2.6
Clinical Director, PhD	32.0	32.0	32.0	32.0	32.0	0.0	0.0	0.0	160.0	4.0
Psychiatrist	40.0	40.0	40.0	40.0	40.0	0.0	0.0	74.0	274.0	6.9
Psychiatric APRN	16.0	16.0	16.0	16.0	16.0	0.0	0.0	32.0	112.0	2.8
Forensic Psychologist, Ph.D.	32.0	32.0	32.0	32.0	32.0	0.0	0.0	0.0	160.0	4.0
Behavior Health Professional, MA/WSW	480.0	480.0	480.0	480.0	480.0	208.0	192.0	120.0	2,920.0	73.0
Administrative Assistant - Mental Health	56.0	56.0	56.0	56.0	52.0	0.0	0.0	40.0	316.0	7.9
Activity & Recreation Therapist, BA	144.0	144.0	144.0	144.0	144.0	24.0	32.0	24.0	800.0	20.0
Psychiatric RN	24.0	24.0	24.0	24.0	24.0	0.0	0.0	0.0	120.0	3.0
Psychologist, PhD. RDU	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.0
Psychom, BA RDU	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.0
Psychologist, MA, RDU	64.0	64.0	64.0	64.0	64.0	40.0	40.0	0.0	400.0	10.0
Physician RDU	0.0	0.0	0.0	0.0	0.0	0.0	0.0	12.0	12.0	0.3
Psychiatrist RDU	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.0
Licensed Addiction Counselor, BA	24.0	24.0	24.0	24.0	24.0	0.0	0.0	0.0	120.0	3.0
Sex Offender Treatment, MA/MSW	16.0	16.0	16.0	16.0	16.0	0.0	0.0	0.0	80.0	2.0
Regional Vice President	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.0
Regional Medical Director	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.0
Associate Regional Medical Director	0.0	0.0	0.0	0.0	0.0	0.0	0.0	10.0	10.0	0.3
Physician Assistant (PA/NP/ARNP)	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.0
Regional Dental Director	0.0	0.0	0.0	0.0	0.0	0.0	0.0	20.0	20.0	0.5
Regional Psychiatric Director	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.0
Regional Manager	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.0
Regional Director of Nursing	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.0
Administrative Assistant	8.0	8.0	8.0	8.0	8.0	0.0	0.0	20.0	60.0	1.5
UM Coordinator	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.0
QI Coordinator	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.0
Regional Mental Health Coordinator	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.0
Regional Telepsychiatry	0.0	0.0	0.0	0.0	0.0	0.0	0.0	20.0	20.0	0.5
ART Clerk	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.0
IT / EMR Support	40.0	40.0	40.0	40.0	40.0	0.0	0.0	0.0	200.0	5.0
Totals	*3,257.6*	*3,257.6*	*3,257.6*	*3,255.6*	*3,229.6*	*1,396.0*	*1,348.0*	*1,052.0*	*20,054.0*	*501.4*

Kansas DOC Regional Office										
Day Shift										
Position	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**	**TBD ***	**Weekly Hours**	**FTEs**
Regional Vice President	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Regional Medical Director	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Associate Regional Medical Director								10.0	10.0	0.25
Physician Assistant (PA/NP/ARNP)	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Regional Dental Director								20.0	20.0	0.50
Regional Psychiatric Director	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Regional Manager	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Regional Director of Nursing	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Administrative Assistant	8.0	8.0	8.0	8.0	8.0			20.0	60.0	1.50
UM Coordinator	8.0	8.0	8.0	8.0	8.0				40.0	1.00
QI Coordinator	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Regional Mental Health Coordinator	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Regional Telepsychiatry								20.0	20.0	0.50
ART Clerk	8.0	8.0	8.0	8.0	8.0				40.0	1.00
IT / EMR Support	40.0	40.0	40.0	40.0	40.0				200.0	5.00
Totals Day Shift	*128.0*	*128.0*	*128.0*	*128.0*	*128.0*	*0.0*	*0.0*	*70.0*	*710.0*	*17.75*
Evening Shift										
Totals Evening Shift	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*	*0.00*
Night Shift										
Totals Night Shift	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*	*0.00*
Totals All Shifts	*128.0*	*128.0*	*128.0*	*128.0*	*128.0*	*-*	*-*	*70.0*	*710.0*	*17.75*
Total										
Regional Vice President	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Regional Medical Director	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Associate Regional Medical Director	0.0	0.0	0.0	0.0	0.0	0.0	0.0	10.0	10.0	0.25
Physician Assistant (PA/NP/ARNP)	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Regional Dental Director	0.0	0.0	0.0	0.0	0.0	0.0	0.0	20.0	20.0	0.50
Regional Psychiatric Director	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Regional Manager	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Regional Director of Nursing	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Administrative Assistant	8.0	8.0	8.0	8.0	8.0	0.0	0.0	20.0	60.0	1.50
UM Coordinator	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
QI Coordinator	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Regional Mental Health Coordinator	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Regional Telepsychiatry	0.0	0.0	0.0	0.0	0.0	0.0	0.0	20.0	20.0	0.50
ART Clerk	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
IT / EMR Support	40.0	40.0	40.0	40.0	40.0	0.0	0.0	0.0	200.0	5.00
Totals	*128.0*	*128.0*	*128.0*	*128.0*	*128.0*	*0.0*	*0.0*	*70.0*	*710.0*	*17.75*

KSDOC - Lansing										
Day Shift										
Position	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	TBD *	Weekly Hours	FTEs
Health Service Administrator (HSA)	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Director of Nursing (DON)	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Medical Doctor (MD)	16.0	16.0	16.0	16.0	16.0				80.0	2.00
Physician Assistant (PA/NP/ARNP)	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	64.0	1.60
Dentist (DDS)	16.0	16.0	16.0	16.0	16.0			20.0	100.0	2.50
Dental Assistant	16.0	16.0	16.0	16.0	16.0			20.0	100.0	2.50
Registered Nurse (RN)	72.0	72.0	72.0	72.0	72.0	24.0	24.0		408.0	10.20
Licensed Practical Nurse (LPN)	32.0	32.0	32.0	32.0	32.0	24.0	24.0	16.0	224.0	5.60
Certified Medical Assistant (CMA)	32.0	32.0	32.0	32.0	32.0	32.0	32.0		224.0	5.60
Emergency Medical Technicians (EMT)	8.0	8.0	8.0	8.0	8.0	8.0	8.0		56.0	1.40
Administrative Assistant	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Medical Records	16.0	16.0	16.0	16.0	16.0			32.0	112.0	2.80
Ward Clerk	16.0	16.0	16.0	16.0	16.0				80.0	2.00
Lab Technician	8.0	8.0	8.0	8.0	8.0				40.0	1.00
x-Ray Technician								20.0	20.0	0.50
Clinical Director, PhD	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Psychiatrist	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Psychiatric APRN	8.0	8.0	8.0	8.0	8.0			32.0	72.0	1.80
Forensic Psychologist, Ph.D.	16.0	16.0	16.0	16.0	16.0				80.0	2.00
Behavior Health Professional, MA/WSW	120.0	120.0	120.0	120.0	120.0				600.0	15.00
Administrative Assistant - Mental Health	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Activity & Recreation Therapist, BA	56.0	56.0	56.0	56.0	56.0				280.0	7.00
Psychiatric RN	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Totals Day Shift	*496.0*	*496.0*	*496.0*	*496.0*	*496.0*	*96.0*	*96.0*	*148.0*	*2,820.0*	*70.50*
Evening Shift										
Registered Nurse (RN)	36.8	36.8	36.8	36.8	36.8	24.0	24.0		232.0	5.80
Licensed Practical Nurse (LPN)	24.0	24.0	24.0	24.0	24.0	32.0	32.0		184.0	4.60
Certified Medical Assistant (CMA)	24.0	24.0	24.0	24.0	24.0	16.0	16.0		152.0	3.80
Emergency Medical Technicians (EMT)	8.0	8.0	8.0	8.0	8.0	8.0	8.0		56.0	1.40
Physician Assistant (PA/NP/ARNP)	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Behavior Health Professional, MA/WSW	16.0	16.0	16.0	16.0	16.0	0.0			80.0	2.00
Totals Evening Shift	*116.8*	*116.8*	*116.8*	*116.8*	*116.8*	*80.0*	*80.0*	*0.0*	*744.0*	*18.60*
Night Shift										
Registered Nurse (RN)	24.0	24.0	24.0	24.0	24.0	16.0	16.0		152.0	3.80
Licensed Practical Nurse (LPN)	16.0	16.0	16.0	16.0	16.0	16.0	16.0		112.0	2.80
Emergency Medical Technicians (EMT)	8.0	8.0	8.0	8.0	8.0	8.0	8.0		56.0	1.40
Totals Night Shift	*48.0*	*48.0*	*48.0*	*48.0*	*48.0*	*40.0*	*40.0*	*0.0*	*320.0*	*8.00*
Totals All Shifts	*660.8*	*660.8*	*660.8*	*660.8*	*660.8*	*216.0*	*216.0*	*148.0*	*3,884.0*	*97.10*
Total										
Health Service Administrator (HSA)	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Director of Nursing (DON)	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Medical Doctor (MD)	16.0	16.0	16.0	16.0	16.0	0.0	0.0	0.0	80.0	2.00
Physician Assistant (PA/NP/ARNP)	16.0	16.0	16.0	16.0	16.0	8.0	8.0	8.0	104.0	2.60
Dentist (DDS)	16.0	16.0	16.0	16.0	16.0	0.0	0.0	20.0	100.0	2.50
Dental Assistant	16.0	16.0	16.0	16.0	16.0	0.0	0.0	20.0	100.0	2.50
Registered Nurse (RN)	132.8	132.8	132.8	132.8	132.8	64.0	64.0	0.0	792.0	19.80
Licensed Practical Nurse (LPN)	72.0	72.0	72.0	72.0	72.0	72.0	72.0	16.0	520.0	13.00
Certified Medical Assistant (CMA)	56.0	56.0	56.0	56.0	56.0	48.0	48.0	0.0	376.0	9.40
Emergency Medical Technicians (EMT)	24.0	24.0	24.0	24.0	24.0	24.0	24.0	0.0	168.0	4.20
Administrative Assistant	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Medical Records	16.0	16.0	16.0	16.0	16.0	0.0	0.0	32.0	112.0	2.80
Ward Clerk	16.0	16.0	16.0	16.0	16.0	0.0	0.0	0.0	80.0	2.00
Lab Technician	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
x-Ray Technician	0.0	0.0	0.0	0.0	0.0	0.0	0.0	20.0	20.0	0.50
Clinical Director, PhD	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Psychiatrist	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Psychiatric APRN	8.0	8.0	8.0	8.0	8.0	0.0	0.0	32.0	72.0	1.80
Forensic Psychologist, Ph.D.	16.0	16.0	16.0	16.0	16.0	0.0	0.0	0.0	80.0	2.00
Behavior Health Professional, MA/WSW	136.0	136.0	136.0	136.0	136.0	0.0	0.0	0.0	680.0	17.00
Administrative Assistant - Mental Health	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Activity & Recreation Therapist, BA	56.0	56.0	56.0	56.0	56.0	0.0	0.0	0.0	280.0	7.00
Psychiatric RN	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Totals	*660.8*	*660.8*	*660.8*	*660.8*	*660.8*	*216.0*	*216.0*	*148.0*	*3,884.0*	*97.10*

KSDOC - Hutchinson										
Day Shift										
Position	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	TBD *	Weekly Hours	FTEs
Health Service Administrator (HSA)	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Director of Nursing (DON)	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Medical Doctor (MD)	8.0	8.0	8.0	8.0	8.0			20.0	60.0	1.50
Physician Assistant (PA/NP/ARNP)	8.0	8.0	8.0	8.0	8.0			20.0	60.0	1.50
Dentist (DDS)	16.0	16.0	16.0	16.0	16.0				80.0	2.00
Dental Assistant	16.0	16.0	16.0	16.0	16.0				80.0	2.00
Registered Nurse (RN)	72.0	72.0	72.0	72.0	72.0	24.0	24.0	24.0	432.0	10.80
Licensed Practical Nurse (LPN)	24.0	24.0	24.0	24.0	24.0	24.0	24.0		168.0	4.20
Certified Medical Assistant (CMA)	48.0	48.0	48.0	48.0	48.0	24.0	16.0		280.0	7.00
Emergency Medical Technicians (EMT)	24.0	24.0	24.0	24.0	24.0	24.0	24.0		168.0	4.20
Administrative Assistant	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Medical Records	16.0	16.0	16.0	16.0	16.0				80.0	2.00
Ward Clerk	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Lab Technician								20.0	20.0	0.50
x-Ray Technician								20.0	20.0	0.50
Psychiatrist	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Forensic Psychologist, Ph.D.	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Behavior Health Professional, MA/WSW	72.0	72.0	72.0	72.0	72.0	32.0	16.0	32.0	440.0	11.00
Administrative Assistant - Mental Health	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Activity & Recreation Therapist, BA	16.0	16.0	16.0	16.0	16.0				80.0	2.00
Totals Day Shift	*376.0*	*376.0*	*376.0*	*376.0*	*376.0*	*128.0*	*104.0*	*136.0*	*2,248.0*	*56.20*
Evening Shift										
Registered Nurse (RN)	40.0	40.0	40.0	40.0	40.0	32.0	32.0		264.0	6.60
Licensed Practical Nurse (LPN)	16.0	16.0	16.0	16.0	16.0	24.0	24.0		128.0	3.20
Certified Medical Assistant (CMA)	20.8	20.8	20.8	20.8	20.8	20.0	20.0		144.0	3.60
Totals Evening Shift	*76.8*	*76.8*	*76.8*	*76.8*	*76.8*	*76.0*	*76.0*	*0.0*	*536.0*	*13.40*
Night Shift										
Registered Nurse (RN)	32.0	32.0	32.0	32.0	32.0	24.0	24.0		208.0	5.20
Licensed Practical Nurse (LPN)	16.0	16.0	16.0	16.0	16.0	24.0	24.0		128.0	3.20
Totals Night Shift	*48.0*	*48.0*	*48.0*	*48.0*	*48.0*	*48.0*	*48.0*	*0.0*	*336.0*	*8.40*
Totals All Shifts	*500.8*	*500.8*	*500.8*	*500.8*	*500.8*	*252.0*	*228.0*	*136.0*	*3,120.0*	*78.00*
Total										
Health Service Administrator (HSA)	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Director of Nursing (DON)	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Medical Doctor (MD)	8.0	8.0	8.0	8.0	8.0	0.0	0.0	20.0	60.0	1.50
Physician Assistant (PA/NP/ARNP)	8.0	8.0	8.0	8.0	8.0	0.0	0.0	20.0	60.0	1.50
Dentist (DDS)	16.0	16.0	16.0	16.0	16.0	0.0	0.0	0.0	80.0	2.00
Dental Assistant	16.0	16.0	16.0	16.0	16.0	0.0	0.0	0.0	80.0	2.00
Registered Nurse (RN)	144.0	144.0	144.0	144.0	144.0	80.0	80.0	24.0	904.0	22.60
Licensed Practical Nurse (LPN)	56.0	56.0	56.0	56.0	56.0	72.0	72.0	0.0	424.0	10.60
Certified Medical Assistant (CMA)	68.8	68.8	68.8	68.8	68.8	44.0	36.0	0.0	424.0	10.60
Emergency Medical Technicians (EMT)	24.0	24.0	24.0	24.0	24.0	24.0	24.0	0.0	168.0	4.20
Administrative Assistant	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Medical Records	16.0	16.0	16.0	16.0	16.0	0.0	0.0	0.0	80.0	2.00
Ward Clerk	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Lab Technician	0.0	0.0	0.0	0.0	0.0	0.0	0.0	20.0	20.0	0.50
x-Ray Technician	0.0	0.0	0.0	0.0	0.0	0.0	0.0	20.0	20.0	0.50
Psychiatrist	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Forensic Psychologist, Ph.D.	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Behavior Health Professional, MA/WSW	72.0	72.0	72.0	72.0	72.0	32.0	16.0	32.0	440.0	11.00
Administrative Assistant - Mental Health	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Activity & Recreation Therapist, BA	16.0	16.0	16.0	16.0	16.0	0.0	0.0	0.0	80.0	2.00
Totals	*500.8*	*500.8*	*500.8*	*500.8*	*500.8*	*252.0*	*228.0*	*136.0*	*3,120.0*	*78.00*

KSDOC - El Dorado										
Day Shift										
Position	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	TBD *	Weekly Hours	FTEs
Health Service Administrator (HSA)	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Director of Nursing (DON)	16.0	16.0	16.0	16.0	16.0				80.0	2.00
Medical Doctor (MD)	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Physician Assistant (PA/NP/ARNP)	16.0	16.0	16.0	16.0	16.0				80.0	2.00
Dentist (DDS)	16.0	16.0	16.0	16.0	16.0				80.0	2.00
Dental Assistant	16.0	16.0	16.0	16.0	16.0				80.0	2.00
Registered Nurse (RN)	64.0	64.0	64.0	64.0	64.0	16.0	16.0	4.0	356.0	8.90
Licensed Practical Nurse (LPN)	32.0	32.0	32.0	32.0	32.0	16.0	24.0	4.0	204.0	5.10
Certified Medical Assistant (CMA)	48.0	48.0	48.0	48.0	48.0	16.0	16.0		272.0	6.80
Emergency Medical Technicians (EMT)	24.0	24.0	24.0	24.0	24.0	24.0	24.0		168.0	4.20
Administrative Assistant	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Medical Records	24.0	24.0	24.0	24.0	24.0				120.0	3.00
Ward Clerk	16.0	16.0	16.0	16.0	16.0				80.0	2.00
Lab Technician	8.0	8.0	8.0	8.0	8.0				40.0	1.00
x-Ray Technician	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Clinical Director, PhD	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Psychiatrist	16.0	16.0	16.0	16.0	16.0				80.0	2.00
Psychiatric APRN	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Behavior Health Professional, MA/WSW	104.0	104.0	104.0	104.0	104.0	96.0	96.0	48.0	760.0	19.00
Administrative Assistant - Mental Health	8.0	8.0	8.0	8.0	8.0			20.0	60.0	1.50
Activity & Recreation Therapist, BA	24.0	24.0	24.0	24.0	24.0	24.0	32.0	24.0	200.0	5.00
Psychiatric RN	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Psychologist, PhD. RDU	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Psychom, BA RDU	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Psychologist, MA, RDU	48.0	48.0	48.0	48.0	48.0	40.0	40.0		320.0	8.00
Physician RDU								12.0	12.0	0.30
Psychiatrist RDU	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Totals Day Shift	*560.0*	*560.0*	*560.0*	*560.0*	*560.0*	*232.0*	*248.0*	*112.0*	*3,392.0*	*84.80*
Evening Shift										
Registered Nurse (RN)	48.0	48.0	48.0	48.0	48.0	48.0	48.0		336.0	8.40
Licensed Practical Nurse (LPN)	16.0	16.0	16.0	16.0	16.0	16.0	16.0		112.0	2.80
Certified Medical Assistant (CMA)	32.0	32.0	32.0	32.0	32.0	32.0	32.0		224.0	5.60
Physician Assistant (PA/NP/ARNP)	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Totals Evening Shift	*104.0*	*104.0*	*104.0*	*104.0*	*104.0*	*96.0*	*96.0*	*0.0*	*712.0*	*17.80*
Night Shift										
Registered Nurse (RN)	32.0	32.0	32.0	32.0	32.0	40.0	32.0		232.0	5.80
Licensed Practical Nurse (LPN)	24.0	24.0	24.0	24.0	24.0	20.0	20.0		160.0	4.00
Totals Night Shift	*56.0*	*56.0*	*56.0*	*56.0*	*56.0*	*60.0*	*52.0*	*0.0*	*392.0*	*9.80*
Totals All Shifts	*720.0*	*720.0*	*720.0*	*720.0*	*720.0*	*388.0*	*396.0*	*112.0*	*4,496.0*	*112.40*
Total										
Health Service Administrator (HSA)	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Director of Nursing (DON)	16.0	16.0	16.0	16.0	16.0	0.0	0.0	0.0	80.0	2.00
Medical Doctor (MD)	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Physician Assistant (PA/NP/ARNP)	24.0	24.0	24.0	24.0	24.0	0.0	0.0	0.0	120.0	3.00
Dentist (DDS)	16.0	16.0	16.0	16.0	16.0	0.0	0.0	0.0	80.0	2.00
Dental Assistant	16.0	16.0	16.0	16.0	16.0	0.0	0.0	0.0	80.0	2.00
Registered Nurse (RN)	144.0	144.0	144.0	144.0	144.0	104.0	96.0	4.0	924.0	23.10
Licensed Practical Nurse (LPN)	72.0	72.0	72.0	72.0	72.0	52.0	60.0	4.0	476.0	11.90
Certified Medical Assistant (CMA)	80.0	80.0	80.0	80.0	80.0	48.0	48.0	0.0	496.0	12.40
Emergency Medical Technicians (EMT)	24.0	24.0	24.0	24.0	24.0	24.0	24.0	0.0	168.0	4.20
Administrative Assistant	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Medical Records	24.0	24.0	24.0	24.0	24.0	0.0	0.0	0.0	120.0	3.00
Ward Clerk	16.0	16.0	16.0	16.0	16.0	0.0	0.0	0.0	80.0	2.00
Lab Technician	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
x-Ray Technician	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Clinical Director, PhD	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Psychiatrist	16.0	16.0	16.0	16.0	16.0	0.0	0.0	0.0	80.0	2.00
Psychiatric APRN	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Behavior Health Professional, MA/WSW	104.0	104.0	104.0	104.0	104.0	96.0	96.0	48.0	760.0	19.00
Administrative Assistant - Mental Health	8.0	8.0	8.0	8.0	8.0	0.0	0.0	20.0	60.0	1.50
Activity & Recreation Therapist, BA	24.0	24.0	24.0	24.0	24.0	24.0	32.0	24.0	200.0	5.00
Psychiatric RN	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Psychologist, PhD. RDU	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Psychom, BA RDU	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Psychologist, MA, RDU	48.0	48.0	48.0	48.0	48.0	40.0	40.0	0.0	320.0	8.00
Physician RDU	0.0	0.0	0.0	0.0	0.0	0.0	0.0	12.0	12.0	0.30
Psychiatrist RDU	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Totals	*720.0*	*720.0*	*720.0*	*720.0*	*720.0*	*388.0*	*396.0*	*112.0*	*4,496.0*	*112.40*

KSDOC - El Dorado - SE										
Day Shift										
Position	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**	**TBD ***	**Weekly Hours**	**FTEs**
Director of Nursing (DON)	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Medical Doctor (MD)								14.0	14.0	0.35
Physician Assistant (PA/NP/ARNP)								10.0	10.0	0.25
Dentist (DDS)								8.0	8.0	0.20
Dental Assistant								8.0	8.0	0.20
Registered Nurse (RN)	8.0	8.0	8.0	8.0	8.0	8.0	8.0		56.0	1.40
Licensed Practical Nurse (LPN)	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Certified Medical Assistant (CMA)	16.0	16.0	16.0	16.0	16.0	8.0	8.0		96.0	2.40
Behavior Health Professional, MA/WSW	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Activity & Recreation Therapist, BA	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Totals Day Shift	*56.0*	*56.0*	*56.0*	*56.0*	*56.0*	*16.0*	*16.0*	*40.0*	*352.0*	*8.80*
Evening Shift										
Registered Nurse (RN)	8.0	8.0	8.0	8.0	8.0	8.0	8.0		56.0	1.40
Certified Medical Assistant (CMA)	8.0	8.0	8.0	8.0	8.0	8.0	8.0		56.0	1.40
Totals Evening Shift	*16.0*	*16.0*	*16.0*	*16.0*	*16.0*	*16.0*	*16.0*	*0.0*	*112.0*	*2.80*
Night Shift										
Registered Nurse (RN)	8.0	8.0	8.0	8.0	8.0	8.0			48.0	1.20
Totals Night Shift	*8.0*	*8.0*	*8.0*	*8.0*	*8.0*	*8.0*	*0.0*	*0.0*	*48.0*	*1.20*
Totals All Shifts	*80.0*	*80.0*	*80.0*	*80.0*	*80.0*	*40.0*	*32.0*	*40.0*	*512.0*	*12.80*
Total										
Director of Nursing (DON)	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Medical Doctor (MD)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	14.0	14.0	0.35
Physician Assistant (PA/NP/ARNP)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	10.0	10.0	0.25
Dentist (DDS)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8.0	8.0	0.20
Dental Assistant	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8.0	8.0	0.20
Registered Nurse (RN)	24.0	24.0	24.0	24.0	24.0	24.0	16.0	0.0	160.0	4.00
Licensed Practical Nurse (LPN)	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Certified Medical Assistant (CMA)	24.0	24.0	24.0	24.0	24.0	16.0	16.0	0.0	152.0	3.80
Behavior Health Professional, MA/WSW	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Activity & Recreation Therapist, BA	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Totals	*80.0*	*80.0*	*80.0*	*80.0*	*80.0*	*40.0*	*32.0*	*40.0*	*512.0*	*12.80*

KSDOC - Norton										
Day Shift										
Position	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**	**TBD ***	**Weekly Hours**	**FTEs**
Health Service Administrator (HSA)	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Director of Nursing (DON)	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Medical Doctor (MD)								16.0	16.0	0.40
Physician Assistant (PA/NP/ARNP)	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Dentist (DDS)	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Dental Assistant	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Registered Nurse (RN)	24.0	24.0	24.0	24.0	24.0	16.0	16.0	4.0	156.0	3.90
Licensed Practical Nurse (LPN)	16.0	16.0	16.0	16.0	8.0			4.0	76.0	1.90
Certified Medical Assistant (CMA)	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Administrative Assistant	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Medical Records	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Psychiatrist								16.0	16.0	0.40
Behavior Health Professional, MA/WSW	24.0	24.0	24.0	24.0	24.0				120.0	3.00
Administrative Assistant - Mental Health	8.0	8.0	8.0	8.0	4.0				36.0	0.90
Totals Day Shift	*136.0*	*136.0*	*136.0*	*136.0*	*124.0*	*16.0*	*16.0*	*40.0*	*740.0*	*18.50*
Evening Shift										
Registered Nurse (RN)	16.0	16.0	16.0	16.0	16.0	16.0	16.0		112.0	2.80
Licensed Practical Nurse (LPN)	8.0	8.0	8.0	8.0	8.0	8.0	8.0		56.0	1.40
Totals Evening Shift	*24.0*	*24.0*	*24.0*	*24.0*	*24.0*	*24.0*	*24.0*	*0.0*	*168.0*	*4.20*
Night Shift										
Registered Nurse (RN)	16.0	16.0	16.0	16.0	16.0	16.0	16.0		112.0	2.80
Licensed Practical Nurse (LPN)	8.0	8.0	8.0	8.0	8.0	8.0	8.0		56.0	1.40
Totals Night Shift	*24.0*	*24.0*	*24.0*	*24.0*	*24.0*	*24.0*	*24.0*	*0.0*	*168.0*	*4.20*
Totals All Shifts	*184.0*	*184.0*	*184.0*	*184.0*	*172.0*	*64.0*	*64.0*	*40.0*	*1,076.0*	*26.90*
Total										
Health Service Administrator (HSA)	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Director of Nursing (DON)	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Medical Doctor (MD)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	16.0	16.0	0.40
Physician Assistant (PA/NP/ARNP)	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Dentist (DDS)	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Dental Assistant	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Registered Nurse (RN)	56.0	56.0	56.0	56.0	56.0	48.0	48.0	4.0	380.0	9.50
Licensed Practical Nurse (LPN)	32.0	32.0	32.0	32.0	24.0	16.0	16.0	4.0	188.0	4.70
Certified Medical Assistant (CMA)	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Administrative Assistant	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Medical Records	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Psychiatrist	0.0	0.0	0.0	0.0	0.0	0.0	0.0	16.0	16.0	0.40
Behavior Health Professional, MA/WSW	24.0	24.0	24.0	24.0	24.0	0.0	0.0	0.0	120.0	3.00
Administrative Assistant - Mental Health	8.0	8.0	8.0	8.0	4.0	0.0	0.0	0.0	36.0	0.90
Totals	*184.0*	*184.0*	*184.0*	*184.0*	*172.0*	*64.0*	*64.0*	*40.0*	*1,076.0*	*26.90*

KSDOC - Ellsworth										
Day Shift										
Position	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**	**TBD ***	**Weekly Hours**	**FTEs**
Health Service Administrator (HSA)	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Director of Nursing (DON)	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Medical Doctor (MD)								20.0	20.0	0.50
Physician Assistant (PA/NP/ARNP)								14.0	14.0	0.35
Dentist (DDS)	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Dental Assistant	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Registered Nurse (RN)	16.0	16.0	16.0	16.0	16.0	16.0	16.0	16.0	128.0	3.20
Licensed Practical Nurse (LPN)	16.0	16.0	16.0	16.0	8.0	8.0	8.0		88.0	2.20
Certified Medical Assistant (CMA)	16.0	16.0	16.0	16.0	16.0				80.0	2.00
Medical Records	8.0	8.0	8.0	8.0	8.0				40.0	1.00
x-Ray Technician								4.0	4.0	0.10
Psychiatrist								13.0	13.0	0.33
Behavior Health Professional, MA/WSW	24.0	24.0	24.0	24.0	24.0				120.0	3.00
Administrative Assistant - Mental Health	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Totals Day Shift	***120.0***	***120.0***	***120.0***	***120.0***	***112.0***	***24.0***	***24.0***	***67.0***	***707.0***	***17.68***
Evening Shift										
Registered Nurse (RN)	12.0	12.0	12.0	12.0	12.0	12.0	12.0		84.0	2.10
Licensed Practical Nurse (LPN)	8.0	8.0	8.0	8.0	8.0	8.0	8.0		56.0	1.40
Totals Evening Shift	***20.0***	***20.0***	***20.0***	***20.0***	***20.0***	***20.0***	***20.0***	***0.0***	***140.0***	***3.50***
Night Shift										
Registered Nurse (RN)	20.0	20.0	20.0	20.0	20.0	20.0	20.0		140.0	3.50
Licensed Practical Nurse (LPN)	8.0	8.0	8.0	8.0	8.0	8.0	8.0		56.0	1.40
Totals Night Shift	***28.0***	***28.0***	***28.0***	***28.0***	***28.0***	***28.0***	***28.0***	***0.0***	***196.0***	***4.90***
Totals All Shifts	***168.0***	***168.0***	***168.0***	***168.0***	***160.0***	***72.0***	***72.0***	***67.0***	***1,043.0***	***26.08***
Total										
Health Service Administrator (HSA)	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Director of Nursing (DON)	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Medical Doctor (MD)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	20.0	20.0	0.50
Physician Assistant (PA/NP/ARNP)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	14.0	14.0	0.35
Dentist (DDS)	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Dental Assistant	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Registered Nurse (RN)	48.0	48.0	48.0	48.0	48.0	48.0	48.0	16.0	352.0	8.80
Licensed Practical Nurse (LPN)	32.0	32.0	32.0	32.0	24.0	24.0	24.0	0.0	200.0	5.00
Certified Medical Assistant (CMA)	16.0	16.0	16.0	16.0	16.0	0.0	0.0	0.0	80.0	2.00
Medical Records	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
x-Ray Technician	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.0	4.0	0.10
Psychiatrist	0.0	0.0	0.0	0.0	0.0	0.0	0.0	13.0	13.0	0.33
Behavior Health Professional, MA/WSW	24.0	24.0	24.0	24.0	24.0	0.0	0.0	0.0	120.0	3.00
Administrative Assistant - Mental Health	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Totals	***168.0***	***168.0***	***168.0***	***168.0***	***160.0***	***72.0***	***72.0***	***67.0***	***1,043.0***	***26.08***

KSDOC - Topeka										
Day Shift										
Position	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**	**TBD ***	**Weekly Hours**	**FTEs**
Health Service Administrator (HSA)	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Director of Nursing (DON)	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Medical Doctor (MD)								32.0	32.0	0.80
Physician Assistant (PA/NP/ARNP)	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Dentist (DDS)	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Dental Assistant	8.0	8.0	8.0	8.0	8.0			8.0	48.0	1.20
Registered Nurse (RN)	24.0	24.0	24.0	24.0	24.0	24.0	24.0		168.0	4.20
Licensed Practical Nurse (LPN)	24.0	24.0	24.0	24.0	24.0	16.0	16.0		152.0	3.80
Certified Medical Assistant (CMA)	16.0	16.0	16.0	16.0	16.0	16.0	16.0	8.0	120.0	3.00
Administrative Assistant								20.0	20.0	0.50
Medical Records	8.0	8.0	8.0	8.0	8.0				40.0	1.00
x-Ray Technician								10.0	10.0	0.25
Clinical Director, PhD	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Psychiatrist	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Behavior Health Professional, MA/WSW	24.0	24.0	24.0	24.0	24.0	24.0	24.0		168.0	4.20
Administrative Assistant - Mental Health	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Activity & Recreation Therapist, BA	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Psychiatric RN	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Psychologist, MA, RDU	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Totals Day Shift	*184.0*	*184.0*	*184.0*	*184.0*	*184.0*	*80.0*	*80.0*	*78.0*	*1,158.0*	*28.95*
Evening Shift										
Registered Nurse (RN)	32.0	32.0	32.0	32.0	32.0	24.0	24.0		208.0	5.20
Licensed Practical Nurse (LPN)	8.0	8.0	8.0	8.0	8.0	16.0	16.0		72.0	1.80
Certified Medical Assistant (CMA)	16.0	16.0	16.0	16.0	16.0	0.0	0.0		80.0	2.00
Activity & Recreation Therapist, BA	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Behavior Health Professional, MA/WSW	16.0	16.0	16.0	16.0	16.0	16.0	16.0		112.0	2.80
Totals Evening Shift	*80.0*	*80.0*	*80.0*	*80.0*	*80.0*	*56.0*	*56.0*	*0.0*	*512.0*	*12.80*
Night Shift										
Registered Nurse (RN)	16.0	16.0	16.0	16.0	16.0	16.0	16.0		112.0	2.80
Licensed Practical Nurse (LPN)	16.0	16.0	16.0	16.0	16.0	16.0	8.0		104.0	2.60
Totals Night Shift	*32.0*	*32.0*	*32.0*	*32.0*	*32.0*	*32.0*	*24.0*	*0.0*	*216.0*	*5.40*
Totals All Shifts	*296.0*	*296.0*	*296.0*	*296.0*	*296.0*	*168.0*	*160.0*	*78.0*	*1,886.0*	*47.15*
Total										
Health Service Administrator (HSA)	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Director of Nursing (DON)	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Medical Doctor (MD)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	32.0	32.0	0.80
Physician Assistant (PA/NP/ARNP)	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Dentist (DDS)	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Dental Assistant	8.0	8.0	8.0	8.0	8.0	0.0	0.0	8.0	48.0	1.20
Registered Nurse (RN)	72.0	72.0	72.0	72.0	72.0	64.0	64.0	0.0	488.0	12.20
Licensed Practical Nurse (LPN)	48.0	48.0	48.0	48.0	48.0	48.0	40.0	0.0	328.0	8.20
Certified Medical Assistant (CMA)	32.0	32.0	32.0	32.0	32.0	16.0	16.0	8.0	200.0	5.00
Administrative Assistant	0.0	0.0	0.0	0.0	0.0	0.0	0.0	20.0	20.0	0.50
Medical Records	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
x-Ray Technician	0.0	0.0	0.0	0.0	0.0	0.0	0.0	10.0	10.0	0.25
Clinical Director, PhD	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Psychiatrist	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Behavior Health Professional, MA/WSW	40.0	40.0	40.0	40.0	40.0	40.0	40.0	0.0	280.0	7.00
Administrative Assistant - Mental Health	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Activity & Recreation Therapist, BA	16.0	16.0	16.0	16.0	16.0	0.0	0.0	0.0	80.0	2.00
Psychiatric RN	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Psychologist, MA, RDU	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Totals	*296.0*	*296.0*	*296.0*	*296.0*	*296.0*	*168.0*	*160.0*	*78.0*	*1,886.0*	*47.15*

KSDOC - Larned										
Day Shift										
Position	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**	**TBD ***	**Weekly Hours**	**FTEs**
Health Service Administrator (HSA)	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Director of Nursing (DON)	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Medical Doctor (MD)								14.0	14.0	0.35
Physician Assistant (PA/NP/ARNP)								20.0	20.0	0.50
Dentist (DDS)								10.0	10.0	0.25
Dental Assistant								10.0	10.0	0.25
Registered Nurse (RN)	16.0	16.0	16.0	16.0	16.0	16.0	16.0	8.0	120.0	3.00
Licensed Practical Nurse (LPN)	8.0	8.0	8.0	8.0	8.0	16.0	16.0	8.0	80.0	2.00
Administrative Assistant	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Medical Records	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Psychiatrist								8.0	8.0	0.20
Forensic Psychologist, Ph.D.	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Behavior Health Professional, MA/WSW	16.0	16.0	16.0	16.0	16.0				80.0	2.00
Totals Day Shift	*80.0*	*80.0*	*80.0*	*80.0*	*80.0*	*32.0*	*32.0*	*78.0*	*542.0*	*13.55*
Evening Shift										
Registered Nurse (RN)	16.0	16.0	16.0	16.0	16.0	16.0	16.0		112.0	2.80
Licensed Practical Nurse (LPN)	16.0	16.0	16.0	16.0	16.0	0.0	0.0		80.0	2.00
Totals Evening Shift	*32.0*	*32.0*	*32.0*	*32.0*	*32.0*	*16.0*	*16.0*	*0.0*	*192.0*	*4.80*
Night Shift										
Registered Nurse (RN)	8.0	8.0	8.0	8.0	8.0	8.0	8.0		56.0	1.40
Totals Night Shift	*8.0*	*8.0*	*8.0*	*8.0*	*8.0*	*8.0*	*8.0*	*0.0*	*56.0*	*1.40*
Totals All Shifts	*120.0*	*120.0*	*120.0*	*120.0*	*120.0*	*56.0*	*56.0*	*78.0*	*790.0*	*19.75*
Total										
Health Service Administrator (HSA)	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Director of Nursing (DON)	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Medical Doctor (MD)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	14.0	14.0	0.35
Physician Assistant (PA/NP/ARNP)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	20.0	20.0	0.50
Dentist (DDS)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	10.0	10.0	0.25
Dental Assistant	0.0	0.0	0.0	0.0	0.0	0.0	0.0	10.0	10.0	0.25
Registered Nurse (RN)	40.0	40.0	40.0	40.0	40.0	40.0	40.0	8.0	288.0	7.20
Licensed Practical Nurse (LPN)	24.0	24.0	24.0	24.0	24.0	16.0	16.0	8.0	160.0	4.00
Administrative Assistant	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Medical Records	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Psychiatrist	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8.0	8.0	0.20
Forensic Psychologist, Ph.D.	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Behavior Health Professional, MA/WSW	16.0	16.0	16.0	16.0	16.0	0.0	0.0	0.0	80.0	2.00
Totals	*120.0*	*120.0*	*120.0*	*120.0*	*120.0*	*56.0*	*56.0*	*78.0*	*790.0*	*19.75*

KSDOC - Winfield										
Day Shift										
Position	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**	**TBD ***	**Weekly Hours**	**FTEs**
Health Service Administrator (HSA)	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Director of Nursing (DON)	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Medical Doctor (MD)								16.0	16.0	0.40
Physician Assistant (PA/NP/ARNP)								24.0	24.0	0.60
Dentist (DDS)								20.0	20.0	0.50
Dental Assistant								20.0	20.0	0.50
Registered Nurse (RN)	8.0	8.0	8.0	8.0	8.0	16.0	16.0	24.0	96.0	2.40
Licensed Practical Nurse (LPN)	8.0	8.0	8.0	8.0	8.0	8.0	8.0		56.0	1.40
Administrative Assistant	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Medical Records	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Ward Clerk								20.0	20.0	0.50
x-Ray Technician								4.0	4.0	0.10
Psychiatrist								13.0	13.0	0.33
Behavior Health Professional, MA/WSW	16.0	16.0	16.0	16.0	16.0			30.0	110.0	2.75
Administrative Assistant - Mental Health								20.0	20.0	0.50
Totals Day Shift	*64.0*	*64.0*	*64.0*	*64.0*	*64.0*	*24.0*	*24.0*	*191.0*	*559.0*	*13.98*
Evening Shift										
Registered Nurse (RN)	16.0	16.0	16.0	16.0	16.0	8.0	8.0		96.0	2.40
Licensed Practical Nurse (LPN)	8.0	8.0	8.0	8.0	8.0	8.0	8.0		56.0	1.40
Totals Evening Shift	*24.0*	*24.0*	*24.0*	*24.0*	*24.0*	*16.0*	*16.0*	*0.0*	*152.0*	*3.80*
Night Shift										
Registered Nurse (RN)	16.0	16.0	16.0	16.0	16.0	8.0	8.0		96.0	2.40
Licensed Practical Nurse (LPN)	8.0	8.0	8.0	8.0	8.0	8.0			48.0	1.20
Totals Night Shift	*24.0*	*24.0*	*24.0*	*24.0*	*24.0*	*16.0*	*8.0*	*0.0*	*144.0*	*3.60*
Totals All Shifts	*48.0*	*48.0*	*48.0*	*48.0*	*48.0*	*32.0*	*24.0*	*-*	*855.0*	*21.38*
Total										
Health Service Administrator (HSA)	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Director of Nursing (DON)	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Medical Doctor (MD)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	16.0	16.0	0.40
Physician Assistant (PA/NP/ARNP)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	24.0	24.0	0.60
Dentist (DDS)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	20.0	20.0	0.50
Dental Assistant	0.0	0.0	0.0	0.0	0.0	0.0	0.0	20.0	20.0	0.50
Registered Nurse (RN)	40.0	40.0	40.0	40.0	40.0	32.0	32.0	24.0	288.0	7.20
Licensed Practical Nurse (LPN)	24.0	24.0	24.0	24.0	24.0	24.0	16.0	0.0	160.0	4.00
Administrative Assistant	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Medical Records	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Ward Clerk	0.0	0.0	0.0	0.0	0.0	0.0	0.0	20.0	20.0	0.50
Lab Technician	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.00
x-Ray Technician	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.0	4.0	0.10
Psychiatrist	0.0	0.0	0.0	0.0	0.0	0.0	0.0	13.0	13.0	0.33
Behavior Health Professional, MA/WSW	16.0	16.0	16.0	16.0	16.0	0.0	0.0	30.0	110.0	2.75
Administrative Assistant - Mental Health	0.0	0.0	0.0	0.0	0.0	0.0	0.0	20.0	20.0	0.50
Totals	*112.0*	*112.0*	*112.0*	*112.0*	*112.0*	*56.0*	*48.0*	*191.0*	*855.0*	*21.38*

KSDOC - Wichita Work Release										
Day Shift										
Position	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**	**TBD ***	**Weekly Hours**	**FTEs**
Medical Doctor (MD)								10.0	10.0	0.25
Registered Nurse (RN)	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Licensed Practical Nurse (LPN)	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Behavior Health Professional, MA/WSW								10.0	10.0	0.25
Totals Day Shift	*16.0*	*16.0*	*16.0*	*16.0*	*16.0*	*0.0*	*0.0*	*20.0*	*100.0*	*2.50*
Evening Shift										
Licensed Practical Nurse (LPN)	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Totals Evening Shift	*8.0*	*8.0*	*8.0*	*8.0*	*8.0*	*0.0*	*0.0*	*0.0*	*40.0*	*1.00*
Night Shift										
Totals Night Shift	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*	*0.00*
Totals All Shifts	*24.0*	*24.0*	*24.0*	*24.0*	*24.0*	*-*	*-*	*20.0*	*140.0*	*3.50*
Total										
Medical Doctor (MD)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	10.0	10.0	0.25
Registered Nurse (RN)	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Licensed Practical Nurse (LPN)	16.0	16.0	16.0	16.0	16.0	0.0	0.0	0.0	80.0	2.00
Behavior Health Professional, MA/WSW	0.0	0.0	0.0	0.0	0.0	0.0	0.0	10.0	10.0	0.25
Totals	*24.0*	*24.0*	*24.0*	*24.0*	*24.0*	*0.0*	*0.0*	*20.0*	*140.0*	*3.50*

KSDOC - Kansas Juvenile Correctional Complex										
Day Shift										
Position	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**	**TBD ***	**Weekly Hours**	**FTEs**
Health Service Administrator (HSA)	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Director of Nursing (DON)	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Medical Doctor (MD)								24.0	24.0	0.60
Physician Assistant (PA/NP/ARNP)								8.0	8.0	0.20
Dentist (DDS)	8.0	8.0	8.0	8.0	8.0			4.0	44.0	1.10
Dental Assistant	8.0	8.0	8.0	6.0					30.0	0.75
Registered Nurse (RN)	16.0	16.0	16.0	16.0	16.0	16.0	8.0	8.0	112.0	2.80
Certified Medical Assistant (CMA)	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Administrative Assistant	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Medical Records	16.0	16.0	16.0	16.0	16.0				80.0	2.00
x-Ray Technician								4.0	4.0	0.10
Clinical Director, PhD	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Psychiatrist								24.0	24.0	0.60
Behavior Health Professional, MA/WSW	40.0	40.0	40.0	40.0	40.0	40.0	40.0		280.0	7.00
Administrative Assistant - Mental Health	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Activity & Recreation Therapist, BA	24.0	24.0	24.0	24.0	24.0				120.0	3.00
Psychologist, MA, RDU	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Licensed Addiction Counselor, BA	24.0	24.0	24.0	24.0	24.0				120.0	3.00
Sex Offender Treatment, MA/MSW	16.0	16.0	16.0	16.0	16.0				80.0	2.00
Totals Day Shift	*208.0*	*208.0*	*208.0*	*206.0*	*200.0*	*56.0*	*48.0*	*72.0*	*1,206.0*	*30.15*
Evening Shift										
Registered Nurse (RN)	24.0	24.0	24.0	24.0	24.0	12.0	12.0		144.0	3.60
Licensed Practical Nurse (LPN)	8.0	8.0	8.0	8.0	8.0				40.0	1.00
Totals Evening Shift	*32.0*	*32.0*	*32.0*	*32.0*	*32.0*	*12.0*	*12.0*	*0.0*	*184.0*	*4.60*
Night Shift										
Registered Nurse (RN)	24.0	24.0	24.0	24.0	24.0	16.0	16.0		152.0	3.80
Totals Night Shift	*24.0*	*24.0*	*24.0*	*24.0*	*24.0*	*16.0*	*16.0*	*0.0*	*152.0*	*3.80*
Totals All Shifts	*264.0*	*264.0*	*264.0*	*262.0*	*256.0*	*84.0*	*76.0*	*72.0*	*1,542.0*	*38.55*
Total										
Health Service Administrator (HSA)	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Director of Nursing (DON)	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Medical Doctor (MD)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	24.0	24.0	0.60
Physician Assistant (PA/NP/ARNP)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8.0	8.0	0.20
Dentist (DDS)	8.0	8.0	8.0	8.0	8.0	0.0	0.0	4.0	44.0	1.10
Dental Assistant	8.0	8.0	8.0	6.0	0.0	0.0	0.0	0.0	30.0	0.75
Registered Nurse (RN)	64.0	64.0	64.0	64.0	64.0	44.0	36.0	8.0	408.0	10.20
Licensed Practical Nurse (LPN)	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Certified Medical Assistant (CMA)	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Emergency Medical Technicians (EMT)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.00
Administrative Assistant	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Medical Records	16.0	16.0	16.0	16.0	16.0	0.0	0.0	0.0	80.0	2.00
x-Ray Technician	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.0	4.0	0.10
Clinical Director, PhD	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Psychiatrist	0.0	0.0	0.0	0.0	0.0	0.0	0.0	24.0	24.0	0.60
Behavior Health Professional, MA/WSW	40.0	40.0	40.0	40.0	40.0	40.0	40.0	0.0	280.0	7.00
Administrative Assistant - Mental Health	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Activity & Recreation Therapist, BA	24.0	24.0	24.0	24.0	24.0	0.0	0.0	0.0	120.0	3.00
Psychologist, MA, RDU	8.0	8.0	8.0	8.0	8.0	0.0	0.0	0.0	40.0	1.00
Licensed Addiction Counselor, BA	24.0	24.0	24.0	24.0	24.0	0.0	0.0	0.0	120.0	3.00
Sex Offender Treatment, MA/MSW	16.0	16.0	16.0	16.0	16.0	0.0	0.0	0.0	80.0	2.00
Totals	*264.0*	*264.0*	*264.0*	*262.0*	*256.0*	*84.0*	*76.0*	*72.0*	*1,542.0*	*38.55*

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PATIENT INFORMATION FACT SHEETS SAMPLES

Patient Information Fact Sheet
Substance Abuse Withdrawal

What is substance abuse withdrawal?

Substance abuse withdrawal is serious. People can die from substance abuse withdrawal.

When a person quickly stops or drastically lowers the intake of a substance such as alcohol, illegal drugs or prescription medications, withdrawal from that substance can occur even if it is only one binge after a long period of sobriety.

The signs and symptoms of withdrawal are caused by a decreased amount of alcohol or drugs in the body of a person who heavily uses and then quickly stops.

Drugs that you may start to withdraw from are:

- Beer, Wine and Hard Liquor
- Opiates: heroin, morphine, codeine, oxycodone and others
- Prescription medication drugs like Xanax, Phenobarbital, Ativan and other habit forming drugs
- Medications containing alcohol

Generally, people at risk are those who drink more than 14 drinks a week for men (under 65) and more than 7 drinks a week for women and adults over 65 years old. A standard drink is 12 oz. of beer, 5 oz. of wine or 1.5 oz. of liquor.

What should I do?

If you were using drugs or abusing meds before you were arrested, tell a correctional officer or health care staff. It is very important to let the health care staff know if you have gone through withdrawal before or you have stayed in the hospital to help treat your withdrawal symptoms.

If you are withdrawing, these are symptoms that should be reported to health care staff right away.

- Restlessness, mild shakes and facial sweating
- Decreased hunger, stomach pain, or feeling sick to stomach
- Throwing up and loose stools
- Goose bumps
- Runny nose, sweating and yawning

Withdrawal symptoms can get worse as time goes by since your last use of the substance. You may start to sweat more, have seizures or begin to hear or see things that are not there.

What else should I know?

- As the effects of drugs or alcohol decrease, you begin to realize what has happened and may have increased feelings of depression and hopelessness.
- Drink plenty of fluids if you are withdrawing. Dehydration can happen if you are throwing up or having loose stools. This can cause an upset to your body's chemical balance enough to cause major medical problems requiring hospitalization and even death. If the medication you are receiving does not stop your vomiting or loose stools, notify medical staff right away.
- If you are pregnant, you may need to stay on meds to help you through your withdrawal symptoms. Symptoms of withdrawal for someone who is pregnant may be different from normal withdrawal symptoms. Pregnancy symptoms may involve:
    - Restlessness and problems sleeping
    - Feeling like you have to throw up
    - Fast heart and breathing rate
    - High blood pressure and seizures.

SPEAK UP! Report all withdrawal signs and symptoms to your unit officer or medical staff member

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Patient Information Fact Sheet
Asthma

What is asthma?

Asthma is a long term (chronic) disease that affects your breathing

- When you have asthma, the airways in your lungs become swollen
- Your airways can become narrow, making it harder to breathe

Based on how bad it gets, and how often, asthma may be called:

- Intermittent
- Mild Persistent
- Moderate Persistent
- Severe Persistent

What should I do?

- Do NOT smoke.
- Make sure you know how to use your inhaler (s) the right way
- Know your "triggers" – the things that make your asthma worse and avoid them
- Use your inhaler when you feel an asthma attack starting to keep it from getting worse
- Take your medicine the way you and your doctor have agreed to
- Stay active and get regular exercise
- If you have more than 1 kind of inhaler, know which one to use if you have an attack (Think rescue)
- See your doctor every 3 months, or more often if you need to
- If you are pregnant, poorly controlled asthma can cause less oxygen to get to the baby. This can cause the baby to be born sooner than expected, or weigh less than normal

How to use an Inhaler without a spacer

1. Take off the cap. Shake the inhaler
2. Stand up. Breathe out
3. Put the inhaler just in front of your mouth (close to 1 inch away). Do not put the mouthpiece in your mouth
4. As you start to breathe in, push down the top of the inhaler and take a long, deep, slow breath
5. Hold it in for 10 seconds, Breathe out
6. Do it again in 1 minute, waiting a minute gives the medicine time to open your airways so more medicine can get in your lungs the second time
7. If you use a second inhaler (the steroid inhaler) it should be used after the albuterol if you are wheezing

Put in a sick call slip if:

- Wheezing or chest tightness is not relieved in a short time by using your inhaler
- You have a cough that stays a long time
- You are using your rescue inhaler (albuterol) more than 4 times a day
- Symptoms get worse at night that keep you from sleeping
- You start to get cold symptoms that "go to your chest", allergies or a rash

Tell a Correctional Officer to call medical if you:

- Have shortness of breath, wheezing or tightness that do not get better by using your inhaler
- Are around aerosols that could trigger an attack (such as pepper spray)

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Hoja informativa para el paciente
Asma

¿Qué es el asma?

El asma es una enfermedad de largo plazo (crónica) que afecta su respiración.

- Cuando tiene asma, las vías respiratorias pulmonares se inflaman.
- Las vías respiratorias pueden llegar a estrecharse, lo que dificulta la respiración.

Según cómo empeore y la frecuencia, el asma se puede denominar:

- Intermitente.
- Persistente leve.
- Persistente moderada.
- Persistente severa.

¿Qué debo hacer?

- NO fume.
- Asegúrese de que sabe cómo utilizar su(s) inhalador(es) de manera correcta.
- Conozca sus "desencadenantes", lo que hace que el asma empeore y evite dichas prácticas.
- Utilice su inhalador cuando sienta que tendrá un ataque de asma para evitar que empeore.
- Tome su medicamento de la manera que usted y su médico hayan acordado.
- Manténgase activo y haga ejercicio con regularidad.
- Si tiene más de 1 tipo de inhalador, sepa cuál debe usar si tiene un ataque (piense en rescate).
- Visite a su doctor cada 3 meses, o con mayor frecuencia, si es necesario.
- Si está embarazada, el asma mal controlada puede causar que llegue menos suministro de oxígeno al bebé. Esto puede provocar que el bebé nazca antes de lo previsto o que pese menos de lo normal.

Cómo usar un inhalador sin espaciador

1. Quite la tapa. Agite el inhalador.
2. Párese. Exhale.
3. Coloque el inhalador justo en frente de la boca (aproximadamente a 1 pulgada de distancia). No coloque la boquilla en la boca.
4. A medida que comienza a respirar, empuje hacia abajo la parte superior del inhalador e inspire largo, profundo y lentamente.
5. Mantenga la inspiración durante 10 segundos. Exhale.
6. Repítalo al cabo de 1 minuto; esperar 1 minuto da tiempo a que el medicamento abra las vías respiratorias de modo que pueda ingresar más medicamento a los pulmones la segunda vez.
7. Si utiliza un segundo inhalador (el inhalador de esteroides), debe usarlo después del albuterol si tiene sibilancias.

Envíe una solicitud de atención médica si:

- Las sibilancias o la opresión en el pecho no se alivian en poco tiempo al usar el inhalador.
- Tiene una tos que persiste por mucho tiempo.
- Está utilizando el inhalador de rescate (albuterol) más de 4 veces al día.
- Los síntomas empeoran por la noche y le impiden dormir.
- Comienza a tener síntomas de resfrío que "van hacia el pecho", alergias o prurito.

Pídale a un oficial correccional que llame al servicio médico si:

- Tiene dificultad para respirar, sibilancias u opresión y no mejoran utilizando el inhalador.
- Los aerosoles que le rodean son los que podrían desencadenar un ataque (como el gas pimienta).

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Patient Information Fact Sheet
Diabetes

What is Diabetes?

Diabetes is a chronic or long term disease

- With diabetes your body does not make enough insulin or properly use its own insulin
- Insulin is needed to turn the sugar and starch we get from food into energy

Having diabetes makes you more likely to have a heart attack or stroke than people who do not have diabetes

If you have diabetes, it is important to find out if you have any other medical problems like:

- High blood pressure
- High cholesterol

Your diabetes may be controlled by diet, or

- You may need to take pills everyday
- You may need daily insulin shots

Your doctor will know which treatment is best for you, based on the kind of diabetes you have

What should I do?

Set goals and work to reach them like weight loss and quitting smoking

- Eat the right amounts of food and the right kinds of food, choose foods that have less salt and fat and sugar
- Take your medicine the way you and your doctor have agreed to
- Learn how to check and keep track of your blood sugars
- Take very good care of your feet- check them for "numbness" or open sores daily
- Talk to your doctor about taking aspirin

Put in a sick call slip if:

Hypoglycemia (low blood sugar) feels like:

- Shakiness
- Feeling "sluggish"
- Unprovoked sweating
- Dizziness
- Anxiety

If your blood sugar is low you must have some food or drink that has sugar in it. If blood sugar gets too low, it can cause you to go into a coma.

Hyperglycemia (high blood sugar) feels like:

- Increased urination
- Increased thirst
- Weight loss
- Feeling tired or weak
- Sudden changes in your eyesight
- Dry, itchy skin

You will need to talk to your doctor about ways to change your diet and medicine to get your blood sugar under control.
If your blood sugar is too high, it can also become a serious emergency.

Tell a Correctional Officer to call medical if:

- You suddenly become very shaky
- You break out into a heavy sweat for no reason
- You suddenly feel confused or "drunk-like"
- You have sudden changes in your vision
- You get chest pain or shortness of breath

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Hoja informativa para el paciente
Diabetes

¿Qué es la diabetes?

La diabetes es una enfermedad crónica o de largo plazo.

- Cuando tiene diabetes, el cuerpo no produce suficiente insulina o no usa correctamente su propia insulina.
- La insulina es necesaria para convertir el azúcar y el almidón que obtenemos de los alimentos en energía.

Tener diabetes incrementa su posibilidad de tener un ataque al corazón o un accidente cerebrovascular, en comparación con las personas que no tienen diabetes.

Si tiene diabetes, es importante averiguar si también tiene algún otro problema médico, como:

- Presión arterial alta.
- Colesterol alto.

Su diabetes se puede controlar mediante una la dieta o

- Es posible que deba tomar pastillas todos los días.
- Es posible que necesite inyecciones diarias de insulina.

Su médico sabrá qué tratamiento es el mejor para usted, basándose en el tipo de diabetes que tenga.

¿Qué debo hacer?

Propóngase objetivos y trabaje para lograrlos, como perder peso y dejar de fumar.

- Coma las cantidades y los tipos adecuados de alimentos, elija los alimentos que tienen menos sal, grasa y azúcar.
- Tome su medicamento de la manera que usted y su médico hayan acordado.
- Aprenda cómo controlar y realizar un seguimiento de los niveles de azúcar en la sangre.
- Cuide muy bien sus pies, obsérvelos todos los días para detectar si los siente “entumecidos” o si tiene llagas abiertas.
- Hable con su médico acerca de tomar aspirina.

Envíe una solicitud de atención médica si:

La hipoglucemia (nivel bajo de azúcar en la sangre) se siente como:

- Temblor.
- Se siente “lento”.
- Sudoración sin motivo.
- Mareos.
- Ansiedad.

Si el azúcar en la sangre es bajo, debe comer o beber algo con azúcar. Si el azúcar en la sangre es demasiado bajo, puede provocarle un coma.

La hiperglucemia (azúcar en la sangre) se siente como:

- Aumento de la micción.
- Incremento de la sed.
- Pérdida de peso.
- Se siente cansado o débil.
- Cambios repentinos en la visión.
- Piel seca, con comezón.

Deberá hablar con su médico acerca de las formas de cambiar su dieta y medicamentos para controlar el azúcar en la sangre. Si el azúcar en la sangre es demasiado alto, también puede tornarse una emergencia grave.

Pídale a un oficial correccional que llame al servicio médico si:

- De repente se siente muy inestable.
- Empieza a transpirar de manera repentina sin motivo.
- De repente se siente confundido o como “borracho”.
- Tiene cambios repentinos en la visión.
- Siente dolor de pecho o dificultad para respirar.

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Patient Information Fact Sheet for Women
Pregnancy General

Facts about pregnancy

Pregnancy is a normal state of health. It is not a sickness.
Pregnancy lasts about 280 days, which is about 40 weeks.
Prenatal care is about getting the information and care needed to help both you and your baby stay healthy.

The first 16 weeks, a good start

Talk to your doctor about healthy lifestyle changes.

- Stop unhealthy habits like smoking
- If you are hooked on drugs or alcohol, your baby may be too. Talk to your doctor about the best way to help yourself and your baby.
- Exercise is of great value. Your doctor can help you decide the best exercise for you.
- Eating is important. You should have meat, veggies, fruits, milk and bread. Eat healthy foods, not more food.
- Prenatal vitamins are important for your baby's development
- Drink lots of water-8 to 10 glasses a day
- Keep your clinic appointments
- **Take only medicine prescribed by your doctor**
- **Be sure to complete any tests or lab work that your doctor recommends**

16 to 28 weeks, on your way

Now that you are off to a good start,

- You should begin to feel your baby move
- Stick with all the good start practices as your baby grows and develops

28 to 40 weeks, what to expect

Back Pain is usually caused by your body's weight, shape and balance changes.

- Try to wear comfortable shoes
- Squat or kneel instead of bending over at the waist
- To get up from lying down, roll onto your side first, then push up with your hands
- Sleeping on your side, especially your left side may take some pressure off your back

Kick Counts – Begin to keep a log of your baby's movements.

- At the same time each day, start to count each time you feel your baby move.
- Count each time the baby moves, until you have felt your baby move 10 times
- Write down what time you feel the 10th movement
- Bring the "movement log" with you to your clinic appointments
- **If you do not feel your baby move for 8 hours, notify medical**

Could it be Labor? Notify Medical if you have:

- Nagging lower back pain that feels different from what you are used to in this pregnancy
- Menstrual-like cramps or belly pain with or without diarrhea
- Pelvic pressure or tightening that feels different from what you are used to in this pregnancy
- Watery discharge or a gush of fluid from your vagina
- Vaginal bleeding

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Patient Information Fact Sheet for Women
Late Pregnancy - Labor and Delivery

Facts about labor and delivery

There is little scientific explanation for what causes labor to begin.

- Most babies are born between the 37th and 40th week of pregnancy
- Babies born before the 37th week have a higher risk for illnesses

Labor and delivery – nothing to fear when the time is right

There are usually signs that labor is starting or may soon begin:

- Labor starts with pelvic cramping like with your period
- Contractions are **regular and come equal minutes apart**
  Call medical when contractions come every 5 minutes or 6 times in 1 hour
- Blood or mucus "show" from your vagina
- Your "Water" breaks or you start to feel wet and continue to "leak" and know it is not urine

False labor pains usually start around 32–34 weeks

Contractions	**False Labor**	**True Labor**
How much time is between contractions?	Contractions are not regular They do not last the same amount of time and start coming faster.	Contractions come every 5 minutes and last about 30-70 seconds. They start to come faster and last longer.
Do they change when you move?	Contractions may stop when you walk or rest, or may even stop if you change positions.	Contractions do not stop If you change positions and may get stronger with walking.
How strong are they?	Contractions are weak and do not get much stronger. Or they may be strong at first ,then get weaker.	Contractions only get stronger.
Where do you feel the pain?	Contractions are mostly felt in the front of the belly or In the groin.	Contractions usually start in the lower back and move to the front of the belly.

Tell a correctional officer if you have:

- Nagging lower back pain that feels different from what you are used to in this pregnancy
- Menstrual-like cramps or belly pain with or without diarrhea
- Pelvic pressure or tightening that feels different from what you are used to in this pregnancy
- Watery discharge or a gush of fluid from your vagina
- Vaginal spotting or "bloody show"

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Hoja informativa para pacientes femeninas
Embarazo tardío – Trabajo de parto y parto

Información acerca del trabajo de parto y el parto

Hay pocas explicaciones científicas acerca de qué es lo que hace que comience el trabajo de parto.

- La mayoría de los bebés nacen entre la 37ª y 40ª semanas de embarazo.
- Los bebés que nacen antes de la semana 37 tienen un mayor riesgo de enfermedades.

Trabajo de parto y parto – no hay nada que temer cuando el momento es el indicado

Generalmente existen señales de que el trabajo de parto está comenzando o de que está por comenzar:

- El trabajo de parto comienza con contracciones pélvicas parecidas a las de su periodo.
- Las contracciones son **regulares y vienen con el mismo número de minutos entre sí.**
  Llame al médico cuando las contracciones sucedan cada 5 minutos o 6 veces en 1 hora.
- Sangre o moco "asoman" de su vagina
- Su "fuente" se rompe o comienza a sentirse mojada y continúa "goteando" y usted sabe que no es orina.

A las 32–34 semanas normalmente comienzan a sentirse falsos dolores de parto.

Contracciones	Parto falso	Parto verdadero
¿Cuánto tiempo pasa entre las contracciones?	Las contracciones no son regulares. No duran la misma cantidad de tiempo y comienzan a suceder con mayor rapidez.	Las contracciones suceden cada 5 minutos y duran entre 30 y 70 segundos. Comienzan a suceder más rápido y a durar más.
¿Cambian cuando usted se mueve?	Las contracciones pueden detenerse cuando camina o descansa. Incluso pueden parar si cambia de posición.	Las contracciones no se detienen si cambia de posición y pueden volverse más fuertes al caminar.
¿Qué tan fuertes son?	Las contracciones son débiles y no se vuelven mucho más fuertes. O pueden ser fuertes al principio y después se vuelven más débiles.	Las contracciones continúan volviéndose más fuertes.
¿Dónde siente el dolor?	Las contracciones se sienten en su mayoría en la parte de enfrente del vientre o en la entrepierna.	Las contracciones normalmente comienzan en la espalda baja y avanzan hacia la parte de enfrente del vientre.

Informe a un oficial penitenciario si usted tiene:

- Dolor persistente en la espalda baja que se siente diferente a lo que usted está acostumbrada en este embarazo
- Contracciones parecidas a las de la menstruación o dolor abdominal con o sin diarrea
- Presión en la pelvis o estrechamiento que se sienten diferentes a lo que usted está acostumbrada en este embarazo
- Secreción parecida al agua o si sale un chorro de líquido de su vagina
- Sangrado vaginal o "moco con sangre"

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D.

QIPS PROGRAM MANUAL TABLE OF CONTENTS

Quality Improvement and Patient Safety (QIPS)

CORIZON HEALTH

QIPS Program Manual

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E.
CORRECTIONAL OFFICER BRIEFINGS SAMPLES

Correctional Officer Briefing
HIV

Just the facts

HIV (Human Immunodeficiency Virus) is a chronic or long term disease.

- You cannot get HIV from casual contact with people who have HIV
- Inmates with HIV do not need to be isolated unless directed by medical
- Aquired immunodeficiency Syndrome (AIDS is the final stage of HIV) when the immune system is so badly damaged that it can no longer fight infection. Opportunistic infection can take over, resulting in death.

How does someone get HIV?

HIV can live in body fluids:

- Blood
- Semen
- Pre-seminal fluid
- Vaginal fluid
- Breast milk

HIV can get into the body through:

- Anus or rectum
- Any cuts or sores
- Mouth that has sores or bleeding gums
- Vagina
- Opening to the penis

You can get HIV when any of these body fluids (from a person with HIV) get into your body. This can happen by:

- Having sex without a condom
- Sharing needles or syringes
- Touching blood like from tattoo needles, or a fight.
- Babies can get HIV from their mother during childbirth or breastfeeding

HIV cannot get into the body through unbroken skin.

Access to medical Care

It is very important that inmates with HIV go to their scheduled:

- Chronic care clinic appointments
- Appointments in sick call for blood work and other procedures
- Medication pass. If an inmate is away during med pass and asks to get medication upon returning, arrangements should be made for the inmate to receive his medication. It is very important medication doses are not missed.

Act promptly when:

There is an altercation with a blood exchange.

- Medical should be notified of all involved parties
- All blood spills should be covered with an OSHA approved preparation such as Red-Z
- Areas whith blood spills should be cleaned with bleach (Bleach kills the HIV virus) or the facility approved cleanser

Notify medical if an inmate reports:

- Severe dizziness, confusion or lightheadedness
- Severe belly pain
- Bleeding from the nose, mouth or other body part (not resulting from a cut)
- Sudden severe rash
- Severe depression, nervousness, or jitteriness

Correctional officers are the front line

Know inmates with special health needs like HIV. Encourage them to:

- Keep medical appointments
- Take medication when called during medication pass.
- Tell you if they suddenly feel ill

Call medical right away if you have a question or worry about one of your inmates

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Correctional Officer Briefing
Tuberculosis (TB)

Just the Facts

Tuberculosis (TB) is caused by a bacteria which is called *Mycobacterium tuberculosis.* It was first identified in 1882 by Dr. Robert Koch. It wasn't until the 1940's that the first medication to treat TB was discovered. If someone has the TB bacteria in their lungs they can spread to others when they cough, sneeze or sing and send the TB bacteria into the air where others can inhale it and get it into their body.

Most people who inhale the TB bacteria will never develop active tuberculosis. Only 10% of people with TB in their body will actually get sick with TB.

Symptoms of active (contagious) TB are:

- Cough that goes on for 3 weeks or longer and has no other cause
- Chest pain
- Fever
- Coughing up blood
- Tiredness
- Weight loss
- Loss of appetite
- Night sweats

Treatment for TB includes the following:

- Latent Tuberculosis Infection (LTBI) this means you have the TB bacteria in your body, but have NO symptoms and are NOT contagious. Medications will be given to prevent you from becoming active with TB.
- Active TB means you have the TB bacteria in your body and you are contagious. Medications will be given to cure the TB.

Access to Medical Care:

Inmates with LTBI (no symptoms and not contagious) will remain in the general population and be treated with anti-tuberculosis medications for a period of 6-9 months. During this period it is critical that these inmates take all their doses of the medication. Missing doses of the anti-tuberculosis medication can result in this person becoming active with tuberculosis, thus becoming contagious.

Inmates with active tuberculosis will be placed in an isolation room or transferred to another facility that does have an isolation room. Prior to placing the patient in isolation, an isolation mask placed on the patient can reduce possible transmission to others

Act promptly

If an inmate has any of the symptoms listed above they should be seen by the medical team. If an inmate is taking any anti-tuberculosis medications, it is critical that they get their medication as prescribed.

Correctional officers are the front line

- ✓ Protect yourself, turn your head away from someone who is coughing
- ✓ Hand washing is the best way to prevent the spread of infection
- ✓ If you transport a possible TB inmate to another facility for isolation, be sure that the inmate wears an isolation mask. When transporting in a closed vehicle, open windows if possible to dilute air inside the vehicle. Wear an N95 respirator while in the vehicle with the inmate.
- ✓ Make sure inmates being treated for LTBI come to pill line for their medication
- ✓ Be sure to get your TB skin test when directed

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F.
RESUMES

REIRICH ANGELES

NextGen EHR Developer

EDUCATION

- Master, Keller Graduate School of Management, Irvine, CA, November 2002
- Bachelor of Science, Chapman University, Orange, CA, May 2000

PROFESSIONAL EXPERIENCE

- **EHR Template Developer, Corizon Health, Brentwood, TN, October 2017 – Present.**
- **EHR Template Developer, Boston PainCare Center, Waltham, MA, July 2013 – Present.**
- **EHR Template Developer, IHA Health Services, Ann Arbor, MI, November 2013 – November 2015.**
- **EHR Template Developer, Caremore/Anthem, Cerritos, CA, March 2012 – September 2015.**
- **EHR Template Developer, PTSO of Washington, Seattle, WA, February 2007 – February 2012.**
- **EHR Template Developer, Planned Parenthood, Nationwide, October 2007 – March 2011.**
- **EHR Template Developer, Newport Beach Headache & Pain Institute, Newport Beach, CA, November 2004 – November 2006.**

KEY ROLES / RESPONSIBILITIES / SKILLS

- Customized Nextgen EHR (Electronic Health Records) application by developing templates from scratch and/or modifying existing KBM templates
- Created and modified Crystal Reports and Documents
- Ability to write SQL stored procedures accessed by the EHR and to manipulate SQL database and tables
- Provided training, testing, and support for the EHR application
- Worked directly with physician to create and analyze project plan and scope of work for EHR development projects
- Developed detailed requirement specifications and provided technical expertise in identifying, evaluating and developing procedures with the EHR application
- Served as a desktop support specialist to troubleshoot application errors and problems and developed and implemented solutions and alternatives
- Analyzed EHR provider usage and provided suggestions for workflow and process improvements to increase productivity
- Willingness and desire to learn

PROGRAMMING LANGUAGES / DEVELOPMENT TOOLS

Nextgen EHR	C/C++	Java/Applets	Visual Basic
Python	Visual Interdev	VBScript	JavaScript
Visual Modeler / UML	Rational Rose	C Shell (UNIX)	Perl
Assembly	Visual Soursesafe		

DATABASES / DATA ACCESS

SQL Server	MS Access	Crystal Reports	ADO/DAO
ODBC/JCBD	SSIS Packages		

CLIENT / SERVER TECHNOLOGIES

Site Server	Active X	HTML/DHTML	COM
ASP			

MELISSA BREITKREUTZ

Office Manager

Ms. Breitkreutz has experience managing office operations at the regional level. She has an outstanding professional manner in all forms of communication. She creates a positive and productive office environment, provides excellent customer service, and ensures clients' needs are met. She has expertise in planning, prioritizing, and organizing workflow. She is skilled at conducting web research and providing records documentation and management. She has been recognized for possessing strong problem solving and writing skills. She continuously produces high quality work and has experience handling sensitive and confidential documents.

EDUCATION

- Liberty University OLS, Topeka, KS, May 2010 – Accounting & Psychology
- Phoenix University OLS, Topeka, KS, May 2007 – Business Administration
- Washburn University, Topeka, KS, May 2000 – General Studies

PROFESSIONAL EXPERIENCE

- **Office Manager, Corizon Health, Topeka, KS, December 2017 – Present.**

- **Administrative Assistant, Corizon Health, Topeka, KS, October 2017 – December 2017.**
  - Improved productivity by streamlining staff processes and procedures.
  - Gathered Comdata receipts and prepared monthly reports
  - Managed senior staffs' complex and frequently changing travel arrangements.
  - Coordinated pre-planning of trips to conferences
  - Arranged for large conventions and annual meetings for all sites staff
  - Overseen processing of invoices for payment
  - Credentialing of physicians, psychologists, dentist, and psychiatrists.

- **Front Office Manager, McCrite Plaza, Topeka, KS, October 2016 – October 2017.**
  - Reduced operating costs by researching and analyzing expenditures
  - Improved operations by developing policies, procedures, and best practices
  - Created and revised business forms, increasing efficiency and accuracy levels.
  - Created and managed SDS manuals
  - Ordered and maintained office supplies

FRED CANNON, DDS

Regional Director of Dentistry

Dr. Cannon has 20 years of correctional dentistry experience and 31 years as a dentist. Extensive knowledge of dental processes like filling, tooth extraction, use of artificial dentures, partials and surgical procedures. Proven track record of participating as a member of the oral health management team. Ability to deliver high standards of clinical general practitioner regarding oral health services. Highly competent in written and spoken communication skills. Possess excellent organizational and interpersonal skills. Ability to use effectively various application software and business programs. In-depth knowledge of oral care and treatment procedures. Ability to serve patients effectively and efficiently.

EDUCATION

- Doctor of Dental Surgery, University of Missouri, Kansas City School of Dentistry, Kansas City, MO, May 1988
- Bachelor of Science in Biology, Northeast Missouri State University, Kirksville, MO, August 1977

PROFESSIONAL EXPERIENCE

- **Regional Director of Dentistry, Corizon Health, Topeka, KS, 2016 – Present.**

- **Senior Dentist, Corizon Health, El Dorado, KS, 2013 – Present.**
  - Responsible for planning, managing and evaluating the delivery of public sector Oral Health
  - Performed tasks like filling, tooth extraction, root canal and setting artificial dentures
  - Handled the tasks of supervising and managing the work of other dentist and technicians of the department
  - Ensured effective services to the poor patients in the charitable hospitals
  - Assigned the tasks of diagnosing oral problems, filling cavities, fixing broken teeth and installing bridges
  - Handled the tasks of prescribing medications and removing damaged teeth
  - Responsible for educating patients on oral health care
  - Performed oral surgery to cure different types of dental cavities

- **Dentist, Prison Health Services / Correct Care Solutions, El Dorado, KS, 2001 – 2013.**

- **Dentist, Prison Health Services, Norton, KS, 1999 – 2001.**

- **Dentist/Owner, Cannon Dental Clinic, Columbia, MO, 1988 – 1999.**

- **United States Army, Various Locations, 1977 – 1992.**

LICENSURE

- KS, Dentist, #7201, current through 12/01/2021

PROFESSIONAL AFFILIATIONS OR MEMBERSHIPS

- American Dental Association
- ZIP Dental Fraternity
- Association of Institutional Dentistry
- OCM Orthodox Prison Ministry
- Association of US Army
- International Association for Dental Research

ALICIA M. CARDONA, MD

Regional Director of Psychiatry – Kansas Department of Corrections

As Corizon Health's Regional Director of Psychiatry for the company's contract with the Kansas Department of Corrections, Dr. Cardona is responsible for behavioral health services, including mental health and substance abuse programs. She ensures the provision of appropriate and quality health care to inmates, overseeing professional duties, appropriate utilization of services, and approval for off-site mental health services, including inpatient admissions. Dr. Cardona also supervises the professional mental health staff (psychiatrists, psychologists, and clinicians) and administrative staff.

Dr. Cardona has over fifteen years' experience practicing psychiatry and is Board Certified in Psychiatry and Neurology. She has received numerous awards and honors and is a member of the American Board of Medical Specialties.

EDUCATION

- Residency in Child and Adolescent Psychiatry, University of Kansas Medical Center, Kansas City, KS, January 1, 2002 – December 31, 2003
- Residency in General Psychiatry, University of Kansas Medical Center, Kansas City, KS, January 1, 1999 – December 31, 2001
- Doctor of Medicine, University of Kansas School of Medicine, Kansas City, KS, August 1992 – December 1997
- Bachelor of Arts in Biology, University of Kansas, Lawrence, KS, August 1985 – December 1989

PROFESSIONAL EXPERIENCE

- **Kansas Regional Director of Psychiatry, Corizon Health, Kansas DOC, July 2014 – Present.**
- **Kansas Regional Director of Psychiatry, Correct Care Solutions, Kansas Department of Corrections, April 1, 2013 – Present.**
- **General Psychiatrist, Topeka Veterans Administration Medical Center, Topeka, KS, December 17, 2012 – March 2013.**
- **General Psychiatrist, Kansas Department of Corrections, Correct Care Solutions, Lansing, KS, April 11, 2005 – November 26, 2012.**
- **General Psychiatrist On Call, Osawatomie State Hospital, August 18, 2007 – August 2008.**
- **Child and Adolescent Psychiatrist, Rainbow Mental Health Facility, Kansas City, KS, January 27, 2004 – March 31, 2005.**

LICENSURE

- MD, Kansas Medical license, #04-33074, current through 07/31/2020

BOARD CERTIFICATION

- Board Certification, a Diplomate of the American Board of Psychiatry and Neurology, Inc.
- Member of the American Board of Medical Specialties

PROFESSIONAL AFFILIATIONS OR MEMBERSHIPS

- American Correctional Association, Correctional Behavioral Health Certification-Behavioral Specialty Honors – November 2017
- Kansas Medical Society, 2008 – Present

PUBLICATIONS/PRESENTATIONS

- Presentation at the American Correctional Association 2018 Winter Conference in Orlando, Florida, January 7, 2018. Title of Presentation: *K2 and Other Synthetic Drugs: An Old Problem with a New Face.*
- Poster Session at the 44th Annual New Clinical Drug Evaluation Unit Meeting in Phoenix, Arizona, June 2004. Title of Poster: Long-term Safety and Adverse Effects of Risperidone in Children, Adolescents and Adults with Mental Retardation and Developmental Disabilities.

JOURNAL ARTICLES

- Journal of Mental Health Research in Intellectual Disabilities, Manuscript Title: Long-term Safety and Adverse Effects of Risperidone in Children, Adolescents and Adults with Pervasive Developmental Disorders. July 2010

HONORS

- VPO Coin – Awarded by the Vice President of Operations for Corizon Health – Missouri, Kansas and Indiana for Outstanding Service, February 3, 2016.
- Certificate of Excellence – Awarded by the Kansas Department of Corrections for Special Appreciation for Dedicated Leadership of a Challenging Work Environment, November 2014.
- Shawn M. Storm, M.D. Memorial Award – Presented annually to the graduating resident in psychiatry who consistently demonstrated the highest professional qualities in all aspects of patient-centered care, June 2004
- Psychiatry Resident of the Year 2002 – Pfizer Educational Grant, 2002
- Top Doc Award – Presented annually to six residents at KU Medical Center who exhibited "Outstanding effort, extraordinary team work, and exemplary attitude toward patients and staff, and for upholding KU Med's performance and hospital values", March 2002
- Career Directions Award for Third Year Residents – Pfizer Educational Grant, 2001

- Chief Resident, University of Kansas Medical Center, Department of Psychiatry, Kansas City, KS – nominated to serve from January 2002 – June 2002
- Shawn M. Storm, M. D. Memorial Award – Presented annually to the graduating student entering residency training in psychiatry who is perceived by the faculty to be the most likely to succeed in the profession, May 1998
- Kansas University Endowment Merit Award – Scholarship Recipient, 4 years
- Kansas Minority Scholarship Award – 1989
- Bruce-Smith Award – Minority Scholarship Award, 1986 – 1987

JENNIFER CLEMENTS, PharmD

Regional Pharmacy Director

Dr. Clements has 19 years' experience as a Pharmacist. Her experience as a pharmacist has taken her from Arkansas to China and back to the United States where she has spent the majority of her years in this profession. Currently, she reviews nonformulary medication request and provides alternative therapy plan, if applicable. She is responsible for the inspection of correctional facility site medication rooms to ensure compliance with Corizon Health standards, Kansas Board of Pharmacy and Federal regulations. As part of her job, Dr. Clements maintains the medication formulary for Kansas. She provides drug information to Corizon providers to guarantee that all drug-related decisions are based on confident, evidence-based facts. She also chairs monthly Pharmacy and Therapeutic committee meetings.

EDUCATION

- Doctor of Pharmacy, University of Arkansas for Medical Sciences, Little Rock, AR, 2000

PROFESSIONAL EXPERIENCE

- **Clinical Pharmacist, Corizon Health / PharmaCorr, Topeka, KS, February 2013 – Present.**

- **Pharmacist, Walmart, Monticello, AR, January 2012-February 2013.**
  - Oversee the input, filling, and dispensing of medication in a retail pharmacy setting
  - Counsel patients regarding prescriptions and over-the-counter medications
  - Direct technicians and other pharmacy personnel in pharmacy law, customer service, and corporate expectations

- **Consulting Pharmacist, English Language Institute of China, Northeast China, August 2007-November 2011.**
  - Provide medical and drug information to a diverse group of US personnel serving as English teachers in Asia
  - Assist in diagnosing disease or ailment
  - Recommend Western OTC or legend drugs readily found in foreign markets

- **Clinical Pharmacist, Evidence Based Prescription Call Center, Little Rock, AR, August 2006-August 2007.**
  - Approve or deny physician's prior authorization requests based on the latest and most accurate drug studies and information
  - Work closely with Medicaid of Arkansas prescription program to educate providers regarding medication formulary

- **Pharmacist, Fred's Pharmacy, Monticello, AR, May 2000-August 2006.**
  - Oversee the input, filling, and dispensing of medication in a retail pharmacy setting
  - Counsel patients regarding prescriptions and over-the-counter medications

- Direct technicians and other pharmacy personnel in pharmacy law, customer service, and corporate expectations
- Train new pharmacy personnel

LICENSURE

- Texas, Pharmacy, 64624, current through 11/30/2020
- Kansas, Pharmacy, 1-16363, current through 6/30/2021
- Arkansas, Pharmacy, 09114, current through 12/31/2021

TERI GREGORY

Vice President Operations, Kansas

As Corizon Health's Vice President of Operations (VPO), Ms. Gregory is **dedicated solely to our contract with the Kansas Department of Corrections (KDOC).** She reports to Michael Murphy, Senior Vice President, State Corrections and is ultimately responsible for the provision of comprehensive healthcare services at all KDOC facilities including meeting the expectations of the KDOC, maintaining the standards for providing medical and behavioral health care to the offender population, and meeting the needs of the Corizon Health's clinical staff in Kansas.

She will lead the Kansas team and will be accountable for all health care services to include medical, behavioral health, dental, nursing, utilization management, pharmacy, ancillary services, dialysis care, secondary care, and administrative duties. Ms. Gregory will also work collaboratively with the KDOC and Corizon Health's corporate leadership to determine, implement, and monitor the strategic direction and plan to meet the KDOC's expectations.

Ms. Gregory has over 24 years' experience in correctional healthcare and administration.

EDUCATION

- B.S. Health Care Administration, Liberty University, Lynchburg, VA, Expected graduation June 2020
- Business Administration – Building Leaders Certificate Business Administration, Bradley University, Peoria, IL, June 2007
- Associates Applied Science – Health Care Administration, Illinois Central College, East Peoria, IL, December 2003
- Information Management Technician Certificate Health Care Management, American Health Information Management Association, Chicago, IL, December 2002

PROFESSIONAL EXPERIENCE

- **Vice President Operations, KS, Corizon Health, Brentwood, TN, October 2019 – Present.**

- **Regional Health Service Administrator, Federal Bureau of Prisons – North Central Region, Kansas City, KS, December 2015 – October 2019.**
  - Responsible for all administrative aspects for the entire health care program within the region (19 institutions and 2 medical centers). Maintains and develops broad program mission goals and objectives that complement and support the health care mission of the BOP.
  - Composes comprehensive reports, planning, programming, policy development implementation, and monitoring of administrative policies and programs for health care programs within a correctional environment.
  - Develops and administers medical budgets, medical equipment procurement, and oversees contracts for health care programs.

CORIZON HEALTH®

- Provides advisory services to agency management regarding the operation of health care programs and medical programming. Reviews institution operations for compliance with regulatory standards.
- Awarded Regional Administrator of the Year, 2018 and 2017.

- **Health Service Administrator, Federal Bureau of Prisons, Phoenix, AZ, November 2012 – December 2015.**
  - Managed and directed a multi-disciplinary team of health care professionals responsible for medical, dental and allied health services (pharmacy, lab, and radiology) for inmates
  - Served as an advisor t Executive staff regarding overall administrative management and operations of health services and provides guidance regarding medical programming.
  - Responsible for budget and fiscal management, personnel management, public relations and internal review systems to assure compliance of regulatory standards.
  - Acted as the Western Regional Health Service Administrator. Providing guidance on contracts, fiscal management, regulatory standards, staffing, auditing programs, and establishing systems of control.

- **Health Service Administrator, Federal Bureau of Prisons, Pekin, IL, June 2006 - November 2012.**
  - Managed both administrative and clinical care programs of a Health Services Department. Directed activities of a multi-disciplinary team of health care professionals who are responsible for providing medical, dental and allied health services to the inmate population.
  - Conducted and administered fiscal operations, including accounting, planning budgets, authorizing expenditures, established rates for services, and coordinating financial reporting.
  - Directed or conducted recruitment, hiring and training of personnel. Maintained communication between governing boards, medical staff, and department heads by attending board meetings and coordinating interdepartmental functioning.
  - Utilized as a Regional resource, as the subject matter expert for Quality Management and Infectious Disease. Assisted in setting up systems of control, establishing quality management programs, and ensuring compliance of governing regulations.
  - Obtained two superior ratings during my tenure.

- **Improving Organizational Performance / Infectious Disease Coordinator, Federal Bureau of Prisons, Pekin, IL, February 2004 – June 2006.**
  - Managed the performance improvement program by monitoring the quality of processes that impact risk, competency of staff, appropriateness of care, and efficiency of the health care delivery system.
  - Managed the infection control program by promoting the screening, prevention, and treatment of infectious diseases.
  - Provided employee training on compliance related topics, policies, or procedures.
  - Conducted periodic internal reviews or audits to ensure that compliance procedures are followed and prepared management reports regarding compliance operations and progress.

BARRY-LEWIS HARRIS, II, M.D.

Regional Medical Director

For 23 years Dr. Harris has been providing health care in several different venues. He was in family practice where he worked with OB/GYN patients. He has worked as a clinical instructor through Meharry Medical College. He has set up private practices and he has worked as chief physician in the Armed Forces Retirement Home where he was responsible for setting up the electronic medical record and improving resident confidence in their care.

Currently, Dr. Harris is working with Corizon Health and the Kansas Department of Corrections where he is working with the Vice President of Operations striving to help us meet the client expectations and showing how we are meeting and even exceeding the client expectations.

EDUCATION

- Doctor of Medicine, James H. Quillen College of Medicine, East Tennessee State University, Johnson City, Tennessee, 1996
- Bachelor of Science, The University of Tennessee at Martin, Martin, Tennessee, 1991

ADDITIONAL EDUCATION

- Leadership Memphis Executive Program, Memphis, Tennessee, 2016 – 2017
- Executive Career Field Development Program, Department of Veterans Affairs, Washington, D.C., 2010 – 2011
- Health Care Leadership Institute Graduate, Department of Veterans Affairs, Washington, D.C., 2010
- Resident Physician, Department of Family & Community Medicine, Meharry Medical College, Nashville, Tennessee, 2003
- Internship, East Tennessee State University, Memorial Hospital, Chattanooga, Tennessee, 1997

PROFESSIONAL EXPERIENCE

- **Regional Medical Director, Kansas Department of Corrections, Topeka, KS, 2018 – Present.**

- **Chief Executive Officer, Common Table Health Alliance, Memphis, TN, 2016 – 2017.**
  - Created New Theory of Change for Organization
  - Recruitment of new Board Members & Board Member development
  - Increased Community Awareness and Social Media Presence
  - Maintained compliance with policies and procedures / clean audit

- **Executive Director, Association of Tennessee Alphamen, Alpha Phi Alpha Fraternity, Inc., Memphis, TN 2014.**
  - Responsible for the operations of all of the chapters in the state
  - Maintain compliance with all mandates, policies and procedures.
  - Coordinate Chapter Involvement in National & Regional Initiatives

- **Contract Physician (State of Tennessee) Wilder Youth Development Center, Memphis, TN 2013.**
  - Responsible for providing clinical care to youth a part of the YDC
  - Ongoing quality improvement with nurse administrator to improve delivery of care to youth with implemented specific action steps toward achieving goals
  - Redesign of communication flow for increased responsiveness to youth health concerns
  - Implemented printed progress notes vs handwritten notes to assist with reduced medical errors.
  - Updated nursing protocols to assist with routine youth health concerns
  - Mentoring of youth to increase success with program completion and decrease re-entry.

- **Co-Chair of Advisory Council to Common Table Health Alliance, Memphis, TN, 2013 – 2015.**
  - Participated in rebranding and strategic development meeting
  - Provided key elements to new mission /vision statements
  - Collaborated on Hypertension reduction program for Shelby County, Tennessee

- **Chief Medical Officer/Medical Director, Memphis Health Center Inc., Memphis, TN, 2011 – 2015.**
  - Oversaw the day-to-day operation of every clinical service in all locations along with providing direct patient care
  - Supervised and evaluated health care delivery team to include physicians, mid-level providers, dentists, pharmacists, podiatrist, patient access services, health information management and quality assurance/improvement and risk management staff. Responsible for selection, promotion, discipline and discharge of clinical staff
  - Planned, organized and directed clinical programs, and implemented specific action steps toward achieving goals of the organization and meeting accreditation standards using data analytics
  - Implemented clinical components of Program Guidance Publications from the Department of Health and Human Services
  - Chair of Continuous Quality Improvement Committee
  - Actively managed balanced scorecard for quality improvement and developed monthly communication to entire employee population of all quality metrics with action plans
  - Creation of Clinical Policy and Procedure Manual for clinical care services Facilitated development of Pharmacy Policies and Operations Manual including waste, fraud and abuse training
  - Medical Director of laboratory services
  - Developed plans and provided direction for programs within budget along with monthly involvement / input to finance committee
  - Planned, organized and implemented conversion from paper medical record system to electronic health record system without any loss of productivity during the one-year implementation period
  - Development of electronic health record training manual
  - Advised on bi-directional interface for electronic health records for data analytic center, and governmental reporting
  - Ensured corporate compliance with industry standards, Health Resources and Services Administration and accreditation agencies recommendations
  - Provided recommendations as key administrator contact to Managed Care Organizations and established interconnectivity between organizations to improve care delivery while containing cost

- Active involvement in Federal Tort and Healthcare Effectiveness Data and Information Set reporting and compliance
- Creation of new service line – Optometry / Ophthalmology
- Represented the organization to the community; served as liaison to, and coordinated care with, other community health care providers
- Athletic physician for LeMoyne Owen College Campus
- Oversaw successful achievement of Joint Commission Accreditation
- Oversaw successful achievements of Patient Centered Medical Home with National Committee on Quality Assurance – Level Two recognition for corporate and local clinics
- Representative in Triple Aim initiative for Shelby County, Tennessee
- Executive for Design and Implementation of $6 Million Renovation / Expansion Project

- **Hospitalist, Saint Francis Hospital Inpatient Group, Memphis, TN 2011.**
  - Provided medical care for patients meeting inpatient admission criteria

- **Adjunct Assistant Professor, Department of Family Medicine, University of South Alabama College of Medicine, Mobile, AL, 2010 – 2011.**
  - Participation in the Academic Programs
  - Teaching of Medical Students and Resident Physicians

- **Chief of Staff, VA Gulf Coast Veterans Health Care System, Biloxi, MS, 2009 – 2011.**
  - Clinical Lead for Executive Leadership Team
  - Chair, Credentials & Privileging Committee
  - Chair, Clinical Executive Board
  - Chair, Peer Review Committee
  - Chair, Professional Standards Board
  - Member of Resource Executive Board
  - Member of Executive Leadership Council
  - Coordination with Patient Advocate in patient care concerns
  - Clinical Lead for Incident Command System
  - Senior Leadership Lead for Patient Centered Medical Home Initiative
  - Acting Medical Center Director (as needed)

- **Chief Medical Officer, Biloxi Outpatient Primary Care, VA Gulf Coast Veterans Health Care System, Biloxi, MS, 2008 – 2009.**
  - Responsible for Oversight of Outpatient Clinical Care
  - Worked with Administrative Officer on meeting directives deadlines
  - Assisted Nurse Manager with patient care concerns
  - Collaborating Physician for Women's Health Program
  - Collaborating Physician for Employee Health Program
  - Collaborating Physician for Psychosocial Residential Rehabilitation Treatment Program
  - Medication Reconciliation Project Coordinator
  - For Enhanced Services Project Meetings
  - System Redesign Member on Category 4/5 Reduction in Emergency Department
  - Coordination of Chief Medical Officers Action Calls
  - Capital Asset Realignment

- **Primary Care Physician, Biloxi Outpatient Primary Care, VA Gulf Coast Veterans Health Care System, Biloxi, MS, 2008.**
  - Provide Clinical Care for Patients with various disease processes; focus areas include Hypertension, Diabetes, Hyperlipidemia, Pain Management

- **Chief of Staff, Gulf Coast Medical Center, Biloxi, MS, 2007.**
  - Facilitated complete revision of medical staff bylaws
  - Coordinated new design and flow for Joint Commission compliance plans
  - Initiated new physician lounge and medical record dictation renovation concept to help increase physician satisfaction
  - Worked closely with administration on projects to increase hospital visibility and viability after post Hurricane Katrina event.
  - Increased physician participation in medical staff meetings
  - Responsible for reporting to Board of Trustees for medical staff
  - Spokesperson for Medical Staff to employees and the community

- **Physician Director, Lakeview Family Medicine Center, D'Iberville, MS, 2006 – 2007.**
  - Created building design concept for build out of new office
  - Facilitated physical plant build out with contractors
  - Installed and managed Electronic Health Record Program
  - Provided input to community Health Information Exchange group
  - Designed phone system tree to help with patient flow and night on call service
  - Created Practice Name, Internet domain, email addresses
  - Day to day management of computer network issues.
  - Created Office Management Policies
  - Responsible for staff in-service meetings
  - Coordinated with management company employee HR needs
  - Frequent meetings with chamber of commerce and community to increase visibility of practice
  - Provided Clinical Care for Patients with various disease processes focus areas included Hypertension, Diabetes, Hyperlipidemia, HIV/AIDS treatment

- **Chief of Staff Elect, Gulf Coast Medical Center, Biloxi, MS, 2006.**
  - Worked with administration in coordination of projects to bring hospital back online after Hurricane Katrina
  - Assisted Chief of Staff
  - Chaired Credentials Committee

- **Medical Director, New Vision Medical Stabilization Program, Biloxi Regional Medical Center, Biloxi, MS, 2005 – 2007.**
  - Responsible for weekly interdisciplinary meetings.
  - Coordination with intake staff for admissions
  - Assisted site coordinator with marking plan and implementation
  - Facilitated usage of electronic technology for patient admissions
  - Designed protocols for medical management of patients
  - Educated nursing staff in improved patient compliance options

- **Chief of Medicine, Gulf Coast Medical Center, Biloxi, MS, 2005 – 2007.**

- Worked with Utilization Review committee to help modify hospital polices for better compliance with The Joint Commission standards
- Worked with Pharmacy and Therapeutics committee to redesign formulary and help make recommendations for treatment strategies
- Worked on Credentials Committee
- Assisted with Peer Reviews and made recommendations for medical staff improvements
- Facilitated meetings of medicine staff for performance improvement

- **Chief Physician, Armed Forces Retirement Home, Gulfport, MS, 2005.**
  - Instituted complete change of health information system from paper chart to electronic medical record.
  - Improved resident confidence in "in-house" physician service
  - Facilitated chart reviews for improved continuity of care
  - Participated with interdisciplinary meetings.
  - Participated with performance improvement
  - Provided Clinical Care and Oversight of Patients with various disease processes; focus areas included Hypertension, Diabetes, Hyperlipidemia, Dementia, and terminal disease management

- **Medical Director, MedAnalysis Clinics, Biloxi, MS, 2005.**
  - Provided cost effective care for local casino workers
  - Helped to modify current treatment practices for increase efficiency
  - Assisted with nurse practitioner oversight

- **Medical Director, Trinity Hospice, Biloxi, MS, 2004 – 2008.**
  - Responsible for bi-weekly interdisciplinary team meetings
  - Provided recommendations for streamlining operations
  - Managed patient care cases for all patients
  - Provided home visits for certification/recertification and for ongoing patient management
  - Oversight of Performance Improvement plans
  - Assisted with improved communications module for ongoing plan of care changes for patients
  - Interacted with medical and administrative staff to ensure compliance with standards and regulations

- **CEO & President, TENEO Health, PLLC, Biloxi, MS, 2003 – 2008.**
  - Responsible for articles of incorporation
  - Created company policies and procedures manual
  - Installed and managed EHR system for practice
  - Responsible for staff development
  - Coordination of community outreach programs
  - Directed, supervised, and coordinated activities of the practice including accounting, contract negotiations, human resources, information systems, and materials management
  - Provided Clinical Care for Patients with various disease processes focus areas included Hypertension, Diabetes, Hyperlipidemia, HIV/AIDS treatment

- **Co-owner & Tax Manager, Gulf Coast Family Practice, PLLC, Gulfport, MS, 2003 – 2006.**
  - Responsible for articles of incorporation
  - Provided leadership and administration of operations
  - Created company policies and procedures manual

- Installed and managed EHR system for office
- Responsible for monthly physician owners oversight meetings
- Directed, supervised, and coordinated activities of the practice including accounting, contract negotiations, human resources, information systems, and materials management
- Liaison with hospital administration for physical plant concerns

- **Chief Resident, Meharry Resident House staff, Medical College, Nashville, TN, 2002 – 2003.**
  - Improved communications between different residency program chiefs
  - Facilitated quarterly joint meetings of all residency programs
  - Coordinated all residency programs joint graduation celebration
  - Worked with Graduate Medical Education department to help maintain accreditation standards for each residency program.

- **Clinical Instructor, Department of Family and Community Medicine, Meharry Medical College, Nashville, TN, 2001 – 2003.**
  - Facilitated educational program with medical students
  - Assisted department with grand round presentations
  - Mentored medical students

- **Medical Director, Nashville Therapy & Rehab, Inc. Nashville, TN, 2001.**
  - Responsible for protocols for physical therapy management
  - Design tools for therapist to use in examination process
  - Improved Coordination between management and clinical staff

- **HIV Intervention Prevention Program Advisor, Student National Medical Association, Washington, DC, 2000 – 2005.**
  - Responsible for oversight of grant writing and submission
  - Facilitated follow up reports for grant deliverables
  - Assisted in staff selection for program administration
  - Assisted Director with policy development
  - Assisted Director with curriculum development
  - Provided education to staff and outreach communities
  - Assisted in site selection process for implementation of program
  - Helped to secure members to national advisory panel
  - Assisted with education of Board of Directors regarding program objectives

- **General Practice, Family Health Services, Chattanooga, TN, 2000 – 2001.**
  - Worked closely with OG/GYN physician
  - Provided comprehensive care for patients
  - In office coverage for OB and GYN patient exams/ultrasounds

- **Acting Executive Director, Student National Medical Association, Washington, DC, 2000.**
  - Day to day management of largest minority medical student organization
  - Planning and implementation of national education conference
  - Created process to streamline daily tasks
  - Active fundraising for nonprofit viability
  - Improvement of communication flow with Board of Directors

- **Substitute Teacher, Hamilton County Schools, Hamilton County, TN, 1999 – 2000.**

- **Facilitator/Mediator, District 7 Community Meetings, John R. Taylor, Councilman, Chattanooga, TN, 1998 – 2000.**

- **Administrative Assistant, Mentor, and Tutor, Tennessee Pre-Professional Program and Premedical Reinforcement and Enrichment Program, James H. Quillen College of Medicine, East Tennessee State University, Johnson City, TN, 1993.**

- **Research Assistant, Department of Family Practice, James H. Quillen College of Medicine, East Tennessee State University, Johnson City, TN, 1993.**

- **Medical Library Assistant, James H. Quillen College of Medicine Library, James H. Quillen College of Medicine, East Tennessee State University, Johnson City, TN, 1991 – 1992.**

- **Biology Laboratory Instructor, Department of Biological Sciences, The University of Tennessee at Martin, Martin, TN, 1991.**

- **Certified Nursing Assistant, Van Ayer Manor Nursing Home, Martin, TN, 1989 – 1990.**

LICENSURE

- Kansas, Medical Doctor, License #04-41275, current through 07/31/2020
- Tennessee, Medical Doctor, License #31979, current through 04/30/2021

PUBLICATIONS/PRESENTATIONS

- Leadership Lessons and Clinical Collaborations, Corizon Health Kansas Leadership Meeting, Topeka, Kansas, 2019
- Kansas Offsite Performance Improvement, Corizon Health Clinical Leadership Meeting, Brentwood, Tennessee, 2019
- Health Literacy, University of Tennessee Health Science Center Grand Rounds, Memphis, Tennessee, 2017
- Health Equity for Women, Local 24 Morning Show, Memphis, Tennessee, 2017
- Health Equity for Women, WMCTV/Bounce TV Morning Show, Memphis, Tennessee, 2017
- Health Promotion, Mental Health, Bev Johnson Show, Memphis Tennessee, 2017
- Health in Shelby County, Tennessee Bar Association, Franklin, Tennessee, 2016
- Health Literacy, Church Health Center, Memphis, Tennessee, 2016
- Health Disparities in Breast Cancer, WMCTV/Bounce TV Morning Show, Memphis, Tennessee, 2016
- Diabetes Prevention, Stress Reduction, Obesity, Bev Johnson Show, Memphis Tennessee, 2016

JENNIFER HELUS, RN

Regional Infection Control and Telehealth Coordinator

Ms. Helus has been an RN for eight years. During that time, she has worked for Corizon Health and the Kansas Department of Corrections. Currently, she has double duty working with Infection Control and Telehealth. Ms. Helus develops, implements, monitors and evaluates the Infection Control Program for each site. She provides surveillance to identify, investigate and record data concerning infections and initiate appropriate infection control measures. Reports any concerns to on-site Infection control Nurses, HSA's and Regional Medical Director.

In her position as Telehealth Coordinator, Ms. Helus, performs a need analysis to determine specialties needed for each site. She then recruits Providers for telehealth. Assists telehealth specialty providers with testing of Polycom and Agnes software to ensure appointments operate smoothly. Schedules site appointments for telehealth specialty providers. Coordinates with all the sites for telehealth appointments and needs. Routinely educates providers and clinical staff on telehealth programs, cart functionality, and efforts. Works closely with contracting and credentialing team to ensure providers are ready to perform telehealth in a prompt manner.

EDUCATION

- ADN, Hutchinson Community College, Hutchinson, KS, May 2011

PROFESSIONAL EXPERIENCE

- **Regional Infection Control and Telehealth Coordinator, Corizon Health, Hutchinson, KS, October 2019 – Present.**

- **Utilization Management and Chronic Care Nurse, Corizon Health, Hutchinson, KS, May 2011 – October 2019.**
  - Develops team communication and information for weekly UM meetings.
  - Responsible for preparing and submitting requests to Regional Medical Director and then coordinate's services, including arranging outside medical appointments.
  - Communicates frequently with outside providers and maintains a close working relationship with them via in person, telephone/email.
  - Refers cases to onsite Physician when request do not meet necessity, per guidelines.
  - Reviews services levels with patients EHR to verify that all medical standards are being followed in a timely manner.
  - Collects documentation for numerous providers for medical appointments or Physician review.
  - Reviews, updates, records and discusses results with HCP for further treatment plans.
  - Educates patient to disease processes related to chronic diseases and oversees management of Chronic Care file to ensure patients are seen per guidelines.
  - Renews chronic care medications Under Physician order.
  - Assists with Telehealth providers for telehealth specialty appointments.

- **Medical Records Clerk, Correct Care Solutions, Hutchinson, KS, April 2002 – May 2009.**

- Sort and file records per guidelines
- Retrieve and transfer of records

LICENSURE

- KS, RN, #13-115044-051, <current through 05/31/2021>

CERTIFICATIONS

- CPR certified 2/2019
- ACA Manager certified 2018

JENNIFER L. KOPPEN, RN, CCHP

Regional Utilization Management RN

Ms. Koppen currently manages patients for the entire state of Kansas in the Department of Corrections for inpatient as well as outpatient appointments. She directly works with claims to ensure proper eligibility for payment. She is experienced is using EMR, InterQual and QNXT. Travels to various sites to train Utilization Management nurses at KDOC prisons. Works directly with the State Medical Director and KDOC to ensure patient care and safety as well as managing patients directly.

EDUCATION

- Pursuing BSN, Chamberlain University, Downers Grove, IL Graduation: 12/2020
- Associate Degree in Nursing, Columbia College, Lake of the Ozarks, MO, 2006
- Associate Degree in Applied Science, Kansas City Kansas Community College, Leavenworth, KS, 2004
- Pursued BA Degree in Sociology, University of Kansas, Lawrence, KS, 112 hours towards bachelor's degree

PROFESSIONAL EXPERIENCE

- **Regional Utilization Management RN, Topeka, KS, October 2013 – Present.**

- **Registered Nurse-PRN, CMS/Corizon, Jefferson City, MO, August 2012 – October 2013.**
  - Grievance appeals

- **Health Services Administrator, CMS-Algoa Correctional Center, Jefferson City, MO, March 2012 – August 2012.**
  - Manages the healthcare delivery system and coordinates with the other functions within the institution. Staff of 20-25.
  - Manages the budget and financial performance of the site.
  - Develops and/or supervises the facility operational plan.
  - Directs the activities of the assigned staff.
  - Interfaces with CMS Human Resources for the hiring and terminating of all site staff.
  - Manages labor ensuring the site is staffed according to contractual commitments and supervises scheduling of all staff and Independent Contractors.
  - Submits timely and accurate reports to Regional Manager
  - Ensures orientation of new personnel by conducting or coordinating all initial new hire and annual orientation and training activities.
  - Coordinates the Medical Audit Committee and facilitates the monthly meetings.
  - Ensures compliance with NCCHC standards and Correctional Medical Services clinical services and administrative policies and procedures.
  - Assists with emergency care and responses
  - Conducts monthly staff meetings at the site.

- **Director of Nursing, CMS-Algoa Correctional Center, Jefferson City, MO, November 2008 – March 2012.**

- Plan, implement and evaluate the delivery of patient care within the medical clinic.
- Manage, mentor, motivate and retain nursing staff.
- Develop a monthly schedule as well as nursing assignments.
- Perform CQI (continuous quality improvement) audits monthly and present them in monthly CQI meeting facilitated by myself.
- Organize and facilitate monthly staff meetings as well as chronic care, infection control, and sick call meetings with the staff and physician.

- **Staff Registered Nurse/Charge Nurse, CMS-Algoa Correctional Center, Jefferson City, MO, July 2007 – November 2008.**
  - Day charge in the medical clinic.
  - Manage staff nurses, oversee daily assignments, provides direct care to patients.
  - Orientate and train new employees.
  - Schedule, perform, and follow-up daily labs for clinic.

- **Registered Nurse, St. Mary's Health Center, Jefferson City, MO, December 2006 – July 2007.**
  - R.N. on Medical/Surgical floor providing direct patient care.
  - 10-week internship completed-experience on Medical/Surgical, Oncology, Post-Surgical, Emergency Services, and Wound Care.
  - Telemetry course completed 2006.
  - Critical Medication course completed 2006.
  - Sleep Apnea/Suicide prevention course completed 2006.

LICENSURE

- Kansas RN 14-119215-082 exp 8/31/2020

CERTIFICATIONS

- CCHP (Certified Correctional Healthcare Professional) 10/2019

MICHAEL E. MURPHY

Senior Vice President, State Corrections

As Senior Vice President – State Corrections, Mr. Murphy is responsible for the management and overall direction of health care services and operational accountability for Corizon Health's statewide contracts. He oversees development and execution of each contract's operations plan, client-partner relationships, and recruitment and retention of operational leadership.

Mr. Murphy joined Corizon Health after more than 35 years in the corrections industry. His career responsibilities ranged from regional management of federal correctional facilities and medical operations to design-build-finance, business development, and oversight of federal/state government and customer relations.

EDUCATION

- Bachelor of Arts, Sociology, North Adams State College, North Adams, MA, 1980
- Associate of Arts, Law Enforcement, Cathedral High School, Springfield, MA, 1978

PROFESSIONAL EXPERIENCE

- **Vice President, Corizon Health, Brentwood, TN, August 2019 – Present.**

- **Vice President, Corrections Marketing, Management & Training Corporation, Centerville, UT, 2004 – August 2019.**
  - Responsible for 400% marketing growth since 1997 for MTC Corrections contracts.
  - Accountabilities include development of annual MTC Marketing plan for Corrections and MTC Medical Divisions to include Government and Customer Relations; principal for all bid projects for Corrections and Medical to include design, build, finance, and operations; conduct local, state, and federal public hearings/presentations for new site development.
  - Maintain MTC marketing database system; participate and network in ASCA meetings at ACA and various regional meetings.
  - Ran Region 2 Federal Corrections facilities from 2016-2017 as Acting Regional VP comprising 8 prisons, 12,000 beds, and $260 million in contracts to include medical operations.

- **Marketing Director, Corrections Marketing, Management & Training Corporation >, Centerville, UT, 1997 – 2004.**
  - Responsible for managing all Corrections Department related business development activities and division growth including all customer, public, government, and community relations
  - Real estate development for potential prison sites
  - Conducted public hearings and testify to state legislatures
  - Maintenance and tracking of marketing database system
  - Coordination and project lead of state and federal procurements
  - Public presentations to state, local, and county agencies
  - Development of MTC's International business in Australia, Canada, and the UK from 2000-2004—led the bid and startup teams.

- **Marketing Director, US Corrections Corporation, Management & Training Corporation, Louisville, KY, 1996 – 1997.**
  - Responsible for managing all Corrections Department related business development activities and division growth including all customer, public, government, and community relations
  - Real estate development for potential prison sites
  - Conducted public hearings and testify to state legislatures
  - Maintenance and tracking of marketing database system
  - Coordination and project lead of state and federal procurements
  - Public presentations to state, local, and county agencies.

- **Marketing Director, Eclectic Communications/Cornell Corrections, Inc., Ventura, CA, 1995 – 1996.**
  - Responsible for managing all Corrections Department related business development activities and division growth including all customer, public, government, and community relations
  - Real estate development for potential prison sites
  - Conducted public hearings and testify to state legislatures
  - Maintenance and tracking of marketing database system
  - Coordination and project lead of state and federal procurements
  - Public presentations to state, local, and county agencies.

- **Regional Director, Eclectic Communications/Cornell Corrections, Inc., Ventura, CA, 1991 – 1995.**
  - Managed Northern California District Operations including oversight of three prisons, three community reentry facilities, 265 staff, and annual budget of $20 million.

- **Quality Assurance Director, Eclectic Communications/Cornell Corrections, Inc., Ventura, CA, 1989 – 1991.**
  - Coordinated ACA accreditation of all corporate facility contracts including 8 Community Correctional Reentry Facilities and 4 Adult Correctional Institutions, certified as ACA Auditor in 1990 by the Commission on Accreditation for Corrections.

- **Facility Director, Eclectic Communications/Cornell Corrections, Inc., Ventura, CA, 1987 – 1989.**
  - Managed 100 bed federal community reentry center with staff of 20 professionals and budget of $3 million.

- **Associate Warden, Operations, Eclectic Communications/Cornell Corrections, Inc., Ventura, CA, 1985 – 1987.**
  - Managed 300 bed federal youth prison and responsible for 60 security, food services, medical, and maintenance staff.

- **Case Manager, Eclectic Communications/Cornell Corrections, Inc., Ventura, CA, 1984 – 1985.**
  - Managed caseload of 150 inmates, conducted weekly meetings and group therapy, prepared progress reports for US Parole commission hearings.

- **Correctional Officer, Eclectic Communications/Cornell Corrections, Inc., Ventura, CA, 1983 – 1984.**
  - Provided security and control of inmates on several posts in 300 bed federal youth prison

- **Secure Residential Juvenile Case Worker, Key Program, Inc., Springfield, MA, 1980 – 1983.**
  - Provided residential case management services for youthful offenders released from jail facilities.

PROFESSIONAL AFFILIATIONS OR MEMBERSHIPS

- American Correctional Association
- Former ACA Community Corrections Committee Member
- International Corrections and Prisons Association
- Former Correctional Accreditation Managers Association
- International Community Corrections Association

STEVEN R. OLIVER

IT Systems Administrator

Mr. Oliver has 25+-years of professional experience working in Information Security and technology in various capacities. Outstanding communications skills communicating across all levels of the organization as well as building successful relationships. Experience with network planning, business continuity planning, auditing, and risk management, as well as contract and vendor negotiation.

EDUCATION

- Bachelor's Degree in computer science information systems management, University of Phoenix, Phoenix, AZ, 2013

PROFESSIONAL EXPERIENCE

- **IT System Administrator, Corizon Health, Topeka, KS, July 2018 – Present.**

- **Information Technology Professional, Self-Employed, Manhattan, KS, December 2017 – July 2018.**

- **HHW Program Coordinator / Assistant Noxious Weed Director, Riley County, Manhattan, KS, February 2017 – December 2017.**
  - Managed both HHW facility and Noxious Weed facility when Director is absent. This included 5 employees.
  - Responsible for planning, directing and coordinating hazardous waste disposal policies, procedures and guidelines to ensure that all waste material and personnel are secure and safeguarded for the organization.
  - Prepared budget for HHW program and facility.
  - Approved expenditures for HHW program, facility and equipment.
  - Worked with external vendors using request for proposals in accordance with Riley County policy finding the lowest contactor for waste material disposal.
  - Prepared training material for regional certification and refresher training on handling hazardous waste material in accordance with regulations from Kansas Department of Health and Environment.
  - Oversee incident response planning as well as the investigation of hazardous material incidents and assist with disciplinary and legal matters.

- **Information Technology Specialist, Riley County, Manhattan, KS, February 2011 – February 2011.**
  - Served as training instructor for software and hardware for the whole county.
  - Assisted in server maintenance, installation, and upgrading for Microsoft 2003, 2008 r2, 2012 r2
  - Configured Hyper-V and VMWare virtual servers
  - Installed, configured, and maintained System Center in a mixed network for 2003, 2008 and 2012 r2 servers to include software deployment using queried metrics.
  - Implemented desktop OS imaging moving from disk installation to disk imaging software, then to MDT and WDS on a Microsoft Server 2012R2 server.

- Developed Network Usage Policy for Riley County employees helping to reduce network and security risks.
- Ensured HIPAA compliance for network, data, and user files for Riley County Health Department.
- Executed quarterly risk assessment for all aspects of security for Riley County delivering results to Director for addressing any vulnerabilities identified.
- Create and maintain Hyper-V server platforms
- Create and maintain VMWare server platforms
- Create off-site DRP via SAN synchronization for essential servers.

- **MIS Technician, TFI, Inc., Topeka, KS, January 2006 – January 2011.**
  - Responsible for desktop OS deployment via imaging software and creating and maintaining Windows OS images.
  - Install, configure, and update server 2003 and 2008 servers.
  - Create and administer VMWare servers
  - Wrote, reviewed, and modified technical information systems security documentation for departmental and executive approval.
  - Worked with several security products to during investigations to provide detailed analysis of any regulatory and legal issues.

- **Manager Customer Solution Center / 2nd level Support, Stratitec, Inc., Wichita, KS, March 2004 – January 2006.**
  - Supervised a team of six employees providing customer support for company products
  - Provide career guidance and training.
  - Established company policy for products including warranty coverage
  - Point of escalation for all technical and customer reported issues.

- **Network Engineer / Software Administrator, E'nfrastructure, Inc., Clifton Park, NY, February 2002 – March 2004.**
  - Managed three other technicians to include career counseling and provided 2nd level support.
  - Configured Novell 3.5 and Windows NT/2000 serves for software deployment via Novell.
  - Created new software packages
  - Evaluated current network equipment and provided efficiency reporting helping to identify when equipment was needing replaced.
  - Configured Cisco 2600 routers.

- **Afterhours Operations Supervisor, PSINet, Inc., Troy, NY, January 2000 – February 2002.**
  - Supervised four support teams consisting of five employees each. We provided 24/7 coverage, 365 days of the year for over 10,000 customers.
  - Provided 3rd level support.

- **E-4 Communications-Computer Systems Operator, United States Air Force, July 1987 – June 1993.**

- **E-5 Communications-Computer Systems Technical Controller, Kansas Air National Guard, July 1993 – November 1994.**

CERTIFICATIONS

- A+
- MCP

LACEY OSMON, RN, PMHNP, NCCHC-CCHP

Director of Operations

Ms. Osmon brings 16 years of management experience to her position. She has assisted with Vice President of Operations (VPO) duties when asked. She manages 619 staff and multiple facilities in her position and all the facilities have achieved 100% on their national accreditation. Ms. Osmon has managed a statewide budget with positive results.

EDUCATION

- Doctoral in Nursing, Walden University, Minneapolis, MN, May 2021
- Master's in nursing, Walden University, Minneapolis, May 2019
- Bachelor of Science in nursing, Northwest Missouri State University, Maryville MO, May 2015
- General Studies Degree, North Central Missouri College, Maryville MO, May 2002

PROFESSIONAL EXPERIENCE

- **Director of Operations, Corizon Health, Topeka, KS, November 2015 – Present.**

- **Care Manager, Humana, and Tiffany In-Home Services, St. Joseph, MO, November 2015 – April 2017.**
  - Helped with patient support services and educated patients on plan of care.
  - Assisted members in finding resources that would benefit them and their healthcare.
  - Managed a 20-member caseload.

- **Regional Director of Nursing, Corizon Health, Topeka, KS, January 2014 – November 2015.**
  - Supervised all clinical managers and ensured proper clinical decisions are made.
  - Supervised the statewide CQI and IC programs.
  - Served on the national leadership committee.
  - Always ensured proper staffing in all facilities.
  - Served on the national sentinel committee and ensured statewide sentinel program was run effectively.
  - Trained new director of nursing.
  - Supervised statewide competency training.

- **Regional Utilization Manager, Corizon Health, Jefferson City, MO, April 2013 – December 2013.**
  - Reviewed daily utilization management request and completed research on all request.
  - Once researched each case was discussed with the reginal medical director and determination of the case was communicated to the site physician and management team.
  - Worked with 7 specialty physicians and oversaw the statewide telehealth program.

- **Health Services Administrator, Corizon Health, Cameron, MO, September 2010 – April 2013.**
  - Managed 30 FTE.
  - Managed the sites medical budget.
  - Completed the national accreditation for the site.

- Member of the regional grievance committee.
- Worked closely with Corizon and Missouri Department of correction to ensure proper care to patients.

- **Director of Nursing, Corizon Health, Cameron, MO, August 2007 – September 2010.**
  - Managed and scheduled for 30 FTE.
  - Developed training manual for staff to use during site orientation.
  - A member of regional committees for nursing protocols and infirmary manual.
  - Was a DON mentor and helped train new management.

LICENSURE

- Kansas, PMHNP, 53-78852-012, 1-2020
- Kansas, RN, 14-125574-012, 1-2020
- Missouri, RN, 2006016206, 4-2021

PROFESSIONAL AFFILIATIONS OR MEMBERSHIPS

- NCCHC Member CCHP

ASHLEY JO PHELPS, PhD

Regional Behavioral Health Director – Kansas Regional Office

Dr. Phelps serves as Regional Behavioral Health Director for our Kansas DOC contract, where she has lead Kansas' behavioral health services for the past five years and has proven to be a collaborative leader, dedicated to delivering integrated treatment programs.

EDUCATION

- PhD, Doctor of Philosophy in Clinical Psychology, Harold Abel School of Psychology, Capella University, Minneapolis, MN, 2007
- MA, Master of Arts, Criminal Justice, Wichita State University, Wichita, KS, 1999
- BS, Bachelor of Science, Psychology, Kansas State University, Manhattan, KS, 1997

PROFESSIONAL EXPERIENCE

- **Regional Behavioral Health Director, Corizon Health, Topeka, KS, June 2014 – Present.**
  - Provides state-wide mental health program leadership and development;
  - primarily accountable for quality and cost of mental health care provided to inmates throughout the state of Kansas;
  - oversees the quality, standardization and scope of mental health services;
  - collaborates with operations management to develop long lasting client partnerships by delivering cost effective care;
  - provides overall supervision for mental health services throughout assigned area; and participates in group work towards the development of company-wide, Corizon Health processes such as BH Core Processes.
  - Duties include acting as point of contact for Kansas Department of Corrections (KDOC) administrative staff for discussion of treatment programs and problem resolution as needed;
  - coordinating development and revision of policies and procedures for the identification, assessment and provision of required mental health services for KDOC inmates;
  - supervising the planning, development and implementation of KDOC treatment programs contracted to Corizon Health to include leading efforts to obtain and maintain KDADS licensure for the Kansas Juvenile Correctional Complex Substance Abuse Treatment Program;
  - providing clinical supervision to mental health staff;
  - monitoring efforts of staff to ensure mental health services are being provided in a timely, professional manner;
  - ensuring KDOC treatment programs contracted to Corizon Health are integrated and appropriately staffed;
  - providing documentation of statewide mental health services to the KDOC monthly;
  - providing consultation services to KDOC as requested.

- **(Interim) Senior Vice President, Behavioral Health Operations, Corizon Health, July 2018 – November 2018.**
  - In conjunction with the Chief Psychiatry Officer, participates in developing the behavioral health service line within Corizon Health to partner with community and state offerings for Behavioral Health services.

- Oversees the delivery and effective administration of Behavioral Health protocols/programs excluding psychiatric services and including substance use, reentry services and sex offender treatment programs.
- Provides oversight, clinical authority, and supervision of PhD/PsyD level Psychologists, masters level clinicians, and other unlicensed mental health staff to enhance the clinical effectiveness of behavioral health services.
- Collaborates with Compliance and Quality leadership to ensure accreditation and regulatory requirements are upheld and establish enterprise-wide evidence based protocols in accordance with American Correctional Association (ACA)/National Commission on Correctional Health Care (NCCHC) standards, contract specific requirements, national professional organizations, and applicable Federal, State and Local regulation.

- **Colorado Mental Health Institute at Pueblo (CMHIP), Colorado Department of Human Services (CDHS), Pueblo, CO, September 2006 – June 2014.**

  - **Forensic Evaluator, June 2012 – June 2014.**
    - Completed competency to proceed to adjudication evaluations and violence risk assessments for the Court Services Department at CMHIP;
    - completed psychological testing and wrote reports for inpatient and outpatient adults and adolescents;
    - consulted with attorneys regarding the dynamics involved in specific competency to proceed cases to include recommendations for restoration to competency;
    - attended continuing education training; provided expert testimony upon subpoena;
    - provided competency to proceed training and education to colleagues and interns.
  - **Director, Sexual Offender Treatment and Evaluation Program, March 2010 – June 2012.**
    - Developed, implemented and monitored programming for inpatient and outpatient adults and adolescents with sexual offending histories;
    - administratively and clinically supervised other licensed professionals;
    - provided individual and group psychotherapy, crisis management and consultation related to evidenced-based programming for antisocial, psychopathic and sex offender treatment;
    - completed violence and sex offense specific risk assessments; conducted, interpreted, and integrated psychological testing to utilize in the completion of risk assessments;
    - administered and interpreted Visual Response Time measures and Penile Plethysmographs;
    - coordinated polygraph examinations;
    - provided court testimony as an expert witness in the state of Colorado;
    - attended state wide Sex Offender Management Board (SOMB) trainings and meetings;
    - managed all administrative aspects of the program.
  - **Staff Psychologist, August 2007 – March 2010.**
    - Completed psychosexual risk assessments and competency to proceed evaluations;
    - conducted and reviewed comprehensive psychological assessment batteries including intellectual, achievement, personality, effort, neuropsychological and cognitive measures;
    - developed and executed individualized treatment plans; provided individual and group psychotherapy, crisis management and consultation related to evidenced-based programming for antisocial, psychopathic, and schizophrenic populations;
    - developed programming and provided restoration to competency treatment;
    - consulted with staff in providing psychological treatment and therapeutic intervention skills;
    - developed and implemented contingency management programming;

- consulted with Security, Medical and Recreation staff to provide comprehensive care;
- created and presented case conceptualizations at all-staff meetings.

- **Doctoral Intern, September 2006 – August 2007.**
  - Conducted individual and group therapies demonstrating capabilities and proficiency in teaching DBT Skills to adolescent and adult inpatients;
  - completed neuropsychological evaluations on adults utilizing a wide range of assessment instruments;
  - conducted psychological testing and wrote integrative assessment reports on adolescents and adults;
  - administered and interpreted test results, wrote comprehensive assessments;
  - collaborated in developing treatment interventions on adults adjudicated NGRI in the state of Colorado.

- **Contractual Evaluator and Treatment Provider, Steel City Consulting, Inc., Pueblo, CO, January 2009 – June 2014.**
  - Completed neuropsychological, psychological, cognitive, disability, and sex offense specific evaluations for child and adolescent, and adult populations;
  - provided sex-offense specific treatment to adult populations;
  - consulted with and educated case workers and parole officers on the specific psychological dynamics involved when supervising sexual offenders in the community.

- **Intern, Salina Regional Health Center, Behavioral Health Program, Salina, KS, January 2004 – September 2004.**
  - Conducted intakes and provided individual and group psychotherapy to a wide variety of clients, focusing on Axis I and Axis II diagnoses;
  - completed psychological testing with children, adolescents, and adults and wrote comprehensive reports that focused on cognitive, intellectual, career, achievement, personality, and neuropsychological assessment;
  - provided outpatient and outpatient individual and group psychotherapy to adults and adolescents;
  - documented session content, case conceptualization, clinical impressions;
  - developed a manual for and co-facilitated a depression/bipolar support group;
  - participated in team meetings and individual supervision weekly.

- **Primary Counselor, St. Francis Center Residential Treatment Center, Salina, KS, October 1999 – May 2006.**
  - Provided individual, group, and family counseling to juvenile offenders and children in need of care between the ages of twelve and nineteen;
  - developed and implemented treatment plans for individual youth on caseload;
  - conducted psychological testing and wrote integrative assessment reports based on psychological testing, structured interview and past records, under the supervision of a psychologist;
  - co-facilitated sex offense specific treatment, anger management, development, social skills, substance abuse, and effects of abuse groups;
  - provided individual therapy to youth on caseload;
  - maintained behaviors by use of therapeutic techniques; attended workshops and seminars to further knowledge in the field;
  - prepared and implemented procedures in order to meet JCAHO guidelines.

PROFESSIONAL LICENSURE

- Licensed Psychologist, State of Kansas #2217, current through 6/30/2020
- Licensed Psychologist, State of Colorado # 0003316, current through 8/31/2021

PROFESSIONAL AFFILIATION & CERTIFICATION

- American Psychological Association
- American Correctional Association (ACA)
  - Correctional Behavioral Health Certification
- Association for the Treatment of Sexual Abusers
- Kansas Psychological Association
- Healthcare Provider, Heartsaver

KATIE SCHMIDT, RN, BSN, CHSA

CQI Coordinator (Interim)

Ms. Schmidt has 10 years of correctional health care experience. During her tenure she has twice obtained American Correctional Association (ACA) accreditation with 100% compliance. She manages the budget and fiscal performance of her current site. Manages and coordinates the health care delivery system with other departments within the institution. During her time at the different facilities she has been actively involved in the CQI process.

Her facility, Kansas Juvenile Correctional Complex, has achieved several awards since she became the Health Services Administrator (HSA):

2015 Kansas Department of Corrections Facility Stabilization Award
2016 Kansas Department of Corrections Health Services Administrator of the Year
2016 Corizon Health Services Administrator of the Year
2016 Corizon Health Facility of the Year
2017 Kansas Department of Aging and Disability Services – Obtained licensure as Substance Use Disorder Treatment Facility with 100% compliance
2017 Obtained ACA Accreditation for Health Services with 100% compliance
2018 Performance Based Standards Barbara Allen-Hagen National Award Winner
2019 Kansas Department of Aging and Disability Services – Completed licensure audit as Outpatient Substance Use Disorder Treatment Facility with 100% compliance

EDUCATION

- BSN, Washburn University, Topeka, KS, 2008
- Bachelor of Arts, Washburn University, Topeka, KS, 2005

PROFESSIONAL EXPERIENCE

- **Health Services Administrator, Corizon Health/Kansas Juvenile Correctional Complex, Topeka, KS, 2014 – Present.**

- **Director of Nursing, Topeka Correctional Facility, Topeka, KS, 2012 – 2014.**
  - Coordinated care for acutely and chronically ill patients through the multi-disciplinary team
  - Managed Nursing Care team scheduled to provide coverage 24 hours a day and seven days a week at three clinics
  - Completed CQI screenings, corrective action plans and staff education
  - Achieved ACA Accreditation with 100% compliance
  - Orchestrated and maintained facility sponsored Health Fair to provide education to offenders utilizing undergraduate nursing students to create and deliver educational materials
  - Published research findings from Health Fair in Peer Reviewed Nursing Journal
  - New employee recruiting, hiring and training
  - Completed annual evaluations
  - Employee coaching and mentoring

- **Registered Nurse, Topeka Correctional Facility, Topeka, KS, 2009 – 2012.**
  - ACA Certified Corrections Nurse 2010
  - Cared for acutely ill patients in facility infirmary
  - Oversight of Receiving and Diagnostics Unit with responsibility for completing all intake screenings, and scheduling/coordinating all required diagnostic and screening exams within contractual guidelines
  - Completed CQI screenings
  - CCS Certified Nurse Trainer of the Year 2012
  - Created and maintained tickler scheduling for all high-risk PAP, LEEP, and Cryo patients

LICENSURE

- KS, BSN, #106710, 09/30/2020

CERTIFICATIONS

- American Heart Association – Basic Life Support 3.2019-2021
- ACA Certified Health Services Administrator 2017
- ACA Certified Corrections Nurse 2010

PROFESSIONAL AFFILIATIONS OR MEMBERSHIPS

- American Correctional Association, #10752104
- Kansas Correctional Association, #10752104

PUBLICATIONS/PRESENTATIONS

- Dinkel, S. & Schmidt, K., (2014), Health Education Needs of Incarcerated Women. *Journal of Nursing Scholarship*, 46(4), 229-234.

JEFFREY L. SMITH

IT Systems Engineer

Focused and flexible Information Technology Manager with more than 25 years of experience guiding the development and implementation of technically advanced solutions for business operations. Assesses corporate needs and delivers sustainable solutions from honed skills in lifecycle project management. Combines strategic project planning with astute hands-on tactical management to achieve excellence while supporting company goals and business objectives. Mr. Smith has superior analytical, evaluative, and problem-solving skills; responds to constantly changing organizational, financial, customer, and market demands for business services. He has the capacity to inspire teamwork, build consensus, and motivate a wide variety of diverse individuals from all professional levels to obtain desired business objectives and results. He ensures efficiency, cost effectiveness, and quality of new implementations through expert training skills.

EDUCATION

- Bachelor of Interior Architecture, Kansas State University, Manhattan, Kansas, May 1993

PROFESSIONAL EXPERIENCE

- **Senior Systems Engineer, Corizon Health/ Kansas Department of Corrections, Topeka, KS, 2014 - Present.**

- **IT Administrator, Correct Care Solutions/Kansas Department of Corrections, 2013 – 2014.**
  - System Engineer for domain migration project. Including the rebuild and expansion into a completely new domain system. New Citrix XenApp platform. Upgrade VMware server infrastructure. Including migration of 600+ users, exchange mail, applications, system and personal data.
  - System Engineer for domain migration project. Including the rebuild and expansion into a completely new domain system. New Citrix XenApp platform. Including migration of 600+ users, exchange mail, applications, system and personal data.
  - System Engineer for disaster recovery project. Including the installation of fail over site equipment and replication system to ensure operations in the event of a catastrophic event. Testing of DR system integrity in fully operational, isolated sandbox area not affecting production operations.
  - System Engineer for new installation of upgraded Citrix XenApp environment to replace outdated Citrix system implementation. Replaced entire farm with new system, managed the implementation, testing and migration of all systems to new production environment.
  - System Engineer for Telehealth program providing remote and facility solutions to securely connect outside specialists with Kansas inmate population providing better access to care with increased public safety.
  - Ensured the stable operation of data center. Including all physical and virtual server operations.
  - Expanded infrastructure into an offsite Disaster Recovery facility.
  - Provided an optimized, multi-user Electronic Health Records platform for 11,000 inmates and 300 concurrent Health care workers.

CORIZON HEALTH

- Provided onsite and remote level two, level three and senior support at all KDoC facilities within Kansas.

- **IT Consultant, RavenFive, Lawrence, KS, 2009 – 2013.**
  - Provided information technology solutions and provide technical expertise to a wide variety of small and start-up business clients.
  - Streamline workplace efficiencies, business processes and contemporize outdated IT infrastructure and systems.

- **Operations Director, Treehouse Berry Farm, Linwood, KS, 2008 – 2010.**
  - Manufacturer of hand-crafted, gourmet food products.
  - Leveraged financial expertise, operational experience, and business foresight to achieve value-building objectives while overseeing daily operations; directing activities across purchasing, production, marketing, sales, and distribution. Sourced, structured and closed contract for company purchase.

- **IT Director, Looney Ricks Kiss Architects, Memphis, TN, 1998 – 2008.**
  - A multi-discipline, multi-office, award winning architectural firm providing design services for a vast array of clients and building types across the USA.
  - Translated business goals and objectives into technologically advanced strategies and solutions for all wireless, data storage, servers, infrastructure and workstations enterprise wide.
  - Implemented and managed a highly available IT environment for a rapidly growing corporation, managed a staff of four technicians, planned budgets, negotiated and managed vendors, and oversaw all strategic planning for future business growth.
  - Ensured technology purchasing decisions were made for the optimal support of the business strategy.
  - Led the information technology service expansion of the company from supporting 33 employees and one office to a company of 300 employees and nine offices around the United States.
  - Led the design, implementation and management of corporate Wide Area Network, Storage Area Network, enterprise wide backup solution and communication systems.
  - Championed the implementation, customization, training, and adoption of a three-dimensional Building Information Modeling system that reduced errors during integrated Construction Document processes and improved design communications with internal teams, clients and consultants. This was implemented in eight offices of 175 users and 18 business units; recognized as Subject Matter Expert for the replacement platform Revit.
  - Improved efficiency and production of Construction Documents and Presentation / Production Graphics by standardizing disparate methods of production. Partnered with business units and C-Level management and gained consensus through meticulous presentations and question-and-answer sessions. Recognized as Subject Matter Expert for Construction Documentation Process.

- **Interior Architect and Project Manager, Looney Ricks Kiss Architects, Memphis, TN, 1993 – 1998.**
  - Led client interviews and site evaluations to assess client needs and requirements.
  - Designed, priced then presented solutions for client, and gained consensus.
  - Executed full-cycle project management from preparing contract documents, project specifications and change orders with contractors from start through move-in.

- Managed financials including budgets, variance and overall profitability of projects.
- Developed and maintained relationships to ensure client satisfaction throughout design and construction process.

TECHNOLOGIES

- **Training:** Cisco CCNA & CompTIA Network+
- **Systems:** Virtualization • Storage • Networking • Citrix • Active Directory • Exchange • SQL • NextGen
- **Office:** Windows ▪ Word ▪ Excel ▪ Access ▪ Outlook ▪ Visio ▪ Project ▪ PowerPoint
- **Print:** Photoshop ▪ Illustrator ▪ InDesign ▪ Dreamweaver ▪ Acrobat ▪ Corel
- **Design:** AutoCad ▪ Revit ▪ Sketchup

HEATHER UNGEHEUER, DNP, APRN, FNP-C

Regional APRN

Dr. Ungeheuer has expanded her nursing career and grown in expertise with over twelve years of correctional health care experience in Kansas both as a nurse in the facilities as well as her work in the Regional office. She obtained her master's degree as a family nurse practitioner then moving on to receive her Doctoral degree in Nursing Practice with an emphasis on pain management.

EDUCATION

- DNP, Frontier Nursing University, Hayden, KY, 2015
- APRN, Frontier Nursing University, Hayden, KY, 2011

PROFESSIONAL EXPERIENCE

- **Regional APRN, Corizon Health, Topeka, KS, 2017 – Present.**

- **APRN-C, Stormont Vail Health, Topeka, KS, 2012 – Present.**

- Providing Primary care, health maintenance, and promotion.
- Overview and management of chronic patients, in collaboration with the primary care physicians. Ordering and monitoring appropriate laboratory testing and outside consults.
- Completing office visit documentation and submitting electronic coding/billing.
- Consulting and treating chronic pain management patients.

- Diabetes Management: Providing and managing care of all diabetic patients in the acute inpatient care setting making treatment and therapy regimen adjustments when indicated.
- Monitoring appropriate lab results in regard to managing diabetics patients.

- **APRN-C, Sunflower Prompt Care, Topeka, KS, 2011 - 2013.**

- Seeing patients in a busy urgent care clinic.
- Assessing Laboratory results,
- Referring patients as needed for further consultations.

- **LPN/RN, Stormont Vail Health, Topeka, KS, 2005 - 2011.**

- Attending deliveries for initial assessment and care for the infant, with resuscitation as necessary.
- Updating and assisting Pediatricians; providing complete assessments of infants in the newborn nursery.

- **LPN, Prison Health Services, Topeka, KS, 1997 - 2005.**

- Providing triage care for incarcerated felons for the state of Kansas
- Providing routine care and assisting practitioners with procedures and treatments.

CORIZON HEALTH

LICENSURE

- Kansas, APRN, 53-75375-101, current through 10/2021
- Kansas, RN, 13-101233-101, current through 10/2021
- National, AANP, 1535808, current through 5/2021

CERTIFICATIONS

- Basic Life Support, 4/2018 to 4/2020
- NCCHC CCHP-C, 2020 - 2021

PROFESSIONAL AFFILIATIONS OR MEMBERSHIPS

- American Academy of Nurse Practitioner (AANP), 2011- Present
- Kansas Advanced Practice Nurses Association (KAPN), 2015- Present
- FNU alumni association, 2011- Present

PUBLICATIONS/PRESENTATIONS

- Invited - Teaching How to Learn: Tips for Success in Every Course: Poster presentation, Washington DC, National Organization of Nurse Practitioner Faculties annual conference, April 20, 2017

- Changing ideas: towards pain management, Stormont Vail Health, Topeka, KS, Presented by Dr. Heather Ungeheuer DNP, APRN, FNP-C as grand rounds faculty presenter for this workshop presentation, Feb. 20, 2016

- Chronic Pain: Management guidelines for primary care providers, Stormont Vail Health, Topeka, KS, Primary Care monthly meeting Podium Presentation by Dr. Heather Ungeheuer DNP, APRN, FNP-C, March 28, 2015

- Chronic Pain: Management guidelines for primary care providers, Stormont Vail Health, Topeka, KS, Nursing Symposium Poster Presentation Presented by Dr. Heather Ungeheuer DNP, APRN, FNP-C, May 1, 2015

KELLY WILLIAMS

KS Regional IT Site Leader

Dynamic, competitive, customer-driven and quality-focused professional with over 25 years of experience as an IT Executive developing and executing IT strategies in alignment with business objectives. Thoroughly researches and analyzes situations, proposes creative solutions, develops good rapport and brings projects to completion within budget and time. Energetic leader with a passion for development and a proven record of successfully delivering business solutions and facilitating aggressive implementations.

PROFESSIONAL EXPERIENCE

- **KS Regional IT Site Leader, Corizon Health, Topeka, KS, August 2015 – Present.**
  - Manages and implements complex projects for Corizon Health on behalf of the client, Kansas Department of Corrections.
  - This is a fast-paced, high-pressure position that is subject to political sensitivity.
  - Develops standards and consistently follows Customer Solutions Implementation Approach (CSI) standards to ensure expectations are clearly documented and approved across key departments and meets the contractual obligations and goals of the client.
  - Extensive documentation is provided to the client identifying information relative to communications, project scope/goals, team members and project deliverables.
  - Projects include NextGen software development, upgrades/maintenance of software and infrastructure maintenance and modifications.
  - Analytical and problem-solving skills are used to maximize application benefits and improve workflow.
  - Project plans are developed, maintained and tracked based on the State of Kansas Project Management Methodology.
  - Project plans are updated daily to ensure project timelines are adhered to. Change control processes are used to ensure changes are introduced in a controlled and coordinated manner.

- **Project Manager, AOS, Topeka, KS, November 2014 – August 2015.**
  - Managed and implemented complex projects for AOS.
  - Determined need for and impact of changes in scope of project and implemented recommendations based on determinations.
  - Gained concurrence, approval, and consensus from stakeholders regarding the various project aspects and adjusts accordingly.
  - Managed costs, schedules and quality by overseeing project deliverables.
  - Ensured schedules and budgets were met. Identified need for change, determined course of action and revised as appropriate.
  - Organized project team members to ensure communication and understanding of deadlines, assignments and objectives.

- **Deputy Director/Manager PMO, KDHE, Topeka, KS, August 2005 – July 2014.**
  - Deputy Director for the IT Department. Managed Infrastructure, GIS and Customer Support Unit managers and staff.

CORIZON HEALTH

- Created and managed the PMO to effectively manage 70 application development projects with four staff members.
- Continued to maintain the on-schedule percentage over 95% and ensured projects were successfully delivered on time, within budget and met specified requirements. Projects varied in size and range in cost from $10,000 to over $8,000,000.
- Effectively managed numerous projects simultaneously using Agile and Waterfall project management.
- This included project concept, planning, startup, execution and closeout.
- Adhered to project planning and reporting requirements established by state statute and the Information Technology Executive Council (ITEC).
- Coordinated planning and implementation of assigned projects and system enhancements. This included writing requests for proposals, feasibility studies, federal grants and legal contracts.
- Developed strategic and tactical information technology plans in support of the agency's mission and business plan.
- Developed agency-wide Business Continuity and Disaster Recovery Plans.

- **Management System Analyst, KPERS, Topeka, KS, June 2001 – August 2005.**
  - Lead KPERS' information technology planning effort. Worked with senior agency management in developing strategic and tactical information technology plans in support of the agency's mission and business plan.
  - Acted as Security Compliance Advisor for the Division. Developed and recommended to upper management new or revised policies pertaining to the functions of the agency.
  - This included all security policies and procedures and the disaster recovery plan for KPERS.
  - Acted as liaison to consultants for technological integration and system coordination with vendors.
  - Coordinated planning and implementation of new projects and system enhancements.
  - Administered project reporting method used for coordinating and planning all KPERS' system enhancements and modifications.

- **Information Resource Specialist, KITO, Topeka, KS, October 1998 – June 2001.**
  - Evaluated state agency budgets and project proposals for support of state objectives and resources in preparation, writing and publication of the State of Kansas Summary of Agency Information Technology Management and Budget Plans.
  - Plans were reviewed for consistency with agency strategies and objectives, conformance with technology directions and standards, and other factors as provided in legislation or policy and direction of the Chief Information Architect, Chief Information Technology Officer and ITEC.
  - Independently conducted complex audits of state agencies with failing or troubled information technology projects.
  - Computer systems and business processes were analyzed, and test work conducted to determine conformance with generally accepted audit standards as well as policies and guidelines established by ITEC including the State of Kansas, Project Management Methodology.
  - Recommendations were made to improve management of state projects as well as improve the effectiveness of the system.
  - Organized and implemented cost effective IT contracts, reviewed bid specifications and assisted agencies with their procurement of IT resources in accordance with CITO and ITEC requirements.

- **Internal Auditor, KDOR, Topeka, KS, October 1987 – October 1998.**
  - Independently conducted technical and complex audits involving internal work processes, records and controls.
  - Reviewed and evaluated established systems and processes to ensure compliance with applicable laws, regulations and policies.
  - Documented and analyzed internal business rules or work processes to eliminate non-value-added activities and streamline processes.
  - Evaluated efficiency of operating procedures for compliance with laws, regulations and policies.
  - Made recommendations to the auditee and Secretary of Revenue that increased efficiency, created a better work environment, increased production and saved taxpayers' money by reducing costs in state government.
  - Gathered evidence in fraud investigations and testified on the agency's behalf in court proceedings to define findings.
  - Prepared the unit's budget and assisted in developing plans, policies and procedures for the unit.

CERTIFICATIONS

- KS PMP Certification
- KS Adult Teaching Certification (Life)
- ICS Certified, ISO 100 – 800
- CPR Certification

CHARLES P. WILLNAUER, M.D.

Associate Regional Medical Director

As an Infirmary Physician for Corizon Health since 2017, Dr. Charles P. Willnauer is responsible for coordinating care among hospitals and specialists for patients in the infirmary at the Lansing Correctional Facility in Lansing, KS. In addition, he serves a dual role for Corizon Health as Assistant Regional Medical Director, providing oversight and supervisory services in conjunction with the Regional Medical Director. Dr. Willnauer obtained his medical degree from Texas Tech University Health Sciences Center in 2013 after completing an MBA program in Health Organization Management at Texas Tech University in 2012. He completed a Family Medicine Residency at Texas Tech University Health Sciences Center, and most recently, completed an Integrative Medicine Fellowship at the University of Arizona. He holds a Bachelor of Arts from Brigham Young University. Dr. Willnauer also works as a primary care physician, providing health care services in a private outpatient clinical setting. He is a member of the American Academy of Family Physicians and has contributed to several research projects and publications.

EDUCATION

- Integrative Medicine Fellowship, University of Arizona / Arizona Center for Integrative Medicine, Tucson, Arizona, August 2016 – July 2017
- Family Medicine Residency, Texas Tech University Health Sciences Center, Lubbock, Texas, July 2013 – June 2016
- M.D., Texas Tech University Health Sciences Center, Lubbock, Texas, June 2013
- M.B.A. in Health Organization Management, Texas Tech University, Lubbock, Texas, May 2012
- B.A., Brigham Young University, Provo, Utah, April 2010

PROFESSIONAL EXPERIENCE

- **Infirmary Physician, Corizon Health, Lansing, KS, September 2017 – Present.**

- **Private Outpatient Clinic Physician, Overland Park, KS, September 2017 – Present.**
  - Provide primary care services in an outpatient clinic setting under a membership based direct primary care business model (no third-party payers).

- **PRN Telemedicine Physician, Teledoc, Remote care in TX, AZ, and KS, August 2016 – August 2019.**
  - Utilized telemedicine software to care for patients remotely through phone calls for urgent care needs.

- **PRN Physician, C.E. Provider Services, Lubbock, TX, June 2015 – June 2016**
  - Performed disability physical exams for Social Security applicants.

- **PRN Physician, Concentra Urgent Care, Lubbock, TX, February 2015 – July 2015.**
  - Assessed and developed treatment plans for patients who suffered injuries at work through Workers Compensation process.
  - Assessed and developed treatment plans for patients with urgent care needs.

OTHER EMPLOYMENT (from January 2000 – March 2012)

- **Texas Tech University Health Sciences Center, School of Medicine, Lubbock, TX**
- **Brigham Young University – Department of Physiology and Developmental Biology, Provo, UT**
- **Princess Tours, Ketchikan and Skagway, AK**
- **Provo School District, Provo, UT**
- **CareFore Medical, Olathe, KS**

LICENSURE

- KS, Medical License, 04-40040, 07/31/2020
- TX, Medical License, Q1930, 11/30/2020
- AZ, Medical License, 51824, 03/04/2020

PROFESSIONAL AFFILIATIONS OR MEMBERSHIPS

- American Academy of Family Physicians (AAFP)

PUBLICATIONS/PRESENTATIONS

- Porter JL, Bukey BR, Geyer AJ, Willnauer CP, Reynolds PR. Immunohistochemical detection and regulation of alpha 5 nicotinic acetylcholine receptor (nAChR) subunits by FoxA2 during mouse lung organogenesis. Respir Res., 2011;12(1):82 [Epub ahead of print].
- Reynolds PR, Allison CH, Willnauer CP. TTF-1 regulates α5 nicotinic acetylcholine receptor (nAChR) subunits in proximal and distal lung epithelium. Respir Res., 2010;11:175.

RESEARCH

- Self-designed research aimed at discovering Family Medicine clinic's high hospital utilizers. Coordinated multidisciplinary interventions between both county teaching hospital and academic clinic in order to decrease hospital admissions. December 2014 – June 2016

G.
GROUP THERAPY EXAMPLES

Group learning objectives, home assignments, outcome assessments:

Positive Psychology

- Focuses on improving the quality of life for offenders, especially those with long sentences and those with significant mental illness
- Outcome Assessment: PANAS-X

Dialectical Behavior Therapy: DBT

- In general, focuses on improving group members ability to recognize maladaptive coping and change their behaviors, thoughts, and emotional responses
- The group is separated into Three major modules covering: Mindfulness, Interpersonal Effectiveness, Emotion Regulation, and Distress Tolerance
- Examples of Learning Objectives include: focusing attention on the present, maintain and improve relationships, enhance control over emotions, and improving the ability to tolerate and survive crisis situations in an appropriate manner.
- Outcome Assessments: DBT Ways of Coping Checklist, Difficulties in Emotion Regulation Scale (DERS), and the Mindfulness Attention Awareness Scale (MAAS)

Beyond Violence

- Focuses on improving the group members understanding of the role of anger and violence in their lives; the relationship between thoughts, feelings, and behaviors; and provide an opportunities to learn new skills
- The learning objectives for the first section of this program include: identifying cognitive distortions and labeling the individuals use of such
- Outcome Assessments: The Clinical Anger Scale

Beyond Trauma

- Focuses on helping group members cope with traumatic events they may have experienced throughout their lives.
- The learning objectives include: increasing feelings of hope, understanding and coping with the effects of trauma, and improve the group member's ability to foster appropriate and health relationships
- Outcome Assessments: TCU Mental Trauma and PTSD Screen

From the Inside Out

- Focuses on group members taking responsibility for their lives and recognizing the role of relationships in their functioning

- Learning objectives include identifying aspects of unhealthy interactions and improving their ability to recognize their role in such
- Outcome Assessments: Conflict Resolution Questionnaire, Relational Assessment Questionnaire

Stop The Anger Now

- Focuses on improving a group members ability to cope with anger in a prosocial manner
- Learning objectives for the first section of this program focus on learning prevention strategies
- Outcome Assessments: The Clinical Anger Scale

Mindfulness Based Stress Reduction

- Focuses teaching group members to use mindfulness skills to reduce the negative impact of stress in their lives
- Learning objectives include identifying the connection between stress related thoughts and negative stressful responses
- Outcome Assessments: Mindfulness Attention Awareness Scale (MAAS)

ADULT CURRICULA AND PRE/POST TEST ASSESSMENT INSTRUMENT REFERENCES

Anger Management for Substance Abuse and Mental Health Clients

Reilly PM, Shopshire MS, Durazzo TC, and Campbell TA. *Anger Management for Substance Abuse and Mental Health Clients: Participant Workbook.* HHS Pub. No. (SMA) 12-4210. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2002.

Snell, W. E., Gum, S., Shuck, R. L., Mosley, J. A. and Kite, T. L. (1995), The clinical anger scale: Preliminary reliability and validity. J. Clin. Psychol., 51: 215–226. doi:10.1002/1097-4679(199503)51:2<215::AID-JCLP2270510211>3.0.CO;2-Z

Beyond Anger

Harbin, T.J. (2000). *Beyond anger: A guide for men: How to free yourself from the grip of anger and get more out of life.* New York, NY: Avalon.

Snell, W. E., Gum, S., Shuck, R. L., Mosley, J. A. and Kite, T. L. (1995), The clinical anger scale: Preliminary reliability and validity. J. Clin. Psychol., 51: 215–226. doi:10.1002/1097-4679(199503)51:2<215::AID-JCLP2270510211>3.0.CO;2-Z

Beyond Trauma

Covington, S. S. (2016). *Beyond trauma: A healing journey for women.* Center City, MN: Hazelden.

Institute of Behavioral Research. (2008). TCU Mental Trauma and PTSD Screen (TCU TRMAForm). Fort Worth: Texas Christian University, Institute of Behavioral Research. Available at ibr.tcu.edu.

Cognitive-Behavioral Social Skills Training for Schizophrenia: A Practical Treatment Guide

Granholm, E., McQuaid, J., & Holden, J. (2016). *Cognitive behavioral social skills training for schizophrenia: A practical treatment guide.* New York, NY: Guilford Press.

Institute of Behavioral Research. (2007). TCU Social Functioning (TCU SOCForm). Fort Worth: Texas Christian University, Institute of Behavioral Research. Available at ibr.tcu.edu.

CBT for Depression in Veterans

Wenzel, A., Brown, G. K., & Karlin, B. E. (2011). *Cognitive behavioral therapy for depression in veterans and military servicemembers: Therapist manual.* Washington, DC: U.S. Department of Veterans Affairs.

Rush, A. J., Trivedi, M. H., Ibrahim, H. M., Carmody, T. J., Arnow, B., Klein, D. K., … Keller, M. B. (2003). The 16-Item quick inventory of depressive symptomatology (QIDS), clinician rating (QIDS-C), and self-report (QIDS-SR): a psychometric evaluation in patients with chronic major depression. Biological Psychiatry, 54, 573-583.

The Complete Art of Assertiveness

Hermes, S. (1997). *The complete art of assertiveness: Practical skills for positive communication*. Center City, MN: Hazelden.

McCormick, I. A. (1985). A simple version of the Rathus Assertiveness Schedule. Behavioral Assessment, 7(1), 95-99.

Criminal and Addictive Thinking (A New Direction)

Minnesota Department of Corrections (2011). *A new direction: A cognitive behavioral treatment curriculum, Revised.* Center City, MN: Hazelden.

Knight, K., Garner, B. R., Simpson, D. D., Morey, J. T., & Flynn, P. M. (2006). An assessment for criminal thinking. Crime & Delinquency, 52 (1), 159-177.

Criminal Conduct and Substance Abuse

Wanberg, K. W., & Milkman, H. B. (2008). *Criminal conduct and substance abuse treatment-The provider's guide: Strategies for self-improvement and change; Pathways to responsible living* (2nd ed.). Thousand Oaks, CA: Sage Publications.

Knight, K., Garner, B. R., Simpson, D. D., Morey, J. T., & Flynn, P. M. (2006). An assessment for criminal thinking. Crime & Delinquency, 52 (1), 159-177.

Curriculum Based Motivation Group

Fields, A. E. (2005). *Curriculum-based motivation group: A five session motivational interviewing group intervention.* Vancouver, WA: Hollifield Associates.

Center for Substance Abuse Treatment. Enhancing Motivation for Change in Substance Abuse Treatment. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 1999. (Treatment Improvement Protocol (TIP) Series, No. 35.) Appendix B—Screening and Assessment Instruments. Available from: https://www.ncbi.nlm.nih.gov/books/NBK64976/

Dialectical Behavior Therapy

Linehan, M. M. (2015). *Skills training manual for treating borderline personality disorder* (2nd ed.). New York, NY: The Guilford Press.

Neacsiu, A. D., Rizvi, S. L., Vitaliano, P. P., Lynch, T. R., & Linehan, M. M. (2010). The Dialectical Behavior Therapy Ways of Coping Checklist (DBT-WCCL): Development and psychometric properties. Journal of Clinical Psychology, 66 (61), 1-20.

Brown, K.W. & Ryan, R.M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. Journal of Personality and Social Psychology, 84, 822-848.

Gratz, K. L. & Roemer, L. (2004). Multidimensional assessment of emotion regulation and dysregulation: Development, factor structure, and initial validation of the Difficulties in Emotion Regulation Scale. Journal of Psychopathology and Behavioral Assessment, 26, 41-54.

Drug and Alcohol Education Workbooks

Minnesota Department of Corrections (2011). *A new direction: A cognitive behavioral treatment curriculum, Revised.* Center City, MN: Hazelden.

Center for Substance Abuse Treatment. Enhancing Motivation for Change in Substance Abuse Treatment. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 1999. (Treatment Improvement Protocol (TIP) Series, No. 35.) Appendix B—Screening and Assessment Instruments. Available from: https://www.ncbi.nlm.nih.gov/books/NBK64976/

Emotional Empowerment Program

Wood, D., Khilnani, S., & Fulks, T. (2013). *Emotional empowerment program.* Brentwood, TN: Corizon Health.

Gratz, K. L. & Roemer, L. (2004). Multidimensional assessment of emotion regulation and dysregulation: Development, factor structure, and initial validation of the Difficulties in Emotion Regulation Scale. Journal of Psychopathology and Behavioral Assessment, 26, 41-54.

The Emotion Regulation System for Cognitively Challenged Clients

Brown, J. F. (2015). *The emotion regulation skills system for cognitively challenged clients: A DBT®-informed approach.* New York, NY: Guilford Press.

Gratz, K. L. & Roemer, L. (2004). Multidimensional assessment of emotion regulation and dysregulation: Development, factor structure, and initial validation of the Difficulties in Emotion Regulation Scale. Journal of Psychopathology and Behavioral Assessment, 26, 41-54.

Foundations of Character

Fulks, T. (2014). *Foundations of character*. Brentwood, TN: Corizon Health.

Knight, K., Garner, B. R., Simpson, D. D., Morey, J. T., & Flynn, P. M. (2006). An assessment for criminal thinking. Crime & Delinquency, 52 (1), 159-177.

From the Inside Out (Relationships)

Larsen, E. (1999). *From the inside out: Taking personal responsibility for relationships in your life.* Center City, MN: Hazelden.

Snell, W. E., Jr., & Finney, P. D. (1993). Measuring relational aspects of the self: Relational-esteem, relational-depression, and relational-preoccupation. Contemporary Social Psychology, 17, 44-55. Henning, M. (2004). Reliability of the Conflict Resolution Questionnaire: Considerations for using and developing internet-based questionnaires. Internet and Higher Education, 7(3), 247-258. Retrieved from https://www.learntechlib.org/p/102643/.

Integrated Dual Disorders Treatment

Fox, M.B. (2015). *The Integrated Dual Disorders Treatment (IDDT) recovery life skills program, Revised: A group approach to relapse prevention and healthy living*. Center City, MN: Hazelden.

Center for Substance Abuse Treatment. Enhancing Motivation for Change in Substance Abuse Treatment. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 1999. (Treatment Improvement Protocol (TIP) Series, No. 35.) Appendix B—Screening and Assessment Instruments. Available from: https://www.ncbi.nlm.nih.gov/books/NBK64976/

A Mind Frozen in Time

Crosby, J.P. (2008*). A mind frozen in time: A PTSD recovery guide*. Indianapolis, IN: Dog Ear Publishing.

Institute of Behavioral Research. (2008). TCU Mental Trauma and PTSD Screen (TCU TRMAForm). Fort Worth: Texas Christian University, Institute of Behavioral Research. Available at ibr.tcu.edu.

Mindfulness-Based Stress Reduction

Stahl, B., & Goldstein, E. (2010). *A mindfulness-based stress reduction workbook.* Oakland, CA: New Harbinger.

Brown, K.W. & Ryan, R.M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. Journal of Personality and Social Psychology, 84, 822-848.

Mind Over Mood

Greenberger, D., & Padesky, C. A. (2015). *Mind over mood: Change how you feel by changing the way you think (*2nd ed.). New York, NY: Guilford Press.

Rush, A. J., Trivedi, M. H., Ibrahim, H. M., Carmody, T. J., Arnow, B., Klein, D. K., … Keller, M. B. (2003). The 16-Item quick inventory of depressive symptomatology (QIDS), clinician rating (QIDS-C), and self-report (QIDS-SR): a psychometric evaluation in patients with chronic major depression. Biological Psychiatry, 54, 573-583.

Positive Psychology Group Therapy for Long-Term Incarceration

Chahine, A. D. (2014). *Positive psychology group therapy for long-term incarceration.* North Charleston, SC: CreateSpace Independent Publishing Platform.

Watson, D., & Clark, L. A. (1994). The PANAS-X: Manual for the Positive and Negative Affect Schedule-Expanded Form. Ames, IA: The University of Iowa.

Relapse Prevention Therapy

Parks, G. A., & Marlatt, G. A. (1999). Relapse prevention therapy for substance-abusing offenders: A cognitive-behavioral approach. In E. Latessa (Ed.), *What works: Strategic solutions: The International Community Corrections Association examines substance abuse* (pp. 161-233). Lanham, MD: American Correctional Association.

Center for Substance Abuse Treatment. Enhancing Motivation for Change in Substance Abuse Treatment. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 1999. (Treatment Improvement Protocol (TIP) Series, No. 35.) Appendix B—Screening and Assessment Instruments. Available from: https://www.ncbi.nlm.nih.gov/books/NBK64976/

Relapse Prevention Workbook

Minnesota Department of Corrections (2011). *A new direction: A cognitive behavioral treatment curriculum, Revised*. Center City, MN: Hazelden.

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Minnesota Department of Corrections (2011). *A new direction: A cognitive behavioral treatment curriculum, Revised*. Center City, MN: Hazelden.

Knight, K., Garner, B. R., Simpson, D. D., Morey, J. T., & Flynn, P. M. (2006). An assessment for criminal thinking. Crime & Delinquency, 52 (1), 159-177.

Seeking Safety

Najavits, L.M. (2002). *Seeking safety: A treatment manual for PTSD and substance abuse*. New York: Guilford Press.

Institute of Behavioral Research. (2008). TCU Mental Trauma and PTSD Screen (TCU TRMAForm). Fort Worth: Texas Christian University, Institute of Behavioral Research. Available at ibr.tcu.edu.

Socialization (A New Direction)

Minnesota Department of Corrections (2011). *A new direction: A cognitive behavioral treatment curriculum, Revised*. Center City, MN: Hazelden.

Institute of Behavioral Research. (2007). TCU Social Functioning (TCU SOCForm). Fort Worth: Texas Christian University, Institute of Behavioral Research. Available at ibr.tcu.edu.

Start Now

Sampl, S., Trestman, R., & Krauss, W. (2013). *START NOW facilitator manual*. Farmington, CT: University of Connecticut Health Center.

Knight, K., Garner, B. R., Simpson, D. D., Morey, J. T., & Flynn, P. M. (2006). An assessment for criminal thinking. Crime & Delinquency, 52 (1), 159-177.

TCU Relationships

Bartholomew, N. G., & Simpson, D. D. (1996). *Time out! For men: A communication skills and sexuality workshop for men*. Fort Worth, TX: Texas Institute of Behavioral Research.

Bartholomew, N. G., & Simpson, D. D. (2005). *Ideas for better communication: A collection of materials for leading counseling sessions on ways to improve relationships through communication*. Fort Worth, TX: Texas Institute of Behavioral Research.

Snell, W. E., Jr., & Finney, P. D. (1993). Measuring relational aspects of the self: Relational-esteem, relational-depression, and relational-preoccupation. Contemporary Social Psychology, 17, 44-55. Henning, M. (2004). Reliability of the Conflict Resolution Questionnaire: Considerations for using and developing internet-based questionnaires. Internet and Higher Education, 7(3), 247-258. Retrieved from https://www.learntechlib.org/p/102643/.

Thinking for a Change

Bush, J., Glick, B., & Taymans, J. (2017) *Thinking for a change*. Washington, DC: National Institute of Corrections.

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Trauma Recovery and Empowerment Model

Harris, M. (1998). *Trauma recovery and empowerment: A clinician's guide to working with women in groups.* New York: The Free Press.

Institute of Behavioral Research. (2008). TCU Mental Trauma and PTSD Screen (TCU TRMAForm). Fort Worth: Texas Christian University, Institute of Behavioral Research. Available at ibr.tcu.edu.

Trauma Resolution Program

Corizon Health. (2013). *Trauma resolution program*. Brentwood, TN.

Institute of Behavioral Research. (2008). TCU Mental Trauma and PTSD Screen (TCU TRMAForm). Fort Worth: Texas Christian University, Institute of Behavioral Research. Available at ibr.tcu.edu

Values and Personal Responsibility

Minnesota Department of Corrections (2011). *A new direction: A cognitive behavioral treatment curriculum, Revised*. Center City, MN: Hazelden.

Knight, K., Garner, B. R., Simpson, D. D., Morey, J. T., & Flynn, P. M. (2006). An assessment for criminal thinking. Crime & Delinquency, 52 (1), 159-177.

JUVENILE CURRICULA AND PRE/POST TEST ASSESSMENTS

Anger Management

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The Clinical Anger Scale: Construct, Measurement, Reliability, and Validity.
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CURRICULUM-BASED MOTIVATION GROUP

A Five Session Motivational Interviewing Group Intervention

Ann Fields, MSE, CADC III

Curriculum-Based Motivational Group

Developed by

Ann Fields, MA, CADC III, CGAC II
Portland, Oregon
2004

The contents of this manual are the sole property of the author. Practitioners who receive this curriculum through training workshops or purchased directly from Hollifield Associates are given permission to utilize the curriculum/ handouts within their practice domain. If the curriculum is to be utilized in the development of future materials, please cite the author accordingly.

A MODEL FOR BROAD APPLICATION

THIS CURRICULUM – BASED MOTIVATION GROUP MODEL HAS BROAD APPLICATION FOR ALL TREATMENT PROVIDERS, COUNSELORS, THERAPISTS, EDUCATORS AND OTHER HUMAN SERVICE PRACTITIONERS.

IT ALLOWS FOR THE FACILITATION AND IMPLEMENTATION OF MOTIVATIONAL INTERVIEWING STRATEGIES WITHIN **FIVE GROUP SESSIONS**.

THIS GROUP PROCESS AND APPROACH ELICITS AND EFFECTS POSITIVE CHANGE IN THE LIVES OF PEOPLE STRUGGLING WITH LIFE CHOICES AND PERSONAL BEHAVIOR, AFFECTING THEIR OVERALL HEALTH, WELLBEING AND FUNCTIONING.

***Note – Throughout this manual "changing your behavior" can be any behavior / life change (i.e. anger, addictions, leaving an abusive relationship, illegal behaviors, taking medications, and managing health concerns, changing careers and going back to school).**

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Ann Fields
January, 2004

This document represents Ann Fields' move from practitioner to information disseminator. Ann has used and refined this model through her years of clinical practice. She has trained various groups in the theory and practice of motivational interviewing. In this endeavor she presents in a concrete and explicit way, the structure she uses in her groups.

This document is designed to be a manual for practitioners, with all of the details provided, including the paperwork and logistical tips she has learned through trial and error. It will be most successfully utilized in the context of being trained with the model and receiving this manual as part of the training. We are not naïve enough to think that will always happen. So it is very complete. People with some training and appreciation for motivational interviewing will also readily apply it. But Ann has painstakingly provided the conceptual models for every action taken. People with little background in MI will learn and *experience* MI if they take the direction provided here.

It has been my pleasure to help Ann put this on paper in a form designed to help train others. For my experience in this project, I saw the articulateness and thoughtfulness that went into each element of the group. Every action was calculated in service to the enhancement of client motivation. Ann has done her homework. Practitioners will benefit and clients will benefit from her contributions to helping people with problem behaviors change.

Finally, this manual, with its use of motivational interviewing, gets counselors back to the basics. This model requires that counselors once again, listen and listen deeply to their clients and use what they hear to motivate change. It is client centered, but it is certainly not non-directive.

Nikki Johnson, MA
Daystar Education Associates

Why design a motivational group?

I took William Miller's first training for trainers in 1993. When I began to utilize a motivational style and motivational strategies with my individual clients, I saw how effecting change was a process. It became clear to me that Motivational Interviewing (MI) could be utilized in a variety of settings with diverse client populations and with diverse needs. I explored research-based conceptual models for understanding motivation and developed exercises to be facilitated with an MI approach. I found these exercises to be revealing, eliciting problem recognition, discrepancies, change talk and affecting the client's process of change.

In 1996 I was working in a gambling addiction agency where clients had weekly individual counseling. As the political climate changed and the budgets cuts greater, group counseling became the primary modality available. It was during this time that I started to explore how I could utilize motivational interviewing strategies in a group format. The research stated MI improved treatment retention by decreasing resistance and enhancing client motivation and commitment for change. I selected the exercises I had designed from the conceptual models for understanding motivation that would effect client movement in the earlier stages of change. I began formulating the rationale for the group, its purpose, and a description of the mindset needed to facilitate a motivational group. What resulted was a five-week group, with sessions lasting one and a half hours, once per week. This was an open group, where new members could join at any time. The group was utilized for clients at various stages of change. The group consisted of 1) clients at the beginning of their treatment, who were not ready for action, and /or for 2) clients in the middle of their treatment, who started out in action, but were showing signs of ambivalence and 3) for clients at the end of their treatment for closure and recommitment to their goals. It became a very powerful group, assisting clients in resolving their ambivalence about change and/or enhancing their intrinsic desire for change.

Conceptual Models For Understanding Motivation: A Review

How I utilized conceptual models for understanding motivation in my curriculum and with my clients.

1. <u>Stages of Change</u> – Prochaska & DiClemente's process of change (1991) defined several stages through which people <u>normally</u> pass in the process of changing.

Both counselors and clients need to be educated regarding the stages of change. Counselors need to understand the change process to: 1) normalize where clients are in the process of change and 2) to utilize appropriate strategies to assist clients in moving through the different stages. Clients need to understand the change process to normalize what they may experience related to changing a particular behavior.

CURRICULUM:

- ***Session One – Orientation / Pre – Assessment Exercises***: The counselor will educate new clients on the Stages of Change. Clients assess where they are on the change wheel.

- ***Session Five – Vision / Post – Assessment Exercises***: The Stages of Change are utilized with clients as a Post – self-assessment exercise to compare with their Pre-self-assessment exercise they completed in Session One. During this time clients are able to identify their movement in the change process, as forward, backward, or the same.

2. <u>Conflict – ambivalence</u> – In conflict situations, ambivalence is a normal, defining condition of the stage of contemplation, and is a key obstacle to change.

Both counselors and clients need to understand that feeling two ways about changing a behavior is normal. It is up to counselors to assist clients in clarifying and resolving their ambivalence through the use of appropriate strategies. Ambivalence is not resistance.

CURRICULUM:

- ***Session One - Orientation***: The counselor will normalize ambivalence when he/she is educating clients about the stage of contemplation in the wheel of change.

- ***Session Three - Pros & Cons***: The counselor will also facilitate clients in weighing both sides of their ambivalence, related to the costs and benefits of their behavior.

3. **<u>Health Beliefs Model</u>** – Ronald Rogers Protection Theory (1976) states motivation for change depends upon the presence of a sufficient degree of perceived risks, in combination with sufficient self-efficacy.

Both counselors and clients need to understand that for change to occur, clients need to: 1) become aware of the possibility of risks and/or the severity of risks, if they continue to engage in a particular behavior and 2) their degree of self-efficacy. If clients have low self-efficacy, their belief that change is possible will be low. Counselors need to utilize appropriate strategies to increase clients' awareness of risks and assess clients' degree of self-efficacy, for change to occur.

CURRICULUM**:**

- ***Session One – Orientation / Pre-Assessment Exercises:*** *The counselor educates clients about the importance of becoming aware of risks and self-efficacy, when discussing the process of moving from contemplation to preparation in the Stages of Change. The counselor also provides clients with two self- assessment exercises to raise their awareness of risks and rate their degree of self-efficacy: 1)* ***Areas of Impact*** *– To assess the degree of impact their particular behavior has had on the different areas of their lives. 2)* ***Commitment / Confidence Rating*** *– To rate their commitment level to change their behavior and rate their confidence level, that they have the skills to change their behavior.*

- ***Session Two – Feelings Exercise 2:*** *Clients become aware of their feelings related to the different areas of their lives that have been impacted by their behavior.*

- ***Session Three – Pros & Cons Exercise:*** *Clients become aware of the pros and cons of their behavior. Clients identify and clarify their short-term pros. The counselor assists clients in identifying and clarifying ways they have successfully avoided and/or altered their short-term pros. The counselor also addresses client's degree of self-efficacy by affirming and reflecting what has worked and by providing additional options and choices.*

4. **Decisional Balance** – Janis & Mann (1977). Decision is a process of weighing the pros & cons of change cognitively.

Counselors need to assist their clients in weighing out the short and long term pros and cons of continuing their behavior. This helps clients clarify and assess their need for change. They weigh the different factors that do or do not support their behavior. With the use of appropriate MI strategies, this problem-solving skill can allow for decision-making that leans toward change, based on clients' own arguments for change.

CURRICULUM:

- ***Session Three – Pros & Cons:*** *The counselor will ask the group to brainstorm the short and long-term pros and cons of continuing their behavior.*

5. **Reactance** – Brehm Theory (1981). When behavioral freedom and autonomy are threatened, the probability and perceived desirability of the Uto-be-lostU behavior will increase.

Both counselors and clients need to understand that reactance is normal. Counselors need to expect and normalize feelings of reactance, especially when clients have been mandated to make a change. Counselors facilitate clients in expressing and clarifying those feelings of reactance. This process allows clients to take back ownership and responsibility for their own choices and decisions related to change.

CURRICULUM:

- ***Session One – Orientation / Pre-Assessment Exercises:*** *The counselor will educate new clients about reactance, and normalize their feelings related to being mandated to change. The counselor will have clients complete the* ***Freedom Exercise****, and have clients read out loud what they have written.*

- ***Session Two – Feelings Exercise 1:*** *Clients will identify and describe their feelings related to being mandated to change.*

6. **Self-Perception Theory** – D. J. Bem (1972). When people publicly take a position, their commitment to that position increases.
   ***It is the client who should present the argument for change.**

Counselors need to utilize MI strategies throughout the group process. Counselors will listen, reflect and affirm change talk. The exercises are designed to elicit change talk. Clients reading out loud what they write solidify their own arguments for change.

CURRICULUM:

All exercises are designed to evoke change talk: problem recognition, areas of concern, intentions to change and optimism about the possibility of change. Clients read all completed exercises out loud. This process increases clients' commitments to making change. The counselor also reflects and affirms the clients' commitments. Clients may hear their change talk again by listening to other clients who may give voice to similar reasons for change.

7. **Self-Regulation Theory** – F.H. Kanfer (1986). To trigger change, one would seek to increase the discrepancy between current status and goal. **"Where I see myself going & where I want to be."**

Counselors will utilize the exercises to increase clients' awareness of the discrepancies between current status and goal. The feelings exercises, values clarification and vision exercises, increase clients' awareness of the discrepancies between status and goal and trigger intrinsic desires for change.

CURRICULUM:

- **Session Two-Feelings Exercise 1 & 2:** *Clients are able to clarify feelings related to external mandates to change and feelings related to internal desire for change.*

- ***Session Four – Values Exercise 1:*** *Clients will identify, prioritize and define their top six values. Clients are then asked to describe how their behavior impacts each of their values and/or which of their values support their behavior. The counselor allows clients to experience the feeling of discomfort related to the discrepancy between their behavior and values.*

- ***Session Five – Vision / Post-Assessment Exercises:*** *Clients present their vision of possible changes and improvements in various areas of their lives that were impacted by their behavior. They will describe their feeling and values related to those changes.*

8. **<u>Value Theory</u>** – M. Rokeach (1979). The Nature of Human Values. Rokeach conceptualized personality as hierarchically organized:

Immediate Behavior & Cognitions
Individual Attitudes
Beliefs
Core Values
Sense of
Personal
Identity

"The further 'in' the shift occurs, the more sweeping will be the resulting change."

CURRICULUM:

- ***Session Four – Values Exercise 1:*** *Clients will identify, prioritize and define their top six values. Clients are then asked to describe how their behavior impacts each of their values and/or which of their values support their behavior. The counselor allows clients to experience the feeling of discomfort related to the discrepancy between their behavior and values.*

- ***Exercise Four – Values Exercise2 (Homework):*** *Clients are asked to keep their values in mind for one week and describe the behaviors and/or activities that they engaged in that support each of their values.* ***This exercise allows clients to experience how it feels to decrease the discrepancy between their behavior and values.***

If we understand these conceptual models we have a framework for facilitating motivation and effecting change. William Miller's research showed that a therapist can significantly influence client motivation. "Motivation is not seen as a client trait but the interpersonal process between therapist and client." "How a therapist thinks about motivation and change greatly influences what a therapist does."

I have been inspired and motivated with the results of this process. It returns us to the basics of client centeredness where respect and positive regard of each individual is paramount. MI provides a structure that gives responsibility back to the client for change, relieving counselors of that assumed "burden." Once clients have made a commitment for change, counselors can more successfully provide support and strategies to assist clients in achieving their goals.

Curriculum Outline
For Each Session

OPEN GROUP FORMAT

The Orientation (session one) must be held at a separate time from the motivation group (sessions two-five). All new members must complete the Orientation (session one), before starting the motivation group (sessions two-five). This format allows the motivation group to remain open for new members. Depending on client flow, having an Orientation Session scheduled every week may be necessary.

The client's final session is their presentations of "the vision" they have completed as homework. If clients come for their final session without completing it, they should complete it while the rest of the group is working on a different exercise and present it at the end of group. They will stay after group to complete their post assessment exercises and review them with the facilitator.

SESSION ONE: Orientation

Time Allowed: One hour

Rationale

Based on Daryl Bem's Self-Perception Theory (1972), people learn what they believe in the same way others do, by hearing themselves talk. Facilitating a motivational group allows this process to occur. At orientation, the facilitator starts the process through the use of self-assessment exercises, inherent in the process is the expectation that clients will read what they have written out loud. When people publicly take a position, their commitment to that position increases. It is the clients who should present their arguments for change. Let clients confront their own arguments for change. Allow for discrepancies to build. To confront means to bring together for close examination.

Purpose of this session

The purpose of this session is to prepare the client for the MI group. To do so, the client is informed about group norms, which include: group ethics, self-assessment exercises and the schedule for group attendance. The client is provided an overview of the process they will go through, timeline, material, how materials will be kept from week to week. During this session, the client's baseline level of motivation and confidence will be measured. The client will be oriented to the MI philosophy and become clear about what their next step in treatment will be.

Facilitator Mind Set

Facilitators engage clients by utilizing an empathetic style of reflective listening, accurate understanding, acceptance and respect. Roll with resistance. Trust the process (don't need to push it). The exercises elicit change talk. Listen for and affirm change talk. Let clients hear themselves. Know when to be quiet. Don't debate, argue or confront.

Materials needed for this session

Supplies: folders, pens, clipboards, dry erase board and dry erase pen.

Client Handouts

Group Norms
Facilitator philosophy
Freedom handout
Purpose of the group

Areas of Impact
Stages of Change
Self-Commitment rating
Treatment plan
Group Summary

Other Paperwork

Client sign in sheet
Roster/tracking sheet

Procedures

1. Set up chairs in a circle. Have all chairs the same.

2. Put facilitator name, name of group and the next day and time of group on the board.

3. Have clients sign-in and as the facilitator checks the roster, (Sign-In Handout and Roster are located at the back of this manual, under Forms).

4. Introduce self and the Orientation session by saying, "I will review with you the group norms, expectations and group process. I will also have you complete some self assessment exercises."

5. Have clients briefly introduce themselves: their name, why they are in group, who their counselor is and if they are attending any other groups.

6. Review **Handout 1- Group Norms (p.19)**. The facilitator will review each item on the ethics section, focusing on safety and honesty. Emphasize that honesty plays an important role in this group. Clients will be given an exercise to complete each time they come to group. The more honest clients are in completing their exercises, the more they will gain from the exercises.

7. Distribute a folder to each participant. Have them put their name on it. Explain that you will make copies of the completed exercises at the end of each group, but clients will keep the originals in their folder. The facilitator will offer to keep client's folders week to week or clients can choose to take their folders with them, as long as them bring them to group each week.

8. Continue on with the handout, emphasizing attendance policy. Clients will be allowed only one excused absence, if they call in advance. Emphasize the importance of attending each group, over the next four weeks, so they can benefit from the accumulative effect of the exercises.

9. The facilitator will explain the group process. Even though clients will be in a group setting, they will be doing their own individual work. No cross talk or debating what people say or write is allowed. This provides safety, so clients can speak freely and write what is on their mind. Everyone will complete the exercise and then read it out loud. Spelling and grammar don't matter. They will benefit from hearing themselves read out-loud, what they have written. Explain, that at times, is it is like a one room schoolhouse, where people will be working on different exercises during the same group session.

   Highlight the basic process for each week:
   a. Sign in
   b. Check in (5 minutes total)
   c. Reflect on Change (Quote)
   d. Homework Review
   e. Explain the group exercise.
   f. Participants do the exercise.
   g. Participants will read their exercises out loud
   h. Participants will fill out the group summary, while facilitator makes copies of the exercises.
   i. Hand back originals for clients to put into their folders. Collect group summaries. Collect folders.

10. Review **Handout 2 – Philosophy (p.20).** The facilitator talks about self and philosophy of working with people. Emphasize experience in various settings. Labeling does not work. Express desire to get to know who each of them is.

11. The facilitator discusses feelings related to being mandated or leveraged to change. Brehm's (1981) Reactance Theory states, that perceived threats to personal freedom and choice will elicit behaviors designed to demonstrate and restore that freedom. When behavioral freedom and autonomy are threatened, the probability and perceived desirability of the to-be-lost behavior will increase. It is normal to feel resistant when independence

and freedom of choice have been taken away. Recognize that most people make changes on their own. The purpose of this group process is to decide what each of them wants to do, even if a System (i.e. Legal, Child Welfare, Medical, and Mental Health) is mandating them to make changes. Whether or not they want to change is their choice**.**

12. Review **Handout 3 – Freedom Exercise (p.22)**. Spend the next few minutes answering the four questions. (5 minutes) Individual clients will read all their answers on the page, before going to the next person. For each person, on question four, where they rate their level of freedom, whatever number they circled, ask why it is not lower on the scale. Also ask what they would have to do to make it higher on the scale.

13. Distribute **Handout 4 – Purpose of Group (p.23).** Read it out loud to group. Ask them what they related to. If people are not focused on what they want to do, it will help them focus. If they have a focus, it will help them clarify it. Explain that getting involved with a System (i.e. Legal, Child Welfare, Medical, and Mental Health) may cause people to lose a sense of themselves, and they may end up doing whatever they think will get them through. This group gives them the opportunity to focus on themselves and what if anything they want to do, regarding changing their behavior.

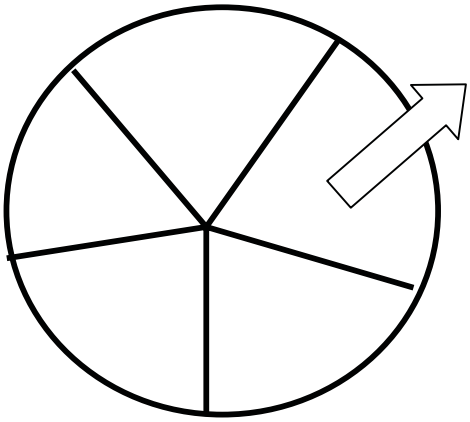
14. Distribute **Handout 5 – Areas of Impact (p. 25)**. Have them complete Part A first. When everyone is done, explain Part B. This is introduced with the phrase "Select from the list above the items you have circled 3 or 4. List those areas in order of importance." When everyone is finished, have them each read Part B (their prioritized list) out loud.

    Facilitator Hint: If they say they don't have any 3's or 4's, have them prioritize their twos. If they have all ones, don't worry about it (roll with resistance).

15. Review and discuss **Handout Wheel of Change (p.27).** This exercise is based on Prochaska and DiClemente's process of change, which defines several stages that people normally pass through in the process of changing their behavior. The facilitator explains, "I want you to understand how people change. It has been studied a lot, and recently studied how people struggling with addictions change. The researchers realized people change in similar ways, they go through stages".

Draw the wheel and write the stages of change on the board.
Educate clients on the wheel of change by describing each stage.
Use an example that is not a hot topic.

Precontemplation

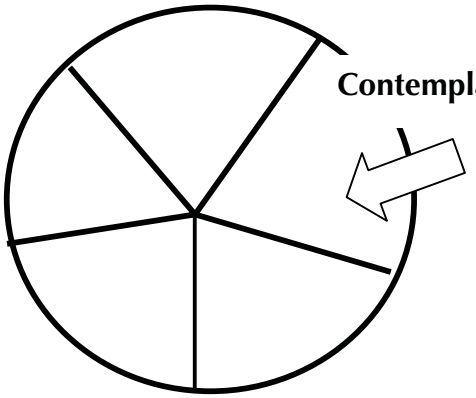


Example:

I have a car that keeps breaking down. My friends are giving me rides. My friends say, 'You need to get a new car'. I say, 'No I don't.'

This is Precontemplation. "I am hearing some concerns regarding my car, but I don't think I have a problem." This is an indication that this person has not entered the wheel.

Contemplation



Example:

Let's say my friends quit giving me rides. As a result I am late to work. My boss is upset with me. My kids aren't getting to their activities. And it is causing a safety issue, late on the road at night. I'm becoming aware of risks.

Once awareness of risks begins, people enter the wheel.
The first stage is Contemplation. In this stage people consider the possibility of change and at the same time, reject it. The primary feeling is ambivalence. In conflict situations, ambivalence is normal and is a critical obstacle to change. A person feels two ways about change. On one hand they think about the need for change. On the other hand, they reject it.

Example of ambivalence:

If my friends tell me the reasons I should get a new car, I will tell them all the reasons why I can't get a new car. And if they tell me why I shouldn't get another car, I will tell them all the reasons I should.

For a more serious problem, this is a painful place to be stuck**.**
(Ex. "These are the reasons I need to leave this relationship, and these are the reasons I don't").

People can become immobilized when feelings of ambivalence are left unresolved. Also in past treatment experiences, counselors or other people in authority may not have been aware of ambivalence as a normal stage of change and may have labeled clients as resistant.

Becoming aware of risks is not enough for change to occur. This is based on Ronald Rogers' Protection Motivation Theory, a health beliefs model. Motivation for change depends on the presence of a sufficient degree of perceived risk, in combination with sufficient self-efficacy. You need two things for change, awareness of risks and self-efficacy, the belief that change is possible.

Returning to my example of getting a new car:

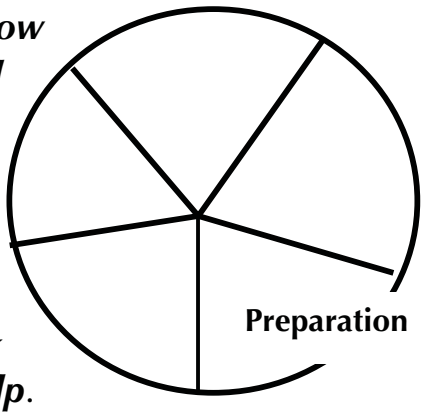
> **Example:** ***I don't know what to look for under the hood of a car, to make sure I'm getting a good one. I don't know how to talk to a car salesman, or go to the bank for a loan.***

If one doesn't know how to do these things, their self- efficacy is low. This means their belief that change is possible is low.

> **Example:** ***Now, let's say I tell a friend and my friend says, I know someone who is great with cars, give him a call. I make an appointment and I feel a little bit of hope.***

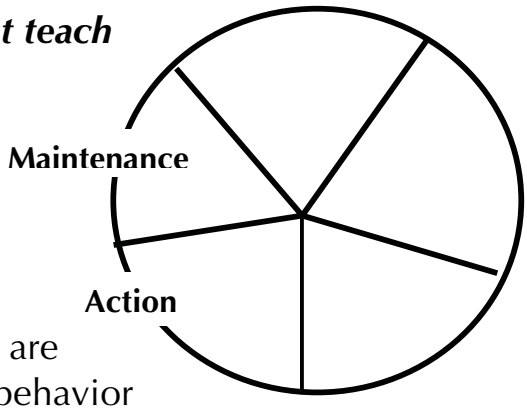
When this occurs, they move into Preparation stage – They are leaning toward the possibility of change. This stage provides a small window of opportunity. It can close as quickly as it opens.

> **Example:** ***Let's say my friend's friend doesn't show for the appointment to meet with me. How do I feel? Where might I go in the wheel? On the other hand, let's say he does show up and takes me to ten car lots and tells me what to look for under the hood of a car, and how to talk to a salesman and talk to a loan officer at a bank. Now I begin to feel hopeful and I think I can make the change with some additional help.***



As one's self-efficacy increases, they move from Preparation into Action. Most treatment agencies are *action* models. That means the minute a client walks through the door they expect them to be at the action stage.
But what if they are in *Pre-contemplation or Contemplation*? If they come to treatment in Pre-contemplation and/or Contemplation, they need to learn about risks and resolve their ambivalence. In Action they have made up their mind to change. They want to make a change. If they are in Action, treatment will teach them the strategies to make the change.

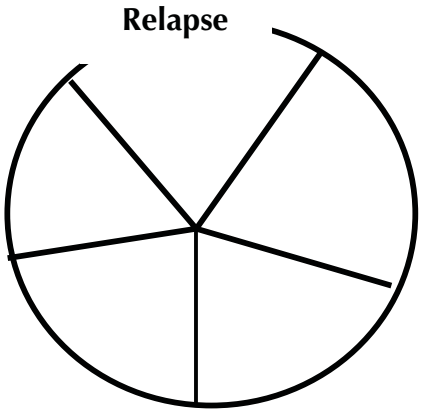
(Ex. I've already made my mind up to get a car; just teach me what I need to know to accomplish my goal).



Once clients have made changes in their behavior, they enter Maintenance. In the A&D treatment community, clients are considered in maintenance when they have abstained for 6-12 months. While in this stage, clients have achieved their initial goal and are working on other issues that were impacted by their behavior to help maintain their goal and keep their life moving forward.

Returning to my example***:***

Once I bought the car, I began to take care of other areas of my life. (i.e. making up time at work, and getting my kids back into their activities).



Most people don't change from point A to point B in a linear fashion. Change is a process. It is more like an upward spiral than a line. For example, most people who quit smoking try many times, before they finally quit. Each time leads them closer to their goal. In the next stage, notice that Relapse is in the wheel, as a normal part of the change process.

In the treatment community, relapse sometimes isn't handled well. It is not uncommon for clients to be sent to jail or kicked out of treatment, due to a relapse. After a relapse, people often experience a sense of hopelessness and despair and may give up on their goal. These internal attributions can be altered, by educating clients about relapse.

Counselors can say:

Relapse is normal. It is about returning to old patterns and behaviors in vulnerable times and situations. At those times and in those situations you weren't prepared to handle them differently. If you acknowledge your relapse and stay in the wheel, and keep your goal in mind, you can move through the stages. In Action, you can learn strategies to strengthen those vulnerable areas and situations to prevent relapse from happening again. You need strategies to learn how to handle things differently.

16. **Handout 6- Wheel of Change (p.27)** Ask everyone to shade in where they think they are on the wheel as of today. One can be a sliver of one stage and much of another. Acknowledge that change is a process. Where ever one is, is ok. Ask everyone to read or show where they are on the wheel.

17. **Handout 7 Commitment Rating** & **Confidence Rating (p.29)**. Have them rate their commitment level to accomplishing their goal, however they define it. Also have them rate their confidence level, how confident they feel that they have the skills to accomplish their goal. Group members read both ratings out loud.

18. Have clients hand in 4 exercises, (Handouts 3, 5, 6, & 7) making sure their names and the date is on them.

19. Have them read and sign the **Treatment Plans** – **Handout 8 (pg. 31),** that the facilitator prepared while they were doing the exercises. In addition, have them complete the **Handout - Group Summary (p.32).** Ask clients not to leave as you go make copies of their exercises.

20. Return their original exercises back to clients to put in their folders. Collect from clients their Group Summaries and Treatment Plans.

21. Remind them of the meeting time next week. Thank them for their work.

Group Norms

Group Ethics

Safety
Respect
Confidentiality
Honesty

Group Materials

Folder
Exercises

Group Time

1 x a week, for 4 weeks

Missed Appointments

Allowable, one—with advanced notice.

Where do I go after completing motivation group?

Group Process

Be in group on time.
Fill out Sign-in form
Identify clients who completed vision homework
Identify clients who will be receiving vision homework
Spend 5 minutes with group for check-in process
Review quote
Review completed homework
Counselor explains exercises
Clients do identified exercise
Clients present their exercises in group
Review homework
5 minute check-out process

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Counselor's Philosophy

Labels:

I'm not going to label you (e.g. a criminal, or an addict) or force you to accept a label because research does not support that as a way people change. Most people are concerned about being stigmatized and being labeled, because that is not ***who you are***. Just like if I had cancer; I would not like to be labeled the "cancer patient". If I had cancer, it may be something that affects different areas of my life, but it is not, ***who I am.*** My name is Ann Fields… that is who I am…and In this group I want to get to know who you are.

Mandated to Change:

All of you have been mandated or leveraged to change due to concerns regarding your behavior, past and/or present. Some of these concerns may not necessarily be your own.

When you are mandated or leveraged to change, your life may feel like it is not your own. It may feel confusing and frustrating; like your world has been turned upside down. Your choices and decisions don't feel like your own. Reactance is normal. In this group we will discuss your feelings related to being mandated or leveraged to change and explore what, if anything, you may want to do about making changes in your lives.

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Name: *John* Date: _____

FREEDOM

1. Describe your loss of freedom of choice and independence, once you entered the system, (i.e. Legal, DHS, Mental Health, and Medical).

Even though my freedom had been taken, I still acted as if I was free creating a much bigger problem.

2. What do you hope for and expect, regarding your freedom of choice and independence once you are no longer involved in the system?

True freedom/full freedom

3. What disappoints you now, regarding your freedom of choice and independence?

I'm still not free.

4. On a 1-10 scale, with 1 being no freedom and 10 being completely free, rate your sense of freedom of choice and independence as of today?

No freedom Totally free

0-------1-------2-------3-------④-------5-------6-------7-------8-------9-------10

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Name: _____ Date: _____

FREEDOM

1. Describe your loss of freedom of choice and independence, once you entered the system, (i.e. Legal, DHS, Mental Health, and Medical).

2. What do you hope for and expect, regarding your freedom of choice and independence once you are no longer involved in the system?

3. What disappoints you now, regarding your freedom of choice and independence?

4. On a 1-10 scale, with 1 being no freedom and 10 being completely free, rate your sense of freedom of choice and independence as of today?

No freedom Totally free

0-------1-------2-------3-------4-------5-------6-------7-------8-------9-------10

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Purpose of Group

This group is to help you gain back some control over your own choices and decisions about this time in your life, by giving you a chance to reevaluate your life, and what you may want to do about the concerns related to your behavior (i.e. anger, substance use, taking your medications, etc.). What you do with this information is up to you. The final choice and decisions about any changes you make in your lives is always your own.

Re Evaluation Process—When feelings of confusion, anger and fear appear, in response to the need for a change in your life; compounded with feelings of not knowing who you are anymore and the direction your life is going, it is difficult to know where to begin. Not knowing where to begin is very common and some of the universal questions people start asking are:

Who Am I?
Where Am I Going?
What Is My Purpose?
How Do I Get There?

The first step to help you find some answers to these questions is to go through this group.

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Pre-Assessment Exercise

Name: *John* **Date:**_____

Areas of Impact Assessment **(Part A)**

On a scale of 1-4, with 1 being the *least* impacted, and 4 being the *most,* please circle the level of negative impact your behavior has had on the different areas of your life.

Relationships	1	2	③	4
Work	1	②	3	4
Financial	1	②	3	4
Legal	1	②	3	4
Family	①	2	3	4
Education	1	②	3	4
Community	1	②	3	4
Physical Health	1	②	3	4
Emotional Health	1	2	③	4
Spirituality	①	2	3	4
Hobbies/Interests	1	2	③	4
Social Life	1	2	③	4
Character/Morals/Values	1	2	③	4
Self-esteem	1	②	3	4

(**Part B)** List the areas most impacted (3 or 4) by your behavior, in order of importance.

1. *relationships*
2. *character, morals, values*
3. *emotional health*
4. *hobbies, interests*
5. *social life*
6.
7.

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Pre Assessment Exercise

Name: _____ Date:_____

Areas of Impact Assessment **(Part A)**
On a scale of 1-4, with 1 being the *least* impacted, and 4 being the *most,* please circle the level of negative impact your behavior has had on the different areas of your life.

Relationships	1	2	3	4
Work	1	2	3	4
Financial	1	2	3	4
Legal	1	2	3	4
Family	1	2	3	4
Education	1	2	3	4
Community	1	2	3	4
Physical Health	1	2	3	4
Emotional Health	1	2	3	4
Spirituality	1	2	3	4
Hobbies/Interests	1	2	3	4
Social Life	1	2	3	4
Character/Morals/Values	1	2	3	4
Self-esteem	1	2	3	4

(Part B) List the areas most impacted (3 or 4) by your behavior, in order of importance.

1.

2.

3.

4.

5.

6.

7.

8.

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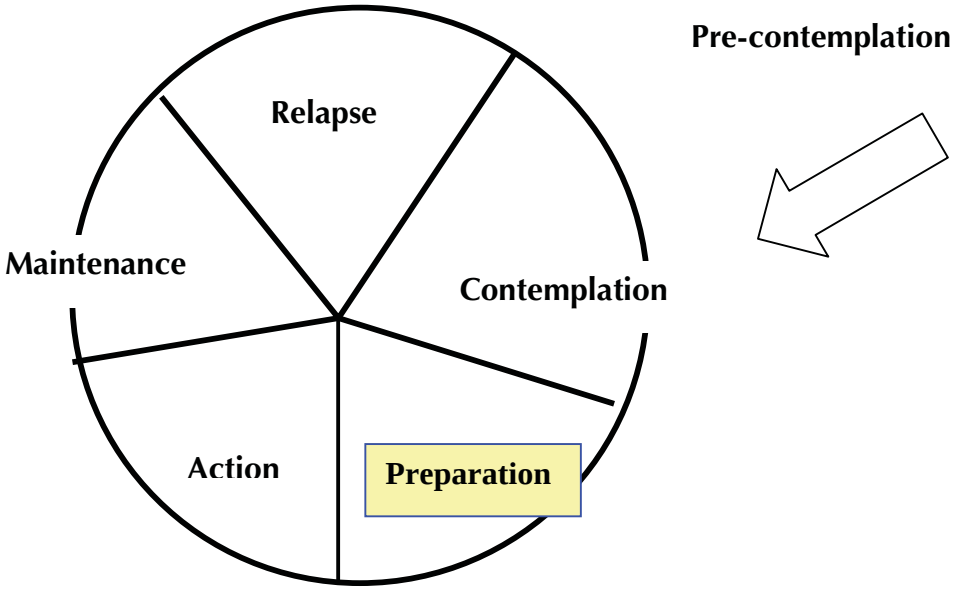
Pre-Assessment Exercise

Name: *John* **Date:** _____

PROCHASKA-DICLEMENTE'S WHEEL OF CHANGE

Please read the definition of each stage of change, written below, and shade in the area of the wheel that identifies where you are, in the process of changing your behavior.



The Six Stages Of Change:

1. Pre-contemplation-**You do not think that your behavior is a problem.**
2. Contemplation-**You are considering the possibility of changing your behavior and at the same time rejecting the idea of change.**
3. Preparation-**You are leaning toward change, seriously considering no longer engaging in your behavior.**
4. Action-**You are taking steps to no longer engage in your behavior.**
5. Maintenance-**You are identifying and using strategies to prevent relapse and addressing other areas of your life.**
6. Relapse-**You are renewing the processes of contemplation, preparation and action and not giving up on your goal**.

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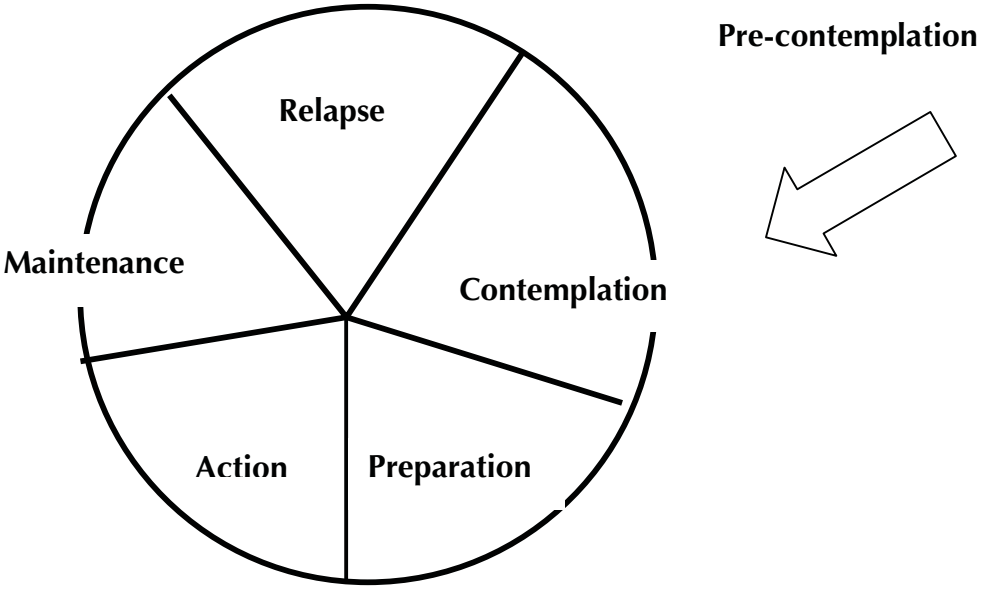
Pre-Assessment Exercise

Name:_____ Date: _____

PROCHASKA-DICLEMENTE'S WHEEL OF CHANGE

Please read the definition of each stage of change, written below, and shade in the area of the wheel that identifies where you are, in the process of changing your behavior.



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4. Action-**You are taking steps to no longer engage in your behavior.**

5. Maintenance-**You are identifying and using strategies to prevent relapse and addressing other areas of your life.**

6. Relapse-**You are renewing the processes of contemplation, preparation and action and not giving up on your goal**.

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Pre-Assessment Exercise

Name: *John* Date: _____

Self-Commitment Rating

At this moment, how important is it to you to change your behavior? How hard are you willing to work and how much are you willing to do? Answer this question by writing a number from 0-100 in the designated space below, using the following scale as a guide.

1	25	50	75	100
Not important at all	**Less important than most other things I would like to achieve**	**About as important as most of the other things I would like to achieve**	**More important than most of the other things I would like to achieve**	**The most important thing in my life**

Write your goal importance rating (from 0-100) here: 65%

Self-Confidence Rating (Do I believe I can succeed?)

How confident are you that you could make a change if you wanted to? Answer this question by writing a number from 0-100 in the designated space below, using the following scale as a guide.

0%	50%	100%
Not at all confident that I will achieve my goal	**50-50 chance I will achieve my goal**	**Totally Confident I will Achieve my goal.**

Write your confidence rating (from 0% - 100%) here: 100%

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Pre-Assessment Exercise

Name: _____ Date: _____

Self-Commitment Rating

At this moment, how important is it to you to change your behavior? How hard are you willing to work and how much are you willing to do? Answer this question by writing a number from 0-100 in the designated space below, using the following scale as a guide.

1	25	50	75	100
Not important at all	**Less important than most other things I would like to achieve**	**About as important as most of the other things I would like to achieve**	**More important than most of the other things I would like to achieve**	**The most important thing in my life**

Write your goal importance rating (from 0-100) here: _____

Self-Confidence Rating (Do I believe I can succeed?)

How confident are you that you could make a change if you wanted to? Answer this question by writing a number from 0-100 in the designated space below, using the following scale as a guide.

0%	50%	100%
Not at all confident that I will achieve my goal	**50-50 chance I will achieve my goal**	**Totally Confident I will Achieve my goal.**

Write your confidence rating (from 0% - 100%) here: _____

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Treatment Plan

Name: *John* Date: 6/02/03

GROUP: MOTIVATION GROUP

GOAL: To increase awareness of risks, level of self-efficacy and intrinsic desire for change.

Objective	Activity	Responsible Party	Frequency	Date Completed
A. Taking steps to reduce and/or no longer engage in your behavior.	1. Self-reports last time engaged in behavior.	Client	1x/wk	
B. To assess stage of change, impact of behavior and level of commitment and confidence to making changes in your behavior.	2. Attend orientation prior to entering motivation group. Complete all pre-assessment exercises.	Client	1x	**6/2/03**
C. To increase awareness of risks of behavior and level of self-efficacy to change.	3. Attend all four motivation group sessions. Complete all group exercises and homework assignments.	Client	4x	
D. To reassess stages of change and commitment and confidence levels to making changes in your behavior and create a vision of the hoped for changes and improvements in the different areas of your life.	4. Complete post-assessment exercises and present vision	Client	1x	
E. To collaborate and plan your next steps.	5. Contact referral counselor / provider after completing group.	Client	1x	

John
Client signature

Counselor signature

6/2/03
Date

6/2/03
Date

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Treatment Plan

Name:_____ Date:_____

GROUP: MOTIVATION GROUP

GOAL: To increase awareness of risks, level of self-efficacy and intrinsic desire for change.

Objective	Activity	Responsible Party	Frequency	Date Completed
A. Taking steps to reduce and/or no longer engage in your behavior.	1. Self-reports last time engaged in behavior.	Client	1 x wk	
B. To assess stage of change, impact of behavior and level of commitment and confidence to making changes in your behavior.	2. Attend orientation prior to entering motivation group. Complete all pre-assessment exercises.	Client	1 x	
C. To increase awareness of risks of behavior and level of self-efficacy to change.	3. Attend all four motivation group sessions. Complete all group exercises and homework assignments.	Client	4 x	
D. To reassess stages of change and commitment and confidence levels to making changes in your behavior and create a vision of the hoped for changes and improvements in the different areas of your life.	4.Complete post-assessment exercises and present vision.	Client	1 x	
E. To collaborate and plan next steps.	5. Contact referral counselor / provider after completing group.	Client	1 x	

_____ _____

Client signature **Counselor signature**

_____ _____

Date **Date**

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(Example)

Group Summary (Client Weekly Update)

GROUP: Motivation Group

Facilitator: _____ **Date:** 6/02/03

Client's Name: *John* **Group Time:** 90 minutes

Right now I'm feeling: *Nervous*

The topic of group today was: *Orientation, stages of change*

What I learned about myself in this session: *That it is normal to feel two ways about change.*

How I'm feeling about group now: *Looking forward to learning more.*

_____

Counselor Notes:

Facilitator Signature: _____ Date: _____

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SESSION TWO: Feelings

Time Allowed: 90 minutes

Rationale for this session

This session is designed to provide the opportunity to normalize reactance Brehm's Theory (1981) states that when behavioral freedom and autonomy are threatened, the probability and perceived desirability of the to-be-lost behavior will increase.

Purpose

This session helps move clients away from external mandates toward intrinsic desires for change. They need to vent their feelings about being mandated (whatever form the mandate takes). Also they may acknowledge feelings e.g. relief or worry, that suggest intrinsic awareness of their need for change. The process allows clients to begin to clarify need for change and articulate the feelings related to change.

The second exercise provides the opportunity to clarify feelings related to the areas of their lives they identified as impacted by their behavior in Session One. This adds another layer to the awareness for change and begins to evoke change talk.

Facilitator Mind Set

The facilitator engages clients by utilizing an empathetic style of reflective listening, accurate understanding, acceptance and respect. Roll with resistance. Trust the process (one doesn't need to push it). The exercises elicits change talk. Listen for and affirm change talk. Let clients hear themselves. Know when to be quiet. Don't debate, argue or confront. Remember reactance is normal. Clients need to present their own arguments for change.

Materials needed for this session

Supplies: folders, pens, clipboards, dry erase board and dry erase pen.

Client Handouts:

Feelings Exercise 1& 2. For **Exercise 2**, clients will need **Handout # 5**– Areas of Impact; the self-assessment that they completed in the Orientation session, located in their folder.

Group Summary

Other Paperwork:

Client Sign In sheet
Roster/tracking sheet
Vision homework: for clients completing their third group session.
Post Assessment Handouts 16-18 and **Client Satisfaction Survey Handout 19**, for clients presenting their Vision in this group.
Handouts 21 (Quotes) & **22** (Poem), for clients who have completed the Motivation Group.

Procedures

1. Clients sign in and the facilitator checks the roster. (Sign in sheet and Rosters**, pg. 94-95).**

2. The process for the check in is as follows: Name. Date of last time they engaged in their behavior. Why they are in the group. Identify other groups they may be attending and the counselors they see. Identify how they are feeling and how they are taking care of themselves. Check in with them to verify if they have done their homework. Notify those who are going to receive their vision homework to stay after group. Check in with the members who are completing the group to see if they have done their Vision Homework..

If they have not completed their Vision homework, they will do the Vision exercise **(Handout 20, pg.97-98)** in the final group session as part of their exercise. They will stay after group to complete the **Post-Assessment** exercises and compare their Pre and Post Assessment exercises with the facilitator. (Their **Pre Assessment exercises Handouts 5- 7**, are in their folders). Once they have completed the entire group, the facilitator will disperse **Handouts 21-** Quotes and **22** - Poem, (**pg. 85-86**). These two handouts are given as a form of closure and to say good-bye to each client.

3. Put the quote on the board. Ask them to reflect on the quote that is about change. Ask how they relate to the quote in terms of changes they have made in their life, now or in their past.

4. Review homework.

5. Distribute the **Post Assessment** exercises and **Client Satisfaction Survey** to those presenting their vision and completing the group. The **Post**

Assessment exercises are **Handouts 16-18** and **Client Satisfaction Survey**, **Handout 19**. All the handouts are to be completed in the group session.

6. Distribute the make-up exercise to the clients who have already completed this group exercise in a prior group session.

7. Distribute for this session, **Handout 9 – Feelings Exercise 1 & 2 (p.39 and p.40).** Instruct them to do the Feelings Exercise 1. The facilitator will read the directions on the handout to the group. As the clients are working on first exercise, the facilitator will explain the directions for the make-up exercises to the other clients.

8. Facilitating **Feelings Exercise 2**. The facilitator will have the clients retrieve the "Areas of Impact" exercise, they completed at Orientation **(Handout 5)** from their folder. The next step is to have them focus on (Part B) where they have prioritized and listed the areas of their lives impacted by their behavior. The task is to have them identify feelings related to each of the identified areas. Discussion of feelings will follow once all clients have completed the exercise.

9. The Group Process: The facilitator will have each member read out loud both the feeling words they circled and their paragraph from **Feelings Exercise 1.**

10. In the **Feelings Exercise 2**, the facilitator will explain to the clients that this exercise may bring up vulnerable feelings. It is important for everyone to trust the process and to let them hear themselves say out loud what they have written. Allow them time to describe their feelings related to the areas of their lives impacted by their behavior. If clients can only articulate a simple association (ex. Family: angry) that is "OK". Thank each person as they finish and move to the next individual. Once all the clients have had the opportunity to express themselves, let the session end. This allows them to experience the process. (Don't add something to fill time).

11. Have the clients doing make-up exercise present their work in the group session.

12. Have the members who are completing their final session, present their vision. Have them read their summary page and then their vision.

13. Have all the clients turn in their exercises. The clients will fill out the **Group Summary Sheet (pg.96)** while the facilitator makes copies of their exercises. The facilitator will return the original exercises back to the clients. Have the members put the originals back into the folders. The facilitator will collect the group summaries and folders as they leave.

14. The facilitator reviews the **Pre and Post Assessment** exercises with those clients who are completing their final session. The Pre-assessment exercises are in their folders. When a client completes their final session, they will receive their folder and a copy of the **Quotes (Handout 21)** and the **Poem (Handout 22).**

15. The clients that need to complete the Vision Homework **(Handout 20, pg. 97-98)** will remain after the group session to review the exercise with the facilitator. The clients will take out three exercises they have completed from their folder: **Areas of Impact** – (Part B), **Feelings** underlined**,** and the six **Values** they prioritized. From the exercises, the clients will complete the vision exercise summary sheet, (**pg 97).** The facilitator will review the direction under **Part B** of the Vision exercise for clients to complete at home**.**

Name: *John* Date: _____

Exercise 1. Review the list of feelings below and underline all the feelings you remember having on the day you were mandated or leveraged to change your behavior. After underlining your feelings, please write a short paragraph, on the following page, describing those feelings.

Exercise 2. Take the orientation exercise, **Areas of Impact,** out of your folder. Review the list of feelings below and write the feelings you are currently having next to each of the areas of your life that you prioritized on (Part B).

FEELINGS

Vulnerable	***Mad***	***Worried***	*Confused*	
Loss of Control	*Sad*	***Powerlessness***		
Empty	*Fearful*	*Frustrated*	*Rage*	
Startled	*Disappointed*	***Happy***	*Hopeless*	
Numb	*Irritated*	*Shocked*	*Angry*	*Jealous*
Restless	*Content*	*Belittled*	*Oppressed*	
Inadequate	*Stunned*	*Tired*	*Jumpy*	***Guilty***
Outraged	*Depressed*	***Satisfied***	*Invisible*	
Exhausted	*Remorseful*	*Glad*	***Embarrassed***	
Relaxed	***Anxious***	***Relief***	***Nervous***	

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Name: *John* Date: _____

FEELINGS

Vulnerable- after not complying with treatment the first time, I was given no choice but to engage in a group.

Worried-Had many concerns that this wouldn't be a program I could see myself completing.

Mad- That once again that I was finding myself back starting all over again.

Happy-That there was someone willing to work with me.

Powerlessness-Knew my options were completely worn out.

Guilty-Because I didn't give myself a real chance the first time.

Satisfied-Felt it was really a possibility.

Embarrassed -Because I have been still dealing with the same charge since 1998 and still haven't taken care of it.

Relaxed- Felt completely satisfied that my concerns were met.
Anxious- Eager to get started.

Relief– Because I truly felt like I could change.

Nervous- Because I know I am just one step away from everything I just left.

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Name: _____ Date: _____

Exercise 1. Review the list of feelings below and underline all the feelings you remember having on the day you were mandated or leveraged to change your behavior. After underlining your feelings, please write a short paragraph, on the following page, describing those feelings.

Exercise 2. Take the orientation exercise, **Areas of Impact,** out of your folder. Review the list of feelings below and write the feelings you are currently having next to each of the areas of your life that you prioritized on (Part B).

FEELINGS

Vulnerable	*Mad*	*Worried*	*Confused*	
Loss of Control	*Sad*	*Powerlessness*		
Empty	*Fearful*	*Frustrated*	*Rage*	
Startled	*Disappointed*	*Happy*	*Hopeless*	
Numb	*Irritated*	*Shocked*	*Angry*	*Jealous*
Restless	*Content*	*Belittled*	*Oppressed*	
Inadequate	*Stunned*	*Tired*	*Jumpy*	*Guilty*
Outraged	*Depressed*	*Satisfied*	*Invisible*	
Exhausted	*Remorseful*	*Glad*	*Embarrassed*	
Relaxed	*Anxious*	*Relief*	*Nervous*	

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Name: _____ Date: _____

FEELINGS

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Exercise 2

Name: *John* Date:_____

Areas of Impact Assessment (Part A)

On a scale of 1-4, with 1 being the *least* impacted, and 4 being the *most,* please circle the level of negative impact your behavior has had on the different areas of your life.

Relationships	1	2	③	4
Work	1	②	3	4
Financial	1	②	3	4
Legal	1	②	3	4
Family	①	2	3	4
Education	1	②	3	4
Community	1	②	3	4
Physical Health	1	②	3	4
Emotional Health	1	2	③	4
Spirituality	①	2	3	4
Hobbies/Interests	1	2	③	4
Social Life	1	2	③	4
Character/Morals/Values	1	2	③	4
Self-esteem	1	②	3	4

(Part B) List the areas most impacted (3 or 4) by your behavior, in order of importance.

1. *relationships—worried and disappointed*
2. *character, morals, values—empty*
3. *emotional health—sad, frustrated*
4. *hobbies, interests—worried and anxious*
5. *social life—nervous, confused, lonely*
6.
7.

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SESSION THREE: Pro's and Cons

Time Allowed: 90 minutes

Rationale

Janis and Mann's decisional balance theory (1977) states that decision -making is a process of weighing cognitively the pros and cons of change**.**

Purpose of this Session

This session focuses on client's ambivalence, the "good things" and "not so good things" about their behavior. It serves to develop an awareness of risks by weighing the costs and benefits of one's behavior. It also focuses on the client's ability to assess their degree of self-efficacy to change. Emphasis is placed on the power of the short term "pros" and options to successfully alter or avoid engaging in the behavior.

Facilitator Mind Set

Let the client do the identification. Listen for their identification of problems associated with their behavior (problem recognition). Affirm areas where the client is demonstrating strength in identifying options to avoid or alter behavior. Affirm the client's recognition of additional areas of concern. The facilitator also provides a menu of options to assist clients in making additional choices. Allowing them to take ownership of their strengths to address areas of concern builds intrinsic motivation**.**

Materials needed for this session

Supplies: folders, pens, clipboards, dry erase board and dry erase pen.

Client Handouts

Individual exercise: Handouts - **10a & 10b,** for clients who missed the group Brainstorming.
Short Term Pros
Altered States Descriptor
Homework: Menu of Alternatives & Altered States Categorizer

Other Paperwork

Client Sign In sheet
Roster/tracking sheet
Vision homework – if the client will be completing his/her third group session.
Post Assessment Handouts – 16-18 and **Handout 19- Client Satisfaction Survey** for the clients presenting their Vision in this group.
Handouts 21 (Quotes) & **22** (Poem) are for clients who have completed the Motivation Group.

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Procedures

1. Clients sign in and the facilitator checks the roster. (Sign in sheet and Rosters**, pg. 94-95).**

2. The process for the check in is as follows: Name. Date of last time they engaged in their behavior. Why they are in the group. Identify other groups they may be attending and the counselors they see. Identify how they are feeling and how they are taking care of themselves. Check in with them to verify if they have done their homework. Notify those who are going to receive their vision homework to stay after group. Check in with the members who are completing the group to see if they have done their Vision Homework.

   If they have not completed their Vision homework, they will do the Vision exercise **(Handout 20, pg. 97-98)** in the final group session as part of their exercise. They will stay after group to complete the **Post-Assessment** exercises and compare their Pre and Post Assessment exercises with the facilitator. (Their **Pre Assessment exercises Handouts 5-7**, are in their folders). Once they have completed the entire group, the facilitator will disperse **Handouts 21-** Quotes and **22** - Poem, (**pg. 85-86**). These two handouts are given as a form of closure and to say good-bye to each client.

3. Put the quote on the board. Ask them to reflect on the quote that is about change. Ask how they relate to the quote in terms of changes they have made in their life, now or in their past.

4. Review homework.

5. Distribute the **Post Assessment** exercises and **Client Satisfaction Survey** to those presenting their vision and completing the group. The **Post Assessment** exercises are **Handouts 16-18** and **Survey**, **Handout19-Client Satisfaction**. All the handouts are to be completed in the group session.

6. Distribute the make-up exercise to clients who have already completed this group exercise in a prior group session.

7. Brainstorming Exercise **-** *Draw Short Term and Long Term Pros and Cons grid on the board.* **Tell group that this is probably an exercise they've done before, when trying to make an important decision in their lives. It's about weighing out the pros and cons, prior to making a decision.** *"Today we are going to look at the short and long term pros and cons of your behavior. This exercise is not meant to trigger you, but we will start the exercise by looking at the short-term pros of your behavior. "What are some of the good things about engaging in your behavior?" What does it do for you?' "What are you hoping for or expecting by engaging in your behavior?"* **Brainstorm with the group and write their responses down.**

   After filling up the short term pro grid switch to the long-term pro box and ask them, *"When you engage in your behavior today, what are you hoping will happen as a result of your behavior, a year from now?"* **Clients will not be able to come up with**

too many answers. Place a zero in the long-term pro grid. After looking at both sides of the short and long-term pro grid, state to the group, *"I call this the power of the short-term pros.* ***(Highlight the short-term pro box)*** *"Engaging in your behavior is about immediate gratification."*

Shift to the short-term cons grid and ask them, *"What are some not so good things that can happen in an hour, a day or week as a result of engaging in your behavior."* **After filling up the grid explain how the short-term pros and short-term cons are connected.** *"When we feel bad we usually want to feel better, so this con box can also trigger our desire to re-engage in our behavior."* **Emphasize that this is another example of how powerful the short-term pro box is.**

Next shift to the long-term cons grid and ask the group, *"If we don't change and continue to engage in our behavior, what can get worse 1-2 years from now?"* **Fill up the long-term cons grid with the group's responses.**

Now tell the group, *"When people change their behavior, the short-term consequences start to go away, and that feels good."* ***Draw an x through the short-term cons box.*** *"Now they think their work is done, but what did they forget about?"* ***Re-emphasize the power of the short-term pros box.*** *"These short-term pros can trigger lapses, so it is important to find other ways to take care of these short-term pros."* ***This leads to the next exercise****.*

(If a client misses this session and has to make it up, give them a blank pros and cons grid* *(Handout 10a, p.47.*** *Also give them a copy of the brainstorm grid* ***Handout 10b, p.48)*** *to assist them in completing their grid).*

8. **Handout 10 - Short term Pros Exercise (p.50).** Have the clients identify what their individual short-term pros are and answer questions 1-3. When clients complete the exercise have them read it out loud.

9. Have some of clients take turns reading parts of **Handout 11- Alternative States Descriptor, (p.51).** Ask the clients what they thought it meant. Emphasize that when they are thinking of their own alternatives to their behavior, to consider their body chemistry.

10. Assign Homework : **Handout 12– Menu of Alternatives, (pg. 55-56).** Take the list of alternatives and ask them to mark the ones that they would be willing to do. With the items they have marked, have them use **the Altered State Categorizer, (pg. 57)** to list the activities they selected, next to each of the following categories: physical, relaxation, cognitive, creative, meditation. On the bottom half of the handout ask them to list those activities they would be willing to engage in to help alter / avoid their behavior.

11. Remind them the homework will be reviewed the next week (bring it back).

12. Have the clients doing make-up exercises present their work in the group session.

13. Have the members who are completing their final session, present their vision. Have them read their summary page and then their vision.

14. Have all the clients turn in their exercises. The clients will fill out the **Group Summary** sheet (pg.96), while the facilitator makes copies of their exercises. The facilitator will return the original exercises back to the clients. Have the members put the originals back into the folders. The facilitator will collect the group summaries and folders as they leave.

15. The facilitator reviews the **Pre and Post Assessment** exercises with those clients who are completing their final session. The Pre-assessment exercises are in their folders. When a client completes their final session, they will receive their folder and a copy of the **Quotes (Handout 21)** and the **Poem (Handout 22).**

16. The clients that need to complete the Vision Homework **(Handout 20 pg. 97-98)** will remain after the group session to review the exercise with the facilitator. The clients will take out three exercises they have completed from their folder: **Areas of Impact** – (Part B), **Feelings** underlined**,** and the six **Values** they prioritized. From the exercises, the clients will complete the vision exercise summary sheet, (**pg 97).** The facilitator will review the direction under **Part B** of the Vision exercise for clients to complete at home**.**

17. Facilitator copies brainstorming chart from the board, types it out for next session.

Name: *John* Date: _____

Write the short and long term pros and cons of your behavior.

SHORT TERM	LONG TERM
PROS *Energy* *Stress* *Focus* *Social* *Acceptance*	PROS *None*
CONS *Financial* *Legal* *Jail* *No driving* *Worry* *Stress* *Probation* *Labeling* *Treatment* *No freedom*	CONS *Financial* *Jail / prison* *Emotional health* *Physical health* *Family* *Employment* *Relationship* *Self-esteem* *Death*

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Name: _____ Date: _____

Write the short and long term pros and cons of your behavior.

SHORT TERM	LONG TERM
PROS	PROS
CONS	CONS

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Group Brainstorm

Write the short and long term pros and cons of your behavior.

SHORT TERM	LONG TERM
PROS Multi-tasked Enjoyment Filled a void "Cool" Forget about things Blocks out the world Increase money Increase sex Image Relax Heighten Emotions Dulls Emotions Stress Energy Appetite Social/acceptance Focus Trance	**PROS** None
CONS LOSSES: Money Energy Health-physical, mental Employment Relationships Family Freedom Reliability Dependability Trust Credibility INCREASES: Anxiety Procrastination Depression Treatment Hermit Lifestyle Low Self-Esteem Anger	**CONS** Overdose Death Suicide/Homicide Jail/Prison Hospitalized Homeless Divorce Bankruptcy Family/children Parental Rights Standing in Community

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Short Term Pros & Benefits

Name: *John* _____ Date: _____

1. **FROM THE BRAINSTORMING EXERCISE, LIST YOUR SHORT TERM PROS**
   (i.e. desire, ability, reasons and need to engage in your behavior).

   Energy
   Stress
   Focus
   Social
   Acceptance

2. **WHAT OTHER WAYS COULD YOU DEAL WITH THESE SHORT TERM PROS?**

   Energy and Stress – play basketball, bike ride, lift weights
   Focus - Keep a schedule, write out all appointments, plan my day
   Social and Acceptance – go to support meetings, call a friend

3. **WHAT WOULD BE SOME BENEFITS OF CHANGING YOUR BEHAVIOR?**

   I would feel better, regain the trust and respect I lost from my family and friends and be in control of my life.

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Short Term Pros & Benefits

Name:_____ **Date:** _____

1. **FROM THE BRAINSTORMING EXERCISE, LIST YOUR SHORT TERM PROS**
   (i.e. desire, ability, reasons and need to engage in your behavior).

2. **WHAT OTHER WAYS COULD YOU DEAL WITH THESE SHORT TERM PROS?**

3. **WHAT WOULD BE SOME BENEFITS OF CHANGING YOUR BEHAVIOR?**

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Altered States Descriptor

It is human to seek altered states to give life purpose, meaning and fulfillment. Brain chemistry permits transient ecstasy or pleasure. Sustained ecstasy is neurophysiologically impossible. (*What does this mean*)?

Addictions and compulsive behaviors defy natural brain functioning, fabricating a sense of pleasure usually for a longer period of time and/or more intensively than what our brains can produce under normal circumstances.

The "crash" we experience after an addictive / compulsive episode is, in part, due to our bodies and brains attempting to compensate for the overload. (*What else is this called)?*

Natural highs are compatible with our brain functions. This is one reason we continue to feel good and do not experience a "crash" after a natural pleasure or after utilizing a healthy coping skill.

We rely on three distinct types of experiences to achieve feelings of well-being: *relaxation, excitement/arousal, and fantasy*.

- ***Relaxation* includes any activity that slows the body and mind down, such as meditating, bird watching, gardening, church, reading, walking, etc.**

- ***Excitement/arousal* is the opposite. It includes anything that speeds the body and mind up, such as competitive sports, running, skydiving, water/snow skiing, etc.**

- ***Fantasy* is using your imagination, and/or getting physical sensations from watching others perform an activity, such as watching sports, watching movies, reading, etc.**

Different addictions and compulsive behaviors fit into the same categories:

- ***Relaxation*: alcohol, heroin, tranquilizers, Quaaludes, barbiturates, etc.**

- ***Excitement/arousal:* gambling, sexual addiction, cocaine, amphetamines, etc.**

- ***Fantasy:* LSD, peyote, psylicybin mushrooms, marijuana, etc.**

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Menu of Alternatives

Name: *John* Date: _____

ACTIVITIES / BEHAVIORS TO HELP AVOID OR ALTER BEHAVIOR.

(Check the activities/behaviors that you would be interested in trying)

✔ **H.A.L.T. (Hungry –eat, Angry –do something physical, Lonely –call a friend, Tired – sleep, rest).**
Read information
Review your exercises from group
✔ **Go to a support meeting**
Meet new friends
Focus on doing a good job
✔ **Do something to please family or friends**
Share your opinion and feelings
Participate in lively discussions
✔ **Complete a task**
Go people watching
Express your affection
Have coffee with a friend
Anticipate a future event
Go sun bathing / tanning
Play with animals
✔ **Plan a special project**
Learn a new skill
✔ **Acquire knowledge**
Have a good night sleep
Have time to do something you like
Talk and listen to your loved ones
Feel relaxed
✔ **Be with a loved one**
Do something to make you feel attractive
Breath fresh air
Have pleasant thoughts about loved ones or friends
Have sex
Go out for lunch or dinner
See or make good things happen to your family
Pay someone a compliment
Drive with care and caution
Express yourself clearly
✔ **Eat a good and special meal**
Wear something special
✔ **Experience peace and quiet**
Laugh
See beautiful things

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- Teach / coach / mentor
- ✔ Participate in strenuous activities
- Go to a play or concert
- Contribute your time
- Camp in the mountains
- ✔ Go fishing or hiking
- Do volunteer work
- Ride a bus / train –go somewhere different
- Buy something for yourself
- Work on a problem
- Assert yourself
- Be at a special ceremony
- Dine with friends
- Participate in a church activity
- ✔ Make something from different materials
- Dance
- Go places where there are happy people
- Listen to beautiful sounds of nature (wind, waterfall, waves)
- Go on a date
- Compete in a sports event
- Give a present
- Write a letter
- Bath or take a shower
- Attend a meeting or lecture
- Attend a cultural activity
- Cook a special meal
- Receive advice from a mentor or friend
- Take pictures or photographs
- Look for interesting things (rocks, driftwood)
- ✔ Watch a sunset / sunrise / cloud formation
- Invite friends to visit
- Hear a funny story or joke
- ✔ Watch a video
- Join and participate in a club
- Go swimming
- Play an outdoor game
- ✔ Listen to music
- Read something special / go to the library
- Use the computer
- Watch a fire
- Take a tour
- Bake

Other Activities / Behaviors:

Play basketball, ride bike, lift weights

Altered States Categorizer

Name: *John* Date: _____

(List the activities / behaviors you selected from the preceding 2 pages next to the appropriate category listed below):

PHYSICAL ACTIVITIES: *Play basketball, ride bike, and lift weights.*

RELAXATION ACTIVITIES: *Plan a special project, be with a loved one, eat a special meal, fishing, make something, watch a video, and listen to music.*

COGNITIVE / AFFIRMATIONS: *Go to a support meeting, do something to please family or friends, and acquire knowledge.*

ART / CREATIVE / AESTHETIC: *Watch a sunrise or sunset.*

MEDITATION / PRAYER: *Experience peace and quiet; hike.*

LIST BELOW THE ACTIVITIES / BEHAVIORS YOU WOULD BE WILLING TO ENGAGE IN TO HELP YOU ALTER / AVOID YOUR BEHAVIOR:

Play basketball, ride bike, lift weights, go for a hike, plan a special project, watch a video, listen to music, and go to a support meeting.

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Menu of Alternatives

Name: _____ Date: _____

ACTIVITIES / BEHAVIORS TO HELP AVOID OR ALTER BEHAVIOR.

(Check the activities/behaviors that you would be interested in trying)

H.A.L.T. (Hungry –eat, Angry –do something physical, Lonely –call a friend, Tired –sleep, rest).
Read information
Review your exercises from group
Go to a support meeting
Meet new friends
Focus on doing a good job
Do something to please family or friends
Share your opinion and feelings
Participate in lively discussions
Complete a task
Go people watching
Express your affection
Have coffee with a friend
Anticipate a future event
Go sun bathing / tanning
Play with animals
Plan a special project
Learn a new skill
Acquire knowledge
Have a good night sleep
Have time to do something you like
Talk and listen to your loved ones
Feel relaxed
Be with a loved one
Do something to make you feel attractive
Breathe fresh air
Have pleasant thoughts about loved ones or friends
Have sex
Go out for lunch or dinner
See or make good things happen to your family
Pay someone a compliment
Drive with care and caution
Express yourself clearly
Eat a good and special meal
Wear something special
Experience peace and quiet
Laugh
See beautiful things

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Teach / coach / mentor
Participate in strenuous activities
Go to a play or concert
Contribute your time
Camp in the mountains
Go fishing or hiking
Do volunteer work
Ride a bus / train –go somewhere different
Buy something for yourself
Work on a problem
Assert yourself
Be at a special ceremony
Dine with friends
Participate in a church activity
Make something from different materials
Dance
Go places where there are happy people
Listen to beautiful sounds of nature (wind, waterfall, waves)
Go on a date
Compete in a sports event
Give a present
Write a letter
Bath or take a shower
Attend a meeting or lecture
Attend a cultural activity
Cook a special meal
Receive advice from a mentor or friend
Take pictures or photographs
Look for interesting things (rocks, driftwood)
Watch a sunset / sunrise / cloud formation
Invite friends to visit
Hear a funny story or joke
Watch a video
Join and participate in a club
Go swimming
Play an outdoor game
Listen to music
Read something special / go to the library
Use the computer
Watch a fire
Take a tour
Bake
Other Activities / Behaviors:

_____

_____

_____

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Altered States Categorizer

Name: _____ Date: _____

(List the activities / behaviors you selected from the preceding 2 pages next to the appropriate category listed below):

PHYSICAL ACTIVITIES:

RELAXATION ACTIVITIES:

COGNITIVE / AFFIRMATIONS:

ART / CREATIVE / AESTHETIC:

MEDITATION / PRAYER:

LIST BELOW THE ACTIVITIES / BEHAVIORS YOU WOULD BE WILLING TO ENGAGE IN TO HELP YOU ALTER / AVOID YOUR BEHAVIOR:

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2 An Assertive Attitude

Session Length: 2 hours

Objectives

Understand importance of communication in maintaining relationships

Distinguish assertiveness from aggressive and passive communication

Learn how to use "I-Statements" in communication situations

Rationale

Many problems in intimate relationships are communication problems. Men often have been socialized to approach communication in relationships from an aggressive or controlling stance and may benefit from learning the parameters of different communication styles, especially the assertiveness option. This session seeks to introduce skills for effective communication by helping participants embrace the importance of an assertive attitude in communication interactions with their partners. I-Statements are highlighted as a foundation skill for good communication.

Session Outline

Procedure	Time
Welcome and Process Homework	15 minutes
An Assertive Attitude	25 minutes
Discussion: Understanding Assertiveness	15 minutes
Break	10 minutes
Using I-Statements	20 minutes
Practice: Making an I-Statement	25 minutes
Homework: *Assertiveness Logbook*	10 minutes
Total Time for Session 2	120 minutes

5 **Go around the room again and ask each person to describe the situtation, followed by the You-Statement and I-Statement responses.** Provide feedback and encourage discussion.

6 **Thank participants for their work** ("I really appreciate your willingness to learn and practice a new skill") and wrap up the discussion using some of the following ideas:

7 **Conclude with the following point:**

Improving communication is one of the most important things you can do to help improve the quality of your relationships. Assertiveness and I-Statements are skills that can help make communication with those you care about better, and like all skills they take time to master. It's important to give yourself time to practice and learn.

Remember that an assertive attitude is a mature, respectful attitude. Give it a try!

Homework: Assertiveness Logbook

Homework, p. 37

1 **Distribute *Assertiveness Logbook* homework handouts and provide the following instructions:**

Your assignment for next week, gentlemen, is to share what you have learned today with your partner. Review the characteristics of an assertive attitude with her and talk about how you both can work toward bringing this kind of attitude into your relationship.

Likewise, review the information about I-Statements and You-Statements, and encourage her to read over the handouts.

Your second assignment (and the assignment for you partner, too, if she's willing) is to make a conscious effort to make at least three (3) I-Statements each day. In other words, you are being asked to make an I-Statement in situations where you might not normally do so. It should be a conscious effort—that means that at least 3 times each day you will stop and think before you speak, and then purposefully choose the assertive option of using an I-Statement. (Give yourself credit for any type of situation in which you are able to do this—home, work, with friends, with strangers, etc.)

Use the *Assertiveness Logbook* handout to keep track. At the end of each day, sit down with your partner and jot down a few notes about the situations where you chose to make your I-Statements.

Session 2 Homework
Assertiveness Logbook
Worksheet

Date	My I-Statements	My Partner's I-Statements
	1. 2. 3.	1. 2. 3.
	1. 2. 3.	1. 2. 3.
	1. 2. 3.	1. 2. 3.
	1. 2. 3.	1. 2. 3.
	1. 2. 3.	1. 2. 3.
	1. 2. 3.	1. 2. 3.
	1. 2. 3.	1. 2. 3.

Name_____ KDOC#_____ Date_____ Pre/Post

CRQ

Answer the questions below as a way of examining how you deal with conflict. Rate each of the following statements from **1-5** using the ratings below to indicate how often you do as the statement says. Please write your responses to the LEFT of the dashes. Answer the questions to portray your most usual way of dealing with conflicts like those at home or at work. Do not take long on any question. Give your initial reaction. The more honest your answers, the more useful the results will be.

1. **Almost Never**
2. **Occasionally**
3. **Half the time**
4. **Usually**
5. **Almost always**

1. ___/___ I feel that conflict is a negative experience.
2. ___/___ When I resolve a conflict, it improves my relationship.
3. ___/___ I am afraid to enter into confrontations.
4. ___/___ I feel that in conflicts someone will get hurt.

V___

5. ___/___ When I prepare to meet to discuss a conflict, I try to arrange for a mutually acceptable time and setting.
6. ___/___ I feel it is important where a conflict takes place.
7. ___/___ I try to make people feel comfortable when meeting with them about a conflict.
8. ___/___ When I start to discuss a conflict with the other party, I choose my opening statement carefully to establish positive realistic expectations.

A___

9. ___/___ I state my true feelings when dealing with conflict.
10. ___/___ During a conflict I ask questions to clarify a statement that I'm not sure of.
11. ___/___ I try to be aware of how my negative and positive self-perceptions influence the way I deal with conflict.
12. ___/___ In conflict, my reactions are based on how I think the other party perceives me.

C___

13. ___/___ I feel that only my needs are important.
14. ___/___ I feel for a relationship to last, the needs of both parties must be considered.
15. ___/___ In a conflict, I strive to distinguish between real needs and desires.
16. ___/___ In order not to harm the relationship, I may temporarily put aside some of my own less important personal wants.

N___

17. ___/___ I share my positive attitude, hoping they will do the same.
18. ___/___ I find it necessary to overpower others to get my own way.
19. ___/___ I am aware the other person may need to feel in control of the conflict.
20. ___/___ In a conflict, I believe there should be no upper-hand.

P___

1. **Almost Never**
2. **Occasionally**
3. **Half the time**
4. **Usually**
5. **Almost always**

21. ___/___ I find it easy to forgive.
22. ___/___ I bring up old issues from the past during a new conflict.
23. ___/___ When dealing with a conflict, I consider the future of the long-term relationship.
24. ___/___ In conflict I try to dominate the other party.

F___

25. ___/___ I listen with an open mind to alternative options.
26. ___/___ I feel there is just one way to solve a problem.
27. ___/___ When in conflict, I have preconceived notions about the other party that I am unwilling to let go of.
28. ___/___ I can accept criticism from others.

O___

29. ___/___ I feel that winning the war is more important than winning the battle.
30. ___/___ I strive for a complete and genuine resolution of a conflict rather than settling for a temporary agreement.
31. ___/___ When dealing with a conflict I have a pre-determined solution to the outcome.
32. ___/___ I feel the need to control an argument.

D___

33. ___/___ If I had my way, I win, you lose.
34. ___/___ When in a conflict with someone, I ask them to explain their position.
35. ___/___ I bargain to resolve conflict.
36. ___/___ at the end of a conflict, it matters to me that the other person's needs have been met as well as my own.

M___

37. ___/___ I express anger constructively.
38. ___/___ In difficult conflicts, I would consider requesting a third party facilitator.
39. ___/___ I overlook my partner's anger in order to focus on the real issues to conflict.
40. ___/___ I feel that it is okay to agree to disagree on specific issues of conflict.

X___

Total_____

41. ___/___ I feel that I am effective at resolving conflicts in a way that builds your long-term relationship with the other parties.

Name_____ KDOC#_____ Date_____ Pre/Post

Do you have any crimes (charges or convictions) related to relationships? Y/N If yes, please list:

_____

RAQ

RELATIONSHIP SURVEY INSTRUCTIONS: The items listed below refer to people in a close relationship--i.e., a relationship between two partners in an intimate relationship. Please read each item carefully and decide to what extent it is characteristic of your feelings and behaviors. Give each item a rating of how much it applies to you by using the following scale:

A = Not at all characteristic of me (not at all like me; not at all descriptive of me).
B = Slightly characteristic of me.
C = Somewhat characteristic of me.
D = Moderately characteristic of me.
E = Very characteristic of me.

NOTE:

Remember to respond to all items, even if you are not completely sure.
Also, please be honest in responding to these items.

_____1. I am a good partner for an intimate relationship.
_____2. I am depressed about the relationship aspects of my life.
_____3. I think about intimate relationships all the time.
_____4. I am better at intimate relationships than most other people.
_____5. I feel good about myself as an intimate partner.
_____6. I think about close relationships more than anything else.
_____7. I sometimes have doubts about my relationship competence.
_____8. I am disappointed about the quality of my close relationship.
_____9. I don't daydream very much about intimate relationships.
_____10. I am not very sure of myself in close relationships.
_____11. I cannot seem to be happy in intimate relationships.
_____12. I tend to be preoccupied with close relationships.
_____13. I think of myself as an excellent intimate partner.
_____14. I am less than happy with my ability to sustain an intimate relationship.
_____15. I'm constantly thinking about being in an intimate relationship.
_____16. I would rate myself as a "poor" partner for a close relationship.
_____17. I feel down about myself as an intimate partner.
_____18. I think about intimate relationships a great deal of the time.
_____19. I am confident about myself as a relationship partner.
_____20. I feel unhappy about my interpersonal relationships.
_____21. I seldom think about being involved in a close relationship.
_____22. I am not very confident about my potential as an intimate partner.
_____23. I feel pleased with my love relationships.
_____24. I hardly ever fantasize about highly intimate relationships.
_____25. I sometimes doubt my ability to maintain a close relationship.
_____26. I feel sad when I think about my intimate experiences.
_____27. I probably think about love relationships less often than most people.
_____28. I have few doubts about my capacity to relate to an intimate partner.
_____29. I am not discouraged about myself as a loving partner.
_____30. I don't think about intimate relationships very often.
_____31. I responded to the above based on:
(A) A current intimate relationship.
(B) A past intimate relationship.
(C) An imagined intimate relationship.

ANGER MANAGEMENT

for Substance Abuse and Mental Health Clients

A Cognitive Behavioral Therapy Manual

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
www.samhsa.gov

Anger Management for Substance Abuse and Mental Health Clients

A Cognitive Behavioral Therapy Manual

Patrick M. Reilly, Ph.D.
Michael S. Shopshire, Ph.D.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment

Rockwall II
5600 Fishers Lane
Rockville, MD 20857

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Foreword

Substance use and abuse often coexist with anger and violence. Data from the Substance Abuse and Mental Health Services Administration's National Household Survey on Drug Abuse, for example, indicated that 40 percent of frequent cocaine users reported engaging in some form of violent behavior. Anger and violence often can have a causal role in the initiation of drug and alcohol use and can also be a consequence associated with substance abuse. Individuals who experience traumatic events, for example, often experience anger and act violently, as well as abuse drugs or alcohol.

Clinicians often see how anger and violence and substance use are linked.

Many substance abuse and mental health clients are victims of traumatic life events, which, in turn, lead to substance use, anger, and violence.

Despite the connection of anger and violence to substance abuse, few treatments have been developed to address anger and violence problems among people who abuse substances. Clinicians have found the dearth of treatment approaches for this important issue disheartening.

To provide clinicians with tools to help deal with this important issue, the Center for Substance Abuse Treatment of the Substance Abuse and Mental Health Services Administration is pleased to present *Anger Management for Substance Abuse and Mental Health Clients: A Cognitive Behavioral Therapy Manual* and its companion book *Anger Management for Substance Abuse and Mental Health Clients: Participant Workbook*.

The anger management treatment design in this manual, which has been delivered to hundreds of clients over the past 8 years, has been popular with both clinicians and clients. This treatment design can be used in a variety of clinical settings and will be beneficial to the field.

Charles G. Curie, M.A., A.C.S.W.
Administrator
Substance Abuse and Mental Health Services Administration

H. Westley Clark, M.D., J.D., M.P.H., CAS, FASAM
Director
Center for Substance Abuse Treatment
Washington, D.C.

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Introduction

This manual was designed for use by qualified substance abuse and mental health clinicians who work with substance abuse and mental health clients with concurrent anger problems. The manual describes a 12-week cognitive behavioral anger management group treatment. Each of the 12 90-minute weekly sessions is described in detail with specific instructions for group leaders, tables and figures that illustrate the key conceptual components of the treatment, and homework assignments for the group participants. An accompanying Participant Workbook is available (see *Anger Management for Substance Abuse and Mental Health Clients: Participant Workbook,* Reilly, Shopshire, Durazzo, & Campbell, 2002) and should be used in conjunction with this manual to enable the participants to better learn, practice, and integrate the treatment strategies presented in the group sessions. This intervention was developed for studies at the San Francisco Veterans Affairs (SFVA) Medical Center and San Francisco General Hospital.

Cognitive behavioral therapy (CBT) treatments have been found to be effective, time-limited treatments for anger problems (Beck & Fernandez, 1998; Deffenbacher, 1996; Trafate, 1995). Four types of CBT interventions, theoretically unified by principles of social learning theory, are most often used when treating anger disorders:

- *Relaxation interventions,* which target emotional and physiological components of anger
- *Cognitive interventions,* which target cognitive processes such as hostile appraisals and attributions, irrational beliefs, and inflammatory thinking
- *Communication skills interventions,* which target deficits in assertiveness and conflict resolution skills
- *Combined interventions,* which integrate two or more CBT interventions and target multiple response domains (Deffenbacher, 1996, 1999).

Meta-analysis studies (Beck & Fernandez, 1998; Edmondson & Conger, 1996; Trafate, 1995) conclude that there are moderate anger reduction effects for CBT interventions, with average effect sizes ranging from 0.7 to 1.2 (Deffenbacher, 1999). From these studies, it can be inferred that the average participant under CBT conditions fared better than 76 percent of control participants. These results are consistent with other meta-analysis studies examining the effectiveness of CBT interventions in the treatment of depression (Dobson, 1989) and anxiety (Van Balkom et al., 1994).

The treatment model described in this manual is a combined CBT approach that employs relaxation, cognitive, and communication skills interventions.

This combined approach presents the participants with options that draw on these different interventions and then encourages them to develop individualized anger control plans using as many of the techniques as possible. Not all the participants use all the techniques and interventions presented in the treatment (e.g., cognitive restructuring), but almost all finish the treatment with more than one technique or intervention on their anger control plans.

Theoretically, the more techniques and interventions an individual has on his or her anger control plan, the better equipped he or she will be to manage anger in response to anger-provoking events.

In studies at the SFVA Medical Center and San Francisco General Hospital using this treatment model, significant reductions in self-reported anger and violence have consistently been found, as well as decreased substance use (Reilly, Clark, Shopshire, & Delucchi, 1995; Reilly, Shopshire, & Clark, 1999; Reilly & Shopshire, 2000; Shopshire, Reilly, & Ouaou, 1996). Most participants in these studies met *Diagnostic and Statistical Manual of Mental Disorders*, 4th Edition (DSM-IV) (American Psychiatric Association, 1994) criteria for substance dependence, and many also met DSM-IV criteria for posttraumatic stress disorder. A study comparing Caucasian and African-American patients found that patients from both groups reduced their anger significantly (Clark, Reilly, Shopshire, & Campbell, 1996). Another study showed that women also benefited from the intervention—that is, reported decreased levels of anger (Reilly et al., 1996).

In the anger management studies using this manual, the majority of patients were from ethnic minority groups. Consistent reductions in anger and aggressive behavior occurred in these groups, indicating that anger management group treatment is effective. The treatment model is flexible and can accommodate racial, cultural, and gender issues. The events or situations that trigger someone's anger may vary somewhat depending on his or her culture or gender. The cues or warning signs of anger may vary in this regard as well. Nevertheless, the overall treatment model still applies and was found effective with different ethnic groups and with both men and women. A person still has to identify the triggering event, recognize the cues to anger, and develop anger management (cognitive behavioral) strategies in response to the event and cues, regardless of whether these events and cues are different for other men and women or for people in other cultural groups.

The intervention involves developing individualized anger control plans. For example, some women identified their relationships with their boyfriends or partners or parenting concerns as events that triggered their anger but men rarely identified these issues. Effective individual strategies could be developed, however, to address these issues, provided the women accept the concepts of monitoring anger (using the anger meter) and having (and using) an anger control plan.

This treatment model was also used successfully with non–substance-abusing clients seen in the outpatient SFVA Mental Health Clinic. These clients were diagnosed with a variety of problems, including mood, anxiety, and thought disorders. The treatment components described in this manual served as the core treatment in these studies.

The anger management treatment should be delivered in a group setting. The ideal number of participants in a group is 8, but groups can range from 5 to 10 members. There are several reasons for this recommendation. First, solid empirical support exists for group cognitive behavioral interventions (Carroll, Rounsaville, & Gawin, 1991; Maude-Griffin et al., 1998; Smokowski & Wodarski, 1996); second, group treatment is efficient and cost-effective (Hoyt, 1993; Piper & Joyce, 1996); and third, it provides a greater range of possibilities and flexibility in roleplays (Yalom, 1995) and behavioral rehearsal activities (Heimberg & Juster, 1994; Juster & Heimberg, 1995). Counselors and social workers should have training in cognitive behavioral therapy, group therapy, and substance abuse treatment (preferably, at the master's level or higher; doctoral-level psychologists have delivered the anger management treatment as well).

Although a group format is recommended for the anger management treatment, it is possible for qualified clinicians to use this manual in individual sessions with their clients. In this case, the same treatment format and sequence can be used. Individual sessions provide more time for in-depth instruction and individualized behavioral rehearsal.

The anger management treatment manual is designed for adult male and female substance abuse and mental health clients (age 18 years and above). The groups studied at SFVA Medical Center and San Francisco General Hospital have included patients who have used many substances (e.g., cocaine, alcohol, heroin, methamphetamine). These patients have been able to use the anger management materials and benefit from the group treatment despite differences in their primary drug of abuse.

It is recommended that participants be abstinent from drugs and alcohol for at least 2 weeks prior to joining the anger management group. If a participant had a "slip" during his or her enrollment in the group, he or she was not discharged from the group. However, if he or she had repeated slips or a full-blown relapse, the individual was referred to a more intensified treatment setting and asked to start the anger management treatment again.

Many group participants were diagnosed with co-occurring disorders (e.g., posttraumatic stress disorder [PTSD], mood disorder, psychosis) but benefited from the anger management group treatment. Patients were compliant with their psychiatric medication regimen and were monitored by interdisciplinary treatment teams. The San Francisco group found that, if patients were compliant with their medication regimen and abstinent from drugs and alcohol, they could comprehend the treatment material and effectively use concepts such as timeouts and thought stopping to manage anger. However, if a participant had a history of severe mental illness, did not comply with instructions on his or her psychiatric medication regimen, and had difficulty processing the material or accepting group feedback, he or she was referred to his or her psychiatrist for better medication management.

Several practitioners have requested the manual to work with adolescent clients in substance abuse treatment, but no preliminary data from these treatment encounters are available.

Because of the many problems often experienced by substance abuse and mental health clients, this intervention should be used as an adjunctive treatment to substance abuse and

mental health treatment. Certain issues, such as anger related to clients' family of origin and past learning, for example, may best be explored in individual and group therapy outside the anger management group.

Finally, the authors stress the importance of providing ongoing anger management aftercare groups. Participants at the SFVA Medical Center repeatedly asked to attend aftercare groups where they could continue to practice and integrate the anger management strategies they learned in this treatment. At the SFVA Medical Center, both an ongoing drop-in group and a more structured 12-week phase-two group were provided as aftercare components. These groups help participants maintain (and further reduce) the decreased level of anger and aggression they achieved during the initial 12-week anger management group treatment. Participants can also be referred to anger management groups in the community.

It is hoped that this anger management manual will help substance abuse and mental health clinicians provide effective anger management treatment to clients who experience anger problems. Reductions in frequent and intense anger and its destructive consequences can lead to improved physical and mental health of individuals and families.

How To Use This Manual

The information presented in this manual is intended to allow qualified mental health and substance abuse professionals to deliver group cognitive behavioral anger management treatment to clients with substance abuse and mental health disorders. Each of the 12 90-minute weekly sessions is divided into four sections:

- Instructions to Group Leaders
- Check-In Procedure (beginning in the second session)
- Suggested Remarks
- Homework Assignments.

The Instructions to Group Leaders section summarizes the information to be presented in the session and outlines the key conceptual components. The Check-In Procedure section provides a structured process by which group members check in at each session and report on the progress of their homework assignments from the previous week. The Suggested Remarks section provides narrative scripts for the group leader presenting the material in the session. *Although the group leader is not required to read the scripts verbatim, the group leader should deliver the information as closely as possible to the way it is in the script.* The Homework Assignment section provides instructions for group members on what tasks to review and practice for the next meeting. Session 1 also includes a special section that provides an overview of the anger management treatment and outlines the group rules.

This manual should be used in conjunction with the *Anger Management for Substance Abuse and Mental Health Clients: Participant Workbook* (Reilly, Shopshire, Durazzo, & Campbell, 2002). The workbook provides group members with a summary of the information presented in each session, worksheets for completing homework assignments, and space to take notes during each session. The workbook will facilitate the completion of homework assignments and help reinforce the concepts presented over the course of the anger management treatment program.

Although participants are kept busy in each session, 90 minutes should be enough time to complete the tasks at hand. The group leader needs to monitor and, at times, limit the responses of participants, however. This can be done by redirecting them to the question or activity.

Overview of Group Anger Management Treatment

Session 1

Outline of Session 1

- Instructions to Group Leaders
- Suggested Remarks
  - Purpose and Overview
  - Group Rules
  - The Problem of Anger: Some Operational Definitions
  - Myths About Anger
  - Anger as a Habitual Response
  - Breaking the Anger Habit
  - Participant Introductions
  - Anger Meter
- Homework Assignment

Instructions to Group Leaders

In the first session, the purpose, overview, group rules, conceptual framework, and rationale for the anger management treatment are presented. Most of this session is spent presenting conceptual information and verifying that the group members understand it. Then the leader takes the group members through an introductory exercise and a presentation of the anger meter.

Suggested Remarks

(Present the following script or put this in your own words.)

Purpose and Overview

The purpose of the anger management group is to:

1. Learn to manage anger
2. Stop violence or the threat of violence
3. Develop self-control over thoughts and actions
4. Receive support and feedback from others.

Group Rules

1. Group Safety: No violence or threats toward staff and other group members is allowed. It is important that members perceive the group as a safe place to share their experiences and feelings without threats or possible physical harm.
2. Confidentiality: Group members should not discuss outside the group what group members say during group sessions. There are limits to confidentiality, however. In every State, health laws govern how and when professionals must report certain actions to the proper authorities. These actions may include any physical or sexual abuse inflicted on a child younger

than age 18, a person older than age 65, or a dependent adult. A dependent adult is someone between 18 and 64 years who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights. Reporting abuse of these persons supersedes confidentiality laws involving clients and health professionals. Similarly, if a group member makes threats to physically harm or kill another person, the group leader is required, under the Tarasoff Ruling (*Tarasoff* v. *Regents of the University of California,* 529 P.2d 553 (Cal. 1974), vacated, reheard en bank, and affirmed, 131 Cal. Rptr. 14, 551 P.2d 334 (1976)), to warn the intended victim and notify the police.

3. Homework Assignments: Brief homework assignments will be given each week. Doing the homework assignments will improve group members' anger management skills and allow them to get the most from the group experience. Like any type of skill acquisition, anger management requires time and practice. Homework assignments provide the opportunity for skill development and refinement.

4. Absences and Cancellations: Members should call or otherwise notify the group leader in advance when they cannot attend a session. Because of the amount of material presented in each session, members may not miss more than 3 of the 12 sessions. If a group member misses more than three sessions, he or she would not be able to adequately learn, practice, and apply the concepts and skills that are necessary for effective anger management. He or she can continue to attend the group sessions, but the group member will not receive a certificate of completion. He or she can join another session as space becomes available.

5. Timeout: The group leader reserves the right to call for a timeout. If a group member's anger begins to escalate out of control during a session, the leader will ask that member to take a timeout from the topic and the discussion. This means that the member, along with the rest of the members of the group, *will immediately stop talking about the issue* that is causing the member's anger to escalate. If the participant's anger has escalated to the point that he or she cannot tolerate sitting in the group, the leader may ask the person to leave the group for 5 or 10 minutes or until he or she can cool down. The participant is then welcomed back to the group, provided he or she can tolerate continued discussion in the group.

   A timeout is an effective anger management strategy and will be discussed in more detail later in this session and in session 3. Eventually, group members will learn to call a timeout themselves when they feel they may be losing control as the result of escalation of their anger. For this session, however, it is essential that the leader calls for a timeout and that members comply with the rule. This rule helps ensure that the group will be a safe place to discuss and share experiences and feelings. Therefore, failure to comply with the timeout rule may lead to termination from the group.

6. Relapses: If a participant has a relapse during his or her enrollment in the group, he or she is not discharged. However, if the participant has repeated relapses, he or she will be asked to start the treatment again and will be referred to a more intense treatment setting.

The Problem of Anger: Some Operational Definitions

In the most general sense, anger is a feeling or emotion that ranges from mild irritation to intense fury and rage. Anger is a natural response to those situations where we feel threatened, we believe harm will come to us, or we believe that another person has unnecessarily wronged us. We may also become angry when we feel another person, like a child or someone close to us, is being threatened or harmed. In addition, anger may result from frustration when our needs, desires, and goals are not being met. When we become angry, we may lose our patience and act impulsively, aggressively, or violently.

People often confuse anger with aggression. Aggression is *behavior* that is intended to cause harm to another person or damage property. This behavior can include verbal abuse, threats, or violent acts. Anger, on the other hand, is an *emotion* and does not necessarily lead to aggression. Therefore, a person can become angry without acting aggressively.

A term related to anger and aggression is hostility. Hostility refers to a complex set of attitudes and judgments that motivate aggressive behaviors. Whereas anger is an emotion and aggression is a behavior, hostility is an attitude that involves disliking others and evaluating them negatively.

In this group, clients will learn helpful strategies and techniques to manage anger, express anger in alternative ways, change hostile attitudes, and prevent aggressive acts, such as verbal abuse and violence.

When Does Anger Become a Problem?

Anger becomes a problem when it is felt too intensely, is felt too frequently, or is expressed inappropriately. Feeling anger too intensely or frequently places extreme physical strain on the body. During prolonged and frequent episodes of anger, certain divisions of the nervous system become highly activated. Consequently, blood pressure and heart rate increase and stay elevated for long periods. This stress on the body may produce many different health problems, such as hypertension, heart disease, and diminished immune system efficiency. Thus, from a health standpoint, avoiding physical illness is a motivation for controlling anger.

Another compelling reason to control anger concerns the negative consequences that result from expressing anger inappropriately. In the extreme, anger may lead to violence or physical aggression, which can result in numerous negative consequences, such as being arrested or jailed, being physically injured, being retaliated against, losing loved ones, being terminated from a substance abuse treatment or social service program, or feeling guilt, shame, or regret.

Even when anger does not lead to violence, the inappropriate expression of anger, such as verbal abuse or intimidating or threatening behavior, often results in negative consequences. For example, it is likely that others will develop fear, resentment, and lack of trust toward those who subject them to angry outbursts, which may cause alienation from individuals, such as family members, friends, and coworkers.

Payoffs and Consequences

The inappropriate expression of anger initially has many apparent payoffs. One payoff is being able to manipulate and control others through aggressive and intimidating behavior; others may comply with someone's demands because they fear verbal threats or violence. Another payoff is the release of tension that occurs when one loses his or her temper and acts aggressively. The individual may feel better after an angry outburst, but everyone else may feel worse.

In the long term, however, these initial payoffs lead to negative consequences. For this reason they are called "apparent" payoffs because the long-term negative consequences far outweigh the short-term gains. For example, consider a father who persuades his children to comply with his demands by using an angry tone of voice and threatening gestures. These behaviors imply to the children that they will receive physical harm if they are not obedient. The immediate payoff for the father is that the children obey his commands. The long-term consequence, however, may be that the children learn to fear or dislike him and become emotionally detached from him. As they grow older, they may avoid contact with him or refuse to see him altogether.

Myths About Anger

Myth #1: Anger Is Inherited. One misconception or myth about anger is that the way we express anger is inherited and cannot be changed. Sometimes, we may hear someone say, "I inherited my anger from my father; that's just the way I am." This statement implies that the expression of anger is a fixed and unalterable set of behaviors. Evidence from research studies, however, indicates that people are not born with set, specific ways of expressing anger. These studies show, rather, that because the expression of anger is learned behavior, more appropriate ways of expressing anger also can be learned.

It is well established that much of people's behavior is learned by observing others, particularly influential people. These people include parents, family members, and friends. If children observe parents expressing anger through aggressive acts, such as verbal abuse and violence, it is very likely that they will learn to express anger in similar ways. Fortunately, this behavior can be changed by learning new and appropriate ways of anger expression. It is not necessary to continue to express anger by aggressive and violent means.

Myth #2: Anger Automatically Leads to Aggression. A related myth involves the misconception that the only effective way to express anger is through aggression. It is commonly thought that anger is something that builds and escalates to the point of an aggressive outburst. As has been said, however, anger does not necessarily lead to aggression. In fact, effective anger management involves controlling the escalation of anger by learning assertiveness skills, changing negative and hostile "self-talk," challenging irrational beliefs, and employing a variety of behavioral strategies. These skills, techniques, and strategies will be discussed in later sessions.

Myth #3: People Must Be Aggressive To Get What They Want. Many people confuse assertiveness with aggression. The goal of aggression is to dominate, intimidate, harm, or injure another person—to win at any cost. Conversely, the goal of assertiveness is to express feelings of anger

in a way that is respectful of other people. For example, if you were upset because a friend was repeatedly late for meetings, you could respond by shouting obscenities and name-calling. This approach is an attack on the other person rather than an attempt to address the behavior that you find frustrating or anger provoking.

An assertive way of handling this situation might be to say, “When you are late for a meeting with me, I get pretty frustrated. I wish that you would be on time more often.” This statement expresses your feelings of frustration and dissatisfaction and communicates how you would like the situation changed. This expression does not blame or threaten the other person and minimizes the chance of causing emotional harm. We will discuss assertiveness skills in more detail in sessions 7 and 8.

Myth #4: Venting Anger Is Always Desirable. For many years, the popular belief among numerous mental health professionals and laymen was that the aggressive expression of anger, such as screaming or beating on pillows, was healthy and therapeutic. Research studies have found, however, that people who vent their anger aggressively simply get better at being angry (Berkowitz, 1970; Murray, 1985; Straus, Gelles, & Steinmetz, 1980). In other words, venting anger in an aggressive manner reinforces aggressive behavior.

Anger as a Habitual Response

Not only is the expression of anger learned, but it can become a routine, familiar, and predictable response to a variety of situations. When anger is displayed frequently and aggressively, it can become a maladaptive habit because it results in negative consequences. Habits, by definition, are performed over and over again, without thinking. People with anger management problems often resort to aggressive displays of anger to solve their problems, without thinking about the negative consequences they may suffer or the debilitating effects it may have on the people around them.

Breaking the Anger Habit

Becoming Aware of Anger. To break the anger habit, you must develop an awareness of the events, circumstances, and behaviors of others that “trigger” your anger. This awareness also involves understanding the negative consequences that result from anger. For example, you may be in line at the supermarket and become impatient because the lines are too long. You could become angry, then boisterously demand that the checkout clerk call for more help. As your anger escalates, you may become involved in a heated exchange with the clerk or another customer. The store manager may respond by having a security officer remove you from the store. The negative consequences that result from this event are not getting the groceries that you wanted and the embarrassment and humiliation you suffer from being removed from the store.

Strategies for Controlling Anger. In addition to becoming aware of anger, you need to develop strategies to effectively manage it. These strategies can be used to stop the escalation of anger before you lose control and experience negative consequences. An effective set of strategies for controlling anger should include both immediate and preventive strategies.

Immediate strategies include taking a timeout, deep-breathing exercises, and thought stopping. Preventive strategies include developing an exercise program and changing your irrational beliefs. These strategies will be discussed in more detail in later sessions.

One example of an immediate anger management strategy worth exploring at this point is the timeout. The timeout can be used formally or informally. For now, we will only describe the informal use of a timeout. This use involves leaving a situation if you feel your anger is escalating out of control. For example, you may be a passenger on a crowded bus and become angry because you perceive that people are deliberately bumping into you. In this situation, you can simply get off the bus and wait for a less crowded bus.

The informal use of a timeout may also involve stopping yourself from engaging in a discussion or argument if you feel that you are becoming too angry. In these situations, it may be helpful to actually call a timeout or to give the timeout sign with your hands. This lets the other person know that you wish to immediately stop talking about the topic and are becoming frustrated, upset, or angry.

In this group, you should call a timeout if you feel that your anger is escalating out of control. You also are encouraged to leave the room for a short period of time if you feel that you need to do so. However, please come back for the remainder of the group session after you have calmed down.

Participant Introductions

At this point, ask group members to give their names, the reasons they are interested in participating in the anger management group, and what they hope to achieve in the group. After each member's introduction, offer a supportive comment that validates his or her decision to participate in the group. Experience shows that this helps members feel the group will meet their needs and helps reduce the anxiety associated with the introductions and the first group session in general.

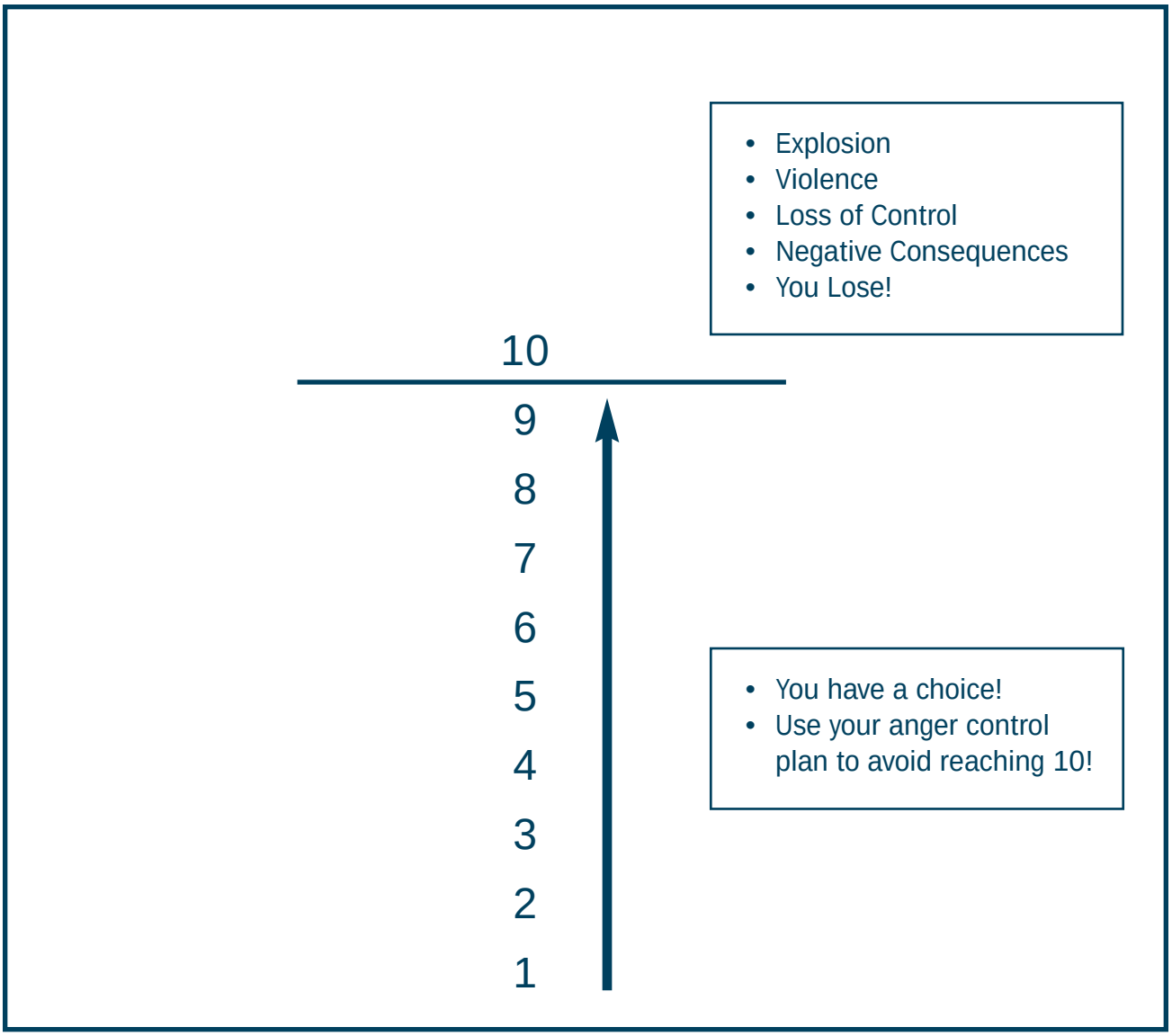
Anger Meter

One technique that is helpful in increasing the awareness of anger is learning to monitor it. A simple way to monitor anger is to use the "anger meter." A 1 on the anger meter represents a complete lack of anger or a total state of calm, whereas a 10 represents a very angry and explosive loss of control that leads to negative consequences. Points between 1 and 10 represent feelings of anger between these extremes. The purpose of the anger meter is to monitor the escalation of anger as it moves up the scale. For example, when a person encounters an anger-provoking event, he or she does not reach a 10 immediately, although it may sometimes feel that way. In reality, the individual's anger starts at a low number and rapidly moves up the scale. There is always time, provided one has learned effective coping skills, to stop anger from escalating to a 10.

One difficulty people have when learning to use the anger meter is misunderstanding the meaning of a 10. A 10 is reserved for instances when an individual suffers (or could suffer) negative consequences. An example is when an individual assaults another person and is arrested by the police.

A second point to make about the anger meter is that people may interpret the numbers on the scale differently. These differences are acceptable. What may be a 5 for one person may be a 7 for someone else. It is much more important to personalize the anger meter and become comfortable and familiar with your readings of the numbers on the scale. For the group, however, a 10 is reserved for instances when someone loses control and suffers (or could suffer) negative consequences.

Exhibit 1. The Anger Meter



Homework Assignment

Have group members refer to the participant workbook. Ask them to review the group's purpose, rules, definitions of anger and aggression, myths about anger, anger as a habitual response, and the anger meter. Ask them to monitor their levels of anger on the anger meter during the upcoming week and report their highest level of anger during the Check-In Procedure of next week's session.

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