

Lancaster County

Lincoln, Nebraska

Medical Services – Youth Service Center (RFP 18-026)

Technical Proposal

March 26, 2018

12:00 p.m.



Respectfully Submitted To:

City/County Purchasing
Robert Walla, Purchasing Agent
440 S. 8th Street, Suite 200
Lincoln, NE 68508

Submitted by:

Correct Care Solutions, LLC
1283 Murfreesboro Road, Suite 500
Nashville, TN 37217
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Tax ID# 32-0092573

Points of Contact:

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Patrick@correctcaresolutions.com

This submission includes the following required copies:

Technical Proposal – One electronic copy

Cost Proposal – Provided separately in Attachment 1



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Tabbed Attachments

Bid Bond A
 Staff Resumes B
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Proprietary Attachments

The following attachments are provided in a separate file as specified in the RFP:

Litigation History **CONFIDENTIAL AND PROPRIETARY** 1
 Summary Matrix of Similar Clients **CONFIDENTIAL AND PROPRIETARY** 2
 Training Module for Alcohol and Benzodiazepine Withdrawal **CONFIDENTIAL AND PROPRIETARY** 3
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Letter of Interest

March 26, 2018

Robert Walla
Lancaster County Purchasing
440 S. 8th Street, Suite 200
Lincoln, NE 68508

Dear Mr. Walla and members of the selection committee:

Correct Care Solutions (CCS) appreciates the opportunity to submit this proposal in response to RFP No. 18-026 – Youth Service Center- Medical Services. We are proud of the relationship that we have been able to build with the Lancaster County Youth Service Center (YSC), led by Nebraska-based Regional Manager, Kim Gerdes. In the last few years of our partnership, CCS has increased the level of care while being fiscally responsible. We hired a medication aide to better meet patients' needs, and implemented a Telepsychiatry program to ensure access to a psychiatric provider.

In this proposal, you will find our plan to increase the level of staffing to ensure medical staff is on-site seven days a week to conduct medication pass. CCS understands that we must walk the delicate balance of providing medical care that is consistent with the community standards of Lancaster County while being good stewards of the taxpayers' money. Our proposed program enhancements will do just that. We have unique insight into Lancaster County's vision regarding the health of your youth population, and we have the experience, the resources, and the commitment to provide a comprehensive solution. Consistency and a team approach to these services are key.

CCS is an experienced provider of seamless, corrections-based, youth-focused programs for more than 5,000 juveniles across the country. We base all of our programs on accepted standards for juvenile care. While other providers may bid on these services, CCS has developed our comprehensive healthcare program with youth offenders in mind, based on our experience with this population throughout the country. CCS is committed to this unique and vulnerable segment of our patient population and to the development of programming specifically focused on youth in correctional environments.

We are excited to continue our partnership with Lancaster County. We offer open communication, unmatched experience with the juvenile correctional population, and a determination to meet the needs and expectations of the YSC. Together we can provide our patients with the hope of a healthy and successful life outside the justice community.

Sincerely,

A handwritten signature in black ink, appearing to read "Patrick Cumiskey".

Patrick Cumiskey, President
(615) 324-5777 (Office)
(615) 324-5798 (Fax)
Patrick@correctcaresolutions.com



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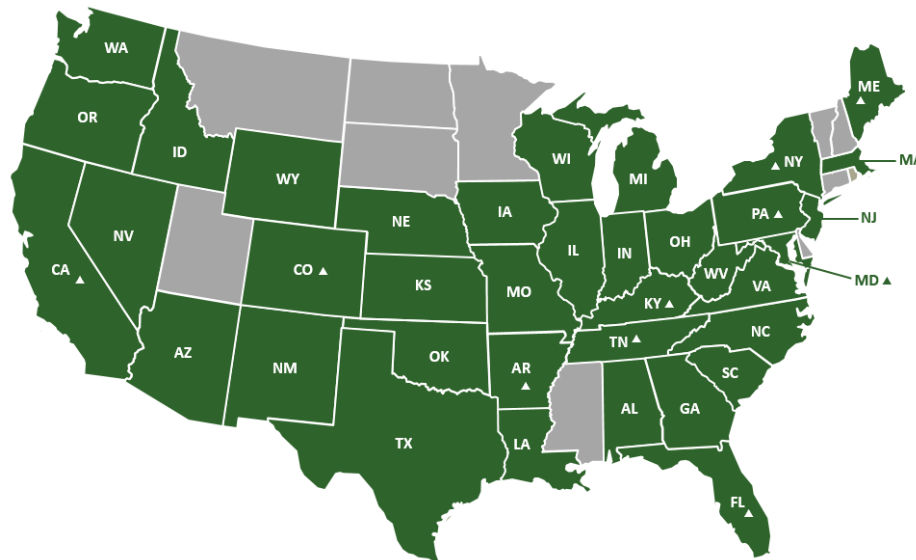


Summary

Correct Care Solutions (CCS) was founded in August 2003 to meet a growing industry need for a correctional health care provider with an innovative approach. Today, CCS is a privately owned Limited Liability Company (LLC) in our 14th year of operation. Our headquarters are located at:

Correct Care Solutions, LLC
1283 Murfreesboro Road, Suite 500
Nashville, TN 37217
Phone: 800-592-2974, Ext. 5777

We have been serving the Lancaster County Youth Service Center (YSC) since 2010. During that time, we have demonstrated the necessary capabilities and resources that make us a qualified and willing partner into the future. Today, more than 11,000 CCS employees care for more than 270,000 patients in 37 states. To expand our public health footprint, CCS acquired GEO Care, now Correct Care Recovery Solutions (CCRS), which greatly enhanced our mental health offerings. Although we have grown, our dedicated professionals continue to learn from their many daily patient encounters across the country, allowing our company to stay on the cutting edge of quality health care and programs. The knowledge we gain from the patients we treat throughout our client base leads to improved care for our patients at each individual site.



CCS at a Glance

- Established in August 2003
- Privately owned—We answer to our clients, not shareholders
- More than 12,000 CCS employees provide health care services for nearly 280,000 patients in 37 states
- More than 60,000,000 patient encounters each year
- Clients include state and federal prison systems, county/regional jails, detention centers, and juvenile facilities
- Annual sales = \$1 billion
- Financially strong and stable
- Impeccable litigation record
- 100% success in our accreditation efforts

Home Office*
1283 Murfreesboro Rd., Ste. 500
Nashville, TN 37217

Maryland Office
Hanover, Maryland

Florida Office
Deerfield Beach, Florida

Mountain States Office
Centennial, Colorado

California Office
Alameda, California

Pennsylvania Regional Office
Lemoyne, Pennsylvania

Maine Regional Office
Augusta, Maine

Arkansas Regional Office
Pine Bluff, Arkansas

Kentucky Regional Office
Louisville, Kentucky

Our company is organized to provide comprehensive correctional health care services to facilities similar to the YSC. Our programs include the design and successful operation of comprehensive medical, dental, and mental health services for juvenile populations. We are committed to providing the same dedicated level of service that you have come to expect from CCS.



1.1 Our Mission

Our mission is to be the premier public health solutions provider for governmental agencies and the premier provider of effective and efficient health care to specialized populations.

1.2 Our Vision

Our philosophy is simple: we listen to our clients; we assess the situation; and we offer targeted, implementable solutions. We focus on creating and maintaining successful partnerships with our clients, and we create value in our partnerships through long-term cost savings and improved patient care. CCS is committed to being a true solutions provider in the health care industry and in the communities we serve. We concentrate on establishing partnerships with county, state, or federal agencies that are experiencing challenges meeting their health care delivery needs in a fiscally responsible way. With a constant focus on patient care, we will continue to offer innovative solutions to the YSC and execute our operational plans in coordination with your program objectives, as well as national, state, county, and local standards.

1.3 The Five Hs

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

1. **Hunger:** We have the fire to learn, teach, and grow. We encourage each other and ourselves. Teamwork helps everyone reach their goals, from the smallest unit to the company as a whole.
2. **Honesty:** We uphold the highest level of integrity in all our dealings with each other, with our clients, and with our patients. We treat everyone with respect and dignity.
3. **Hard Work:** We are willing to out-work and out-think the competition so that we remain constant in placing our customers first. We strive for quality in everything we do.
4. **Humility:** No matter how much success we achieve, it is important to remain humble and remember not to lose our roots, vision, values, and identity. We maintain our loyalty to our community by being good citizens in the areas where we live and work.
5. **Humor:** Given the amount of time we put towards our work, it is important to have a sense of humor. This allows us to remain passionate and enjoy our work.



1.4 Services Provided

CCS provides a wide range of health care services, ancillary services, and products for our clients, including:

- Medical, dental, optical care
- Mental health care
- On-site care
- Intake screenings
- Triage and sick call
- Suicide prevention/intervention
- Substance abuse/detox programs
- Health assessments
- Radiology and laboratory services
- Medically necessary diet programs
- Special needs and chronic care
- Continuity of care and discharge planning
- Telemedicine services
- Collaboration with community agencies
- Network development
- Hiring/staffing/recruitment/retention
- Juvenile health education and awareness
- Facility/custody/law enforcement staff training programs
- Off-site coordination/arrangements
- Utilization management
- Pharmaceutical supply and medication management
- Third-party reimbursement
- Co-pay programs
- Cost recovery programs
- Catastrophic re-insurance coverage
- Quality Improvement
- Electronic Record Management Application (ERMA)
- Accreditation (NCCHC/ACA/CALEA)

1.5 Core Competencies and Strengths

CCS is committed to maintaining a mutually beneficial partnership with the YSC based on continued communication to create cost savings while helping you meet your program objectives.

1.5.1 Cost Containment

In all programs we design and operate, our objective is to uncover all possible areas of savings without sacrificing quality. As your partner, CCS negotiates contracts for goods and services to benefit the YSC medical program. We work to create efficiencies in staffing, pharmacy, and off-site costs for the YSC. Our vendor contracts commonly offer an economy of scale to generate savings that we are able to pass on to our clients. Because we care for nearly 280,000 patients nationwide, we have significant buying power and we negotiate to secure the best possible rates with all on-site and off-site providers.

1.5.2 Employee Advocates

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



1.5.3 Community Connection

A successful health care program has a positive community impact and CCS is dedicated to establishing relationships within the communities we serve. We collaborate with local organizations in Lincoln to maximize continuity of care for each patient; we work with local agencies to develop training programs for nursing students and new correctional staff; and we seek out local charities that allow us to give back to the community. CCS will always extend continuity of care by helping connect patients with community resources and having an impact on recidivism.

We currently have a relationship with Walgreen's for back-up pharmaceutical needs, Bryan East and West Hospitals for off-site care, and Lincoln Fire and Rescue for ambulance services.

1.5.4 Hands-On Approach

The CCS Executive Team is closely involved with the operation of services in Lancaster County. Continuous communication between the YSC and CCS supports professionalism through mutual understanding of decisions and protocols. The members of our proposed Regional Management Team continue to be hands-on partners with the YSC on-site medical team and facility staff.

1.6 Litigation History

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

No pending or expected litigation or other conditions would affect the stability of our company in any way. CCS has no judicial or administrative proceedings that are material to our business or financial capability, or our ability to perform the work requested in the RFP. We have provided the requested litigation history in **Proprietary Attachment 1**. This information is **CONFIDENTIAL AND PROPRIETARY**.

1.6.1 Litigation Details

CCS has in place valid procedures for defending litigation brought by residents related to the provision of health care. Our procedures sufficiently address pro se as well as represented cases.

CCS has had approximately 1,300 professional liability lawsuits filed against our company over the past 13+ years. Of these, more than 750 were dismissed without payment to the plaintiff. Another 95 have been settled, for an average of fewer than eight settled cases per year, with an average of approximately \$20,000 paid on closed cases. CCS has not had an adverse verdict entered against it in any professional liability lawsuit that has gone to trial. The final disposition of each settled lawsuit is subject to legally binding bilateral confidentiality agreements and cannot be disclosed.



Approximately 70% of the professional liability lawsuits filed against CCS are pro se, where the plaintiff is not represented by legal counsel. Most of these suits are filed by inmates in our prison population, who tend to be individuals who are incarcerated for longer periods than those who are incarcerated in jails and detention centers. Nearly all of these cases are dismissed with no finding of liability against CCS.

Litigation in the governmental health care industry is common, as it is in non-governmental health care businesses. As one of the nation's largest providers of correctional health care, a certain amount of litigation is to be expected. Nevertheless, we believe our litigation history reflects relatively modest losses for a business of our size and scope, and is indicative of the high quality services we provide. We encourage you to discuss our litigation experience with our references.



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1 Experience, Proposed Staff Management Approach and Subcontractors

1.1 Summary of Vendor's Experience

In addition to being the current provider of medical, dental, and psychiatric services to the Youth Service Center (YSC), we also provide similar health care services to the following county jails throughout the United States. Our summary matrix in Figure 1 includes current juvenile facility projects with average daily populations (ADPs) ranging from 20 to 50 residents to give you added perspective on the range of our experience. A copy of *all* current juvenile-related projects is available in **Proprietary Attachment 2**. This information is considered a **TRADE SECRET - NEB.REV.ST. § 84-712.05(3)**.



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Medical Services – Youth Service Center (RFP 18-026)
Lancaster County, Nebraska



Client	Site/Facility	Contact	Juv. ADP	Accred.	Term	Services
Bell County	Bell County Jail; Bell County Annex Jail; Bell County Juvenile Detention Center 2405 S Loop 121 Benton, TX 76513	Lt. Byron Shelton, Jail Admin. 254-933-6701 Byron.Shelton@co.bell.tx.us	85	N/A	1/1/09 to present	Medical, dental, mental health, psychiatry
Berrien County	Berrien County Juvenile Center 6414 Deans Hill Rd. Berrien Center, MI 49102	Elvin Gonzalez, Family Division Admin. 269-982-8615 egonzale@berriencounty.org	40	N/A	1/1/13 to present	Medical
Champaign County	Champaign County Juvenile Detention Center 400 S Art Bartell Rd. Urbana, IL 61802	Joe Gordon, Dir. 217-384-3751 jgordon@co.champaign.il.us	40	N/A	5/1/04 to present	Medical, mental health
Clark County Sheriff's Office	Clark County Jail; Clark County Juvenile Facility; Clark County Work Release Center 707 W 13th St. Vancouver, WA 98666	Michael Anderson, Cdr. 360-397-2185 mike.anderson@clark.wa.gov	42	N/A	2/1/10 to present	Medical, dental, mental health, psychiatry
Corrections Commission of Northwest Ohio	Corrections Center of Northwest Ohio; Northwest Ohio Juvenile Detention, Training & Rehabilitation Center 03151 CR 2425 Stryker, OH 43557	Jim Dennis, Exec. Dir. 419-428-3800 x300 jim.dennis@noris.org	25	ACA	2010 to present	Medical, mental health, psychiatry
Cowlitz County	Cowlitz County Corrections Dept. (Main Jail & 3 rd Floor Jail); Cowlitz County Juvenile Detention Center 1935 1 st Ave. Longview, WA 98632	Marin Fox-Hight, Dir. 360-577-3094 x2217 FoxHightM@co.cowlitz.wa.us	32	N/A	1/1/13 to present	Medical, mental health, psychiatry
Douglas County Sheriff's Office	Douglas County Jail; Douglas County Juvenile Detention Facility 1036 SE Douglas Ave. Roseburg, OR 97470	Lt. Mikel Root, Jail Admin. 541-440-4504 mlroot@co.douglas.or.us	30	N/A	5/1/08 to present	Medical, dental, psychiatry
Franklin County	Franklin County Juvenile Detention Center 409 E Washington St. Benton, IL 62812	Shawn Freeman, Jail Superintendent 618-438-2222 sfreeman@il2ndcircuit.org	20	N/A	2/15/04 to present	Medical



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Lancaster County, Nebraska



Client	Site/Facility	Contact	Juv. ADP	Accred.	Term	Services
Guilford County Sheriff's Dept.	Greensboro Detention Center; High Point Detention Center; Juvenile Detention Center 201 S Edgeworth St. Greensboro, NC 27401	Doug Logan 336-641-3648	40	NCCHC	7/1/14 to present	Medical, dental, mental health, psychiatry
Illinois Dept. of Juvenile Justice	Illinois Youth Center Pere Marquette 17808 State Hwy. 100 W Grafton, IL 62039	Heidi Mueller, Dep. Dir. for Juvenile Justice 312-814-3057 Heidi.E.Mueller@doc.illinois.gov	37	N/A	3/29/13 to present	Medical, dental, mental health, psychiatry
Jackson County Sheriff's Office	Jackson County Jail; Jackson County Community Transitions Center; Jackson County Juvenile Services Center 787 W 8th St. Medford, OR 97501	Lt. Dan Penland, Cdr. 541-774-6859 bronsocm@jacksoncounty.org	32	N/A	5/15/07 to present	Medical, mental health, psychiatry
Johnson County Dept. of Corrections	Johnson County Adult Residential Center; Johnson County Juvenile Detention Center 206 W Loula St. Olathe, KS 66607	Betsy Gillespie 913-715-4525 betsy.gillespie@jocogov.org	50	N/A	1/1/08 to present	Medical
Josephine County	Josephine County Juvenile Detention Center & Juvenile Shelter 301 NW "F" St. Grants Pass, OR 97526	James Goodwin, Dir. 541-474-5186 x4020 JGoodwin@co.josephine.or.us	20	N/A	1/16/18 to present	Medical
Laramie County	Laramie County Juvenile Services Center 13794 Prairie Center Circle Cheyenne, WY 82009	Capt. Mike Sorenson 307-633-4713 sorenson@laramiecounty.com	20	N/A	7/1/12 to present	Medical
Mohave County Sheriff's Office	Mohave County Adult Detention Facility; Mohave County Juvenile Detention Center 501 W Hwy. 66 Kingman, AZ 86401	Don Bischoff, Dir. 928-753-0759 x9 don.bischoff@mohavecounty.us	20	NCCHC	7/1/15 to present	Medical, dental, mental health, psychiatry
Monroe County	Monroe County Youth Center 3600 S Custer Rd. Monroe, MI 48161	Melissa Strong, Dir. 734-240-3237 melissa_strong@monroemi.org	30	N/A	1/17/12 to present	Medical



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Lancaster County, Nebraska



Client	Site/Facility	Contact	Juv. ADP	Accred.	Term	Services
Ottawa County	Ottawa County Adult Correctional Facility & Juvenile Detention Center 12130 Fillmore St. West Olive, MI 49460	Capt. Steve Baar, Jail Admin. 616-738-4090 sbaar@miottawa.org	27	ACA	3/1/05 to present	Medical
Peoria County Sheriff's Office & Juvenile Court	Peoria County Jail; Juvenile Detention Center 309 N Maxwell Rd. Peoria, IL 61604	Superintendent Brian Asbell 309-697-8515 basbell@peoriacounty.org	40	NCCHC	2/1/98 to present	Medical, mental health, psychiatry
Pima County Juvenile Court	Pima County Juvenile Detention Center 2225 E Ajo Way Tucson, AZ 85713	Jennifer Torchia, Dir. 520-740-5005 jennifer.torchia@pcjcc.pima.gov	40	NCCHC	2/1/10 to present	Medical, mental health, psychiatry
Saginaw County Family Court	Saginaw County Juvenile Detention Center 3360 Hospital Rd. Saginaw, MI 48602	Elvema Ponder, Dir. 989-799-2821 x4206 eponder@saginawcounty.com	56	N/A	12/1/02 to present	Medical
San Juan County	San Juan County Adult Detention Center; Juvenile Services Facility; Alternative Sentencing Facility 100 S. Oliver Drive Aztec, NM 87410	Mike Stark, Chief Operations Officer 505-334-4582 mstark@sjcounty.net	27	N/A	7/1/17 to present	Medical, mental health (ADC only)
Shelby County Sheriff's Office	Shelby County Jail; Shelby County East Women's Facility; Juvenile Court of Memphis & Shelby County 201 Poplar Ave. Memphis, TN 38103	Robert Moore, Chief 901-545-2673 robert.moore@shelby-sheriff.org	50	NCCHC, ACA, CALEA (Triple Crown)	7/1/06 to present	Medical, dental, mental health, psychiatry
Shoshone-Bannock Tribes	Shoshone-Bannock Tribal Justice Center E Agency Rd., Bldg. 46 Fort Hall, ID 83203	Beverly Wadsworth, Sr. Contracting Compliance Officer 208-478-3816 bwadsworth@sbtribes.com	20	N/A	9/4/12 to present	Medical
Smith County	Smith County Jail; Smith County Low/Medium-Risk Facility; Smith County Juvenile Attention Center 200 E Elm Tyler, TX 75710	Maj. Deal Folmar 903-590-4721 dfolmar@smith-county.com	20	N/A	10/1/15 to present	Medical, mental health, psychiatry



Medical Services – Youth Service Center (RFP 18-026)
Lancaster County, Nebraska



Client	Site/Facility	Contact	Juv. ADP	Accred.	Term	Services
Warren County	Warren County Jail; Warren County Juvenile Detention Center 550 Justice Dr. Lebanon, OH 45036	Maj. Barry K. Riley, Jail Admin. 513-695-1496 barry.riley@wcsooh.org	44	N/A	9/9/13 to present	Medical, psychiatry
Washtenaw County	Washtenaw County Juvenile Detention Center 4125 Washtenaw Ave. Ann Arbor, MI 48108	Lisa Greco, Dir. 734-973-4354 grecol@ewashtenaw.org	40	N/A	6/1/02 to present	Medical
Will County Sheriff's Office	Will County Adult Detention Facility; River Valley Juvenile Detention Center 95 S Chicago St. Joliet, IL 60436	Brad Josephson, Warden 815-740-5570 bjosephson@willcosheriff.org	40	NCCHC, ACA	11/1/06 to present	Medical/Dental
Wyandotte County Sheriff's Office	Wyandotte County Adult Detention Center; Wyandotte County Juvenile Detention Center 710 N 7th St. Kansas City, KS 66101	Linda Hendrix, Sheriff's Admin. Mgr. 913-573-2952 lhendrix@wycosheriff.org	50	NCCHC	1/1/06 to present	Medical, dental, mental health, psychiatry
Yakima County Juvenile Court	Yakima County Juvenile Detention Center 1728 Jerome Ave. Yakima, WA 98902	Jennifer Knight, Detention Mgr. 509-574-2110 jennifer.knight@co.yakima.wa.us	20	N/A	10/1/07 to present	Medical
Yuma County Juvenile Court	Yuma County Juvenile Justice Center 2440 W 28 th St. Yuma, AZ 85364	Tim D. Hardy, Dir. 928-314-1813 thardy@courts.az.gov	44	N/A	7/1/09 to present	Medical, mental health, psychiatry

Figure 1. Summary Matrix of Juvenile Clients Similar in Size to the YSC



1.2 References

The following clients best represent the scope of services anticipated by the YSC and can articulate our strengths and ability to meet and exceed the requirements and expectations of the RFP.

Bell County, Texas			
Address	2405 S Loop 121, Benton, TX 76513		
Contact Name	Lt. Byron Shelton, Jail Administrator		
Phone	254-933-6701	Fax	Unavailable
Email	Byron.Shelton@co.bell.tx.us		
Period of Performance	1/1/09 – Present		
Accreditation	N/A		
ADP	906 adults; 85 juveniles		

Summary of Services Provided

CCS is responsible for the comprehensive health care needs of adult and juvenile offenders housed in the Bell County Jail, Bell County Annex Jail, and Bell County Juvenile Detention Center in Benton, Texas. We provide 24-hour coverage inclusive of medical, dental, mental health, and psychiatry services. CCS is responsible for all utilization management functions and strives to continue to find ways to save our client dollars by bringing additional services on site.

Significant Achievements and Successes

CCS has significantly improved the communication and working relationship between medical personnel, corrections staff, and the facility administration. Additionally, the Jail Administrator has been verbal regarding the improvements in quality of care for the juvenile population and the superiority of CCS over other medical contract companies, as evidenced in the following letter of recommendation.



OFFICE OF
EDDY LANGE
SHERIFF



PHONE
(254) 933-5400
1-800-234-3277

COUNTY OF BELL
104 SOUTH MAIN STREET
BELTON, TEXAS 76513

April 17, 2017

To Whom It May Concern:

As the Jail Administrator of the Bell County Jail, it is with all sincerity that I pen a letter of recommendation for Correct Care Solutions (CCS). CCS has provided medical and mental health services for Bell County adult and juvenile facilities since 2009. In that time, CCS as a whole has transitioned from a vendor to a true friend of the County. There has never been a doubt in my mind that the best interest of everyone, patient and County personnel alike, is at the heart of the care provided by the CCS staff. Looking back, I wish I had kept track of each time an inmate grievance was quickly unfounded, without further legal action, as a result of meticulous medical documentation. I can only speculate on the astronomical amount of time and money that the thorough medical chart documentation potentially saved us.

News media has attributed to many stereotypes about correctional medicine and the level of care afforded to those incarcerated. It is refreshing to witness those stereotypes dispelled at Bell County. Our on-site CCS team of doctors, nurses, and non-clinical staff perform at a level far superior to that of the local hospitals. Practicing medical and mental health services behind bars is certainly not for everyone. It demands a distinct balance of clinical expertise and security-mindedness that is unsurpassed by the CCS staff. From the Health Service Administrator to the certified medications aides, care is delivered with the utmost professionalism, dignity, and genuine concern for the patient. The entire team functions like a well-oiled machine in both emergency situations and day-to-day operations. Their ability to maintain composure in this dynamic environment is truly remarkable.

At the end of 2016, CCS extended their hand and loyalty once again in meeting our increasing mental health needs with the addition of a full time mental health professional. This action exceeded our expectations and solidified an additional 2 years of collaboration between Bell County and CCS. Several competitors stepped up with promises of more efficient care and potential cost savings. However, these were minute points in comparison to the continuous dedication of CCS to the health and well-being of Bell County inmates and security staff.

In closing, I wholeheartedly recommend Correct Care Solutions to any correctional facility desiring a lasting partnership with a company who embraces their own motto, "The right people...doing the right things...doing those things right."

Respectfully,

Captain Byron Shelton
Bell County Jail Administrator



Clark County Sheriff’s Office

Address	707 W 13th St., Vancouver, WA 98666		
Contact Name	Ric Bishop, Chief Corrections Deputy		
Phone	360-397-6043	Fax	360-397-6141
Email	ric.bishop@clark.wa.gov		
Period of Performance	2/1/10 – Present		
Accreditation	N/A		
ADP	730 adults; 42 juveniles		
Transitioned from	Wexford		

Summary of Services Provided

CCS is responsible for the comprehensive health care needs of adult and juvenile offenders housed in the Clark County Jail, Clark County Juvenile Facility, and Clark County Work Release Center in Vancouver, Washington. We provide 24-hour coverage inclusive of medical, dental, mental health, and psychiatry services. CCS was re-awarded the contract for Clark County following a competitive RFP process in 2015. Through our training programs, strong on-site medical and mental health teams, and close working relationship with the correctional staff, CCS has been an integral participant of the operation of the Clark County medical program.



Clark County Sheriff's Office

707 West 13th Street • PO Box 410 • Vancouver, WA 98666 • (360) 397-2366 • Fax (360) 397-2367

Chuck E. Atkins, Sheriff

April 18, 2016

Letter of Reference: Correct Care Solutions

The Clark County Sheriff's Office selected Correct Care Solutions (CCS) as our preferred provider in 2015 after undergoing a Request for Proposal. On February 1, 2016 we initiated a new three year contract for Jail and Juvenile Detention Medical Services. Prior to this, we had contracted with Con Med Inc., who had been purchased by CCS several years prior, so we had some prior partnership history with CCS.

As the manager responsible for the prior and current medical contract, I have been impressed with CCS executive management's team. It is clear that Chris Bove, President, Local Detention Division and John Roth Director of Client Services are committed to patient care, customer service and liability management. Frankly, they do what they say and they say, what they do! The CCS leadership team has always been responsive to issues we have brought forward and has supported our local CCS team.

I feel very privileged to work with our CCS local team of providers. Health Services Administrator Rhonda Hansen-Boyle, Dr. Daniel Gorecki, Medical Director and Edward Worsman, Psychiatric Mental Health Nurse Practitioner are all exceptional leaders who are committed to patient care and doing the right thing.

Correct Care Solutions staff, is viewed by jail deputies as part of the operational team. What makes our local team work is we have built a firm foundation based on communication, teamwork and trust as it relates to patient care and at the same time balancing the jail's operational needs for safety and security. After 37 years in public safety, I have learned that success is based on developing relationships and building partnerships to manage the challenges, we all face. CCS has been an exceptional partner in this endeavor. If you have specific questions regarding this reference, please give me a call at 360-397-2185 or e-mail mike.anderson@clark.wa.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "Mike Anderson".

Cmdr. Mike Anderson
Support Operation Services

clark.wa.gov/sheriff



Macomb County Sheriff's Office

Address	43565 Elizabeth Rd., Mt. Clemens, MI 48043		
Contact Name	Capt. Walter Zimny, Jail Administrator		
Phone	586-307-9348	Fax	586-469-6435
Email	Walter.Zimny@macombcountymi.gov		
Period of Performance	9/12/11 – Present		
Accreditation	NCCHC		
ADP	1,400 adults; 100 juveniles		
Transitioned from	Corizon		

Summary of Services Provided

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

Significant Achievements and Successes

CCS has improved operations in Macomb County by making significant changes, including shortened shifts, increased training, and better relationships with the County Health Department, the local hospital, and other community agencies. The most notable change was the implementation of our Electronic Record Management Application (ERMA). Prior to CCS, the County used an outdated paper filing system that resulted in a disorganized file room. Patient files were not updated with current documentation, including Medication Administration Records and dental records. The staff pulled charts daily; providers were often unable to view a chart because another person had it. By implementing ERMA, CCS has improved access to medical records, reduced errors, and improved documentation. ERMA has also freed up physical space to give the County additional office space and a break room.

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

CCS has also improved the County's 14-day health assessment process. Before CCS, all health assessments were more than 30 days past due and did not comply with NCCHC standards. CCS now completes 25-30 physicals per day in accordance with NCCHC standards.



ANTHONY M. WICKERSHAM

OFFICE OF THE SHERIFF

Kent B. Lagerquist
UNDERSHERIFF

December 9, 2015

To Whom This May Concern:

I am aware that Correct Care Solutions is responding to Wayne County's Bid for prisoner healthcare. Since September of 2011, CCS has provided medical, mental health and dental services to our prisoner population.

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

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

Sincerely,

Michelle Sanborn,
Jail Administrator



Guilford County Sheriff's Office	
Address	15 Lockheed Court, Greensboro, NC 27409
Contact Name	Doug Logan
Phone	336-931-0415
Period of Performance	7/1/14 – Present
Accreditation	NCCHC
ADP	1,100 adults; 40 juveniles
Transitioned from	Corizon

Summary of Services Provided

CCS is responsible for the comprehensive health care needs of adult and juvenile offenders housed in the Greensboro Detention Center, High Point Detention Center, and Juvenile Detention Center in Greensboro, North Carolina. We provide on-site medical, dental, mental health, and psychiatry services. We also provide 24-hour coverage at the Greensboro and High Point Detention Centers. CCS is responsible for all utilization management functions and continues to find cost savings for our client by bringing additional services on site. The County uses our full ERMA solution, which interfaces with their Jail Management System.

Significant Achievements and Successes

Soon after transitioning services in Guilford County, CCS began the implementation process for our Electronic Record Management Application (ERMA), which was completed in the fall of 2016. CCS continually strives to find cost-saving opportunities while ensuring appropriate care. One such initiative was the implementation of telepsychiatry services, which augments the on-site provider hours and enhances the overall mental health program by providing access to remote psychiatric services, thereby reducing the need for off-site transportation. CCS is also committed to enhancing re-entry services and improving continuity of care for released patients. We introduced the services of InMedRx, which increases the number of patients who are able to obtain discharge medications. When CCS is given sufficient notice of release, we provide prescriptions for needed discharge medications, including psychotropic medications. InMedRx sends the prescription to a local pharmacy within their network, and the patient provides proof of identity at the pharmacy to obtain their medication.



**OFFICE OF
GUILFORD COUNTY
SHERIFF**

400 W. WASHINGTON STREET
P.O. BOX 3427
GREENSBORO, NC 27401
PHONE (336) 641-3694 • FAX (336) 641-6729



May 11, 2017

Patrick Cumiskey
President of Corrections Division
Correct Care Solutions,
1283 Murfreesboro Road
Suite 500
Nashville, TN 37217

I am pleased to offer this letter of recommendation of Correct Care Solutions (CCS) as an excellent provider of inmate medical services in Guilford County. CCS staff has worked diligently to establish a positive partnership with the Guilford County Sheriff's Office. CCS clearly understands the unique dynamics of both Guilford County Detention Centers and Guilford County Juvenile Detention. From our initial experience with CCS in the bidding and transition process CCS was and continues to remain responsive to the needs of Guilford County. CCS has worked hard to provide quality healthcare services to Guilford County inmates while recognizing the budgetary limitations most local governments face today.

Our contract with CCS began July 1, 2014 and expires June 30, 2017. I have been extremely impressed with CCS' level of expertise and efficiency. As such, we are extending our contract with CCS through June 2018. I am reassured to know that we are working with an inmate healthcare provider committed to quality healthcare. I highly recommend CCS as an inmate healthcare provider.

Sincerely

Major Chuck Williamson
Court Services Bureau Commander
Guilford County Sheriff's Office

CJW/cw



1.3 Relevant Experience

The CCS Executive Team has more than 400 years of combined correctional health care experience, and the entire team is fully engaged in the operation of programs and services for the YSC. We also have several former Sheriffs and Jail Administrators in consulting roles who have nearly 175 years of combined law enforcement experience.

CCS has provided youth health care at the YSC for the past seven years. We know the facility, its people, and its requirements. We have a program in place to maximize the quality of care with an eye toward financial responsibility. The YSC and CCS are solid partners with shared values and shared outcomes. It is a partnership worth continuing for both parties.

CCS provides similar services to facilities of similar size and complexity nationwide. Many of our clients are the same size or larger than the YSC. We have developed proven “best practices” at these sites that help us achieve success for the YSC, its residents, and CCS.

CCS currently serves clients in 37 states. Our clients in Nebraska include the Lancaster County Adult Correctional Facility; Lancaster County Youth Service Center; Douglas County Correctional Center; and the Sarpy County Jail.

CCS operates all of our programs at a level of care in conjunction with Nebraska Jail Standards for Juvenile Detention Facilities. Our program for the YSC meets or exceeds these standards. CCS has never failed to obtain nor lost accreditation status at any of our client facilities, and we will ensure that the YSC achieves and maintains accreditation for the duration of the contract without any lapse.

1.4 Juvenile Experience

CCS manages combined adult and juvenile programs, as well as standalone juvenile programs, at many of our client sites. We provide comprehensive medical and mental health services to incarcerated juveniles across the country. Our experience with assessing and treating this young and developing population has provided us with the expertise to offer them unique care rather than treating them the same as adult offenders.

CCS and our affiliated companies have been providing comprehensive juvenile health care services for more than 20 years. We provide exceptional care for more than 5,000 juveniles in 75 dedicated youth facilities nationwide, including statewide juvenile systems in Louisiana, Illinois, and Florida. Our programs in these facilities include the design and successful operation of comprehensive medical, dental, and mental health programs for juveniles. Where our clients have sought NCCHC or ACA accreditation, we have succeeded in attaining that benchmark.

CCS provides primary and preventative care, sick call and episodic care, acute and chronic medical treatment, and follow-up care for the juveniles in our care at each of the detention centers we service. The CCS health programs are based on documented policies and procedures addressing the provision of health services, including assessment and evaluation, suicide prevention, special needs treatment plans, referrals for care, ongoing care, and discharge planning from Day One.



CCS develops customized policies and procedures for each of our contracted juvenile facilities to meet the specific needs of their individual populations. CCS provides health education to juveniles with chronic conditions such as asthma or diabetes to help them realize the importance of proper health management. Acknowledging the importance of family interaction for juveniles, CCS maintains a focus on keeping parents and/or guardians informed regarding their condition as appropriate.

CCS has two dedicated Juvenile Specialists, Stephanie Peskowitz, RN, BSN, and Pam Poole, RN, who oversee our juvenile facilities. Ms. Peskowitz brings more than 16 years of correctional health care experience working with juveniles and adults in county and statewide settings, while Ms. Poole has 14 years of nursing experience in adult, juvenile, and federal correctional facilities. They will both serve as valuable resources to CCS staff at the YSC for juvenile policy and procedural matters, juvenile-specific education and programming, and orientation focused on our juvenile patients.

CCS is acutely aware of the distinctive needs related to the provision of health services to our young patients. Our vast experience and knowledge gained while providing these services nationwide benefits both the staff and patients at our facilities. We understand and recognize this patient group is still developing and growing both physically and mentally, which can present challenges during incarceration. Identifying this key factor and using our experience working with these young patients is essential to appropriately assessing and treating the health care needs of this special population.

1.5 Proposed Staff Management Approach and Subcontractors

1.5.1 Staffing Levels

CCS has a successful record of ensuring appropriate staffing levels. The financial and clinical risk of not staffing a position is significant, and our strong litigation history validates our staffing approach. We will continue to staff the YSC appropriately to ensure the timely provision of health care as required by the RFP. We continuously track medical services workloads to determine whether a revised staffing plan would improve patient care efficiencies while creating cost savings for you. Staffing schedules may be modified upon the mutual agreement and written consent between CCS and the YSC.

1.5.2 Documentation of Staffing

CCS realizes the importance of delivering what we promise, especially regarding on-site staffing, and we work to keep these costs as low as possible. We track and report to you all staff hours worked, as well as hours not provided. To demonstrate compliance with the contracted staffing plan, CCS provides a monthly statistical report showing staffing fill rates. Each month, we provide accounting of actual days/hours worked by the entire medical staff to the YSC in the form of an FTE report. We compile these reports by pay period to provide true transparency and allow for auditing down to the individual and shift. Because these reports are automatic, all historical reports can be searched, queried, and drilled down in moments. Our automated FTE reporting system allows for 100% auditable reporting of contract versus worked staffing reports (Figure 2).



Total Hrs in Period: 160

Staffing Report - Position Level (FTE)

For Period: 05/06/2017 - 05/27/2017

* = Backfill Position

Position	Contract Totals			Productive Hours					Non-Productive Hours				Total Paid FTE	
	Actual FTE	Contracted FTE	Variance	Regular	Overtime Hourly	Overtime Salary	Holiday Worked	Total Productive	Vacation, Sick, & PTO	Holiday	Training	Other		Total Non-Productive
Administrative Assistant Clinical Site	1.041	1.000	0.041	1.000	0.041	0.000	0.000	1.041	0.000	0.000	0.000	0.000	0.000	1.041
Certified Medical Assistant *	8.438	11.900	-3.462	7.905	0.533	0.000	0.000	8.438	0.542	0.000	0.000	0.150	0.692	9.129
Dental Assistant *	0.881	1.200	-0.319	0.881	0.000	0.000	0.000	0.881	0.072	0.050	0.000	0.000	0.122	1.003
Dentist *	0.914	1.000	-0.086	0.903	0.000	0.011	0.000	0.914	0.100	0.000	0.000	0.000	0.100	1.014
Dentist Hourly	0.000	0.200	-0.200	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Director of Nursing	1.219	1.000	0.219	0.969	0.000	0.200	0.000	1.169	0.050	0.000	0.000	0.000	0.050	1.219
Health Services Administrator	1.072	1.000	0.072	0.992	0.000	0.080	0.000	1.072	0.000	0.000	0.000	0.000	0.000	1.072
Limited License Psychologist	0.000	2.000	-2.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
LPN *	22.776	32.100	-9.324	21.428	1.347	0.000	0.000	22.776	1.079	0.050	0.000	0.100	1.229	24.004
MD1400 0974 Job Code NOT in the	0.817	0.000	0.817	0.817	0.000	0.000	0.000	0.817	0.000	0.000	0.000	0.000	0.000	0.817
Medical Director *	1.034	1.200	-0.166	0.963	0.000	0.072	0.000	1.034	0.000	0.000	0.000	0.000	0.000	1.034
Medical Records Clerk	4.961	5.800	-0.839	4.447	0.122	0.000	0.000	4.569	0.375	0.017	0.000	0.000	0.392	4.961
Mental Health ARNP *	0.164	2.500	-2.336	0.164	0.000	0.000	0.000	0.164	0.000	0.000	0.000	0.000	0.000	0.164
Mental Health Director *	1.069	1.000	0.069	1.000	0.000	0.069	0.000	1.069	0.019	0.000	0.000	0.000	0.019	1.088
Mental Health Professional *	8.987	7.800	1.187	8.622	0.366	0.000	0.000	8.987	0.432	0.050	0.000	0.000	0.500	9.489
Nurse Educator *	1.028	1.000	0.028	0.995	0.000	0.033	0.000	1.028	0.000	0.000	0.000	0.000	0.000	1.028
Nurse Practitioner *	2.078	1.700	0.378	1.864	0.000	0.214	0.000	2.078	0.050	0.000	0.000	0.000	0.050	2.128
Nurse Practitioner Hourly	0.000	0.800	-0.800	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Pharmacy Technician *	5.731	5.600	0.131	5.484	0.247	0.000	0.000	5.731	0.100	0.150	0.000	0.000	0.250	5.981
Physician Hourly	0.000	1.200	-1.200	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Psychiatrist	0.000	0.700	-0.700	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Psychiatrist Hourly *	0.962	0.400	0.562	0.963	0.000	0.000	0.000	0.962	0.000	0.000	0.000	0.000	0.000	0.962
Psychologist Hourly	0.000	2.000	-2.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Quality Improvement Coordinator *	0.752	1.000	-0.248	0.734	0.000	0.017	0.000	0.752	0.250	0.000	0.000	0.000	0.250	1.002
RN *	20.066	33.900	-13.834	18.883	1.183	0.000	0.000	20.066	0.434	0.000	0.000	0.000	0.434	20.500
RN Charge Nurse *	0.798	0.000	0.798	0.781	0.017	0.000	0.000	0.798	0.200	0.000	0.000	0.000	0.200	0.998
RN2500 0973 Job Code NOT in the	0.795	0.000	0.795	0.750	0.045	0.000	0.000	0.795	0.000	0.000	0.000	0.000	0.000	0.795
X ray & Lab Technician *	1.000	1.000	0.000	0.998	0.002	0.000	0.000	1.000	0.000	0.006	0.000	0.000	0.006	1.006
Grand Total	86.584	119.000	-32.416	81.544	3.902	0.695	0.000	86.142	3.721	0.323	0.000	0.250	4.293	90.437

* = Backfill Position

Figure 2. Sample FTE Report. Our automated FTE reporting system allows for 100% auditable reporting of contract versus worked staffing reports.

1.5.3 Staffing Coverage

CCS ensures the same staff category coverage during periods of planned or unplanned absence. The CCS staffing plan and relief factor calculations ensure adequate coverage for holidays, weekends, vacation and sick days, emergencies, and any other extenuating circumstances that may arise. CCS uses part-time and per diem personnel to provide coverage for scheduled absences and to supplement any full-time staffing needs.

CCS maintains a PRN pool to ensure backfill and relief coverage is available when needed. PRN pool employees are staff members who are committed to several shifts per month and who are open to working when full-time staff members are absent. Our PRN staff completes orientation and ongoing training consistent with our full-time team members to ensure they are capable and ready to provide continuity of services.

CCS reacts swiftly to vacancies and other potential staffing crises to ensure there are no long-term staffing holes. We use PRN, locum tenens, or overtime coverage as temporary solutions until permanent positions are filled, for a period not to exceed 30 days.



1.5.4 Timekeeping

CCS has developed a best-in-class system for staff accountability, timekeeping, and reporting. We maintain Kronos time clocks in all facilities that have full-time staff. Time data transmits electronically to ADP for payroll processing.

Employees are required to clock in and out for shift changes as well as for breaks. When an employee misses a punch, they must fill out a written missed punch report, which is turned in to the local manager and forwarded to the CCS Home Office in Nashville. Employees undergo a disciplinary plan after an excessive number of missed punches.

Punch data is aggregated centrally and accessed via the CCS timekeeping website for local and regional oversight. All supervisors have access to the timekeeping website and punch data is available within seconds. Time and pay data are allocated to the individual departments where the employee works and provided back to the client in the form of the FTE report.

1.5.5 Proposed Staffing

CCS proposes a staffing option that includes 40 day hours of HSA coverage Monday through Friday, and on-call 24/7; two hours of Mid-Level Provider (NP/PA/ARNP) weekly; and 16 hours of License Practical Nurse evening coverage Monday through Friday; and eight hours of coverage on Saturday and Sunday. This will allow CCS nursing staff to conduct the routine medication pass. It also provides for two hours monthly of tele-psychiatrist coverage. While this is not exactly what Lancaster County is asking for it in its RFP, our experience at Lancaster YSC suggests that this model is capable of helping you achieve your goals for providing healthcare services that meet the community standards while being good stewards of tax dollars.

CCS Proposed Staffing for YSC – Option 1									
Day Shift									
Position	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/Wk	FTE
Health Service Administrator	8	8	8	8	8			40	1.000
Mid-Level Provider (NP/PA/ARNP)			1					1	0.025
Psychiatrist				0.03				0.03	0.001
Licensed Practical Nurse						4	4	8	0.200
Total Hours/FTE – Day								49	1.226
Evening Shift									
Licensed Practical Nurse	3	3	3	3	4	4	4	24	0.600
Total Hours/FTE – Evening								24	0.600
Weekly Total									
Total Hours/FTE per week								73	1.826

CCS is always prepared to collaborate and deliver a staffing plan that helps you achieve your professional objectives.



1.5.6 Key Personnel

Following is an overview of key leadership staff involved with the delivery of services at the YSC and the subsequent management of operations. These are more than just names in a proposal, but rather familiar faces you have seen walking the hallways of the YSC and supporting our program. To demonstrate the qualifications of our staff, we have provided detailed resumes for key personnel, including the CCS Executive Team and Regional Management Team in **Tab 4, Appendix**.

On-Site Management

- **Health Services Administrator:** Connie R. Nelson, RN, BSW, BSN
- **On-Site Medical Director:** Waunita Kempf, APRN-NP
- **Psychiatrist:** Charles Zaylor, DO

Regional Management

Strengthening communication and operational workflows in the CCS program is our Regional Management Team, comprising individuals who are familiar with Nebraska requirements and readily available to you. The CCS leadership team for the YSC includes:



Andrew Walter, Senior Regional Vice President

Mr. Walter brings a wealth of knowledge and experience to the correctional setting, with 25 years of corrections experience. His strong background in security allows him to provide special direction and understanding to staff working in the correctional settings. Mr. Walter also brings a unique medical aspect to this field, as he has been a paramedic for more than 24 years. He oversees a variety of State Department of Corrections facilities, as well as County jails of varying sizes. He is responsible for supervising more than 750 employees in various roles, both directly and indirectly within the correctional setting. Mr. Walter has been with the company since 2004.



Kim Gerdes, Regional Manager

Nebraska-based Kim Gerdes has more than 20 years of nursing experience, more than half in correctional health care industry. She spent five years as the Director of Nursing for the Tecumseh State Correctional Institution (TSCI) in Nebraska before being promoted to Regional Manager in 2010. During her tenure as Director of Nursing at TSCI, she won the CCS Director of Nursing of the Year award in 2006. Ms. Gerdes earned a Bachelor of Science in Nursing from Creighton University in Omaha, where she graduated Summa Cum Laude. She later completed the Master's Program at the Kansas University Medical Center in Kansas City.



Margo Geppert, MD, Regional Medical Director

Dr. Margo Geppert is Board Certified in Family Medicine. After 10 years in private practice in a traditional Family Medicine office in Fort Collins, Colorado, she transitioned to Correctional Medicine in 2003. Dr. Geppert has served as Site Medical Director at Larimer County Jail in Ft. Collins, Colorado (11/2003 to 12/2014) and Weld County Jail in Greeley, Colorado (1/2006 to 11/2015). She was promoted to Regional Medical Director in October 2014 with Correct Care Solutions and thoroughly enjoys working with the sites she oversees in her territory.



Scott Wilson, LCP, Regional Behavioral Health Manager

Mr. Wilson has over 20 years of correctional health care experience, working as a Mental Health Professional, Mental Health Coordinator, and Regional Behavioral Health Manager. He has specialized training in sex offender evaluations and risk assessment processes. Mr. Wilson has successfully managed mental health services for a state’s reception and diagnostic unit, and for a facility with a long-term restrictive housing unit. He also has considerable expertise managing and treating the severe and persistently mentally ill in correctional settings in addition to those presenting significant behavioral management challenges. As a Behavioral Health Manager, his focus is providing effective leadership and clinical direction to facility mental health providers, health care providers, and administrators.

Home Office Support

The CCS Home Office in Nashville, Tennessee, directly supports our on-site medical and administrative staff at the YSC. Our Home Office support includes a staff of Human Resource professionals to guide all recruiting and hiring, as well as Leadership Development and Clinical Education teams to train new and retained staff members. Our Finance and Accounting teams provide regular, thorough reporting, and our Information Technology department ensures that all technology meets your needs and requires minimal resources. In addition to the proposed on-site staff, and the CCS Executive and Regional Teams, the medical program is also be supported by the following Home Office personnel:

CCS Home Office Resources	
HR Senior Director Stephanie Popp	615-324-5706 SPopp@correctcaresolutions.com
Employee Benefits Tanya Blake	615-324-5709 TBlake@correctcaresolutions.com
Employee Relations Pat Rice	615-324-5730 PMRice@correctcaresolutions.com
Physician/Provider Recruiter Cheryl Klarich	720-622-8096 CKlarich@correctcaresolutions.com
Nurse Recruiter Erin Wallace	615-312-7251 ErWallace@CorrectCareSolutions.com
Recruiting Coordinator Dejin Numan	615-815-2739 DNuman@correctcaresolutions.com
IT & Network Development Support Richard Lee	615-844-5400 RLee@correctcaresolutions.com
Legal Counsel	615-324-5724



CCS Home Office Resources

Hannah Bernard, Esq.	HaBernard@correctcaresolutions.com
Accounts Payable Manager Stephanie Girdley	615-324-5729 SGirdley@correctcaresolutions.com
Designated Payroll Coordinator Rebecca Howell	615-312-7290 BHowell@correctcaresolutions.com
Designated Case Manager Lacey Meason	405-672-2145 LMeason@correctcaresolutions.com

Corporate Leadership



Chris Bove, Chief Operating Officer

Mr. Bove joined CCS in 2011 after successful leadership in a multi-service organization where he led a variety of teams. He brings this wealth of corporate experience along with his military leadership to the position of Chief Operating Officer. Mr. Bove is responsible for leading and coordinating the efforts of all CCS divisions. Prior to his most recent promotion, he served as President of our Local Detention Division (the largest within CCS), with operational oversight of local adult and youth detention and responsibility for the overall management and administration of the division. Mr. Bove graduated with a bachelor’s degree in engineering management from the United States Military Academy at West Point and a master’s degree in business organizational management from the University of La Verne in California.



Brad Dunbar, Executive Vice President, Local Detention Division

Mr. Dunbar is an accounting professional with more than 10 years of experience. He joined CCS in June 2016 as the Vice President of Accounting and was quickly promoted to Corporate Controller after demonstrating a keen understanding of the correctional health care industry. In November 2017, Mr. Dunbar was promoted again to Executive Vice President of the Local Detention Division, with responsibility for the largest division within CCS. He provides operational oversight of local adult and youth detention facilities and is ultimately responsible for the overall management and administration of the division. Mr. Dunbar has a BBA in accounting from the University of Memphis.



Carl Keldie, MD, Chief Clinical Officer

Dr. Keldie joined CCS as Chief Clinical Officer in 2015. His primary responsibility is ensuring that CCS provides our patients with quality health care. Dr. Keldie also works as a liaison between medical staff and administration to support positive channels of communication while ensuring appropriate care to all patients. He comes to CCS with over three decades of clinical and administrative experience. Dr. Keldie's previous responsibilities include providing direct patient care in primary care, urgent care, and emergency medicine in civilian, Department of Defense, and correctional medicine settings. His professional memberships include the American Medical Association, Society of Correctional Physicians, American Correctional Association, and the National Commission on Correctional Health Care. Dr. Keldie earned a bachelor's degree in biology from the University of South Florida and a doctor of medicine degree from the University of South Florida College of Medicine. He is a fellow of the American College of Emergency Medicine and is board certified by the American Board of Emergency Medicine.



Cassandra Newkirk, MD, Chief Psychiatric Officer

Dr. Newkirk joined Correct Care Recovery Solutions (CCRS) in 2005. Her career spans over 32 years in forensic psychiatry and correctional mental health services administration. Having previously served as Chief Medical Officer for CCRS, Dr. Newkirk is now the Chief Psychiatric Officer for CCS, making her the psychiatric leader for CCRS clinical activities while adding oversight duties for CCS psychiatric correctional programs. Immediately prior to joining CCRS, she was the Director of Mental Health at Rikers Island in New York. Dr. Newkirk practiced general and forensic psychiatry in Atlanta with faculty appointments at Emory University and Morehouse Schools of Medicine, and currently holds a voluntary faculty position at Florida International University. She also served as Deputy Commissioner and Chief Psychiatrist for the Georgia Department of Corrections. Dr. Newkirk has held a variety of positions on professional-related organizations, including the American Correctional Health Services Association, Florida Psychiatry Society, and the Georgia Psychiatric Physicians Association. She received her bachelor's degree from Duke University, her doctor of medicine degree from the University of North Carolina at Chapel Hill, and a master's degree in business administration with emphasis in health care management from Regis University. Dr. Newkirk completed her residency in psychiatry at Emory University School of Medicine. She is board certified in general and forensic psychiatry.



Dawn Ducote, LCSW, CCHP, CQHQ, Director of CQI

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



Kristin Malone, RN, CCHP, Corporate Director of Nursing

Ms. Malone joined CCS in 2014 as a Regional Nursing Support Training Specialist and progressed to the positions of Deputy Director of Nursing Services and most recently to Corporate Director of Nursing. She has an in-depth knowledge of corrections from both custody and clinical viewpoints with more than 12 years of experience in corrections, including 3 years as a Corrections Officer in a 1,300-bed jail housing local, state, and federal male and female residents, where she was presented with an Award of Excellence and Academic Award during officer recruit training. Ms. Malone also spent 5 years as a staff nurse, Director of Nursing, and interim Health Services Administrator at the site level.

Organization

CCS is focused on a strategic plan that allows our organization to work efficiently and promotes success through enhanced communication. All CCS employees function as a team, and every team member expects to be part of the solution. Our corporate organizational structure is simple, effective, and functional by design. It ensures that everyone, from the highest level of management to each member of our line staff, understands accountability and responsibility for all actions. As such, all of our company resources are available to you. Please see our company organizational chart (Figure 3) and our proposed organizational chart for the YSC (Figure 4).



Medical Services – Youth Service Center (RFP 17-250)
Lancaster County, Nebraska



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Medical Services – Youth Service Center (RFP 18-026)
Lancaster County, Nebraska

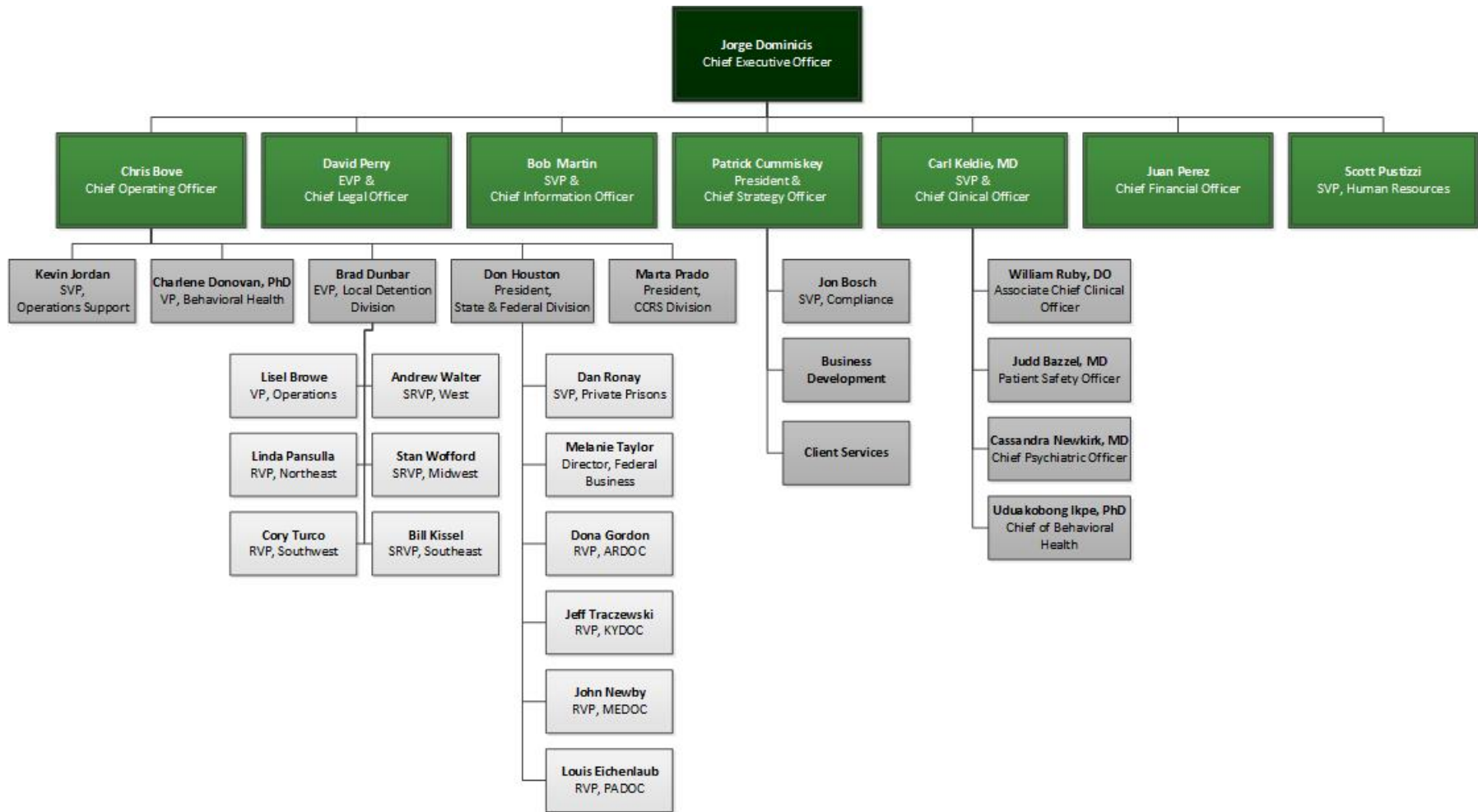


Figure 3. Corporate Organizational. Our structure is simple, effective, and functional by design to ensure that everyone understands accountability and responsibility for all actions.



Medical Services – Youth Service Center (RFP 18-026)
Lancaster County, Nebraska



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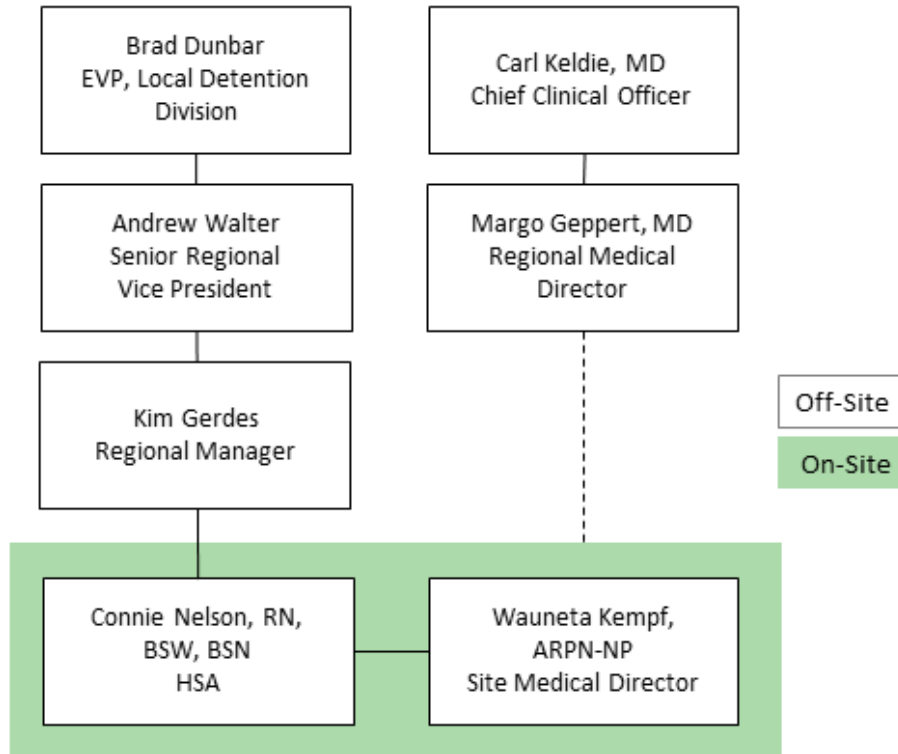


Figure 4. Project Team Reporting Relationships

1.5.7 Subcontractors

CCS is not proposing the use of subcontractors to manage medical, dental, and psychiatric services for the Youth Service Center. We will provide pharmaceutical services through your contract with Pharmacia.



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2 Technical Proposal

2.1 Scope of Work

As your incumbent provider of health care services at the Youth Service Center since 2010, through our affiliated company, Correctional Healthcare Companies (CHC), CCS has provided superior and responsive comprehensive care that meets or exceeds NCCHC and Nebraska Jail Standards. In this section, we describe, how we will continue to deliver medical, dental, psychiatric, and pharmaceutical services going forward.

2.1.1 Medical Services

CCS coordinates care with the resident's primary care provider first, then with the local health department and our contracted medical staff as appropriate. Please see Section 3.8.2 for details regarding CCS's juvenile medical services experience.

2.1.2 Case Management

CCS provides multidisciplinary treatment plans and customized treatment and case management programs for those needing special accommodation. These plans help ensure proper placement, necessary care, and continuity of care throughout incarceration. We will continue to provide a case review of any resident at your request.

2.1.3 Sick Call

During the receiving screening process, we advise residents of their right to access health care and the process for requesting services. Residents have immediate access to sick call request forms that meet all standards and guidelines. Detention staff can also make referrals if they have concerns for the health status of a resident. We record all medical complaints, along with a recommended intervention and referral to appropriate health care staff. CCS allocates sufficient health care staff for the sick call process to allow timely service in accordance with NCCHC standards.

Qualified nursing personnel conduct sick call triage at least once daily when present (depending on the staffing option chosen). Nursing staff triage sick call requests within 24 hours of receipt on weekdays and 72 hours on weekends. Residents receive a face-to-face consultation at the next scheduled nurse sick call.

Should the need arise outside the scheduled sick call, residents who require urgent or emergent medical attention are seen on the same day they request such services.

2.1.4 Health Education for Juveniles

CCS understands the unique needs of the juvenile population in consideration of their ongoing growth and development. We offer a wide range of health education programs that can be customized to meet the specific needs of the juvenile population at the YSC. CCS provides health education through a variety of means, whether individually during sick call or clinic visits, or through group sessions when applicable, for more widespread issues such as MRSA, smoking cessation, fitness, and the flu. Informational pamphlets are available in the clinic areas, and residents with chronic conditions such as asthma or diabetes are provided with health education stressing the importance of proper health management and nutrition.



In our Louisiana Office of Juvenile Justice (OJJ) sites, where we have provided statewide comprehensive juvenile health care services for the past six years, we have implemented health education programs that have proven to be effective preventative tools with the juvenile population. CCS nurses coordinate with the Louisiana OJJ teachers to conduct student education in the classroom setting, which has created a significant increase in juvenile participation in this important area. Juveniles are provided with brief, easy-to-understand handouts that offer educational information on topics ranging from personal hygiene and exercise, stress management, and adolescent development.

2.1.5 Staff Availability for Court Appearances

CCS medical staff is available for in-court testimony as requested by the Lancaster County Attorney’s Office. Staff also will attend related meetings or conferences when requested.

2.1.6 Non-Prescription Medications

Our Policies and Procedures Manual covers the specific requirements for administering non-prescription medications. Our site Medical Director, Wauneta Kempf, APRN-NP, authorizes the administering of specified non-prescription products and employs specified methods of treatment for routine, non-emergency issues that arise at YSC.

2.1.7 Laboratory Services

CCS trains all qualified health care personnel on collecting and preparing laboratory specimens. We process a majority of all phlebotomy and lab services on site, including but not limited to:

- Dipstick urinalysis
- Finger-stick blood glucose
- Pregnancy testing
- Stool blood testing

A medical provider reviews and signs-off on all laboratory results.

CCS trains all on-site staff on our laboratory policies and provides a diagnostic procedure manual that includes reporting on STAT and critical values. We document all diagnostic laboratory reports and any resulting plans for follow-up care in the patient’s medical record.

2.1.8 Informed Consent

Examinations, treatments, and procedures are governed by informed consent practices applicable in the jurisdiction. For invasive procedures or any treatment where there is risk to the patient, we document informed consent on a written form containing signatures of the patient and health care staff witness. The informed consent process includes informing the patient of the benefits and risks of the procedure. We obtain and document informed consent before performing any procedures and treatment governed by informed consent in the jurisdiction. We document refusal for any health evaluation, treatment, or medication and provide an explanation and the patient’s signature. If there is

The form is titled "INFORMED CONSENT" and includes the following sections:

- A header with the CCS logo and the title "INFORMED CONSENT".
- A line for the patient to request a procedure: "I request _____ to perform upon me the following procedure(s): _____".
- A paragraph explaining that if unforeseen conditions arise, the patient authorizes different procedures.
- A paragraph stating that no warranty or promise is made regarding the outcome of the procedure.
- A paragraph regarding the administration of anesthesia and other drugs, stating that risks are explained.
- A paragraph regarding the examination and disposal of tissues, parts, or organs.
- A paragraph stating that the patient has been given an opportunity to ask questions and understand the risks.
- Signature lines for the Patient, Witness, and Physician, each with a corresponding "Date" field.
- A footer section with fields for Patient Name, DOB, and Date.



concern regarding the patient’s decision-making capability, we refer the patient to the appropriate medical or mental health provider.

2.1.9 Staffing Coverage

CCS provides medical services to the YSC from 7 a.m. to 9 p.m., Monday through Friday, and eight hours of LPN coverage on Saturday and Sunday. Medical staff is available on-call during other hours.

The proposed staffing plan in **Section 3.9.5** includes a provider who will be available to YSC 24 hours a day, seven days a week. All matters of medical health judgment shall be the sole province of the provider, Wauneta Kempf, APRN-NP.

CCS ensures the same staff category coverage during periods of planned or unplanned absence. The CCS staffing plan and relief factor calculations ensure adequate coverage for holidays, weekends, vacation and sick days, emergencies, and any other extenuating circumstances that may arise. CCS uses part-time and per diem personnel to provide coverage for scheduled absences and to supplement any full-time staffing needs.

CCS maintains a PRN pool to ensure backfill and relief coverage is available when needed. PRN pool employees are staff members who are committed to several shifts per month and who are open to working when full-time staff members are absent. Our PRN staff completes orientation and ongoing training consistent with our full-time team members to ensure they are capable and ready to provide continuity of services.

CCS reacts swiftly to vacancies and other potential staffing crises to ensure there are no long-term staffing holes. We will use PRN, locum tenens, or overtime coverage as temporary solutions until permanent positions are filled, for a period not to exceed 30 days.

2.1.10 Recruiting

The CCS Home Office provides on-site support to our clients through our highly skilled Human Resources department, which facilitates the recruitment, development, and retention of health care professionals in our client communities. Our dedicated team of Recruiters, Sourcing Specialists, and Coordinators assist our staff and clients with finding high-potential candidates, screening applications, conducting interviews, and making hiring decisions. CCS only recruits and interviews candidates who are currently licensed or certified in the State of Nebraska.

CCS uses the iCIMS Applicant Tracking System (ATS) to maximize our talent recruiting processes. Hiring Managers work with a dedicated Recruiter and the CCS recruiting team to post any open positions in the ATS. The Hiring Manager and Recruiter can subsequently view applicants’ information in the ATS. The iCIMS Talent Acquisition Software Suite helps CCS leverage mobile, social, and video technologies to manage our talent acquisition lifecycle. iCIMS helps CCS build talent pools, in addition to automating our recruitment marketing, applicant screening, and onboarding processes. The talent acquisition process is illustrated in Figure 5.



Figure 5. Recruiting Process. iCIMS helps CCS build talent pools, in addition to automating our recruitment marketing, applicant screening, and onboarding processes.

2.1.11 Medication Pass

CCS medical care staff administers medications during normal clinical hours. YSC staff dispenses medications during non-clinical hours. Please see details about our pharmaceutical services and medication administration in **Section 4.1.1. Medical Services.**

2.1.12 Supplies

CCS’s medical care staff manages all first aid supplies and first responder kits. We inventory and replenish supplies regularly.

2.1.13 Orientation and Training

The lives and health of our patients depend on the knowledge, practical skills, and competencies of the professionals who care for them. Caring for and respecting patients in correctional facilities requires hiring ethical and competent professionals, and then building upon their skills through continued training initiatives. CCS provides appropriate orientation and training for all health care personnel. Additionally, we extend appropriate educational offerings to YSC employees and will train corrections staff in medical issues as requested.

Orientation

CCS provides a comprehensive three-phase training program for our employees. New staff members go through the CCS Onboarding process, and all employees receive ongoing skills/knowledge assessment through our Performance Enhancement and Leadership Development programs. All CCS staff members are required to participate in each phase of training. The frequency and focus of each training phase will be determined by the position and learning capacity of individual employees.

Training

CCS routinely offers continuing development and training opportunities for our employees, and we will work with you to ensure that on-site personnel receive corrections-specific training opportunities. We offer both in-house and community opportunities for continuing education programs applicable to a career in correctional health care. By encouraging our employees to take advantage of these opportunities, CCS is building an even stronger, more professional staff equipped to meet our clients’ diverse needs.



In-Service Training

CCS maintains a video library and other reference materials that facilities can use to build site-specific training programs. The CCS Training Department also offers self-study continuing education and training programs on a monthly basis. CCS distributes the self-study training programs electronically, and participants who successfully complete a skills program receive a certificate of completion. The CCS Training Department is available for technical assistance as needed.

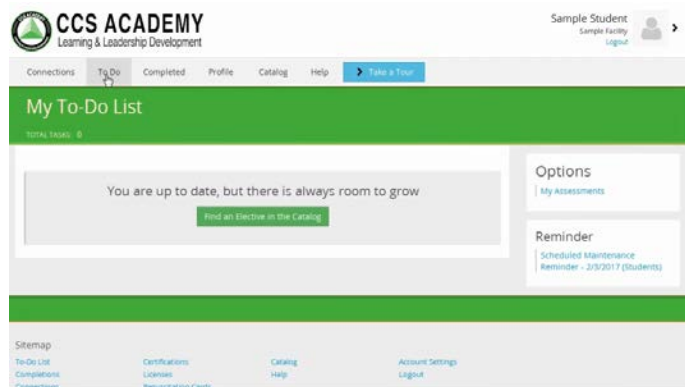
Self-study training programs build on the foundation established during the orientation process and are conducted in accordance with professional and legal standards. For example, CCS ensures that all staff members are trained on PREA standards by providing education, testing their knowledge, and providing certification based on demonstrated competency; Suicide Prevention training is a mandatory part of CCS new employee orientation and is required annually for all CCS employees and subcontractors.

CCS Academy Learning Center



CCS has partnered with HealthStream to create the CCS Academy Learning Center, which CCS uses to deliver, track, and manage training content, including E-learning courses, classroom courses, other learning events, certifications and licenses, and more. Staff simply logs in and click the To Do tab, which shows all assigned training courses with due dates. When new courses are added to their To Do list, they will receive an email notification. After completing training, the trainee receives a certificate of completion. Mandatory courses for all CCS employees include, but are not limited to: HIPAA, Sexual Harassment, Bloodborne Pathogens, and Hazard Communication. Site-specific courses can also be added to the Learning Center.

Once staff has completed all assigned courses, the To Do list tab shows that they are up to date and provides access to non-mandatory courses for further professional development. Additionally, under the Profile tab, staff can add information regarding certifications, licenses, resuscitation cards, and more. Plans for the Learning Center include coursework for nursing CEUs, which will auto-populate based on training needed to maintain certifications and licenses. Staff can also view and print a list of completed courses. Courses taken outside can be added to their completed courses transcript.



Continuing Education

While employees are ultimately responsible for their own development, it is our philosophy to provide CCS team members with the proper tools to build on their knowledge and further their success. CCS maintains a continuing education provider license that allows us to offer continuing education credits to nursing personnel as an employee benefit. Employees have the opportunity to complete at least 40 hours of continuing education training annually.



The HSA is responsible for ensuring that health care personnel receive, at a minimum, one hour of continuing education per month, to include topics on issues specific to the YSC. CCS identifies new topics on an ongoing basis through the Continuous Quality Improvement Program (CQIP). The HSA documents completed training in an individualized training record for each employee.

CCS has also arranged for employees to receive Continuing Education Units (CEUs) from Medscape, an online repository of clinical information and educational materials. Through Medscape, employees can access medical articles, recaps from conferences, research links, and other materials. Please see the following example of a self-study continuing education and training schedule.



2.1.14 Dental Services

CCS will continue to arrange dental services to satisfy the dental care needs of the YSC resident population in accordance with NCCHC standards and as defined in the YSC-approved Policies and Procedures Manual. We take the dental needs of our patients very seriously, as dental health can have a serious impact on the overall physical health of a patient. Neglect of dental needs can lead to serious infection, affecting both the health of the patient and cost of treatment.

Emergency dental services are available as needed. Medical staff evaluates the emergency in accordance with dental emergency protocols and refer the patient to an off-site emergency or dental provider if clinically appropriate.

2.1.15 Psychiatric Services

CCS believes in taking a proactive approach to the mental health needs of our resident populations. Mental health issues are a growing concern for all correctional facilities and a key focus in CCS sites. Our evidence-based mental health programming targets specific presenting issues and addresses recidivism risk factors.

Telepsychiatry

CCS believes telemedicine services are an excellent and cost-effective complement to a traditional, on-site health care program. As such, we have invested in the creation of a corporate CCS Telemedicine Program to support the advancement of telemedicine services for our clients. The provision of telemedicine does not replace face-to-face patient encounters, but rather acts as an adjunct service to reduce off-site transportation and security costs.

CCS conducts more than 2,500 synchronous telemedicine encounters each month at more than 120 facilities nationwide. The CCS Telemedicine Program has been well received by clients, clinicians, and patients. We have established a corporate department to optimize and advance telemedicine services for our clients. Additionally, we have invested deeply in technology, allowing facility staff to conduct seamless delivery of clinical services in partnership with our own network of telemedicine providers and strategic national and international telemedicine practice partners.



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

CCS uses telepsychiatry as an effective solution to the nationwide shortage of behavioral health professionals, using teleconferencing solutions to connect on-site behavioral health programs for increased access to care. The practice of telepsychiatry is one of the most prevalent forms of telemedicine in the United States. Telepsychiatry is an acceptable and proven alternative to in-person consultations and is recognized and endorsed by the American Telemedicine Association.

CCS is responsible for providing the software for the service. This service is fee-based and is included in the cost proposal.

Detox

Detox patients are treated off-site. We train our health care staff members to recognize the signs and symptoms of withdrawal and safely manage patients experiencing these symptoms. One example is our latest training initiative, “7 Minutes to Save,” which presents topics vital to the management of urgent and emergent issues encountered within a correctional setting in short, easy-to-comprehend training sessions. This program addresses many clinical topics, including withdrawal management, suicide prevention, pregnancy, and trauma. We have provided an example of the “7 Minutes to Save” trainer module for Alcohol and Benzodiazepine Withdrawal in **Proprietary Attachment 3**. Please note that this information is **PROPRIETARY AND CONFIDENTIAL**.

Receiving Screening

Many patients arrive in the correctional setting under the influence of drugs or alcohol. Significant histories of substance abuse increase the possibility that they will experience some degree of withdrawal. The receiving screening includes questions for the patient regarding types of substances used, time of last usage, frequency and amount of usage, how long the patient has been using, and side effects experienced when ceasing use in the past. During the receiving screening, medical personnel use a standardized form to evaluate all patients for signs and symptoms of withdrawal, including:

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



Patients who report alcohol and/or drug dependence or who we identify as being at risk for withdrawal receive a more in-depth assessment. CCS staff complete this assessment using the Addiction Research Foundation Clinical Institute Withdrawal Assessment – Alcohol (CIWA-Ar) and/or the Clinical Opioid Withdrawal Scale (COWS).

These tools have been researched and shown to be viable methods for assessing the severity of withdrawal symptoms based on observation of the patient's behavior or the patient's response to questioning. CCS medical personnel also use the CIWA-Ar/COWS tools to determine the responses of our patients to medications given to ameliorate withdrawal.

Observation and Monitoring

Patients determined to be at risk for alcohol or drug withdrawal undergo withdrawal monitoring. Nursing staff contact the physician/mid-level provider on duty or on call when patients are identified as high risk for withdrawal. Based on the clinical presentation of the patient, the provider may recommend placing them in observation. Patients experiencing withdrawal from alcohol, opiates, or benzodiazepines are monitored for at least five days or longer if deemed necessary by the provider.

COWS SCORE SHEET Opiate Withdrawal			
CIWA-Ar SCORE SHEET Alcohol and Benzodiazepine Withdrawal			
Patient Name (Last, First, MI):		DOB:	Patient ID No:
Date:			
CIWA-Ar Score	Interpretation	Action	
0-9	Minimal or no withdrawal	If 8 or above at the final CIWA-Ar scoring, consult with HCP	
10-15	Mild to moderate	If 10-15 for three sequential scores and not dropping, consult with HCP	
16 or greater	Moderate to severe	Consult with HCP using SBAR, document any guidance and orders given	
20 or greater	Severe	Consult with HCP STAT; if HCP unavailable send to ER for evaluation	
Notes:			
<ul style="list-style-type: none"> Initiation of clonidine medication is NOT dependent upon reaching any CIWA-Ar score or blood alcohol level; it is based upon history, patient report, and risk If score is rising (4-5 points between CIWA-Ar scores) consult with HCP using SBAR format 			
Complete each section of score sheet every 8 hours x 72 hours then BID x 48 hours			
Date: _____ Time: _____			
Vital Signs			
Contact HCP if vital signs outside of parameters			
Blood pressure (S) ≥180 or ≥90 (D) ≥110 or ≥80			
Pulse Remains in range of ≥110 or <60 (2 determinations 5 minutes apart)			
Temperature >101°F			
Respirations Persistently <10 (not during normal sleep) or ≥20 (2 determinations 5 minutes apart)			
CIWA-Ar Scoring			
Nausea/vomiting			
Tremors			
Skin			
Parasympathetic sweating			
Agitation			
Tactile disturbances			
Auditory disturbances			
Visual disturbances			
Anxiety			
Headache/Fullness in head			
Orientation			
Total Score (max score 67)			
Offered electrolyte replacement drink with each CIWA-Ar scoring			
Behavioral Health Screen			
Expresses thoughts about self-harm? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> N			
Does patient report a negative visit/phone call with family/friends since last nursing encounter? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> N			
Does patient report a negative outcome from court/video court since last nursing encounter? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> N			
Expresses feelings there is nothing to look forward to? (Feelings of hopelessness/hopelessness) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> N			
Clinical Staff Initial			
Initial	Signature	Initial	Signature

		Substance Withdrawal – Exam Form	
List Type(s) of Withdrawal: <input type="checkbox"/> Alcohol <input type="checkbox"/> Opiates <input type="checkbox"/> Sedative/Hypnotics <input type="checkbox"/> Polysubstance <input type="checkbox"/> Other: _____			
List current medications: <input type="checkbox"/> Thiamine 100mg PO Qday, <input type="checkbox"/> Clonidine 50mg PO TID/BID/QDay <input type="checkbox"/> COWS pm meds <input type="checkbox"/> Clonidine _____ mg PO BID/TID/QID <input type="checkbox"/> Other: _____			
SUBJECTIVE: (Any problems – include pertinent negatives)			
<input type="checkbox"/> Nausea	<input type="checkbox"/> Disorientation	<input type="checkbox"/> Tactile Hallucinations	<input type="checkbox"/> Irritability
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Dilated Pupils	<input type="checkbox"/> Sweating	<input type="checkbox"/> Goose-flesh
<input type="checkbox"/> Agitation	<input type="checkbox"/> Bone/joint aches	<input type="checkbox"/> Tremor	<input type="checkbox"/> GI upset
<input type="checkbox"/> Auditory Hallucinations	<input type="checkbox"/> Teasing	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Visual Hallucinations
<input type="checkbox"/> Runny Nose	<input type="checkbox"/> Hopelessness/Suicidality	<input type="checkbox"/> Headache	<input type="checkbox"/> Yawning
Comorbid Conditions: <input type="checkbox"/> Mental illness <input type="checkbox"/> HTN <input type="checkbox"/> DM <input type="checkbox"/> Seizures <input type="checkbox"/> CAD <input type="checkbox"/> HIV <input type="checkbox"/> Asthma <input type="checkbox"/> Other: _____			
Thoughts of self-harm/suicide? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Patient adherence: with medications? <input type="checkbox"/> Yes <input type="checkbox"/> No with assessments? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Current CIWA Score: _____ Current COWS Score: _____			
Range of CIWA scores: _____ Trending down <input type="checkbox"/> Trending up <input type="checkbox"/> Stable <input type="checkbox"/>			
Range of COWS scores: _____ Trending down <input type="checkbox"/> Trending up <input type="checkbox"/> Stable <input type="checkbox"/>			
Vital signs: Temp _____ BP _____ Pulse _____ Resp _____ Wt _____ FBS _____ Pulse Ox _____			
DIRECTED PHYSICAL		DIRECTED PHYSICAL EXAM	
SKIN	WNL	ABN	NOT DONE
HEENT/NECK			
HEART			
LUNGS			
Physical Exam Abnormalities:		OTHER: _____	
Assessment:		G F P NA I S W NA	
<input type="checkbox"/> Alcohol Withdrawal		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Opiate Withdrawal		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Sedative Hypnotic Withdrawal		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Polysubstance Withdrawal		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Plan:			
Medication changes: _____			
Diagnostic: _____			
Labs: _____			
Monitoring: <input type="checkbox"/> Per CIWA protocol <input type="checkbox"/> Per COWS protocol <input type="checkbox"/> Other: _____			
Education provided: <input type="checkbox"/> Nutrition <input type="checkbox"/> Exercise <input type="checkbox"/> Drug/ETOH use <input type="checkbox"/> Test results <input type="checkbox"/> Medication management <input type="checkbox"/> Other: _____			
Mental Health referral needed: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Follow-up? <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Days <input type="checkbox"/> 3 Days <input type="checkbox"/> 4 Days <input type="checkbox"/> 5 Days <input type="checkbox"/> 6 days <input type="checkbox"/> 1 Week <input type="checkbox"/> Other: _____ <input type="checkbox"/> PRN			
Provider Signature: _____		Date: _____	
Inmate Name: _____		DOB: _____	Date: _____

Patients undergoing withdrawal monitoring are assessed by medical personnel three times daily and anytime requested by facility staff. CCS will provide training for officers on CIWA/COWS protocols.

During each evaluation, the patient undergoes a short mental health screen that assesses current thoughts of suicidality, hopelessness, or recent bad news. A positive answer to any of these questions results in the patient being placed on suicide watch and the mental health provider is called.

Withdrawal can be uncomfortable and is a risk factor for suicides and suicide attempts, so CCS prefers to take this proactive approach.

Treatment

CCS establishes a physician treatment plan as soon as we assess the potential for withdrawal from alcohol or sedative-hypnotics. The Regional Medical Director



orients clinicians regarding effective management of care based on specific criteria. Medical personnel establish an individualized treatment plan based on their assessment of the patient's condition. The treatment plan may include prescribed pharmaceutical therapy, as indicated.

CCS has established a best practice for determining the medications to be used, the frequency of use, and the starting dose of these medications. This best practice has been translated into an order sheet used by practitioners to manage and treat the symptoms of withdrawal. This document dictates the minimum amount of medication that should be used to treat patients going through withdrawal, thus allowing for immediate use for most patients. Individual treatment plans are developed for those who do not respond as expected.

2.1.16 Pharmaceutical Services

CCS will continue to manage the YSC's pharmaceutical services through your contracted provider, Pharmerica and will operate the Pharmacy program as outlined in RFP 18-026.

CCS obtains juvenile insurance information and provides it to Pharmerica. We verify that prescriptions are covered by insurance before authorizing the prescription being filled. CCS will work with YSC administration and Pharmerica to ensure insurance or Medicaid filings happen when appropriate. We also coordinate the collection of other information needed by Pharmerica to meet requirements for filling prescriptions.

For juveniles not covered by insurance, we coordinate with the YSC Director or designee to determine the most efficient approach to meeting the juvenile's pharmaceutical needs. For example, we consider the anticipated release date and order medications accordingly.

Pharmaceutical Services for the YSC are guided by Policies and Procedures (OPS-200_Y-D-01 Pharmaceutical Operations) specific to the facility. These policies and procedures ensure efficient, effective, and timely medication administration.

Pharmerica delivers twice on weekdays and once on Saturdays. We use Walgreen's pharmacy at 5701 Village Boulevard, for local back-up services on Sundays, holidays, and in urgent or emergent situations. The facility determines what is considered an emergency.

All prescription orders are documented in the patient's medical record. Trained medical personnel administer medications within 24 hours following the ordering of the pharmacotherapy by the responsible clinician.

Stock Medications

CCS uses in-house stock medications only as appropriate and allowable within state guidelines.

Over-the-Counter Medications

CCS has a protocol to provide OTC medications to residents upon consultation with the CCS Medical Director and the YSC. When residents have non-prescription medications available outside of health services, these medications and access to them are approved jointly by the CCS Medical Director and the YSC Director. These items are reviewed annually.



Inventory Control and Security

Medication, supplies, and equipment are stored in a locked area. We store bulk supplies separately and inventory them weekly and whenever accessed. We maintain records to ensure adequate control. The medication room and all cabinets are locked anytime health care staff is not present. CCS staff ensures medication security. No resident has access to medication other than those administered by a qualified staff member. All prescriptions are bubble packed.

We maintain a limited supply of controlled drugs at the YSC. These drugs are under the control of the responsible physician. The HSA or her designee will monitor and account for these medications. Class II, III, and IV drugs are counted at the end of every shift by a staff member going off-duty and one coming on-duty. We report count discrepancies immediately and resolve them before the present staff goes off-duty. Controlled substances are signed-out to the resident receiving them at the time they are administered. As an additional level of control, CCS treats certain medications that are not controlled, but have the potential for misuse or abuse, as controlled substances.

Sharps and Supplies

During Orientation, each employee receives instruction on how to handle sharp instruments, utensils, and supplies. Needles, syringes, and other high-risk items are stored in locked areas and signed out to the individuals when they are used. Our trained staff will not leave sharps in any area when not in use. We inventory sharps at each shift change, and each employee is responsible for ensuring that the sharps count is correct. Trained employees never take the word of co-workers when conducting sharps counts. We discard used sharps as biomedical waste in leak-proof, puncture-resistant containers designed for this purpose.

Medication Administration

CCS follows written systems and processes for the delivery and administration of medications (Policy and Procedure OPS-200_Y-D-02 Medication Services) . Only personnel appropriately licensed in the State of Nebraska can administer medications, including over-the-counter medications. The CCS staffing plan includes nursing coverage to conduct medication pass, per physician's orders, at least twice daily for residents in general population, and more frequently as needed for residents in medical housing or observation. CCS ensures the timeliness and accuracy of the process. We coordinate with security staffing and consider meal times to ensure accurate and effective medication administration.

Equipment

We will incorporate a medication dispensing system at a central location in the Youth Service Center and provide at least one medication cart at the YSC. Additional carts are available if need and requested.

CCS will be responsible for all maintenance and repairs of equipment provided for use at the YSC, unless YSC staff causes the damage. All equipment will remain the property of the vendor.

CCS can dispense a minimum of three doses per order. Dispensing fees are included in our cost proposal.

Generic Medications and Narcotics

CCS will prescribe generic medications whenever possible unless the clinician provides justification for a brand name request. We will track the percentage of generic versus non-generic use and will provide statistical reports on all areas of pharmaceutical management. In accordance with CCS policy, providers



use sleep and pain medications only when clinically indicated. Only non-narcotic medications will be ordered in general population. Inmates that may require narcotic medications for a short-term purpose or otherwise shall be housed in the appropriate non-general population for the period that the medications are prescribed and will have the appropriate oversight by medical personnel.

We deliver services in accordance with applicable local, state, and federal laws and regulations, community standards, and our Policies and Procedures Manual to improve drug therapy for residents.

We notify you when insurance information is required within 24 hours of filling prescription and if prior authorization is necessary for insurance to pay for the medication. We ensure that pharmacy payments from the YSC are credited to the resident account and not to the general detention account.

CCS maintains a drug profile on each resident in the facility.

CCS guarantees the delivery of emergency prescriptions within two hours of notification through Walgreens at 5701 Village Boulevard.

CCS maintains two emergency drug supply kits at the YSC. These kits are property of CCS, as prescribed by law. We supply emergency medications to the facility, including Albuterol and Epi-pens. We bill residents directly for drugs used from the kits.

We follow applicable laws and regulations governing the billing and collection for drugs, IV solutions, biologicals, and supplies rendered to private insurance, private pay, or Medicaid residents, and to individuals eligible to receive them under any state reimbursement program.

We will customize our invoice to meet your requirements.

2.2 Business Requirements

2.2.1 Reporting Requirements

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

Quarterly update reports ensure the effectiveness of our health care system. These reports document changes, improvements, and corrective actions since the previous reporting period. They include key data such as number of juveniles receiving health services by category of care, actions taken, medication and supply costs, and other information as requested. We will continue to submit an annual quarterly statistical summary report. Our reports can be customized to meet your specific need.

CCS medical staff supplement these reporting requirements by meeting with the YSC Director at least quarterly.



2.2.2 Policy and Procedure Manual Requirements

CCS has developed a Policies and Procedures Manual tailored to health care services provided at the YSC. This manual, approved by the YSC, meets or exceeds NCCHC and ACA standards. The manual is reviewed and revised as CCS and/or YSC policies are modified, no less than once per year. A copy of our current Policies and Procedures Manual is on file in the clinic office.

2.2.3 Licensing and Professional Requirements

Licensing

Only persons who are fully qualified and appropriately licensed, certified, or registered in the State of Nebraska may provide Health care services to the YSC. We ensure that all employees and contractors are properly licensed or certified for their positions. We also maintain proof of malpractice insurance for all applicable employees. CCS ensures completion of annual training necessary to maintain licenses and/or certifications. All health care personnel maintain current first aid and CPR/AED certification and attend appropriate workshops to maintain their licensure.

Once we select on-site personnel, we provide applicable certification and licensing information to the YSC. Before employment, we provide copies of all background and credentialing information for professional staff, including licenses, CME credits, proof of professional certification, Drug Enforcement Administration (DEA) numbers, malpractice insurance certificates, evaluations, position responsibilities, and up-to-date resumes.

CCS ensures that personnel files (or copies thereof) of CCS and contract employees are maintained on site and are readily available to the designated YSC authority. Personnel files include copies of current registration certificates for licensed practitioners. We make updated data and other relevant information available on request.

Credentialing and Privileging

CCS has a credentialing process (Figure 6) to ensure all personnel are up to date on state licensure requirements. The CCS Risk Management Department oversees credentialing activities. All health care practitioners (i.e., employees, subcontractors, and locum tenens) providing on-site service for CCS must complete the credentialing process prior to starting work. The credentialing process begins as soon as CCS determines we will be making an offer of employment to the candidate.



Figure 6: The CCS Credentialing Process. All health care practitioners (i.e., employees, subcontractors, and locum tenens) providing on-site service for CCS must complete the credentialing process prior to starting work.

Credentialing Criteria and Verification		
Check	Criteria	Verification Method
✓	Valid, current and unrestricted state professional license.	SourceOne CVO
✓	No recorded revocation or limitation of professional license.	National Practitioner Data Bank
✓	Current DEA privileges with no involuntary restrictions.	SourceOne CVO
✓	Current state controlled substance registration with no involuntary restrictions	SourceOne CVO
✓	Valid, current and sufficient professional liability coverage.	Certificate of Insurance
✓	Acceptable malpractice claims history.	SourceOne CVO
✓	Graduation from accredited medical school (or other professional program for non-physician professionals).	SourceOne CVO
✓	Acceptable completion of accredited residency program.	SourceOne CVO
✓	Never been subject to any medical staff monitoring or special review activity of public record (or reasonably discoverable upon proper inquiry).	National Practitioner Data Bank
✓	No recorded expulsion or suspension from receiving payment under Medicare or Medicaid programs.	National Practitioner Data Bank
✓	No recorded conviction or charge of a criminal offense.	National Practitioner Data Bank
✓	No record of disciplinary actions in prior states in which provider practiced.	National Practitioner Data Bank
✓	Board certification in listed specialty (where certification is applicable).	SourceOne CVO



2.2.4 Confidentiality

CCS adheres to all laws relating to confidentiality of patient information. We secure medical records as required by law and other applicable state or federal statutes and regulations as they relate to juveniles. All records will be maintained in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as well as the Health Information Technology for Economic and Clinical Health (HITECH) amendment to HIPAA. Compliance training for HIPAA and HITECH is a mandatory part of CCS new employee orientation. Annual training is also required for all CCS employees.

CCS manages the security and accessibility of resident medical records in compliance with state and federal privacy regulations. The CCS Medical Director approves medical record policies and procedures, and defines the format and handling of medical records. We maintain each patient's medical record separate from the confinement record. The HSA controls access to medical records to ensure patient confidentiality. The YSC has access to any information deemed necessary in determining a resident's security rating, housing assignment, job suitability, etc.



3 Project Schedule

3.1 Detailed Schedule of Start-Up Work Activities

As your current health care partner, all our processes, people, policies, procedures, and technologies are in place and functioning at a high level. No competitor can offer that level of assurances for disruption-free continuity of care for your residents. To illustrate our capabilities, however, CCS has the verifiable ability to transition start-up services within 30 days, and on occasion, has done so with less than two weeks' notice. Following are examples of our transition successes that highlight our accomplishments following transition. We encourage you to contact any of the following clients to verify CCS's transition success at their sites.

3.1.1 *Orange County, New York (Transitioned from QCCH)*

CCS was contacted in early February 2016 with the request for an emergency procurement to transition services from their incumbent provider. Under the incumbent provider, delivery of services was a major issue, and retention of qualified staff was an ongoing problem. CCS completed the transition in 10 days and began providing services on February 19, 2016. The CCS transition team of 20 professionals, as well as an experienced, interim HSA, were on-site on Day One. Additionally, our Care Management program was implemented and operational on Day One. We hired all needed staffing to provide the required services and implemented on-site oral surgery to minimize off-site transports.

3.1.2 *Onondaga County, New York (Transitioned from CMC)*

In Onondaga County, the Sheriff's contract with the incumbent was scheduled to end on December 31, 2013. However, the Sheriff's Office requested that CCS begin providing services early. CCS transitioned services at all three Onondaga County facilities more than a month ahead of schedule on November 15, 2013. Because significant issues were identified during an earlier NCCHC audit, CCS immediately conducted baseline CQI studies and identified areas where improvements were needed so that a Corrective Action Plan was operational on Day One.

3.1.3 *Jefferson County, Texas (Transitioned from NaphCare)*

CCS typically transitions services within 30 days, but in the case of Jefferson County, Texas, we did so in just *under two weeks*. The previous provider was asked to extend their contract month-to-month when the RFP process ran behind. Despite a 10-year working relationship, the provider declined. When asked in mid-January to stay on-site until the end of February to ensure a smooth transition, the provider informed the Sheriff's Office they would be leaving just 12 days later. With only 12 days' lead-time, CCS transitioned the Jefferson County contract and implemented our Electronic Record Management Application (ERMA), which was operational on Day One. Our ability to rally the staff and transition services without disruption of care allowed us to reinforce why the Sheriff's Office made the correct decision in awarding the contract to CCS.



3.1.4 Lexington County, South Carolina (Transitioned from Corizon)

CCS was able to transition our contract in Lexington, South Carolina in less than seven (7) days. Upon transition of services, CCS put into place an ongoing quality improvement study regarding off-site emergency transports and evaluated each case for efficacy of care provided on-site. In just three months, we dramatically decreased the number of emergency trips. The study also ensured total accountability regarding efficacy of care.

3.2 Performance Record for Timeliness

The best indicator of CCS's commitment to professionalism and timeliness is our verifiable ability to transition start-up services within 30 days, and on occasion, with less than two weeks' notice. Please see several examples in **Section 5.1**, above.

3.3 Current Projects

A summary matrix of all current CCS juvenile projects is provided in **Proprietary Attachment 2**. This information is **CONFIDENTIAL AND PROPRIETARY**.

3.4 Standardized Reports

CCS has not been providing reports related to pharmacy utilization and costs since the YSC has been contracting its pharmaceutical program directly with Pharmerica.



4 Appendix

4.1 Bid Bond

The bid bond that we provided to you in our original response is still valid. A copy of that bond is in **Tabbed Attachment A**.

4.2 Staff Resumes

Please see staff resumes in **Tabbed Attachment B**.

4.3 Policies and Procedures

A complete Policies and Procedures manual, approved by the YSC, is on file in the nurse's office. A sample from our Policies and Procedures Manual is provided in **Proprietary Attachment 4**.

4.4 New Hire Orientation and Training

A sample of our nursing new hire orientation checklist and annual training schedule are provided in **Proprietary Attachments 5 and 6**.

4.5 Insurance Certificates

Insurance certificates are available in **Tabbed Attachment C**.

4.6 Cost Proposal

Attachment 1 – Cost proposal is provided in a separate folder.



5 Proprietary Information

CCS has provided the following attachments considered as Trade Secrets under Neb.Rev.St. § 84-712.05(3) in a separate container marked as “PROPRIETARY INFORMATION,” as instructed on page 19, Section I, of the RFP:

Litigation History CONFIDENTIAL AND PROPRIETARY	1
Summary Matrix of Clients CONFIDENTIAL AND PROPRIETARY	2
Training Module for Alcohol and Benzodiazepine Withdrawal CONFIDENTIAL AND PROPRIETARY	3
Policies and Procedures CONFIDENTIAL AND PROPRIETARY	4
Orientation Checklist CONFIDENTIAL AND PROPRIETARY	5
Annual Training Calendar CONFIDENTIAL AND PROPRIETARY	6



6 Proposal Summary

In our proposal, we have responded to the stated needs in your RFP and demonstrated our experience providing health care services to the Lancaster County Youth Service Center since 2010. Following are a few reasons why CCS is the right partner to deliver an expanded health care program at the YSC.

- **Experience:** CCS and our affiliated companies have been providing comprehensive juvenile health care services for more than 20 years. We provide exceptional care for more than 5,000 juveniles in 75 dedicated youth facilities nationwide, including statewide juvenile systems in Louisiana, Illinois, and Florida. We have successfully served your health care needs since 2010. We know the facility, the staff, and the residents better than any other medical provider does. By continuing our partnership, the YSC avoids the potential for disruption in health care services resulting from transition. No other company can deliver this level of continuity.
- **Service Quality:** Our programs and resources are superior to those of all other providers. We will always value and nurture our partnership with the YSC and local community providers, because we know you want the very best, and we want your business.
- **Innovation:** CCS is an innovator. We will continue to make the latest technology and best practices available so that the YSC remains a model facility.
- **Cost Containment:** CCS has the strongest utilization management system in our industry. We work hard to control costs for our clients wherever possible.
- **Accountability:** CCS is transparent in our accountability. We do not hesitate to improve our program when necessary to assure the results you expect and deserve.
- **Our references attest to the CCS Difference:** You are our most important reference, but we encourage you to contact other references provided in this response. Ask them why they chose CCS as their healthcare provider and, most importantly, why they have stayed with us.

We appreciate the opportunity to participate in your RFP process and believe that CCS is the best partner for the YSC and the best provider for your residents, now and into the future. I respectfully ask for your continued business and thank you for retaining us as your partner. Please contact me with any questions or to discuss any items in this proposal.

Sincerely,

Patrick Cummiskey, President

Phone: 615-324-5777

Fax: 615-324-5798

Patrick@correctcaresolutions.com

Document A310™ – 2010

Conforms with The American Institute of Architects AIA Document 310

Bid Bond

CONTRACTOR:

(Name, legal status and address)

Correct Care Solutions, LLC
1283 Murfreesboro Road, Suite 500
Nashville, TN 37217

SURETY:

(Name, legal status and principal place of business)

Westchester Fire Insurance Company
11575 Great Oaks Way
Alpharetta, GA 30022

Mailing Address for Notices

11575 Great Oaks Way, Suite 200
Alpharetta, GA 30022

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

OWNER:

(Name, legal status and address)

Lincoln-Lancaster County
440 S. 8th Street, Suite 200
Lincoln, NE 68508

BOND AMOUNT: 5% Five Percent of Amount Bid

PROJECT:

(Name, location or address, and Project number, if any)

Lancaster County Medical Services-Youth Service Center RFP 17-250

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 13th day of September, 2017.



(Witness)

Correct Care Solutions, LLC

(Principal) (Seal)

By: 

(Title)



(Witness) Chris McEvoy

Westchester Fire Insurance Company

(Surety) (Seal)

By: 

(Title) Pamela Pratt Attorney-in-Fact

Power of Attorney

WESTCHESTER FIRE INSURANCE COMPANY

Know all men by these presents: That WESTCHESTER FIRE INSURANCE COMPANY, a corporation of the Commonwealth of Pennsylvania pursuant to the following Resolution, adopted by the Board of Directors of the said Company on December 11, 2006, to wit:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into the ordinary course of business (each a "Written Commitment"):

- (1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise,
- (2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such persons written appointment as such attorney-in-fact.
- (3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.
- (4) Each of the Chairman, the President and Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.
- (5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

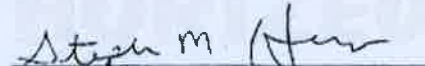
FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested.

Does hereby nominate, constitute and appoint Mark R Duggan, Pamela Pratt, all of the City of Nashville, Tennessee, each individually if there be more than one named, its true and lawful attorney-in-fact, to make, execute, seal and deliver on its behalf, and as its act and deed any and all bonds, undertakings, recognizances, contracts and other writings in the nature thereof in penalties not exceeding Ten million dollars & zero cents (\$10,000,000.00) and the execution of such writings in pursuance of these presents shall be as binding upon said Company, as fully and amply as if they had been duly executed and acknowledged by the regularly elected officers of the Company at its principal office,

IN WITNESS WHEREOF, the said Stephen M. Haney, Vice-President, has hereunto subscribed his name and affixed the Corporate seal of the said WESTCHESTER FIRE INSURANCE COMPANY this 4 day of August 2016.

WESTCHESTER FIRE INSURANCE COMPANY

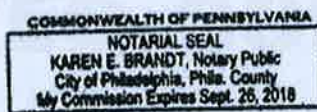



Stephen M. Haney, Vice President

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF PHILADELPHIA ss.

On this 4 day of August, AD. 2016 before me, a Notary Public of the Commonwealth of Pennsylvania in and for the County of Philadelphia came Stephen M. Haney, Vice-President of the WESTCHESTER FIRE INSURANCE COMPANY to me personally known to be the individual and officer who executed the preceding instrument, and he acknowledged that he executed the same, and that the seal affixed to the preceding instrument is the corporate seal of said Company; that the said corporate seal and his signature were duly affixed by the authority and direction of the said corporation, and that Resolution, adopted by the Board of Directors of said Company, referred to in the preceding instrument, is now in force,

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Philadelphia the day and year first above written.

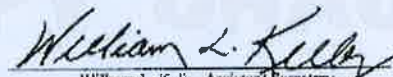



Notary Public

I, the undersigned Assistant Secretary of the WESTCHESTER FIRE INSURANCE COMPANY, do hereby certify that the original POWER OF ATTORNEY, of which the foregoing is a substantially true and correct copy, is in full force and effect.

In witness whereof, I have hereunto subscribed my name as Assistant Secretary, and affixed the corporate seal of the Corporation, this 13th day of September 2017




William L. Kelly, Assistant Secretary

THIS POWER OF ATTORNEY MAY NOT BE USED TO EXECUTE ANY BOND WITH AN INCEPTION DATE AFTER August 04, 2018.



Patrick J. Cummiskey

President of CCS Correctional Healthcare



Summary Statement	Marketing, Sales and Brand Executive with broad based, diverse background in both direct consumer, and distribution based industries. Skilled in guiding new and mature brands, while driving sales and profitability through strategic development, prioritization, and execution. Experienced in establishing and negotiating strategic partnerships and distribution both domestically and internationally. An ambitious, result-oriented leader who consistently fosters strong internal and external relationships.
Education	<p>Masters of Business Administration; Major: Marketing Georgia State University; Atlanta, GA 1996</p> <p>Bachelor of Business Administration; Major: Finance University of Georgia; Athens, GA 1993</p> <p>International Business University of Innsbruck, Austria Summer 1992</p>
Professional Experience	<p>Correct Care Solutions, Nashville, TN President of CCS Correctional Healthcare 2002 - Present Responsible for Federal contracting; new product development; state/county business; and supporting Operations with on-going Client Relations initiatives. Manage and motivate team oriented sales force while establishing product and service offerings. Responsible for P&L with incentives focused on client satisfaction.</p> <p>EcoSMART Technologies, Inc.; Franklin, TN Vice President, Sales & Marketing 1999 - 2002 A 10-year-old biotechnology company focused on the development, formulation, manufacturing, and sales of pharmaceutical and pesticide products. Oversee the strategic development, operations, product development, sales and marketing of the commercial and agricultural divisions, including P&L responsibilities. Manage and motivate team oriented sales force while establishing distribution network.</p> <ul style="list-style-type: none">• Revenue growth of over 100% per year while achieving and maintaining profitability.• Negotiate and establish international distribution and strategic partners both domestically, as well as in Asia, Europe, and Australia.• Successfully manage dynamic distribution channels and excel in both a relationship driven marketplace and a “bid determined” selling environment.• Handle the prioritization of product development and initiated launch of two divisions, one of which reached positive cash flow within six months.• Work closely with federal agencies, including the EPA, FDA, and state regulators. <p>Orkin Pest Control, Rollins, Inc.; Atlanta, GA National Marketing Manager 1996 - 1999 A \$650 million (NYSE) service company (better known for Orkin Pest Control). Managed Orkin’s largest brand, residential pest control. Responsibilities included all customer interaction, lead generation/facilitation, sales, service offerings, pricing, and customer communication. Managed marketing team, which developed and presented “Strategic Brand Plan” semi-annually to senior management prior to implementation.</p>

- Oversaw strategy, planning, purchasing, creative, and production of all advertising and lead generation mediums; including radio, television, outdoor, newspaper, and direct response resulting in reversing a two-year trend of decreasing leads.
- Successfully exceeded goal of 10% annual decrease in customer cancellations through innovative and new customer retention and communication programs.
- Increased profitability and retention through project leadership of creation and implementation of new sales offerings based on demographics and geography.
- Controlled and assigned all rate cards and managed price increase programs, which generated over \$2,000,000 annually towards Orkin's EBITA.

Atlanta Oil Exchange, Inc.; Atlanta, GA

Director of Marketing

1994 - 1994

A preventative care maintenance center servicing high-end office facilities. Co-founded company and handled all marketing, sales, and accounting responsibilities. Developed and executed business plan while attending graduate school during the evenings. Responsible for marketing strategy, advertising, sales, and direct client contract.

- Negotiated all contracts and licensing agreements (both client and vendor).
- Designed customer and daily revenue database which also generated weekly reports.
- Company grew from start-up to three operating stores in just 18 months.

BUYPASS the System; Atlanta, GA

Manager, Return Check Department

1993 - 1994

One of the world's largest point of sale transaction companies. Supervising liaison between return check research and accounting departments. Role was expanded to include heading committee of outside consultants, from large accounting firms, to refine control processes and handled massive bank reconciliation process.

- Handled large volume accounts averaging over \$100,000 per month.
- Responsible for identifying and recovery of over \$150,000 in missing funds.

Pepsi-Cola; Atlanta, GA

Merchandiser

Summers 1998 - 1991

A division of PepsiCo. Managed and worked "bulk" (large grocery) route consisting of Kroger, Cub Food, Big Star, Drug Emporium, and A&P stores. Job was critical in subsidizing college expenses. Developed loyal customer base through client contact and negotiation.

Christopher Bove

Chief Operating Officer



<p>Education</p>	<p>Master of Science, Business Organizational Management University of LaVerne; LaVerne, CA Elmendorf Air Force Base; AK, 1998</p> <p>Bachelor of Science, Engineering Management United States Military Academy; West Point, NY, 1995</p>
<p>Military Service</p>	<p>United States Army Second Lieutenant Military Intelligence Officer Fort Huachuca, AZ / Fort Richardson, AK 1995 - 1997</p> <p>Ranked in top 5% of class from Military Intelligence Officer Basic Course. Received highest possible ratings while holding this position. Honorably discharged.</p>
<p>Professional Experience</p>	<p>Correct Care Solutions, Nashville, TN Chief Operating Officer 2017 – Present Responsible for leading and coordinating the efforts of all CCS divisions.</p> <p>President, Local Detention Division 2011 – 2017 Responsible for the success of the operational support team and all county/municipal contracts. Managed all aspects of operational support from contract initiation to daily contract operations. Ensured standards of care were met and overall expenses were within established budgets. Provided strategic planning and direction within the operations team.</p> <p>Southern Land Company; Franklin, TN Chief Operating Officer 2000 – 2010 Responsible for business development, turnaround management, and revenue optimization and cost reduction. Streamlined company operations and construction project management while taking ownership of all commercial construction programs and initiatives. Defined and aligned corporate planning, budgets, and culture in conjunction with the CEO and President. Functioned as CFO and managed relationships with banks, equity partners, inventors, and property management organizations. Oversaw cash flow reviews, audits, and corporate insurance. Developed and implemented strategies to improve efficiency, reduce costs, and optimize asset management and resource allocation.</p> <p>Sudsbury’s & sons; Eagle River, AK Operations Manager 1998 – 1999 Responsible for cost containment, resource management, and personnel management. Provided strategic direction and maintained integrity in organizational/office operations, including construction for six residential developments. Improved banking relationships and directed hiring, training, and evaluation as well as led internal construction management teams. Developed cost control measures and managed subcontractor relationships.</p>

Brad Dunbar

Executive Vice President, Local Detention Division



Education	Accounting The University of Texas at Arlington - College of Business Administration, 2002 BBA The University of Memphis, 2001
Professional Experience	Correct Care Solutions, LLC, Nashville, TN Executive Vice President, Local Detention Division November 2017 - Present Vice President and Corporate Controller January 2017 - November 2017 Vice President of Accounting June 2016 - January 2017 PricewaterhouseCoopers Assurance Senior Manager September 2014 - June 2016 Director of Finance and Operations February 2013 - September 2014 Assurance Senior Manager December 2003 - February 2013 <ul style="list-style-type: none">• Worked in multiple offices during tenure with PwC, including Dallas, TX, Memphis, TN, San Jose, CA, and Nashville, TN. Also performed rotation in Geneva/Lausanne Switzerland working with global assurance clients• Plan, budget and execute audits of public and non-public entities in a variety of industries including manufacturing, retail and consumer, and professional services• Manage and supervise teams during execution of audit plans for new / recurring engagements• Coordinate and execute internal consultations with professionals in Risk Management, SEC Services, and Accounting Consulting Services to drive resolution on key technical issues, including derivatives, leases, revenue recognition and discontinued operations• Assist clients with transactions involving filings with the SEC, including IPOs, Form S-4, 144A filings, Form-10 and Form 20-F• Prepare and deliver presentations to Audit Committees, Board of Directors and other key audiences• Instructor of various technical courses to all staff levels; received consistently high internal performance ratings offered by PwC throughout career Rotation in PwC's Center for Advanced Research May 2009 - May 2010 <ul style="list-style-type: none">• Performed one year rotation in PwC's Innovation Office to assist in the development of tools and techniques which leverage technology and data to improve audit efficiency and effectiveness in client service

- Focused research and development efforts on internal audit processes including risk based data-driven analyses used for client business optimization and work-flow improvement
- Worked on other operational efficiency projects focused on forensic investigation techniques, SAS 99 data analyses using GL and sub-ledger data, irregular broker/dealer trading patterns, Integrated multi-location fee reporting and collaboration techniques for improving client relationships

Assurance - Lausanne Switzerland

May 2007 - May 2009

- Developed, delegated and managed multinational risk based approach to carve out project for formation of \$3+ billion joint venture with another public company
- Responsible for coordination of annual and quarterly audit activities among 18 worldwide full scope entities for PwC Global 50 client and assisting with the resolution of technical issues under IFRS and US GAAP
- Contributed to various audit and accounting activities surrounding a client's spin off from its former parent Company and the related SEC filings
- PwC point of contact for consolidation and SEC reporting functions of client's finance and accounting teams; developed and lead various assurance activities on the consolidations and financial reporting cycles for SOX and financial statement audits
- Led consultations on various technical issues with US and Swiss National offices
- Performed as an Internal Quality Reviewer for PwC Switzerland to monitor audit and accounting compliance in accordance with international and domestic regulatory standards and firm requirements

Carl J. Keldie, MD, FACEP
Chief Clinical Officer



<p>Education</p>	<ul style="list-style-type: none"> • Flexible Internship, Carraway Methodist Medical Center, Birmingham, AL, 1978 – 1979 • Doctor of Medicine, University of South Florida College of Medicine, 1975 – 1978 • BA, Biology, University of South Florida, 1971 – 1975
<p>Professional Experience</p>	<ul style="list-style-type: none"> • Chief Clinical Officer Correct Care Solutions May 26, 2015 – Current • Correctional Healthcare Consultant September 2013 – Current • Clinical Assistant Professor, Department of Surgery, Division of Correctional Medicine Nova Southeastern University, College of Osteopathic Medicine October 2013 - Current • Health IT Physician Consultant: December 2013- September 2014: Electronic Medical Record Deployment for Community Health Services. • Clinical Reviewer/Physician Liaison Vanderbilt University Medical Center for Patient and Professional Advocacy October 2013 – April 2014 Providing physician overview for coding and analyzing surveillance data in PARS, the Patient Advocacy Reporting System, to identify unnecessary variation in safety and quality outcomes. • Chief Medical Officer, Corizon, Brentwood, TN December 2011 – March 2013. Chief Medical Officer of one of the nation’s largest inmate healthcare providers, supervises and directs healthcare delivery for contracts covering over 300,000 inmates in 29 states. • Chief Medical Officer Prison Health Services, Inc., Brentwood, TN, October 2000 – June 2011. Coordinated an extensive CQI program including the review of over 3,000 sentinel events, standardizing the reporting of process measures and recruiting and placing a Physician Patient Safety Officer. Developed and deployed a credentialing program which became URAC certified. Launched a Disease Management program for Medical, Psychiatry, and Infectious Diseases with a focus on Hepatitis C and HIV disease program. Shaped a utilization management program using InterQual software to provide prospective, concurrent and retrospective Utilization Management. Chaired the multidisciplinary Pharmacy and Therapeutics Committee responsible for formulary management of over 250,000 inmate patients over a 10 year period. Provided oversight for telemedicine service at over 120 facilities in 15 states. • InPhyNet Hospital Services (formerly Emergency Medical Services Associates, Inc.), Ft. Lauderdale, FL, 1982 – 2000. Provided point of care emergency medicine in 14 states. Provided supervision for care delivered in over 20 states. Supervised service provided to Department of Defense beneficiaries in Army, Navy, Air Force and Marine facilities. Regional Medical Director for South Broward Hospital District in Hollywood Florida providing direct patient care and supervising care for over 200,000 ED visits per year at 3 Adult Emergency Departments, 2 Pediatric Emergency Departments and an Acute Psychiatric facility. • National Health Service Corps: Rural Manpower, Shortage Area, Smithfield, NC, 1979 – 1982.

Professional Licenses and Certifications	<ul style="list-style-type: none">• Medical Licensure in Florida, North Carolina, Michigan• American Board of Emergency Medicine, Re-Certification in 2000 and 2011: Current through December 2021• Certified Correctional Health Professional, 2008• Fellow Society of Correctional Physicians, 2015• American Society of Professionals in Patient Safety (ASPPS)• Just Culture Certification
Professional Associations	<ul style="list-style-type: none">• Fellow American College of Emergency Physicians• American Medical Association• Society of Correctional Physicians• American Correctional Association• National Commission on Correctional Health Care

Cassandra Newkirk, M.D.
Vice President/Chief Clinical Officer



<p>Education</p>	<p>Internship in Pediatrics Howard University Hospital</p> <p>Doctor of Medicine University of North Carolina</p> <p>Master of Business Administration, Health Care Management Regis University</p> <p>Bachelor of Science in Black Studies Duke University</p>
<p>Licensure</p>	<ul style="list-style-type: none"> • Active – Florida • Active – New York • Active – New Jersey • Active – Pennsylvania • Inactive – North Carolina • Inactive - Georgia
<p>Professional Experience</p>	<p>Correct Care Solutions, Boca Raton, FL Vice President/Chief Clinical Officer 2006 – Present Provide direction and oversight to physicians and psychiatrists at GEO Care facilities nationwide.</p> <p>Director of Correctional Mental Health Services 2005 - 2006</p> <p>Private Practice General Adult and Forensic Psychiatry 1982 - 2005 Responsibilities: Supervision of Mid-levels, Chronic Care Clinics, Infirmary Care.</p> <p>Prison Health Services, Inc. Medical Health Director – Riker’s Island Penitentiary 2003 – 2005</p> <p>Regional Behavioral Health Medical Director 2000 - 2003</p> <p>Edna Mahan Correctional Facility for Women Chief Psychiatrist/Psychiatrist 1998 - 2000</p> <p>Bridgewater State Hospital Member of Technical Assistance Team (Suicide prevention/intervention policies/practices) 2000</p> <p>Los Angeles County Sheriff’s Department Psychiatric Consultant 1999</p> <p>National Commission on Correctional Health Care Site Surveyor 1997 – 2003</p>

Arkansas Department of Community Punishment

Member of Technical Assistance Team, Civigenics (CSAT grant)
1996

National Women's Resource Center

Facilitator for Community Team Training Institute
1996

Georgia Department of Corrections

Deputy Commissioner of Offender Services
1993 – 1995

Director of Psychiatric Services

1992 – 1995

Consulting Psychiatrist

1982 – 1989

1990 – 1992

Emory University School of Medicine

Assistant Professor of Psychiatry
1982 – 1992

Morehouse School of Medicine

Assistant Clinical Professor of Psychiatry
1982 – 1994

United State Virgin Islands Division of Mental Health

Consulting Psychiatrist
1991

Ramsay Health Care, Inc.

Consultant
1991 – 1992

Georgia Regional Hospital at Atlanta

Medical Director, Forensic Psychiatry Unit
1989 – 1990

Dekalb County Jail

Consulting Psychiatrist
1990

Correctional Mental Health Associates

Consulting Psychiatrist
1988 – 1990

Atlanta Youth Development Center

Consulting Psychiatrist
1986 – 1988

Fulton County Jail (Correctional Medical System)

Mental Health Director
1983 – 1984

Atlanta Job Corps

Consulting Psychiatrist
1982 - 1984

Cassandra Newkirk, M.D. – Vice President/Chief Clinical Officer

Uduakobong Ikpe, PhD, JD
Regional Behavioral Health Manager



Licensure	<ul style="list-style-type: none"> • Psychology: Kansas #2070 Tennessee #3330 Louisiana #1447 Florida # 9728; • Law: Florida Bar 86493
Professional Experience	<p>Correct Care Solutions, LLC, Nashville, Tennessee Regional Behavioral Health Manager for Local Detention Division 2017 – Present Collaborates closely with operational leaders to provide clinical oversight, case consultation, training and onboarding, and suicide prevention programmatic tools to site behavioral health staff at the facility. Dr. Ikpe is responsible for training, onboarding, and supervising behavioral health staff; ensuring compliance with contract requirements, accreditation standards, patient safety initiatives, with a focus on suicide prevention; and policies and procedures.</p> <p>Regional Behavioral Health Manager 2015 – 2017 Provided behavioral health (BH) clinical oversight to ensure quality patient care at correctional facilities within the region including contracts in the Louisiana Juvenile Justice System, Arkansas Prison System, Shelby County, TN Jails, and Correct Care Recovery Solutions (forensic hospitals). Supervised BH staff to maximize productive service provision. Traveled to various facilities to provide clinical coverage. Participated in a multidisciplinary team in order to meet the treatment needs of the patients’ served. Evaluated documentation and treatment plans authored by master’s and doctoral-level BH clinicians via the peer review process. Completed credentialing for all BH staff. Developed and reviewed BH policy and procedures for the corporation including suicide prevention, gender dysphoria, segregation, and BH screenings. Oversaw the implementation of policies and procedures for BH at various facilities/sites. Reviewed BH portions of contracts and requests for proposal (RFPs) for bidding purposes by the corporation; Conducted psychological autopsies and participated in mortality/morbidity review boards. Reviewed Gender Dysphoria evaluative reports written by doctoral-level BH professionals for treatment planning.</p> <p>Corizon Health, Lansing, Kansas Clinical Supervisor, Lansing Correctional Facility 2012 – 2015 Oversaw provision of behavioral health services to inmates in a maximum, medium, and minimum security setting. Provided clinical supervision for a team comprising 16 master’s level BH professionals, four activity therapists, three psychiatry members, and discharge planning. Collaborated with the facility Department of Corrections representatives/wardens in the implementation of an expanded BH unit and a BH treatment unit for restrictive housing inmates. Provided statewide supervisory coverage for BH coordinators positions. Reviewed facility BH policy and procedures; oversaw implementation of the facility’s/contracted BH policies and procedures. Acted as coordinator of the workgroup focused for implementation of the state’s BH restrictive housing program. Responded to grievances filed with the state by inmates and, to inquiries by the state regarding high risk/need inmates. Developed BH plans to better manage/meet the BH needs of inmates along with the medical and security staff. Acted as part of a multidisciplinary team (security/facility representatives, medical, and BH) used to meet the psychosocial needs of inmates to include: hunger strikes, self-injurious behaviors, & refusal of medical treatment. Assisted the state’s forensic psychologists by completing forensic reports on risk of recidivism in sex offenders to avoid a system backlog. Acted as due process hearing officer for transfers to psychiatric correctional facility. Provided diagnostic clarification for inmates, and assisted in the provision of service when short-staffed.</p> <p>(continued)</p>

	<p>Lubbock Regional Mental Health Mental Retardation Center, Lubbock, Texas Postdoctoral Fellowship 2011 – 2012 Conducted forensic evaluations and wrote reports to include competency to stand trial and criminal responsibility evaluations; provided courtroom testimony as a forensic services treatment provider; led competency restoration individual sessions; participated in Lubbock County Court Mental Health Docket, and treatment team and program development meetings for the Lubbock County Detention Center; provided supervision to master’s level psychology practicum students in clinical and forensic psychology; provided trainings to attorneys and correctional officers regarding working with the mentally ill offender; and taught upper-level undergraduate psychology course.</p> <p>Private Practice of Robert Morgan, Ph.D. , Lubbock, Texas Psychologist 2011-2012 Conducted forensic evaluations to include competency to stand trial and criminal responsibility evaluations; led competency restoration individual sessions, all accompanied with written reports to the court.</p>
<p>Education</p>	<p>Postdoctoral Fellowship StarCare Healthcare System (formerly known as Lubbock Regional Mental Health Mental Retardation Center), Lubbock, Texas, 2011 - 2012</p> <p>Ph.D., Clinical Psychology Nova Southeastern University, Ft. Lauderdale, Florida, Concentration: Clinical Forensic Psychology (GPA: 3.93/4.0), 2010</p> <p>Dissertation Defense An investigation into the constructs that determine competence to stand trial from the perspectives of mental health and legal professionals. Committee Chairperson: David Shapiro, Ph.D., ABPP, 2010</p> <p>Juris Doctorate University of Miami School of Law, Coral Gables, Florida, 2010</p> <p>M.S., Clinical Psychology Nova Southeastern University, Fort Lauderdale, Florida, 2006</p> <p>B.A., Psychology Johns Hopkins University, Baltimore, Maryland, 2002</p>
<p>Publications</p>	<p>Ikpe, U. N. & Coker, K. L. (2010). Encouraging the use of community involvement and restorative practices as treatment for trauma with black juvenile offenders, Loyola University at Chicago Public Interest Law Reporter, 15, 220 - 228.</p>

Andrew D. Walter
Regional Senior Vice President



<p>Education</p>	<p>Masters in Business Administration Bradley University - Peoria, IL 2007</p> <p>Bachelor of Arts - Organizational Leadership Greenville College - Greenville, IL 2002</p> <p>Associate of Arts - Paramedic Science Belleville Area College - Belleville, IL 1988</p>
<p>Certifications</p>	<p>Paramedic, Illinois 1986 - Present</p>
<p>Professional Experience</p>	<p>Correct Care Solutions, Nashville, TN Regional Senior Vice President 2014 - Present Provide day-to-day leadership and management that mirrors the adopted mission and core values of the company. Collaborate with the leadership team to develop and implement plans for the operational infrastructure of systems, processes, and personnel designed to accommodate the rapid growth objectives of the company. Motivate and lead a high performance management team; attract, recruit, and retain required members of the executive team not currently in place; provide mentoring as a cornerstone to the management career development program. Act as lead "client-care officer" through direct contact with every client and partner. Responsible for the measurement and effectiveness of all internal and external processes.</p> <p>Divisional Vice President of Operations 2010 - 2014 Manage, direct and communicate between the organization and current State Department of Corrections clients to ensure client satisfaction. Work with Business Development to acquire new Department of Corrections contracts in various States, throughout the United States. Provide direction and support to Contract Managers, Regional Directors and other support staff to ensure compliance with NCCHC, ACA and other accrediting organizations.</p> <p>Regional Director of Operations 2007 – 2009 Manage, direct and offer oversight to Regional Corporate Office personnel as well as oversight for nine (9) Contract Managers in the field managing 123 sites in 11 different states. Interact and communicate on a routine basis with the client to ensure satisfaction. Travel to various current clients' facilities, to conduct audits of the medical unit and ensure compliance with corporate policies and procedures. Attend tours and pre-bid meetings of potential new clients. Investigate and research employee allegations of misconduct.</p> <p>Director of Human Resources and Contract Management 2004 – 2007 Manages, directs and evaluates the organization's programs and Human Resources staff by recruiting, selecting, orienting, training, and retaining employees; developing personal growth opportunities; development of Employee Retention Program and Focus Group Training. Oversee the analysis, maintenance and communication of records required by law or local governing bodies or other departments in the organization.</p>

Write directives advising department managers/supervisors of company policies regarding equal employment opportunities, compensation and employee benefits. Responsible for improving employee satisfaction by identifying and responding to concerns; developing moral-building programs. Maintain consistent actions across the organization by initiating, coordinating and enforcing human resources policies and procedures, obtaining senior management buy-in on new programs; developing managers' leadership skills. Consult with legal counsel to ensure that policies comply with state and federal law. Responsible for liaison between administrators and Board of Directors regarding day to day operations of contracts of seven (7) Regional Contract Managers, with 105 total facilities within a eleven (11) state region. Represent management during union contract negotiations. Represent management during meetings with government administrators

Wexford Health Sources, Grants, NM

Health Services Administrator
2004

Responsible for the operations of Health Care Unit within the New Mexico Department of Corrections at the Western New Mexico Correctional Facility. Managed an operating budget of approximately \$1.7 million, with supervision of a staff of approximately 16

Addus HealthCare Inc., Grants, NM

Health Services Administrator
2003 – 2004

Responsible for the operations of two Health Care Units within the New Mexico Department of Corrections (New Mexico Women's Correctional Facility and Western New Mexico Correctional Facility). Managed budgets of approximately \$2.5 million and \$1.7 million, respectively, and supervised a staff of over 30 between both facilities.

Illinois Department of Corrections, Springfield, IL

Chief of Staff
2001 – 2003

Responsible for general oversight of daily operations of a State Agency employing over 14,000 personnel operating 41 facilities statewide with an annual budget in excess of 1.25 billion dollars

Assistant Deputy Director

2001

Provided senior management oversight of seven facilities located within 19 counties throughout Central, Illinois employing 2,937 persons and housing 10,819 inmates.

Kim Gerdes, RN
Regional Manager



<p>Education</p>	<p>Masters Program Kansas University Medical Center, Kansas City, KS, 1998</p> <p>Bachelor of Science Degree – Nursing (<i>Summa Cum Laude</i>) Creighton University – Omaha, NE, 1994</p>
<p>Licenses & Certifications</p>	<p>Registered Nurse Chemotherapy Certification</p>
<p>Professional Experience</p>	<p>Correct Care Solutions, Nashville, TN Regional Operations Manager 2010 - Present Provides operational management to facilities in assigned region and manages service contracts according to the agreed-upon terms and conditions for these sites. Responsibilities include, but are not limited to, expense control and monitoring at site level; orientation; oversight of training; site liaison with corporate headquarters, site employees and independent contractors; and enforcement of company policies and procedures.</p> <p>Tecumseh State Correctional Institution, Tecumseh, NE Director of Nursing 2005 – 2010 Responsibilities included, but were not limited to, scheduling nursing staff according to contractual requirements; hiring and supervising nursing and ancillary staffs; providing in-service training and MRSA continuing education; budget monitoring; served as Acting HSA during HSA absences; and assisted in the successful transition from CMS to CCS in 2005. Was awarded the CCS <i>Director of Nursing of the Year</i> in 2006.</p> <p>Corizon Health (formerly CMS) Tecumseh State Correctional Institution, Tecumseh, NE Director of Nursing 2002 – 2005</p> <p>Alegent Health; Omaha, NE Critical Care/ICU Registered Nurse 1999 - 2001 Provided care for critically ill patients; involved in recover of post-op patients; managed patients on life support, i.e., vents, cardiac balloon pumps, IV drips; and worked collaboratively with physicians of various specialties.</p> <p>Registered Nurse Experience</p> <p>Nemaha County Hospital; Auburn, NE, 1998 - 1999 Evening Supervisor</p> <p>VA Medical Center; Omaha, NE, 1993 – 1999 Provided med-surg nursing, vascular surgery nursing, and ICU nursing.</p>

Margo Jacobson Geppert, MD
Regional Medical Director



<p>Education</p>	<p>Residency Training University of Colorado Health Sciences Center Poudre Valley Hospital, Ft. Collins, CO</p> <p>Doctor of Medicine University of Iowa College of Medicine, Iowa City, IA</p> <p>BA, Zoology University of Iowa, Iowa City, IA</p>
<p>Licensure & Certifications</p>	<p>American Board of Family Medicine Medical License, State of Colorado Healthcare Provider CPR (American Heart Association)</p>
<p>Professional Memberships</p>	<p>Society of Correctional Physicians American Academy of Family Physicians Colorado Academy of Family Physicians Colorado Medical Society Northern Colorado Medical Society</p>
<p>Appointments</p>	<p>University of Colorado Health Services Center Assistant Clinical Professor, Department of Family Medicine (2003-2006)</p>
<p>Professional Experience</p>	<p>Correct Care Solutions, LLC, Nashville, TN Regional Medical Director 10/2014 – Present Responsible for clinical management and oversight of contracted sites in the States of Colorado, Kansas, Missouri, Nebraska, Nevada, and Wyoming.</p> <p>Medical Director Weld County Jail 1/2006 – 11/2015 Site physician with responsibility for overseeing the medical aspects of the facility’s healthcare program and guiding medical services and chronic care clinics. Responsibilities include direct delivery of healthcare services and treatments, and supervision of medical and clinical staff.</p> <p>Medical Director Larimer County Jail 11/2003 – 12/2014 Site physician responsible for the medical aspects of the facility’s healthcare program and guiding medical services and chronic care clinics. Responsibilities included direct delivery of healthcare services and treatments, and supervision of medical and clinical staff.</p> <p>CLS Plasma Services, Ft. Collins, CO Center Medical Director 1999 – 2014</p> <p>Private Practice</p> <ul style="list-style-type: none"> • Independent Contractor, Local <i>Locum Tenens</i>, 1997-Present • Independent Contractor, Harmony Urgent Care Center, Poudre Valley Hospital, 2003-2011 • Big Thompson Medical Group, Loveland, CO, 2000-2003 • Partner, Harmony Medical Center (formerly, Shores Family Practice), Ft. Collins, CO, 1993-1996; 1987-1993 • Associates in Women’s Health Care, Ft. Collins, CO, 1986-1987

Community Outreach	Inter-Agency Monthly Meetings 2004-2014 Participated in monthly meetings with representatives of Police, Sheriff, Hospital Emergency Department, Adult Protection, Mental Health, Detox, Crisis Center, and Housing agencies to manage/aid frequent users of resources. Faith Family Hospitality Participates in church group to personally host homeless individuals and families.
Other Activities	Medical Spanish, Denver Medical Society, 3/2013 Medical Spanish Immersion Course Medical Spanish, Common Group International, 2000-2009 Various classes

Scott C. Wilson, LCP
Regional Behavioral Health Manager



<p>Education</p>	<p>Master of Science, Correctional Psychology Emporia State University, Emporia, KS, 1994</p> <p>Bachelor of Science Drake University, Des Moines, IA, 1991</p>
<p>Licensure & Certifications</p>	<p>Licensed Clinical Psychotherapist (LCP), Kansas Level of Service Inventory-Revised (LSI-R) Trainer</p>
<p>Professional Experience</p>	<p>Correct Care Solutions, Nashville, TN Regional Behavioral Health Manager 2014 – Present Responsible for the clinical and administrative oversight of CCS mental and behavioral health programs in contracted sites. Responsibilities include, but are not limited to, review and implementation of policies based on contractual needs and accreditation standards, oversight of Comprehensive Quality Improvement to ensure compliance, review and assessment of significant clinical events, and on-site coverage for mental health professionals, as needed.</p> <p>Behavioral Health Coordinator Kansas DOC, El Dorado Correctional Facility 2001 – 2014 Clinically and administratively supervised Mental Health Professionals completing evaluations of committed adults and remanded juveniles newly committed by the court system. Provided supervision and clinical oversight of mental health treatment of incarcerated males, including remanded juveniles, in segregation and the general population. Other responsibilities included staff development and training.</p> <p>Butler County Jail, El Dorado, KS Mental Health Professional 2005 – 2007 Provided therapy, crisis intervention, diagnosis, psychological assessment, and cases management for adult and remanded juveniles. Additional responsibilities included training correctional staff.</p> <p>Winfield Correctional Facility, Winfield, KS Prison Health Services Mental Health Coordinator 6/1998 – 12/2000 Provided clinical and administrative supervision to mental health staff and oversight of mental health services.</p> <p>Kaw Valley Center, Winfield, KS Therapeutic Case Manager 1/1998 – 12/1999 Provided diagnostic assessment and therapeutic services to juveniles and families involved in foster care and family preservation systems. Duties also included clinical supervision for staff working toward licensure.</p> <p>El Dorado Correctional Facility, El Dorado, KS Mental Health Professional 1994 – 1997 Provided group and individual therapy, crisis intervention, diagnosis, psychological assessment, and case management services for inmates in maximum custody and special management facility.</p>

Connie Rachelle Nelson, RN, BSW, BSN

Health Services Administrator



Licensure	Registered Nurse, Nebraska license #66037 through October 31, 2018
Certification	Basic Life Saving for Healthcare Workers (BLS) through January 2018
Professional Experience	<p>Correct Care Solutions, Nashville, TN Health Services Administrator for Lancaster County Youth Services Center 2011 – Present</p> <p>All duties for the PRN RN position below along with the following additional responsibilities:</p> <ul style="list-style-type: none">• Manage contract with Lancaster County• Staff scheduling, education, hiring, recruiting, terminating• Monthly statistical reports, review quarterly billing• Assist with contract negotiations for pharmacy and medical suppliers• Coordinate care with security staff, educational program staff, counseling, probation, DHHS, guardians, attorneys, law enforcement, outside providers, and our company providers• Communicate with all involved parties within the limits of HIPAA• Train custody staff• Coordinate psychiatric care in collaboration with the onsite LIMHPs• Manage all medical records• On-call 24/7 to assist officers with healthcare needs of youths• Supervision and training of RNs, LPNs, Medication Aides, and custody staff• Understand the usage and side effects of all medications, mostly psychotropic• Coordinate hospital transfers for psychiatric and other all medical needs <p>Registered Nurse, PRN 2011 – 2012</p> <ul style="list-style-type: none">• Administer medication to youths• Perform intake assessments and discharges• Advocate for youths with teachers, staff, and other disciplines inside and outside the facility• Assess injuries, health complaints, and acute and chronic health conditions• Manage and coordinate all healthcare services for youths <p>Concentra Registered Nurse (On-site) 2010 – 2012</p> <ul style="list-style-type: none">• Provide on-site health screenings, vaccinations, TB tests• Educate employees about screenings or other services provided• Coordinate on-site set-up and teardown.• Train agency staff• Transport and maintain supplies on-site <p>TLC Staffing Registered Nurse July 2010-September 2012</p> <ul style="list-style-type: none">• Assess and manage care of clients with varying acuity levels and health conditions at various hospitals and LTC facilities as a charge nurse and staff nurse• Experience with telemetry, ECGs, outpatient surgical, respiratory & cardiac care, end-of-life care, pediatrics, mother/baby, accessing PICCs & ports, wound VACs, etc.

	<p>Elite Professionals Home Care Company Registered Nurse/Case Manager 2008 – 2010</p> <ul style="list-style-type: none"> • Coordinated care for 30 clients with various acute and chronic disease processes • Completed all OASIS forms and 485s to meet insurance and state deadlines • Educated, trained, and supervised CNAs, LPNs, and RNs • Performed ventilator management, PICC and port management, medication administration, blood collection, wound cares, assessments, teaching, wound VACs, etc. • Coordinated staffing and patient visits <p>Madonna Rehabilitation Hospital Staff Registered Nurse—Ventilator Assistance/Special Needs Unit and other units 2007 – 2008</p> <ul style="list-style-type: none"> • Assessed and managed three to nine clients with varying acuity levels and health conditions including many ventilator-dependent clients • Organized, directed and delegated care for pediatric and adult clients with multiple diagnoses frequently including chronic respiratory compromise or respiratory failure • Maintaining IV and PICC access, medication delivery, assistance with ADLs, wound VACs, various dressing changes, maintaining skin integrity and many other duties • Collaborated with a multidisciplinary team for client care and rehabilitation
<p>Education</p>	<p>MSN/MBA Candidate Nebraska Wesleyan University, Lincoln NE, Currently enrolled</p> <p>Bachelor’s of Science Nursing Union College, Lincoln, NE, May 2007</p> <p>Bachelor’s of Social Work Union College, Lincoln NE, 1992</p>

Wauneta I. Kempf, APRN, MSN, FNP-C

On-Site Medical Director



Objective	Primary care provider as a Family Nurse Practitioner working in collaboration with a physician to provide nursing and medical services to individuals, families, and groups through the diagnoses, treatment, and management of acute episodic and chronic illnesses with an emphasis on health promotion and disease prevention.
Licensure	Registered Nurse, Nebraska license #66037 through October 31, 2018
Certification	Advanced Practice Registered Nurse, Nebraska License # 110679 AANP National Certification as a Family Nurse Practitioner, certification # F1003085
Professional Experience	<p>Correct Care Solutions, Nashville, TN APRN, Nurse Practitioner, Lancaster County Youth Services Center, Lincoln, NE , 2010 – Present</p> <p>Aseracare Hospice: Beatrice & Lincoln Agencies, APRN, Nurse Practitioner, 2010 – 2017</p> <p>Beatrice Internal Medicine, Rural Health Clinic, APRN, Nurse Practitioner, 2010 – Present</p> <p>Advanced Correctional Healthcare: Gage, Jefferson, Seward & Saunders Co. Jails, NE APRN, Nurse Practitioner, 2009 – Present</p> <p>NE House Call Physicians: STI, Refugee, G.A. Clinics, Lincoln/Lancaster Co. Health Dept. APRN, Nurse Practitioner, 2007 – 2013</p> <p>NE House Call Physicians: Madonna Rehabilitation Center APRN, Nurse Practitioner, 2010 – 2010</p> <p>Homestead Healthcare & Rehabilitation Center, Lincoln, NE</p> <ul style="list-style-type: none">• APRN, Nurse Practitioner, 2006 –2010• RN & APRN, Occupational Health Nurse• RN, Charge Nurse, Long Term Care• RN, Clinical Manager, Long Term Care• RN, Charge Nurse, Medical/Surgical Unit
Education	<p>Master’s of Science in Nursing, Family Nurse Practitioner Clarkson College, Omaha, NE, 2003</p> <p>Bachelor’s of Science in Nursing Clarkson College, Omaha, NE, 1994</p> <p>Diploma Registered Nurse Methodist School of Nursing , Omaha, NE, 1985</p>
Publications	Manuscript on Gastroesophageal Reflux Disease (GERD) , published in the January 2004 issue of <i>ADVANCE for Nurse Practitioners</i>

References

Don C. Weldon, M.D.
Beatrice Internal Medicine
Rural Health Clinic
4800 Hospital Parkway
Beatrice, NE 68310
402-228-3545

Arif Sattar, M.D.
NE House Call Physicians, P.C.
6891 A Street, Suite 210, PMB #286
Lincoln, NE 68510
402-730-6870

Norman Johnson, M.D.
Advanced Correctional Healthcare
3922 W Baring Trace
Peoria, IL 61615-2500
866-719-8100

Matt Romshek, E.D.
Homestead Healthcare & Rehab.
4735 South 54th Street
Lincoln, NE 68516
402-488-0977

Charles L. Zaylor, D.O.

Psychiatrist



Summary	Widely published researcher, teacher, and psychiatric practitioner with 17 years of correctional psychiatric experience.
Licensure/Certifications	<ul style="list-style-type: none">• Kansas, 05-22794, issued June 16, 1989• Missouri, R5E65, issued December 28, 1984• South Carolina, DO 1144, issued April 5, 2008• Indiana, 02003269A, issued October 28, 2007• Maine, DO2473, issued August 24, 2014• Oregon, DO171700, issued July 30, 2015• Nebraska, 1042, issued October 1, 2013• Tennessee, DO0000002566, issued March 5, 2014• Wisconsin, 61747-21, issued January 7, 2014• Board Certification, American Osteopathic Board of Neurology and Psychiatry, 2006-present
Professional Experience	<p>Correct Care Solutions, Nashville, TN Regional Psychiatry Director 2013 – Present</p> <p>Provide psychiatric services to the Wyandotte and Johnson County adult and juvenile detention facilities. Provide direct patient care via telemedicine to jail facilities throughout the jail division. Provide peer review, consultation and supervision to psychiatric and mid-level practitioners and provide formulary management across the Jail Division. The jail division comprises more than 200 jails throughout the U.S.</p> <p>Regional Psychiatry Director 2006 – 2013</p> <p>Develop and maintain Telepsychiatry services nationally for CCS, including Kansas and the Kansas Department of Corrections. Overall supervision and direction of psychiatric and midlevel practitioners for the Kansas Department of Corrections. On average, there are 8,000 adults incarcerated within the Kansas Department of Corrections.</p> <ul style="list-style-type: none">• Provided onsite psychiatric care and consultation at various prisons.• Assisted all psychiatric, midlevel practitioners and mental health professionals with difficult cases and patient care management.• Assisted in development and maintenance of policy and procedure for delivery of mental health care.• Chaired involuntary medication and due process hearings for the transfer of patients to Larned Correctional Mental health facility in Larned, Kansas.• Member of CCS corporate Medical Executive Committee.• Aided in developing CCS behavioral health programs.• Developed and managed corporate formulary for psychotropic drugs, including managing the use of psychotropic medication, within the Kansas Department of Corrections and the Kansas Juvenile Authority. Combined formulary management and ongoing education of staff regarding evidence based clinical practice to provide cost effective psychiatric care.• Collaborated with corporate administrative staff, site staff and contract monitors for the Kansas Department of Corrections and Juvenile Justice Authority to ensure contracted services are being provided and are appropriate.• Overall supervision of psychiatric practitioners for Wyandotte and Johnson County jails. Provide on-site consultation and psychiatric care at both sites.• Overall supervision of Psychiatric and midlevel practitioners for the Kansas Juvenile Justice Authority, which operates two juvenile correctional facilities with a combined average population of 334 male and female youths. Provide onsite consultation and psychiatric care at both sites.

	<p>Psychiatrist at Lansing Correctional Facility, Lansing, KS 2003-2006 Responsible for the psychiatric care of 2,500 inmates at a maximum, medium and minimum setting within the Kansas Department of Corrections. Included patient care in an outpatient and infirmary setting.</p> <p>Prison Health Services. Lansing, KS Psychiatrist at Lansing Correctional Facility, , 2000-2003 Responsible for the psychiatric care of 2,500 inmates at a maximum, medium and minimum setting within the Kansas Department of Corrections. Included patient care in an outpatient and infirmary setting.</p> <p>The University of Kansas School of Medicine - Department of Psychiatry & Behavioral Sciences University of Kansas Medical Center, Kansas University Physicians, Inc.</p> <ul style="list-style-type: none"> • Clinical Assistant Professor, 1995-2000 • Medical Director – Telepsychiatry, 1995-2000 • Medical Director - Adult Partial Hospital, 1995-2000 • Medical Director – Adult Outpatient Psychiatry, 1997-2000 • Medical Director - Crisis Stabilization Center, 1997-2000 <p>University of Kansas Medical Center Committees 1995 to 2000</p> <ul style="list-style-type: none"> • Member of Medical Director’s Council • Patient Care Division Committee for Psychiatry • Residency Review Committee for Psychiatry • Department of Psychiatry’s Management Committee • Patient Care Unit Committee for Adult Psychiatric Partial Hospital • Physician Liaison Group <p>Prairie View Hospital Mental health Center, Newton, KS 1989-1995</p> <ul style="list-style-type: none"> • Medical Director, Inpatient and Partial Hospital • Chief of Staff and member of the Executive Board of Clinical Staff <p>North Central Missouri Mental Health Center, Trenton, MO 1986-1989 Medical Director</p>
Education	<p>Residency: Psychiatry, University of Kansas Medical Center, Kansas City, Kansas; 1983-1986 Internship: Capital Regional Medical Center, Jefferson City, Missouri; 1982-1983 Medical School: Kansas City University of Medicine and Biosciences-College of Osteopathic Medicine, Kansas City, Missouri, DO degree issued May 1, 1982</p>
Special Appointments	<ul style="list-style-type: none"> • Consultant to the American Psychiatric Association Committee of Telemedical Services, 1998-2000 • Psychiatric Consultant to the Kansas Board of Healing Arts • Physician reviewer and member of the Kansas Foundation for Medical Care, Inc. 1999-present • Clinical Assistant Professor of Psychiatry, Kansas City University of Medicine and Bioscience 2008-present



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/19/2018

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 Willis of Tennessee, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: PHONE (A/C, No. Ext): 1-877-945-7378		FAX (A/C, No): 1-888-467-2378
	E-MAIL ADDRESS: certificates@willis.com		
INSURED Correct Care Solutions, LLC c/o Theresa Kinzel 1283 Murfreesboro Rd. Suite 500 Nashville, TN 37217	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: American Zurich Insurance Company		40142
	INSURER B: Allied World Assurance Company US Inc		19489
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER: W5532509

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY Ded: \$250,000 <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			BAP 5252136-03	10/01/2017	10/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N No	N/A	WC5252134-03	10/01/2017	10/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Workers Compensation - Retro Employer's Liability Limits Per Statute			WC5252135-03	10/01/2017	10/01/2018	Each accident \$500,000 Disease-policy limit \$500,000 Disease-each employee \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

This Voids and Replaces Previously Issued Certificate Dated 01/24/2018 WITH ID: W5146896.

County Contract # C-17-0931

SEE ATTACHED

CERTIFICATE HOLDER

Lancaster County
Office of Risk Management
555 South 9th Street
Lincoln, NE 68508

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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ADDITIONAL REMARKS SCHEDULE

AGENCY Willis of Tennessee, Inc.		NAMED INSURED Correct Care Solutions, LLC c/o Theresa Kinzel 1283 Murfreesboro Rd. Suite 500 Nashville, TN 37217	
POLICY NUMBER See Page 1		NAIC CODE See Page 1	
CARRIER See Page 1		EFFECTIVE DATE: See Page 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Lancaster County Youth Service Center is included as an Additional Insured as respects to Auto Liability and Pollution Liability.

Waiver of Subrogation applies in favor of Lancaster County Youth Service Center with respects to Workers Compensation as permitted by law.

Correctional Healthcare Companies, LLC is a Named Insured of Correct Care Solutions on this policy.

INSURER AFFORDING COVERAGE: Allied World Assurance Company US Inc NAIC#: 19489
 POLICY NUMBER: 03080644 EFF DATE: 12/27/2016 EXP DATE: 12/27/2018

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Contractor's Pollution Liability	Per Incident	\$1,000,000
Claims Made	Aggregate	\$1,000,000



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/19/2018

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 Willis of Tennessee, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: PHONE (A/C, No. Ext): 1-877-945-7378		FAX (A/C, No): 1-888-467-2378
	E-MAIL ADDRESS: certificates@willis.com		
INSURED Correct Care Solutions, LLC c/o Theresa Kinzel 1283 Murfreesboro Rd. Suite 500 Nashville, TN 37217	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: American Zurich Insurance Company		40142
	INSURER B: Allied World Assurance Company US Inc		19489
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER: W5532508

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY Ded: \$250,000 <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			BAP 5252136-03	10/01/2017	10/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N No	N/A	WC5252134-03	10/01/2017	10/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Workers Compensation - Retro Employer's Liability Limits Per Statute			WC5252135-03	10/01/2017	10/01/2018	Each accident \$500,000 Disease-policy limit \$500,000 Disease-each employee \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

This Voids and Replaces Previously Issued Certificate Dated 01/24/2018 WITH ID: W5146897.

County Contract # C-17-0431

SEE ATTACHED

CERTIFICATE HOLDER

Lancaster County
Office of Risk Management
555 South 9th Street
Lincoln, NE 68508

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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ADDITIONAL REMARKS SCHEDULE

AGENCY Willis of Tennessee, Inc.		NAMED INSURED Correct Care Solutions, LLC c/o Theresa Kinzel 1283 Murfreesboro Rd. Suite 500 Nashville, TN 37217	
POLICY NUMBER See Page 1		NAIC CODE See Page 1	
CARRIER See Page 1		EFFECTIVE DATE: See Page 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Lancaster County Adult Correction Facility is included as an Additional Insured as respects to Auto Liability and Pollution Liability.

Waiver of Subrogation applies in favor of Lancaster County Adult Correction Facility with respects to Workers Compensation as permitted by law.

Correctional Healthcare Companies, LLC is an Additional Insured of Correct Care Solutions on this policy.

INSURER AFFORDING COVERAGE: Allied World Assurance Company US Inc NAIC#: 19489
 POLICY NUMBER: 03080644 EFF DATE: 12/27/2016 EXP DATE: 12/27/2018

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Contractor's Pollution Liability	Per Incident	\$1,000,000
Claims Made	Aggregate	\$1,000,000

RFP 17-250
MEDICAL SERVICES – YOUTH SERVICE CENTER
COST PROPOSAL

Vendors **must** complete this form and attach additional documentation as required on company letterhead and place in a sealed envelope separate from the written or Ebid proposal as instructed in the Specifications. **Failure to provide the annual cost and total cost over the 4 year term may result in the rejection of the RFP.**

The Vendor shall submit their annual cost for the following services consistent with existing company format and operating estimations. Vendor shall provide detailed prices for the following cost centers.

1.	Salary/Wage/Benefit costs per the staffing matrix submitted in the RFP response (total wages and hours of coverage by position, fringe benefits, time off, and backfill for all required positions)	\$ <u>129,421</u>
2.	Other Professional or Administrative Fees	\$ <u>15,930</u>
3.	Formulary Pharmaceutical Costs	\$ <u>3,000</u>
	Non-Formulary Pharmaceutical Costs	\$ <u>N/A</u>
	Over the Counter Pharmaceutical Costs	\$ <u>N/A</u>
4.	Laboratory (no STD or other labs are performed at intake)	\$ <u>0</u>
5.	Medical Supplies	\$ <u>2,500</u>
6.	Insurances (malpractice, malpractice tail, workers comp)	\$ <u>11,735</u>
7.	Travel - for required site-visits and site supervision.	\$ <u>15,480</u> (May be revised)
8.	<i>Travel - associated with contract start-up and initial training and oversight.</i>	\$ <u>0</u>
9.	<i>Start-up costs for the contract.</i>	\$ <u>0</u>
10.	The Management Fee and all services included in the fee	\$ <u>80,500</u>
11.	Per hour for on-site Physician Services	\$ <u>150</u>
12.	Per Telephone Conversation with Physician	\$ <u>75</u>
13.	Per hour for Telehealth (Physician) Services via Video Conferencing	\$ <u>150</u>
13.	Per hour for on-site lab services by Lab Technician	\$ <u>N/A</u>
14.	Per hour for Dentist or Dental Staff Visit	\$ <u>0</u>
15.	Per hour for Psychiatrist Services via Video Conferencing	\$ <u>234</u>
16.	Per hour costs for any other on-site program provider not already listed in this cost proposal	\$ <u>N/A</u>
17.	Per hour costs for staff to meet with or testify for the County Attorney's Office in preparation for litigation	\$ <u>125</u>
18.	Policy and Procedure Development	\$ <u>2,750</u>
19.	Minor Equipment (over \$500 per single item or unit)	\$ <u>0</u>
20.	Per Clinical Lab Procedure by type	\$ <u>N/A</u>

21.	Off-site Medical Services	\$ <u> N/A </u>
22.	Off-site Dental Services	\$ <u> N/A </u>
23.	On-site X ray Services	\$ <u> N/A </u>
24.	Off-site X ray Services	\$ <u> N/A </u>
25.	Other expenses (Must explain on attached sheet)	\$ <u> 1,469 </u>

ANNUAL MEDICAL SERVICES COST – YEAR 1 (Includes Travel Start-Up or Start-Up Costs)	\$ <u> 262,785 </u>
ANNUAL MEDICAL SERVICES COST – YEAR 1 (Does Not Include Travel Start-Up or Start-Up Costs)	\$ <u> 262,785 </u>
TOTAL FOR TERM OF CONTRACT (4 YEARS): (Does Not Include Travel Start-Up or Start-Up Costs)	\$ <u> 1,091,219 </u>

Vendor shall explain any and all costs they intend to pass through to the County as part of the Cost Proposal.

Travel shall be budgeted as two line items. Travel-Start-up Costs and Travel for Required Site Visits

Travel-Start-up Costs: All travel associated with contract start-up (airfare, mileage, accommodations, meals, per diem, etc.) shall be disclosed and listed as a line item in Travel-Start-up Costs.

Budget any and all travel associated with the start-up to include all site visits, initial recruitment, training, orientation, client briefing on preparations, go-live, etc.

Vendor will pass through all travel costs associated with the site start-up, not to exceed the amount the Vendor has budgeted.

If Salaries/Wages of the corporate start-up team are to be charged to the County and are not part of the management fee, they will be appropriately included on the budget and appropriate budget worksheets.

The County will not reimburse for start-up costs exceeding proposal estimates.

Correct Care Solutions - RFP**Day Shift**

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/WK	FTE
H.S.A. (RN)	8	8	8	8	8			40	1.000
Mid-Level Provider (NP/PA/ARNP)			1					1	0.025
Psychiatrist*				0.50				0.50	0.0125
Total Hours/FTE - Day								42	1.0375

Evening Shift

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/WK	FTE
LPN	3	3	3	3	4			16	0.400
Total Hours/FTE - Evening								16	0.400

Weekly Total

TOTAL HOURS/FTE - WEEKLY								58	1.4375
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*Psychiatrist to be provided at 1 hour every other week or 2 hours monthly.