



SECTION TWO – CCS APPROACH TO SCOPE OF WORK

2.1 CCS Approach Overview

CCS has experience managing each the individual elements included in each of the RFP sections. For example, we provide comprehensive healthcare services for the Vermont DOC, a state system similar to the DDOC, for each of the sections listed in the DDOC RFP. However, CCS has decided to focus its bidding efforts on only seven specific sections where our core services can provide the highest quality healthcare at the best possible cost to the DDOC.

As a result, CCS has prepared and is submitting pricing for the following services:

- ▲ Medical Services
- ▲ Nursing Services
- ▲ Mental Health Services
- ▲ Specialty Consultation
- ▲ Female Health Care Services
- ▲ Utilization Review Services
- ▲ In-patient Hospital Services

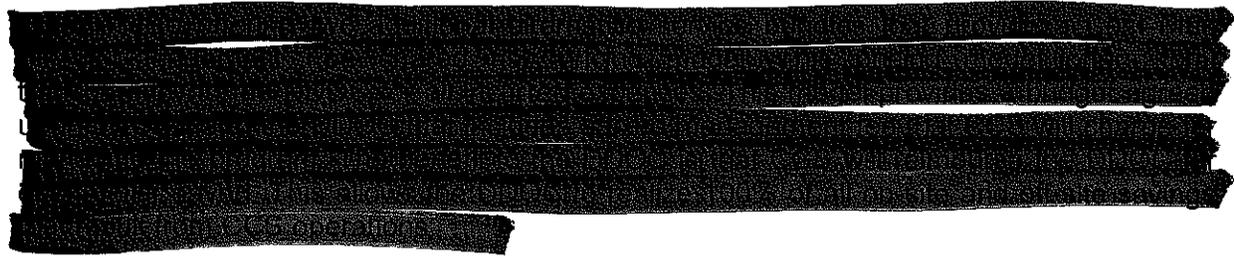
The individual service section pricing for each of these has been developed to meet the requirements of the RFP for full risk services. [REDACTED]

CCS has elected to not submit a proposal for Dental Services, Pharmacy Services or Substance Abuse Treatment. CCS agrees to work closely with each of the suppliers selected by the DDOC to provide these services to develop a seamless and integrated healthcare delivery system.

In order to provide the best comprehensive healthcare services and to maximize savings for the DDOC, CCS has included three bundled service base pricing proposals. These bundled service base pricing proposals are the only ones CCS will accept, given the requirements of the RFP. The three base price bundled service proposals CCS is submitting are:

1. **The Healthcare Services Bundle:** Includes all seven (7) service categories listed above. [REDACTED]
2. **The Medical Services Bundle:** Includes all six (6) service categories listed above *except* Mental Health Services. [REDACTED]
3. **The Clinical Services Bundle:** Includes only Medical, Nursing, Female, and Utilization Review Services. [REDACTED]

Each of these bundled services is provided at a discount when compared to the sum of each individual service offering component. This savings is the result of infrastructure and synergy provided by the CCS staff that will be available at each DDOC site as well as the support from the Delaware Regional Office and from the CCS Home Office.



CCS is providing the DDOC with two Cost Plus Fixed Management Fee bundled service proposals. These proposals provide the greatest overall value to the DDOC.

1. **The Healthcare Services Bundle:** Includes all seven (7) service categories listed above. 
2. **The Medical Services Bundle:** Includes all six (6) service categories listed above except Mental Health Services. 

Please also note the following:

- ▲ CCS understands and agrees that administration of overall contracted healthcare services will be the responsibility of the Medical Services contractor.
- ▲ CCS Utilization Review Services are managed by Regional and Home Office personnel. As a result, there is no individual cost for Utilization Review services. These costs are included in the Medical Services pricing.
- ▲ The CCS Medical Services proposal includes **ERMA**, our proprietary electronic medical records system.
- ▲ The CCS Mental Health Services section includes 12.8 extra Mental Health Observer FTEs for 24/7 PCO observation. 


2.2 CCS Innovative Reform Initiatives for DDOC

CCS has historically worked with its clients to develop innovative healthcare initiatives that improve the delivery of healthcare services. CCS is willing to work with the DDOC to implement each of the following Innovative Reform Initiatives.

1. Improved On-Site Services

CCS is committed to improving the number and type of on-site offerings to reduce off-site services and transportation costs. One of the ways we've been able to do this is to establish for our clients a midlevel/physician "call back" list during off hours so urgent but non-emergent services such as laceration suturing, IVs, general exams and post-acute care recovery can be provided on-site.

Another is the development of on-site specialty clinics (in addition to established chronic care clinics) based on need and in relation to utilization statistics. CCS plans to provide Orthopedic, Infectious Disease, Podiatry, Optometry/Ophthalmology, Physical Therapy, Surgery, Endocrinology, Neurology, GI, and OB/GYN on-site at the Level 5 facilities and as



many other facilities as possible, but the total cost of care will be evaluated against the negotiated provider discount schedule. CCS will work diligently and with a full commitment to finding solutions that minimize the need to transport inmates off-site and to effectively reduce costs.

2. Reducing Inpatient Admissions

CCS will aggressively utilize disease management protocols to reduce inpatient admissions. A written treatment plan will be developed for all offenders who are being treated for a major medical or behavioral health problem.

Based on the offender's history and physical assessment findings, a special needs treatment plan will be established by CCS for chronically ill, convalescing, or pregnant patients. The treatment plan will include short and long-term goals and the methods by which these goals will be pursued. The treatment plan will provide instructions to health care personnel regarding monitoring and treatment activities, special diets, pharmaceutical therapy, preventative medical maintenance and education. In addition, the custody staff will be informed of the treatment plan when necessary, to ensure coordination and cooperation in the ongoing care of the offender. The treatment plan acts as a reference for health care personnel involved in the patient's care. Special needs treatment plans are individualized, patient-specific and include referral to treatment after release from the facility when recommended by treatment staff.

The decision to transfer an offender to an inpatient facility will be done only upon consultation with the Medical Director or his designee unless there is a 911 emergency. CCS is willing to discuss developing a performance based incentive program to reduce inpatient admission costs.

3. Reducing Hospital Readmission Rates

The data provided by the DDOC does not include hospital readmission rates and CCS has seen nothing that indicates hospital readmission rates are a costly problem. However, please refer to the previous answer for an indication of how CCS will aggressively work to reduce hospital readmission rates. CCS is willing to discuss developing a performance based incentive program to reduce hospital readmission rates.

[REDACTED]



[REDACTED]

Proposed AMM Program Metrics

Qualification

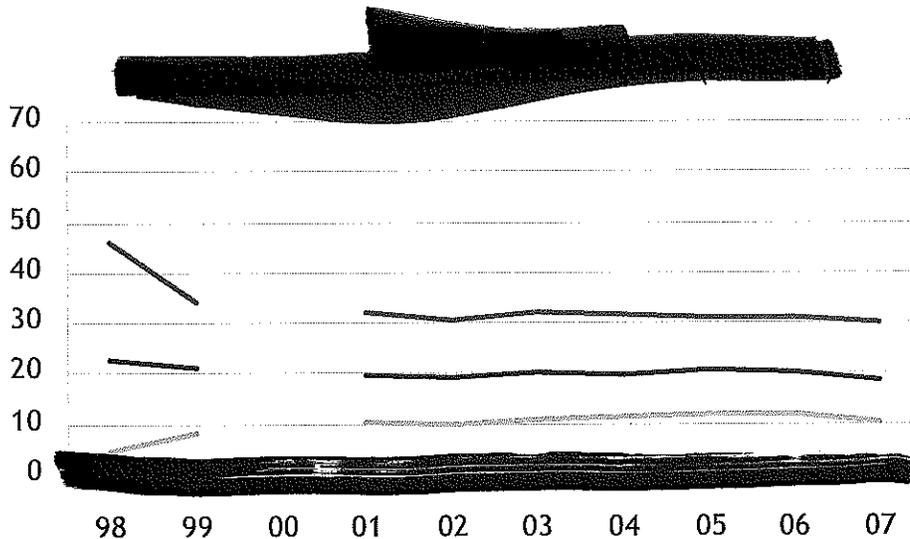
- ▲ Management of patients newly diagnosed with Depression and treated with antidepressant medication
- ▲ Acute phase treatment (first 12 weeks)
- ▲ Continuation phase treatment (at least 6 months)

Measurement

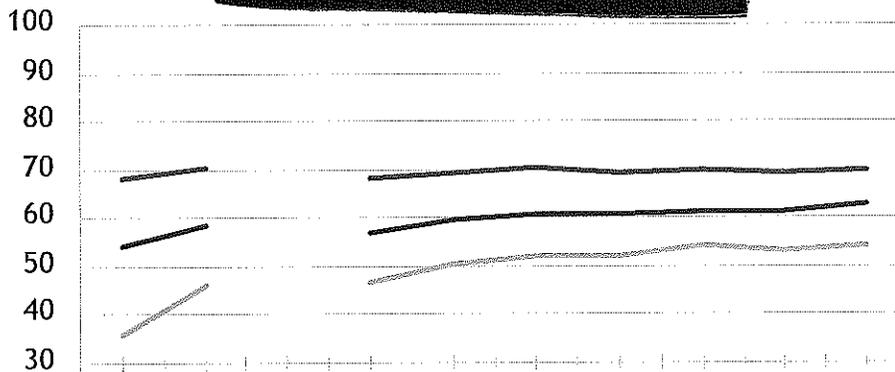
- ▲ Number of visits for patients newly diagnosed with Depression and treated with antidepressant medication during the first 12 weeks following initial diagnosis
- ▲ Percentage of patients who remain on antidepressant medication during the entire acute (first 12 weeks) treatment phase
- ▲ Percentage of members who remain on antidepressant medication for at least six months and whose medication was not discontinued by physician orders

Proposed AMM Program Benchmarks

- a. The percentage of members with a new diagnosis of depression that was treated with antidepressant medication and received at least three follow-up office visits in the acute treatment phase, or the 12 weeks following diagnosis. **2007 HEDIS Mean was 18.7% with an 80% CI between 10% and 30%.**



b.

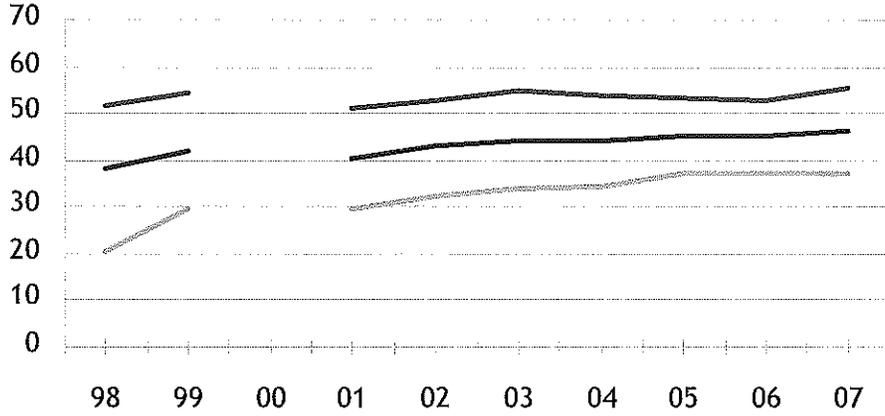




C.

[REDACTED]

[REDACTED]



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

| [REDACTED] | Confidentiality Management | [REDACTED] |
|------------|----------------------------|------------|
| [REDACTED] | [REDACTED] | [REDACTED] |



- ▲ Cervical cancer screening
- ▲ Chlamydia screening
- ▲ Cholesterol management for patients with cardiovascular conditions
- ▲ Colorectal cancer screening
- ▲ Comprehensive diabetes care
- ▲ Controlling high blood pressure
- ▲ Flu shots for adults
- ▲ Follow-up after hospitalization for mental illness
- ▲ Imaging studies for low back pain
- ▲ Medication management in the elderly
- ▲ Persistence on Beta-blocker treatment after a heart attack
- ▲ Prenatal and postpartum care
- ▲ Use of appropriate medications for people with asthma

[REDACTED]

5. Reducing the High Cost of Care for the Elderly and Chronically Ill
CCS understands that the cost for caring for the growing population of elderly and chronically ill offenders threatens to tax the Delaware State Budget. This is not an issue unique to the DDOC.

CCS has done some preliminary research regarding contracting with a local wellness companies to enhance the CCS offender education program regarding health and wellness initiatives. CCS had developed a Health and Wellness program at our Nashville corporate office with the goal to reduce employee insurance premiums by working to enhance health and welfare through lifestyle changes. A similar measurable program could be developed for the DDOC.

[REDACTED]

Involving Inmates as Offender Companions for Psychiatric Close Observation
Please see CCS Behavioral Health Services Section 5.14 and Attachment B. CCS has developed a draft Mental Health Services Inmate Companion Program for potential use in the DDOC which will allow the Mental Health Services Provider to reduce staffing for PCO.

CCS is willing to discuss developing a cost reduction program for the use of inmates as offender PCO companions.



2.3 General Requirements

2.3.1 Summary of Services to be Provided

The CCS team has reviewed the full RFP and all attachments, addenda and responses to questions. We acknowledge and accept the general requirements for health care vendors and the scopes of services as they have been divided into components for a la carte bidding within the DDOC RFP.

2.3.2 Categorized Pricing

CCS has provided itemized pricing details for the components of the health care services we have chosen to bid in the DDOC RFP. [REDACTED]

2.3.3 Time Requirements for Deliverables

CCS acknowledges and accepts the time requirements, as in accordance with NCCHC standards and DDOC policies, for CCS performance as listed in the sample deliverables in the RFP.

2.3.4 Provisions for Constitutional System for Offender Health Care

2.3.4.1 Communications and Sick Call System

Please see our description of Sick Call in **Section Four**. The CCS Sick Call protocol will be customized for all DDOC facilities and segregation units and will be adequately staffed by qualified health care professionals to provide sick call triage seven days a week, with non-emergent, non-urgent sick call consultations available at least five days per week. Offenders housed in segregation will be provided sick call seven days a week. Urgent and emergent care will be provided seven days a week. CCS will utilize the DACS sick call tracking and appointment tools to assist with sick call management.

CCS will make arrangements for sick call services and examinations to be conducted at the offender's cell if the offender is in segregation or otherwise unable to attend sick call at the medical unit. Per NCCHC standard J-E-09, medical staff will provide sick call seven days a week for segregation, and make rounds to segregation unit/patient a minimum of three days per week. All sick call and rounds will be documented in cell cards and/or segregation logs.

2.3.4.2 Personnel

CCS Leadership Team

CCS has extensive experience in successfully operating and managing health services programs in the correctional setting. The CCS leadership team has more than 100 years of experience in the correctional field.

The experienced leadership of CCS consistently directs the company in a purposeful manner to create successful partnerships with our valued clients. The CCS philosophy is to build our company one satisfied customer at a time. The CCS team practices our philosophy by following a manageable process and concentrating all of our resources on the success of each program.



Below is an overview of key leadership staff who will be involved with the DDOC facilities implementation and subsequent management of operations. Resumes are also provided in **Attachment G**. These are more than just names in a proposal but rather faces you will see walking the hallways of the DDOC facilities supporting our program. Again, please ask our clients!

| Leadership Team Name | Position/Title | Experience & Responsibilities |
|----------------------------|--------------------------------------|--|
| Jerry Boyle | President & CEO | <p>Prior to establishing Correct Care Solutions in 2003, Mr. Boyle was President and CEO at Prison Health Services as well as Chief Development Officer for America Service Group. In his dual role, Mr. Boyle increased revenues over three and a half years from \$120 million to \$550 million through acquisitions and growth. Mr. Boyle has more than 30 years of experience in the correctional environment. Mr. Boyle's experience includes 15 years of experience within a state prison system and 15 years of experience in the provision of comprehensive healthcare in the correctional setting. Mr. Boyle's experience includes "hands-on" service as well as management oversight to several jail and prison implementation projects.</p> <p>Relevant projects: As CEO and founder of CCS, Mr. Boyle has been an engaged and active leader in ALL of CCS' projects and contacts. He schedules periodic visits at each of our facility operations to support our staff and ensure client satisfaction.</p> <p>Primary Tasks: Oversight for all company operations. Develop a vision for the company and ensure all five divisions operate in concert with one another. To provide necessary review of the tenets of all contracts with approved resources (CIO, CDU, CFO, CMU)</p> |
| Jon Bosch, BSN, MHSA, CCHP | EVP, Chief of Institutional Services | <p>Mr. Bosch has been in the health care field for more than 20 years and has more than 15 years of direct correctional health care experience. Mr. Bosch is a former Director of Accreditation and Quality Assurance for National Commission on Correctional Health Care (NCCHC) with auditing experience in the DDOC. Mr. Bosch has served in a variety of operational leadership roles for EMSA Correctional Care and Prison Health Services to include business development, operations and Quality Improvement. Through these roles, Mr. Bosch has had the opportunity to survey and work in literally hundreds of correctional facilities. Mr. Bosch started with CCS in 2004.</p> <p>Relevant projects: As a member of our leadership team, Mr. Bosch plays a key role in each of our CCS programs.</p> <p>Primary Tasks: Management and development of site operations (Regional VP's, Regional Managers)</p> |
| Patrick Cummiskey, MBA | EVP, Client Development Officer | <p>Mr. Cummiskey brings over 15 years of comprehensive experience in both sales and marketing from a variety of service related industries. Under Mr. Cummiskey, CCS business development activities stay consistently focused on understanding customer needs and developing innovative solutions to meet budget expectations. Mr. Cummiskey has an M.B.A. with degrees in Finance and Marketing. Mr.</p> |



| Leadership Team Name | Position/Title | Experience & Responsibilities |
|--------------------------------------|-------------------------|--|
| | | <p>Cummiskey has been with CCS since its inception. Relevant projects: As a member of our leadership team and a founding member of CCS, Mr. Cummiskey plays a key role in each of our CCS programs and ensuring client satisfaction.</p> <p>Primary Tasks: Ensure our internal clients and external clients receive necessary support and services. Minimize surprises for all parties by clearly understanding and documenting expectations to assist with smooth transition and ensure a contract that provides for a successful long-term partnership.</p> |
| Dean Rieger, MD, MPH | Chief Medical Officer | <p>Dr. Rieger is the CCS Chief Medical Officer. Dr. Rieger is a graduate of The Johns Hopkins University of Medicine and is Board Certified in Preventive Medicine and Public Health. Dr. Rieger has spent over 20 years working with Prison offender populations, most recently as Medical Director for the Indiana Department of Corrections. Dr. Rieger would be intimately involved with the DOC Facility operation should CCS be awarded the contract. Dr. Rieger started with CCS in 2005.</p> <p>Relevant projects: As a member of our leadership team, Dr. Rieger plays a key role in each of our CCS programs.</p> <p>Primary Tasks: Ensure that clinical vision, tone and management of staff is consistently implemented (Medical and Behavioral Health Services).</p> |
| Cary McClure, CMCP, CMPA, FHFMA, CPA | Chief Financial Officer | <p>Mr. McClure is a CPA and has 30 years of experience in the Accounting and Finance fields, and earned a Bachelor of Science degree with majors in Accounting and Business Administration from the University of Kansas. His past experience includes 18 years as the CFO of a 400+ bed major med/surg urban medical center in both not-for-profit and for-profit settings; CFO of the successful startup and operation of a \$100 million for-profit med/surg medical center; and Division CFO for the largest for-profit psychiatric hospital company in the country. He was selected by the Kansas Medicaid program to serve as a consultant to assist in the design and implementation of the Kansas Medicaid DRG payment system. He has authored two articles on healthcare finance that were published in national healthcare journals.</p> <p>Relevant projects: As a member of our leadership team, Mr. McClure plays a key role in each of our CCS programs.</p> <p>Primary Tasks: Ensure all financial components of the company are established, controlled and monitored (payroll, AP, AR, Budget).</p> |
| Todd Schwartz, MPA, LPN, CCHP | Senior VP of Operations | <p>Mr. Schwartz has 20 years of experience in healthcare management and nursing, with a strong background in corrections including experience as a Health Services Administrator in Las Vegas at the Clark County Detention Center. He is a licensed nurse with a Master's Degree in Public Administration.</p> <p>Relevant projects: As a member of our leadership team, Mr. Schwartz plays a key role in each of our CCS programs with a focus on the jail operations.</p> |



| Leadership Team Name | Position/Title | Experience & Responsibilities |
|-----------------------------|---|--|
| | | Primary Tasks: Responsible for all aspects of management oversight of the contract. |
| Susie Reed, RN, CCHP, MHSA | Regional Support | <p>Ms. Reed has a wealth of correctional healthcare experience, including oversight of the accreditation process. Ms. Reed is the former Director of Nursing for the State of Indiana where she was responsible for obtaining and maintaining NCCHC accreditation for 32 Indiana facilities. Ms. Reed is a registered nurse with a Masters Degree in Health Services Administration. Ms. Reed specializes in accreditation, nursing education, utilization management and case management. She started with CCS in 2004.</p> <p>Primary Tasks: Ms. Reed will be a great asset to DDOC in a regional support and mentoring role.</p> |
| Kim Christie, BSN, RN, CCHP | Director of Business Development | <p>Ms. Christie brings to CCS 21 years of experience in correctional healthcare in both jail and prison settings. Ms. Christie is CCHP certified, an NCCHC surveyor and a member of the American Correction Health Services Association and the American Jail Association. Ms. Christie has previously worked in the DDOC during her career in corrections and specializes in contract start-up and facility health care management. Ms. Christie started with CCS in 2005.</p> <p>Primary Tasks: Operational oversight and start-up. Ongoing responsibility as a mentor and liaison to the on-site personnel and the DOC administration.</p> |
| Leilani Boulware, JD, CCHP | Chief Legal Counsel, Chief Administrative Officer | <p>Ms. Boulware has 16 years of experience in the delivery of sound legal counsel and representation for corporate and institutional clients. She has been with CCS since May, 2008.</p> <p>Primary Tasks: Provides leadership and management to ensure that the mission and core values of the company are put into practice; provides legal counsel; establishes administrative policies, accountable environment.</p> |
| Bob Martin | Chief Information Officer | <p>Mr. Martin has more than 28 years of Information Technology experience, including 17 years of leadership within the healthcare industry. He has exceptional foresight and expertise in operations, systems integration, software development and networking. Mr. Martin is responsible for the development and implementation of ERMA, CCS' proprietary Electronic Records Management Application.</p> <p>Primary Tasks: Provides leadership and oversight of Information Systems, from networking systems to software development at our corporate office and in the field at our facilities.</p> |
| JoRene Kerns, RN, CCHP | Director of CORE Services | <p>Ms. Kerns has over 27 years of correctional healthcare experience. Ms. Kerns represents CCS as an active participant and board member for both the American Correctional Health Services Association (ACHSA) and the National Commission on Correctional Healthcare (NCCHC). Ms. Kerns' background in operations and nursing underlies her drive to create operational efficiencies while meeting customer expectations. Ms. Kerns' goal is to provide</p> |



| Leadership Team Name | Position/Title | Experience & Responsibilities |
|-------------------------|--------------------------------|---|
| | | <p>exceptional cost savings services to the client while providing community standard healthcare to the offenders. Ms. Kerns started with CCS in 2003.</p> <p>Relevant projects: As a member of our leadership team, Ms. Kerns plays a key role in each of our CCS programs through CCS' CORE internal auditing program.</p> <p>Primary Task: Annual CORE Review</p> |
| Kathy Kolwyck | VP, Network Development | <p>Ms. Kolwyck has been in the health care environment for 13 years, with the past four (4) years in corrections. Ms. Kolwyck has been responsible for negotiating national contracts in excess of \$5 million and has developed comprehensive hospital and provider networks across the country for CCS. CCS' Network Development & Provider Relations Department is focused on creating correctional provider networks through partnerships with hospital systems and specialty physicians. Ms. Kolwyck has a Bachelor's of Science in Physical Therapy from the University of Tennessee, Memphis. Ms. Kolwyck started with CCS in 2003.</p> <p>Relevant projects: As a member of our leadership team, Ms. Kolwyck plays a key role in each of our CCS programs.</p> <p>Primary Task: Network Development, Ensure provider directory to meet population needs.</p> |
| Mel Waymaster, PHR | VP, Human Resources | <p>Mr. Waymaster brings over eight years of extensive experience in all aspects of human resources. Mr. Waymaster has a Bachelor's Degree in Business Administration from the University of Central Florida and received his Master's Degree in Human Resources in 2005. Mr. Waymaster's human resources philosophy focuses on communication, training, and emphasizing the number one asset of a company...its employees. By bringing employees together to work in concert toward the strategic goals of the company, Mr. Waymaster strives to ensure CCS remains the employer of choice in the corrections industry. Mr. Waymaster started with CCS in 2003.</p> <p>Relevant projects: As a member of our leadership team, Mr. Waymaster plays a key role in each of our CCS programs with oversight of all staffing, recruiting and retention programs.</p> <p>Primary Task: Human Resources functions.</p> |
| Charles Zaylor, DO | Director, Psychiatric Services | <p>Dr. Zaylor is a well-published Psychiatrist who has been involved with behavioral health for over 20 years. Dr. Zaylor is instrumental in developing our behavioral health programs as well as our pharmacy formulary for psychotropic drugs. Dr. Zaylor started with CCS in 2003.</p> <p>Relevant projects: As a member of our leadership team, Dr. Zaylor plays a key role in all of our CCS programs with oversight of psychiatric services.</p> <p>Primary Task: Supervise psychiatrists.</p> |
| Charlene Donovan, Ph.D. | Director, Behavioral Health | <p>Dr. Donovan is a licensed Psychologist with her Ph.D. in Clinical Psychology. She has spent the last 14 years working in the correctional behavioral health field and is instrumental</p> |



| Leadership Team Name | Position/Title | Experience & Responsibilities |
|----------------------|----------------|--|
| | Program | <p>in developing our current behavioral health programs. Dr. Donovan started with CCS in 2003.</p> <p>Relevant projects: As a member of our leadership team, Dr. Donovan plays a key role in all of our CCS programs with oversight of our behavioral health programs.</p> <p>Primary Task: Director/Oversight of behavioral health program.</p> |

[REDACTED]

CCS will provide dedicated on-site staff and adequate resources for all facilities in operation under this DDOC contract. Staffing plans for each follow:

[REDACTED]

2.3.4.3 Contracting Out

CCS understands that the use of independent contractors does not relieve CCS of the responsibility to provide timely and adequate health care for the DDOC populations. Whether staff members are contracted or employed by CCS, it is always our goal to provide seamless performance that meets or exceeds all applicable policies, regulations and standards.

2.3.4.4 Medical Records

CCS initiates a health care record for each offender at the first health encounter following the receiving screening; health care records from previous stays at DDOC facilities will be integrated with the current file. Offender health records are maintained up-to-date at all times. Access to medical records will be controlled by health care personnel at all times and all rights concerning the confidentiality of the medical records must be followed. CCS personnel will be responsible for all transcribing and filing of information in the medical record. Each medical record will be maintained in accordance with applicable laws, NCCHC standards, and the requirements of the State of Delaware. The medical record will comply with the problem-oriented medical record format and standards. CCS will maintain medical records separate from the offender's confinement record.

CCS will also maintain offender records in DACS in compliance with DDOC requirements. A complete legible copy of the applicable medical record shall be available to accompany each offender who is transferred from the facility to another location for off-site services or transferred to another institution. Medical records will be kept secure, as required by law and applicable state statutes regarding medical records. The CCS Health Services Administrator (HSA) or Charge Registered Nurse (RN) will control access to the health records. Data necessary for the classification, security and control of offenders will be provided to the appropriate DDOC personnel. Medical records will be made available to the



DDOC personnel when required to defend any caused action by any offender against the DDOC.

CCS maintains a problem-oriented medical record for each offender consistent with applicable laws and NCCHC standards. Medical record policies and procedures will be approved by the CCS Medical Director and will define the format and handling of the health records. The record will contain an accurate account of the health status at the time of admission, all patient-provider encounters, and the services provided while incarcerated.

The offender medical record will include, but not be limited to:

- a. Intake screening form;
- b. Health appraisal form;
- c. Physician orders/treatment plans;
- d. Prescribed medications administered or not administered to include the date, time and by whom;
- e. Complaints of illness or injury;
- f. Findings, diagnoses, treatments and dispositions;
- g. Health Service Reports;
- h. Consent and refusal forms;
- i. Release of information forms;
- j. Offender medical request forms;
- k. Medical grievance forms;
- l. Laboratory, radiology and diagnostic studies;
- m. Consultation, emergency room and hospital reports and discharge summaries
- n. Each documentation includes the date, time, signature and title of the documenter;
- o. Medications and/or future medical referrals/appointments for the offender provided to the offender at the time of release from the facilities.

While CCS is the custodian of each medical record, records themselves remain the property of the State. Inactive health records will be retained as required by applicable laws and regulations. Inactive records will be identified and reactivated if a detainee returns to the system.

[REDACTED]

Thank our ongoing interaction with clients, not that the CCS
[REDACTED]

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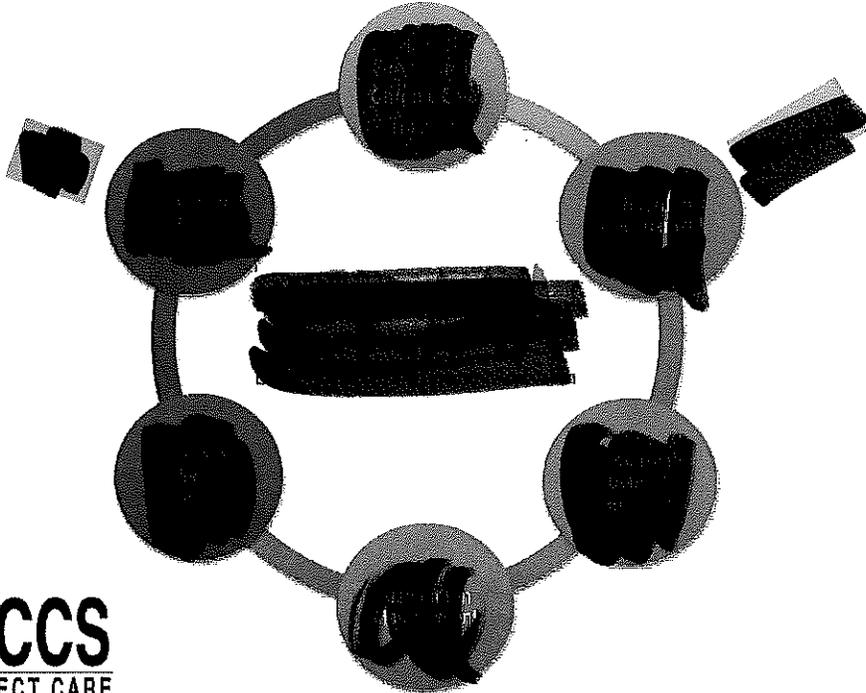
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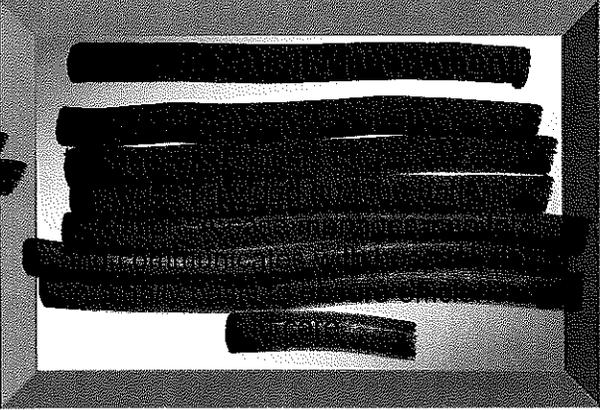




The screenshot shows a software interface with a header banner featuring a stethoscope and the CCS logo. Below the banner is a list of users. The first user is 'John', with a role of 'Director' and a phone number of '771/1964'. The second user is 'Teresa', with a role of 'Department' and a phone number of '771/1964'. The rest of the list is redacted.

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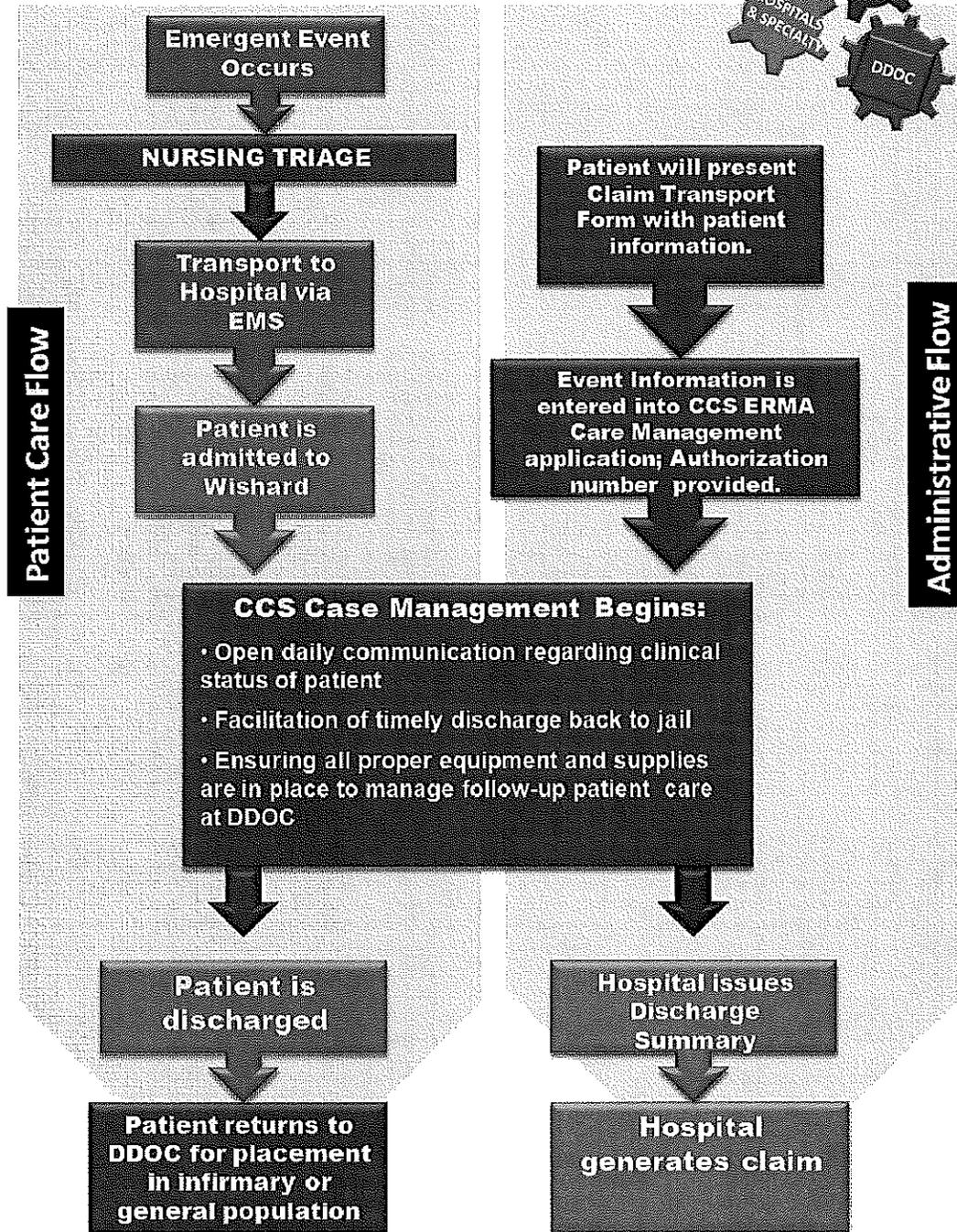
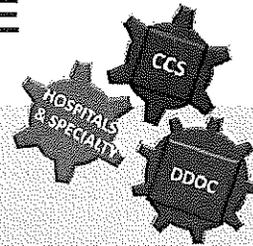
2.3.4.5 *Outside Care*

CCS always seeks to provide as much care as possible on-site without sacrificing health, community safety or quality of care. CCS will ensure any medically necessary consultations, treatments or ancillary services outside the scope of onsite capability will be made available to offenders. When feasible, CCS will consider the use of telemedicine consultations as a viable alternative to off-site transports. CCS will utilize the DACS application and **ERMA**, if applicable, to track and set appointments. CCS will coordinate all off-site appointments with DDOC staff for security and transportation arrangements. Two flowcharts follow which detail the off-site process for emergent and non-emergent care.

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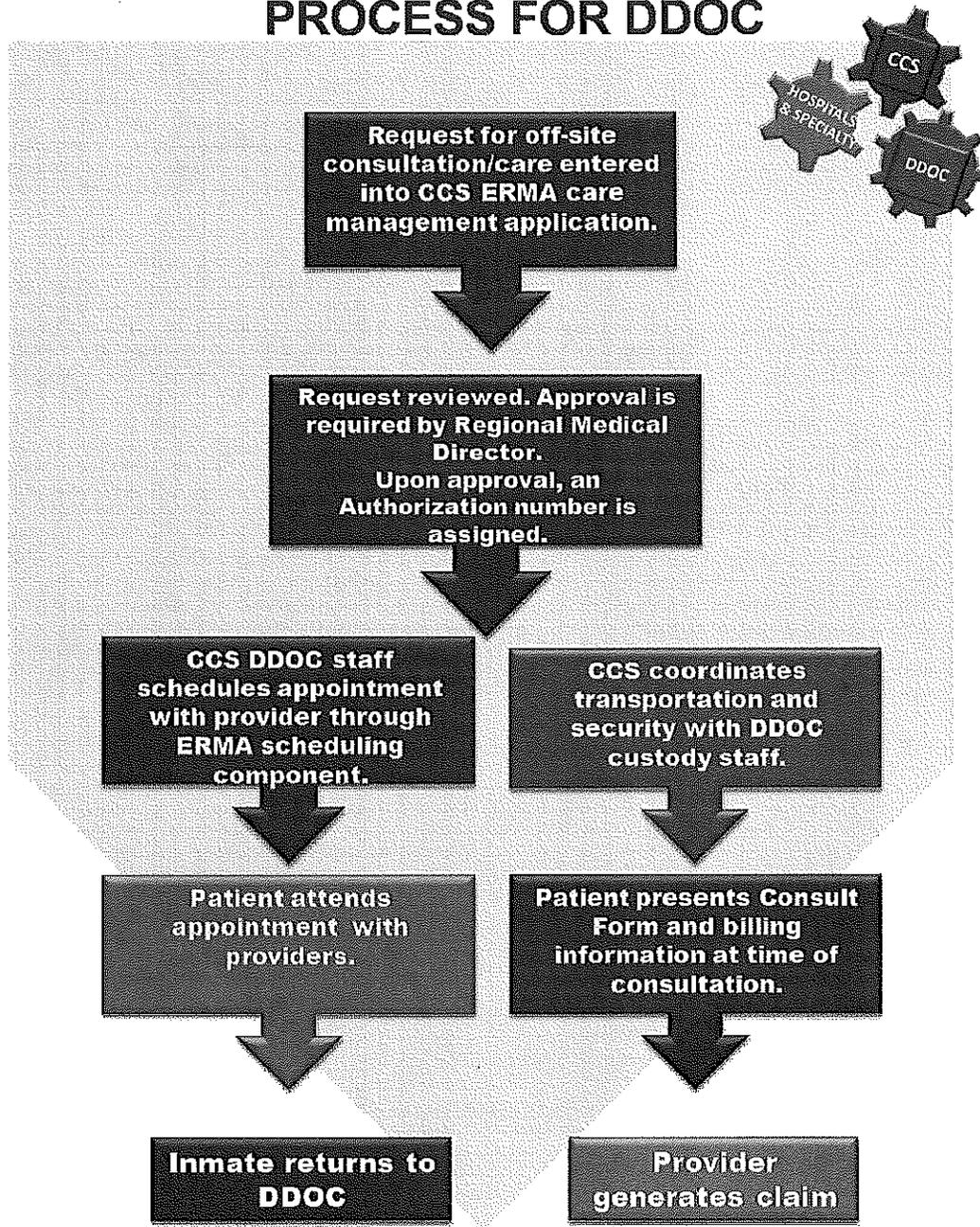


CCS EMERGENT OFF-SITE CARE PROCESS FOR DDOC





CCS NON-EMERGENT OUTPATIENT CARE PROCESS FOR DDOC





2.3.4.6 Facilities and Resources

CCS acknowledges and accepts the RFP language and directives regarding facilities, equipment and other resources.

2.3.4.7 Quality Improvement, Accreditation and Compliance with Standards

Please see **Section 10.11** for our CCS Continual Quality Improvement Program, and **Section 1.2.2** for our expertise in accreditations.

2.3.5 Special Accommodations Populations

CCS recognizes the fact that there are many inmates with special physical and mental health care needs. It is a goal of CCS to provide special needs inmates with health care services that promote health maintenance and health improvement. "Special Needs" refers to inmates who require health care services over a period of time for ongoing conditions. CCS will provide multidisciplinary treatment plans and customized treatment and case management programs for all offenders in need of special accommodation to help ensure necessary care and continuity of care throughout incarceration. Medical and Mental Health recommendations for housing, program and work assignments are communicated to facility administration and communicated in writing to classification. Special needs populations and their treatment plan requirements are detailed in the following sections:

2.3.5.1 Disabled Offenders

Multidisciplinary treatment plans will be developed for physically and developmentally disabled offenders and will involve correctional staff regarding housing and accommodation needs. CCS is aware that "handicapped" cells are available at the JTVCC for male offenders. Offenders with time limited disabilities will be regularly re-evaluated for efficacy of care.

CCS will establish in conjunction with the DDOC, a system for tracking offenders with disabilities during their incarceration which will include periodic reviews. Facility staff will be notified when special accommodations may be required but not available.

2.3.5.2 Elderly Offenders

CCS recognizes that frail and elderly offenders require special attention and consideration regarding their unique needs. CCS providers will develop treatment plans to specifically meet those needs.

2.3.5.3 Chronically Ill Offenders

Based on the offender's history and physical assessment findings a special needs treatment plan will be established by CCS in the cases of chronically ill, convalescing, or pregnant patients. The treatment plan will include short and long term goals and the methods by which the goals will be pursued. The treatment plan will provide instructions to health care personnel regarding monitoring and treatment activities, special diets, pharmaceutical therapy, preventative medical maintenance and offender education. In addition, the custody staff will be informed of the treatment plan when necessary, to ensure coordination and cooperation in the ongoing care of the offender. The treatment plan acts as a reference for health care personnel



involved in the patient's care. Special needs treatment plans are individualized, offender-specific and include referral to treatment after release from the facility when recommended by treatment staff.

At each of our sites, our practitioners and staff follow the CCS Specialty and Chronic Care program.

2.3.5.4 *Mentally Ill Offenders*

Inmates identified as seriously mentally ill will be housed appropriately and enrolled in our Mental Health Special Needs program and an individualized treatment plan will be developed. Participation in this program includes treatment opportunities in both group and individual formats, with an emphasis on identifying and developing coping, problem solving and emotional regulation skills. Those clients with trauma histories, a common presentation in the correctional population, will be evaluated for continuing issues from these experiences, and a treatment focus will then be developed accordingly.

2.3.5.5 *Offenders in Diagnostic or Therapeutic Pipeline*

CCS will provide comprehensive case management of offenders who are in the process of receiving either diagnostic or therapeutic procedures and consultations, or other critical treatments such as cancer chemotherapy or radiation treatments. CCS will provide the Bureau Chief with monthly case management reports.

2.3.6 *Special Needs Populations*

CCS acknowledges the DDOC definition of special needs populations as those offenders with complicated medical and/or mental health issues. CCS will participate in multidisciplinary team meetings to discuss treatment and management of these offenders. The meetings will identify and produce objective entry criteria for the special needs programs at DDOC, the measures of treatment progress, and specific exit criteria.

2.3.7 *HIV/AIDS Protocols*

CCS will provide HIV testing to all offenders arriving into the DDOC system within one week of intake, unless the offender opts out of testing. The Delaware Public Health Laboratory will be utilized for all HIV testing. CCS will use the forms provided by DDOC for HIV testing and monthly HIV testing reports will be provided to the DDOC to include:

- ▶ Testing volume
- ▶ Aggregate positive/negative results by facility
- ▶ Number of class members on HIV/AIDS medications and
- ▶ The type of medications prescribed

In addition, reporting shall include:

- ▶ Co-infection with Hepatitis B or C and
- ▶ Opportunistic infections
- ▶ Health education efforts



▲ Physician attendance and participation in HIV/AIDS educational programs

All healthcare staff performing any direct offender care services shall participate in HIV/AIDS educational programs. CCS will formulate these training programs for medical, dental and mental health staff and provide to the Bureau Chief for approval.

The HIV/AIDS risk assessment will be utilized to identify offenders entering the institution with HIV/AIDS. CCS will develop and maintain appropriate treatment and counseling plans, including pharmacological therapy as clinically indicated.

CCS will work with the Delaware HIV Consortium and community HIV case management agencies to facilitate transitional care of offenders with HIV/AIDS who are being released from the correctional system.

Diagnosis

There are multiple sampling methods for the diagnosis of HIV including oral swabs, urine tests, and serum HIV antibody assays. All are effective but none are perfect. By virtue of this fact, ALL positive initial tests will be followed up by a confirmatory test, the gold standard of which is the HIV Western Blot. Such confirmatory tests are often done reflexively by diagnostic labs.

If both the initial HIV assay and the confirmatory test are positive then the diagnosis is confirmed and chronic management including appropriate baseline lab work shall be initiated. No additional testing is necessary to confirm infection.

News of a positive HIV diagnosis can be very traumatic to the patient, and they should be offered mental health counseling as soon as it is available.

Newly diagnosed HIV (+) patients may qualify for Early Intervention Services (EIS) from local HIV support groups or Ryan White Clinics. These services help link these patients to continued care once released, arrange adequate housing, and initiate applications for insurance as well as providing numerous other services.

In the case of a patient giving a history of already being diagnosed with HIV prior to being incarcerated, efforts will be made to obtain outside medical records confirming this diagnosis and verification of medication regimens.

All HIV infected patients should have a chest x-ray as part of their initial screening; tuberculosis skin tests are not as reliable an indicator of tuberculosis infection in the immune-compromised host as they are in normal persons.

Laboratory Testing

Appropriate lab surveillance of HIV (+) patients is necessary for a number of reasons. First, it is used to help make the decision to initiate medication for both anti-retroviral and/or prophylactic medications; surveillance will assess the patient's response to medication; lab tests can help monitor for adverse effects of medications on the virus itself, and on organs such as the liver, kidneys, or bone marrow.

HIV (+) patients may have a baseline set of labs drawn once confirmed to be newly diagnosed or soon after their arrival to the correctional facility if the patient reports a history of being previously diagnosed with HIV. These tests will include a CD4 count, HIV RNA (viral load),



CBC, and routine serum chemistry including liver function tests, renal function markers, and basic electrolytes. These labs may be repeated in conjunction with chronic care visits as outlined in the CCS Minimum Standards for Chronic Care Management.

All offenders will be vaccinated against HEP A and B unless previously vaccinated or exposed. Vaccination against HEP A and B will be begun within a year of the first incarceration. HEP vaccination will proceed per the United States Preventative Services Task Force (USPSTF) schedule.

All offenders will be screened for sexually transmitted disease based on recommendations by the Bureau of Correctional Healthcare Services (BCHS). All offenders will be treated/managed for any STD diagnosed during incarceration. Potential STD's and ID entities that will be screened (in addition to HIV) are:

- ▲ Syphilis,
- ▲ Gonorrhea,
- ▲ Chlamydia,
- ▲ HSV2,
- ▲ HPV,
- ▲ HEP A, B, & C.

Referral

The CCS Minimum Standards for Chronic Disease Management recommends that all providers consider routine referral to an HIV specialist annually. Some HIV (+) patients will exceed a comfort level for solo treatment. These patients could easily include those patients who have failed multiple drug regimens, have a virus with numerous resistance mutations, or are on a salvage regimen (an unorthodox combination of anti-retroviral medications used as a final effort to control the patient's infection). Practitioners will be open to consultation and request advice when the need presents; that advice can come in many forms such as consulting a colleague with more experience in treating HIV, via telemedicine, or referral to a local HIV specialist.

Treatment

Prophylaxis

HIV (+) patients are at special risk for developing opportunistic infections due to their immunocompromised state. It has been demonstrated that patients become susceptible to certain infections at different CD4 counts, thus providing clinical indications as to when prophylaxis should be started. The most common opportunistic organisms are *Pneumocystis jirovecii* (formerly *Pneumocystis carinii*), and *mycobacterium avium* complex (MAC) also known as *mycobacterium avium intracellulare* (MAI).

Treatment for offenders diagnosed with HIV/AIDS are approved by the CCS medical director and are in accordance with current treatment guidelines established by the National Institutes of Health (NIH). Treatment modalities for offenders with HIV/AIDS include:

- ▲ Counseling
- ▲ Medication
- ▲ Education



- ▶ Management of medical needs
- ▶ Monitoring throughout incarceration and
- ▶ Discharge Planning

Non-adherent patients

If an offender or the offender’s records indicate a current history of non-adherence with therapy, initiating therapy while the offender is briefly in custody will be addressed. Antiretroviral medication must not be administered briefly, as resistance will develop. It is more effective to spend time counseling a previously non-adherent patient so that when medication is restarted, it will continue to be taken. Practitioners consider not only adherence during confinement, but also (in short and long stay settings), the likelihood of adherence upon release.

As mentioned previously, the exception is the deteriorated patient with an extremely low CD4 for whom even brief antiviral therapy may be lifesaving.

The following factors should be considered when managing the offender with a history of non-adherence while in custody:

- ▶ Current clinical state (including lab values).
- ▶ Likelihood of resistance to medications previously taken (may not be seen on a genotype as they may be archived).
- ▶ Public health risk: transmitting drug resistant HIV within the community if noncompliance continues.
- ▶ Length of stay and effects related to deferring re-initiation of medication until release.

Health Record Documentation Process

The health record should include the diagnosis (and complications) on the problem list, a written treatment plan, orders implementing the treatment plan, and assessments including the level of treatment success being achieved. Patient education opportunities will be included.

Documentation

CCS will strive to provide HIV management on-site. Should an offender’s HIV(+) status require treatment beyond what can be provided on-site, DDOC and CCS will work together to provide a safe and sufficient solution. CCS will submit monthly reports detailing HIV testing statistics by facility and prescribed medicinal documentation. Reports will also provide co-infection documentation as required by State of Delaware communicable disease reporting regulations.

2.3.8 Emergency Services and AEDs

CCS will provide on-site triage and administer first aid or emergency care on the premises of each facility to any detainee, visitor or DDOC employee as needed to stabilize, assess, and make any referrals or transfers to medical facilities, as deemed necessary. Our health care team will document any incidents and submit to the DDOC. Staff on duty will at all times have access to names and contact information for employees who are on-call, as well as procedures for arranging emergency ambulance transportation. CCS will maintain Automatic Electronic Defibrillators (AEDs) at each facility and will provide AED and Cardiopulmonary Resuscitation (CPR) training to all health care staff and DDOC health care partners during the Correctional Employee Initial Training (CEIT) classes. At least one person on duty at all times with CCS Medical staff will be trained and certified to use an AED and (CPR).



CCS is committed to providing immediate response to offenders in an emergency situation. This includes on-site response, transportation, emergency department care and hospital services. CCS will establish policies and procedures for responding to facility personnel requests to provide emergency treatment to offenders in an efficient and timely manner, at all times. A physician and the HSA, or appropriate designee will be on-call 24 hours a day, seven (7) days per week.

CCS personnel will be trained to appropriately respond to emergency calls.

- ▲ CCS will maintain an adequate amount of supplies, drugs and equipment needed to respond to health care emergencies.
- ▲ CCS personnel will be trained to immediately respond to all emergencies by reporting to the specified location and providing health care required to resolve or stabilize the emergency.
- ▲ CCS nursing personnel will be trained to immediately contact emergency responders (911) when in their best judgment it is necessary.
- ▲ CCS understands that correctional staff will be available to escort health care personnel into offender housing areas and to assist as necessary (e.g. place 911 call, additional supplies, and/or equipment, etc.).
- ▲ CCS personnel shall complete necessary documentation including a detailed report of the healthcare emergency and actions taken to resolve it. The report shall be sent to the HSA within twenty four (24) hours of the initial response to the emergency.
- ▲ CCS will review all emergency room episodes within 24 hours of occurrence.
- ▲ CCS will review all emergency hospitalizations within 24 hours of admission.

Staff on duty will at all times have access to names and contact information for employees who are on-call, as well as procedures for arranging emergency ambulance transportation. **CCS is committed to measures that minimize the need to transport offenders off-site.**

In a number of our facilities CCS has established a midlevel/physician "call back" list during off hours so urgent but non-emergent services such as suturing can be provided on-site. CCS will provide on-site Triage and administer first aid or emergency care on the premises of each facility to any visitor or DDOC employee as needed to stabilize, assess, and make any referrals or transfers to medical facilities, as deemed necessary. Our health care team will document any incidents.

CCS will provide 24/7, 365-days a year physician on-call availability and RN or LPN infirmiry supervision. Whenever possible and as directed by the medical professional, offenders will be transferred to the infirmiry for care in lieu of hospital transport.

The CCS Chief Medical Officer will work with the HSA, Medical Director and Facility Officials to develop a manual of nursing care procedures, medical treatment protocols and standing orders for medications to ensure that the health services program effectively utilizes the Infirmiry and Medical Observation Units. The manual will be provided to each correctional facility Administrator and will be maintained on the units. The CCS Quality Improvement and Utilization Review programs will monitor the effective use of the Observation Units and provide for a monthly report to DDOC and each facility Administrator.



2.3.9 Suicide Prevention

CCS understands the importance of a Suicide Prevention Program that is based on written, defined policies and procedures and is consistent with DDOC Policy G-05. Our program policies address education, screening, on-site intervention, special needs treatment plans, and scheduled on-going care.

As part of the Program, a suicide assessment questionnaire will be completed by health care staff on offenders when they are taken into the custody of any DDOC facility. Referral to mental health will be performed when indicated. An in-depth suicide evaluation is completed by mental health staff on all offenders exhibiting abnormal behavior.

Review of the Suicide and Self-Harm Prevention Policy will be made on no less than a quarterly basis, to assess adherence to the program as a part of our Quality Improvement Program. Our CORE (Comprehensive Organizational Review and Evaluation) audit, which is performed annually at each individual CCS site, also reviews this process, and will include interviews with DDOC corrections officers, administration, and offenders to identify aspects of the program that are working well, in correlation with any aspects that need improvement. For more information on our Suicide prevention program, please see **Section 5.6**.

2.3.10 Standards

Adherence to standards is very important to CCS. We will comply with all applicable standards in the performance of our services at DDOC facilities, including DDOC health and facilities policies, NCCHC, ACA, OSHA, Centers for Disease Control, American Medical Association, Federal Bureau of Prisons, American Diabetes Association, the US Public Health Service Task Force on Preventive Guidelines and our own protocols.

2.3.11 Research

CCS acknowledges and will comply with the requirements and directives related to research projects involving offenders.

2.3.12 Drug Free Workplace

CCS will operate a drug-free workplace, in accordance with Federal and DDOC policies, and will conduct initial drug testing (urinalysis) on new employees, as well as implementation of a random testing program. CCS will comply with any future DDOC drug test initiatives.

2.3.13 CCS Employee Orientation

Prior to beginning work, all new CCS staff assigned to DDOC will attend a program at CCS expense to orient healthcare and administrative/non-clinical staff to security and classification procedures, OSHA Bloodborne pathogen regulations and any necessary CPR/First Aid training. All personnel will complete 40 hours of pre-service training within the first 30 days of employment. All orientation training will be customized to each assigned facility. For additional details on our training programs, please see **Section 10.6**. We have included an outline of our orientation program in **Attachment H**.

2.3.14 MAC Meetings

CCS will conduct Medical Administration Committee (MAC) meetings at least monthly, on a scheduled basis with distributed agendas and in coordination with the BCHS and facility Warden or designee. The purpose of the MAC meetings is to evaluate the health care program, ensuring that quality services are available to all offenders in all scopes of care (medical, dental,



behavioral health). Discussions will include monthly health services statistics by category of care, current status of the health care program, costs of services, coordination between security and health services and identified environmental issues and program needs/recommendations for corrective action. Our CCS QI/MAC Committee will also review and categorize grievances to identify potential issues and determine if patterns exist or develop. Meeting minutes will be documented and maintained by the BCBS.

CCS will provide the DDOC with monthly and quarterly reports regarding financials and the clinical operation of the health care program, in accordance with the contract and national and local standards. CCS will regularly confer with the Bureau Chief regarding any issues deemed appropriate, including existing procedures and any proposed changes to procedure.

2.3.15 Infectious Waste Disposal

CCS will be responsible for collection, storage and removal of all general and infectious or contaminated waste, air filters and sharps containers in each facility, in accordance with State of Delaware, OSHA and other Federal regulations.

2.3.16 Inspections

CCS will participate in monthly facility environmental inspections to ensure that offenders live, work, recreate and eat in a safe and healthy environment. The HSA or designee will conduct a monthly inspection of the kitchen, housing and work areas at DOC facilities. The QI committee will make recommendations for improvements and track deficiencies identified during routine environmental inspections through resolution. A record of all findings will be kept and provided to the Medical Administrative Committee.

2.3.17 Emergency Transportation

CCS will be responsible for arranging transportation with local ambulance services, including medical helicopter as deemed necessary, for emergency transportation to the nearest hospital provider, as appropriate. All transports will be coordinated with DDOC staff. CCS will be responsible for contacting 911 for all emergency medical services that cannot be adequately treated by CCS staff onsite.

CCS agrees that no offender is to be transported for care outside the State of Delaware without prior permission from the Delaware Commissioner of Correction.

2.3.18 CCS Risk Management and Disaster Plan

CCS has established contingency and emergency procedures in the event of an unexpected event, disruption or man-made or natural disaster. The established plan will be coordinated with the security plan and incorporated into each facility's overall emergency plan and made known to all personnel. A review of the health aspects of the disaster plan will be part of the initial orientation of new personnel and reviewed annually with all health care staff. CCS will participate in disaster and man-down drills in accordance with applicable standards. A critique of the mock trial disaster drill and man-down drills will be performed at each facility on an annual basis.

CCS will establish a site specific written disaster plan for the health services unit that is consistent with the DDOC plan within 30 days from contract start and will review all procedures with the Bureau Chief biannually. CCS health care personnel will receive training on their role in the event of a potentially disruptive occurrence or disaster. Additionally, drills will be conducted periodically to provide the opportunity for CCS personnel to participate. The results of the drills will be critiqued and used for in-service education.



In addition, CCS conducts periodic training on emergency response using established Core Competency Checklists. The CCS plan will address at a minimum:

- ▲ Training modules
- ▲ Disaster Bag contents
- ▲ A communications system and procedures
- ▲ Recall process for medical personnel
- ▲ Emergency assignment of health services staff
- ▲ Establishment of a command post
- ▲ A method to ensure safety and security of the patient and staff areas
- ▲ Use of emergency equipment and supplies
- ▲ Establishment of primary and secondary triage areas
- ▲ Triage procedures
- ▲ Process for completing medical records following identification of the injured
- ▲ Use of ambulance services
- ▲ Transfer procedures for injured individuals to local hospitals and community settings
- ▲ Evacuation procedures in coordination with security personnel
- ▲ Procedure for conducting man-down and emergency drills
- ▲ Back-up assignments for each of the contingency elements

The CCS Emergency Response Plan is thoroughly outlined in the CCS Policies and Procedures Manual. **Correctional health care personnel are trained to respond to emergencies within four minutes.**

CCS Risk Management Plan

Employee and patient safety is a key element of the CCS philosophy that determines operations at each facility. As part of the ongoing commitment to our employees and their wellbeing, CCS has established an Injury and Illness Prevention Program to develop a culture of safety consciousness to sustain our already high level of safety at our all of our client facilities, and to ultimately help ensure the safest possible workplace for our employees, patients and clients.

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

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



We have also created the CCS Safety Super Star Recognition Award that is presented annually to the staff member who has demonstrated exceptional initiative or performance in this area.

All employees currently receive comprehensive safety, health, and environmental training in accordance with our orientation and continuing education. Safety is integral to all functional area training programs to ensure employee awareness of safe work procedures, thereby helping to promote their personal safety and wellbeing.

Security is an essential part of risk management in the correctional environment. All new employees and subcontractors receive security training. Our Health Services Administrator will be responsible for ensuring that safety/risk management training is adapted to DDOC requirements as well as any applicable directives, regulations and policies of the DDOC facilities.

Throughout the contract, CCS will evaluate performance and assess training requirements to ensure our program is responsive to changing regulatory and operational requirements. CCS will report any injuries, accidents or other occurrences to the DDOC. Any incidents will also be recorded for statistical tracking and procedural modifications that may be necessary.

2.3.19 Telemedicine/Telepsychiatry Expansion

CCS recognizes telemedicine may have a potential in the DDOC, especially the use of telepsychiatry and telepsychology services in some of the more rural facilities. Initially, CCS is not planning to utilize any telemedicine programs. CCS will work with the DDOC to evaluate the potential for telemedicine services during the first year of the contract. If appropriate, CCS will utilize telemedicine/telepsychiatric services in at least one DDOC facility as a pilot program during year two. The program will be regularly monitored and evaluated with the DDOC. A successful pilot program will lead to expansion of telemed and telepsychiatry services in year three and beyond.

2.3.20 Mandatory DACS Data Entry

CCS is aware of the requirement to use the DACS medical module and all components as a part of any aspect of this RFP and its components. CCS will provide any follow-up training for our personnel after initial training has been provided by DDOC staff. The CCS Regional IT Manager will work with DDOC to develop an appropriate interface with DACS and ERMA and to develop the format and timing of data extracts.

2.3.21 DDOC Ownership

CCS acknowledges and will comply with the language and directives regarding DDOC ownership of documentation.

2.3.22 Maintenance of Records

CCS acknowledges and will comply with the language and directives regarding maintenance of records.

2.3.23 Offender Insurance

CCS acknowledges and will comply with the language and directives regarding Offender Insurance.



Claims management is a core competency of CCS. Under the umbrella of Utilization Management, CCS has an experienced internal team of claims examiners. This team specializes in claims adjudication and third party recovery, reporting and determination of individuals' eligibility. CCS is currently employed by over 50 different facilities to simply handle claims adjudication. Our experience in this area originates from the fact that CCS was originally spun off from a Third Party Administrator (TPA) company.

We utilize a state-of-the art claims system. Our experience in both the TPA and the corrections worlds provide us unique insight on offering the DOC the very best in customer service, reporting and timely, accurate claims payments. Our system can handle a limitless number of provider contracts with varying methodologies including Medicare DRG, Per Diem, and Percentage Discount from Billed Charges.

2.3.24 Transition Plan for DDOC

CCS believes the implementation process is critical to the long-term success of any contract. For this reason we have designated a team of professionals with unparalleled experience. CCS has assigned Todd Schwartz, Susie Reed, Dr. Dean Rieger, Jon Bosch and Kim Christie to lead our implementation team for the DDOC.

Once the contract has been awarded, CCS will complete a detailed multi-facility Transition/Implementation Plan to ensure proper delegation of responsibility and completion of tasks. The CCS Transition/Implementation Plan provides a comprehensive listing of tasks, individuals responsible and projected dates for completion. For additional information about our specific areas of responsibility as they relate to transition and implementation, please refer to the following sections:

- ▲ Hiring of key personnel, recruiting: **Section 10.5**
- ▲ Network development: **Section Six**
- ▲ Implementation / Development of Policies and Procedures: **Section 2.3.24**
- ▲ Information Systems: **Section Eleven**
- ▲ Staff Education and Training: **Section 10.6**

Our capable CCS Management Team has participated in numerous successful transitions from existing providers to our system and stands ready and available to deploy new service to the DDOC facility system.

| CCS-DDOC Transition Team | |
|--------------------------|--|
| NAME | ROLE |
| Jerry Boyle | President & CEO |
| Jon Bosch, RN | EVP, Chief of Institutional Operations |
| Patrick Cummiskey | EVP, Client Development |
| Dean Rieger, MD | Chief Medical Officer |
| Judd Bazzel, MD | Regional Medical Director |
| Todd Schwartz, LPN | Senior VP, Operations / Regional Manager |
| Susie Reed, RN | Regional Support Specialist |
| Trish Young, RN | Regional Support Specialist |
| Kim Christie, RN | Operations Transition/Business Development |



| CCS-DDOC Transition Team | |
|--------------------------|-------------------------------------|
| NAME | ROLE |
| Bob Martin | Chief Information Officer |
| John (Johnny) Claud | IT /ERMA Application Specialist |
| Kathy Kolwyck | VP, Network Development |
| Mel Waymaster | VP, Human Resources |
| Chrissy Gross | Recruiting Manager |
| Charlene Donovan, Ph.D | Director, Behavioral Health Program |
| Charles Zaylor, DO | Director, Psychiatric Services |

CCS will complete a detailed implementation plan to ensure all tenets of the contract are being met. We will begin our implementation the day we are provided notice of award and respectfully ask to be able to meet with current staff immediately after notification becomes public to ease their anxiety and tension. We do NOT want to lose any quality personnel as a result of this transition. CCS has had preliminary discussions with many of your current vendor's professional providers who express interest in continuing services at their respective facilities should the DDOC change vendors. Ultimately we would rely on feedback from the facilities and the DDOC prior to making any decisions regarding retention of current providers.

The final CCS Transition/Implementation Plan will be specifically revised to the DDOC contract. We will provide this to DDOC designees on a consistent basis leading up to contract start date. Accountability is something we take very seriously at CCS and we use this implementation plan to clearly communicate responsibilities and ensure the completion of important tasks.

We value the input of the DDOC regarding current staff, and will seek input from facility Administrators before discussing employment with any current employees, with the intent of retaining all qualified, properly credentialed individuals who have the attributes to succeed as a part of the DDOC/CCS team. These employees will be eligible for benefits, including health insurance, effective immediately. It is also our practice to keep salaries constant and to review each "retained" employee after 90 days. This helps to keep everyone working toward the same goal of a seamless transition. Having experience transitioning from your current provider, we have little doubt employees will be receptive to our benefits.

With operational oversight for the eleven-facility contract, Jon Bosch and Todd Schwartz will be responsible for supervision and monitoring of the transition of the current contract to CCS.

CCS personnel have extensive experience in the on-site and regional management of correctional health care programs. Upon notification of contract award, CCS will assign Jon Bosch, Todd Schwartz and Kim Christie to the Delaware transition project. Mr. Bosch will not be given any new responsibilities until the program is operating effectively. Mr. Bosch, Mr. Schwartz and Ms. Christie will be on-site as allowed either in the facilities or the Regional Office for the majority of the implementation phase. Following a successful implementation, Jon Bosch or his designee, will be regularly on-site to continue support for a successful partnership with the DDOC. CCS prides itself on its responsiveness and on ensuring that appropriate and sustained field support is provided for all of our site locations.

CCS Implementation Schedule and Strategy for Multi-Facility Operations

We have provided an Implementation Strategy for DDOC as well as a sample of our typical implementation schedule and some key milestone dates. CCS has smoothly transitioned



statewide systems, similar in size and complexity to the DDOC system, in 30 days. We actually think anything more than 60 days can become a challenge as the long “lame duck” period seems to create more anxiety for staff.

React. Within 24-48 hours of award or intent to award, a CCS senior manager will be on-site to ease any tension or anxiety and meet with vendor and agency staff. Addressing questions in small meetings before or immediately after shift changes eases anxiety and ensures everyone continues to remain focused on the job at hand.

Key points of these initial meetings are:

- a. *Pay.* Anyone offered a job will not go backwards;
- b. *Benefits.* Start on Day 1 if currently receiving benefits;
- c. *401k.* Immediate eligibility if currently receiving benefits;
- d. Vacation time payout;
- e. *CCS.* Who we are and how we are different. Who to call with questions, etc.
- f. *Timeline.* What happens next, due dates for paperwork, etc.

Any on-site trips will only occur with permission from the administration staff at DDOC.

Listen. Ideally during this first visit we will also meet with administration staff to better understand areas of concern and expectations. We will also discuss any potential contractor employees that you prefer not be retained.

Plan. CCS will customize implementation plan to meet the specific needs of the DDOC and timing of start-up. All information will be completed and shared in weekly updates, or as requested. CCS will also have operations people on-site observing medical processes prior to start-up to assist in our prioritization of changes we expect to implement.

Be Accountable. CCS continues to be successful because we clearly communicate responsibilities and hold all team members accountable.

A sample timeline with key milestones assuming a 60 day start-up:

May 1, 2010

- ▲ CCS will be on-site to ease anxiety over award with current staff. We will pass out applications and paperwork to all staff including agency staff. CCS will conduct meetings with command staff to ensure clear understanding of expectations and channels of communication.
- ▲ CCS will begin meeting with DDOC IT personnel at each facility

May 14-23

- ▲ Issue first implementation plan with all items to be completed, expected due dates and person responsible. This plan is a working document and will be provided weekly to appropriate facility staff.
- ▲ Begin development of site specific policy and procedure manual.
- ▲ Human Resources will process all staff paperwork.
- ▲ Operations team will have finalized travel schedule and begin creating all binders and training materials.



- ▶ Begin recruiting process for any new positions or expected openings.
- ▶ Network Development will solidify all agreements with vendors and outside providers. This list would include medical waste, mobile x-ray, lab services, etc.
- ▶ IT will begin ensuring connectivity, time clocks, computers, printers and copiers are ordered.

May 28 – June 10

- ▶ Offer letters will be delivered.
- ▶ Any declination letters will be delivered in person and in private. This list will be discussed with command staff prior to ensure no issues arise.
- ▶ Orientation schedule would be posted and sign-up will begin.
- ▶ Updated implementation plan provided to command staff, many items will be marked as complete and travel schedule for CCS Senior Management Team will be provided.

June 11-22

- ▶ Work schedule for July should be complete with any potential openings identified.
- ▶ Clinical team will review all patients with scheduled off-site appointments starting July 1.
- ▶ Clinical team will review all scheduled chronic care clinics for July and August.
- ▶ All pharmacy orders will be sent to the DDOC Pharmacy Services provider to ensure continuity at start-up and accuracy of MARs.
- ▶ In person benefit enrollment sessions.

June 23-30

- ▶ Multiple people on-site to ensure smooth start-up and to begin laying out specific responsibilities for all employees on all shifts. CCS start up team mobilizes.
- ▶ Orientation will occur for all employees. Orientation will occur outside of work schedule and all staff will be paid for these hours on first CCS paycheck. Orientation will cover CCS policies, culture and expectations. Orientation is conducted by members of Senior Management and any DDOC staff members are welcome to attend.
- ▶ Vendor orientation will occur just prior or during first few days for lab services, pharmacy, etc.
- ▶ Computers, copies, lab equipment, pharmacy carts, etc. are all delivered and inventoried.
- ▶ July 1
- ▶ CCS takes over operations and is on-site and operational at 12:00 am July 1.

We propose rolling out the **ERMA** implementation at 60 days following contract start, rather than immediately, to allow staff a transitional period to become familiar and comfortable with CCS and the DOC facilities. We find that staff are better able to fully focus on **ERMA** training when its implementation is staggered from the contract commencement.

Above are just a few of the many milestones and tasks associated with the start-up. Please see below a more thorough example of what the implementation schedule would look like. We are confident you will hear from all of our clients about how seamless our transitions have been, and more importantly, how thrilled they are to have made the change to CCS!



5 Weeks Out

| Staffing | | | |
|-----------------|-------------------------|---|-------|
| Done | Event/Activity | Detail | Notes |
| | Interview current staff | Prepare interview schedule for all current staff on site | |
| | Staffing Scale | Establish | |
| | Shift Differentials | Establish shift differentials weekend rates and PRN rates | |
| Staffing | | | |
| Done | Event/Activity | Detail | Notes |
| | Schedule Orientations | Orientation Training | |
| | | Clinical Training | |
| | | HR Benefits | |

4 Weeks Out

| Clinical | | | |
|-----------------|----------------------------|---|-------|
| Done | Event/Activity | Detail | Notes |
| | Forms | Obtain all currently existing site specific forms | |
| | Site Specific Forms | Establish and create site specific forms | |
| | Binders, Manuals and Books | Establish a filing priority | |
| | Room | Establish a secured room for CCS supplies & equipment | |
| | Commissary | Obtain commissary list | |
| Staffing | | | |
| Done | Event/Activity | Detail | Notes |
| | Write Letters | | |
| | Offer Letters | | |
| | New Hire Packets | To include current pay stub | |
| | Provider list | Notification of providers to Risk Mitigation | |
| | Provider Request Forms | Submit all subcontractors to Network Development | |
| | Interview | External Candidates | |



3 Weeks Out

| Finance | | | |
|-------------------------------|-------------------------------------|--|--------------|
| Done | Event/Activity | Detail | Notes |
| | Budget | Obtain complete working budget | |
| Information Technology | | | |
| Done | Event/Activity | Detail | Notes |
| | IT Setup Forms | submit forms to IT Help Desk | |
| Supplies | | | |
| Done | Event/Activity | Detail | Notes |
| | Medical Supplies | Establish needs and submit order for start-up | |
| | Medical Equipment | Establish needs and submit order for start-up | |
| | Office Supplies | Establish initial needs | |
| | Emergency Equipment & Supplies | Establish needs and place order | |
| | Forms | Order start-up forms from vendor | |
| Pharmacy | | | |
| Done | Event/Activity | Detail | Notes |
| | Current supply | Contact previous contract holder to purchase existing stock and patient specific needs | |
| | MARS | Establish process / date for allowing MARS with pharmacy services provider | |
| | State Pharmacy License & DEA number | Confirm completed | |
| | Back-up Pharmacy | ensure established agreement with back-up pharmacy | |
| | PDR and Reference Materials | Order PDR's and staff reference materials | |



2 Weeks Out

| Medical Processes | | | |
|----------------------------|-------------------------|--|--------------|
| Done | Event/Activity | Detail | Notes |
| | Review Clinic Processes | Intake Sick Call Health Assessments Chronic Care In-House Referrals Scheduling Emergency Plan Counse Mental Pharmacy Lab | |
| Orientation | | | |
| Done | Event/Activity | Detail | Notes |
| | Orientation Training | Operational Health Care Standards, contracts program requirements | |
| | Clinical Training | Health Assessments Clinical Pathways | |
| | HR Benefits | Onsite Benefits Orientation | |
| | Suppliers | Medical Supply Risk Retention Office Supply (Regency) | |
| Network Development | | | |
| Done | Event/Activity | Detail | Notes |
| | Subcontractor Contract | Establish status with Network Development | |
| Clinic | | | |
| Done | Event/Activity | Detail | Notes |
| | Par Levels | Establish PAR levels for medical supplies | |
| | MARS | Confirm changeover process developed | |



Midnight Start-up

| Date | Event/Activity | Start-up Detail | Notes |
|------|-------------------|--|-------|
| | Clean | Make sure clinic, lab and pharmacy is clean | |
| | Organize | Go through all drawers and remove anything that shouldn't be there (ie sharps, old forms, etc) | |
| | Forms | Wipe out all forms regarding old systems in place | |
| | Initiate CCS Logs | Establish Sharps / Narc counts | |
| | Pathways | Reset Pathway folders and make sure nurses are clear on their use | |
| | Binders | Place all binders and books in appropriate areas | |
| | Schedule | Confirm schedule | |
| | Med / Supplies | Check for and discard all expired medications and supplies | |
| | Sharps | Let the check for all unaccounted for sharps | |
| | Sinks | When there is nothing over sinks | |
| | Chronic Care | Establish Chronic Care List | |
| | MAKs | Confirm MAKs are complete | |



Fast Start-up (starting on first business day)

| Regional AND HSA | | | |
|------------------|----------------------------------|--|-------|
| Date | Event/Activity | Detail | Notes |
| | Client | Meet with client | |
| | Review Clinic Processes with HSA | Intake | |
| | | Sick Call | |
| | | Health Assessments | |
| | | Chronic Care | |
| | | Outpatient Referrals | |
| | | Scheduling | |
| | | Emergency Plan | |
| | | Counts | |
| | | Ill Patients | |
| | | Pharmacy | |
| | | Lab | |
| | Policy & Procedure Manual | Make site specific | |
| | Infection Control | Establish a site specific Infection Control Program | |
| | MAC | Review MAC | |
| | Quality Improvement | Establish QI Program and Meeting Schedule | |
| | Staff Meetings | Establish schedule for staff meetings. First one to be held within the first 10 days of contract initiation. | |
| | Outpatient Referrals | All previously approved scheduled and requested outpatient referrals entered into ERMA CM | |