

TECHNICAL & PRICING PROPOSALS

RFP: DOC 09024

State of Delaware Department of Correction Offender Health Care Services

26 February 2010

Respectfully Submitted to:



State of Delaware
Department of Correction
ATTN: BCHS
245 McKee Road
Dover, DE 19904

By:



Correct Care Solutions, LLC
3343 Perimeter Hill Drive
Suite 300
Nashville, TN 37211
800-592-2974 x5777
(615) 324-5777 - DIRECT

Tax ID # 32-0092573

Due: 26 February 2010 – 4:00 PM EST

The package contains one (1) original plus eleven (11) exact duplicate hard copies and eleven (11) CD copies of the proposal.



TRANSMITTAL LETTER

February 26, 2010

Bureau of Correctional Healthcare Services
Delaware Department of Correction
245 McKee Rd.
Dover DE 19904

Mr. Welch, and members of the Evaluation Committee:

Correct Care Solutions (CCS) is pleased to submit this proposal to provide comprehensive healthcare services for the State of Delaware Department of Correction (DDOC) in response to the above referenced RFP.

After personally reviewing the RFP, discussing with my staff issues important to the DOC, observations from the facility tours and conversations with local community representatives, one thing is obvious to me; the DDOC is unique and it requires an equally unique healthcare provider. Our executive management team, the individuals who provide support to our clients and our staff have collectively over 100 years of corrections experience. As you will read in our proposal, members of the CCS team have had both auditing and operational experience in the DDOC and we have developed a transition plan to ensure a smooth conversion of service. We were selected to provide comprehensive services to the Vermont Department of Corrections, a system similar to the DDOC, where we successfully transitioned effective February 1st

It is my hope that the CCS proposal will help you understand why CCS has an innovative approach to correctional healthcare and that the best way for the DDOC to achieve its healthcare objectives is to partner with CCS.

CCS has had tremendous success in the past six years by following a simple three step client management model. The first step is identifying potential business partners and working hard to understand their unique needs. Second, we develop and implement solutions to the unique challenges these clients face clinically and financially. Third, we work hard every day to help each client meet or exceed their goals and to be the most responsible business partner possible.

We are familiar with unified systems and the unique challenges they present. Our clients truly consider us a business partner and they know we will do everything we can to provide them the best correctional healthcare services while also helping them realize cost savings wherever possible. We have achieved NCCHC



and/or ACA accreditation at each of our facilities where it was required or desired and all of our administrative and clinical policies, procedures, protocols, and pathways are developed in accordance with these national standards. CCS continues to strive to become the best company in the industry. We are proud to be considered experts in the area of correctional healthcare by not only our clients but also others in the industry.

The CCS proposal has been developed specifically to meet the unique needs of the DDOC. It is not a cookie cutter off the shelf proposal. We wouldn't know how to do that. Instead, the CCS proposal includes the elements required to best meet each of the objectives outlined by the DDOC using a community oriented model of care.

CCS has several areas which we believe differentiate us from others within our industry and help explain our success. Here are just a few examples:

1. Understanding the uniqueness of each client and state and embracing those differentiators. [REDACTED]
2. CCS has developed an advanced correctional healthcare record technology in our medical records program called **ERMA** (Electronic Record Management Application) which provides **immediate** access to medical records, care scheduling and off-site management, and minimizes paper. **ERMA** is quickly implemented, will interface with DACS and was designed to create operational efficiencies [REDACTED]. Also included in our technology capability is a unique electronic med-verification process. CCS provides the highest level of technical support programs in the industry.
3. CCS has experience fully integrating medical, mental health, substance abuse and recovery services and has successfully developed **community linkage programs** with area Mental Health Agencies. The CCS Behavioral Health Program Director, Charlene Donovan, Ph.D, will work closely with our staff and members of the community to develop a comprehensive program improving continuity of care and community connection. CCS believes that **discharge planning** must start Day One of an inmate's incarceration and that valuable resources can be maximized with an integrated approach to care [REDACTED]
4. One of CCS' Core Competencies is our ability to maximize services provided on-site and **REDUCE** unnecessary off-site transportation. By maximizing on-site resources, off-site costs and trips can be reduced while allowing better care to be provided to our patient population.
5. [REDACTED]



6. In addition to our QI program which is woven into our daily programs and processes, [REDACTED]
7. As of February 1, 2010 CCS has not used ANY agency nurse at ANY of our facilities in over 2 years (with the exception of temporary usage during the Vermont DOC transition, a system that was functioning with nearly 65% of the healthcare staff covered by agency; CCS has focused on recruitment and in just a month is almost 100% staffed with CCS employees)! We realize the importance of consistency of care and having properly trained nurses is critical to our success. We are confident our lack of agency nurses is unique versus our competition.

Another one of CCS' Core Competencies is our commitment to people development. The CCS People Development program was created for our staff's long-term professional satisfaction and wellbeing; we start out with the identification, validation and recruitment of the very best people, then we orient and "on-board" them to our CCS culture and operations. CCS then invests in the continued professional development of each team member, including a full range of training programs and clinical exposure, promotion preparation and succession planning. This investment is practical and simply, the right thing to do. Well-trained, motivated employees provide added value to our operations and improve our ability to satisfy our clients. Our People Development and Retention programs lower employee turnover, reduce costs from replacement and training, and strengthen team spirit through respect and recognition for each person's contributions.

[REDACTED]

CCS management has worked hard to conduct the due diligence necessary to provide the best proposal possible to the DDOC. CCS was in the State of Delaware meeting with hospital executives, local providers, community program representatives and local agency members during the months of January and February.

If awarded this contract, CCS will immediately open a regional office in or near Dover to ensure convenient access to the DDOC offices and facility locations. CCS is committed to communication and coordination with the DDOC.

We realize that negotiations will be required for any contract of this size and complexity. As you will hear from our clients, we always work to minimize surprises. In the spirit of open communication and minimizing of surprises, below are negotiation topics we look forward to discussing with DDOC in more detail.



Assumptions / Clarifications / Exceptions

Changes in Standard of Care or Scope of Services – The proposed prices reflect the scope of care as outlined in CCS’ technical proposal, the RFP requirements and the current community standard of care with regard to correctional health care services. Should there be any change in or modification of the local, national or community standards of care or scope of services, court rulings or interpretation, state or federal law or statute or interpretation thereof that results in sustained and material increase in costs, coverage of costs related to such changes are not included in this proposal and would need to be negotiated with the DDOC. Changes in the state law related to inmate hospital reimbursement would require immediate contract renegotiation to ensure any savings or increased costs would be reflected in the contract. Any new construction to the facilities would also be considered a change in scope requiring renegotiations.



Indemnification – CCS respectfully requests the opportunity to discuss adjustments to the indemnification language provided in the RFP.

Inpatient Rates – CCS understands hospital inpatient services are currently provided to DDOC offenders at Delaware Medicaid rates. CCS has utilized Delaware Medicaid rates to calculate inpatient service costs for this contract. CCS respectfully asks the DDOC to agree that if any of the primary Delaware Hospitals discontinue providing inpatient services to DDOC offenders at Delaware Medicaid rates the state will reimburse CCS the resulting difference until a new agreement can be mutually agreed upon between CCS and the DDOC.

Payment – The RFP states, “*The DACS data entry must be timely and, the Reports must be received by the 10th of the month for the preceding month, before any monthly payments to the Vendor will be released.*” Considering the size of the performance bond, which is greater than the aggregate amount of all of CCS’ performance bonds for our other \$170m+ in revenue, CCS respectfully requests payment on the 1st of each month for 1/12th of the annual contract amount.

Good Faith - We welcome more detailed conversations with the DDOC regarding any aspect of our cost proposal.

Thank you for allowing CCS to present this proposal for comprehensive medical services. I will personally assure you that CCS is committed to delivering all necessary resources to make this program a success.



I look forward to the possibility of developing a long-term partnership not only with the DDOC but also with other Delaware based health service agencies, departments and community providers based on correctional healthcare excellence and establishing a "New Way And New Day" in the State of Delaware.

All services and activities related to this contract will be conducted within the continental United States.

Sincerely,

Gerard (Jerry) Boyle
President & CEO
615-324-5710 (direct)



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SECTION ONE – GENERAL COMPLIANCE AND INTRODUCTION TO CCS

1.1 Statement of General Compliance and Required Information

Correct Care Solutions (hereinafter also referred to as CCS) acknowledges receipt of the information provided in the Request for Proposals (RFP) Comprehensive Offender Healthcare Services for the DDOC. We have carefully read the RFP and its attachments, appendices and responses to questions; we understand the specifications required under this contract. CCS acknowledges, and accepts the terms and provisions listed in the RFP package. CCS also acknowledges attachments, appendices, exhibits, Addenda, and Responses to Questions.

By our submittal, we certify that this proposal is made without collusion and that our prices were arrived at independently. CCS has no knowledge of any potential conflicts of interest and we have not utilized a lobbyist, attorney nor any other selling agent to act on our behalf in this bid.

CCS acknowledges the general terms and conditions itemized in RFP sections I-IV.

CCS will at all times adhere to and operate in accordance with all Federal, state and local laws, regulations, court orders, institutional directives and policies, and industry standards. CCS will operate in accordance with Occupational Safety and Health Administration (OSHA) regulations.

1.1.1 DE Business License / Registration

CCS has included a copy of our State of Delaware business registration in **Attachment C**.

1.1.2 Certificate of Insurance

CCS has included a Certificate of Insurance in **Attachment D**.

1.2 General Evaluation Criteria and CCS Performance

1.2.1 CCS Corporate Experience

CCS is a privately-owned limited liability corporation (LLC) now in our seventh year of operation as a premier provider of comprehensive healthcare services to incarcerated populations. Our senior staff has more than 100 collective years of correctional healthcare experience.

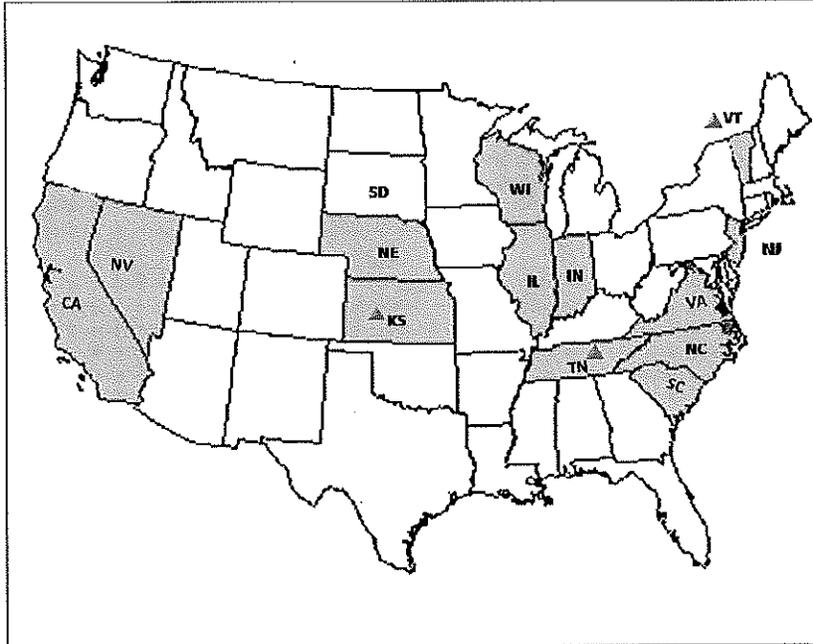
[REDACTED]

Our clients include state prison systems, county/regional jails, detention facilities and juvenile centers. Nearly half of our facilities/contracts are sized greater than 1,000 beds [REDACTED]

[REDACTED] This does not include staff in our management fee type contracts.



14 states. 53 facilities.
Providing comprehensive health care



▲ **Corporate Headquarters:**
Correct Care Solutions, LLC
3343 Perimeter Hill Drive
Suite 300
Nashville, TN 37211, USA
Tel: 615.324.5750
Toll Free: 800.592.2974

▲ **KS Regional Office:**
Correct Care Solutions, LLC
534 S. Kansas Avenue
Suite 800
Topeka, KS 66604, USA
Tel: 785.234.5100

▲ **VT Regional Office:**
Correct Care Solutions, LLC
89 South Main Street
Waterbury, VT, USA
Tel: 877.533.3182

CCS provides comprehensive medical, dental and behavioral health services, plus many ancillary services and products for the incarcerated populations.

- ▲ Medical Care
- ▲ Dental Care
- ▲ Optical Care
- ▲ Behavioral Health Care
- ▲ Intake Screenings
- ▲ Triage/Sick Call/Onsite Care
- ▲ Suicide Prevention/Intervention
- ▲ Substance Abuse / Detox Programs
- ▲ Health Assessments
- ▲ Radiology and Laboratory Services
- ▲ Medically necessary diet programs
- ▲ Chronic Care & Special Needs Care
- ▲ Continuity of Care and Discharge Planning
- ▲ Collaboration with Community Services Agencies
- ▲ Offender Health Education & Awareness Programs
- ▲ Facility/Custody/Law Enforcement Staff Training Programs
- ▲ Emergency & Hospitalization Arrangements
- ▲ Network Development
- ▲ Utilization Management
- ▲ Pharmaceutical Supply & Medication Management
- ▲ CCS Quality Improvement Program



- ▲ Available as part of our comprehensive program or as "stand alone" options:
 - Medication Verification online system
 - ERMA electronic record management application
 - Hiring/Staffing
 - Recruitment/Retention Plans
- ▲ Third-Party Reimbursement Follow-up & Processing
- ▲ Co-Pay Programs
- ▲ Cost Recovery Programs
- ▲ Catastrophic Re-insurance coverage

Comprehensive Healthcare Client Base

CCS proudly considers EVERY client a reference, including those who have been with us since our first year of operation. These long-term clients in particular can attest to the constancy of our dedication throughout our growth. We encourage conversations with our clients to validate our capability as they can attest to the valued differentiation CCS continues to offer and would gladly provide to the DDOC. These clients are truly our best salespeople.

Below is our current client base, five of whom we have transitioned from your current provider. Accreditation and contact information is included for our comprehensive services clients (we are always the primary/sole provider). As comprehensive services contracts in which we provide the full range of medical, dental and behavioral care, utilization management and technology products, each is highly relevant to the scope of work at DDOC.

CCS has provided uninterrupted service to each of our clients. We are fortunate that no CCS client has discontinued a contract for any reason, and we are pleased with the partnerships we have created with each. Again, we welcome your outreach to anyone on our client list below. You will find that we have remained dedicated to continuously improving ourselves and our programs.

CCS provides the statistical information for client populations at or above 7,000 ADP as required in the RFP, as follows:

One of our largest contract partners is the State of Kansas Department of Corrections (KDOC) with over 9,000 offenders in 12 prison facilities.





CCS COMPREHENSIVE HEALTH CARE SERVICES CLIENT BASE	
<p>Alexandria, VA [REDACTED] Alexandria Office of the Sheriff 2003 Mill Road Alexandria, VA 22314 [REDACTED] 500 inmates Alexandria Detention Center Accreditation: ACA, NCCHC & CALEA "Triple Crown" July 1, 2005 to Present Transitioned from CMS</p>	<p>Dane County, WI [REDACTED] Dane County Sheriff's Office 115 W. Doty Street Madison, WI 53703 [REDACTED] FAX: Unavailable 950 offenders; [REDACTED] Accreditation: ACA/ NCCHC January 1, 2008 to Present Transitioned from PHS</p>
<p>Davidson County Sheriff's Office [REDACTED] Davidson County Sheriff's Office 506 2nd Avenue North Nashville, TN 37201 [REDACTED] 2,800 offenders; [REDACTED] Five (5) Jail Facilities Accreditation: ACA October 2005 to Present Transitioned from PHS</p>	<p>Douglas County, NE [REDACTED] Douglas County Dept. of Corrections 710 South 17th Street Omaha, NE 68102 [REDACTED] 1,250 offenders; [REDACTED] Douglas County Detention Facility Accreditation: ACA March 1, 2008 to Present Transitioned from CMS</p>
<p>Durham County, NC [REDACTED] Durham County Health Department 414 East Main Street Durham, NC 27701 [REDACTED] 659 adult offenders; 14 juveniles; [REDACTED] Durham County Detention Facility and Youth Home Accreditation: NCCHC September 1, 2004 to Present Transitioned from Self-Operation</p>	<p>Elkhart County, IN [REDACTED] Elkhart County Correctional Center 26861 CR 26 Elkhart, IN 46517 [REDACTED] 750 offenders; [REDACTED] Accreditation: NCCHC January 1, 2009 to Present Transitioned from ACH</p>
<p>Forsyth County, NC [REDACTED] Forsyth County Office of the Sheriff Administration Building - 120 West Third Street Winston-Salem, NC 27120 [REDACTED] 1,016 adult offenders; 13 juveniles; [REDACTED] Accreditation: NCCHC September 1, 2009 to Present - Transitioned from NaphCare</p>	<p>Johnson County, KS [REDACTED] Johnson County Sheriff's Office 111 S Cherry Street, Suite 2400 Olathe, KS 66061 [REDACTED] FAX: Unavailable 1,400 adult offenders; 58 juveniles - four buildings [REDACTED] Accreditation: NCCHC January 1, 2008 to Present - Transitioned from PHS</p>



CCS	
COMPREHENSIVE HEALTH CARE SERVICES CLIENT BASE	
<p><u>Kansas Department of Corrections (KDOC)</u> [REDACTED] Kansas Department of Corrections 900 Jackson, Suite 900 Landon State Office Building Topeka, KS 66612 [REDACTED] 9,000 offenders; 12 Prison Facilities [REDACTED] Accreditation: NCCHC October 2003 to Present Transitioned from PHS</p>	<p><u>Kansas Juvenile Justice Authority (KJJA)</u> [REDACTED] 900 Jackson, Suite 900 Landon State Office Building Topeka, KS 66612 [REDACTED] 500 Juveniles; [REDACTED] Accreditation: ACA June 2008 to Present Transitioned from PHS</p>
<p><u>Lake County, IL</u> [REDACTED] Lake County Sheriff's Office 25 S. Martin Luther King, Jr. Avenue Waukegan, IL 60085 [REDACTED] 760 adult offenders; 30 juveniles – two buildings; [REDACTED] Lake County Adult Correctional Division and Juvenile Center December 1, 2008 to Present Transitioned from HPL/CHC</p>	<p><u>City of Las Vegas, NV</u> [REDACTED] Las Vegas City Detention Center and City Hall Jail 3200 E. Stewart Ave. Las Vegas, NV 89101 [REDACTED] 1,100 offenders; [REDACTED] Accreditation: NCCHC February 1, 2009 Transitioned from PHS</p>
<p><u>Lexington County, SC</u> [REDACTED] Lexington County Sheriff's Office 521 Gibson Road Lexington, SC 29072 [REDACTED] 1,100 offenders [REDACTED] Accreditation: NCCHC February 1, 2008 to Present Transitioned from PHS</p>	<p><u>Marion County, IN</u> [REDACTED] Marion County Jail 40 S. Alabama Street Indianapolis, IN 46204-3635 [REDACTED] 1,279 offenders; [REDACTED] Accreditation: NCCHC January 1, 2010 to Present Transitioned from CMS and Wishard Hospital</p>
<p><u>McHenry County, IL</u> [REDACTED] [REDACTED] McHenry County Jail 2200 North Seminary Ave Woodstock, IL 60098 [REDACTED] 520 offenders; [REDACTED] Accreditation: In progress September 1, 2005 to Present Transitioned from Local Provider</p>	<p><u>Mecklenburg County, NC</u> [REDACTED] Mecklenburg County Sheriff's Office 801 East Fourth Street Charlotte, NC 28202 [REDACTED] 2,800 adult offenders; 30 juveniles – four buildings; [REDACTED] Accreditation: NCCHC October 1, 2008 to Present Transitioned from PHS</p>



CCS
COMPREHENSIVE HEALTH CARE SERVICES CLIENT BASE

<p><u>Minnehaha County, SD</u> ██████████ Minnehaha County Jail 1900 Russell Street Sioux Falls, SD 57104 ██████████ ██████████ 300 offenders; ██████████ Accreditation: NCCHC to be attained January 1, 2010 to Present Transitioned from local provider. CCS also operates a Residential Detox Center for Minnehaha County Government.</p>	<p><u>Monmouth County, NJ</u> ██████████ Monmouth County Department of Corrections One Waterworks Road Freehold, NJ 07728 ██████████ ██████████ 1350 adult offenders; 50 Juveniles – two buildings ██████████ Accreditation: ACA/NCCHC January 1, 2007 to Present -Transitioned from CFG</p>
<p><u>Montgomery County, TN</u> ██████████ Montgomery County Jail 116 Commerce Street Clarksville, TN 37040 ██████████ ██████████ 650 offenders; ██████████ Accreditation: N/A February 1, 2005 to Present - Transitioned from NaphCare</p>	<p><u>Nebraska Department of Corrections</u> <u>Tecumseh State Correctional Institution</u> ██████████ Nebraska DOC/ Tecumseh Correctional Institution Folsom and W. Prospector Place, Bldg. 1 Lincoln, NE 68509-4661 ██████████ ██████████ 950 offenders; ██████████ Accreditation: ACA September 1, 2005 to Present Transitioned from CMS</p>
<p><u>New Hanover County, NC</u> ██████████ New Hanover Sheriff's Office 3920 Juvenile Center Road Castle Hayne, NC 28429 ██████████ ██████████ 650 offenders; ██████████ Accreditation: N/A July, 2007 to Present Transitioned from PHS</p>	<p><u>Norfolk City Jail (Norfolk, VA)</u> ██████████ Norfolk City Jail 811 E City Hall Avenue Norfolk, VA 23510 ██████████ ██████████ 1,800 offenders; ██████████ Accreditation: NCCHC July 1, 2004 to Present Transitioned from PHS</p>
<p><u>City of North Las Vegas</u> ██ City of North Las Vegas Detention Center 2332 Las Vegas Blvd. North North Las Vegas, NV 89030 ██████████ 900 offenders; ██████████ Accreditation: N/A July 1, 2009 to Present – Newly Transitioned Transitioned from NaphCare</p>	<p><u>City of Portsmouth, VA</u> ██████████ City of Portsmouth Jail 701 Crawford Parkway Portsmouth, VA 23704 ██████████ ██████████ 500 offenders; ██████████ Accreditation: NCCHC November 1, 2009 to Present –Transitioned from PHS</p>



CCS COMPREHENSIVE HEALTH CARE SERVICES CLIENT BASE	
<p><u>Richland County Government</u> [REDACTED] Alvin S. Glenn Detention Center 201 John Mark Dial Drive Columbia, SC 29209 [REDACTED] [REDACTED] 1,100 inmates Accreditation: NCCHC March 18, 2006 to Present Transitioned from PHS</p>	<p><u>Shelby County Sheriff's Office</u> [REDACTED] 201 Poplar Avenue Memphis, TN 38103 [REDACTED] [REDACTED] 3,000 offenders; [REDACTED] Two (2) Prison & Three (3) Jail Facilities Accreditation: ACA, NCCHC & CALEA "Triple Crown" July 1, 2006 to Present Transitioned from CMS</p>
<p><u>Stanislaus County Sheriff's Department</u> [REDACTED] Bureau of Administrative Services 424 East Hackett Road Modesto, CA 95358 [REDACTED] [REDACTED] 1360 adult offenders; 140 Juveniles – four buildings [REDACTED] Accreditation: CMA/IMQ in progress July 1, 2009 to Present Transitioned from CFMG</p>	<p><u>State of Vermont Department of Corrections</u> [REDACTED] State of Vermont – Health Services Division Department of Corrections 103 South Main Street Waterbury, VT 05671 [REDACTED] 1,600 offenders; [REDACTED] Eight DOC Facilities Accreditation: NCCHC February 1, 2010 to Present Newly Transitioned from PHS / MHM</p>
<p><u>Waukesha County, WI</u> [REDACTED] Waukesha County Jail 515 W. Moreland Blvd Waukesha, WI 53188 [REDACTED] [REDACTED] 460 offenders; [REDACTED] Waukesha County Jail Accreditation: NCCHC January 1, 2005 to Present Transitioned from HPL/CHC</p>	<p><u>Will County, IL</u> [REDACTED] Will County Adult Detention Facility 95 S. Chicago Street Joliet, IL 60436 [REDACTED] 775 inmates Will County Adult Detention facility River Valley Justice Center (Youth Home) Accreditation: ACA/ NCCHC November 1, 2006 to Present Transitioned from Wexford</p>
<p><u>Wyandotte County, KS</u> [REDACTED] Wyandotte County Sheriff's Office 710 N 7th Street Kansas City, KS 66101 [REDACTED] 400 offenders and 50 Juveniles; [REDACTED] Accreditation: ACA/ NCCHC January 1, 2006 to Present Transitioned from NaphCare</p>	<p><i>ALL of our clients are references.</i></p> <p><i>Call and ask about the CCS Difference and our Cost Containment Success Stories.</i></p>



1.2.2 CCS Accreditation History and Expertise

CCS is an expert at upholding all local, state and federal standards, regulations and statutes. CCS has an exceptional history of obtaining and maintaining accreditations for our clients. We also have experience in managing turnaround successes for troubled ACA and NCCHC accreditation attempts at facilities after our transition. **CCS has never lost or failed to obtain an accreditation status at any of our client facilities.** Our on-going CQI programs [REDACTED] we complete for ALL CCS sites, guarantees standards are met and maintained.

Our personnel have extensive experience in obtaining and maintaining accreditation by the National Commission on Correctional Health Care (NCCHC) and the American Correctional Association (ACA). Jon Bosch, EVP Operations, is the former Director of Accreditation and QI for the NCCHC and during his tenure was twice involved in NCCHC accreditations in the DDOC. Todd Schwartz, Executive Vice President is a Certified Correctional Health Professional (CCHP), an NCCHC surveyor and is a member of the Board of Directors for the Academy of Correctional Health Care Professionals and Kim Christie is a Certified Correctional Health Professional and a NCCHC surveyor. CCS personnel have been successful in meeting state and local standards addressing the provision of correctional health care services. We typically send 50+ staff to NCCHC's annual conference each year for training; CCS also regularly has staff members as presenters and educational session leaders at this event. Additionally, one of our clients is the current national President of ACA, which we feel speaks indirectly to our successes in accreditation performance.

CCS has a unique perspective into the NCCHC accreditation process. Through Mr. Bosch's, Mr. Schwartz's and Ms. Christie's roles at NCCHC, we have participated in the following NCCHC activities:

- ▲ Standards development
- ▲ Standards interpretation
- ▲ Conducting on-site accreditation surveys
- ▲ Training NCCHC lead surveyors

[REDACTED] and
 [REDACTED] ing
 p [REDACTED] CCS
 G [REDACTED] on
 [REDACTED] that
 [REDACTED] to
 er [REDACTED] client
 sa [REDACTED]

Below is a listing of our current clients, along with the accreditations for each. Contact information for each of these contracts is listed in **Section 1.2.1.**

A CCS TURNAROUND SUCCESS - BEHAVIORAL HEALTHCARE IN RICHLAND COUNTY JAIL

Under its previous healthcare provider, the Alvin S. Glenn Detention Center was unaccredited, had no behavioral health screening in place at intake, and had a troubling history of suicides and other sentinel events.

Within two years of taking over as the healthcare provider at Richland County, CCS managed a significant turnaround for the Detention Center and with it a positive impact for its mentally ill incarcerated patients, and ultimately the community at large.

With our oversight and commitment to standards and quality of care, the Center is now NCCHC accredited, behavioral health screenings have been implemented at intake, and the behavioral health program has received recognition for its improvement and quality.

Please see the news article in Section Five for the full story!



CCS CLIENT/FACILITY	STATE	NCCHC	ACA	CALEA	CMA-IMQ Calif. only
Alexandria Detention Center TRIPLE CROWN ACCREDITATION	VA	▲	▲	▲	
Dane County	WI	▲	▲		
Davidson County Sheriff's Office – HDC	TN		▲		
Davidson County Sheriff's Office – CDCF	TN		▲		
Davidson County Sheriff's Office – CDCM	TN		▲		
Davidson County Sheriff's Office – CJC	TN		▲		
Davidson County Sheriff's Office – ORC	TN		▲		
Douglas County DOC	NE		▲		
Durham County Detention Facility	NC	▲			
Elkhart County Correctional Center	IN	▲			
Forsyth County – Adult Facility	NC	▲			
Forsyth County – Youth Center	NC				
Johnson County NCCHC – 2/1/2010 accreditation	KS	▲			
State of Kansas – KDOC El Dorado CF	KS	▲			
State of Kansas – KDOC Ellsworth CF	KS	▲			
State of Kansas – KDOC Hutchinson CF	KS	▲			
State of Kansas – KDOC Lansing CF	KS	▲			
State of Kansas – KDOC Larned CF	KS	▲			
State of Kansas – KDOC Norton CF	KS	▲			
State of Kansas – KDOC Topeka CF	KS	▲			
State of Kansas – KDOC Winfield CF Last audit scored 100%	KS	▲			
State of Kansas – KDOC Wichita Work Release	KS	▲			
State of Kansas – Juvenile Justice Authority (KJJA)	KS		▲		
Lake County ACC	IL	▲	▲		
Lake County Juvenile Center	IL	▲	▲		
City of Las Vegas	NV	▲	▲		
Lexington County LCSD/DC	SC	▲			
Marion County Jail	IN	▲			
McHenry County Jail	IL		▲ In Progress		
Mecklenburg County	NC	▲			
Minnehaha County Jail NCCHC accreditation process initiated	SD	▲			



CCS CLIENT/FACILITY	STATE	NCCHG	ACA	CALEA	CMA-IMQ Calif. only
1/1/2010.		In Progress			
Monmouth County Correctional Institution	NJ	▲	▲		
Monmouth County Youth DC	NJ	▲	▲		
Montgomery County Jail (accred. not requested)	TN				
State of Nebraska – Tecumseh Correctional Institution	NE		▲		
New Hanover County Detention Center	NC				
City of Norfolk Jail	VA	▲			
City of North Las Vegas	NV				
City of Portsmouth	VA	▲			
Richland County Alvin S. Glenn DC	SC	▲			
Shelby County – CJC TRIPLE CROWN ACCREDITATION	TN	▲	▲	▲	
Shelby County – Q Building	TN		▲		
Shelby County – Jail East	TN		▲		
Shelby County – Div. of Corrections and AOC	TN		▲		
Stanislaus County	CA				▲ In Progress
State of Vermont DOC	VT	▲			
Waukesha County Jail	WI	▲			
Will County ADF	IL	▲	▲		
Will County RVJC	IL		▲		
Wyandotte County DC	KS	▲	▲		
Wyandotte County DC Juvenile	KS	▲	▲		

1.2.3 Incurred Penalties

CCS has incurred no fines or penalties exceeding \$1,000 nor any other amount, for non-performance since the company's inception.

1.2.4 Incurred Losses

CCS has incurred no losses of funds due to fines, delay damages, liquidated damages or forfeiture of performance or proposal bonds in whole or in part.



1.2.5 CCS Business References

CCS BUSINESS REFERENCES FOR DDOC	
<u>Diamond Pharmacy Services</u> [REDACTED] Diamond Pharmacy Services 645 Kolter Drive Indiana, PA 15701-3570 [REDACTED]	<u>BioReference Laboratories</u> [REDACTED] 481 Edward H. Ross Drive Elmwood Park, NJ 07407 [REDACTED]
<u>Clinical Solutions, LLC</u> [REDACTED] Post Office Box 3309 Brentwood, TN 37024 [REDACTED]	<u>Bank of America</u> [REDACTED] 414 Union Street Nashville, TN 37239 [REDACTED]
<u>First Bank</u> [REDACTED] 200 Fourth Avenue North, Suite 100 Nashville, TN 37219 [REDACTED]	<u>Tennessee Real Estate Investments</u> [REDACTED] 4521 Trousdale Drive Nashville, TN 37204 [REDACTED]

1.2.6 CCS Facilities and Probation

No facilities where CCS provides health care services are under probation.

1.2.7 Recent Accreditation Surveys

CCS has provided a sampling of the most recent accreditation surveys conducted in Monmouth County (Freehold, New Jersey), Kansas Department of Corrections (Winfield Correctional Facility, Winfield, KS) and the Las Vegas City Detention Center. It should be noted that the City of Las Vegas was audited prior to CCS' contract start with significant need for improvement cited. CCS successfully attained accreditation for the City within four months of taking over the health care program. [REDACTED]

[REDACTED] As indicated previously, CCS has never lost or failed to attain accreditation at any of our sites.

1.2.8 CCS Capability and Understanding of DDOC Objectives

CCS is confident that we can customize and operate a high quality, comprehensive and all inclusive healthcare delivery system for the offenders at the DDOC facilities. In the table below, we have compared DDOC objectives with CCS capabilities.



DDOC RFP OBJECTIVE	CCS CAPABILITIES
<i>To implement a community oriented correctional health services model by establishing linkage with varied external community based providers that will interface and support continuity of care for offenders upon release</i>	Community linkage is one of CCS' core competencies. 
<i>To deliver high quality health care services that can be audited against established standards</i>	The combination of CCS' highly experienced management team and our spotless record of obtaining and maintaining NCCHC and ACA accreditation for the facilities we manage will allow us to build an auditable, high-quality, correctional healthcare program that incorporates the unique needs and capabilities of the DDOC. For more information on our management team, please see Section One . Our Quality Improvement program is detailed in Section 10.11 .
<i>To operate the health services program at full staffing with licensed, certified and professionally trained personnel</i>	CCS identifies the best staffing mix for each facility it manages and then works diligently to maintain full staffing with appropriately licensed personnel. We believe the risks involved with doing anything else are just too high. CCS believes in and allocates resources toward staff recruitment and retention while ensuring all staff members are properly credentialed. Recognizing the need for corrections-specific training, we work with our team members and facilities to tailor our continuing education lessons to each site and to each individual team member. Recruitment and Retention strategies are described in Section 10.5 .
<i>To operate the health services program in a cost-effective manner, with full reporting and accountability to the DDOC</i>	With a focus on maximizing on-site capabilities and a Network Development team dedicated to partnering with community providers to benefit the DDOC, CCS is confident we can provide the most cost-effective correctional healthcare program possible. We will clearly communicate with the Bureau Chief regarding cost containment issues and we will provide all invoices and backup documentation. Operational and financial reports will be organized to demonstrate the breakdown of all expenses. For details on our unmatched cost containment successes, please refer to Section 1.2.14 .



<p><i>To implement site specific health care plans with clear objectives, policies, and procedures with quarterly compliance evaluations</i></p>	<p>CCS will begin preparing site-specific policies and procedures upon notification of an award of contract. We will define specific objectives for the first year of the contract and will meet with the Bureau Chief each quarter to gauge performance and results</p> <p>[REDACTED]</p>
<p><i>To maintain an open and collaborative relationship with the Facility Administration, Bureau Chief and staff of the DDOC</i></p>	<p>Communication is the key to any successful partnership. The CCS Regional VP will be the single point of contact for the DDOC to help create and maintain an open and collaborative relationship.</p>
<p><i>To maintain standards established by the DDOC and to meet or exceed NCCHC standards and ACA accreditation standards for each facility</i></p>	<p>With the exception of four clients who have chosen not to pursue accreditation, all CCS clients are now ACA and/or NCCHC accredited. Additionally, two CCS clients are among the only 37 nationally recognized "Triple Crown" accredited agencies. We will ensure the DDOC has a correctional healthcare program that meets or exceeds the standards for these agencies. For more information on our accreditation success, please refer to Sections 1.2.2, 1.2.7 and Attachment G.</p>
<p><i>To offer a comprehensive program for continuing health care staff education</i></p>	<p>CCS is dedicated to developing our entire team of healthcare professionals to provide consistency of care. The CCS People Development program is designed to provide every opportunity for our team members to advance their clinical knowledge and leadership skill set. This program is further described in Section 10.6.</p>
<p><i>To maintain complete and accurate records of care and to collect and analyze health statistics on a regular basis</i></p>	<p>CCS offers the DOC our electronic records program, ERMA, which incorporates not just records, but advanced technology to create enhanced systems of care. CCS will utilize ERMA which will interface to DACS to significantly advance the quality of health care through integrated laboratory results, appointment scheduling, and potential interfaces with local providers. For more information on ERMA, see Section Eleven and other sections throughout the proposal.</p>
<p><i>To operate the health services program in a humane manner with respect to the offenders' right to basic health care services</i></p>	<p>CCS recognizes that, first and foremost, our responsibility is to our patients, to allow them access to care and treatment sufficient to meet their medical needs. We expect our staff to operate efficiently and to also respect those needs. Our excellent litigation history and our track record of reduced grievances are indicative of the exemplary care CCS team members provide</p> <p>[REDACTED]</p>



1.2.9 CCS Financial Strength and Stability

CCS is one of our industry's most financially stable companies. [REDACTED]

[REDACTED] Our strong position and financial stability means we have the ability and the resources to fulfill our contractual obligations. We provide uninterrupted, consistent and financially responsible programs for our clients. CCS has never filed for or been in bankruptcy or creditor protection. Highlights of our financial stability:

[REDACTED]
[REDACTED]
[REDACTED] just 21 days
[REDACTED] on hand providing a stability
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

CCS has had no parent companies, subsidiaries, corporate reorganizations or restructuring. CCS, a privately-owned company, has grown on average over 30 percent a year and we have continued to expand our infrastructure to support our growth. CCS has had no ownership changes since inception other than the addition of key executive team members which subsequently diluted initial owners proportionately. Since our inception, the company's focus has been to provide healthcare services in the correctional environment.

1.2.10 Pricing Proposal

CCS has provided categorized pricing for each services component we have bid, as well as bundled and aggregate pricing. [REDACTED]

1.2.11 CCS Litigation History

[REDACTED] in our industry which directly reflects
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

We credit much of our success to our strong operational programs and policies but also to our clinical pathways which our nurses have used in evaluating patients since late 2005. These pathways work as "decision trees" and help minimize the potential of human error as well as provide consistency of treatments / diagnoses.

[REDACTED] is a strong representation of the quality of our work and is very



favorable compared to our competitors. We view this as a major differentiator between CCS and other contractor choices for the DDOC. As you will hear from our references and read in their letters, CCS has dramatically decreased or eliminated litigation for each of our partner clients.

CCS will gladly share specifics of our litigation history with the DDOC as requested.

1.2.12 CCS Client References

We are providing a list of five references for contracts that are most similar in size and scope to the DOC contract. Please note that, with the exception of one contract that was disqualified to be re-bid due to a clerical error in the RFP response, we have maintained all of our clients for comprehensive healthcare services as primary contractor since our inception. The scope of work for each contract listed includes comprehensive healthcare components (includes all medical, dental, behavioral health and related management).

CCS proudly maintains strong relationship with each of our clients, and welcomes you to contact any of them regarding the "CCS Difference". Based on geographic area, scope of work and size, these five clients are appropriate representative comparisons for the DDOC to evaluate:

CCS CLIENT REFERENCES FOR DELAWARE DOC	
<p><u>Kansas Department of Corrections (KDOC)</u> [REDACTED] Kansas Department of Corrections 900 Jackson, Suite 900 Landon State Office Building Topeka, KS 66612 [REDACTED] [REDACTED] 9,000 offenders; 12 Prison Facilities; [REDACTED] Accreditation: NCCHC <i>October 2003 to Present</i> <i>Transitioned from PHS</i></p>	<p><u>State of Vermont Department of Corrections</u> [REDACTED] State of Vermont – Health Services Division Department of Corrections 103 South Main Street Waterbury, VT 05671 [REDACTED] 1,600 offenders; [REDACTED] Eight DOC Facilities Accreditation: NCCHC <i>February 1, 2010 to Present</i> <i>Newly Transitioned from PHS / MHM</i></p>
<p><u>Nebraska Department of Corrections</u> <u>Tecumseh State Correctional Institution</u> [REDACTED] Nebraska DOC/ Tecumseh Correctional Institution Folsom and W. Prospector Place, Bldg. 1 Lincoln, NE 68509-4661 [REDACTED] [REDACTED] 950 offenders; [REDACTED] Accreditation: ACA <i>September 1, 2005 to Present</i> <i>Transitioned from CMS</i></p>	<p><u>Shelby County Sheriff's Office</u> [REDACTED] 201 Poplar Avenue Memphis, TN 38103 [REDACTED] [REDACTED] 3,000 offenders; [REDACTED] Two (2) Prison & Three (3) Jail Facilities Accreditation: ACA, NCCHC & CALEA "Triple Crown" <i>July 1, 2006 to Present</i> <i>Transitioned from CMS</i></p>



CCS	
CLIENT REFERENCES FOR DELAWARE DOC	
<p>Davidson County Sheriff's Office</p> <p>[REDACTED]</p> <p>Davidson County Sheriff's Office 506 2nd Avenue North Nashville, TN 37201</p> <p>[REDACTED]</p> <p>2,800 offenders; Value [REDACTED] Five (5) Jail Facilities Accreditation: ACA October 2005 to Present Transitioned from PHS</p>	<p>Will County, IL</p> <p>[REDACTED]</p> <p>Will County Adult Detention Facility 95 S. Chicago Street Joliet, IL 60436</p> <p>[REDACTED]</p> <p>775 inmates Will County Adult Detention facility River Valley Justice Center (Youth Home) Accreditation: ACA/ NCCHC November 1, 2006 to Present Transitioned from Wexford</p>

1.2.13 CCS History, Organization and Philosophy of Service

CCS History

CCS began in August of 2003 after we responded to the State of Kansas with a workable solution when their incumbent provider requested to be released from the existing contract. Correct Care Solutions was selected because the State of Kansas believed that we would deliver services and a partnership with a "NEW DAY-NEW WAY" philosophy. From the date of notification to the start of operations, our brand new company hired 370 employees in less than 45 days, and implemented services to 9,000 offenders housed within eight facilities throughout the state, all to the full satisfaction of this client. CCS proudly began providing services to the Kansas DOC on October 1, 2003.

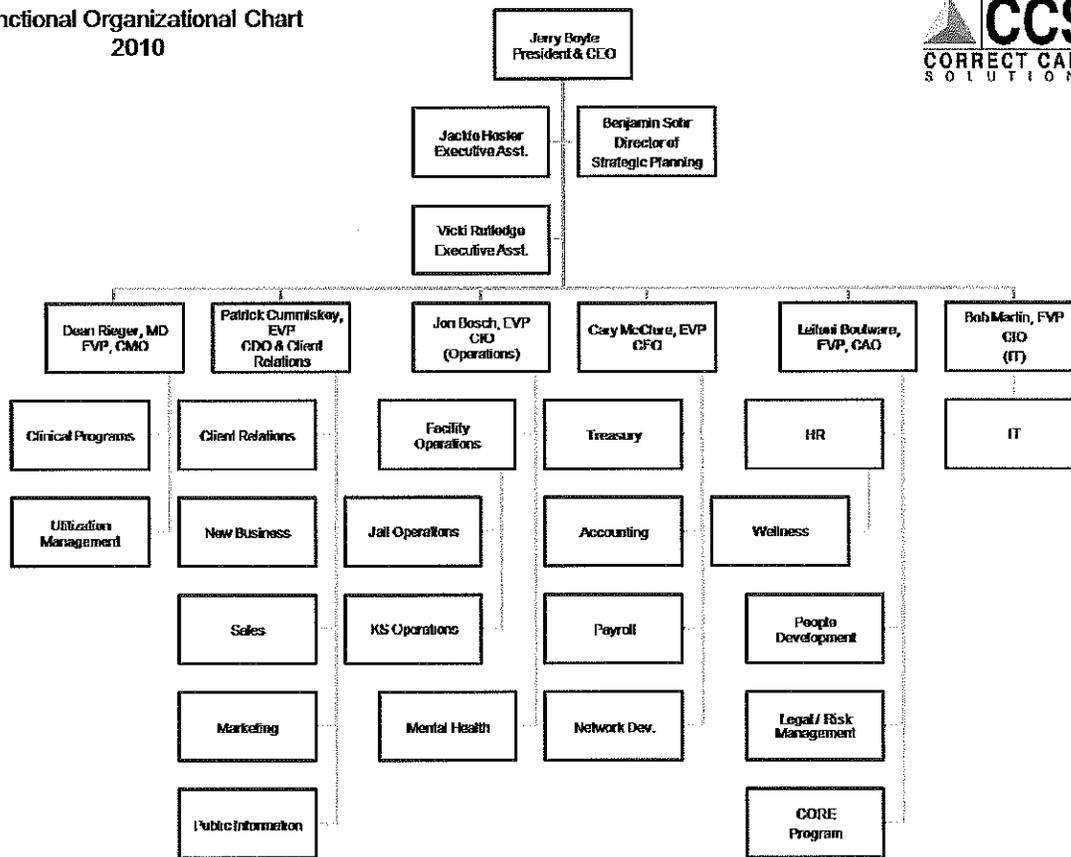
CCS surpassed what was required by committing to the Kansas DOC that we would not enter the marketplace elsewhere until a period of integration could take place and we were certain that Kansas DOC services would continue to be delivered to their full satisfaction. In May of 2004, CCS began our meteoric yet targeted growth trajectory. Based on lessons learned in Kansas and armed with an experienced correctional health care team, CCS implemented a vision of finding the Right Client with the Right Terms at the Right Time. We were determined to remain disciplined in our growth strategy, spending numerous hours of due diligence understanding the uniqueness of each client, the challenges they faced, and the potential solutions we could implement. [REDACTED]

[REDACTED] are the fastest growing and most successful company in the industry due to our commitment to our clients.



Corporate Organizational Structure

Functional Organizational Chart
2010



CCS Differentiators, Philosophy of Service and Vision

Core Competencies

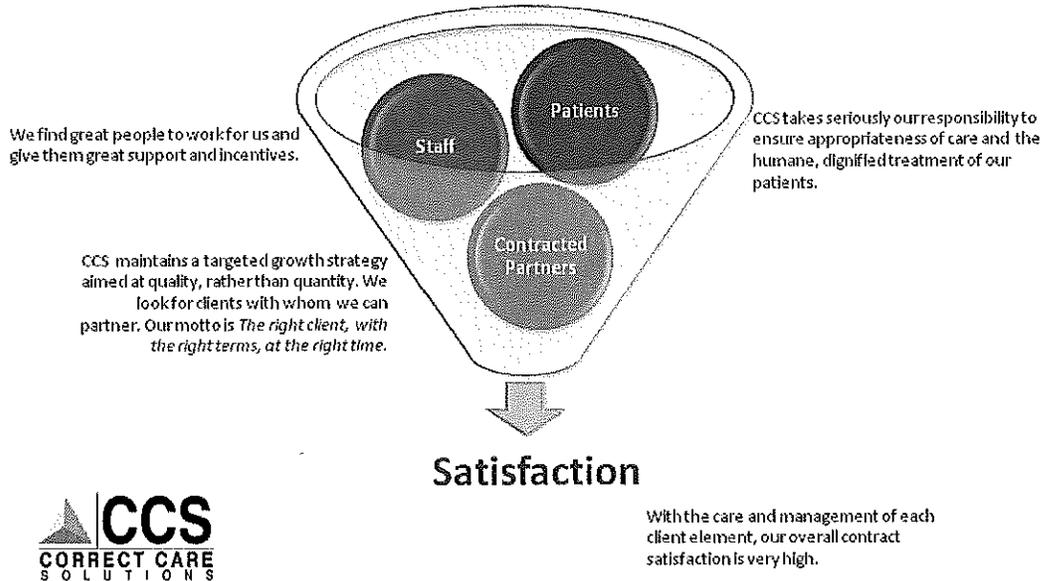
CCS has several significant core competencies which will inevitably and specifically benefit the DDOC program. These specific core competencies include:

- ▲ Managing Resources/Utilization Management
- ▲ Developing Community Specific Regional and National Networks
- ▲ Maximizing Resources and Reducing Off-Site Care and Costs
- ▲ Operating On-Site Infirmaries
- ▲ Implementation and Management Philosophy
- ▲ Developing A Positive Culture of excellence
- ▲ Attracting and Retaining Quality Employees (We are committed to People Development!)



Serving Our Clients

CCS recognizes three types of clients; each is equally important.



The CCS Differences

The investment in a quality healthcare program is an important responsibility for any client. All programs are not created equal. CCS provides and continually improves the highest quality programs for the most reasonable cost. Our clients confirm that CCS is the best choice and best value. These are some of the reasons they have made the CCS choice.

- ▲ We listen
- ▲ We understand
- ▲ We commit to the solution
- ▲ We partner for your success

Hands-On Approach

The CCS executive management team will be extensively involved in the implementation and operation of services with the DDOC. Continuous communication will minimize surprises and ensure a mutual understanding of decisions and protocols. If selected, CCS will plan to meet with DDOC administration and then current medical staff within 48 hours of notice of contract award to ease the anxiety of change.



Employee Advocates

CCS realizes that our employees are our most valuable assets. Our team personally meets with each employee to address any questions and concerns prior to each contract start. We believe that this gesture of respect and consideration for employees demonstrates our understanding of the importance of initiating a positive relationship to sustain a long-term commitment in a productive environment. We understand the importance of providing our site leaders with management training, to advocate the proper culture for working in a challenging environment; we also work diligently to provide each employee with the tools necessary to be successful.

Commitment to People Development

CCS believes our People Development Program is an integral distinguishing aspect of our services, created for our staff's long-term professional satisfaction and wellbeing. We start out with the identification, validation and recruitment of the very best people, then we orient and "on-board" them to our CCS culture and operations. CCS then invests in the continued professional development of each team member, including a full range of training programs and clinical exposure, promotion preparation and succession planning. This investment is practical and simply, the right thing to do. Well-trained, motivated employees provide added value to our operations and improve our ability to satisfy our clients. Our People Development and Retention programs lower employee turnover, reduce costs from replacement and training, and strengthen team spirit through respect and recognition for each person's contributions. Please see more about our People Development, On-Boarding and Retention programs in Staffing and HR **Section 10.6**.

CCS Leadership Development Approach

The continued success of any organization is its leaders' ability to effectively lead their people, maximize customer & client experience, and make sound business decisions. Correct Care Solutions is committed to enabling its leaders to be the best at their current roles and to preparing them for future opportunities within the Company.

Correct Care Solutions Leadership Development is centered on five leadership competency themes:

1. People Management
2. Communication
3. Quality Improvement
4. Decision Making
5. Operating Results

These leadership competency themes are used to guide performance assessment, development initiatives and promotional selection.

Leadership Development Process

- ▲ Leaders create an Individual Development Plan (IDP) based on their 360-degree assessment, their future goals, and feedback from their immediate leader;
- ▲ Leaders are responsible for executing and achieving their development goals;
- ▲ An annual assessment is conducted along with the performance appraisal.



CCS Leadership Boot Camp

Boot Camp is designed for all our new leaders to have an opportunity to learn about our values, policies, and practices... simply put, our culture.

The program starts when leaders receive the pre-work instruction email. To enhance the benefit of the fast-paced Boot Camp learning at the Corporate Home Office (Nashville, TN), it is essential to make sure that each attendee is prepared so they can fully benefit from the program. The pre-work consists of interactive, customized eLearning programs and paper assignments aimed to educate our leaders in their various responsibilities. Examples of some of the content that would appear in the pre-work as well as in the Boot Camp sessions are: Legal and risk management, setting SMART (specific, measurable, attainable, realistic and timely) goals, interviewing skills, finance, correctional healthcare, employee evaluation/improvement meetings, leadership, operations, and conflict management.

Upon arrival, leaders are immersed in multiple formats of learning: Power point presentations, senior staff panel discussions, group debate, and visits to the various department heads for a Q&A session. The program is designed to be educational, fun, and participatory. Our goal is to help our RIGHT employees to ALWAYS do the RIGHT things. Our past, present and future success is because of the investment in our CCS Family. Boot Camp is aimed to continue that tradition as we grow!

Our Vision

Our philosophy is simple. We listen to our clients, assess the situation, and offer solutions which we are capable of performing. When we commit our resources to a client, we focus on making our new partnership successful. We have individuals on our team who respect the uniqueness of each of our clients and understand the important role we both play in a successful partnership. In practicing our philosophy, we create value in our partnership with long term financial savings and improved appropriate care. We are confident in our ability to execute a successful plan appropriate for the unique needs of the DDOC. Our specific vision for a successful program with the DDOC includes utilizing the experience of CCS to develop best practices that allow the facilities to maximize patient care while minimizing costs. These best practices will address on-site and off-site cost containment solutions, pharmacy management and fully electronic medical records management. Our staffing plan is designed to enhance operating efficiencies and includes a new position focused on community linkage and network development. Additionally, our competitive employee compensation and benefits plans are designed to nurture staff retention.

We are committed to being a true solutions provider in the healthcare industry. With a constant focus on patient care, we will provide innovative solutions to our customers and efficiently execute our operational plans in coordination with our project objectives. Correct Care Solutions will continue to hire and retain only the best personnel in the industry and employ individuals that exhibit the "Five Hs" we value in ourselves and others.

Our Values in "The Five Hs"

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.



Honesty

We uphold the highest level of integrity in all our dealings with each other, with clients, and with our patients. Everyone is treated with respect and dignity.

Hard Work

We are willing to outwork and out think the competition so that we remain constant in placing our customers first. We strive for quality in everything we do.

Humility

No matter how much success we achieve it's 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 that we live and work.

Humor

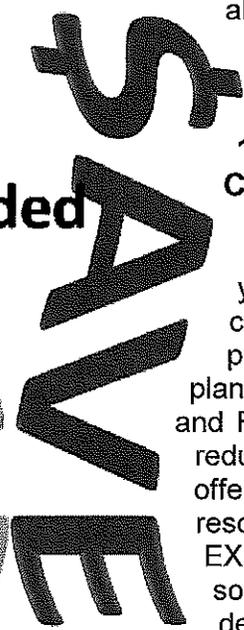
Given the amount of time we put towards our work it is important to have a sense of humor. This allows us to

remain passionate and enjoy our work.



Savings through Value-Added Efficiency

CCS Cost Containment Initiatives



1.2.14 CCS Performance and Cost Containment Successes

CCS has attempted to demonstrate throughout our proposal that we desire to partner with the DDOC as your healthcare solutions provider. We are experts in correctional health care and have the references to prove it. Every one of CCS' clients is a reference. Our plan focuses first and foremost on **QUALITY OF CARE** and **FINANCIAL EFFICIENCIES**. Our goal is to not only reduce overall costs as they relate to the comprehensive offender healthcare program, but to maximize on-site resources to **REDUCE DDOC OVERTIME EXPENDITURES!** As you will read below, we have had some great success in these areas. We will further demonstrate our innovations with an alternative cost

proposal in addition to the fixed price required by the RFP.



Cost Containment Successes

In each program we design and operate, the CCS objective is to uncover all possible operational efficiencies and cost savings while not sacrificing quality. By applying our Savings through Value-Added Efficiency (SAVE) initiative, CCS is continually reviewing "best practices" at all of our sites to sharing the success with each of our clients. Three areas of significant cost in any program are goods and services, staffing, and off-site trips for care. Efficiencies and savings are generated by successful contract negotiations with providers, optimal staffing level management and diligent utilization management.

As your partner, CCS will negotiate contracts for goods and services that benefit the entire DDOC healthcare program. Our vendor contracts often offer savings that can be passed to our clients. Staffing costs are often the biggest operational challenge. CCS focuses on prudent staff deployment and training/retention programs to save the client unnecessary operational expense and added cost created by turnover. With a creative and appropriate staffing mix, we often realize additional staffing efficiencies.

Our Utilization Management approach appropriately ensures cost-effective medically necessary health care services to our contracted offender populations. One focused initiative will be to reduce off-site trips that add unnecessary medical care costs and security/transportation costs to the DDOC budget.

Cost efficiencies are also realized through building strong relationships and channels of communication with local hospitals. For example, when there are recurring hospitalizations required for a patient, CCS works with the hospital to help coordinate getting the patient released and back to the facility in the most timely and medically responsible manner.

CCS has demonstrated a commitment to delivering value through our cost saving initiatives. CCS will partner with the DDOC and will negotiate with local providers to create a quality, cost-effective health care program that provides medically necessary health care services in the most appropriate manner.

Examples on the following pages demonstrate some of our cost containment successes. CCS has expertise in cost containment, and our team constantly explores ways to expand on-site services while meeting the unique needs of each client. In addition, CCS has a documented history of successfully providing the services detailed in this RFP for offender programs operated on a nationwide basis.



CCS COST CONTAINMENT & PERFORMANCE SUCCESS STORIES	
Alexandria, VA Detention Center	CCS brought Dialysis services on-site to assist in decreasing the cost of transport and correctional officer overtime when it was evident that a convicted offender would require long-term service. In order to mitigate costs, other local jurisdictions were provided the ability to utilize Alexandria's secure services.
Kansas DOC	Worked closely with the KDOC to increase on-site services and enhance the establishing of centers of excellence within KDOC facilities which decreased transportation and off-site costs while improving consistency of care. For example, CCS created a Chemotherapy clinic on-site which resulted in significant decreases in transportation and security costs.
Durham County Detention Center, NC	CCS expanded nursing services and opened an infirmary, significantly decreasing off-site services and hospital days. In addition we were able to improve by 50% the discount that the county had with the local hospital provider. Costs per offender per day have decreased for FIVE consecutive years under CCS management.
Davidson County Sheriff's Office/Metro Health Dept, TN	CCS significantly reduced off-site trips for health services. CCS expanded on-site dental and x-ray programs. Additionally, we decreased the use of methadone and expanded on-site pregnancy services. CCS reduced off-site trips by 50% in the first year of the contract while improving care!
Mecklenburg County Sheriff's Office, NC	CCS made a positive impact on County's bottom line early on, with efficient staffing adjustments made in Mecklenburg following our transition. CCS managed a savings in staffing costs of over \$120,000 after our first 90 days on the contract. These savings were directly reimbursed to the client.
Monmouth County Correctional Institution, NJ	CCS has dramatically decreased costs and off-site utilization, while increasing care and on-site services for this multi-jurisdictional institution. The county saved over \$1m after CCS took over. This was done by negotiating a significantly better hospital arrangement, effective utilization management, and bringing additional services on-site.
City of Norfolk, VA Jail	Improved relationship with regional jail and maximized its use. For a second consecutive year, the City should finish below or equal to the cap established for off-site care. This account, prior to CCS, had annually exceeded the cap amount significantly. CCS established new hospital arrangement and improved UM systems and processes.
Charleston, SC County Detention Center	Ensured client understood and followed indigent laws related to off-site care. CCS also brought Dialysis services on-site as volume dictated this to be necessary and cost effective. CCS was able to negotiate a decreased cost per Dialysis treatment by 50% versus previous vendor plus the added advantage of providing services on-site.
Lexington County Detention Center, SC	CCS, upon award of this contract, 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, not only did CCS dramatically decrease the number of emergency trips, but the study ensured total accountability regarding efficacy of care.

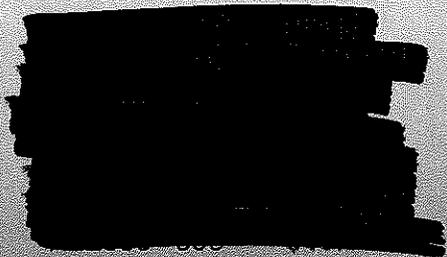
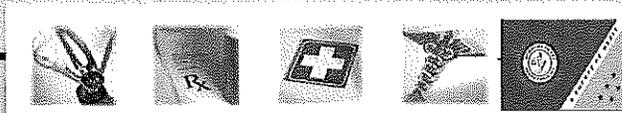


CCS Sidebar: Our Cost-Stabilizing Success in Durham County

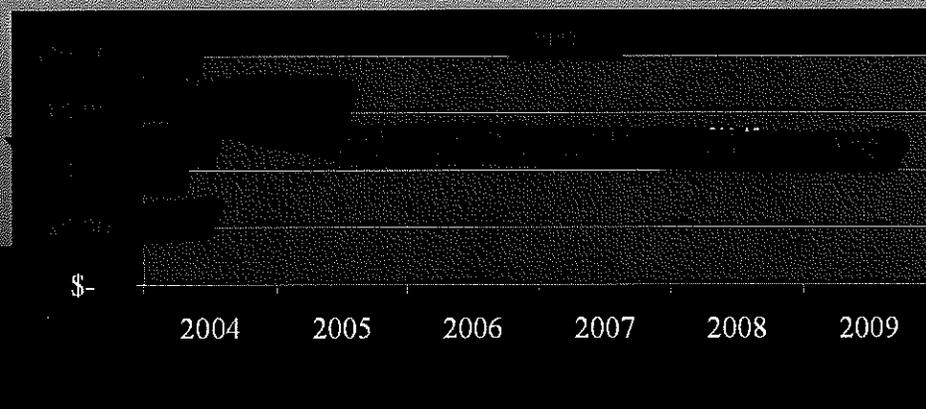
When calling our Durham County, NC client, Ms. Gayle Harris, we encourage you to ask about our success in Durham County in decreasing and stabilizing health care costs, which included keeping the client's Per Offender Per Day (PIPD) costs flat for five years. Much of this success is attributable to CCS' determination and creativity in increasing the level and quality of onsite services to save the County in offsite, and thereby overall program costs. Below is a graphic illustrating our performance in PIPD at Durham County.

Also, on the next page, we provide a news article from Durham's *The Herald Sun* highlighting our cost containment expertise,

Per Inmate Per Day Costs - Total



Durham County, NC





The Herald-Sun

Health care costs for county jail drop off

BY VIRGINIA BRIDGES : The Herald-Sun
vbridges@heraldsun.com
Feb 9, 2005 : 7:49 pm ET

DURHAM -- The cost of providing health care at the Durham County Jail spiked during the first half of last year but is falling now, thanks to a new infirmary and health screenings for new inmates.

From September to January, emergency room visits, days inmates spent in the hospital and the need for specialty consultations dropped significantly. That's according to a report the County Commissioners got Monday from Patrick Cummiskey, executive vice president of Correct Care Solutions, a Tennessee-based company specializing in medical billing for correctional institutions.

Last year, the county paid \$2.59 million in total jail and youth home medical costs. The 10-month Correct Care contract cost the county \$1.73 million. **The price of a 12-month contract would be about \$2.08 million.**

Correct Care Solutions took over the health care services for the jail and Durham County Youth Home in September.

The change followed an especially big jump in jail health-care costs over the first six months of last fiscal year. A few patients consumed the entire budget, which was expected to take care of more than 450 inmates for the full year, health officials have said. As a result, an additional \$425,000 was needed through June 30.

In September, Correct Care set up an eight-bed medical infirmary on the jail's second floor and started screening inmates when they check in. Medical staff members also pay daily visits to sick inmates; health evaluations are performed within 14 days of an inmate's arrival.

Also, nonemergency visits to off-site facilities have to be authorized in advance. All emergency visits are reviewed after the fact.

The goal is to provide health care in the most appropriate setting, Cummiskey said.

Before, for example, if an inmate had health problems and a question arose about getting treatment outside the jail, he would go. Now, health care staff members advise on taking the inmate somewhere or treating him in the infirmary.

September alone saw 13 emergency room visits. October to January saw 19 visits. Cummiskey said it took about 30 days for Correct Care to set up the infirmary and new programs.

County officials said they were pleased with the organization's performance and are entering negotiations to continue the agreement.

"We think they [CCS] have done remarkably well particularly given the very short amount of time they have had to come into the detention center," said Brian Letourneau, the county's public health director.



Other Performance Highlights

Client Testimonials on How CCS Differs from Our Industry Competitors	
Communication	<p>"As advertised, your organization has been extremely responsive to our needs and the proactive manner in which you operate is in stark contrast to our previous provider."</p> <p>-Sheriff Daron Hall, Davidson County, TN (Previously with PHS)</p>
Staffing	<p>"You have dramatically improved staffing levels in all categories and eliminated the use of agency nurses. This is attributable not only to the leadership but climate and culture you have created within our organization. This has been heard repeatedly in conversations with your on-site line staff; an impressive accomplishment."</p> <p>- Chief James Coleman, Shelby County, TN (Previously with CMS)</p>
Fiscal Responsibility	<p>"In 2006, Monmouth County expended \$6,773,418 to [former vendor] for comprehensive healthcare services, while in 2007, the County will expend \$5,632,643 to CCS – resulting in a savings of over \$1,140,775."</p> <p>-Evaluation Committee to Board of Freeholders, Monmouth County, NJ</p>
Creativity	<p>"CCS was able to creatively structure a contract that managed skyrocketing offender healthcare costs in a manner that was consistent with our philosophy of care." "This was an amazing feat...I recommend CCS as a service provider without reservations."</p> <p>-Gayle Harris, Director, Durham County, NC</p>
Accessibility	<p>"Though you have experienced some growth during the past year, you have remained true to your commitment of being accessible... as a client I feel valued and this sets CCS apart from your competitors."</p> <p>-Sheriff Robert McCabe, Norfolk, VA (Previously with CMS and PHS)</p>
Overall Quality	<p>"Your company has managed to master the art of providing health care in the correctional environment while assisting the KDOC in keeping our costs for health care at a reasonable level." "Our offender grievances and lawsuits have reduced dramatically since CCS took over the contract. The rate of offender overall satisfaction is the highest KDOC has ever experienced since contracted services began in 1988."</p> <p>-Viola Riffin, Senior Contract Manager, Kansas Department of Corrections (Previously with PHS and CMS)</p>
<p><i>Every client is a reference!</i> <i>Please call one or all of them, and ask how CCS is different.</i></p>	

**When Quality Performance is the Better Choice:**

The CCS sustainable programs continue to deliver quality first in all of our programs. This 2009 recent article, from a newspaper regarding Richland County's jail, highlights our quality of care and how the CCS behavioral health care program has brought improvement to Richland County and to the Alvin S. Glenn Detention Center.

The State | 02/06/2009 | Kudos to Richland for improved service for mentally ill at jail



The State.com
SOUTH CAROLINA'S HOME PAGE

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Posted on Fri, Feb. 06, 2009

Friday, Feb 6, 2009

Kudos to Richland for improved service for mentally ill at jail

THREE YEARS AGO, mentally ill people taken to the Richland County jail didn't always get necessary treatment. Worse, some died in the county's custody.

The chance of that happening today is greatly reduced, thanks to an aggressive approach by the county to improve services for mentally ill people jailed at the Alvin S. Glenn Detention Center.

Richland's efforts haven't gone unnoticed. The jail has been accredited by the National Commission on Correctional Health Care. Only four other jails in South Carolina, including Lexington County's, have been accredited. We commend Richland for its achievement. County officials took decisive action — although belatedly — to ensure proper treatment of the mentally ill and to protect taxpayers from possible lawsuits due to inmates being harmed while under the county's supervision.

Three years ago, the county faced well-deserved criticism — and unwelcome lawsuits — after three mentally ill inmates died in the county's custody. Two men hanged themselves. A third died from complications from hypothermia. This finally signaled the end for a private health contractor, which had already encountered other problems at the jail. County Council wisely dropped Prison Health Services, and struck a new deal with Correct Care Solutions.

While the new provider came at a higher cost, new standards of care implemented at the jail have brought improvements that are well worth it. Among other things, the changes included evaluating inmates for needed mental health services when they arrive at the jail. Nearly one in five inmates gets help and continues to be monitored after their release.

Two hundred or more inmates are treated each month for problems that range from substance abuse to schizophrenia. Prior to the changes, those people didn't get needed treatment.

In addition to improved mental health services, the jail's standards call for inmates to be screened for health problems within two weeks of being jailed. A nurse is always on site. Inmates who complain they're ill are expected to see a doctor within two days. In the past three years, the number of full-time medical staff more than doubled, going from 16 to 34.

It shouldn't have taken tragedies such as inmate deaths to prompt the county to act. But, fortunately, something positive has come out of it all that will make things better for others. The county's efforts could help keep some seriously mentally ill homeless people from going in and out of jail.

Richland's jail and others across the state must treat more mentally ill inmates than they should

<http://www.thestate.com/opinion/v-print/story/676013.html> (1 of 2) [2/6/2009 9:57:57 AM]



The State | 02/06/2009 | Kudos to Richland for improved service for mentally ill at jail

because of the lack of support from the state, which hasn't sufficiently funded the Department of Mental Health for years. The agency struggles to support jails and hospitals as the number of mentally ill inmates in those facilities rises.

But the lack of state support or poor service on a provider's part doesn't relieve the county of the duty to ensure inmates are properly treated and stay alive.

Richland County Council eventually realized that and took necessary steps that have enhanced service and treatment to mentally ill inmates. Inmates, the county and its taxpayers are better off for it.

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