SECTION THREE – CCS APPROACH TO MEDICAL SERVICES

CCS will ensure care consistent with an offender's rights under the U.S. Constitution and State of Delaware codes and standards related to health care of incarcerated individuals.

- Offenders have a right to access health care services.
- Offenders have a right to professional medical judgment.
- An offender has the right to care that has been ordered.

To design a sustainable effective program we follow a simple outline to success, we:

- Evaluate the need;
- Define our program goals;
- Plan an effective program;
- Follow "best practices" processes to reach the goal;
- Monitor for process adherence, and
- Refine the process as required to improve results.

All care will be in accordance with the most current guidelines and directives of the American Medical Association (AMA), applicable American Correctional Association (ACA) Health Care Standards, National Commission on Correctional Health Care (NCCHC), the Health Resources and Services Administration (HRSA) of the United States Department of Health and Human Services (DHHS), and other relevant standards defined in the policy and procedures of the DDOC. CCS incorporates evidence-based treatment approaches into all of the clinical treatment protocols utilized by our medical staff.

Our program for the DDOC will be developed using the five Public Health Care Model elements of early detection and assessment, community standard of care, focus on wellness/disease prevention, health and wellness education, and continuity of care initiatives within the community.

The CCS program will provide care to the pre-sentenced and sentenced male and female adult offenders and juvenile offenders incarcerated at the DDOC facilities.

3.1 Health Assessment / Intake Physical Examination

Offenders receive initial and periodic head-to-toe health assessments. CCS will provide offenders housed in a DDOC facility for longer than forty-eight (48) hours with a complete head to toe assessment within seven (7) days of the offenders arrival to the facility. The health assessment process will be in compliance with the 2009-2010 edition of the NCCHC Standards for Health Services in Prisons or the most recent if new standards are established. The physical assessment portion of the health assessment will be performed by a licensed nurse practitioner, physician's assistant, or a physician.

The initial health assessment will include all of the following:

- Review of the intake or transfer screening results,
- For offenders who are re-admitted and received a health assessment within the previous 12 months, a review of the most recent intake screening , the prior health assessment and laboratory results at which time the physician will determine if a complete health assessment is necessary.
- Collection of additional health data to complete the medical, dental, mental health and immunization histories,
- Recording of vital signs (i.e.. height, weight, pulse, blood pressure and temperature),
- Provision of a complete physical exam including breast, rectal, testicular exams, HIV screening and an assessment for traumatic brain injury as indicated by the offender's gender, age and risk factors,

REAL TIME ASSESSMENT TRACKING

The CCS Electronic Record Management Application (ERMA) system tracks all intakes in real time to ensure all offenders are scheduled for and receive timely health assessments.

- Observation of signs and symptoms of chronic medical or mental illness, or infestation by ectoparasites,
- Completion of a chest x-ray for offenders with HIV and/or AIDS when clinically indicated,
- Completion of a chest x-ray for offenders testing positive for tuberculosis and evaluating for preventive therapy when clinically indicated,
- Completion of pelvic, pap and breast examinations for women, when clinically indicated
- Conducting laboratory and/or diagnostic tests to detect communicable diseases, including HIV, sexually transmitted diseases and tuberculosis, and additional diagnostic procedures and testing such as a urinalysis, when clinically indicated,
- Obtaining immunization history and the provision of immunizations as clinically indicated,
- Initiating therapy and ordering other tests and examinations, as clinically appropriate,
- Providing a referral for substance abuse disorder as clinically indicated, and

CCS will utilize a standardized form in the health assessment process and will ensure that the form is in compliance with DDOC, national and NCCHC standards. Upon completion of the health assessment process the form will be included in the offender's medical record.

The health assessment process will also include:

- CCS will obtain a written authorization for health evaluation and treatment. The authorization form will be signed by the offender and witnessed by CCS personnel, if consent has not been obtained prior to this time.
- CCS personnel will attempt to communicate and coordinate with community providers who treated the offender prior to incarceration if it is determined that an offender has been receiving health care services in the community and information related to this care is important to ensure continuity and has not already been obtained prior to this time.
- Annual reassessments will be done based on the age of the offender unless a health condition requires special interest and more frequent reassessment.

- Any offender 50 years of age or over will be offered the opportunity for reassessment on an annual basis on, or one week before the anniversary of the last assessment.
- Offenders under the age of 50 will be offered the opportunity for reassessment on the third anniversary of the last assessment.

When the results of the baseline health assessment indicate that the offender requires further evaluation or treatment, the offender will be referred to the appropriate provider for follow-up care. The specific time frame for the follow-up care is as follows:

- **Routine Health Issues** – CCS will provide care within seven (7) days of the health assessment (or as required by the offender's treatment plan).
- **Urgent Health Issues** – CCS will provide care within twenty-four (24) hours of the health assessment (or less if required by the severity of the case).
- **Emergent Health Issues** - CCS will provide care immediately.

In the case of offenders found to have a chronic disease(s) at the time of the initial health assessment, a written treatment plan will be developed and implemented during the initial encounter. The next scheduled chronic disease visit will occur 90 days or less from the date of the initial health assessment and laboratory or diagnostic results are discussed with the offender by the provider in a scheduled follow-up visit.

INFECTION CONTROL

CCS will implement an infection control program to include, at a minimum: committee meetings; identifying an appropriately qualified infection control coordinator; communication and education initiatives (i.e. educational flyers about H1N1 virus outbreak, precautions, etc.); concurrent surveillance of patients and staff; prevention techniques training for the DDOC and CCS staff; and screening, treatment and reporting of infectious disease in accordance with the requirements of the State of Delaware and Federal regulations and statutes. The Infection Control Staff RN's will direct and perform these functions. CCS' Infection Control committee will oversee the Infection Control program, will meet at least quarterly and meeting minutes will be documented.

CCS' infection control policies and procedures focus on the prevention, identification and control of diseases. The infection control program addresses hand washing, housekeeping, decontamination, disinfection and sterilization of equipment and supplies, medical isolation, and infectious waste. The primary functions of the infection control program include:

- Management of communicable disease surveillance and treatment
- Reporting of communicable diseases and conditions
- Collection, evaluation and reporting of epidemiological data

The CCS Infection Control program is in compliance with CDC guidelines and OSHA regulations, NCCHC standards and Delaware Division of Public Health directives. CCS will also take into account DDOC policies and Bureau Chief recommendations. The CCS Infection Control program includes an infection control resource manual for on-site personnel. The Infection Control program is specifically designed to:

- Develop effective systems for identification, prevention and control of communicable diseases

- Collect data on communicable diseases in a systematic manner for forecasting the health and education needs
- Ensure adequate community follow-up and coordination of care after offenders are released

CCS provides infectious/communicable disease training, testing, immunizations, including Hepatitis B and Tuberculosis, and any necessary counseling to our employees as a part of the initial hire and orientation process and annually thereafter.

CCS will report any reportable level infectious diseases to the Delaware Department of Public Health.

SPECIALTY SERVICES

CCS will provide specialty services (e.g., radiology services, sutures, laboratory services, etc.) on site to the extent reasonably possible

- **On-site Laboratory Services** - Laboratory services provided on-site will be guided by a diagnostic procedure manual. On-site services will be in accordance with the Clinical Laboratories Inspection Act. On-site service will be limited to:

  Multiple test dipstick urinalysis
  Finger stick blood glucose
  Peak flow meters
  Pregnancy testing
  Stool blood testing material

- **Bio-Reference** – CCS' preferred provider for laboratory services is Bio-Reference Laboratories, the current provider to the DDOC. Bio-Reference Laboratory services meet standards set forth by the American College of Pathology. Services include timely pickup and delivery, accurate reporting within twenty-four (24) hours, a printer and necessary supplies.
- CCS and Bio-Reference will establish processes to ensure that laboratory specimens are collected from the facility and processed on a scheduled basis. Test results will be printed at a designated location in the facilities.
- **Services and Capabilities** - CCS and Bio-Reference will provide the following services and capabilities:

  Provision of laboratory supplies
  Pick-up and delivery on a daily basis
  Printer or computers to provide test results installed
  Reporting capability within 24 hours
  Phlebotomy services as required

- **Stat Laboratory Services** - CCS will establish a relationship with a local provider for STAT services. The contract agreement will specify that critical level abnormal results will be communicated directly to the CCS personnel at the facility.
- **Laboratory Log** – CCS will maintain a log to document the type and number of specimens sent to the laboratory. The log will also be used to document receipt of specimen results.

CCS health care personnel will review the laboratory log on a regular basis to determine if any specimen results are outstanding.

- The CCS Medical Director or physician designee will review, date and initial laboratory data upon receipt of test results. Once reviewed, the results will be filed in the offender's health record. A plan of care will be established, as appropriate. Critical levels will be reported immediately.
- **EKG Services** - CCS will provide on-site EKG services. CCS uses self interpreting EKG machines to provide for immediate results.
- **Radiology Services** - CCS will negotiate with Lackawanna, the current DDOC radiology provider to perform on-site x-ray services utilizing mobile x-ray equipment, to the extent possible. Radiology services will include the use of a local radiology group to read and interpret the studies. The agreement will require reporting back to the provider within 24 hours of interpretation. All interpretations will be read by a Board Certified Radiologist. Health conditions requiring immediate intervention will be directly communicated to the health care provider. Lackawanna additionally provides diagnostic holter monitor testing, ultrasound services and mammograms. Please see a letter of intent from Lackawanna Mobilex in **Attachment F.**

The CCS Medical Director, or physician designee, will review, initial and date all x-ray reports in a timely manner. A plan of care will be established as appropriate. CCS will work with facilities Administration to establish a routine schedule for on-site x-ray services.

Housing and Work Assignments

The health assessment process will also evaluate offenders for special housing needs and their ability to perform work assignments. CCS personnel will notify appropriate CCS and facility personnel when an offender requires special housing or has activity restrictions. Criteria used to determine special housing and work restrictions include but are not limited to:

- Presence of some chronic illnesses such as seizure disorders
- History of back or extremity injuries with residual disabling effects
- Physical disabilities and handicaps
- Mental health disorders

3.2 Chronic Illness Management and Convalescent Care

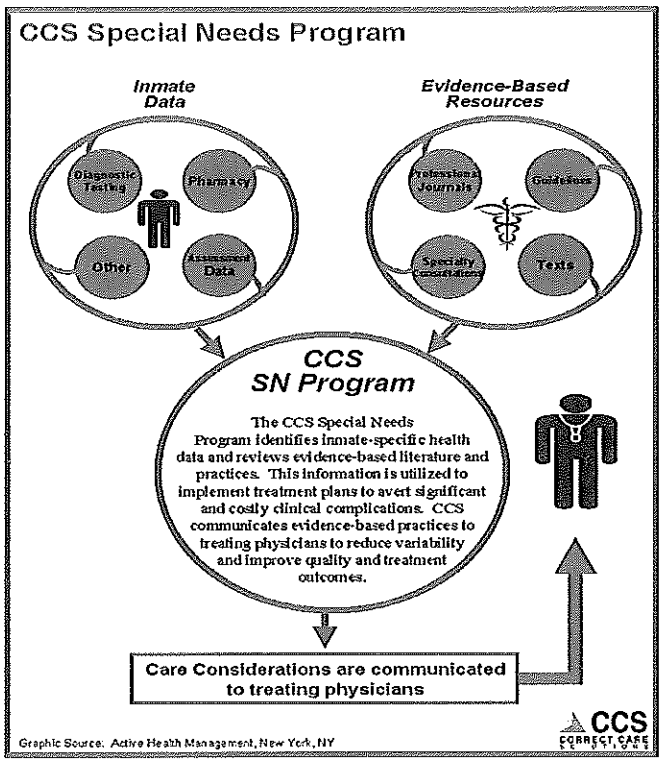
A written treatment plan will be used for all offenders who are treated for a major medical or behavioral health problem. Based on the offender's history and physical assessment findings a special needs treatment plan will be established by CCS in the cases of chronically ill, convalescing, or pregnant 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 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:

Specialty and Chronic Care: The CCS Special Needs Program

CCS recognizes the fact that there are many offenders with special health care needs. It is a goal of CCS to provide special needs offenders with health care services that promote health maintenance and health improvement. "Special Needs" refers to offenders who require health care services over a period of time for ongoing conditions. Special Needs include:



- The chronically ill and those with communicable diseases
- The physically handicapped
- Pregnant offenders (prenatal care)
- The frail and elderly
- The terminally ill
- Offenders with a history of seizures
- The developmentally disabled

CCS' Special Needs Program focuses on the identification, referral and treatment of offenders with special needs. Offenders are screened for special needs during the intake process and again at the time of the health appraisal. Offenders identified as having special health care needs are referred to the Physician or appropriate designee. An initial special needs evaluation will be performed and documented in the offender's health record.

CCS, in concert with the DOC, will at all times maintain a special needs protocol to guide the care provided to offenders identified as being in need of special medical care services or monitoring.

Triage – The special needs protocol will address orientation and on-going training on the special needs population. CCS will also provide intake personnel with receiving pathways that define the process to be followed for newly admitted offenders with special health care needs. The protocol will address housing, monitoring and follow-up. CCS will assist the Bureau Chief with the establishment of statewide guidelines for treatment and care of chronic conditions, diagnostics, offender education and other elements.

Classification and Housing – The receiving pathways will address the availability of designated housing for offenders with special health care needs, those who require monitoring and those who may be in danger of harming themselves or others. CCS personnel will appropriately inform correctional personnel of all offenders with special needs that affect classification and housing.

Special Conditions – In the event that an offender requires enhanced monitoring and there no space is available in the Unit designated for special needs, the Health Services Administrator or

Medical Director should be contacted.

Special Needs Treatment Plans – Based on the offender's history and physical assessment findings a special needs treatment plan will be established. 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 and offender education. The treatment plan acts as a reference for health care personnel involved in the offender's care. Special needs treatment plans are individualized and patient-specific.

Special Needs Guidelines – CCS has established special needs guidelines to reduce variability in the care provided to groups of offenders with similar health care needs. The guidelines are based on the recommendations of professional organizations.

Chronic Care Special Needs Guideline	Professional Reference
Diabetes / Endocrine Disease	American Diabetes Association – http://journal.diabetes.org/CareSup1Jan01.htm
Hypertension	National Institute of Health – www.nhlbi.nih.gov/guidelines/hypertension
Hepatitis	Center for Disease Control and Federal Bureau of Prisons Guidelines
Seizure Disorder	NCCHC Clinical Guidelines
Infectious Disease / HIV	Dept. of Health & Human Services – www.hivatis.org
Asthma	National Heart, Lung and Blood Institute – www.nhlbi.nih.gov/guidelines/asthma/index.htm
Chronic Pain	Institute for Clinical System Improvement
Tuberculosis	Department of Health & Environment Centers for Disease Control

Special needs offenders, including chronically ill, those with infectious diseases, mentally ill or mentally retarded/developmentally disabled, frail elderly, terminally ill or disabled physically, are those that CCS will establish a written special needs treatment plan. When feasible, treatment plans will maintain connections between offenders and the community agencies that have been or will be serving them. All chronic care services will be in accordance with NCCHC standards and DDOC policy.

This special needs treatment plan shall minimally include information regarding medications, therapeutic diet, specialty appointments and consults, any diagnostic work-up that is ordered, housing assignment disposition, impact on ability to function in general population if any, impact on programming and school, and frequency of follow-up indicated. These treatment plans shall be initiated in conjunction with the health assessment and initial physical examination.

Chronic care patients will be provided with a consultation/review by a physician within 30 days

of enrollment and then follow-up based on clinical indications but no greater than 90 days. In any event, orders shall not be written for a duration of longer than 90 days without an encounter with a provider. Patient's sent off-site for evaluation of an unstable chronic condition will be scheduled for an evaluation by the provider within five (5) days of return. Chronic care patients scheduled for release will have a written discharge plan within 30 days of release to include outside referrals, contacts and a 30 day supply of medications. Standardized forms and format are utilized and all materials to enter the health record shall contain the provider's name, title and date (may also include time). Behavioral health needs will be coordinated with the CCS Behavioral Health services staff.

CCS will communicate the treatment plans of patients determined to be in special needs classification as needed to facilitate their housing in the appropriate area of the Facilities.

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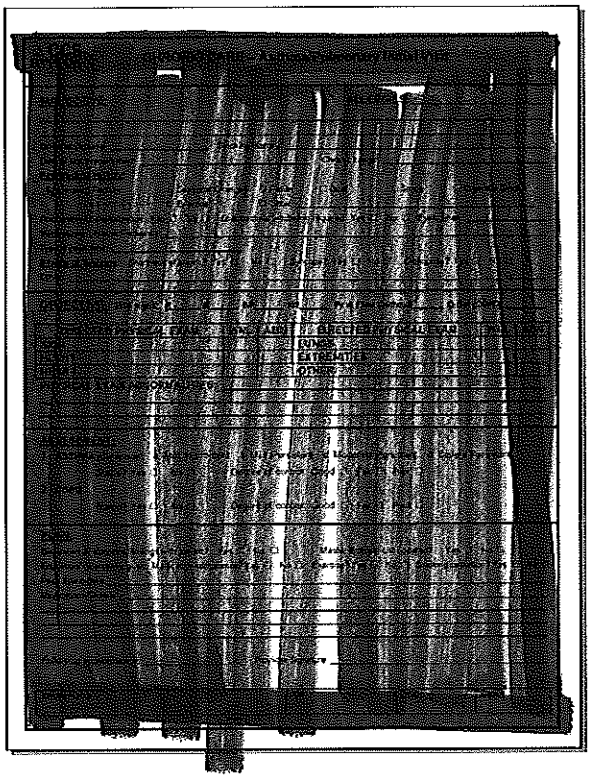
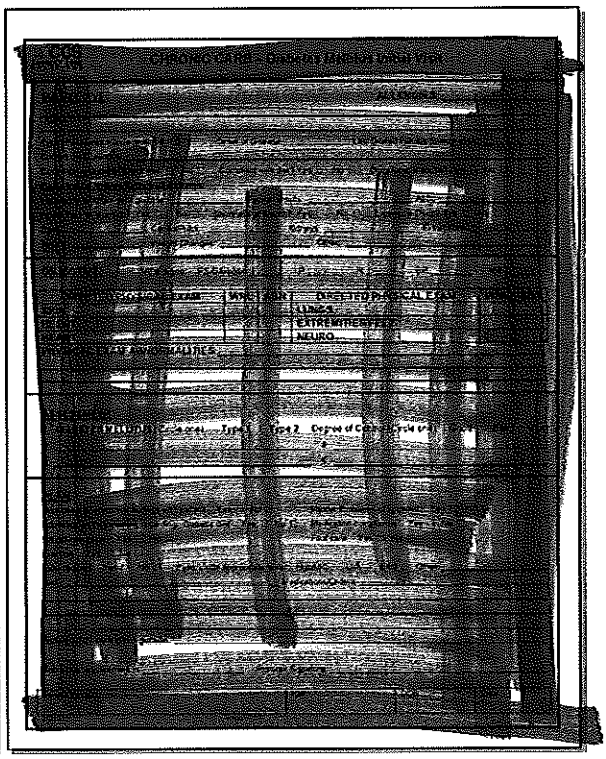
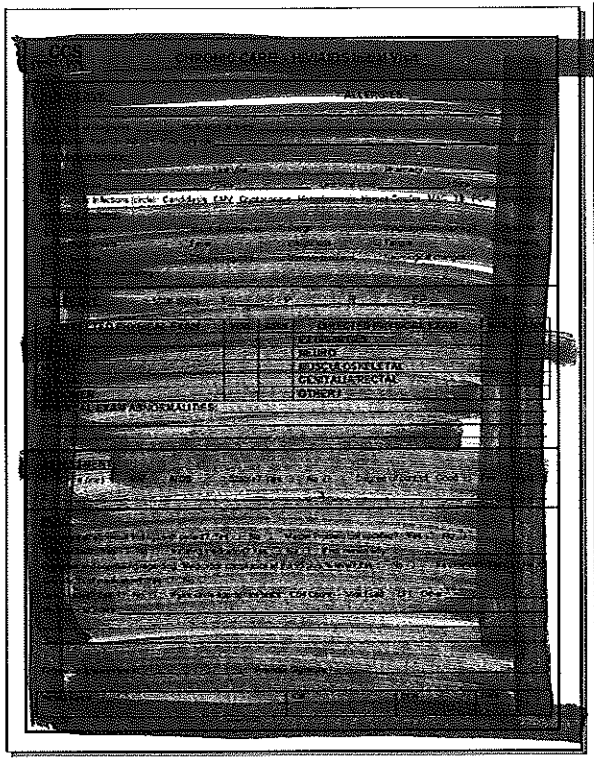


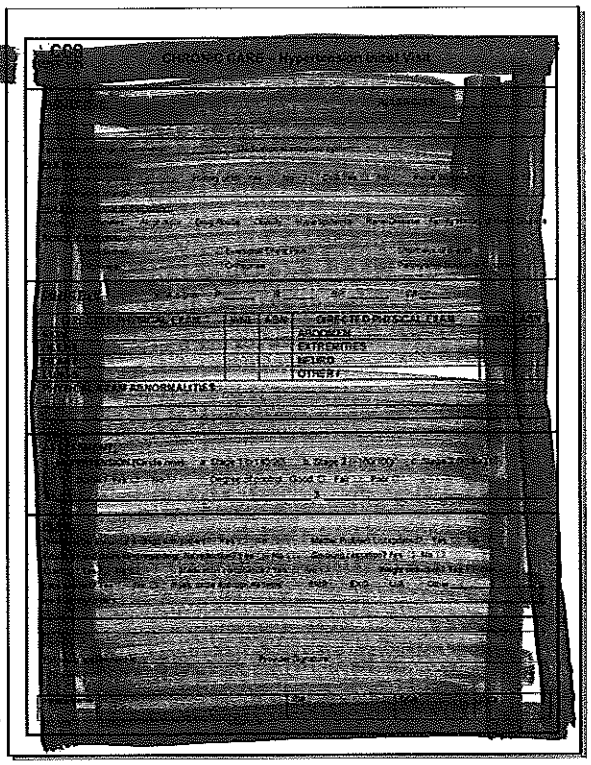
Chronic Care Asthma



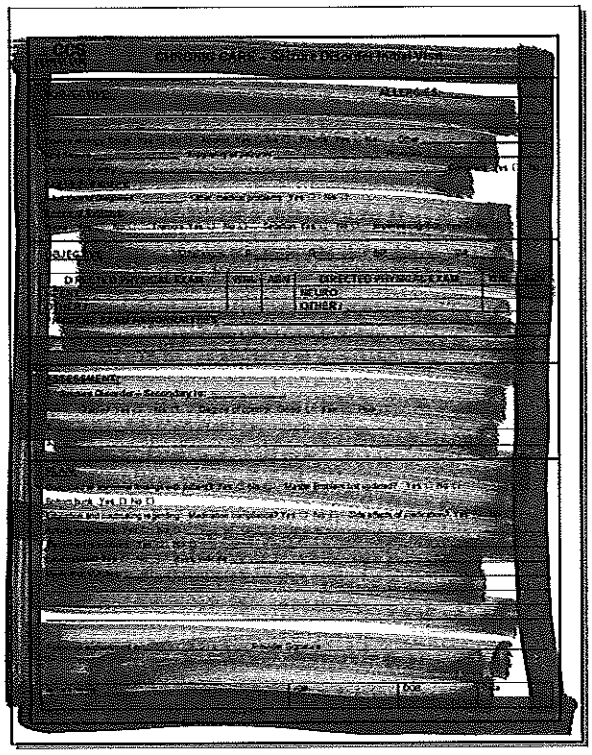
Chronic Care Diabetes Mellitus



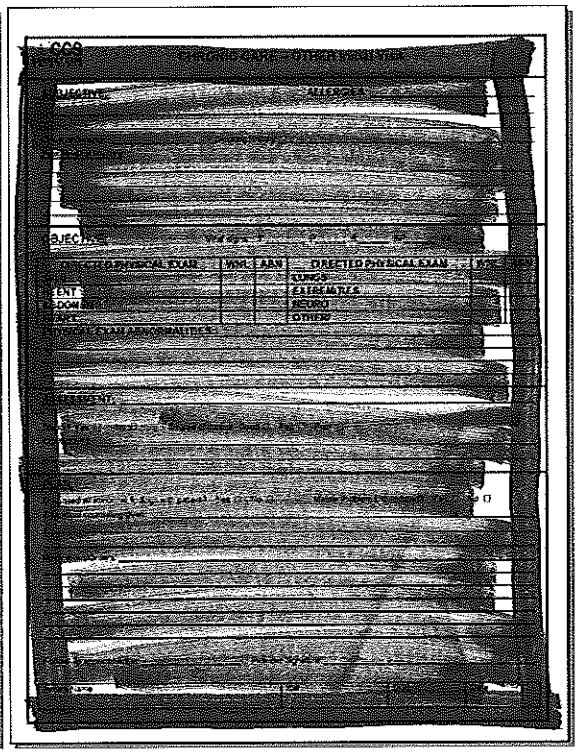
Chronic Care HIV/AIDS



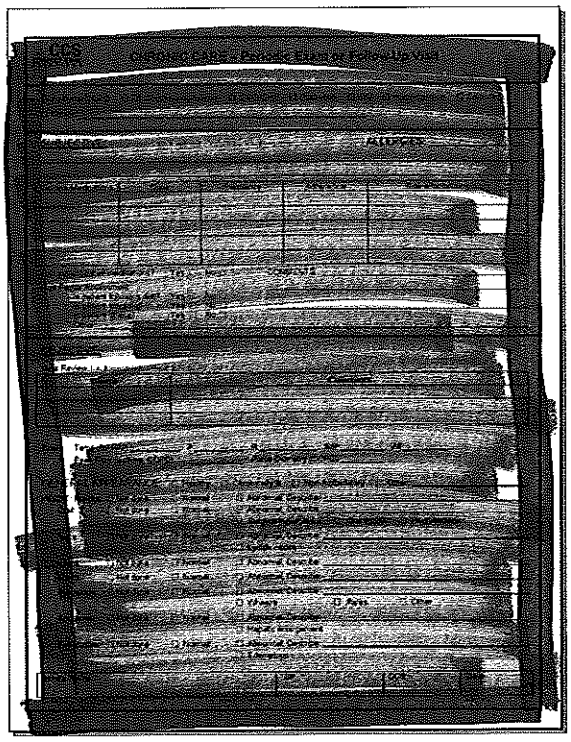
Chronic Care Hypertension



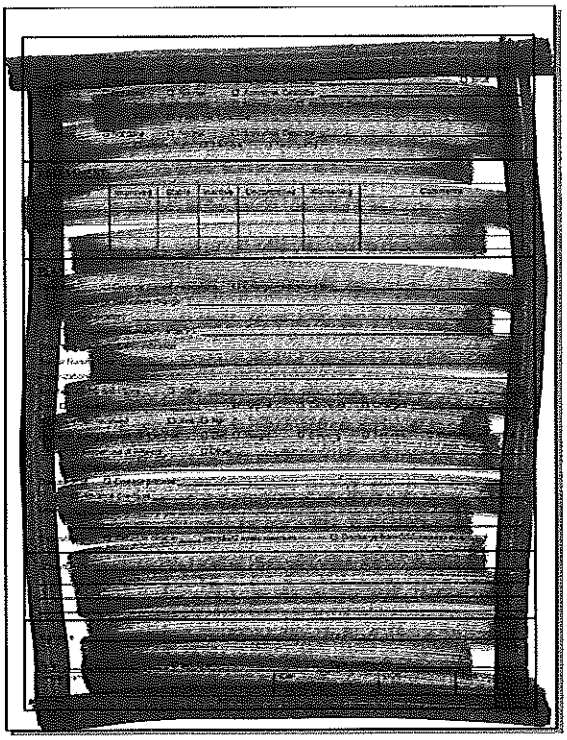
Chronic Care Seizure Disorder



Chronic Care - Other



Periodic/Follow-Up Visit, page one



Periodic/Follow-Up Visit, page two

Education

Health education provides valuable information and has long-term benefits for the offender. CCS maintains a video library that includes educational programs directed toward offenders and has also established offender education handouts to facilitate health promotion and disease prevention. The offender education forms address topics such as:

- Diabetes management including dietary needs
- Effects of drug and alcohol use
- Stress management
- Communicable diseases (HIV/AIDS, TB and hepatitis)
- Personal hygiene
- Hypertension
- Nutrition
- Exercise
- Pregnancy
- Female-specific topics

Health care personnel are instructed to provide health education during each encounter. Additionally, personnel are required to document the topics reviewed, written information provided and a statement indicating the offender's understanding of the information reviewed. The CCS CQI program includes a monitoring tool that evaluates medical record documentation addressing offender education.

CCS will monitor and report quarterly on the delivery and documentation of offender health improvement and disease prevention, including topics reviewed and any reference materials provided through our CQI program process. As specific populations are identified, educational

programs will be established that address health care needs in culturally appropriate group settings.

CCS will coordinate health improvement and disease prevention activities with the DDOC. Instructional methods will include classes, audiotapes, videotapes, brochures, and/or pamphlets. CCS will ensure that the DDOC Bureau Chief has the opportunity to review and approve educational materials. As emerging issues are identified, new prevention topics and activities shall be added.

As appropriate, CCS will also coordinate offender education programs with educators from the community and coordinate the implementation of programs and training modules with the Delaware Department of Health.

Additionally, CCS will act as a consultant for facility staff in the development of health education/promotion groups or classes.

CCS Spotlight: Medical Minute

CCS has established an educational program in our Kansas Department of Corrections contract geared toward offender education. The program is called "Medical Minute." Medical Minute is a collection of short educational spots written at the 5th-8th grade level. Each one contains information on a specific topic. To date, a total of seventeen topics have been covered to include:

- The importance of Physical Activity
- Overweight and Obesity
- No Antibiotics Please
- Taking Antibiotics
- What is High Blood Pressure
- Am I at Risk for Diabetes
- Water: Survival Juice
- The "Flu"
- Dehydration
- Arthritis
- Tattoos
- Brown Recluse Spider Bites

Some topics are aired year round and others in "season." Medical Minute programs continue to be established based on population health issues and the educational needs. CCS has received positive feedback on the "Medical Minute" program from the warden, contract monitors and the Medical Administrative Committee, as well as offenders and CCS staff members. CCS is now working to establish a Spanish version and eventually develop a library of topics that can be pulled from which are both relevant to the season and to current inmate concerns and questions. CCS would be interested in working with the DDOC to establish medical minute programs specific to your offender population and needs.

CCS has also worked with a number of our clients to establish offender education programs that are played in intake and housing areas. The videos address topics such as:

- TB Testing
- MRSA

Additionally, CCS is committed to working with DDOC clinical staff and management and other DDOC service providers to develop and provide a comprehensive program for continuing education for correctional staff at the facilities. Training will be conducted to assist staff to identify offender issues needing immediate medical attention, identify suicide risk indicators and emergency response measures.

3.3 Acute Care and Trauma

CCS will submit acute care and trauma triage and stabilization response protocols for approval by the Bureau Chief.

Per NCCHC standard J-A-07, CCS will provide on-site triage and administer first aid, CPR or other emergency care 24/7 on the premises of DDOC facilities to any offender, 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.

In addition to medical response, CCS also prepares site-specific emergency, natural/man-made disaster contingency and continuity procedures and drills as part of our Disaster, Contingency and Risk Management Plans developed for each site.

One of CCS' Core Competencies is our ability to maximize services provided on-site and **REDUCE** unnecessary off-site transportation. CCS will ensure an incentivized environment for call-back care. We will also explore network development options to augment staff emergency coverage.

When emergency off-site care is necessary, CCS will arrange for such services. We have reached out to DDOC providers to discuss emergency care, and will continue to facilitate improved relationships with important community care providers.

CCS' Medical Services provider will communicate with the Specialty Consultation Vendor to ensure patients are in the proper environment for care and released back to the DOC facilities as soon as responsibly possible.

Emergency Services and Transportation Coordination

CCS will be responsible for arranging transportation and for off-site care, either with the DDOC facilities' transportation staff for non-emergent, pre-scheduled services, or with ambulance services for emergency transportation to the nearest hospital provider, as appropriate. All transports will be coordinated with DDOC staff. Costs for 911 transport for offenders will be the responsibility of CCS.

For pre-scheduled off-site care, CCS will utilize DACS and if applicable, our electronic application **ERMA**, in which all off-site trips will be scheduled, to provide the DDOC facilities transportation team with no less than one week's advance notice concerning any off-site transportation needs. On a weekly basis, the transportation staff will receive the following week's transportation needs. As offender custody status changes, any released or transferred offenders will be dropped off of the list, appointments cancelled, and such will be

communicated to the staff as well. Off-site providers will also be informed that any subsequent charges for care will be the responsibility of the offender or the agency taking custody of the offender.

3.4 Specialty Routine, Urgent and Emergent Referrals

In the event CCS is not the chosen Specialty Care vendor, CCS (as Medical Care provider), will make necessary referrals to specialty care for routine, urgent and emergent care in accordance with CCS protocols, DDOC policies and NCCHC/ACA standards. CCS will keep clear channels of communication with DDOC partner health care vendors to help ensure a continuous flow of information regarding patient care. If CCS is selected as medical and specialty consult vendor, we will hold full responsibility for patient care in both areas.

3.5 Telemedicine Support

CCS recognizes telemedicine may have a potential in the DDOC, especially the use of services in some of the more rural facilities. CCS supports the use of telemedicine for the delivery of health care services to reduce the incidence of offender travel. Initially, CCS is not planning to develop 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 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 services in year three and beyond.

3.6 Multidisciplinary Offender Health Care Conferences

CCS will lead multidisciplinary conferences to ensure proper case management of patient care for all segments of the contract for which we are selected.

3.7 Requests for Accommodations

The CCS receiving pathways will address the availability of designated housing for offenders with special health care needs, those who require monitoring and those who may be in danger of harming themselves or others. CCS personnel will appropriately inform correctional personnel of all offenders with special needs that affect classification and housing in the preferred DDOC format.

In cases with offenders having physical handicaps or disabilities, the CCS physician will make a determination as to the existence of a condition and the need for any medical treatment and accommodations to be provided. CCS will conduct periodic reviews of accommodations to ensure they are still necessary.

3.8 Special Diets

In compliance with NCCHC standard J-F-02 and the Manual of Clinical Dietetics, CCS and its licensed dietician will provide routine nutritional education for offenders and work with the DDOC facilities' food service unit in the placement of medical diet orders and recommendation of diet plans sufficient to meet the medical needs of offenders. Diet orders and patient records will be reviewed periodically to determine if a special diet remains medically necessary for individual offenders. In such cases where a therapeutic diet is deemed no longer required, CCS staff will notify the offender, the Bureau Chief and the Food Services Manager. CCS will ensure all diets are evaluated for nutritional quality and

adequacy through six-month review and audit, or at any time when the menu or food provider is changed. CCS plans to manage the DOC nutritional program through the direction of a consulting Registered and Licensed dietician. CCS will not make dietary recommendations for religious or preference diets.

3.9 Clearance for Kitchen Duty and Other Work Assignments

CCS will comply with the language and directives concerning the health screening process and documentation for offenders assigned to kitchen duty and other assignments.

3.10 Boot Camp and Other Clearances

CCS will comply with the language and directives concerning offender health screenings within five days for DDOC assigned boot camp or other DDOC assignments.

3.11 Tool Inventory and Security Policies

CCS will store controlled substances, syringes, needles, and surgical/medical instruments under secure conditions. Controlled substances and items subject to abuse will be accounted for on a scheduled basis and ordered and kept under the guidelines of the AMA, DDOC and NCCHC Standards. CCS will consult with the DDOC on the location of the secure storage area for each facility. DDOC will have right of inspection of daily inventory logs.

CCS acknowledges and will comply with all safety, security and information systems policies and procedures in place at DOC facilities. CCS provides a thorough safety and security briefing during our orientation process for staff. We have also established a continuing education program which was developed to provide a heightened awareness of institutional rules and regulations integral to the safety and security of medical and facilities staff. In particular, it provides information on understanding the ways in which offenders may attempt to manipulate staff behavior and procure contraband items and understanding the true meaning of "fraternization".

CCS staff understands that a violation of security regulations may result in denial of facility access and be subject to termination.

3.12 NCCHC Accreditation

CCS acknowledges and accepts the language and directives regarding NCCHC accreditation, penalties and liquidated damages. Please review our Accreditation Expertise section in **1.2.2** for detailed information about our team's proficiency and background in accreditation as well as our CORE internal accreditation and contract compliance audit program in **Section 10.11**.

3.13 Pricing and Payment

For easier readability, we have provided pricing and staffing in **Attachment J** due to the large size of spreadsheets.

SECTION FOUR – CCS APPROACH TO NURSING SERVICES

4.1 Intake Screening

CCS appreciates the critical importance of maintaining a timely and proper booking and admission screening process, conducted in accordance with all relevant standards and directives, to ensure the well-being of the offenders and overall facilities operation.

CCS understands that offenders brought into the facilities to be placed in custody must be medically cleared prior to admission into the facilities and offender population. All offenders will be screened at the time of receiving/delivery utilizing the Intake Health Screening Form which has been approved by the responsible physician. The CCS staffing plan includes staffing sufficient for nursing personnel to be available in Intake at all times. The initial Offender Health Screening emphasizes the identification, referral and treatment of arrestees with acute and chronic health care conditions, including behavioral health disorders, suicide risk, detoxification, and those offenders who require medication, isolation or close observation. Screening documentation will include referral to qualified medical personnel for care outside of the screener's scope of practice, for emergency medical treatment and/or assessment, as appropriate.

A CCS LPN or RN will perform a receiving screening within two hours of intake.

When notified by correctional staff, CCS will ensure a timely triage is completed of all offenders entering the facility to determine that the offender is medically fit for detention, with or without special attention or special watches.

Screening Process

The intake screening will occur within two hours of the offender's arrival at the DDOC facilities, and prior to being sent to the housing areas. The results of this screening will determine the need for medical or behavioral health referrals and the scheduling for the full health assessment. In the instances where CCS may utilize a Physician's Assistant, (PA) Nurse Practitioner (NP) or Physician (MD or DO) for the screening process, the provider may also choose to conduct the full health assessment during the intake phase. In the event where an LPN performs the intake screen, then a Registered Nurse (RN) will review the screening record and approve within eight hours of intake.

Any offender presenting at intake with a history of past or present disease or diagnosis will result in a referral for full health assessment before being housed. An intake screening form will be filled out in its entirety for every offender at each intake. Offenders in need of urgent/emergent care upon arrival at booking will be referred to an urgent/emergent care facility for treatment and medical clearance.

4.2 Intake Protocol

The intake screening process will include, at a minimum:

- Inquiry into current illnesses, health problems and conditions:
  - Current illnesses and health problems including medical, behavioral health and dental
  - Any past history of tuberculosis or other infectious or communicable diseases or symptoms including chronic cough, hemoptysis, lethargy, weakness, weight loss, loss of appetite, fever and night sweats
  - Behavioral health problems including suicidal ideation, psychosis and hospitalizations, in conjunction with the Behavioral Health intake specialist
  - Dental problems
  - Allergies
  - Ectoparasites
  - Medications and special health needs. First dose medications to be administered before housing, as prescribed by physicians. Non-formulary medications may be provided for up to seven days. A physician or designee will assess patients need for non-formulary meds within five days of intake
  - For women, date of last menstrual cycle, current gynecological problems, and current or recent pregnancy
  - Use of alcohol and other drugs, including types, methods, date and time of last use and problems associated with ceasing use
  - Notation of personal physician and any medical risk
  - Other health problems as designated by the responsible physician
  - History of or present suicidal and/or self-destructive behavior or ideations
- Observation of the following:
  - Appearance, which includes state of consciousness, mental status, conduct, tremors and sweating
  - Behavior such as disorderly, appropriate or insensible
  - Body deformities and ease of movement, trauma markings, bruises, lesions, eye movement, and/or jaundice
  - Identification of disabilities and special equipment needed
  - Persistent cough or lethargy
  - Condition of skin including trauma markings, scars, tattoos, bruises, lesions, jaundice, rashes and infestations, and needle marks or other indications of substance abuse
- Verification of medication in a timely manner, using CCS' exclusive Medication Verification program
- The recording of vital signs as indicated
- CBC with Differential if medically indicated;
- SMA 12 or other tests as medically indicated;
- All incoming offenders will be screened for symptoms of pulmonary tuberculosis (TB) and a Purified Protein Derivative (PPD) will be planted during intake and read in 48-72 hours unless offender has a positive past history or has undergone the testing at a DDOC facility within the past 30 days. Additionally, a chest x-ray will be taken on all

males, and all females following negative pregnancy test, in accordance with Centers for Disease Control (CDC) guidelines

- STD screening for syphilis (serology), gonorrhea and chlamydia (urine) and HIV (rapid oral with serology confirmation on positive results). Pregnancy testing for females by urine test, with positive results confirmed by serology
- Pregnancy testing for females by urine test, with positive results confirmed by serology
- Initiation of CCS and clinical and receiving pathways
- Inform the offender of the grievance process and right to health care and how to access medical, behavioral health and dental services while at the facility both verbally and via an informational sheet. The medical information sheet will be approved by the responsible physician
- Referrals for special housing, emergency care or specialty care as necessary, including consultations with medical and administration and documentation of the date and time when referral/placement actually takes place. In cases with offender's having physical handicaps or disabilities, the CCS physician will make a determination as to the existence of a condition and the need for any medical treatment to be provided
- Patients with HIV will be provided with counseling and case management, in accordance with DDOC policy and CDC guidelines. Pre- and post-HIV test counseling will be provided. Please see the HIV Protocol section above for additional details on CCS procedures.
- Verification of medically necessary special diets
- Notation of the disposition based on the information obtained in the admission screening process; general population, with or without referral for appropriate health care services; emergency referral to appropriate health care services; or, medical isolation and special observation
- All offenders transferring between facilities will be assessed, to include review of medical records, medications and intervention as deemed necessary.
- CCS will schedule all offenders for a health assessment in accordance with DDOC policy E-04.

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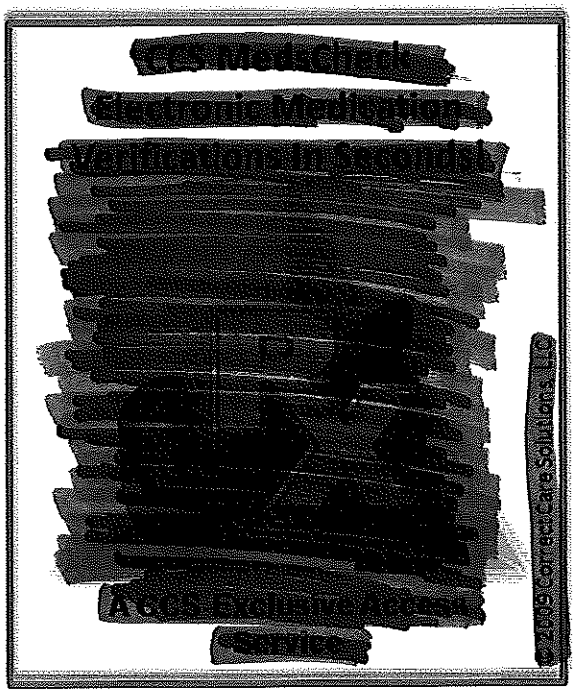
CCS Receiving Pathways

CCS will implement our Receiving Pathways to guide the treatment and referral process of offenders admitted with health care needs. CCS personnel assigned to the intake process will be responsible for performing initial triage, completion of the admission screening process and initiation of health referrals to medical, dental and behavioral health services, as indicated.

CCS has established Receiving Pathways to provide additional guidance and standardization to the receiving process. The pathways are used to gather disease-specific health information in order to formulate a plan of care. If it is determined that an incoming offender may be in need of urgent or emergency health care services admission screening personnel will notify the charge nurse. The charge nurse will assess the offender to determine health care needs. If the offender's need for care exceeds the scope provided on-site, the patient will be referred to the local emergency room. Return to the facilities will be predicated upon written medical clearance. CCS will perform QI reviews on all admission deferrals.



The CCS Medication Verification Process

One component of our online and electronic applications currently being piloted is the CCS Medication Verification Program. Using only a few search criteria (name, DOB, SSN, Sex and last known zip code), the CCS Medication Verification process queries a collective of more than 300 national data sources to provide up-to-date medication histories in seconds. CCS is the **only** company to offer the medication verification process in the corrections industry. Our program provides increased reliability and accuracy that translates to fewer medication error possibilities and supports patient safety initiatives.

The intake screening, upon admission to the facilities, is the initiation of continuity of care for the offender patient. If the individual is on medications, attempts shall be made to obtain prior records or at least prior prescription history, verbally if not in writing. CCS has an exclusive software service arrangement that allows us to electronically confirm prescriptions. Although this system will not completely eliminate the manual process of medication verification, it should greatly reduce it. The real advantage of this system is that it takes only 90 seconds to verify medication history and can be completed at any hour versus having to wait for pharmacies and doctor offices to be open and respond. ***CCS IS THE ONLY PROVIDER ABLE TO OFFER THIS SERVICE!***

4.3 Intake Facilities

CCS will have adequate staffing to process receiving and transfer intakes in accordance with DDOC policies E-02 and E-03 at the following DDOC facilities:

- Howard R. Young Correctional Institution (HRYCI)
- James T. Vaughn Correctional Center (JTVCC)
- Sussex Correctional Institution (SCI)
- Baylor Women's Correctional Institution (BWCI)
- Sussex Violation of Probation Center (SVOP)
- Sussex Work Release Center (SWRC)
- Central Violation of Probation Center (CVOP)
- Morris Community Correctional Center (MCCC)
- Plummer Community Correctional Center (Plummer)
- John L. Webb Correctional Facility (WCF)
- Women's Work Release and Treatment Center (WWRTC)

CCS will implement a customized intake process that will provide seamless transfers and enable continuity of care for offenders entering and leaving the DDOC system. All admission processes will be thoroughly documented for each offender. In the event that the offender moves to another DDOC non-intake facility without completion of the intake screening, CCS will perform the intake procedures at the current facility. CCS will thoroughly document all admissions in the offender health record.

Transfers

When an offender is transferred from another DDOC facility, the qualified health care professional will review the Health Services Transfer Form for accuracy and completeness, and the qualified health care professional of both the sending and receiving facilities will sign the form.

CCS will review the records of offenders proposed to be transferred out of state and will assess the appropriateness of each transfer using forms and protocols established by the DDOC. This review and documentation will be completed in a timely fashion. All behavioral and medical health clinical staff will be trained in conducting these reviews, and the quality of review for out of state or work camp transfers will be included in regular quality assurance activities.

4.4 Intake According to DDOC Policy

Please see **Section 4.3** above.

4.5 Nurse Intake Screening

Please see the intake sections **4.1 through 4.4** above. CCS will utilize DACS for all intake, transfer and sick call appointments. All entries will also be printed and signed by both nurse and offender for placement into the offender's health record.

4.6 Health Assessment

CCS will provide complete initial and periodic health assessments, in accordance with DDOC policy E-04 and industry standards. Please see **Section 3.1** for details of CCS' health assessment protocols.

4.7 Offender Sick Call

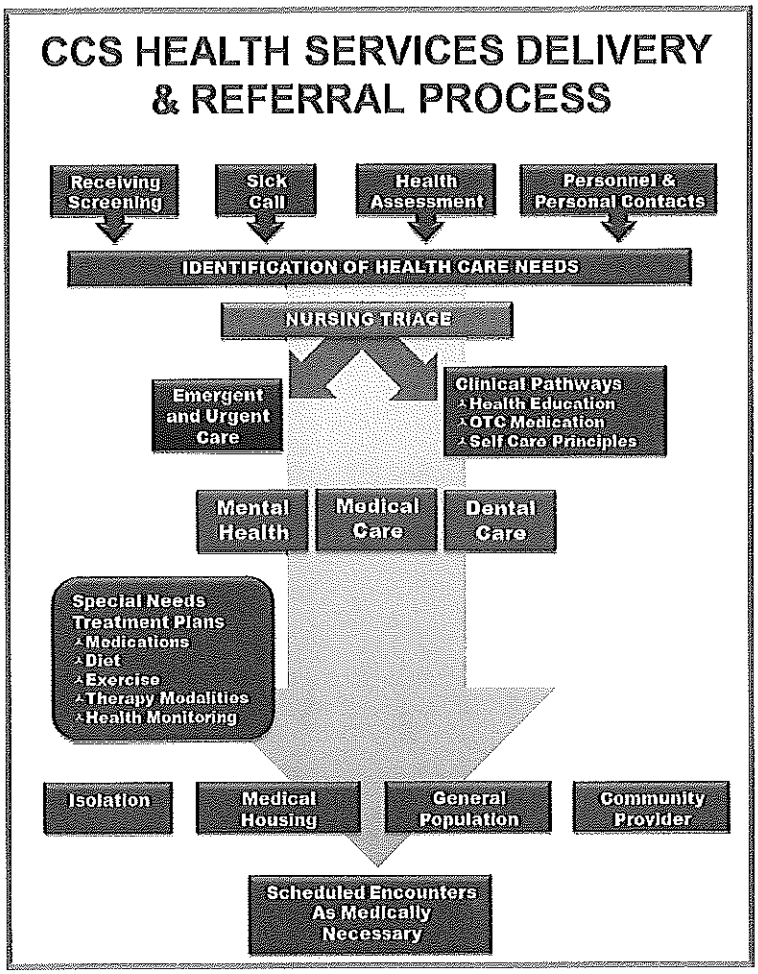
As part of CCS' receiving screening, all offenders are verbally advised of their right to medical treatment, the procedure to register for sick call and consultation schedule, as well as medical grievance procedure. Additionally, CCS will provide a physician-approved health services information sheet to each offender upon admission.

CCS will provide sick call services for all offenders, in accordance with DDOC policy E-07 and NCCHC standards.

Sick call is of primary importance to an effective correctional health care delivery system. The CCS sick call process includes standardized procedures and will ensure timely access to medically necessary health care services. The CCS sick call process uses combinations of Registered Nurses, midlevel providers and physicians as the primary providers of sick call services, with care within their scope of practice and in accordance with DDOC policy E-07.

CCS uses a Triage process at our sites to coordinate timely care to all patients. This process will be available as a site-specific, written plan.
CCS will provide:

- Sick call triage and restricted housing rounds seven days a week, including holidays, conducted by a nurse.



- Clinician sick call visits will be scheduled with a frequency and duration sufficient to meet the health needs of the population. Staffing for all facilities will have an on-call 24/7 contact for emergencies.
- Psychiatrist mental health sick call visits are conducted sufficient to meet the health needs of the offender population and on-call 24/7 for emergencies.
- All health care providers will be properly trained, qualified, credentialed and licensed to practice in the State of Delaware.

Policy and procedure will include information regarding access to health care be communicated to offenders orally and in writing in a language the offender comprehends upon arrival at the facility. Provisions will be made to assure that non-English speaking offenders understand how to obtain health care.

The plan will also include a means for identifying, assessing, treating and/or referring any offender who appears to be in need of medical, dental, behavioral health or developmental disability treatment at any time during his/her incarceration subsequent to the receiving screening.

A nurse will triage all non-emergency patient requests for care within 24 hours. The responsible physician will determine the appropriate triage mechanism to be utilized for specific categories of complaints.

Health care resources will be sufficiently allocated to the sick call process to allow all offenders to be seen in a timely manner after they request such services. Sick call services and clinical encounters are conducted in a private setting. When indicated a chaperone is present. Offenders requiring a physician, dentist or behavioral health therapist or psychiatrist will be scheduled for timely consultations.

Should the need arise outside the scheduled sick call, offenders needing urgent or emergent medical services will be seen on the same day as they request such services. When an offender is unable to attend a sick call session due to custody status or physical condition, CCS will make arrangements for sick call services to be conducted at the offender's cell.

Clinical Pathways (Nursing Assessment Protocols)

CCS believes we can make an immediate impact on consistency of care through the utilization of our Clinical pathways. These pathways were developed by our Chief Medical Officer to assist nurses in diagnosis and to ensure consistency of care. In its simplistic form, a Clinical pathway is a decision tree process for the nurses to follow. By using these pathways CCS is able to assist in ensuring consistency of care, ease of training and maximizing practitioner time. Nurses are given tools to fully utilize their skills in various situations, which lends to staff satisfaction. An example of a pathway is provided on the following three pages.

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CCS NURSING CONTINUOUS PATHWAY	SUBJECT: FEVER Revised Date: 6-1-2007 Effective Date: 6-1-2006

I. REFERENCES: NCCHC J-E-11, ACHC J-E-11

EXAMPLE

II. BACKGROUND:

Fever is a sign of a problem and is not a diagnosis. Fever can result from minor non-serious conditions or may be the first sign of a life-threatening situation. This pathway is provided to help the nurse address fever in the absence of signs or symptoms suggesting that an underlying condition requires intervention. Examples of situations in which fever presents but the underlying condition should be addressed first include:

- Meningitis
- Appendicitis
- Delirium
- Pneumonia
- Heat stress injury or dehydration
- Stroke (cerebrovascular attack)
- Seizures

Examples of situations in which a non-serious problem can cause fever include:

- Upper respiratory infections
- Physical exercise

Normal body temperature varies from person to person by as much as a degree F or more. Body temperature also varies normally during the day as activity and metabolic levels change. Minor variations in body temperature should not be over-interpreted.

When temperature is elevated above 101 F, patients will usually complain of malaise and headache. Treatment of fever is symptomatic and for comfort only. When temperature rises above 104 F and approaches 105 F, the fever itself can cause brain damage and requires treatment. Temperatures above 105 require emergency treatment.

III. SUBJECTIVE:

Patient complains of fever or fever is noted incidentally during screening.

- Inquire about other symptoms. Include general systemic symptoms such as headache and malaise, and anything else the patient wishes to mention.
- Inquire regarding recent activities.
- Inquire regarding recent exposure to others who were sick.
- Inquire regarding symptoms consistent with colds and URIs.
- Inquire regarding new or recent onset abdominal problems.
- Obtain a history of current medications, identifying those that have been started recently.
- Inquire regarding recent use of aspirin or other NSAID, especially during the previous 24 hours.

IV. OBJECTIVE:

Obtain blood pressure, pulse, respiration rate, and temperature.
Examine organ systems as suggested by clinical history and current symptoms.

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[redacted] Date

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Site Medical Director [redacted] Date [redacted]

CCS CORRECT CARE

CORRECT CARE SOLUTIONS
Fever

Check, circle, and complete all appropriate blanks.

Date: _____ Time: _____

S: Subjective:

Inquire about other symptoms. Include general systemic symptoms such as headache and malaise, and anything else the patient wishes to mention. _____

Inquire regarding recent activities. _____

Inquire regarding recent exposure to others who were sick. _____

Inquire regarding symptoms consistent with colds and URTI. _____

Inquire regarding new or recent onset abdominal problems. _____

Obtain a history of current medications, identifying those that have been started recently. _____

Inquire regarding recent use of aspirin or other NSAID, especially during the previous 24 hours. _____

O: Examination:

T: _____ P: _____ R: _____ B/P: _____ Wt: _____

Examine organ systems as suggested by clinical history and current symptoms. _____

Temperature range (F)	Assess as:
Less than 99.0	No fever
Above 99.6 and below 101.9	Low grade fever
Above 101.9 and below 103.5	Significant fever
Above 103.5 and below 104.5	Dangerous fever
Above 104.5	Very dangerous fever

Assessment: _____

P: Interventions:

For "no fever":
- Instruct the patient to return if his condition worsens or other symptoms develop.

For "low grade fever":
- Instruct patient that he has an elevated temperature but not to a significant degree.
- Schedule a follow up with nursing staff for a repeat fever evaluation the next day, and instruct patient to return if his condition worsens or other symptoms develop prior to scheduled reevaluation.
- Offer acetaminophen 650 mg po unless contraindications exist. This may be repeated 3 times in 24 hours (QID) but the nurse is only authorized to provide a total of 4 doses without HCP consultation. If patient has documented allergy to acetaminophen, then provide ibuprofen 200mg PO TID x 1 day instead (unless otherwise contraindicated).
- Contact HCP if advice if needed.

For "significant fever":
- Administer EITHER acetaminophen 975mg OR ibuprofen 200 mg (as allergies dictate) PO as a one time dose unless either has been given within a 6 hour period.
- Contact HCP for advice.

For "dangerous fever":
- Administer EITHER acetaminophen 975mg OR ibuprofen 200 mg (as allergies dictate) PO as a one time dose unless either has been given within a 6 hour period.
- Contact HCP for advice.
- Prepare to cool the patient by application of cool wet sheets, application of ice bath, or other local methodology.

For "very dangerous fever":
- Administer EITHER acetaminophen 975mg OR ibuprofen 200 mg (as allergies dictate) PO as a one time dose unless either has been given within a 6 hour period.
- Prepare cooling process and initiate cooling.
- Contact HCP for further direction.

Nurse's signature and date: _____

Reviewer's signature and date: _____

A: Assessment:

Assess as in the following table.

Inmate Name (Last, First, Middle)	ID #	DOB	Revised 06.01.07	Page 1 of 2

4.8 Daily Triaging of Offender Care

In accordance with DDOC policy, a nurse will solicit health complaints daily and triage all non-emergency patient requests for care within 24 hours. The responsible physician will determine the appropriate triage mechanism to be utilized for specific categories of complaints. CCS will collect request forms daily from sick call boxes at each facility. Each request will be reviewed, logged and entered into the DACS. In instances when dental staff (another vendor) is unavailable, a CCS RN or NP/PA will screen the request and if not deemed an emergency, schedule for follow-up within 72 hours.

Requests for mental/behavioral health will be referred to a mental/behavioral health staff member for triage within 24 hours. If the request is determined as an emergency, and mental/behavioral staff is not on duty at the time of request, the CCS triage nurse will contact the on-call psychologist or psychiatrist for further instruction.

CCS will provide at least one RN on duty 24x7 at each Level 5 facility.

CCS will provide DDOC staff training regarding medical and mental/behavioral health referral procedures and CEIT classes upon BCHS request. CCS will gladly implement a regular DDOC staff educational program if desired by the BCHS. Please see our training section in **10.6** for details on the availability of a facility staff education program.

4.9 Infirmary Management and Services

CCS will operate the infirmary facilities at the DDOC in accordance with DDOC policy G-03 for the care of offenders with chronic illnesses, acute and chronic conditions that can be treated on-site, or those offenders in need of nursing or convalescent care. There will be daily supervision of the infirmary by a registered nurse. Daily infirmary rounds will be conducted by an RN each shift, seven days a week, and by a physician or midlevel provider every weekday. MD coverage will be available on-call 24x7.

An infirmary manual of nursing procedures will be readily accessible to all clinical staff. All offenders entering and discharging from the infirmary will be approved in writing by a physician or NP/PA. Immediately upon arrival, all offenders shall have a documented physical examination and admitting orders whether they be medical or behavioral health. A nursing plan will be in place within 24 hours of each admission. CCS will provide a complete medical record, including a jacketed hard copy and online access to our Electronic Records Management Application (**ERMA**) for the most current and comprehensive information, including the offender's intake health assessment and treatment plan. CCS will also provide access to both online and hard-copy library reference materials and nursing procedures.

We are committed to measures that decrease the need to transport offenders off-site for care. CCS has had experience transitioning underutilized housing space into economical and competent medical units and has extensive experience managing and operating infirmary settings. We typically find the scope of services provided on-site can be easily expanded and staff is receptive to the opportunity to provide an increased skill-set level. The CCS plan will be in accordance with NCCHC and DDOC standards and define:

- The Scope of Care to be provided
- Services
- Equipment needs
- Policy and Procedure
- Admission and Discharge criteria
- Staffing Plans
- Support Services
- Withdrawal and Detoxification

Many inmates are admitted to the correctional setting under the influence of drugs or alcohol, or with significant histories of substance abuse, increasing the possibility that they will experience some degree of withdrawal. CCS has a complete detoxification program to be implemented as medically indicated and in accordance with DDOC policy. CCS routinely provides evaluation of all inmates for substance abuse during receiving/intake screening. Intake personnel will be educated on the CCS detox program and the importance of appropriate monitoring of detox patients. CCS provides an intoxication and withdrawal program conducted under medical supervision and that is in compliance with all applicable standards of treatment, and is considered effective on the basis of medical research.

Inmates determined to be at risk for moderate to severe withdrawal and those who indicate a history of complications from past periods of abstinence will be housed appropriately in medical observation cells for observation and will receive a more in-depth evaluation. The Addiction Research Foundation Clinical Institute Withdrawal Assessment – Alcohol (CIWA-Ar) tool may be used to complete the evaluation. The CIWA-Ar is a validated tool designed to assess severity of alcohol withdrawal. The CIWA-Ar has been extensively researched and shown to be a viable tool when used by nursing staff in both emergency departments and community settings. The tool describes symptoms of alcohol withdrawal that are then graded by the nurse through observing inmate behavior or by asking the inmate for a response to questioning. Based on the information documented on the CIWA-Ar tool, the inmate will be classified as mild, moderate or severe AWS. An individualized treatment plan is established and includes monitoring guidelines and instructions for contacting the Medical Director or physician designee when monitoring results are outside established parameters. The treatment plan may also include prescribed pharmaceutical therapy, as indicated.

The CCS program includes:

- Detoxification services performed under constant medical supervision on-site in either the infirmary or medical observation units.
- Special consideration/detox protocols for pregnant females in order to sustain the viability of their unborn child.
- Inmates assessed by health services personnel when admitted to an observation cell.
- Inmates are evaluated for the use of and/or dependence on alcohol or other drugs during the receiving screening process. Specific information is obtained regarding:

  Type of substance(s) used,
  Frequency and amount of usage,

How long the inmate has been using,
Time of last use, and
Side effects experienced when ceasing use in the past.

- Inmates will be evaluated for signs and symptoms of withdrawal. Inmates who report alcohol and/or drug dependence or are identified as being at risk for withdrawal will receive a more in-depth evaluation. Information obtained from the receiving screening process will be used to classify inmates as being in mild, moderate or severe withdrawal. The QHCP completing the receiving screening will evaluate the inmate for the following:

  Anxiety
  Agitation
  Disorientation
  Headache
  Visual disturbances
  Auditory disturbances
  Nausea
  Tremors
  Paroxysmal sweats
  Elevated pulse, respiratory rate, blood pressure.

- Inmates determined to be at risk for moderate to severe withdrawal and those who indicate a history of complications from past periods of abstinence will be housed appropriately in medical observation cells for observation and will receive a more in-depth evaluation. The Addiction Research Foundation Clinical Institute Withdrawal Assessment – Alcohol (CIWA-Ar) tool may be used to complete the evaluation. The CIWA-Ar is a validated tool designed to assess severity of alcohol withdrawal. The CIWA-Ar has been extensively researched and shown to be a viable tool when used by nursing staff in both emergency departments and community settings. The tool describes symptoms of alcohol withdrawal that are then graded by the nurse through observing inmate behavior or by asking the inmate for a response to questioning. Based on the information documented on the CIWA-Ar tool, the inmate will classified as being mild, moderate or severe AWS. An individualized treatment plan is established and includes monitoring guidelines and instructions for contacting the Medical Director or physician designee when monitoring results are outside established parameters. The treatment plan may also include prescribed pharmaceutical therapy, as indicated.

- CCS will manage and utilize 24/7 on-site services to reduce off-site hospitalizations whenever medically reasonable. If it is determined that the inmate can be properly managed at the facility, the following steps are taken:

  An assessment is done within 24 hours of admission. This may include the completion of the CIWA-Ar tool.
  Consultation with or examination by the on-site physician or designee to determine if there is a need for medication therapy and to establish the treatment plan.
  Increased supervision of the inmate with specific observations of the inmate's condition monitored and recorded on a regular basis.
  Establishment of actions to be taken when specific criteria are met according to the CIWA-Ar recommendations and physician's assessment. Nursing staff will contact the physician when monitoring results are outside established parameters of mild withdrawal.

Mild Detoxification – When possible, inmates undergoing mild to moderate detoxification will be housed in a sobering cell until detoxification is completed.

Moderate Detoxification – Inmates experiencing more advanced cases of detoxification will

be housed in the sobering cells under close watch.

Severe Detoxification – Inmates diagnosed with delirium tremens (characterized by profound confusion, hallucinations and severe autonomic nervous system over-activity) who cannot be safely managed in the detention environment may need to be transferred to an inpatient setting; any hospitalizations will be by the order of the CCS physician/Medical Director.

A physician treatment plan should be established as soon as the potential for withdrawal is assessed. The treatment plan should include benzodiazepine during the acute withdrawal period and then tapered off if there are no other indications. Because of the important variability both in the severity of the withdrawal symptoms and in metabolism of the therapeutic agents, it is difficult to establish standard or routine dosage schedules. Higher doses of benzodiazepines may be necessary when inmates smoke heavily. Lower dosages might be anticipated in inmates with significant liver disease.

CCS will properly supervise staff and monitor the performance health assessments to ensure compliance with the program.

CCS has comprehensive Practitioner Clinical Guidelines which guide management and treatment of the following:

- Detoxification of Chemically Dependent Inmates – Alcohol
- Detoxification of Chemically Dependent Inmates – Benzodiazepine Withdrawal
- Detoxification of Chemically Dependent Inmates – Opioid Withdrawal
- Detoxification of Chemically Dependent Inmates – Sedative Hypnotics other than Benzodiazepines

4.10 Annual Health Care Screening

CCS will provide annual health screenings for all offenders who are over the age of 40 years. Annual health assessments will be conducted in accordance with NCCHC standards and the directives of the U.S. Public Health Service Task Force on Preventive Guidelines.

4.11 Telemedicine Support & Pharmacy System Support

CCS recognizes telemedicine may have a potential in the DDOC, especially the use of services in some of the more rural facilities. CCS supports the use of telemedicine for the delivery of health care services to reduce the incidence of offender travel and will participate should the DDOC engage in a telemedicine system.

4.11.1 Pharmacy System Management and Processes Coordination with Pharmacy Vendor

CCS will work closely with the pharmacy vendor to provide written systems and processes for the ordering and administration of medications, to include, but not limited to:

- **Medication** ordering, distribution and delivery
- **Direct Observed Therapy** – CCS personnel will be trained to provide direct observed therapy (visual mouth checks) for medications subject to abuse, psychotropic

- **Non-formulary Request Process** – Non-formulary medications are made available based on medical need. CCS will work with the pharmacy vendor and ensure providers are educated regarding the non-formulary process.
- **Safety and Security** – CCS will store controlled substances, syringes, needles, and surgical instruments under secure conditions. Controlled substances and items subject to abuse will be accounted for on a scheduled basis. Regular audits will be conducted to remove discontinued or expired medications.
- **Medication Renewals** – CCS will maintain a system for medication renewals to ensure the continuation of required medications on an on-going basis that does not place the inmate at risk.
- **Medication Education** – CCS providers will be instructed to educate inmates on prescribed pharmacotherapy at the time the therapy is ordered. The education will be documented in the inmate's health record
- **Discharge Planning** – CCS strongly advocates discharge planning to ensure a patient's continuity of care. Especially in inmates with mental illness, we want to provide as many resources as possible to enable them to continue their treatment plan, hopefully enhancing their state of health and reducing the likelihood of recidivism. Upon transfer to another facility a medical transfer form providing all necessary information for continued treatment will accompany the inmate; medications will not be provided unless the receiving facility does not have on hand the prescribed medication to be dispensed as directed per the physician's order.
- Maintenance of the Medication Administration Record (MAR) to include accuracy checks and availability of either the actual MAR or a copy for use during medical encounters with the Medical Provider.

Medication Administration

- Medications will be administered three times per day in a timely manner (within one hour of the time the medication was given the previous day) or as appropriate to patient need and security schedules, by nursing personnel following the ordering of the pharmacotherapy by the responsible physician. All prescription orders will be logged into the patient's medical record. CCS nurses will administer medications on a scheduled basis seven days per week utilizing the medication window or med pass cart method in the inmate housing units. Medications will be administered by appropriately trained and licensed personnel. **Medication delivery time will never exceed 24 hours.** In emergency situations, all medication deliveries will be made immediately.
- CCS personnel will document the administration and missed doses on inmate specific medication administration records (MAR). These records will become a permanent part of the inmate's health record. The MAR includes non administered medication reason codes as well as instructions, injection site codes and result codes. All information relative to a patient's prescription will be recorded in the MAR.
- In the event that an inmate misses or refuses doses on three consecutive days the inmate is to be referred to the prescribing provider and a medication refusal will be documented.

CCS will coordinate with the DDOC Pharmacy Services provider to ensure smooth facilitation of medication administration. All pharmaceuticals will be managed by CCS in accordance with all applicable laws, guidelines, policies and procedures, and accepted

community standards.

4.12 Case Management and Discharge Planning

CCS will provide special needs case management in accordance with NCCHC standards and other appropriate guidelines.

We have comprehensive emergency and disaster response plans, contingency plans and risk management programs in place which will be customized in accordance with DDOC Policy E-08 and available in written format for staff at DDOC facilities. The plans will include protocols for emergency response both inside and outside the secured perimeter.

Our processes facilitate discharge planning to ensure a patient's continuity of care, especially in offenders with HIV, mental illnesses and chronic diseases. In addition, women who have delivered children while incarcerated or who are pregnant at discharge are in need of community linkage. CCS works hard to provide as many resources as possible to enable discharged patients to continue their treatment plans, hopefully enhancing their state of health and reducing the likelihood of recidivism. We will develop a program for DDOC to make community referrals and appointments, to assist with Medicaid/Medicare applications and to provide continuity of medications either through prescription or up to a 30 day supply of medication upon consultation with the Pharmacy Services provider in compliance with DDOC policy E-12.

The discharge program for DDOC will also include a written discharge plan and related discussion with the offender, and the request for their social security number for coverage needs, if it is not already available.

[redacted]

CCS is experienced in working with community provider to establish community linkage programs and is committed to ensuring an effective process exists to provide continuity of care for the offenders incarceration and in their transition back to the community. We understand the collaboration needed between the DDOC medical and nursing services provider and the local community groups and community medical and mental health centers.

CCS will work with the DDOC and the community health centers to develop protocols for a discharge plan that develops a plan of care and establishes a medical appointment within 72 hours of discharge. The plan will also provide direction regarding the provision of bridge medications. In addition, with the CCS automated medical records program (**ERMA**) it will be possible with the patients consent to provide a CD of the inmate's health care record that can be taken to the community health center to ensure immediate availability of pertinent medical information. Or, at the very least a documented discharge plan will be provided to the inmate to facilitate continuity of care.

CCS is excited to offer the DDOC a program dedicated solely to community linkage activities. Termed the "ACE initiative" which stands for Activate Community Enterprises, our program includes a designated Regional Director of Community Linkage who will have responsibility for community linkage and liaison activities, will interact with local agencies, groups, departments and community providers and will take a lead role in the grievance process and related departmental meetings. This would include liaison activities with the DDOC Bureau Chief and public defenders, prisoner rights and advocacy groups.

Upon offender transfer to another facility, a medical transfer form will accompany the offender. This form provides all necessary information required for the continuation of treatment.

CCS will collaborate with the DDOC staff and with any other appropriate local agencies to best manage offender release planning. CCS promotes a strong focus on discharge planning, establishing a referral network and consolidation of patient information into a concise folder for staff use when coordinating linkage for care upon release/transfer. This folder shall include local resources available for:

- Sexually transmitted diseases;
- Infectious diseases such as HIV or Hepatitis;
- Chronic illnesses;
- Behavioral health issues.

4.13 Pricing and Payment

For easier readability, we have provided pricing and staffing in Attachment J due to the large size of spreadsheets.