

Alabama Department of Corrections



Request for Proposal

NO. 2012-02

Comprehensive Inmate Health Care Services

July 17, 2012

Alabama Department of Corrections
Office of Health Services
301 South Ripley Street
Montgomery, Alabama 36104

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Request for Proposal
Alabama Department of Corrections
Inmate Health Care Services
Information for Submitting Proposals

Requesting Agency

The Alabama Department of Corrections is requesting proposals from responsible Vendors to fill the State's needs as outlined herein. Please read the entire solicitation package and submit your proposal in accordance with all requirements.

Project Title

ADOC Comprehensive Inmate Health Care Services - Request for Proposal (RFP)

Summary Description of Services

Health Care – Comprehensive Medical and Mental Health Services for the Alabama Department of Corrections.

Pre-Bid Conference

Date and Time: July 23, 2012, 10:00 AM
Place: Criminal Justice Building - Alabama Department of Corrections
301 South Ripley Street, Montgomery, Alabama 36104

Vendors will be received at 9:45 AM in the first level lobby by an ADOC-OHS representative. Representatives of Vendor will be escorted to Pre-bid Conference room at 10:00 AM. The availability of parking is limited; therefore participants are encouraged to allow extra time for parking and walking to the Criminal Justice Building.

Send Proposals To

Alabama Department of Corrections - RFP for Inmate Health Care Services 2012-02
Commissioner's Office
Attention: Ruth Naglich, Associate Commissioner
301 South Ripley Street
Montgomery, Alabama 36104

Submission of Proposal

Deadline for receipt of Vendor's proposal is August 27, 2012, at 3:00 p.m. Vendors proposals received by this deadline will be opened at 4:00 p.m., on the date of required receipt. There will be a public opening of the bids. Only the names of the Vendors who have submitted a bid will be released at that time. Pricing and details of Vendors' bids will not be released at the time of the opening.

SECTION I

INTRODUCTION

The Alabama Department of Corrections (ADOC), an agency of the State of Alabama, solicits proposals for a Vendor to manage and deliver a health care system that will provide comprehensive health care to all inmates in the care, custody, and control of the ADOC. The Health Care Program encompasses various levels of care to include a full range of on and off-site primary, secondary, and tertiary care medical services including, but not limited to: dental, pharmacy, medical, institutional staffing and management, utilization and claims management, management of medical records, chronic care, community provider network, ambulance services, medical supplies/equipment, medical biohazard waste removal, and diagnostic services both on-site and community based, treatments, and procedures. Mental health services and programs are outlined in Section V-B, and are to be considered as an integral program of the health care system. The Vendor's proposal should address all aspects of the health care program to be utilized in a holistic approach, in meeting inmate health care needs.

Vendors' must provide a technical and price proposal that is in response to the ADOC's request for comprehensive medical and mental health services. The ADOC will not accept a proposal by a Vendor that does not include the provision and price, for a comprehensive medical and mental health program.

Each sealed, notarized proposal must be accompanied by a Guarantee or Bid Bond payable to the State of Alabama consisting of a cashier's check, other type bank certified check (personal or company checks are not acceptable), money order, or surety bond issued by a company authorized to do business in the State of Alabama in the amount of two-hundred fifty thousand dollars (\$250,000.00) as a guarantee of good faith and firm proposal for one hundred and twenty days (120) days. Letters of "Guarantee" will not be an acceptable form of either bid or performance bonding. The Commissioner of the Department of Corrections, or his designee, will be the custodian. Proposals not accompanied by this guarantee will not be considered. Proposals must be delivered by August 27, 2012, to the Alabama Department of Corrections, Commissioner's Office, at 301 South Ripley Street, Montgomery, Alabama 36104. Parcels or packages containing proposals must be clearly marked as containing 'RFP for Inmate Medical Services NO; 2012-02.

Vendor may mail or hand-deliver proposals, including amendments, but the ADOC must be in receipt of any documents on the specified dates and times. It will not be sufficient to show that Vendor mailed or commenced hand delivery of the response before the scheduled closing time for receipt of proposals. All times are State of Alabama local times (Central Time Zone). Computer, fax, or other electronic submissions are not allowed and will not be accepted. Proposals arriving after the deadline date will not be considered.

1.1 Tour of Facilities

The Alabama Department of Corrections has established a tour schedule for Vendors interested in submitting proposals for medical services in response to this RFP. Site visits have been scheduled from July 23rd (post Bid Conference) through July 27th, 2012. All tours are mandatory. A complete

facility tour and travel schedule has been included as Appendix B. Any Vendor that does not have a representative on the tours will not be eligible to submit a proposal. No individual or special tours will be given. A box lunch will be served immediately after the bidder's conference prior to the afternoon tours on July 23rd, the day of the bidders' conference, for Vendor representatives touring. Lunch is being provided on this day to expedite the tours and to assist in staying on schedule. Vendors are responsible for their own meals, transportation, and lodging for all subsequent work days and tours. Vendors will only be allowed to tour the medical and mental health units of a facility, such as the health infirmary, clinic areas, residential treatment units, and intake unit. Vendors will be limited to two (2) representatives during both the Bidders Conference and the subsequent institutional tours. Any questions should be directed to Ruth Naglich, Associate Commissioner of Health Services, Alabama Department of Corrections, at 301 South Ripley Street, Montgomery, Alabama 36104 or ruth.naglich@doc.alabama.gov.

Vendors will be allowed to visibly inspect the work area to become familiar with the scope of work and services requested. Questions are to be directed to the designated ADOC – Office of Health Services (OHS) tour representative and/or Warden, immediately following the completion of the facility tour. Both of the current health Vendors' and ADOC personnel are not to be approached for questions during scheduled tours. Vendor's tour representatives must sign in with the OHS tour representative at each designated facility to confirm their participation and completion of each of the mandatory site tours.

1.2 Vendor Interviews Post Proposal Submission

Each qualified Vendor who is deemed compliant with the RFP response process will be provided a sixty (60) minute session to discuss their proposal and answer questions. This is to be considered an interview type process. Formal 'power-point' style presentations by the Vendor will not be allowed during this interview process. Vendors will be allowed up to six individual representatives to be present during their designated interview time. Interviews will be scheduled for the week of September 10th, 2012, beginning at 9 a.m. in the ADOC, Legal Division's conference room at 301 South Ripley Street, Montgomery, Alabama 36104. The Vendor's proposal will identify the total cost of Vendor's programs proposed in response to the specifications of the RFP. Financial negotiations will not be part of the interview process. Vendor, however, may be asked to clarify pricing as outlined in their response.

1.3 Opening Date

Vendors' proposals will be opened on August 27th, 2012, at 4:00 PM in the Commissioner's conference room, at 301 South Ripley Street, Montgomery, Alabama 36104. The names of Vendors who submitted a response to the RFP will be made public at that time. No other information related to the responses submitted will be available.

1.4 Cost Proposal

The ADOC is requesting two (2) price quotes in response to the program services outlined within the RFP. The first price quote is to be provided on the enclosed price sheet, 'Appendix A-1-A', for medical services 'only'. The program price outlined on 'Appendix A-1-A' is to include all services and programs requested, inclusive of Section V-A 'Scope of Services-Medical'. The cost

of services outlined in Section V-B, 'Scope of Services-Mental Health,' of the RFP is not to be included on this pricing sheet. The price shall represent Vendor's cost proposal for medical services, without the provision of mental health services.

The second program price is to be provided on the enclosed price sheet 'Appendix A-2-AB' and is to include Vendor's cost proposal for comprehensive medical and mental health services, to include services requested in Section V-A, 'Scope of Services – Medical' and Section V-B, Scope of Services-Mental Health.

Vendor is to include its response to Section VIII, 'Compensation and Adjustments,' along with both pricing sheets in a separate sealed enveloped (one (1) labeled original and seven (7) copies of the price proposal). Each enveloped shall be clearly labeled as follows:

Name of the Vendor:

Date:

RFP 2012-02

Section VII, Compensation and Adjustments

Cost proposals will not be opened or read at the bid opening. Scoring of the Vendor's technical proposal will be completed by each committee member, prior to the evaluation of cost proposal. Prices will be firm for the time period indicated.

1.5 Contract Term

The contract resulting from this RFP will be for an initial period of ten (10) months and two (2) years, with options for both parties to extend the contract for two (2) additional one (1) year periods. Both parties must affirmatively exercise the option for the first extension (fourth year) no later than six (6) months prior to the expiration of the initial contract. The additional option to extend the contract (fifth year) must be affirmatively exercised by both parties no later than six (6) months prior to the expiration of the first extension of the contract. The prices for the fourth and fifth years will be as quoted in the RFP.

All extensions will be dependent upon the provision of necessary appropriations by the Alabama Legislature on an annual basis. Successful Vendor will assume responsibility for providing the delivery of Health Care Services beginning at 12:01 AM, December 1, 2012. Vendor will have basic systems/programs, as outlined in Section V-A and/or Section V-B, fully implemented and operational within ninety (90) days of assuming the contract. Failure on the part of Vendor to have all required health care systems/programs as outlined in Section V-A and V-B, fully implement within ninety (90) days will result in liquidated damages as outlined in Sections VI and VIII of the RFP.

1.6 Entire Agreement

Upon acceptance of Vendor's proposal by the ADOC, the parties will execute a formal contract, in writing and duly signed by the proper parties thereto, subject to review by the Legislative Contract Review Committee and approval of the Governor of the State of Alabama.

1.7 Request to Modify or Withdraw Proposal

Vendor may make a written request to modify or withdraw its proposal at any time prior to opening. No oral modifications will be allowed. Such requests must be addressed and labeled in the same manner as the original proposal and plainly marked Modification to (or Withdrawal of) Proposal. Only written requests received by the ADOC prior to the scheduled opening time will be accepted. The ADOC will correct the proposal after opening.

1.8 Suspected Errors/Clarification

If Vendor suspects an error, omission, or discrepancy in this solicitation, Vendor must immediately notify the Associate Commissioner of Health Services Office at the above stated address. The ADOC will issue written instructions, if appropriate, and post them on the ADOC website.

If a Vendor considers any part of the RFP unclear, that Vendor is expected to make a written request for clarification, prior to the submission of the proposal. The ADOC will respond in writing or by e-mail to all such requests. In the ADOC response, the ADOC will state the request for clarification followed by a statement of clarification. A written copy of the response will be provided to Vendor who submitted the request and posted on the ADOC website. The deadline for submitting questions is 4:00 PM on August 8th, 2012.

Each Vendor who attends the pre-bid conference and completes the mandatory tours will receive a computerized disc (CD) with relevant utilization data, for the current and prior years of the ADOC health care program. The CD includes copies of current Vendor contracts, ADOC-OHS, Policies and Procedures, and Administrative Regulations referenced in this RFP. If changes in the RFP become necessary, an addendum will be mailed to all parties who attend the Pre-bid conference and posted on the ADOC website.

1.9 Proposal Firm Time

The proposal will remain firm and unaltered after opening for one hundred and twenty (120) days or until the ADOC signs a contract with another Vendor, whichever is earlier. The ADOC may accept Vendor's proposal at any time during the proposal firm time, subject to successful contract negotiations.

1.10 Security

Vendor must provide official documentation from a bonding or surety company that it has the ability to provide a Performance Guarantee or Bond in the amount of five million dollars (\$5,000,000.00) within ten (10) working days of contract signature by the ADOC Commissioner. Security will be in the form of a formal bond or other form acceptable to the ADOC. Letters of guarantee from a parent company or subsidiary will not be an acceptable form of a performance guarantee. The performance bond will remain in force from December 1, 2012, through the end of the initial contract and any subsequent contract renewal terms. A breach of contract by Vendor will cause the performance guarantee to become payable to the State of Alabama. The Department of Corrections will be the custodian of the performance bond/ guarantee. The performance

guarantee is predicated upon the condition of verified services rendered by Vendor regarding the fulfillment of all contractual obligations. A good faith effort has been made by the Alabama Department of Corrections to list all functions and/or services required for the fulfillment of the contract in the provision of inmate health services. This in no way relieves Vendor of the obligation to furnish all personnel, services, and equipment required in meeting the needs of the ADOC for proper and professional implementation of the contract.

1.11 Evaluation and Selection

The ADOC will evaluate all proposals using the criteria outlined in Section III of this RFP. The ADOC reserves the right to award a contract for comprehensive health care services to include medical and mental health services, or select the medical services 'only' program. The ADOC will not award a separate contract for mental health services 'only'. Separate evaluations of pricing or cost will be made for the Vendor's comprehensive medical and mental health services bid, and its' medical services 'only' bid price.

Upon the ADOC selecting a Vendor's proposal for contract negotiations, the ADOC will send Vendor a written notice. Notice letters sent or posted during proposal firm time, or during any extension thereof, will extend the proposal firm time until such time as the ADOC signs a contract or determines negotiations with Vendor have failed. Receipt or posting of a notice is not equivalent to a contract with the ADOC.

1.12 Responsibility to Read and Understand

By responding to this solicitation, Vendor will be held to have read and thoroughly examined the RFP. Failure to read and thoroughly examine the RFP will not excuse any failure to comply with the requirements of the RFP or any resulting contract, nor will such failure be a basis for claiming additional compensation.

1.13 Contract Negotiations

Selected Vendor may be required to enter into additional contract negotiations if the ADOC believes such is necessary or desirable. If an agreement cannot be reached to the satisfaction of the ADOC, the Department may reject Vendor's proposal or revoke the selection and begin negotiations with another Vendor. Any proposed changes, as well as the final contract, must be approved and signed by the appropriately authorized State and ADOC official(s).

1.14 Commencement of Work

If Vendor begins any billable work prior to final approval by the ADOC and execution of a contract, Vendor does so at its own risk.

1.15 Vendor Contact

The ADOC will consider the person who signs Vendor's proposal the contact person for all matters pertaining to the proposal unless Vendor designates another person in writing within the Executive Summary of its Proposal.

1.16 Reservations

The ADOC reserves the right to reject all proposals; to reject individual proposals for failure to meet any requirement or waive minor defects at its' discretion. The ADOC may seek clarification of the proposal from Vendor at any time, and failure to respond is cause for rejection. Clarification is not an opportunity to change the proposal. Submission of a proposal confers on Vendor no right of selection or to a subsequent contract. This process is for the benefit of the ADOC only and is to provide the ADOC with competitive information to assist in the selection process. All decisions on compliance, evaluation, terms, and conditions will be made solely at the discretion of the ADOC.

1.17 Cost of Preparation

The ADOC is not responsible for and will not pay any costs associated with the preparation and submission of Vendor's proposal, regardless of whether or not selected for negotiations.

1.18 Vendor Services

The services of Vendor will encompass all duties required in the management of a comprehensive health care system delivered to inmates assigned to the Alabama Department of Corrections, and physically housed in an ADOC designated facility. Vendor will develop and implement an overall medical health care system for inmates assigned to, but not limited to, all of the following listed facilities. Mental health services and programs as outlined in Section V-B are to be provided to only those ADOC facilities that are listed within brackets, enclosing the name of the facility typed in an italic font. Vendor is to refer to the following examples as delineation of services:

Bibb Correctional Facility = Medical Services

[Bullock Correctional Facility] = Medical and Mental Health Services

ADOC Correctional Facilities:

Bibb Correctional Facility

565 Bibb Lane
Brent, AL 35034

Bullock Correctional Facility

P.O. Box 5107
Union Springs, AL 36089-5107

Donaldson Correctional Facility

100 Warrior Lane
Bessemer, AL 35023-7299

Draper Correctional Facility

P.O. Box 1107
Elmore, AL 36025

Easterling Correctional Facility

200 Wallace Drive
Clio, AL 36017-2615

Elmore Correctional Facility

P.O. Box 8
Elmore, AL 36025

Farquhar Cattle Ranch

1132 County Rd. 73
Greensboro, AL 36744

Fountain / JO Davis Correctional Facility

Fountain 3800
Atmore, AL 36503-3800

Frank Lee Youth Center

P.O. Box 220410
Deatsville, AL 36022

Hamilton Aged & Infirm

223 Sasser Drive
Hamilton, AL 35570

Holman Correctional Facility

Holman 3700
Atmore, AL 36503-3700

Kilby Correctional Facility

P.O. Box 150
Mt. Meigs, AL 36057

Limestone Correctional Facility

28779 Nick Davis Rd
Harvest, AL 35749

Montgomery Women's Facility

P.O. Box 75
Mt. Meigs, AL 36057

Red Eagle Honor Farm

1290 Red Eagle Road
Montgomery, AL 36110

St. Clair Correctional Facility

1000 St. Clair Road
Springville, AL 35146

Staton Correctional Facility

P.O. Box 56
Elmore, AL 36025

Tutwiler Prison for Women

8966 US Hwy 231 N
Wetumpka, AL 36092

ADOC Work Release / Community Work Centers:

Alex City WR / CWC

P.O. Drawer 160
Alex City, AL 35010-0160

Atmore Community Work Center

9947 Hwy 21 N
Atmore, AL 36503

Birmingham WR / CWC

1216 25th Street N
Birmingham, AL 35234-3196

Camden WR / CWC

1780 Alabama Highway 221
Camden, AL 36726

[Childersburg WR / CWC]

P.O. Box 368
Childersburg, Al 35044-0368

Decatur WR / CWC

1401 Highway 20 West
Decatur, AL 35601

Loxley WR / CWC

P.O. Box 1030
Loxley, AL 36551-1030

Mobile WR / CWC

P.O. Box 13150
Eight Mile, AL 36663-0150

Elba WR / CWC

P.O. Box 710
Elba, AL 36323

Alabama Therapeutic Education Facility

Security and programs provided
by Community Education
Centers, Inc. (CEC)
102 Industrial Parkway
Columbiana, AL 35051

1.19 Other Facilities Housing ADOC Inmates

Vendor will be required to provide a medical fitness screening for all inmates who are scheduled to be transferred between ADOC facilities prior to the transfer occurring. Inmates transferred from a non-ADOC facility back to an Alabama Department of Corrections facility, will have a medical transfer screening completed within twelve (12) hours of notification by security that they have returned to an ADOC facility. Vendor will utilize medical screening criteria developed by the ADOC Office of Health Services (OHS) and will coordinate screening with institutional mental health professionals.

The ADOC may, under special circumstances, transfer and temporarily house inmates in ADOC designated facilities other than those previously listed. Vendor will be required to coordinate activities with the Warden of the sending institution. Vendor staff responsibilities may include, but are not limited to: completing the OHS medical transfer screening forms on each inmate; making a complete copy of the previous twelve (12) month period medical record and the current medication and administration record (MAR). In addition, ensuring each individual inmate's current supply of medication is sent with their medical record.

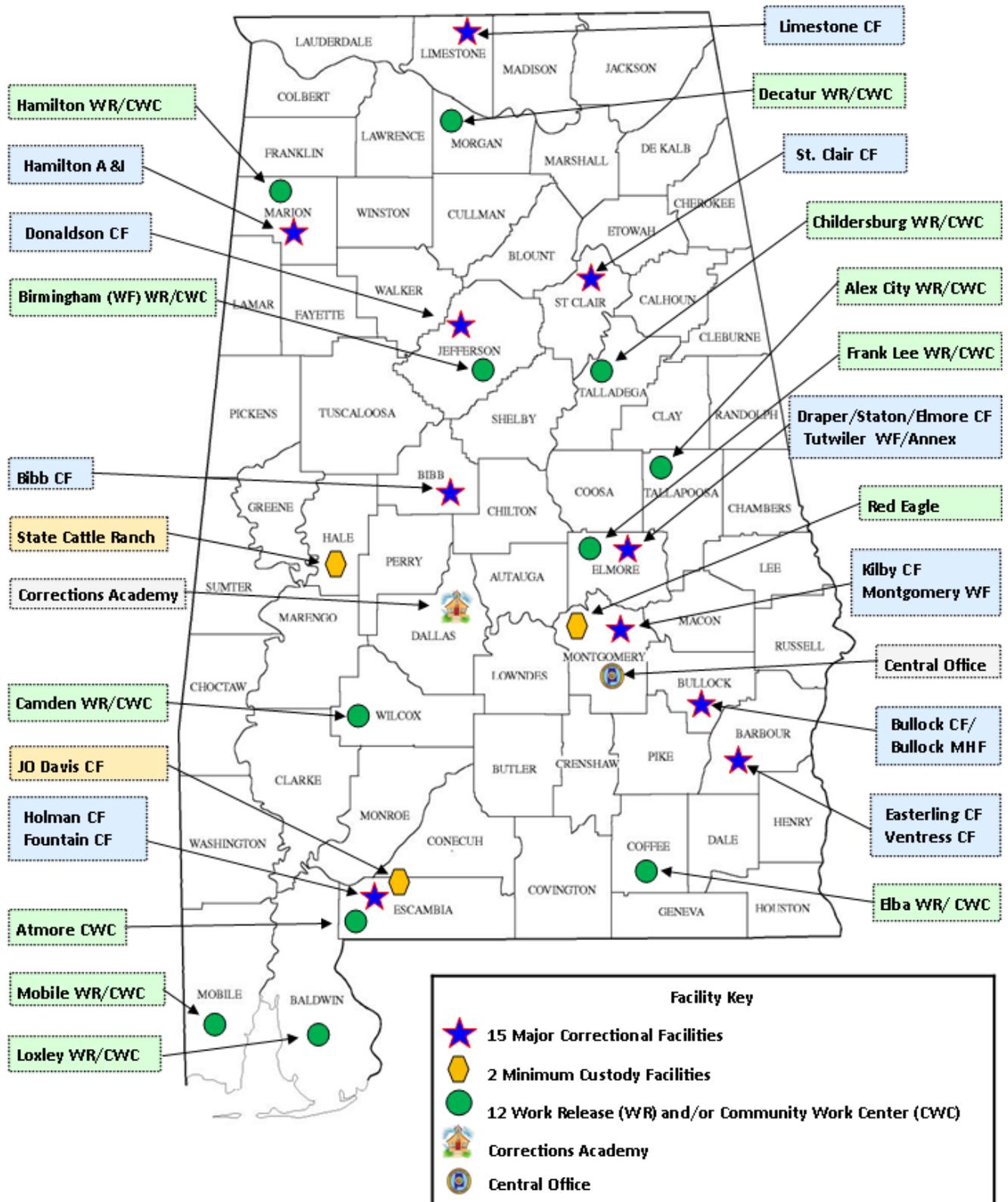
1.20 Inpatient Utilization and Claims Management of ADOC Inmates Housed In Non-ADOC facilities

Vendor will be required to assist the ADOC in providing inpatient utilization and claims management (UM) for inmates who currently are under the jurisdiction of the Department, or are being transferred to the jurisdiction of the Department, but are housed in a county jail, or serving time under a community based program. Should this class of inmate be admitted to a community hospital, the ADOC – OHS Finance Manager and Benefit Coordinator will notify Vendor’s designated UM Coordinator and Regional Medical Director of the inmate/patient’s whereabouts and point of contact. Daily UM reports for these classifications of inmates are to be included in Vendor’s daily UM report. Vendor’s Regional or Assistant Medical Director will assist in the communication of treatment modalities with the inmate’s attending hospital physician.

End Section I



The State Prison System *(illustrated by county)*



SECTION II GENERAL TERMS AND CONDITIONS

2.1 Proposal Conditions

- a) By signing the proposal, Vendor agrees to be bound by all terms and conditions of the RFP. Any exceptions to the specified terms and conditions must be clearly set forth within Vendor's proposal. Vendor may be deemed non-responsive by the ADOC if its proposal contains exceptions to the terms and specifications of the RFP.
- b) Any agreement resulting from this RFP will constitute the entire agreement of the parties and will be intended as a complete and exclusive statement of the promises, representations, negotiations, discussions, and agreements that may have been made in connection with the subject matter hereof. No modification or amendment to that agreement will be binding upon the parties unless the same is in writing and signed by the respective parties thereto.
- c) Any contract that results from this RFP will be a firm fixed-price contract, and the contract price established at award will constitute the total amount payable to Vendor to perform the Scope of Work set forth in the contract.
- d) All Vendor proposals will remain firm and unaltered for one hundred and twenty (120) days after the proposal due date shown or until a contract is fully executed with another Vendor, whichever is earlier.
- e) All Vendors will be evaluated on their specific response to the terms and specifications set forth in the RFP. Alternate proposals submitted will not be utilized in the evaluation and determination of Successful Vendor. Any alternate proposal submitted by Vendor (receiving pre-award notice), which in the opinion of the ADOC best satisfies the Department's requirements, may be considered and substituted for Vendor's initial proposal, either in whole or in part.
- f) The ADOC reserves the right to modify the requirements of the RFP or awarded contract requirements by: 1) changing the Scope of Work, deliverables, services, or time frames; 2) adding or deleting tasks/services to be performed; and/or 3) making any other modification deemed necessary by the ADOC. Any changes in Vendor's proposed program or pricing in response to an ADOC request are subject to acceptance by the ADOC.
- g) In the event price changes or proposed service changes in response to an ADOC request are not acceptable to the Department, Vendor's pre-award status may be rescinded. At the option of the ADOC, another selection for pre-award may be made from the Vendors who submitted proposals in response to the RFP, or the ADOC may open the process to re-procurement based upon the new specifications.
- h) All information submitted pursuant to the RFP may be subject to the Open Records Act. Any information submitted with a proposal, including cost, price, and other information (whether or not marked as proprietary or confidential), which is made part of the contract, is subject to

release in accordance with the Open Records Act and/or applicable law (refer to Section 3.2 of this RFP).

- i) Only the final results of the ADOC and ADOC Evaluation Committee may be considered public. Any work papers, individual evaluator or consultant comments, notes, or scores are not open.
- j) Successful Vendor, who executes the awarded contract for service, will be contractually responsible for the total performance of the contract. Assignments for subcontracting may be allowable, but must be disclosed as a part of the proposal or otherwise approved in advance by the ADOC. Any subcontractor providing services required in the RFP or in the awarded contract will meet or exceed the requirements set forth in the RFP.
- k) Vendor may be asked to submit further financial information to prove financial responsibility. Financial documents will be kept confidential unless otherwise required by law.

2.2 Other General Terms

- a) The executed contract and any renewals thereof are subject to the appropriation of funds, or funds being made available to the ADOC, to fulfill the contract obligations.
- b) No interpretation of any provision of the contract resulting from this RFP, including applicable specifications, is binding on the ADOC unless furnished or agreed to in writing by the ADOC.
- c) Any and all personnel of Vendor may be subject to a background investigation conducted by the ADOC as a requisite for initial and/or continued employment.
- d) Vendor's provision of services must comply with the standards of the American Correctional Association (ACA), the National Commission on Correctional Health Care (NCCHC), as well as recommendations of the Center for Disease Control (CDC) and other standards as may be defined in the Administrative Regulations, Directives, and/or Policies and Procedures of the ADOC. Whenever there is a conflict between industry standards and the ADOC- OHS policy or procedure, the OHS policy will prevail.
- e) If any requirement of the RFP exceeds the standards of the ACA, NCCHC, CDC, or standards or requirements defined in the Policies and Procedures of the ADOC, the requirements of the RFP will prevail. Any exception to this requirement must be specified in the awarded contract or through a subsequent written mutual agreement, signed by the authorized representative of Vendor and the ADOC.
- f) Vendor will provide the ADOC with a copy of all its maintenance and/or equipment contract agreements upon request, but will provide a copy of professional or service agreements with hospitals, diagnostic laboratories physicians, dentists, etc. within thirty (30) days of the initiation of services. Vendor is responsible for all dealings with its subcontractors and will answer all questions posed by the ADOC regarding them or their work.

- g) The ADOC will not be bound to any terms and conditions included in any Vendor or subcontractor agreements or contractual documents. No condition in a subcontractor agreement in variance with, or in addition to, the requirements of the RFP, or the awarded contract, will in any way affect Vendor's obligations under the awarded contract.
- h) If private third party insurance coverage, Medicaid or Medicare, or other reimbursement is received from an external source, such monies will be credited to the ADOC, or deferred for payment by the third party entity on a monthly basis.
- i) Vendor will, at all times, maintain the staff required by the RFP. Should Vendor at any time:
 - 1) refuse or neglect to supply adequate and competent supervision or sufficiently and properly skill/trained/licensed personnel;
 - 2) fail to provide equipment/drugs of proper quality or quantity;
 - 3) fail to perform services according to the specifications required in the RFP;
 - 4) fail in any respect to perform the service requirements of the RFP with promptness and diligence;
 - or 5) fail in the performance of any agreement contained in the awarded contract, the ADOC will have the option, after fifteen (15) days written notice to Vendor, or by posting in some conspicuous space on-the-job site, to take any one or more of the following actions:
 - i) Withhold any monies then or next due to Vendor; or
 - ii) Terminate the contract.
- j) All work products originated or prepared by Vendor and delivered to the ADOC pursuant to the RFP are, or will be, exclusive property of the ADOC.
- k) All documents, materials, or data developed as a result of work under the awarded contract will be the property of the ADOC. The ADOC will have the right to use and reproduce any documents, materials, and data, including confidential information, used in or developed as a result of Vendor's work under the awarded contract. The ADOC may use this information for its own purposes. Vendor is required to have the rights to utilize any documents, materials, or data provided by Vendor to fulfill requirements of the RFP. Vendor will keep confidential all documents, materials, and data prepared or developed by Vendor or supplied by the ADOC.
- l) Vendor will supply all billings, records, evidence of services performed, or other documents as may be required for review and audit by the ADOC. Licensed materials, used as a part of fulfilling the requirements of the awarded contract, will be considered a trade secret to the Licensors. Vendor will be responsible for the supervision, management, operation, and control of materials licensed to the ADOC. As part of the RFP, Vendor will fulfill all obligations required of the ADOC as well as Vendor under the ADOC licensure agreements. Upon termination of any resulting contract, or the termination of any ADOC License Agreement, Vendor will return any licensed material and documentation required by the Licensor, and will certify in writing that such obligation has been fulfilled, if required by Licensor or the ADOC.
- m) Vendor will be an Independent Contractor. Vendor, its agents, subcontractors, and/or employees will not be considered to be an agent, distributor, or representative of the ADOC. Further, neither Vendor nor any employees of Vendor will be entitled to participate in any

retirement or pension plan, group insurance program, or other programs designed to benefit employees of the Alabama Department of Corrections.

2.3 Disputes

For any and all disputes arising under or relating to the awarded contract, the ADOC and successful Vendor, herein referred to as the “parties,” shall work together in good faith to resolve the dispute. The parties agree, in compliance with the recommendation of the Governor and the Attorney General of the State of Alabama, when considering the settlement of such disputes, to utilize appropriate forms of non-binding dispute resolution, including, but not limited to, mediation by and through the Attorney General’s Office of Administrative Hearings or, where appropriate, private mediators. In the event the parties cannot resolve their dispute, either party shall have the right to request mediation (“Mediation Request”) by a neutral and/or disinterested third-party (the “Mediator”) who shall, at a minimum, be an attorney licensed to practice law in the State of Alabama at the time of such request.

2.4 Term and Renewals

The length of the contract, including any renewals, may not exceed five (5) years. If the commencement of performance is delayed because the ADOC does not execute the contract on the start date, the ADOC may change the start date, end date, and milestones to reflect the delayed execution. No renewal may be effective automatically. No renewal may be effective solely at Vendor's option.

2.5 Termination for Convenience

If the ADOC terminates for convenience, the ADOC will pay Vendor for supplies and services satisfactorily provided and authorized expenses incurred up to the time of termination.

2.6 Billing

By submitting an invoice, Vendor certifies that the supplies and services have met all of the required standards set forth in the contract and that the amount billed and expenses incurred are as allowed in the contract.

Payments for proper performance of services will be commensurate with the scheduled progress of the work and will be made upon receipt of a detailed invoice for payment and proper authorization from the ADOC. The invoice will certify that Vendor will be paid on a monthly basis after services have been delivered.

Vendor will not bill for any taxes unless a statement is attached to the bill identifying the tax and showing why it is legally chargeable to the ADOC. If determined that taxes are legally chargeable to the ADOC, the ADOC will pay the tax as required. State and federal tax exemption information is available upon request. The ADOC does not warrant that the interest component of any payment, including installment payments to Vendor, is exempt from income tax liability.

- a) Vendor will be in compliance with applicable tax requirements and will be current in payment of such taxes.
- b) Payments delayed by the ADOC at the beginning (first quarter) of the fiscal year and end (last quarter) because of the appropriation process will not be considered a breach. The State has not historically delayed payments at the beginning of the fiscal year however such a circumstance will not constitute a breach, by the ADOC.
- c) The ADOC will not be liable for payment associated with supplies provided, services performed, or expenses for those supplies and services incurred prior to the beginning of the term of the contract.
- d) The approved invoice amount will be paid less any designated withholdings associated with performance penalties or staffing paybacks and previous partial payments. Final payment will be made upon determination by the ADOC that all requirements under the contract have been completed, which determination will not be unreasonably withheld. Such final payment will be made subject to adjustment after completion of an audit of Vendor's records as provided for in the contract.
- e) Payments will be made to conform to State fiscal year requirements notwithstanding any contrary provision in the Contract or order. This may include prorating payments that extend beyond the end of the fiscal year for the ADOC.

2.7 Availability of Appropriations

The ADOC will use its best efforts to secure sufficient appropriations to fund any resulting Contract. However, obligations of the ADOC hereunder will cease immediately, without penalty or further payment being required, if the Alabama Legislature fails to make an appropriation sufficient to pay such obligation. The ADOC will determine whether amounts appropriated are sufficient. The ADOC will give Vendor notice of insufficient funding as soon as practicable after the ADOC becomes aware of the insufficiency. Vendor's obligation to perform will cease upon receipt of the notice.

2.8 Consultation

Vendor will consult with and keep the ADOC fully informed as to the progress of all matters covered by the Contract. Vendor will provide the ADOC the opportunity to review relevant Documents prior to filing with any public body or adversarial party. Vendor will promptly furnish the ADOC with copies of all correspondence and all Documents prepared in connection with the services rendered under the Contract. Upon request, Vendor will arrange, index, and deliver all correspondence and documents to the ADOC.

2.9 Performance Reviews

The ADOC will conduct scheduled and non-scheduled performance reviews of Vendor's performance under the contract. Any professional service performed under the contract is subject to a post performance review. Guidelines for such a review by the ADOC will mirror those of the ADOC Office of Health Services designated contract monitoring staff, set forth in Section VI, Subsection 6.1 of the RFP. Vendor will cooperate with the ADOC in this review, which may require that Vendor provide records of its performance and billing. Vendor will provide any required information within thirty (30) days of the request by the ADOC. This performance review may be used by any State agency in determining whether to enter into other contractual relationships with Vendor.

2.10 Audit/Retention of Records

Vendor and its subcontractors will maintain books and records related to performance of the contract or subcontract and necessary to support amounts charged to the ADOC in accordance with applicable law, terms and conditions of the contract, and generally accepted accounting principles. Vendor will maintain these books and records for a minimum of three (3) years after the completion of the contract, final payment, or completion of any contract audit or litigation, whichever is later. All books and records will be available for review or audit by the ADOC, its representatives, and other governmental entities with monitoring authority upon reasonable notice and during normal business hours. Vendor agrees to cooperate fully with any such review or audit. If any audit indicates overpayment to Vendor, or subcontractor, the ADOC will adjust future or final payments otherwise due. If not, payments are due and owing to Vendor, or if the overpayment exceeds the amount otherwise due, Vendor will immediately refund all amounts that may be due to the ADOC. Failure to maintain the books and records required by this Section will establish a presumption in favor of the ADOC for the recovery of any funds paid by the ADOC under the contract for which adequate books and records are not available to support the purported disbursement.

2.11 Schedule of Work

Any work performed on State premises will be done during the hours designated by the ADOC and will, in any event, be performed so as to minimize inconvenience to the ADOC and its personnel, and minimize interference with the operation of the ADOC. Vendor is to schedule daily services around inmate movement, including but not limited to work details, meal times, program services, and activities, as to provide reasonable access to regularly scheduled physician sick call and chronic care clinics. Whenever feasible with inmate facility movement, physician sick call and clinic times should be scheduled between the hours of 6:00 AM and 11:00 PM, Monday through Friday. As needed or PRN nurse sick call will be held on weekends and Holidays. No inmate will be denied access to sick call during weekend or holiday hours, nor is it acceptable to only triage an urgent or emergent request by an inmate to be seen at a later date on weekends and holidays. Face to face encounters are required when assessing or treating any urgent or emergent sick call request during these special days and/or times. A medical and mental health physician and/or licensed mid-level practitioner (RNP or PA) will be on-call and available to return to a facility during unscheduled hours for emergent care seven (7) days per week, twenty-four (24) hours a day.

2.12 Independent Contractor

Vendor will be an independent contractor. Supplies provided and/or services performed pursuant to the contract are not rendered as an employee of the ADOC or of the State of Alabama. Amounts paid pursuant to the contract do not constitute compensation paid to an employee.

2.13 Responsibility for Agents and Employees

Vendor will remain fully responsible for the negligent acts and omissions of its agents, employees, and subcontractors in their performance of Vendor's duties under the contract. Vendor represents that it will utilize the services of individuals skilled in the profession for which they will be used in performing services hereunder.

2.14 License

Vendor, or its employees who perform services requiring a license, will have and maintain said required licenses. With the consent of the ADOC, Vendor may meet the license requirement through use of a subcontractor.

2.15 Assignment and Subcontracting

- a) Vendor may not assign, subcontract, or transfer any interests in the work subject of the contract without the prior written consent of the ADOC. In the event the ADOC gives such consent, the terms and conditions of the contract will apply to and bind the party or parties to whom such work is subcontracted, assigned, or transferred as fully and completely as Vendor is hereby bound and obligated. This includes requiring such parties to submit certificates and disclosures to the ADOC for review and approval.
- b) The names and addresses of all subcontractors utilized by Vendor will be listed in an addendum to the contract together with the anticipated amount of money that the subcontractor is expected to receive pursuant to the contract.
- c) If Vendor is unable to secure or maintain individuals named in the contract to render the services set forth in the contract, Vendor will not be relieved of its obligations to complete performance. The ADOC, however, will have the option to terminate the contract upon written notice to Vendor.
- d) The ADOC may transfer the subject matter of the contract or payment responsibility to another State agency after giving written notice to Vendor.

2.16 Maintenance Assurance

Should Vendor discontinue service or maintenance of equipment or software provided under the contract, Vendor will provide to the ADOC adequate documentation and access to specialized or proprietary tools to allow the ADOC or a subcontractor to maintain the equipment or software.

This provision will not apply if Vendor makes arrangements for continued service and maintenance through another Vendor and at a price acceptable to the ADOC.

2.17 Solicitation and Employment

Vendor will not employ any person employed by the ADOC at any time during the term of the contract to perform any work required by the terms of the contract. As a condition of the contract, Vendor will give notice immediately to the Associate Commissioner of Health Services for the ADOC if Vendor solicits or intends to solicit for employment any employees of the ADOC during the term of the contract. The ADOC has no authority to contractually refuse to hire Vendor's employees who apply to the State for employment.

2.18 Background Check

The ADOC may conduct criminal and driver history background checks on Vendor's officers, employees, or agents who would directly supervise or physically perform the contract requirements at ADOC facilities. Any such officer, employee, or agent deemed unsuitable by the ADOC must be replaced immediately.

2.19 Conflicts of Interest

Vendor covenants that it has disclosed, and agrees it is under a continuing obligation to disclose to the ADOC, financial or other interests (public or private, direct or indirect) that may be a potential conflict of interest, or which may conflict in any manner with Vendor's obligations under the contract. Vendor further covenants that it will not employ any person with a conflict to perform under the contract. Vendor further covenants that no person has an interest in Vendor or in the contract that would violate Alabama law.

End Section II

SECTION III
METHOD OF SELECTION

3.1 Qualifications of Vendor

The ADOC will consider the successful Vendor as the sole responsible party for all contractual responsibilities and obligations, within the final contract. The ADOC will not subcontract any work under the contract to any other firm and will not negotiate with any subcontractors with the exception of the following entities:

- Alabama State Employees Insurance Board – SEIB
- Blue Cross Blue Shield of Alabama
- University of Alabama – School of Medicine

Vendor is totally responsible for all actions and work performed by subcontractors. Vendor is to identify proposed subcontractors for the ADOC medical and mental health services programs in the Program Management section of its proposal. All terms, conditions, and requirement of the contract will apply without qualification to any services performed for goods provided by any subcontractor.

- a) Vendor must have proven ability for contract transition with an orderly and efficient startup or contract transition. A detailed plan with a proposed timetable is required for implementation and operation of the system. Services must be operating at required capacity within ninety (90) days of the contract start date.
- b) Vendor must be able to mobilize sufficient personnel to meet the deadlines of services in the RFP. Vendor must include a description of its qualifications and experience in providing the requested or similar services including resumes of proposed personnel assigned to the project stating their education, specialized training, and work experience.
- c) Primary Vendor must have a minimum of five (5) years previous experience with proven effectiveness in administering a correctional health care program in a single state prison system housing adult offenders, with multiple facilities and an inmate population of 9,000 sentenced offenders or more.
- d) Vendor must demonstrate current experience in providing a standard of care that is in compliance with the National Commission on Correctional Health Care (NCCCHC) and American Correctional Association (ACA) standards for adult detention facilities.
- e) Vendor must possess the ability to provide a system of technical, administrative, financial reporting, legal counsel, and clinical support, as well as professional staff development.

- f) Vendor must demonstrate a corporate structure that includes physician leadership, nursing leadership, clinical development, technical resource support services, and individual peer review.
- g) Vendor must possess recruiting and retention capabilities for all levels of professional and support personnel on a local and national level.
- h) Vendor must include a detailed plan of regularly scheduled self monitoring for contract compliance.
- i) Vendor must demonstrate the ability to respond to court settlement agreements related to medical and mental health services, and the ability to achieve and maintain compliance with required specifications.
- j) Vendor will provide a full range of health care services under the supervision of an experienced Health Services Program Administrator and a physician licensed by the Alabama Board of Medical Examiners. Administration of the entire state program does not have to be limited to a health care provider but can be a proven manager experienced in directing a full range comprehensive health care program. When this authority is other than a licensed physician, clinical judgment rests with a single, designated, responsible physician applicable to his/her scope of practice in physical or mental health.
- k) Vendor will retain appropriate in-state legal counsel to provide legal representation to Vendor in all litigation matters related to the provision and delivery of services under the contract. Legal counsel shall be licensed to practice law in the State of Alabama and possess the resources at a local level within the State. Vendor will make available in-state counsel to assist the ADOC legal department when requested by the General Counsel and/or the Commissioner.

3.2 Form and Content of Proposals

- I. Vendor is to submit one (1) original signed paper or hard document, to be clearly marked as original, six (6) bound paper/hard copies, and six computer compact discs (CD's) containing computerized copies of the original proposal.
- II. The ADOC takes its responsibilities under the State of Alabama's public records law – Alabama Code Section 36-12-40 – very seriously. If Vendor considers any portion of the documents, data, or records submitted in response to this solicitation to be confidential, trade secret, or otherwise not subject to public disclosure, Vendor must, in addition to the required one (1) original and six (6) paper copies and CD of the proposal, also provide the ADOC with a separate redacted single copy of its proposal and briefly describe in a separate writing, as to each redacted item, the grounds for claiming exemption from the public records law. This redacted hard copy and CD shall be clearly marked "Redacted Copy." The redacted copy shall be provided to the ADOC at the same time Vendor submits its proposal and must only exclude or redact those exact portions that are claimed confidential, trade secret, or otherwise not subject to disclosure.

Vendor shall be responsible for defending its determination that the redacted portions of its proposal are confidential, trade secret, or otherwise not subject to disclosure. Furthermore, Vendor shall protect, defend, and indemnify the ADOC for any and all claims arising from or relating to Vendor's determination that the redacted portions of its proposal are confidential, trade secret, or otherwise not subject to disclosure. All of the above shall be acknowledged in Vendor's "Redacted Copy."

If Vendor fails to submit a Redacted Copy with its proposal, the ADOC is authorized to produce the entire document (s), data, and/or records submitted by Vendor in answer to any public records request.

- III. Copies of all original documents must be included and accessible on the CD copies. Computer disc copies shall include scanned copies of bonds, insurance certificates, notarized required documents and all appendices included as part of the original bid proposal. Individual copies contained on CD must be placed in a file sleeve or case and be properly labeled on the outside of the case with Vendor's name, the proposal opening date, and the RFP number. Documentation must be scanned and/or saved as an Adobe Reader PDF file that allows for search/find function when viewing the document. Failure to submit the required number of copies in this requested format may prevent Vendor's proposal from being evaluated within the allotted time.
- IV. An authorized representative must sign the original proposal with any changes made in ink and signed in all required places. The proposal must address all requirements of this RFP and provide all the information requested. Failure to comply with all the requirements of the RFP in the proposal response may result in the disqualification of Vendor's proposal/bid.
- V. RFP number, proposal opening date, and time must be on the outside front lower left corner of the sealed envelope/package containing the proposal. Each original proposal must include original signature and notarization on enclosed Vendor Authorization Form to Submit Proposal Appendix A, (located in Section VIII, 'Compensation and Adjustments') and must be returned with proposal. Proposals submitted on reduced and/or mutilated forms will be rejected.

Properly identified proposals will be securely kept and remain unopened until time of proposal opening on August 27th, 2012. The ADOC does not accept responsibility for the premature opening of a proposal not properly identified or the late arrival of a proposal for whatever reason.

3.3 Proposal Format

The following information and organizational format is required.

A. Transmittal letter that includes the following statements:

- a) Vendor is the prime Vendor and identifies all services to be subcontracted.

- b) Vendor is a corporation or other legal entity and is registered to do business in the State of Alabama.
- c) No attempt has been made or will be made to induce any other person/firm to submit or not to submit a proposal.
- d) Vendor does not discriminate in employment practices with regard to race, color, religion, age (except as provided by law), sex, marital status, political affiliation, national origin, or disability.
- e) Vendor presently has no interest, direct or indirect, that would conflict with the performance of services under the contract and will not employ in the performance of the contract any person having a conflict.
- f) The person signing the proposal is authorized to make decisions as to pricing and has not participated, and will not participate, in any action contrary to the above-statements.
- g) Whether there is a reasonable probability Vendor is, or will be, associated with any parent, affiliate, or subsidiary service furnishing any supplies or equipment to Vendor that would relate to the performance of the contract. If the statement is in the affirmative, Vendor is required to submit with the proposal written certification and authorization from the parent, affiliate, or subsidiary organization granting the State and/or the Federal Government the right to examine any directly pertinent books, documents, papers, or records involving such transactions related to the contract. Further, if at any time after a proposal is submitted, such an association arises, Vendor will obtain a similar certification and authorization, and failure to do so will constitute grounds for termination of the contract at the option of the ADOC.
- h) Vendor agrees that any lost or reduced federal matching funds resulting from unacceptable performance in a Vendor task or responsibility defined in the RFP will be accompanied by reductions in State payments to Vendor at the option of the ADOC.
- i) Vendor acknowledges it has not been retained, nor retained a person, to solicit or secure a state contract of an agreement or understanding for a commission, percentage, brokerage or contingent fee (except for retention of bona fide employees or bona fide established commercial selling agencies maintained by Vendor for the purpose of securing business). For breach of this provision, the ADOC will have the right to reject the proposal, terminate the contract, and/or deduct from the contract price or otherwise recover the full amount of such commission, percentage, brokerage or contingent fee, or other benefit.
- j) Vendor will ensure that all workers employed in the delivery of services are either citizens of the United States or are in a proper and legal immigration status that authorizes them to be employed for pay within the United States.

- k) Vendor shall include a provision in all subcontracts that requires all subcontractors to utilize the U.S. Department of Homeland Security's E-Verify system to verify employment eligibility of: all persons employed during the contract term by Vendor or subcontractor to perform work or provide services pursuant to this Contract with the Department. The Subcontractor shall attest to such by sworn affidavit signed before a notary.

B. Executive Summary and Company Qualifications

1. Vendor should avoid including standard marketing materials or client testimonials in the proposal. Vendor will address the following specifications as they relate to "Qualifications of Vendor" as outlined in **Section III, Subsection 3.1** of the RFP to include, but not be limited to, the following:
 - a) Date established
 - b) Governance
 - c) Overview of organizational and reporting structure
 - d) Total number of personnel, full or part time, employed
 - e) Information technology resources at a corporate and regional level that provide the ability to generate accurate operational, clinical, and financial data on a regular basis;
 - f) Location of the project within Vendor's organization as well as positions and/or persons assigned to interact from an organization executive management, at the local and corporate level with ADOC Executive Officers and staff of the Office of Health Services;
 - g) Relationship of the project to other lines of business; and related organizational chart;
 - h) A separate list by name, address, telephone, and Contract Administrator of all state prison correctional facilities where Vendor is currently providing medical care and the length of time that each contract has been in effect;
 - i) A separate list by name, address, telephone, and Contract Administrator of all state prison correctional facilities where Vendor is currently providing mental health care and the length of time that each contract has been in effect;
 - j) A separate list by name, address, telephone, and Contract Administrator of all jail or presentenced correctional facilities where Vendor is currently providing medical care and the length of time that each contract has been in effect;

- k) List by name, address, telephone, and Contract Administrator all correctional facilities where Vendor's services were terminated in the past five (5) years and reason for contract termination;
- l) Submit three (3) references for the ADOC to contact where Vendor has contracted services that are comparable to the requested ADOC medical 'only' program (state prison system). These references will include the name of the firm or other state departments, the name of the contact person, the address, and the telephone number of the contact person. Employees and sub-Vendors of Vendor may not be listed as references or contact persons;
- m) Submit two (2) references for the ADOC to contact where Vendor has contracted services that are comparable to the requested ADOC comprehensive medical and mental health services program (state prison system). These references will include the name of the firm or other state departments, the name of the contact person, the address, and the telephone number of the contact person. Employees and sub-Vendors of Vendor may not be listed as references or contact persons;
- n) List all new contract awards since January of 2012 and assigned contract start-ups to be completed by December 31th, 2012. The list must include the name of the firm or other state departments, the name of the contact person overseeing the contract start-up process, as well as the address and the telephone number of the contact person.
- o) Vendor's corporate office must be registered with the Secretary of State to do business in the State of Alabama, or proof shall be provided of having submitted an application to do business with the assurance that Vendor will be licensed prior to assuming the contract.

C. Program Management

1. Vendor must describe/outline how it will have local central capability to supervise, manage, and monitor the program, ensuring satisfactory provision of services. Vendor will be evaluated on its ability and plan to utilize the designated management, in meeting the specific program needs of the ADOC, to deliver the "Scope of Work" outlined in **Section V-(A) and Section V-(B)** of the RFP. In addition, **Section II**, "General Terms and Conditions", subsections 2.10 through 2.19 should be addressed in this section of the proposal.

Minimum staffing requirements are outlined in Appendices C-(A) and C-(B): 'Minimum Program Staffing'. The required program management structure is contained within that outline. A complete job description for each of the following positions that are notated with an asterisk (*), specific to the management of the Alabama program, are to be included in this Section of the proposal. In appendix D the ADOC has outlined proposed salary ranges based on current pay schedules and local market rates for each position category. Vendor is to list its' proposed salary range for each position in the designated space on Appendix D, and include the completed form in its' response to Section VIII, 'Cost and Adjustments'.

Resumes for the individuals proposed to fulfill the following positions may be included in this Section. Vendor, however, is not required to pre-identify or submit resumes with its response.

- 1) Alabama Health Services Program Director *
- 2) Regional Program Manager - North ,South, and Mental Health *
- 3) Health Services Administrator (HSA)*
- 4) Regional Medical Director*
- 5) Chief Psychiatrist*
- 6) Assistant Medical Director*
- 7) Facility Medical Director*
- 8) Regional Director of Nursing*
- 9) Regional Mental Health CQI Coordinator*
- 10) Regional Special Needs Manager, RN*
- 11) Regional Clinical Nurse Managers – North and South*
- 12) Facility Director of Nursing
- 13) Regional Dental Director*
- 14) Facility Dental Director
- 15) Regional Data and Report Coordinator
- 16) Cooperate Division Administration (i.e. Corporate Vice President)
- 17) Consulting Pharmacist (assigned at cooperate level)*
- 18) Utilization Management Coordinator (assigned at cooperate level)
- 19) Accounting and Finance Manager (assigned at cooperate level)
- 20) Legal Counsel (proposed contract for local-in state counsel, group and lead counselor for Alabama contract; pricing may be redacted)

2. Vendor will address the following specifications as they relate to “Contract Monitoring and Personnel Management” as outlined in **Section VI, Subsections 6.1 through 6.11** of the RFP to include, but not limited to, the following:
 - a) Recruitment and retention practices;
 - b) Total company turnover rates from 2008 to 2011;
 - c) Equal employment opportunity policies
 - d) Licensure/certification requirements;
 - e) Staff development and training plan to include:
 - i. Orientation of new personnel and a training program for employees new to corrections on appropriate interaction in a corrections environment;
 - ii. In-service training;
 - iii. Staff retention plan that addresses how current contract staff will be retained when appropriate;
 - iv. Description of health and retirement benefits for local Alabama staff, and monetary contribution required by an individual full time employee for single and family coverage
 - v. A detailed facility-staffing schedule utilizing the minimum staffing requirements for each facility, as outlined in Appendices C-(A) and C-(B);
 - f) Acknowledgement of ADOC-OHS performance indicators and designated compliance thresholds, for both medical and mental health services included in Appendix E. Vendor is to identify experience in other prison system contracts where independent auditing is conducted by the client.

D. Program Support Services

1. Vendor will provide comprehensive health care program management services to support the provision of services. These program support services will include, but are not limited to:
2.
 - a) Medical Advisory Committee (MAC)

The membership of the committee will include representatives from the ADOC and Vendor. The Committee will meet every month at a designated facility for the purpose of reviewing health care services available and resolving problems.

b) Cost Containment Program

- i. Specify a detailed plan for the implementation and operation of a cost containment program. Address the mechanism by which Vendor plans to control health care costs, areas in which cost savings will be achieved, and evidence of the success of such a program at other contract sites.

c) Infection Control and Immunization Program

- i. Vendor will provide a comprehensive Infection Control Program. Program will include, but not be limited to, inmate and employee immunization during influenza season, MRSA prevention and control at the facility level, Hepatitis C vaccination program, and required annual TB testing on all inmates.
- ii. Wellness and preventative health programs, to include appropriate immunizations, are to be provided and coordinated at the state level and implemented at the facility level.
- iii. Vendor must describe how coordination with ADOC-OHS and Alabama Department of Public Health will be managed at times when infectious and communicable diseases outbreaks occur within ADOC facilities.

d) Management Information System

- i. Vendor will develop a system for collecting data and analyzing trends in the utilization of health care services at each site. The resulting report will be reviewed at each facility MAC meeting. Vendor will provide computers and other technology support to on-site facility professional staff to enhance their resources and productivity. Vendor is to include a description of such technology support in its proposal, including the number of computers at the facility level and who they will be assigned to for usage on a daily basis.
- ii. Vendor is financially responsible for the installation, maintenance, and associated cost of work appropriate internet access for all employees, to include, but not be limited to, e-mail services. Access and services must have a security protection application. Access to ADOC internet lines for Vendors use for such services will not be permitted.

Any installation of facility lines must have the prior approval of the ADOC Director of Information Systems, Deputy Commissioner of Institutions (maintenance and construction), and the Associate Commissioners of Health Services and Security Operations. Sub-contractors retained by successful Vendor for facility line installation must have prior approval of the ADOC Director of Information Systems.

e) Complaint Procedures

- i. Vendor will specify the policies and procedures to be followed in managing inmate complaints regarding any aspect of the health care delivery system. Policies and procedures must be in accordance with current and future ADOC Regulations and Policies. The ADOC- OHS will have access to all complaints and proposed resolutions.

f) Strategic Planning and Consultation

- i. Vendor will indicate the capability for long term strategic operational planning. Additional ADOC correctional institutions are in various proposal and planning stages to include, but not be limited to, a new twenty four (24) bed inpatient infirmary at Tutwiler Women's Prison and forty (40) bed Dementia/Alzheimer's Unit (location not identified as of this date). It is the ADOC's expectation that successful Vendor will assist in the planning and development of a cost effective medical services program for any new proposed ADOC facility.

g) Contract Transition

Vendor must demonstrate prior ability to perform an orderly and efficient contract transition. A detailed implementation plan must be submitted, describing how the following issues will be handled:

- i. Proposed timetable for implementation and operation and a statement relating to Vendor's ability to meet stated and required deadlines;
- ii. Recruitment capabilities - including interviewing current contract staff;
- iii. Identifying and assuming the current cost of major medical care;
- iv. Pharmacy inventory transfer procedures;
- v. Transfer of the personnel and training records of current employees who will be retained;
- vi. Vendor's central management personnel to be assigned to supervise and monitor the transition and to ensure the satisfactory and continued provision of services to the inmate population; and
- vii. Staff training on Vendor's policies and procedures, including the transition process from current policies and procedures.

E. Scope of Work

Vendor will describe how the provision of services outlined in **Section V-(A) and Section V-(B)** of this RFP, ‘Statement of Work,’ will be provided, with an acknowledgment and description of each process, objective, and/or term set forth in each of these Sections and corresponding Subsections. Vendor is to provide verbiage specific to its company’s anticipated management of the proposed systems and processes. In its proposal Vendor shall not restate the language set out in the RFP specifications as its response to this Section of the RFP.

F. Certifications and Insurance

Vendor shall thoroughly review the terms set forth in **Section IV, Subsections 4.1 to 4.15.** Copies of insurance certificates to include, but not limited to, malpractice and general liability are to be included when responding to these Sections of the RFP. A signed and complete notarized copy of the “Vendor Acknowledgment” is to be included at the end of this section.

G. Other Services and Provisions

Vendor will address and/or acknowledge the specifications as they relate to “Other Services and Provisions” as outlined in **Section VII, Subsections 7.1 through 7.6,** of this RFP.

H. Compensation and Adjustments

Vendor is to provide its original response and subsequent copies to this Section of the RFP in a separate sealed envelope labeled as outlined in Section I, Subsection 1.4, of the RFP. Vendor will address and acknowledge the specifications as they relate to “Compensation and Adjustments” as outlined in **Section VIII, Subsections 8.1 and 8.2;** of this RFP as well as **Section II “General Terms and Conditions”, Subsections 2.2 through 2.9,** of the RFP. Vendor is to include **ADOC Pricing Forms A-1-A and A-2-AB** in this section of its proposal.

3.4 Method of Selection

Vendor selection will be based on the proposal that best meets or exceeds the requirements set forth in the RFP. The selection process may, however, include a request for additional information or an oral presentation to support the written proposal. The ADOC reserves the right to select other than the low-priced Vendor if a higher-priced proposal provides the best value as determined by the ADOC. A Vendor whose proposal does not meet the mandatory requirements and does not provide a primary bid that meets all the required specification of a Comprehensive Medical and Mental Health program as outlined in this RFP, will be considered non-compliant. Proposal evaluations will be scored and based on the response to the requirements of this RFP, to be considered as the primary bid/proposal. Alternative Proposals will not be considered as the basis for the evaluation of the successful bidder. After the evaluation of proposals received and selection

of Successful Vendor, all Vendors will be notified in writing regarding the selection of Successful Vendor. All proposals received will become the property of the ADOC. Evaluation criteria and scoring are outlined on the following page. ADOC reserves the right to award a contract for either a Comprehensive Medical or Mental Health Services, or for a Medical Services Program ‘only’.

3.4 RFP Section Responses to Cross/Multiple Proposal Sections

The following ‘ADOC Proposal and Evaluation Criteria’ outlines the sections of the RFP to be addressed in the Vendor’s sections of its proposal. Each of the Vendor’s proposal sections must be labeled as designated on the evaluation sheet (A,B,C, D,.. e.t.a.). The evaluation criteria may reference the same Section of the RFP to be addressed in multiple sections of the Vendor’s proposal. Vendor is to address the specific components, effects, or outcomes of the services provided as it relates to the ‘Evaluation Criteria’. The following examples provide suggestions in how a Vendor should address more than one Section of the RFP, when required within the designated sections of its proposal.

Examples:

Vendor’s Proposal Sections and ADOC Evaluation Criteria	RFP Section	Suggested Vendor Response
D-E Cost Containment Program	5.15(A) Infirmary	Vendor shall describe the components of the infirmary management plan that will assist in ‘Cost Containment’.
E (A) Scope/Statement of Work	5.15(A) Infirmary	Vendor shall describe how it will provide and/or meet the required provision of services outlined in ‘RFP Section 5.15(A)’.
D-E Infection Control and Immunization Program	5.24(A) Infection Control Program	Vendor shall describe the overall benefits to ADOC and Alabama communities, by means of its Infection ‘Control and Immunization Program’.
E (A) Scope/Statement of Work	5.24(A) Infection Control Program	Vendor shall describe how it will manage and/or meet the required provision of services outlined in ‘RFP Section 5.24(A)’.

**ADOC Evaluation Criteria for Response to RFP 2012 for
Medical Health Services - (A-1-A)**

ADOC Evaluation Criteria Medical Services ↓	RFP Sections to be Evaluated in Vendor Proposal ↓	Vendor shall include and label its' response to the RFP sections and subsections as designated below: ←	Possible Points Awarded for Response ↓
1. Qualifications/Experience/References Medical	Section III, Subsection 3.1, 3.2, 3.3 (A) (B)	A-B	100
2. Program Management/Salaries/Benefits Medical	Section II, Subsection 2.2 (d) (e) Section III, Subsection 3.3 (C) Section IV, Subsection 4.8, 4.9, 4.15 Section VI, Subsection 6.1 thru 6.11 Appendix D-A	C	250
3. Program Support Services Medical	Section I, Subsection 1.19 Section III, Subsection 3.3 (D) Section IV, Subsection 4.2, 4.15 Section V-(A), Subsection 5.18, 5.19, 5.22, 5.25, 5.31 5.35, 5.36 and 5.37 Section VII, Subsection 7.1 thru 7.6	D	300
4. Cost Containment Program Medical	Section I, Subsection 1.20 Section III, Subsection 3.3 (D, 2.b.,i) Section V-(A), Subsection 5.8, 5.10, 5.15, 5.16, 5.18, 5.19, 5.25, 5.27, 5.28	D-E	200
5. Infection Control and Immunization Program	Section III, Subsection 3.3 (D) (c) Section V-(A), Subsection 5.4, 5.11, 5.12, 5.15, 5.21, 5.22, 5.24	D-E	150
6. Scope/Statement of Work - Medical	Section III, Subsection 3.3 (E) Section V-(A), Subsection 5.1 thru 5.41	E (A)	400
7. Certifications	Section III, Subsection 3.3 (F) Section IV	F	100

**ADOC Evaluation Criteria for Response to RFP 2012 for
Medical Health Services - (A-1-A)**

ADOC Evaluation Criteria Medical Services ↓	RFP Sections to be Evaluated in Vendor Proposal ↓	Vendor shall include and label its' response to the RFP sections and subsections as designated below: ←	Possible Points Awarded for Response ↓
8. Other Services and Provisions Medical	Section III, Subsection 3.3 (G) Section VII, Subsection 7.1, 7.5	G	75
9. Compensation - Adjustments	Section II, Subsection 2.6, 2.15 Section III, Subsection 3.3 (H) Section VIII	H	75
10. Price - Total for (3) three years	Section VIII Pricing Form A-1-A	H	1350
Total Possible Score			3000

**ADOC Evaluation Criteria for Response to RFP 2012 for
Comprehensive Medical & Mental Health Services - (A-2-AB)**

ADOC Evaluation Criteria Medical and Mental Health Services ↓	RFP Sections to be Evaluated in Vendor Proposal ↓	Vendor shall include and label its' response to the RFP sections and subsections as designated below: ←	Possible Points Awarded for Response ↓
1. Qualifications/Experience/References Medical	Section III, Subsection 3.1, 3.2, 3.3 (A) (B)	A-B	200
2. Qualifications/Experience/References Mental Health	Section III, Subsection 3.3 (B) (m)	A-B	75
3. Program Management/Salaries/Benefits Medical	Section II, Subsection 2.2 (d) (e) Section III, Subsection 3.3 (C) Section IV, Subsection 4.8, 4.9, 4.15 Section VI, Subsection 6.1 thru 6.11 Appendix D-A	C	300
4. Program Management/Salaries/Benefits Mental Health	Section III, Subsection 3.3 (C) Section VI, Subsection 6.1 thru 6.11 Appendix D-B	C	125
5. Program Support Services Medical	Section I, Subsection 1.19 Section III, Subsection 3.3 (D) Section IV, Subsection 4.2, 4.15 Section V-(A), Subsection 5.18, 5.19, 5.22, 5.25, 5.31 5.35, 5.36 and 5.37 Section VII, Subsection 7.1 thru 7.6	D	300
6. Program Support Services Mental Health	Section III, Subsection 3.3 (D) Section V-(A), Subsection 5.18, 5.22, 5.28, 5.30, 5.36 Section V (B), Subsection 5.12 Section VII, Subsection 7.1 (a)	D	125

**ADOC Evaluation Criteria for Response to RFP 2012 for
Comprehensive Medical & Mental Health Services - (A-2-AB)**

ADOC Evaluation Criteria Medical and Mental Health Services ↓	RFP Sections to be Evaluated in Vendor Proposal ↓	Vendor shall include and label its' response to the RFP sections and subsections as designated below: ←	Possible Points Awarded for Response ↓
7. Cost Containment Program Medical	Section I, Subsection 1.20 Section III, Subsection 3.3 (D, 2.b.,i) Section V-(A), Subsection 5.8, 5.10, 5.15, 5.16, 5.18, 5.19, 5.25, 5.27, 5.28	D-E	225
8. Cost Containment Program Mental Health	Section I, Subsection 1.20 Section III, Subsection 3.3 (D, 2.b.,i) Section V-(A), Subsection 5.18, 5.28, 5.30 Section V-(B), Subsection 5.5, 5.8, 5.14	D-E	125
9. Infection Control and Immunization Program	Section III, Subsection 3.3 (D, c) Section V-(A), Subsection 5.4, 5.11, 5.12, 5.15, 5.21, 5.22, 5.24	D-E	150
10. Scope/Statement of Work - Medical	Section III, Subsection 3.3 (E) Section V-(A), Subsection 5.1 thru 5.41	E (A)	500
11. Scope/Statement of Work - Mental Health	Section III, Subsection 3.3 (E) Section V-(B), Subsection 5.1 thru 5.17	E (B)	300
12. Certifications	Section III, Subsection 3.3 (F) Section IV	F	100
13. Other Services and Provisions Medical	Section III, Subsection 3.3 (G) Section VII, Subsection 7.1, 7.5	G	75
13. Other Services and Provisions Mental Health	Section III, Subsection 3.3 (G) Section VII, Subsection 7.1 (a)	G	75
14. Compensation - Adjustments	Section II, Subsection 2.6, 2.15 Section III, Subsection 3.3 (H) Section VIII	H	75
15. Price - Total for (3) three years	Section VIII Pricing Form A-2-AB	H	2250
Total Possible Score			5000

SECTION IV
CERTIFICATIONS

Introduction

Vendor shall thoroughly review the terms set forth in Subsections 4.1 to 4.15. A signed and complete notarized copy of the “Vendor Acknowledgment” at the end of this section must be included in Vendor’s proposal (reference Section 3.3 (F)). If Vendor concurs with the terms as outlined in 4.1 to 4.15 without exception, date and check “no exceptions” next to authorized signature. Should the Vendor take exception to one or more of the terms as set forth, date and check “exceptions” next to authorized signature. If exceptions are taken, an outline of the exceptions, including reference to the Section and the terms, shall be provided directly behind the signature page. Vendor may propose alternate terms if exceptions are taken. Alternate terms will be taken into consideration by the ADOC. **Vendor is to provide Certificates of ‘Liability Coverage’ as outlined in Subsection 4.2, at the end of its’ response to this section of the RFP, subsequent to the signed ‘Vendor Acknowledgment’ and/or acknowledgment of exceptions taken.** This Section of the proposal will be incorporated into the final contract of Successful Vendor.

4.1 Indemnification and Liability

Vendor will indemnify and hold harmless the State of Alabama and the Alabama Department of Corrections and their officers, agents, and employees from and against all claims, losses, or costs arising out of Vendor’s negligence, gross negligence, wantonness, deliberate indifference, or criminal negligence, or from willful disregard of proper or lawful written instructions from the Commissioner of the Alabama Department of Corrections and Associate Commissioner of Health Services. Vendor shall be fully responsible for defending, and be liable for all suits, claims, losses, and expenses, including reasonable attorney’s fees, arising out of Vendor’s performance or non-performance of the services and duties stated in this RFP.

Vendor also agrees to indemnify and hold harmless the State of Alabama and the Department of Corrections and their officers and employees from and against any and all loss or damage, including court costs and attorney fees, for liability claimed against or imposed upon the ADOC because of bodily injury, death, or property damage, real or personal, including loss of use thereof, arising out of or as a consequence of the breach of any duty or obligations of Vendor included in this agreement, negligent acts, errors or omissions, including engineering and/or professional error, fault, mistake, or negligence of Vendor, its employees, agents, or representatives or subcontractors and their employees, agents, or representatives in connection with or incident to the performance of their contracts, or arising out of Worker Compensation claims, Unemployment Compensation claims, or Unemployment Disability Compensation claims of employees of Vendor and/or subcontractors, or claims under such similar law or obligations. Vendor’s obligations, under this Section, will not extend to any liability caused by the sole negligence of the ADOC or its employees.

4.2 Liability Coverage

Before signing the contract, Vendor must file with the ADOC General Counsel a certificate from Vendor's insurer showing the amounts of insurance carried and the risk covered thereby. Medical Malpractice Liability insurance must be no less than \$1,000,000 per occurrence and \$3,000,000 in aggregate. Vendor must carry general liability insurance coverage with \$1,000,000 combined single limit for personal injury and property damage that incorporates said coverage for all of Vendor's employees and subcontractors. This coverage is required to extend to services performed at the various facilities and institutions where services will be provided under the contract. Vendor will also be required to provide a certificate naming the ADOC as an additional insured prior to contract execution. Vendor must carry vehicle insurance meeting state law requirements. Coverage required, includes Comprehensive General Liability, Worker's Compensation, and Employee's Liability. Vendor is to provide Certificates of said 'Liability Coverage' at the end of its' response to this section of the RFP, subsequent to the signed 'Vendor Acknowledgment' and/or acknowledgment of exceptions taken.

Vendor will provide legal representation, at own expense, in defending all suits against Vendor or Vendor's employees. Vendor will pay all judgments and costs rendered against Vendor or Vendor's employees in said suits.

4.3 Notice to Parties

Any notice given to the ADOC under the contract will be submitted in a timely manner. Notices will be mailed to the Associate Commissioner of Health Services, Ruth A. Naglich, Alabama Department of Corrections, Commissioner's Office, 301 South Ripley Street, Montgomery, Alabama 36104. Notices to Vendor will be mailed to the address shown in its submitted proposal. Notices will be sent by registered mailed, return receipt requested.

Both parties agree to fully cooperate with one another for the successful pursuit of their respective and mutual interests. Both parties will share information, provide timely notification to one another in the event of a claim against either party, and present a collaborative defense against such claims. There will be no settlement of any claim by either party without consultation.

4.4 Legal Compliance

Vendor certifies compliance, or agreement to comply, with the following legal requirements and that it is not barred from being awarded a contract or subcontract due to a violation of the requirements or an inability or unwillingness to comply with the requirements.

- a) No person or business entity will be awarded a contract or subcontract if that person or business entity: (1) has been convicted under the laws of Alabama, or any other state, of bribery or attempting to bribe an officer or employee of the State of Alabama or any other state in that officers or employees official capacity; or (2) has made an admission of guilt of such conduct that is a matter of record but has not been prosecuted for such conduct.

- b) No business will be barred from contracting with the ADOC as a result of the conviction of any employee or agent of the business if the employee or agent is no longer employed by the business and: (1) the business has been finally adjudicated not guilty; or, (2) the business demonstrates to the ADOC that the commission of the offense was not authorized, requested, commanded, or performed by a director, officer, or a higher managerial agent on behalf of the business.
- c) When an official, agent, or employee of a business committed the bribery, or attempted bribery, on behalf of the business and pursuant to the direction or authorization of a responsible official of the business, the business will be chargeable with the conduct.

4.5 Felony Conviction

No person or business entity or officer or director of such business entity convicted of a felony is eligible to do business with the ADOC from the date of conviction until ten (10) years after the date of completion of the sentence for such felony, unless no person held responsible by a prosecutorial office for the facts upon which the conviction was based continues to have any involvement with the business.

4.6 Inducements

Any person who offers or pays any money or valuables to any person to induce him or her not to submit a proposal on the RFP is guilty of a felony. Any person who accepts money or other valuables for not submitting a proposal on the RFP, or who withholds a proposal in consideration of the promise for the payment of money or other valuables, is guilty of a felony.

4.7 Reporting Anticompetitive Practices

When, for any reason, a Vendor or designee suspect collusion or other anticompetitive practice among any Vendors or employees of the ADOC, a notice of the relevant facts will be transmitted to the Alabama Attorney General and ADOC Commissioner's Office. This includes, but is not limited to, reporting any chief procurement officer, State purchasing officer, designee, or executive officer who willfully uses or allows the use of specifications, request for proposal documents, proprietary competitive information, proposals, contracts, or selection information to compromise the fairness or integrity of the procurement or contract process, or any current or former elected or appointed State official or State employee who knowingly uses confidential information available only by virtue of that office or employment for actual or anticipated gain for themselves or another person.

4.8 Drug-Free Workplace

Vendor will provide a drug free workplace. No individual engaged in the unlawful manufacture, distribution, dispensation, possession, or use of any illegal drug or controlled substance will be eligible for employment under contract. False certification or violation of the certification may result in sanctions including, but not limited to, suspension of contract, termination of contract,

and/or debarment of contracting opportunities with the ADOC for at least one (1) year, but not more than five (5) years.

Vendor certifies and agrees to provide a drug free workplace by:

- a) Publishing a statement for the purpose of: (1) notifying employees that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance, including cannabis, is prohibited in Vendor's workplace; (2) specifying the actions that will be taken against employees for violations of such prohibition; and (3) notifying the employee that, as a condition of employment on such contract, the employee will abide by the terms of the statement and notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction.
- b) Establishing a drug free awareness program to inform employees about:
 - 1) The dangers of drug abuse in the workplace;
 - 2) Vendor's policy of maintaining a drug free workplace;
 - 3) Available drug counseling, rehabilitation, and employee assistance programs; and
 - 4) The penalties that may be imposed upon employees for drug violations.
- c) Providing a copy of the statement required by Subparagraph (a) to each employee engaged in the performance of the contract and to post the statement in a prominent place in the workplace.
- d) Notifying the ADOC within ten (10) days after receiving notice under subsection (a) (3) above from an employee or otherwise receiving actual notice of such conviction.
- e) Imposing a sanction on, or requiring the satisfactory participation in drug abuse assistance or rehabilitation program by, any employee who is so convicted, as required by Section 5 of the Drug Free Workplace Act (Public Law 100-690; 15 U.S.C. Section 5110).
- f) Assisting employees in selecting a course of action in the event drug counseling, treatment, and rehabilitation is required and indicating that a trained referral team is in place.
- g) Making a good faith effort to continue to maintain a drug free workplace through implementation of the Drug Free Workplace Act (Public Law 100-690; 15 U.S.C. Section 5110).

4.9 Equal Employment Opportunities - Affirmative Action/Sexual Harassment

Vendor will:

- a) Comply with the regulations, procedures, and requirements of the ADOC concerning equal employment opportunities and affirmative action;

- b) Provide such information with respect to its employees and applicants for employment; and have written sexual harassment policies.

4.10 Performance Subject to Law

In compliance with the Equal Employment Opportunity and Nondiscrimination Practices Act, Vendor will:

- a) Comply with the provisions of the Civil Rights Act of 1964.
- b) Comply with the nondiscrimination clause contained in Section 202, Executive Order 11246, as amended by Executive Order 11375, relative to Equal Employment Opportunity for all persons with regard to race, color, religion, sex, or national origin, and the implementing rules and regulations prescribed by the Secretary of Labor.
- c) Comply with Section 504 of the Federal Rehabilitation Act of 1973 as amended (29 U.S.C. 794), the requirements imposed by the applicable H.E.W. regulation (45 C.F.R. Part 84), and all guidelines and interpretations issued pursuant thereto.

4.11 Confidentiality and Use of Work Product

- a) Any documents or information obtained by Vendor from the ADOC in connection with the contract will be kept confidential and will not be provided to any third party unless the ADOC approves disclosure in writing. All work product produced under the contract including, but not limited to, documents, reports, information, documentation of any sort, and ideas, whether preliminary or final, will become and remain the property of the ADOC. Any patent, copyright, or other intellectual ideas, concepts, methodologies, processes, inventions, and tools (including computer hardware and software where applicable) that Vendor previously developed and brings to the ADOC in furtherance of performance of the contract will remain the property of Vendor. Vendor grants to the ADOC a nonexclusive license to use and employ such software, ideas, concepts, methodologies, processes, inventions, and tools solely within its enterprise.
- b) Vendor will assume risk of loss until delivery to the designated facility.
- c) Vendor will do nothing to prejudice the ADOC to recover against third parties for any loss, destruction, or damage to State property, and will, upon request of the ADOC and at Vendor's expense, furnish to the ADOC reasonable assistance and cooperation, including assistance in the prosecution of suit and the execution of instruments of assignment in favor of the ADOC, in obtaining recovery.
- d) Vendor will maintain public liability, casualty, and auto insurance in sufficient amounts to protect the ADOC from liability for acts of Vendor and risks and indemnities assumed by Vendor. If Vendor does not have minimum coverage for bodily injury – including two hundred and fifty thousand dollars (\$250,000) per person and five hundred thousand dollars (\$500,000) per occurrence and, for property damage, one hundred thousand dollars (\$100,000)

per occurrence – Vendor must inform the ADOC and seek written permission for lesser coverage.

- e) Vendor will, at its expense, defend the ADOC against all claims, asserted by any person, that anything provided by Vendor infringes a patent, copyright, trade secret, or other intellectual property right and will, without limitation, pay the costs, damages, and attorney fees awarded against the ADOC in any such action or pay any settlement of such action or claim. Each party agrees to notify the other promptly on any matters to which this provision may apply and to cooperate with each other in connection with such defense or settlement. If a preliminary or final judgment is obtained against the ADOC for its use or operation of the items provided by Vendor hereunder, or any part thereof, by reason of any alleged infringement, Vendor will, at its expense, either:
- 1) modify the item so that it becomes non-infringing;
 - 2) procure for the ADOC the right to continue to use the item;
 - 3) substitute for the infringing item other item(s) having at least equivalent capability; or
 - 4) refund to the ADOC an amount equal to the price paid, less reasonable usage from installation acceptance through cessation of use, which amount will be calculated on a useful life not less than five (5) years, and plus any additional costs the ADOC may incur to acquire substitute supplies or services.
- f) The ADOC assumes no liability for actions of Vendor and is unable to indemnify or hold Vendor harmless for claims based on the contract or use of Vendor provided supplies or services.

4.12 Warranty

- a) Vendor warrants that all services will be performed in a good and professional manner.
- b) Vendor warrants that it has the title to, or the right to allow the ADOC to use, the supplies and services being provided and that the ADOC will have use of such supplies and services without suit, trouble, or hindrance from Vendor or third parties. This is to ensure that no infringements, prohibitions, or restrictions are in force that would interfere with the use of such supplies and services that would leave the ADOC liable.

4.13 Breach and Other For Cause Terminations

The ADOC may terminate any contract(s) resulting from this RFP without penalty to the ADOC, or further payment required, in the event of:

- a) Any breach of the contract which, if it is susceptible of being cured, is not cured within fifteen (15) days of the ADOC giving notice of breach to Vendor including, but not

limited to, failure of Vendor to maintain covenants, representations, warranties, certifications, bonds, and insurance;

- b) Commencement of a proceeding by or against Vendor under the United States Bankruptcy Code or similar law, or any action by Vendor to dissolve, merge, or liquidate;
- c) Material misrepresentation or falsification of any information provided by Vendor in the course of any dealing between the ADOC and Vendor or between Vendor and any State agency;
- d) For the unavailability of funds appropriated or available to the ADOC; and
- e) For convenience of the ADOC.

4.14 Entire Contract

Any contract resulting from this RFP, including any attachments, will constitute the entire contract between Vendor and the ADOC. Modifications and waivers must be in writing and signed or approved by authorized representatives of Vendor and the ADOC to be binding. If any term or condition of the contract is declared void, unenforceable, or against public policy, that term or condition will be ignored and will not affect the remaining terms and conditions of the contract, and the contract will be interpreted as far as possible to give effect to the parties' intent.

4.15 Applicable Law

- a) All services under the contract will be performed in accordance with applicable Alabama and Federal law, statutes, provisions, and regulations. Also, Vendor will comply with any Federal Court Orders that pertain to the operation of Alabama prisons and institutions for which the ADOC is statutorily responsible. Vendor's remedy for any claim under the contract is to file a claim against the ADOC with the Alabama Board of Adjustment.
- b) As required by the Beason-Hammon Alabama Taxpayer and Citizen Protection Act and any subsequent amendment to that Act, Vendor identified in the Contract resulting from this RFP is required to utilize the U.S. Department of Homeland Security's E-Verify system to verify employment eligibility of: all persons employed during the contract term by Vendor to perform employment duties; and all persons including subcontractors assigned by Vendor to perform work pursuant to the Contract with the Department. (<http://www.uscis.gov/everify>). Vendor shall attest to such by sworn affidavit signed before a notary.
- c) Additionally, Vendor shall include a provision in all subcontracts that requires all subcontractors to utilize the U.S. Department of Homeland Security's E-Verify system to verify employment eligibility of: all persons employed during the contract term by Vendor or subcontractor to perform work or provide services pursuant to this Contract with the department. The Subcontractor shall attest to such by sworn affidavit signed before a notary.

SECTION IV

CERTIFICATIONS

VENDOR ACKNOWLEDGEMENT

TO BE INCLUDED IN VENDOR'S PROPOSAL

_____ (Vendor) acknowledges and concurs with all terms set forth in Section V, "Certifications," of the Alabama Department of Corrections RFP 2012-02.

I, _____, am an authorized agent of
(print name)

_____ (Vendor) and have the legal authority to legally bind said company to the terms set forth in Section IV, of the Alabama Department of Corrections RFP 2012-02.

_____ Date: _____
(authorized signature)

No exceptions taken.

Yes; exceptions taken and alternate terms are outline and included in this Section of the Proposal.

SWORN TO AND SUBSCRIBED BY me this _____ day of _____, 2012.

[SEAL]

NOTARY PUBLIC

My Commission Expires: _____

End Section IV

SECTION V-(A)
SCOPE/STATEMENT OF WORK

MEDICAL SERVICES

5.1 (A) Purpose of the Project-Medical Services

The Alabama Department of Corrections (ADOC) is responsible through Vendor for the provision of inmate health care that meets constitutional standards to include comprehensive medical services and related support services for the inmates that are in the physical custody of the Department. The provision of services is primarily provided on-site at the designated facilities identified in Section I, Subsection 1.18, of this RFP through the utilization of contracted services. Specialized services may be provided through agreements with area providers such as hospitals, clinics, medical specialists, laboratories, and other specialized services. Utilization Management Services are to be provided for ADOC inmates housed in non-ADOC institution. Inmates housed in the Alabama Therapeutic Education Facility, however, will be provided full comprehensive services as outlined herein.

The objective of this RFP is to secure a qualified Vendor who can manage and operate a comprehensive health care services system at full capacity and in a cost-effective manner, as well as deliver quality health care services in compliance with ADOC Office of Health Services (OHS) policies and procedures as well as ACA and NCCHC standards published as of 2008. Formal NCCHC and/or ACA accreditation is not a requirement. Should a potential conflict in ACA, NCCHC, and OHS policies and procedures arise, OHS policies and procedures will prevail.

Objectives of the RFP include, but are not limited to, securing a qualified vendor who can:

- I. Implement a written health care plan with clear objectives.
- II. Develop and implement policies and procedures in compliance with OHS, NCCHC, ACA standards.
- III. Maintain all state licensure requirements and standards regarding the delivery of health care.
- IV. Maintain acceptable levels of staffing and inventory control.
- V. Maintain full reporting and accountability to the ADOC.
- VI. Maintain an open, collaborative relationship with the administration and staff of the ADOC and the individual facilities.
- VII. Provide inmate health services in a cost effective manner utilizing professional clinical guidelines.

- VIII. Develop and implement institutional specific policies and procedures to comply with ADOC-OHS policies and procedures.
- IX. Deliver constitutionally adequate health care services promoting positive clinical outcomes.
- X. Maintain an evidence based quality assurance and infection control program.

It is the intent and purpose of the ADOC that all assigned inmates receive adequate health care regardless of place of assignment or disciplinary status.

5.2 (A) Services to be Provided

It is expected that effective and efficient medical services will be provided by a variety of health professionals. The following definitions are not all inclusive of the individuals identified, definitions of care, or standards that apply to the provision of correctional medicine.

Definitions:

- a) Qualified Health Care Personnel: All licensed or registered health care providers.
- b) Health Services Administrator: A person who by virtue of education, experience, or certification is capable of assuming responsibility for arranging all levels of health care and ensuring quality and accessible health services for inmates.
- c) Responsible Physician: A designated MD or DO who has the final authority at a given facility regarding clinical issues.
- d) Health Care (or Healthcare): The diagnosis, treatment, and prevention of disease, illness, injury, and other physical and mental impairments in humans. Health care is delivered by practitioners in medicine, chiropractic, dentistry, nursing, pharmacy, allied health, and other care providers. It refers to the work done in providing primary care, secondary care, and tertiary care, as well as in public health.
- e) Medical Services: The provision of physical health care provided by or under the direction of licensed physicians to include preventive health care, maintenance of health, prevention of illness, diagnosis and planning treatment of illness or injury in concert with continual observation of an individual's well-being.
- f) Standard of Care: Inmates will be provided constitutionally adequate, humane, and necessary medical care. All inmate medical care will be provided in compliance with the accepted standards of correctional health care as specified by the National Commission on Correctional Health Care (NCCHC) and the American Correctional Association (ACA).

5.3 (A) Intake Health Assessments

The intake services are to be performed by qualified health care personnel within twelve (12) hours after arrival at Kilby (males) or Tutwiler Prison for Women (females). An occasional repeat or rare initial intake may occur at Donaldson and Holman (death row inmate), Limestone Correctional Facility, and at St. Clair Correctional Facility, depending on the special needs of the inmate.

Upon intake, the inmate will have the initial TST (or other acceptable TB screening if a TST contraindicated), a CBC, review and verification of stated prescribed medications, review for communicable disease or suspect disease, pregnancy test (female), and a mental health screen. Questionable or positive findings will require immediate follow-up with the site provider. Access to Care information is to be provided to the inmate verbally and in writing. Information must be transcribed in the language of his/her origin or orientation. The inmate will sign acknowledgement of understanding and the original document will be filed in the medical record. The inmate will be given a copy of the Access to Care document.

All inmates will have a complete history and physical by a qualified health care professional and will be referred to an advanced level provider for any acute or chronic problem. Appropriate referrals for emergent, urgent, or a questionable assessment are to be immediately processed and conducted as indicated in OHS Policy E-2 "Intake Screening."

A provider will be consulted in person or by phone regarding all patients arriving on certain critical medications, within twelve (12) hours of arrival. For other medications, consultation by the physician must occur within forty eight (48) hours.

Within seven (7) working days of initial intake, all inmates will have a complete medical, dental, and mental health history, physical examination, completed required diagnostic testing, problem list, and an acute or chronic care treatment plan will be completed and documented in the individual inmate's medical record by the site medical director or midlevel practitioner.

The health care staff is responsible for providing pertinent health status information to the ADOC Classification Supervisor. An inmate's Medical/Health Coding (classification) will be completed, documented on the master problem list, and communicated to ADOC classification, in writing or entered into the ADOC- IMS system, within seven (7) working days of intake. Vendor will follow the Medical Coding process in accordance with OHS Policy A-8. This information will be considered in the institutional assignment of the inmate. Once an inmate is assigned to a facility, the facility's health care staff will address and/or meet the inmate's health care needs.

The ADOC Medical Coding System is based on, and utilized in, determining an individual's needs assessment, the relative degree of importance of a need, and with a goal of optimally placing inmates in a facility environment that is best suited to meet those needs, and with the required level of health services and the frequency of access to those services.

The intake assessment must include the following unless an additional service or exception is documented pursuant to policies and procedures; reference ADOC-OHS policies E-2, E-3 and E-4.

Tracking of each new arrival, to include PPD/TST placement with millimeter results or other required screening measures, will be documented on approved New Arrival/ Intake Tracking Logs and PPD/TST Tracking Logs.

At a minimum, the following information is to be obtained and recorded in the ADOC inmate health record:

- a) Review of demographic information, allergies, triage data, and noting of any psychiatric and/or medical alerts.
- b) Complete set of vital signs, including measured weight and height.
- c) Urine dipstick for all inmates (urine chemistry due to abnormal results)
- d) A medical history, physical examination, review of systems, and substance abuse history performed by a licensed provider or licensed and certified nurse practitioner.
- e) Capillary blood glucose (fasting blood sugar if abnormal results)
- f) Complete Blood Count (CBC)
- g) A complete gynecological exam for female inmates by a practitioner, including a Papanicolaou smear and screening for Chlamydia and Gonorrhea.
- h) Three (3) peak expiratory flow rate readings for inmates with a history of asthma or emphysema, to include an oxygen saturation concentration percentage reading. Pulmonary condition is to be noted on the Master Problem list, with the annotation of condition as mild, moderate, and/or severe.
- i) A mammogram in accordance to the American Cancer Society guidelines.
- j) Syphilis serology and HIV/AIDS screenings are required for all intakes, ELISA screen for HIV and risk factor. Additional laboratory tests will be performed as directed by the examining physician.
- k) Chlamydia and Gonorrhea screening for males.
- l) Inmates reentering a facility from alternative housing (out of state or county housing) within the previous ninety one (91) days will have these tests regardless of the date of the last screening.
- m) A posterior-anterior-lateral chest x-ray will be performed to screen for tuberculosis on any new arrival, male or female inmate, testing positive for TB or as directed by the examining physician for those inmates unable to receive the Mantoux skin test. This procedure should

only be performed on female intake assessments after evidence of a negative pregnancy test. Additional x-rays will be performed as directed by the examining physician.

Inmate testing positive for TB, with a previously positive test or present with, or communicate any suspicious signs, will have completed and documented "Signs and Symptoms of TB Screening Assessment" form.

- n) The clinical provider will review chest x-ray, laboratory, and tuberculosis skin test results within seventy-two (72) hours of intake. Individual results are to be noted by the provider with a corresponding progress note entered into the medical record. Appropriate referral by the provider for further evaluation is required as indicated.
- o) Screening (interview) for risk factors associated with Hepatitis C will be conducted. A serology test is not required at intake.
- p) First dose STAT medications, as prescribed by the site providers, are to be administered to the inmate before the inmate exits the medical unit. Start same day prescriptions are to be provided within the twenty-four (24) hour time period. All others are to begin within forty-eight (48) hours of the practitioner's order.
- q) Dental/oral examination with markers, as indicated; initial care plan documented by a licensed Dentist and any subsequent X-rays required.
- r) Vision and hearing screening.
- s) Offer immunizations: influenza (seasonal), Pneumovax (when clinically indicated), and other routine immunizations, as required and prescribed by practitioner. Include past history of immunizations.
- t) Medical Health Coding, in accordance with ADOC-OHS Policy A-8, "Health Coding," for work and housing with documented limitations or restrictions. Pre-dialysis recognition for appropriate housing assignment is one example.
- u) Other tests and examinations as required and indicated or additionally ordered by a site provider.
- v) Pre-incarceration or pre-ADOC confinement off-site medical records, as requested by the provider.
- w) Enrollment in appropriate Chronic Care Clinic and first evaluation with care plan completion by a provider.
- x) Other tests and examinations as required and indicated.
- y) Rectal Exam (baseline as age/clinically indicated) with stool for occult blood. Notation by the Provider why clinically deferred if deferred.

z) Documentation that the following information was provided orally and in writing in their origin or orientation of language:

1. Access to Health Services information
2. Educational information provided as to:
 - a. Self-breast exams
 - b. Self-testicular exams
 - c. Personal Hygiene and Hand Washing
 - d. Oral Hygiene Care
 - e. Sexually Transmitted Diseases

Inmates receive periodic health assessments in the facility by qualified health care professionals. Vendor shall acknowledge that a nurse participating in the assessment process, as regulated by the state Nurse Practice Act, will have additionally completed appropriate in-service training, approved or provided by the responsible site physician. The responsible physician documents his or her review of all health assessments.

Tracking of each new inmate arrival will be documented on an ADOC – OHS approved New Arrival / Intake Tracking Log. At a minimum, the following items will be recorded on the tracking log:

- a) Inmate Name and assigned number (AIS#).
- b) Date of Arrival.
- c) Date Initial Screening began.
- d) PPD/TST with millimeter results and/or chest x-ray results.
- e) TB Screening form completion, as applicable.
- f) Pregnancy test results.

5.4 (A) Health Care Assessment/Physicals

The health care staff is responsible for providing pertinent health status information to the ADOC Classification Supervisor. Such information will be considered in the institutional assignment of the inmate.

Inmates receive periodic health assessments at an appropriate frequency, taking into consideration age, gender, and the health needs of the inmate population. The ADOC-OHS utilizes a five (5) year health record exam that delineates required frequency of inmate physical exams and the associated testing and exam requirements. This physical exam guideline and form is contained in ADOC-OHS Policy E-4, "Health Assessment."

Inmate health assessment due dates are accessed via the ADOC Inmate Management System (IMS) date entry program, as designated by the ADOC Information Technology (IT) Division.

Qualified health care professionals will conduct, complete, and document the required health assessments in a timely manner.

5.5 (A) Transfer and Receiving Screening

Qualified health care personnel will review, evaluate, and document pertinent health information to be forwarded to the receiving facility with the individual inmate medical record (in-state) and all prescribed medications (excluding narcotics) upon notice by the ADOC of the intent to transfer. Medical information and medications will be sealed and secured when handing to the transferring officer for transport to the next facility.

Out of state transfer considerations require pre-screening health review and assessment utilizing the ADOC “Out of State Transfer Criteria Screening” form. Vendor must be prepared to provide transfer and receiving screening in accordance with ADOC-OHS Policy and Procedures E-3 (a) through E-3 (c) often on short notice with a movement order of fifty (50) or more inmates.

5.6 (A) Daily Triage of Complaints

Triage will be conducted in accordance with ACA and NCCHC standards. Health complaints from inmates residing in a secured facility with daily nursing service, must be reviewed and triaged within twenty- four (24) hours of a sick call request being submitted by the inmate. Collection and review of all sick call request slips will take place seven (7) days a week, to include holidays and weekends. For those facilities without daily nursing service, the sick call request slip will be reviewed the next scheduled clinic day. The sick call nurse will evaluate inmates presenting themselves for assessment, in accordance with the ADOC approved sick call protocol. Approved nurse evaluation and assessment tools will be utilized to manage the inmate's complaint and/or refer the inmate to the physician or practitioner as necessary. Immediate referral to a higher level practitioner will be done as clinically indicated, or is required when the inmate has complained of the same health problem twice previously.

All triage activity must be under the supervision and/or review of a registered nurse. Emergencies are to be assessed twenty- four (24) hours a day seven (7) days a week and appropriate referral and care are to be provided.

All Sick Call Request slips are to be dated, timed, and initialed by nursing personnel when reviewed. Inmates are to be provided written instruction advising them of the next step plan of care inclusive of educational information, follow-up instructions, or referral to a higher level practitioner. Inmates are not to be provided off-site appointment date information due to security considerations. Sick Call Request slips are to be tracked by logging the initial request and each referral step process through completion on an ADOC-OHS approved “Sick Call Tracking Log,” located in the ADOC-OHS policy and procedure manual.

The Vendor's Physician Program Director and the ADOC 's Physician Consultant will jointly define the terms emergent, urgent, and routine clinical process requirements.

5.7 (A) Sick Call

Sick call will be held in accordance with NCCHC standards. A Registered Nurse must be assigned to oversee the sick call process. In most cases, a nurse will initially evaluate presenting inmates in accordance with sick call protocol and will manage the inmate's complaint and/or refer the inmate to the physician. All general prison population inmates requesting a sick call visit must be seen within one (1) workday of receipt of the request. All inmates assigned to Administrative Segregation, Disciplinary Segregation, Protective Custody, House Arrest, and Death Row must be seen on the day of the request.

- a) Sick call with the on-site physician will be held during regularly scheduled physician clinic days.
- b) Sick call screening by the nursing staff will be held seven (7) days per week for inmates.
- c) If an inmate's custody status precludes attendance at sick call, arrangements must be made to provide sick call services at the place of the inmate's confinement.

5.8 (A) Physician Primary Care

A physician or mid-level practitioner (physician assistant or nurse practitioner, under the direction of a physician), herein referred as a "practitioner," will provide acute and chronic primary care services within the confines of the designated facilities. Vendor will ensure inmates with chronic illnesses receive continuous and appropriate health care services to prevent or reduce complications of chronic illness and promote health maintenance. Any inmate who has a confirmed chronic illness, as documented by a practitioner, must be enrolled in a Chronic Care Clinic. Practitioners provide both Chronic Care Clinics and Sick Call services concurrently when assigned to a facility. A nurse assigned to the institution will assist the practitioner in the provision of these services. Vendor's practitioners are to utilize ADOC-OHS Policy and Procedure G-9, 'Medical Profiles,' as a guideline when ordering profiles related to an inmate's chronic or short term disability.

The facility Medical Director/Physician will actively participate in identifying inmates for the ADOC Medical Furlough Program (ADOC Administrative Regulation 708) and request for early parole due to illness. The Vendor employed ADOC Special Needs Manager will be the point of contact for these referrals. The Special Needs Coordinator will work directly with the Associate Commissioner of Health Services (ACHS) and OHS clinical management staff at the direction of the ACHS.

The facility Medical Director/Physician will be expected to actively participate in the case management of all inmates assigned to their respective facility while they are on inpatient status. Vendor's physicians are expected to respond to the inquiries of the ADOC-OHS clinical

management staff as requested. Vendor is to notify the Associate Commissioner of Health Services of an inmate's imminent death and immediately upon the death of any inmate.

At a minimum, the following on-site Chronic Care Clinics are required:

- | | |
|--------------------------------|---------------------------|
| 1. Seizure | 6. Cardiac / Hypertension |
| 2. Pulmonary | 7. Lipidemia |
| 3. HIV | 8. Liver Disease |
| 4. Diabetes | 9. Special Needs |
| 5. Pre-Renal and Renal disease | 10. Hepatitis |

5.9 (A) Specialty Services

Vendor is responsible for the management and/or referral of medically necessary secondary services, such as specialty consultations / clinics, and all outside diagnostic services and procedures. Vendor is responsible for all inquiries or contractual pre-agreements deemed to be required to support such services. Vendor will be: a) responsible for all contract arrangements being completed prior to the onset of work; b) responsible for the timely payment of all out-patient specialty care services provided per the RFP, whether on-site or off-site; and c) responsible for off-site inpatient services as outlined in Sections 5.16-5.17 of this RFP, and approved or modified by the ADOC.

5.10 (A) On-Site Services

Vendor is responsible for the provision and payment of all specialty and chronic care services provided on-site. On-site specialty services are those provided to inmates whose needs are beyond routine care. These services are delivered through on-site clinics and involve evaluation and/or treatment by a physician with specialized knowledge or experience. Specialty and/or Chronic Care clinics will provide on-site physician specialists as deemed appropriate.

The nurse who assists the examining physician manages Chronic Care and Specialty Clinics. The nurse is responsible for ensuring that the inmate receives follow-up care, treatment, and/or assessments within the time period ordered by the examining physician. Scheduling eligibility for an on-site clinic requires a referral from the examining physician. Contracted physician specialists predominantly provide on-site clinic services. The use of on-site clinics not only improves continuity of care, but also reduces transportation and security issues and concerns. At a minimum, the following on-site specialty and chronic care clinics are required:

- | | |
|--------------------|----------------------|
| 1. Cardiology | 11. Neurology |
| 2. Orthopedics | 12. Seizure Disorder |
| 3. Ophthalmology | 13. Oncology |
| 4. General Surgery | 14. Diabetes |
| 5. Dermatology | 15. Dialysis |
| 6. Optometry | 16. Hypertension |
| 7. Podiatry | 17. Asthma |

8. Obstetrics-Gynecology
9. Oral Surgery
10. Pulmonary

18. End stage liver disease
19. HIV/AIDS
20. Hepatitis

5.11 (A) Dialysis

Vendor is responsible for securing comprehensive Hemodialysis services, to include all supplies, equipment, and specialty consults by an Alabama licensed physician board certified in Nephrology. On-site Hemodialysis services are to be provided at the ADOC St. Clair Correctional Facility (SCCF), Limestone Correctional Facility (LCF) (made available to special needs inmates on an as needed basis), and Tutwiler Prison for Women (TPW). The ADOC averages between forty (40) and forty-five (45) male inmates requiring dialysis on a routine basis, and two (2) to four (4) females. Currently, there is a two (2) chair/unit at TPW and twenty-two (22) chairs/units at St. Clair Correctional Facility, with two (2) of the twenty-two (22) chairs designated for isolation patients. The ADOC averages five thousand five hundred (5,500) treatments per year state wide. Vendor will maintain an on-call dialysis nurse and or certified technician, designated to return to the facility to respond to an urgent and emergent dialysis need including a treatment.

5.12 (A) Acute and Chronic Long Term Care

For the inmate who possess an injury or illness that requires a higher level of care than is available within that inmate's assigned ADOC institution, a transfer of the inmate to another ADOC institution that may be better suited to medically care for the inmate will be considered. Prior to intra-system transfer for medical reasons, the ADOC Associate Commissioner of Health Services and/or the Vendor/ADOC contracted Special Needs Manager must be contacted.

5.13 (A) Women's Health and Peri-natal Program

Female inmates shall receive PAP smears at intake and as designated in the OHS "Periodic Health Assessment" (OHS Policy E-4) unless clinically indicated more frequently. Periodic mammograms will be performed as outlined in the OHS Periodic Health Assessment record and as clinically indicated.

Preventative screening for osteoporosis, menstrual abnormalities, ovarian and cervical abnormalities, and menopause shall be provided. Inmates with abnormal results will be informed of their screening/test results and receive appropriate and timely follow-up testing and medical intervention.

Pregnant inmates require close obstetrical supervision and prenatal care. Pregnant inmates are to be housed at Tutwiler Prison for Women. Vendor will provide an on-site prenatal program that meets the special needs of pregnant inmates. Delivery services are to be conducted at a licensed Alabama hospital as pre-arranged by Vendor. Ambulance transport for delivery services are to be obtained by Vendor. Post-partum care may be provided within the institution infirmary and later within the institutional setting. Infant care and/or services are not expected of the Vendor.

5.14 (A) Hospice Program

Vendor will be expected to implement and participate in the ADOC program and guidelines for hospice care, ADOC-OHS Policy and Procedure G-11. Inmates diagnosed with an end stage illness where curative therapy is no longer indicated will be eligible for hospice care. The designated Vendor coordinators and the designated ADOC hospice program clinical coordinator will monitor each institution's hospice training, services, and activities.

All ADOC facilities who maintain an on-site inpatient infirmary with twenty-four (24) hour nursing services are to utilize the Hospice Program "Dignity," as the guidelines for an individual treatment plan for end of life care. The ADOC does not have a single designated facility for all Hospice care. Hospice/Palliative care services will be made available to all inmates without regard to color, creed, national origin, religion, gender, sexual orientation, handicap, past personal history, or criminal charge.

5.15 (A) Infirmiry

Vendor will adhere to ADOC-OHS Policy and Procedure G-3, "Infirmiry Placement." Vendor will utilize infirmiry units to the fullest extent consistent with acceptable medical standards. In operating these units, the following guidelines must be followed:

- a) A practitioner must be on-call twenty-four (24) hours per day.
- b) Supervision of the infirmiry will be by a registered nurse. A minimum of one (1) RN on duty per shift per twenty four (24) hours, seven (7) days a week is required for those facilities with infirmiry beds.
- c) Nurse Care Plans (ADOC approved "Kardex" design) will be maintained and updated as required based on current care needs and provider treatment ordered.
- d) A complete nursing admission assessment will be performed and documented within the first eight (8) hours of a patient admission.
- e) All inmates assigned to the infirmiry must be within sight or sound of a staff person.
- f) All infirmiry encounters by a health care provider will be documented in the inmate's medical record.
- g) A manual of infirmiry nursing care procedures will be made available.
- h) A separate, individual, and complete medical record for each inmate in the infirmiry, including an admission work-up and discharge plan, will be done.
- i) Upon discharge from the infirmiry, a copy of the discharge summary, special needs or chronic care treatment plan, most recent special needs or chronic care clinic forms, and the master problem list will be placed in the inmate's regular institutional medical

record.

- j) Vendor will arrange for negative airflow isolation rooms to be professionally inspected, no less than yearly. Documentation will be maintained ensuring every appropriate air exchange is being maintained.
- k) Negative airflow isolation rooms utilized to house a patient, will be monitored for appropriate exchange, by health staff each shift per day. Documentation of each shift check will be recorded in the individual inmate health record.

5.16 (A) Off-site Out Patient and Inpatient Services

Vendor is required to make arrangements for the provision of reasonable and necessary medical care for inmates that exceed the resources available within the confines of an ADOC facility. All Out patient and In Patient (herein referred to as “off-site”) physical health related services required in the diagnoses and treatment of an illness or injury will be managed and paid for by Vendor.

Off-site clinic services must be provided within the time frame specified by the referring physician and result in a legible report in the inmate's medical record within seven (7) days after the appointment. Inmates returning from an off-site provider appointment must have a written report that, at a minimum, contains:

- a) Reason for the consultation (Subjective)
- b) Appropriate exam / lab findings (Objective)
- c) Diagnosis (Assessment)
- d) Discharge plan(s)
- e) Follow-up requirements or appointment, if necessary

All recommendations involving any special procedures or non-routine follow-up must be communicated verbally between the off-site consultant and Vendor's primary care physician within twenty-four (24) hours of the consult. Vendor is responsible for the outpatient and specialty services network and subsequent negotiation of provider rates for all services that require less than a twenty- three (23) hour stay.

Vendor is required to utilize the ADOC's Blue Cross and Blue Shield contracted hospital network arrangement, as administered by the State Employees Insurance Board (SEIB), for all in-patient services (greater than 23 hours) and emergency room (hospital charges only) visits. All claims related to inpatient and emergency room services, as described below, will be processed and reviewed by BCBS and submitted to SEIB for payment. These paid claims will be applied against the pre-paid monthly fee of \$500,000 by Vendor (reference Section 5.17 of this RFP) and any excess will be invoiced to Vendor for payment.

- 1) Blue Cross Claims Processing and Payment Responsibility:
 - a) Claims Submitted to Blue Cross: All facility claims for inpatient and outpatient services filed on a UB-92 (new form UB-04) should be submitted to, and paid by, Blue Cross. Outpatient hospital services include, but are not limited to: surgery, emergency room, diagnostic lab, x-ray, pathology, IV therapy, chemotherapy, radiation therapy, and dialysis. Also, Blue Cross coverage/network provides for physician, CRNP, and PA emergency room services filed with the hospital tax ID number on a HCFA 1500 (new form CMS 1500) when place of treatment is outpatient hospital or other medical/surgical facility (i.e. freestanding ambulatory surgical facility) and have emergency department visit CPT codes 99281 – 99285 or 99289 – 99292.
 - b) Claims Processed and Submitted Directly to Vendor: All non-emergency room physician services and other non-facility services filed on a HCFA 1500 (new form CMS 1500).
- 2) Vendor designated ADOC Medical Contract Utilization Management and Claims Management personnel will be trained on the Blue Cross Claims system. This provides for the on-line “real time” viewing of Blue Cross payments reducing the risk of duplicate provider payments and providing a means of monthly reconciliation of paid claims.
- 3) Vendor, the ADOC, and SEIB will perform periodic audits to determine any duplicate provider payments.
- 4) Vendor will provide the ADOC and the SEIB with any claims data not processed by Blue Cross for payment on a monthly basis within the required electronic format outlined in Appendix F of this RFP, “SEIB Reporting Requirements –Thomson Medstat Data Submission Options and Requirements.”

5.17 (A) Off-Site Service Responsibilities, Requirements, and Financial Assumptions

Vendor is responsible for ensuring the fulfillment of any and all medical staff privilege requirements for any hospital within the State and providing attending physician services at a particular hospital as needed to render inmate medical care.

The individual financial responsibilities of Vendor and the ADOC, for off-site medical service and SEIB/BCBS administrative and access fees, are as follows:

ADOC

- a) The ADOC will pay SEIB and be responsible for all BCBS access fees and SEIB administrative fees, as agreed to in the original SEIB/ADOC Intergovernmental agreement dated November 1, 2005.

- b) The ADOC will be responsible for inpatient and outpatient service claims eligible within the SEIB-BCBS network agreement for inmates requiring this secondary level of services while housed in a non-designated ADOC institution, county jail or on the ADOC's Supervised Release Program (SRP) or weekend pass.
- c) The ADOC will be responsible for inpatient service claims for inmates requiring said services that are on Community Corrections Program status, upon notification of the need of this level of care, authorization, and notification by the ADOC Director of Community Corrections.
- d) The ADOC will be responsible for inpatient service claims for inmates requiring said services that are being temporarily housed in a County Jail Facility, upon notification of the need of this level of care, verification of the inmate's transcript, and assignment of an ADOC identification number. This process will be followed in accordance with Alabama Code Section 14-3-30.
- e) ADOC will be financially responsible for all charges associated with the inpatient hospital care of an individual inmate (inpatient is defined as a stay of twenty-three (23) hours or greater) in excess of seventy-five thousand dollars (\$75,000) in the aggregate, per twelve (12) month contract period.

Vendor

- a) By the fifth (5th) day of each month, Vendor will pay SEIB five hundred thousand dollars (\$500,000) to be applied against all paid claims associated inpatient and outpatient services provided within the BCBS network and processed by SEIB. Fees for inmate health services that exceed the prior month reimbursement will be reconciled during the succeeding month.
- b) SEIB's monthly claims documentation will be submitted in a format that provides both a cumulative year-to-date (contract year) report and monthly report. Any reimbursement adjustments, based on such monthly documentation, shall be applied to the subsequent month's invoice in the form of a credit to Vendor or as additional reimbursement to SEIB. Vendor is not expected to pay for claims based on projected expenses or accruals.
- c) SEIB will provide a final reconciliation of all claims incurred and paid within one hundred and twenty (120) days from the end of each annual term. The yearly reconciliation of claims shall take into account all prior monthly reconciliations. Yearly reimbursement adjustments shall be applied to a subsequent month's invoice in the form of a credit to Vendor or as additional reimbursement to SEIB. In the event there is no subsequent month's invoice, adjustments shall be in the form of a payment to Vendor or additional reimbursement to SEIB within thirty (30) days of receipt of the final reconciliation.
- d) Additional fees for services that are not processed or covered by the SEIB/ADOC network contract, to include additional physician fees, are the responsibility of Vendor.
- e) Vendor will be responsible for all Utilization/Case Management and will be supported by BCBS in the admission and discharge process for all ADOC inmates regardless of housing status (Reference Section I, Subsections 1.19 and 1.20).

- f) Vendor is financially responsible for all of the on-site and off-site medical care of an inmate who is physically housed in one of the ADOC facilities identified in Section I of this RFP, and who appears on the daily institutional count. Inmates who are out-gated to court or special work program will not be counted in the Vendor's institutional count.
- g) Vendor will be financially responsible for all charges associated with the inpatient hospital care of an individual inmate (inpatient is defined as a stay of twenty-three (23) hours or greater) up to seventy-five thousand dollars (\$75,000) in the aggregate, per twelve (12) month contract period.

The ADOC reserves the right to deduct from Vendor's monthly service payment any amount due SEIB by Vendor that is not paid in a timely manner. Vendor is to notify the ADOC Associate Commissioner of Health Services in writing of any and all payment or claims or disputes between SEIB and Vendor.

5.18 (A) Administrative

In addition to providing on-site, off-site, and personnel services, Vendor will provide a professional management program to support medical services within the ADOC.

- a) Vendor will design and recommend any new policies, procedures, and protocols for the health care unit, dental, and medical staff, in concert with the ADOC-OHS Director of Medical Services.
- b) Vendor will be responsible for ensuring that its staff reports any problems and/or unusual incidents to the ADOC-OHS Regional Clinical Manager and Warden of the facility.
- c) A representative of Vendor will meet with the ADOC Associate Commissioner of Health Services and/or her representative(s) at least once a month to discuss problems and progress in the fulfillment of contractual requirements.
- d) Vendor will develop a mechanism to provide review of cost containment procedures. Results will be reported to the ADOC at the monthly administrative meetings with the Associate Commissioner and/or representatives.
- e) Vendor will review the health care status of an inmate admitted to an outside hospital on a daily basis to ensure that the duration of the hospitalization is no longer than medically indicated. Daily reports will be submitted to the ADOC-OHS clinical management staff. Vendor will provide each facility Warden with a weekly health status report on all hospitalized inmates from his/her designated facility. A weekly report of all inmates on in-patient status will be submitted to the Associate Commissioner of Health Services and the ADOC-OHS Finance and Benefit Manager.
- f) The contracted staff must document all health care contacts in the inmate's medical record using the SOAP note format.

Treatment, care, or procedures including, but not limited to, surgery, prosthetics, and dental prosthetics initiated at the facility will be completed prior to clearance of the inmate for transfer to another ADOC facility, with the exception of an emergency, disciplinary, or mental health transfer. If an inmate is transferred prior to completion of pending treatment, the financial burden of the provision of appropriate care rests upon Vendor.

5.19 (A) Utilization Review and Case Management

Vendor will make referral arrangements to a Provider Specialist for treating inmates whose health-care problems extend beyond the scope of services provided on-site. Vendor will pay all costs incurred from care by a Specialist and other service providers. All referrals are to be coordinated through the individual facility Wardens to address transportation and security issues. Scheduled appointments must be given to the Warden in writing at least two weeks prior to the appointments. Last minute changes are to be communicated to the Warden or shift commander's office in writing, immediately upon notification.

The utilization review process for approval of outside consultation or service will be completed within seven (7) working days from the time the physician's referral request was written.

Each facility will have a designated staff member responsible for the coordination and management of the Utilization Review process.

Vendor will develop, establish, and implement procedures to obtain consultation and service for approved emergent, urgent, and non-emergent referrals.

5.20 (A) Emergency Services

Vendor will make provisions and be responsible for all costs for twenty-four (24) hour emergency medical and dental care including, but not limited to, twenty-four (24) hour medical on-call services and ambulance services when necessary. Written policy and procedure will provide for both urgent and emergent conditions, to include:

- a) Emergency transport of the inmate from the facility when required.
- b) Use of an emergency medical vehicle.
- c) Use of state-owned vehicles.
- d) Use of one or more designated hospital emergency departments or other appropriate facilities.
- e) Emergency on-call physician and dentist.
- f) Security notification procedures for immediate medical transfer of an inmate.

- g) All health care and correctional staff on shift will be trained in emergency procedures for obtaining emergency medical care and responding to emergencies.
- h) Sexual assault response, care, and intervention according to PREA and SANE requirements.
- i) Qualified health care personnel must be certified in CPR/AED nationally recognized training and re-certified on a yearly basis.
- j) Treatment for visitors and staff consisting of stabilization and referral to personal physician or local hospital is required.
- k) Testing of inmates, ADOC staff, and/or contracted employees as the result of exposure to an infectious disease including, but not limited to, TB, Hepatitis A/B, STDs, and/or HIV.
- l) Current list of call back personnel, with contact means for disaster response situations.
- m) Current list of off-site community provider services, with contact information to include emergent call numbers.

5.21 (A) Medical Waste Disposal

Vendor will make provision for the collection, storage, and removal of medical waste containers, in compliance with all applicable Federal and State guidelines and regulations for disposal of hazardous waste. Bio-hazard training for persons working with medical waste, medical spills, or bio-hazards will be conducted and in-service updates and training provided regularly, but no less than yearly.

Inmates assigned by the ADOC to work in health areas will be in-serviced by health staff regarding health safety issues and practices as related to bio-hazard concerns and materials.

5.22 (A) Comprehensive Quality Improvement Program

Vendor will specify guidelines and procedures for a Comprehensive Quality Improvement Program (CQIP). Vendor's corporate medical director will establish a program for assuring that quality care and services are provided to inmates. The CQIP will evaluate the health care provided to inmates at both on-site and off-site facilities for quality, appropriateness, continuity of care, and recommendations for improvement. Reports of the findings will be presented at the monthly ADOC Medical Advisory Committee (MAC) meetings.

- a) Vendor will provide a management information system capable of providing statistical data necessary for the evaluation and monitoring of health services.
- b) Information gathered by Vendor will be utilized for the preparation of the following Documents:
 - 1) Monthly reports of services to include, but not limited to, report outline in Appendix G;

- 2) Reports for administrative meetings with ADOC officials; and
 - 3) Semi-annual and annual reports for the analysis of services provided.
- c) Data collection will be monitored by the on-site physician and supervised by the Health Services Administrator. Monthly reports will be generated and presented for discussion at each Quality Improvement Committee meeting. Any significant variances in the data will be investigated and discussed during these monthly meetings. All Documents pertaining to health care services will be forwarded for evaluation to the Quality Improvement Committee.

5.23 (A) Mortality and Peer Review Process

Peer Review

Vendor will minimally provide a physician peer review program as directed by its corporate Medical Director and/or the ADOC Physician Consultant. The program will consist of at least four (4) hours of on-site physician time every four (4) months, three (3) times a year to conduct chart reviews of each facility. Vendor's Program Physician Director or State Medical Director and the ADOC Physician Consultant will provide peer review in the following areas:

- 1) Physician sick call/outpatient encounters;
- 2) Infirmary admissions;
- 3) Inpatient hospitalization;
- 4) Specialty referrals/off-site procedures;
- 5) Prescribing patterns; and
- 6) Ancillary service utilization.

Each area must be reviewed annually.

Mortality Review

During the Term of this proposed agreement, Vendor shall conduct a mortality/peer review of the death of any inmate occurring during his or her incarceration in an ADOC facility. Facility mortality/peer reviews shall be conducted within thirty (30) days after the death of any inmate. The nature, scope, and extent of each such mortality/peer review shall be determined by Vendor and the designated ADOC Physician Consultant.

The mortality/peer review process is intended to be confidential and privileged. All necessary steps will be taken to protect and maintain the confidentiality of any and all documents created, drafted, or otherwise prepared during the mortality/peer review process, unless required to otherwise do by a court of competent jurisdiction.

Vendor and the ADOC will not disseminate, circulate, distribute, or otherwise communicate any findings made or conclusions reached during the mortality/peer review process and/or the contents of any documents created, drafted, or otherwise prepared during the mortality/peer review process.

The ADOC Physician Consultant will act as the “ADOC Representative” who shall participate in the mortality / peer review process with physicians employed by Vendor on the “Alabama Mortality/Peer Review Committee” (the AMPRC). The ADOC representative shall actively participate on the AMPRC shall receive information and documentation generated by the AMPRC, and shall provide documentation and/or information necessary to complete any mortality/peer review in a timely manner.

5.24 (A) Infection Control Program

Vendor will establish a comprehensive Infection Control Program based on Centers for Disease Control and Alabama Department of Public Health regulations and ACA and NCCHC guidelines.

- a) The program will include Vendor's infection control processes and activities as related to surveillance, prevention and control of infections, employee training and education, and reporting processes, in accordance with state and federal law.
- b) Vendor will provide a copy of their Infection Control Manual, with supplemental updates, to the ADOC.
- c) At each facility, the site Medical Director will designate a specific medical services staff member to assist in establishing, maintaining, and monitoring an Infection Control Program. The use of tracking logs is expected, i.e., Skin Infections and Wound Care.
- d) The site Medical Director will be the facility chairperson of the Infection Control program and committee.

Vendor’s State-wide or Regional Director of Nursing will coordinate the dissemination of information related to a potential compromise in infection control. Upon the confirmation of communicable infection or disease of an inmate, the ADOC Office of Health Services Regional Clinical Managers, Director of Medical Services, and/or Associate Commissioner of Health Services will be notified prior to contact with the Alabama Department of Public Health, when feasible.

5.25 (A) Ancillary Services

Vendor will utilize on-site facility ancillary services to the fullest extent and will be responsible for the provision and payment of all on and off-site radiology, laboratory, pharmacy, and other ancillary services as required and medically indicated.

5.26 (A) Dental Services

Dental services will be provided to inmates consistent with local and federal guidelines and community standards. All inmates are required to receive an initial dental screening, under the supervision of a licensed dentist, within seven (7) days of admission into the ADOC. Dental cleaning will be offered once yearly to those inmates who are: diabetic, are taking Dilantin, or are taking calcium channel blockers. Special consideration for cleanings is also to be given for inmates who are immune compromised due to illness or treatments.

Vendor is responsible for the provision of all staffing, instrumentation, and supplies, including prosthetics and maintenance or replacement of equipment. Vendor is required to provide a copy of maintenance or supply agreements to the ADOC for review upon request.

Vendor will ensure that the dentist will be available for treatment of dental emergencies. All dental emergencies will be responded to within twenty-four (24) hours of occurrence. All dentists will be licensed in the State of Alabama.

Vendor will provide dental prosthetics to inmates when determined by the dentist that the health of the inmate would be adversely affected if a dental prosthesis were not provided. Dental prosthetics will be completed and delivered within ninety (90) days of a 'wax-in.' Vendor will provide all dental laboratory services required to provide the appropriate level of care.

If a front tooth or a series of front teeth are extracted while the inmate is incarcerated, or a prosthetic that was made before entering the ADOC is broken or lost through no fault of the inmate, a dental prosthesis will be provided for the inmate at the expense of Vendor. If the missing tooth is non-visible, the prosthesis does not need to be made unless there are three (3) or more missing teeth needed for mastication in the judgment of the dentist. Replacement of dental prosthetics that were lost or damaged through the inmate's negligence or abuse is at the discretion of the dentist based on priority of need and may be charged to the inmate.

If the inmate has been edentulous for some time before entering the ADOC, an evaluation should be made on a case by case basis as to whether the inmate should have denture(s) or dental prosthetics for this condition

Vendor will provide annual dental screenings to inmates from the date of the last treatment or exam given, and more often if clinically indicated. Routine care will be provided within fourteen (14) days of an inmate's request for treatment.

Vendor is responsible for contract arrangements and budgeting for oral surgery services. Inmates are required to have routine as well as urgent/emergent dental services. Treatment based upon assessed needs will include, but not be limited to, the following:

- 1) Prophylactic, Oral Hygiene
- 2) Restorative
- 3) Endodontics
- 4) Periodontal screening, evaluation, and limited early treatment
- 5) Routine and simple surgical extractions
- 6) Prosthetics
- 7) Patient Education with nutritional/dietary counseling

5.27 (A) Pharmacy Services

Vendor is accountable for all aspects of Pharmacy Services including, but not limited to, procurement, inventory control, dispensing, and disposal of all pharmaceuticals. The population to

be served includes all inmates assigned to the ADOC. All dispensing must be in accordance with Alabama state and federal laws and pharmacy regulatory boards. Vendor is responsible for the cost of all prescription and non-prescription medications, with the exception of mental health medications prescribed by the ADOC Mental Health Vendor and the following medications utilized in the treatment of Hepatitis C.

Hepatitis C Medications Vendor shall procure, package, and deliver Hepatitis C medications prescribed to inmates in accordance with the ADOC-OHS policy and procedure B1-(c). The costs of medications provided for the treatment of the viral Hepatitis C infection will be the responsibility of the ADOC. The ADOC has reviewed the new 2012 FBOP guidelines for the treatment of Hepatitis C and will phase in new medications as the clinical needs arise. The following medications shall be considered Hepatitis C medications for purposes of determining ADOC financial responsibility at this point in time:

- Pegasys, Ribavirin, and Telaprevir

The ADOC will pay a dispensing fee inclusive of all processing, dispensing, and courier fees associated with these three (3) medications of no more than \$3.64 per prescription for the duration of the contract terms. This list of medications is not to be considered under any circumstance to be a limiting formulary of medications utilized in the treatment of a Hepatitis C infected individual. Vendor will be responsible for prescribing and administering the appropriate, proactive, and responsive course of treatment of any ADOC inmate for any disease, illness, or injury.

- a) All medications must be prescribed or countersigned by a licensed provider. Records of administration and medication profiles must be maintained. Reports of medication usage must be reported to the CQIP Committee on a monthly basis. Formulary revisions must be specified and are subject to review and input from the ADOC.
- b) Vendor is responsible for management controls, staffing, and quality assurance of pharmaceutical services.
- c) On-site and off-site pharmacies must be licensed to provide all pharmacy services for medication distribution to the ADOC.
- d) Vendor will provide coverage by a licensed pharmacist twenty-four (24) hours a day and seven (7) days a week for emergency STAT orders.
- e) Vendor will provide, furnish, and supply pharmaceuticals and drugs to the ADOC utilizing a “unit of use” or a standard correctional institution blister card packaging method. Each packaged medication card will be individually labeled. The label will, at a minimum, include the drug name, strength, lot number, expiration date, and manufacturer. If modified unit of use system, such as a card or blister pack is utilized, each card or pack will be labeled as a prescription. Prescriptions will minimally be labeled to include the inmate’s name and AIS number, drug name, dosage, directions (frequency of administration), and any applicable warnings or dietary instructions, or other information required by law.

- f) Vendor will package non-controlled, non-abusable medications in no more than a month's supply as ordered by the on-site physician or specialist.
- g) The ADOC will have prior review of the final established formulary. Restricted exclusions from the formulary must be identified and justified by the Corporate Medical Director.
- h) Vendor will maintain copies of all prescriptions issued to inmates in a permanent file for a period of five (5) years. Copies will be provided to the ADOC upon request.
- i) Vendor will generate computerized reports and provide statistical information by drug and provider, number of prescriptions, and doses dispensed monthly to comply with ADOC monthly statistical reports for Medical and Mental Services.
- j) Vendor will maintain appropriate Documentation including, but not limited to, inventory records, controlled drug perpetual inventory, and inmate profiles. All Documentation will be available for review by ADOC designated authorities.
- k) Vendor will provide the ADOC with copies of records within twenty-four (24) hours of the request.
- l) Vendor will provide a pre-printed medication administration record (MAR) to include all information contained on the prescription label and the name of the practitioner who prescribed the medication on a monthly basis, and as otherwise indicated. The initial MAR must be computer generated with only add-on prescriptions during the month being added with a printed label being affixed to the MAR.
- m) Vendor will conduct monthly inspections of all institutional areas where medications are maintained. Inspections will include, but not be limited to, the expiration dates, security, storage, and review of medication records.
- n) Vendor will provide all medications upon a written order or a call-in order from the institution's physician, mid-level practitioner, or dentist. The written order may be in the form of an electronic transfer or facsimile with original prescription to follow.
- o) Vendor will establish, subject to the approval of the ADOC, a system of medication ordering, delivery, and verification of the delivery of the original order.
- p) Vendor will supply all medications within forty-eight (48) hours of the order submission, Monday through Saturday, excepting holidays. Vendor will deliver all STAT orders within (4) four hours of the call-in order. STAT orders requiring a Sunday and/or holiday delivery will be within a reasonable time frame established by the institution.
- q) Vendor will provide a computer generated packing slip with each delivery of medication from an off-site pharmacy. The packing slip will list doses by inmate name, AIS number, date,

medication, number of doses and prescription number, and stop date to be verified by the Pharmacy Inventory Manager at the institution.

- r) Vendor will provide all forms necessary for ordering controlled drug logs and inventories, medication administration records, inmate profiles, prescriptions, and any other forms as needed by the medical personnel.
- s) Vendor will not be responsible for providing any products to the commissaries. Availability of an over-the-counter (OTC) item on the commissary does not preclude Vendor from having to provide any product ordered by a physician.
- t) Contracted staff will comply with all sign-in and sign-out procedures and rules and regulations of the institution while making deliveries.
- u) Vendor will provide a facsimile (FAX) machine, for legal transmission of hard copy of physician/dentist orders or an equitable courier/delivery system if the pharmacy is local for off-site services.
- v) Vendor will maintain a system for assuring retention of all computer stored data and provide a back- up system for delivery of services during “down time”. During such times, call-in orders from a registered nurse to a pharmacist are acceptable.

Vendor is not to include the cost of medications utilized in the treatment of mental illness when formulating its cost and pricing of the comprehensive medical service program outlined in Sections V-(A) of the RFP. The cost of medications utilized in the treatment of medical illness or injury should be included in the total cost outlined on ADOC form A-1-A.

Mental Health Medications

Mental Health Services are currently provided to ADOC inmates under a separate provider agreement that will continue until September 30, 2013, at which time provisions, terms, and conditions may change. The successful medical services Vendor resulting from any award associated with this RFP is expected to provide a holistic health services delivery system that works in concert with the ADOC Mental Health Services provider. Collective and multidisciplinary services are to be provided in accordance with all ADOC Administrative Regulations and Policies associated with the delivery of mental health services.

The ADOC at its discretion, may elect not to award the mental health services requested in Section V-(B). Should the ADOC choose to continue the current mental health vendor's services for the remainder of the contract of its term, the following terms shall apply to the successful Vendor for medical services.

- A. For the contract term of December 1, 2012, through October 31, 2013, the successful medical services Vendor must be able to provide the mental health Vendor the opportunity to purchase medications utilized in the treatment of mental illness, at the acquisition cost of the medical Vendor's pharmacy provider and a dispensing fee per prescription not to

exceed three dollar and ninety four cents (\$3.94) per prescription. Vendor's Pharmacy will, in accordance with Alabama law, process any unused, unadulterated medication that has not left the medication administration area for the Mental Health Vendor. Vendor will process those valid monetary credits for returned medication to the Mental Health Vendor, minus a processing fee. The current ADOC mental health provider may choose not to utilize the medical services pharmacy provider with prior approval of the ADOC Associate Commissioner of Health Services.

5.28 (A) Pharmacy and Therapeutics Committee

A Pharmacy and Therapeutics Committee consisting of at least the State Medical Director, Regional Managers, Program Administrators, and Consulting Pharmacist will meet on a quarterly basis. This committee, which will report to the Quality Improvement Committee, will be responsible for recommending additions and deletions to the formulary. The usage of all pharmaceuticals drugs will be closely monitored and prescribing patterns identified. The Committee will also assist with drug utilization audits.

5.29 (A) Radiology

The ADOC designated facilities medical treatment areas, infirmaries, and medical housing are equipped with 'aging' radiology equipment. Several institutions do not have 'fixed' radiology equipment. Vendor will be financially responsible for the first five hundred dollars of the cost of any repair or maintenance of ADOC radiology equipment. Vendor will be responsible for complying with all state and federal laws that are applicable for radiology services, to include equipment and room readiness. Compliance with public health inspections will be the responsibility of the Vendor. Vendors are encouraged to consider the utilization of portable equipment in remote areas. Radiology services include, but are not limited to the following.

- a) Radiology services are required to support intake health assessment, sick call, emergency services, and other medical services.
- b) Radiology services are required during the day shift, Monday through Friday. Vendor may utilize professional contract services for on-site radiology film interpretation.
- c) All routine x-rays will be provided on-site by a contracted radiology technician. For procedures beyond the capability of the equipment on-site, the inmate will be referred to an off-site health care facility.
- d) Vendor will provide all fluoroscopy and special studies on-site as capabilities allow.
- e) Vendor will ensure that x-ray films are read by a radiologist, as is medically necessary, but in no event less frequently than Monday, Wednesday, and Friday, or within seventy-two (72) hours of exposure. The radiologist will call the on-site physician with any report requiring immediate intervention. Vendor will ensure that a written report is forwarded to the institution within twenty-four (24) hours of interpretation of the films.

- f) All emergency x-rays required at times other than normal working hours will be performed at a local hospital. However, under special circumstances related to security restrictions or natural disasters, vendor will be asked to consider an emergency option of call-back of the radiology technician to the facility after normal working hours. A physician will review, initial, and date all x-ray reports within a reasonable time period.

5.30 (A) Laboratory

- a) Laboratory services must include, but are not limited to, phlebotomy, specimen preparation, test results, expected turn-around times, panic values, and any quality improvement indicators. The ADOC reserves the right of approval for any laboratory subcontractor or laboratory interface change.
- b) Mental Health staff will obtain specimens required in the treatment of their active case load, related to the administration of mental health medications. The Medical or Comprehensive Health Care Vendor will supply all materials required for the collection of these specimens. These specimens will be processed through the Vendor's laboratory services. The successful Medical or Comprehensive Health Care Vendor will be responsible for the associated costs of the processing of specimens utilized in mental health treatment.
- c) All STAT laboratory work will be performed at a local hospital or qualified laboratory nearest the institution. Results will be telephoned immediately to the requesting physician with a written report to follow within a reasonable time.
- d) A physician will check, initial, and date all laboratory results within an appropriate time to assess the follow-up care indicated and to screen for discrepancies between the clinical observations and the laboratory results. In the event that the laboratory report and the clinical condition of the inmate do not correlate, it will be the responsibility of the physician to reorder the lab test or make a decision concerning the next appropriate diagnostic measure.
- e) Vendor will ensure that all subcontracted laboratory services meet State licensure requirements. The subcontracted laboratory service will provide Documentation of routine quality control activities as requested.

5.31 (A) Medical Records

The ADOC does not currently utilize an electronic health care record system. Health records are in hard copy format. Vendor is expected to provide assistance in strategic planning and implementation of the electronic medical records process, as it develops. Vendor will be expected to follow the following guidelines in records management under the current medical records system:

- a) Vendor is responsible for the maintenance, retention, and timely transfer of a complete, standardized, problem oriented medical record for all inmates in accordance with prevailing medical regulations for confidentiality, retention, and access. Medical record forms and checklists utilized at the time of contract award will continue to be required for use by Vendor.

Any changes in medical record forms used currently will require the approval of the ADOC. The Medical Record format is organized and maintained in accordance with ADOC-OHS Policies and Procedures H-1 and H-2. Vendor will ensure that medical records are complete, filed promptly, and contain accurate legible entries. The medical records will meet ADOC Standards and, at a minimum, will contain the following information:

- 1) The completed Reception screening form;
 - 2) Health appraisal data forms;
 - 3) All findings, diagnoses, treatments, and dispositions;
 - 4) Prescribed medications and their administration;
 - 5) Laboratory, x-ray, and diagnostic studies;
 - 6) Signature and title of each document;
 - 7) Consent and refusal forms;
 - 8) Release of information forms;
 - 9) Place, date, and time of health encounters;
 - 10) Discharge summary of hospitalizations;
 - 11) Health service reports, dental, psychiatric, and other consultations; and
 - 12) Problem list.
- b) Every inmate must have a medical record covering all medical, mental health, aftercare counseling services, and dental procedures. Medical records must be kept up to date at all times. In the event of an inmate being transferred, the medical record will be forwarded to the appropriate ADOC facility. Vendor must have written policies and procedures for maintaining a unified health record system. Such a system will include:

1) Emergency Information Transfer

- a) Vendor will develop a procedure for the transfer of pertinent medical record information to the supervising emergency physician.
- b) Vendor will develop a procedure for the transfer of pertinent medical record information to an assigned ADOC facility if sending to a hospital.

2) Records Format

The SOAP recording format will be utilized for the medical record.

3) Security of Inmate Files

Inmate medical files/records are confidential. Only authorized employees of Vendor and the ADOC are allowed access to an inmate's medical record. Access to files will also be in accordance with the rules established by the ADOC. Vendor will strictly adhere to all policies and procedures for safeguarding the confidentiality of such files.

- a) Medical record forms will follow the ADOC format of approved forms.
- b) Vendor will obtain signed consent forms from an inmate when necessary.

- c) The form will be placed in the inmate's medical record.
- d) All medical records are the property of the ADOC. Any disputes of record information retrieval will be referred to the Associate Commissioner of Health Services (ACHS) or, in emergency situations, to the Warden or designee at that facility.

5.32 (A) Medical Supplies and Equipment Support

- a) Vendor is responsible for all supplies, including but not limited to: pharmaceuticals and medical supplies, health education supplies, dental supplies, x-ray film, forms, office supplies, medical and record supplies, books, periodicals, dentures, glasses, prosthetic devices, and administrative supplies necessary to carry out the program and performance specifications of the RFP. Vendor will purchase all consumable medical supplies and pharmaceuticals and will purchase or lease all items of equipment necessary to perform health care services at the designated institutions. The ADOC will provide what is in place at the beginning of the contract term.
- b) Vendor will be responsible for maintenance, repair, and replacement of all equipment necessary for the delivery of health care services to inmates. The ADOC must approve all equipment purchased by Vendor.
- c) Vendor will provide a thirty (30) day supply of prescribed medications to an inmate upon release from the ADOC. The thirty (30) day supply excludes narcotics. A physician's prescription is sufficient for Class IV or restrictive pharmaceuticals. Vendor also may provide an inmate with a written prescription for all his/her medications (thirty day supply) and pre-pay the medications through their local back-up pharmacy. Inmate will have the opportunity to pick-up medications at the designated pharmacy.

5.33 (A) Nutrition Service/Therapeutic Diets

The ADOC provides medically necessary special diets. Vendor, however, is responsible for the assessment of nutritional requirements and management of medically necessary special diet orders. Dietary supplements (i.e. Ensure and Boost), when prescribed by the physician, will be the responsibility of Vendor. The ADOC Dietary Manual is available for Vendor review.

5.34 (A) Support Services

- a) Cleaning
 - 1) The ADOC provides support for cleaning, which includes the use of inmate labor and equipment. Vendor is responsible for consumable medical cleaning supplies, such as disinfectants for instruments and medical equipment.
 - 2) Maintaining cleanliness for all medical areas within the ADOC is mandatory. Vendor will have ultimate responsibility for the assurance of cleanliness with cooperative support from the ADOC.

b) Pest Control

The ADOC provides environmental services for pest control. Vendor is responsible for maintaining sanitary conditions in all medical areas within a facility.

c) Telephone Services

Cost associated with the procurement of Internet access and services, telephone service, telephone maintenance costs, and pager services are the responsibility of Vendor.

5.35 (A) Medical Equipment and Support Fund for OHS Training

- a) Successful Vendor will work with the ADOC in projecting medical equipment needs for any new facilities. Vendors' financial responsibility for such equipment will be designated and limited to an annual aggregate cap of \$75,000 per contract year. Total cost of medical equipment purchased under this aggregate fund will be reconciled every six (6) months. The ADOC will have the option to deduct the total amount of dollars spent and the balance left of the \$75,000 annual equipment cap at the end of each twelve (12) month contract period, or roll a positive variance forward into the next contract period.
- b) The Medical Equipment Inventory List of current ADOC equipment is provided on the 'Utilization Data' CD. The Management Information Systems Inventory List will be provided at the time of contract negotiations to document equipment available and location. Vendor will have an option at that time to walk through all departments to validate current equipment inventory levels.
- c) Maintenance, repair, and/or replacement of medical and dental equipment, including maintenance service contracts, are the responsibility of Vendor. Such equipment includes, but is not limited to, electrical tables, x-ray machines, electrocardiogram equipment, infirmary beds, and equipment utilized in administrative functions, such as photocopiers, typewriters, and computers. If, during the contract term, Vendor demonstrates that unbudgeted repair or replacement of equipment is required due to unusual and unforeseen events or conditions beyond the control of Vendor, and that the total repair or replacement cost will exceed \$7,500, Vendor may request an equitable adjustment of the contract price to compensate Vendor for the portion of the repair/replacement cost that exceeds \$7,500.
- d) Vendor may be requested to sponsor appropriate organizational and educational Training and activities for ADOC-OHS Administrative and Clinical staff, through the financial means of this fund. Any such sponsored training or event must meet the approval of the ADOC Associate Commissioner of Health Services and the Commissioner of the Department of Corrections. Estimated cost and financial limitations will be established prior to the approval of any such training activity. All activities and expenditures will be approved within the guidelines and policies established by the Alabama Ethics Commission.

5.36(A) Management Information System

- a. Vendor will provide computer capabilities to the various ADOC facilities, including hardware, software, staffing, data entry, and training to be used for functions including, but not limited to, pharmacy service, appointment scheduling, and health services utilization. This system will also be expanded to include all pharmaceuticals and supply inventory functions. The facilities will be equipped with computers, the appropriate level of printers, and the appropriate software within sixty (60) days of the effective date of the contract. Hardware and software provided under this section must be approved by the ADOC prior to installation. Vendor will adhere to all ADOC administrative regulations and policies related to internet access within a secure facility environment. The Vendor will maintain trend analysis charts on key statistical data taken from the monthly reports. The Vendor will provide routine monthly reports but will also share any available information from Management Information Systems with ADOC staff upon request. Should an unusual trend occur, the information will be shared with all parties involved. At the termination of the contract, the above mentioned equipment and software will become the property of the ADOC.
- b. Vendor will make cost containment information available to the ADOC as requested.
- c. At a minimum, Vendor will track all costs related to inpatient hospitalization by:
 - 1) Hospital
 - 2) Diagnosis
 - 3) Admitting
 - 4) Admission date
 - 5) Discharge date
- d. Vendor will track all costs related to outpatient referrals by:
 - 1) Inmate/Patient
 - 2) Facility
 - 3) Diagnosis
 - 4) Treatment received
 - 5) Referring physician
 - 6) Referral physician
- e. Vendor will track all costs related to primary health care services by:
 - 1) Laboratory services
 - 2) Radiology services
 - 3) Other ancillary services (i.e., physical therapy, eye clinics, oxygen therapy, tank rental)
 - 4) Sick call services

- 5) Specialty services/Chronic Care
- 6) Dental care
- 7) Infirmary care
- 8) Pharmaceuticals
- 9) Medical supplies

- f. At the end of the contract, all equipment will be surrendered to the ADOC in the same condition in which it was initially provided, except for ordinary wear and tear, and loss or damage by flood, fire, or other perils covered by extended coverage insurance. Any equipment owned by the ADOC that has exceeded its useful life and is considered by Vendor to be surplus may only be disposed of by Vendor with the prior written consent of the ADOC.
- g. Any ADOC provided equipment will not be used, loaned, or rented to a third party except with written permission of the ADOC. Vendor will not, without consent of the ADOC, move equipment outside the contracted facilities specified in the RFP.
- h. Vendor will not produce, store, or use ADOC facilities, equipment, or inventories for other company-owned or contract operations, or for other individuals, groups, or organizations without the written consent of the ADOC.
- i. The ADOC reserves the right of approval for single item equipment purchases for amounts greater than \$500.

5.37 (A) Software Support

Vendor is responsible for providing and maintaining its software support system.

5.38 (A) Inmate Health Education

As part of primary health care, health education services are an important and required component of the total health care delivery system. Health education includes inmate education and training in self-care skills. Health education will be provided at least monthly on a variety of topics.

Vendor will develop a health education program for inmates, minimally utilizing posters and pamphlets. Regularly scheduled monthly sessions and workshops will be conducted to disseminate health care related materials and information to inmates. Selected topics for these sessions may include, but are not limited to:

- a) Personal hygiene;
- b) Nutrition;
- c) Physical fitness;
- d) Stress management;

- e) Sexually transmitted diseases;
- f) Chemical dependency;
- g) Tuberculosis and other communicable diseases;
- h) Effects of smoking;
- i) Universal Precautions;
- j) Hypertension/Cardiac;
- k) Epilepsy;
- l) Diabetes;
- m) Dermatology; and
- n) Rehabilitation.

5.39 (A) Special Medical Programs

The on-site physician will develop, subject to ADOC approval, special medical programs for inmates requiring close medical supervision involving chronic and/or convalescent care. The plan of treatment will include directions for health care staff and correctional staff regarding their roles in the care and supervision of the inmate. The special medical program will service a broad range of health problems including, but not limited to, seizure disorders, diabetes, hypertension, HIV/AIDS, asthma, cancer, and dialysis.

5.40 (A) Optical Services

- a) Eye examinations will be performed in accordance with ACA Standards. A qualified Optometrist will examine an inmate with specific complaints.
- b) Vendor will provide eyeglasses. Repair and replacement of eyeglasses needs to be clinically indicated by the Optometrist. Other prosthetics will be provided at the inmate's expense unless clinically mandated by an Ophthalmologist.
- c) Vendor will secure the necessary ancillary site-specific license required by law for the optometrist to provide on-site services.

5.41 (A) Medical Disaster Plan

Subject to ADOC approval, Vendor will implement procedures within sixty (60) days of assuming the contract for the delivery of medical services in the event of a disaster, such as fire, tornado, epidemic, riot, strike, or mass arrests. These procedures will be implemented by the Health Services Administrator in cooperation with the on-site correctional staff. The Medical Disaster Plan will include the following elements:

- 1) Communications system;
- 2) Recall of key staff;
- 3) Assignment of health care staff;
- 4) Establishment of a command post;
- 5) Safety and security of the infirmed inmate and staff areas;
- 6) Use of emergency equipment and supplies;
- 7) Establishment of a triage area;

- 8) Triage procedures; and
- 9) Medical records - identification of injured.

5.42 (A) ADOC Services to Inmates of Community Work and Work Release Centers

Vendor will provide reasonable and necessary health care to individuals in the custody of the ADOC who are assigned to Work Release and Minimum Camp Centers (the “WRCs”) within the State of Alabama. The WRCs included within this provision shall include, but are not limited to the following sites: Alexander City Work Release Center, Atmore Work Release Center, Birmingham Work Release Center, Camden Work Release Center, Childersburg WR/Boot Camp, Decatur Work Release Center, Elba Work Release Center, Farquhar Cattle Ranch, Frank Lee Youth Center, Hamilton Work Release Center, J.O. Davis Correctional Facility, Loxley Work Release/Community Work Center, Mobile Work Release Center, Montgomery Women’s Facility, and Red Eagle Honor Farm.

Medical services to be rendered by Vendor at the WRCs shall be sufficiently tailored to meet the needs of inmates at the WRCs who do not require the scope or degree of medical services available at the ADOC secured facilities. Relative to the limited space for medical staff at the WRCs, and the reduced medical and mental health acuity of inmates transferred to the WRCs, the following healthcare services shall be available on site at each WRC on a regularly scheduled, no less than weekly, basis:

- a.) Nursing sick call; physician or midlevel provider (i.e. Nurse Practitioner or Physician’s Assistant) sick call.
- b.) Documentation, distribution, and management of the Keep on Person (“KOP”) medication program.
- c.) Distribution and management of medical supplies and proper containment and disposal of sharps/medical bio-hazardous waste.
- d.) Transfer screening and/or evaluation for medical needs.
- e.) Identification and management of the treatment of inmates with chronic care needs to include the screening, evaluation, education, referral for dental services, referrals and scheduling of routine physicals.
- f.) Off-site specialty diagnostics and on-site emergency services for inmates and correctional staff in the presence of medical staff at the WRC.
- g.) Any additional on-site medical services required by an inmate at any WRC that are not included in the WRC scope of medical services described above shall be provided at a secured facility.

Medical staff will conduct an intra-system transfer screening prior to an inmate's new placement and then again within five (5) working days upon the inmate's arrival to the receiving WRC. Staff will be responsible for identifying inmates who may be in need of medical care beyond the scope of services at the WRC and shall notify the ADOC Office of Health Services to recommend transfers of such inmates to accommodate their medical needs in a timely manner. Notification shall occur by submission of the intra-system transfer form together with a written request to the ADOC Office of Health Services. The final recommendation regarding the transfer of any inmate shall rest within the reasonable discretion of the ADOC Associate Commissioner of Health Services.

ADOC Office of Health Services is to be notified immediately of any inmate with a chronic care condition that cannot be readily managed and/or is uncooperative in the management of their chronic care conditions and may not suitable for placement in a WRC setting.

End of Section V-(A)
MEDICAL SERVICES

SECTION V- (B)
SCOPE/STATEMENT OF WORK

MENTAL HEALTH SERVICES

5.1 (B) Purpose of the Project –Mental Health Programs and Services

The Alabama Department of Corrections (ADOC) is responsible for securing the provision of inmate mental health care that meets constitutional standards for the inmates in the custody of the Department. The provision of services is provided on-site at the facilities identified in Section I, Subsection 1.18, of this RFP and identified in an italic font enclosed in ‘brackets.’ Vendor will be responsible for delivering and managing a mental health care service system at full capacity and in a cost-effective manner; delivering quality mental health care; complying with APA, ACA, NCCHC, and constitutional standards; implementing a written mental health care plan with clear objectives; developing and implementing policies and procedures; complying with all state licensure requirements and standards regarding delivery of mental health care; maintaining acceptable levels of staffing; and maintaining full reporting and accountability to the ADOC. It is the intent and purpose of the ADOC that all assigned inmates receive adequate mental health care regardless of placement, assignment or disciplinary status in the following institutions:

ADOC Facility	Main Intake Center	Special Needs Intake	Outpatient	Inpatient	Anticipated Case Load (ACL)
Bullock Correctional Facility		X	X	X	670
Donaldson Correctional Facility		X	X	X	227
Hamilton A&I Correctional Facility			X		80
Holman Correctional Facility		X	X		113
Kilby Receiving/Reception Center	X		X	X	233
Limestone Correctional Facility		X	X	X	260
Montgomery Women’s Facility			X		60
Childersburg Work Release			X		160
St. Clair Correctional Facility		X	X		96
Staton/Draper/Elmore CF, Complex			X		445
Tutwiler Women’s Prison	X		X	X	375
Ventress Correctional Facility			X		445
Total					3,164

5.2 (B) Services to be Provided

Vendor will provide a holistic approach in delivering mental health services to inmates in concert with its’ Medical Services Program. Both healthcare disciplines should be delivered in a synergistic manner. ADOC-OHS Policies and Procedures and ADOC Administrative Regulations (AR) the six hundred (600) and seven (700) series, outline the minimum acceptable standards of care. ADOC-OHS will notify Vendor of any modifications or revisions to said policies and regulations. The ADOC and Vendor will work together to resolve any conflicts that result from

modifications that substantially change the scope of services. These regulating documents have been included in the 'Utilization CD' provided at the bidders' conference.

The mental health system within the ADOC is a comprehensive program developed to address the emotional needs of those inmates in receipt of such services. The system has five major levels of care:

1. Reception Evaluations
2. Intensive Stabilization Units (SU)
3. Residential Treatment Units (RTU)
4. Outpatient Services
5. In-patient Psychiatric Care

The Department has a policy on the Involuntary Administration of Psychotropic Medication. This policy, combined with the establishment of Intensive Stabilization Units and Residential Treatment Units, allows the ADOC to more effectively manage and treat those inmates who suffer from mental illness.

Definitions of basic mental health vernacular utilized in this Section of the RFP are as follows:

- a) Qualified Mental Health Care Personnel – All licensed, certified, or registered health care providers, to include: Psychologist (PhD / PsyD), Psychiatrist (MD, DO), Mental Health Professional (MHP), Mental Health Nurse (RN, LPN), and Clinical Registered Nurse Practitioner (CRNP).
- b) Mental Health Manager – A person who by virtue of education, experience, or certification is capable of assuming responsibility for arranging all levels of mental health care and providing quality and accessible mental health services for inmates.
- c) Standard of Care – Inmates will be provided constitutionally adequate, humane, and necessary mental health care. All inmate mental health care will be provided in compliance with the accepted standards of correctional mental health care as specified by the American Psychological Association (APA), National Commission on Correctional Health Care (NCCHC), and the American Correctional Association (ACA).
- d) Mental Health Evaluation – A Comprehensive mental health evaluations by psychiatrist for inmates who may potentially have a serious mental illness. Standardized evaluation format to include: current complaint, past history of psychiatric treatment and medication, medical history, family history, substance abuse history, brief social history, mental status exam, DSM IV diagnosis, and psychiatric input for treatment plan.
- e) Multidisciplinary Treatment Team - Qualified mental health staff members involved in the evaluation development specific objectives of a treatment plan for an inmate with a mental illness. Plans are integrated and reviewed with security staff and with the inmate at regularly scheduled treatment team meetings. The psychiatrist is the chair of the treatment team.

5.3 (B) Intake Mental Health Assessment

The intake process is initiated at Kilby RC/CF (males), Tutwiler Prison For Women (females), Donaldson and Holman Correctional Facilities (death row inmates only), and on occasion, Limestone CF and St. Clair for new arrivals with special needs such as dialysis. Initial evaluations will be completed within 72 hours of the inmate arriving at a Reception Center. Nursing is required to complete a screening, which includes a mental health assessment, no later than 24 hours after arrival of an inmate received as a 'new intake' at any of the above designated reception centers.

All inmates will receive a screening history by a mental health nurse and will be referred to an advanced level provider for any acute or chronic problem. Inmates who have been referred by the mental health nurse to an advanced level provider will have a complete mental status examination. All inmates in need of mental health services, but not initially referred by the mental health nurse to an advanced level provider, will have a complete history, problem list, and treatment plan within seven (7) business days of intake. Provider orders will be processed by mental health nurses at facilities with an assigned mental health nursing post. When a mental health nurse is not available at the site level, mental health provider orders will be processed by medical nursing personnel.

Vendor mental health staff will:

1. Be trained in identifying inmates at risk for self-harm or potentially in need of immediate mental health assistance when conducting the reception mental health screenings.
2. Conduct the reception mental health screening when an inmate is admitted to the ADOC and before the inmate is placed in a housing area that does not provide constant correctional officer observation.
3. Review transfer medical documentation prior to conducting the reception mental health screening to optimize available information about the inmate's mental status or treatment.
4. Conduct the mental health screening in an area permitting inmate confidentiality and encouraging inmate self-reporting.
5. Provide the inmate an initial description of the mental health services available in the ADOC, how to access these services and the grievance process for mental health related complaints.
6. Document the initial mental health screening on ADOC Form MH-011, Reception Mental Health Screening Evaluation.
7. File original forms in the inmate's medical record and forward a copy to the ADOC Psychologist responsible for reception mental health evaluations.

When an inmate arrives at the ADOC with a current psychotropic medication order, the mental health nurse assigned to the reception process will verify the order and ensure a supply of

medication is available until a Psychiatrist can complete the evaluation. The mental health professional will schedule the inmate for a psychiatric evaluation. Psychotropic medications accompanying the inmate when entering the ADOC will be transferred to the medical department for administration disposition.

The mental health staff member responsible for the screening will refer the inmate for a psychiatric evaluation if the inmate reports a history of mental health treatment, suicidal acts/ideation, and unprovoked physical violence toward others or when the inmate's presentation suggests the need for psychiatric evaluation.

When Nursing identifies an inmate who has a history of emotional difficulties or is entertaining suicidal ideas, an immediate referral will be made to an appropriate mental health professional, such as a psychologist or a psychiatrist. The referral will be in the form of a written assessment along with any verbal communication. If the nursing assessment is conducted after hours, the on-call psychologist will be contacted. If placement on a Stabilization Unit is warranted, the designated mental health professional will make the necessary arrangements to effect a transfer to the appropriate unit.

Mental health screening staff will, at a minimum, inquire about:

- a) Past or current mental illness, including hospitalizations.
- b) History of, or current, suicidal ideation.
- c) Drug withdrawal symptoms.
- d) Other mental health problems as designated by the responsible psychiatrist.
- e) Allergies.
- f) Legal and illegal drug use (including the time of last use).
- g) Current or recent pregnancy.

Mental health screening staff will record an observation of the inmate's:

- a) Appearance (signs of trauma).
- b) Behavior.
- c) State of consciousness.
- d) Ease of movement (gait).
- e) Skin (e.g., lesions, jaundice, rashes, infestations, bruises, scars, tattoos, and needle marks or other indications of drug abuse).

These mental health considerations take into account that early identification of mental health needs can prevent unnecessary suffering, suicidal and violent behaviors, and costly services.

Mental health receiving screening fulfills a threefold purpose:

- a) Identify and meet any urgent mental health needs of those admitted
- b) Identify and meet any known or easily identifiable mental health needs that require medical intervention before the health assessment
- c) Identify and isolate inmates who appear potentially contagious.

Receiving screening is intended to identify potential emergency situations among new arrivals. It is a process of structured inquiry and observation designed to prevent newly arrived inmates who pose a threat to their own or others' health or safety from being admitted to the general population and to get them rapid treatment and care. Particular attention also must be paid to signs of trauma. All mental health staff should report suspected abuse of an inmate to the appropriate authority. Inmates arriving with signs of recent trauma are referred immediately for medical observation and treatment.

Inmates with mental disorders are often unable to give complete or accurate information in response to health status inquiries. Good interviewing skills and training are critical for the receiving screening staff. At a minimum, mental health receiving screening staff should be trained on how to make the required observations, how to determine the appropriate disposition of an inmate based on responses to questions and observations, and how to document findings on the receiving screening form.

At intake, all inmates entering the system will be assigned a mental health code, as outlined in ADOC Administrative Regulation 613, by the mental health staff. The Supervising Psychologist at the reception centers will also maintain a monthly log, ADOC Form MH-012, to identify trends in the number of inmates being admitted with mental health problems. The log will be submitted to the contract Mental Health Director with the monthly Mental Health Services reports.

Mental health professionals are responsible for providing pertinent mental health status information to the ADOC Classification Supervisor. Such information will be considered in the institutional assignment of the inmate.

5.4 (B) Transfer and Receiving Screening

Qualified mental health care personnel will review, evaluate, and document pertinent mental health information to be forwarded to any ADOC receiving facility with the individual inmate medical record (in-state) and all prescribed medications (excluding narcotics) upon notice by the ADOC of the intent to transfer. Mental health information and medications will be sealed and secured when handing to the transferring officer for transport to the next facility. The transfer receiving form will

be given to the Transport Officer and delivered to the health care unit upon reception at the receiving facility and completed by mental health staff at the receiving facility.

5.5 (B) Continuity of Care

The facility ensures that inmates receive diagnostic and other mental health services ordered by clinicians. Diagnostic and treatment results are used by clinicians to modify treatment plans as appropriate. Ordered tests are completed in a timely manner and evidenced in the record by the ordering clinician's review of results. If changes in treatment are indicated: 1) the changes are implemented or 2) clinical justification for an alternative course is noted. Medications and other therapies are given as ordered. Clinic appointments are met. The treating psychiatrist is responsible for ensuring continuity of care from admission to discharge. Mental health clinicians should collaborate with medical clinicians to ensure that when care ordered by medical and/or dental providers is disrupted due to a mental health crisis, it is rescheduled.

5.6 (B) Stabilization Units

Stabilization Units (SU) are located at the following institutions:

- a) Kilby Reception Center (to be completed by December 1, 2012)
- b) Tutwiler Prison for Women
- c) Bullock Correctional Facility

The goal of these units is to provide short-term intensive mental health care to reduce acute symptoms, allow for stabilization, or allow for transfer to an in-patient psychiatric hospital. These units provide 24 hour nursing coverage. Psychiatric coverage will be on-call 24 hours a day.

Multidisciplinary Treatment Team

Each Stabilization Unit will utilize a multidisciplinary treatment team approach. The team will minimally be comprised of a psychiatrist, psychologist, mental health professional, mental health nurse, and a correctional officer. The treatment team will be responsible for directing an inmate's treatment and discharge while assigned to the unit.

Criteria for Admission to a Stabilization Unit:

1. Suicidal thoughts or other indicators of imminent self-harm.
2. Overt signs of emotional instability:
 - a) Abrupt behavioral changes that require close observation and monitoring.
 - b) Inappropriate or unusual behavior that may be indicative of underlying emotional disturbance.

- c) Decompensating in level of mental functioning due to medication non-compliance.
3. Routinely the psychologist and/or psychiatrist will clinically determine admission to a SU. An inmate transferring from a County Jail facility may be directed to the SU by the ADOC Director of Mental Health or Associate Commissioner of Health Services if the inmate has been reported by the sending agency to be mentally decompensating, at risk for self-harm or harm to others, at the time of his/her transfer. The attending psychiatrist will evaluate the inmate within twenty-four (24) hours of his/her placement and make the clinical determination as to whether the inmate is at risk, or can be managed in another housing area within the institution.
 4. Nursing assessment will include consideration of all relevant medical, mental health, and medication issues.
 5. A mental status evaluation will be completed within twenty-four (24) hours of an inmate being assigned to a SU. A comprehensive treatment plan will be formulated and documented within forty-eight (48) hours of placement on the SU. This treatment plan will clearly outline relevant clinical issues and proposed treatment modalities to ameliorate the current crisis.

Treatment Services on the Stabilization Unit

Treatment interventions will focus on goals formulated in the treatment plan.

Discharge from a SU

The multidisciplinary team will determine when an inmate is sufficiently stabilized to be discharged. The multidisciplinary team will outline any additional mental health needs or medical services that the inmate may benefit from. These assessments will be documented in the inmate's medical record.

5.7 (B) Residential Treatment Units

1. The goal of the Residential Treatment Unit (RTU) is to stabilize, support, and ensure positive reintegration of the inmate into a regular general prison population. The inmate will receive multidisciplinary treatment. Admission to and discharge from these units will be based on clinical decisions, supported by documentation in the medical record.

2. Residential Treatment Units will be located at the following institutions:

- Donaldson – 96 Inpatient beds,
- Bullock – 256 Inpatient beds (includes 30 SU beds)
- Tutwiler – 50 Inpatient beds (includes 8 SU beds)
- Limestone – 8 inpatient beds (special needs only)
- Kilby (short term) – 16 inpatient beds (includes 6 SU beds)

Criteria for Admission to an RTU

1. Discharge from a Stabilization Unit.
2. Chronic mental illness with a poor adjustment to the general prison population.
3. Abrupt behavioral change leading to poor reality contact.

Treatment Services

1. Within twenty-four (24) hours of placement on a RTU, nursing staff will complete a nursing assessment, documenting relevant findings in the inmate's medical record.
2. Within forty-eight (48) hours of placement on a RTU, the inmate will be interviewed by the treatment coordinator and have a treatment plan developed outlining short-term and long-term goals. The treatment plan will also recommend appropriate programming. A day treatment program model will be utilized.
3. The program staff will be multidisciplinary in nature. Treatment programs will be provided 8:00 a.m.– 5:00 p.m., Monday through Friday. Vendor should configure staffing schedules to provide week end coverage at a minimum of four (4) hours on Saturday, twice per month, at Bullock, Donaldson, and Tutwiler. The Mental Health Manager assigned to these institutions will pre-schedule Saturday programs with the Warden of the facility to ensure the Warden's approval and the proper security coverage during these times frames. An inmate assigned to a RTU unit will be programmed with as much out of cell time as clinically directed by the treatment plan.

Mental Health Workshops on the RTU

Vendor staff will provide each designated RTU with a range of planned and regularly scheduled workshops and groups to foster the well-being of inmates assigned to the unit. Treatment topics will include, but not limited to:

1. Medication Management: can range from teaching the inmate about the reasons for and effects of medication, to programs designed to reduce or eliminate the use of medication.
2. Cognitive Retraining: structured group learning programs to enhance self-awareness, develop self-control, learn problem solving techniques, and improve interpersonal communication.
3. Stress Management: teaching inmates how to recognize and appropriately deal with stress.
4. Anger Management: teaching inmates to become aware of the facets of anger, understanding anger, and how to appropriately deal with anger.

5. Activity Therapy: includes planned supervised group and/or individual activities that provide appropriate physical release, an opportunity to learn group cooperation and enhance attention/ concentration skills.
6. Social Skills Training: a series of group and/or individual exercises designed to develop an awareness of one's impact on others, reduce negative interactions, and promote positive social experiences.
7. Biblio-therapy: includes the use of books, pamphlets, and videotapes to facilitate personal growth and increase one's understanding of life in general.

Discharge Procedures

1. Every inmate on a RTU will be reviewed by the multidisciplinary treatment team at least monthly to document the inmate's progress towards achieving treatment plan goals. These reviews will be documented in the inmate's medical record. When the treatment team feels that the inmate has sufficiently benefited from treatment, a recommendation will be made in the discharge summary to have the inmate returned to the institution of origin.
2. Once discharged from the unit, the on-site mental health manager will be responsible for contacting the ADOC psychologist or psych associate at the institution where the inmate is assigned so as to ensure continuity of care.

5.8 (B) Community Discharge Planning at EOS and/or Parole

Discharge planning is provided for inmates with serious mental health needs whose release is imminent. Vendor will ensure that the inmate's mental health needs are met during transition to a community provider. Vendor will arrange referral for follow-up services with community providers and ensure inmate has a 30-day supply of currently prescribed medications or pre-paid prescription.

Discharge planning is the process of providing sufficient medications and arranging for necessary follow-up mental health services before the inmate's release to the community. Discharge planning includes the following:

- a) Formal linkages between the facility and community-based organizations
- b) Lists of community providers
- c) Discussions with the inmate that emphasize the importance of appropriate follow-up and aftercare
- d) Specified appointment(s) and medication(s) that are arranged for the inmate at the time of release

When care of the inmate is transferred to community providers, information is to be shared with the community providers. Vendor will work in concert with the ADOC Re-entry Coordinators and Vendor Special Needs Manager to identifying mental health inmates who will need residential treatment or special needs placement in the community upon their release. Discharge planning should begin thirty (30) days prior to planned release or EOS, or earlier if notice is given. Where applicable, Vendor will assist inmates in their application to entitlement programs.

5.9 (B) Court Ordered Community In-patient Services

In-patient psychiatric care is provided through the civil commitment process at the probate court. Vendor is responsible for notification and evaluation of an inmate, when deemed appropriate for commitment at EOS and/or Parole. Vendor will work closely with the ADOC psychologist assigned at Tutwiler PFW and Bullock CF in making application and preparing a required affidavit. Vendor treatment staff will attend court hearings and inquires for commitments with ADOC legal counsel.

5.10 (B) Outpatient Services

Outpatient mental health services (OP) are provided for inmates with a mental health code of MH-1 and MH-2 who are able to function adequately within the general prison population. A team approach to include a psychiatrist, mental health professional, mid-level provider and/or mental health nurse is required in providing OP treatment for an inmate.

Individual treatment plans will be reviewed every six (6) months if there is no change in an inmate's functioning. Psychiatric monitoring will occur every ninety (90) days with mental health staff follow-up every forty-five (45) days with weekly monitoring of medication compliance. Supportive counseling/programming and increased monitoring when an inmate is in segregation are essential. The treating psychiatrist may order additional oversight or increase frequency in counseling sessions if deemed in the OP inmate/patient's best interest for effective treatment. Outpatient inmates have the same access to institutional programming and jobs as other general prison population inmates. For inmates eligible for work-release or community-work programs outpatient services will be provided for males at Childersburg Work Release (males) and at Montgomery Women's Facility (females).

5.11 (B) Elements of Adequate Treatment

1. Access to the most effective and appropriate psychotropic medication recommended by the treating psychiatrist.
2. Inmate informed consent for medication documented on consent form or by a legible note provided by the psychiatrist. A standardized stamp may be utilized indicating that the potential benefits and side effects of the prescribed medication have been discussed with the inmate and the inmate has agreed to accept the medication.
3. Psychiatric or psychological individual contact as clinically indicated.

4. Mental health staff individual contact at a minimum of forty-five (45) days.
5. Nursing monitoring of medication compliance and required laboratory testing.
6. Patient specific inmate medication education.
7. Counseling/programming to increase coping skills and provide support.
8. Activities to promote socialization.
9. Access to adequate out-of-cell time and outdoor recreation. Unless clinically contraindicated, inmates will be provided out-of-cell time equal to that of inmates of the same security level without mental illness.

5.12 (B) Staff Training

Vendor will provide the following services for ADOC security and program staff:

1. Disciplinary Hearing Officers will receive additional and ongoing training on the presenting signs and symptoms of a mental illness.
2. Administrators and ADOC staff will receive regularly scheduled training in the management of mentally ill inmates.

Training offered to other personnel will be similar to that offered to those who work on the SU and RTU.

5.13 (B) Vendor Mental Health Staff Responsibilities

1. Psychiatrist:
Conduct comprehensive evaluation that provides DSM IV diagnosis and initial ideas for treatment plan; participate in multidisciplinary treatment planning.
2. Mental Health Nurse:
Verify inmate prior psychotropic medication; assist in psychiatric clinic; participation in multidisciplinary treatment planning; conduct medication education; documentation of medication effectiveness and side-effects.
3. Psychologist:
Provide oversight; provide comprehensive evaluation when referred inmate has not been receiving psychotropic medication; interpret psychological testing; participate in multidisciplinary treatment planning.
4. Mental Health Professional:
Conduct reception evaluations; participate in multidisciplinary treatment planning.

5. Clerical Support/Data Input:
File mental health information into medical record; input data for mental health classification; transcribe of psychiatric evaluations; process requests for prior treatment records.

5.14 (B) Pharmacy Services

Vendor is accountable for aspects of Pharmacy Services related to the procurement, inventory control, administration, and disposal of all psychotropic medications. The population to be served includes all inmates assigned to the ADOC in need of mental health services. All administration must be in accordance with Alabama state and federal laws and pharmacy regulatory boards. Vendor is responsible for the cost of all psychotropic and non-prescription medications prescribed by their licensed providers. **Vendor is to include the cost of the required medications utilized in the treatment of mental illness when formulating its cost and pricing of the combined programs of Sections V-(A) and V-(B). This associated cost should be included in the total cost outlined on ADOC Form A-2-AB.**

5.15 (B) Hospice Program

Vendor's mental health staff will be expected to participate in the ADOC hospice program. Inmates diagnosed with an end stage illness where curative therapy is no longer indicated will be eligible for hospice care. Hospice care will be implemented and monitored by Medical Regional Coordinator for Hospice and the ADOC Hospice Program Coordinator.

5.16 (B) Mortality and Peer Review Process

Peer Review

- a) Vendor will minimally provide a psychiatrist peer review program as directed by its corporate Medical Director and/or Regional Medical Director. The program will consist of at least four (4) hours of on-site psychiatrist time every four (4) months; three (3) times a year to conduct chart reviews of the facility. Vendor's Medical Director or Regional Medical Director will provide peer review in the following areas:
 - 1) Psychiatrist in-patient/out-patient encounters;
 - 2) Mental Health Unit admissions;
 - 3) In-patient hospitalization;
 - 4) Specialty referrals/off-site procedures;
 - 5) Prescribing patterns; and
 - 6) Ancillary service utilization.
- b) Each area must be reviewed at least once a year.

Mortality Reviews

Vendor's Chief Psychiatrist shall participate in the ADOC mortality/peer review on the death of any inmate while incarcerated in an ADOC facility. Mortality reviews shall be conducted within thirty (30) days after the death of any inmate. The nature, scope, and extent of participation of each such mortality/peer review shall be determined by the Medical Vendor and the designated Regional Medical Director.

5.17 (B) Hepatitis Treatment and Mental Health

Inmates undergoing chemo-therapy treatment for Hepatitis C will be included on the facilities outpatient case load, for on-going monitoring of mental health needs and symptoms. The facility psychiatrist will provide the initial mental health evaluation and clearance for treatment. Mental health staff will actively participate in the medical treatment team's in evaluating the inmate's physical and mental health needs while undergoing therapy. ADOC centers for inmates receiving medication as part of their Hepatitis C treatment include Limestone CF, Donaldson CF, St. Clair CF, and Tutwiler PFW.

End Section V-(B)

MENTAL HEALTH SERVICES

SECTION VI

CONTRACT MONITORING AND STAFFING REQUIREMENTS

6.1 Contract Monitor

To evaluate and assess that all standards are being met and that Vendor is in full compliance with the contract, the ADOC Office of Health Services (OHS), under the Direction of the Associate Commissioner of Health Services (ACHS), will implement a contract monitoring program as part of internal Continuous Quality Improvement (CQI).

Upon request of the Associate Commissioner of Health Services or her designee, Vendor is to provide access to all clinical files and all corporate files to include, but not be limited to, payroll records, licensure certification records, training, orientation and staffing schedules, logs, MAC, PTT and CQI meeting minutes, physician billing, hospital or other outside service invoices, or any other contract entered into by Vendor for the purposes of carrying out the requirements of the contract. This method of review and reporting must be ongoing, comprehensive, and expeditious.

The following ADOC-OHS staff, including the ADOC's General Counsel, will be given immediate access to Vendor documentation that is pertinent to their respective areas of responsibility, or that has been requested by the ACHS or General Counsel:

- Associate Commissioner of Health Services
- ADOC Physician Consultant
- ADOC General Counsel
- Director of Medical Services
- Director of Mental Health Services
- Regional Clinical Managers
- OHS Finance and Benefit Manager
- Special Needs Coordinator/Manager

Failure to respond to the request of any of the above mentioned ADOC personnel within a reasonable time frame, based on an evaluation by the ACHS and/or General Counsel of the accessibility of the information requested, and the subsequent negative impact to the ADOC of any such delay, may result in a four thousand dollar (\$4,000.00) fine per occurrence. Examples of frequent requests that may be associated with fines for non-response may include, but are not limited to, morbidity and mortality/death summary reviews, general population immunization history records, pharmacy inventory, results of inmate medical consultations, payroll records, and institutional staffing sign in sheets. Vendor will have five (5) calendar days from notification of failure to respond and comply prior to a fine being assessed by the ACHS and/or General Counsel. The ADOC reserves the right to impose a \$4,000.00 fine per day for non-response if Vendor does not provide requested information after the stated five (5) day cure period.

The contract monitoring will include, but is not limited to, the following tasks:

- a) Review of service levels, quality of care, and administrative practices as specified in the contract;
- b) Meet on a regular basis with representatives of Vendor to address contract issues;
- c) Assist in the development of future change requests as needed;
- d) Review of Vendor documentation to ensure compliance with contractual obligations;
- e) Review of contract personnel work schedules, time sheets, personnel records, and wage forms to ensure compliance with staffing levels and contractual obligations;
- f) Review of files, records, and reports pertinent to the provision of inmate health care;
- g) Review of medical billings to determine appropriateness to contract specifications and cost effectiveness to the ADOC;
- h) Review the collection of third party reimbursement of certain expenses; and
- i) Conduct site visitations, interviews, and inspections as required to provide a health services program.

To ensure that the quality and timely delivery of services are in compliance with NCCHC standards and other organizational standards in the provision of health care, contract monitoring will occur at times with and without the participation of Vendor.

All monitoring reports will be reviewed by the ACHS. ADOC-OHS monitoring staff roles and responsibilities include the provision of constructive processes that enable Vendor to perform and deliver health services at their optimum level. The ADOC is seeking a Vendor that can work in a collaborative and constructive manner with OHS staff to encourage positive provider and patient experiences, and lend to a cost effective program. ADOC-OHS staff's daily roll in the delivery of medical services is one of providing resources, assistance, and monitoring contract compliance. OHS personnel are not responsible for the day to day operational management of the medical services program.

ADOC-OHS has developed and modified performance criteria to review the medical and mental health services program objectives, to include but not be limited to:

- 1) Timely and consistent access to services
- 2) Documentation in accordance with national standards and OHS policies and procedures
- 3) Infection control related to communicable diseases in accordance with CDC recommendations and Alabama Public Health Laws
- 4) Continuity in Care

- 5) Appropriate interventions by, and referrals to, a higher level of care by a community specialist when clinically indicated
- 6) Inmates receive 'patient specific care' when assessed and evaluated
- 7) Evidence based criteria utilized by licensed medical professionals within the scope of their practice
- 8) A Venue for the ADOC-OHS continuous quality improvement/assurance state-wide program (CQI).

A complete set of these performance indicators has been included in Appendix E for reference and review. The minimum acceptable threshold of compliance with each performance monitoring standard is an overall compliance rating of 85%. Vendor's staff is required to participate in the quarterly ADOC-OHS review process in an effort to work collectively in achieving on-going compliance and joint action plans to address deficiencies. Monitoring criteria is reviewed annually for content and objectives.

6.2 Payment Adjustment for Non-Performance

ADOC contract monitoring staff will monitor Vendor's service delivery at the individual ADOC facilities to determine if Vendor has achieved at least 85% compliance with the required criteria of the performance indicators/CQI tools. The required level of performance, as set forth in each individual monitoring or performance indicator, will be applicable to all ADOC facilities. Such monitoring may include, but is not limited to, both announced and unannounced Facility visits. Vendor is required to comply with NCCHC standards of performance, but is not required to achieve actual accreditation or certification from NCCHC. In instances where an OHS policy or procedure and/or Administrative Regulation varies from the correlating NCCHC standard, OHS policy will prevail.

The monitoring staff will provide an oral exit report at the conclusion of its Facility monitoring visit, and submit a written monitoring report to Vendor within thirty (30) days of the visit. The contract monitoring report shall include the completed Contract Monitoring Tool and shall identify each Monitoring performance indicator in which Vendor was deemed non-compliant and the reason(s) therefore. Non-compliance issues identified by ADOC monitoring staff will be identified in sufficient detail to provide Vendor with the opportunity for correction.

Vendor will have thirty (30) working days from the time of the receipt of an ADOC-OHS facility monitoring report to cure any deficiencies related to individual performance indicators that were scored less than the eight-five percent (85%) threshold. Only those performance indicators that scored below the threshold will be re-audited or monitored on the return visit by OHS. Penalties will be assessed on the repeat failure of those indicators that remain below the 85% threshold.

In the event Vendor disputes any of the noted deficiencies in the ADOC's monitoring report, Vendor shall be required to inform the ADOC of such dispute within fifteen (15) working days of receipt of the ADOC's monitoring report. Vendor shall describe in writing the basis for the dispute, and provide any necessary back-up documentation to support its position regarding the dispute. The parties shall work together in good faith to resolve the dispute.

Repeated instances of failure to meet contract compliance or to correct deficiencies may result in imposition of penalties as specified in the paragraph below or a determination of Breach of Contract.

On a quarterly basis, the ADOC may impose non-performance penalties, in the amount of four thousand dollars (\$4,000.00) per violation, for any applicable monitoring tool performance measure that demonstrates less than 85% compliance.

6.3 Staffing

Vendor must provide adequate and sufficient health care personnel required to perform the various services. Staffing must include physicians, dentists, nurses, pharmacists, administrative and clerical staff, and other personnel required to comply with the provisions of the RFP. Minimum staffing levels at both the facility and regional management levels are outlined as Appendix C-(A) and C-(B) to this RFP.

Included in this outline are two groups of staffing identified as “Traveling or Roving Teams” of medical professionals that rotate services on a daily basis to assist in the delivery of services to the ADOC Work Releases (WR) and Community Work Camps (CWC). Due to the space limitations at a number of these camps, the ADOC has purchased medical equipment that is assigned to these teams to assist them in performing their jobs. Transportation to and from these sites is not provided by the ADOC. Vendor is to include a means of transportation (vehicle) or reimbursement to the team employees for transportation to complete the required weekly circuit of visits. The ADOC does not assume any liability for the safety of any Vendor employee when traveling from one facility to another in the fulfillment of any contract service requirements.

6.4 Personnel - Current Contract Staff

The ADOC is cognizant of the shortage of professional medical personnel and health care support staff on a local and national level. Subsequently, the ADOC recognizes the importance of retaining qualified staff at all levels who are experienced in the delivery of correctional health care. Therefore, Vendors are strongly encouraged to provide the appropriate and current salary ranges of both licensed and support personnel in their bid. The ADOC has included in Appendix D an outline of current salary range assumptions based on historical data and current local market trends for all positions requested in this contract. Vendor is not required to bid these salary ranges, but is encouraged to budget appropriate salaries to reduce staffing turnover. The following requirements, however, will be mandatory:

- a) Vendor will interview each current facility contract medical staff member to determine continued employment status.
- b) Vendor will waive eligible time frames for health and retirement programs for all continued medical contract staff.

6.5 Staffing Paybacks for Unfilled Hours of Service

Vendor will provide medical, technical, and support personnel as necessary for the rendering of the health care services required to provide the services contemplated under any subsequent agreement as a result of this RFP. Minimum staffing levels for each of the respective ADOC facilities outlined in Section 1.18 of this RFP, as well as local/regional program management, has been included in Appendix C-(A) and C-(B).

On a quarterly basis, for each of the position categories subject to payback penalties, Vendor will provide the ADOC with an itemized list of hours worked at each ADOC facility by position for each of the positions identified in the minimum staffing plan. Supporting payroll and automated time-keeping information that demonstrates and verifies filled and unfilled hours per position/per facility is to be provided. The listing of hours worked will be reported utilizing an ADOC comparable institutional staffing worksheet provided in Appendix H, for review and reference. Payroll information and the ADOC staffing worksheet will be the authorized documents for which staffing penalties will be determined. Vendor will provide a monthly report, in the form of the approved workbook outlining the fulfilled staffing hours of the individual institutions and WRC, to the ADOC Associate Commissioner of Health Services. Hours filled by a higher level practitioner (e.g., nurse practitioner hours worked by a physician, RN replacing an LPN), will be counted toward the fulfillment of hours worked for the lower position classifications.

Paybacks for unfilled hours (worked) of service will apply to the following position classifications at both the regional and facility level:

- 1.) Program Director
- 2.) Physician Director
- 3.) Special Needs Manager
- 4.) Regional Nursing Manager/Coordinator
- 5.) Regional Manager/Administrator
- 6.) Facility Medical Director
- 7.) Staff Physician
- 8.) Nurse Practitioner
- 9.) Dentist
- 10.) Dental Hygienist
- 11.) Health Services Administrator
- 12.) Director of Nursing
- 13.) Registered Nurse

In the event that less than 87% of the required staffing hours of the designated position classifications identified are worked in a given quarter for any position subject to a payback assessment at any Facility, Vendor shall credit the ADOC for such unfilled hours to the extent that such hours, per position/per classification, fall below the 87% threshold. For example, if there are 2 FTE nurse practitioners (NPs) identified for a particular facility, then the calculation of the 87% threshold for the NP position at the facility will be based on the number of hours equal to 2 FTEs for that month and the total number of fulfilled NP hours. Credit shall be at a rate equal to the average hourly wage plus 20% for benefits ($\text{Hourly rate} \times 1.20 = \text{payback } \$$) for the hours.

The required 87% of the fulfillment of hours worked accommodates Vendor's staff vacation time, sick time, holidays or paid time off (PTO). Consideration for PTO will not be given in addition to the 87% requirement. The ADOC may waive, at its' discretion, hours not worked for Vendor staff that are participating in corporate functions, community training and/or education to include programs to obtain Continuing Education Credits (CEU). Vendor's Program Director must submit a request for training and identify who will attend the training and length of his/her absence, two (2) weeks in advance of the date of the activity or event to the ACHS for approval.

Hours calculated for paybacks and credit will begin thirty (30) days from the date of the employee's last day of worked hours or termination. The calculation of dollars credited per position will be determined by the corresponding salary in Vendor's proposed salary ranges included in its proposal.

Failure of Vendor to continuously provide staffing as required by contract may, at the convenience of the ADOC, result in termination of the contract.

6.6 Personnel - Hired by Vendor

- a) Vendor will employ the necessary administrative, supervisory, professional, and support staff for the proper and effective operation of the programs defined herein, subject to the approval of such staff by the ACHS or her designee.
- b) Due to the sensitive nature of the prison environment, Vendor agrees that in the event the ADOC is dissatisfied with any of the personnel provided under the contract, the ADOC can deny access into the facility. The ADOC will give written notice to Vendor of such fact. Vendor will remove the individual in question from the programs herein and cover with other appropriate personnel until an approved replacement is found.
- c) Vendor will engage only licensed and qualified personnel to provide professional coverage.
- d) All contracted personnel are required to submit to a background investigation conducted by ADOC.
- e) All contracted personnel will comply with applicable state, federal, and local laws, regulations, court orders, administrative regulations, administrative directives, and policies and procedures of the ADOC and Vendor, including any amendments thereto.
- f) All contract staff will maintain any insurance required by law or regulation.
- g) All full-time contracted medical personnel are required to complete sixteen (16) hours of orientation at the ADOC at training sites designated by the respective facilities. Part-time and temporary staffs are required to complete eight (8) hours of orientation. In addition to basic training, all full-time contracted medical staff must complete sixteen (16) hours of annual training with eight (8) hours related to professional responsibilities. Training hours

must be documented. Vendor will not be penalized for hours not worked when an employee is attending required ADOC training.

- h) All contract staff must receive an annual TB test or annual follow-up if positive. Vendor must have written policy and procedure providing an Occupational Exposure Control Plan as required by OSHA Standard 29 CAR Part 1910.1030 Occupational Exposure to Blood-borne Pathogens.

6.7 Security Clearance

Vendor and its personnel will be subject to, and will comply with, all security regulations and procedures of the ADOC at the various institutions. Violations of regulations will result in the employee being denied access to the institution. In such an event, Vendor will provide alternative personnel to supply services described herein, subject to ADOC approval.

6.8 Orientation of New Employees, In-Service Activities, and Attendance at ADOC Training

Vendor will be responsible for ensuring that all health care personnel, including new personnel, are provided with orientation regarding medical practices on site at ADOC facilities. Vendor will ensure that all full-time health care staff receive sixteen hours of pre-service training within the first sixty (60) days of employment.

Vendor employees are expected to receive an overall orientation. Vendor may request assistance from institution ADOC Warden (or designee) when clarification and training assistance is needed. Orientation topics should include, but are not limited to:

1. Time and attendance expectations,
2. ADOC Dress Code,
3. Vendor Dress Code,
4. Items allowed within the institutions,
5. Items prohibited within the institutions,
6. Parking areas,
7. ID badges,
8. Communication with inmates (intentional or unintentional),
9. Communication with staff,
10. ADOC organization chart,
11. Vendor organization chart,
12. Communication processes and contact numbers (ADOC and Vendor),
13. Emergent, urgent, and routine provision of care,
14. Fire and safety training,
15. Sirens and/or codes called by ADOC,
16. Inmate behavior and games inmates play,
17. Secured areas,
18. Inventory, tool, and sharps control,
19. Key Control,

20. Purchasing inmate hobby crafts,
21. ADOC Diet Manual,
22. Disaster Plans and/or Evacuations,
23. Communication with inmate family, friends, or others,
24. Incarcerated family members and required notification,
25. Institution schedule,
26. Co-Pay for inmates,
27. Inmate ID Cards,
28. Inmate Disciplinary Actions,
29. Visiting the institution after duty hours,
30. Breaks and meals,
31. Identification and location of ADOC Administrative Regulations, Institutional Standard Operational Procedures (SOP's),
32. Use of ADOC computers and computer system,
33. Hostage situations.

New-hire Vendor full-time (40 hours per week) and regular part-time (16 – 32 hours per week) employees will receive eight (8) hours of ADOC training at an ADOC Training Center, as soon as possible, after hire. This training session will be coordinated between the Vendor Health Services Administrator and the ADOC Training Center Officer in charge. Training will be scheduled at the nearest ADOC Training Center of the institution for which the employee was hired. Physicians and Dentist are exempt.

Vendor will provide annual (or sooner) in-service training for Vendor employees. Topics should include, but are not limited to:

1. CPR and AED certification,
2. Blood-borne pathogens,
3. Infection Control,
4. Universal Precautions,
5. Bio-hazard materials and safety practices,
6. Emergency equipment use and location.

Vendor staff will provide annual training to ADOC correctional staff within the institutions regarding:

1. Respiratory emergencies,
2. Diabetic emergencies,
3. Hand-washing hygiene,
4. Allergic reactions,
5. Others as specifically requested by the ADOC Associate Commissioner of Health Services and/or institution Warden.

Vendor staff will provide initial and periodic training to ADOC staff at the Work Releases and Work Centers that are without 24/7 nursing staff on duty. Topics should include, but are not limited to:

1. Respiratory emergencies,
2. Diabetic emergencies,
3. Hand-washing hygiene,
4. Allergic reactions,
5. Medication availability for and to inmates,
6. Clinical testing supplies and availability for and to inmates,
7. Health care professional access at the major institutions,
8. Others as specifically requested by the ADOC Associate Commissioner of Health Services and/or institution Warden.

A medical library will be established and maintained on-site for use by the health care staff. The library will minimally include a current medical dictionary, Physician's Desk Reference, pharmacology reference, NCCHC Standards Manual, other books and periodicals recommended by the Quality Improvement Committee.

6.9 Personnel Manual

Vendor must provide a copy of its Personnel Manual, which also demonstrates its' human resource management program. A description of Vendor's health insurance program/benefits, including eligibility for all levels of professional staff, must be included with its proposal.

6.10 Personnel Issues and Specifications

- a) Vendor will not bind any of its employees, or those under contract with Vendor, to any agreement that would inhibit, impede, prohibit, restrain, or in any manner restrict employees or independent Vendors from accepting employment with any subsequent medical care provider in the State of Alabama.
- b) Vendor is required to provide coverage for all physician positions in the event of unplanned absence, leave, or in the event of resignation or termination of a physician.
- c) The ADOC reserves the right to approve for hiring or remove any contracted personnel if he or she is determined to be a security risk or is currently engaged in any criminal activity. No personnel so removed may be returned to duty without the prior approval of the ADOC.
- d) Corporate functions and tasks of Vendor will not be performed at the expense of the ADOC by using mandated positions or budgeted positions to satisfy ADOC program responsibilities. Vendor will provide for necessary corporate responsibilities such as submission of payroll documents and timekeeping, corporate personnel functions, and any accounts payable tasks performed through sources outside of direct service hours in the staffing plan, that are accepted as a part of the contract. Payments for Vendor corporate functions are included in the administrative overhead of Vendor.
- e) Vendor is responsible for credentialing and certification of its staff. Vendor will utilize the standards of the Joint Commission on Accreditation of Healthcare Organizations and

Accreditation Manual for Hospitals for Medical Professional Staff appointments. Credentials are confirmed annually and a record of the credentialing activity will be maintained as part of the employee's personnel file. Credentialing is defined as the process by which an applicant's training, degrees conferred, certification by specialty societies, state and other licenses, teaching positions, appointments, and other professional experience are confirmed or reconfirmed.

- f) Non-Medical Professional Staff: Vendor will establish a process whereby applicants carry the burden to produce information for proper evaluation of competence, character, health status, ethics, and other qualifications. Licenses or certifications are subject to a periodic appraisal for validity.
- g) Vendor is required to keep personnel files on all contracted employees. These records will be made available to the ADOC as appropriate. Professional files will include, but not be limited to, copies of current professional licenses, privileges and/or proof of professional certification, evaluations, and salary / payroll records.
- h) Vendor is responsible for warranting that all persons assigned and performing the work requirements of the RFP are employees of Vendor or authorized subcontractors, and hold all required licenses to perform the work required herein. In addition, Vendor is required to be fully qualified to perform the work requirements of the RFP. Vendor will include an identical provision, covering required licenses and full qualification for work assigned, in any contract with any approved subcontractor selected to perform work hereunder. Any personnel commitments required by the RFP will not be changed unless approved by the ADOC in writing. Staffing will include any individuals named in Vendor's bid at the level of effort proposed, except in cases whereby the ADOC has approved a change.
- i) Vendor will verbally notify the ADOC of any actual or impending administrator or medical director vacancy by the close of the next calendar day after Vendor receives written notice of the vacancy. Within five (5) calendar days of the verbal notification, Vendor will also notify the ADOC in writing regarding the impending or anticipated vacancy.
- j) Vendor will not use any inmates in positions related to the delivery of any Services for any reasons whatsoever. The ADOC restricts the use of inmates to housekeeping and maintenance functions only.

6.11 Salary Determination

As a part of the Price Proposal Documentation, Vendor is required to submit a completed salary hiring range form. This form will depict by position and category the salary ranges including shift differentials, proposed for entry-level, mid-range (average), and max-hire and express fringe benefits as a percentage of salary.

End Section IV

SECTION VII

OTHER SERVICES AND PROVISIONS

7.1 Records and Reports

Vendor will maintain and provide a monthly report to the ADOC- OHS detailing the number of medical and dental services including, but not limited to, the following:

- a) The number of inmates receiving mental health services by category of mental health coding, institutional placement, and treatment;
- b) The number of inmates receiving health services by category of care;
- c) Operative procedures;
- d) Referral to specialists;
- e) Infectious disease;
- f) Off-site hospital admissions;
- g) Emergency services provided to inmates; and
- h) Any deaths.

7.2 Public Information

Vendor will not publish any findings based on data obtained from the operation of the contract without the prior written consent of the ADOC, whose written consent will not be unreasonably withheld. The ADOC may release without consent of Vendor any documents or data subject to release pursuant to the State of Alabama Open Records Law, requests by the State Legislature, or any other allied state agency.

7.3 Research

No research projects involving inmates, other than projects limited to the use of information from records compiled in the ordinary delivery of inmate activities, will be conducted without the prior written consent of the Commissioner's Office of the ADOC. Vendor and the ADOC must agree upon the conditions under which the research will be conducted. Research will be governed by written guidelines. In every case, the written informed consent of each inmate who is a subject of a research project will be obtained prior to the inmate's participation.

7.4 Office Space, Equipment, and Inventory Supplies

The ADOC will provide Vendor with office space, facilities as designated by the ADOC, and utilities, except for long distance telephone services (which will be by credit or billed for services from the facility), to enable Vendor to perform its obligations and duties. The provision of telephones, voice mail, and/or dedicated communication lines will be limited to existing services. Additional services will be at the expense of Vendor.

Vendor will use and maintain the equipment and supplies in place at the designated facilities at the commencement of the contract in the performance of its responsibilities under the contract and will return all such equipment and any new and/or purchased equipment, in good state of repair and working order, and any remaining supplies to the ADOC upon termination of the contract. Thirty (30) days prior to the termination of the contract, representatives from the ADOC, current Vendor, and Successful Vendor will tour the designated institutions to determine the condition of said equipment.

Current Vendor will convey, transfer, assign, or otherwise make available to Successful Vendor any and all service contracts and/or warranties that are in force and effect at any time during the term of the contract with respect to equipment used in the medical units of the designated facilities.

7.5 Miscellaneous Provisions

- a) Vendor will provide emergency medical treatment to injured ADOC employees, contract employees, volunteers, or visitors who are injured or become ill at the site. Follow-up care will be the responsibility of the person receiving the emergency treatment.
- b) Vendor will provide initial physical examination for security personnel employed by the ADOC, together with any other examinations currently required by the Alabama Department of Public Health.
- c) Vendor will cooperate with the ADOC in answering surveys and questionnaires from allied agencies.
- d) Vendor will provide inmate antibody testing for HIV/HBV/HCV, as requested by the ADOC, following an occupational exposure between an ADOC employee and an inmate. The results of the testing will be sent to the employee's attending physician.
- e) Vendor, upon request, will provide ADOC personnel with need-to-know information concerning the health status of prospective inmates working in food service areas and will conduct health clearance examination for food service inmate personnel. An approved form will be used to designate the status of the inmate.
- f) ADOC Administrative Regulation 601 allows for the establishment of a co-pay program. Currently, the ADOC charges an inmate a \$3.00 fee for each primary visit

initiated by the inmate to a facility sick call. Vendor will be responsible for entering the chargeable visits in accordance with ADOC guidelines. The Health Care Administrator must turn in the inmate co-pay list to the ADOC Business Manager at the respective site each Friday.

- g) Should the Alabama Department of Corrections house inmates from other states or federal agencies within Alabama facilities, Vendor will be responsible for providing all necessary medical and dental services to these inmates. Other than in cases of emergency, Vendor will contact the sending State or agency in writing for advance authority before incurring medical and/or dental expenses, which the sending State is responsible. In an emergency, Vendor will render the necessary treatment without prior authority, but in every such case Vendor will notify the sending state immediately and furnish full information regarding the nature of the illness, the type of treatment provided, and the estimated cost thereof.
- h) From time-to-time, the Parole Board finds it necessary to return a parolee to an ADOC facility for intensive supervision. These Pre-Revocation parolees will be provided necessary medical services as soon as they are added to a facility count while on Pre-Revocation status.
- i) Vendor is responsible for all associated charges related to medical services for both work release and community work camp inmates.
- j) Work Release inmates that choose to secure their health services from a community provider do so at their own cost. Vendor is not financially responsible for the fulfillment of any medical treatment for any inmate that has not been ordered or approved by Vendor's authorized practitioner.
- k) Vendor will provide independent Vendors and subcontractors with a utilization management protocol as a component of Vendor's agreement with the provider or hospital. This protocol will delineate utilization review and non-payment criteria. Any non-payment, in whole or in part, to a provider, service, or hospital will be explained in writing with a copy to the ADOC. The ADOC may review disputed charges. Final resolution of payments rests with the ADOC. The Vendor will reimburse all sub-Vendors within sixty (60) days of the date of billing or face potential assessment by the ADOC.
- l) The performance or cost of abortions for other than therapeutic medical reasons is not the responsibility of Vendor.
- m) Vendor will provide designated physicians with a cell phone and/or pager as well as daily individual computer access with an internet provider, to insure current available medical assessment and treatment information; and so they may be contacted while off-site.
- n) Vendor will notify and consult with the ADOC prior to discharging, removing, or failing to renew the contracts of professional staff and subcontracted Vendors, including, but not limited to, dialysis, laboratory, EKG, pharmacy, dental, laboratory,

and hospital.

- o) Vendor will conduct meetings as required with representatives from community medical centers and other providers to coordinate the referral of inmates. Policies and Procedures will be developed regarding referral methods, scheduling, transportation, reporting of test results, medical records, acute care hospitalization, and inmate follow-up, subject to approval by the ADOC. Vendor will inform the ACHS Office of such meetings.
- p) Vendor will provide the ADOC with copies of all its subcontract agreements within thirty (30) days of initiation of services to the ADOC. Vendor will be responsible for all dealings with its subcontractor and will answer all questions posed by the ADOC regarding the subcontractor or their work.
- q) Contracted medical employees or independent Vendors may be mandated or required to work overtime to meet ADOC operational needs as determined by the ADOC.
- r) All contractual staff (both employees and subcontractors) will be required to comply with sign-in and sign-out procedures on an official Department of Corrections facility sign-in form.
- s) All personnel hired by Vendor, as well as subcontracted employees, must be at least twenty-one years of age to work in any ADOC facility covered by the contract.

7.6 Disclaimer

The Department of Corrections reserves the right to cancel this RFP, reject any or all proposals, and/or seek additional proposals. The Department also reserves the right to award one or more professional service contracts that it determines to be in the best interest of the State and the Department. All services may be awarded to one (1) professional service provider or the Department may award different services described in the RFP to different providers. The Department is not responsible for any associated cost incurred by Vendor in the preparation of their proposal or in any processes associated with its participation.

End of Section VII

SECTION VIII

COMPENSATION AND ADJUSTMENTS

8.1 Pricing and Intent to Award

To be considered compliant, Vendor must submit an offer for Comprehensive Health Care Services (CHCS) based on all the specifications and requirements contained within ADOC RFP No. 2012-02. Vendor's CHCS program pricing must be submitted on the Price Sheet included as Appendix A-2-AB. Vendor must also submit an offer for the Medical Service 'only' on the Price Sheet included in the Appendix A-1-A. Original pricing sheets must include a completed Appendix Form A-1 containing a notarized signature by an individual who is an authorized officer or agent of the company, and can legally bind the company to a contract. Successful Vendor will be evaluated on its response to the specifications set forth in this RFP and the original proposed price. The intent to award any contract as a result of this RFP will be based in part upon the price submitted with Vendor's response.

8.2 Payment

1) Monthly Payments

A payment of one twelfth (1/12) of the total annual contract amount will be made each month of the contract period. A payment of one twenty fourth (1/24) of the total annual contract amount will be made for the final month, with the balance to be paid no later than thirty (30) days after the end of the final month, subject to a reconciliation of any adjustments, as required by the contract or as defined in the RFP, which have not been finalized over the previous eleven (11) months of the contract period, and any adjustments required as a result of operations in the final month of the contract period.

2) Population Adjustments

Should the ADOC average monthly population (AMP) increase to a level greater than 25,200 within the confines of the designated facilities for which services are to be delivered, the ADOC shall add Vendor's individual inmate monthly rate as proposed on the attached pricing sheets Appendix A-1-A and Appendix A-2-AB, to the base compensation for each inmate in excess of 25,200. Should the AMP decrease to a level less than 25,200, the ADOC shall deduct the individual inmate monthly rate from Vendor's base compensation.

3) Adjustments for Unfilled Positions

- a) Debit or credit adjustments for all ADOC approved positions will utilize the hourly salary and fringe rate of 20% per position. The actual hours provided under the contract during the quarter will be determined by using the regular hours, as reported by the time clock system at the various ADOC sites. If the time clock is not operational,

hours rendered will be based upon a written log of time in and time out. All time will be rounded to the nearest 1/4 hour. Payback adjustments will apply as outlined in Section 6.5 of the RFP. Debit or credit adjustments will not be made for any time in excess of the regular hours required by the contract.

- b) Vendor's report can also be used as an acceptable means of substantiating hours of service. The ADOC sign-in/sign-out sheets will be utilized as a back- up to Vendor's time system.
- c) Falsification or misrepresentation of actual hours of services provided by any position required by contract to the ADOC will be considered a form of corporate fraud, punishable by federal and state laws. Substantiated evidence of deliberate intent to defraud the State will be cause for immediate termination and result in the forfeiture of Vendor's performance bond.

4) Retrospective Adjustments for Performance Level

Quarterly adjustments will be made for deficiencies in performance, utilizing the defined liquidated damage amount or performance deficiency adjustment, for failure to maintain a required program level, which will include unfilled positions and/or unsatisfactory service (or other specified requirements) under the terms of the awarded contract. No liquidated damage or performance deficiency adjustments will be made until written notice has been given to the Vendor. The procedures for implementing performance level adjustments for unsatisfactory services will not be initiated until the ADOC determines that certain Services do not meet the minimum level as specified in the contract. Adjustments will apply as described in Section 6 of the RFP.

5) Other Performance Level or Compensation Terms

- a) Liquidated damages, performance deficiency adjustments, material increases to staffing, or other communication regarding material components of the contract, including cancellation of the contract, will be communicated only by formal written notice. All notices or other communications required or permitted under this agreement will be in writing and will be deemed to have been duly given if delivered or sent in accordance with the terms specified in the awarded contract.
- b) Liquidated damages, performance deficiency adjustments, adjustments to compensation, and/or the provisions for adjustments will not limit the rights and remedies of the ADOC for any breach or default of Vendor under the contract.

End of Section VIII

**APPENDIX A
VENDOR AUTHORIZATION
TO SUBMIT PROPOSAL**

_____ agrees to furnish the services described

in this proposal in response to the ADOC, RFP 2012-02, dated _____
at the prices shown and guarantees that each item proposed meets or exceeds all specifications,
terms, conditions, and requirements listed herein.

Respondent's Proposal and Pricing Valid for _____ Days

Prospective Respondent's Telephone Number _____

I hereby affirm I have not been in any agreement or collusion among or in restraint of freedom of
competition by agreement to respond at a fixed price or to refrain from responding or otherwise.

_____ Authorized Signature (ink)

_____ Authorized Name (typed)

_____ Title of Authorized Person

Company Name _____

Mailing Address _____

City, State, Zip _____

Date _____

Sworn to and subscribed before me and given under my hand and official seal this the

_____ day of _____.

NOTARY PUBLIC

My Commission Expires: _____

APENDIX A-1-A
PRICE SHEET
Medical Services

Company Name _____

Mailing Address _____

City, State, Zip _____

PRICES ARE SUBMITTED AS INDICATED BELOW:

CONTRACT YEAR	Total Cost	Annual Cost Per Inmate	Monthly Cost Per Inmate above AMP of 25,200	Monthly Cost Per Inmate below AMP of 25,200
December 1, 2012 – September 30, 2013				
October 1, 2013 - September 30, 2014				
October 1, 2014 - September 30, 2015				
Total Cost for 2 years and 10 months – Contract Term				
CONTRACT YEAR (OPTIONAL)				
October 1, 2015 - September 30, 2016				
October 1, 2016 - September 30, 2017				
Total Cost for 2 additional option years				

APENDIX A-2-AB
PRICE SHEET
Comprehensive Medical and Mental Health Services

Company Name _____

Mailing Address _____

City, State, Zip _____

PRICES ARE SUBMITTED AS INDICATED BELOW:

CONTRACT YEAR	Total Cost	Annual Cost Per Inmate	Monthly Cost Per Inmate above AMP of 25,200	Monthly Cost Per Inmate below AMP of 25,200
December 1, 2012 – September 30, 2013				
October 1, 2013 - September 30, 2014				
October 1, 2014 - September 30, 2015				
Total Cost for 2 years and 10 months – Contract Term				
CONTRACT YEAR (OPTIONAL)				
October 1, 2015 - September 30, 2016				
October 1, 2016 - September 30, 2017				
Total Cost for 2 additional option years				

Alabama Department of Corrections



Appendices

B - H

Request for Proposal

NO. 2012-02

Comprehensive Inmate Health Care Services

July 17, 2012

Alabama Department of Corrections
Office of Health Services
301 South Ripley Street
Montgomery, Alabama 36104

Appendix

B

ADOC Facility Tour Schedule

Alabama Department of Corrections – RFP NO. 2012-02

Bidders Conference and Tour Schedule

Date: July 23, 2012

Start Time: 10:00 a.m.

Alabama Department of Corrections

Criminal Justice Center Building

301 South Ripley Street

Montgomery, Alabama 36104

*Suggested attire; business casual, comfortable walking shoes

*Institution information; Picture ID - leave purses, money, cell phones in auto

* Travel time to / between institutions/facilities listed is approximate

Day 1-July 23: Recommend Vendor makes hotel accommodations in Montgomery or Prattville
Alabama

10:00 a.m.	Bidders Conference	301 South Ripley Street Montgomery, Alabama 36104	
11:30 a.m.	Lunch on provided by ADOC		30 minutes to Kilby from Montgomery
1:00 p.m.	Kilby Correctional Center	12201 Wares Ferry Road Montgomery, Al. 36117	5 minutes to MWF from Kilby
2:00 p.m.	Montgomery Women's Facility	12085 Wares Ferry Road Montgomery, Al. 36117	45 minutes to Tutwiler from MWF
3:00 p.m.	Tutwiler Prison	8966 US Hwy 231 North Wetumpka, Al. 36092	5 minutes to Tutwiler Annex from Tutwiler
4:15 p.m.	Tutwiler Annex	8950 US Hwy 21 North Wetumpka, Al. 36092	End Day 1

Day 2-July 24

9:00 a.m.	Staton/Draper/Elmore Complex – <i>Meet at Staton Gate House</i>	2690 Marion Spillway Road Elmore, Al. 36025	About 25 miles North of Montgomery
11:00 a.m.	Bullock Correctional Facility	104 Bullock Dr., Hwy 82 E. Union Springs, AL.	1 hour and 30 minutes from Staton to BCF, approximately 65 miles
12:15 a.m.	Lunch	On your own	Recommend eating in Union Springs; there are not many places between Union Springs and Clayton
2:00 p.m.	Ventress Correctional Facility	379 Highway 239 N Clayton, AL 36016-0767	Approximately 28 miles from Bullock to Ventress, 45 minute drive
3:15		Drive South to Atmore	End Day 2

Alabama Department of Corrections – RFP NO. 2012-02
Bidders Conference and Tour Schedule
Continued

Recommend Vendor drive south (W) after Ventress tour to Atmore Al, and make hotel accommodations in Atmore (off of 65 South exit 57, Al-21). Atmore is 157 miles from Clayton; approximate driving time of 2 ½ hours.

Day 3 - July 25, 2012

10:00 a.m.	Fountain Correctional Center	9677 Al. Hwy 21 North Atmore, Al. 36503-3800	5 minutes to JO Davis from Fountain
11:00 a.m.	JO Davis Correctional Center	9681 Al. Hwy 21 North Atmore, Al. 36503-4000	10 minutes from JO Davis to Holman
11:30p.m.	Holman Prison	866 Ross Road Atmore, Al. 36503-3700	End Day 3

Recommend Vendor drive north after Holman tour to Birmingham Al, and make hotel accommodations in Birmingham for both the evening of the 26th and 27th of July: Birmingham is 210 miles from Atmore; approximate driving time of 3 ½ hours.

Day 4-July 26, 2012

10:00 a.m.	Donaldson Correctional Center	100 Warrior Road, Bessemer Alabama	Donaldson is approximately 20 to 30 miles from the Birmingham area
11:00 a.m.	Lunch and Drive to Limestone		Drive to Limestone is 121 miles from Donaldson
2:30 p.m.	Limestone Correctional Center	28779 Nick Davis Road Harvest, Al. 35749-7009	Drive back to Birmingham is approximately 100 miles.

Day 5-July 27, 2012

8:30 a.m.	Childersburg Work Release and Work Camp	13501 Plant Road Alpine, Alabama 35014	Childersburg is approximately 45 miles from the Birmingham area
9:30 a.m.	St. Clair Correctional Facility	1000 St. Clair Road Springville, Alabama 35146	Drive to St. Clair is approximately 45 miles from Childersburg
11:00 a.m.	Tours Completed		End Day 5

Appendix C(A)-C(B)

Minimum Staffing Requirements

**MEDICAL
MINIMUM STAFFING REQUIREMENTS**

Alabama Central Office - Medical Statewide Management Montgomery, Alabama	FTE's
Program Director	1.0
Physician Director	1.0
Infectious Disease Specialist MD	1.0
Assistant Physician Director	1.0
Administrative Assistant	1.0
Receptionist	1.0
Data / Reporting Specialist	1.0
RN Special Needs Case Manager/Furlough	1.0
RN Regional Director of Nursing	1.0
RN Regional Coordinator - North	1.0
RN Regional Coordinator - South	1.0
Program Administrator - North	1.0
Program Administrator - South	1.0
*Consulting Pharmacist (as needed)	0.0
Dental Director	0.4
Total FTE's	13.4
Bibb - Facility	
	FTE's
H.S.A.	1.0
MD	1.0
CRNP	0.4
Dentist	1.0
Dental Assistant	1.0
Dental Hygienist	0.2
D.O.N.	1.0
RN	4.2
LPN	12.6
Pharmacy Inventory Manager/LPN	1.0
Phlebotomist/LPN	1.0
Administrative Assistant	1.0
Scheduler	0.5
Medical Records Clerk	1.5
Total FTE's	27.4
ATEF - CEC Community Education Center	
	FTE's
(Home Facility - Bibb)	
RN Nurse Manager	1.4
MD	0.4
LPN	6.6
Administrative Assistant/Scheduler	1.0
Medical Records Clerk	0.4
Total FTE's	9.8
Farquhar Cattle Ranch – Work Center	
	FTE's
(Home Facility - Bibb)	
LPN	0.2
Total FTE's	0.2
Bullock - Facility	
	FTE's
H.S.A.	1.0
MD	1.0
CRNP	1.0

**MEDICAL
MINIMUM STAFFING REQUIREMENTS**

Dentist	1.0
Dental Assistant	1.0
Dental Hygienist	0.2
D.O.N.	1.0
RN	4.2
LPN	12.6
Pharmacy Inventory Manager/LPN	1.0
Phlebotomist/LPN	1.0
Administrative Assistant	1.0
Scheduler	0.5
Medical Records Clerk	1.5
Total FTE's	28.0
Donaldson - Facility	FTE's
H.S.A.	1.0
MD	1.0
CRNP	0.4
Dentist	1.0
Dental Assistant	1.0
Dental Hygienist	0.2
D.O.N.	1.0
RN	4.2
LPN	12.6
Pharmacy Inventory Manager/LPN	1.0
Phlebotomist/LPN	1.0
Administrative Assistant	1.0
Scheduler	1.0
Medical Records Clerk	1.5
Total FTE's	27.9
Easterling - Facility	FTE's
H.S.A.	1.0
MD	1.0
CRNP	0.4
Dentist	1.0
Dental Assistant	1.0
Dental Hygienist	0.2
D.O.N.	1.0
RN	4.2
LPN	12.6
Pharmacy Inventory Manager/LPN	1.0
Phlebotomist/LPN	0.0
Administrative Assistant	1.0
Scheduler	0.5
Medical Records Clerk	1.5
Total FTE's	26.4
Fountain - Facility	FTE's
H.S.A.	1.0
MD	1.0
CRNP	1.0
Dentist	1.2
Dental Assistant	1.2
Dental Hygienist	0.4
D.O.N.	1.0

**MEDICAL
MINIMUM STAFFING REQUIREMENTS**

Assistant D.O.N.	1.0
RN	4.2
LPN	14.0
Pharmacy Inventory Manager/LPN	1.0
Phlebotomist/LPN	0.0
Administrative Assistant	1.0
Scheduler	1.0
Medical Records Clerk	2.0
Total FTE's	31.0
Atmore – Work Center	FTE's
(Home Facility - <i>Fountain</i>)	
LPN	1.0
Total FTE's	1.0
Camden - Work Release and Work Center	FTE's
(Home Facility - <i>Fountain</i>)	
LPN	0.2
Total FTE's	0.2
J. O. Davis – Facility	FTE's
(Home Facility - <i>Fountain</i>)	
LPN	1.4
Total FTE's	1.4
Loxley - Work Release and Work Center	FTE's
(Home Facility - <i>Fountain</i>)	
LPN	2.4
Total FTE's	2.4
Mobile - Work Release and Work Center	FTE's
(Home Facility - <i>Fountain</i>)	
LPN	0.4
Total FTE's	0.4
Hamilton Aged and Infirm - Facility	FTE's
(Dental Work & X-Ray Home Facility – <i>Donaldson</i> or <i>Off-Site</i>)	
H.S.A.	1.0
D.O.N.	1.0
MD	1.0
Dentist	0.0
Dental Assistant	0.0
Dental Hygienist	0.0
RN	4.2
LPN	11.2
Pharmacy Inventory Manager -Assigned from LPN's	0.0
Phlebotomist-Assigned from LPN's	0.0
Administrative Assistant/Scheduler	1.0
Medical Records Clerk	1.0
Total FTE's	20.4
Hamilton -Work Release and Work Center	FTE's
(Home Facility - <i>Hamilton</i>)	
LPN	0.5
Physician Provided at Hamilton A&I	0.0
Total FTE's	0.5
Holman - Facility	FTE's
H.S.A.	1.0
MD	1.0

**MEDICAL
MINIMUM STAFFING REQUIREMENTS**

Dentist	0.8
Dental Assistant	0.8
Dental Hygienist	0.2
D.O.N.	1.0
RN	4.2
LPN	12.6
Pharmacy Inventory Manager/LPN	1.0
Phlebotomist/LPN	1.0
Administrative Assistant	1.0
Scheduler	0.5
Medical Records Clerk	1.0
Total FTE's	26.1
Kilby - Facility	FTE's
H.S.A.	1.0
MD	1.5
CRNP	2.0
Dentist	1.0
Dental Assistant	1.0
Dental Hygienist	0.2
D.O.N.	1.0
Assistant DON (Supervises & Schedules/Work Camps)	1.4
RN	5.2
LPN	18.2
Certified Nursing Assistant (or RMA)	4.2
Pharmacy Inventory Manager/LPN	1.0
Registered Medical Technologist	1.0
Phlebotomist	2.0
Administrative Assistant	2.0
Scheduler	1.0
Medical Records Supervisor	1.0
Medical Records Clerk	4.0
Total FTE's	48.7
Alex City- Work Release and Work Center	FTE's
(Home Facility – <i>Kilby</i>)	
LPN	0.4
Total FTE's	0.4
Elba -Work Release and Work Center	FTE's
(Home Facility – <i>Kilby</i> 1 st – <i>Easterling</i> 2 nd)	
LPN	0.2
Total FTE's	0.2
Montgomery Women's Center and Work Release	FTE's
RN Nurse Manager	1.4
MD	0.2
CRNP	0.4
LPN	5.4
Administrative Assistant/Scheduler	1.0
Medical Records Clerk	0.5
Total FTE's	8.9

**MEDICAL
MINIMUM STAFFING REQUIREMENTS**

Red Eagle – Facility	FTE's
(Home Facility - <i>Kilby</i>)	
LPN	1.0
Total FTE's	1.0
Limestone - Facility	FTE's
H.S.A.	1.0
MD	1.0
CRNP	2.5
Dentist	1.4
Dental Assistant	1.4
Dental Hygienist	0.4
D.O.N.	1.0
RN	5.2
LPN	20.4
Pharmacy Inventory Manager/LPN	1.0
Phlebotomist/LPN	1.0
Administrative Assistant	1.0
Scheduler	1.0
Medical Records Clerk	2.0
Total FTE's	40.3
Decatur - Work Release and Work Camp	FTE's
(Home Facility - <i>Limestone</i>)	
RN Nurse Manager	1.4
RN	1.4
CRNP	0.5
LPN	4.2
Administrative Assistant/Medical Records Clerk	0.4
Total FTE's	7.9
St. Clair - Facility	FTE's
H.S.A.	1.0
MD	1.0
CRNP	2.0
Dentist	1.0
Dental Assistant	1.0
Dental Hygienist	0.2
D.O.N.	1.0
RN	7.4
LPN	14.0
Pharmacy Inventory Manager/LPN	1.0
Phlebotomist/LPN	1.0
Administrative Assistant	1.0
Scheduler	1.0
Medical Records Clerk	2.0
Total FTE's	34.6
Childersburg - Work Release and Work Center	FTE's
(Home Facility - <i>St. Clair</i>)	
RN Nurse Manager	1.4
CRNP	0.4
LPN	4.2
Administrative Assistant/Medical Records Clerk	0.4
Total FTE's	6.4

**MEDICAL
MINIMUM STAFFING REQUIREMENTS**

Staton - Facility (Draper - Facility, Elmore- Facility, Frank Lee - Facility)	FTE's
H.S.A.	1.0
MD	1.0
CRNP	3.0
Dentist	1.2
Dental Assistant	1.2
Dental Hygienist	0.4
D.O.N.	1.0
RN	6.2
LPN	19.2
Pharmacy Inventory Manager/LPN	2.0
Phlebotomist/LPN	1.0
Administrative Assistant	1.0
Scheduler	1.0
Medical Records Clerk	3.0
Total FTE's	42.2
Frank Lee – Facility	FTE's
(Home Facility - Staton)	
LPN	1.0
Total FTE's	1.0
Tutwiler - Facility (& Tutwiler Annex)	FTE's
H.S.A.	1.0
MD	1.5
CRNP	2.0
Dentist	1.0
Dental Assistant	1.0
Dental Hygienist	0.4
D.O.N.	1.0
RN	7.0
LPN	20.2
Pharmacy Inventory Manager/LPN	1.0
Phlebotomist/LPN	1.0
Administrative Assistant	1.0
Scheduler	1.0
Medical Records Clerk	3.0
Ombudsman	1.0
Total FTE's	43.1
Birmingham - Work Release and Work Center (Home Facility; Tutwiler - Admissions, etc.,	FTE's
Donaldson - after hours nurse encounters, St. Clair - Dental)	
CRNP (May utilize .20 MD -substitute)	0.4
RN	1.4
LPN	4.2
Total FTE's	6.0

**MEDICAL
MINIMUM STAFFING REQUIREMENTS**

Ventress - Facility	FTE's
H.S.A.	1.0
MD	1.0
CRNP	0.4
Dentist	1.0
Dental Assistant	1.0
Dental Hygienist	0.2
D.O.N.	1.0
RN	4.2
LPN	14.0
Pharmacy Inventory Manager/LPN	1.0
Phlebotomist - LPN Assignment	0.0
Administrative Assistant	1.0
Scheduler	0.4
Medical Records Clerk	1.6
Total FTE's	27.8
Traveling Inmate Work Center Teams	FTE's
Team A – Southeast - Home Base Kilby	
<i>Alex City, Elba, Frank Lee, Red Eagle</i>	
CRNP	1.0
LPN	1.0
RMA or Clerk	1.0
Total FTE's	3.0
Team B – Southwest - Home Base Fountain	
<i>Atmore Work Center, Camden, J. O. Davis, Loxley, Mobile - Holman assignment as needed</i>	
CRNP	2.0
LPN	1.0
RMA or Clerk	1.0
Total FTE's	4.0
Total FTE's	492.00

**MENTAL HEALTH
MINIMUM STAFFING REQUIREMENTS**

Bullock County Correctional Facility(Inpatient) - ACL = 270		
Position Title	Hours	Contract FTE
Psychiatrist	60	1.50
Psychologist (PhD)	40	1.00
CRNP	20	0.50
MHP Manager	40	1.00
MH Professional	160	4.00
RN Manager	60	1.50
MH LPN	392	9.80
Activity Tech	160	4.00
MH Records Clerk	20	0.50
Administrative Assistant	40	1.00
	Subtotal	24.80
Bullock County Correctional Facility (Outpatient) - ACL = 400		
Position Title	Hours	Contract FTE
Psychiatrist	20	0.50
CRNP	20	0.50
MHP Manager	40	1.00
MH Professional	160	4.00
MH LPN	40	1.00
MH Clerk	40	1.00
	Subtotal	8.00
Donaldson Correctional Facility (Inpatient and Outpatient)- ACL = 227		
Position Title	Hours	Contract FTE
Psychiatrist	40	1.00
CRNP	20	0.50
Psychologist (PhD)	20	0.50
RN Manager	60	1.50
MHP Manager	40	1.00
MH Professional	120	3.00
MH LPN	232	5.80
Activity Tech	80	2.00
MH Clerk	40	1.00
	Subtotal	16.30
Hamilton A&I Correctional Center - ACL = 80		
Position Title	Hours	Contract FTE
Psychiatrist *	6	0.15
		0.00
* Chief Psychiatrist duties to include TM Coverage		0.00
	Subtotal	0.15

**MENTAL HEALTH
MINIMUM STAFFING REQUIREMENTS**

Holman Correctional Facility - ACL = 113		
Position Title	Hours	Contract FTE
Psychologist (PhD)	20	0.50
Psychiatrist	20	0.50
MHP Manager	40	1.00
MH Professional	20	0.50
MH LPN	20	0.50
MH Clerk	20	0.50
	Subtotal	3.50
Kilby Correctional Facility - ACL =233		
Position Title	Hours	Contract FTE
Psychiatrist	56	1.40
Psychologist (PhD)	20	0.50
MHP Manager	40	1.00
MH Professional	160	4.00
MH LPN	224	5.60
MH Clerk	40	1.00
	Subtotal	13.50
Limestone Correctional Facility - ACL = 260		
Position Title	Hours	Contract FTE
Psychiatrist	16	0.40
Psychologist (PhD)	20	0.50
CRNP	20	0.50
MHP Manager	40	1.00
MH Professional	120	3.00
MH Clerk	40	1.00
	Subtotal	6.40
Montgomery Women's Facility - ACL = 60		
Position Title	Hours	Contract FTE
Psychiatrist	6	0.15
MH Professional	40	1.00
MH LPN	20	0.50
	Subtotal	1.65
St. Clair Correctional Facility - ACL =96		
Position Title	Hours	Contract FTE
Psychiatrist	6	0.15
CRNP	20	0.50
MHP Manager	20	0.50
MH Professional	40	1.00
MH Clerk	20	0.50
	Subtotal	2.65

**MENTAL HEALTH
MINIMUM STAFFING REQUIREMENTS**

Childersburg WR - ACL =160		
Position Title	Hours	Contract FTE
CRNP	20	0.50
MHP Manager	20	0.50
MH Professional	80	2.00
MH Clerk	20	0.50
	Subtotal	3.50
Staton/Draper/Elmore Complex - ACL = 445		
Position Title	Hours	Contract FTE
Psychiatrist	20	0.50
CRNP	20	0.50
MHP Manager	40	1.00
MH Professional	200	5.00
MH LPN	40	1.00
MH Clerk	40	1.00
	Subtotal	9.00
Tutwiler Prison for Women - ACL = 375		
Position Title	Hours	Contract FTE
Psychologist (PhD) outpatient	40	1.00
Psychologist (PhD) inpatient	20	0.50
Psychiatrist	40	1.00
CRNP	20	0.50
RN Manager	40	1.00
MHP Manager	40	1.00
MH Professional	200	5.00
MH LPN	272	6.80
Activity Tech	60	1.50
MH Clerk	40	1.00
	Subtotal	19.30
Ventress Correctional Facility - ACL = 445		
Position Title	Hours	Contract FTE
Psychiatrist	20	0.50
CRNP	40	1.00
MHP Manager	40	1.00
MH Professional	240	6.00
MH LPN	40	1.00
MH Clerk	40	1.00
	Subtotal	10.50

**MENTAL HEALTH
MINIMUM STAFFING REQUIREMENTS**

Management Staff		
Position Title	Hours	Contract FTE
Program Director	40	1.00
Chief Psychiatrist*	34	0.85
CQI Manager (RN)	40	1.00
Training Manager (PhD Psychologist)	32	0.80
Administrative Assistant	40	1.00
	Subtotal	4.65

TOTALS 123.90

Appendix D(A)-D(B)

Average Salary Ranges

**MEDICAL
MINIMUM PROGRAM STAFFING
AND AVERAGE SALARIES**

POSITIONS	Suggested Range of Base Hourly Pay		Vendor Proposed Salary Range/Position		TOTAL FTE's
	LOW	HIGH	LOW	HIGH	
Program Director	73.00	81.00			1.00
Physician Director	113.00	120.00			1.00
Infectious Disease Specialist MD	129.00	135.00			1.00
Assistant Physician Director	108.00	114.00			1.00
Administrative Assistant	14.00	19.00			14.00
Receptionist	11.00	13.00			1.00
Data / Reporting Specialist	16.90	18.00			1.00
RN Special Needs Case Manager/Furlough	40.00	42.00			1.00
RN Regional Director of Nursing	46.00	49.00			1.00
RN Regional Coordinator - North	37.50	40.00			1.00
RN Regional Coordinator - South	37.50	40.00			1.00
Program Administrator - North	45.50	50.00			1.00
Program Administrator - South	45.50	50.00			1.00
*Consulting Pharmacist (as needed)					-
Dental Director	81.20	94.80			0.40
H.S.A.	39.00	41.00			13.00
MD	95.70	110.00			14.60
CRNP	47.00	53.00			19.40
CRNP (May utilize .20 MD -substitute)	47.00	53.00			0.40
Dentist	81.10	94.80			12.60
Dental Assistant	14.40	17.40			12.60
Dental Hygienist	26.00	28.00			3.20
D.O.N.	31.70	34.50			13.00
Assistant D.O.N.	30.50	33.00			1.00
Assistant DON (Supervises & Schedules/Work Camps)	30.50	33.00			1.40
RN	27.00	32.50			67.40
RN Nurse Manager	29.00	33.00			5.60
LPN	19.90	22.70			229.50
Certified Nursing Assistant (or RMA)	13.90	16.50			4.20
Pharmacy Inventory Manager/LPN	21.70	23.40			13.00
Phlebotomist	13.10	15.60			2.00
Phlebotomist/LPN	21.70	23.00			8.00
Administrative Assistant/Medical Records Clerk	11.75	14.00			0.80
Administrative Assistant/Scheduler	11.75	14.00			3.00

**MEDICAL
MINIMUM PROGRAM STAFFING
AND AVERAGE SALARIES**

POSITIONS	Suggested Range of Base Hourly Pay		Vendor Proposed Salary Range/Position		TOTAL FTE's
	LOW	HIGH	LOW	HIGH	
Scheduler	11.75	14.00			9.40
RMA or Clerk	11.50	13.00			2.00
Medical Records Supervisor	16.90	18.00			1.00
Medical Records Clerk	11.30	12.70			26.50
Registered Medical Technologist	26.60	30.00			1.00
Ombudsman	19.90	22.70			1.00
TOTAL					492.00

ALABAMA DIFFERENTIALS - STATEWIDE				
	RN	LPN		CNA
Evening	\$1.50	\$1.50		\$0.75
Night	\$2.00	\$2.00		\$1.00
WE Day	\$1.00	\$1.00		\$1.00
WE Evening	\$2.50	\$2.50		\$1.75
WE Night	\$3.00	\$3.00		\$2.00

Fringe benefits will be calculated at 20% of total personnel cost and are not included in the listed salary ranges. For payback purposes, the average salary will be multiplied times 1.20 to determine the hourly payback rate for each respective position.

**MENTAL HEALTH
MINIMUM STAFFING REQUIREMENTS TOTALS**

POSITIONS	Suggested Range of Base Hourly Pay		Vendor Proposed Salary Range/Position		TOTAL FTE's
	LOW	HIGH	LOW	HIGH	
Program Director	38.50	43.00			1.00
Chief Psychiatrist*	99.00	130.00			0.85
CQI Manager (RN)	33.00	36.00			1.00
Training Manager (PhD Psychologist)	48.00	54.00			0.80
Administrative Assistant	11.50	13.50			2.00
Psychologist (PhD)	45.00	65.00			3.00
Psychologist (PhD) outpatient	45.00	65.00			1.00
Psychologist (PhD) inpatient	45.00	65.00			0.50
Psychiatrist	95.00	125.00			7.60
Psychiatrist *	95.00	125.00			0.15
CRNP	43.00	51.00			5.00
RN Manager	28.00	32.00			4.00
MHP Manager	21.00	27.00			10.00
MH Professional	16.25	18.50			38.50
MH LPN	18.00	20.50			32.00
Activity Tech	13.50	16.00			7.50
MH Records Clerk	11.80	14.00			0.50
MH Clerk	11.80	14.00			8.50
					-
TOTAL					123.90

ALABAMA DIFFERENTIALS - STATEWIDE

	RN	LPN	CNA
Evening	\$1.50	\$1.50	\$0.75
Night	\$2.00	\$2.00	\$1.00
WE Day	\$1.00	\$1.00	\$1.00
WE Evening	\$2.50	\$2.50	\$1.75
WE Night	\$3.00	\$3.00	\$2.00

Fringe benefits will be calculated at 20% of total personnel cost and are not included in the listed salary ranges. For payback purposes, the average salary will be multiplied times 1.20 to determine the hourly payback rate for each respective position.

Appendix E

Performance Indicators

Chart Review Title: *Intake Screening*
 Sample must include 10 positive TST Inmates***
 Chart Review Period:



Threshold: _____ %

Institution:

Date Source of Charts: Prior 90 days

Date:

Chart Sample Size Total Number: _____

Office of Health Services

Reviewer/s:

Number Randomly Selected:

Targeted Number Selected:

Updated as of 09-14-2011

Measures: Y = Yes, N = No, N/A = Not Applicable	Chart Identification Number										TOTALS				
												# Yes	# No	# N/A	% Met
1. All new admissions will receive a complete preliminary healthcare screening by a qualified health professional within no less than 12 hours of arrival to an ADOC Intake facility.												0	0	0	0.00
2. The intake evaluation is performed within 24 hours of intake by an RN or higher-level practitioner.												0	0	0	0.00
3. A complete Health Appraisal/Assessment will be conducted by a mid-level practitioner or physician within 7 days of arrival.												0	0	0	0.00
4. All medications identified as current by the patient are reviewed and/or verified at intake with documentation by medical staff.												0	0	0	0.00
5. Medications deemed appropriate for treatment have been renewed/ordered by a practitioner within 12 hours of intake.												0	0	0	0.00
6. Chronic illness identified with referral to an appropriate chronic care clinic.												0	0	0	0.00
7. TST implanted and read within 72 hours with documentation recorded in 'mm' in the medical record.												0	0	0	0.00
8. Positive TST results receive appropriate follow-up.												0	0	0	0.00
9. Pregnancy, HIV, RPR, GC and Chlamydia testing completed.												0	0	0	0.00
10. Random Plasma Glucose sampling done and noted by provider.												0	0	0	0.00

11. All medical components of the Master Problem list have been completed, documented and placed in chart.											0	0	0	0.00
Total Score											0	0	0	0.0%

Additional Comments

Chart Review Title: *Segregation*



Threshold: _____ %

Chart Review Period:

Institution:

Date Source of Charts: Prior _____ days

Date:

Chart Sample Size Total Number: _____

Office of Health Services

Reviewer/s:

Number Randomly Selected:

Targeted Number Selected:

Updated as of 02-2012

Measures: Y = Yes, N = No, N/A = Not Applicable	Chart Identification Number										TOTALS				
												# Yes	# No	# N/A	% Met
1. Documentation that medical staff examined inmate prior to, or at the time of placement in isolation or segregation.												0	0	0	0.00
2. Documentation that mental health staff was notified upon inmate placement into segregation/isolation.												0	0	0	0.00
3. Documentation that security was notified of contraindications or special accommodations if necessary.												0	0	0	0.00
4. Documentation that segregation/isolation patient was seen by medical staff at least once daily.												0	0	0	0.00
Total Score												0	0	0	0.0%

Additional Comments

Chart Review Title: Sick Call



Threshold: _____ %

Chart Review Period:

Institution:

Date Source of Charts: Prior _____ days

Date:

Chart Sample Size Total Number: _____

Office of Health Services

Reviewer/s:

Number Randomly Selected:

Targeted Number Selected:

Updated as of 09-14-2011

Measures: Y = Yes, N = No, N/A = Not Applicable	Chart Identification Number										TOTALS				
												# Yes	# No	# N/A	% Met
1. Sick call request triaged within 24 hours of receipt.												0	0	0	0.00
2. Seen within 48 hours by nurse trained in physical assessment or next scheduled sick call.												0	0	0	0.00
3. Appropriate nursing protocol used if applicable.												0	0	0	0.00
4. Vital signs including weight are documented.												0	0	0	0.00
5. Patient education is documented.												0	0	0	0.00
6. If referred to provider, seen within 14 days of nursing encounter.												0	0	0	0.00
7. Sick call log is current for this entry.												0	0	0	0.00
Total Score												0	0	0	0.0%

Additional Comments

Chart Review Title: *Annual Health Screen*



Threshold: _____ %

Chart Review Period:

Institution:

Date Source of Charts: Prior 90 days

Date:

Chart Sample Size Total Number: _____

Office of Health Services

Reviewer/s:

Number Randomly Selected:

Targeted Number Selected:

Updated as of 02-2012

Measures: Y = Yes, N = No, N/A = Not Applicable	Chart Identification Number										TOTALS				
												# Yes	# No	# N/A	% Met
All Inmates - Yearly															
1. Physical completed within 13 month cycle?												0	0	0	0.00
2. Vital signs and weight documented yearly?												0	0	0	0.00
3. FSBS completed?												0	0	0	0.00
4. TST status documented in 'mm'?												0	0	0	0.00
5. Patient education documented?												0	0	0	0.00
6. Pap Smear documented yearly as applicable?												0	0	0	0.00
7. Breast exam documented yearly as applicable?												0	0	0	0.00
8. Vaccine status documented?												0	0	0	0.00
All Inmates - 40 and Over (as below)															
9. If mother/father, sister/brother with known history of colon cancer rectal exam documented.												0	0	0	0.00
All Inmates - 50 and Over															
10. Rectal exam with occult blood completed, or refusal documented appropriately?												0	0	0	0.00
11. Oral screening completed?												0	0	0	0.00
12. Eye exam completed?												0	0	0	0.00

Measures: Y = Yes, N = No, N/A = Not Applicable											# Yes	# No	# N/A	% Met
All Inmates - Every Two Years														
13. Oral screening completed?											0	0	0	0.00
14. Oral hygiene instructions documented?											0	0	0	0.00
15. Eye exam completed?											0	0	0	0.00
16. Females 40 years of age or greater: Mammogram completed?											0	0	0	0.00
Every Three Years - All Inmates														
17. Fasting Lipid Panel Completed?											0	0	0	0.00
18. RPR completed?											0	0	0	0.00
19. Urine chemistry completed?											0	0	0	0.00
Every Three Years - All Females														
20. Pap smear completed?											0	0	0	0.00
21. Gonorrhea screen completed?											0	0	0	0.00
22. Chlamydia screen completed?											0	0	0	0.00
23. Breast exam completed?											0	0	0	0.00
Every 5 years - All Inmates														
24. EKG completed?											0	0	0	0.00
25. Rectal exam with occult blood completed, or refusal documented appropriately?											0	0	0	0.00
Every 5 Years - All Male Inmates														
26. Prostate exam completed if age and/or clinically appropriate?											0	0	0	0.00
27. Testicular exam completed or self examination instruction provided?											0	0	0	0.00
Total Score											0	0	0	0.0%

Measures: Y = Yes, N = No, N/A = Not Applicable												# Yes	# No	# N/A	% Met
---	--	--	--	--	--	--	--	--	--	--	--	--------------	-------------	--------------	--------------

Additional Comments

Chart Review Title: *Medication Administration*



Threshold: _____ %

Chart Review Period:

Institution:

Date Source of Charts: Prior ____ days

Date:

Chart Sample Size Total Number: _____

Office of Health Services

Reviewer/s:

Number Randomly Selected:

Targeted Number Selected:

Updated as of 09-14-2011

Measures: Y = Yes, N = No, N/A = Not Applicable	Chart Identification Number										TOTALS			
												# Yes	# No	# N/A
1. Medication on MAR ordered by authorized provider.											0	0	0	0.00
2. MAR reflects the frequency of administration.											0	0	0	0.00
3. MAR reflects the start and stop date.											0	0	0	0.00
4. Medication order is correctly transcribed on MAR by nursing staff.											0	0	0	0.00
5. Allergies documented on MAR.											0	0	0	0.00
6. Stocked medication started within 24 hours if ordered as start today by provider.											0	0	0	0.00
7. Non-stocked medication (routine order) started within 48 hours of date of order.											0	0	0	0.00
8. Nurse's signature and initials are recorded on the MAR.											0	0	0	0.00
9. No blank spaces on MARS.											0	0	0	0.00
10. Counseling for non-compliance documented as indicated.											0	0	0	0.00
Total Score											0	0	0	0.0%

Additional Comments

Chart Review Title: *Infirmary Care*



Threshold: _____ %

Chart Review Period:

Institution:

Date Source of Charts: Prior _____ days

Date:

Chart Sample Size Total Number: _____

Office of Health Services

Reviewer/s:

Number Randomly Selected:

Targeted Number Selected:

Updated as of 09-14-2011

Measures: Y = Yes, N = No, N/A = Not Applicable	Chart Identification Number										TOTALS				
												# Yes	# No	# N/A	% Met
1. Separate infirmary chart maintained?												0	0	0	0.00
2. Admission was ordered by provider?												0	0	0	0.00
3. Registered Nurse completes admission within 24 hours?												0	0	0	0.00
4. Provider rounds are documented according to ADOC Policy & Procedure and acuity level?												0	0	0	0.00
5. Nursing documentation (including vital signs) no less than every 8 hours?												0	0	0	0.00
6. Infirmary medication administration records are maintained within infirmary chart or separate MARS binder specific for infirmary.												0	0	0	0.00
7. Each infirmary patient has ADOC infirmary housing band on?												0	0	0	0.00
8. Infirmary kardex for each patient maintained?												0	0	0	0.00
9. Infirmary discharge ordered by Provider?												0	0	0	0.00
10. Discharge summary completed by Provider?												0	0	0	0.00
11. A supervising Registered Nurse is on-site daily?												0	0	0	0.00
12. Infirmary log current for each admission and discharge for this event.												0	0	0	0.00
Total Score												0	0	0	0.0%

Additional Comments

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Chart Review Title: *Infectious Disease - HIV*



Threshold: _____ %

Chart Review Period:

Institution:

Date Source of Charts: Prior 90 days

Date:

Chart Sample Size Total Number: _____

Office of Health Services

Reviewer/s:

Number Randomly Selected:

Targeted Number Selected:

Updated as of 09-14-2011

Measures: Y = Yes, N = No, N/A = Not Applicable	Chart Identification Number										TOTALS				
												# Yes	# No	# N/A	% Met
1. Intake evaluation completed by HIV specialist?												0	0	0	0.00
2. Seen by HIV specialist no less than every 6 months?												0	0	0	0.00
3. CD4 counts no less than every 6 months?												0	0	0	0.00
4. HIV viral loads done no less than every 6 months?												0	0	0	0.00
5. CD4 of 50-200 receive PCP prophylaxis?												0	0	0	0.00
6. Has patient been offered a pneumovax or refusal documented?												0	0	0	0.00
7. Has patient been offered a flu vaccination during the most recent flu season (Oct.-Feb.) or refusal documented?												0	0	0	0.00
Total Score												0	0	0	0.0%

Additional Comments

Log/Chart Review Title: Skin Infection



Threshold: _____ %

Chart Review Period:

Institution:

Date Source of Log/Charts: Prior __90__ days

Date:

Chart Sample Size Total Number: _____

Office of Health Services

Reviewer/s:

Number Randomly Selected:

Targeted Number Selected:

Updated as of 09-14-2011

Measures: Y = Yes, N = No, N/A = Not Applicable	Chart Identification Number										TOTALS				
												# Yes	# No	# N/A	% Met
1. Draining lesion - Culture was ordered and obtained												0	0	0	0.00
2. Draining lesion - MRSA confirmed by culture documented on MPL.												0	0	0	0.00
3. Medication ordered based on culture sensitivity												0	0	0	0.00
4. MAR reflects administration of ordered medication.												0	0	0	0.00
5. Patient education documented on S/S infection, hygiene, medication compliance.												0	0	0	0.00
6. Site re-evaluated 1 week post-completion of medication.												0	0	0	0.00
7. Skin Log up to date.												0	0	0	0.00
Total Score												0	0	0	0.0%

Additional Comments

Chart Review Title: *Cardiac / Hypertension*



Threshold: _____ %

Chart Review Period:

Institution:

Date Source of Charts: Prior _____ days

Date:

Chart Sample Size Total Number: _____

Office of Health Services

Reviewer/s:

Number Randomly Selected:

Targeted Number Selected:

Updated as of 09-14-2011

Measures: Y = Yes, N = No, N/A = Not Applicable	Chart Identification Number										TOTALS			
											# Yes	# No	# N/A	% Met
1. CV/HTN documented on MPL.											0	0	0	0.00
2. Seen in CCC as ordered by provider.											0	0	0	0.00
3. Lipid panel completed yearly.											0	0	0	0.00
4. EKG completed within last 2 years.											0	0	0	0.00
Total Score											0	0	0	0.0%

Additional Comments

Chart Review Title: *Dental Services*



Threshold: _____ %

Chart Review Period:

Institution:

Date Source of Charts: Prior _____ days

Date:

Chart Sample Size Total Number: _____

Office of Health Services

Reviewer/s:

Number Randomly Selected:

Targeted Number Selected:

Updated as of 02-2012

Measures: Y = Yes, N = No, N/A = Not Applicable	Chart Identification Number										TOTALS				
												# Yes	# No	# N/A	% Met
1. Oral screening was performed within 7 days of intake.												0	0	0	0.00
2. Oral hygiene & dental health education was given within 30 days of intake.												0	0	0	0.00
3. An oral examination and treatment plan developed by dentist within 30 days of incarceration.												0	0	0	0.00
4. Dental sick call request triaged within 24 hours of initial request.												0	0	0	0.00
5. Dental cleanings are documented yearly on the following patients: seizure (when patient is on Dilatin), DM, and patients on calcium channel blockers.												0	0	0	0.00
6. Note by dental services professional on progress note when patient is seen.												0	0	0	0.00
7. Dentures completed within 90 days, of first impression.												0	0	0	0.00
8. Spore counts documented weekly.												0	0	0	0.00
9. Sharp counts completed at the end of each clinic.												0	0	0	0.00
Total Score												0	0	0	0.0%

Additional Comments

Log Review Title: *Discharge Planning*

Log Review Period:

Date Source of Logs: Prior 90 days

Sample Size Total Number: _____

Number Randomly Selected:

Targeted Number Selected:

Updated as of 09-14-2011



Office of Health Services

Threshold: _____ %

Institution:

Date:

Reviewer/s:

Measures: Y = Yes, N = No, N/A = Not Applicable	Chart Identification Number										TOTALS				
												# Yes	# No	# N/A	% Met
1. Pre-release blood work completed per state law and ADOC policy (RPR, HIV).												0	0	0	0.00
2. Discharge referrals made if applicable (Public Health, Medical, Mental Health).												0	0	0	0.00
3. 30 days prescription medications were arranged for the patient at the time of release.												0	0	0	0.00
4. Inmate received copy of current MAR, immunization record, most recent lab results, M.D. visit.												0	0	0	0.00
5. Discharge planning log is current for this inmate.												0	0	0	0.00
Total Score												0	0	0	0.0%

Additional Comments

Chart Review Title: *TB Therapy*



Threshold: _____ %

Chart Review Period:

Institution:

Date Source of Charts: Prior _____ days

Date:

Chart Sample Size Total Number: _____

Office of Health Services

Reviewer/s:

Number Randomly Selected:

Targeted Number Selected:

Updated as of 09-14-2011

Measures: Y = Yes, N = No, N/A = Not Applicable	Chart Identification Number										TOTALS				
												# Yes	# No	# N/A	% Met
1. All positive TST's are noted in millimeters (mm).												0	0	0	0.00
2. Positive TST status documented on MPL.												0	0	0	0.00
3. Baseline CXR completed for 5mm or greater.												0	0	0	0.00
4. If symptomatic, AFB smears completed.												0	0	0	0.00
5. Baseline CMP completed prior to beginning TB therapy.												0	0	0	0.00
6. Seen in CCC every month by nurse.												0	0	0	0.00
7. Liver enzymes monitored monthly for the first three months; then quarterly unless specified more frequently by provider.												0	0	0	0.00
8. Patient education on compliance, side effects of meds, etc. documented.												0	0	0	0.00
9. *If non-compliant with medication, appropriate action has been taken according to policy.												0	0	0	0.00
Total Score												0	0	0	0.0%

Additional Comments

*INH 300 mg daily x 9 months or INH 900 mg bi-weekly x 9 months; Rifampin 600 mg daily x 5 months

*Missing 900 mg of any INH combination = Non-Compliance; Missing 1800 mg Rifampin = Non-Compliance

Chart Review Title: *Pulmonary Chronic Care*



Threshold: _____ %

Chart Review Period:

Institution:

Date Source of Charts: Prior 90 days

Date:

Chart Sample Size Total Number: _____

Office of Health Services

Reviewer/s:

Number Randomly Selected:

Targeted Number Selected:

Updated as of 09-14-2011

Measures: Y = Yes, N = No, N/A = Not Applicable	Chart Identification Number										TOTALS				
												# Yes	# No	# N/A	% Met
1. Pulmonary diagnosis documented on MPL.												0	0	0	0.00
2. Seen in CCC as ordered by provider.												0	0	0	0.00
3. Peak flow readings documented at each CCC visit.												0	0	0	0.00
4. Degree of disease control documented at each CCC visit.												0	0	0	0.00
5. Flu vaccination documented for most recent flu season or refusal documented.												0	0	0	0.00
6. Pneumonia vaccination offered or inmate refusal documented.												0	0	0	0.00
Total Score												0	0	0	0.0%

Additional Comments

Chart Review Title: *Specialty Care*



Threshold: _____ %

Chart Review Period:

Institution:

Date Source of Charts: Prior 90 days

Date:

Chart Sample Size Total Number: _____

Office of Health Services

Reviewer/s:

Number Randomly Selected:

Targeted Number Selected:

Measures: Y = Yes, N = No, N/A = Not Applicable	Chart Identification Number										TOTALS			
											# Yes	# No	# N/A	% Met
1. Written order for consult?											0	0	0	0.00
2. Consult approval or denial documented?											0	0	0	0.00
3. Appointment scheduled with consultant within 3 working days of approval, for patient to be seen at next available appointment.											0	0	0	0.00
4. Consult reports filed in medical record if appointment completed.											0	0	0	0.00
5. Inmate seen by on-site provider within 5 working days post consult visit?											0	0	0	0.00
6. Documentation that specialist recommendations addressed by site provider?											0	0	0	0.00
7. Offsite tracking log complete for this event.											0	0	0	0.00
Total Score											0	0	0	0.0%

Additional Comments

Chart Review Title: *Seizure Disorder*



Threshold: _____ %

Chart Review Period:

Institution:

Date Source of Charts: Prior 90 days

Date:

Chart Sample Size Total Number: _____

Office of Health Services

Reviewer/s:

Number Randomly Selected:

Targeted Number Selected:

	Chart Identification Number										TOTALS			
Measures: Y = Yes, N = No, N/A = Not Applicable											# Yes	# No	# N/A	% Met
1. Is patient seen in CCC as ordered by provider?											0	0	0	0.00
2. Are therapeutic lab levels obtained, as indicated on the drug information sheet, for the seizure medication/s in use?											0	0	0	0.00
3. Lab levels are reviewed by the Provider?											0	0	0	0.00
Total Score											0	0	0	0.0%

Additional Comments

Chart Review Title: *Hepatitis C - Treatment*



Threshold: _____ %

Chart Review Period:

Institution:

Date Source of Charts: Prior _____ days

Date:

Chart Sample Size Total Number: _____

Office of Health Services

Reviewer/s:

Number Randomly Selected:

Targeted Number Selected:

Measures: Y = Yes, N = No, N/A = Not Applicable	Chart Identification Number										TOTALS				
												# Yes	# No	# N/A	% Met
1. HCV antibody testing completed?												0	0	0	0.00
2.HCV documented on the master problem list?												0	0	0	0.00
3. Designated Management Disease Specialist treatment approval documented.												0	0	0	0.00
4. Education documented on treatment side effects and potential complications.												0	0	0	0.00
5. Mental health evaluation completed prior to initiation of treatment.												0	0	0	0.00
6.HCV genotype testing has been completed prior to treatment initiation.												0	0	0	0.00
7.HCV viral load testing completed prior to treatment initiation.												0	0	0	0.00
8. Documentation of baseline CBC, Liver Profile, TSH and pregnancy test (females) obtained prior to the initiation of treatment.												0	0	0	0.00
9. Informed consent for Interferon/Ribavirin therapy has been signed or refusal documented.												0	0	0	0.00
10. Seen by a provider at least weekly while on treatment.												0	0	0	0.00
11. Seen by mental health at least monthly while on treatment.												0	0	0	0.00
12. Labs completed following Pegasys flow sheet?												0	0	0	0.00

13. Master problem list updated with start and completion date.											0	0	0	0.00
14. HCV viral load completed 6 months post treatment.											0	0	0	0.00
Total Score											0	0	0	0.0%

Additional Comments

Note: Answers to Question 11 are not calculated in the overall score of this tool.

Chart Review Title: *Hepatitis C - Non-Treatment*



Threshold: _____ %

Chart Review Period:

Institution:

Date Source of Charts: Prior _____ days

Date:

Chart Sample Size Total Number: _____

Office of Health Services

Reviewer/s:

Number Randomly Selected:

Targeted Number Selected:

Measures: Y = Yes, N = No, N/A = Not Applicable	Chart Identification Number										TOTALS				
												# Yes	# No	# N/A	% Met
1. HCV antibody testing completed?												0	0	0	0.00
2.HCV documented on the master problem list?												0	0	0	0.00
3.Enrolled in CCC clinic?												0	0	0	0.00
4.Seen in CCC as ordered by provider.												0	0	0	0.00
5. Hepatitis C flow sheet current.												0	0	0	0.00
6. Hepatitis C education documented.												0	0	0	0.00
Total Score												0	0	0	0.0%

Additional Comments

Chart Review Title: *Diabetes*



Threshold: _____ %

Chart Review Period:

Institution:

Date Source of Charts: Prior 90- days

Date:

Chart Sample Size Total Number: _____

Office of Health Services

Reviewer/s:

Number Randomly Selected:

Targeted Number Selected:

Updated as of 09-14-2011

Measures: Y = Yes, N = No, N/A = Not Applicable	Chart Identification Number										TOTALS				
												# Yes	# No	# N/A	% Met
1. DM documented on Master Problem List.												0	0	0	0.00
2. Enrolled in DM CCC clinic.												0	0	0	0.00
3. Seen in CCC as ordered by provider.												0	0	0	0.00
4. Vital signs including weight documented at each CCC visit.												0	0	0	0.00
Diagnostic Laboratory															
5. CBS documented as ordered.												0	0	0	0.00
6. HbA1C Baseline >7.0 rechecked every 3 months - unless specified otherwise by physician												0	0	0	0.00
7. HbA1C baseline < 7.0% rechecked bi-annually - unless specified otherwise by physician												0	0	0	0.00
8. Annual dilated retinal exam documented.												0	0	0	0.00
9. Referral to ophthalmologist if retinopathy, cataracts or glaucoma is suspected?												0	0	0	0.00
10. Annual urine micro albumin test conducted.												0	0	0	0.00
11. Fasting Lipids tested annually?												0	0	0	0.00

Dental Care															
12. Annual dental cleaning completed or scheduled?												0	0	0	0.00
Preventative and Chronic Care															
13. IDDM IM influenza immunization or IM refusal documented.												0	0	0	0.00
14. Documentation of current diet noted on institutional food services roster.												0	0	0	0.00
15. Documentation of diabetic education at each CCC visit.												0	0	0	0.00
Total Score												0	0	0	0.0%

Additional Comments

Chart Review Title: *Grievance Log*



Threshold: _____ %

Chart Review Period:

Institution:

Date Source of Charts: Prior 90 days

Date:

Log Sample Size Total Number: _____

Office of Health Services

Reviewer/s:

Number Randomly Selected:

Targeted Number Selected:

Updated as of 09-14-2011

Measures: Y = Yes, N = No, N/A = Not Applicable	Chart Identification Number										TOTALS				
												# Yes	# No	# N/A	% Met
1. Procedure in place for explaining method of submitting grievance and education provided.												0	0	0	0.00
2. Responses to grievances are within ten working days of receipt for this event.												0	0	0	0.00
3. Grievance tracking log completed each month.												0	0	0	0.00
4. Office of Health Services exception for repetitive grievance submissions for same complaint.												0	0	0	0.00
Total Score												0	0	0	0.0%

Additional Comments

A 'Y' response to question # 4 will neutralize a 'N' response to #2 when answers are related to same individual medical record review.

Chart Review Title: *Anticoagulant Therapy*



Threshold: _____ %

Chart Review Period:

Institution:

Date Source of Charts: Prior 90 days

Date:

Chart Sample Size Total Number: _____

Office of Health Services

Reviewer/s:

Number Randomly Selected:

Targeted Number Selected:

Updated as of 09-14-2011

Measures: Y = Yes, N = No, N/A = Not Applicable	Chart Identification Number										TOTALS				
												# Yes	# No	# N/A	% Met
1. Current order for Anticoagulant therapy.												0	0	0	0.00
2. Seen in CCC monthly.												0	0	0	0.00
3. PT, INR, drawn monthly, unless ordered otherwise by the Physician												0	0	0	0.00
4. Education on anticoagulant therapy documented.												0	0	0	0.00
Total Score												0	0	0	0.0%

Additional Comments

Chart Review Title: *Intra-System Transfer*



Threshold: _____ %

Chart Review Period:

Institution:

Date Source of Charts: Prior 90 days

Date:

Chart Sample Size Total Number: _____

Office of Health Services

Reviewer/s:

Number Randomly Selected:

Targeted Number Selected:

Updated as of 09-14-2011

	Chart Identification Number										TOTALS			
Measures: Y = Yes, N = No, N/A = Not Applicable											# Yes	# No	# N/A	% Met
1. Intra-System Screening form completed.											0	0	0	0.00
2. Health screening conducted within 24 hours of notification of the inmate's arrival to institution.											0	0	0	0.00
3. Medical and mental health codes documented.											0	0	0	0.00
4. Referred if applicable to: (Medical, CCC, MH, Dental).											0	0	0	0.00
5. Review of pending offsite consults documented.											0	0	0	0.00
6. Medications continued if applicable.											0	0	0	0.00
7. Special housing accommodations documented if applicable.											0	0	0	0.00
8. Transfer screening log current for this patient.											0	0	0	0.00
Total Score											0	0	0	0.0%

Additional Comments

Chart Review Title: Coding Status



Threshold: _____ %

Chart Review Period:

Institution:

Date Source of Charts: Prior _____ days

Date:

Chart Sample Size Total Number: _____

Office of Health Services

Reviewer/s:

Number Randomly Selected:

Targeted Number Selected:

Updated as of 09-14-2011

Measures: Y = Yes, N = No, N/A = Not Applicable	Chart Identification Number										TOTALS				
												# Yes	# No	# N/A	% Met
1. Medical Code updated within past calendar year?												0	0	0	0.00
2. Mental Health Code current as according to most recent treatment plan?												0	0	0	0.00
3. Current Medical Code reflected in ADOC IMS system?												0	0	0	0.00
4. Current Mental Health Code reflected in ADOC IMS system?												0	0	0	0.00
5. Medical Code relevant for current inmate status?												0	0	0	0.00
6. Mental Health Code relevant for current inmate status?												0	0	0	0.00
7. Current Medical Code status matches approved institution code map?												0	0	0	0.00
8. Current Mental Health Code status matches approved institution code map?												0	0	0	0.00
9. If HC-6, was evaluated in accordance with policy criteria for Medical Furlough consideration?												0	0	0	0.00
Total Score												0	0	0	0.0%

Additional Comments

Aggregate Score is not applied in the formal auditing process. This tool is to be utilized as a QA survey by OHS personnel.



Alabama Department of Corrections Mental Health Out-Patient Services



Facility: _____ Reviewer: _____ Date: _____

Review of ten (10) randomly selected medical records of inmates coded MH-1:

<u>Items</u>	<u>Yes</u>	<u>No</u>	<u>% Compliance</u>
1. Referrals to the ADOC MH-1 caseload are completed in a timely manner	_____	_____	_____
2. Inmate is assigned a Treatment Coordinator:	_____	_____	_____
3. Treatment Plan was created by multidisciplinary team:	_____	_____	_____
4. Multidisciplinary team meetings are attended:	_____	_____	_____
5. Treatment Plans are dated:	_____	_____	_____
6. Inmate seen by Treatment Coordinator within the last 30 days:	_____	_____	_____
7. Treatment Plan reviewed every six months or sooner (if significant change in inmate's functioning noted):	_____	_____	_____
8. Progress notes reflect Treatment Plan goals and interventions:	_____	_____	_____
9. Documentation in Progress Notes is in SOAP format:	_____	_____	_____
10. Current Mental Health Code is dated and signed on Problem List.	_____	_____	_____
11. If inmate is assigned to Administrative Segregation:			
a). Are weekly Segregation rounds documented on ADOC Form MH-038, <i>Mental Health Segregation Rounds Log</i> :	_____	_____	_____
b). Was there a consultation to the disciplinary process documented on ADOC Form MH-041, <i>Mental Health Consultation to the Disciplinary Process</i> :	_____	_____	_____
12. Administrative Segregation rounds are completed 2X/week.	_____	_____	_____
13. Administrative Segregation rounds are documented.	_____	_____	_____
14. Mental health workshops are documented on group attendance rosters.	_____	_____	_____
15. Inmates who report being victims of sexual assault are referred to PREA officials and noted on PREA Log.	_____	_____	_____
16. ADOC mental health staff has adequate reference books:	_____	_____	_____
17. Credentials/Degrees are posted in office:	_____	_____	_____



Alabama Department of Corrections

Suicide Watch/Mental Health Observation Audit



Facility

Reviewer/Date

Review medical records of last five inmates placed on suicide watch and complete the following record review:

<u>Inmate AIS Number:</u>	<u>Yes</u>	<u>No</u>	<u>% Compliance</u>
1. Was Psychiatrist involved in placing inmate on watch?	_____	_____	_____
2. Does medical record documentation support the need for suicide prevention?	_____	_____	_____
3. Was there documentation of daily follow-up by mental health staff when inmate on watch.	_____	_____	_____
4. Was inmate released from watch based on psychiatric order?	_____	_____	_____
5. If inmate was held on watch for more than 72 hours, was there documentation of consideration of transfer to stabilization unit?	_____	_____	_____
6. Was a crisis treatment plan developed (can be within a progress note) to address the current crisis event?	_____	_____	_____
7. Is crisis plan reviewed each day?	_____	_____	_____
8. Was the treatment plan appropriately reviewed in response to the suicide watch?	_____	_____	_____

Appendix

F

SEIB Reporting Requirements

Thomson Medstat Data Submission Options and Requirements

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Section 1: General Overview

Section 2: Electronic Submission

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Section 1: General Overview

This document is designed to provide data suppliers with information on the different data submission methods supported by Thomson Medstat. Thomson Medstat (herein referred to as "Medstat") encourages electronic data transfers (EDT). Several EDT methods are available and information on these methods can be found in section 2 of this document.

Data Submission Types

- **Electronic Data Transmission**

This data submission type allows for the electronic transmission of data over the Internet using multiple methods. Refer to section 2 for details about methods, setup, and requirements.

- **Physical Media Options**

Medstat accepts a variety of physical media options, including:

- Data Tapes
- Data Diskettes
- CDs and DVDs
- Zip Disks
- External Hard Drives

Note: All data submissions require some form of control totals (i.e. record counts, dollar amount (if applicable) and time period of the data. Specific requirements for each type of submission method can be found in the following detailed sections of this document. In addition, physical media documentation and labeling requirements must be met before the data can be accepted into Medstat's data submission system. Refer to section 3 for more information.

Section 2: Electronic Data Submission

Electronic data transfers rely on standard Internet protocols to transfer data to Medstat for processing. This service has five options. All electronic methods require submission of control information in specified formats, and may require files to be named according to Medstat's file naming convention. Please see section 2A for more information about file names and control information for electronic submissions.

Medstat adheres to HIPAA (Health Insurance Portability and Accountability Act) standards regarding the transmission of medical data, including authenticating users and encrypting transmissions.

Supported Data Transfer Methods

- **Standard FTP with PGP encryption**

Since the FTP standard does not inherently provide encryption, data suppliers must encrypt files before transmission. This option is available to data suppliers in both "push" and "pull" modes. Compression is automatic when using PGP encryption. Zipped files may be transmitted using this method. Please see Appendix B for more information.

All files using PGP encryption over a standard FTP connection will be inherently compressed. Compression occurs via ASCII or binary encryption. ASCII encryption will append an "ASC" extension to the file name. Binary encryption will append a "PGP" extension. Binary encryption is preferred because it provides greater compression.

- **Standard FTP over VPN (Virtual Private Network)**

The VPN connection provides a secure transfer; therefore encryption of the data is not required. This is an option for suppliers that do not support PGP encryption, but can use standard FTP over the Internet. This option is only available for suppliers hosting the VPN connection, with Medstat logging in and "pulling" data. Zipped files may be transmitted using this method. Please see Appendix B for more information. FTP "push" transmissions are not supported with a VPN tunnel.

- **Secure FTP (SFTP) – Pull only**

This option uses an encrypted SSH (Secure Shell) channel to "pull" data from supplier sites. It also uses Secure FTP on port 22 to accomplish the data transfer. Zipped files may be transmitted using this method. Please see Appendix B for more information. **Note:** *SSL on port 21 (FTPS) is not supported by Medstat.*

- **HTTPS (Pull Only)**

This option uses an encrypted SSL channel to "pull" data from supplier sites. Currently this method is only available to suppliers using the Tumbleweed server software. It utilizes Internet standard port 443 to accomplish the data transfer. Zipped files may be transmitted using this method. Please see Appendix B for more information. **Note:** *HTTPS "pushes" are not supported by Medstat.*

- **Interactive Web Submission**

The Medstat Data Submission System (MDSS) is a Web-based software application that allows a data supplier to validate the structure of a file and send it electronically to Medstat over the Internet. A small Java applet guides the user through the data submission process. In this process, data is validated against the agreed-upon data format. This method cannot be automated. Zipped files may not be sent using this method.

Features

Feature	Interactive Web	FTP w/PGP	FTP over VPN	HTTPS	SFTP
Data Validation - record length, record count, field validation	<input checked="" type="checkbox"/>				
Compression	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
File encryption		<input checked="" type="checkbox"/>			
Transfer method encryption	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
User Authentication	<input checked="" type="checkbox"/>				
Media Logging	<input checked="" type="checkbox"/>				
Data "pushed" to Medstat	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Data "pulled" by Medstat		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Can be automated		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Requirements

Requirement	Interactive Web	FTP w/PGP	FTP over VPN	HTTPS	SFTP
Software	Java Run-time 1.4.2 or greater (installed during first MDSS login, if not present)	* File Transfer Protocol (FTP) as defined in RFC959 and RFC1123 Sec. 4 * PGP version 6.5 or greater	File Transfer Protocol (FTP) as defined in RFC 959 [RFC959] and RFC 1123 Section 4 [RFC1123]	Tumbleweed server software	SSH Server responding on port 22
Hardware	* PC with Windows 2000 or Windows XP workstation, with latest Windows updates * 56Kb modem or better (broadband Internet connection preferred) * 128MB RAM or better * Pentium 200Mh processor or better	N/A	N/A	N/A	N/A
Web Browser	Internet Explorer 6 or greater	N/A	N/A	N/A	N/A
File Size Limit	1 GB	15GB	2GB	15GB	2GB
Control Information	Entered on Web Interface	Header/Trailer or Tag File	Header/Trailer or Tag File	Header/Trailer or Tag File	Header/Trailer or Tag File
File Names	N/A	Medstat File Names	Supplier-selected file names that are consistent from submission to submission	Medstat File Names	Supplier-selected file names that do not change from submission to submission
Permissions	Administrator access on workstation to install Java Run-time	Permission to delete files from remote server (FTP Pull)	N/A	N/A	N/A

Section 2a: File Names

File Naming Convention

Files being pushed to Medstat

Data files submitted to Medstat electronically via FTP with PGP encryption ("push") must uniformly follow the naming convention defined below.

Medstat's file naming convention contains the following:

Client ID (4 bytes) + Supplier ID (4 bytes) + Header/Trailer-Tag identifier (1 byte) + Layout Group Key (5 bytes) + File Extension

The header/trailer tag identifier character indicates the location of the control information – either in an embedded header/trailer record or a separate "tag" file. "E" is used for tag files and "T" is used for files containing header/trailer records. **Note:** *Tag files follow the same naming convention as the data files except they have an ".MMS" extension instead of ".TXT".*

Example: 77050770E10356.TXT and 77050770E10356.MMS

To "push" multiple files at one time, a unique identifier can be inserted into the file name after the 14th character and before the .txt extension.

Example: 77050770E10356_1Q04.TXT and 77050770E10356_1Q04.MMS

Files being pulled by Medstat (FTP with PGP encryption or FTP over VPN)

Data files "pulled" by Medstat via FTP with PGP encryption or FTP over VPN can be named according to supplier requirements. However, the file names must contain a static component that does not change from submission to submission. **Note:** the file name cannot contain any periods (.) except immediately before the txt and pgp (if applicable) extensions.

Example: Customer_medclaims_Jun2006.txt (where "Customer_med_" does not change, but the time period does)

Files being pulled by Medstat via SFTP

Data files "pulled" by Medstat via SFTP may be named according to supplier requirements, but cannot change from submission to submission. Files must also have a .txt extension.

Example: Customer_medclaims.txt

Files being pulled by Medstat via HTTPS

Data files "pulled" by Medstat via HTTPS must be named according to Medstat naming conventions. To supply multiple files at one time, a unique identifier can be inserted into the file name after the 14th character and before the .txt extension. If control information is being supplied by a tag file, both the data and tag file names must match exactly, with the exception of the .txt and .mms extension.

Section 2b: Control Information

Files submitted electronically to Medstat must contain information about the data contents. This information can be provided in one of two ways:

- Embedded header or trailer record
- Tag file

Embedded Header or Trailer Record

If the data format contains layouts for a header or trailer record that contains control total information about the file, these records can be appended to the data detail. The header/trailer record must be the same length as other layout(s) in the group when using fixed-width formats.

At a minimum, the header/trailer record must contain the following information:

- Total file record count including header and/or trailer
- Dollar totals (e.g. net payments), if applicable.
- Start time period (dates must be in the same format as dates in the data detail)
- End time period (dates must be in the same format as dates in the data detail)

Tag File

A "tag" file, in the context of Medstat's automated EDT process, is a small text file that contains information about a specific data file. A tag file must accompany each data file transmitted to Medstat. Medstat only processes data files and tag files in pairs. Orphaned data files or tag files will not be processed. **Note:** A tag file is required with each file submitted in order for Medstat to properly catalogue and process the data content included in the submission.

The first 25 bytes of each required line (or record) will be comprised of the literal label used in the example below. The data corresponding to the label will begin in column 26 and end in column 80 for that respective line (or record).

Note: The data supplier should provide the following content in the "tag" files.

Label	Format	Description
Number of Records	Numeric, left justified, no commas	Identifies the number of records included in the data content file.
Record Length	Numeric, in bytes at source, left justified, no commas	Identifies the number of bytes per record (excluding the record terminator).
Start Paid Date	Date, mm/dd/ccyy with "/" delimiter and leading zero(s) as needed for single-digit months and days	Identifies the starting date for the period included in the data submission.
End Paid Date	Date; mm/dd/ccyy with "/" delimiter and leading zero(s) as needed for single-digit months and days	Identifies the ending date for the period included in the data submission.
Dollar Totals	Numeric, left justified, no commas or dollar sign (\$), negatives should be signed on the far left, 2 explicit decimal places to the right of the included decimal point	Provides a control total for dollar amounts for files that include dollar amounts in the record layout.
Contact Name and Phone	Text, First (space " ") Last ###.###.#### (X##### for extension)	Provides contact information that can be used for follow up in the event of problems reading or interpreting the data content file.
Comments	Text, columns 26 through 80, one (1) comment per line with a maximum of four (4) lines.	Provides space for comments regarding the data content, such as data type, or special instructions, etc.

Example Tag File:

Please note that the dashed line with numbers (below) indicates the relative positions in the record layout – it is not actually included within the text of the tag file.

```

1-----26-----40-----60-----80
Number of Records:      105623
Record Length:         450
Start Paid Date:       06/01/2001
End Paid Date:         06/30/2001
Dollar Totals:         2356497.88
Contact Name and Phone: Joyce Welch-Smith 734.555.9876X4321
Comments:               Eligibility Data
Comments:               Replacement file
    
```

Section 3: Physical Media Submission

While Medstat encourages the use of electronic data submission, physical media submission is also available. Medstat accepts a variety of media, each type with labeling and documentation requirements.

Format options for Data Tapes

Medium

- 3480 or 3490 or 3490e Cartridge, compressed or uncompressed
- DDS-4 20/40 GB 4MM Data Cartridge 120 meter maximum
- 8MM Helical Scan 7/14 GB Data Cartridge
- DLT 7000 35/70 GB Data Cartridge
- SDLT 110/220 GB Data Cartridge
- LTO Ultrium1 or Ultrium2 Data Cartridge
- External Hard Drive with USB 2.0 connection formatted for Windows

Labels

Standard IBM labels preferred where applicable; unlabeled or ANSI labels also accepted.

Other Tape Creation Options

Windows Backup, TAR, DD

Format Options for Data Diskettes, CDs, DVDs, and Zip Disks

Medium

- CD-ROM – 700MB
- DVD – 4.3GB single layer or 8.5GB dual layer
- 1.44MB Floppy Diskette
- 250MB Zip Disk

Compression

Winzip if applicable or PGP (using Medstat's public key, EDTFTP <edtftp@medstat.com>, or Self-Decrypting Archive format)

Parsing Data Prohibited

Data files should not span multiple CD, DVD, Floppy, or Zip disks. Please choose a media that will accommodate the entire data volume.

Disk Contents

Disks should only contain data files, and when appropriate, layout information. No other files should be present on the disk, including third party software (e.g. applications that can be used to view/edit the data).

Requirements

External media label and documentation requirements apply to all physical media types, including any type of tape, CD-ROM, DVD, Floppy, or Zip disk.

Media Identification

Medstat will provide Data Submission Forms and self-adhesive labels to data suppliers that submit data via physical media. These forms provide data security and privacy while expediting processing upon receipt at Medstat's data center. Appendix A contains a hard copy of the Data Submission Form and label.

Follow the steps below to properly identify the media:

1. Complete the label and affix to the media or CD-ROM case. Note the **unique number** on the label so it can be entered on the Data Submission Form.
2. Package and ship the media separately from the Data Submission Form.
3. Enter the **unique number** from the label on the Data Submission Form and complete the rest of the form.
4. Send the Data Submission Form to Medstat as follows:
 - a. Fax to Medstat at (734) 913-3360 or
 - b. Email to Medstat at Medstat-ops.expeditor@thomson.com

5. If placing multiple files on the same media, list the files on the Data Submission Form by file name or volume serial number. For each file, indicate the record count, net payments (if applicable), and time period.

Note: Never include files for multiple customers on one media. Use one media per customer.

Appendix A - Sample Data Submission Form with Label

Unique No: 0101010

Unique No: 0101010	
ID#1: _____	L
ID#2: _____	A
Date Created: _____	B
Tape # _____ of _____	E
Send to:	L
The MEDSTAT Group, Inc.	
Data Center	
640 Avis Drive, Suite 100	
Ann Arbor, MI 48108	
Attn: Tape Expeditor	

Contact Information

Name: _____
Number: _____
E-mail: _____
Client: _____
Carrier: _____
Date Created: _____

Shipping Company: _____ (Fed-Ex, UPS, Airborne, US Mail, etc.)
Character set used (circle one): _____ EBCDIC or ASCII
Job ID, if applicable: _____
Format or extract name: _____
VOL-SER number(s): _____ (The medium's serial number, which you assign)
VOL-SER number(s): _____
Data type: _____ (i.e., claims, eligibility, provider, test data, etc.)
Record format: _____ (The data's record format - it should be fixed)
Block size: _____ (The number of bytes contained per block)
LRECL: _____ (The number of bytes contained per record)
Blocking factors: _____ (The number of records contained per block)

Total records: _____ (The total number of records contained on the medium)
Total net payments: _____ (The dollar total of all the net payments contained on the
Time period: _____ (The time frame in which data was incurred)
Return to: _____ (The address to which the medium should be returned)

MAIL TO: ATTN: Tape Expeditor, Medstat, Data Center
640 Avis Drive, Suite 100, Ann Arbor, MI 48108
(Fax # (734) 913-3360) (E-mail: medstat-ops.expeditor@thomson.com)

Appendix B: Zipped Files

Medstat can accept zipped files via most electronic transmission methods. However, specific naming conventions must be followed. Files may be zipped using Winzip, pkzip, or gzip, and may have either a .zip or .gz extension. Files with .tar or .tgz extensions will not be processed. When zipping files, the zipped file must be a self-decrypting archive (SDA). If files are to be PGP encrypted, zipping should be done before encryption.

All zipped files must be named according to the transmission method's file naming requirements, with the .txt or .mms extension replaced by the .zip or .gz extension. All files within archives must follow Medstat's file naming convention, regardless of transmission method. Please see section 2A for file naming requirements for each data transfer method.

Examples:

10550770E12345.ZIP (Contains 10550770E12345.TXT and 10550770E12345.MMS)

Customer_claims.zip (Contains 10550770T12345.TXT)

Note: *Zipped files are not supported for Interactive Web Submission.*

Appendix
G
Monthly Health Services
Report

Alabama Statewide Totals
Month
Year
Vendor Name

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Total
Institution Inmate Count													
Intake	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Total
Receiving Screening													
Total 7 Day Physicals													
Periodic Health Exams	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Total
Hx & Px Due													
Total Hx & Px Completed													
Transfer Screening	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Total
In													
Out													
Sick Call	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Total
Triaged													
Nurse Encounters													
Midlevel Encounters													
Physician Encounters													
Total Encounters													
No Shows													
Refusals													
Infirmary Care	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Total
Admissions													
Discharges													
Total Infirmary Days													
Avg. LOS													
Avg. Daily Census													
Infirmary Encounters by Midlevel													
Infirmary Encounters by Physician													
Diagnostics On-Site	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Total
X-Ray (non-TB related)													
Ultrasounds													
EKG's													
Mammograms													
PAP Smears													
Laboratory (off-site total)													
Laboratory (on-site total)													
MRI/CT's													
Glaucoma													

Alabama Statewide Totals
Month
Year
Vendor Name

On-Site Specialty Care	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Total
Optometry Encounters													
Prosthetics													
Dialysis Treatments													
Chronic Renal Failure													
Oral Surgery													
Obstetrics													
Gynecology													
Other													
Dental Care	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Total
Intake Dental Screens													
30-Day Intake Dental Exams													
Dentist Encounters													
Hygienist Encounters													
Dental Assistant Encounters													
Total Encounters													
Extractions													
Fillings													
Dental X-Rays													
Off-Site Dental Care													
Refusals													
Prosthetics Initiated													
Prosthetics Delivered (to patient)													
Pharmaceuticals	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Total
# Inmates on Prescribed Rx													
% Inmates on Prescribed Rx													
# Prescriptions per Inmates													
# Inmates on Psychotropic Rx													
%Inmates on HIV Rx													
# Inmates on Hepatitis C Rx													
# Inmates on Hemophiliac Rx													
Chronic Care	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Total
# Inmates Enrolled - Diabetic Clinic													
# Inmates Seen - Diabetic Clinic													
# Inmates Enrolled - Pulmonary Clinic (non-TB)													
# Inmates Seen - Pulmonary Clinic (non-TB)													
#Inmates Enrolled - Cardiac/Hypertension Clinic													
# Inmates Seen - Cardiac/Hypertension Clinic													
# Inmates Enrolled - Seizure Clinic													
# Inmates Seen - Seizure Clinic													
# Inmates Enrolled - Hepatitis Clinic													
# Inmates Seen - Hepatitis Clinic													
# Inmates Enrolled - HIV Clinic													
# Inmates Seen - HIV Clinic													
# Inmates Enrolled - Blood Disorder Clinic													
# Inmates Seen - Blood Disorder Clinic													
# Inmates Enrolled - General Clinic													
# Inmates Seen - General Clinic													

Alabama Statewide Totals
Month
Year
Vendor Name

Infectious Disease Control	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Total
#TST's Planted													
#TST's Read													
# Positive TST's													
# TB Screening Forms Conducted													
# Positive TB Screening Form Responders													
# Inmates with Active TB													
Prison Inmates													
Court Ordered - Free World Patients													
# TB Related CXR's													
# Prophylactic Orders, On-Going													
# Prophylactic Orders, New													
# Inmates Enrolled in TB Clinic													
# Inmates Seen by Nurse in TB Clinic													
# Inmates Seen by Provider in TB Clinic													
# Inmates Tested for HIV - Intake													
# Positive, New - Intake													
# Positive, Not Tested - Previously Positive - Intake													
# Inmates, Tested for HIV - Post Intake Testing													
# Inmates, Positive - Post Intake													
# Inmates, Tested for HIV 30 Days Prior to ADOC Release													
# Positive, 30 Days Prior to ADOC Release													
Newly Diagnosed													
# Inmates, Hepatitis A													
# Inmates, Hepatitis B													
# Inmates, Hepatitis C													
# Inmates, Chlamydia													
# Inmates, Gonorrhea													
# Inmates, Syphilis													
# Inmates, Other STD													
# Inmates, Pediculosis													
# Inmates, Scabies													
# Inmates, MRSA (by culture)													
Miscellaneous	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Total
ADOC Employee Hx & Px Completed - New Hire Testing													
Emergency Treatment Vendor Staff													
Emergency Treatment ADOC Staff													
Emergency Treatment Visitors or Other Contract Staff													
# DNA's Drawn													
# RPR Test - Inmates Exiting ADOC System													
# HIV Test - Inmates Exiting ADOC System													
# Discharge Processed - Inmate Released from ADOC													

Alabama Statewide Totals
Month
Year
Vendor Name

Off-Site Specialty	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Total
Hospital Admissions													
Hospital Days													
Avg. LOS													
Out-Patient 1 Day Surgery (non-admission)													
23 Hour Medical Stay (ER or Observation)													
Ambulance Trips													
ER Visits													
ER Visit Resulting in Hospital Admission													
Specialty Visits													
Dialysis													
X-Ray													
	<i>Cardiology</i>	<i>Urology</i>	<i>Neurology</i>	<i>ENT</i>	<i>Gen. Surg.</i>	<i>Orthopedics</i>	<i>Radiation Rx</i>	<i>Ophthalmology</i>	<i>Chemotherapy</i>	<i>Other</i>	<i>Total</i>		
Institution													
Bibb / Cattle Ranch / ATEF													
Bullock / Bullock CSU													
Donaldson													
Easterling													
Fountain / JO Davis / Atmore / Mobile / Loxley / Camden													
Hamilton A & I / Hamilton WC/WR													
Holman													
Kilby / Alex City / Red Eagle / Elba													
Limestone / Decatur													
St. Clair / Childersburg													
Staton / Frank Lee													
Tutwiler / Montgomery Women's Facility / Birmingham													
Ventress													
ATEF													
Total													
Other Specialties (List by Type):													
1													
2													
3													
Total													

Alabama Statewide Totals
Month
Year
Vendor Name

Number of Deaths	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Total
Bibb / Cattle Ranch / ATEF													
Bullock / Bullock CSU													
Donaldson													
Easterling													
Fountain / JO Davis / Atmore / Mobile / Loxley / Camden													
Hamilton A & I / Hamilton WC/WR													
Holman													
Kilby / Alex City / Red Eagle / Elba													
Limestone / Decatur													
St. Clair / Childersburg													
Staton / Frank Lee													
Tutwiler / Montgomery Women's Facility / Birmingham													
Ventress													
ATEF													
Totals													
Pregnancies	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Total
Number of Pregnant Inmates													
Number of Deliveries													
Grievances - Per Category													
1													
2													
3													
4													
5													
6													
Grievance Appeals - Per Category													
1													
2													
3													
4													
5													
6													
Meetings/Training													
Continuous Quality Improvement													
Infection Control													
Meetings/Training													

ADOC REQUIRED MONTHLY OPERATIONAL REPORT

**Month
Year
Vendor Name**

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Total
Institution Inmate Count													
Intake	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Total
Receiving Screening													
Total 7 Day Physicals													
Periodic Health Exams	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Total
Hx & Px Due													
Total Hx & Px Completed													
Transfer Screening	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Total
In													
Out													
Sick Call	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Total
Triaged													
Nurse Encounters													
Midlevel Encounters													
Physician Encounters													
Total Encounters													
No Shows													
Refusals													
Infirmiry Care	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Total
Admissions													
Discharges													
Total Infirmiry Days													
Avg. LOS													
Avg. Daily Census													
Infirmiry Encounters by Midlevel													
Infirmiry Encounters by Physician													
Diagnostics On-Site	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Total
X-Ray (non-TB related)													
Ultrasounds													
EKG's													
Mammograms													
PAP Smears													
Laboratory (off-site total)													
Laboratory (on-site total)													
MRI/CT's													
Glaucoma													

ADOC REQUIRED MONTHLY OPERATIONAL REPORT

**Month
Year
Vendor Name**

On-Site Specialty Care	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Total
Optometry Encounters													
Prosthetics													
Dialysis Treatments													
Chronic Renal Failure													
Oral Surgery													
Obstetrics													
Gynecology													
Other													
Dental Care	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Total
Intake Dental Screens													
30-Day Intake Dental Exams													
Dentist Encounters													
Hygienist Encounters													
Dental Assistant Encounters													
Total Encounters													
Extractions													
Fillings													
Dental X-Rays													
Off-Site Dental Care													
Refusals													
Prosthetics Initiated													
Prosthetics Delivered (to patient)													
Pharmaceuticals	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Total
# Inmates on Prescribed Rx													
% Inmates on Prescribed Rx													
# Prescriptions per Inmates													
# Inmates on Psychotropic Rx													
%Inmates on HIV Rx													
# Inmates on Hepatitis C Rx													
# Inmates on Hemophiliac Rx													
Chronic Care	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Total
# Inmates Enrolled - Diabetic Clinic													
# Inmates Seen - Diabetic Clinic													
# Inmates Enrolled - Pulmonary Clinic (non-TB)													
# Inmates Seen - Pulmonary Clinic (non-TB)													
#Inmates Enrolled - Cardiac/Hypertension Clinic													
# Inmates Seen - Cardiac/Hypertension Clinic													
# Inmates Enrolled - Seizure Clinic													
# Inmates Seen - Seizure Clinic													
# Inmates Enrolled - Hepatitis Clinic													
# Inmates Seen - Hepatitis Clinic													
# Inmates Enrolled - HIV Clinic													
# Inmates Seen - HIV Clinic													
# Inmates Enrolled - Blood Disorder Clinic													
# Inmates Seen - Blood Disorder Clinic													
# Inmates Enrolled - General Clinic													
# Inmates Seen - General Clinic													

ADOC REQUIRED MONTHLY OPERATIONAL REPORT

**Month
Year
Vendor Name**

Infectious Disease Control	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Total
#TST's Planted													
#TST's Read													
# Positive TST's													
# TB Screening Forms Conducted													
# Positive TB Screening Form Responders													
# Inmates with Active TB													
Prison Inmates													
Court Ordered - Free World Patients													
# TB Related CXR's													
# Prophylactic Orders, On-Going													
# Prophylactic Orders, New													
# Inmates Enrolled in TB Clinic													
# Inmates Seen by Nurse in TB Clinic													
# Inmates Seen by Provider in TB Clinic													
# Inmates Tested for HIV - Intake													
# Positive, New - Intake													
# Positive, Not Tested - Previously Positive - Intake													
# Inmates, Tested for HIV - Post Intake Testing													
# Inmates, Positive - Post Intake													
# Inmates, Tested for HIV 30 Days Prior to ADOC Release													
# Positive, 30 Days Prior to ADOC Release													
Newly Diagnosed													
# Inmates, Hepatitis A													
# Inmates, Hepatitis B													
# Inmates, Hepatitis C													
# Inmates, Chlamydia													
# Inmates, Gonorrhea													
# Inmates, Syphilis													
# Inmates, Other STD													
# Inmates, Pediculosis													
# Inmates, Scabies													
# Inmates, MRSA (by culture)													
Miscellaneous	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Total
ADOC Employee Hx & Px Completed - New Hire Testing													
Emergency Treatment Vendor Staff													
Emergency Treatment ADOC Staff													
Emergency Treatment Visitors or Other Contract Staff													
# DNA's Drawn													
# RPR Test - Inmates Exiting ADOC System													
# HIV Test - Inmates Exiting ADOC System													
# Discharge Processed - Inmate Released from ADOC													

ADOC REQUIRED MONTHLY OPERATIONAL REPORT

Month
Year
Vendor Name

Off-Site Specialty	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Total
Hospital Admissions													
Hospital Days													
Avg. LOS													
Out-Patient 1 Day Surgery (non-admission)													
23 Hour Medical Stay (ER or Observation)													
Ambulance Trips													
ER Visits													
ER Visit Resulting in Hospital Admission													
Specialty Visits													
Dialysis													
X-Ray													
	Cardiology	Urology	Neurology	ENT	Gen. Surg.	Orthopedics	Radiation Rx	Ophthalmology	Chemotherapy	Other	Total		
Institution													
Bibb / Cattle Ranch / ATEF													
Bullock / Bullock CSU													
Donaldson													
Easterling													
Fountain / JO Davis / Atmore / Mobile / Loxley / Camden													
Hamilton A & I / Hamilton WC/WR													
Holman													
Kilby / Alex City / Red Eagle / Elba													
Limestone / Decatur													
St. Clair / Childersburg													
Staton / Frank Lee													
Tutwiler / Montgomery Women's Facility / Birmingham													
Ventress													
Total													
Other Specialties (List by Type):													
1													
2													
3													
Total													

ADOC REQUIRED MONTHLY OPERATIONAL REPORT

Month

Year

Vendor Name

Number of Deaths	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Total
Bibb / Cattle Ranch / ATEF													
Bullock / Bullock CSU													
Donaldson													
Easterling													
Fountain / JO Davis / Atmore / Mobile / Loxley / Camden													
Hamilton A & I / Hamilton WC/WR													
Holman													
Kilby / Alex City / Red Eagle / Elba													
Limestone / Decatur													
St. Clair / Childersburg													
Staton / Frank Lee													
Tutwiler / Montgomery Women's Facility / Birmingham													
Ventress													
Totals													
Pregnancies	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Total
Number of Pregnant Inmates													
Number of Deliveries													
Grievances - Per Category													
1													
2													
3													
4													
5													
6													
Grievance Appeals - Per Category													
1													
2													
3													
4													
5													
6													
Meetings/Training													
Continuous Quality Improvement													
Infection Control													
Meetings/Training													

Employee Statistics

Institution	Position Open (examples)	FTE Days	FTE Evenings	FTE Nights	Unpaid Leave	FMLA	Comments
Bibb	LPN			0.5	0.5		
Cattle Ranch							
Bullock	RN		1				
Bullock CSU							
Donaldson	Midlevel	0.6					
Easterling							
Fountain	Site Medical Director	1					
JO Davis							
Atmore							
Mobile							
Loxley							
Camden							
Hamilton A & I	Dentist	0.8				0.8	
Hamilton WC/WR							
Holman							
Kilby	Admin. Assist	0.5					
Alex City							
Elba							
Red Eagle							
Limestone	H.S.A.	1				1	
Decatur							
St. Clair	D.O.N.	1					
Childersbury							
Staton	M.R.C.	0.2					
Frank Lee							
Tutwiler	Lab Tech	0.25					
Montgomery WC							
Birmingham WR							
Ventress	X-Ray Tech	0.8					
ATEF							
Regional Office							
Roving Team Kilby							
Roving Team Fountain							
		6.15	1	0.5	1.5	0.8	
Total Employee FTE's:							
Total Employee's Filled:							
% Filled:							

Vendor Name
Alabama Office
Client Report

Month/Year

Narrative format
Monthly Report
Annual Report

Appendix
H
Staffing Reconciliation
Worksheet

Alabama Contract
 Payback Calculation in Dollars
 For October, 20XX - September, 20XX
 as of April 30, 20XX

Statewide Total				1st Quarter Cumulative Total	1st Quarter Payback Total	January	February	March	2nd Quarter Cumulative Total	2nd Quarter Payback Total	April	May	June	3rd Quarter Cumulative Total	3rd Quarter Payback Total	July	August	September	4th Quarter Cumulative Total	4th Quarter Payback Total	Contract Year Cumulative Total	Total Quarterly Actual Paybacks	Net Quarterly Payback
Hourly Rate	October	November	December																				
Program Director	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Physician Director	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
UM - RN Case Manager	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Regional Coordinator	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Program Administrator	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Facility Medical Director	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Staff Physician	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nurse Practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dental Director	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dentist	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dental Hygienist	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Health Service Administrator	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Director of Nursing	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Registered Nurse	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Special Unit Manger (Limestone)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Physician Specialist (Limestone)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Payback Sites Only

Alabama Contract
Payback Calculation in Hours
For October 20XX

Total Hours Paid		Statewide Total	Bibb	Bullock	Donaldson	Easterling	Fountain	Hamilton Aged	Hamilton Work Release	Holman	Kilby	Kilby Surgery Center	Montgomery Women's Center	Limestone	Decatur Work Release	St. Clair	Childersburg Work Release	Staton	Tutwiler	Birmingham Work Release	Ventress	CEC - Columbiana	Regional Office
Program Director	204.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Physician Director	272.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
UM - RN Case Manager	168.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Regional Coordinator	232.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Program Administrator	389.75	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Facility Medical Director	2,094.75	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Staff Physician	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nurse Practitioner	2,894.75	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dental Director	80.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dentist	1,965.25	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dental Hygienist	504.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Health Service Administrator	1,985.50	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Director of Nursing	2,195.25	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Registered Nurse	12,443.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Special Unit Manager	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Physician Specialist (Limestone)	100.25	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	25,528.50	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

check 25,528.50

Work Days in October 21

Total Contracted Hours		Statewide Total	Bibb	Bullock	Donaldson	Easterling	Fountain	Hamilton Aged	Hamilton Work Release	Holman	Kilby	Kilby Surgery Center	Montgomery Women's Center	Limestone	Decatur Work Release	St. Clair	Childersburg Work Release	Staton	Tutwiler	Birmingham Work Release	Ventress	CEC - Columbiana	Regional Office
Program Director	168.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Physician Director	302.40	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
UM - RN Case Manager	168.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Regional Coordinator	504.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Program Administrator	336.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Facility Medical Director	2,150.40	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Staff Physician	84.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nurse Practitioner	3,074.40	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dental Director	67.20	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dentist	2,184.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dental Hygienist	537.60	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Health Service Administrator	2,184.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Director of Nursing	2,016.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Registered Nurse	11,323.20	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Special Unit Manager	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Physician Specialist (Limestone)	168.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	25,267.20	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

check 25,267.20

85%

85% of Contracted Hours		Statewide Total	Bibb	Bullock	Donaldson	Easterling	Fountain	Hamilton Aged	Hamilton Work Release	Holman	Kilby	Kilby Surgery Center	Montgomery Women's Center	Limestone	Decatur Work Release	St. Clair	Childersburg Work Release	Staton	Tutwiler	Birmingham Work Release	Ventress	CEC - Columbiana	Regional Office
Program Director	142.80	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Physician Director	257.04	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
UM - RN Case Manager	142.80	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Regional Coordinator	428.40	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Program Administrator	285.60	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Facility Medical Director	1,827.84	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Staff Physician	71.40	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nurse Practitioner	2,613.24	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dental Director	57.12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dentist	1,856.40	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dental Hygienist	456.96	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Health Service Administrator	1,856.40	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Director of Nursing	1,713.60	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Registered Nurse	9,624.72	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Special Unit Manager	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Physician Specialist (Limestone)	142.80	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	21,477.12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

ADOC RFP 2012-02 21,477.12

Alabama Contract
Payback Calculation in Hours
For October 20XX

Paid Hours Over / (Under) 85% Contracted		Statewide Total	Bibb	Bullock	Donaldson	Easterling	Fountain	Hamilton Aged	Hamilton Work Release	Holman	Kilby	Kilby Surgery Center	Montgomery Women's Center	Limestone	Decatur Work Release	St. Clair	Childersburg Work Release	Staton	Tutwiler	Birmingham Work Release	Ventress	CEC - Columbiana	Regional Office
Program Director	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Physician Director	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
UM - RN Case Manager	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Regional Coordinator	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Program Administrator	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Facility Medical Director	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Staff Physician	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nurse Practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dental Director	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dentist	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dental Hygienist	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Health Service Administrator	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Director of Nursing	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Registered Nurse	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Special Unit Manager	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Physician Specialist (Limestone)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
check	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Percentage of Total Hours Paid to Total Contracted Hours		Statewide Total	Bibb	Bullock	Donaldson	Easterling	Fountain	Hamilton Aged	Hamilton Work Release	Holman	Kilby	Kilby Surgery Center	Montgomery Women's Center	Limestone	Decatur Work Release	St. Clair	Childersburg Work Release	Staton	Tutwiler	Birmingham Work Release	Ventress	CEC - Columbiana	Regional Office
Program Director	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Physician Director	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
UM - RN Case Manager	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Regional Coordinator	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Program Administrator	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Facility Medical Director	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Staff Physician	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nurse Practitioner	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dental Director	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dentist	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dental Hygienist	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Health Service Administrator	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Director of Nursing	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Registered Nurse	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Special Unit Manager	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Physician Specialist (Limestone)	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
check	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-