

CONTRACT BETWEEN
THE FLORIDA DEPARTMENT OF CORRECTIONS
AND
CENTURION OF FLORIDA, LLC

This Contract is between the Florida Department of Corrections (“Department”) and Centurion of Florida, LLC (“Contractor”), which are the parties hereto.

WITNESSETH

WHEREAS, the Department is responsible for the operation of, and supervisory and protective care, custody, and control of, all inmates, buildings, grounds, property, and matters connected with the correctional system in accordance with Section 945.04, Florida Statutes (F.S.);

WHEREAS, per Section 945.6034 (1), F.S., the Department “is responsible for developing a comprehensive health care delivery system and promulgating all department health care standards. Such health care standards shall include, but are not limited to, rules relating to the management structure of the health care system and the provision of health care services to inmates, health care policies, health care plans, quality management systems and procedures, health service bulletins, and treatment protocols;”

WHEREAS, it is necessary that budget resources be allocated effectively, and the Department will work closely with the Contractor to ensure care is provided to the inmate population in a manner that meets constitutional requirements while finding operational efficiencies that optimize the use of available funding;

WHEREAS, this Contract is entered into pursuant to competitive solicitation FDC ITN-22-042, Comprehensive Health Care Services, authorized under Section 287.057(1)(c), F.S.; and

WHEREAS, the Contractor is a qualified and willing participant to provide Comprehensive Health Care Services to the Department’s inmates housed at the Department’s correctional institutions and their assigned satellite facilities, including annexes, work camps, road prisons, and work release centers (hereinafter together referred to as Contracted Services).

THEREFORE, in consideration of the mutual benefits to be derived hereby, the Department and the Contractor agree as follows:

I. CONTRACT TERM, RENEWAL, AND REFERENCES

A. Contract Term

This Contract shall begin on July 1, 2023, or the date signed by both parties, whichever occurs later, and shall end at midnight on June 30, 2028.

B. Contract Renewal

The Department has the option to renew this Contract, in whole or in part, for up to an additional five (5) year period, or portions thereof, beyond the initial Contract term upon the terms and conditions contained herein. Exercise of a renewal option is the Department’s exclusive option and shall be conditioned, at minimum, upon the Contractor’s satisfactory performance of this Contract and subject to the availability of funds. The Department, if it desires to exercise its renewal option, will provide written notice to the Contractor no later than 180 Days prior to the Contract expiration date.

C. Contract References

This Contract makes both general and specific references to policies, rules, laws and other guidance. Where specific references are made, they are made subject to any updates or amendments. In addition, references to specific Department Policies are not made to the exclusion of other Department Policies which may also apply.

II. CONTRACT

A. Order of Precedence

Together with the following Attachments and Exhibits, this Contract sets forth the parties' entire understanding and supersedes all prior agreements, whether written or oral, concerning such subject matter. All Exhibits incorporated by reference to this Contract are incorporated in their entirety as part of this Contract.

In case of conflict, the documents shall have priority in the order listed below:

1. This Contract and all Attachments;
2. Exhibit 1*, Second Revised BAFO dated 3-17-23, First Revised BAFO dated 3-9-23, and Contractor's BAFO dated 3-5-23;
3. Exhibit 2, FDC ITN-22-042, and all Addenda in reverse order of issuance; then
4. Exhibit 3, Contractor's Original ITN Reply.

*Where there is conflict between the documents, the most recently submitted BAFO document that addresses the subject matter of the conflict controls.

B. Definitions

The capitalized terms used in this Contract, unless the context otherwise clearly requires a different construction and interpretation, have the following meanings:

1. **Administrative Confinement**: The temporary separation of an Inmate from Inmates in General Population in order to provide for security and safety until such time as a more permanent Inmate management decision process can be concluded, such as a referral to Disciplinary Confinement, Close Management, Protective Management, or a transfer.
2. **American Correctional Association (ACA)**: An international accreditation entity that establishes standards for and conducts audits of correctional programs to assess their administration and management, facilities, operations and services, Inmate programs, staff training, medical services, sanitation, use of segregation and detention, incidents of violence, crowding, offender activity levels, and provision of basic services which may impact the life, safety, and health of Inmates and staff.
3. **Americans with Disabilities Act (ADA)**: Legislation which prohibits discrimination based on disability, which can be found in the Americans with Disabilities Act and in the Code of Federal Regulations (C.F.R.).
4. **Bio-Psycho-Social Assessment (BPSA)**: An assessment including a summary of factors essential to diagnosing mental health disorders and is the first step in the treatment planning process. The BPSA is completed before the Individualized Service Plan.
5. **Business Day**: 8:00 a.m. to 5:00 p.m., Eastern Time (ET), excluding weekends and State holidays.

6. **Certified Nursing Assistant (CNA)**: An individual who works under a Registered Nurse or Licensed Practical Nurse, as described in **Attachment A**.
7. **Close Management (CM)**: The Confinement of an Inmate apart from the General Population for reasons of security, or to maintain the order and effective management of the Institution; the Inmate, through his/her own behavior, has demonstrated an inability to live in General Population without abusing the rights and privileges of others.
8. **Cognitive Treatment Unit (CTU)**: An outpatient level of mental health care for Inmates who exhibit an impairment of cognitive functioning due to dementia, traumatic brain injury, or other neurocognitive disorder that substantially interferes with their ability to meet the ordinary demands of daily living.
9. **Comprehensive Health Care Services**: Providing the full range of medical, dental, and mental health services, to include diagnosis, treatment, follow-up, rehabilitation, and ancillary duties regarding delivery of care for Inmates at designated Institutions, RMC Hospital, outside hospitals, or other specialty providers as clinically indicated.
10. **Confinement**: Administrative Confinement or Disciplinary Confinement.
11. **Contract**: The resulting agreement between the Contractor and the Department identified as C3076.
12. **Contract Manager**: The Department's employee, or his/her designee, responsible for performance oversight and operational management of the Contract.
13. **Contract Monitor(s)**: The Department's employee(s) designated to monitor Contract compliance and to coordinate actions and communications between the Department and the Contractor as related to Contract performance.
14. **Contract Non-Compliance**: Failure to meet or comply with any requirement or term of the Contract.
15. **Correctional Institution or Institution (CI)**: Any Department operated prison or other correctional facility, temporary or permanent, in which Inmates are housed under the custody of the Department to include, main units, annexes, road prisons, work camps, forestry camps, community release centers, re-entry centers, and any other satellite facilities.
16. **Correctional Medical Authority (CMA)**: An independent oversight group established in Sections 945.601-945.6036, Florida Statute (F.S.), to assist with the delivery of health care services for Inmates through an advisory role, and by assuring adequate standards of medical and mental health services are maintained by the Department.
17. **Corrections Mental Health Treatment Facility (CMHTF)**: Any extended treatment or hospitalization-level unit that the Department's Assistant Secretary for Health Services specifically designates by Rule 33-404.201, Florida Administrative Code (F.A.C.) to provide psychiatric care, which may include involuntary treatment and therapeutic interventions in accordance with Sections 945.40-945.49, F.S.
18. **Corrective Action Plan (CAP)**: The Contractor's written comprehensive plan to remedy deficiencies in Contractor performance discovered during the Contract term.
19. **Crisis Stabilization Unit (CSU)**: An inpatient mental health treatment unit that provides intensive management, observation, and treatment intervention, while seeking rapid stabilization of acute symptoms and conditions.
20. **Day**: Calendar Day, unless otherwise stated.

21. **Death Row:** A class of custody, also known as Maximum Custody (different from Maximum Management), wherein the Inmate is under a sentence of death.
22. **Deliverables:** Those services, items, or materials provided, prepared, and delivered to the Department in the course of Contract performance.
23. **Dentist:** A dental practitioner holding an active Florida Dental License under Chapter 466, F.S., or Dental Temporary Certificate (DTC) from the Florida Department of Health's Board of Dentistry, as described in **Attachment A**, who is certified in cardiopulmonary resuscitation (CPR).
24. **Department or FDC:** The State of Florida Department of Corrections.
25. **Department Policy(ies):** Department Procedures, Health Services Bulletins (HSBs), Department healthcare manuals, including the Nursing Manual, Infection Control Manual, and Bloodborne Pathogens Exposure Control Plan.
26. **Disabled Inmate:** An Inmate who has a physical or intellectual disability that substantially limits one (1) or more major life activities.
27. **Disabled Inmate Committee:** A multi-disciplinary team that works together for the development, implementation, and monitoring of an individualized management and services plan for each Disabled Inmate.
28. **Disciplinary Confinement:** A form of punishment in which Inmates found guilty of committing violations of Department rules are confined for specified periods of time to individual cells based upon authorized penalties for prohibited conduct.
29. **Diversion Treatment Unit (DTU):** An outpatient level of mental health care for Inmates who exhibit an impairment(s) associated with the diagnosis of a serious mental illness that hinders their ability to function in the General Population.
30. **Electronic Medical Record (EMR):** An enabling technology that allows health care providers and administrators access to, and the ability to update Inmates' health care records, providing operational efficiencies for both inpatient and outpatient services.
31. **End of Sentence (EOS):** When an Inmate reaches the end of their court-mandated sentence of incarceration and is released from a Department Institution, ending their eligibility for coverage for Comprehensive Health Care Services covered under this Contract.
32. **General Population:** The population of Inmates who are not in a Special Housing status or inpatient mental health or medical unit(s).
33. **Health Care Equipment:** Any piece of equipment with a unit cost exceeding \$5,000 used to provide health care services.
34. **Health Care Records:** A comprehensive medical file, either electronic or paper (including medical, dental and mental health components), on every person committed to the custody and care of the Department. Information included in the Inmate's medical file is protected health information and shall be used or disclosed in accordance with the Health Insurance Portability and Accountability Act Privacy Rule of 1996, (HIPAA) and Florida law. Information included in the Inmate's medical file regarding substance abuse is confidential in accordance with 42 C.F.R. Part II, the Health Insurance Portability and Accountability Act Privacy Rule of 1996 (HIPAA), and Florida law.
35. **Health Care Supplies:** All health care equipment and consumable items utilized in the provision of comprehensive health care services with an individual unit cost under \$5,000.

36. **Health Classification Grade:** A designation of overall functional capacity in various areas including medical, mental health, work, transportation, work camp eligibility, and impairment status, provided to each Inmate upon reception and revised as necessary throughout their incarceration.
37. **Health Services Bulletin (HSB):** The Department's guidelines for the provision of Inmate health care, created pursuant to Section 945.6034, F.S. Health Services Bulletins do not override rules or procedures but provide additional guidance for health services staff and are considered Department Policies. HSBs are published under the authority of the Director of Health Services.
38. **HIPAA:** The federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II), which established standards for the security and privacy of health data, and related rules.
39. **HITECH Act:** The Health Information Technology for Economic and Clinical Health Act, enacted as part of the American Recovery and Reinvestment Act of 2009 and related rules. HITECH generally establishes new requirements for notification of protected health information breaches, makes business associates directly liable for compliance with HIPAA security and privacy requirements, modifies disclosure accounting rules and enhances the civil and criminal enforcement of HIPAA.
40. **Impaired Inmate:** Any Inmate who has a professionally determined limitation, in accordance with HSB 15.03.13, in the performance of daily living activities, work, or participation in the programs and services available to the general Inmate population.
41. **Impaired Inmate Committee:** The institutional staff members functioning as a multi-disciplinary team working together for the development, implementation, and monitoring of an Individualized Service Plan for each Impaired Inmate.
42. **Individualized Service Plan (ISP):** A written description of an Inmate's current problems, goals, and treatment.
43. **Inmate(s):** An individual who is incarcerated by the Department.
44. **Inmate Assistant:** An Inmate whose work assignment is to assist another Inmate with his/her activities of daily living, and who has received the training required in the Department's Nursing Manual in relation to the performance of their assistance.
45. **Isolation Management Room (IMR):** A cell in an infirmary area or inpatient mental health care unit that has been certified as being suitable for housing those with acute mental impairment or those who are at risk for self-injury.
46. **Licensed Nurse:** A Registered Nurse (RN) or Licensed Practical Nurse (LPN), with an active license in the State of Florida, as described in **Attachment A**.
47. **Licensed Practical Nurse (LPN):** A Licensed Practical Nurse, with an active license in the State of Florida, as described in **Attachment A**.
48. **Major Institution(s) or Parent Institution(s):** A Correctional Institution designated to provide oversight and limited classification services to smaller Satellite Facilities.
49. **Maximum Management:** A temporary status for an Inmate, who through a recent incident, or series of incidents, has been identified as being an extreme security risk to the Department, and requires an immediate level of control beyond that available in Confinement, Close Management, or Death Row.

50. **Medical Provider:** A Florida-licensed MD/DO, Autonomous Advanced Practice Registered Nurse (AAPRN), Advanced Practice Registered Nurse (APRN), Physician's Assistant (PA), Psychiatrist, Psychiatric APRN as qualified in **Attachment A**.
51. **Multi-Disciplinary Services Team (MDST):** A group of individuals representing different professions, disciplines, or service areas, which has the responsibility for ensuring access to necessary assessment, treatment, continuity of care, and services to Inmates in accordance with their identified mental health needs, and which collaboratively develops, implements, reviews, and revises an Individualized Service Plan, as needed.
52. **Observation Cell (OC):** A Confinement cell that has been certified as meeting the housing and safety criteria of an Isolation Management Room.
53. **Offender Based Information System (OBIS):** The Offender Based Information System that serves as the Department's official record-keeping system of Inmates.
54. **Officer-in-Charge (OIC):** The Department's Correctional Officer Captain or Correctional Officer Lieutenant responsible for the operations and activities of a shift.
55. **Outside Hospital:** A community-based hospital, not the Department's Reception and Medical Center Hospital.
56. **Prison Rape Elimination Act (PREA):** The Prison Rape Elimination Act of 2003 and related rules. The Act provides for analysis of the incidence and effects of prison rape in federal, State, and local institutions and for information, resources, recommendations, and funding to protect individuals from prison rape.
57. **Private Correctional Facilities:** Facilities that house inmates under the Department's custody and control that are operated by private companies through contracts with the Florida Department of Management Services (DMS). There are currently seven (7) Private Correctional Facilities in Florida.
58. **Pro Re Nata (PRN):** Latin for 'when necessary or as needed,' often used in healthcare regarding medication administration, but in this Contract, also refers to temporary staffing.
59. **Protective Management:** Special management status for the protection of Inmates from other Inmates in an environment as representative of that of Inmates in General Population as is safely possible.
60. **Psychiatrist:** A medical provider, as described in **Attachment A**, specializing in diagnosing and treating mental illness; with an active license to serve as a Psychiatrist within Florida.
61. **Psychiatric Provider:** A Psychiatrist or Psych APRN, as described in **Attachment A**.
62. **Psychologist:** A mental health services provider, as described in **Attachment A**, with an active license to provide psychological services within Florida.
63. **Reception and Medical Center Hospital Policies & Procedures Manual:** Department Managers have developed policies & procedures and bylaws in accordance with Florida Statutes and Health Service Bulletins (HSB)/Technical Instructions (TI), etc. specific to their area. Hospital policies & procedures and bylaws issued shall contain only matters relating to the internal management of RMCH and, as such will not be subject to the Administrative Procedure Act (Section 120.52(16)(a), F.S.). Hospital Policies & Procedures and Bylaws in the Manual will supplement, not duplicate, HSB's/TI's, and other federal and State laws. However, these Policies & Procedures may not be less restrictive than Department Policies, and they must be approved through RMCH Administration and the Office of Health Services.

64. **Registered Nurse (RN)**: Nursing services provider, as described in **Attachment A**, with an active license to practice nursing as an RN in Florida.
65. **Residential Continuum of Care Unit (RCCU)**: Specialized residential mental health units that provide augmented outpatient mental health treatment and habilitation services in a protective environment for Inmates with serious psychological impairments associated with a historical inability to successfully adjust to daily living in the incarceration environment.
66. **Satellite Facilities**: Smaller units that house inmates under the Department's custody and control, including Work Camps, Re-Entry Centers, Road Prisons, and Community Release Centers. Satellite facilities do not have a Warden and are supervised by an assigned Major Institution, also referred to as their Parent Institution.
67. **Secure Treatment Unit (STU)**: An outpatient level of mental health care for Inmates who exhibit an impairment(s) associated with a diagnosis of serious mental illness and a marked inability to conform their behavior to institutional standards.
68. **Self-Harm Observation Status (SHOS)**: A clinical status ordered by a qualified Medical Provider that provides safe housing and close monitoring of Inmates determined to be suicidal or at risk for serious self-injurious behavior.
69. **Serial Serious Self-Injurious Behaviors**: Two (2) or more serious self-injurious behavior incidents in a three (3) month period.
70. **Service Location(s)**: Any site(s) where Contracted Services are performed under the Contract.
71. **Sexually Transmitted Disease (STD)**: Diseases or infections passed to one person from another through sexual or intimate physical contact
72. **SOAP**: A format of medical documentation utilizing the headings, "Subjective, Objective, Assessment, and Plan."
73. **SOAPE**: A format of medical documentation utilizing the headings, "Subjective, Objective, Assessment, Plan, and Education."
74. **Special Housing**: Administrative Confinement, Disciplinary Confinement, Protective Management, Maximum Management, Death Row, and Close Management.
75. **Structured Out-of-Cell Treatment Services (SOCTS)**: Weekly scheduled individualized treatment services, psychoeducational groups, and therapeutic activities to ameliorate disabling symptoms of a diagnosed mental illness and improve behavioral functioning as identified in the Individualized Service Plans.
76. **Subcontract**: An agreement entered into by the Contractor with any other person or organization to perform any requirements or performance obligation for the Contractor under the terms of this Contract.
77. **Transitional Care Unit (TCU)**: An inpatient mental health unit that provides intermediate care for Inmates transitioning from a more intensive level of inpatient care back to an outpatient setting, as well as long term care for Inmates with chronic and severe mental illness.
78. **Use-of-Force**: The chemical or physical force used on an Inmate to control a situation, as permitted by law and rule and only to the degree reasonably necessary to bring the situation back into control.
79. **Vital Signs**: This includes taking and documenting the Inmate's body temperature, (T), pulse rate (P), respiration rate (R), blood pressure, oxygen level (via pulse oximeter), and for diabetics, blood glucose levels (using Accu-Check).

80. **Warden:** The Department employee, or his/her designee, responsible for the management and oversight of the Day-to-Day operations of a Correctional Institution.
81. **Youthful Offender (YO):** Any inmate who is sentenced by the court pursuant to Section 958.04, F.S., or is classified by the Department pursuant to Section 958.11, F.S.

III. SCOPE OF SERVICE

A. General Service Description

The Contractor shall manage and operate a comprehensive inmate healthcare system by delivering appropriate health care services that meet constitutional and community standards of care efficiently and cost-effectively. Under this Contract, the Contractor shall assume total responsibility for any and all liability of its provision of comprehensive health care services delivered to the Inmates under the Department's care and supervision.

The Contractor shall aid the Department in achieving its strategic improvement goals for Inmate care, including the following:

- Reducing Inmate mortality where early detection and appropriate, timely treatment could avoid preventable mortality;
- Ensuring that Inmates in Special Housing have full access to and receive the same level of care as Inmates in General Population;
- Improving the provision of assessment, development, and implementation of mental health treatment at all levels and settings;
- Reducing Inmate grievances and litigation related to health care services;
- Continuing to improve waiting times for consultations, diagnostic testing, and treatment;
- Reducing the use of unsecured community hospital units and increasing the use of secured community hospital units to alleviate the need for additional security staff resources and overtime;
- Ensuring Inmates are prepared for continued medical and mental health care and supportive services, where appropriate, upon their release back into the community; and
- Maximizing technology and efficiencies to provide enhanced services at reduced costs, including the establishment of new and expansion of existing academic partnerships.

B. Rules and Regulations

1. The Department is responsible for providing health care services per established standards of care. The Contractor will be held accountable for providing care according to these standards. Section 945.6034(1), F.S., outlines the general requirements of these standards:

“The Assistant Secretary for Health Services is responsible for developing a comprehensive health care delivery system and promulgating all Department health care standards. Such health care standards shall include, but are not limited to, rules relating to the management structure of the health care system and the provision of health care services to inmates, health care policies, health care plans, quality management systems and procedures, health service bulletins, and treatment protocols.”

2. The Contractor shall provide all services in compliance with all applicable federal and State laws, Florida Administrative Code (F.A.C.) Rules, Department Policies, and settlement agreements, consent decrees and court orders relating to any past, present, or future litigation involving the delivery of health care services in the Department. All such laws, rules, Department Policies, decrees, orders, and agreements, current and/or as revised, are incorporated herein by reference and made a part of the Contract. The Contractor and the Department shall work cooperatively to ensure service delivery is in complete compliance.

3. The Contractor shall be responsible for all pre-existing health care conditions of those Inmates covered under this Contract as of 12:00 a.m. on the first day of Contract implementation. The Contractor shall be responsible for all health care costs incurred for services provided after 12:00 a.m., on the first day of the Contract, without limitation as to the cause of an injury or illness requiring health care services.
4. The Contractor shall draft and implement a written comprehensive health care work plan with clear objectives outlining how the Contractor will:
 - Develop and implement policies and procedures;
 - Comply with all state licensure requirements and standards regarding the delivery of comprehensive health care services;
 - Maintain full reporting and accountability to the Department; and
 - Keep an open, collaborative relationship with the Department's Senior Leadership, Office of Health Services, Department staff, Regional Directors, Wardens, and institutional staff.
5. The Contractor shall ensure all its staff providing services under the Contract comply with prevailing ethical and professional licensure standards and all laws, rules, procedures, regulations, and court orders pertaining to Contracted Services.
6. The Contractor shall ensure that the Contractor's staff adhere to all Department Policies regarding care, transportation, security, custody, and control of Inmates.
7. The Contractor shall maintain the confidentiality of individual Inmates receiving services in accordance with applicable local, State, and federal laws, rules, and regulations. The Department and Contractor agree that all information and records obtained or created in the course of Contract performance shall be subject to confidentiality and the disclosure provisions of applicable federal and State statutes and regulations.
8. The Contractor shall pay for all costs associated with local, State, and federal licenses, permits, and inspection fees required to provide services. All required permits and licenses shall be current, maintained on site. Copies shall be submitted to the Contract Manager, upon request. The Contractor shall pay any fees or fines assessed by a State licensing entity for non-compliance, and shall not be reimbursed by the Department for those fees or fines.
9. The Contractor must also ensure that health care services are provided in accordance with the national American Correctional Association (ACA) standards, and prevailing professional practice standards and guidelines. The performance of the Contractor's personnel must meet or exceed standards established by ACA as they currently exist and/or as they may be amended.
10. From time to time, the Governor, State Surgeon General, or FDC Secretary may issue Executive Orders or Directives that impact the Department's health services operations. The Contractor must comply with the terms and conditions of any Executive Orders or Directives issued.
11. The Contractor agrees to modify its service delivery as requested by the Department, including the addition or expansion of services provided to meet changes required by law, standards, the Department's mission, regulations, or as a result of a legal settlement agreement or consent order with a third party. Any changes in this Contract required to ensure continued compliance with State or federal laws, statutes, regulations, legal settlement agreements, consent orders, or Department Policies, will be made in accordance with Section VI., **CONTRACT MODIFICATION**.
12. Department Policy language will take precedence and control over the Contractor's policies and procedures in the event of any conflict.

C. Program Management

The Contractor shall provide administrative oversight to ensure all program management functions are carried out in accordance with federal and State laws, Department Policies, and the requirements outlined in the Contract. As an overview, the Contractor’s responsibilities include the following:

- Maintain the ability to, and provide, all Comprehensive Health Care Services to Inmates.
- Impact Analyses – Perform and deliver impact analyses, within a time frame specified by the Department, on how potential rule or statute changes may impact the health services program, its cost, and success.
- Analytics – Compile and maintain statistical information related to Inmate health care which the Department can use to make changes and improvements to the delivery of health care services. No data or statistical information shall be released externally without prior written approval from the Department’s Office of Communications and Office of Health Services.
- Contract Compliance – Monitor Contract responsibilities, ensure compliance, and report metrics, monthly, or as required.
- Comprehensive Health Care Services Oversight and Success – Provide oversight of each of the following service functions, described in detail in the following Contract sections:
 - Program Management
 - Institutional Care
 - Dental Care
 - Mental Health Assessments, Services, and Outpatient Services
 - Inpatient and Infirmiry Services
 - Re-Entry and Aftercare Planning
 - Hospital Administration and Care
 - Pharmaceutical Services
 - Utilization Management and Specialty Care
 - Quality Management
 - Electronic Medical Records (EMR)
 - Information Technology

Oversight includes, but is not limited to the following areas:

- Resource Planning and Management
- Risk and Issue Management
- Change Control
- Budget Control
- Quality Assurance
- Problem Resolution

The Department will look to the Contractor’s leadership to ensure a smooth and successful operation as part of Program Management. At minimum, unless approved by the Contract Manager, the Contractor shall have the following Program Management positions:

* Statewide Leadership positions requiring approval by the Department

Statewide Leadership Positions

Position Title (or equivalent title)	Purpose	Department Liaison(s)	# of Positions
Corporate Officer	Overall Contract program management liaison	<ul style="list-style-type: none"> • Health Services Director • Deputy Director Health Services Administration 	1
Vice-President of Operations (VPO)*	Contract oversight and management	<ul style="list-style-type: none"> • Contract Manager 	1

Position Title (or equivalent title)	Purpose	Department Liaison(s)	# of Positions
Statewide Medical Director (MD/DO) *	Statewide responsibility for clinical oversight of medical services	<ul style="list-style-type: none"> • Chief Clinical Advisor • Chief of Medical Services 	1
Statewide Director of Nursing (DON) (Registered Nurse) *	Statewide responsibility for all nursing services	<ul style="list-style-type: none"> • Chief of Nursing Services 	1
Statewide Dental Director (Dentist) *	Clinical oversight of all dental care, both on and off-site, dental utilization management, and the supervision of all dental staff members	<ul style="list-style-type: none"> • Chief of Dental Services 	1
Statewide Mental Health Director (Psychologist) *	Oversee mental health services statewide	<ul style="list-style-type: none"> • Chief of Mental Health Services 	1
Statewide Psychiatric Advisor (Psychiatrist)	Oversee all psychiatric services statewide	<ul style="list-style-type: none"> • Chief of Mental Health Services 	1
Statewide Mental Health Re-entry Coordinator	Discharge planning for Inmates with serious mental health issues	<ul style="list-style-type: none"> • Central Office Mental Health Re-Entry Manager 	1
Statewide Mental Health Training Coordinator	Training management and coordination for mental health topics	<ul style="list-style-type: none"> • Assistant Chief of Mental Health 	1
Statewide Pharmacy Program Director (Florida Consultant Pharmacist License) *	Direct overall pharmacy service including management of all pharmacy staff, all pharmacy licenses, coordinating pharmacy services with other health care providers	<ul style="list-style-type: none"> • Chief of Pharmacy Services 	1
Statewide Medical Re-entry Coordinator (located at RMC)	Discharge planning for Inmates with challenging health issues	<ul style="list-style-type: none"> • Statewide Medical Reentry Coordinator (Office of Institutions) 	1
Statewide Female Health Services Coordinator	Oversee female health services and evolving medical standards of care addressing specific needs for an incarcerated population.	<ul style="list-style-type: none"> • Female Services Administrator, Office of Institutions 	1
Continuous Quality Improvement (CQI) Coordinator	Responsible for quality assurance, quality management, utilization management, and risk management within each discipline	<ul style="list-style-type: none"> • Chief of Pharmacy Services • Chief of Dental Services • Chief of Mental Health Services • Chief of Medical Services • Chief of Nursing Services 	1

Position Title (or equivalent title)	Purpose	Department Liaison(s)	# of Positions
Statewide EMR Director	To support ongoing EMR improvements, maintenance, and training	• Deputy Director Health Services Administration	1
Statewide EMR Project Manager	Oversee EMR helpdesk, training, and education	• Deputy Director Health Services Administration	1
Statewide Recruitment Coordinator	Oversee statewide recruiting efforts, and plan for short-term staffing solutions during staff turnover, transition, or extended staff leave	• Deputy Director Health Services Administration • Contract Manager	1
Statewide Disabled/Impaired Inmate Coordinator	Oversee Disabled/Impaired Inmate services	• Impaired Inmate Services Coordinator (OHS)	1

* Statewide Leadership positions requiring approval by the Department

Reception and Medical Center Hospital (RMCH) Leadership Positions

Position Title (or equivalent title)	Purpose	Department Liaison	# of Positions
RMC Hospital Administrator	Manage all hospital operations (the RMCH Governing Body must approve this candidate before employment)	• Deputy Director Health Services Administration	1
RMC Hospital Chief Medical Officer (Florida-licensed MD/DO with experience as a Hospitalist)	Oversee clinical services at RMC Hospital (RMCH)	• Chief Clinical Advisor • Chief of Medical Services	1
RMC Hospital Executive Nursing Director (Registered Nurse)	Oversee nursing services at RMCH and RMC (this position is in addition to the DON position at RMC as an Institution)	• Assistant Chief of Nursing Services	1
RMC Hospital Director of Nursing (Registered Nurse)	Oversee nursing services for RMCH	• Assistant Chief of Nursing Services	1
RMC Hospital Infection Control Nurse (Registered Nurse)	Oversee infection control within RMC Hospital (this position is in addition to the Infection Control Nurse position at RMC as an Institution)	• Statewide Infection Control Coordinator	1

Position Title (or equivalent title)	Purpose	Department Liaison	# of Positions
RMC Hospital Pharmacy Consultant (Florida Consultant Pharmacist License), this position may be contracted by Contractor to an independent consultant	Serve as the Consultant Pharmacist of Record for the RMC institutional pharmacy permit(s), and will provide clinical oversight of the institutional pharmacy services at RMC	<ul style="list-style-type: none"> • Chief of Pharmacy Services 	1
RMCH Health Information Specialist	Manage all medical records and record requests at RMC	<ul style="list-style-type: none"> • Deputy Director Health Services Administration 	1
RMCH Risk Manager (Florida-Licensed Risk Manager)	Oversee the comprehensive risk management program for RMC Hospital health care operations	<ul style="list-style-type: none"> • Chief of Medical Services 	1
RMCH EMR Specialist	Provide EMR support training, troubleshooting, and acting as a liaison to the EMR team	<ul style="list-style-type: none"> • Deputy Director Health Services Administration 	1

Regional Leadership Positions

Position Title (or equivalent title)	Purpose	Department Liaison	# of Positions
Regional Directors of Operations	Responsible for the health care operations and administration in each region	<ul style="list-style-type: none"> • Regional Directors of Institutions 	4
Regional Medical Directors (RMD) (MD/DO)	Responsible for the clinical care in each region	<ul style="list-style-type: none"> • Chief of Medical Services • Regional Directors of Institutions 	4
Regional Mental Health Directors (Psychologists)	Responsible for all mental health care in each region	<ul style="list-style-type: none"> • Assistant Chief of Mental Health • Regional Directors of Institutions 	4
Regional Dental Directors (Dentists)	Responsible for all clinical dental care in each region (The Regional Dental Director may provide clinical services at an Institution they manage if needed.)	<ul style="list-style-type: none"> • Assistant Chief of Dental Services 	4
Regional Directors of Nursing (Registered Nurses)	Responsible for all nursing services in each region	<ul style="list-style-type: none"> • Chief of Nursing Services 	7
Regional Infection Control Nurses (Registered Nurses)	Oversee institutional infection control in each region	<ul style="list-style-type: none"> • Statewide Infection Control Coordinator 	4

Position Title (or equivalent title)	Purpose	Department Liaison	# of Positions
Regional QM Program Coordinators	Responsible for the QM program within each region	<ul style="list-style-type: none"> • QM Program Manager 	4
Regional Recruitment Coordinators	Oversee and support regional recruiting efforts, and plan for short-term staffing solutions during staff turnover, transition, or extended staff leave	<ul style="list-style-type: none"> • Regional Directors of Institutions • Institution Wardens 	4
Region 2 American Sign Language Staff Interpreter, these positions may be contracted by Contractor to independent consultants	Responsible for interpreting medical evaluations and treatment of Inmates who are deaf, hard-of-hearing, or otherwise non-verbal	<ul style="list-style-type: none"> • Impaired Inmate Services Coordinator • Regional Directors of Institutions • Institution Wardens 	1
Regional EMR Specialists	Provide EMR support training, troubleshooting, and acting as a liaison to the EMR team	<ul style="list-style-type: none"> • Deputy Director Health Services Administration 	4

The Contractor shall add other regional positions as needed, approved by the Department, and within the Contract Compensation Cap to ensure the appropriate oversight of health care operations within each region.

** With Department approval, the Contractor may use an AAPRN, as qualified in **Attachment A**, as the lead health care provider at smaller facilities that have less complex medical missions, only when a MD/DO (excluding the State Medical Director) is assigned as CHO/SMD who may oversee more than one Institution. An AAPRN may not provide health care services when those services are Statutorily designated to be performed by an MD/DO.

Institutional Leadership Positions

Position Title (or equivalent title)	Purpose	Department Liaison	# of Positions
Health Services Administrator (HSA) (Administrator or Registered Nurse)	Responsible for the program management of health care operations within their Institution, including issue resolution	<ul style="list-style-type: none"> • Warden 	1 per Major Institution, unless a Nurse Manager is approved by the Contract Manager, and a Senior HSA with a second HSA position at the satellite unit. RMC shall have at least one (1) Senior HSA and one (1) HSA in addition to the Hospital Administrator to provide administrative oversight over non-hospital health care operations at RMC

Position Title (or equivalent title)	Purpose	Department Liaison	# of Positions
Medical Records Supervisor	Responsible for, at a minimum, the management of all paper medical records within their institution and for carrying out all responsibilities in HSB 15.12.03, III. E. and F.	<ul style="list-style-type: none"> • Warden 	1 per Major Institution and 1 per Institutional Annex
Chief Health Officer (CHO)/ Site Medical Director (SMD) (MD, DO) **	Responsible for the clinical care at each Institution and their associated satellite sites	<ul style="list-style-type: none"> • Warden for administrative issues • Chief of Medical Services for clinical issues 	1-2 per Major Institution depending upon physical layout (annex) of the facility and its mission
Psychological Services Director (Psychologist)	Serve as the single point of accountability for the delivery of mental health services	<ul style="list-style-type: none"> • Warden for administrative issues • Chief of Mental Health Services for clinical issues 	1 per Major Institution (to include those with 2 or more psychologists) with either an: <ul style="list-style-type: none"> • inpatient services • Close Management unit • reception center (excluding Sumter CI) • an S-3 population of 400+ • RCCU
Director of Nursing (Registered Nurse)	Responsible for all nursing services in their assigned Institution	<ul style="list-style-type: none"> • Warden for administrative issues • Chief of Nursing Services for clinical issues 	1 per Major Institution, depending on physical layout of the facility and its mission
Assistant Director of Nursing (Registered Nurse)	Oversee institutional inpatient mental health nursing services in their assigned Institution	<ul style="list-style-type: none"> • Warden for administrative issues • Chief of Nursing Services for clinical issues 	1 per Institution with an inpatient mental health unit
Nurse Manager (Registered Nurse)	Oversee institutional inpatient mental health nursing services in their assigned Institution and Department liaison	<ul style="list-style-type: none"> • Warden for administrative issues • Chief of Nursing Services for clinical issues 	1 per re-entry center

Position Title (or equivalent title)	Purpose	Department Liaison	# of Positions
Infection Control Nurse (Registered Nurse)	Oversee institutional infection control in each region	<ul style="list-style-type: none"> • Clinical Contract Monitor for Public Health 	1 per Institution (This is a role, not a dedicated position)
Social Services Team (Lowell CI & Florida Women’s Reception Center)	Liaison to family/friends/stakeholders regarding care issues and other inquiries, tracking system for inquiries, provide pre-release planning for medical and/or mental health aftercare needs	<ul style="list-style-type: none"> • Warden for administrative issues • Statewide Female Services Administrator 	1 Social Services Coordinator and 2 Social Services Specialists
Dentist (Florida-licensed <u>or</u> Board of Dentistry-approved with Dental Temporary Certificate (DTC))	Responsible for all dental care and related issues	<ul style="list-style-type: none"> • Warden for administrative issues • Chief of Dental Services for clinical issues 	Based on population as follows for Institutions <600=0.5 – 1 FTE 600 – 1,200 = 1 FTE 1200 – 1500 = 1.5 FTE 1,500+ = 2 FTE NWFRC, CFRC, SFRC 3 FTE per location FWRC = 2 FTE
Oral Surgeon (Florida-licensed)	Responsible for all dental care and related surgical issues	<ul style="list-style-type: none"> • Warden for administrative issues • Chief of Dental Services for clinical issues 	1 FTE or contracted provider equivalent

** With Department approval, the Contractor may use an AAPRN, as qualified in **Attachment A**, as the lead health care provider at smaller facilities that have less complex medical missions, only when a MD/DO (excluding the State Medical Director) is assigned as CHO/SMD who may oversee more than one Institution. An AAPRN may not provide health care services when those services are Statutorily designated to be performed by an MD/DO.

Program Management staff must be available by phone for assistance with health care service delivery and Contract management issues, Monday through Friday, during regular business hours. After regular business hours, the Contractor must have on-call telephone coverage for emergent or urgent purposes.

Program Management Requirements

1. The Contractor shall establish and maintain office space to house its leadership team in Florida. The Contractor will be responsible for all costs associated with this facility, including rent, utilities, equipment, supplies, computers, phone, and other electronics and communication devices, services, or programs. As requested from time to time by the State, the Contractor’s statewide leadership team will be available in Tallahassee, Florida unless otherwise approved by the Department. Regional leadership would be located within the region(s), preferably near the Department’s regional offices.
2. The Contractor shall work with the Contract Manager to establish and maintain communication protocols for the handling of routine, urgent, and emergent Contract issues.

3. The Contractor shall establish a secure online collaboration site (e.g., SharePoint) for sharing documents and other program information between it and the Department.
4. The Contractor shall establish and maintain a system to ensure staff and subcontractors working under the Contract are knowledgeable of and adhere to all applicable federal and State laws, Department Policies, and forms covering the delivery of health care services, Institutional security operations, and staff conduct in the institutional health services units. Staff and subcontractors shall be trained on, and given routine access to, all Department Policies that pertain to their job responsibilities, including any specific training requirements related to litigation.
5. The Contractor shall develop and implement a Department-approved Staffing Plan that identifies all positions at the State, regional, and institutional levels and ensures compliance with the requirements outlined in this Contract, including timely service delivery. The Contractor shall review its Staffing Plan at least once per quarter and maintain the flexibility to respond to institutional mission changes over the Contract term. If there are mission changes that impact health services functions and responsibilities at service locations, the Department will advise the Contractor of such modifications in writing. If these modifications require the Contractor to make changes that impact cost, the Department and Contractor will work together on the changes and implement them through a formal Contract amendment. The Department must approve any changes to the Staffing Plan prior to change implementation.
6. At all times, the Contractor shall ensure appropriate staffing levels under the Contract in accordance with its Department-approved Staffing Plan, which shall note the positions necessary to fulfill the Department's health care requirements. The Contractor shall ensure that it maintains staffing and personnel levels sufficient to cover the hours required in its Final Staffing Plan, even if coverage is secured by trained and qualified subcontracted providers. The Contractor shall ensure that staff providing services have the requisite training, licenses, certifications, and knowledge to provide services at the level of professional competency required for each position.
7. The Contractor shall develop and implement a Department-approved written comprehensive Health Care Work Plan with clear objectives outlining how the Contractor will:
 - a. Carry out Department Policies;
 - b. Comply with all State licensure requirements and standards regarding the delivery of comprehensive health care services;
 - c. Ensure seamless EMR operations, including a help desk (HD) and systems development team;
 - d. Maintain full reporting and accountability to the Department; and
 - e. Keep an open, collaborative relationship with the Department's Senior Leadership, Office of Health Services, Department staff, Regional Directors, Wardens, and institutional staff.
8. The Contractor shall ensure institutional health services staff (including Contractor staff and subcontractors) adhere to all requirements, including the schedule for running reports necessary to meet requirements outlined in federal and State laws, and Department Policies.
9. The Contractor shall ensure EMR and other FDC database training requirements (when necessary) are delivered in accordance with Sections III., N., O, and P. of this Contract.
10. Committees and Meetings

The Contractor shall ensure appropriate staff attends all required Department meetings, including, but not limited to institutional meetings, regional meetings, and statewide meetings planned by the Department, as follows:

- a. Institutional Meetings
 - i. **Disabled Inmate Committee:** Institutional staff multidisciplinary team working together for the development, implementation, and monitoring of an Individualized Service Plan for each Disabled Inmate.
 - ii. **Institutional Health Services Leadership Meeting** with Warden: Held weekly, or as needed, to discuss issues related to health care services delivery.
 - iii. **Institutional Quality Management (QM) Meeting:** Held monthly to evaluate and help improve the quality of health care services provided to Inmates at each Institution.
 - iv. **Nursing Staff Meeting:** Conducted by the DON monthly with all nursing staff to provide education on at least one (1) nursing protocol and all updated HSBs and procedures.
- b. Regional Meetings

The Department's Regional Directors of Institutions and the Contractor's regional leaders will discuss issues that impact multiple Institutions within the region and escalate any issues or concerns related to security.
- c. Statewide Meetings
 - i. **Semi-annual Reviews** with the FDC Senior Management: The Contractor shall lead a semi-annual review with the FDC Senior management on service operations, including key statistics, challenges and successes, and policy improvement recommendations. The Contractor shall develop and deliver the agenda to the Contract Manager at least five (5) Business Days before the meeting.
 - ii. **Weekly Contract Management:** This weekly meeting is an opportunity for the Contractor and the Contract Manager to review operational issues, discuss best practices, and resolve problems.
 - iii. **Pharmacy Services Committee:** This committee comprises representatives from the FDC and the Contractor's medical, mental health, and dental disciplines. The Contractor shall have at least two (2) representatives on the committee. The Department's Health Services Director appoints committee members who must be prescribing Medical or Psychiatric Providers for their disciplines. This group meets at least four (4) times per year. The group is responsible for, but not limited to, the following:
 - Establishment and maintenance of a comprehensive drug formulary;
 - Approval of policies and procedures relating to the selection, distribution, handling, use, and administration of drugs;
 - Evaluation of clinical data concerning new drugs or preparations requested for addition to the formulary; and
 - Assistance and consultation on matters related to the oversight and management of the Department's pharmacy budget.
 - iv. **Statewide QM:** Held at least twice yearly, the QM Program evaluates and makes recommendations to improve the quality of health care services provided to Department Inmates.
 - v. **Statewide Operational:** Held in conjunction with the Statewide QM meetings, the Statewide Operational Meeting is used to discuss and resolve issues related to the overall operation of the Inmate health care system.
 - vi. **Statewide Recruitment and Retention:** To ensure appropriate staffing, as needed, or requested by the Department.

11. Collaboration with Regional and Institutional Leadership

- a. The Department's Regional Directors of Institutions are responsible for overseeing every Institution within their assigned region. The Contractor's regional leadership team shall maintain regular and open communication with each respective Regional Director and hold a minimum of one (1) in person meeting per quarter. These communications will involve discussion on issues such as the following:
 - i. Interpretation of Department Policies pertaining to security;
 - ii. Monitoring results, with an emphasis on Institutions that are not meeting performance standards and trends involving findings at multiple Institutions within the region;
 - iii. The Contractor's proposed solutions to resolving problems involving health care trends;
 - iv. Plans for new or expanded programs (such as telehealth);
 - v. Best practices that could be replicated in other Institutions or other areas of the State; and
 - vi. General problem-solving.
- b. The Department will provide security while the Contractor's staff are present in State facilities to the same extent security is provided throughout the Institution.

The Contractor shall be required to work collaboratively with Department staff in delivering health care services at each Institution covered under the Contract. All Contractor staff working under the Contract shall be required to follow all federal and State laws, and Department Policies.

The Warden at each Institution has full responsibility for the Institution's operation and all associated satellite facilities. The Contractor will obtain and review the security requirements specific to that Institution and establish a schedule of regular meetings with the Warden to include the designated institutional health services leadership team. These meetings shall provide a forum for the Contractor to:

- i. Provide status reports to the Warden;
- ii. Provide staffing schedules and address any vacancy concerns;
- iii. Discuss preparations for upcoming surveys and monitoring visits;
- iv. Track corrective action related to surveys; and
- v. Engage in problem-solving.

The Contractor shall maintain an open and honest dialogue with the Warden and advise them of any possible barriers to effective care delivery. The Contractor's dialogue should include a daily, or as requested by the Warden, communication of vacancies and recruitment efforts, and a discussion of the Contractor's plans to ensure service delivery. The Contractor shall also be responsive to the Warden on any issues between the regularly scheduled meetings.

12. The Contractor shall:
 - a. Possess and maintain documents material to the Contract such as current copies of required State and federal licenses, permits, registrations, and the insurance policy face-sheet showing sufficient coverage;
 - b. Ensure all required compliance inspections, environmental permitting designs, and any experts required by the Department to review specialized medical requirements are acquired or maintained throughout the Contract term;
 - c. Ensure all required operating licenses, permits, registrations, and insurance are acquired and maintained at each Institution; and
 - d. Post licenses and permits at each Institution, in accordance with statutory requirements and Department Policy.

13. Equipment and Supplies

- a. The Department will not provide any administrative functions or office support for the Contractor (e.g., clerical or data entry assistance, office supplies, copiers, fax machines, and preparation of documents).
- b. **Space and Fixtures:** The Department will provide office space within each health services unit of each Institution. The Institution shall provide and maintain presently available and utilized health space, building fixtures, and other items for the Contractor's use to ensure the Contract's efficient operation. The Institution shall also provide or arrange for non-hazardous waste disposal services, not including medical waste disposal, which is the Contractor's responsibility. The Department will maintain and repair the office space assigned to the Contractor, if necessary, and provide building utilities necessary for the Contract's performance as determined necessary by the Department. The Contractor shall operate the space provided in an energy-efficient manner.
- c. **Furniture and Non-Health Care Equipment:** The Department will allow the Contractor to utilize the Department's furniture and non-health care equipment currently in place in each health services unit. The Contractor shall lease or purchase office equipment such as scanners, copiers, etc. The Contractor shall be liable for their utilization of associated non-health care equipment, including all telephone equipment, telephone lines, and service, including all long-distance service and dedicated lines for EKGs or lab reports, copy machines, or fax equipment, and is responsible for all costs, including the installation of any phone, fax, or dedicated lines requested by the Contractor. The Contractor shall maintain any furniture and non-health care equipment identified on the provided inventory, including repair and replacement (including installation) of Department-owned equipment. Any equipment damaged or otherwise found to be beyond economical repair after the Contract start date will be repaired or replaced by the Contractor and placed on the Contractor's inventory list. All inventoried furniture and non-health care equipment identified on the inventory sheet shall remain the Department's property upon expiration or termination of the Contract. All furniture and non-health care equipment purchased by the Contractor in support of the Contract shall become the Department's property upon Contract expiration or termination.
- d. **Health Care Equipment:** The Contractor may utilize the Department's existing medical equipment, including all ancillary equipment in medical and dental units. The Contractor shall maintain all equipment and replace any equipment used by the Contractor that becomes non-functional during the Contract term. All health care equipment, including Contractor replacements, shall remain the Department's property upon Contract expiration or termination. Any health care equipment damaged or otherwise found to be beyond economical repair after the Contract's effective date will be repaired or replaced by the Contractor and added to the Department's inventory list. Within 30 Days of Contract execution, the Contractor shall advise the Department of any existing health care equipment that it does not need.
- e. **Additional Equipment:** If the Contractor identifies necessary health care equipment not already in the Department's inventory, the Contractor shall submit a request for approval to the Contract Manager. If approved, the Contractor shall purchase, install, and maintain such equipment per the Department's functionality, sanitation, and security requirements. Any additional equipment purchased by the Contractor for the Contract that the Department does not reimburse shall be maintained by the Contractor and shall remain its property upon Contract expiration or termination. Such equipment reimbursed by the Department shall become the Department's property upon Contract expiration or termination. Additional equipment purchased by the Department for use in the medical or dental unit(s) shall be coordinated and maintained by the Contractor and replaced should it become nonfunctional.

- f. IT Equipment: The Contractor shall have adequate computer hardware and software for staff to perform care, enter information into the EMR system timely, provide required reports, and perform essential functions required by the Contract. The Contractor must maintain all computer equipment in compliance with the Department's information technology standards.
 - g. Health Care Supplies: The Contractor shall provide all health care supplies required to render health care services. The Contractor shall have at least a 30 Day-supply of health care supplies upon its assumption of responsibility for service implementation at the Institutions.
 - h. Within 14 Days of expiration or termination of the Contract, the Contractor shall ensure a physical inventory be conducted of all equipment, pharmaceuticals, and health care supplies. All equipment, pharmaceuticals, and supplies reimbursed by the Department will become the Department's property.
 - i. Forms: The Contractor shall utilize Department Forms (written and within the EMR), as specified, to carry out the provisions of the Contract. The Department will provide an electronic copy of each form in a format that the Contractor may duplicate for use. The Contractor shall request prior approval from the Contract Manager to modify or develop additional forms.
 - j. The Contractor shall not be responsible for housekeeping services, building maintenance, bed linens, routine Inmate transportation, and security. However, the Contractor shall be responsible for maintaining the health services unit in compliance with Department Policy, including sanitation, infection control, and specialty garments required by Department Policy. The Contractor is responsible for health care specialty items used in the infirmary, including, but not limited to, treated (flame-retardant) mattresses, medical/psychiatric restraint materials and devices, suicide garments, and infirmary clothing.
14. The Contractor shall establish and maintain a provider network that provides cost-effective quality health care and establishes a sufficient provider base to meet industry standards in all Regions, including through use of telehealth, as approved by the Department. The network should be robust to ensure sufficient coverage for all necessary health care services and specialties. The Contractor shall execute subcontracts with community health providers, including hospitals, clinics, health care providers, agency and locum tenens staffing services specialty care services, diagnostic testing, laboratory services and other ancillary services to ensure provision of Comprehensive Health Care Services.
15. The Contractor shall develop and maintain a Biomedical and Pharmaceutical Waste Plan (BMWP), which addresses the definition, collection, storage, decontamination, and disposal of regulated waste. The Contractor shall provide its BMWP to the Contract Manager within 30 Days of Contract execution and shall submit any updates to the BMWP to the Contract Manager within 30 Days of the proposed update. The Contractor shall provide biomedical waste handling training to staff and Inmates as required.
16. To support this BMWP, the Contractor shall execute subcontracts for the disposal of regulated waste and provide a list of any new or updated BMWP subcontracts to the Contract Manager within 30 Days of such changes.
17. The Contractor shall develop and maintain an Emergency Medical Services (EMS) plan to ensure the provision of all medically necessary Inmate transportation by ambulance or other life-support conveyance, either by ground or air, for all Service Locations covered by the Contract. The Contractor

shall submit any updates to the existing plan to the Department within 30 Days of the proposed changes to the Contract Manager.

Per Florida Statutes, county EMS are solely responsible for determining the need for air transport (ie. Life Flight); however, the Contractor shall cover such services' costs.

18. The Contractor's Institutional CHO/SMD shall work closely with the Warden to support the overall Institution emergency plan's health services components.

The Contractor shall develop and implement Medical Emergency Care Plans for each Institution and satellite facility covered by the Contract, in accordance with the requirements outlined in HSB 15.03.22, *Medical Emergency Care Plan and Guidelines*.

19. The Contractor shall provide and maintain first aid kits in all specified locations in Institutions and satellite facilities, including dental clinics, in accordance with Procedure 403.005, *First Aid Kits*.
20. The Contractor shall provide and maintain the following in all institutional dental clinics:
- a. An Automatic External Defibrillator (AED), as required by Rule 64B5-17.015, F.A.C. (Office Safety Requirements) and Chapter 466, F.S.;
 - b. A portable oxygen tank with tubing and mask(s);
 - c. An Emergency Kit, as outlined in HSB 15.04.13, *Dental Services/Standard Operating Procedures; Supplement A, Dental Office Emergency Treatment Protocols*; and
 - d. Sufficient supply of Personal Protective Equipment (PPE) for all dental staff with Inmate contact.
21. The Contractor must ensure crash carts are in all nursing stations within the RMCH. A list of contents must be displayed on the front of each drawer, and a list of medical supplies must be attached to the top right front of each crash cart.
22. Emergencies
- a. The Contractor shall ensure Licensed Nurses are available onsite at all Institutions to respond to urgent and emergent outpatient needs, 24 hours a Day, seven (7) Days a week, in accordance with Procedure 403.006 and HSB 15.03.22, unless an exception is approved by the Department.
 - b. The Contractor shall ensure a Medical Provider or Licensed Nurse responds to all medical emergencies immediately after notification (a First Responder may fulfill this requirement), in accordance with Department Policy. If determined necessary, the Contractor shall ensure the Inmate's transport via local ambulance services to the nearest community hospital offering 24-hour emergency services.
 - c. The Contractor shall participate in the annual disaster drill and perform quarterly mock codes.
 - d. The Contractor shall provide health care staff qualified as described in **Attachment A** to respond to Department staff, contractors, volunteers, and visitors for emergencies at Institutions and provide Basic First Aid and Basic Life Support to stabilize them while awaiting emergency medical services and transportation to the nearest community hospital offering 24-hour emergency services.
23. The Contractor shall ensure compliance with HIPAA administration, privacy and security requirements and ensure compliance with all provisions outlined in the **Business Associate Agreement** for HIPAA (**Attachment B**), and shall:

- a. Ensure all staff (including subcontractors) are trained on Procedures 102.006, HIPAA Privacy Policy, and 206.010, Information Technology Security Relating to HIPAA.
 - b. Ensure a Release of Information (ROI) (Form DC4-711B, *Consent and Authorization for Use and Disclosure Inspection and Release of Confidential Information*) is obtained to release all Protected Health Information (PHI), except under the conditions outlined in Procedure 102.006, *HIPAA Privacy Policy*.
24. The Contractor shall develop, implement, and manage a system for tracking and responding timely to all care inquiries or complaints made by Inmates and requesters. When the Department requests copies of health care records, health care summaries, or any other Inmate clinical information on Inmates, the Contractor shall provide the documentation to the Department's Health Services Director, per the following schedule:
- a. Urgent Care Issues (examples: cancer, cardiac, or neurological) – requires a response within 24 hours; and
 - b. Routine Care Issues – requires a response within 72 hours.

In accordance with HIPAA and Section 945.10, F.S., the Contractor shall ensure a valid Release of Information (ROI) before allowing the requester access to the Inmate's PHI. If the Inmate refuses to sign an ROI, the information shall not be provided to the requester. Requests for information by authorized Department staff do not require an ROI since the Department is the medical and mental health records custodian. Additionally, requests for PHI authorized in Florida Statutes, court-orders, or in response to a valid HIPAA-compliant subpoena do not require an ROI.

25. The Contractor shall process all Inmate requests and informal and formal grievances following Chapter 33-103, F.A.C., Form DC6-236, *Inmate Request*, Form DC1-303, *Request for Administrative Remedy or Appeal*, HSB 15.02.01, *Medical and Mental Health Care Inquiries, Complaints, and Informal Grievances*, and HSB 15.04.05, *Dental Care Requests, Complaints, and Informal Grievance*.
26. The Contractor shall notify the Contract Manager via email of its receipt of any of the following related to services provided under the Contract within 24 hours (or the next Business Day, if the deadline falls on a weekend or holiday):
- a. Notice of any audit or investigation;
 - b. Notice of intent by any State or federal regulatory or administrative body of imposing disciplinary action; and
 - c. Any other legal actions or lawsuits filed against the Contractor.
27. The Contractor shall provide copies of the below reports or documents within seven (7) Business Days of the Contractor's receipt:
- a. Audit reports for any reportable condition, complaints, or files;
 - b. Notices of investigation from any State or federal regulatory or administrative body;
 - c. Warning letters or inspection reports issued, including reports of "no findings," by any State or federal regulatory or administrative body;
 - d. All disciplinary actions imposed by any State or federal regulatory or Administrative body for the Contractor or any of the Contractor's employees; and
 - e. Notices of legal actions and copies of claims.

The Contractor shall cooperate with the Office of the Attorney General, State Attorney, or any outside counsel designated by the Department on cases that involve Inmates who are under the Contractor's care through the Contract.

28. The Contractor shall process public records requests, in accordance with Chapter 119 and Section 945.10, F.S., Confidential Information, Rule 33-102.101, F.A.C., Public Information and Inspection of Records, Rule 33-401.701, F.A.C., Medical and Substance Abuse Clinical Files, Rule 33-601.901, F.A.C., Confidential Records, and Procedure 102.008, *Public Records Requests*.

Specifically, the Contractor shall:

- a. Allow the Department and the public access to any documents, papers, letters, or other materials subject to the provisions of Florida Statutes, made or received by the Contractor in conjunction with services provided under the Contract, which are not otherwise exempt from disclosure;
- b. Train all Contractor employees and subcontractors on the provisions of Procedure 102.008;
- c. Provide specialized training to all Health Information Specialists on their role as the record custodian for health services records of active Inmates at their Institution or health services unit; and
- d. Develop and implement a tracking system for all public records requests received and processed.

Note: Florida has a very broad public records law. No requirement in Florida Law requires public records requests to be submitted in writing.

29. The Contractor shall provide health care services to Inmates with impairments in accordance with HSB 15.03.25, *Services for Inmates with Auditory, Mobility, or Vision Impairments and Disabilities*, Procedure 403.013, *Inmate Impairment and Disabilities Services*, HSB 15.03.25.01, *Auditory Services*, HSB 15.03.25.02, *Mobility Services*, HSB 15.03.25.03, *Vision Services*, and all appendices.

The Contractor shall respond to all disabilities that qualify for consideration under the Americans with Disabilities Act (ADA) in accordance with Rule 33-210.201, F.A.C., ADA Provisions for Inmates, and Procedure 604.101, *Americans with Disabilities Act Provisions for Inmates*.

30. The Contractor shall ensure the RMCH nursing services are appropriately credentialed, organized, staffed, and equipped to provide competent nursing care according to the level of acuity of patient care provided, and in accordance with Florida hospital licensure requirements.
31. The Contractor shall determine the need for new Inmate Assistants. The Contractor shall provide Inmate Assistants the required training, upon initial assignment and annually, in accordance with Procedure 403.011, *Inmate Assistants for Impaired Inmates*. Inmates are not permitted to provide health services to other Inmates.
32. The Contractor shall follow and enforce the Department's Prison Rape Elimination Act (PREA) policies which mandate reporting and treatment for abuse or neglect of all Inmates in secure Institutions. PREA is federal law, Public law 108-79, and is designated as 34 U.S.C. 30301-30309. Following PREA, the Department has a zero-tolerance standard against sexual assaults and rapes of incarcerated persons of any age.

The Contractor shall:

- a. Ensure compliance with Procedure 602.053, *Prison Rape: Prevention, Detection, and Response*, and HSB 15.03.36, *Post Sexual Battery Medical Action*;
- b. Complete all documentation, reporting, and referral requirements outlined in HSB 15.03.36, Section III;
- c. Train all health care staff on PREA requirements outlined in HSB 15.03.36, Section IV, *Specialized Training*; and
- d. Ensure compliance with the applicable PREA standards as required by 28 C.F.R. Part 115.

33. The Contractor shall implement and oversee a health care Quality Management program in accordance with HSB 15.09.01, *Quality Management Program*.
34. The Contractor shall ensure all newly employed Licensed Nurses and CNAs receive an orientation that includes, but is not limited to:
 - a. A review of HSB 15.11.01, *Health Services Personnel Orientation* and associated Appendices A, B, and C, completing Form DC4-654C, *Nursing Personnel Orientation Process Checklist*;
 - b. Completion of skills assessment, DC4-678, *Emergency Procedures Skills Checklist*;
 - c. Information on where to access and review Chapter 33, F.A.C., Department Policies, and associated forms;
 - d. OBIS training, as applicable;
 - e. EMR training; and
 - f. Job-specific information and expectations.

New staff must also complete the FDC New Employee Orientation, and the training required in the FDC Master Training Plan, totaling 40 training credits annually.

35. The Contractor's nursing staff must demonstrate ongoing professional competency, including records and documentation requirements, through competency assessments annually, quarterly, and as needed.

The Contractor's Licensed Nurses shall complete a quarterly mock code response that includes:

- a. A man-down drill simulating an emergency affecting one (1) individual who needs immediate medical intervention in a life-threatening situation commonly experienced in a correctional setting. Use Forms DC4-679, Med Code 99 Emergency Resuscitation Flowsheet and DC4-677, Med Code 99 Critique to document the team's performance;
 - b. Completing Form DC4-678, *Emergency Procedures Skills Checklist*; and
 - c. Training on inventory and use of the Jump Bag, emergency equipment, and emergency medications.
36. The Contractor must maintain nursing orientation, competency assessments, and emergency training documentation on-site in the HSA or DON's office.
 37. The Contractor must provide their staff with unimpeded access to all current Department Policies, and forms.
 38. The Contractor's Statewide Medical Director and the Statewide DON shall sign the acknowledgment receipt in the Department's Nursing Manual and the Statewide DON shall maintain the receipt.
 39. The Contractor's Statewide DON must review updates to laws, rules, Department Policies, and forms within one (1) week of being provided by the Contract Manager.
 40. The Contractor shall ensure that all its staff review all associated updates of federal and State laws, Department Policies, and forms related to their work assignments.
 41. The Contractor shall maintain an acknowledgment sheet with employee signatures to affirm that they have read and understand the information noted in Program Management subsection 40.
 42. The Contractor shall ensure that its nursing staff attend education programs to increase their knowledge of infection control practices, including care of tuberculosis (TB) patients, hepatitis, outbreaks, wound care, mental disorders, and mental health nursing interventions.

43. The Contractor shall do the following:
- a. Ensure Inmate PHI is maintained confidential, as required in the Contract;
 - b. Provide access to care by posting sick call sign up times and sick call hours in medical areas and Inmate dormitories, in accordance with Procedure 403.006, *Sick-Call Process and Emergencies*;
 - c. Honor an Inmate's expressed wishes to refuse medical and mental health care, in accordance with Rule 33-401.105, F.A.C, Refusal of Health Care Services. Document all refusals on Form DC4-711A, *Refusal of Health Care Service*, and document the refusal in the Inmate's medical record, in accordance with Rule 33-401.105(3), F.A.C.;
 - d. Honor an Inmate's right to refuse medications, in accordance with Procedure 403.007, *Medication Administration and Refusals*, and document medication refusals, in accordance with Procedure 403.007(4);
 - e. Educate and encourage Inmates to exercise their self-determination rights to establish written instructions regarding incapacity planning, in accordance with HSB 15.02.15, *Health Care Advance Directives*; and
 - f. Ensure the administration of psychotropic medications by a Medical or Psychiatric Provider without an Inmate's informed consent is restricted to emergencies in accordance with HSB 15.05.19, *Psychotropic Medication Use Standards and Informed Consent*, and Florida law.
44. Upon request and approval from the Department's Chief of Mental Health Services, the Contractor shall develop and provide mental health-related training to FDC staff to improve clinical and operational efficacy. Training may cover any mental health-related topic required in Department Policies and the Department's Staff Development curriculum.
45. Health education services are an essential and required component of the total health care delivery system. The Contractor shall ensure, as requested by the Department's Regional Directors, Wardens, or the Contract Manager, that specialized training is provided to security staff, institutional staff, and Inmates on health care-related topics, such as the following:
- a. First aid training;
 - b. Cardiopulmonary resuscitation (CPR) certification training;
 - c. AED Training for selected staff;
 - d. Sprains;
 - e. Casts;
 - f. Seizures;
 - g. Minor burns;
 - h. Dependency on drugs;
 - i. Health seminar;
 - j. Lifts and carries;
 - k. Suicide Prevention and Emergency Response Training; and
 - l. Universal Precautions.

This training does not replace any health care services offered by the Contractor but augments the Contractor's services.

The Contractor's nursing staff shall orient Inmates on access to care procedures immediately upon arrival at reception and at new facilities, per Procedure 403.008, *Inmate Health Services Orientation and Education*.

46. The Contractor shall ensure that all health services information and care (written and oral) is provided in a language understood by the Inmate, including American Sign Language (ASL). ASL interpreters shall be provided by the Contractor when needed. When selecting an interpreter, every reasonable effort

should be made to use ASL interpreters who hold a certification from the National Registry of Interpreters for the Deaf or the National Association of the Deaf.

When a literacy problem exists, a staff member with the necessary literacy skills shall assist the Inmate in understanding the training. Physically or mentally challenged Inmates will receive health education and health-related communication based on their individual needs. Inmates may not provide interpretation services for fellow Inmates.

47. The Contractor shall actively participate in Department Contract and QM monitoring reviews, Correctional Medical Authority (CMA) surveys, and American Correctional Association (ACA) accreditations reviews.

The Contractor shall:

- a. Maintain the health services area of each Institution in a state of readiness at all times;
- b. Cooperate with monitors/surveyors on requests for information that are made before, during, and after visits;
- c. Develop Corrective Action Plans (CAP) to address all findings and recommendations, following Department Policy and Contract monitoring requirements, CMA policy, and ACA policy, as applicable;
- d. Develop and manage a Microsoft SharePoint site (or similar) that the Department and the CMA can access to upload corrective action documentation; and
- e. Manage and track their progress on all CAPS to ensure actions are fully completed within the CAP's timelines.

Following its initial surveys, CMA conducts CAP assessments to determine if corrective action is being taken per the approved CAP. CMA findings shall be closed no later than the second on-site CAP assessment visit.

48. The Contractor shall collaborate with the Federal Bureau of Prisons, county jails, private correctional facilities, and other correctional jurisdictions on intakes, transfers, and discharges. The Contractor shall provide health care services for Inmate Patients referred from the following programs to Institutions covered by the Contract:
- a. Interstate Compact Inmates - Assume all responsibility for the coordination, provision of care, and reimbursement processing for Interstate Compact Inmates, under established Interstate Compact Agreements. The Contractor shall coordinate all interstate compact medical requests through the Department's designee to ensure they are appropriately processed.
 - b. County Jail Work Programs - The Department sometimes houses Inmates in certain county jails where they participate in work programs. Inmates in these programs receive health care at the closest Institution. The Contractor is responsible for coordinating the transfer and medical care of these Inmates.
 - c. Federal Inmates – The Contractor shall coordinate medically-related transfers to and from federal prisons. The Department has a small number of federal Inmates in our custody, and there is no cost exchanged with the Federal Bureau of Prisons.
 - d. Private Correctional Facilities – The Contractor shall provide and coordinate health care services for all Inmates transferred from private facilities to the Department-operated Institutions. Inmates from private correctional facilities may be scheduled for medical care at RMCH. The Contractor will work with the private prison operators to coordinate reimbursement based on the Office of

Health Services' established rate schedule. The Contractor shall work cooperatively with private facility staff on transfers to and from these facilities.

There are currently approximately 10,000 Inmates housed in seven (7) private correctional facilities. The Department retains final decision-making authority regarding the transfer of Inmates between the Department-operated Institutions and private correctional facilities. The number of Inmates housed at Private Correctional Facilities and the number of Private Correctional Facilities are subject to change.

49. In accordance with HSB 15.05.21, *Mental Health Re-Entry Aftercare Planning Services*, when an Inmate with a serious medical issue is released from an Institution, the Contractor must identify their health care conditions during the pre-release stage and then identify community resources to meet the Inmate's individualized needs. Planning should include, at a minimum, continuing medication with a 14-Day supply (except for HIV medications, which shall be a 30-Day supply), provided upon release, unless clinically contraindicated or earlier appointments with outside providers have been scheduled for follow-up care.

In accordance with HSB 15.03.29, *Prerelease Planning for Continuity of Health Care*, the Contractor shall:

- a. Provide adequate staffing to coordinate discharge planning at each Institution. Discharge planning includes making referrals to appropriate community health care providers and organizations and participating in the institutional discharge planning process to promote continuity of care. As part of discharge planning, the Contractor is responsible for referring releasing Inmates meeting the criteria in Section 945.46, F.S., for commitment under Chapter 394, F.S.
 - b. Develop, implement, and coordinate a comprehensive discharge plan for Inmates with acute or chronic illness who are difficult to place due to their offense and are within six (6) months of EOS.
 - c. Coordinate Inmate release issues with the Department's Office of Health Services, Division of Development: Improvement and Readiness, and Bureau of Admission and Release to help assist Inmates as they prepare to transition back into the community.
 - d. Coordinate the health care portion of the Department's re-entry initiative.
50. The Contractor shall provide staff and a system for timely review, verification, processing, and payment of all claims and invoices for services provided under the Contract.
51. The Contractor may use telehealth services to augment direct health care services, with approval by the Department. Any use of telehealth services must follow Section 456.47, F.S., HSB 15.06.12, and the Department's Information Technology and Security requirements for telehealth.
52. The Department has interagency agreements with the Florida Department of Health (DOH) and five (5) county health departments (CHDs) to treat Inmates with HIV/AIDS and other Sexually Transmitted Diseases. Under these agreements, approved by the Federal Centers for Disease Control and Health Resources Services Administration, the Department pays the CHDs to provide medical services at designated Institutions. The CHD Medical Provider prescribe the drugs, which the DOH State Pharmacy dispenses. This model allows the Department to be eligible for Federal 340B drug pricing. The CHD services cover the Department's routine Immunity Clinic visits (see HSB 15.03.05, *Chronic Illness Monitoring and Clinic Establishment Guidelines* and Attachment 6, *Immunity Clinic*).
53. Under Section 945.355, F.S. and Rule 33-401.105, F.A.C., Refusal of Health Care Services, the Department is responsible for providing various transitional services to HIV positive Inmates who are reaching EOS, including educational assistance, an Individualized Service Plan, HIV testing, and a 30-Day supply of HIV medications at release unless clinically contraindicated (reference HSB 15.03.08, *Human Immunodeficiency Virus (HIV) Disease and Continuity of Care*). As continuity of medications

is critical to the care of HIV Patients, the medications should be ordered far enough in advance, so they can be hand-delivered to the Inmate before they release from the Institution.

The pre-release planning services required under Florida Statutes are funded through a Pre-Release Planning grant from the Department of Health (DOH). This program has been in effect since 1999 and is 100% funded through federal Ryan White Title B funds. HIV Pre-Release Planners, who are Department employees, work with Inmates and corrections staff in other Institutions to coordinate referrals and linkages to medical care, case management, medication assistance, and other supportive services. They coordinate with local Ryan White providers to ease the transition post-release back into the community and ensure clients continue to seek necessary care and treatment. Also, the Department has a separate Peer Educator grant from DOH. Under this program, a Department employee trains Inmates to provide other Inmates with education on preventing the transmission of HIV and HCV to others and on the importance of receiving follow-up care and treatment. This program is currently serving Inmates at Central Florida Reception Center and Florida Women’s Reception Center.

The Department will provide the following support for the program:

- a. Pre-release planners in each region to plan and coordinate resources and activities with each Inmate before release.
- b. A linkage coordinator in South Florida and Central Florida to follow up with Inmates post-release.
- c. A Peer Educator at Central Florida Reception Center and Florida Women’s Reception Center (which also provides services to Inmates at Lowell CI) to train Inmates to become HIV/HCV Educators to their Inmate peers.

The Contractor shall also follow the requirements in HSB 15.03.05, Appendix 6, *Immunity Clinic*.

54. The Department has a Doctoral Psychology Internship program accredited by the American Psychological Association (APA), which is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). The internship mission is to provide training that will produce postdoctoral, entry-level Psychologists who have the requisite knowledge and skills for successful entry into the practice of professional psychology in general clinical or correctional settings and eventually become licensed Psychologists. The internship uses a Practitioner-Scholar Model where scientific training is integrated into the practice training component. The internship consists of 2,000 hours per year.

The Department also has a Psychology Post-Doctoral Residency program that is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and has obtained accreditation by the American Psychological Association. The Residency program’s mission is to prepare the Psychology Residents for the advanced practice of professional psychology, emphasizing correctional psychology.

The Contractor shall incorporate the Department’s Program Director of Internship and Residency Training, the Assistant Director of Internship and Residency Training, four (4) Interns, four (4) Residents and a staff assistant into the mental health service delivery system to satisfy the internship and residency requirements as determined by the Program Director. The Program Director will assign the interns’ and residents’ workload and duties to meet program requirements. The interns and residents complete rotations at different facilities during the year. The Contractor will ensure that at least three (3) different Florida-licensed Psychologists are consistently available to provide supervision to the interns and residents, as determined by the Program Director. This Program is currently administered from Zephyrhills CI.

55. The Contractor shall develop or continue working relationships with academic institutions to provide interns, residents, and students at FDC facilities and to encourage Florida students to consider careers in correctional health care. The Contractor will ensure the interns' and residents' supervisory and educational requirements are consistent with the accrediting organization requirements.
56. The Contractor shall assist the Department in processing transfers for Inmates with complex medical needs. The Department must approve all Inmate transfers to the Department's specialty care Institutions that serve Inmates with complex medical needs such as step-down care, long-term care, and palliative care. Currently, the Department has specialty dorms at Zephyrhills CI (A-Dorm and J-Dorm), Central Florida Reception Center (South Unit Infirmary); South Florida Reception Center (F-Dorm), and Lowell CI (Main unit, I-Dorm). Specialty care Institutions are subject to change. Transfers to these facilities shall be made following HSB 15.09.04, *Utilization Management Procedures*, Section VII.
57. The Contractor shall provide health care services to Inmates at satellite facilities, in accordance with HSB 15.07.02, *Health Services for Inmates in Community Facilities*. Health records for Inmates at satellite facilities shall be maintained in accordance with HSB 15.12.03, *Health Records*, and HSB 15.07.02.
58. The Warden has full operational control of the Institution and designated satellite facilities. The Contractor shall ensure its staff, including subcontractors, are required to follow all Department Policies and security directives, including but not limited to requirements for entering and exiting Institutions, counts, lockdowns, use of restraints, and incident reporting.
59. The Contractor shall coordinate outside referrals with the Department for security and transportation arrangements. The Contractor's staff shall not provide personal transportation services to Inmates. Off-site services (including specialty consults and hospital care) should occur close to the Institution, to the extent possible.
60. When Department staff become aware of an Inmate experiencing an emergent or urgent health problem, the Contractor's health care personnel must immediately address the issue by permitting the Inmate to be escorted to medical or the Infirmary for an evaluation or sending Contractor staff to the Inmate's location. The Contractor must plan, in advance, for the management of emergency services and must maintain an "open" system capable of responding to emergency circumstances as they occur.
61. The Contractor shall certify Isolation Management Rooms (IMR) and Observation Cells (OCs) in accordance with Procedure 404.002, *Isolation Management Room and Observation Cells*.
62. Contractor staff are required to report various incidents in accordance with Procedure 602.008, *Incident Reports-Institutions*. The Contractor shall purchase and maintain approved suicide mattresses, blankets, and garments needed for use in the IMRs and OCs.
63. The Contractor shall ensure its staff are familiar and comply with their responsibilities noted in the specific Department Policies below. Procedure:
 - a. 607.001 Security Threat Management Program (STG) *Restricted*
 - b. 602.009 Emergency Preparedness *Restricted*
 - c. 602.010 Drug Testing of Inmates*Restricted*
 - d. 602.011 Escape/Recapture*Restricted*
 - e. 602.016 Entering/Exiting FDC Institutions *Restricted*
 - f. 602.018 Contraband and Searches of Inmates *Restricted*
 - g. 602.023 Personal Body Alarms*Restricted*
 - h. 602.024 External Inmate Transportation and Security *Restricted*

- i. 602.028 Special Management Spit Shield *Restricted*
- j. 602.037 Tools and Sensitive Item Control *Restricted*
- k. 602.039 Key Control and Locking Systems*Restricted*
- l. 602.049 Forced Hygiene Compliance *Restricted*
- m. 602.053 Prison Rape: Prevention, Detection, and Response *Restricted*
- n. 602.054 Escort Chair *Restricted*
- o. 602.056 Identification Cards *Restricted*
- p. Rule 33-602, F.A.C., Security Operations *Restricted*
- q. DC1-211, Non-Security Staff Instructions for Reporting Inappropriate Inmate Behavior *Restricted*

64. The Contractor shall comply with Procedure 602.037, *Tools & Sensitive Item Control* for items including, but not limited to, hypodermic needles, syringes, and medical tools.

65. Mental Health Clinical Review, Supervision, and Training

The Contractor shall ensure that all non-psychiatric mental health services provided are supervised by the Contractor’s Psychologist who assumes clinical responsibility and professional accountability for the services provided. In doing so, the Psychologist, or designee approved by the Department, reviews and approves reports, intervention plans, and strategies. The review is documented by co-signing Bio-Psycho-Social Assessments (BPSAs), Individualized Service Plans (ISPs), treatment summaries, and referrals for psychiatric services and clinical consultations. Regardless of an Inmate’s mental health grade, only a Psychologist can approve testing protocols or conduct a psychological evaluation.

The Contractor shall ensure if a Behavioral Health Specialist (Mental Health Counselor) is a Registered Mental Health Intern, supervision will be provided and documented in accordance with the requirements of the Chapter 491, F.S. Supervision for provisional licensed Psychologists will be provided and documented in accordance with the requirements of the Chapter 490, F.S.

One (1) hour of relevant in-service training shall be provided monthly by a Psychologist or RMHD to institutional clinical staff.

66. The Contractor shall provide staff support for the RMCH Governing Body and ensure compliance with all requirements outlined in the Governing Body By-Laws. The Department will coordinate appointments to the Governing Body and provide orientation for new members.

67. Conduct and Safety Requirements

The Contractor shall ensure all staff adhere to the standards of conduct prescribed in Chapter 33-208, F.A.C, and as prescribed in Department Policies, particularly rules of conduct, employee uniform, employee grooming and clothing requirements (as applicable), security procedures, and any other applicable rules, regulations, policies and procedures of the Department. The Contractor acknowledges and accepts, for itself and any of its agents, that all or some of the services to be provided under the Contract shall be provided in a correctional setting with direct and/or indirect contact with the Inmate population and that there are inherent risks associated with the correctional environment. Staff conduct requirements are as follows:

- a. The Contractor’s staff shall not display favoritism to or preferential treatment of one Inmate or group of Inmates over another.

- b. The Contractor's staff shall not deal with any Inmate except in a relationship that supports services under the Contract. Specifically, staff members must never accept for themselves or any member of their family, any personal (tangible or intangible) gift, favor, or service from an Inmate, an Inmate's family, or close associate, no matter how trivial the gift or service may seem. The Contractor shall report to the Contract Manager any violations or attempted violation of these restrictions. In addition, no staff member shall give any gifts, favors, or services to Inmates, their family, or close associates.
 - c. The Contractor's staff shall not enter any business relationship with Inmates or their families (example – selling, buying or trading personal property), or personally employ them in any capacity.
 - d. The Contractor's staff shall not have outside contact (other than incidental contact) with an Inmate being served or their family or close associates, except for those activities that are to be rendered under the Contract.
 - e. The Contractor's staff shall not engage in any conduct which is criminal in nature or which would bring discredit upon the Contractor or the State. In providing services pursuant to this ITN, the Contractor shall ensure that its employees avoid both misconduct and the appearance of misconduct.
 - f. At no time shall the Contractor or Contractor's staff, while delivering services under the Contract, wear clothing that resembles or could reasonably be mistaken for an Inmate's uniform or any correctional officer's uniform, or bears the logo or other identifying words or symbol of any law enforcement or correctional department or agency.
 - g. Any violation or attempted violation of the restrictions referred to in this section regarding employee conduct shall be reported by phone and in writing to the Contract Manager, including proposed action to be taken by the Contractor. Any failure to report a violation or take appropriate disciplinary action against the offending party or parties shall subject the Contractor to appropriate action, up to and including termination of the Contract.
 - h. The Contractor shall report any incident described above or requiring investigation by the Contractor, in writing, to the Warden and the Contract Manager within 24 hours of the Contractor's knowledge of the incident.
 - i. Contractor shall participate, as needed, with FDC security audits to ensure compliance with tool control and other security-related policies and procedures.
68. The Contractor shall maintain acknowledgement sheets with employee signatures to affirm that they have read and understand Department Policies.

69. Medical Disaster Plan

The Contractor shall participate in the Department's disaster plan for the delivery of health services in the event of a disaster, such as an epidemic, riot, strike, fire, tornado, or other acts of God or social unrest. The Contractor shall implement and emergency plan in accordance with HSB 15.03.06, *Medical Emergency Plans*, and Procedure 602.009, *Emergency Preparedness*, and shall update its plan annually, or as indicated.

70. The Contractor shall ensure its staff performing services under the Contract at institutional sites are vaccinated against Hepatitis B in accordance with the Department of Health's guidelines prior to the start of service delivery. The Contractor shall provide the Contract Manager with proof of vaccination prior to the start of service delivery by the staff member. The Contractor shall bear all costs associated with the vaccination of their staff or subcontractor staff.

Additionally, the Contractor is responsible for vaccinating the Department's institutional staff. The Department will supply the vaccine for Department staff.

71. To accomplish its operational mission, the Department must communicate with parties outside of its internal email and information systems. These communications may include electronic protected health information (ePHI) or other confidential information governed by HIPAA, HITECH, Section 945.10, F.S., or Chapter 60GG-2, F.A.C. These and other regulations require that electronic transmission of ePHI or confidential information be encrypted.

The Contractor must follow all State and federal laws, and Department Policies relating to storage, access to, and confidentiality of health care records. The Contractor shall ensure secure storage to ensure the safe and confidential maintenance of active and inactive Inmate health records and logs, in accordance with HSB 15.12.03, *Health Records*. In addition, the Contractor shall ensure the transfer of Inmate health records and medications required for continuity of care in accordance with Procedure 401.017, *Health Records and Medication Transfer*. Health records will be transported in accordance with HSB 15.12.03.

72. The Contractor shall ensure that its personnel document in the Inmate's health record all health care contacts in the proper format in accordance with standard health practice, ACA standards, and any relevant Department Policies.

73. The Contractor shall be responsible for the orderly maintenance and timely filing of all health information.

74. The Department shall provide security and security procedures to protect the Contractor's equipment as well as FDC medical equipment. FDC security procedures shall provide direction for the reasonably safe security management for transportation of pharmaceuticals, medical supplies and equipment. The Contractor shall ensure that the Contractor's staff adheres to all Department Policies regarding transportation, security, custody, and control of Inmates.

75. The Department shall provide security escorts to and from clinic appointments whenever necessary as determined by security regulations and procedures outlined in Department Policies.

76. Data Entry and Data Exchange

The Contractor shall ensure information is available for input or via interface into the Department's existing information systems including but not limited to OBIS. Data includes, but is not limited to information or reports, billing information, and auditing data to ensure accuracy of medical records plus any other Department system or component developed for Health Services or any Department system or component deemed necessary for Health Service operations. When requested, the Contractor shall provide the Department data that can be uploaded into the medical record system. The data will meet all the parameters of the Department and will be provided at no cost to the Department. This data shall conform to all Department, State, and federal rules, guidelines, procedures, and laws covering data transfer.

77. The Contractor shall provide a method to interface and submit data in a format required by the Department for uploading to the OBIS or other system as determined by the Department. The Contractor shall also provide a web-based method for reviewing the reports.
78. **Legal Health Services Requirements**
The Contractor shall provide its own legal services in support of those expended by the Department in relation to health care litigation. The Contractor shall provide its own legal services to support the requirements in the Contract or as related to the provision of services (i.e., guardianship).
79. The Contractor shall provide a Transition Plan detailing the activities and timeframes for transitioning various aspects of service delivery to a new provider upon termination or expiration of the Contract. Transition activities should occur over four (4) to six (6) months.

D. Institutional Care

Institutional care consists of many different facets of health care delivery within the secure correctional environment. This includes services provided to Inmates during the reception process and at their permanent Institution, including sick call, use-of-force examinations, physical assessments, and specialty care such as palliative care, geriatric medicine, female care, health education, and infirmary services.

The Contractor's staff is involved in all elements of care "behind-the-fence." These services are critical to the success of health care delivery. The fundamental right of Inmates to access health care begins with the health care staff at their Institution. It is critical that the Contractor's institutional teams ensure that quality care is given to Inmates, with special attention given to follow-up of diagnostic tests and specialty consultations.

The Contractor's staff must understand how to interact with Inmates and often are required to provide clinical care at an Inmate's location, such as in Special Housing, rather than just in the designated health services area. The Contractor shall take into account the staffing required to not only appropriately staff the health services/infirmary area, but also to ensure that Inmates in annexes, work camps, and other areas, which may not be located within walking distance of the main health services area, are afforded appropriate care.

The Contractor shall provide all institutional care services in accordance with Department Policies. The Policies include routine and specialized care for new commitments and the currently incarcerated.

Institutional Care Requirements

1. The Contractor shall provide all care in accordance with applicable federal and State laws, and Department Policies.

In addition, the Contractor shall provide nursing care in accordance with National Nursing and Health Care Standards including, but not limited to:

- a. National Council of State Boards of Nursing;
 - b. The American Nurses Association Correctional Nursing Scope and Standards of Practice;
 - c. The American Nurses Association Nursing Scope and Standards of Practice;
 - d. The American Nurses Association Psychiatric Mental Health Nursing Scope and Standards of Practice;
 - e. The American Nurses Association Nurses Code of Ethics; and
 - f. American Correctional Association.
2. The Contractor's nursing services shall be organized, staffed, and equipped to provide competent nursing care, according to the level of acuity of patient care provided at each Institution.

3. The Contractor's Registered Nurses shall provide coverage 24 hours per Day, seven (7) Days per week at Institutions with 600 or more Inmates designated to house Inmates classified as medical grades M-3 or M-4.
4. The Contractor shall ensure its Licensed Nurses are available on-site at Major Institutions at all times to provide services within the scope of their licenses and certifications under the direction of an RN, if the Licensed Nurse is not an RN, unless approved in advance by Department.
5. The Contractor shall ensure where levels of inpatient care are provided (Infirmary, Palliative Care, Intensive Medical Unit, etc.), a Registered Nurse(s) is available on-site to oversee inpatient nursing care at all times.
6. The Contractor shall ensure certified nursing assistants (CNAs) are utilized, as appropriate, within the scope of their practice.
7. The Contractor shall ensure each Institution's Director of Nursing or RN Supervisor is available on-site during regular business hours and available after hours and on weekends and holidays, either in-person or by telephone or telehealth.
8. The Contractor shall ensure its Medical Providers provide clinical assistance to the nursing staff during their daily activities including, but not limited to wound care, infirmary care, insulin line, and EKG.
9. Intake and Reception Process

In accordance with HSB 15.01.06, *Health Care Reception Process for New Commitments*, Inmates entering the Florida Department of Corrections' system prior to transfer to permanent facilities shall receive proper medical health appraisal, dental and mental health screening, and evaluation. All screenings and evaluations will be conducted in accordance with Procedure 401.014 *Health Services Intake and Reception Process* and Procedure 403.008 *Inmate Health Services Orientation and Education*.

10. Inmate Transfers

The Contractor shall provide services in accordance with Procedures 401.017, *Health Records and Medication Transfer* and 401.016, *Medical Transfers*, HSB 15.14.02, *Prescription Orders*, and the Department's Nursing Manual.

The Contractor shall ensure a Licensed Nurse administers morning medications to transferring Inmates on DOT before their departure. A Licensed Nurse shall place the Inmate's prescription(s) in a plastic bag and send with the officers managing the Inmate's transfer.

The Licensed Nurse shall transfer:

- a. A seven (7) Day supply of medication for scheduled transfers to another Institution, U.S. Immigration and Customs Enforcement, Court, or a County Jail;
 - i. If a seven (7) Day supply of medication(s) is not available, the sending Institution will forward the amount of medication the Inmate has on hand;
- b. A 30-Day supply of medication for scheduled transfers to an FDC satellite facility; and
- c. All KOP medications will remain with the Inmate in the quantity they have on-hand.

The Contractor shall ensure a Licensed Nurse notify the pharmacy if there are insufficient quantities on hand to transfer the appropriate amount. A Licensed Nurse shall send new or refill prescriptions for Inmates who have transferred to their new location within 24 hours of receiving medication and notify the receiving facility that the Inmate's medications have been forwarded.

11. Sick Call

The Contractor shall provide services in accordance with Procedure 403.006, *Sick-Call Process and Emergencies*, Procedure 403.003, *Health Services for Inmates in Special Housing*, and the Nursing Manual.

12. Periodic Screening Encounter

The Contractor shall perform a Periodic Screening Encounter every five (5) years until the Inmate is 50 years of age and annually thereafter in accordance with HSB 15.03.04 *Periodic Screenings*.

13. Female Health Examinations

The Contractor shall perform female health examinations following HSB 15.03.04, *Periodic Screening*.

14. Pregnant Inmates

The Contractor shall provide services for pregnant Inmates in accordance with HSB 15.03.39, *Health Care for Pregnant Inmates*.

Testing and counseling shall be provided in accordance with Rule 64D-3.042, F.A.C. An APRN trained to perform Gynecological examinations may manage such exams in consultation with, and appropriate referral to a Gynecologist when clinically indicated.

15. In accordance with Department Procedure 403.008, *Inmate Health Services Orientation and Education*, the Contractor shall provide health education including Sexually Transmitted Diseases, Tuberculosis, Blood Borne Pathogens, infectious diseases, personal hygiene, exercise, weight control and nutrition.

16. The Contractor shall provide health care to Inmates with impairments and disabilities, in accordance with the ADA, Florida laws, and Department Policies, including but not limited to HSB 15.03.25, *Services for Inmates with Auditory, Mobility, or Vision Impairments and Disabilities*.

17. Chronic Illness Clinics

The Contractor shall establish chronic illness clinics and enroll Inmates into such clinics according to their diagnoses. The Contractor shall evaluate, monitor, and provide continuity of care to all Inmates enrolled in those clinics listed below, in accordance with HSB 15.03.05, *Chronic Illness Monitoring and Clinic Establishment Guidelines*, and all attachments pertaining to their diagnosed illness.

18. Specialty Care

In accordance with HSBs 15.04.01, *Referral of Patients to Outside Dental Specialists* and 15.09.01, *Quality Management Program*, when an Inmate's medical condition requires specialty care, the Contractor's Medical Provider will refer the Inmate to a specialty clinic.

19. Dialysis

The Contractor shall provide a board-certified nephrologist to supervise/oversee the operation of the Dialysis Clinic at RMC, Florida State Prison (FSP), and Lowell CI or alternate locations approved by the Department. The Nephrologist also monitors and provides care for Inmates who require dialysis.

20. Inmate Post Use of Force Assessment

The Contractor shall provide services to Inmates after a use-of-force incident, in accordance with Rule 33-602.210, F.A.C.

21. Staff Care Post Use of Force

The Contractor's Clinician or Licensed Nurse shall offer all Department or Contractor staff involved in a use-of-force event a medical examination. If an examination is conducted, it should be documented on Form DC4-701C, Emergency Room Record, including all injuries claimed by the staff member or observed by the medical staff. Should the staff member decline a post-use-of-force medical examination, the Contractor's medical staff will have the employee sign Form DC4-711A, Refusal of Health Care Services, indicating an examination was offered but declined and provide such records to the Department for use and storage.

22. Post Sexual Battery Examination

The Contractor shall provide services following reported sexual battery in accordance with Procedure 602.053, *Prison Rape: Prevention Detection, and Response* and HSB 15.03.36, *Post Sexual Battery Medical Action*.

23. Pre-Special Housing Health Evaluation

The Contractor shall provide evaluations before an Inmate is moved into Special Housing in accordance with Rule 33-601.800, F.A.C., *Close Management*, HSB 15.05.08, *Mental Health Services for Inmates who are Assigned to Confinement, Protective Management, or Close Management Status* and Procedure 403.003, *Health Services for Inmates in Special Housing*.

24. Special Housing

The Contractor shall ensure a Medical Provider visits Special Housing at least once a month to assess overall conditions of the housing and ensure that Inmates in Special Housing have access to and receive adequate health care. Inmates scheduled to see Medical Providers will be seen in the Exam Room in each Special Housing unit, as defined in Procedure 403.003, *Health Services for Inmates in Special Housing*, and related FDC forms.

The Contractor shall ensure medications for Inmates in Special Housing be reviewed by health care staff during the Pre-Special Housing Health Evaluation to verify a current (valid) order on DC4-714B, Clinician's Order Sheet, for the medication.

- a. Single-dose medications shall be delivered and administered by the Licensed Nurse to Special Housing. Single-dose medications will be taken to the Special Housing unit(s) and administered by licensed nursing staff. A "no-show" shall not occur in Special Housing.
- b. KOP medications will be returned to the Inmate for self-administration unless determined otherwise by health care staff. Inmates in Special Housing may be allowed to have KOP medication in their cells and self-administer as prescribed. Special circumstances will be addressed individually.

25. Infirmary Care

The Contractor shall provide infirmary services in accordance with HSB 15.03.26, *Infirmary Services and Nursing Manual*.

26. Palliative Care

The Contractor shall provide palliative care in accordance with HSB 15.02.17, *Palliative Care Program Guidelines* and the Department's *Nursing Manual*. The Contractor's Medical Provider shall work closely with its nursing staff and mental health staff, along with the FDC's chaplain, security staff, and

classification staff, as a member of the Interdisciplinary Team to provide compassionate care for Inmates with advanced stage terminal illnesses in the last phase of his/her life in accordance with HSB 15.02.17.

The primary goals are to provide comfort care to alleviate pain while continuing maintenance medication regimens. A Licensed Nurse shall provide direct nursing services, provide case management services, and give supportive care to palliative Inmates. A Licensed Nurse shall complete an assessment of the Inmate at the beginning of each eight-hour shift and documented on Form DC4-701, *Chronological Record of Health Care*.

27. Self-Harm Observation Status

The Contractor shall provide care in accordance with Procedures 404.001, *Suicide and Self-Injury Prevention* and 404.002, *Isolation Management Rooms and Observation Cells* and HSB 15.05.18, *Outpatient Mental Health Services*.

28. Psychiatric Restraint Use

The Contractor shall provide care in accordance with HSB 15.05.10, *Psychiatric Restraint*. For Institutions with a mental health inpatient unit, these services shall be provided by the Contractor's mental health staff.

29. Therapeutic Diets

The Contractor shall prescribe any necessary therapeutic diets in accordance with Procedure 401.009, *Prescribed Therapeutic Diets*.

30. Hunger Strikes

The Contractor shall provide care of hunger strikes in accordance with Procedure 403.009, *Management of Hunger Strikes*. Nursing staff are to perform an initial assessment of the Inmate on form DC4-683RR, *Hunger Strike Protocol*, within 30 minutes of being notified of the Inmate's hunger strike.

The Contractor's Medical Provider will determine if placement in the infirmary is necessary based upon the Inmate's medical history and clinical findings. If clinically indicated, a Medical Provider shall admit the Inmate to the infirmary as an acute admission.

31. EKG Services

The Contractor shall ensure EKG Services are available at the Major Institutions and annexes at all times. EKG equipment shall be properly and safely maintained.

32. Laboratory Testing

The Contractor shall be responsible for all laboratory and phlebotomy services, supplies, and equipment, in accordance with Department Policy. The Contractor shall provide or subcontract for laboratory services that are not available on-site.

33. The Contractor shall perform all genetic testing, as outlined in HSB 15.02.18, *Genetic Testing*.

34. Radiology

The Contractor shall provide radiology services for the detection, diagnosis, and treatment of injuries and illnesses. All x-rays must be provided in a digital format. Referral for specialized diagnostic imaging shall be available and completed as clinically necessary. The Contractor shall ensure radiology services comply with all applicable State and federal law.

35. Discharge Planning

The Contractor shall provide discharge planning in accordance with HSB 15.03.29, *Prerelease Planning for Continuity of Health Care*.

36. Tuberculosis Discharge Planning

The Contractor shall comply with HSB 15.03.18, *Identification and Management of Latent Tuberculosis Infection (LTBI) and Tuberculosis Disease*, and notify the DOH as part of discharge planning and to ensure continuity of care for Inmates currently receiving treatment for Tuberculosis Disease or Infection.

37. HIV Pre-Release Planning

The Contractor shall provide care in accordance with HSB 15.03.08, *Human Immunodeficiency Virus (HIV) Disease and Continuity of Care*.

38. Mandatory HIV End of Sentence (EOS) Testing

The Department is required by Section 945.355, F.S., to test all Inmates for HIV prior to the end of their sentences. Accordingly, all Inmates shall be scheduled for an HIV test 180 Days prior to their date of EOS. If the Inmate refuses the test, they will be advised of the possible benefits of having such testing performed and the requirement by the Florida Statutes. The Contractor will ensure the Inmate signs a DC4-711A, Refusal of Health Care Services within 60 Days of EOS if they still wish to refuse. Inmates with a previous positive HIV test are exempt from this requirement. Inmates with a negative HIV test within one (1) year from their EOS date are also exempt from this requirement.

If an Inmate's HIV status is unknown to the Department, the Contractor staff shall perform an HIV test on the Inmate no less than 60 Days prior to the Inmate's release date.

The Contractor shall record the results of the HIV test in the Inmate's medical record on Form DC4-710, *Communicable Diseases Record*.

39. The Contractor shall take proper precautions and promptly transmit the appropriate reports to the DOH, outside hospitals, and health care delivery facilities. The Contractor shall notify the Department's Office of Health Services when communicable diseases are diagnosed.

40. The Contractor shall implement an Infection Control Program, which includes concurrent surveillance of Inmates and staff, preventive techniques, treatment, and reporting of infection in accordance with local and State laws. The program shall be in compliance with CDC guidelines on universal precautions and OSHA regulations.

41. The Contractor shall administer a Bloodborne Pathogen Control Program according to National Guidelines and Department Policy. The Contractor must comply with all provisions of this plan.

42. Infection Control Nurse Orientation Training

The Contractor shall provide infection control orientation and training to each institutional Infection Control Nurse (ICN) and, upon completion, provide the Office of Health Service with a written

documentation of their training completion (certificate) and maintain the Certificate on file for each ICN at the appropriate Institution.

43. The Contractor shall ensure as part of the Infection Control Program, the Contractor administers an Immunization Program, according to the National Recommendations of Advisory Committee on Immunization Practices (ACIP), a Tuberculosis Control Program according to CDC guidelines and YO Institutions shall participate in the Federal Vaccines for Children Program (VFC). This program provides all vaccines used in youth settings, including but not limited to HBV, at no cost to the Department. The Contractor's personnel shall register for this program.

44. Employee Health Program

The Contractor shall be responsible for an employee health program for each Institution, which includes the Contractor's completion of the following for FDC staff:

- a. TB screening and testing;
- b. Hepatitis B vaccination series or any other vaccinations provided by the Department;
- c. Immediate review and initial treatment of exposure incidents; and
- d. Completion of the appropriate records and forms (actual records are to be made available to the Department's Human Resource office upon verifiable request).

45. The Contractor shall treat all hernias as required in HSB 15.03.47, *General Guidelines for Management of Hernias*; and shall respond promptly to inquiries received from the Department regarding the status of individual Inmate patient cases.

46. The Contractor shall treat Inmates with Hepatitis C in accordance with HSB 15.03.09, *Management of Viral Hepatitis*, Supplement 3, *Management of Hepatitis C*, and the Department's provided treatment plan; and shall respond promptly to inquiries received from the Department regarding the status of individual Inmate patient cases.

47. Keep on Person (KOP) Medication Pick Up

The Contractor shall follow all Department Policies regarding KOP.

48. Intravenous (IV) Therapy

The Contractor shall ensure IV therapy be initiated, maintained and discontinued under the authority of a licensed Medical Provider. IV therapy shall be provided by an RN or an IV-certified LPN under the direction of an RN.

An LPN may provide IV therapy, if he/she is licensed in the State of Florida pursuant to the guidelines in Chapter 64B9-12, F.A.C., Administration of Intravenous Therapy by LPNs, if he/she has completed an approved IV training course, and has demonstrated competency.

49. Medication No-Shows

The Contractor shall comply with Procedure 403.007, *Medication Administration and Refusals*.

E. Dental Services

The Contractor is responsible for the delivery of comprehensive dental services to Inmates, meeting constitutional requirements, federal and State laws, including Chapter 33-402, F.A.C., Dental Services, and applicable Department Policies, both on-site at the Department's Correctional Institutions and off-site at hospitals, dental offices, and specialty care offices/centers. Services include routine, urgent, and emergency dental care, available to all Inmates, with an emphasis on preventative dental practices. The Contractor shall

provide dental care according to an Inmate's treatment plan, as developed and determined appropriate by a Dentist.

The Contractor must employ a full-time Florida licensed Director of Dental Services with an active unrestricted Florida Dental License. The Director of Dental Services will oversee all clinical dental care services, and must be able make all clinical dental decisions including utilization management, dental equipment repair/purchasing, supplies, staffing, and laboratory issues.

Institutional dental care consists of many different facets, delivered within the secure environment of the Department's Correctional Institutions, both in the reception process and at permanent Institutions, including dental sick call – urgent, emergent, and routine dental care, as described in HSB 15.04.13, *Dental Services/Standard Operating Procedures*, Supplement H, *General Information*, Section O, *Refusals*. Dental care services are available to Inmates based on four (4) levels of care required in HSB 15.04.13, Supplement C, *Clinical Dentistry*.

Level I

This level of dental care shall be provided to Inmates during the reception process. It includes, but is not limited to, intake examinations, necessary extractions as determined by the intake dental examination, Class II extractions, and emergency dental treatment, including soft tissue pathology. This level of care also includes the development of a provisional treatment plan using Form DC4-735, *Dental Clinical Examination Report*.

Level II

This level of dental care shall be provided to Inmates with less than six (6) months of Department incarceration time. It includes, but is not limited to, all Level I care, caries control (reversible pulpitis) with temporary restorations, gross Cavitron debridement of symptomatic areas with an emphasis on oral hygiene practices, and complete or partial denture repairs, provided the Inmate has sufficient Department incarceration time remaining on his/her sentence to complete the repair. This level of care also includes Inmates who are edentulous in one (1) or both arches and who have requested dentures. That Inmate is to be placed on the appointment waiting list at his/her permanent facility and is not required to wait six (6) months for Level III care. However, to receive dentures, the Inmate must have at least four (4) months of continuous incarceration time remaining on his/her sentence. In case of medical referral, Inmates are to be scheduled as soon as possible, but no later than three (3) weeks, for evaluation of dental care.

Level III

This level of dental care shall be provided to Inmates who have served six (6) months or more of continuous Department incarceration time. It includes, but is not limited to:

- All Level I and Level II care;
- Complete dental examination(s) with full mouth radiographs, Periodontal Screening and Recording (PSR) and development of an individualized dental treatment plan using DC4-764;
- Complete denture(s) provided the Inmate has least four (4) months of continuous Department incarceration time remaining on their sentence;
- Prophylaxis with definitive debridement, periodontal examination, as indicated by the PSR, and oral hygiene instructions with emphasis on preventative Dentistry;
- Restorative Care, after the Inmate has received a complete prophylaxis with definitive debridement, including amalgams, resins, glass ionomers, temporary crowns, chair-side post and cores, single unit crowns if the Inmate is not missing any other teeth in that quadrant and the tooth in question is in occlusion (at the discretion of the treating Dentist);
- Removable prosthetics, including acrylic partial dentures (provided the Inmate has at least four (4) months of continuous Department incarceration time remaining on his/her sentence), anterior flippers, and relines and rebases (provided the Inmate has enough continuous Department incarceration left on his/her remaining sentence to complete the procedure(s));

- Anterior endodontics (canine-canine), provided the tooth in question has adequate periodontal support (early to moderate periodontitis), and has good prognosis of restorability and long-term retention;
- Posterior endodontics, which may be performed at either the local facility or by referral to an endodontist, provided the tooth is crucial to arch integrity (no missing teeth in the quadrant or necessary as a partial denture abutment), has adequate periodontal support (early to moderate periodontitis), and has good prognosis of restorability and long-term retention; and
- Basic non-surgical periodontal therapy, as necessary.

Level IV

This level of care represents advanced dental services to be provided to Inmates on an as-needed basis after completion of Level III services and successful demonstration of a Plaque Index Score (PIS) of 90% or better, for two (2) consecutive months. If an Inmate does not achieve the required PIS, he/she shall be rescheduled in three (3) months for a follow-up PIS evaluation. If the required score is still not obtained, advanced dental services will not be provided.

Dental care and follow-up of highly specialized procedures, such as orthodontics and implants, placed before incarceration, shall be managed on an individual basis after consulting with the Department's Chief of Dental Services. The Contractor's dental staff shall provide follow-up care for oral surgery and pathology-related issues in accordance with the appropriate HSBs.

This level also includes all other advanced dental services exceeding Level III. This can include fixed prosthetics (multiple units), periodontal surgery (including, but not limited to, grafts, specialized endodontic care, orthodontics placed pre-incarceration, implants (most of which would be placed pre-incarceration), and specialized oral surgery). The Contractor shall follow HSB 15.04.13, Supplement C, Section B, *Levels of Dental Care*.

Institutional Dental Care Requirements:

1. The Contractor shall be responsible for all on-site and off-site dental care for Inmates, and all other specialty dental care, as necessitated. Any necessary dental care that the Contractor cannot provide on-site must be made available by referral to an outside provider. The Contractor must ensure that an Inmate receives the necessary services timely after the Inmate has been referred to an outside provider.
2. The Contractor shall provide dental care in accordance with Rule 33-402.101, F.A.C., Dental Services, and the 15.04 series of HSBs, including the establishment of an Inmate's level of care, and determination whether an Inmate's dental sick call request is emergent, urgent, or routine.
3. The Contractor shall answer directly to the Warden to coordinate and ensure the provision of all institutional dental care. Questions or issues arising during daily activities that cannot be resolved at the Institution will be referred to the Contract Manager.
4. The Contractor's Dentists shall develop an individualized treatment plan for each Inmate in accordance with his/her level of care. The Contractor shall not refuse to treat an Inmate seeking emergent, urgent, or routine dental care.
5. The Contractor shall ensure emergency dental care is available on a 24-hour basis, using on-duty dental staff during working hours, and referring to the appropriate medical staff during non-working hours. In the event a Dentist is not available at a facility to treat a dental emergency, the emergency will be referred to the Contractor's institutional medical care staff, in accordance with the dental industry's accepted dental emergency protocols.

There shall be no waiting list for dental emergencies.

The Contractor shall ensure its staffing levels are appropriate to respond to an emergency within 24 hours of occurrence.

The Contractor shall have back-up dental coverage when the Institution's assigned Dentist is not available. The Contractor's list of back-up Dentists must include a location for emergent/life threatening care.

The Contractor shall ensure its medical staff have a Dentist on-call list, in the event a Dentist should need to be contacted when an emergent/urgent dental situation arises, and no Dentist is available at the Institution. If required, the on-call Dentist must travel to another Institution if that Institution's Dentist is unavailable to cover a call.

6. The Contractor shall ensure dental clinics hold daily sick call for urgent care five (5) Days per week, Monday through Friday, to provide dental access to those Inmate patients who cannot wait for a routine appointment, but who do not yet meet the criteria for emergency care. Inmates signing up for dental sick call must be evaluated, triaged, or treated within 72 hours. If an Inmate needs urgent dental care and the necessary dental treatment cannot be completed that Day, the Inmate is to be treated palliatively and treatment rescheduled as soon as possible, but no later than 10 Days.

Some Institutions may have a small population requiring less than one (1) full-time Dentist. In the event the Institution does not have an assigned Dentist available for dental sick call, the Contractor must ensure an alternate Dentist is assigned to complete dental sick call, a minimum of three (3) Days per week.

7. The Contractor shall ensure the appointment waiting time between an initial request for routine dental care and the dental treatment plan appointment not exceed six (6) months. This is defined as the time between the Inmate's initial request for routine, comprehensive, dental care, and the actual development of the *Dental Diagnosis and Treatment Plan* (Form DC4-764), signed by a Dentist.

The Contractor shall ensure wait times between routine dental appointments does not exceed three (3) months.

8. The Contractor shall complete immediate reviews of incidents involving possible exposure to pathogens (post-exposure follow-up treatment and care is the responsibility of the Contractor).
9. The Department emphasizes preventative Dentistry that strives to restore and maintain the Inmate's dentition to an acceptable level of masticatory function within appropriate Department guidelines. Preventative Dentistry shall be taught to all Inmate patients in two (2) ways:
 - a. The Contractor shall provide prevention training with oral hygiene instructions to each Inmate, as part of his/her orientation to the Institution. This training is to include instructions in the proper usage of essential oral hygiene aids (toothbrush, toothpaste, and floss). This training shall be coordinated with the institutional orientation and may be accomplished either through a direct presentation or any other method approved by the Department; and
 - b. The Contractor shall provide personal preventative training, including oral hygiene instructions, as part of an Inmate's current dental treatment plan. Oral hygiene instructions shall be reinforced throughout the Dental Treatment Plan.

10. The Contractor shall ensure every Inmate receives an intake dental examination at a reception center by a Dentist. The intake dental examination shall take place within seven (7) Days of arrival and must include, at a minimum:
 - a. A visual clinical exam of the head, neck, and intraoral areas for any pathology or cancer;
 - b. Charting of any missing teeth, restorations present, fixed or removable prosthetics, gingival conditions, and deposits;
 - c. An evaluation of masticating efficiency; and

d. Any treatment indicated (provisional treatment plan).

Class II extractions identified at the initial intake dental examination during the reception process should be scheduled as soon as possible, but no later than seven (7) Days from the date the need for an extraction is identified during the intake examination.

11. The Contractor shall ensure each Inmate receives an orientation to dental services upon arrival at his/her permanent Institution. The Contractor shall provide this orientation within seven (7) Days of arrival and include how to access dental services and availability hours. Prior to treatment, a Dentist shall review and Inmate's prior dental treatment record for emergency/urgent dental needs and follow-up care requirements. If an Inmate's prior dental treatment record has not been received at the time of orientation, or the Inmate has not had a dental examination in accordance with established Department Policy, then a dental exam shall be completed within seven (7) Days, and a replacement dental record established.
12. The Contractor shall ensure each Inmate receives a periodic dental examination in accordance with HSB 15.04.03, *Guidelines for Dental Periodic Oral Examinations*. At a minimum, periodic dental examinations must include a visual clinical exam of the head, neck, and intraoral areas for any pathology or cancer.
13. When necessary, the Contractor's Dentists shall perform dental examinations, assessments, and treatment for Inmates in Confinement units.
14. Before commencing with a routine comprehensive dental treatment, the Contractor shall ensure a diagnosis and treatment plan is developed for each Inmate using Form DC4-735, *Dental Clinical Examination Report*, or Form DC4-764, *Dental Diagnosis and Treatment Plan*, as applicable. The following information shall be used to formulate this plan: a complete clinical examination, pathology/cancer examination, full mouth radiographs, periodontal screening and recording (PSR), periodontal charting when indicated, a plaque evaluation, all appropriate charting to record findings, and health history.
15. The Contractor shall ensure the topical application of fluoride be included in the dental treatment plan as deemed necessary by the treating Dentist. The topical application of fluoride shall be included as part of the dental treatment plan for all Inmates less than 18 years of age.
16. The Contractor shall provide comprehensive dental care, including:
 - Reception/Intake Examinations;
 - Reception Class II Dental Extractions;
 - Diagnostics;
 - Radiographs;
 - Preventative care;
 - Periodontics;
 - Restorative;
 - Endodontics;
 - Removable Prosthetics-Partial and Complete Dentures, Partial and Complete Denture Repairs, Rebases, Relines, and Palatal Obturators;
 - Fixed prosthetics;
 - Oral Surgery;
 - Treatment of pre-existing implants;
 - Treatment of pre-existing orthodontics; and
 - Treatment of Temporomandibular Disorders.

17. The Contractor shall be responsible to answer and respond to consults and referral requests from the Contractor's medical and mental health staff, within three (3) weeks of referral, unless needed more urgently, as determined by a Medical Provider.
18. The Contractor's dental staff shall be responsible for completing infirmary/hospital rounds for all Inmate patients admitted for dental reasons or at the medical staff's request.
19. The Contractor shall coordinate and provide all specialty dental care services required by Inmates. Specialty dental care services include, but are not limited to, trauma care, cancer care, oral medicine, oral surgery, treatment of temporomandibular disorders, endodontics, periodontics, orthodontics, obturators, fixed prosthetics (multiple units as approved by Contractor and Department dental leadership), and the treatment of dental implants. Additionally, the Contractor must provide all diagnostic testing, laboratory services, pathology, and radiology required to complete dental care for Inmates.
20. The Contractor shall manage specialty dental care services using an electronic utilization management process, to avoid unnecessary off-site travel while also ensuring necessary consultations and off-site services are provided.
21. The Contractor shall forward all referral denials of dental service(s) to the Department's Chief of Dental Services within one (1) week of determination for review.
22. If a Dentist establishes an alternative treatment plan (ATP), the Contractor shall ensure the ATP is forwarded to the Department's Utilization Management liaison and Chief of Dental Services within one (1) week of ATP creation.
23. The Contractor shall be responsible for the completion of all invasive dental treatment(s) necessary prior to the initiation of radiotherapy. These must be completed within five (5) Business Days of the referral.
24. The Contractor shall be responsible for placing and removing dental implants, when indicated.
25. The Contractor shall be responsible for providing palatal obturators.
26. The Contractor shall be responsible for treatment using hyperbaric oxygen and/or dives necessitated by an Inmate's previous head and neck radiation treatment.
27. The Contractor shall evaluate and treat (surgically or non-surgically) temporomandibular disorders and diseases.
28. The Contractor shall be responsible for the treatment of intra-oral alveolar fractures.
29. The Contractor shall be responsible for all intra-oral, alveolar, and lip biopsies to evaluate oral pathology. The Contractor shall follow general dental treatment standards, which call for a biopsy of oral lesions or suspected lesions, if they've not healed within 10 Days of when they were first observed. A biopsy shall be taken no later than 10 Days after the verification that a lesion has not healed.
30. If necessary, the Contractor shall refer Inmates to the Contractor's medical staff for:
 - a. Medical clearance prior to dental treatment;
 - b. The evaluation of possible allergies to local anesthetics; and
 - c. Blood draws for samples requiring analysis prior to dental treatment.
31. The Contractor shall be responsible for all intra-oral soft tissue grafting and reconstruction of the dentition, as needed, following surgical procedures, or other issues relating to oral trauma.

32. At a minimum, the Contractor shall provide the following information to the Department by the 10th Business Day of the month following the month service was rendered:
 - a. Monthly UM reports, by Institution, identifying the Inmate number, name, diagnosis, requested service (referral, on-site service, off formulary medication, etc.), approval or alternative action, and reason; and
 - b. Monthly report of alternative actions, by Institution with full copies of all associated review materials. A written summary of the information discussed in the phone conversation shall be included with the material describing the individual case.
33. The Contractor shall ensure urgent oral surgery referrals are treated within four (4) weeks.
34. The Contractor shall ensure routine oral surgery referrals are treated within three (3) months.
35. The Contractor shall ensure routine endodontic referrals are treated within three (3) months.

F. Mental Health Services

Mental health services consist of many different facets of mental health care delivery within the secure correctional environment. This includes services provided to Inmates, during the reception process and at their permanent Institution, including but not limited to observations, assessments, psychological evaluations, and treatment interventions, delivered in a spectrum of care from minimal outpatient to intensive inpatient settings.

The Contractor’s qualified mental health staff shall provide comprehensive mental health services, delivered in a humane, respectful manner, ensuring all Inmates within Department-operated facilities have proper access to care, in accordance with federal and State laws, including but not limited to Chapter 33-404, F.A.C., and Department Policies. Mental health services include observations, assessments, psychological evaluations, and treatment interventions, delivered in a spectrum of care from minimal outpatient to intensive inpatient settings. Inpatient settings include infirmary mental health services, Transitional Care Units (TCU), Crisis Stabilization Units (CSU), and Corrections Mental Health Treatment Facilities (CMHTF). The Department has also implemented the Residential Continuum of Care Unit (RCCU) and residential intensive outpatient programs. The Department’s Chief of Mental Health Services serves as the Department’s principal advisor on mental health matters and is responsible for overseeing the mental health delivery system.

Inmate Orientation to Mental Health Service

The Contractor shall ensure all newly arriving Inmates, regardless of assigned S-grade and whether received from a reception center or transferred from another Institution, shall be oriented specifically to mental health services at the receiving Institution, in accordance with HSB 15.05.18, *Outpatient Mental Health Services* and Procedures 403.008, *Inmate Health Services Orientation and Education* and 404.004, *Mental Health Inpatient Multidisciplinary Treatment and Services*.

Mental Health Inmate Classification System

- The Department’s mental health classification system ensures access to appropriate levels of care, following Chapter 33-404, F.A.C., by utilizing a mental health profiling system that assigns an “S grade” (mental health grade) to each Inmate based on the Inmate’s ability to function in various prison settings. The S-grade is initially assigned at reception and is documented on DC4-706, Health Services Profile, within the EMR.
- HSB 15.03.13, *Assignment of Health Classification Grades to Inmates*, and HSB 15.05.18, *Outpatient Mental Health Services* govern the Inmate classification system and associated care levels.

- Institutions within the Department support different populations or “missions.” Part of this classification identifies the highest care level of mental health care services an Institution can provide. Population management uses an Inmate’s assigned S-grade to determine, in part, which Institution will house the Inmate to ensure the Inmate receives the appropriate level of care to match their clinical needs. For example, an Institution classified as S-2 can house Inmates classified no higher than an S-2 (which includes S-1). An Institution classified as an S-6 can house Inmates classified as up to S-6 (including S-1, S-2, S-3, S-4, or S-5). Inmates move among five (5) different mental health care levels depending upon the seriousness of the Inmate’s mental symptoms and associated impairment at the time.

Residential Continuum of Care Units (RCCUs)

- In addition to the Mental Health Classification System, the RCCUs are specialized residential mental health units that provide augmented outpatient mental health treatment and habilitation services in a protective environment for Inmates with serious psychological impairment associated with a historical inability to successfully adjust to daily living.
- Procedure 404.005, *Residential Continuum of Care Units*, in conjunction with HSB 15.03.13, *Assignment of Health Classification Grades to Inmates*, governs the assignment and use of residential housing grades (R-grades) to denote the type of treatment needed. These are used in conjunction with S-grades on a small sub-set of the population.

In addition to testing and evaluation during the reception process, mental health testing and assessments are required in several other settings. Within the RCCU, testing is required in accordance with Procedure 404.005, *Residential Continuum of Care Units*, to assist in clarifying diagnostic and treatment plan issues. Within the inpatient units, violence risk assessments (currently the HCR-20) are completed in accordance with Rule 33-404, F.A.C.

Inmate Eligibility for and Access to Mental Health Services

The Contractor is responsible for providing access to necessary mental health services, which are those services and activities provided primarily by mental health staff and secondarily by other health care staff. Access to necessary mental health services must be available to all Inmates within the Department and provided in a non-discriminatory way, following prevailing community and correctional care standards. All Inmates are eligible to receive mental health screenings and evaluations as necessary.

The conditions for Inmate eligibility for ongoing mental health treatment and services are outlined in HSB 15.05.14, *Mental Health Services*. Inmates who display symptoms of a mental disorder that interferes with their adjustment to incarceration, as determined by mental health staff and defined in the current Diagnostic and Statistical Manual of Mental Disorders, are eligible to receive ongoing mental health treatment.

Outpatient Mental Health Services (OS)

Outpatient services are provided primarily by following HSB 15.05.18, *Outpatient Mental Health Services*; HSB 15.05.08, *Mental Health Services for Inmates Who are Assigned to Confinement, Protective Management, or Close Management Status*; HSB 15.05.19, *Psychotropic Medication Use Standards and Informed Consent*, and Procedure 404.005, *Residential Continuum of Care Units*.

Mental Health Services Requirements

1. Risk Assessment

The Contractor shall ensure a violence risk assessment will be completed in accordance with Rule 33-404.112, F.A.C., for all Inmates residing in an inpatient unit. Psychologists will be responsible for completion of risk assessments utilizing a validated violence risk assessment instrument, currently the

HCR-20, which includes a clinical interview and record review. Complete risk assessments must be completed:

- a. Within three (3) Business Days of admission to the CSU;
- b. Within seven (7) Business Days of admission to TCU or CMHTF; and
- c. Shall occur at least every 90 Days thereafter while in the inpatient system.

2. Referrals for Victims of Sexual Battery

The Contractor shall complete Form DC4-529, *Staff Request Referral*, to initiate a Mental Health Referral to the Contractor's staff for victims of sexual battery.

The Contractor's mental health staff shall see the Inmate no later than the next Business Day.

3. Consent to Mental Health Evaluation and Treatment

Express and informed consent means consent voluntarily given, in writing, after provision of a conscientious and sufficient explanation. The Contractor shall ensure all Inmates undergoing treatment or evaluation, including Confinement assessments and new screenings, have a valid signed Form DC4-663, *Consent to Mental Health Evaluation or Treatment*, in accordance with HSB 15.05.18, *Outpatient Mental Health Services*. The Contractor shall advise Inmates of the limits of confidentiality before receiving any mental health services.

Consent for pharmacotherapy is described in HSB 15.05.19, *Psychotropic Medication Use Standards and Informed Consent*, and is routinely completed by psychiatry staff. The Psychiatric Provider shall obtain fully informed consent for pharmacological intervention before initiating the intervention. Each of the prescribed medications requires a separate informed consent form.

The Contractor shall ensure when admitted to an IMR, TCU, or CSU, a health care professional will request that the Inmate give written informed consent to treatment using Form DC4-649, *Consent to Inpatient Mental Health Care*. The Inmate may refuse to consent to treatment; however, the Inmate cannot refuse placement.

4. Confidentiality

The limits of confidentiality are delineated using Form DC4-663, *Consent to Mental Health Evaluation or Treatment*. The Contractor shall explain these limits to the Inmate and the Inmate must indicate informed consent by signing Form DC4-663 before receiving non-emergency mental health services. The limits of confidentiality are delineated using Form DC4-663.

Inmate disclosures made to a health care professional while receiving mental health services are considered confidential and privileged, except for the following:

- a. Threats to physically harm self or others;
- b. Threats to escape or otherwise disrupt or breach the security of the Institution; or
- c. Information regarding the physical or sexual abuse or neglect of an identifiable minor child, elderly, or disabled person.

The confidentiality of mental health records, psychological testing protocols, and data is ensured pursuant to federal and State law and professional guidelines. Therefore, health care providers must safeguard health records from wrongful disclosure, alteration, falsification, unlawful access, or destruction following Procedure 102.006, *HIPAA Privacy Policy*. All information obtained by a mental health care provider retains its confidential status unless the Inmate specifically consents to its disclosure by initialing the appropriate areas listed on Form DC4-711B, *Consent and Authorization for Use and Disclosure Inspection and Release of Confidential Information*. An ROI is not required if the release of the requested information is authorized in Florida Statutes, court-order, or in response to a valid HIPAA-compliant subpoena. Requests for copies of mental health records are referred to the

Contractor's institutional Health Information Specialist. A signed Form DC4-711B shall accompany any release of confidential health records.

5. Refusal of Mental Health Care

The Contractor shall ensure if an Inmate refuses treatment that is deemed necessary for their appropriate care and safety, such treatment may be provided without consent only under the following circumstances:

- a. In an emergency situation in which there is immediate danger to the health and safety of the Inmate or others. Emergency treatment may be provided at any Major Institution. Emergency Treatment Orders (ETO) are issued, as indicated in HSB 15.05.19 and Florida law; and
- b. When court-ordered commitment for on-going involuntary treatment at a CMHTF. The criteria for court petition for involuntary treatment at a CMHTF is based on Sections 945.40-945.49, F.S.

6. Multi-Disciplinary Services Team (MDST)

The Contractor shall ensure all members of an MDST are available for the provision of services as required by Department Policies. The MDST is a group of staff members representing different professions, disciplines, and service areas that provide assessment, care, and treatment based on the individual needs of the Inmate and develops, implements, reviews, and revises each Inmate's Individualized Service Plan (ISP) in accordance with HSB 15.05.11, *Planning and Implementation of Individualized Mental Health Services* and HSB 15.05.13, *Mental Health Staff on Disciplinary Teams*.

7. Assessment and Treatment for Suicidal and Serious Self-injurious Behavior

The Contractor shall provide suicide and self-injury prevention and mental health crisis services in accordance with Procedure 404.001, *Suicide and Self-Injury Prevention* and Procedure 404.004, *Mental Health Inpatient Multidisciplinary Treatment and Services*.

Identification, intervention, treatment, and management of Inmates at risk of suicide or serious self-injurious behavior shall follow Procedure 404.001, Procedure 404.002, *Isolation Management Rooms and Observation Cells*, Procedure 404.004, and HSB 15.05.11, *Planning and Implementation of Individualized Mental Health Services*.

8. Psychological Emergencies

The Contractor is responsible for the mental health evaluation and treatment of all psychological/mental health emergencies in accordance with Procedures 404.001, *Suicide and Self-Injury Prevention*.

9. Routine Staff Referrals

The Contractor shall ensure, in accordance with HSB 15.05.18, *Outpatient Mental Health Services*, mental health staff shall respond to routine staff referrals.

10. Inmate Requests and Informal Grievances

The Contractor shall ensure Inmate requests and informal grievances are handled in accordance with HSB 15.02.01, *Medical and Mental Health Care Inquiries, Complaints, and Informal Grievances*.

11. Psychological Evaluations and Referrals

The Contractor's mental health staff shall provide psychological evaluations in accordance with Department Policy requirements and for Inmates referred by various program areas. The Contractor shall ensure only Florida-licensed Psychologists conduct psychological evaluations pursuant to Chapter 490, F.S.

12. Screening and Treatment for Sex Offenders

The Contractor shall provide screening and necessary treatment for Inmates currently serving a sentence for a sex offense, in accordance with Rule 33-404.102(7), F.A.C. The purpose of the screening is to identify those who suffer from a sexual disorder, as defined by the current Diagnostic and Statistical Manual of Mental Disorders, and who are amenable and willing to participate in treatment. The Contractor shall provide screening and treatment services for sex offenders in accordance with HSB 15.05.03, *Screening and Treatment for Sexual Disorder*, and offer and provide aftercare assistance in accordance with HSB 15.05.21, *Mental Health Re-Entry Aftercare Planning Services*.

13. Inmates with Diagnosis of Intellectual Disability

The Contractor shall ensure Inmates diagnosed with an intellectual disability who have minimal to mild impairment in ability to function within the general Inmate population are assigned to Institutions having Impaired Inmate services. These Inmates will be assessed, identified and treated according to the Department's related procedures and HSBs.

The Contractor's mental health staff shall track all Inmates diagnosed with an intellectual disability to ensure proper discharge planning occurs at least 180 Days before release in accordance with HSB 15.05.21, *Mental Health Re-Entry Aftercare Planning Services*.

14. Psychological Record Jacket (Form DC4-761)

The Contractor shall ensure the psychological record contains psychological test forms and protocols, and raw test data and is kept separately from the EMR or health record. It must be in a secure location in the mental health services area and the Contractor must protect the confidentiality of test items and protocols.

15. Record Keeping

The Contractor shall ensure mental health staff shall record all significant observations pertinent to Inmate care and treatment at the time services are rendered. Accurate and complete documentation is required of all mental health staff and record entries shall reflect the ISP and contain sufficient detail to follow the course of treatment. The Contractor shall ensure an Inmate's mental health record, especially services, events, and encounters occurring between visits, be reviewed each time they appear for a mental health encounter.

16. Service Delivery Logs

The Contractor shall ensure each Institution's mental health programs maintain a set of logs as detailed in HSB 15.05.17, *Intake Mental Health Screening at Reception Centers*. Logs may be kept in written or electronic format.

17. Problem List

The Contractor must comply with HSB 15.05.11, *Planning and Implementation of Individualized Mental Health Services*, in identifying and documenting problems.

18. The Contractor's mental health staff shall routinely attempt to obtain records of past evaluation and treatment performed outside the Department. The Contractor shall ensure any attempts to obtain records of past evaluation and treatment be documented as an incidental note. The case manager has the primary responsibility for requesting past mental health records.

19. The Contractor's institutional mental health leadership will communicate frequently with the Warden, or designee, keeping him/her informed of all significant events involving mental health care issues that may affect the normal operation of the Institution (out of cell activities, self-injurious behavior, emergencies, suicide) or teamwork issues (security assistance, medical escort, transportation). At inpatient mental health units, the Psychological Services Director will attend regular meetings with the Warden (weekly and quarterly) and with the Regional Mental Health Director (monthly).

20. Case Manager Assignment

The Contractor shall ensure all newly arriving S-2 through S-6 Inmates have a Case Manager assigned and documented in the EMR in accordance with HSB 15.05.11, *Planning and Implementation of Individualized Mental Health Services*.

21. Outpatient Mental Health Nursing Services

The Contractor shall be responsible for providing nursing services to support the required outpatient psychiatric services at S-3 Institutions in accordance with HSB 15.05.18, *Outpatient Mental Health Services*.

22. Outpatient Psychiatric Consultation for Inmates

The Contractor shall be responsible for providing outpatient psychiatric consultation services, in accordance with HSB 15.05.19, *Psychotropic Medication Use Standards and Informed Consent*. Telepsychiatry services will be governed by HSB 15.06.12, *Telemedicine*.

23. Cognitive-Behavioral Therapy/Counseling Services

The Contractor shall provide therapy and counseling services in accordance with HSB 15.05.18, *Outpatient Mental Health Services*.

24. Confinement Mental Health Rounds and Evaluations

The Contractor shall provide mental health services for Inmates in restrictive housing in accordance with HSB 15.05.08, *Mental Health Services for Inmates who are Assigned to Confinement, Protective Management or Close Management Status* and Procedure 403.003, *Health Services for Inmates in Special Housing*.

G. Inpatient and Infirmiry Mental Health Care (IIC)

Infirmiry Mental Health Care is provided at most Institutions, following the standards of care outlined in Procedure 404.001, *Suicide and Self-Injury Prevention* and HSB 15.03.26, *Infirmiry Services*. Inpatient mental health care is provided at a limited number of Institutions, following the time frames and guidelines in Procedure 404.004, *Mental Health Inpatient Multidisciplinary Treatment and Services*. Other pertinent Department Policies for inpatient mental health care delivery include Procedure 404.003, *Mental Health Transfers*, HSB 15.05.11, *Planning and Implementation of Individualized Mental Health Services*, HSB 15.05.19, *Psychotropic Medication Use Standards and Informed Consent*, Procedure 404.001, HSB 15.02.02, *Health Care Clearance/Holds*, HSB 15.05.21, *Mental Health Re-Entry Aftercare Planning Services*, HSB 15.05.13, *Mental Health Staff on Disciplinary Teams*, HSB 15.05.20, *Medical and Dental Care for Mentally Disordered Inmates*, and the *Nursing Manual*. Inpatient mental health services are provided in Transitional Care Units (TCU), Crisis Stabilization Units (CSUs), and Corrections Mental Health Treatment Facilities (CMHTF).

1. Referral/Transfer to TCU/CSU/CMHTF

The Contractor shall ensure mental health transfers for inpatient care follow established Department Policies and Sections 945.40-945.49, F.S. (The Correctional Mental Health Act), as applicable. Transfer criteria and procedures are fully described in Procedure 404.003, *Mental Health Transfers*.

The Contractor shall ensure all transfers be coordinated with the Department's Mental Health Transfer Coordinator in the Office of Health Services.

Per Section 945.43(2)(a), F.S., an Inmate may be placed in a mental health treatment facility after notice and hearing, upon the recommendation of the Warden of the Institution where the Inmate is confined. The recommendation shall be entered on a petition and must be supported by the expert opinion of a psychiatrist and the second opinion of a psychiatrist or psychological professional. One of the Contractor's experts whose opinion supported the petition for placement shall be present at the hearing for information purposes.

2. Inpatient Treatment and Services

The Contractor shall ensure all Inmates admitted to an inpatient mental health unit are provided recovery and discharge readiness planning and levels of care that comprise the inpatient mental health delivery system in accordance with Procedure 404.004, *Mental Health Inpatient Multidisciplinary Treatment and Services* and HSB 15.05.11, *Planning and Implementation of Individualized Mental Health Services*.

3. Individual Therapy, Clinical Group Therapy, and Case Management

The Contractor shall ensure clinical encounters by the Mental Health Provider are targeted to address the identified problems and treatment goals on the Inmate's ISP. Inpatient case management services and individual counseling shall be provided and documented in accordance with Procedure 404.004, *Mental Health Inpatient Multidisciplinary Treatment and Services*.

4. Structured Out-of-Cell Treatment Services (SOCTS)

The Contractor shall ensure each level of inpatient mental health care offers a range of out-of-cell structured therapeutic services (e.g., individual and clinical group therapy, psychoeducational groups, medication education groups, therapeutic community, activity therapy, preparation for discharge to outpatient or community) by the requisite staff, as specified in Procedure 404.004, *Mental Health Inpatient Multidisciplinary Treatment and Services*.

The Contractor shall ensure a minimum of 10 hours of structured out-of-cell therapeutic service hours are offered weekly for each Inmate in the CSU, TCU, and CMHTF.

5. Behavioral Management Progress System (BMPS)

The Contractor shall ensure inpatient mental health services incorporate a structured, behavioral level system consisting of performance-based behavioral incentives and consequences, in accordance with Procedure 404.004, *Mental Health Inpatient Multidisciplinary Treatment and Services*, and Form DC4-664B, *Behavioral Management Progress System*.

6. Discipline of Inmates in Inpatient Units

The Contractor shall ensure the discipline of Mentally Disordered Inmates in CSU, TCU, and CMHTF shall be affected, in accordance with Rule 33-404.108, F.A.C., *Discipline and Confinement of Mentally Disordered Inmates*, and HSB 15.05.13, *Mental Health Staff on Disciplinary Teams*.

7. The Department has a Statewide Ombudsman Program, guided by HSB 15.05.22, *Mental Health Ombudsman Program* with eight (8) staff to include the Central Office Ombudsman. Additionally, Institutions have an Assistant Warden of Mental Health: Suwannee CI, Lake CI, Dade CI, Santa Rosa CI, RMC, and Wakulla CI. The Contractor shall work collaboratively with the Ombudsman Program staff and Assistant Wardens, both those working in Central Office and on-site at designated Inpatient Mental Health Units.

H. Mental Health Reentry and Aftercare Planning (RAP)

The Contractor shall provide continuity of care planning services to assist mentally ill Inmates with the transition from incarceration to release. These aftercare services range from arranging outpatient services with community providers, assistance with applying for SSI/SSDI benefits, and commitment to psychiatric hospital care. As part of a Memorandum of Agreement, the Department and the Florida Department of Children and Family Services (DCF) utilize a web-based referral system to obtain an intake appointment at a community mental health center (CMHC) for Inmates under psychiatric care at the time of their release. The Contractor shall provide continuity of care services in accordance with HSB 15.05.21, *Mental Health Re-Entry Aftercare Planning Services*.

The Contractor shall coordinate Inmate release issues with the Department’s Office of Health Services, Office of Programs and Re-entry, and the Bureau of Admission and Release, to help Inmates prepare to transition back into the community. The Contractor shall be responsible at each Institution for coordinating the mental health care portion of the Department’s re-entry initiative. The Contractor shall develop, implement, and coordinate a comprehensive discharge plan for Inmates with acute or chronic mental illness who are difficult to place, due to their offense, and are within six (6) months of EOS.

The Contractor shall ensure Inmates housed in inpatient units (S4-S6) be reviewed by the Institution’s MDST at least 120 Days prior to EOS date to determine if criteria for an involuntary examination (BA52) or an involuntary placement (BA32) is present pursuant to Chapter 394, Sections 463 and 467, 945.46, F.S. If the MDST determines that the Inmate will require either action, then the Institution’s re-entry staff will complete the referral process to DCF in accordance with HSB 15.05.21.

I. Hospital Administration and Care at RMC Hospital (RMCH)

The Contractor shall provide the management and operation of a 120-bed licensed hospital at the Reception and Medical Center (RMC) in Lake Butler, Florida. The mission of the RMCH is to:

- Provide primary and secondary health and hospital care with efficient use of resources in a secure environment;
- Coordinate community hospitalization of Inmates requiring highly specialized, acute, chronic, and tertiary care beyond the capabilities of institutional infirmaries;
- Provide chronic care services for Inmates requiring skilled nursing services or medical isolation in an extended care setting;
- Provide ancillary services such as radiology, laboratory, chemotherapy, radiation therapy, physical therapy, and specialty consultations for the Department’s Inmate population and Inmates under the Interstate Compact Agreement;
- Coordinate with the outpatient clinic to provide follow-up services for Inmates discharged from the RMCH; and
- Identify Inmates who require infirmary placement upon discharge from the acute care setting.

The Contractor’s administrative and management staff shall supervise, oversee, and direct health care and hospital services at RMCH in accordance with federal and State laws, and Department Policies.

J. Hospital Care (HC)

RMCH was built in 1968 and lacks many amenities of a modern medical facility. Nevertheless, it contains eight (8) inpatient hospital bed wards to maintain appropriate staff to patient care ratios, and single bed dorms for inpatient mental health care inmates. There are also larger areas of space available for setting up mechanical ventilators. The successful operation of RMCH is vital to the Department's provision of efficient and appropriate inpatient hospital care within the constraints of a secure correctional environment.

The Contractor must provide quality and timely health and hospital services to the Department's inmates in compliance with Chapter 395, F.S. and Rule 59A, F.A.C. These services are necessary to protect life, prevent significant illness or disability, or alleviate significant pain. Short-term and long-term nursing care is provided, including care of inmates with communicable diseases. RMCH does not provide ICU or step-down unit care for inmates requiring cardiac monitoring.

The Contractor must operate RMCH in accordance with all applicable federal and State laws and the Reception and Medical Center Hospital Policies & Procedures Manual and Bylaws.

The Contractor shall ensure the majority of providers within the following specialties are available on-site at RMCH or via telehealth, as approved by the Department; however, additional specialty services may be required: Oral Surgery, Internal Medicine, Gastroenterology, Surgical Services, Orthopedic Services, Physiotherapy, Otolaryngologic Services, Podiatry, Dermatology, Urology, Neurology, Internal Medicine, Audiology, Neurosurgery, Oncology, Nephrology, Endocrinology, Infectious Disease, Ophthalmology, Optometry, Respiratory Therapy, Cardiology, Physical Therapy, Radiology (including CT/MRI), Nuclear Scans, and Orthotics.

The Department currently maintains a contract for radiotherapy services with CCCNF-Lake Butler, LLC/E+ Cancer Care (contract C2573). The Contractor shall use the CCCNF-Lake Butler, LLC (under the referenced contract), or a Department designated substitution, for all radiotherapy services provided under the Contract. The Department shall pay CCCNF-Lake Butler, LLC directly. The Department shall provide supporting services, outlined in contract C2573, to CCCNF-Lake Butler, LLC. These services will be paid directly from the Department to CCCNF-Lake Butler LLC.

The Department also maintains an Ambulatory Surgical Center (ASC) on the grounds of RMC. The Contractor shall provide and maintain a licensed Ambulatory Surgical Center (ASC) at RMCH in compliance with Chapter 395, F.S. This requirement includes, but is not limited to providing all equipment, instrumentation, supplies, and licenses required to operate each ASC successfully, in compliance with Florida law. The Contractor shall provide all clinical and operational staff within each unit sufficient to provide all types of surgeries, including but not limited to, general, orthopedic, colorectal, ENT, oral, podiatric, and urological. The Contractor shall provide surgeons to perform appropriate and successful surgical procedures.

K. Pharmaceutical Services

The Department operates four (4) pharmacies that dispense prescriptions to their assigned Institutions throughout the State. The Department will continue to provide dispensing pharmaceutical services from these pharmacies. Region I Pharmacy is located in Marianna, Florida; Region II Pharmacy is located at Union CI in Raiford, Florida; Lowell CI Pharmacy is located in Ocala, Florida; and the RMC Pharmacy is at RMC in Lake Butler, Florida. The Department's pharmacy dispensing services, prescription records, the cost of formulary inmate prescriptions and formulary non-prescription medications dispensed from the Department's pharmacies or specialty pharmacies, contracted by the Department, shall be the responsibility of the Department. The Department will be responsible for the cost of all formulary stock medications maintained at the Institutions. All stock medications and stock supplies supplied by the Department shall remain the Department's property.

The Contractor shall be responsible for a medication management program following federal and State laws and Department Policies, including but not limited to, HSBs 15.02.03, *Medication-Assisted Treatment for Substances Use Disorders*, 15.04.15, *Standardized Dental Medications*, 15.14.01, *Return of Certain Unit-*

Dosed Medications, 15.14.02, Prescription Orders, 15.04.03 Drug Formulary Process, 15.04.04, Pharmacy Operations, and 15.14.05, Inmate Prescription Refills/Legend Stock Medication, and HSB 15.05.19, Psychotropic Medication Use Standard.

The Contractor shall be responsible for the management and cost of all non-formulary medications not provided by the Department's pharmacies (except Direct Acting Antivirals [DAAs] and therapies used to treat HIV), including ordering, purchasing, and delivery/pick-up for all pharmaceuticals unless otherwise directed by the Department, up to an annual cost of \$1,750,000.

L. Utilization Management Services

The goal of Utilization Management (UM) and Specialty Care is to promote quality specialty health care services in a correctional setting's unique constraints in the most efficient, timely, and cost-effective manner. The Utilization Management (UM) program is an essential component of Quality Management (QM) which effectively manages the utilization of specialty health care services including consultations, durable medical equipment, surgical procedures, diagnostic imaging, emergency room visits, and outside hospital admissions.

It is vital that the Department and Contractor work together to ensure that appropriate care is provided to the Inmate population. Scheduled consultations or ordered diagnostics must be completed timely, but subsequently reviewed by the referring Medical Provider to ensure that care is rendered.

The Contractor shall service all Institutions and employ Utilization Management in accordance with federal and State laws, Section 945.6034(1), F.S., Procedure 102.006, *HIPAA Privacy Policy*, and Department Policies, including but not limited to, HSBs 15.09.01, *Quality Management Program*, 15.09.04, *Utilization Management Procedures*, and 15.09.04.01, *Specialty Health Services at Reception and Medical Center or Staging Facilities*. Medical requests from the sites are submitted via the EMR. The sites and the medical schedulers are notified of UM decisions through the EMR. Dental referrals for specialized care must be routed for review and approval by a Florida licensed Dentist. The majority of medical and dental specialty services are provided "behind-the-fence" through contracted specialists who see Inmates at RMC, CFRC, and Lowell CI.

The Contractor shall contract with HCA Florida Healthcare's Memorial Hospital in Jacksonville, FL to utilize a secure medical/surgical wing of 14 beds, in addition to a nine-bed med-surg overflow unit for a total of 23 secure beds and shall contract with North Shore Medical Center, Inc. in Miami, FL to provide a secure medical/surgical unit that has sixteen (16) beds. Community hospital admissions are managed by the inpatient UM nurses through concurrent daily reviews with the hospital case managers. The appropriateness of the admission, intensity of services, length of stay, need for continued stay and discharge planning are determined through evidenced-based criteria and input from their multi-disciplinary medical team.

Utilization Management and Specialty Care Requirements

1. The Contractor shall ensure a full network of specialty service providers covering a comprehensive scope of care is in place on or before the Contract effective date to ensure that there are no delays in providing specialty care services.
2. In accordance with Procedures 401.005, *Utilization Management Services for Inmates in Private Correctional Facilities* and 401.016, *Medical Transfers*, the Contractor shall ensure specialty care will be available.

M. Quality Management Services

In accordance with federal and State laws, Section 945.6031, F.S., and Department Policies, including but not limited to, HSBs 15.09.01, *Quality Management Program*, 15.09.05, *Credentialing and Peer Review*

Program, 15.09.08, *Risk Management Program*, and 15.09.09, *Mortality Review Program*, the Contractor shall be responsible for, and participate in, quality management and assurance activities at the institutional, regional, and statewide levels.

N. Health Care Records

1. The Contractor shall be responsible for the maintenance and control of active inmate health care records according to Rule 33-401.701, F.A.C., HSB 15.12.03 *Health Records* and HSB 15.04.13, Supplement D.
2. All health care records are the Department's property and shall remain with the Department upon the Contract's expiration or termination. The Contractor will supply, upon request, to the Department's Office of Health Services all records relating to the care of the inmates who are in the Contractor's possession. A copy of the discharge summary of services provided off-grounds shall be incorporated into the EMR.
3. All nonproprietary records kept by the Contractor regarding this Contract, or services provided under this Contract, including records specifically mentioned in this Contract, shall be made available to the Department for lawsuits, monitoring, Contract evaluation, and other statutory responsibilities of the Department or other State agencies. These records shall be provided at the Contractor's cost when requested by the Department during the term of the Contract, or after the expiration or termination of the Contract for the period specified, beginning upon the Contract's effective date. The Department agrees that costs related to the production of records responsive to extraordinary requests will be through a separate agreement of the parties.
4. The Contractor must follow all State and Federal laws, and Department Policies and Procedures relating to storage, access to, and confidentiality of health care records. The Contractor shall provide secure storage to ensure the safe and confidential maintenance of active and inactive inmate health records and logs, in accordance with HSB 15.12.03, *Health Records*. In addition, the Contractor shall ensure the transfer of inmate health records and medications required for continuity of care in accordance with Procedure 401.017, *Health Records and Medication Transfer*. Health records will be transported in accordance with HSB 15.12.03, Appendix J (Post-Release Health Record Retention and Destruction Schedule).
5. The Contractor shall ensure that its personnel document in the Inmate's health record all health care contacts in the proper format in accordance with standard health practice, ACA standards, and any relevant Department Policies and Procedures.
6. The Contractor shall be responsible for the orderly maintenance and timely filing of all health information utilizing Contract and State employees, as staffing indicates.
7. The Contractor shall:
 - a. Ensure all inmates have an updated health record that complies with HSB 15.12.03;
 - b. Safeguard and secure health records and any other documents containing protected health information, in accordance with Procedure 102.006, *HIPAA Privacy Policy*;
 - c. Employ at least one (1) Health Information Specialist at each major institution and each institutional annex, and at least two (2) Health Information Specialists (one at the RMCH and one for all Outpatient Units), to ensure compliance with the standards outlined in HSB 15.12.03, Section III., F., and to serve as records custodian for all active inmates;
 - d. Employ a sufficient number of trained medical records clerks to ensure clinical information, significant to an inmate's health, is filed in each health record within 72 hours of receipt;
 - e. Process health record transfers following Procedure 401.017, *Health Records and Medication Transfer*;
 - f. Perform health record vault audits, in accordance with the schedule outlined in HSB 15.12.03;

- g. Secure and transport records of inmates who have reached EOS, in accordance with HSB 15.12.03, Section XII, *Post-Release (EOS) and Deceased Inmates - Health Record Retention and Destruction Schedule*; and
- h. Incorporate into the EMR any loose document, following Procedure 401.017 or HSB 15.12.03, as applicable.

8. Health Record Retention Periods

- a. Unless otherwise governed explicitly by Department regulations, all health records shall be kept for seven (7) years or for the retention period required for records of the same type according to Florida Statutes, whichever is longer. All retention periods start on the first day after expiration or termination of the Contract.
- b. If any litigation, claim, negotiation, audit, or other action involving the records referred to has been started before the expiration of the applicable retention period, all records shall be retained until completion of the action and resolution of all issues, which arise from it, or until the end of the period specified for, whichever is later.
- c. To avoid duplicate recordkeeping, the Department may make special arrangements with the Contractor for the Department to retain any records, which are needed for joint use. The Department may accept the transfer of records to its custody when it determines that the records possess long-term retention value. When records are transferred to or maintained by the Department, the retention requirements of this paragraph are not applicable to the Contractor for those records.
- d. The Department's retention program complies with guidelines established by the Florida Department of State, Division of Library and Information Services Records Management program. The following medical record retention and destruction practices are followed:
 - i. Records of inmates presently on extended parole will be maintained until release from such Department of Corrections responsibility. After seven (7) consecutive years of inactivity, the Department shall authorize destruction/recycling procedures in accordance with law.
 - ii. Hard copies of health records will be securely stored at the Statewide Records Retention Center in Raiford. All health records received at the record archives will be checked to ensure that the color-coded year band is properly attached before filing.

O. Electronic Medical Record (EMR)

An Electronic Medical Record (EMR) is a digitized version of an Inmate's health information that supports consistent treatment pathways and provides templates in which to record patient demographics and pertinent health information including but not restricted to patient history, active problems, medications, allergies, immunizations, laboratory test results, radiology images, medical procedures, vital signs and personal statistics such as height and weight. The Contractor shall maintain the EMR system, reducing the Department's dependence on paper and improving visibility into the Inmate's health record.

The Department utilizes an Electronic Medical Record system in place at the time of execution of this Contract, currently hosted in the Contractor's data center. A change in the EMR system will require Department approval.

All health care records are the property of the Department and shall remain with the Department upon termination of the Contract. Upon request, the Contractor shall provide the Office of Health Services any and all records relating to the care of the Inmates that are in the Contractor's possession. A record of all services provided off-grounds must be incorporated into each Inmate's health care record.

Excluding the EMR, records the Contractor maintains on proprietary software must be converted to a logical, widely-acceptable (universal) format and provided to the Department at no cost to the Department. This requirement shall continue upon the expiration or termination of the Contract until the applicable retention record schedule is met and records are properly destroyed. Records associated with this Contract begin upon the date of award of the Contract to begin services.

EMR Requirements

1. The Contractor shall secure all modes of EMR data exchange in accordance with State and federal law.
2. The Contractor shall enforce the Department’s patient privacy rules as they apply to various parts of an EMR through the implementation of security mechanisms.
3. The Contractor shall retain, ensure availability, and destroy health record information according to the Department’s standards. This includes retaining all EMR data and clinical documents for the time period designated by the Department’s requirements; retaining inbound documents as originally received (unaltered); ensuring availability of information for the legally prescribed period and providing the ability to permanently delete EMR data/records in a systematic way according to Department Policies and upon the expiration of the legally prescribed retention period. The Contractor shall maintain all appropriate licenses to effectuate use of the EMR by both the Contractor and Department.
4. The Contractor shall proactively monitor all batch processes, interface connectivity, and file transfer statuses. Issues that arise must be communicated to the Department according to a Support and Communication Plan.
5. The Contractor shall identify relationships among providers treating a single Inmate and provide the ability to manage Inmate lists assigned to a particular provider.
6. The Contractor shall ensure that data is protected per HIPAA Security Rule and industry standards, and shall ensure that data is easily recoverable in the event of a technical issue. The Contractor is responsible for the security, storage, and backup solutions for the EMR system.
7. The Contractor shall ensure that for staff present in the institutions, the EMR is only accessed from its Department-approved desktop workstations, laptops, and tablet devices (including Android and iOS operating systems). Staff working remotely, providing EMR support or otherwise may access the EMR system from non-Department devices.
8. The Contractor shall ensure user training is provided as part of new employee orientation and annually thereafter, using a train-the-trainer approach for all system users. Manuals and user guides will be made available to all system users.

To support this requirement, the Contractor will develop a training plan and provide training that ensures that all facilities staff including medical, dental, mental health, substance abuse, and administrative staff are adequately trained to utilize the system for input of data and production of reports. The proposed training plan should also address training for new staff after implementation of the Contract, including other subcontractors and Department staff. The Contractor shall provide additional Department-required training the Department determines as necessary.

9. The Contractor is responsible for ongoing system maintenance throughout the term of the Contract, including any necessary patching, hardware/software updates (and certification, if needed), customer service assistance, and support. This includes the EMR system and any equipment or hardware used to access the system, such as desktops, laptops, and tablets.
10. The Contractor shall provide and maintain a Support and Communication Plan. This plan must include, but not be limited to, a system overview, support procedures for system issues & maintenance, communication matrix & escalation procedures, support roles matrix, equipment repair and warranties (if any), data administration, interface administration, configuration and change management, business continuity, disaster recovery procedures, and any appendix documentation. The Contractor and the

Department will agree to the Support and Communication Plan within 15 Days of the Contract's effective date.

11. The Contractor must classify and respond to support calls by the underlying problem's impact on the Department's ability to do business (e.g. critical, urgent or routine). The Contractor shall implement all software updates and services packs and new releases and new versions, as requested by the Department, at no additional charge.
12. The Contractor shall ensure support is available for the EMR system from at least 6:00 a.m. to 6:00 p.m. Eastern Time each Day and must ensure that there is adequate staffing for the volume of calls. The Contractor shall also maintain a software support contract with GE Fusion for, at least, the same hours indicated above.
13. The Contractor shall have a team available to accept, review, and implement change requests by the Department. This team must have a process in place for the evaluation and implementation of necessary system improvements within the EMR system. These evaluations must be completed in coordination with the appropriate FDC professional discipline chief and analytics team member(s).
14. The Contractor shall establish and maintain a Service Level Agreement (SLA) with the EMR provider to include the following: key performance indicators and metrics, service levels, rank and severity levels, priority and response time expectations, exceptions, limitations, rules and responsibilities, services availability, and escalations. The Contractor shall provide a copy to the Department's Office of Information Technology (OIT) for review and approval.
15. The Contractor shall ensure institutional health services staff (including Contractor staff and subcontractors) adhere to all requirements, including the schedule for running reports, outlined in HSB 15.06.04, *Electronic Medical Record*. There must be sufficient data entry staff at each institution to ensure clinical information is entered in the EMR appropriately.
16. OBIS training, technical assistance, and security access will be handled in a tiered approach. The Contractor shall set up an IT support desk and designate "super users" to serve as the main OBIS/EMR points of contact to Department staff. The Department will provide staff to coordinate security access requests. The Contractor shall provide train-the-trainer sessions and technical assistance to the super users. This training will be provided as needed and at least annually. The Contractor's super users will be responsible for providing training and technical assistance to regional and institutional health services staff. The Contractor will be responsible for ensuring all Contractor staff who access OBIS/EMR are trained on data display and reporting.

P. Information Technology

The Contractor shall comply with the Department's Procedure 206.004, *Internet Services*, which covers guidelines for internet usage, and Procedure 206.007, *User Security for Information Systems*, which covers User ID requirements. The Department may immediately cancel access to this application if it is misused by the Contractor's staff or its agents.

IT Requirements

1. The Contractor shall procure and provide any additional technology supplies, equipment, and network connection(s) required to provide services under the Contract, including any additional inter-facility network connections required for service provision. The Contractor's technology supplies, equipment, and network connection(s) include but are not limited to computers, software, printers, switches, and mobile devices. The Contractor shall ensure all technology supplies, equipment, and network connections, meet minimum specifications provided by the Department's Office of Information Technology (OIT).

2. The Contractor shall ensure all networking equipment procured is approved by the Department prior to its introduction to any Service Location. The Department will provide the Contractor networking equipment specifications upon request.
3. The Contractor shall maintain equipment and software according to manufacturer-recommended support levels, including but not limited to the operating system, security patches, and special software.
4. The Contractor shall not implement or change its network connection(s) without the prior written approval from the Department's OIT, as provided by the Contract Manager. The Contractor shall provide written notification to the Contract Manager 24 hours prior to any modification to a system, including any hardware, software, or cabling changes.
5. Should the Department permit Contractor to implement any wireless network, Contractor will follow industry best practices and employing, at minimum, Active Wireless Intrusion Prevention (WIP) capabilities and WPA- 2/3-Enterprise encryption with 802.1x EAP-TLS certificate-based authentication.
6. The Department shall assume ownership of and retain any Contractor-provided technology supplies, equipment, and network connections at the end of the Contract. The Contractor shall transfer all related licensing to the Department at the end of the Contract. At the end of the Contract term, the Contractor shall maintain and transfer all hardware, software, firmware, and middleware configurations in a manner that ensures continuity of service and operations.
7. Any access to the Department's network from an outside non-law enforcement entity must be done via a Virtual Private Network (VPN). The Department will require a copy of the Contractor's security policies and a network diagram. After review by the Department's network and information security staff, the Chief Information Officer (CIO) will decide whether to grant access or not. Access will be provided via a site-to-site VPN.
8. The Contractor shall not connect any Contractor-owned or managed equipment to the Department's internal network, logically or physically, in any way without the express written consent of the Department's Chief Information Officer and Information Security Manager.
9. Networking Services

The Department can provide the following network services:

- a. Fiber optic cabling within the facility will be provided based on availability, a Contractor-initiated site survey is recommended.
- b. Wi-Fi – Aruba wireless access point and Intrusion prevention devices can be made available for the Contractor's use and management, approximately 245 APs.
- c. Switching – Existing Aruba switching (2930F PoE+) will be available for the Contractor's use and management, approximately 300 switches.
- d. VOIP

All Contractor-supplied networking equipment shall be:

- e. Procured on the behalf or (in the name of) the Department to ensure manufacturer ownership and maintenance agreements will remain intact outside of the Contract term;
- f. Any new network infrastructure needs, including LAN wiring, building to building fiber, switching, or Wi-Fi equipment will be the responsibility of the Contractor to procure and manage;
- g. Any campus fiber installation initiatives shall be scaled to offer benefit to the Department. Example: 12 strands minimum of fiber optic cable to be installed between buildings; and
- h. Any equipment installations emitting Radio Frequencies RF such as indoor/outdoor Wi-Fi, Cellular, Radar, Sonar, and HAM will adhere to a pre-approved RF plan or channel map agreement.

WAN – Contractor shall procure data circuits that permit the transferability/ownership to another vendor or entity; multi-circuit MPLS bundles will not be permitted.

10. The Contractor shall ensure authorized VPN connections must adhere to the **FBI Criminal Justice Information System (CJIS) Security Addendum (Attachment C)** and HIPAA protections standards (see **Attachment B, Business Associate Agreement**) where applicable and must otherwise support industry best practice. The Contractor requesting or using these connections is financially responsible for all required or related equipment and must adhere to all VPN service provider policies and procedures and Department procedures. The VPN service provider will coordinate with the outside entity in determining whether to use outside entity equipment to terminate that end of the VPN connection or provide the necessary equipment.
11. The Contractor shall ensure when VPN access is requested, the person or entity requesting must also present an accurate and complete description of their or its information network, including all permanent and temporary remote connections made from and to the person's or entity's network (required for CJIS compliance), for Department review. Any access or connection to the Department's network not approved by the Department's OIT, Chief Information Officer, or designee is strictly prohibited.
12. Contractor workstations accessing the Department's information network via a VPN must operate a fully Contractor-supported Windows-only operating system approved by the Department and protected by all security measures/mitigations required by the CJIS Security Policy in effect.
13. Contractor workstations accessing the Department's information network via a VPN must operate with password-protected screen savers enabled and configured for no more than 15 minutes of inactivity.
14. The Contractor's staff with VPN privileges must ensure the confidentiality of their credentials and that unauthorized persons are not allowed access to the Department's network by way of these same privileges. At no time shall any authorized user provide their user ID or password to anyone, including supervisors and family members. All users are responsible for their workstations' communications and activities through the VPN connection to the Department.
15. The Contractor shall not attempt to fraudulently access, test, measure, or operate unapproved software on the Department's network, which is strictly prohibited. The use of any software capable of capturing information network packets for display or any other use is prohibited without the Department's Office of Information Technology's expressed consent.
16. The Contractor shall ensure its staff maintain knowledge of and compliance with relevant and applicable Department procedures.
17. Notice of planned events in the Contractor's computing environment that may impact its secured connection, in any way or at any severity level, to the Department must be submitted to the Department at least one (1) week in advance of the event.
18. The Contractor shall ensure the Department receives notice, as soon as practicably possible, in electronic and written form when an unexpected event of interest occurs in any way or at any level of severity within or around the Contractor's computing environment that may impact the Department's information security. Events including but not limited to malware (virus, Trojan, etc.) discovery, network or system breaches, privileged account compromise, employee or workforce member misconduct, etc., are examples of events of interest to the Department. Notification shall be made to the Department's Chief Information Officer, Information Security Manager, and the Contract Manager.
19. The Contractor shall be responsible for ensuring all equipment utilized to provide services under this Contract meets the Department's requirements, including but not limited to maintaining current configurations, appropriate maintenance contracts, support contracts, upgrades, and replacements.

20. The Contractor shall ensure all network traffic will be filtered to exclude inappropriate content (e.g., pornographic content), personally identifiable information, and any content the Department deems confidential. The Contractor shall maintain compliance with all federal and State of Florida laws.
21. Contractor workstations shall not access any resource or download any software from the Department's information network without the Department's prior approval.
22. The Contractor will not grant local administrative privileges to its workforce members or subcontractors.
23. The Contractor shall conform to applicable information security processes defined and referenced in Department procedures, including, but not limited to, Procedure 206.010, *Information Technology Security relating to HIPAA*.
24. Before connection and while connected to a VPN with the Department, the Contractor's computing environment (computing devices including workstations, servers, and networking devices) must be operating the latest available software versions and applicable patches, and have the following implemented with supporting policies or procedures available for review by the Department:
 - a. Active and effective network device, server and workstation operating system and layered software patch or update processes; and
 - b. Department-approved up-to-date server and workstation anti-virus/malware software (all components) installed with active and effective patches or update processes in place.
25. The Contractor shall not introduce any workload on the Department's network, including video conference, telemedicine, Software-as-a-Service (SaaS) systems, video streaming, and training curriculum without the Department's prior written approval. Contractor staff with network access privileges to the Department's network shall not use non-Department and/or non-Centurion email accounts (i.e., Hotmail, Yahoo, AOL), or other external information resources to conduct Department business, except under the conditions as specifically approved by the Department ensuring a reduced risk to Department data and that Department business is never confused with personal business.
26. When the Contractor uses VPN connections provided by Department-approved VPN providers, the Department shall not be responsible for the installation of VPN software.
27. The Contractor shall protect (backing up) all data present on its computing and network equipment and maintain compliance with all regulatory requirements. Contractor employees must adhere to all Department Policies regarding data retention and destruction protocols. No data destruction shall occur unless written authorization by the Department is granted.
28. Unless otherwise provided in this Contract, the Contractor shall not install, create, or use its own network, including Local Area Network (LAN), Wide Area Network (WAN), Wireless Local Area Network (WLAN), or cellular networks for any reason, unless approved in writing by the Department.
29. All computer workstations and network-connected devices for use at any local Correctional Institution shall be provided by and maintained by the Contractor. This includes, but is not all-inclusive, hardware such as personal computers and laptops (including software licenses), tablet PCs, thin clients, printers, fax machines, scanners, and video conferencing (if approved). The Contractor may not install managed or unmanaged switches onto the Department's network without prior written approval from the Department.
30. The Contractor's staff shall not use mobile devices, whether work-issued or personal, behind a Correctional Institution's secure perimeter or to access Department systems without the Department's written approval. The request must include a business justification submitted in writing along with a

clear demonstration that the mobile devices fall within the Criminal Justice Information Systems (CJIS) Security Policy and shall be centrally managed by a mobile device management (MDM) solution.

31. The Department reserves the right to implement email security for all types of devices, and the Contractor shall comply with using these security requirements as dictated in the future.
32. The Contractor shall collaborate and consult with the Department's OIT to achieve the electronic data exchanges required between the Contractor managed EMR system and the Department's other applications. The Contractor shall develop its delivery mechanism for data and electronic reports in consultation with the Department's OIT. All electronic data exchanges established will be documented with a data exchange agreement between the Department and Contractor, which includes responsibilities and requirements for operational support.
All data exchanges between the Contractor and the Department shall:
 - a. Be protected by a LAN-2-LAN VPN compatible with the Department's existing solution; or
 - b. Be presented to the Department via the open internet with the capability to permit access only from the Department's IPv4 address space.

33. Contractor Data Availability

The Contractor and their staff shall maintain the confidentiality, integrity, and availability in the handling and transmission of any Department information, as represented in the following:

- a. No disclosure or destruction of any Department data can occur without prior express consent from the Department's OIT or the Contract Manager;
- b. The Contractor shall timely return all Department information in a format acceptable to the Department when the contractual relationship effectively terminates, not to exceed 10 Business Days;
- c. The Contractor shall provide certification of its destruction of all of the Department's data in its possession in accordance with National Institute of Standards and Technology (NIST) Special Publication 800-88 when the need for the Contractor's custody of the data no longer exists;
- d. The Contractor must maintain support for its services following an emergency that affects the facilities and systems it maintains or those maintained by the Department. Following an emergency that affects the Contractor's facilities or production systems, the Contractor must provide access and use of a backup system with the same functionality and data as its operational system within 24 hours. The Contractor must also guarantee the availability of data in its custody to the Department within 24 hours following an emergency that may occur within the Contractor's facilities or systems. Following an emergency that affects the Department's facilities or systems, the Contractor must continue to provide access and use of its production systems once the Department has recovered or re-located its service delivery operations; and
- e. The introduction of wireless devices at facilities is subject to prior review and approval by the Contract Manager, OIT, and the Office of Institutions. The Contractor is responsible for notifying the Department before introducing wireless devices into facilities.

34. Information Security Requirements

- a. The Contractor shall ensure all its staff or subcontractors providing services under the Contract are trained in basic information security practices. If the Contractor has access to CJI, it shall ensure all its staff or subcontractors with potential access to CJI attend CJIS Security Awareness training in compliance with the FBI's CJIS Security Policy, as provided by FDLE through the Department;
- b. The Contractor shall secure all technology supplies, equipment, and network connections in a manner where access by Inmates is prohibited or closely managed;
- c. The Contractor shall notify the Department of any cyber security incident immediately, shall provide the Department with regular status updates at intervals to be agreed upon by the Contractor

- and Department, and shall provide a detailed after-action report upon resolution of the incident, which shall include a root cause analysis;
- d. The Contractor shall deploy a Department-approved network access control system (NAC);
 - e. The Contractor shall ensure any egress/ingress network connection to the facility is protected by a Department-approved security appliance and configured to restrict access to non-mission necessary destinations;
 - f. The Contractor shall maintain logs and monitor network communications in accordance with National Institute of Standards and Technology (NIST) cyber security standards. The Contractor shall provide the Department with documentation of such logs and communication monitoring upon request;
 - g. The Contractor shall actively monitor its access logs and notify the Contract Manager of any unauthorized access or attempts within 24-hours of occurrence;
 - h. If the Contractor's logs are requested by the Department, the Contractor shall ensure its logging is delivered to the Department in a digestible format as approved by the Department and includes Authentication, Authorization, Accounting (AAA), syslog, and other logs that may be deemed pertinent by the Department;
 - i. The Contractor shall ensure an appropriate backup method for hardware, software, custom middleware, and any other component required for the successful operation of the system;
 - j. The Contractor shall actively patch security vulnerabilities identified by all hardware and software vendors utilized, no less than 72 hours from its publication;
 - k. The Contractor shall update any other patching recommended by the Department or manufacturers;
 - l. The Contractor shall implement an approved anti-virus solution on all applicable endpoints;
 - m. In concert with the Department, the Contractor shall carefully assess the inventory of components that compose their information systems to determine which security controls are applicable to the various components; and
 - n. Auditing controls are typically applied to the components of an information system that provide auditing capability, including servers, mainframe, firewalls, routers, switches.

35. Events

Events to be logged and audited include those required in the CJIS Security Policy, including but not limited to the following:

- a. Successful and unsuccessful system log-on attempts;
- b. Successful and unsuccessful attempts to access, create, write, delete or change permission on a user account, file, directory or other system resource;
- c. Successful and unsuccessful attempts to change account passwords;
- d. Successful and unsuccessful actions by privileged accounts; and
- e. Successful and unsuccessful attempts for users to access, modify, or destroy the audit log file.

36. Content

The following content shall be included with every audited event:

- a. Date and time of the event;
- b. The component of the information system (e.g., software component, hardware component) where the event occurred;
- c. Type and description of event;
- d. User/subject identity; and
- e. Outcome (success or failure) of the event.

37. Response to Audit Processing Failures

The Contractor shall provide alerts to the Department's CIO or designee in the event of an audit processing failure. Audit processing failures include, for example: software/hardware errors, failures in the audit capturing mechanisms, and audit storage capacity being reached or exceeded.

38. Time Stamps

The Contractor shall provide timestamps for use in audit record generation. The time stamps shall include the date and time values generated by the internal system clocks in the audit records. The agency shall synchronize internal information system clocks on an annual basis.

39. Protection of Audit Information

The Contractor shall protect audit information and audit tools from modification, deletion, and unauthorized access.

40. Audit Record Retention

The Contractor shall retain security audit records for at least two (2) years unless a longer period is requested in writing by the Department.

41. Compliance Requirements

- a. The Contractor shall meet or exceed all applicable federal and State laws and information security policies, including but not limited to the Federal Bureau of Investigation's (FBI's) Criminal Justice Information Services (CJIS) Security Policy and information security requirements in HIPAA and Chapter 60GG-2, F.A.C, Florida Information Technology Resource Security Policies and Standards, and all applicable Department information security policies.
- b. To be compliant with the HIPAA and the HITECH Act, any service, software, or process to be acquired by or used on behalf of the Department that handles or transmits electronic protected health information (ePHI) must do so in full HIPAA compliance and with encryption provided as a part of the service, software, or process. Also, the transmission and encryption scheme supplied by the Contractor must be approved by the Department before acquisition. Confidential or personal health information includes but is not limited to, all social security numbers, all health information protected by HIPAA, and addresses of law enforcement officers, judges, and other protected classes. Pursuant to Section 119.071(5)(a)5.g, F.S., social security numbers are confidential information and therefore exempt from public record or disclosure.
- c. Any service, software, or process used in service to the Department that includes a User ID and password component must ensure said component includes capabilities for password expiration and confidentiality, logging of all User ID activities, lockout on failed password entry, provisions for different levels of access by its User IDs, and intended disablement of User IDs and can be evidenced as such by the Contractor's own security policies and Active Directory (AD) group policy settings.
- d. Any and all introductions or subsequent changes to information technology or related services provided by the Contractor in the Department's corrections environment must be communicated to and approved by the Department and Office of Information Technology prior to their introduction. As examples, the implementation of wireless (Bluetooth, cellular, etc.) technology or use of USB-based portable technology.
- e. Subsequently, a separate Management Control Agreement (MCA) must be executed between the Contractor and Department.
- f. The Contractor shall recognize the Department's entitlement to all Department-provided information, or any information related to the Department that is generated as a result of or in participation with this service.

- g. The Contractor shall provide the timely and complete delivery of all Department information in an appropriate and acceptable format before the contractual relationship effectively terminates.
- h. The Department's data and contracted services must be protected from environmental threats (Contractor's installation should have data center controls that include the timely, accurate, complete, and secure backup (use of offsite storage) of all Department information, and other controls that manage risks from fire, water/humidity, temperature, contamination (unwanted foreign material, etc.), wind, unauthorized entry or access, theft, etc.).
- i. The Contractor shall guarantee the availability of Department data and its service during a disaster regardless of which party is affected by the disaster.
- j. Correctional Institutions' site plans and plan components (electrical, plumbing, etc.) are exempt from public record and must be kept confidential.
- k. If applicable, the Contractor shall supply all equipment necessary to provide services outlined in this solicitation. Any Contractor equipment that requires a connection to the Department's information network must be reviewed and approved by the Contract Manager and the Department's CIO.
- l. If applicable, the Contractor shall host the Department's information and services provided in a data center protected by appropriate industry best practice security measures/mitigations, including but not limited to the following:
 - i. Controlled access procedures for physical access to the data center;
 - ii. Controlled access procedures for electronic connections to the Contractor's network;
 - iii. A process designed to control and monitor outside agencies and other Contractors' access to the Contractor's information network;
 - iv. A firewalling device;
 - v. Server-based antivirus/malware software;
 - vi. Client-based antivirus/malware software;
 - vii. Use of unique User IDs with expiring passwords;
 - viii. A process that involves a collection of User ID activities and regular review of these activities for unauthorized access or privileges;
 - ix. A process that ensures up-to-date software patches and up-to-date malware signature files are applied to all information resources; and
 - x. Compliance with the most recently published version of the CJI Security Policy.
- m. The Contractor shall maintain an Information Security Awareness program. This program will be designed to keep users knowledgeable on information security best practices and current threats to the Contractor's resources.
- n. The Contractor shall adhere to all the Department's OIT policies detailed in the Department's Procedures 206.001- 206.010, giving specific attention to the following:
 - i. Procedure 206.002, *Mobile Computing Equipment and Wireless Communication*;
 - ii. Procedure 206.004, *Internet Services*;
 - iii. Procedure 206.006, *Information Technology Resources*;
 - iv. Procedure 206.007, *User Security for Information Systems*;
 - v. Procedure 206.008, *E-mail*; and
 - vi. Procedure 206.010, *Information Technology Security relating to HIPAA*.
- o. The Contractor shall permit the Department's OIT staff to audit its network and any related datacenter housing the EMR solution. Additionally, The Contractor shall permit online and on-site visits by Department's authorized employees, officers, inspectors, and agents during an administrative or criminal investigation. The process can begin with either declaration of a Computer Security Incident Response Team (CSIRT) from the Department's CIO or Information Security Officer or directly from the Department's Inspector General.

42. Telehealth Technology

- a. If the Contractor chooses to provide a telehealth solution to augment the delivery of services, the Contractor shall manage all costs associated with the implementation, maintenance, licensing, and support of telehealth. The Department must approve all sites and services to be provided via telehealth.
- b. In accordance with HSB 15.06.12, *Telemedicine*, the Contractor shall implement and maintain any necessary telemedicine communication systems, equipment and consultations provided by telemedicine. The Contractor will also be responsible for all telemedicine service line/data management for communications related to the provision of health care to Inmates or for any network workload that requires the Department to increase its network bandwidth. The proposed solution must be approved by the Department's Office of Information Technology (OIT); must be readily available to and compatible with the equipment and software in use by Department staff.

Q. Contractor's Staffing Requirements

1. Recruitment and Retention

The Contractor shall develop and implement a Recruitment and Retention Plan that identifies all recruitment and retention activities statewide, including plans for short-term staffing solutions during staff turnover, or extended staff leave. The initial Recruitment and Retention Plan will be submitted within 30 Days of Contract execution and updated plans shall be provided at least once per quarter.

The Contractor shall establish Statewide and Regional Recruitment Coordinators. The Statewide Recruitment Coordinator shall provide the Department a quarterly report of all recruitment and retention activities it undertakes to ensure staffing of the Contract. The Contractor shall provide this report in a manner approved by the Department. The Regional Recruitment Coordinators shall provide real-time updates to the Regional Directors and Warden of each Parent Institution when a Service Location experiences vacancies greater than 20% within a pay period, per discipline. In addition, Regional Recruitment Coordinators shall provide monthly Vacancy and Recruitment Action Reports to the Regional Director and leadership at each Parent Institution in a manner and form approved by the Department.

2. Criminal Justice Information Security

All Contractor employees shall review the Department's FBI CJI Security Addendum and sign a related certification. Completed forms shall be made available to the Contract Manager, who will provide a copy to the Department's Chief Information Officer and Information Security Manager. The Department's Information Security Manager will provide the access information for the CJIS Security Awareness Training within 10 Days of Contract execution. The Contractor shall ensure all its employees complete CJIS Security Awareness Training, as provided by FDLE through the Department, within six (6) months of hire and renewed annually. The Contractor shall make a certificate of completion available to the Contract Manager for each employee. The Contract Manager shall make the copies available to the Department's Chief Information Officer and Information Security Manager upon request.

3. Conduct and Safety Requirements

The Contractor shall ensure all Contractor's staff adhere to the standards of conduct prescribed in Chapter 33-208, F.A.C, and as prescribed in the Department's personnel policy and procedure

guidelines, particularly rules of conduct, employee uniform, and clothing requirements (as applicable), security procedures, and any other applicable rules, regulations, policies, and procedures of the Department.

The Contractor acknowledges and accepts, for itself and any of its agents, that all or some of the services to be provided under this Contract shall be provided in a correctional setting, with direct and/or indirect contact with the inmate population, and that there are inherent risks associated with the correctional environment.

In addition, the Contractor shall ensure that all staff adhere to the following requirements:

- a. The Contractor's staff shall not display favoritism to, or preferential treatment of, one inmate or group of inmates over another.
 - b. The Contractor's staff shall not interact with any inmate, except as related to services provided under this Contract. Specifically, staff members must never accept for themselves or any member of their family, any personal (tangible or intangible) gift, favor, or service from an inmate, an inmate's family, or close associate, no matter how trivial the gift or service may seem. The Contractor shall report to the Department's Contract Manager any violations or attempted violation of these restrictions. In addition, no staff member shall give any gifts, favors, or services to inmates, their family, or close associates.
 - c. The Contractor's staff shall not enter into any business relationship with inmates or their families (example – selling, buying, or trading personal property), or personally employ them in any capacity.
 - d. The Contractor's staff shall not have outside contact (other than incidental contact) with an inmate being served or their family or close associates, except for those activities that are to be rendered under this Contract.
 - e. The Contractor's staff shall not engage in any conduct which is criminal in nature or which would bring discredit upon the Contractor or the State. In providing services pursuant to this Contract, the Contractor shall ensure that its employees avoid both, misconduct and the appearance of misconduct.
 - f. At no time, shall the Contractor or Contractor's staff, while delivering services under this Contract, wear clothing that resembles or could reasonably be mistaken for an inmate's uniform, or any correctional officer's uniform, or that bears the logo or other identifying words or symbol of any law enforcement, or correctional department, or agency.
 - g. Any violation or attempted violation of the restrictions referred to in this section regarding employee conduct shall be reported by phone and in writing to the Contract Manager, including proposed action to be taken by the Contractor. Any failure to report a violation or take appropriate disciplinary action against the offending party or parties shall subject the Contractor to appropriate action, up to and including termination of this Contract.
 - h. The Contractor shall report any incident described above, or requiring investigation by the Contractor, in writing, to the Institutional Warden and the Contract Manager, within 24 hours, of the Contractor's knowledge of the incident.
 - i. The Contractor shall participate, as needed, in Department's security audits, to ensure compliance with tool control and other security-related policies and procedures.
4. Tuberculosis (TB) Screening/Testing

The Contractor shall ensure Contractor's institutional staff, including FDC staff, subcontractors and other services providers, performing services under this Contract, are screened and/or tested for tuberculosis prior to the start of service delivery, as appropriate, and screened/tested annually thereafter, as required by Procedure 401.015, *Employee Tuberculosis Screening and Control Program*. The Contractor shall provide each institution's Warden, or designee, with proof of TB screening/testing, prior to the start of service delivery, for all staff members, and annually thereafter. The Contractor shall be responsible for obtaining, administering, and processing the TB screening/testing. Initial testing/screening of staff, previous documented testing, proof of documented treatment, or proof of a chest x-ray completed within the previous 2 years must be completed upon reporting for job assignment.

5. Vaccinations

The Contractor shall ensure Contractor staff performing services under this Contract at institutional sites, including subcontractors, have initiated the vaccine against Hepatitis B and any other vaccinations required by the Department, following the Department of Health's guidelines, prior to the start or continuation of service delivery. The Contractor shall provide the Department's Contract Manager, or designee, with proof of vaccinations.

Additionally, the Contractor is responsible for administering any vaccines identified by the Department to its institutional staff. The Department will be financially responsible for vaccines for Department staff.

6. Staff Levels and Qualifications

- a. Contractor staff providing services under this Contract shall meet the minimum qualifications outlined in **Attachment A**. Staff members that do not meet these requirements are not approved to work under this Contract.
- b. The Contractor shall liaise with and maintain a good working relationship with the judiciary, criminal justice system, FDC staff, and the community, as required to support the Contract.
- c. The Contractor shall not allow individuals possessing "temporary work visas" to fill positions under this Contract.
- d. All Contractor/subcontractor staff providing services under the Contract shall have the ability to understand, speak, and write English to allow for effective communication between Contractor staff, Department staff, and inmates.

7. Staff Background/Criminal Record Checks

- a. The Contractors' staff assigned to this Contract shall be subject, at the Department's discretion and expense, to a Florida Department of Law Enforcement (FDLE) Florida Crime Information Center/National Crime Information Center (FCIC/NCIC) background/criminal records check. This background check will be conducted by the Department and may occur or re-occur at any time during the Contract period. The Department has full discretion to require the Contractor to disqualify, prevent, or remove any staff from any work under the Contract. The use of criminal history records and information derived from such records checks are restricted pursuant to Section 943.054, F.S. The Department shall not disclose any information regarding the records check findings or criteria for disqualification or removal to the Contractor. The Department shall not confirm to the Contractor the existence or nonexistence of any criminal history record information. In order to carry out this records check, the Contractor shall provide, (prior to commencing services upon institution property) OR (prior to contract execution) OR (upon request), the following data for any individual contractor or subcontractor's staff assigned to the Contract: Full Name, Race, Gender, Date of Birth, Social Security Number, Driver's License Number, and State of Issue.

- b. The Contractor shall also ensure that the Contract Manager is provided the information needed to have the FCIC/NCIC Level I background check and a Level II background screening (which includes fingerprinting to be submitted to the Federal Bureau of Investigation [FBI]) conducted. prior to any **new** Contractor staff being assigned to provide services on institution property. Upon prior approval by the Contract Manager, and an approved Level I background check, the Contractor may hire, train or allow Contractor staff to begin work other than providing direct health care services for a period no longer than 30 Days, during the time the Department is conducting a Level II background screening. The Contractor shall not assign any individual to work on institution property until he/she has passed the Level II FCIC/NCIC background screening, or with specific approval by the Warden or Regional Director. If a staff member meets all other requirements, all hours worked by Contractor staff during the 30 Day period, as verified by Contractor time records submitted to the Department, shall be reimbursed by the Department, regardless of whether the Contractor staff member ultimately passes the Level II background screening.
- c. No person who has been barred from any Department institution or other facility shall provide services under this Contract.
- d. The Contractor shall not permit any individual to provide services under this Contract who is under supervision or jurisdiction of any parole, probation, or correctional authority. Persons under any such supervision may work for other elements of the Contractor's agency that are independent of the contracted services.
- e. Note that a felony or first-degree misdemeanor conviction, a plea of guilty or nolo contendere to a felony or first-degree misdemeanor crime, or adjudication of guilt withheld to a felony or first-degree misdemeanor crime does not automatically bar the Contractor from hiring the proposed employee. However, the Department reserves the right to prior approval in such cases. Generally, two (2) years with no criminal history is preferred. The Contractor shall make full written report to the Department's Contract Manager within three (3) calendar days whenever an employee has a criminal charge filed against them, or an arrest, or receives a Notice to Appear for violation of any criminal law involving a misdemeanor, or felony, or ordinance (except minor violations for which the fine or bond forfeiture is two hundred dollars (\$200) or less) or when Contractor or Contractor's staff has knowledge of any violation of the laws, rules, directives or procedures of the Department.
- f. To the extent any past or future criminal offense or civil complaint arises that disqualifies or suspends a staff member from performance of their duties, the Contractor must take immediate action.

8. Utilization of E-Verify

As of January 1, 2021, every public employer, contractor, and subcontractor shall register with and use the E-Verify system to verify the work authorization status of all newly hired employees. A public employer, contractor, or subcontractor shall not enter into a contract unless each party to the contract registers with and uses the E-Verify system in accordance with Section 448.095, F.S.

9. Orientation and Training

The Contractor shall ensure Contractor's staff performing services under this Contract at institutional sites meets the Department's minimum qualifications for their specific position/job class. The Contractor is required to maintain a detailed position description for all positions. All employees should be provided a copy of their position descriptions upon being hired or upon request. Both the Department's and the Contractor's responsibilities with respect to orientation and training are listed below:

- a. The Department will determine what type and duration of orientation and training is appropriate for the Contractor's staff. Job-specific orientation/training regarding policies, procedures, rules and

processes pertaining to the administration of health care at each institution where the Contractor delivers services shall be coordinated between the Contractor and designated Department staff.

- b. The Department will not compensate the Contractor for any costs incurred as a result of Contractor's staff attending orientation and training, not required by the Department, including any wages paid.
- c. The Department will provide the Department's New Employee Orientation before the Contractor's staff provides services on-site. The Contractor shall coordinate with designated Department staff at each institution to administer and schedule the Contractor's staff new employee orientation.
- d. The Contractor shall, at the Contractor's expense, track and document all orientation and training as indicated above. Documentation shall be provided to the Department's Contract Manager, upon request.
- e. The Department is not responsible for, nor will they reimburse for, any required professional or non-professional education/training required for the Contractor's staff to perform duties under this Contract.
- f. The Contractor shall be responsible for ensuring that all contractor staff complete 40 hours of required annual training. The nature, extent and content of the training will be determined by the Department's Office of Staff Development and published in the Department's Master Training Plan.
- g. The Contractor shall provide trainers/instructors for training relevant to the Department, including, but not limited to the following: peer support, psychiatric restraint, and suicide prevention.

10. Interaction with Other Health Care Service Providers

The Contractor shall provide comprehensive health care services at all Department Institutions statewide. The Contractor is also required to cooperate fully with the Department and other providers to ensure Inmate patients receive appropriate and timely health care services and that there are no barriers to continuity of care due to a lack of collaboration.

R. Transition and Implementation

The Contractor shall develop and submit to the Department for approval a detailed Transition and Implementation Plan within 15 days after Contract execution that includes a list of all major transition activities, with responsible parties and timelines. The Contractor must have the capacity to fully implement services on July 1, 2023. The plan shall include provisions for the following: oversight of program management and clinical functions; human resources; setting up a provider network and ancillary services; utilization management; quality management; financial management; claims/invoice processing; reporting; licenses and permits; equipment and supplies; information technology; and target transition dates for each Institution and associated satellite facilities covered in the Contract.

In addition to the requirements provided in Section III., S., 1., and 8., the Contractor shall, the Contractor shall:

- Provide regular reports to the Department, not less than weekly, on the status of filling positions and the transition in general;
- Commence provision of health care services to the Department's Inmates consistent with the approved Transition and Implementation Plan; and
- Within 90 Days of the Contract execution date, or on a date agreed upon in writing between the Contractor and the Department, assume full responsibility for comprehensive health care service delivery.

During the transition period, the Department will provide access to all records, files and documents necessary for the provision of health care services, including but not limited to Inmate records, utilization management records, and financial reports. The Contractor shall collaborate with the Department to complete any necessary exchanges in the storage of data relating to the EMR. The Department's payment for each facility shall begin at 12:01 a.m. on the implementation date, contingent upon actual implementation of services. There will be no compensation provided before the implementation date at each facility. The Department reserves the right to revise the timeline for transition and implementation or Final Transition and Implementation Plan, as it determines to be in the Department's best interest or in the best interest of the State.

At the end of the Contract term, the Contractor shall cooperate with the Department in transitioning to a new Contractor, as applicable. As the Contract's expiration date approaches, this may include a reduction in the locations or services provided, so a new Contractor can transition into providing services. This reduction may be per Service Location and will be implemented at the Department's discretion to best meet its needs upon Contract expiration or termination. The Department shall have sole discretion in determining the best manner to transition services to a new Contractor, as applicable.

S. Deliverables

The following services or service tasks are identified as deliverables for the purposes of this Contract:

1. Comprehensive Health Care Services, including management of medical records, for inmates at Department-operated institutions consisting of all requirements listed and referenced under Section III;
2. *Staffing and Recruitment and Retention Plan*; and
3. Reports as required in Section III., S., General Reporting Requirements.

T. General Reporting Requirements

The following services or service tasks are identified as required reports for the purposes of this Contract:

1. PGM – Program Management

a. Final Transition and Implementation Plan

Within three (3) Days of Contract execution, the Contractor shall meet with the Department to finalize the implementation plan to ensure an orderly and efficient transition from the current Comprehensive Health Care Contract. Within 15 Days after Contract execution, the Contractor shall submit its Final Transition and Implementation Plan for approval in accordance with Section III., Q. Transition and Implementation.

b. Contractor Organization and Staffing and Recruitment/Retention Plan

Within five (5) Business Days of Contract execution, and annually thereafter on the 5th Business Day each July, the Contractor shall provide an overview of its organization, specifically those staff assigned to the services included in this Contract, including an organization chart, staffing plan, and other relevant organizational information.

c. Staff Review Report

Quarterly by the 10th Business Day of the month following the end of the quarter, the Contractor shall provide a list of personnel on staff, including staff who have been added and/or removed since the prior report, including titles, start date, date of required trainings, credentials (as applicable), and date of successful background screening. Also, the report should list vacant positions and the length of each vacancy.

d. Medical Emergency Plan

Within 30 Days of Contract's effective date, the Contractor shall provide a plan for the immediate response and care of Inmates with medical, dental, and mental health emergencies for each Institution. The Contractor is responsible for emergency care during Plan development.

- e. *Staff New Employee Orientation Report*
Within 14 Days of Contract effective date, and annually thereafter, the Contractor shall provide documentation that training that will be provided to Contractor and subcontractor staff prior to their engagement on the Contract.
- f. *Subcontractor List*
Within five (5) Business Days of the Contract's effective date, the Contractor shall provide a list of all subcontracts and letters of agreement for hospitals, Medical Provider services, specialty care services and ancillary services to the Contract Manager.
- g. *Biomedical and Pharmaceutical Waste Plan*
Within 30 Days of Contract's effective date, the Contractor shall provide a plan addressing the definition, collection, storage, decontamination, and disposal of regulated waste.
- h. *Emergency Medical Services (EMS) Plan*
Within 30 Days prior to the transition date at each Institution, the Contractor shall develop and maintain this plan to ensure the provision of all medically necessary Inmate transportation by ambulance or other life-support conveyance, either by ground or air, for all Institutions covered by this Contract. Any changes to the EMS Plan must be reported in writing to the Contract Manager.
- i. *End-of-Contract Transition Plan*
Within 90 Days of Contract's effective date, the Contractor shall provide a transition plan that documents the Contractor's plans for transitioning to another Contractor upon the expiration of the Contract.
- j. *Quarterly Cost Report*
Quarterly by the 10th Business Day of the month following the end of the quarter, the Contractor shall provide a quarterly report of its operating costs to include, at a minimum, employee salaries and benefits, ancillary services, medication, and medical supplies used for each Institution. Costs that are not able to be broken out by Institution may be provided in aggregate. These costs reports should be submitted in a format approved by the Contract Manager. Any changes made to the format of this report by the Department during the term of the Contract shall be incorporated by the Contractor.

2. IC – Institutional Care

- a. *Quarterly Institutional Care Report*
On or by the 10th Business Day of the month following the end of a quarter (for the prior quarter), the Contractor shall provide the following:
 - i. Number of past due appointments for all chronic illness clinics, as of the last Day of the previous month (listed by Institution);
 - ii. Number of Inmates referred to specialty clinics, as of the last Day of the previous quarter (listed by Institution);
 - iii. Number of Inmates see in all specialty clinics, as of the last Day of the previous quarter (listed by Institution); and
 - iv. Number of Inmates sent to the community for emergency care, as of the last Day of the previous quarter (listed by Institution and reason for visit).
- b. *Monthly Dialysis Unit Infection Control Report*
On or by the 10th Business Day of each month (for the prior month), the Contractor shall provide a completed Form DC4-539E, in accordance with the *Infection Control Manual*.

- c. *Monthly Health Care Associated Infections – Table I Report*
On or by the 10th Business Day of each month (for the prior month), the Contractor shall provide a completed Form DC4-539G, in accordance with the *Infection Control Manual*.
- d. *Monthly Infection Rates & Trends – Table II Report*
On or by the 10th Business Day of each month (for the prior month), the Contractor shall provide a completed Form DC4-539H, by each Institution, in accordance with the *Infection Control Manual*.
- e. *Immunizations Monthly Report – Table IV*
On or by the 10th Business Day of each month (for the prior month), the Contractor shall provide a completed Form DC4-539F, in accordance with the *Infection Control Manual*.
- f. *Infectious Disease Outbreak Worksheet Report*
Every Business Day by 3:00 p.m., E.T., until outbreak is resolved, the Contractor shall provide the Infectious Disease Outbreak Worksheet Report (DC4-544C) daily from the Institution affected until outbreak has resolved in accordance with Procedure 401.001, *Movement Restrictions During Communicable Disease Outbreaks*.
- g. *Department of Health (DOH) Daily Infectious Disease Outbreak Report*
Every Business Day by 3:00 p.m., E.T., until outbreak is resolved, the Contractor shall provide a completed Form DC4-543 to the DOH, in accordance with the *Infection Control Manual*.
- h. *Summary of Infection Control Investigation – Table V Report*
Within seven (7) Days of outbreak being resolved by the affected Institution, the Contractor shall provide a completed Form DC4-539A, in accordance with the *Infection Control Manual*.
- i. *Summary Tuberculosis EOS Health Information Report*
Within three (3) Business Days of an applicable Inmate’s EOS, the Contractor shall complete and provide a Form DC4-758, *Tuberculosis EOS Health Information Summary* for Inmates on, or who have completed TB medications before EOS, by each Institution, in accordance with HSB 15.03.18, *Human Immunodeficiency Virus (HIV) Disease and Continuity of Care*.
- j. *Bloodborne Pathogen Exposure Report*
Within 24 hours of exposure, the Contractor shall report any bloodborne pathogen exposure using Forms DC4-799, *Inmate Bloodborne Pathogens Exposure Report*, and DC4-798, *Bloodborne Pathogens Exposure-Screening Incident Report*, as applicable, by each Institution, in accordance with HSB 15.03.43 and the *Bloodborne Pathogen Manual*.
- k. *Inmate Tuberculosis (TB) Suspects and Tuberculosis (TB) Cases Reporting*
Within 24 hours of discovery, the Contractor shall provide the required documentation for a TB case or suspected TB case per Institution, in accordance with HSB 15.03.18, *Identification and Management of Latent Tuberculosis Infection (LTBI) and Tuberculosis Disease*, and local and State laws.

3. IDC – Institutional Dental Care

- a. *On-Call Dentist List*
Each week for the following week, the Contractor shall provide a Dentist on-call list to each institutional medical department in the event a Dentist should need to be contacted when an emergent/urgent dental situation arises and no Dentist is available at the Institution. When needed, the Contractor must ensure that an on-call Dentist can travel to another Institution if that Institution’s Dentist is unavailable to cover the call.
- b. *Monthly Dental UM Report*

On or by the 10th Business Day of each month (for the prior month), the Contractor shall provide monthly UM reports, by Institution, identifying the Inmate number, name, diagnosis, requested service (referral, on-site service, off formulary medication, etc.), approval or alternative action, and reason.

c. *Monthly Dental Alternative Action Report*

On or by the 10th Business Day of each month (for the prior month), the Contractor shall provide a monthly report of alternative actions, by Institution with full copies of all associated review materials. A written summary of the information discussed in the phone conversation shall be included with the material describing the individual case.

4. MHS – Mental Health Services

a. *Mental Health Emergency Report*

On or by the 10th Business Day of each month (for the prior month), the Contractor shall provide a monthly report that includes mental health emergencies, incidents of self-harm behavior, admissions/discharges from inpatient units, and admissions/discharges from infirmary care for Inmates on SHOS.

b. *Inmate Request/Staff Referral Log*

On or by the 10th Business Day of each month (for the prior month), the Contractor shall provide a monthly report (Form DC4-781H) that includes Inmate requests and staff referrals.

c. *Self-Injury Summary Evaluation*

Prior to discharge from SHOS or referral to a higher level of care, in accordance with Procedure 404.001, *Suicide and Self-Injury Prevention*, the Contractor shall provide a written mental health summary evaluation in a format designated by the Department’s Chief of Mental Health Services for all Inmates who engage in self-injurious behaviors that result in transportation to an outside medical facility.

5. PS – Pharmacy Services

a. *Consultant Pharmacist of Record*

Within 30 Days of Contract effective date, the Contractor shall provide a list of each Institution’s Consultant Pharmacist of Record and their phone number.

b. *Policy and Procedure Manual for Pharmaceutical Operations*

Within 30 Days of Contract effective date, and before offering services, the Contractor shall provide a policy and procedure manual to all Institutions, the Contract Manager, and the Chief of Pharmaceutical Services.

c. *Monthly Consultant Pharmacist Inspection Report*

On or by the 10th Business Day of each month (for the prior month), the Contractor shall provide a copy of the *Monthly Consultant Pharmacist Inspection Report* for each facility which is licensed by the State of Florida, Department of Health, and/or the Board of Pharmacy.

d. *Annual Manual Review Log*

Annually on January 15th, the Contractor shall provide a verification of annual review of the *Policy and Procedure Manual for Pharmaceutical Operations* by each employee.

e. *Pharmacy Permits*

On or by the day of Transition, the Contractor shall provide a copy of their State of Florida Medical Quality Assurance Board of Pharmacy Permit and United States DEA Controlled Substance Permit (if applicable).

6. UM – Utilization Management

a. Daily UM Report

Each Business Day by 4:00 p.m., Eastern Time, the Contractor shall provide the following:

- i. Report for Community Hospital Admissions - the report shall include the following elements: Inmate Name, DC Number, Age, Institution, Admitting Hospital, Admitting Diagnosis, significant labs and imaging results and Plan of treatment. Daily chronological updates to include; date, vital signs, intensity of service, significant labs, pathology results, procedures done and discharge planning. Cases to be removed from the report post discharge.
- ii. Inpatient Admissions Report in Excel format – The report shall include the following elements: Sending Institution, Inmate Name, DC Number, DOB, Age, Admitting Diagnosis, Discharge Diagnosis, Hospital Name, Admission Reason Self Harm or Assault Y/N, Length of Stay and Bed Type Days. The report shall have cumulative data to end on the last of the month.
- iii. Emergency Room Utilization in Excel format – The report shall include the following elements: Event date & time, Sending Institution, Inmate Name, DC Number, DOB, Age, Institution Diagnosis, Hospital Admission Status Y/N, Event Reason Self Harm or Assault Y/N.
- iv. Outpatient services in Excel format – The report shall include the following elements and will be updated daily and in an ongoing calendar year format: Inmate name, DC Number, Date of Birth, Age, Requesting Institution, Date of request, Date received in Utilization Management, Date completed in Utilization Management, Appointment Date, Specialty Type, Acuity of Referral, Status of Referral (approved/ATP), Diagnosis Description, Procedure Description, Provider, and Authorization Number.

b. Quarterly UM Report

On or by the 10th Business Day of January, April, July and October reflecting information from the previous calendar quarter, the Contractor shall provide the following:

- i. Report identifying readmissions to a community hospital within 30 Days of hospital discharge. The report will include the following elements: Inmate name, DC number, D.O.B., Age, Discharge Diagnosis Description, Hospital Name, Date of Discharge, Readmission Diagnosis Description, Readmission Hospital Name, Length of Stay, and Readmission Date of Discharge.
- ii. Identification of outliers, Variance/Variability based on Diagnosis Related Groups to Length of Stay.
- iii. Identification of Patterns of Prescribing and Trends Analysis.
- iv. Data Cost Analysis of services provided and comparative data for indicators measured with the goal of cost containment.
 - v. Cost per Day – Inpatient Hospital, Inpatient at RMC, Infirmary Care.
 - vi. Cost per Surgical Case and/or Surgical Procedure.
 - vii. Cost by Diagnostic Codes, Provider, Facility, Region, and Inmate.
 - viii. Summary report of Unauthorized/Disapproved Claims with explanation.

7. QM – Quality Management

a. Regional Quarterly Reviews

On or by the 20th Day of the month following the end of the quarter, utilizing Form DC4-512C, *Corrective Action Plan (CAP)*, or an approved form, the Contractor shall prepare a quarterly summary that reflects the findings and initiatives made for improvements, and submit the summary to the Central Office QM Coordinator along with a copy of the Regional Quarterly Review meeting minutes.

b. Institutional Semi-Annual Clinical Review Reports

On or by July 15th (for June’s review) and January 15th (for December’s review), utilizing Form DC4-512A, *Quality Management Instrument*, or an approved form, the Contractor shall provide reports from each discipline to perform a semi-annual (June and December) review of their area within health services. When reviewing clinical areas, each discipline will randomly select 10 to 15 records per clinic that are eligible to meet an indicator. If there are categories/clinics that are not held at a particular Institution, they would be marked as “not applicable.”

An Institution’s QM Coordinator shall submit to the Regional QM Coordinator the semi-annual health services reports with all personal health identifiers removed from the report (DC4-512B or approved form) and any corrective action plans by the 15th of July and January.

c. *Semi-Annual Health Services Summary Report*

On or by August 5th and February 5th, the Contractor shall ensure the Regional Coordinator submit a semi-annual summary of the Regional Quarterly Reviews (see Section 7. a., above) and the Institutional Semi-Annual Clinical Review Reports (see Section 7. b., above) with all personal health identifiers removed from the report to the Central Office QM Coordinator.

d. *Quality Management Review Report*

18 months from the previous QM review, and every 18 months thereafter, the Contractor shall conduct a review at each Institution by the Contractor’s Regional or QM Review Team, using the quality management instrument (Form DC4-512A, *Quality Management Instrument*, or approved form). The reviews should be scheduled around CMA and ACA audits, which should prevent an Institution from going no longer than 24 months without an onsite review.

e. *Schedule of QM Reviews*

Annually, on or by August 20th, the Contractor shall provide a schedule of QM reviews for the fiscal year (July 1- June 30).

f. *CAP Response to CMA Report*

All CMA-conducted survey findings require a response in accordance with OHS directives. Within 20 Days of the CMA’s final report date, the Contractor shall submit a *CAP* (Form DC4-512C) for all findings to the Deputy Director Health Services Administration.

g. *Clinical Risk Management Occurrence Trending Report*

On or by the 10th Business Day of every month, the Contractor shall submit Form DC4-690B, *Clinical Risk Management Occurrence Trending Report for Inmates Under the Direct Supervision of the Institutional Health Services*, updated for the prior month identifying if an Inmate occurrence/injury occurred while the Inmate is under the care or control of health services personnel. **The Inmate must physically be in a health services area at the time of the occurrence for this report to be completed.** This includes, but is not limited to, treatment room, infirmary, TCU, CSU, etc. All occurrences, at a minimum, will require a nursing evaluation (Level 1 Intervention). All suicide attempts, at a minimum, will require notification of a Medical Provider (Level 3 Intervention).

h. *Sentinel Event (SE) Reporting*

Within three (3) Business Days of occurrence of any reportable SE (death or serious physical or psychological injury to an Inmate or Inmates, **not related to the natural course of the Inmate’s illness**), the Contractor shall complete and submit Form DC4-690A, *Occurrence Report*, in accordance with HSB 15.09.08, *Risk Management Program*, for any SE that occurs under the direct supervision of health services or health services personnel.

8. EMR – Electronic Medical Record

Support and Communication Plan

Within 15 Days of the Contract’s effective date, the Contractor shall submit this plan that includes, but is not limited to, the following: System Overview, Support Procedures for System Issues &

Maintenance, Communication Matrix & Escalation Procedures, Support Roles Matrix, Equipment Repair and Warranties (if any), Data Administration, Interface Administration, Configuration and Change Management, Business Continuity, Disaster Recovery Procedures, and any appendix documentation.

U. Performance Measures and Financial Consequences

1. Methodology

The Department has developed the following Performance Measures which shall be used to assess the Contractor’s performance.

Listed below are the key Performance Measure Descriptions and Performance Measure Thresholds deemed most crucial to the success of the overall desired service delivery and the Financial Consequences that will be imposed if the Threshold is not met within the Measurement Duration. Unless specifically stated otherwise, “per institution” is interpreted to mean each Major Institution and their Satellite Facilities together considered one institution.

Any exception to the Performance Threshold findings must be requested, in writing, by the Contractor and must be submitted to the Contract Manager within 15 Business Days after issuing the findings for review by the appropriate Department discipline director. If denied, the Contractor may request, in writing, a secondary review by the Department’s Health Services Director within 15 Business Days of the initial exception request denial. The Contractor must not have contributed to any cause(s) of delay. If the non-performance by the Contractor is due to the Department substantially changing the mission at an institution by exceeding the capacity of specially designated medical and psychological grades by an amount that would substantively impact the staffing matrix over the agreed-upon population, the Department may modify the assessment of financial consequences appropriately for the performance measures associated with that service area, for that quarter. For example, if the S-3 population at an institution grows substantively over the agreed-upon population, financial consequences related to outpatient S-3 care may be modified for that performance period (semi-annual).

2. Performance Measures

The expectation of services is to meet or exceed all contract requirements. The following performance Measurement Thresholds are used strictly for determination of financial consequences.

Performance Measure No.	Description	Measurement Threshold	Measurement Duration	Financial Consequence
PM-001 (PGM)	All informal health care grievances are responded to within 15 Days of receipt of the initial grievance in accordance with 33-103.005, F.A.C.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$2,000 per Institution 60%-69.99%: \$4,000 per Institution Less than 60%: \$6,000 per Institution

Performance Measure No.	Description	Measurement Threshold	Measurement Duration	Financial Consequence
<p>PM-002 (PGM)</p>	<p>All findings from CMA surveys are cured by the second CAP assessment.</p>	<p>100% Per Occurrence</p>	<p>Semi-annually</p>	<p>For performance below 100%, consequences will be assessed as follows: Not cured by the 2nd survey: \$10,000 per Institution Not cured by the 3rd survey: \$20,000 per Institution Not cured by the 4th survey: \$20,000 per Institution Not cured by the 5th survey: \$40,000 per Institution For CMA audit findings not cured by the 6th and subsequent CAP assessments, the consequence will increase by 25% in value for each subsequent assessment not cured.</p>
<p>PM-003 (PGM)</p>	<p>No Inmate deaths occur that are directly or indirectly attributed to the Contractor's omission indifference or inaction to an Inmate's identified needs.</p>	<p>All FDC Mortality Reviews (conducted upon an Inmate's death) show no Inmate deaths occur as a result of the Contractor's systemic pattern of indifference or inaction to identified needs of an Inmate which directly or indirectly resulted in death.</p>	<p>Measured at time of occurrence</p>	<p>\$100,000 per occurrence</p>
<p>PM-004 (PGM)</p>	<p>Maintain compliance with mandatory medical health standards and 90% of non-mandatory Health care standards to retain ACA accreditation.</p>	<p>Retain accreditation</p>	<p>Measured at time of occurrence</p>	<p>\$100,000 occurrence, per Institution that loses accreditation related to failed health standards, plus payment of all costs and fees associated with ACA re-accreditation</p>

Performance Measure No.	Description	Measurement Threshold	Measurement Duration	Financial Consequence
<p>PM-005 (PGM)</p>	<p>All Tier 1 Positions identified in Attachment D, Position Titles by Tier, will be filled within 90 Days of the position becoming vacant. The Contractor may utilize full time locum tenens and PRNs to meet this requirement.</p>	<p>All positions are filled within 90 Days of vacancy (FTE minimum of 35 hours per week).</p>	<p>Semi-Annually</p>	<p>If more than 10.0% of Tier 1 positions assigned, per the approved staffing plan, to a Major Institution and its related Satellite Facilities are vacant, the Contractor will be assessed \$500 per Day for each Day, or portion thereof, each position is vacant after 90 days. Financial Consequences for this measure will not be assessed for the first six (6) months of the Initial Contract term.</p>
<p>PM-006 (PGM)</p>	<p>All Tier 2 Positions identified in Attachment D, Position Titles by Tier, will be filled within 90 Days of the position becoming vacant. The Contractor may utilize full time locum tenens and PRNs to meet this requirement.</p>	<p>All positions are filled within 90 Days of vacancy (FTE minimum of 35 hours per week).</p>	<p>Semi-Annually</p>	<p>If more than 10.0% of Tier 2 positions assigned, per the approved staffing plan, to a Major Institution and its related Satellite Facilities are vacant, the Contractor will be assessed \$300 per Day for each Day, or portion thereof, each position is vacant after 90 days. Financial Consequences for this measure will not be assessed for the first six (6) months of the Initial Contract term.</p>
<p>PM-007 (PGM)</p>	<p>All Tier 3 Positions identified in Attachment D, Position Titles by Tier, will be filled within 90 Days of the position becoming vacant. The Contractor may utilize full time locum tenens and PRNs to meet this requirement.</p>	<p>All positions are filled within 90 Days of vacancy (FTE minimum of 35 hours per week).</p>	<p>Semi-Annually</p>	<p>If more than 10.0% of Tier 3 positions assigned, per the approved staffing plan, to a Major Institution and its related Satellite Facilities are vacant, the Contractor will be assessed \$100 per Day for each Day, or portion thereof, each position is vacant after 90 days. Financial Consequences for this measure will not be assessed for the first six (6) months of the Initial Contract term.</p>

Performance Measure No.	Description	Measurement Threshold	Measurement Duration	Financial Consequence
PM-008 (PGM)	The Contractor shall provide the Department with its initial Transition Plan and meet with the Department to review the plan within 3 Days of execution of the Contract.	Initial Transition Plan shall be provided to the Department and Contractor schedules and holds a meeting with Department to review Plan.	Measured at time of occurrence	\$5,000 per Day for each Day, or portion of a Day the Contractor is late
PM-009 (PGM)	The Contractor shall provide the Department with its Final Transition Plan within 15 Days of execution of the Contract.	Final Transition Plan shall be provided to the Department within 15 Days of Contract execution.	Measured at time of occurrence	\$25,000 per Day for each Day, or portion of a Day the Contractor is late
PM-010 (PGM)	The Contractor shall provide the Department with a Transition Plan that details the transitioning of service delivery to a new provider upon termination or expiration of the Contract.	Transition Plan shall be provided to the Department within 180 Days before Contract end date, including for Termination at Will.	Measured at time of occurrence	\$5,000 per Day for each Day, or portion of a Day the Contractor is late
PM-011 (IC)	An RN will triage all sick call requests (emergent, urgent, or routine) within 24 hours from when the Inmate request form is submitted.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution
PM-012 (IC)	Inmates with sick call requests categorized as “emergent” are seen by a Licensed Nurse as soon as possible, within a time frame not to exceed 60 minutes from the time of triage.	100% compliance	Semi-annually	For performance below 100%, consequences will be assessed as follows: 90%-99.99%: \$6,000 per Institution 80%-89.99%: \$12,000 per Institution Less than 80%: \$18,000 per Institution

Performance Measure No.	Description	Measurement Threshold	Measurement Duration	Financial Consequence
PM-013 (IC)	Inmates with sick call requests categorized as “urgent” are seen by a Licensed Nurse within 24 hours from the time of triage.	90% compliance, per Institution	Semi-annually	For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$4,000 per Institution 70%-79.99%: \$8,000 per Institution Less than 70%: \$12,000 per Institution
PM-014 (IC)	All post-use-of-force examinations are conducted within 45 minutes of the Contractor’s notification of the post-use-of-force occurrence.	90% compliance, per Institution	Semi-annually	For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$6,000 per Institution 70%-79.99%: \$12,000 per Institution Less than 70%: \$18,000 per Institution
PM-015 (IC)	All Inmates admitted to the Infirmary will have an admission assessment completed within two (2) hours of admission by a Licensed Nurse in accordance with HSB 15.03.26, <i>Infirmary Services</i> .	90% compliance, per Infirmary	Semi-annually	For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$6,000 per Infirmary 70%-79.99%: \$12,000 per Infirmary Less than 70%: \$18,000 per Infirmary
PM-016 (IC)	Acute care admissions to the infirmary receive a nursing assessment once every eight (8) hours.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution
PM-017 (IC)	Chronic care admissions to the infirmary receive a nursing assessment once every seven (7) Days using Form DC4-684, <i>Infirmary/ Hospital Daily Nursing Evaluation</i> .	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution

Performance Measure No.	Description	Measurement Threshold	Measurement Duration	Financial Consequence
PM-018 (IC)	All 23-hour observation admissions do not exceed 23 hours without a disposition (dispositions include discharge, admitted as acute, or transferred to a hospital).	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$2,000 per Institution 60%-69.99%: \$4,000 per Institution Less than 60%: \$6,000 per Institution
PM-019 (IC)	A Medical Provider conducts rounds no less than once per calendar day to assess all acute illness Inmates in the infirmary. In-person rounds are required on Business Days, and documented call-in rounds on weekends and State holidays.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution
PM-020 (IC)	All new commitment Inmates receive a medical health appraisal, including a physical examination within 14 Days of arrival at a reception center.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution
PM-021 (IC)	All Inmates shall have an initial intake screening completed by a Licensed Nurse during reception within eight (8) hours of arrival at the receiving facility.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$2,000 per Institution 60%-69.99%: \$4,000 per Institution Less than 60%: \$6,000 per Institution
PM-022 (IC)	All emergent consults are submitted to UM within one (1) Business Day, in accordance with HSB 15.09.04.01, <i>Specialty Health Services and Reception and Medical Center or Staging Facilities.</i>	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$5,000 per Institution 60%-69.99%: \$10,000 per Institution Less than 60%: \$20,000 per Institution

Performance Measure No.	Description	Measurement Threshold	Measurement Duration	Financial Consequence
PM-023 (IC)	All urgent consults are submitted to UM within two (2) Business Days, in accordance with HSB 15.09.04.01.	80% compliance, statewide	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$3,000 60%-69.99%: \$6,000 Less than 60%: \$12,000
PM-024 (IC)	All emergent specialty medical requests are processed within one (1) Business Day in accordance with HSB 15.09.04, <i>Utilization Management Procedures</i> .	80% compliance, statewide	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$3,000 60%-69.99%: \$6,000 Less than 60%: \$12,000
PM-025 (IC)	All urgent specialty medical requests are processed by the Contractor's UM Staff within three (3) Business Days in accordance with HSB 15.09.04.	80% compliance, statewide	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$3,000 60%-69.99%: \$6,000 Less than 60%: \$12,000
PM-026 (IC)	Emergency Treatment Orders (ETO) shall be prescribed via a written order by a MD, DO, or Psychiatrist, in accordance with Section 945.48, F.S., and HSB 15.05.19, <i>Psychotropic Medication Use Standards and Informed Consent</i> .	100% compliance	Measured at time of occurrence	\$5,000 per occurrence
PM-027 (IC)	All Inmate patients with chronic Hepatitis C are prioritized for treatment with Direct Acting Antivirals (DAAs) in accordance with HSB 15.03.09, Supplement 3, Section I., <i>Prioritization for Treatment with DAAs</i> .	90% compliance, statewide	Semi-annually	For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$4,000 70%-79.99%: \$8,000 Less than 70%: \$12,000

Performance Measure No.	Description	Measurement Threshold	Measurement Duration	Financial Consequence
PM-028 (IC)	All Inmates with disabilities are seen by the Institution's Disabled Inmate Committee quarterly, with their service needs documented on Form DC4-691, <i>Disabled Inmate Management and Service Plan</i> , (documented Inmate refusals are excluded).	90% compliance, per Institution that houses Disabled Inmates	Semi-annually	For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$4,000 per Institution 70%-79.99%: \$6,000 per Institution Less than 70%: \$12,000 per Institution
PM-029 (IC)	All Inmates with impairments or disabilities have the appropriate Health Classification Grade entered in the EMR based on the clinical assessment.	90% compliance, per Institution that houses Disabled Inmates	Semi-annually	For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$4,000 per Institution 70%-79.99%: \$8,000 per Institution Less than 70%: \$12,000 per Institution
PM-030 (IC)	Inmate Assistants working with an impaired and/or Disabled Inmate are trained in accordance with Procedure 403.011, <i>Inmate Assistants for Impaired Inmates</i> .	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$2,000 per Institution 60%-69.99%: \$4,000 per Institution Less than 60%: \$6,000 per Institution
PM-031 (IC)	Nursing staff shall perform a monthly skin check on all Inmates assigned a wheelchair, prosthetic, or permanent brace in accordance with HSB 15.03.25.02, <i>Mobility Services</i> .	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$2,000 per Institution 60%-69.99%: \$4,000 per Institution Less than 60%: \$6,000 per Institution
PM-032 (IC)	All Inmates with hernias referred for a surgical consultation in accordance with HSB 15.03.47, Section V., A., but not scheduled for surgery, have a completed DC4-711a form and a documented reason for refusal in the EMR.	90% compliance, per Institution	Semi-annually	For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$4,000 per Institution 70%-79.99%: \$8,000 per Institution Less than 70%: \$12,000 per Institution

Performance Measure No.	Description	Measurement Threshold	Measurement Duration	Financial Consequence
PM-033 (IC)	All Inmates referred to Special Housing will receive a pre-Special Housing placement assessment in accordance with Procedure 403.003, <i>Health Services for Inmates in Special Housing.</i>	90% compliance, per Institution	Semi-annually	For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$6,000 per Institution 70%-79.99%: \$12,000 per Institution Less than 70%: \$18,000 per Institution
PM-034 (IC)	All single-dosed medications will be administered in accordance with Procedure 403.007, <i>Medication Administration and Refusals.</i>	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$2,000 per Institution 60%-69.99%: \$4,000 per Institution Less than 60%: \$6,000 per Institution
PM-035 (IC)	At reception, Inmates are assigned an S-grade of three (3) or above if they have received antipsychotic medication at any time during the 30 Day period preceding arrival or have received inpatient mental health care within the past six (6) months in accordance with HSB 15.05.17, <i>Intake Mental Health Screening at Reception Centers.</i>	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution
PM-036 (IC)	Each Inmate in a CSU is evaluated with an assessment form completed every shift by a Licensed Nurse. An RN must complete each Day shift in accordance with the FDC Nursing Manual.	90% compliance, per Institution	Semi-annually	For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$4,000 per Institution 70%-79.99%: \$8,000 per Institution Less than 70%: \$12,000 per Institution

Performance Measure No.	Description	Measurement Threshold	Measurement Duration	Financial Consequence
PM-037 (IC)	When an Inmate is in psychiatric restraints, they are evaluated every 15 minutes by a Licensed Nurse until the episode of restraint is terminated including a post-restraint evaluation, in accordance with HSB 15.05.10, <i>Psychiatric Restraint</i> .	100% compliance	Per episode of restraint	\$2,500 per episode of restraint
PM-038 (IDC)	Emergency dental treatment is rendered within 24 hours.	100% compliance	Measured at time of occurrence	\$1,000 per occurrence, plus \$500 per each 24-hour period after the initial 24 hours has lapsed
PM-039 (IDC)	Inmates signing up for dental sick call are triaged within 72 hours of receipt of the sick call form.	90% compliance, per Institution	Semi-annually	For performance below 90%, consequences will be assessed as follows: 70%-79.99%: \$3,000 per Institution 60%-69.99%: \$6,000 per Institution Less than 60%: \$9,000 per Institution
PM-040 (IDC)	Inmates needing urgent dental care receive the necessary treatment as soon as possible, but no longer than within 10 Days.	100% compliance, per Institution	Semi-annually	For performance below 100%, consequences will be assessed as follows: 90%-99.99%: \$3,000 per Institution 80%-89.99%: \$6,000 per Institution Less than 80%: \$9,000 per Institution
PM-041 (IDC)	The waiting time between an initial Inmate request for routine dental services and the appointment date is no more than six (6) months.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$3,000 per Institution 60%-69.99%: \$6,000 per Institution Less than 60%: \$9,000 per Institution (Financial Consequences for this measure will not be assessed for the first six (6) months of the Initial Contract term)

Performance Measure No.	Description	Measurement Threshold	Measurement Duration	Financial Consequence
<p>PM-042 (IDC)</p>	<p>The waiting time between restorative dental appointments is no more than three (3) months.</p>	<p>80% compliance, per Institution</p>	<p>Semi-annually</p>	<p>For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$3,000 per Institution 60%-69.99%: \$6,000 per Institution Less than 60%: \$9,000 per Institution (Financial Consequences for this measure will not be assessed for the first six (6) months of the Initial Contract term)</p>
<p>PM-043 (IDC)</p>	<p>The waiting time between preventative dental appointments is no more than three (3) months.</p>	<p>80% compliance, per Institution</p>	<p>Semi-annually</p>	<p>For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$5,000 per Institution 60%-69.99%: \$10,000 per Institution Less than 60%: \$15,000 per Institution (Financial Consequences for this measure will not be assessed for the first six (6) months of the Initial Contract term)</p>
<p>PM-044 (IDC)</p>	<p>Urgent oral surgery referrals and initial treatment must be completed within four (4) weeks.</p>	<p>90% compliance, statewide</p>	<p>Semi-annually</p>	<p>For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$5,000 70%-79.99%: \$10,000 Less than 70%: \$15,000 (Financial Consequences for this measure will not be assessed for the first six (6) months of the Initial Contract term)</p>

Performance Measure No.	Description	Measurement Threshold	Measurement Duration	Financial Consequence
PM-045 (IDC)	Routine oral surgery referrals and initial treatment must be completed within three (3) months.	80% compliance, statewide	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$5,000 60%-69.99%: \$10,000 Less than 60%: \$15,000 (Financial Consequences for this measure will not be assessed for the first six (6) months of the Initial Contract term)
PM-046 (IDC)	Routine endodontic referrals and initial treatment must be completed within three (3) months.	80% compliance, statewide	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$5,000 60%-69.99%: \$10,000 Less than 60%: \$15,000 (Financial Consequences for this measure will not be assessed for the first six (6) months of the Initial Contract term)
PM-047 (IDC)	Oral biopsies must be taken within 10 Days after verification that a lesion has not healed.	100% compliance	Measured at time of occurrence	\$2,500 per occurrence, plus \$1,000 per Day for each additional Day after 10 Days
PM-048 (MH)	Within 14 Days of arrival at a reception center, all Inmates complete an intake psychological screening and initial testing in accordance with HSB 15.05.17, <i>Intake Mental Health Screening at Reception Centers.</i>	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution

Performance Measure No.	Description	Measurement Threshold	Measurement Duration	Financial Consequence
PM-049 (MH)	Inmates are classified appropriately, according to the Department's established Mental Health Inmate Classification System, to include S-grades, R-grades, and mental health impairment grades of SY-Y and SY-D.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$6,000 per Institution 60%-69.99%: \$12,000 per Institution Less than 60%: \$18,000 per Institution
PM-050 (MH)	A psychiatric evaluation is completed for all Inmates meeting the criteria for a psychiatric evaluation during the intake assessment process, in accordance with HSB 15.05.17.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$6,000 per Institution 60%-69.99%: \$12,000 per Institution Less than 60%: \$18,000 per Institution
PM-051 (MH)	Within the General Population, Inmates whose final IQ score is <70 or whose adaptive behavior checklist rating is <35 are maintained and provided services as S-2 or higher for no less than 90 Days before a change in classification to the S-1.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution. Financial Consequences for this measure will not be assessed for the first six (6) months of the Initial Contract term.

Performance Measure No.	Description	Measurement Threshold	Measurement Duration	Financial Consequence
<p>PM-052 (MH)</p>	<p>All SY-D Inmates, with the exception of those in inpatient status, are seen by the Institutional Disabled Inmate Committee quarterly, and their service needs documented on Form DC4-691, <i>Disabled Inmate Management and Service Plan</i>.</p>	<p>80% compliance, per Institution</p>	<p>Semi-annually</p>	<p>For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution. Financial Consequences for this measure will not be assessed for the first six (6) months of the Initial Contract term.</p>
<p>PM-053 (MH)</p>	<p>A Behavioral Health Specialist is assigned to any newly arriving S-2 to S-6 Inmate within three (3) Business Days of arrival.</p>	<p>80% compliance, per Institution</p>	<p>Semi-annually</p>	<p>For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution</p>
<p>PM-054 (MH)</p>	<p>Mental health staff sees Inmates with a mental health grade of S-2 or S-3 within 14 Days of arrival at their permanent Institution.</p>	<p>80% compliance, per Institution</p>	<p>Semi-annually</p>	<p>For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution</p>
<p>PM-055 (MH)</p>	<p>Inmates in outpatient or reception settings classified as S-2 or S-3 have an ISP developed and approved by the MDST within 30 Days of a grade change and reviewed every 180 Days thereafter.</p>	<p>90% compliance, per Institution</p>	<p>Semi-annually</p>	<p>For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$6,000 per Institution 70%-79.99%: \$12,000 per Institution Less than 70%: \$18,000 per Institution</p>

Performance Measure No.	Description	Measurement Threshold	Measurement Duration	Financial Consequence
PM-056 (MH)	All Inmates on the outpatient mental health caseload receive individual or group counseling every 60 Days.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$2,000 per Institution 60%-69.99%: \$4,000 per Institution Less than 60%: \$6,000 per Institution
PM-057 (MH)	Inmate-declared emergencies and emergent staff referrals are responded to as soon as possible, but no longer than 60 minutes after the notification per Procedure 404.001, <i>Suicide and Self-Injury Prevention</i> .	100% compliance	Measured at time of occurrence	\$2,500 per occurrence
PM-058 (MH)	A psychiatric evaluation is completed for each Inmate before prescribing psychotropic medication, in accordance with HSB 15.05.19, <i>Psychotropic Medication Use Standards and Informed Consent</i> .	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution
PM-059 (MH)	Each S-3 Inmate placed in Special Housing receives a Confinement evaluation within five (5) Days of placement and every 30 Days thereafter.	100% compliance	Measured at time of occurrence	\$1,000 per occurrence
PM-060 (MH)	Each S-1 or S-2 Inmate placed in Special Housing receives a Confinement evaluation within 30 Days of placement and every 90 Days thereafter.	100% compliance	Measured at time of occurrence	\$1,000 per occurrence

Performance Measure No.	Description	Measurement Threshold	Measurement Duration	Financial Consequence
PM-061 (MH)	Mental health staff conduct weekly rounds in each Confinement unit, in accordance with HSB 15.05.08, <i>Services for Inmates who are Assigned to Confinement, Protective Management or Close Management Status.</i>	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution
PM-062 (MH)	For Inmates in Close Management or Maximum Management settings, a Behavioral Risk Assessment (BRA) is completed in accordance with HSB 15.05.08.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution
PM-063 (MH)	All S-3 Inmates receive a psychiatric follow-up every 90 Days that includes the effects of prescribed medication on targeted symptoms and behaviors and any medication side effects documented.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution
PM-064 (MH)	A Psychologist or Psychiatric Provider makes rounds daily, during regular business hours, each Business Day, to review the general functioning of all Inmates in an inpatient unit(s) in accordance with Procedure 404.004, <i>Mental Health Inpatient Multidisciplinary Treatment and Services.</i>	90% compliance, per Institution	Semi-annually	For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$4,000 per Institution 70%-79.99%: \$8,000 per Institution Less than 70%: \$12,000 per Institution

Performance Measure No.	Description	Measurement Threshold	Measurement Duration	Financial Consequence
<p>PM-065 (MH)</p>	<p>Psychologists complete a validated, Department-approved violence risk assessment within three (3) Business Days of an Inmate’s admission to the CSU, and within seven (7) Business Days of admission to the TCU or CMHTF, and every 90 Days thereafter.</p>	<p>100% compliance</p>	<p>Measured at time of occurrence</p>	<p>\$1,000 per occurrence, plus \$500 per each subsequent deficient Day</p>
<p>PM-066 (MH)</p>	<p>A Psychologist, or in the absence of a Psychologist, a Psychiatrist, provides input via Form DC6-1008, <i>Disciplinary Team Mental Health Consultation</i>, as to whether an Inmate’s mental diagnosis contributed to an alleged disciplinary offense and disciplinary report for all Inmates with current diagnoses associated with psychotic features, autism spectrum disorder, dementia, or intellectual disability.</p>	<p>80% compliance, per Institution</p>	<p>Semi-annually</p>	<p>For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution</p>
<p>PM-067 (MH)</p>	<p>A Psychologist, or in the absence of a Psychologist, a psychiatrist, provides input via Form DC6-1008 for all Inmates who are issued a disciplinary report within an inpatient unit.</p>	<p>90% compliance, per Institution</p>	<p>Semi-annually</p>	<p>For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$4,000 per Institution 70%-79.99%: \$8,000 per Institution Less than 70%: \$12,000 per Institution</p>

Performance Measure No.	Description	Measurement Threshold	Measurement Duration	Financial Consequence
PM-068 (MH)	Inmates with a current diagnosis of schizophrenia or other disorders with psychotic features receive case management services every 30 Days.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution
PM-069 (MH)	Inmates admitted to any mental health inpatient unit are offered a minimum of 10 hours per week of SOCTS in accordance with Procedure 404.004, <i>Mental Health Inpatient Multidisciplinary Treatment and Services</i> .	100% compliance	Per week, per Inmate	\$20 per Inmate, per week for each hour, or portion thereof, less than 10 hours
PM-070 (MH)	No more than five (5) hours of therapeutic activities are used to fulfill the weekly required SOCTS hours if clinical requirements are met in accordance with Procedure 404.004, <i>Mental Health Inpatient Multidisciplinary Treatment and Services</i> .	100% compliance	Measured at time of occurrence	\$20 per Inmate per week
PM-071 (MH)	Upon admission to a mental health inpatient unit, all Inmates receive a psychiatric evaluation within three (3) Business Days.	90% compliance, per Institution	Semi-annually	For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$4,000 per Institution 70%-79.99%: \$8,000 per Institution Less than 70%: \$12,000 per Institution

Performance Measure No.	Description	Measurement Threshold	Measurement Duration	Financial Consequence
PM-072 (MH)	Upon admission to a mental health inpatient unit, an initial ISP is completed within seven (7) Days.	90% compliance, per Institution	Semi-annually	For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$4,000 per Institution 70%-79.99%: \$8,000 per Institution Less than 70%: \$12,000 per Institution
PM-073 (MH)	After an initial ISP for Inmates housed in an inpatient mental health unit, ISPs are reviewed every 14 Days in the CSU, every 30 Days in the CMHTF and every 60 Days in the TCU.	90% compliance, per Institution	Semi-annually	For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$4,000 per Institution 70%-79.99%: \$8,000 per Institution Less than 70%: \$12,000 per Institution
PM-074 (MH)	CM Inmates classified as S-2 or S-3 have an ISP developed and approved by the MDST within 14 Days of CM placement and 14 Days of transfer between CM units.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution
PM-075 (MH)	ISP reviews occur within 30 Days of updating, 120 Days after the 30-Day review, every 180 Days after the 120-Day review, and after any critical event.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution
PM-076 (MH)	Individual psychotherapy is provided weekly when and ISP contains problem #101 Abuse to Self or #152 Suicidal Behavior as specified in Procedure 404.004 (8)(d).	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$6,000 per Institution 60%-69.99%: \$12,000 per Institution Less than 60%: \$18,000 per Institution

Performance Measure No.	Description	Measurement Threshold	Measurement Duration	Financial Consequence
PM-077 (MH)	Psychiatric follow-up services are provided at least every seven (7) Days in CSU; every 30 Days in TCU and every 14 Days in CMHTF.	90% compliance, per Institution	Semi-annually	For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$4,000 per Institution 70%-79.99%: \$8,000 per Institution Less than 70%: \$12,000 per Institution
PM-078 (MH)	Inmates who return from outside medical treatment because of self-injury are immediately admitted to IMR on SHOS.	100% compliance	Measured at time of occurrence	\$5,000 per occurrence
PM-079 (MH)	Inmates placed on SHOS receive counseling by a Behavioral Health Specialist or Psychologist each Business Day.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$6,000 per Institution 60%-69.99%: \$12,000 per Institution Less than 60%: \$18,000 per Institution
PM-080 (MH)	A Psychologist or licensed Behavioral Health Specialist, as permitted by Department Policy, conducts an evaluation and completes an outside hospital report for all Inmates who receive outside medical treatment for self-injurious behavior prior to discharge from SHOS.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution

Performance Measure No.	Description	Measurement Threshold	Measurement Duration	Financial Consequence
PM-081 (MH)	Inmates discharged from SHOS are evaluated by a Behavioral Health Specialist or Psychologist in accordance with the timeframes established in Procedure 404.001, <i>Suicide and Self-Injury Prevention</i> .	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution
PM-082 (MH)	If an Inmate in an inpatient setting refuses to attend a scheduled clinical encounter, the case manager or a clinical member of the MDST will counsel the Inmate and document efforts made to encourage attendance at future clinical encounters within 24 hours.	90% compliance, per Institution	Semi-annually	For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$4,000 per Institution 70%-79.99%: \$8,000 per Institution Less than 70%: \$12,000 per Institution
PM-083 (MH)	If an Inmate in an inpatient unit refuses to attend an MDST meeting, the reason for failing to attend and the encouragement given for attendance is documented on the Form DC4-642M, <i>MDST Meeting Docket</i> .	90% compliance, per Institution	Semi-annually	For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$4,000 per Institution 70%-79.99%: \$8,000 per Institution Less than 70%: \$12,000 per Institution
PM-084 (MH)	Prior to discharge from an inpatient setting, the MDST documents the clinical justification for transfer and consideration of any potential adjustment issues related to the setting once transferred.	90% compliance, per Institution	Semi-annually	For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$6,000 per Institution 70%-79.99%: \$12,000 per Institution Less than 70%: \$18,000 per Institution

Performance Measure No.	Description	Measurement Threshold	Measurement Duration	Financial Consequence
PM-085 (MH)	Mental health staff evaluate all Inmates with a classification of S-2 or S-3 within one (1) Business Day following a use-of-force incident in accordance with 33-602.210 FAC (chemical use of force/EID).	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution
PM-086 (MH)	A psychiatric consultation is completed for Inmates at least once within the first seven (7) Days of admission to a TCU and three (3) times within the first seven (7) Days of admission to a CSU and CMHTF.	90% compliance, per Institution	Semi-annually	For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$4,000 per Institution 70%-79.99%: \$8,000 per Institution Less than 70%: \$12,000 per Institution
PM-087 (MH)	When an Inmate in an inpatient unit engages in (two (2) or more serious self-injurious incidents in a three (3) month period the Psychologist develops a Self-Injury Reduction Plan (SIRP) in accordance with Procedure 404.004, <i>Mental Health Inpatient Multidisciplinary Treatment and Services</i> .	100% compliance	Measured at time of occurrence	\$2,000 per occurrence

Performance Measure No.	Description	Measurement Threshold	Measurement Duration	Financial Consequence
<p>PM-088 (MH)</p>	<p>Self-Injury Reduction Plans (SIRPs) are updated every three (3) months and there is documentation in the EMR that the Inmate is receiving the interventions specified in the SIRP in accordance with Procedure 404.004, <i>Mental Health Inpatient Multidisciplinary Treatment and Services</i>.</p>	<p>100% compliance</p>	<p>Measured at time of occurrence</p>	<p>\$5,000 per occurrence</p>
<p>PM-089 (MH)</p>	<p>Inmates with active SIRPs are not discharged from an inpatient setting.</p>	<p>100% compliance</p>	<p>Measured at time of occurrence</p>	<p>\$10,000 per occurrence</p>
<p>PM-090 (MH)</p>	<p>Within the RCCU setting, if an Inmate refuses all SOCTS for seven (7) consecutive Days, the Psychologist will conduct a well-being check documented on Form DC4-642S <i>Well-Being and Mental Status Exam</i>, in accordance with Procedure 404.005, <i>Residential Continuum of Care Units</i>.</p>	<p>80% compliance, per Institution</p>	<p>Semi-annually</p>	<p>For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$6,000 per Institution 60%-69.99%: \$12,000 per Institution Less than 60%: \$18,000 per Institution</p>

Performance Measure No.	Description	Measurement Threshold	Measurement Duration	Financial Consequence
PM-091 (MH)	If an Inmate refuses all SOCTS for seven (7) consecutive Days within an inpatient setting, a licensed BHS or Psychologist conducts a well-being check, documenting his/her findings on the Form DC4-642S in accordance with Procedure 404.004, <i>Mental Health Inpatient Multidisciplinary Treatment and Services</i> .	90% compliance, per Institution	Semi-annually	For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$6,000 per Institution 70%-79.99%: \$12,000 per Institution Less than 70%: \$18,000 per Institution
PM-092 (MH)	Inmates in an RCCU are offered a minimum of nine (9) hours of SOCTS weekly in accordance with Procedure 404.005, <i>Residential Continuum of Care Units</i> .	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$6,000 per Institution 60%-69.99%: \$12,000 per Institution Less than 60%: \$18,000 per Institution
PM-093 (MH)	A Psychologist completes required testing within the first 90 Days of an Inmate's arrival to an RCCU, and reports his/her findings in accordance with Procedure 404.005, <i>Residential Continuum of Care Units</i> .	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution
PM-094 (MH)	A petition for involuntary treatment is initiated within three (3) Business Days of admission for Inmates admitted to a CMHTF.	100% compliance	Measured at time of occurrence	\$5,000 per occurrence, plus \$5,000 per Day, or portion thereof after the 3rd Business Day

Performance Measure No.	Description	Measurement Threshold	Measurement Duration	Financial Consequence
PM-095 (MH)	A continuity of care plan is initiated for all mental health Inmates 180 Days prior to release by updating the Inmate's ISP to address problem #309 Discharge/Aftercare Planning.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$6,000 per Institution 60%-69.99%: \$12,000 per Institution Less than 60%: \$18,000 per Institution
PM-096 (MH)	A case manager completes the Form DC4-657, <i>Discharge Summary for Inpatient Mental Health Care</i> , between 45-30 Days of release for Inmates in a TCU level of care.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$6,000 per Institution 60%-69.99%: \$12,000 per Institution Less than 60%: \$18,000 per Institution
PM-097 (PS)	Maintain compliance with mandatory pharmacy standards to retain a valid Florida Department of Health MQA Board of Pharmacy Permit.	Retain Permit	Measured at time of occurrence	\$100,000 if permit is lost and \$1,000 per Day until permit is reinstated, plus payment of all costs and fees associated with reinstatement of the permit
PM-098 (PS)	Maintain compliance with mandatory pharmacy standards to retain a valid DEA Controlled Substance Permit.	Retain Permit	Measured at time of occurrence	\$100,000 if permit is lost and \$1,000 per Day until permit is reinstated, plus payment of all costs and fees associated with reinstatement of the permit
PM-099 (PS)	Monthly Consultant Pharmacist Inspection Reports are completed for each Pharmacy.	100% compliance, per Institution	Monthly	For performance below 100%, consequences will be assessed as follows: \$3,000 per Institution
PM-100 (PS)	(PS-018) The Contractor shall provide copies of any pharmacy audit or investigative report performed by any State, Federal or other regulatory entity, by the 10 th of the month following the month in which the Contractor received the report.	100% Compliance	Semi-annually	\$1,000 for failure to provide the audit or investigative report timely

Performance Measure No.	Description	Measurement Threshold	Measurement Duration	Financial Consequence
PM-101 (PS)	(PS-019) All appropriate pharmaceutical documentation shall be made available for review by the Department's Chief of Pharmaceutical Services, or their designee	100% Compliance	Measured at time of occurrence	\$500 for each failure to provide requested documentation
PM-102 (PS)	(PS-040) Every pharmacy-permitted Institution has post-exposure prophylaxis medications onsite	100% compliance	Semi-annually	\$500 for failure to maintain post-exposure prophylaxis onsite
PM-103 (UM)	Monthly UM reports must be provided to the Department, as indicated in the Contract.	By the 10th Business Day of the month for the prior month	Reviewed quarterly, due monthly	\$300 per Day past the due date the report is delivered to the Department
PM-104 (UM)	Every hospital admission and ER visit shall be entered in a UM database approved by the Department (Department approval will not be unreasonably withheld) within 72 hours of admission and/or visit.	80% compliance, statewide	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$3,000 60%-69.99%: \$6,000 Less than 60%: \$12,000
PM-105 (QM)	RMCH maintains a valid AHCA Hospital Licensure.	Ensure AHCA Hospital licensure is maintained	Per AHCA occurrence	\$100,000 if licensure lost, plus payment of any fees associated with securing re-licensure
PM-106 (QM)	Performance deficiencies are corrected, unless beyond the Contractor's control.	100%	Measured at time of occurrence of a repeat deficiency	\$500 for each deficiency noted by the Department that is not corrected in accordance with the Contractor's Department-approved CAP prior to the next monitoring event

Performance Measure No.	Description	Measurement Threshold	Measurement Duration	Financial Consequence
PM-107 (EMR)	The EMR System will be up and available for use 99.99% of the time (excluding approved maintenance windows) based upon Department-approved measuring methodology.	99.99% availability	Quarterly	\$3,000 per percentage point, or fraction thereof
PM-108 (EMR)	The EMR is unavailable due to unplanned outages.	100%	Measured at time of occurrence	\$5,000 per occurrence
PM-109 (ITS)	(ITS-004) Contractor shall obtain approval from the Department's OIT before implementing or changing technology used to provide services.	100% Compliance	Measured at time of occurrence	\$500 for each implementation or change not approved by the Department's OIT
PM-110 (ITS)	(ITS-007) Contractor shall provide the Department with a copy of Contractor's technology security policies and a network diagram.	Policies and diagram shall be provided to the Department within 30 Days of Contract execution and Jan. 15 and July 15, every year thereafter.	Semi-annual	\$500 per Day for each Day late.
PM-111 (ITS)	(ITS-008) Contractor shall obtain the express written consent of the Department's OIT before connecting any Contractor-owned or management equipment to the Department's internal network.	100% Compliance, working through the Change Management process	Measured at time of occurrence, as OIT notifies HS	\$500 for each connection performed without the consent of the Department's OIT.

Performance Measure No.	Description	Measurement Threshold	Measurement Duration	Financial Consequence
PM-112 (ITS)	(ITS-017) Contractor shall notify the Department before any planned events in the Contractor's computing environment that may impact its secured connection, in any way or at any severity level	100% Compliance, working through the Change Management process	Measured at time of occurrence, as OIT notifies HS	\$1,000 for each planned event performed without one (1) weeks' notice
PM-113 (ITS)	(ITS-018) Contractor shall notify the Department when an unexpected event occurs that may impact the Department's information security.	Notice shall be provided to the Department's CSIRT according to Department Procedure 206.009 (Exempt).	Measured at time of occurrence	\$1,000 for each unplanned event

3. Assessment of Financial Consequences

- a. By executing this Contract, the Contractor acknowledges and agrees that its performance under the Contract shall meet the standards throughout this Contract. Currently, healthcare provided by the Contractor is reviewed through the Quality Management process (established in Section III., L of this Contract), reviews conducted by the Correctional Medical Authority, ACA accreditation reviews related to health care services standards, internal Quality Management program, litigation-related reviews by monitors or the plaintiff(s). Contract-specific performance metrics and requirements will be reviewed twice annually by the Department's Contract Monitoring team. This team will conduct two (2) annual monitoring visits to each major institution.
- b. Any assessment of financial consequences and subsequent payment thereof shall not affect the Contractor's obligation to provide services as required by this Contract.
- c. The Contract Manager will provide written notice to the Contractor's Representative of all financial consequences assessed as a result of Performance Measure Reports or through the Department's Contract Monitoring process established in Section III., U., with an explanation of why the consequences are being assessed.
- d. To give appropriate opportunity for the Contractor to resolve identified issues and to ensure performance meets the Department's needs, consequences will begin escalating on the 2nd consecutive finding. When a Performance Measure has a Performance Expectation that is not met two (2) semi-annual monitorings in a row (consecutive findings), the financial consequence assessed in the second consecutive deficient monitoring period would be doubled.

For example, if the performance related to PM-011 (IC) at Calhoun CI is 70% in semi-annual monitoring one (1), financial consequences in the amount of \$4,000 would be assessed for that period. If performance for the same PM is 65% during the next semi-annual monitoring, then the financial consequence assessed would be \$16,000 for Calhoun CI (the \$8,000 financial consequence at 65% multiplied by 2).

- e. For those corrective actions that would take longer to implement and would result in consecutive findings, a waiver for the next review period may be requested in writing to the Contract Manager at the time of submittal of the CAP. All requests for exceptions to contract monitoring findings and financial consequences must be submitted to the Contract Manager, in writing, no later than 30 Days after receipt of the completed performance monitoring.
- f. The Contractor shall forward a cashier’s check or money order to the Contract Manager, payable to the Department in the appropriate amount within 10 Days of receipt of a written notice of demand for financial consequences due, or in the alternative, may issue a credit in the amount of the financial consequences due on the next monthly invoice following the assessment of consequences. Documentation of the amount of financial consequences assessed shall be included with the invoice if issuing credit. If financial consequences are not paid or a credit memo is not issued within 60 Days of the Contractor’s receipt of the notice, future invoices will not be paid until payment of the outstanding assessed financial consequences is received by the Department or credit is issued for the outstanding financial consequences by the Contractor.

V. Monitoring and Evaluation Methodologies

The Contract Manager, or designated Department staff, will perform monitoring during the term of the Contract to ensure Contract compliance. Monitoring shall include periodic review of compliance with contract service delivery and review of all Contract requirements. The Department reserves the right for any Department staff to make scheduled or unscheduled, announced or unannounced, monitoring visits at any site where services are delivered pursuant to this Contract.

The Contract Manager or designee will provide an oral exit interview and a written monitoring report to the Contractor within 30 Days of the monitoring visit.

When issues of Contract Non-Compliance are identified in the monitoring report, a written CAP will be required of the Contractor. The CAP is to be submitted to the Contract Manager within 10 Days of receipt of the monitoring report. If necessary, a follow-up monitoring visit will be scheduled by the Contract Manager and will occur within 90 Days of the original monitoring visit, at which time full compliance with the approved CAP must be met. Failure to correct deficiencies after 90 Days from the date-of-receipt of a written monitoring report notating the deficiencies may result in the assessment of financial consequences, per Section III. T., or determination of a breach of Contract and termination of services.

During the first (1st) semi-annual monitoring, the Department will *formally sample records to measure the Contractor’s performance during the timeframes indicated in the table below.

Beginning July 1, 2023	Beginning October 1, 2023
PM-002	PM-001
PM-004	PM-003
PM-005	PM-011
PM-006	PM-012
PM-007	PM-013
PM-008	PM-014
PM-009	PM-015
PM-010	PM-016
PM-026	PM-017
PM-036	PM-018

PM-037	PM-019
PM-041	PM-020
PM-042	PM-021
PM-043	PM-022
PM-044	PM-023
PM-045	PM-024
PM-046	PM-025
PM-053	PM-027
PM-057	PM-028
PM-064	PM-029
PM-065	PM-030
PM-067	PM-031
PM-069	PM-032
PM-070	PM-033
PM-071	PM-034
PM-072	PM-035
PM-073	PM-038
PM-076	PM-039
PM-077	PM-040
PM-078	PM-047
PM-079	PM-048
PM-081	PM-049
PM-082	PM-050
PM-083	PM-051
PM-084	PM-052
PM-086	PM-054
PM-087	PM-055
PM-088	PM-056
PM-089	PM-058
PM-091	PM-059
PM-094	PM-060
PM-095	PM-061
PM-096	PM-062
PM-105	PM-063
	PM-066
	PM-068
	PM-074
	PM-075
	PM-080
	PM-085
	PM-090
	PM-092
	PM-093
	PM-097
	PM-098
	PM-099
	PM-100
	PM-101
	PM-102
	PM-103
	PM-104
	PM-106
	PM-107

	PM-108
	PM-109
	PM-110
	PM-111
	PM-112
	PM-113

*For the purposes of evaluating the monitoring tool, the Department may informally sample records during the timeframes listed in the table. Informal sampling will not be used in any formal Department reports regarding the Contractor’s performance under this Contract.

W. Service Locations and Service Times

1. Institution/Facility Locations: The facilities included under this Contract include all currently operating institutions and satellite facilities as indicated in **Attachment E, Service Locations**.
2. Add/Delete Institutions/Facilities for Services: The Department reserves the right to add or delete institutions/facilities receiving or requiring services under this Contract upon 60 Calendar Days’ written notice, unless a lesser time is mutually agreed upon. Such additions or deletions will require a Contract amendment.
3. Service Times: The Contractor shall ensure access to comprehensive health care services, as required within Section **III., SCOPE OF SERVICE**, 24 hours per day, 7 Days a week, and 365 Days a year.

X. Security

1. At its expense and judgment, the Department will provide a sufficient number of Correctional Officers to supervise those Inmates receiving services from the Contractor.
2. The Department will provide the Contractor with access to all applicable Department Policies. The Department will inform the Contractor of any regulatory or operational changes impacting the delivery of services to be provided under this Contract.
3. The Department will provide security for the Contractor’s staff while at the Department’s facilities. The level of security provided shall be consistent with and per the same standards of security afforded to Department personnel.
4. The Department will provide security, and security procedures, to protect the Contractor’s equipment as well as the Department’s medical equipment. The Department’s security procedures shall provide direction for the reasonably safe security management for transportation of pharmaceuticals, medical supplies, and equipment. The Contractor shall ensure that the Contractor’s staff adheres to all Department Policies regarding transportation, security, custody, and control of inmates.
5. The Department will provide adequate security coverage for all occupied infirmaries. The Department will provide security posts for clinic areas, as necessary, and determined through the facilities security staffing analysis and coordination with the Department’s Office of Health Services.
6. The Department will provide security escorts to and from clinic appointments, whenever necessary, as outlined in Department Policies.

IV. COMPENSATION

A. Payment

The Department will compensate the Contractor for services as specified in Section III., **SCOPE OF SERVICE**, as delineated below:

Compensation under this Contract shall consist of two (2) components: reimbursement of actual expenses (Reimbursable Expenses); and 10% of Reimbursable Expenses to cover administrative expenses (Administrative Fee). The combined amount of Compensation Cap for these two (2) components shall not exceed \$528,000,000 Compensation Cap (Cap) for Fiscal Year (FY) one (1), \$549,257,702 Cap for FY two (2), \$572,574,932 Cap for FY three (3); and \$584,800,000 Caps for FYs four (4) and five (5), subject to annual legislative appropriation. Expenses may be paid across fiscal years but are applied to the Compensation Cap for the applicable fiscal year in which the services were rendered or expenses were incurred. Compensation to the Contractor during any FY for cumulative FYs cannot exceed the Department's appropriation for the FY of payment.

The Contractor shall submit the final invoice for each fiscal year of service no more than 425 Calendar Days following the end of said fiscal year. For example, all invoices from the Contractor for FY 23-24 must be submitted within 425 Calendar days of June 30, 2024. Invoices for FY 23-24 submitted after August 29, 2025 will not be reimbursed.

The Department reserves the right to access any programs under the Federal Health Care Reform Act, federal, State or local grants, and partnership opportunities, or any State initiatives that results in savings on health care costs.

The Department agrees to continue to work collaboratively with the Contractor to ensure that costs are contained, to the extent possible, while continuing to provide appropriate healthcare services to the inmate population. If changes in healthcare standards, based on new litigation changing community standards, or force majeure events substantially impact the Contractor's cost, the Department will work with the Contractor on a plan and approach and implement through a formal Contract amendment.

1. Reimbursable Expenses – counted against the Compensation Cap

The Contractor shall be reimbursed for actual expenses incurred under this Contract, unless otherwise excluded herein or prohibited by Florida Statute, State Expenditure Guidelines, or other rules and policies of the State.

Reimbursable expenses include:

- Salaries, wages and benefits for all staff assigned to this Contract, (bonuses and cost of living or general increases require prior written approval from the Department) including institutional staff and statewide/regional oversight staff, and staff who have been temporarily approved to begin working after a successful Level I clearance as describe in Section III;
- Salaries and applicable stipends for staff assigned to this Contract through Contractor's travel nurse program.
- Inpatient and outpatient hospital expenses;
- Emergency Transportation by ambulance, life-flight services, or other contracted transportation services;
- Physician's fees;
- Therapeutic and diagnostic ancillary services;
- Health care supplies and office supplies;
- Medical and Dental equipment, with prior approval from the Department;
- Computer equipment, with prior approval from the Department;
- Medical equipment and computer repairs;
- Equipment including laptops, tablets, and other electronic devices to access the EMR system;
- Cost of licensing, software, and services to support the maintenance of the EMR system;
- Pharmacy Permits and Licenses;
- Dental Radiology Permits and Licenses;

- Employee health and dental coverage, for employees directly supporting the Contract;
- Premium costs of insurance, in accordance with Section VIII., H.;
- Non-formulary, emergency medications, and therapeutics purchased by the Contractor or the Department on behalf of the Contractor up to \$1,750,000.00 annually, which will count against the Compensation Cap. This includes DAAs and therapies used to treat HIV purchased by the Contractor *only when* the Department cannot purchase them during an emergency and only as approved by the Department. The Contractor will not be reimbursed for any expenses incurred by the Department. For expenses beyond \$1,750,000.00 combined between the Department and the Contractor, the Department will reimburse the Contractor or purchase non-formulary medications directly.
- Regional office costs, when in direct support of this Contract, including but not limited to rent and utilities;
- Costs associated with the lease of medical exam rooms and office space at Florida medical facilities, with prior approval from the Department;
- Background checks; and
- Department-required or training required by this Contract, excluding required professional or non-professional education/training required for staff to perform their duties.

2. Administrative Fee – counted against the Compensation Cap

The Contractor shall be compensated an administrative fee to cover corporate support costs including, but not limited to, oversight of recruiting, human resources, clinical operations/utilization management, payroll, and information technology. This Administrative Fee shall be calculated at 10.0% of the Reimbursable Expenses outlined in Section IV., A., 1., excluding the following:

- Medical and Dental equipment;
- Computer equipment;
- Pharmacy Permits & Licenses;
- Dental Radiology Permits and Licenses;
- Non-formulary and emergency medications and therapeutics;
- Background checks; and
- Premium costs of insurance.

Other costs included in the Administrative Fee:

- Corporate office rents and facility cost;
- Corporate office supplies and maintenance;
- Corporate office telephone;
- Corporate office equipment and cell phones;
- Employee living/moving expenses;
- Employee travel other than applicable stipends for staff assigned to this Contract through Contractor’s travel nurse program;
- Contract monitoring costs;
- Profit;
- Required professional or non-professional education/training required for staff to perform their duties;
- Costs incurred as a result of Contractor’s staff attending orientation and training, not required by the Department or required by this Contract, including any wages paid; and
- Litigation costs, expenses, and fees

3. Invoice Adjustments and Credit Memos – *not* counted or credited toward the Compensation Cap

Credit memos will be issued by the Contractor for adjustments to include, but not be limited to, the following:

- Costs for statewide FDC contract monitoring staff salaries, fringe/benefits, and travel expenditures, not to exceed \$3,000,000 annually; and
- Financial Consequences assessed as a result of Contract Monitoring.

4. Reimbursements received from the fee schedule for services at Reception and Medical Center (RMC) Hospital from Private Correctional Facilities – counted or credited against the Compensation Cap

Currently, the Department has an established fee schedule for services provided by RMCH/Institution to inmates housed at private prisons managed by the DMS. The Contractor shall be entitled to reimbursement for services provided to inmates housed at private prisons, operated by DMS, following this fee schedule. The fee schedule will be reviewed at least annually, but not more than semi-annually, by the Department and the Contractor. The Department shall approve all fees. Costs for non-Centurion inmates (not included in the RMC fee schedule) while at the RMCH or an Outside Hospital will not be billed to the FDC but will be submitted directly to the private contractor. If the Contractor is not paid timely by the Private Correctional Facility operators, the Contractor will notify the Department who will liaison with DMS to facilitate payment for the Contractor's services.

Payment shall be subject to the timely submission and acceptance of all deliverables outlined in Section III.

B. MyFloridaMarketPlace

1. Transaction Fee Exemption

The State of Florida has instituted MyFloridaMarketPlace, a statewide eProcurement System (“System”). Pursuant to Section 287.057(22), F.S., all payments shall be assessed a Transaction Fee, which the Contractor shall pay to the State, unless otherwise exempt pursuant to Rule 60A-1.031, F.A.C.

The Department has determined that payments to be made under this Contract are not subject to the MyFloridaMarketPlace Transaction Fee pursuant to Rule 60A-1.031(3), F.A.C.

2. Vendor Substitute W-9

The Florida Department of Financial Services requires all vendors that do business with the state to electronically submit a Substitute W-9 Form to <https://flvendor.myfloridacfo.com>. Forms can be found at: <https://flvendor.myfloridacfo.com/casappsp/cw9hsign.htm>. Frequently asked questions/answers related to this requirement can be found at: <https://flvendor.myfloridacfo.com/W-9%20faqs.pdf>. The Florida Department of Financial Services is ready to assist vendors with additional questions. Vendors may contact their Customer Service Desk at 850-413-5519 or FLW9@myfloridacfo.com.

3. MyFloridaMarketPlace Vendor Registration

All vendors are required to maintain an active registration with the State of Florida. Registration can be completed online at <http://vendor.myfloridamarketplace.com>. For assistance, contact the MyFloridaMarketPlace Customer Service Desk at vendorhelp@myfloridamarketplace.com or 1-866-352-3776.

C. Submission of Invoice(s)

The Contractor agrees to request compensation on a periodic basis for services rendered through submission to the Department of properly completed invoices covering all institutions/facilities serviced. The Contractor shall submit separate invoices for staffing costs, medical claims cost and all other costs. The invoice for staffing costs will be submitted bi-weekly based upon the payroll processing cycle. The invoices for medical claims cost will be submitted bi-weekly and all other costs will be submitted monthly within 15 calendar days following the end of the month. The 10% Administrative Fee will be applied separately to each invoice submitted for eligible costs. The Contractor shall submit invoices pertaining to this Contract

to the Department's Contract Manager. Invoices will be reviewed and approved by the Department's Contract Manager and then forwarded to the Bureau of Finance & Accounting for further processing of payment. The Contractor's invoice shall include the Contractor's name, mailing address, and tax ID number/FEIN as well as the Contract Number and date services were provided. Every invoice must be accompanied by the appropriate supporting documentation as indicated in Section IV., D., Supporting Documentation for Invoice.

D. Supporting Documentation for Invoice

Invoices must be submitted in detail sufficient for a proper pre-audit and post-audit thereof.

Invoices will only be approved after receipt of the following supporting documentation:

1. Payroll register documenting the employee-based cost, overtime, on call, and shift differential cost per employee per institution along with proof of payment. Time sheets may be required upon request by the Department.
2. Invoices for payroll benefits such as health insurance, dental insurance, workers' compensation, unemployment compensation along with proof of payment such as cancelled checks or EFT report.
3. System-generated disbursement registers and supporting documentation (such as CMS-1500 claim forms and proof of payment) will be provided for all medical claims unless specifically directed otherwise by the Department in writing.
4. System-generated disbursement registers will be provided for all other allowable expenditures. Supporting invoices and proof of payment will be supplied upon the request of the Department.

E. Official Payee

The name and address of the official payee to whom payment shall be made is as follows:

Centurion of Florida, LLC
21521 Ridgetop Circle, Suite 150
Sterling, VA 20166

F. Travel Expenses

The Department shall not be responsible for the payment of any travel expense for the Contractor that occurs as a result of this Contract.

G. Contractor's Expenses

The Contractor shall pay for all licenses, permits, and inspection fees or similar charges required for this Contract, and shall comply with all laws, ordinances, regulations, and any other requirements applicable to the work to be performed under this Contract.

H. Annual Appropriation

The State of Florida's and the Department's performances and obligations to pay for services under this Contract are contingent upon an annual appropriation by the Legislature. Under no circumstances will the Contractor be reimbursed by the Department for an expense for which the Contractor has already been paid by any other source.

I. Tax Exemption

The Department agrees to pay for contracted services according to the conditions of this Contract. The State of Florida does not pay federal excise taxes and sales tax on direct purchases of services.

J. Timeframes for Payment and Interest Penalties

Contractors providing goods and services to the Department should be aware of the following time frames:

1. Upon receipt, the Department has five (5) Business Days to inspect and approve the goods and services and associated invoice, unless this Contract specifies otherwise. The Department has 20 Calendar Days to deliver a request for payment (voucher) to the Florida Department of Financial Services. The 20 Calendar Days are measured from the latter of the date the invoice is received or the goods or services are received, inspected, and approved.
2. If a payment is not available within 40 Calendar Days, a separate interest penalty, as specified in Section 215.422, F.S., will be due and payable, in addition to the invoice amount, to the Contractor. However, in the case of Health Services Contracts, the interest penalty provision applies after a 35-Day time period to Health Care Contractors, as defined by Rule. Interest penalties of less than \$1.00 will not be enforced unless the Contractor requests payment. Invoices, which have to be returned to a Contractor because of Contractor preparation errors, may cause a delay of the payment. The invoice payment requirements do not start until the Department receives a properly completed invoice.

K. Final Invoice

The Contractor shall submit the final invoice no more than 425 Calendar Days after acceptance of the final deliverable by the Department or the end date of this Contract, whichever occurs last. If the Contractor fails to do so, all right to payment is forfeited, and the Department will not honor any request submitted after aforesaid time period. Any payment due under the terms of the Contract may be withheld until all applicable deliverables and invoices have been accepted and approved by the Department. All invoices for inmate and Contractor employee claims must be submitted no more than 425 Days after the expiration of this Contract.

L. Vendor Ombudsman

A Vendor Ombudsman has been established within the Florida Department of Financial Services. The duties of this individual include acting as an advocate for vendors who may be experiencing problems in obtaining timely payment(s) from a state agency. The Vendor Ombudsman may be contacted by calling the Florida Department of Financial Services at (850) 413-5516.

M. Electronic Transfer of Funds

Contractors are encouraged to accept payments for work performed under this Contract by receiving Direct Deposit. To enroll in the State of Florida's Direct Deposit System the Contractor must complete a direct deposit form by contacting the Florida Department of Financial Services, Bureau of Accounting Direct Deposit Section at http://www.myfloridacfo.com/aadir/direct_deposit_web/index.htm or by phone at (850) 413-5517.

N. Subcontracts

The Contractor is fully responsible for all work performed under this Contract. The Contractor may, upon receiving written consent from the Contract Manager, enter into a written subcontract(s) for the performance of certain functions under this Contract. No subcontract, which the Contractor enters into with respect to performance of any of its functions under this Contract, shall in any way relieve the Contractor of any responsibility for the performance of its duties. The Contractor shall make payments to subcontractors.

No payment shall be made for services to the Contractor prior to the approval of the subcontract, in writing, by the Department. Subcontracts include, but are not limited to hospitals, ambulance services, x-rays services, lab services, specialty care providers, surgery centers, and any other type of consultant service.

If a subcontractor is utilized by the Contractor, the Contractor shall pay the subcontractor within seven (7) Business Days after receipt of full or partial payments from the Department, in accordance with Section 287.0585, F.S. The Department shall not be liable to any subcontractor for any expenses or liabilities incurred under any subcontract. The Contractor shall be solely liable to the subcontractor for all expenses and liabilities under this Contract. The Contractor's failure to pay a subcontractor within seven (7) Business Days will result in a penalty to be paid by the Contractor to the subcontractor in the amount of 0.5% of the amount due per Day past the expiration of the period allowed herein for payment. Such penalty shall be in addition to actual payments owed and shall not exceed 15% of the outstanding balance due.

V. CONTRACT MANAGEMENT

A. Contract Manager

The Contract Manager for this Contract will be:

Frank Dichio, Operations Manager
Bureau of Health Services Administration
Office of Health Services
Florida Department of Corrections
501 South Calhoun Street
Tallahassee, Florida 32399-2500
Telephone: (850) 717-3289
Fax: (850) 922-6015
Email: Frank.Dichio@fdc.myflorida.com

The Contract Manager, or designee, will perform the following functions:

1. Maintain a Contract Management file;
2. Serve as the liaison between the Department and the Contractor;
3. Enforce performance of the Contract terms and conditions;
4. Verify receipt of Deliverables from the Contractor;
5. Monitor and evaluate the Contractor's performance to ensure services conform to the Contract requirements;
6. Request all amendments, renewals, and terminations of this Contract, and implement management of the Contract change;
7. Review, verify, and approve invoices from the Contractor;
8. Monitor the Contract budget to ensure funds are available through the Contract term;
9. Exercise applicable remedies, as appropriate, when the Contractor's performance is deficient; and
10. Evaluate the Contractor's performance upon completion of this Contract. This evaluation will be placed in the Contract Management file and will be considered if this Contract is subsequently used as a reference in future procurements.

B. Contract Administrator

The Contract Administrator for this Contract is:

Alyssa Dillon
Bureau of Procurement
Florida Department of Corrections
501 South Calhoun Street, Suite 328
Tallahassee, Florida 32399-2500
Telephone: (850) 717-9773
Fax: (850) 488-7189

The Contract Administrator will perform the following functions:

1. Maintain the official Contract Administration file;
2. Write and maintain this Contract and all amendments; and
3. Maintain records of all formal contract correspondence between the Department and the Contractor as provided by the Contract Manager for filing in the Contract Administration file.

C. Contractor's Representative(s)

The name, title, address, and telephone number of the Contractor's Representative(s) responsible for administration and performance under this Contract is(are):

Keith Lueking, CEO
Centurion of Florida, LLC
21251 Ridgetop Circle, Suite 150
Sterling, VA 20166
Telephone: (703) 749-4600
Email: KLueking@TeamCenturion.com

D. Contractor Management Changes

Upon execution of this Contract, changes to Section V. **CONTRACT MANAGEMENT**, shall be accomplished by written notification to the other party with a copy of the written notification maintained in the official Contract file.

E. Communications

Contract communications will be in two (2) forms: routine and formal.

Routine: All normal, written communications generated by either party relating to service delivery. Routine communications must be acknowledged within two (2) Business Days and responded to within 30 calendar days of receipt via email.

Formal: Written communications related to significant issues such as Breach of Contract, failure to provide satisfactory performance, assessment of financial consequences, change in service locations, or Contract termination. Formal communications will be clearly marked as a "Formal Communication" and must be acknowledged upon receipt and responded to within seven (7) Calendar Days of receipt via email. A date and numbering system will be used to track these communications.

The only Department personnel authorized to issue formal contract communications are the Department's Health Services Director, the Department's Deputy Director Health Services Administration, the Department's Chief Clinical Advisor, the Department's Director of Procurement, the Department's Contract Manager, the Department's Contract Administrator. The Contractor's CEO and the Contractor's Representative are the only Contractor personnel authorized to issue Formal Contract Communications. Other persons authorized to issue Formal Contract Communications must be agreed upon by both parties and identified, in writing, within 10 Days of this Contract's execution. Notification of any subsequent changes must be provided in writing before issuing any formal communication from the changed authorized representative.

If there is an urgent administrative problem, the Department shall contact the Contractor, and the Contractor shall verbally respond to the Contract Manager within two (2) hours. If a non-urgent administrative problem occurs, the Department will contact the Contractor, and the Contractor shall verbally respond to the Contract Manager within 48 hours. The Contractor, or Contractor's designee, shall respond to inquiries, complaints, or grievances from or about inmates by providing all information or records that the Department deems necessary within three (3) Business Days of receipt of the request.

VI. CONTRACT MODIFICATION

Unless otherwise stated herein, modifications to the provisions of this Contract, with the exception of Section **III.**, V., 2., Add/Delete Institutions/Facilities for Services; Section **IV.**, C., Submission of Invoice(s); Section **IV.**, D., Supporting Documentation for Invoice; and Section **V.**, **CONTRACT MANAGEMENT**, shall be valid only through execution of a formal contract amendment. If cost increases occur as a result of any modification of the Contract, in no event may such increases result in the total compensation paid under the Contract exceeding the amount appropriated for this Contract.

A. No Oral Modifications

No negotiations, decisions, or actions shall be initiated or executed by the Contractor as a result of any discussions with any Department employee. Only those communications that are in writing from the Department’s staff identified in Section **V.**, C. Contractor’s Representative shall be considered a duly authorized expression on behalf of the Department. Only signed written communications from the Contractor’s Representative will be recognized by the Department as duly authorized expressions on behalf of the Contractor.

Unless otherwise stated herein, modifications to the provisions of this Contract shall be valid only through the execution of a written Contract amendment, signed by both parties.

B. Scope Changes After Contract Execution

During the term of this Contract, the Department may unilaterally require, by Formal Communication, changes altering, adding to, or deducting from the Contract specifications, provided that such changes are within the general scope of this Contract.

The Department may make an equitable adjustment in the Contract prices if the change affects the cost or time of performance. Equitable adjustments may be made due to, by way of example only, change in the standard of care, treatment modalities, pharmacy costs, patient base, consent or court orders that materially impact the cost of providing services to the Contractor. Such equitable adjustments require the execution of a written Amendment.

The Department shall provide written notice to the Contractor 30 Days in advance of any Department-required changes that affect the Contractor’s ability to provide the service as specified herein.

C. Other Requested Changes

In addition to changes pursuant to Section **VI.**, B., state or federal laws, rules, and regulations or Department Policies may change. Such changes may impact Contractor’s service delivery in terms of materially increasing or decreasing the Contractor’s cost of providing services. There is no way to anticipate what those changes will be nor is there any way to anticipate the costs associated with such changes.

Either party shall have 90 days from the date such change is implemented to request an increase or decrease in compensation, or the applicant party will be considered to have waived this right. Full, written justification with documentation sufficient for audit will be required to authorize an increase in compensation. It is specifically agreed that any changes to payment will be effective the date the changed Scope of Services, Section **III.**, is approved, in writing, and implemented.

If the parties are unable to negotiate an agreed-upon increase or decrease in rate or reimbursement, the Department and the Contractor shall mutually determine what the resultant change in compensation should be, based upon the changes made to the Scope of Services, Section **III.**

VII. TERMINATION

A. Termination at Will

This Contract may be terminated by either party upon no less than 180 Days' written notice, without cause, unless a lesser time is mutually agreed upon by both parties. Notice shall be delivered by certified mail (return receipt requested), by other method of delivery whereby an original signature is obtained, or in-person with proof of delivery.

B. Termination Because of Lack of Funds

In the event funds to finance this Contract become unavailable, the Department may terminate the Contract upon no less than 24 hours' notice in writing to the Contractor. Notice shall be delivered by certified mail (return receipt requested), facsimile, by other method of delivery whereby an original signature is obtained, or in-person with proof of delivery. The Department shall be the final authority as to the availability of funds.

C. Termination for Cause

If a breach of this Contract occurs by the Contractor, which is left uncured after the expiration of 30 days' written notice by the Department, the Department may, by written notice to the Contractor, terminate this Contract upon 24 hours' written notice. Notice shall be delivered by certified mail (return receipt requested), by other method of delivery whereby an original signature is obtained, or in-person with proof of delivery. If applicable, the Department may employ the default provisions in Chapter 60A-1, F.A.C. The provisions herein do not limit the Department's right to remedies at law or in equity.

D. Termination for Unauthorized Employment

Violation of the provisions of Section 274A of the Immigration and Nationality Act shall be grounds for unilateral cancellation of this Contract.

E. Contract Termination Requirements

If at any time, this Contract is canceled, terminated, or otherwise expires, and a Contract is subsequently executed with a different contractor or service delivery is resumed by the Department, the Contractor has the affirmative obligation to assist in the smooth transition of services to the subsequent service provider. This includes, but is not limited to, the timely provision of all Contract-related documents and information, not otherwise protected from disclosure by law to the replacing party. If transitioning to a new contractor, the Department may reduce locations or services provided as the Contract end date approaches. Any such reduction shall be implemented at the discretion of the Department in its determination of the best manner to transition services.

VIII. CONDITIONS

A. Records

1. Public Records Law

The Contractor agrees to (a) keep and maintain public records required by the Department in order to perform the service; (b) upon request from the Department's custodian of public records, provide the Department with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in this chapter or as otherwise provided by law; (c) ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the Contract

term and following completion of this Contract if the Contractor does not transfer the records to the Department; and (d) upon completion of this Contract, transfer, at no cost, to the Department all public records in possession of the Contractor or keep and maintain public records required by the Department to perform the service. If the Contractor transfers all public records to the Department upon completion of this Contract, the Contractor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the Contractor keeps and maintains public records upon completion of this Contract, the Contractor shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the Department, upon request from the Department’s custodian of public records, in a format that is compatible with the information technology systems of the Department. Pursuant to §287.058(1)(c), F.S., the Department is allowed to unilaterally cancel this Contract for refusal by the Contractor to allow public access to all documents, papers, letters, or other material made or received by the Contractor in conjunction with this Contract, unless the records are exempt from §24(a) of Art. I of the State Constitution or §119.07(1), F.S.

If the Contractor has questions regarding the application of Chapter 119, Florida Statutes, to the Contractor’s duty to provide public records relating to this Contract, contact the custodian of public records at:

Florida Department of Corrections

ATTN: Public Records Unit

501 South Calhoun Street

Tallahassee, Florida 32399-2500

Telephone: (850) 412-2664

Fax: (850) 922-4355

Website:

[https://floridadoc.govqa.us/WEBAPP/rs/\(S\(mxurvkh004wtw1eymm15f4x\)\)/SupportHome.aspx](https://floridadoc.govqa.us/WEBAPP/rs/(S(mxurvkh004wtw1eymm15f4x))/SupportHome.aspx)

2. Audit Requirements

- a. The Contractor agrees to maintain books, records, and documents (including electronic storage media) in accordance with Generally Accepted Auditing Standards (GAAS).
- b. The Contractor agrees to include all record-keeping requirements in all subcontracts and assignments related to this Contract.

3. Record Retention

The Contractor agrees to retain all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertaining to this Contract following termination of the Contract for the timeframes required by the Florida Department of State, General Records Schedule, GS1-SL, which can be found at the following link: <https://dos.myflorida.com/library-archives/records-management/general-records-schedules/>. The Contractor shall maintain complete and accurate record-keeping and documentation as required by the Department and the terms of this Contract. All invoices and documentation must be clear and legible for audit purposes. Copies of all records and documents shall be made available for the Department upon request, or no more than 48 hours upon request, if stored at a different site location than the address listed on Section V., C., Contractor’s Representative, or the address listed in Section IV., E., Official Payee. Any records not available at the time of an audit will be deemed unavailable for audit purposes. Violations will be noted and forwarded to the Department’s Inspector General for review.

The Contractor must retain all documents for the appropriate timeframes listed in the GS1-SL record schedule following termination of the Contract, or, if an audit has been initiated and audit findings have not been resolved at the of the appropriate timeframes, the records shall be retained until resolution of the audit findings. The Contractor shall cooperate with the Department to facilitate the duplication and transfer of any said records or documents during the required retention period.

The Contractor shall advise the Department of the location of all records pertaining to this Contract and shall notify the Department by certified mail within 10 Days if and when the records are moved to a new location.

B. State Objectives

1. Diversity in Contracting

The State of Florida is committed to supporting its diverse business industry and population through ensuring participation by minority-owned, women-owned, and service-disabled veteran-owned business enterprises in the economic life of the State. The State of Florida Mentor Protégé Program connects these business enterprises with private corporations for business development mentoring. We strongly encourage firms doing business with the State of Florida to consider this initiative. For more information on the Mentor Protégé Program, please contact the Office of Supplier Diversity at (850) 487-0915.

The State is dedicated to fostering the continued development and economic growth of small, minority-owned, women-owned, and service-disabled veteran-owned business enterprises. Participation by a diverse group of Contractors doing business with the State is central to this effort. To this end, it is vital that small, minority-owned, women-owned, and service-disabled veteran-owned business enterprises participate in the State's procurement process as both contractors and subcontractors in this Contract. Small, minority-owned, women-owned, and service-disabled veteran-owned business enterprises are strongly encouraged to contribute to this Contract.

The Contractor shall submit documentation addressing diversity and describing the efforts being made to encourage the participation of small, minority-owned, women-owned, and service-disabled veteran-owned business enterprises to the Contract Manager.

Information on Certified Minority Business Enterprises (CMBE) and Certified Service-Disabled Veteran Business Enterprises (CSDVBE) is available from the Office of Supplier Diversity at http://www.dms.myflorida.com/agency_administration/office_of_supplier_diversity_osd.

Diversity in Contracting documentation should identify any participation by diverse contractors and suppliers as prime contractors, subcontractors, contractors, resellers, distributors, or such other participation as the parties may agree. Diversity in Contracting documentation shall include the timely reporting of spending with certified and other minority/service-disabled veteran business enterprises. Such reports must be submitted at least monthly and include the period covered, the name, minority code, and Federal Employer Identification Number of each minority or service-disabled veteran Contractor utilized during the period, commodities and services provided by the minority or service-disabled veteran business enterprise, and the amount paid to each minority or service-disabled veteran Contractor on behalf of each purchasing agency ordering under the terms of this Contract.

2. Environmental Considerations

The State supports and encourages initiatives to protect and preserve our environment. It is a requirement of the Florida Department of Environmental Protection that a generator of hazardous waste materials that exceeds a certain threshold must have a valid and current Hazardous Waste Generator Identification Number. This identification number shall be submitted as part of the Contractor's explanation of its company's hazardous waste plan and shall explain in detail its handling and disposal of this waste.

It is expressly understood and agreed that any products or materials which are the subject of, or are required to carry out, this Contract shall be procured in accordance with the provisions of Section 403.7065, F.S., relating to the procurement of materials with recycled content.

3. Prison Rehabilitative Industries and Diversified Enterprises (PRIDE)

The Contractor agrees that any purchases required under this Contract shall be made from PRIDE if of comparable price and quality as the items or services sought. The Contractor shall be deemed as substituted for the Department in dealing with PRIDE for the purposes of this Contract. This clause is not applicable to subcontractors unless otherwise required by law. Available products, pricing, and delivery schedules may be obtained at <https://www.pride-enterprises.org>.

4. Products Available from the Blind or Other Handicapped (RESPECT)

The Department supports and encourages the gainful employment of citizens with disabilities. The Contractor agrees that purchases required under this Contract shall be made from a nonprofit agency for the blind or for the severely handicapped qualified pursuant to Chapter 413, F.S., in the same manner, and under the same procedures set forth in Sections 413.036(1) and (2), F.S. The Contractor shall be deemed as substituted for the Department for the purposes of this Contract. Additional information about the designated nonprofit agency and the products it offers is available at <http://www.respectofflorida.org>.

C. Prison Rape Elimination Act (PREA)

The Contractor shall comply with the national standards to prevent, detect, and respond to prison rape under the Prison Rape Elimination Act (PREA), Federal Rule 28 C.F.R. Part 115. The Contractor shall also comply with all Department Policies that relate to PREA.

D. Sponsorship

If the Contractor sponsors a program financed partially by State funds, including any funds obtained through this Contract, it shall, in publicizing, advertising, or describing the sponsorship of the program, state: "Sponsored by Centurion of Florida, LLC and the Florida Department of Corrections." If the sponsorship reference is in written material, the words "Florida Department of Corrections" shall appear in the same size letters or type as the name of the Contractor.

E. Non-Discrimination

No person, on the grounds of race, creed, color, national origin, age, gender, marital status, or disability, shall be excluded from participation in, be denied the proceeds or benefits of, or be otherwise subjected to, discrimination in the performance of this Contract.

F. Americans with Disabilities Act

The Contractor shall comply with the Americans with Disabilities Act. In the event of the Contractor's noncompliance with the nondiscrimination clauses, the Americans with Disabilities Act, or with any other such rules, regulations, or orders, this Contract may be canceled, terminated, or suspended, in whole or in part, and the Contractor may be declared ineligible for further Contracts.

G. Indemnification for Contractors Acting as an Agency of the State

The Contractor shall be liable, and agrees to be liable for, and shall indemnify, defend, and hold the Department, its employees, agents, officers, heirs, and assignees harmless from any and all claims, suits, judgments, or damages including court costs and attorney’s fees arising out of intentional acts, negligence, or omissions by the Contractor, or its employees or agents, in the course of the operations of this Contract, including any claims or actions brought under Title 42 U.S.C. §1983, the Civil Rights Act.

H. Contractor’s Insurance for Contractors Acting as an Agent of the State

The Contractor agrees to provide adequate insurance coverage on a comprehensive basis and to hold such insurance at all times during the existence of this Contract. This shall include, but is not limited to, worker’s compensation, general liability coverage, and property damage coverage. The Department must be an additional named insured on the Contractor’s insurance related to this Contract. The Contractor accepts full responsibility for identifying and determining the type(s) and extent of insurance necessary to provide reasonable financial protection for the Contractor and the Department under this Contract. Upon the execution of this Contract, the Contractor shall furnish the Contract Manager written verification of such insurance coverage. Such coverage may be provided by a self-insurance program established and operating under the laws of the State of Florida. The Department reserves the right to require additional insurance where appropriate.

If the Contractor is a State agency or subdivision as defined in Section 768.28, F.S., the Contractor shall furnish the Department, upon request, written verification of liability protection in accordance with Section 768.28, F.S. Nothing herein shall be construed to extend any party’s liability beyond that provided in Section 768.28, F.S.

I. Independent Contractor Status

The Contractor is an independent contractor in the performance of its duties and responsibilities under this Contract. The Department shall neither have nor exercise any control or direction over the methods by which the Contractor shall perform its work and functions other than as provided herein. Nothing in this Contract is intended to, nor shall be deemed to constitute, a partnership or a joint venture between the parties.

J. Disputes

Any dispute concerning performance of this Contract shall be resolved informally by the Contract Manager. Any dispute that cannot be resolved informally shall be reduced to writing and delivered to the Department’s Health Services Director. The Department’s Health Services Director shall decide the dispute, reduce the decision to writing, and deliver a copy to the Contractor, the Contract Manager, and the Contract Administrator.

K. Copyrights, Right to Data, Patents, and Royalties

Where activities supported by this Contract produce original writing, sound recordings, pictorial reproductions, drawings, or other graphic representation and works of any similar nature, the Department has the right to use, duplicate and disclose such materials in whole or in part, in any manner, for any purpose whatsoever and to have others acting on behalf of the Department to do so. If the materials that are so developed are subject to copyright, trademark, or patent, legal title and every right, interest, claim or demand of any kind in and to any patent, trademark or copyright, or application for the same, will vest in the Florida Department of State for the exclusive use and benefit of the State. Pursuant to Section 286.021, F.S., no person, firm, or corporation, including parties to this Contract, shall be entitled to use the copyright, patent, or trademark without the prior written consent of the Florida Department of State.

The Department shall have unlimited rights to use, disclose or duplicate, for any purpose whatsoever, all information and data solely developed, derived, documented, or furnished by the Contractor under this Contract. All non-proprietary and assignable computer programs and other documentation produced as part of this Contract shall become the exclusive property of the Florida Department of State and may not be copied or removed by any employee of the Contractor without express written permission of the Department.

The Contractor, without exception, shall indemnify and save harmless the Department and its employees from liability of any nature or kind, including cost and expenses for or on account of any copyrighted, patented, or unpatented invention, process, or article manufactured or supplied by the Contractor. The Contractor has no liability when such claim is solely and exclusively due to the combination, operation, or use of any article supplied hereunder with equipment or data not supplied by the Contractor or is based solely and exclusively upon the Department's alteration of the article. The Department will provide prompt written notification of a claim of copyright or patent infringement and will afford the Contractor full opportunity to defend the action and control the defense of such claim.

Further, if such a claim is made or is pending, the Contractor may, at its option and expense, procure for the Department the right to continue use of, replace, or modify the article to render it non-infringing. (If none of the alternatives are reasonably available, the Department agrees to return the article to the Contractor upon its request and receive reimbursement, fees, and costs, if any, as may be determined by a court of competent jurisdiction.) If the Contractor uses any design, device, or materials covered by letter, patent or copyright, it is mutually agreed and understood without exception that the Contract prices shall include all royalties or costs arising from the use of such design, device, or materials in any way involved in the work to be performed hereunder.

L. Assignment

The Contractor shall not assign its responsibilities or interests under this Contract to another party without the Contract Manager's prior written approval. The Department shall, at all times, be entitled to assign or transfer its rights, duties, and obligations under this Contract to another governmental agency of the State of Florida upon giving written notice to the Contractor.

M. Force Majeure

Neither party shall be liable for loss or damage suffered as a result of any delay or failure in performance under this Contract or interruption of performance resulting directly or indirectly from acts of God, fire, explosions, earthquakes, floods, water, wind, lightning, civil or military authority, acts of public enemy, war, riots, civil disturbances, insurrections, pandemics, strikes, or labor disputes.

N. Severability

The invalidity or unenforceability of any particular provision of this Contract shall not affect the other provisions hereof and this Contract shall be construed in all respects as if such invalid or unenforceable provision was omitted, so long as the material purposes of this Contract can still be determined and effectuated.

O. Use of Funds for Lobbying Prohibited

The Contractor agrees to comply with the provisions of Section 216.347, F.S., which prohibits the expenditure of State funds for the purposes of lobbying the Legislature, the Judicial branch, or a State agency.

P. Conflict of Interest

The Contractor shall not compensate in any manner, directly or indirectly, any officer, agent, or employee of the Department for any act or service that he/she may do, or perform for, or on behalf of, any officer, agent, or employee of the Contractor. No officer, agent, or employee of the Department shall have any interest, directly or indirectly, in any contract or purchase made, or authorized to be made, by anyone for, or on behalf of, the Department.

Q. Florida Department of State Licensing Requirements

All entities defined under Chapters 607, 617 or 620, F.S., seeking to do business with the Department, shall be on file and in good standing with the Florida Department of State or provide certification of their exemption thereof.

R. Scrutinized Companies Contractor Certification

The Contractor certifies they are not listed on the Scrutinized Companies that Boycott Israel List, created pursuant to Section 215.4725, F.S., and they are not currently engaged in a boycott of Israel. If this Contract exceeds \$1,000,000.00 in total, not including renewal years, the Contractor certifies that they are not listed on either 1) the Scrutinized Companies with Activities in Sudan List, or 2) the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List created under Sections 215.473, F.S., and 215.4725, F.S., and further certifies they are not engaged in business operations in Cuba or Syria, as stated in Section 287.135(2)(b)2, F.S. Pursuant to Section 287.135(5), F.S., the Contractor agrees the Department may immediately terminate this Contract for cause if the Contractor is found to have submitted a false certification or if the Contractor is placed on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, the Scrutinized Companies that Boycott Israel List, or is engaged in a boycott of Israel, or has engaged in business operations in Cuba or Syria during the term of this Contract. Any company that submits a bid or proposal for a Contract, or intends to enter into, or renew a Contract with an agency or local governmental entity for commodities or services, of any amount, must certify that the company is not participating in a boycott of Israel.

S. Governing Law and Venue

This Contract is executed and entered into in the State of Florida and shall be construed, performed, and enforced in all respects in accordance with the laws, rules, and regulations of the State of Florida. Any action hereon or in connection herewith shall be brought in Leon County, Florida.

T. No Third-Party Beneficiaries

Except as otherwise expressly provided herein, neither this Contract nor any amendment, addendum, or exhibit attached hereto, nor term, provision, or clause contained therein, shall be construed as being for the benefit of or providing a benefit to, any party not a signatory hereto.

U. Health Insurance Portability and Accountability Act

The Contractor shall comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and all applicable regulations promulgated thereunder. Agreement to comply with HIPAA is evidenced by the Contractor's execution of this Contract, which includes and incorporates **Attachment B, Business Associate Agreement**, as part of this Contract.

V. Cooperative Purchasing

Pursuant to their own governing laws, and subject to the agreement of the Contractor, other entities may be permitted to make purchases in accordance with the terms and conditions contained herein. The Department shall not be a party to any transaction between the Contractor and any other purchaser.

Other State of Florida agencies wishing to make purchases from this agreement are required to follow the provisions of Section 287.042(16), F.S. This statute requires the Florida Department of Management Services to determine that the requestor's use of this Contract is cost-effective and in the best interest of the State.

W. Cooperation with Inspector General

In accordance with Section 20.055(5), F.S., the Contractor, and any subcontractor, understands and will comply with its duty to cooperate with the Inspector General in any investigation, audit, inspection, review, or hearing.

X. Cooperation with the Florida Senate and the Florida House of Representatives

In accordance with Section 287.058(7), F. S., the Contractor agrees to disclose any requested information, relevant to the performance of this Contract, to members or staff of the Florida Senate or the Florida House of Representatives, as required by the Florida Legislature. The Contractor is strictly prohibited from enforcing any nondisclosure clauses conflictive with this requirement.

Y. Performance Guarantee

The Contractor shall furnish the Department with a Performance Guarantee in the amount of \$60,000,000.00, for a time frame equal to the term of the Contract.

The form of the guarantee shall be a bond, cashier's check, or money order made payable to the Department. The guarantee shall be furnished to the Contract Manager within 30 Days of Contract execution. No payments shall be made to the Contractor until the guarantee is received and approved by the Department, in writing. Upon renewal of this Contract, the Contractor shall provide proof that the performance guarantee has been renewed for the term of the Contract renewal.

Based upon the Contractor's satisfactory performance, which will be evaluated annually, after the initial year of this Contract, the Department may, at the Department's sole discretion, reduce the amount of the guarantee for any single year of this Contract or for the remaining Contract period, including the renewal term.


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Waiver of breach of any provision of this Contract shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of this Contract.

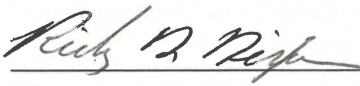
This Contract, any Attachments or Exhibits, contains all the terms and conditions agreed upon by the parties. In the event of any conflict in language among these documents, the documents shall have priority in the order listed.

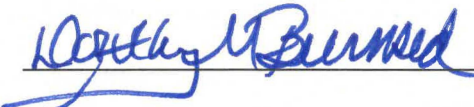
IN WITNESS THEREOF, the parties hereto have caused this Contract to be executed by their undersigned officials as duly authorized.

**CONTRACTOR:
CENTURION OF FLORIDA, LLC**

SIGNED BY: 
NAME: Keith Lueking
TITLE: CEO
DATE: 6/28/2023
FEIN: 81-0687470

FLORIDA DEPARTMENT OF CORRECTIONS **Approved as to form and legality, subject to execution.**

SIGNED BY: 
NAME: Ricky D. Dixon
TITLE: Secretary
DATE: 6/29/23

SIGNED BY: 
NAME: Dorothy M. Burnsed
TITLE: Deputy General Counsel
DATE: 6/29/23

CONTRACTOR'S STAFF QUALIFICATIONS

Advanced Practice Registered Nurse (APRN):

- Certification as an APRN, pursuant to Chapter 464, F.S.
- Possess and maintain current certification from the AHA in Basic Life Support.
- Must pass security background checks.
- Ability to communicate effectively and to document legibly in Patients' medical record.
- Ability to establish and maintain effective working relationship with others.
- Ability to perform complete physical appraisals of Patients, and to recognize and manage any abnormal findings as prescribed under medical protocol.
- Ability to order diagnostic tests and evaluate the results.
- Ability to perform uncomplicated surgical procedures.
- Ability to prescribe and administer medications within protocol established mutually with the supervising Clinician and in conformance with the specialized certification.
- Meet all substance prescribing regulations allowed in Chapter 499, F.S.

Autonomous Advanced Practice Registered Nurse (AAPRN):

- Meet *all* qualifications for an APRN above.
- May work autonomously (Autonomous Advanced Practice Registered Nurse [AAPRN]) if registered under Section 464.0123, F.S. and is not subject to supervision by a physician or a supervisory protocol within the parameters of the practice requirements identified in Section 464.0123(3), F.S.
- An AAPRN may not provide health care services under this Contract when those services are Statutorily designated to be performed by a MD/DO.

Behavioral Health Specialist:

- Clear, active, Florida License, a Provisional License or a Registered Intern in accordance with Chapter 491, F.S.
- Compliance with supervisory agreements and supervision for individuals with a Provisional License or who are a Registered Intern is required in accordance with Chapter 491, F.S.

Certified Nursing Assistant (CNA):

- Certified Nursing Assistant Training and High School Diploma or equivalent.
- One (1) year of experience providing direct medical Patient care services in public health, medical, hospital, clinic, infirmary, nursing or convalescent home or correctional or forensic facility or Institution.
- Certified Nursing Assistant shall have and maintain a valid Florida Certification as a Certified Nursing Assistant.
- Use of unlicensed assistive nursing personnel use is restricted to Certified Nursing Assistants ONLY.
- As outlined in Section 464.201(5), F.S., CNA practice means providing care and assisting persons with tasks relating to the activities of daily living. Such tasks are those associated with personal care, maintaining mobility, nutrition and hydration, toileting and elimination, assistive devices, safety and cleanliness, data gathering, reporting abnormal signs and symptoms, postmortem care, patient socialization and reality orientation, end-of-life care, cardiopulmonary resuscitation and emergency care, residents' or patients' rights.

Chief Nursing Officer; Vice President Nursing; Statewide Contract Nursing Director:

- A bachelor's degree of science in nursing or health services administration or a related field. (Additional qualifying experience performing a full range of duties as a nursing supervisor in a health care organization/facility with 20 or more full-time subordinate nurses may be substituted for the required education on a year for year basis.); and
- Five (5) years of professional clinical nursing experience in a medical setting, two of the years in a correctional health care setting, and at least three (3) years of which must have been in an administrative or supervisory capacity in a health care organization/facility with 20 or more full-time subordinate Licensed Nurses.

Clinician Assistant (PA):

- Certification as a Physician's Assistant, pursuant to Chapter 458, F.S. and in accordance with Rules 64B-8.30.003 and 64B8-30.012, F.A.C.
- Possess and maintain current certification from the AHA in Basic Life Support.
- Must pass security background checks.
- Ability to communicate effectively and to document all findings legibly.
- Ability to establish and maintain effective working relationship with others.
- Ability to perform physical exams, counsel Patients, recognize, and manage any abnormal findings or illness, recommend medical treatment following established protocol, and refer to other Clinicians as appropriate.
- Ability to order diagnostic tests and evaluate the results.
- Ability to perform uncomplicated surgical procedures.
- Ability to prescribe and administer medications within protocol established mutually with the supervising Clinician.

Dental Assistant:

- Within 6 months they must obtain their Florida Radiology and Expanded Functions certificates.
- Preference is given if the applicant is already certified

Dental Hygienist:

- Hold a clear, active, unrestricted license as a dental hygienist under Chapter 466, F.S.
- Possess and maintain current certification from the American Heart Association in Basic Life Support or higher.
- Demonstrate fluency in English with good verbal communication and documentation skills.
- Possess the ability to establish and maintain effective working relationship with others.
- Possess the ability to document all findings legibly, to make accurate recommendations, using professional terminology, and make sound and logical decisions regarding treatment.
- Possess the ability to interpret laboratory test results.
- Possess the ability to read and interpret X-ray and other radio-imaging digital pictures.
- Possess the ability to perform complete dental appraisal of an Inmate, manage and treat the Patient accordingly, and develop/order all follow up visits, as appropriate.
- Possess the ability to establish rapport with the Inmate to promote mutual trust, which will result in better Patient compliance with treatment plan.
- Demonstrate willingness to collaborate with other health care members, physicians, colleagues, nursing staff, and correctional staff, in order to meet the needs of the Inmate.
- Become familiar, and demonstrate familiarity with, the Department Policies and Florida law related to public health and dental practice.

Dentist:

- Be licensed to practice Dentistry, pursuant to Chapter 466, F.S.
- Hold a clear, active license to practice Dentistry in the State of Florida.
- Possess and maintain current certification from the AHA in Basic Life Support or higher.
- Pass a security background check.
- Demonstrate fluency in English with good verbal communication and documentation skills.
- Possess the ability to establish and maintain effective working relationship with others.
- Possess the ability to document all findings legibly, to make accurate diagnosis, using professional terminology, and make sound and logical decisions regarding treatment.
- Possess the ability to interpret laboratory test results.
- Possess the ability to read and interpret X-ray and other radio-imaging digital pictures.
- Possess the ability to perform complete dental appraisal of an Inmate, formulate a diagnosis, manage and treat the Patient accordingly, and develop/order all follow up visits, as appropriate.
- Possess the ability to establish a doctor-Patient rapport to promote mutual trust, in order to achieve better Patient compliance with treatment plan.

- Demonstrate willingness to collaborate with other health care members, Physicians, colleagues, nursing staff, and correctional staff, in order to meet the needs of the Inmate.
- Become familiar, and demonstrate familiarity with, the Department Policies and Florida law relating to public health and dental practice.

Human Services Counselor:

- Bachelor's degree from an accredited college or university and two (2) years of professional experience in developmental disabilities, special education, mental health, counseling, guidance, social work, health or rehabilitative programs. A master's degree from an accredited college or university can substitute for one year of the required experience.

Institutional Director of Nursing:

- A bachelor's degree from an accredited college or university with a major in nursing can substitute for one (1) year of the required experience. A master's degree from an accredited college or university in nursing can substitute for two (2) years of the required experience; and
- Three (3) years of professional nursing experience with one year administrative or supervisory capacity in a health care organization/facility with five (5) or more full-time subordinate Licensed Nurses may be substituted for the required education on a year for year basis.

Licensed Practical Nurse (LPN):

- Vocational Nurse Certificate and IV Certification;
- One (1) year of experience in providing practical nursing services including phlebotomy experience; and
- Licensed Practical Nurse shall have and maintain valid Florida License as a practical nurse in accordance with Chapter 464, F.S. or be eligible to practice nursing in accordance with Rule 64B9-3.003, F.A.C.
- As outlined in Section 464.003(18), practice includes the performance of selected acts, including the administration of treatments and medications, in the care of the ill, injured, or infirm; the promotion of wellness, maintenance of health, and prevention of illness of others under the direction of a registered nurse, a licensed physician, a licensed osteopathic physician, a licensed podiatric physician, or a licensed dentist.

Mental Health Director:

- Clear, active, Florida Psychology License, in accordance with Chapter 490, F.S.
- At least five (5) years of professional experience as a Psychologist in a state or federal prison system.

Physician or Osteopathic Physician:

- Must be licensed as a MD, pursuant to Chapter 458, F.S., or DO, pursuant to Chapter 459, F.S.; must hold a clear, active, unrestricted license to provide clinical care in the State of Florida.
- Possess and maintain current certification from the American Heart Association in Basic Life Support or higher.
- Must pass a security background check.
- Demonstrate fluency in English with good verbal communication and documentation skills.
- Ability to establish and maintain effective working relationship with others.
- Ability to document all findings legibly, to make accurate diagnosis in medical professional terminology and to make sound and logical decision in treatment plan.
- Ability to interpret laboratory test results, EKG. Ability to read and interpret x-ray and other radio-imaging digital pictures.
- Ability to perform complete physical appraisal of Patient, making diagnosis and manage the Patient accordingly;
- Ability to establish a strong doctor-Patient report to promote mutual trust, which will result in better Patient compliance with treatment plan.
- Willingness to collaborate with other health care members, colleagues, nursing staff and correctional staff to meet the needs of the Patients.
- Be familiar with Department Policies and State law related to public health and medical practice.

Psychiatric Advanced Practice Registered Nurse:

- Clear, active, unrestricted Florida License and certification as a “Psychiatric nurse,” (PsychAPRN), in accordance with Section 394.455(36), F.S., Chapter 464, F.S., and Rule 64B9-4.002, F.A.C. A practitioner currently licensed under Chapter 458, Chapter 459, or Chapter 466, F.S. shall maintain supervision for directing the specific course of medical treatment.
- Under specific written protocols approved by the supervising Psychiatrist, Psychiatric APRNs may provide outpatient psychiatric services.

Psychiatric Consultant:

- Clear, active, unrestricted Florida License, in accordance with Chapter 458 or 459, F.S. with completion of a psychiatry residency.
- At least five (5) years of professional experience as a Psychiatrist in a state or federal prison system.

Psychiatrist:

- Clear, active, unrestricted Florida License in accordance with Chapters 458 or 459, F.S., who has primarily diagnosed and treated nervous and mental disorders for a period of not less than three (3) years inclusive of psychiatric residency.

Psychological Services Director:

- Clear, active, Florida Psychology License in accordance with Chapter 490, F.S.
- At least two (2) years of professional experience as a Psychologist in a state or federal prison system.

Psychologist:

- Clear, active, Florida Psychology License or Provisional Psychology License in accordance with Chapter 490, F.S.
- Compliance with supervisory agreements and supervision for individuals with a Provisional Psychology License is required in accordance with Chapter 490, F.S.
- Psychologists working at Youthful Offender facilities, must be Board Certified in Clinical Child & Adolescent Psychology, or have completed a doctoral internship or post-doctoral residency in Child and Adolescent Psychology or have a minimum of one (1) year of experience working with children and adolescents at a CMHC, a Residential Unit, or a Hospital.

Regional Mental Health Director:

- Clear, active, Florida Psychology License, in accordance with Chapter 490, F.S.
- At least three (3) years of professional experience as a Psychologist in a state or federal prison system.

Regional Nursing Director:

- A bachelor’s degree of science in nursing or health services administration or a related field. (Additional qualifying experience performing a full range of duties as a nursing supervisor in a health care organization/facility with 20 or more full-time subordinate nurses may be substituted for the required education on a year for year basis.); and
- Four (4) years of professional clinical nursing experience in a medical setting, one (1) year correctional health care setting, and two (2) years of which must have been in an administrative or supervisory capacity in a health care organization/facility with 20 or more full-time subordinate Licensed Nurses.

Registered Nurse:

- All Registered Nurse positions shall have and maintain a valid Florida Registered Professional Nurse License in accordance with Chapter 464, F.S. or be eligible to practice nursing in accordance with Rule 64B9-3.003, F.A.C.;
- Must possess a minimum of an associate’s degree in nursing; and
- One (1) year of professional nursing experience or a bachelor's degree from an accredited college or university with a major in nursing.

Registered Nurse Supervisor:

- An associate's degree in nursing and two (2) years of professional nursing experience;
- A bachelor's degree from an accredited college or university with a major in nursing can substitute for one (1) year of the required experience; or
- A master's degree from an accredited college or university with a major in nursing can substitute for the required experience.

Registered Nurse Specialist (Oncology, Dialysis, etc.):

- A bachelor's degree from an accredited college or university with a major in nursing or a related field can substitute for one (1) year of the required general professional nursing experience. A master's degree from an accredited college or university in nursing, nursing education, public health, or a related field can substitute for two (2) years of the required general professional nursing experience; and
- Three (3) years of professional nursing experience with one (1) year of experience in specialty field.

Nursing Positions:

- All nursing positions (RN, LPN, and CNA) shall have and maintain Basic Care Life Support Certification for Health Professionals.

BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement supplements and is made a part of this Agreement between the Florida Department of Corrections ("Department") and Centurion of Florida, LLC ("Contractor"), (individually, a "Party" and collectively referred to as "Parties").

Whereas, the Department creates or maintains, or has authorized the Contractor to receive, create, or maintain certain Protected Health Information ("PHI,") as that term is defined in 45 C.F.R. §164.501 and that is subject to protection under the Health Insurance Portability and Accountability Act of 1996, as amended. ("HIPAA");

Whereas, the Department is a "Covered Entity" as that term is defined in the HIPAA implementing regulations, 45 C.F.R. Part 160 and Part 164, Subparts A, C, and E, the Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule") and the Security Standards for the Protection of Electronic Protected Health Information ("Security Rule");

Whereas, the Contractor may have access to Protected Health Information in fulfilling its responsibilities under its contract with the Department;

Whereas, the Contractor is considered to be a "Business Associate" of a Covered Entity as defined in the Privacy Rule;

Whereas, pursuant to the Privacy Rule, all Business Associates of Covered Entities must agree in writing to certain mandatory provisions regarding the use and disclosure of PHI; and

Whereas, the purpose of this Agreement is to comply with the requirements of the Privacy Rule, including, but not limited to, the Business Associate contract requirements of 45 C.F.R. §164.504(e).

Whereas, in regards to Electronic Protected Health Information as defined in 45 C.F.R. § 160.103, the purpose of this Agreement is to comply with the requirements of the Security Rule, including, but not limited to, the Business Associate contract requirements of 45 C.F.R. §164.314(a).

Now, therefore, in consideration of the mutual promises and covenants contained herein, the Parties agree as follows:

1. **Definitions**

Unless otherwise provided in this Agreement, any and all capitalized terms have the same meanings as set forth in the HIPAA Privacy Rule, HIPAA Security Rule or the HITECH Act. Contractor acknowledges and agrees that all Protected Health Information that is created or received by the Department and disclosed or made available in any form, including paper record, oral communication, audio recording, and electronic display by the Department or its operating units to Contractor or is created or received by Contractor on the Department's behalf shall be subject to this Agreement.

2. **Confidentiality Requirements**

A. Contractor agrees to use and disclose Protected Health Information that is disclosed to it by the Department solely for meeting its obligations under its agreements with the Department, in accordance with the terms of this agreement, the Department's established policies rules, procedures and requirements, or as required by law, rule or regulation.

B. In addition to any other uses and/or disclosures permitted or authorized by this Agreement or required by law, Contractor may use and disclose Protected Health Information as follows:

- (1) if necessary for the proper management and administration of the Contractor and to carry out the legal responsibilities of the Contractor, provided that any such disclosure is required by law or that Contractor obtains reasonable assurances from the person to whom the information is disclosed that it will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies Contractor of any instances of which it is aware in which the confidentiality of the information has been breached;

- (2) for data aggregation services, only if to be provided by Contractor for the health care operations of the Department pursuant to any and all agreements between the Parties. For purposes of this Agreement, data aggregation services means the combining of protected health information by Contractor with the protected health information received by Contractor in its capacity as a Contractor of another covered entity, to permit data analyses that relate to the health care operations of the respective covered entities.
- (3) Contractor may use and disclose protected health information that Contractor obtains or creates only if such disclosure is in compliance with every applicable requirement of Section 164.504(e) of the Privacy relating to Contractor contracts. The additional requirements of Subtitle D of the HITECH Act that relate to privacy and that are made applicable to the Department as a covered entity shall also be applicable to Contractor and are incorporated herein by reference.

C. Contractor will implement appropriate safeguards to prevent use or disclosure of Protected Health Information other than as permitted in this Agreement. Further, Contractor shall implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of Electronic Protected Health Information that it creates, receives, maintains, or transmits on behalf of the Department. The Secretary of Health and Human Services and the Department shall have the right to audit Contractor's records and practices related to use and disclosure of Protected Health Information to ensure the Department's compliance with the terms of the HIPAA Privacy Rule and/or the HIPAA Security Rule.

Further, Sections 164.308 (administrative safeguards), 164.310 (physical safeguards), 164.312 (technical safeguards), and 164.316 (policies and procedures and documentation requirements) of the Security Rule shall apply to the Contractor in the same manner that such sections apply to the Department as a covered entity. The additional requirements of the HITECH Act that relate to security and that are made applicable to covered entities shall be applicable to Contractor and are hereby incorporated by reference into this BA Agreement.

D. Contractor shall report to Department any use or disclosure of Protected Health Information, which is not in compliance with the terms of this Agreement as well as any Security incident of which it becomes aware. Contractor agrees to notify the Department, and include a copy of any complaint related to use, disclosure, or requests of Protected Health Information that the Contractor receives directly and use best efforts to assist the Department in investigating and resolving such complaints. In addition, Contractor agrees to mitigate, to the extent practicable, any harmful effect that is known to Contractor of a use or disclosure of Protected Health Information by Contractor in violation of the requirements of this Agreement.

Such report shall notify the Department of:

- 1) any Use or Disclosure of protected health information (including Security Incidents) not permitted by this Agreement or in writing by the Department;
- 2) any Security Incident;
- 3) any Breach, as defined by the HITECH Act; or
- 4) any other breach of a security system, or like system, as may be defined under applicable State law (Collectively a "Breach").

Contractor will without unreasonable delay, but no later than seventy-two (72) hours after discovery of a Breach, send the above report to the Department.

Such report shall identify each individual whose protected health information has been, or is reasonably believed to have been, accessed, acquired, or disclosed during any Breach pursuant to 42 U.S.C.A. § 17932(b). Such report will:

- 1) Identify the nature of the non-permitted or prohibited access, use, or disclosure, including the nature of the Breach and the date of discovery of the Breach.
 - 2) Identify the protected health information accessed, used or disclosed, and provide an exact copy or replication of that protected health information.
 - 3) Identify who or what caused the Breach and who accessed, used, or received the protected health information.
 - 4) Identify what has been or will be done to mitigate the effects of the Breach; and
 - 5) Provide any other information, including further written reports, as the Department may request.
- E. In accordance with Section 164.504(e)(1)(ii) of the Privacy Rule, each party agrees that if it knows of a pattern of activity or practice of the other party that constitutes a material breach of or violation of the other party's obligations under the BA Agreement, the non-breaching party will take reasonable steps to cure the breach or end the violation, and if such steps are unsuccessful, terminate the contract or arrangement if feasible. If termination is not feasible, the party will report the problem to the Secretary of Health and Human Services (federal government).
- F. Contractor will ensure that its agents, including a subcontractor, to whom it provides Protected Health Information received from, or created by Contractor on behalf of the Department, agree to the same restrictions and conditions that apply to Contractor, and apply reasonable and appropriate safeguards to protect such information. Contractor agrees to designate an appropriate individual (by title or name) to ensure the obligations of this agreement are met and to respond to issues and requests related to Protected Health Information. In addition, Contractor agrees to take other reasonable steps to ensure that its employees' actions or omissions do not cause Contractor to breach the terms of this Agreement.
- G. Contractor shall secure all protected health information by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute and is consistent with guidance issued by the Secretary of Health and Human Services specifying the technologies and methodologies that render protected health information unusable, unreadable, or indecipherable to unauthorized individuals, including the use of standards developed under Section 3002(b)(2)(B)(vi) of the Public Health Service Act, pursuant to the HITECH Act, 42 U.S.C.A. § 300jj-11, unless the Department agrees in writing that this requirement is infeasible with respect to particular data. These security and protection standards shall also apply to any of Contractor's agents and subcontractors.
- H. Contractor agrees to make available Protected Health Information so that the Department may comply with individual rights to access in accordance with Section 164.524 of the HIPAA Privacy Rule. Contractor agrees to make Protected Health Information available for amendment and incorporate any amendments to Protected Health Information in accordance with the requirements of Section 164.526 of the HIPAA Privacy Rule. In addition, Contractor agrees to record disclosures and such other information necessary, and make such information available, for purposes of the Department providing an accounting of disclosures, as required by Section 164.528 of the HIPAA Privacy Rule.
- I. The Contractor agrees, when requesting Protected Health Information to fulfill its contractual obligations or on the Department's behalf, and when using and disclosing Protected Health Information as permitted in this contract, that the Contractor will request, use, or disclose only the minimum necessary in order to accomplish the intended purpose.

3. **Obligations of Department**

- A. The Department will make available to the Business Associate the notice of privacy practices (applicable to offenders under supervision, not to inmates) that the Department produces in accordance with 45 CFR 164.520, as well as any material changes to such notice.

- B. The Department shall provide Business Associate with any changes in, or revocation of, permission by an Individual to use or disclose Protected Health Information, if such changes affect Business Associate's permitted or required uses and disclosures.
- C. The Department shall notify Business Associate of any restriction to the use or disclosure of Protected Health Information that impacts the business associate's use or disclosure and that the Department has agreed to in accordance with 45 CFR 164.522 and the HITECH Act.

4. **Termination**

A. **Termination for Breach** - The Department may terminate this Agreement if the Department determines that Contractor has breached a material term of this Agreement. Alternatively, the Department may choose to provide Contractor with notice of the existence of an alleged material breach and afford Contractor an opportunity to cure the alleged material breach. In the event Contractor fails to cure the breach to the satisfaction of the Department, the Department may immediately thereafter terminate this Agreement.

B. **Automatic Termination** - This Agreement will automatically terminate upon the termination or expiration of the original contract between the Department and the Contractor.

C. **Effect of Termination**

(1) Termination of this agreement will result in termination of the associated contract between the Department and the Contractor.

(2) Upon termination of this Agreement or the contract, Contractor will return or destroy all PHI received from the Department or created or received by Contractor on behalf of the Department that Contractor still maintains and retain no copies of such PHI; provided that if such return or destruction is not feasible, Contractor will extend the protections of this Agreement to the PHI and limit further uses and disclosure to those purposes that make the return or destruction of the information infeasible.

5. **Amendment** - Both parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary to comply with the requirements of the Privacy Rule, the HIPAA Security Rule, and the HITECH Act.

6. **Interpretation** - Any ambiguity in this Agreement shall be resolved to permit the Department to comply with the HIPAA Privacy Rule and/or the HIPAA Security Rule.

7. **Indemnification** – The Contractor shall be liable for and agrees to be liable for, and shall indemnify, defend, and hold harmless the Department, its employees, agents, officers, and assigns from any and all claims, suits, judgments, or damages including court costs and attorneys' fees arising out or in connection with any non-permitted or prohibited Use or Disclosure of PHI or other breach of this Agreement, whether intentional, negligent or by omission, by Contractor, or any sub-contractor of Contractor, or agent, person or entity under the control or direction of Contractor. This indemnification by Contractor includes any claims brought under Title 42 USC §1983, the Civil Rights Act.

8. **Miscellaneous** - Parties to this Agreement do not intend to create any rights in any third parties. The obligations of Contractor under this Section shall survive the expiration, termination, or cancellation of this Agreement, or any and all other contracts between the parties, and shall continue to bind Contractor, its agents, employees, contractors, successors, and assigns as set forth herein for any PHI that is not returned to the Department or destroyed.

**FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES
SECURITY ADDENDUM**

The goal of this document is to augment the CJIS Security Policy to ensure adequate security is provided for criminal justice systems while (1) under the control or management of a private entity or (2) connectivity to FBI CJIS Systems has been provided to a private entity (contractor). Adequate security is defined in Office of Management and Budget Circular A-130 as “security commensurate with the risk and magnitude of harm resulting from the loss, misuse, or unauthorized access to or modification of information.”

The intent of this Security Addendum is to require that the Contractor maintain a security program consistent with federal and state laws, regulations, and standards (including the CJIS Security Policy in effect when the contract is executed), as well as with policies and standards established by the Criminal Justice Information Services (CJIS) Advisory Policy Board (APB).

This Security Addendum identifies the duties and responsibilities with respect to the installation and maintenance of adequate internal controls within the contractual relationship so that the security and integrity of the FBI's information resources are not compromised. The security program shall include consideration of personnel security, site security, system security, and data security, and technical security.

The provisions of this Security Addendum apply to all personnel, systems, networks and support facilities supporting and/or acting on behalf of the government agency.

- 1.00 Definitions
 - 1.01 Contracting Government Agency (CGA) - the government agency, whether a Criminal Justice Agency or a Noncriminal Justice Agency, which enters into an agreement with a private contractor subject to this Security Addendum.
 - 1.02 Contractor - a private business, organization or individual which has entered into an agreement for the administration of criminal justice with a Criminal Justice Agency or a Noncriminal Justice Agency.
- 2.00 Responsibilities of the Contracting Government Agency.
 - 2.01 The CGA will ensure that each Contractor employee receives a copy of the Security Addendum and the CJIS Security Policy and executes an acknowledgment of such receipt and the contents of the Security Addendum. The signed acknowledgments shall remain in the possession of the CGA and available for audit purposes. The acknowledgement may be signed by hand or via digital signature (see glossary for definition of digital signature).
- 3.00 Responsibilities of the Contractor.
 - 3.01 The Contractor will maintain a security program consistent with federal and state laws, regulations, and standards (including the CJIS Security Policy in effect when the contract is executed and all subsequent versions), as well as with policies and standards established by the Criminal Justice Information Services (CJIS) Advisory Policy Board (APB).
- 4.00 Security Violations.
 - 4.01 The CGA must report security violations to the CJIS Systems Officer (CSO) and the Director, FBI, along with indications of actions taken by the CGA and Contractor.
 - 4.02 Security violations can justify termination of the appended agreement.

- 4.03 Upon notification, the FBI reserves the right to:
- a. Investigate or decline to investigate any report of unauthorized use;
 - b. Suspend or terminate access and services, including telecommunications links. The FBI will provide the CSO with timely written notice of the suspension. Access and services will be reinstated only after satisfactory assurances have been provided to the FBI by the CGA and Contractor. Upon termination, the Contractor's records containing CHRI must be deleted or returned to the CGA.
- 5.00 Audit
- 5.01 The FBI is authorized to perform a final audit of the Contractor's systems after termination of the Security Addendum.
- 6.00 Scope and Authority
- 6.01 This Security Addendum does not confer, grant, or authorize any rights, privileges, or obligations on any persons other than the Contractor, CGA, CJA (where applicable), CSA, and FBI.
- 6.02 The following documents are incorporated by reference and made part of this agreement: (1) the Security Addendum; (2) the NCIC 2000 Operating Manual; (3) the CJIS Security Policy; and (4) Title 28, Code of Federal Regulations, Part 20. The parties are also subject to applicable federal and state laws and regulations.
- 6.03 The terms set forth in this document do not constitute the sole understanding by and between the parties hereto; rather they augment the provisions of the CJIS Security Policy to provide a minimum basis for the security of the system and contained information and it is understood that there may be terms and conditions of the appended Agreement which impose more stringent requirements upon the Contractor.
- 6.04 This Security Addendum may only be modified by the FBI, and may not be modified by the parties to the appended Agreement without the consent of the FBI.
- 6.05 All notices and correspondence shall be forwarded by First Class mail to:
- Information Security Officer
 - Criminal Justice Information Services Division,
 - FBI 1000 Custer Hollow Road
 - Clarksburg, West Virginia 26306

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POSITION TITLES BY TIER

TIER ONE		
Position Title	Discipline	Tier
APRN (Clinician Assistant or PA)	M/N	1
Assistant Director of Dental Administration	Reg-D	1
Assistant Director of Nursing	M/N	1
Assistant Psychiatric Director	MH	1
Assistant RMC Hospital Administrator	RMC-A	1
Associate Statewide Psychiatric Director	Reg-MH	1
Asst. Director of Mental Health Services	Reg-MH	1
Asst. Statewide Director of Mental Health Services	Reg-MH	1
Chief Health Officer/Site Medical Director	M/N	1
Corporate Officer	Reg-A	1
Dental Manager, CDPN, PLLC	Reg-D	1
Dentist	D	1
Director of Dental Administration	Reg-D	1
Director of Nursing	M/N	1
General Surgeon	M/N	1
HCV Medical Director	Reg-M/N	1
Health Services Administrator	A	1
Mental Health Administrator - IP	MH	1
Mental Health APRN/Physician Asst.	MH	1
Mental Health APRN/Physician Asst. - IP	MH	1
Mental Health CQI Monitor	Reg-A	1
Mental Health Director	MH	1
Mental Health Director - IP	MH	1
Mental Health Director of Nursing - IP	MH-N	1
Mental Health RN Supervisor - IP	MH-N	1
Nurse Manager	M/N	1
Oral Surgeon	D	1
Physical Therapist	M/N	1
Physician (Clinician)	M/N	1
Psychiatric Director - IP	MH	1
Psychiatrist	MH	1
Psychiatrist - IP	MH	1
Psychological Services Director	MH	1
Psychologist	MH	1
Psychologist - IP	MH	1
Region 2 American Sign Language Staff Interpreter	Reg-A	1
Regional Consult Coordinator	Reg-A	1
Regional CQI Program Coordinators	Reg-A	1
Regional Dental Director	Reg-D	1
Regional Director of Nursing	Reg-M/N	1

Regional Director of Operations	Reg-A	1
Regional EMR Specialist	Reg-A	1
Regional Infection Control Nurse	Reg-M/N	1
Regional Manager, Provider Recruitment	Reg-A	1
Regional Medical Director	Reg-M/N	1
Regional Mental Health CQI Coordinator	Reg-MH	1
Regional Mental Health Director	Reg-MH	1
Regional Mental Health Director of Nursing	Reg-MH	1
Regional Office Manager	Reg-A	1
Regional Psychologists	Reg-MH	1
Regional QM Program Coordinator	Reg-A	1
Regional Recruitment Coordinator	Reg-A	1
RMC Hospital Administrator	RMC-A	1
RMC Hospital Chief Medical Officer	RMC-M/N	1
RMC Hospital Director of Nursing	RMC-M/N	1
RMC Hospital DON - IP	RMC-M/N	1
RMC Hospital DON - Outpatient	RMC-M/N	1
RMC Hospital EMR Specialist	RMC-A	1
RMC Hospital Executive Nursing Director	RMC-M/N	1
RMC Hospital Health Information Specialist	RMC-A	1
RMC Hospital Infection Control Nurse	RMC-M/N	1
RMC Hospital Pharmacy Consultant	RMC-P	1
RMC Hospital Risk Manager	RMC-M/N	1
RMC Inpatient Medical Director	RMC-M/N	1
RMC Lab Manager	RMC-M/N	1
RMC Mental Health Director	RMC-MH	1
RMC Nurse Manager W Unit	RMC-M/N	1
RMC Outpatient CHO	RMC-M/N	1
RMC Radiology Manager	RMC-M/N	1
RMC Respiratory Therapist Supervisor	RMC-M/N	1
RN Supervisor	M/N	1
Scheduler	A	1
Sr HR Business Partner	Reg-A	1
Statewide Aftercare Specialist	Reg-MH	1
Statewide Dental Director	Reg-D	1
Statewide Director of CQI & EMR	Reg-A	1
Statewide Director of Mental Health Operations	Reg-MH	1
Statewide Director of Nursing	Reg-M/N	1
Statewide Disabled/Impaired Inmate Coordinator	Reg-M/N	1
Statewide EMR Director	Reg-A	1
Statewide EMR Project Manager	Reg-A	1
Statewide Female Health Services Coordinator	Reg-M/N	1
Statewide Medical Director	Reg-M/N	1
Statewide Medical Records Lead	Reg-A	1

Statewide Medical Re-Entry Coordinator (Located at RMC)	Reg-M/N	1
Statewide Mental Health Administrative Assistant	Reg-MH-A	1
Statewide Mental Health CQI Director	Reg-MH-A	1
Statewide Mental Health Director	Reg-MH	1
Statewide Mental Health Director of Nursing	Reg-MH-N	1
Statewide Mental Health Educator	Reg-MH	1
Statewide Mental Health Educator & Director of Reentry	Reg-MH	1
Statewide Mental Health Re-Entry Coordinator	Reg-MH	1
Statewide Mental Health Training Coordinator	Reg-MH	1
Statewide Mortality Coordinator	Reg-M/N	1
Statewide Pharmacy Program Director	Reg-P	1
Statewide Psychiatric Advisor	Reg-MH	1
Statewide Psychiatrist	Reg-MH	1
Statewide Psychologist	Reg-MH	1
Statewide Recruitment Coordinator	Reg-A	1
Statewide Telehealth Coordinator	Reg-A	1
Statewide UM Medical Director	Reg-M/N	1
Vice President, Chief Compliance Officer	Reg-A	1
VP of Operations	Reg-A	1

TIER TWO		
Position Title	Discipline	Tier
Administrative Assistant	A	2
Assistant Health Services Administrator	A	2
Associate HR Business Partner	Reg-A	2
Behavioral Health Technician - IP	MH	2
Behavioral Health Technician (Specialist)	MH	2
Clerical Support	Reg-A	2
Continuous Quality Improvement (CQI) Coordinator	Reg-A	2
Data Analyst	Reg-A	2
Data Entry Specialists	Reg-A	2
Dental Assistant	D	2
Dental Hygienist	D	2
Director of Nursing and Clinical Recruitment	Reg-A	2
EMR Education Coordinator	Reg-A	2
EMR Lead Analyst	Reg-A	2
EMR Lead Innovation Specialist	Reg-A	2
EMR Systems Administrator	Reg-A	2
EMR Systems Support	Reg-A	2
EMR/OBIS/Medical Records	Reg-A	2
Floating MHP	Reg-MH	2
HR Administrator	Reg-A	2
HR Business Partner	Reg-A	2

HR Manager	Reg-A	2
Human Services Counselor	MH	2
Infection Control - HepC	Reg-M/N	2
Infection Control Nurse	M/N	2
Infectious Disease Case Manager	Reg-M/N	2
Lead Infection Control - HepC	Reg-M/N	2
Lead Infectious Disease Case Manager	Reg-M/N	2
IT Manager	Reg-A	2
IT Support Lead	Reg-A	2
IT Support Specialists	Reg-A	2
IT Systems Administrator	Reg-A	2
Lead Physician Recruiter Florida	Reg-A	2
Leave Administrator	Reg-A	2
LPN	M/N	2
Medical Records Clerk	A	2
Medical Records Clerk-MH	MH-A	2
Medical Records Supervisor	A	2
Medical Records Trainer	Reg-A	2
Mental Health Clerk	MH-A	2
Mental Health Clerk - IP	MH-A	2
Mental Health CNA - IP	MH-N	2
Mental Health Educator	Reg-MH	2
Mental Health LPN	MH-N	2
Mental Health LPN - IP	MH-N	2
Mental Health Nurse Educator	Reg-MH	2
Mental Health Professional	MH	2
Mental Health Professional - IP	MH	2
Mental Health RN	MH-N	2
Mental Health RN - IP	MH-N	2
Nurse and Clinical Recruiter	Reg-A	2
OBIS Specialist	Reg-A	2
Physician Recruiter Florida	Reg-A	2
Psychiatric Consultant	MH	2
Psychology Intern - IP	MH	2
Psychology Resident	MH	2
Reentry Specialist	MH	2
Reentry Specialist - IP	MH	2
Regional Administrative Assistant	Reg-A	2
Regional Administrative Coordinator	Reg-A	2
Regional Nurse Educator	Reg-M/N	2
Regional UM Lead	Reg-M/N	2
Registered Nurse	M/N	2
Registered Nurse Specialist	M/N	2
RMC Infirmary	RMC-M/N	2

RMC Lab Technician	RMC-M/N	2
RMC Respiratory Therapist	RMC-M/N	2
RN-CQI-Medication Practice	M/N	2
RN-Infusion/Chemotherapy	M/N	2
UM Nurse - Float	Reg-M/N	2
UM Nurse Inpatient	Reg-M/N	2
UM Nurse Outpatient	Reg-M/N	2
UM Referral Specialist	Reg-M/N	2

TIER THREE		
Position Title	Discipline	Tier
CNA/PA/Med Tech	M/N	3
HCV Data Entry Specialist	Reg-M/N	3
Inventory Coordinator	M/N	3
Lead Inventory Coordinator	M/N	3
Phlebotomist	M/N	3
Re-Entry Svcs Case Mgr	M/N	3
RN Education	M/N	3
Secondary Screener	M/N	3
Secondary Screener (ADA)	M/N	3
Telehealth Coordinator	M/N	3
Transcriptionist	M/N	3

SERVICE LOCATIONS (up to date as of 4-17-23; may need updating prior to execution)

Major Institutions

* Indicates an active Work Camp, Forestry Camp or Road Prison, reporting to the Institution's Warden, appearing on a subsequent list within the Attachment.

Region I	
Apalachee Correctional Institution East 35 Apalachee Drive Sneads, Florida 32460-4166	Apalachee Correctional Institution West 52 West Unit Drive Sneads, Florida 32460-4165
* Calhoun Correctional Institution 19562 SE Institution Drive Blountstown, Florida 32424-5156	* Century Correctional Institution 400 Tedder Road Century, Florida 32535-3659
Franklin Correctional Institution 1760 Highway 67 North Carrabelle, Florida 32322	Gadsden Reentry Center 26380 Blue Star Highway Havana, FL 32333
Gulf Correctional Institution 500 Ike Steele Road Wewahitchka, Florida 32465-0010	* Holmes Correctional Institution 3142 Thomas Drive Bonifay, Florida 32425-0190
* Jackson Correctional Institution 5563 10th Street Malone, Florida 32445-3144	Jefferson Correctional Institution 1050 Big Joe Road Monticello, Florida 32344-0430
Liberty Correctional Institution 11064 N.W. Dempsey Barron Road Bristol, Florida 32321-9711	Northwest Florida Reception Center 4455 Sam Mitchell Drive Chipley, Florida 32428-3597
Northwest Florida Reception Center Annex 4455 Sam Mitchell Drive Chipley, Florida 32428-3597	* Okaloosa Correctional Institution 3189 Little Silver Rd. Crestview, Florida 32539-6708
Quincy Annex (reports to Liberty CI) 2225 Pat Thomas Parkway Quincy, Florida 32351-8645	Santa Rosa CI 5850 East Milton Rd. Milton, Florida 32583-7914
Santa Rosa Annex 5850 East Milton Rd. Milton, Florida 32583-7914	* Wakulla Correctional Institution 110 Melaleuca Drive Crawfordville, Florida 32327-4963
Wakulla Annex 110 Melaleuca Drive Crawfordville, Florida 32327-4963	* Walton Correctional Institution 691 Institution Road DeFuniak Springs, Florida 32433-1831
Region II	
Baker Re-Entry Center 17128 U.S. Highway 90 West Sanderson, Florida 32087-2359	* Columbia Correctional Institution 216 S.E. Corrections Way Lake City, Florida 32025-2013
Columbia Correctional Institution Annex 216 S.E. Corrections Way Lake City, Florida 32025-2013	* Cross City Correctional Institution 568 NE 255 th Street Cross City, Florida 32628
Cross City Correctional Institution East Unit 568 NE 255 th Street Cross City, Florida 32628	* Florida State Prison 7819 N.W. 228th Street Raiford, Florida 32026-1000
Hamilton Correctional Institution 10650 SW 46 th Street Jasper, Florida 32052-1360	Hamilton Correctional Institution Annex 10650 S.W. 46th Street Jasper, Florida 32052-1360

* Lancaster Correctional Institution 3449 S.W. State Road 26 Trenton, Florida 32693-5641	Lawley Correctional Institution 7819 N.W. 228 th Street Raiford, Florida 32026-2000
* Madison Correctional Institution 382 Southwest MCI Way Madison, Florida 32340-4430	Mayo Correctional Institution Annex 8784 US Highway 27 West Mayo, Florida 32066-3458
Putnam Correctional Institution 128 Yelvington Road East Palatka, Florida 32131-2112	Reception and Medical Center P.O. Box 628 Hwy 231 Lake Butler, Florida 32054-0628
Reception and Medical Center West 8183 SW 152nd Loop P.O. Box 628 Lake Butler, Florida 32054-0628	* Suwannee Correctional Institution 5964 U.S. Highway 90 Live Oak, Florida 32060
Suwannee Correctional Institution Annex 5964 U.S. Highway 90 Live Oak, Florida 32060	* Tomoka Correctional Institution 3950 Tiger Bay Road Daytona Beach, Florida 32124-1098
Taylor Correctional Institution 8501 Hampton Springs Road Perry, Florida 32348-8747	* Union Correctional Institution 7819 N.W. 228th Street Raiford, Florida 32026-4000
Region III	
* Avon Park Correctional Institution P.O. Box 1100 County Road 64 East Avon Park, Florida 33826-1100	Central Florida Reception Center 7000 H C Kelley Rd Orlando, Florida 32831-2518
Central Florida Reception Center East 7000 H C Kelley Road Orlando, Florida 32831-2518	Central Florida Reception Center South 7000 H C Kelley Road Orlando, Florida 32831-2518
* DeSoto Annex 13617 S.E. Highway 70 Arcadia, Florida 34266-7800	Florida Women's Reception Center 3700 NW 111th Place Ocala, Florida 34482-1479
* Hardee Correctional Institution 6901 State Road 62 Bowling Green, Florida 33834-9505	Hernando Correctional Institution 16415 Springhill Drive Brooksville, Florida 34604-8167
Lake Correctional Institution 19225 U.S. Highway 27 Clermont, Florida 34715-9025	* Lowell Correctional Institution 11120 NW Gainesville Rd Ocala, Florida 34482-1479
*Lowell Correctional Institution Annex 11120 NW Gainesville Rd Ocala, Florida 34482-1479	* Marion Correctional Institution 3269 NW 105th Street Lowell, Florida 32663-0158
* Polk Correctional Institution 10800 Evans Road Polk City, Florida 33868-6925	* Sumter Correctional Institution and BTU 9544 County Road 476B Bushnell, Florida 33513-0667
Zephyrhills Correctional Institution 2739 Gall Boulevard Zephyrhills, Florida 33541-9701	
Region IV	
Charlotte Correctional Institution 33123 Oil Well Road Punta Gorda, Florida 33955-9701	Dade Correctional Institution 19000 S. W. 377 th Street Florida City, Florida 33034-6409

Everglades Correctional Institution 1601 S.W. 187 th Ave. Miami, Florida 33194-3701	Everglades Re-Entry 1601 S.W. 187 th Ave. Miami, Florida 33194-3701
Homestead Correctional Institution 19000 S. W. 377 th Street Florida City, Florida 33034-6409	* Martin Correctional Institution 1150 S.W. Allapattah Road Indiantown, Florida 34956-4397
Okeechobee Correctional Institution 3420 N.E. 168 th St. Okeechobee, Florida 34972-4824	Sago Palm Re-Entry Center 500 Bay Bottom Rd Pahokee Florida 33476
South Florida Reception Center 14000 NW 41 st Street Doral, Florida 33178-3003	South Florida Reception Center South Unit 13910 NW 41 st Street Doral, Florida 33178-3014

Work Camps, Forestry Camps, and Road Prisons

Region I	
Calhoun Work Camp 19564 SE Inst. Drive Blountstown, Florida 32424-5156	Century Work Camp 400 Tedder Road Century, Florida 32535-3659
Holmes Work Camp 3182 Thomas Drive Bonifay, Florida 32425-4238	Jackson Work Camp 5607 10th Street Hwy 71 North Malone, Florida 32445-9998
Okaloosa Work Camp 3189 Little Silver Road Crestview, Florida 32539-6708	Wakulla Work Camp 110 Melaleuca Drive Crawfordville, Florida 32327-4963
Walton Work Camp 301 World War II Veterans Lane DeFuniak Springs, Florida 32433-1838	
Region II	
Cross City Work Camp 568 N.E. 255 th Street Cross City, Florida 32628	Columbia Work Camp 216 S.E. Corrections Way Lake City, Florida 32025
Florida State Prison Work Camp Post Office Box 800 Raiford, Florida 32083	Lancaster Work Camp 3449 SW SR 26 Trenton, Florida 32693-5641
Madison Work Camp Post Office Box 692 382 SW MCI Way Madison, Florida 32340-4430	Suwannee Work Camp 5964 U.S. Highway 90 Live Oak, Florida 32060
Tomoka Work Camp 3950 Tiger Bay Road Daytona Beach, Florida 32124-1098	Union Work Camp 13600 N.E. 258 Court Raiford, Florida 32026-3000
Region III	
Avon Park Work Camp Post Office Box 1100 County Road 64 East Avon Park, Florida 33826-1100	DeSoto Work Camp Highway 70 East Arcadia, Florida, 34266

<p>Hardee Work Camp 6899 State Road 62 Bowling Green, Florida 33834-9505</p>	<p>Largo Road Prison (Polk CI) 5201 Ulmerton Road Clearwater, Florida 33760-4006</p>
<p>Lowell Work Camp 11120 NW Gainesville Road Ocala, Florida 34482</p>	<p>Marion Work Camp Post Office Box 158 3269 NW 105th Street Lowell, Florida 32663-0158</p>
<p>Polk Work Camp 10800 Evans Road Polk City, Florida 33868-6925</p>	<p>Sumter Work Camp Post Office Box 1807 9544 County Road 476B Bushnell, Florida 33513-0667</p>
<p>Region IV</p>	
<p>Loxahatchee Road Prison (Martin CI) 230 Sunshine Road West Palm Beach, Florida 33411-3616</p>	<p>Martin Work Camp 1150 SW Allapattah Road Indiantown, Florida 34956-4310</p>

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“Best and Final Offer”
in response to Florida Department of Corrections
ITN No. 22-042
Submitted: March 5, 2023

Note: For ease of reference, Centurion includes the Table of Contents below for the specific items contained in this submission.

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Introduction

Centurion is pleased to submit the following information in response to the Florida Department of Correction's (FDC) request for a "Best and Final Offer" (BAFO) regarding our response to ITN No. 22-042 for Comprehensive Health Care Services. While this information is described as a "Best and Final Offer", Centurion remains committed to continuing to engage in negotiation sessions with the Department towards meeting the Department's objectives for a viable health services program within the budget constraints yet to be established by the legislature in the coming weeks.

Over the last five months, Centurion met with FDC and conducted numerous ITN negotiation sessions surrounding various service areas of our proposal in detail. We appreciate this opportunity to ensure our proposal delivers all services requested by the Department, while remaining conscious of the limited funding likely to be allocated to fund the program. We appreciate the Department's challenge of identifying the projected costs for the program in order to pursue adequate funding. To that end, Centurion has been transparent in presenting the multitude of cost assumptions to support the projections for the various scenarios requested by the Department. We remain poised to continue providing as much information as the Department may need in order to inform the legislature of the true present and future funding needs to attract and maintain the clinical personnel needed to adequately staff the program across all facilities.

Centurion values our long-standing, successful relationship serving the Florida Department of Corrections, which dates back more than 20 years, and we are eager to continue discussing the assumptions that drive our cost projections and address any questions the evaluation committee may have. Ultimately, we view it as our role to assist the Department in identifying the true costs for meeting mandatory staffing and service levels so the Department may make an informed request of the legislature for funding over the coming years.

Since assuming the FDC contracts, we have met and exceeded the FDC's goals, changing a previously fragmented healthcare system into one that is unified, integrated, public-health focused and patient-centered. We have worked hand-in-hand with our FDC



From Day One, Centurion's commitment to stringent RFP bidding requirements has allowed our model to transform the Florida correctional healthcare contract



colleagues to provide exemplary healthcare services and ensure the safety and security of the facilities in which we work and meet the complex healthcare needs of the individuals we serve. Together, we have identified and addressed facility and system-wide challenges, used innovative solutions to enhance service delivery, successfully implemented the new electronic health record system, battled the COVID-19 pandemic, and implemented cost-saving solutions to help offset the soaring market increases in healthcare wages. The programmatic improvements we made to date have removed the FDC from extensive litigation and have created a healthcare environment that is accessible, focused on quality, patient-centered, and dedicated to helping the FDC population achieve better health outcomes.

Centurion has demonstrated our ability to transition and steadily operate the program, which is no small feat given the vast scale and complex requirements of the program, including the filling of more than 3,000 positions throughout the state in an environment of healthcare staffing shortages and wage inflation not seen in decades, if ever. Centurion has demonstrated our financial strength and stability, as well as management stability, to meet the enormous financial requirements to 'float' millions of dollars in costs each day, even in the current environment of rapidly rising interest rates. Just in the past month, we have seen three correctional healthcare companies' CEO's exit their positions and a bankruptcy filing by a long-standing company. Needless to say, these are extremely challenging times, and Centurion stands out as a company of strength and stability, with the demonstrated experience in being able to manage large, complex programs and solve major service challenges over multi-year contract terms.

The *cost-based* funding structure of this contract ensures the Department has full visibility, in real time, of the true costs of the program on a month-to-month basis, while preserving the Department's control over its resources. The budget 'cap' for healthcare services established by the legislature and placed on the Department sets the financial 'limit' for the program from which the Department and Centurion collaborate to ensure appropriate services are provided while respecting the funding limits. Though it can be said "*the legislature does not determine acuity*", no state allows for an open-ended budget structure for correctional healthcare services. With that in mind, it becomes incumbent upon the correctional agency to 'inform' its legislature with the information necessary so that the legislature can fulfill its obligations for funding public health and public safety, and doing so in respect of the Constitution-derived minimum standards for inmate healthcare services.

The program is at somewhat of a crossroads given the extraordinary conditions in the healthcare marketplace combined with other economic challenges. Hospitals across the country have seen their wages increase 37% in just two years. This sudden wage increase was driven partially by the COVID-19 pandemic and the infusion of billions of dollars from



the federal government into community-level healthcare systems, resulting in soaring wages for staff, in particular nurses. These extremely high wages attracted healthcare professionals away from correctional systems that simply could not match the market rates at the pace the market rates were, and still are, rising. As government entities, correctional agencies are more accustomed to gradual wage increases at a pace of 3% or less year over year. We have also seen the rates charged by temporary staffing agencies (i.e., nursing agencies, locum tenens physician staffing agencies, etc.) double and even triple from rates of just two years ago, greatly increasing the cost to fill positions by double-digit percentage rates.

Centurion and the FDC have seen the impact of these market conditions on staffing patterns in both the healthcare and security positions throughout the state, with higher than traditional vacancy and turnover rates, and higher reliance on high-cost temporary staffing agencies. These staffing instabilities weaken the program and cause backlogs of service and lower compliance with the program's objectives and performance standards.

Centurion has monitored the legislative process and observed the FDC's pursuit of wage increases for its security staff over the present and previous legislative sessions. The healthcare program is in the same predicament and in dire need of wage increases to be able to compete in the marketplace and retain the caliber of healthcare professionals required to operate a successful program. Centurion is eager to provide as much information to the Department as the Department may need to support its request for increased funding for the healthcare program with particular emphasis on market conditions for healthcare wages.

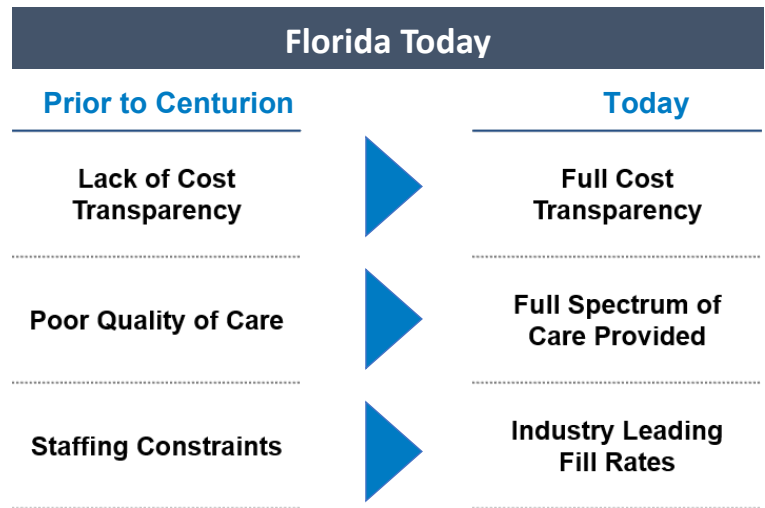
Wages for staff are not the only area of cost inflation. As the FDC knows, inmates routinely are transported to healthcare providers in the community, all of which have experienced similar wage increases and thus pass those new costs on to their various payers, including the FDC via the Centurion contract. These offsite care costs amount to millions of dollars of expense each year and the cost increases occur on almost an as-needed basis, beyond the control of anyone, and are passed directly to FDC via the Centurion contract.

In years past under previous contractors, the FDC saw the provision of necessary offsite services denied as a means to keep the healthcare program falsely below the budget cap for the short term, but causing protracted litigation for the long term. Centurion does not deny care that is absolutely and undeniably necessary in order to meet a budget cap, and we have proven as much in the current contract.

When we inherited the contract from the previous vendors in 2016 and 2017, we immediately found that necessary clinical services had been delayed across the system and



many positions were vacant. We were successful in hiring hundreds of new personnel and attracting previous personnel, who had left their positions under the previous vendors, to return to serving the FDC through Centurion. We arranged for the provision of much needed, but delayed, surgical procedures for hundreds of patients, *and spent millions of dollars of our own money in excess of the then in place budget caps* to accomplish these systemic remedies. No other company would, or could, go to those lengths to serve the FDC.



Centurion remains as committed today to the success of the program as we were in 2016, and as we were in prior contracts dating back to our first contract serving the FDC in 1999. When we first inherited the contact from the previous vendor, Centurion achieved the following immediate solutions to assist the FDC in repairing the much-needed issues:

- **Hepatitis-C treatment:** Over 9,000 patients have completed HCV treatment or are currently undergoing HCV treatment.
- **Specialty Care Backlogs:** Thousands of specialty consult backlogs at contract start in 2016, resolved by Centurion utilization management team over an initial two-year period.
- **Hernia Surgeries:** The previous vendor had not been providing hernia surgeries, which resulted in a costly lawsuit against the FDC. Immediately upon contract startup, Centurion began coordinating hundreds of hernia surgeries in 2016 and 2017 allowing the State to settle the litigation, and Centurion has performed in excess of 3,000 hernia surgeries.
- **Backlogs:** Backlogs for offsite specialty care, including ER appointments, were at a high level due to the previous vendor not allowing outside healthcare consultations and services.
- **Computer Replacement:** Replaced approximately 3,000 computers across all facilities.



Over the last five months, Centurion participated in in-person negotiation sessions and discussions with the FDC pertaining to the major service areas of the program, as outlined in the following table, along with the stated required deliverables from each session:

Centurion and FDC Negotiation Sessions

Service Area Topic	Date of Negotiation Meeting	Post Meeting Deliverables
Overview of ITN Response	September 20, 2022	<ul style="list-style-type: none"> ▪ Centurion Slide Deck – September 20 Meeting ▪ Centurion Attendee List – September 20 Meeting
Staffing – Recruitment and Retention	October 4, 2022	<ul style="list-style-type: none"> ▪ Centurion Slide Deck – October 4 Meeting ▪ Centurion Attendee List – October 4 Meeting ▪ Staffing Communications Plan ▪ Penalty Impact Scenarios Chart Handout ▪ Mental Health Services Organizational Chart ▪ Job Descriptions for RMCH Executive Medical Director; Statewide Female Health Services Coordinator; Mental Health Director
Mental Health Services	November 1, 2022	
Medical Care Services and Pharmacy Services	November 22, 2022	<ul style="list-style-type: none"> ▪ Staffing Pattern Worksheet
Information Technology/Electronic Medical Record Dental Services	December 21, 2022	<ul style="list-style-type: none"> ▪ Staffing Pattern Worksheet – Dental Services
Staffing Plans for the FDC Program	January 5, 2023	<ul style="list-style-type: none"> ▪ Staffing Pattern Worksheet (2) ▪ Staffing Pattern Cost Scenarios

Later in this Best and Final Offer response, we provide a summary of the discussion points, innovations, and planned initiatives for each service category.



Centurion's Company Updates Post ITN Submission

Centurion proudly submitted our proposal to the Florida Department of Corrections (FDC) in response to ITN 22-042 Comprehensive Health Care Services on July 15, 2022. Since our proposal submission, we have undergone some company changes.

The current incumbent and bidding entity for this procurement, **Centurion of Florida, LLC (Centurion)** is a wholly owned subsidiary of Centurion Equity, Inc. As the FDC is familiar, and as described in our ITN response, Centurion previously operated as a wholly owned subsidiary within the Centene Corporation corporate structure. Therefore, in our ITN response, we highlighted several components of our company and value-added services through the connection to Centene. On January 10, 2023, Centurion Equity, Inc. was acquired and is now owned by the Sullivan Brothers Family of Companies (SBFC). We describe in more detail the change in ownership below. The services stemming from our affiliation with Centene Corporation are still available to Centurion and our clients under a long-term agreement between Centurion and Centene. As these long-term agreements expire, we will either seek those value-added services elsewhere, develop them in-house, or extend our current agreements. We will keep the FDC apprised of any changes. As Centurion was already largely self-sufficient as a standalone correctional healthcare company, fully resourced to deliver services and manage the day to day financial and administrative functions, the change of ownership has had little impact on our operations. If anything, the change has made us even more flexible and nimble as we are truly an independent correctional healthcare company with no attachment to large private equity firms, publicly traded companies, or other financial investor groups.

2023 Change in Ownership – Centurion's continued natural evolution

Centurion's roots date back to 1981 when the company was founded as "Mental Health Management, Inc.", a company focused on managing inpatient psychiatric units at medical-surgical hospitals. As the company grew and developed and transitioned into new markets, the leadership ensured the company's ownership structure aligned with the strategic initiatives of the company, always looking ahead at emerging trends.

The company transitioned from being privately held to publicly held, and back to privately held in the 1990's, adjusting to market conditions and entering new areas of service. In 1997, the company began serving correctional agencies and changed its name to "MHM Services". In 2010, the "Centurion" brand was launched when MHM decided to broaden its capabilities to provide full-scale medical services to state correctional agencies. In doing so, the company partnered with Centene Corporation to take advantage of the many managed



care systems Centene had perfected in large Medicaid programs. The partnership was successful and Centene ultimately acquired MHM and all of Centurion in 2018.

Over the 13 years of working with Centene, Centurion continued to grow and build its resources and capabilities to be fully self-contained and able to sustain its operations, both clinically and administratively. In January of 2023, the ownership of Centurion transitioned from Centene Corporation to the Sullivan Brothers Family of Companies, a Texas-based family of privately held companies providing a wide range of critical services and infrastructure to governmental agencies.

As a fully mature, self-sufficient correctional healthcare enterprise, the transition positions Centurion as a 'free-standing' service company, better able to be more responsive to the rapidly changing challenges in correctional health. Centurion is NOT owned by a private equity firm that seeks to only hold the company for a short term as a "financial play", to then flip the company to the next buyer in 3-5 years. Centurion is as it always has been, a company dedicated to providing healthcare services to challenging populations in difficult settings. As such, the operations of the company, its leadership, programs and services will continue as they currently are, with the added flexibility to be more vocal in our advocacy for correctional healthcare and more responsive to the urgent needs of our correctional agency clients. Our partnership with Centene Corporation was highly valuable and we built our systems and infrastructure to be able to provide comprehensive healthcare services using modern managed care principles.

The strength of our foundation, the stability of our leadership team, and our new ownership structure renews our sense of purpose to serve the needs of clients and our patients, first and foremost, and from that our success is determined.

Centurion remains the best option for FDC

Within our ITN response, we included a list of future initiatives for the FDC program under the next contract period. Since our July submission, we have already initiated implementation on several of those initiatives. Initiatives that have begun progress or already implemented are listed below.



Initiatives Started from July 2022 ITN Proposed Future Initiatives

Initiative	Proposed Service Description	Initiative Started or Completed
Technology Initiatives		
Telehealth Expansion	With FDC approval, Centurion will expand telehealth capabilities to all FDC facilities and offer an increased scope of services. Some of our proposed expanded telehealth initiatives will include use of correctional tablets for in-cell programming, patient education, and treatment; dental telehealth services to the extent this is feasible and cost-effective; mental health and medical infirmary services; nursing sick call and/or triage; and provider flex coverage, among other options.	Yes. Various telehealth service expansions including intake physical exams, clinical and acute care in Region I, counseling services, inpatient psychiatry, increased usage of diagnostic tools by adding 15 peripheral cases.
EMR Refinement	Centurion will continue to work with the FDC and Fusion to ensure that all proposed devices and applications such as Kosmos (POCUS) and spirometers, can integrate and report into the EMR. In addition, we will explore the feasibility of single sign on option for the EMR system that would integrate with employee badges. We are also optimizing reporting capabilities, forms, workflows, and linkages, with prior FDC approval.	Yes. In our BAFO response, we highlight the voluminous improvements and changes made to the EMR since July.
Point of Care Ultrasound (POCUS)	Expand utilization of this device to assist staff in finding patient veins, conducting foreign body evaluations, and completing joint injections. It also assists with central lines placements and sonogram guided paracentesis. Its current use at Lake CI and RMCH has helped reduce the need for cardiac exams and reduced emergent thoracentesis.	Yes. Centurion added four more ultrasound devices for a total of nine devices.
Medical Initiatives		
Dermascopy	Centurion will supply each facility with a dermascope, which is a handheld battery powered magnification lens with both polarized and non-polarized light, and an attachment that allows users to capture a magnified view of the skin lesion with a cellphone camera. Studies have shown use of the dermascope with minimal formal training and several months of experience can reduce unnecessary skin biopsies by up to 66%. Additionally, the scabies mite has a definitive appearance under dermascope lighting and magnification. This enables definitive diagnosis of an active scabies infection without biopsy or skin scrapings, which are less sensitive for diagnosis. This capability will also improve diagnosis of benign versus malignant skin lesions and will become the primary tool for scabies outbreak investigation and diagnosis.	Yes, every facility now has a dermascope device.

Initiatives Started from July 2022 ITN Proposed Future Initiatives

Initiative	Proposed Service Description	Initiative Started or Completed
Telehealth Flex Coverage	Centurion will utilize multi-site telehealth providers who will provide telehealth coverage to designated facilities. Midlevel providers currently cover these facilities. These multi-site MDs will have dedicated time weekly for APRN/PA medical record chart reviews and education to improve /maintain the clinical skills of our mid-level providers. This resource will provide a pool of providers who can augment any facility with minimal notice to provide coverage for onsite provider absences or for additional provider support in the event of a disease outbreak.	Yes. Included in Centurion's proposed staffing plans for the new contract, we'd have a telehealth provider (MD or midlevel) that will be 100% telehealth dedicated as needed by the region. Additionally, we have regional site directors that will also provide full site telehealth support.
RMC Long Term Vent Care Unit	Centurion looks forward to working with the FDC to create a unit for long-term ventilator dependent patients, either by staffing a ward at RMCH or by contracting with a local long-term vent management provider. This unit will offer consistent care for patients while addressing associated staffing, bed, and security issues.	Yes, we currently adjusted our staffing plan to include respiratory therapists to provide 24/7 coverage for ventilator patients.
Behavioral Health Initiatives		
Expanding Telehealth	Our overall expansion of telehealth services will include a focus on providing access to mental health services for patients outside of the general population. This includes patients receiving services in the infirmary and on inpatient units as well as those in confinement. We propose to utilize tablets (described in more detail later) that patients can utilize in the above-mentioned locations in cells, increasing access to needed mental health services.	Yes. In our BAFO response, we highlight the voluminous improvements and changes made to the EMR surrounding mental health services since our July ITN submission.
Dental Initiatives		
Equipment Purchase	Centurion proposes to purchase intraoral cameras for oral surgery consults, especially as they relate to dental pathology. This equipment will reduce or eliminate the need for transfers to the RMC for this type of oral consultation.	Yes, we currently utilize these intraoral cameras for oral surgery consults.
Scan X Digital X-Ray Machine	New initiative since ITN response. This Scan X device provides digital x-rays.	Yes, all facilities have a Scan X machine.
Nursing Initiatives		
Urgent Care Model	With prior FDC approval, Centurion will use APRN and PA roles to implement an urgent care model for sick call at designated FDC facilities.	Yes. To utilize this urgent care model, we've placed these positions in our proposed staffing plans for the new contract.
Staffing Initiatives		
Employee Referral Program	We will continue to evaluate and refine our employee referral program. We recently changed the bonus for full-time licensed hires from \$1,500 to \$5,000.	Yes. We continue to increase bonuses for the referral program.

Service Components of the Negotiation Process

For the following service area topics, we provide responses and information regarding the services and initiatives requested during our negotiation meetings with the FDC. **This information is to be taken in addition to the services, planned initiatives, and accomplishments described in our original ITN response.** As noted above, the various service areas discussed in this negotiation process are the following:

- Staffing – Recruitment and Retention
- Mental Health Services
- Medical Care Services
- Dental Services
- Information Technology/Electronic Medical Record
- Staffing Plans for the FDC Program

Negotiation Topic: Staffing – Recruiting and Retention

Matching Florida Market Salaries to Improve Vacancy and Turnover Rates

In spite of all the modern technology, healthcare still boils down to *people helping people*. Without sufficient staff, the FDC healthcare program, much like the security program, would fail to meet its obligations for public health and safety. Virtually all of the compliance, performance, innovation, and other initiatives critical to the health services program revolve around the sufficiency of healthcare staffing patterns across the system. As described in the introduction to this document, healthcare is at a critical juncture in terms of staffing resources and financial resources to keep up with the soaring demand and diminishing supply of clinical professionals in the general marketplace. These market conditions have a profound impact on correctional systems that were already challenged to attract and retain clinical professionals to work in the corrections environment. The current market conditions has licensed healthcare professionals being bombarded with recruiting ads on a near daily basis for higher and higher paying positions in community healthcare settings. Florida's soaring population will continue to increase demand for healthcare services and clinicians in the community and pose an ongoing challenge for correctional agencies to maintain sufficient staffing levels.

Today, the FDC healthcare program necessitates the filling of over 3,000 full-time equivalent positions to provide services and perform the program's administrative services throughout the state, with the vast majority of the positions being assigned to provide clinical services on site at FDC institutions.



Centurion is acutely aware of these new market dynamics, as we've seen our workforce in Florida, and other states, greatly impacted by the double-digit wage increases in the community and booming industry for temporary staff, with soaring wages for temporary staff causing nurses to flock to the temp agency and travel nurse market. These new market conditions for clinical staff and compensation rates accounts for the majority of the significant cost projection increases described in our various cost projections provided to the FDC as part of this ITN process. It is important to note, the double-digit percentage cost projection increases reflected in our various submissions do not accrue to Centurion's bottom line *per se*, but go directly to current staff or staff to be hired into presently vacant positions. The cost-based funding structure of the program ensures the FDC only pays the actual amounts paid to staff. Therefore, the projections reflect the various 'near-perfect' scenarios asked for by the FDC in the ITN process (i.e., 100% fill rates). True costs will be based on actual filled positions and the actual pay rates for staff. It will likely take some time for the program's costs to 'escalate' to the new pay rates and funding levels that will presumably come through the legislature's approval of a FDC budget request that is updated to reflect the undeniable and easily substantiated current market conditions for healthcare wages. Centurion is eager to provide the FDC with as much information as necessary to support the FDC's budget request, including independent information from third-party sources regarding market conditions for healthcare wages.

Centurion also recognizes that *money isn't everything* for healthcare professionals. But, to be successful in attracting a qualified workforce of healthcare professionals, Centurion needs to be able to offer wages in line with market conditions and recognizing the unique challenges healthcare professionals face when working in the FDC's correctional institutions. All healthcare positions, including medical, dental, behavioral health and administrative positions have been impacted by the present market conditions.

The table below provides an overview of Centurion's current pay rates compared to actual current market conditions, along with projected rates necessary to be successful in meeting the FDC's high fill rate percentages (the FDC has requested cost projections for staffing fill rates of 90% as well as fill rates at 100%).

It is important to note, the market rates reflected in the table below are for the broader community healthcare marketplace, where most positions are in environments and locations markedly more 'attractive' and 'convenient' to healthcare professionals than correctional facilities, which pose challenges of remote locations, lack of air conditioning, isolation due to no phone/internet access, etc., plus the more fundamental challenges of personal safety and other issues associated with corrections. The unique challenges of corrections and the FDC's stated desires for staffing fill rates maintained at levels of 100% require that wage



rates be not only competitive with prevailing wages in the community, but in many instances higher than market averages.

It is also important to note that the market wage scales in the table below are reflective average wages paid to permanent employed staff and do not factor in the exorbitant rates paid for hourly temporary staff sourced through temp agencies.

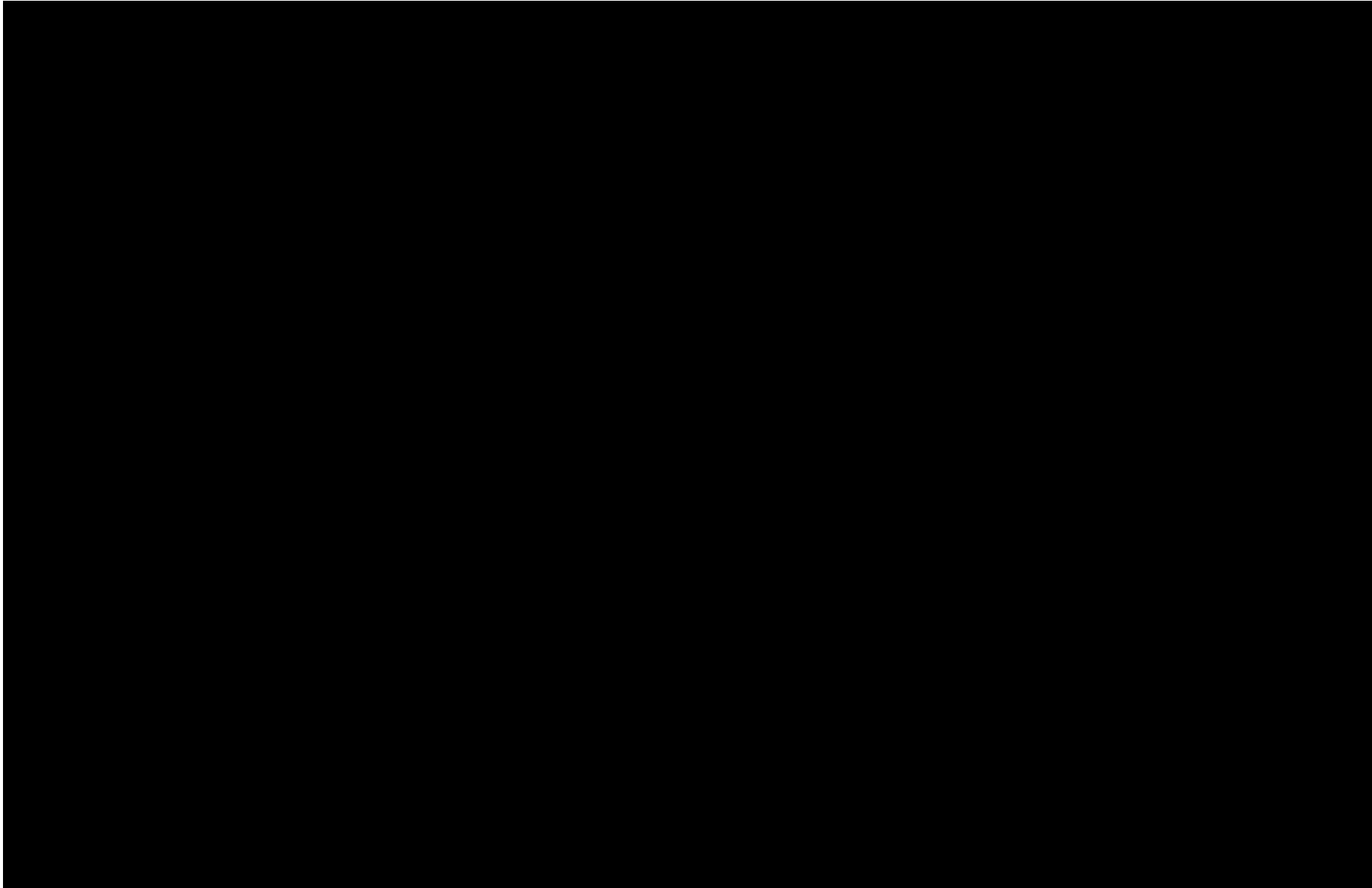
It is also important to note that the cost projections provided by Centurion to date do not just factor the use of higher market-based wages for filling the presently vacant positions, but also factor the increase in wages paid to the current staff, many of which have been patiently anticipating another market-based adjustment to their pay scale. As the FDC did with its own security personnel, Centurion seeks to offer market-based compensation adjustments for incumbent staff who have been working tirelessly and diligently at historical lower wage levels while seeing rates in the community soar well beyond their present pay scales.

ITN No. 22-042

Comprehensive Health Care Services

Section

Best and Final Offer



Vacancy and Staffing Communications

During the negotiation process, the FDC spoke routinely of the need to improve lines of communication between Centurion and leadership at the facilities regarding staffing levels, vacancies, and other staffing related issues. We previously provided the FDC with our Communications Plan in October to resolve several of the topics discussed. We've again included that Communications Plan below, with a few updates since our October correspondence.

Centurion's Strategy and Plan for Enhancing Communications Regarding Staffing. The FDC healthcare program requires over 3000 positions at FDC facilities across the state. There are many stakeholders in the information flow regarding staffing, none more important than the leadership at each FDC facility. Presently, Centurion closely manages the information and data processes related to the staffing patterns, staffing needs, and status on a facility-by-facility basis. We securely track this information using a combination of our human resources, payroll, and recruiting software platforms, as well as our scheduling logs, and centralize the information in a third-party platform called **Tableau**.



In the current contract, our health services administrators (HSAs) at each facility are the primary contact regarding the healthcare program for the leadership of each facility. The HSAs are instructed to communicate directly with the Warden and Assistant Wardens regarding vacancies and new hires. This reporting typically occurs at Warden's weekly meetings. Weekly *Candidate Activity Reports* are also available and provided to facility leaders at their request. These reports detail staffing issues and status, and include the number and type of vacancies, names of candidates in the recruiting pipeline, the status of these candidates, as well as other highlights related to the staffing status at the facility.

Centurion has greatly enhanced our focus on the "candidate experience" over the past couple of years, necessitated by the tremendous impact the COVID-19 pandemic has had on the marketplace for healthcare professionals, with many professionals receiving endless job offers and being subject to very aggressive recruiting in the open marketplace in the face of significant shortages and dramatic wage fluctuations in the community. Our candidate tracking system is designed to more rapidly and efficiently move candidates through the process of recruiting, credentialing, prior work history verification, and other pre-hire checks, to ensure they remain not only "interested" in the position working in FDC facilities, but increasingly attracted to the position and the field of correctional health through the process.

The current market realities are such that our candidates are often also juggling several other job opportunities, and the need to maintain constant contact and dialogue with



candidates to avoid them ‘falling through the cracks’ and off to other job locations has never been higher. Fortunately, the depth of our recruiting resources and number of recruiters in Florida and across the nation allows us to maintain the necessary high level of communication. Our system follows the candidate from the time they make initial contact with the company and initial application all the way until the official employment offer is made and accepted, and to the point of “handoff” to the local team at the candidate’s ultimate work location.

One of the enhancements to the “candidate experience” and new-hire onboarding process is introducing candidates to the warden and other security leaders on their first day. We are also paying more attention to ensuring new hires are exposed to and increasingly understand the realities of the position they are applying for throughout the process, as we have found this practice helps to minimize candidates being negatively surprised in their first days on the job.

Looking Ahead – Enhanced Communication Plan. Tableau is a visual analytics and business intelligence platform that assists Centurion in consolidating our operational data into useful information for decision making and reporting, and helps us ensure compliance across our many contracts and deliverables, while supporting our efforts for leading an efficient enterprise. The Tableau system is managed on our *Centurion Central* portal site, allowing access to multiple users at any time, from any place. We implemented Tableau in the Florida program in 2018 and provided the FDC central office access to the Tableau system. The other select operational and clinical access points to Tableau also extend to the operations and providers at the state level.



Centurion proposes to enhance the current level and methods for communicating staffing information to leadership at each facility, including the following approaches, which expand the use of Tableau and our other current data systems:

- **Meaningful Dashboards** – Develop custom dashboards for each facility, showing staffing levels, vacancies, length of vacancies, high priority vacancies, retention rates, recruiting activities, new hires, terminations, turnover, and other metrics that will ensure facility leaders are informed of the staffing related issues specific to their facility.
- **Real-Time Access** – In addition to the current level of report submission to the leadership at each facility, our systems will allow for the provision of reports in real time, and on demand. We also have the capability to provide leaders at the facility level access the data and reports at their convenience. If desired, we can



collaborate with the Department on the design of the most feasible access methods at the facility level as well as custom report designs.

- **Customization** – Not every facility is the same, each have different security missions as well as healthcare program missions. As such, our staffing volume and needs can vary greatly among facilities. This reality necessitates us customizing reporting to each facility.
- **Quarterly “Town Halls”** – Hosting quarterly “town hall” type dialogue sessions with Regional Directors, Wardens, other site leadership, and Centurion leadership, including Centurion’s Florida recruiting and human resources teams to discuss recruiting strategies specific to regions, sites, job categories, etc.

We recognize that turnover and new personnel create work and security risks for facility leadership, and staying informed about staffing levels and new hires is important to leaders for their planning, and for the safe operation of the facility. We are encouraged by the recent positive trends in the marketplace and the results of our efforts that are greatly increasing the number of applicants as well as lowering turnover rates. Going forward, the encouraging trends, our staff retention programs, and expanded use of our data management and reporting tools will make for better informed leadership at each facility increasing efforts to minimize turnover.



Example Centurion Florida Tableau Staffing Dashboard



Centurion’s Vacancy Priority Strategy. Coupled with our proposed utilization of Tableau, Centurion advertises all positions immediately upon learning of a pending or possible vacancy. This practice is in addition to the ongoing, steady ‘drumbeat’ of recruiting for all of the critical job categories (i.e., nursing, medical, dental, behavioral health) that is always occurring to ensure and maintain a steady stream of applicants. Positions that are direct healthcare providers are given the highest priority and treated with an extra sense of urgency.

As requested by the FDC, the graphs on the following pages showcase our abilities to account for, record, and report staffing rates, vacancies, high priority vacancies, length of vacancy, new hire vs. retention rates, etc. for the overall FDC program. We are also able to generate this information on a facility-by-facility basis, including in shortened, “dashboard” format.



Example Tableau Staffing Dashboard: Lawtey CI





Example Tableau Staffing Dashboard: Wakulla CI





Example Tableau Staffing Dashboard: Talent and Personnel Report



Corporate Level Information Technology Support for Regional Information Technology Team

As the FDC is aware, our full-time Centurion Informational Technology (IT) Helpdesk works out of our Florida regional office in Tallahassee. During this current contract, we upgraded our IT Helpdesk to provide 24/7/365 access to live technicians for IT, telehealth, and EMR support. Adding 24/7 IT support reduces the operational costs of staff downtime and quicker resolution of user issues. Our regional and corporate IT teams will continue to support the Florida program.

Our regional technology team, helpdesk team, and EMR team has access to Centurion’s corporate level IT team. Centurion takes pride in our ability to work with client agencies to implement, operate, and optimize EHR systems and technology solutions. Over the last several years, Centurion’s internal infrastructure supporting EMR and IT projects has grown substantially. We have a robust internal IT department, led by **Shant Tossounian, SVP, Chief Information Officer**. Our corporate level information



Shant Tossounian
SVP, Chief Information Officer

technology support team provides support for our Florida regional information technology team.

Our corporate IT department, comprised of over 80 full-time employees, has a 24/7 help desk, a health information technology team, an infrastructure team that manages our IT security and our data center, analytics and informatics team, electronic health records team, and a dedicated application development team that focuses on reporting and custom applications. Centurion's IT team manages computers, printers, network infrastructure, security, internet connections, enhanced medical home systems, and other technologies throughout our programs, including our FDC program.

Centurion's corporate IT team will provide ongoing technical and EHR support for healthcare and DOC staff, as requested. Within our IT department, we have a new health information technology team that includes the following functions:

- Analytics & Informatics, led by Robert Douin (Senior Manager)
- Applications & Data, led by Sean Kelly (Interim Manager)
- Electronic Health Records, led by Chris Bourque (Senior Director)
- Telehealth, led by Norm Knippen (Director)

Centurion takes pride in our ability to work with client agencies to implement, operate, and optimize EMR systems. Over the last several years, Centurion's internal infrastructure supporting EMR projects has grown substantially.

Under the health information technology team, Centurion has a dedicated corporate team exclusively focused on electronic health records. Having a separate EMR support team is unique in the correctional healthcare industry. **Christopher Bourque, LPN, CCHP, Senior Director, Health Information Technology**, leads our full-time EHR team that includes the following staff:

- Sharon Butler, MSN, RN, CCHP – Manager, EHR
- Karen Giangrande, LPN – Manager, EHR Change Management and Clinical Liaison
- April Lee, LPN – Manager, EHR
- Shawn Runey – EHR Specialist
- Yuliet Lara, RN – Manager, EHR



Christopher Bourque, LPN, CCHP
Senior Director, Health Information
Technology

Continuing Recruitment Retention Efforts and Initiatives

To minimize staff turnover, we augment our innovative recruiting approach with a staffing model that promotes retention by providing our employees with competitive benefits, an empowering work environment, and top-notch resources for professional development. By investing in our staff at every phase of the employee lifecycle, we develop and **maintain a stable workforce of healthcare professionals who work together towards a more effective and efficient system.**

We are fully invested in delivering an engaging employment experience throughout employees' tenure with Centurion, taking great pride in the collaboration between our talented team of recruiting and human resources professionals. In creating smooth transitions for new employees moving from the recruiting process to the onboarding process, we ensure all staff are set up to feel *Connected, Captivated, Committed, and Contributing from Day One.*

In fact, once a candidate is successfully recruited to Centurion and transitions into the onboarding phase of the employee lifecycle, our committed work does not stop. Rather, we stay in close touch with new hires as they acclimate to their positions, complete role-specific training, and become firmly grounded in the business. It is critical that, as a listening and learning organization that values feedback loops, we remain in lock step with our staff. In doing so, we are able to operate proactively and address employee needs with both speed and accuracy.

In no uncertain terms, *our people are our priority.* We are fully invested in delivering an engaging employment experience throughout employees' *TeamCenturion* tenure. To zero in on the first six months of employment, our four-part Employee Experience Survey Series, powered by UKG's Employee Voice, automatically engages all new Centurion employees—including full time, part time, and PRN—to participate in ongoing touchpoints.

To further support our recruitment and retention efforts, since our July ITN submission, we've added a new retention initiative: *Employee Voice* program, described below.

Employee Voice. On August 1, 2022, Centurion launched a brand-new employee engagement, satisfaction, and retention initiative focused on new team members: *The Employee Experience Survey Series (EESS)*. Designed by Centurion for our employees and built within the Employee Voice survey platform of UKG, the EESS is comprised of four individual, user-friendly, and intuitive survey touchpoints—each of which asks different questions of our new employees depending on their length of service.



Ten, 30, 90, and 180 days after hire, all new Centurion employees receive personalized survey invitation links in their TeamCenturion email inboxes. Meanwhile, our HR Business Partners partnered with program and site leadership encourage new employees' survey completion in regular conversation and other written materials.

Carefully designed by a multidisciplinary work group to serve this purpose and ensure all perspectives are represented, our Employee Experience Survey Series is a direct way for Centurion to: 1) Listen to and learn from our employees, 2) Identify the most impactful actions to take and improve their experience, and 3) Hold us accountable to positively affecting employee retention, satisfaction, and engagement. Additional outcomes and priorities include:

- Creating more frequent touchpoints with new employees in their first six months
- Coordinating a 60-day check-in between new employees and their People Leaders
- Improving reporting capabilities to better deliver measurable data to gauge sentiments influencing employee retention, engagement, assimilation into the organization, and job readiness
- Providing People Leaders detailed insight to take appropriate action in a timely manner
- Transitioning to an automated survey invitation and collection process

As we continue to onboard new employees and regularly engage with them, we are able to strengthen our employee experience and positively impact employee retention and satisfaction.

All in all, our approach to employee retention and satisfaction is founded on being a listening and learning organization where feedback is not only heard but acted on. With the Employee Voice series, the designated human resources business partner for the program follows up with employees who provided feedback and checked the box that they would be okay with being contacted directly. This allows the HRBP and the employee to discuss the issue at hand and keep that employee updated on steps that management has taken to rectify the issue.

Since rolling out the Employee Voice series, **the Florida program has the highest EESS employee participation rates in the company.** For Florida leadership to have access to this information provides them the opportunity to put a process in place for resolution of issues brought forward and to incorporate change for their teams, thus promoting employee happiness by their voices being heard.

The table below showcases Florida specific information, using rounded numbers, regarding the Employee Voice program and the responses. Each of these “retention” figures are calculated with the “With Terminated” numbers for the holistic picture. For all four surveys, Florida outpaces the overall company in terms of “retention” in these terms. For both the company and Centurion, the “retention” figure increases with each survey (from 10-Day to 180-Day).

EESS Data for the Company and Florida as of March 3, 2023

	Centurion Florida Program	
	Active Employees Only	With Employees Since Terminated
# of Trained Leaders	17	
10-Day Surveys		
# of 10-Day Invitations	473	557
# of 10-Day Responses	270	306
10-Day Participation Rate	59%	55%
10-Day Participation Rate Retention	Of the 557 invited, 459 are still with us. 82% retained.	
30-Day Surveys		
# of 30-Day Invitations	435	523
# of 30-Day Responses	226	251
30-Day Participation Rate	52%	48%
30-Day Participation Rate Retention	Of the 523 invited, 437 are still with us. 84% retained.	
90-Day Surveys		
# of 90-Day Invitations	406	465
# of 90-Day Responses	207	227
90-Day Participation Rate	51%	49%
90-Day Participation Rate Retention	Of the 465 invited, 403 are still with us. 87% retained.	
180-Day Surveys		
# of 180-Day Invitations	359	400
# of 180-Day Responses	158	166
180-Day Participation Rate	44%	42%
180-Day Participation Rate Retention	Of the 400 invited, 355 are still with us. 89% retained.	
Total # of Invitations	1,673	1,945
Total # of Responses	861	950
Average Participation Rate	51%	49%



Regional Recruiting Liaisons. Additionally, to further support out recruitment and retention efforts, in our proposed staffing plans, we include four regional recruiting liaisons to connect operators to the recruiters to ensure a warm and welcome handoff from an applicant to an employee. As detailed in our ITN response, **we have 11 dedicated recruiters to the Florida program.** These four recruiting liaisons will be in addition to this recruitment staff and further increase employee engagement and activity, leading to better retention rates from the very beginning of their employment.

Increasing Training, Supervision, and New Employee Orientation

New Employee Orientation (NEO). We provide all our healthcare staff with an FDC-specific comprehensive employee orientation. Our comprehensive and competency-based New Employee Orientation (NEO) Program includes several training modules, some of which are for all employees, others discipline or role specific. Orientation for new Centurion staff includes EMR training, the completion of formal classroom orientation and training as well as on-the-job training. As part of the Centurion New Employee Orientation Program, we introduce new staff to the goals and methodology used in ongoing quality improvement efforts.

Our NEO for all new staff includes employee specific topics, such as Centurion code of conduct, HR policies and procedures, employee benefits information, confidentiality and protecting personal information, along with sexual harassment/workplace policy. We include learning management system courses, such as PREA overview, suicide prevention, HIPAA confidentiality, hazardous communication, access to healthcare, boundaries, UM and review, infection prevention and control, along with others. Our FDC-contract specific NEO is offered via zoom for 1.5 hours with the following topics covered: Who We Are; Getting Connected; Getting Paid; Performance & Feedback; Learning & Development; Policies & Procedures; Leave of Absence; Healthy Work Environment; Paid Time Off; Benefits, etc.

Additionally, we provide an EMR initial orientation using LMS modules to provide guided instruction and a comprehensive overview of the EMR systems basic functions. These modules support the transition of the new employee into their daily duties navigating the EMR. The EMR Specialist team also provides a 4-hour new employee EMR training in person. The curriculum provides an overview and orientation to the EMR focused on accessing and navigating the EMR efficiently. Staff gain a basic understanding of the processes and procedures necessary to navigate and document clinical care in the outpatient and inpatient settings. Packets provided further assist them in discipline specific instruction as well.



In addition to our general Centurion new employee orientation, we provide discipline-specific orientation and training for the following Centurion staff providing services:

- Nursing Staff
- Medical Providers
- Psychiatric Providers
- Dentists
- Administrative and Clinical Leadership including DONs

Since assuming the contract, we have developed and instituted new nurse, provider, DON and HSA orientation, including all associated reviews and documentation. In addition to discipline and position-specific initial and ongoing training, we support staff in expanding their skills and enhancing their service delivery capabilities. Below we provide further details about some of the discipline-specific or position-specific orientations we have developed or are in the process of developing.

New Nursing Orientation (NNO). Our Centurion of Florida nurses complete New Nursing Orientation (NNO). We developed NNO physical health nurse training during our current contract with the FDC and are in the process of finalizing NNO mental health nurse training. In addition to nurses, we also require every new provider to attend nurse orientation specific to the area they work in, physical health or mental health.

Our nursing and medical staff receive 16 hours of contract specific education from our nurse educators during the on-boarding process. This training occurs in four-hour increments, over a four-day period and covers required documentation, forms, policies and procedures, order review, MARS, medication and pharmacy related information and other topics specific to their roles and responsibilities.

NNO provides a detailed oversight of all aspects of nursing care and documentation for FDC nursing services from reception through EOS. The program was developed and implemented prior to COVID and the EMR. During COVID, our nurse educators were able to pivot and adjust the training to be provided through ZOOM, a model that has proved effective and efficient. In addition, the training materials were updated to reflect the changes in documentation required by the EMR. New nurses gain a knowledge in selection and completion of the appropriate FDC nursing forms and administration of nursing services within the physical health spectrum of care. The course covers nursing encounters including nurse reception, sick call, emergencies, chronic clinics, TB clinics, acute and chronic infirmary admissions, immunizations, and medication issues (DOT and KOP).

New nurses also receive additional EMR training through two- to three-hour Zoom video instruction by the EMR training team, which builds off of the initial EMR trainings focused on the navigation to focus more on the clinical and documentation components of the EMR.



This allows time for new staff to get acclimated to the system. Training duration depends on questions asked by nurses during presentations. The curriculum is discipline-specific and focuses on review, documentation, and routing of nursing specific topics such as Sick Call, Med passes, and Transfer Summaries. Upon completion, nursing staff have a complete understanding of the processes and procedures necessary to provide clinical care in the outpatient and inpatient settings.

New Nurse Onsite Orientation involves new nursing staff assigned a preceptor to complete on-site orientations and complete all required tasks on DC4-654C, Nursing Personnel Orientation Process Checklist. This meets the requirements of the FDC mandated onsite orientation outlined in the 2022 FDC Nursing Manual.

Additionally, the DC4-654A, RN Trainee Skills Checklist or the DC4-654B LPN Trainee Skills Checklist are required for RNs and LPN respectively. Nursing staff are considered a trainee or orientee, based on prior nursing experience. New staff will remain in the trainee or orientee status until all tasks are completed. The orientation can take up to one year depending on the prior experience.

Training for Temporary Agency Staff. Under our current FDC contract, we ensure agency staff, specifically nurses, receive the orientation and training needed to perform the responsibilities of their assigned job, including use of the EMR and relevant policies and procedures. We focus on utilizing a designated pool of agency nurses who have been trained, who we have hired into the system, when needed to temporarily fill vacancies. When we have to utilize a new agency nurse we currently assign preceptors to ensure the agency nurse receives orientation to their job role and duties. We are also in the process of developing an abbreviated NNO from our current program to provide a more standardized format for new agency nurse orientation.

Training for Provider Staff (physicians, nurse practitioners). We are in the process of developing an enhanced orientation and training for provider staff. We have a comprehensive orientation for providers that covers major service areas. New providers attend specific orientation with instruction and guidance on various clinical and administrative FDC, Centurion, and/or correctional medicine topics such as completion of conditional medical releases, participation in the mortality review process, handling difficult and confrontational patients, understanding potential manipulative techniques, peer review, collaborative integrative healthcare including between disciplines, etc. New provider EMR training focuses on provider-specific clinical/documentation requirements and allows providers to gain a more complete understanding of the processes and procedures necessary to provide clinical care in the outpatient and inpatient settings.



New provider onsite orientation is provided by an assigned preceptor to meet FDC mandated onsite orientation requirements including completion of all tasks required on DC4-654D, Clinician Personnel Orientation Process Checklist. Additionally, providers must demonstrate proficiency for all tasks included on the New Centurion Provider Orientation Checklist.

Training for Temporary (Locums) Provider Staff. We are in the process of developing an orientation and training specifically for temporary provider staff (physicians, nurse practitioners). Centurion has not had to utilize temporary providers until recently due to the changes in market conditions. Some of the areas covered in our comprehensive provider orientation described above, like the EMR training and assigned preceptor, are relevant for *locum* providers also. Others, such as information related to conditional medical release, is not needed for the *locum* providers to fulfill the expectations of their job role and responsibilities while temporarily filling a vacancy. Thus, our temporary provider training includes EMR training as part of their onboarding along with other topics.

Our temporary provider training, currently in development, requires approximately eight hours to complete and includes new employee EMR orientation by the EMR training team as well as completion of assigned videos from the Florida EMR Video Library. Videos include the following:

- Adding a medication
- Changing Medical Grade from CIC Form
- Clinical List Changes
- Consultation Request Process
- Disposition of Abnormal MH Labs – Part 1
- Disposition of Abnormal MH Labs – Part 2
- HCV Tx Recs and ordering DAAs
- How to schedule a follow-up CIC appt and associated labs
- How to update a Health Service Profile
- Initiating a provider note for a sick call referral
- Ordering Labs
- Ordering the next periodic screening and labs from within the intake PE (for RC providers only)
- Ordering the next periodic screening and labs from within the current periodic screening

- Prescribing EOS medications
- Radiology custom List Changes
- Refilling medications from within a clinical note
- Additional videos covering diet passes, ordering non-formulary medication, ordering non-formulary labs, regional medical director approval for imaging not requiring a PA completion

Supervision of Mid-Level Staff. Our nurse practitioners (APRNs) are independently licensed in Florida to practice without supervision. However, Centurion ensures all APRN's have a supervising physician and receive supervision. Our Site Medical Directors oversee all clinical care at their assigned facility. Our regional medical directors provide additional oversight and supervision of clinical activities. Our psychiatric nurse practitioners are certified and may practice without direct on-site supervision, but are not considered to be solely within the definition of primary care and therefore must maintain a collaborative agreement with Statewide Psychiatric Director and/or designee. Psychiatric nurse practitioners must complete 1,000 hours of supervision from a supervising psychiatrist. Our Statewide and Associate Statewide Psychiatric Directors oversee this process.

RN Supervisors. The utilization of RN Supervisors has been in place at a select number of facilities. Centurion has added additional RN Supervisors to our proposed staffing plan. The RN Supervisor role is critical for the development of future RN leaders. In addition, these roles will aid in reducing the burnout of our most valued and overworked DON's. The RN Supervisors will be an additional level of leadership for our nurses, which will be reflected as follows:

- Staff Training and Monitoring
- Audit compliance/ Cap training
- Monitors daily processes to ensure operations are efficient and up to standard
- Coordinate with physicians for continuity of care for patients
- Direct supervision and support of floor staff
- Back up for DON, when not on site and assist with managing staff
- Assist in evaluating and improving processes for efficiency, and time management
- Assist in coordinating schedule of nursing staff, manages day to day staffing, and balances as necessary
- Assist in evaluating staff skill set and ability while leading by example to assist in improving staff skillset, and assessment ability



- Assist with emergencies and other duties
- Assist in creating a professional work place by direct oversight and supervision
- Working within the team will provide direct and indirect nursing care to patients
- Coordinates care with security and assists in bridging communication between medical and security

Negotiation Topic: Mental Health Services

Incorporating Staff Well Checks

In consideration of the challenges that staff, including mental health staff, face working in a correctional environment, especially amidst ongoing staff shortages nationwide, our Centurion leadership staff have prioritized making personal contact with staff at any available opportunity, including personal visits by our VPO to night shift staff, for example. Thus, in addition to formal meetings and regularly scheduled contacts, our regional and statewide staff who go into facilities take the time to interact with and talk to site staff during these visits. We also follow-up with staff by phone and offer webinars about avoiding staff burnout and maintaining wellness from our corporate training department and human resources. We take the time to really talk to staff, to check in, to inquire as to what they like about their job and about working for Centurion, and to discover what is keeping them in their positions in order to maintain and build on retention activities. We remind staff to take care of themselves, to avoid *compassion fatigue* and burnout, especially when working extended hours to ensure patient needs are met.

Improved Communication and Training on Problem Solving at Site Level

We have educated staff on communication and escalation procedures to problem-solve at the site level in order to avoid unnecessary escalation of issues to Central Office OHS that can be resolved at a lower level. Staff have improved on their communication of issues or concerns to the site team and, as indicated or necessary, to the FDC Centurion regional or statewide team with positive outcomes. Following education which we provided to them, the staff understand the steps that can occur on a site and regional level and that we want and are available to help and support them. We provide ongoing reminders of this in meetings and through informal and formal contacts.

Disability Rights Florida (DRF) Preparation and Compliance

In current practice, the site CQI monitor assists the company compliance department functions, including but not limited to; monitoring and auditing activities. Additional, duties include assisting legal, clinical operations and all departments with a variety of risk



management activities to promote improved day-to-day operations of the program through performance improvement initiatives:

- Proactive daily monitoring of assigned performance measures.
- Identifies issues of concern, systematic problems, and opportunities for improvement of performance measures.
- Directly responsible for assisting site leadership and clinical personnel with performance improvement initiatives.
- Establish and maintain positive relationships with client partners, contract monitors, and attorneys

Centurion began further cultivating a team of site CQI monitors at the beginning of December 2022, specifically assigned to DRF mental health. Continued development of the monitoring team included setting expectations, establishing best practices, standardizing audits and processes. The implementation of a Lead Site CQI monitor position to provide training to new hires, develop training, including audit workflows for the team, assist with reviewing audits, and troubleshooting noncompliant DRF screens. Centurion has seen a significant improvement of the overall compliance of the DRF settlement agreement over the last three months with the progression of the site CQI monitoring Team. The increase of the overall compliance scores from the FDC's Behavioral Risk Management Team (BRMT) audits of the DRF measures; provides an example of the impact of daily proactive monitoring completed by the site CQI monitors.

Compliance Scores from the BRMT Audits of the DRF Measures

			BRMT Score	BRMT Score	BRMT Score	BRMT Score
Facility	Measure	Screen	October 2022	November 2022	January 2023	February 2023
Lake	Overall Score		67%	63%	86%	85%
FWRC	Overall Score		65%	69%	69%	92%
Wakulla RCC	Overall Score		50%	58%	54%	62%

Implementation and Utilization of Centurion's Mental Health Floating Team

Our mental health *floater* program has and will continue to provide coverage for mental health shortages at sites. As indicated in our ITN proposal, these floating teams or strike teams have allowed us to deliver timely and needed access to care for incarcerated individuals as an innovative staffing solution while we work to address recruitment challenges. Our creation of a mental health floater program or mental health floating team



provides coverage for shortages of psychiatric clinicians, psychologists, and mental health professionals. These mobile staff, as part of our mental health floating team, go in and provide needed services at sites with vacant positions, especially ones with critical shortages.

We hire PRN staff as part of our team to help us catch up on the mental health backlog until we can hire permanent staff. We are planning to hire more floaters and use telehealth more as we continue to think outside the box on how to help sites with backlogs.

Supervision Capabilities for Mental Health Staff Licensure

As the Department is aware, prior to the “privatization” of the mental health services program, mental health staff were not required to hold active licenses. Therefore, we have worked to develop a robust program to provide supervision towards licensure for mental health staff in multiple disciplines and counseling areas. We make sure to have sufficient coverage in each mental health discipline to provide supervision towards licensure for staff. The staff member benefits by being able to remain in their current positions while working towards licensure and FDC and Centurion benefit by expanding on the available candidate pool, while simultaneously developing the next fully licensed staff members.

Academic Affiliations and Practicum Hours for Social Worker Staff

Because we have mental health staff licensed and qualified to provide supervision under multiple mental health disciplines, we work within existing or establish new academic affiliations for staff pursuing a higher degree (i.e. bachelors to masters) or specialty in mental health in order to provide them practicum hours needed to fulfill their educational goals. For example, we coordinated with FSU School of Social Work to establish a practicum experience and hours for staff working towards a master’s in social work degree. This benefits us by retaining the employed staff in their current positions who do not have to go elsewhere to fulfill their educational practicum hours, and provides future potential for these experienced staff to then move into higher level positions once they achieve the educational qualifications and related credentials. We intend to expand on the success of this initiative to broaden these types of academic affiliations to capture other mental health disciplines as well (e.g., masters level professional counseling).

**Negotiation Topic: Medical Care Services****Preventative Screening Measures through Commercial Videos and Electronic Packets**

We look forward to exploring with the Department dissemination of electronic information packets to incarcerated individuals that can be sent to tablets through the Department's contracted vendor for inmate electronic communication. This electronic communication would involve healthcare information such as preventative or periodic healthcare screenings. We propose partnering with the FDC to distribute electronic information packets to incarcerated individuals to educate them on the recommended healthcare screenings per USPSTF along with the benefits of accepting the testing or screening. Additionally, we would like to include vaccine recommendations and benefits of being immunized.

We have seen the success with FDC's implementation of remote access of education resources through Department issued tablets provided to incarcerated individuals. We look forward to further collaboration and expansion of this type of innovation to improve timely access to healthcare resources and services.

As indicated in our ITN proposal, during 2021-2022, Centurion updated all existing proprietary patient education materials for medical, dental, mental health and substance use services in preparation for their conversion into an electronic format. Moving forward into the new contract, we are poised to explore with the FDC options to maximize electronic tablet use by FDC incarcerated individuals to include our patient education healthcare information.

Centurion has explored working relationships with major vendors and suppliers of tablet-based technologies. Tablet technology in correctional settings is emerging rapidly, and we anticipate new opportunities will arise over the next contract term to increase access to healthcare services and information using this technology.

Acute Care APRNs for Sick Call Requests

In our proposed staffing plan, we have included additional APRN positions to implement an urgent care model of care by assigning ARNPs to the sick call process at FDC facilities instead of an RN. This urgent care model provides access for a patient that is more direct to a mid-level provider for conditions determined appropriate through triage. This model proves to be efficient by eliminating the need for a nursing evaluation prior to the APRN assessment, and increases staff and patient satisfaction while decreasing demands on security staff by eliminating the need for multiple encounters. We conducted CQI studies to determine impact on patient grievances and total clinical encounters.

Scanning Patient Identification Cards to Capture Pickup of Keep-On-Person Medications

We propose continuing the exploration with the Department for the capability Fusion has to provide a barcode that can be placed on incarcerated individual's identification cards to enable scanning features linked to the patient's electronic medical record. This would allow healthcare staff, during patient contacts including pill line, to confirm the identity of the individual and bring up the individual's electronic medical record with picture immediately upon scanning of the individual's identification card. We recognize that this requires the FDC to change inmate badges and to use the Fusion-specific barcode for each patient's identification badge. We look forward to further conversation about this feature and collaborating with the Department towards maximizing the use of technology including the EMR to improve the provision of healthcare services to FDC incarcerated individuals.

Director of Nursing Workload – Remote Triage, Telenursing

To further alleviate the workload of the DON position, as a future initiative, we propose continued exploration and testing of increasing remote triage of sick call requests and telenursing as ways to potentially address nursing shortages. Our goal would not be to find wholesale replacement of on-site nurses with remote nurses, but to identify the feasibility of offering at least some level of remote nursing service to improve our ability to recruit nurses and improve the attractiveness of the job for nurses, without compromising the level of care. In fact, we see several advantages, including increased access to nursing services, the ability to instantly backfill an absence for triage services on occasion (versus failing to triage due to an absence).

For example, current onsite triage of sick call requests must be done by a registered nurse. With the current shortage of registered nurses in Florida, this workload gets put back on the DON if the site does not have a registered nurse available to do sick call triage. An alternative option is to use remote triage or telenursing in which a neighboring facility with a registered nurse on site completes the sick call request triage. However, because sick call requests forms are currently paper forms, they would have to be uploaded into the electronic medical record for the registered nurse conducting remote triage or telenursing to complete the triage, then uploaded again once the registered nurse had completed the triage for the facility-based nursing staff to complete the sick call. A possible solution to reduce the cumbersomeness of this workflow, would be if FDC incarcerated individuals could complete sick calls electronically through a kiosk or tablet. We understand this initiative would require EMR changes, kiosk and/or tablet capabilities, and changes to FDC policy.

Since our writing of our ITN proposal, we have continued to make improvements to ensure individuals admitted to the FDC have access to vaccines, such as COVID vaccination at reception and intake. We are also in the process of making an EMR modification to make it



easier to identify patients that need various vaccines, to acquire the vaccines, and to place the vaccine order. We anticipate this modification improvement to be completed next week (as of the writing of this BAFO). We also wish to pursue a future initiative with the Department and their tablet provider to have patient education regarding vaccines distributed via tablets.

Wound Care Program Expansion

Centurion will revise our wound care process by focusing on utilizing our own internal wound care specialist for consultation and treatment of wounds.

We have hired a wound specialist, located at RMCH, who will be responsible for wound management across all FDC facilities. The specialist, trained and experienced in managing simple and complex medical wounds, will provide facility healthcare staff with consultation services including:

- Determining the extent and type of wound and treatment required
- Managing hemostasis
- Cleaning the wound and infection control
- Analgesic use
- Skin closure approaches
- Dressing the wound
- Medication prescription, as needed
- Follow-up services

The wound care specialist will work with the facility healthcare team to stabilize and treat the wound while minimizing infection and promoting healing. The physician will utilize Centurion's *Clinical Guidelines* as well as evidence-based standards of wound care to do so.

The specialist and healthcare staff will document the consultation and services provided in the patient's EMR, eliminating the current trans fixation occurring with MyWoundDoctor. The patient's wound care plan, included in the EMR, will follow the patient in case of a transfer to another FDC facility. It will also be available in the discharge documentation provided to the patient at time of release.

The wound care specialist will have access to and prescribe FDC formulary and stock medications, which will result in process and cost efficiencies, such as a decrease in follow-up frequency and supply requirements, for the Department.



We will continue to subcontract with MyWoundDoctor as a back-up to the wound care specialist.

Negotiation Topic: Dental Services

Class II Extractions at Reception Center

Centurion acknowledges the current backlog of Class II extractions at reception. To address this issue, we launched two initiatives: adding additional staffing at the reception centers and utilizing *strike teams*, as described below.

Staffing Increases. Centurion has included additional dental staff at the reception centers in our proposed staffing for the upcoming contract. This will enable dentists and dental staff located at the reception centers to complete the Class II extractions, when we are fully staffed. As with all areas of healthcare staffing, dentists are in very short supply, especially in Florida.

Utilization of Strike Teams. Centurion will continue to utilize dental strike teams to decrease the backlog. As we did to resolve the backlog caused by COVID-19, we will assemble strike teams, composed of Centurion dental staff from various facilities available for weeks at a time, to spend additional time to address dental issues at the reception centers. Following COVID-19, our strike teams helped reduce the backlog from 12,529 patients to 2,895 patients within a three-month period.

Our dental strike teams not only to provide direct services to patients, but also to educate and train the onsite teams on ways to remain in compliance with wait times. At institutions repeatedly backlogged with noncompliance, especially those fully staffed, our dental director conducts a root cause analysis to determine reason(s) for noncompliance, such as not seeing enough patients or service delivery processes needing improvement, etc.

In 2022, we used our strike teams at two facilities. Our strike team, composed of three to five members, visited Hardee in July and September. In July, they treated 144 patients, including 104 restorative procedures, 21 oral surgeries, 14 past due Dental services other treatments, and five past due sick calls. The majority of the services provided to the 256 patients they treated in September were restorative in nature. At Avon Park in December, our strike team composed of two dentists, treated 163 patients including 137 restorative and 26 oral surgery procedure patients.

Our strike team has been providing services at Central Florida Reception Center and after the week ending March 3, 2023, we will have no backlogs at CFRC. Our strike team is



scheduled to provide services at RMCH the following week, with the goal of significantly decreasing or eliminating the backlog at that facility.

Expansion of Walk-Up Sick Call Model

Centurion proposes to expand the dental walk-up sick model to all FDC facilities with open population incarcerated individuals. We currently provide this service at 32 facilities, where we have successfully developed a program to address the dental needs of incarcerated individuals through a walk-up clinic process.

As we do currently, we will schedule specific times and dates when the dental clinic will be available. We will construct the schedule in collaboration with facility security to minimize any security and other issues. Incarcerated individuals can request a dental sick call visit at the clinic and obtain services from the attending dental provider. In the facilities where we have implemented this program, we have achieved a significant decrease in the number of dental requests without any security, scheduling, or access issues.

The table that follows provides information on the facilities with open population where we currently provide the walk-up sick model and facilities into which we propose to expand the model.

Expanding the Dental Walk-Up Sick Model

Current Facilities with Dental Walk-Up Sick Model		Facilities Proposed for Expansion of the Dental Walk-Up Sick Model	
<ul style="list-style-type: none"> ▪ Calhoun ▪ Century ▪ Franklin ▪ Gulf ▪ Jefferson ▪ Liberty ▪ NWFRC – A1 ▪ NWFRC - M ▪ Okaloosa ▪ Santa Rosa – AX ▪ Wakulla – M ▪ Walton ▪ Columbia – M ▪ Hamilton – A1 ▪ Lawtey ▪ Mayo – A1 	<ul style="list-style-type: none"> ▪ Putnam ▪ Suwannee – Ax ▪ Suwannee – M ▪ CFRC- E ▪ CFRC – M ▪ Hernando ▪ Lake ▪ Polk ▪ Tomoka Main ▪ Charlotte ▪ Dade ▪ Everglades ▪ Martin ▪ Okeechobee ▪ SFRC – M ▪ SFRC - South 	<ul style="list-style-type: none"> ▪ Apalachee E ▪ Apalachee W ▪ Holmes ▪ Santa Rosa - M ▪ Taylor ▪ Wakulla ▪ Columbia A1 ▪ Cross City ▪ FSP – W ▪ Hamilton – M ▪ Lancaster ▪ Madison ▪ RMC – M 	<ul style="list-style-type: none"> ▪ RMC – W ▪ Union ▪ FWRC ▪ Hernando ▪ Lowell – A1 ▪ Lowell – M ▪ Marion ▪ Zephyrhills ▪ Avon Park Main ▪ DeSoto – A1 ▪ Hardee ▪ Homestead

Academic Affiliations for Dental Service and Recruitment of Dental Assistants

Academic Affiliations for Dental Backlogs. Centurion has achieved significant decreases in the dental backlogs caused by the COVID-19 pandemic at FDC facilities, when services were suspended or delayed. To continue this trajectory, we are using dental academic affiliations to not only recruit future dentists, but also to contribute to timely quality dental care. Starting in January 2023, we began working with the Nova Southeast University oral surgery department to decrease some of the existing backlogs. We work with oral surgery residents to allow them to complete extraction procedures at FDC facilities and at an offsite location for more complicated surgical cases. In addition, we provide fourth year dental students with the opportunity to provide dental care to FDC incarcerated individuals.

Academic Affiliations for Outreach and Recruitment of Dental Assistants.

Dental recruitment and outreach is an integral part of our recruiting efforts in Florida. As described in our ITN response, Centurion successfully uses academic affiliations to promote correctional healthcare and recruit potential correctional healthcare providers. Centurion's talent attraction team, under the oversight of **Angela Fitzjarrell, BS, CSSR**, Talent Attraction Manager, manages our academic affiliation program. Ms. Fitzjarrell and her team work with academic centers across Florida to introduce students to correctional health and, with FDC's approval, offer them the opportunity to experience a correctional healthcare environment. Over the past several years, we have had outreach partner relationships that include affiliation agreements, classroom presentations, career fairs, alumni outreach, and "lunch and learn" functions with 129 nursing schools/programs focusing on recruitment of nurses and nurse practitioners. Similarly, we have had partnerships with an additional 18 schools/programs conducting similar activities to recruit bachelors and masters level mental health clinical staff.



**Angela Fitzjarrell, BS,
CSSR**
Talent Attraction
Manager

For our dental program, we currently participate in academic affiliations with Nova Southeastern University in South Florida for fourth year students who can complete an externship at South Florida Reception Center. In addition to conducting oral surgeries at the RMC, we are in the process of establishing a relationship with Nova's oral residency program to perform extractions and oral surgeries at the local hospital. These affiliations will provide us with a direct avenue of candidates for the dental assistant and dental hygienist position post-graduation. We are also actively pursuing new dental academic affiliations in Florida. The following are some of the schools we have identified and the programs to which we are outreaching in 2023:

Dental Hygiene and Dental Assistant Academic Affiliations

Region	Dental Hygiene Programs	Dental Assistant Programs
Region 1	<ul style="list-style-type: none"> ▪ Gulf Coast State College - Panama area ▪ Tallahassee Community College - Tallahassee area 	
Region 2	<ul style="list-style-type: none"> ▪ Santa Fe State College - Gainesville area 	<ul style="list-style-type: none"> ▪ Santa Fe State College - Gainesville area ▪ Concorde Career Institute – Jacksonville area
Region 3	<ul style="list-style-type: none"> ▪ State College of Florida Manatee-Sarasota - West coast ▪ Pasco-Hernando State College - Tampa Area 	<ul style="list-style-type: none"> ▪ Ultimate Medical Academy – Clearwater area ▪ Eastern Florida State College – Cocoa area
Region 4	<ul style="list-style-type: none"> ▪ Florida Southwestern State College - Charlotte area ▪ Miami Dade College - Miami area 	<ul style="list-style-type: none"> ▪ Indian River College – Fort Pierce

Negotiation Topic: Information Technology/Electronic Medical Record

EMR Updates and Improvements Since ITN Submission

Centurion is pleased that our partnership with the FDC has resulted in the design and implementation of an EMR that meets state, facility, and patient needs. As the FDC is aware, we recently completed implementation of the Fusion EMR system across all regions of the FDC. Our EMR team took the lead project management role in implementing the EMR system and worked collaboratively with the FDC. We created 374 electronic forms for use in the system, as well as additional workflows that stem from these forms. Our team has established a host of reporting capabilities and query options. FDC's system-wide EMR is already resulting in cost avoidances associated with more timely and remote access to patient records, remote chart reviews for supervisory and auditing staff, remote provider sign offs on laboratory reports, remote non-formulary review and approval process, improved accuracy and readability of health information, record transfers across facilities, utilization management services, and improved continuity of patient care across disciplines and clinicians. Our quality management team will continue to assess and design reporting functions for efficient healthcare operations. We will continue to work with the FDC to enhance EMR reporting capabilities, and will maintain patient health records in compliance with contract requirements.

Demonstrated in the tables on the following pages, since our July ITN proposal submission, the following EMR advancements and new reporting/forms capabilities have been implemented:



Centurion EMR Advancements Since ITN Submission - July 2022

Broad Categories
Multiple revisions to forms/workflows to accommodate data collection needs
Created multiple landing pages
Multiple updates made to the banner to display needed information
Updates made to ISP to ensure documentation requirements
Enhanced multiple orders to allow for automated appointments
EMR training team built and implemented new employee orientation training process general and specific to discipline
Built and published a specific EMR information page within the Centurion Central site. Going forward this will also be published to the 7 private sites and is already available to the FDC users.
Specific Optimizations
Created centralized flowsheet that contains all info from communicable disease form
Weekly summary tracks the number of MH sessions offered versus number attended.
Developed process to track formal grievances
Reformatted health grades document for ease of use
Improved flow of documentation on individualized mental health service plan
Enhanced respiratory care sheet to capture more detailed patient information
Enhanced pre-release physical to allow for more complete description of patient needs
Enabled auto scheduling of TB clinics based on staff documentation
Enhanced nursing narrative documentation to improve description of patient condition
Optimized the sequence of documentation for pre-special housing health evaluation
Improved usability of Clinic folders
Added mental health residential grade to flowsheet for improved tracking
Enhanced description of results for hemocult testing
Streamlined MDST (multi-disciplinary safety team) documentation to include only current clinics
Automated psychiatric appointments for patients on psychotropic medications
Enhanced form to assist with medical record request upon inmate release
Created hard stop on referral form to ensure all data addressed
Improved visibility of all orders created in an encounter to include the date



Centurion EMR Advancements Since ITN Submission - July 2022

Consolidated infirmary forms on the EMR flowsheet with enhanced naming conventions
Improved mental health notes by pre-populating DR and group attendance information
Psychotherapy notes for patients prone to self-injury augmented to add recent admissions and/or self-injury plans
Added quick links to the MSE (mental status exam) to streamline the documentation process
Optimized the ADA individual service plan to pre-populate demographic information
Streamlined prior approvals
Added key mental health dates to demographics banner
Upgraded UM order menus to include all specialists
Improved visibility of infirmary information to enhance infirmary workflow
Instituted
Converted the psychiatric visit flowsheet (770E) from paper to the EMR
Enhanced Mental Health ISP to prompt for required documentation
Pop up prompts were added to multiple pages to ensure complete documentation
Streamlined and reworked entire nursing reception process in conjunction with Chief of Nursing FDC
Automated labs for physical exams
A list box has been added to the DC4-711A refusal form. When the user checks 'Medical' it will show a list box with the options 'Breast Exam' and 'PAP exam'. If either of these is checked off it will automatically place an order for that exam for the next year
A new popup has been created on the provider CIC form. If the patient has a medical grade of 3 or more a popup will appear if the next clinic was scheduled for more than 90 days. It will display instructions per the HSB regarding when these follow up CIC's should be scheduled
The provider CIC form will now have a display field which will show all of the immunizations that patient has received. When the user checks the box that says 'Review Immunization Record' it will open a visibility field that will show those immunizations as well as a button that will open the complete immunization record if needed.
A button has been added next to question #15 on the DC4-760A Receiving Transfer Summary. It will appear if a referral is required and will open the DC4-529 Staff Request/Referral form
The DC4-773 Education Sheet will open automatically while completing the DC4-760A Receiving Transfer Summary if 'Permanent Facility' is selected
The Staff Request/Referral DC4-529 button has been added to the Nurse Protocol landing page.



Centurion EMR Advancements Since ITN Submission - July 2022

Documents completed in the Bedboard will now say Bedboard in the document summary instead of INF. This will make it easy to identify which documents were completed in the actual EMR (such as the infirmary admission documentation) and which ones were automatically created by the bedboard.
A new button has been added to the Infirmary landing page called 'Weekend Infirmary Rounds'. This will open a regular DC4-714A Infirmary Progress note, but the summary will identify it as a weekend infirmary rounds note
The DC4-781Q and DC4-534 have been combined into one form. The button is labeled 'Healthcare Information Request Record' on the Admin landing page
Medication Renewal button was added to the DC4-642A Psychiatric Follow Up form.
MH Consent question added to the MH Case Manager landing page. Check box added to indicate consent was refused/revoked.
The field 'Last SHOS/MHOS Admission' on the DC4-642S IP Wellbeing and Mental Status Exam has been changed to a date field

Reports Created in the EMR Since ITN Submission - July 2022

Report Name	Created Date	Modified Date
CASE MANAGER REPORT - MHS 55	12/2/2021	12/14/2022
CHRONIC ILLNESS CLINIC - GHS 17	12/2/2021	1/24/2023
CHRONIC ILLNESS SUMMARY - GHS 16	12/2/2021	12/12/2022
COGNITIVE IMPAIRMENT REPORT - MHS 65	10/12/2022	12/12/2022
CONFINEMENT STATUS - MHS 51	12/2/2021	12/12/2022
COPAY CATEGORY - HSS 48	1/17/2022	12/12/2022
COVID-19 STATE TOTALS	2/17/2022	12/12/2022
COVID-19 VACCINATION REPORT	12/2/2021	12/12/2022
DENTAL DAILY OPERATIONS LOG - DSS 49 (DRAFT)	4/27/2022	2/28/2023
DENTAL DISCREPANCY REPORT - DSS50 (Draft)	1/24/2023	2/28/2023
DENTAL PATIENT TREATMENT LOG - DSS 29 (DRAFT)	12/13/2022	2/28/2023
DENTAL PROCEDURES - DSS 30	12/2/2021	2/28/2023
DENTAL WAITING LIST - DSS 05	12/2/2021	2/28/2023
DOCUMENT MONITORING REPORT	1/23/2023	2/1/2023

ITN No. 22-042

Comprehensive Health Care Services

Section

Best and Final Offer



Reports Created in the EMR Since ITN Submission - July 2022

Report Name	Created Date	Modified Date
EMERGENCY NURSING LOG - DC4 781M	10/5/2022	2/16/2023
EOS HIV TEST REPORT - HSS 87 (DRAFT)	12/2/2021	2/16/2023
GRIEVANCE AND INQUIRY LOG - DC4 797C	9/21/2022	10/3/2022
GROUP THERAPY SESSION - MHS 19	12/2/2021	10/7/2022
HEALTH SERVICES DAILY OPERATIONS LOG - GHS 49	3/23/2022	12/29/2022
HEALTH STATUS AND DISCREPANCY REPORT (DRAFT)	3/2/2023	3/2/2023
HIV POSITIVE POPULATION REPORT	7/28/2022	11/18/2022
HIV TEST SUMMARY REPORT (DRAFT)	7/29/2022	10/7/2022
INFIRMARY INPATIENT OUTPATIENT LOG (DRAFT)	1/12/2023	2/16/2023
INITIAL PHYSICAL TRACKING REPORT - GHS 25	10/12/2022	2/9/2023
INITIAL PHYSICAL TRACKING REPORT FEMALES RECEPTION CENTER - GHS25 (DRAFT)	2/23/2023	3/2/2023
INPATIENT CENSUS REPORT - MHS 66	12/2/2021	10/7/2022
INSTITUTIONAL CONSULT LOG - DC4 797F	1/26/2022	1/18/2023
LABORATORY LOG - GHS 70 (Without PPD)	12/2/2021	3/1/2023
MEDICAL PATIENTS BY ICD10 CODE - GHS 21	12/2/2021	1/24/2023
MEDICAL STATUS STATISTICS REPORT (DRAFT)	3/2/2023	3/2/2023
Medication with Associated Diagnoses	5/24/2022	9/16/2022
MENTAL HEALTH ICD-10 DIAGNOSES - MHS 15	12/2/2021	1/26/2023
MH ACTIVITY LOG	3/30/2022	3/1/2023
MH EMERGENCY SELF HARM SHOS MHOS PLACEMENT LOG (DRAFT)	3/31/2022	2/9/2023
MH INTAKE DISCREPANCY REPORT	10/5/2022	1/18/2023
MH RESIDENTIAL GRADE REPORT - MHS 16	12/2/2021	2/7/2023
MORTALITY REPORT - HSS 99	11/3/2022	11/3/2022
MSWTI GRADE REPORT - HSS 53	1/21/2022	11/4/2022
MSWTI TOTALS AND STATS - HSS 54	12/2/2021	9/26/2022

ITN No. 22-042

Comprehensive Health Care Services

Section

Best and Final Offer



Reports Created in the EMR Since ITN Submission - July 2022

Report Name	Created Date	Modified Date
OPTOMETRY LOG - DC4 797G (DRAFT)	11/3/2022	1/4/2023
PATIENT DEMOGRAPHICS	12/2/2021	1/26/2023
PATIENTS RAISED TO S GRADE 2 - 6 - HC0 61 COMBINED	12/2/2021	12/20/2022
POST PLANNING RELEASES - HSS 51	12/2/2021	11/14/2022
PPD LABORATORY LOG - GHS 70	12/2/2021	2/22/2023
PREA REPORT - MHS 23	12/2/2021	10/7/2022
PROVIDER PRODUCTIVITY REPORT - HSS 29 (DRAFT)	12/2/2021	1/13/2023
PSYCHIATRIC REPORT - MHS 56	12/2/2021	10/17/2022
RE-ENTRY LOG REPORT - MHS 42	12/2/2021	10/7/2022
SEX OFFENDER WAITING LIST- MHS 53	12/2/2021	1/23/2023
SICK CALL TRIAGE LOG	12/2/2021	3/2/2023
SICK CALL TRIAGE LOG (PRESENTATION)	12/19/2022	12/19/2022
SRI REPORT - MHS 23	12/2/2021	1/9/2023
STAMI REPORT	8/4/2022	1/3/2023
STRUCTURED THERAPEUTIC OUT OF CELL HOURS REPORT	12/16/2022	12/16/2022
TB CLINIC EOS - GHS 74	12/16/2021	10/17/2022
TELEPHONE COMPLAINT_ REQUEST FOR PHI LOG - DC4 781Q	11/1/2022	11/1/2022
TUBERCULOSIS TEST SUMMARY - GHS 72	7/20/2022	10/17/2022
VACCINE ADMINISTRATON LOG	9/29/2022	1/10/2023
X-RAY LOG - GHS-80 (DRAFT)	2/23/2023	2/24/2023



The successful install, training, and launch of the new EMR was a major undertaking. Now that the system is up and running, Centurion is in the best position to collaborate with the FDC over the next contract term to ensure the EMR is being optimally utilized to better manage the quality and efficiency of services. Changing contractors at this time would, in effect, rewind the EMR progress back 12-18 months, requiring a repeat of the conversion process and pause on moving the EMR to the next phase of operation while a new contractor “learns the ropes” of the FDC system and deals with countless initiatives necessary to affect a contract transition.

Uptime Reporting Strategies

As described in our ITN response, we are not proposing any significant modification to the content or intent of PM-EMR-01 regarding EMR system uptime availability for use of 99.99%. However, we do recommend adding other exclusion language such as when the EMR system is not available due to a significant natural disaster or other catastrophic event outside of Centurion’s or Fusion’s control leading to a network crash (e.g., hurricanes).

Our current process encompasses SmartSheet documentation that is distributed to show the uptime of the EMR system. However, as the FDC is aware, this documentation is currently limited to the uptime of the server rather than the EMR application ‘beyond the server’. Centurion is currently working with Fusion on a monitoring tool that will provide an accurate depiction of the uptime of the system itself and submit the report at a frequency that FDC approves.

Improve Service Level Agreements with Fusion EMR System

Centurion and Fusion have established a successful working relationship during the implementation and maintenance of the EMR system. As we continue to work with Fusion as a partner in the EMR system and gain more experience with the environment and product, we will continuously enhance our service level agreements to formally advance the EMR capabilities to best suit the FDC.

Centurion is in preliminary discussions with Fusion on providing a full-time EMR engineer via Fusion to work as our point person on the Florida program’s EMR system. This engineer would be dedicated to the workflow and needs of the FDC healthcare system and hold Fusion accountable for EMR requests, advancements, updates and more.

As the termination of our initial contract with Fusion is less than a year away, Centurion will ensure that additional service level agreements are established to ensure Fusion is advancing the EMR system in the direction requested.



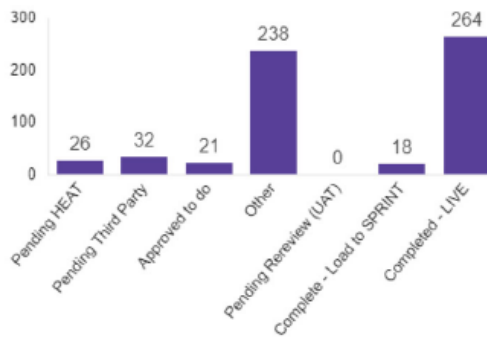
New and Innovative EMR Initiatives

Centurion’s EMR team is continuously working alongside Fusion and the FDC to advance the EMR system capabilities to alleviate problem areas, provide increased functionality to users, and therefore increase productivity by providing the information staff need on a daily basis.

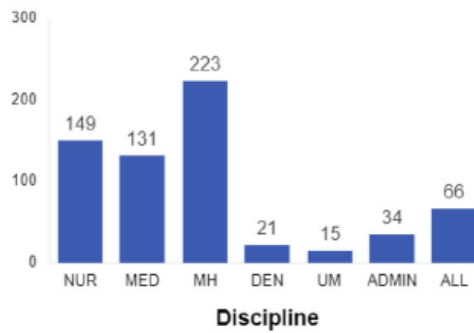
As described in our ITN response, Centurion developed a *Change Management Committee*, known as HEAT, which stands for Healthcare EMR Approval Taskforce, that meets twice per month to design, develop, discuss and pursue implementation of EMR improvements to increase EMR efficiencies. The EMR Improvement Committee works toward decreasing the number of FDC medical paper forms annually. The end state is the transition of FDC healthcare from the current forms-based model to a virtual EMR based model focusing on capturing and organizing data into living documents which facilitate preventive care tracking and chronic disease monitoring, leading to overall improvements in patient care and resource management.

The Change Management Committee utilizes a current smartsheet status dashboard that demonstrates the current status of all EMR work in real time. Various examples are below:

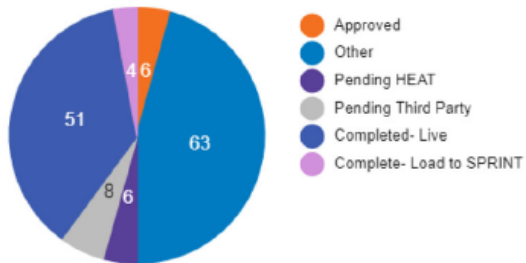
Change Request Status



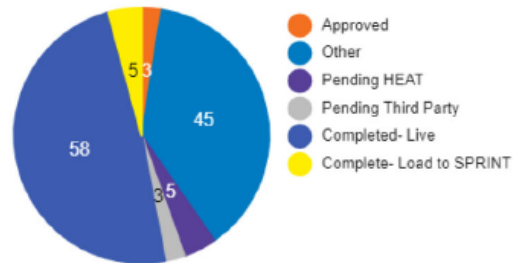
Change Request Disciplines



Nursing Change Requests



Medical Change Requests





In the new contract, the following new initiatives surrounding EMR that Centurion have been added to our implementation list since our July ITN submission:

- **Increase Streamlined Documentation in EMR** – By establishing a designated documentation workflow process much like the reception and intake process, this will allow staff to review the same assessment form, adhere to the appropriate process steps after assessment review, and most importantly, provide the specific protocols to every staff member on completing the next steps based on the specific assessment determinations and needs for care. For example, this workflow would instruct the nurse on the proper nursing protocol to use post assessment review and take the guess work on various determinations such as if a sick call was urgent or emergent. Providing clear a clear documentation process and applicable protocols in the EMR system allows a more streamlined process for all staff with full documentation along the way.
- **Implement Daily Verification of Active Directory and EMR Accounts** – To ensure an accurate list of employees with access to the EMR system and those that still need implemented into the system, as early as next week, Centurion will implement a daily verification automated audit that compares our current active accounts in the EMR system compared to our active employee directory list.
- **Advancing Back Log Reporting** – With the rollout of Fusion, Centurion has tirelessly worked on building each report in the system one by one, converting from paper and out of OBIS from scratch. In the new contract, alongside the Tableau reporting team, we're compiling a backlog reporting capability to allow us to easily pull backlog reports on demand. This will allow our already established weekly meetings with the FDC surrounding reporting to include a status on all backlogs during this meeting, or as requested.
- **Centurion Change Advisory Board** – In March of 2023, Centurion is kicking off our new Change Advisory Board (CAB). The CAB was established to formally certify, coordinate and communicate all changes performed to the Information Technology (IT) Production environment of Centurion--both scheduled and unscheduled. This is carried out via forums held twice weekly composed of cross functional leaders and representatives from each aspect of the IT department, such as infrastructure, systems administration, network engineering, IT operations, and electronic medical record. Under this board, EMR system needs, advancements, changes, etc. will be represented, discussed, and formally documented.
- **Additional Interface Capabilities** – By contract start, Centurion anticipates having additional interface capabilities that will reach Centurion, the FDC, and the Florida Department of Health. The planned new interfaces are EKG CompuMed and



Aftercare Interface. The Aftercare Interface will be ready for testing this month, March 2023.

Analytics and Informatics Utilizing EMR and Healthcare Data

Centurion is currently collaborating with the FDC to establish and/or enhance all required EMR-related reports. Our IT Department has been working alongside our analytics and informatics group, under Centurion's corporate health information technology team, to establish an interface with Tableau, a visual data analytics platform, to establish enhanced data analytic capabilities and expanded EMR dashboard reporting features.

During negotiations, Centurion and FDC spoke specifically regarding improvements to staffing dashboards, backlog dashboards for wardens, and additional automated report capability. Centurion's analytics and informatics team has addressed this request and completed several new dashboards to address these FDC requests and allow live tracking data. Included in **Attachment A – Florida Dashboard and Report Samples**, we show the various dashboards, along with sample reports. We will designate our health service administrators to provide the wardens these reports on a scheduled basis.

Resolving Unplanned Downtime Efficiencies for the Future

As FDC is aware, the State of Florida is susceptible to natural disasters, such as hurricanes. When a hurricane occurs, it can knock out power and network capabilities for days at a time. In current practice, when the EMR system is down for an extended period of time, staff document on paper to later be entered into the EMR records. Our EMR team, led by Linda Dorman, RN, BSN, CCHP, Statewide Director CQI/EMR, is responsible and leads all efforts for the EMR system in Florida. Ms. Dorman and her team are continuously working alongside Fusion and the Department to streamline the EMR service provisions while enhancing our ability to use data to inform care. With this, the EMR team is currently working towards a better process with the Fusion system to enable us to enter information when offline. Continued analysis and exploration of various connectivity options, keeping in mind the challenges posed by the prison environment, will generate new solutions that will improve issues of downtime progressively over time with each instance. This is a complicated problem, but Centurion has a long track record of "always finding a solution" and applying outside-the-box decision strategies to resolve challenges. We remain committed to treating any EMR concerns with a sense of urgency and a multidisciplinary approach to finding and implementing sustainable solutions, ensuring end-users and other stakeholders are involved in the solution process.



Implementation of New Centurion Network

In the current program, FDC runs the network that Centurion and Centurion healthcare staff utilize in the Florida program. In the new contract, Centurion proposes the full management and operation of our own established network. At this time, we have already initiated an internal kickoff of this project to allow us to formally start the new network on July 1st should the FDC approve. We anticipate this project will be a six-month start to getting all orders processed and circuits installed, followed by a 12-month deployment schedule for all sites, making it an 18-month overall plan. We include a formal implementation timeline as **Attachment B – Centurion Network Implementation Timeline.**

There are many benefits to utilizing a Centurion-owned network and separating the medical network from the FDC network:

- Centurion will run all internet connections for healthcare at all facilities
- Operation of our own firewall and security systems to further protect program information, preventing and protecting FDC and Centurion from spreading any viruses or from any security breaches between each other
- Relieving the FDC network of our traffic, thus increasing the speed and storage capacity of FDC network
- Allows Centurion expanded ability to implement new and upcoming technologies
- Enlarging network speed and bandwidth for both parties. This allows more innovative and creative delivery service capabilities of healthcare services

Negotiation Topic: Staffing Plans for Florida Program

Centurion's Proposed Staffing Plans and Methodologies

Our proposed staffing plans are included as **Attachment C – Centurion Proposed Staffing Plans for FDC.** These proposed plans are revised significantly and are based on the discussions and feedback from the FDC's subject matter experts during the multiple ITN negotiation sessions. Although Centurion's proposed plan for the purposes of creating cost projections for the Department's budgeting process has not met the FDC's stated preferred staffing ratios exactly as requested, we have used a methodical approach to establish what we believe is a responsible number of FTEs that will be sufficient to meet the many demands of providing healthcare within the FDC. Our purpose here is to NOT be resistant to the FDC's stated desires regarding staffing ratios, but to be conscious of the already substantial projected cost increases relative to the current budget cap, while attempting to be realistic in terms of what the legislature will ultimately authorize for the program. We believe it necessary to therefore provide the Department some sense of a highly

conservative and judicious approach to increases in compensation, increases in FTEs, and ultimately increases in costs.

We believe it prudent to first establish agreeable pay scales in line with the current market conditions discussed above in order to reverse the negative staffing trends experienced over the past 18 months, assess the impact of those adjustments on the current program's budget, and then determine if additional positions can even be afforded. By jumping to a cost projection scenario that assumes a significant increase in FTEs, on top of already significant vacancies, plus the factoring of significant wage increases to catch up with market rates, the risk is there's no scenario *on the table* within the 'appetite' of the legislative budgeting process.

The staffing plan was not only developed based on our experience from the past seven years, but also from the extensive knowledge held by many of our leadership who have a combined hundreds of years of experience operating within the Department. In addition, we must consider current market conditions and availability of people to fill the positions within a prison who are also being highly recruited by all facets of healthcare. We are all competing for the same limited pool of applicants and many other employers have more attractive offerings, including at home telehealth positions, flex scheduling, large sign-on and retention bonuses, and many other perks to wages already higher than what are able to be offered by Centurion under the current contract's budget limitations. We have used all of these considerations in addition to feedback provided during the sessions in the development of the staffing plan. We have made a number of significant changes to allow us to be more competitive and pivot to meet the new demands of providing healthcare. **The attached matrix has 146 more positions than what are currently available today**, which is a big step towards the FDC's objectives for better ratios of staff to patients.

Based on the ITN negotiation sessions conversations, a review of nursing positions was completed and the number of RN's and LPN's was increased from our original submission. We have ensured a minimum of 4.2 RN's are available at every facility with an infirmary. We have also reviewed the original plan to ensure a sufficient number of appropriate credentialed staff are available for the various levels of care (increased RN's in RMC hospital).

Following are a number of the changes in the proposed matrix:

- **Pharmacy C.N.A. at all 340B facilities:** These staff will ensure 340B medications are ordered, received, delivered so no disruption of medication.
- **Consult Specialists:** Dedicated positions designed to attend to all consults for a small group of facilities to ensure the efficient processing of this most critical level of



care coordination. This model has already been adopted and shown to have significant improvement in the submission of consults and prior approval requests.

- **Site EMR Monitors:** Based on the success recently seen by incorporating EMR monitors into the DRF Inpatient mental health process, these duties will be incorporated at all facilities to ensure proactive oversight of documentation standards. This will be a function of medical records staff.
- **Telehealth Float Pool:** Positions have been assigned in mental health and physical health who will be dedicated telehealth providers to ensure rapid deployment to cover planned or unplanned vacancies.
- **Telehealth Coordinators:** Positions designed to help coordinate scheduling of telehealth position but who will also be trained in the process of facilitating telehealth appointments when clinically appropriate.
- **Social Service Positions:** Three positions added to facilitate the coordination of difficult reentry services and family coordination and responsiveness at the female facilities in Ocala FL
- **Regional Recruiters:** In addition to the 11 recruiters assigned to FL, these positions will report directly to the VPO and act as a liaison between recruiters and operators to ensure a smooth transition from candidate to employee.
- **ADA Coordinators:** Each ADA facility with a significant number of ADA patients will have a coordinator assigned to oversee the processes involved with ensuring appropriate care is provided to the patient meeting the criteria.
- **Statewide ADA Coordinator:** This position will indirectly oversee all ADA coordinators and act as a liaison to the FDC Impaired Inmate Coordinator.
- **Statewide Medical Reentry:** This employee will ensure that difficult reentry cases are addressed proactively in conjunction with the FDC Reentry Coordinator.
- **Urgent Care APRN:** These positions have increased given the positive results received from the pilot use of these positions. The position is primarily used to triage and see all sick call referrals. Given the advanced credentials, the patient now only has to be seen one time, instead of the current three times before referral to a provider. This has and will reduce the numbers of sick calls referrals, reduce the numbers of patients accessing the medical clinical on any given day and possibly decrease the work load for security.
- **RN Supervisors:** We believe this is likely one of the most important additions to the new proposed staffing plan. RN Supervisors have been added as a mechanism to not only identify nurses for lines of succession, but also as a relief factor for DON's.



RN Supervisors have been added to inpatient MH units as well as sites with multi units and/or complex missions.

- **Mental Health Clinical Directors:** As a means to allow advancement opportunities to Master's level licensed professionals, Centurion is recommending the replacement of some Psychologists positions with these Clinical Directors. The model is more in line with community models, will allow advancement opportunities for these valuable employees and reduces the reliance on Psychologists, a position in very short supply due to telehealth opportunities.

“Best and Final Offer” Cost Breakdown Sheet Submission Methodology

Included as **Attachment D – Centurion Cost Breakdown Worksheet**, Centurion is pleased to submit a cost projection proposal worksheet representing our best efforts to provide the FDC full and transparent insight into the projected costs for meeting the staffing and other operational requirements of the ITN. We do so with the need for a cost-effective program in mind that meets all ITN requirements as well as incorporating the discussions that took place with FDC during the negotiation sessions. While this phase of the process is described as the “Best and Final Offer”, Centurion remains committed to continue working with the Department for as long as necessary to continue to fine tune the parameters of the required staffing patterns and other elements of the program towards a viable model within the State’s budget limits. This version of our cost projection is based on the following parameters:

- **Reduction in Administrative fee from 10.5% to 10.0%**
- Five-Year cost projection using conservative, but realistic annual inflation factors
- Centurion-recommended staffing matrix, increased over current staffing levels to incorporate elements from the discussions that took place with the FDC during negotiation sessions
- 100% fully-staffed hypothetical model
- A proposed new model for staffing and performance penalties that caps total penalties at 1% of the annual contract amount

It is important to note that wage rates used in the development of this cost projection are significantly higher than wages in the current program, reflecting the new realities of double-digit wage inflation that has occurred for healthcare professionals. The present market conditions for healthcare professionals must be taken into account in order to accurately project the true costs for the program going forward. Therefore, the salary ranges assumed in these cost assumptions are based on our experience in Florida as well as an in-depth analysis of local market data to ensure continued success in recruiting and retention.

Another driving factor behind the comparatively higher costs for the program going forward versus the current budget cap is the Department’s request that the cost projection be based upon an assumption of **100% fill rates for all positions and at all times**. This “perfect” staffing model requires us to factor all of the incremental spend required to actually achieve and maintain 100% staffing levels. To do so, necessitates an exponentially higher use of



temporary agency personnel, backfilling with part-time PRN positions, overtime, as well as other recruiting incentives. If the Department is NOT intending for the vendor to pursue and maintain 100% full staffing at all times (a feat which actually requires the contractor to plan on staffing greater than 100% due to the sudden unavoidable absences that inevitably will occur), then Centurion can adjust the cost projections accordingly to remove the additional funds associated with sustaining a “perfect”, 100% staffing level at all times.

Current Contract Comparison

As the incumbent contractor, we feel it is beneficial to present a rollforward from the current contract Cap amount to our Year 1 Cost Projection based on the requirements of the ITN and to achieve and sustain the **100% staffing levels** as requested by the Department. The table below highlights the primary cost factors that necessitate an increase in the current contract cap amount. Line item details are provided on the attached Cost breakdown template.

Rollforward Current Cost to Projected Assuming **100% Staffing Levels**

	Projected Amount
Current Contract Cap Amount	\$421,000,000
Market-Based Wage Increases for Current Staff	38,404,000
Increased FTE and Mix Changes	14,662,400
Increased Staffing Fill Rate to 100%	62,575,740
Outside Medical and Pharmacy Cost Inflation	7,740,000
Information Technology Updates	5,755,000
Increased Operational Expenses	2,219,460
Year 1 Projection	\$552,356,600
Year 2 Projection	\$579,004,000
Year 3 Projection	\$608,835,000
Year 4 Projection	\$640,308,600
Year 5 Projection	\$673,524,000

Again, the largest cost increase driver in the table above is the **\$62 million** associated with maintaining a **100% fill rate** for all positions at all times. This level of fill rate is not simply achieved by multiplying the FTEs by market-based compensation rates, but requires the addition of millions of dollars in additional staffing costs to ensure a ready stable of staff on



standby, including staff paid to be on standby, to be ready to step in and fill positions on a moment's notice. In other words, to actually achieve and guarantee 100% staffing levels at all times, the contractor will need to aim for staffing at levels above 100% to ensure 100% is achieved, even when there are sudden and unforeseeable absences. Centurion believes these projected costs could be reduced by allowing for a reasonable level of absences stemming from sick leave, tardiness, routine turnover, and other "life circumstances" that occur over such a large pool of employees. Doing so would remove millions of dollars from the cost projections outlined above and incorporated in the cost projection worksheets.

Performance and Staffing Penalties

Centurion will enter into a contract with the intention of meeting all performance measurement standards to the fullest extent possible. However, given the number of FTEs and the number of facilities, even a high level of diligence in these areas will not prevent the occurrence of staffing vacancies or other situations that would result in falling short of the thresholds and expectations as described in the Departments standards. In the spirit of transparency and candor, Centurion has expressed concerns about these penalties during negotiation sessions and would like to reiterate our thoughts on this again:

In a cost-based contractor reimbursement model, the contractor is highly incentivized to maintain high fill rates (minimum vacancies) to maximize its administrative fee and profit. Given that the contractor is only "paid" for actual expenditures, failing to maintain high fill rates punishes the contractor financially due to the resultant lower revenue and thus lower admin fee. The lower admin fee reduces the contractor's profit margin because the contractor's regional and corporate overhead costs, most of which are fixed costs (meaning they do not decline when staffing levels are lower due to vacant positions) make up a larger percentage of the total costs, translating into a larger percentage "bite" into the admin fee. Given the contractor's only generator of operating margin is the admin fee, the inclusion of un-capped staffing penalties results in significant risk to the commercial viability of the contract, which is not tenable based on the nominal, small profit margins generated from this contract. When the overall budget for the program is capped, as it is now, causing staff compensation rates to lag well below market rates, removing substantial additional funding from the contractor through staffing penalties creates a *double-edged sword* financial effect that could result in the contract spiraling out of commercial viability.

Centurion understands the Department's desire to implement a penalty protocol related to staff vacancies to incentivize the contractor to maintain high fill rates. Centurion proposes the Department limit the penalties to not exceed **1% of the total annual contract cap amount**. Given the contractor, at best, earns a low single-digit profit percentage, the 1% of total contract cap amount limit on penalties is significant to the contractor, and meets the "pain vs. incentive" objectives of such a penalty provision.



The figures in Centurion's best and final offer proposal assumes an annual cap on the amount of penalties assessed of 1% annual contract cap. In addition, we propose the Department consider allowing those penalty dollars to be reinvested in the program to be used for wage incentives, equipment, or other efficiency programs, subject to FDC approval, rather than simply being removed from the program altogether. In other words, the penalties punish the contractor, but not at the expense of the program itself.

Admin Fee versus Profit Margin

In an additional show of good faith negotiations by Centurion, **we are lowering our Admin Fee** from the originally bid rate of 10.5% to 10%. As the Department is aware, the admin fee paid to Centurion does not represent pure profit margin as there are significant corporate, regional, and even direct costs that are incurred out of the admin fee to support a contract of this size and are funded from the admin fee directly or indirectly as a contribution to corporate overhead. The most notable of these costs are shown below. Net of these costs, the resultant profit margin from the contract results in a nominal profit projection in the range of 2% to 3%.

- Non-reimbursable program costs, including employee travel and training, cell phone stipends, car allowances, living and moving expenses.
- Litigation costs and legal settlements.
- Pass-through costs billed without an admin fee, such as insurance premiums, computer equipment, and non-formulary medications.
- Penalties for staffing vacancies and performance measures.
- Corporate overhead support including payroll, human resources, information technology, legal, finance, accounting, office services, clinical operations, contract monitoring, communications, public relations, and executive leadership and governance.
- Corporate income taxes
- Profit margin

Summary

Our approach to pricing is to fully account for the full spectrum of anticipated direct and indirect costs necessary to meet the stated requirements of the ITN and to fulfill the commitments we make in our proposal. **Centurion is open, flexible, and transparent in our dialogue regarding the assumptions behind our cost projections.** We caution the evaluation committee to be highly suspect of any cost projections submitted that appear overly attractive and well below Centurion's projections.



We again highlight the significant additional cost to actually achieve 100% staffing levels, and maintain a “perfect” staffing level at all times as requested by the Department for the purposes of developing these BAFO cost projections. Other vendors may not have included those costs, instead betting on the Department to “relax” that expectation after contract award. Given the cost-based reimbursement structure of the contract, other companies may feel attracted to the notion of under-projecting costs in order to win the contract under the false assumptions they will be able to submit higher actual costs for reimbursement without question and without limitation. Under that scenario, a contractor that under-projected their costs and is held to a contract cap based on those projections, will likely return to the practice of diverting contractual dollars disproportionately to staffing while withholding adequate care from specialists and denying access to needed care, as was the case with hernia surgeries and other care under the previous contractors.

Centurion remains committed to assisting the Department develop its appropriate forecasts and budget requests by providing the Department with as much detailed information as the Department may need regarding the historical costs of the program as well as the future cost projections. We recognize the future projections have been greatly impacted by double-digit inflation in key areas of the healthcare marketplace that impact the program, namely the soaring wages of healthcare professionals and the higher costs charged by hospitals and specialists in the community who are also dealing with the impact of inflation in their businesses.

Centurion looks forward to continuing our successful partnership with the FDC and we are hopeful the evaluation committee sees the merits of our technical proposal and cost projections.

Facility Matrix Index Dashboard

Menu

Facility Matrix Index (FMI)

2020
2021
2022
2023

Florida DOC Comprehensive Facilities Worked Over Matrix
Centurion Goal < 48

7
17 Feb 23
Pass

Metric Performance

Facilities Worked Over Matrix
7 on 17 Feb 2023

4.00 vs. 2 weeks ago (3)

4.00 vs. 1 year ago (3)

Florida DOC Comprehensive Facilities Worked Over Matrix

Top 15 Facilities by Current FMI *

FTEs Worked Over Matrix | Gray Line: *Facility Matrix Index** (2/17/2023)

Current *FMI* * Compared to One Year Ago (2/17/2023)

	FMI Current	FMI Change
Lowell C_I_314	69.0	83.8 ↗
R_M_C Hospital	60.4	69.5 ↗
Florida State Prison_205	57.2	23.0 ↗
Suwannee C_I_230	47.4	14.7 ↗
S Florida Reception Cntr	47.3	11.9 ↗
Columbia C_I_201	46.8	59.2 ↗
Union C_I_213	45.6	31.6 ↗
FL Regional Office I	44.1	44.1 ↗
Martin Correctional Inst	42.8	20.1 ↗
Wakulla C_I_118	36.8	25.0 ↗
Dade Correctional Inst	28.1	28.1 ↗
Santa Rosa C_I_119	28.0	21.7 ↗
Cross City C_I_211	24.1	-103.5 ↓
Zephyrhills C_I_573	23.7	11.7 ↗
CFRC Main_320	15.3	-14.2 ↓

Matrix Worked by Locum (%) | Gray Line: *Facility Matrix Index** (2/17/2023)

* Facility Matrix Index: Calculated for each facility as (Pct. Matrix FTEs Worked by Locum + Pct. FTEs Worked Over Matrix) * Facility Matrix FTEs; all divided by Program Matrix FTEs. Lower index indicates better facility performance.

Talent and Personnel Report Dashboard

Meeting of the Minds Talent Report: January 2023, FLDOC

Menu Contract All Facility All

Retention*: Current (Previous)

Year: 97.0% (71.5% ↗ 25.6%)

Quarter: 97.0% (91.8% ↗ 5.2%)

Month: 97.0% (97.6% ↘ -0.6%)

Contract Vacancy: Current (Previous)

Year: 28.0% (29.2% ↘ -1.2%)

Quarter: 28.0% (28.7% ↘ -0.7%)

Month: 28.0% (28.3% ↘ -0.3%)

Hires: Current (Previous)

Year: 98 (1,158 ↘ -91.5%)

Quarter: 98 (268 ↘ -63.4%)

Month: 98 (70 ↗ 40.0%)

Terminations*: Current (Previous)

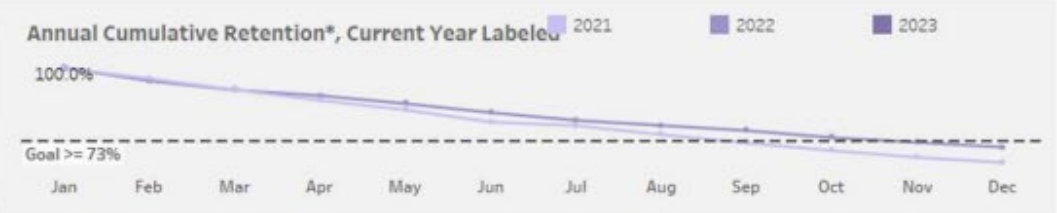
Year: 117 (853 ↘ -86.3%)

Quarter: 178 (117 ↗ 52.1%)

Month: 117 (49 ↗ 138.8%)

Facility Count:
Annual Retention* Below 73%

0 out of 54 facilities



Fiscal Health Report Dashboard

Meeting of the Minds Fiscal Health Report: January 2023, FLDOC Menu Contract All Facility All

Agency Costs: Current (Previous)

Year:	\$1,884,803 (↘ -82.0%)
Quarter:	\$1,884,803 (\$5,450,951 ↘ -65.4%)
Month:	\$1,884,803 (\$2,127,830 ↘ -11.4%)

Agency Overtime: Current (Previous)

Year:	\$235,807 (↘ -82.0%)
Quarter:	\$235,807 (\$673,045 ↘ -65.0%)
Month:	\$235,807 (\$268,711 ↘ -12.2%)

Overtime Costs: Current (Previous)

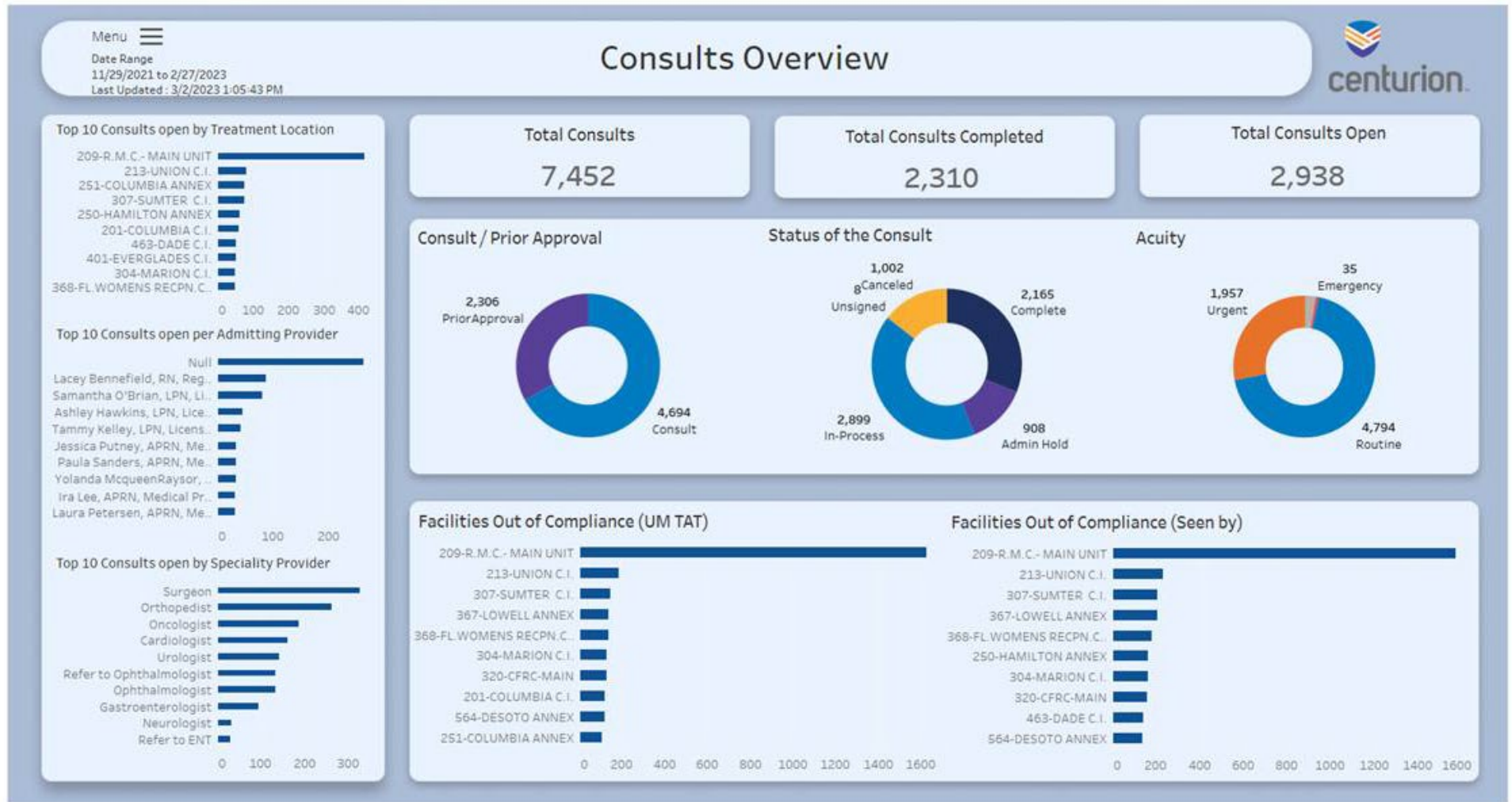
Year:	\$832,140 (↘ -90.6%)
Quarter:	\$832,140 (\$2,179,957 ↘ -61.8%)
Month:	\$832,140 (\$787,887 ↗ 5.6%)

Matrix: Current (Previous)

Year:	3,156.6 (↗ 0.0%)
Quarter:	3,156.6 (3,156.6 ↗ 0.0%)
Month:	3,156.6 (3,156.6 ↗ 0.0%)



Consult Dashboard Report



EMR Bed Tracker

Explore / Florida / Florida EMR / EMR Infirmiry Bed Tracker

Search for views, metrics, workbooks, and more



EMR Infirmiry Bed Tracker

Owner **Douin, Robert** Modified Jun 30, 2022, 3:14 PM

Edit Workbook

Views 4 Data Sources 3 Connected Metrics 0 Custom Views 2 Subscriptions 1

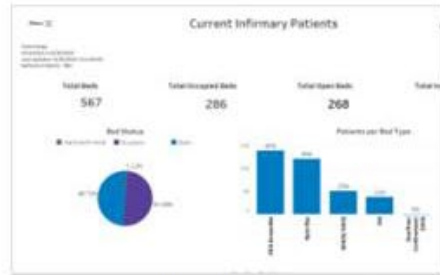
Select All

Sort By: Sheet (fir

Project Detail

Refresh Schedule: Daily
 Data Source: FL EMR (Fusion Bed Board)
 Type: SQL
 Sensor: FLTHQGLCZPWC.redisnet.edm-services.local
 Dashboards:
 Current Infirmiry Patients
 Filters: Facility, Facility Capability, Bed Status, Bed Capability, Bed Type, ADA, Medical Grade, Length of Patient Stay
 KPIs: Total Beds, Total Occupied Beds, Total Open Beds, Total Inactive/On Hold Beds
 Charts:
 Bed Status
 Description: Pie chart displaying the bed count per bed status.
 Patients Per Bed Type
 Description: Bar chart displaying the number of patients according to bed type.

Project Detail



Current Infirmiry Patients



Infirmiry Tracker Overtime



Infirmiry Bed List

Room No.	Room Name	Room Type	Room Status
1001	1001	Single Room	Occupied
1002	1002	Single Room	Open
1003	1003	Single Room	Open
1004	1004	Single Room	Open
1005	1005	Single Room	Open
1006	1006	Single Room	Open
1007	1007	Single Room	Open
1008	1008	Single Room	Open
1009	1009	Single Room	Open
1010	1010	Single Room	Open
1011	1011	Single Room	Open
1012	1012	Single Room	Open
1013	1013	Single Room	Open
1014	1014	Single Room	Open
1015	1015	Single Room	Open
1016	1016	Single Room	Open
1017	1017	Single Room	Open
1018	1018	Single Room	Open
1019	1019	Single Room	Open
1020	1020	Single Room	Open
1021	1021	Single Room	Open
1022	1022	Single Room	Open
1023	1023	Single Room	Open
1024	1024	Single Room	Open
1025	1025	Single Room	Open
1026	1026	Single Room	Open
1027	1027	Single Room	Open
1028	1028	Single Room	Open
1029	1029	Single Room	Open
1030	1030	Single Room	Open
1031	1031	Single Room	Open
1032	1032	Single Room	Open
1033	1033	Single Room	Open
1034	1034	Single Room	Open
1035	1035	Single Room	Open
1036	1036	Single Room	Open
1037	1037	Single Room	Open
1038	1038	Single Room	Open
1039	1039	Single Room	Open
1040	1040	Single Room	Open
1041	1041	Single Room	Open
1042	1042	Single Room	Open
1043	1043	Single Room	Open
1044	1044	Single Room	Open
1045	1045	Single Room	Open
1046	1046	Single Room	Open
1047	1047	Single Room	Open
1048	1048	Single Room	Open
1049	1049	Single Room	Open
1050	1050	Single Room	Open
1051	1051	Single Room	Open
1052	1052	Single Room	Open
1053	1053	Single Room	Open
1054	1054	Single Room	Open
1055	1055	Single Room	Open
1056	1056	Single Room	Open
1057	1057	Single Room	Open
1058	1058	Single Room	Open
1059	1059	Single Room	Open
1060	1060	Single Room	Open
1061	1061	Single Room	Open
1062	1062	Single Room	Open
1063	1063	Single Room	Open
1064	1064	Single Room	Open
1065	1065	Single Room	Open
1066	1066	Single Room	Open
1067	1067	Single Room	Open
1068	1068	Single Room	Open
1069	1069	Single Room	Open
1070	1070	Single Room	Open
1071	1071	Single Room	Open
1072	1072	Single Room	Open
1073	1073	Single Room	Open
1074	1074	Single Room	Open
1075	1075	Single Room	Open
1076	1076	Single Room	Open
1077	1077	Single Room	Open
1078	1078	Single Room	Open
1079	1079	Single Room	Open
1080	1080	Single Room	Open
1081	1081	Single Room	Open
1082	1082	Single Room	Open
1083	1083	Single Room	Open
1084	1084	Single Room	Open
1085	1085	Single Room	Open
1086	1086	Single Room	Open
1087	1087	Single Room	Open
1088	1088	Single Room	Open
1089	1089	Single Room	Open
1090	1090	Single Room	Open
1091	1091	Single Room	Open
1092	1092	Single Room	Open
1093	1093	Single Room	Open
1094	1094	Single Room	Open
1095	1095	Single Room	Open
1096	1096	Single Room	Open
1097	1097	Single Room	Open
1098	1098	Single Room	Open
1099	1099	Single Room	Open
1100	1100	Single Room	Open

Infirmiry Bed List

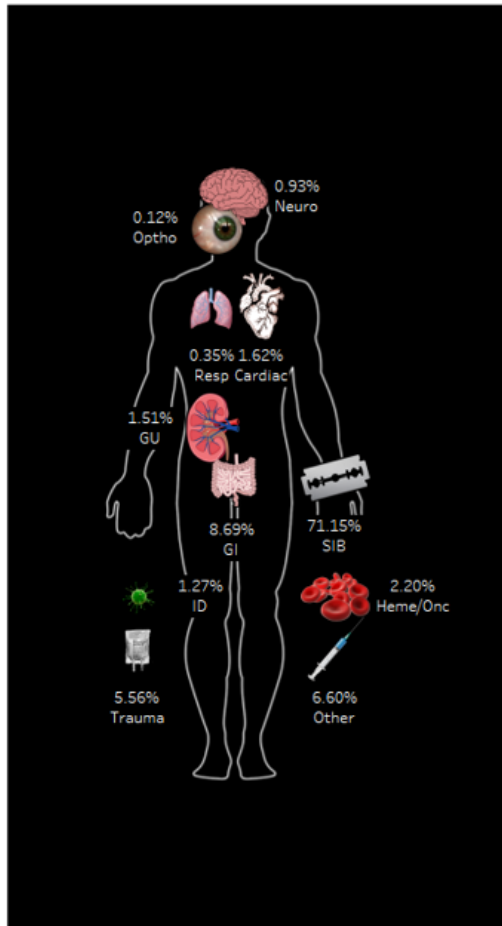


SIB Report

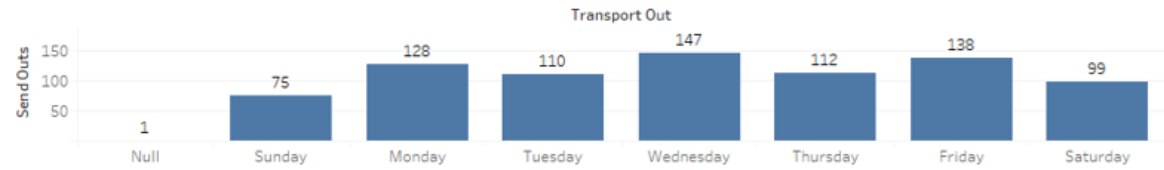


Top 50 SIB Patients

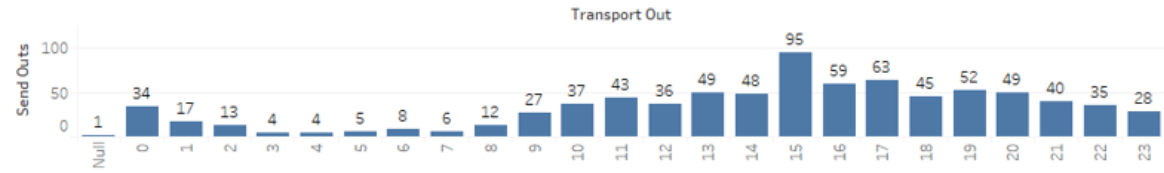
Data Range
7/1/2022 to 12/19/2022
Last Updated: 12/20/2022 9:01:02 AM



Weekday Breakdown



Hour Breakdown



Top 50 SIB Patient Send Outs

DC #	Title	Last Name	Diagnosis	Day of Transport Out	Day of Hospital Admit	Site Notes
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Abnormal Laboratory Report

Abnormal Labs								
Last Update: 12/20/2022 11:19:57 AM								
Current Location	Dorm	ID	Name	Date Lab Drawn	Date Results	Descriptions	Results	Abnormal
APALACHEE EAST UNIT	L	6808	John Doe	12/19/22	12/20/2022	Leukocytes [#./volume] in Blood by Automated count	10.86	H
	M	3040	John Doe	12/16/22	12/17/2022	Glucose [Mass/volume] in Serum or Plasma	113	H
		3041	John Doe	12/16/22	12/17/2022	urea nitrogen/creatinine ratio, serum	5.8 Ratio	L
	O	695	John Doe	12/19/22	12/20/2022	carbon dioxide, serum, total	31	H
		696	John Doe	12/19/22	12/20/2022	WBC urine on microscopy	11-20/[HPF]	H
		697	John Doe	12/19/22	12/20/2022	erythrocyte (RBC) count	3.90 X10(6)/UL	L
		698	John Doe	12/19/22	12/20/2022	hemoglobin, blood	11.7	L
		699	John Doe	12/19/22	12/20/2022	leukocyte esterase, urine, by dipstick	TRACE	A
		5070	John Doe	Null	12/17/2022	thyroid stimulating hormone, serum	11.400	H
		5071	John Doe	12/16/22	12/17/2022	thyroid stimulating hormone, serum	11.400	H
		5504	John Doe	12/16/22	12/17/2022	INR in Platelet poor plasma by Coagulation assay	2.22	H
		5505	John Doe	12/16/22	12/17/2022	prothrombin time (patient)	23.6	H
		6230	John Doe	12/19/22	12/20/2022	bilirubin, urine	SMALL	A
	6231	John Doe	12/19/22	12/20/2022	Calcium [Mass/volume] in Serum or Plasma	10.5	H	
	6232	John Doe	12/19/22	12/20/2022	Cholesterol in LDL [Mass/volume] in Serum or	117	H	

Monthly Health Services Report (SAMPLE Information not accurate)

FY 22-23

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD
Population Stats													
Average Daily Population	71,982												71,982
Intake Screenings	7,007												7,007
Number Pregnant (Last Day)	17												17
Births	2												2
Miscarriages/Fetal Demise	0												0
Deaths	19												19
Physicals													
14 Day Health Assessments	1,971												1,971
Annual Health Assessments	1,411												1,411
On-Site Care													
Sick Call Visits	6,839												6,839
HCP Encounters	8,000												8,000
Telemedicine Encounters	800												800
In-house X-Rays	824												824
Dental Care													
Exams	2,534												2,534
Fillings	2,233												2,233
Extractions	1,389												1,389
Dental Clinic Visits	10,747												10,747
Chronic Care Patients													
Asthma/COPD/Pulmonary	500												500
Diabetes/Endocrine	871												871
HIV/AIDs	276												276
Hypertension/Cardio	2,412												2,412
OB/GYN/Pregnant	171												171
Seizure/Neurology	231												231
Infectious Diseases													
MRSA Suspect Cases	100												100
Confirmed MRSA Cases	82												82
PPDs Given to Inmates	6,801												6,801
PPDs Given Other	1,196												1,196
Suspect Active TB	0												0
Confirmed Active TB	0												0
Identified Chicken Pox Cases	0												0
Identified Gonorrhea Cases	1												1
Identified Chlamydia Cases	1												1
Identified Syphilis Cases	157												157
Vaccines Administered													
Influenza to Inmates	0												0
Influenza Other	0												0
Hepatitis B to Inmates	442												442
Hepatitis B Other	1,014												1,014
Tetanus	798												798
Pneumovax	342												342
Hepatitis A	1,136												1,136
COVID	1136												1,136
Mental Health													
Psych HCP Encounters	11,540												11,540
Psych MHP Encounters	54,080												54,080
Attempted Suicides	1												1
Completed Suicides (confirmed)	1												1
Pharmacy													
Non-Formulary Medications	TBD												0
Off-Site													
ER Visits	298												298
Hospital Admissions	100												100
Total Hospital Days	300												300
Other Off-Site Referrals	2,952												2,952
Grievances													
Total Grievances	2,375												2,375
Unfounded Grievances	2,218												2,218
Dialysis Tx													

Centurion Of MN
Staffing Report with Budget, Actual, Variance

Effective as of: 12/31/2022

Program	Facility (group)	Position Title	Matrix FTEs	Worked FTEs	Variance (Matrix vs. Worked)	Paid FTEs	Variance (Matrix vs. Paid)				
Florida DOC Comprehensive	Apalache East Unit_102	AA, Clerk at Facility	4.0	3.6	-0.4	4.4	0.4				
		AA, Clerk at Facility MH	2.0	0.9	-1.1	1.1	-0.9				
		Activity/Techni/Therapist	1.0	0.0	-1.0	0.0	-1.0				
		Case Manager	0.0	0.0	0.0	0.0	0.0				
		Dental Assistant	4.0	1.3	-2.7	1.9	-2.1				
		Dental Hygienist	1.0	0.9	-0.1	1.0	0.0				
		Dentist	2.0	0.9	-1.1	1.5	-0.5				
		Director of Nursing	0.0	0.0	0.0	0.0	0.0				
		Director of Nursing - Med	2.0	1.4	-0.7	1.6	-0.5				
		Health Services Admin	1.0	0.7	-0.3	1.0	0.0				
		Licensed Pract Nurse Med	15.6	9.1	-6.5	10.1	-5.5				
		Licensed Pract Nurse MH	0.0	0.8	0.8	1.0	1.0				
		MD Physical Health	0.0	0.0	0.0	0.0	0.0				
		Medical Director	1.0	1.6	-1.4	2.0	-1.0				
		Medical Records II	1.0	0.8	-0.2	1.0	0.0				
		Mental Health Professionsa	2.0	5.4	-3.4	7.2	-0.8				
		Nursing Assistant	2.0	3.4	-1.4	4.1	-1.1				
		PhysAsst_AdvRNPrac,CNSpe	2.0	2.1	-0.1	2.0	1.0				
		PhysAsst_AdvRNPrac,CNSpMH	1.0	0.5	-0.5	0.5	-0.5				
		Physical Therapist	0.0	0.0	0.0	0.0	0.0				
		Psychiatrist	1.0	0.0	-1.0	0.0	0.0				
		Psychologist	1.0	0.9	-0.1	0.9	0.1				
		Registered Nurse Med	10.4	7.7	-2.7	8.9	-1.5				
		Registered Nurse MH	1.0	0.0	-1.0	0.0	-1.0				
		Total	64.0	42.3	-21.7	51.9	12.1				
		Avon Park_C_1_503	AA, Clerk at Facility	AA, Clerk at Facility MH	2.0	0.8	-1.2	1.0	-1.0		
				AA, Clerk at Facility MH	1.0	1.0	0.0	1.1	0.1		
				Dental Assistant	2.0	1.5	-0.5	1.9	-0.1		
				Dental Hygienist	0.0	0.0	0.0	0.0	0.0		
				Dentist	1.0	0.7	-0.3	0.7	-0.3		
				Director of Nursing	0.0	0.0	0.0	0.0	0.0		
				Director of Nursing - Med	1.0	0.0	-1.0	0.0	-1.0		
				Health Services Admin	1.0	0.9	-0.1	1.1	0.1		
Licensed Pract Nurse Med	8.0			7.3	-0.7	8.5	0.5				
Medical Director	1.0			0.5	-0.5	1.0	0.0				
Medical Records	1.0			0.0	-1.0	0.0	-1.0				
Medical Records II	1.0			0.8	-0.2	1.0	0.0				
Mental Health Professionsa	1.0			0.5	-0.5	1.0	0.0				
Nursing Assistant	1.0			1.9	0.9	2.3	1.3				
PhysAsst_AdvRNPrac,CNSpe	0.0			0.7	0.7	0.7	0.7				
Psychologist	0.0			0.0	0.0	0.0	0.0				
Registered Nurse Med	5.2			4.4	-0.8	5.4	0.2				
Total	26.2			21.1	-5.1	25.8	-0.4				
Baker_C_1_279	AA, Clerk at Facility			AA, Clerk at Facility MH	1.0	0.0	-1.0	0.0	-1.0		
				AA, Clerk at Facility MH	0.6	0.0	-0.6	0.0	-0.6		
				Dental Assistant	3.0	0.0	-3.0	0.0	-3.0		
				Dental Hygienist	1.0	0.0	-1.0	0.0	-1.0		
				Dentist	1.6	0.0	-1.6	0.0	-1.6		
				Director of Nursing	0.0	0.0	0.0	0.0	0.0		
				Director of Nursing - Med	1.0	0.0	-1.0	0.0	-1.0		
				Health Services Admin	1.0	0.0	-1.0	0.0	-1.0		
				Licensed Pract Nurse Med	7.0	0.0	-7.0	0.0	-7.0		
				MD Physical Health	0.0	0.0	0.0	0.0	0.0		
				Medical Director	0.6	0.0	-0.6	0.0	-0.6		
				Medical Records	2.0	0.0	-2.0	0.0	-2.0		
				Medical Records II	1.0	0.0	-1.0	0.0	-1.0		
				Mental Health Professionsa	1.0	0.0	-1.0	0.0	-1.0		
				Nurse Manager	0.0	0.0	0.0	0.0	0.0		
		Nursing Assistant	1.0	0.0	-1.0	0.0	-1.0				
		PhysAsst_AdvRNPrac,CNSpe	0.6	0.0	-0.6	0.0	-0.6				
		Psychologist	0.0	0.0	0.0	0.0	0.0				
		Registered Nurse Med	5.2	0.0	-5.2	0.0	-5.2				
		Total	26.6	0.0	-26.6	0.0	-26.6				
		Baker Re-entry_275	AA, Clerk at Facility	AA, Clerk at Facility MH	1.0	0.7	-0.3	1.0	0.0		
				AA, Clerk at Facility MH	0.4	0.0	-0.4	0.0	-0.4		
				Licensed Pract Nurse Med	2.8	1.3	-1.5	1.5	-1.3		
				Mental Health Professionsa	1.0	0.6	-0.4	0.9	-0.1		
				Nurse Manager	1.0	0.8	-0.2	1.0	0.0		
				PhysAsst_AdvRNPrac,CNSpe	0.4	0.3	-0.1	0.3	-0.1		
				Psychologist	0.0	0.0	0.0	0.0	0.0		
				Registered Nurse Med	2.8	3.2	0.4	4.5	1.7		
				Total	9.4	6.9	-2.5	9.2	-0.2		
				Calhoun_C_1_105	AA, Clerk at Facility	AA, Clerk at Facility MH	2.0	0.8	-1.2	1.0	-1.0
						AA, Clerk at Facility MH	1.0	0.8	-0.2	1.0	0.0
						Dental Assistant	2.0	1.3	-0.7	1.9	-0.1
						Dental Hygienist	1.0	0.7	-0.3	0.9	-0.1
Dentist	1.0					0.8	-0.2	1.0	0.0		
Director of Nursing	0.0					0.0	0.0	0.0	0.0		
Director of Nursing - Med	1.0					0.8	-0.2	1.0	0.0		
Health Services Admin	1.0					0.8	-0.2	1.0	0.0		
Licensed Pract Nurse Med	7.2					4.5	-2.7	5.6	-1.6		
MD Physical Health	0.0					0.0	0.0	0.0	0.0		
Medical Director	0.2					0.0	-0.2	0.0	-0.2		
Medical Records	2.0					1.6	-0.4	2.0	0.0		
Mental Health Professionsa	1.0					0.8	-0.2	0.8	-0.2		
Nursing Assistant	1.0					0.7	-0.3	0.9	-0.1		
PhysAsst_AdvRNPrac,CNSpe	1.0					0.8	-0.2	1.0	0.0		
Physical Therapist	0.0					0.0	0.0	0.0	0.0		
Psychologist	0.0					0.0	0.0	0.0	0.0		
Registered Nurse Med	5.2					4.9	-0.3	5.6	0.4		
Total	26.6					19.1	-7.5	23.7	-2.9		
Century_C_1_106	AA, Clerk at Facility					AA, Clerk at Facility MH	2.0	1.6	-0.4	2.0	0.0
						AA, Clerk at Facility MH	1.0	0.9	-0.1	1.0	0.0
						Dental Assistant	2.0	0.8	-1.2	1.0	-1.0
						Dental Hygienist	0.5	0.8	0.3	1.0	0.5
						Dentist	1.0	0.4	-0.6	0.7	-0.3
		Director of Nursing	0.0			0.0	0.0	0.0	0.0		
		Director of Nursing - Med	1.0			0.9	-0.1	1.0	0.0		
		Health Services Admin	1.0			0.8	-0.2	1.1	0.1		
		Licensed Pract Nurse Med	7.2			5.3	-1.9	6.5	-0.7		
		MD Physical Health	0.0			0.0	0.0	0.0	0.0		
		Medical Director	0.2			0.1	-0.1	0.1	-0.1		
		Medical Records	2.0			1.7	-0.3	2.0	0.0		
		Medical Technician	0.0			0.0	0.0	0.0	0.0		
		Mental Health Professionsa	1.0			0.8	-0.3	1.0	0.0		
		Nursing Assistant	1.0	2.5	1.5	2.6	1.6				
		Pharmacy Technician	0.0	0.0	0.0	0.0	0.0				
		PhysAsst_AdvRNPrac,CNSpe	1.0	1.0	0.0	1.1	0.1				
		Physical Therapist	0.0	0.0	0.0	0.0	0.0				
		Psychologist	0.0	0.0	0.0	0.0	0.0				
		Registered Nurse Med	5.2	5.3	0.1	5.9	0.7				
		Total	26.6	19.1	-7.5	23.7	-2.9				
		CFRC Main_320	AA, Clerk at Facility	AA, Clerk at Facility MH	7.0	4.1	-2.9	5.7	-1.3		
				AA, Clerk at Facility MH	2.0	0.0	-2.0	0.0	-2.0		
				Activity/Techni/Therapist	2.0	0.7	-1.3	2.0	0.0		
				Case Manager	0.0	0.0	0.0	0.0	0.0		
				Dental Assistant	5.0	4.0	-1.0	5.1	0.1		
				Dental Hygienist	1.0	0.2	-0.8	0.2	-0.8		
				Dentist	3.0	2.3	-0.7	3.1	0.1		
				Director of Nursing	0.0	0.0	0.0	0.0	0.0		
				Director of Nursing - Med	2.0	1.1	-0.9	1.3	-0.7		
				Health Services Admin	2.0	1.4	-0.6	2.0	0.0		
				Laboratory Technician	0.0	0.0	0.0	0.0	0.0		
				Licensed Pract Nurse Med	25.4	12.3	-13.1	13.5	-11.9		
MD Physical Health	2.0			1.3	-0.7	2.1	0.1				
Medical Director	1.0			0.9	-0.1	1.1	0.1				
Medical Records	7.0			1.6	-5.4	2.1	-5.0				
Medical Records II	2.0			0.7	-1.3	1.0	-1.0				
Medical Technician	0.0			0.0	0.0	0.0	0.0				
Mental Health Director	1.0			0.6	-0.4	1.0	0.0				
Mental Health Professionsa	12.0			9.2	-2.8	12.1	0.1				
Nurse Manager	2.8			0.0	-2.8	0.0	-2.8				
Nursing Assistant	9.4			3.7	-5.7	4.9	-4.5				
PhysAsst_AdvRNPrac,CNSpe	7.0			4.3	-2.7	5.7	-1.3				
PhysAsst_AdvRNPrac,CNSpMH	1.5			1.2	-0.3	2.0	0.5				
Psychiatrist	2.0			1.7	-0.3	1.9	-0.1				
Psychologist	1.0			0.8	-0.2	1.0	0.0				
Registered Nurse Med	17.0			13.1	-3.9	14.7	-2.3				
Registered Nurse MH	1.0			0.9	-0.1	1.1	0.1				
Total	117.1			67.0	-50.1	82.9	-34.2				
Charlotte Correction Inst	AA, Clerk at Facility			AA, Clerk at Facility MH	3.0	1.4	-1.6	2.0	-1.0		
				AA, Clerk at Facility MH	3.0	1.9	-1.1	2.3	-0.7		
				Activity/Techni/Therapist	1.0	0.7	-0.3	1.0	0.0		
				Dental Assistant	2.0	1.7	-0.3	2.0	0.0		
				Dental Hygienist	1.0	0.9	-0.2	1.0	0.0		
		Dentist	1.0	0.7	-0.3	0.9	-0.1				
		Director of Nursing	0.0	0.0	0.0	0.0	0.0				
		Director of Nursing - Med	1.0	0.8	-0.2	1.0	0.0				
		Health Services Admin	1.0	0.9	-0.1	1.0	0.0				
		Licensed Pract Nurse Med	20.9	14.8	-6.1	17.3	-3.6				
		Licensed Pract Nurse MH	0.0	0.0	0.0	0.0	0.0				
		MD Physical Health	0.0	0.0	0.0	0.0	0.0				
		Medical Director	1.0	0.8	-0.2	1.0	0.0				
		Medical Records	3.0	2.9	-0.1	4.0	1.0				
		Medical Records II	1.0	0.9	-0.1	1.0	0.0				
		Mental Health Director	1.0	0.0	-1.0	0.0	-1.0				
		Mental Health Professionsa	16.0	9.0	-7.0	10.8	-5.2				
		Nursing Assistant	3.0	2.4	-0.6	3.0	0.0				
		Nursing Assistant - MH	0.0	0.0	0.0	0.0	0.0				
		PhysAsst_AdvRNPrac,CNSpe	1.0	0.8	-0.2	1.0	0.0				
		PhysAsst_AdvRNPrac,CNSpMH	0.6	0.6	0.0	0.8	0.2				
		Psychiatrist	1.0	0.8	-0.2	1.0	0.0				
		Psychologist	1.0	0.4	-0.6	0.4	-0.6				
		Registered Nurse Med	17.0	16.4	-0.6	19.4	2.4				
		Registered Nurse MH	1.0	0.0	-1.0	0.0	-1.0				
		Total	70.5	58.7	-11.8	70.8	0.3				
		Columbia_C_1_201	AA, Clerk at Facility	AA, Clerk at Facility MH	4.0	0.8	-3.2	1.0	-3.0		
				AA, Clerk at Facility MH	2.0	1.1	-0.9	1.3	-0.7		
				Activity/Techni/Therapist	1.0	0.8	-0.2	1.0	0.0		
				Dental Assistant	4.0	2.6	-1.4	3.3	-0.7		
				Dental Hygienist	1.0	0.8	-0.3	1.1	0.1		
				Dentist	2.0	1.6	-0.4	1.9	-0.1		
				Director of Nursing	0.0	0.0	0.0	0.0	0.0		
Director of Nursing - Med	2.0			0.7	-1.3	1.0	-1.0				
Health Services Admin	2.0			1.7	-0.3	2.0	0.0				
Licensed Pract Nurse Med	22.0			15.4	-6.6	17.6	-4.4				
Licensed Pract Nurse MH	0.0			0.0	0.0	0.0	0.0				
MD Physical Health	0.0			0.0	0.0	0.0	0.0				
Medical Director	1.0			0.0	-1.0	0.0	-1.0				
Medical Records	3.0			3.0	0.0	3.8	0.8				
Medical Records II	1.0			0.0	-1.0	0.0	-1.0				
Medical Technician	0.0			0.0	0.0	0.0	0.0				
Mental Health Director	1.0			0.0	-1.0	0.0	-1.0				
Mental Health Professionsa	10.0			7.6	-2.4	9.0	-1.0				
Nursing Assistant	4.0			2.8	-1.2	3.8	-				



Centurion FL Network Migration Project

Task Name	Notes	Duration	Start	Finish	Predecessors	Assigned To	% Complete
Project Management/Documentation		110d	03/06/23	06/23/23			15%
Submit IT Project Intake Request		5d	03/06/23	03/10/23		Ken Garthe	5%
ID Centurion IT Project Manager		5d	03/13/23	03/17/23			0%
ID Facility Address/Locations	Link	5d	03/13/23	03/17/23			99%
ID Project Document Folder	Link	5d	03/13/23	03/17/23			90%
Setup Regular Project Meetings		5d	05/01/23	05/05/23			0%
ID Work Streams		12d	05/01/23	05/12/23			5%
ID Key DOC Stakeholders	Link	12d	05/01/23	05/12/23			10%
Document High-Level Technology Plan	Communicate to Stakeholders	12d	05/22/23	06/02/23			1%
Complete any SOWs needed		19d	06/05/23	06/23/23			0%
Circuit Acquisition		242d	05/01/23	12/28/23			0%
Verify Accuracy of all Facilities	Link	12d	05/01/23	05/12/23			5%
Order Circuits for all facilities		12d	07/03/23	07/14/23			0%
Establish Circuit Install Tracking Documentation & Communication		12d	07/03/23	07/14/23			0%
Complete Circuit Installs		150d	08/01/23	12/28/23			0%
Network Hardware Install		548d	07/03/23	12/31/24			0%
Centurion IT Site Survey	Current GDC Hardware List	150d	08/01/23	12/28/23			0%
Order Firewalls		30d	07/03/23	08/01/23			0%
Confirm Network/Security Design and Project Plan w FDC		50d	07/03/23	08/21/23			0%
Secure FDC Sign-off on Project Plan		5d	08/14/23	08/18/23			0%
Configure Firewalls		120d	09/01/23	12/29/23			0%
Install Firewalls & Complete Centurion Network Reconfiguration	@ each facilities	366d	01/01/24	12/31/24			0%
Go-Live Cutover Timelines		347d	01/02/24	12/13/24			
Deploy Apalachee West CI	101	4d	01/02/24	01/05/24			
Deploy Apalachee East CI	102	4d	01/02/24	01/05/24			
Deploy Jefferson CI	103	5d	01/08/24	01/12/24			
Deploy Jackson CI	104	5d	01/15/24	01/19/24			
Deploy Calhoun CI	105	5d	01/15/24	01/19/24			
Deploy Century CI	106	5d	01/22/24	01/26/24			
Deploy Holmes CI	107	5d	01/29/24	02/02/24			
Deploy Walton CI	108	5d	02/05/24	02/09/24			
Deploy Gulf CI	109	5d	02/05/24	02/09/24			
Deploy NW Florida Rec Center Main	110	5d	02/12/24	02/16/24			
Deploy Franklin CI	113	5d	02/19/24	02/23/24			
Deploy Okaloosa CI	115	5d	02/26/24	03/01/24			
Deploy Wakulla CI	118	5d	02/26/24	03/01/24			
Deploy Santa Rosa CI	119	5d	03/04/24	03/08/24			
Deploy Liberty CI	120	5d	03/11/24	03/15/24			
Deploy Wakulla Annex	122	5d	03/18/24	03/22/24			
Deploy NW Florida Rec Center Annex	125	5d	03/18/24	03/22/24			
Deploy Santa Rosa Annex	135	5d	03/25/24	03/29/24			
Deploy Quincy Annex	139	5d	04/01/24	04/05/24			
Deploy Gadsden Re-Entry	144	5d	04/08/24	04/12/24			
Deploy Gulf CI Annex	150	5d	04/08/24	04/12/24			
Deploy Taylor CI	218	5d	04/15/24	04/19/24			
Deploy Taylor Annex (closing 10/30)	224	5d	04/22/24	04/26/24			

Centurion BAFO Submission 3-5-23

Task Name	Notes	Duration	Start	Finish	Predecessors	Assigned To	% Complete
47	Deploy Columbia CI	201	5d	04/29/24	05/03/24		
48	Deploy FSP CI	205	5d	04/29/24	05/03/24		
49	Deploy FSP West	206	5d	05/06/24	05/10/24		
50	Deploy RMC West	208	5d	05/13/24	05/17/24		
51	Deploy RMC Main & Hospital	209	5d	05/20/24	05/24/24		
52	Deploy New River CI	210	5d	05/20/24	05/24/24		
53	Deploy Cross City CI	211	4d	05/28/24	05/31/24		
54	Deploy Union CI	213	5d	06/03/24	06/07/24		
55	Deploy Putnam CI	214	5d	06/10/24	06/14/24		
56	Deploy Hamilton CI	215	5d	06/10/24	06/14/24		
57	Deploy Madison CI	216	5d	06/17/24	06/21/24		
58	Deploy Mayo CI & Annex	223	5d	06/24/24	06/28/24		
59	Deploy Suwannee CI	230	3d	07/01/24	07/03/24		
60	Deploy Hamilton Annex	250	5d	07/08/24	07/12/24		
61	Deploy Columbia Annex	251	5d	07/15/24	07/19/24		
62	Deploy Lawtey CI	255	5d	07/15/24	07/19/24		
63	Deploy Baker Re-Entry	275	5d	07/22/24	07/26/24		
64	Deploy Baker CI	279	5d	07/29/24	08/02/24		
65	Deploy Lancaster CI	281	5d	08/05/24	08/09/24		
66	Deploy Tomoka CI	282	5d	08/12/24	08/16/24		
67	Deploy Marion CI	304	5d	08/12/24	08/16/24		
68	Deploy Sumter CI	307	5d	08/19/24	08/23/24		
69	Deploy Lake CI	312	5d	08/26/24	08/30/24		
70	Deploy Lowell CI	314	5d	08/26/24	08/30/24		
71	Deploy Central FL Reception Ctr Main	320	4d	09/03/24	09/06/24		
72	Deploy Central FL Reception Ctr East	321	5d	09/09/24	09/13/24		
73	Deploy Central FL Reception Ctr South	323	5d	09/16/24	09/20/24		
74	Deploy Hernando CI	336	5d	09/16/24	09/20/24		
75	Deploy Lowell Annex	367	5d	09/23/24	09/27/24		
76	Deploy FL Women's Reception Ctr	368	5d	09/23/24	09/27/24		
77	Deploy Hardee CI	501	5d	09/30/24	10/04/24		
78	Deploy Avon Park	503	5d	10/07/24	10/11/24		
79	Deploy Desoto CI & Annex	564	5d	10/14/24	10/18/24		
80	Deploy Zephyrhills CI	573	5d	10/14/24	10/18/24		
81	Deploy Polk CI	580	5d	10/21/24	10/25/24		
82	Deploy Everglades CI	401	5d	10/28/24	11/01/24		
83	Deploy S. FL Reception Ctr. -Main	402	5d	11/04/24	11/08/24		
84	Deploy S. FL Reception Ctr. -South	403	5d	11/04/24	11/08/24		
85	Deploy Okeechobee	404	5d	11/11/24	11/15/24		
86	Deploy Homestead CI	419	5d	11/11/24	11/15/24		
87	Deploy Martin CI	430	5d	11/18/24	11/22/24		
88	Deploy Dade CI	463	3d	11/25/24	11/27/24		
89	Deploy Charlotte CI	510	5d	12/02/24	12/06/24		
90	Deploy Everglades Re-Entry Center		5d	12/09/24	12/13/24		
91	Post Go-Live						

Staffing Proposals

- * On the **Staffing Worksheet**, use the **DROPDOWN** list that appears when you click any cell under **Pos**. Position titles not listed on the dropdown list may be entered by selecting "Other-Not Listed" with the Provide the number of **Staffing Proposed** (column I) by entering the number of FTE. Telehealth only positions should be noted as such under column J. You will need to insert the appropriate number of lines needed for each facility to reflect positions be
 - * Complete Staffing for each site on the Staffing Worksheet
 - * Include **all** locations on the Staffing Worksheet (Main Unit, Annex, satellite staffing, RMCH, IP, etc.)
 - * Enter staffing proposals for Inpatient, RMC Hospital, and Wakulla RCCU under separate worksheets p
- NOTE: Facility Demographics are provided on the named Worksheet**

WORK CAMP AND WORK RELEASE STAFFING NEEDS

Work Camp:

- Not staffed full-time
- Sick call conducted a minimum of 3 days per week.
- MD appointments conducted onsite at least one day per week.
- No single-dosed medication except INH twice weekly delivered on days sick call is conduct
- Sick call triage box available with arrangements made to see inmate if complaint is triaged
- KOPs delivered on site days of sick call.
- Labs drawn on site minimum of one day per week.
- Responsible for maintenance of first aid kits and AED at work camp location.
- Inventory and maintain OTC meds for sick call/exam room.

Work Release (FDC run):

Community Work Assigned (CWA, formerly permanent party inmates):

- Health care Contractor is responsible for all routinely scheduled healthcare and sick call. T
- Sick call can be performed at site when requested. KOP delivered to site or mailed directly
- MD appointments can be conducted at the parent facility by coordinating transfers throug

Community Work Release (CWR) and Private CRCs

- Inmate is responsible for health care. After all efforts to seek care in the community has be to the point the inmate is no longer able to maintain employment, health care services will be
- Health Care Contractor is not responsible for inmate while at private ran facilities unless th
- Health Care Contractor is will not go to private facilities to conduct health care sick call or
- If above condition is met, the inmate will be transferred to the parent facility for evaluation by
- Transfer arrangements are made by the private facility in coordination with the parent fac

delivered by the Parent Facility and the Inmate will be re-evaluated for community release eligibility.

FACILITY TYPE	LOCATION OF CARE	Position Title (List each position class separately)	Discipline Category	Staffing Proposed	Description of Job Duties or Title if not from Position Class List
MAJOR C.I. (DC)	135-SANTA ROSA ANNEX	Activity Tech		10.00	
MAJOR C.I. (DC)	135-SANTA ROSA ANNEX	Other Not Listed (provide title in Col. J)		10.40	Certified Nursing Assistant-MH
MAJOR C.I. (DC)	135-SANTA ROSA ANNEX	Other Not Listed (provide title in Col. J)		4.00	Clerk-MH
MAJOR C.I. (DC)	135-SANTA ROSA ANNEX	Other Not Listed (provide title in Col. J)		1.00	Director of Nursing-MH
MAJOR C.I. (DC)	135-SANTA ROSA ANNEX	Other Not Listed (provide title in Col. J)		2.00	EMR Monitor
MAJOR C.I. (DC)	135-SANTA ROSA ANNEX	Other Not Listed (provide title in Col. J)		13.80	LPN-MH
MAJOR C.I. (DC)	135-SANTA ROSA ANNEX	Other Not Listed (provide title in Col. J)		1.00	Mental Health Director
MAJOR C.I. (DC)	135-SANTA ROSA ANNEX	Mental Health Professional		17.00	
MAJOR C.I. (DC)	135-SANTA ROSA ANNEX	Other Not Listed (provide title in Col. J)		2.00	PA/NP-MH
MAJOR C.I. (DC)	135-SANTA ROSA ANNEX	Psychiatrist		2.00	
MAJOR C.I. (DC)	135-SANTA ROSA ANNEX	Psychologist		5.00	
MAJOR C.I. (DC)	135-SANTA ROSA ANNEX	Reentry Specialist		1.00	
MAJOR C.I. (DC)	135-SANTA ROSA ANNEX	Other Not Listed (provide title in Col. J)		12.80	Registered Nurse-MH
MAJOR C.I. (DC)	135-SANTA ROSA ANNEX	Other Not Listed (provide title in Col. J)		1.00	Registered Nurse-Supervisor
MAJOR C.I. (DC)	230-SUWANNEE C.I	Activity Tech		7.00	
MAJOR C.I. (DC)	230-SUWANNEE C.I	Other Not Listed (provide title in Col. J)		9.40	Certified Nursing Assistant-MH
MAJOR C.I. (DC)	230-SUWANNEE C.I	Other Not Listed (provide title in Col. J)		4.00	Clerk-MH
MAJOR C.I. (DC)	230-SUWANNEE C.I	Other Not Listed (provide title in Col. J)		1.00	Director of Nursing-MH
MAJOR C.I. (DC)	230-SUWANNEE C.I	Other Not Listed (provide title in Col. J)		1.00	EMR Monitor
MAJOR C.I. (DC)	230-SUWANNEE C.I	Other Not Listed (provide title in Col. J)		9.80	LPN-MH
MAJOR C.I. (DC)	230-SUWANNEE C.I	Other Not Listed (provide title in Col. J)		1.00	Mental Health Director
MAJOR C.I. (DC)	230-SUWANNEE C.I	Mental Health Professional		9.00	
MAJOR C.I. (DC)	230-SUWANNEE C.I	Other Not Listed (provide title in Col. J)		1.00	PA/NP-MH
MAJOR C.I. (DC)	230-SUWANNEE C.I	Psychiatrist		1.00	
MAJOR C.I. (DC)	230-SUWANNEE C.I	Psychologist		3.00	
MAJOR C.I. (DC)	230-SUWANNEE C.I	Reentry Specialist		1.00	
MAJOR C.I. (DC)	230-SUWANNEE C.I	Other Not Listed (provide title in Col. J)		9.40	Registered Nurse-MH
MAJOR C.I. (DC)	368-FL.WOMENS RECPN.CTR	Behavioral Health Technician (Specialist)		3.00	
MAJOR C.I. (DC)	368-FL.WOMENS RECPN.CTR	Other Not Listed (provide title in Col. J)		3.80	Certified Nursing Assistant-MH
MAJOR C.I. (DC)	368-FL.WOMENS RECPN.CTR	Other Not Listed (provide title in Col. J)		3.00	Clerk-MH
MAJOR C.I. (DC)	368-FL.WOMENS RECPN.CTR	Other Not Listed (provide title in Col. J)		1.00	Director of Nursing-MH
MAJOR C.I. (DC)	368-FL.WOMENS RECPN.CTR	Other Not Listed (provide title in Col. J)		1.00	EMR Monitor
MAJOR C.I. (DC)	368-FL.WOMENS RECPN.CTR	Other Not Listed (provide title in Col. J)		4.20	LPN-MH
MAJOR C.I. (DC)	368-FL.WOMENS RECPN.CTR	Other Not Listed (provide title in Col. J)		1.00	Mental Health Director
MAJOR C.I. (DC)	368-FL.WOMENS RECPN.CTR	Mental Health Professional		5.00	
MAJOR C.I. (DC)	368-FL.WOMENS RECPN.CTR	Other Not Listed (provide title in Col. J)		0.40	PA/NP-MH
MAJOR C.I. (DC)	368-FL.WOMENS RECPN.CTR	Psychiatrist		1.00	
MAJOR C.I. (DC)	368-FL.WOMENS RECPN.CTR	Psychologist		2.00	
MAJOR C.I. (DC)	368-FL.WOMENS RECPN.CTR	Reentry Specialist		0.50	
MAJOR C.I. (DC)	368-FL.WOMENS RECPN.CTR	Other Not Listed (provide title in Col. J)		5.60	Registered Nurse-MH
MAJOR C.I. (DC)	312-LAKE C.I.	Behavioral Health Technician (Specialist)		7.00	
MAJOR C.I. (DC)	312-LAKE C.I.	Other Not Listed (provide title in Col. J)		11.20	Certified Nursing Assistant-MH
MAJOR C.I. (DC)	312-LAKE C.I.	Other Not Listed (provide title in Col. J)		4.00	Clerk-MH
MAJOR C.I. (DC)	312-LAKE C.I.	Other Not Listed (provide title in Col. J)		1.00	Director of Nursing-MH
MAJOR C.I. (DC)	312-LAKE C.I.	Other Not Listed (provide title in Col. J)		1.00	EMR Monitor
MAJOR C.I. (DC)	312-LAKE C.I.	Other Not Listed (provide title in Col. J)		12.20	LPN-MH
MAJOR C.I. (DC)	312-LAKE C.I.	Other Not Listed (provide title in Col. J)		1.00	Mental Health Director
MAJOR C.I. (DC)	312-LAKE C.I.	Mental Health Professional		14.00	
MAJOR C.I. (DC)	312-LAKE C.I.	Other Not Listed (provide title in Col. J)		2.00	PA/NP-Physical Health
MAJOR C.I. (DC)	312-LAKE C.I.	Psychiatrist		2.00	
MAJOR C.I. (DC)	312-LAKE C.I.	Psychologist		4.00	
MAJOR C.I. (DC)	312-LAKE C.I.	Reentry Specialist		1.00	
MAJOR C.I. (DC)	312-LAKE C.I.	Other Not Listed (provide title in Col. J)		15.40	Registered Nurse-MH
MAJOR C.I. (DC)	312-LAKE C.I.	Other Not Listed (provide title in Col. J)		2.80	Registered Nurse-Supervisor-MH
MAJOR C.I. (DC)	573-ZEPHYRHILLS C.I.	Behavioral Health Technician (Specialist)		4.00	
MAJOR C.I. (DC)	573-ZEPHYRHILLS C.I.	Certified Nursing Assistant		3.00	
MAJOR C.I. (DC)	573-ZEPHYRHILLS C.I.	Other Not Listed (provide title in Col. J)		3.80	Certified Nursing Assistant-MH
MAJOR C.I. (DC)	573-ZEPHYRHILLS C.I.	Other Not Listed (provide title in Col. J)		2.00	Clerk-MH
MAJOR C.I. (DC)	573-ZEPHYRHILLS C.I.	Other Not Listed (provide title in Col. J)		1.00	Director of Nursing-MH
MAJOR C.I. (DC)	573-ZEPHYRHILLS C.I.	Other Not Listed (provide title in Col. J)		11.20	LPN-MH
MAJOR C.I. (DC)	573-ZEPHYRHILLS C.I.	Other Not Listed (provide title in Col. J)		1.00	Mental Health Director
MAJOR C.I. (DC)	573-ZEPHYRHILLS C.I.	Mental Health Professional		6.00	
MAJOR C.I. (DC)	573-ZEPHYRHILLS C.I.	Other Not Listed (provide title in Col. J)		0.50	PA/NP-MH
MAJOR C.I. (DC)	573-ZEPHYRHILLS C.I.	Psychiatrist		1.00	
MAJOR C.I. (DC)	573-ZEPHYRHILLS C.I.	Psychologist		2.00	
MAJOR C.I. (DC)	573-ZEPHYRHILLS C.I.	Psychology Resident		4.00	
MAJOR C.I. (DC)	573-ZEPHYRHILLS C.I.	Reentry Specialist		0.50	
MAJOR C.I. (DC)	573-ZEPHYRHILLS C.I.	Other Not Listed (provide title in Col. J)		7.60	Registered Nurse-MH
MAJOR C.I. (DC)	463-DADE C.I.	Behavioral Health Activity Tech		10.00	
MAJOR C.I. (DC)	463-DADE C.I.	Other Not Listed (provide title in Col. J)		9.20	Certified Nursing Assistant-MH
MAJOR C.I. (DC)	463-DADE C.I.	Other Not Listed (provide title in Col. J)		5.00	Clerk-MH
MAJOR C.I. (DC)	463-DADE C.I.	Other Not Listed (provide title in Col. J)		1.00	Director of Nursing-MH
MAJOR C.I. (DC)	463-DADE C.I.	Other Not Listed (provide title in Col. J)		2.00	EMR Monitor
MAJOR C.I. (DC)	463-DADE C.I.	Other Not Listed (provide title in Col. J)		11.20	LPN-MH
MAJOR C.I. (DC)	463-DADE C.I.	Other Not Listed (provide title in Col. J)		1.00	Mental Health Director
MAJOR C.I. (DC)	463-DADE C.I.	Mental Health Professional		13.00	
MAJOR C.I. (DC)	463-DADE C.I.	Other Not Listed (provide title in Col. J)		2.00	PA/NP-MH
MAJOR C.I. (DC)	463-DADE C.I.	Psychiatrist		1.00	
MAJOR C.I. (DC)	463-DADE C.I.	Psychologist		3.00	
MAJOR C.I. (DC)	463-DADE C.I.	Reentry Specialist		1.00	
MAJOR C.I. (DC)	463-DADE C.I.	Other Not Listed (provide title in Col. J)		16.80	Registered Nurse-MH
MAJOR C.I. (DC)	463-DADE C.I.	Other Not Listed (provide title in Col. J)		1.40	Registered Nurse-Supervisor
MAJOR C.I. (DC)	209-R.M.C. - MAIN UNIT	Activity Tech		2.00	
MAJOR C.I. (DC)	209-R.M.C. - MAIN UNIT	Other Not Listed (provide title in Col. J)		1.50	Clerk-MH
MAJOR C.I. (DC)	209-R.M.C. - MAIN UNIT	Other Not Listed (provide title in Col. J)		1.00	Director of Nursing-MH
MAJOR C.I. (DC)	209-R.M.C. - MAIN UNIT	Mental Health Director		1.00	
MAJOR C.I. (DC)	209-R.M.C. - MAIN UNIT	Mental Health Professional		2.00	
MAJOR C.I. (DC)	209-R.M.C. - MAIN UNIT	Psychologist		1.00	
MAJOR C.I. (DC)	209-R.M.C. - MAIN UNIT	Reentry Specialist		0.50	
MAJOR C.I. (DC)	209-R.M.C. - MAIN UNIT	Other Not Listed (provide title in Col. J)		0.50	PA/NP-MH
MAJOR C.I. (DC)	209-R.M.C. - MAIN UNIT	Other Not Listed (provide title in Col. J)		4.20	Registered Nurse-MH

389.60

Centurion BAFO Submission 3-5-23

FACILITY TYPE	LOCATION OF CARE	Position Title (List each position class separately)	Discipline Category	Staffing Proposed	Description of Job Duties or Title if not from Position Class List
MAJOR C.I. (DC)	209-R.M.C.- MAIN UNIT HOSPITAL	Activity Tech	MH	1.00	
MAJOR C.I. (DC)	209-R.M.C.- MAIN UNIT HOSPITAL	Administrative Assistant	A	1.00	
MAJOR C.I. (DC)	209-R.M.C.- MAIN UNIT HOSPITAL	Assistant Director of Nursing	M/N	1.00	
MAJOR C.I. (DC)	209-R.M.C.- MAIN UNIT HOSPITAL	Certified Nursing Assistant	M/N	10.40	
MAJOR C.I. (DC)	209-R.M.C.- MAIN UNIT HOSPITAL	Clerk	A	7.00	
MAJOR C.I. (DC)	209-R.M.C.- MAIN UNIT HOSPITAL	Other Not Listed (provide title in Col. J)		0	2.50 Clerk-MH
MAJOR C.I. (DC)	209-R.M.C.- MAIN UNIT HOSPITAL	Dental Assistant	D	8.00	
MAJOR C.I. (DC)	209-R.M.C.- MAIN UNIT HOSPITAL	Dental Hygienist	D	0.50	
MAJOR C.I. (DC)	209-R.M.C.- MAIN UNIT HOSPITAL	Dentist	D	3.00	
MAJOR C.I. (DC)	209-R.M.C.- MAIN UNIT HOSPITAL	Director of Nursing	M/N	1.00	
MAJOR C.I. (DC)	209-R.M.C.- MAIN UNIT HOSPITAL	Other Not Listed (provide title in Col. J)		0	1.00 E.M.R. Specialist
MAJOR C.I. (DC)	209-R.M.C.- MAIN UNIT HOSPITAL	Other Not Listed (provide title in Col. J)		0	1.00 Health Services Admin
MAJOR C.I. (DC)	209-R.M.C.- MAIN UNIT HOSPITAL	Infection Control Nurse	M/N	1.00	
MAJOR C.I. (DC)	209-R.M.C.- MAIN UNIT HOSPITAL	Other Not Listed (provide title in Col. J)		0	18.40 Licensed Pract Nurse Med
MAJOR C.I. (DC)	209-R.M.C.- MAIN UNIT HOSPITAL	LPN	M/N	11.20	
MAJOR C.I. (DC)	209-R.M.C.- MAIN UNIT HOSPITAL	Other Not Listed (provide title in Col. J)		0	1.00 Medical Director
MAJOR C.I. (DC)	209-R.M.C.- MAIN UNIT HOSPITAL	Medical Records Clerk	A	5.00	
MAJOR C.I. (DC)	209-R.M.C.- MAIN UNIT HOSPITAL	Medical Records Supervisor	A	1.00	
MAJOR C.I. (DC)	209-R.M.C.- MAIN UNIT HOSPITAL	Other Not Listed (provide title in Col. J)		0	7.00 Mental Health Professional- MA/MS
MAJOR C.I. (DC)	209-R.M.C.- MAIN UNIT HOSPITAL	Oral Surgeon	D	1.00	
MAJOR C.I. (DC)	209-R.M.C.- MAIN UNIT HOSPITAL	Other Not Listed (provide title in Col. J)		0	2.50 PA/NP-MH
MAJOR C.I. (DC)	209-R.M.C.- MAIN UNIT HOSPITAL	Other Not Listed (provide title in Col. J)		0	3.40 PA/NP-Physical Health
MAJOR C.I. (DC)	209-R.M.C.- MAIN UNIT HOSPITAL	Other Not Listed (provide title in Col. J)		0	1.00 PA/NP-Urgent Care
MAJOR C.I. (DC)	209-R.M.C.- MAIN UNIT HOSPITAL	Other Not Listed (provide title in Col. J)		0	6.60 Physician MD/DO - Physical Health
MAJOR C.I. (DC)	209-R.M.C.- MAIN UNIT HOSPITAL	Other Not Listed (provide title in Col. J)		0	2.00 Physician MD/DO-Telehealth
MAJOR C.I. (DC)	209-R.M.C.- MAIN UNIT HOSPITAL	Psychiatrist	MH	1.00	
MAJOR C.I. (DC)	209-R.M.C.- MAIN UNIT HOSPITAL	Psychologist	MH	2.00	
MAJOR C.I. (DC)	209-R.M.C.- MAIN UNIT HOSPITAL	Other Not Listed (provide title in Col. J)		0	1.00 Radiology Scheduler
MAJOR C.I. (DC)	209-R.M.C.- MAIN UNIT HOSPITAL	Reentry Specialist	MH	0.50	
MAJOR C.I. (DC)	209-R.M.C.- MAIN UNIT HOSPITAL	Other Not Listed (provide title in Col. J)		0	2.00 Regional Consult Specialist
MAJOR C.I. (DC)	209-R.M.C.- MAIN UNIT HOSPITAL	Registered Nurse	M/N	14.60	
MAJOR C.I. (DC)	209-R.M.C.- MAIN UNIT HOSPITAL	Other Not Listed (provide title in Col. J)		0	3.00 Registered Nurse-Infusion/Chemotherapy
MAJOR C.I. (DC)	209-R.M.C.- MAIN UNIT HOSPITAL	Other Not Listed (provide title in Col. J)		0	1.00 Registered Nurse-MH
MAJOR C.I. (DC)	209-R.M.C.- MAIN UNIT HOSPITAL	Other Not Listed (provide title in Col. J)		0	1.00 Registered Nurse-Supervisor
MAJOR C.I. (DC)	209-R.M.C.- MAIN UNIT HOSPITAL	Scheduler	A	7.00	
MAJOR C.I. (DC)	209-R.M.C.- MAIN UNIT HOSPITAL	Secondary Screener	M/N	1.00	
MAJOR C.I. (DC)	209-R.M.C.- MAIN UNIT HOSPITAL	Other Not Listed (provide title in Col. J)		0	1.00 ADA Coordinator
MAJOR C.I. (DC)	209-R.M.C.- MAIN UNIT HOSPITAL	Other Not Listed (provide title in Col. J)		0	1.00 Statewide Medical Reentry Coordinator
				134.60	

Centurion BAFO Submission 3-5-23

FACILITY TYPE	LOCATION OF CARE	Position Title (List each position class separately)	Discipline Category	Staffing Proposed	Description of Job Duties or Title if not from Position Class List
122-WAKULLA ANNEX RCCU		Activity Tech		11.00	
122-WAKULLA ANNEX RCCU		Certified Nursing Assistant		1.00	
122-WAKULLA ANNEX RCCU		Other Not Listed (provide title in Col. J)		4.20	Certified Nursing Assistant-MH
122-WAKULLA ANNEX RCCU		Other Not Listed (provide title in Col. J)		2.00	Clerk-MH
122-WAKULLA ANNEX RCCU		Other Not Listed (provide title in Col. J)		12.60	LPN-MH
122-WAKULLA ANNEX RCCU		Medical Records Clerk		1.00	
122-WAKULLA ANNEX RCCU		Mental Health Professional		15.00	
122-WAKULLA ANNEX RCCU		Other Not Listed (provide title in Col. J)		3.00	PA/NP-MH
122-WAKULLA ANNEX RCCU		Other Not Listed (provide title in Col. J)		2.00	PA/NP-Physical Health
122-WAKULLA ANNEX RCCU		Psychologist		5.00	
122-WAKULLA ANNEX RCCU		Reentry Specialist		1.00	
122-WAKULLA ANNEX RCCU		Other Not Listed (provide title in Col. J)		9.80	Registered Nurse-MH
122-WAKULLA ANNEX RCCU		Activity Tech		5.00	
122-WAKULLA ANNEX RCCU		Other Not Listed (provide title in Col. J)		2.80	Certified Nursing Assistant-MH
122-WAKULLA ANNEX RCCU		Other Not Listed (provide title in Col. J)		4.00	Clerk-MH
122-WAKULLA ANNEX RCCU		Other Not Listed (provide title in Col. J)		1.00	Director of Nursing-MH
122-WAKULLA ANNEX RCCU		Other Not Listed (provide title in Col. J)		1.00	EMR Monitor
122-WAKULLA ANNEX RCCU		Other Not Listed (provide title in Col. J)		8.40	LPN-MH
122-WAKULLA ANNEX RCCU		Other Not Listed (provide title in Col. J)		1.00	Mental Health Administrator
122-WAKULLA ANNEX RCCU		Other Not Listed (provide title in Col. J)		1.00	Mental Health Director
122-WAKULLA ANNEX RCCU		Mental Health Professional		8.00	
122-WAKULLA ANNEX RCCU		Other Not Listed (provide title in Col. J)		1.00	PA/NP-MH
122-WAKULLA ANNEX RCCU		Psychiatric Director		1.00	
122-WAKULLA ANNEX RCCU		Psychologist		2.50	
122-WAKULLA ANNEX RCCU		Reentry Specialist		1.00	
122-WAKULLA ANNEX RCCU		Other Not Listed (provide title in Col. J)		4.20	Registered Nurse Supervisor-MH
122-WAKULLA ANNEX RCCU		Other Not Listed (provide title in Col. J)		9.40	Registered Nurse-MH
				118.90	

Row Labels	Sum of 9/2022 ADP	Operatories	Final Dentist	Final Dental Assistant	Final Dental Hygienist
101-APALACHEE WEST UNIT	561	4	1	2	0.5
101-APALACHEE WEST UNIT	561				
102-APALACHEE EAST UNIT	1064	3	1	2	0.5
102-APALACHEE EAST UNIT	1064				
103-JEFFERSON C.I.	1220	4	1	2	0.5
103-JEFFERSON C.I.	1098				
168-TALLAHASSEE C.R.C	92				
187-SHISA HOUSE WEST	30				
104-JACKSON C.I.	956	4	1	2	0.5
104-JACKSON C.I.	956				
105-CALHOUN C.I.	1415	4	1.5	3	1
105-CALHOUN C.I.	1415				
106-CENTURY C.I.	1498	4	1.5	3	1
106-CENTURY C.I.	1430				
164-PENSACOLA C.R.C.	68				
107-HOLMES C.I.	1265	4	1.5	3	1
107-HOLMES C.I.	1265				
108-WALTON C.I.	1347	4	1	2	1
108-WALTON C.I.	1347				
109-GULF C.I.	1748	4	2	3	1
109-GULF C.I.	1748				
110-NWFRC MAIN UNIT.	1493				
110-NWFRC MAIN UNIT.	706	4	1	2	0.5
125-NWFRC ANNEX.	718	4	2	3	0.5
153-MTC-PANAMA CITY CRC	69				
113-FRANKLIN C.I.	958	4	1	2	1
113-FRANKLIN C.I.	958				
115-OKALOOSA C.I.	1211	4	1	2	0.6
115-OKALOOSA C.I.	943				
161-OKALOOSA WORK CAMP	268				
118-WAKULLA C.I.	2478				

Row Labels	Sum of 9/2022 ADP	Operatories	Final Dentist	Final Dental Assistant	Final Dental Hygienist
118-WAKULLA C.I.	1604	4	2	4	0.5
122-WAKULLA ANNEX	874	4	1	2	0.5
119-SANTA ROSA C.I.	2130				
119-SANTA ROSA C.I.	1082	4	1	2	0.5
135-SANTA ROSA ANNEX	1048	4	1	2	0.5
120-LIBERTY C.I.	2305	4	2	3	1
120-LIBERTY C.I.	1564				
139-QUINCY ANNEX	288				
144-GADSDEN RE-ENTRY CTR	453				
201-COLUMBIA C.I.	1604	4	2	3	0.5
201-COLUMBIA C.I.	1476				
252-BRIDGES OF LAKE CITY	128				
205-FLORIDA STATE PRISON	1337	2	1	2	1
205-FLORIDA STATE PRISON	1337				
209-R.M.C.- MAIN UNIT	2197				
208-R.M.C.- WEST UNIT	702	4	1	2	0.5
209-R.M.C.- MAIN UNIT	1495	6 & 2 oral surgery	3	8	0.5
211-CROSS CITY C.I.	1447	4	1.5	3	1
211-CROSS CITY C.I.	1017				
269-CROSS CITY EAST UNIT	430				
213-UNION C.I.	1782	4	2	3	1
213-UNION C.I.	1359				
268-UNION WORK CAMP	423				
214-PUTNAM C.I.	477	2	0.5	1	
214-PUTNAM C.I.	477				
215-HAMILTON C.I.	342	4	1	2	0.5
215-HAMILTON C.I.	342				
216-MADISON C.I.	1224	4	1	2	0.6
216-MADISON C.I.	1189				
289-MADISON WORK CAMP	35				
218-TAYLOR C.I.	1467	4	1.5	3	1

Row Labels	Sum of 9/2022 ADP	Operatories	Final Dentist	Final Dental Assistant	Final Dental Hygienist
218-TAYLOR C.I.	1467				
223-MAYO C.I. ANNEX	794	4	1	2	1
223-MAYO C.I. ANNEX	794				
230-SUWANNEE C.I	1941				
230-SUWANNEE C.I	859	4	1	2	0.5
231-SUWANNEE C.I. ANNEX	1082	4	1	2	0.5
250-HAMILTON ANNEX	1191	4	1	2	0.5
250-HAMILTON ANNEX	1191				
251-COLUMBIA ANNEX	2162	4	2	3	0.5
251-COLUMBIA ANNEX	1456				
256-TTH OF DINSMORE	93				
267-BRIDGES OF JACKSONVI	84				
275-BAKER RE-ENTRY CENTR	483				
299-JACKSONVILLE BRIDGE	46				
255-LAWTEY C.I.	782	2	1	2	
255-LAWTEY C.I.	782				
281-LANCASTER C.I.	908	2	1	2	
271-BRIDGES OF SANTA FE	78				
280-LANCASTER W.C.	286				
281-LANCASTER C.I.	544				
282-TOMOKA C.I.	1296	4	1.5	3	1
282-TOMOKA C.I.	1128				
284-TOMOKA WORK CAMP	39				
285-REALITY HOUSE	77				
290-TOMOKA CRC	52				
304-MARION C.I.	1766	4	2	3	1
304-MARION C.I.	1387				
355-REENTRY CTR OF OCALA	114				
364-MARION WORK CAMP	265				
307-SUMTER C.I.	1707	3	1.5	3	1
307-SUMTER C.I.	1431				

Row Labels	Sum of 9/2022 ADP	Operatories	Final Dentist	Final Dental Assistant	Final Dental Hygienist
308-SUMTER B.T.U.	8				
365-SUMTER WORK CAMP	268				
312-LAKE C.I.	568	4	1	2	
312-LAKE C.I.	568				
314-LOWELL C.I.	2153				
314-LOWELL C.I.	814	4	1	2	0.5
316-LOWELL WORK CAMP	238				
367-LOWELL ANNEX	1101	4	1	2	0.5
320-CFRC-MAIN	3495				
320-CFRC-MAIN	1665	4	2	3	0.5
321-CFRC-EAST	1253	4	2	3	0.5
323-CFRC-SOUTH	95				
347-BRIDGES OF COCOA	59				
351-BRIDGES OF ORLANDO	124				
352-ORLANDO BRIDGE	87				
353-TTH OF KISSIMMEE	89				
361-ORLANDO C.R.C.	6				
374-KISSIMMEE C.R.C.	117				
336-HERNANDO C.I.	620	2	0.5	1	
336-HERNANDO C.I.	444				
345-SUNCOAST C.R.C.(FEM)	176				
368-FL.WOMENS RECPN.CTR	1260	4	3	4	0.5
368-FL.WOMENS RECPN.CTR	1260				
401-EVERGLADES C.I.	2266	4	2.5	3	1
401-EVERGLADES C.I.	1845				
441-EVERGLADES RE-ENTRY	421				
402-S.F.R.C.	1895				
402-S.F.R.C.	1239	6	3	5	
403-S.F.R.C SOUTH UNIT	385	4	1	1	
427-MTC-MIAMI NORTH CRC	89				
446-HOLLYWOOD C.R.C.	86				

Row Labels	Sum of 9/2022 ADP	Operatories	Final Dentist	Final Dental Assistant	Final Dental Hygienist
470-TURNING POINT C.R.C	89				
473-OPA LOCKA C.R.C.	7				
404-OKEECHOBEE C.I.	2130	4	2	3	1
404-OKEECHOBEE C.I.	1761				
464-SAGO PALM RE-ENTRY C	369				
419-HOMESTEAD C.I.	313	2	1	2	0.25
419-HOMESTEAD C.I.	313				
430-MARTIN C.I.	2121	4	2	3	1
414-TFF-Ft. PIERCE CRC	65				
420-MARTIN WORK CAMP	262				
430-MARTIN C.I.	1507				
431-Loxahatchee Road Prison - reopened 9/26/22	92				
452-Atlantic CRC - reopened 9/30/22	45				
469-West Palm Beach CRC - reopened 9/30/22	150				
463-DADE C.I.	1219	4	1	2	0.75
463-DADE C.I.	1219				
501-HARDEE C.I.	1768	5	2	3	1
412-BRADENTON BRIDGE	61				
501-HARDEE C.I.	1432				
563-HARDEE WORK CAMP	275				
503-AVON PARK C.I.	1560	2	1	2	0.5
503-AVON PARK C.I.	1065				
504-AVON PARK WORK CAMP	495				
510-CHARLOTTE C.I.	1113	4	1	2	0.5
510-CHARLOTTE C.I.	1113				
564-DESOTO ANNEX	1812	4	2	3	1
560-DESOTO WORK CAMP	266				
564-DESOTO ANNEX	1546				
573-ZEPHYRHILLS C.I.	714	2	1	2	
382-TTH OF TARPON SPRING	74				
573-ZEPHYRHILLS C.I.	640				

Row Labels	Sum of 9/2022 ADP	Operatories	Final Dentist	Final Dental Assistant	Final Dental Hygienist
580-POLK C.I.	1892	2	1	2	0.5
381-TTH OF BARTOW	58				
552-LARGO R.P.	68				
562-POLK WORK CAMP	282				
580-POLK C.I.	1355				
583-ST. PETE C.R.C.	129				
Grand Total	72972		82	147	35.2

LOCATION OF CARE	Position Title (List each Position Class separately)	Discipline Category	Inpatient (Y/N)	Staffing Proposed	Description of Job Duties or Title if not from Position Class List
101-APALACHEE WEST UNIT	Administrative Assistant	A		1.00	
101-APALACHEE WEST UNIT	Certified Nursing Assistant	M/N		1.50	
101-APALACHEE WEST UNIT	Clerk	A		1.00	
101-APALACHEE WEST UNIT	Dental Assistant	D		2.00	
101-APALACHEE WEST UNIT	Dental Hygienist	D		0.50	
101-APALACHEE WEST UNIT	Dentist	D		1.00	
101-APALACHEE WEST UNIT	Director of Nursing	M/N		1.00	
101-APALACHEE WEST UNIT	LPN	M/N		4.20	
101-APALACHEE WEST UNIT	Medical Records Clerk	A		1.00	
101-APALACHEE WEST UNIT	Mental Health Professional	MH		1.00	
101-APALACHEE WEST UNIT	Other Not Listed (provide title in Col. J)		0	1.00	Clerk-MH
101-APALACHEE WEST UNIT	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-Physical Health
101-APALACHEE WEST UNIT	Registered Nurse	M/N		5.20	
102-APALACHEE EAST UNIT	Administrative Assistant	A		1.00	
102-APALACHEE EAST UNIT	Certified Nursing Assistant	M/N		3.50	
102-APALACHEE EAST UNIT	Dental Assistant	D		2.00	
102-APALACHEE EAST UNIT	Dental Hygienist	D		0.50	
102-APALACHEE EAST UNIT	Dentist	D		1.00	
102-APALACHEE EAST UNIT	Director of Nursing	M/N		1.00	
102-APALACHEE EAST UNIT	Health Services Administrator	A		1.00	
102-APALACHEE EAST UNIT	LPN	M/N		10.80	
102-APALACHEE EAST UNIT	Medical Records Clerk	A		2.00	
102-APALACHEE EAST UNIT	Medical Records Supervisor	A		1.00	
102-APALACHEE EAST UNIT	Mental Health Professional	MH		6.00	
102-APALACHEE EAST UNIT	Other Not Listed (provide title in Col. J)		0	1.00	Clerk-MH
102-APALACHEE EAST UNIT	Other Not Listed (provide title in Col. J)		0	1.00	Medical Director
102-APALACHEE EAST UNIT	Other Not Listed (provide title in Col. J)		0	1.00	Mental Health Clinical Director
102-APALACHEE EAST UNIT	Other Not Listed (provide title in Col. J)		0	1.50	PA/NP-MH
102-APALACHEE EAST UNIT	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-Physical Health
102-APALACHEE EAST UNIT	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-Urgent Care
102-APALACHEE EAST UNIT	Other Not Listed (provide title in Col. J)		0	1.00	Registered Nurse-MH
102-APALACHEE EAST UNIT	Reentry Specialist	MH		1.00	
102-APALACHEE EAST UNIT	Registered Nurse	M/N		5.20	
102-APALACHEE EAST UNIT	Telehealth Coordinator	M/N		1.00	
103-JEFFERSON C.I.	Administrative Assistant	A		1.00	
103-JEFFERSON C.I.	Certified Nursing Assistant	M/N		3.00	
103-JEFFERSON C.I.	Dental Assistant	D		2.00	
103-JEFFERSON C.I.	Dental Hygienist	D		0.50	
103-JEFFERSON C.I.	Dentist	D		1.00	
103-JEFFERSON C.I.	Director of Nursing	M/N		1.00	
103-JEFFERSON C.I.	Health Services Administrator	A		1.00	
103-JEFFERSON C.I.	LPN	M/N		5.20	
103-JEFFERSON C.I.	Medical Records Clerk	A		1.00	
103-JEFFERSON C.I.	Mental Health Professional	MH		3.00	
103-JEFFERSON C.I.	Other Not Listed (provide title in Col. J)		0	0.60	PA/NP-Physical Health
103-JEFFERSON C.I.	Other Not Listed (provide title in Col. J)		0	0.80	Medical Director
103-JEFFERSON C.I.	Other Not Listed (provide title in Col. J)		0	0.80	PA/NP-MH
103-JEFFERSON C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Clerk-MH
103-JEFFERSON C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Mental Health Director
103-JEFFERSON C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Registered Nurse-MH
103-JEFFERSON C.I.	Reentry Specialist	MH		1.00	
103-JEFFERSON C.I.	Registered Nurse	M/N		5.20	
103-JEFFERSON C.I.	Telehealth Coordinator	M/N		1.00	
104-JACKSON C.I.	Administrative Assistant	A		1.00	
104-JACKSON C.I.	Certified Nursing Assistant	M/N		4.00	
104-JACKSON C.I.	Clerk	A		1.00	
104-JACKSON C.I.	Dental Assistant	D		2.00	
104-JACKSON C.I.	Dental Hygienist	D		0.50	
104-JACKSON C.I.	Dentist	D		1.00	
104-JACKSON C.I.	Director of Nursing	M/N		1.00	
104-JACKSON C.I.	Health Services Administrator	A		1.00	
104-JACKSON C.I.	LPN	M/N		7.20	
104-JACKSON C.I.	Medical Records Clerk	A		1.00	
104-JACKSON C.I.	Mental Health Professional	MH		3.00	
104-JACKSON C.I.	Other Not Listed (provide title in Col. J)		0	0.50	PA/NP-MH
104-JACKSON C.I.	Other Not Listed (provide title in Col. J)		0	0.60	Physician MD/DO-Telehealth
104-JACKSON C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Clerk-MH
104-JACKSON C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Mental Health Director
104-JACKSON C.I.	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-Physical Health
104-JACKSON C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Registered Nurse-MH
104-JACKSON C.I.	Registered Nurse	M/N		5.20	
104-JACKSON C.I.	Telehealth Coordinator	M/N		1.00	
105-CALHOUN C.I.	Administrative Assistant	A		1.00	
105-CALHOUN C.I.	Certified Nursing Assistant	M/N		2.40	
105-CALHOUN C.I.	Dental Assistant	D		3.00	
105-CALHOUN C.I.	Dental Hygienist	D		1.00	
105-CALHOUN C.I.	Dentist	D		1.50	
105-CALHOUN C.I.	Director of Nursing	M/N		1.00	
105-CALHOUN C.I.	Health Services Administrator	A		1.00	
105-CALHOUN C.I.	LPN	M/N		5.20	
105-CALHOUN C.I.	Medical Records Clerk	A		2.00	
105-CALHOUN C.I.	Mental Health Professional	MH		1.00	
105-CALHOUN C.I.	Other Not Listed (provide title in Col. J)		0	0.20	Physician MD/DO-Telehealth
105-CALHOUN C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Clerk-MH
105-CALHOUN C.I.	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-Physical Health
105-CALHOUN C.I.	Registered Nurse	M/N		5.20	
105-CALHOUN C.I.	Telehealth Coordinator	M/N		1.00	
	Administrative Assistant	A		1.00	
	Certified Nursing Assistant	M/N		2.40	
	Dental Assistant	D		3.00	
	Dental Hygienist	D		1.00	
	Dentist	D		1.50	
	Director of Nursing	M/N		1.00	
	Health Services Administrator	A		1.00	
	LPN	M/N		6.20	
	Medical Records Clerk	A		2.00	
	Mental Health Professional	MH		1.00	
	Other Not Listed (provide title in Col. J)		0	0.40	Physician MD/DO-Telehealth
	Other Not Listed (provide title in Col. J)		0	1.00	Clerk-MH
	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-Physical Health
	Registered Nurse	M/N		5.20	
	Telehealth Coordinator	M/N		1.00	
107-HOLMES C.I.	Administrative Assistant	A		1.00	
107-HOLMES C.I.	Certified Nursing Assistant	M/N		2.00	
107-HOLMES C.I.	Clerk	A		1.00	
107-HOLMES C.I.	Dental Assistant	D		3.00	

107-HOLMES C.I.	Dental Hygienist	D		1.00	
107-HOLMES C.I.	Dentist	D		1.50	
107-HOLMES C.I.	Director of Nursing	M/N		1.00	
107-HOLMES C.I.	Health Services Administrator	A		1.00	
107-HOLMES C.I.	LPN	M/N		6.20	
107-HOLMES C.I.	Medical Records Clerk	A		1.00	
107-HOLMES C.I.	Mental Health Professional	MH		1.00	
107-HOLMES C.I.	Other Not Listed (provide title in Col. J)		0	0.20	Physician MD/DO-Telehealth
107-HOLMES C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Clerk-MH
107-HOLMES C.I.	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-Physical Health
107-HOLMES C.I.	Registered Nurse	M/N		5.20	
108-WALTON C.I.	Administrative Assistant	A		1.00	
108-WALTON C.I.	Certified Nursing Assistant	M/N		2.00	
108-WALTON C.I.	Dental Assistant	D		2.00	
108-WALTON C.I.	Dental Hygienist	D		1.00	
108-WALTON C.I.	Dentist	D		1.00	
108-WALTON C.I.	Director of Nursing	M/N		1.00	
108-WALTON C.I.	Health Services Administrator	A		1.00	
108-WALTON C.I.	LPN	M/N		12.60	
108-WALTON C.I.	Medical Records Clerk	A		2.00	
108-WALTON C.I.	Mental Health Professional	MH		6.00	
108-WALTON C.I.	Other Not Listed (provide title in Col. J)		0	0.20	Physician MD/DO-Telehealth
108-WALTON C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Mental Health Clinical Director
108-WALTON C.I.	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-MH
108-WALTON C.I.	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-Physical Health
108-WALTON C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Registered Nurse-MH
108-WALTON C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Registered Nurse-Supervisor
108-WALTON C.I.	Other Not Listed (provide title in Col. J)		0	2.00	Clerk-MH
108-WALTON C.I.	Reentry Specialist	MH		1.00	
108-WALTON C.I.	Registered Nurse	M/N		5.20	
108-WALTON C.I.	Telehealth Coordinator	M/N		1.00	
109-GULF C.I.	Administrative Assistant	A		1.00	
109-GULF C.I.	Certified Nursing Assistant	M/N		3.40	
109-GULF C.I.	Dental Assistant	D		3.00	
109-GULF C.I.	Dental Hygienist	D		1.00	
109-GULF C.I.	Dentist	D		2.00	
109-GULF C.I.	Director of Nursing	M/N		1.00	
109-GULF C.I.	Health Services Administrator	A		1.00	
109-GULF C.I.	LPN	M/N		5.20	
109-GULF C.I.	Medical Records Clerk	A		2.00	
109-GULF C.I.	Medical Records Supervisor	A		1.00	
109-GULF C.I.	Mental Health Professional	MH		1.00	
109-GULF C.I.	Other Not Listed (provide title in Col. J)		0	0.20	Physician MD/DO-Telehealth
109-GULF C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Clerk-MH
109-GULF C.I.	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-Physical Health
109-GULF C.I.	Registered Nurse	M/N		5.20	
109-GULF C.I.	Telehealth Coordinator	M/N		1.00	
110-NWFRC MAIN UNIT.	Administrative Assistant	A		1.00	
110-NWFRC MAIN UNIT.	Certified Nursing Assistant	M/N		3.00	
110-NWFRC MAIN UNIT.	Clerk	A		2.00	
110-NWFRC MAIN UNIT.	Dental Assistant	D		2.00	
110-NWFRC MAIN UNIT.	Dental Hygienist	D		0.50	
110-NWFRC MAIN UNIT.	Dentist	D		1.00	
110-NWFRC MAIN UNIT.	Director of Nursing	M/N		1.00	
110-NWFRC MAIN UNIT.	Health Services Administrator	A		1.00	
110-NWFRC MAIN UNIT.	LPN	M/N		9.40	
110-NWFRC MAIN UNIT.	Medical Records Clerk	A		2.00	
110-NWFRC MAIN UNIT.	Medical Records Supervisor	A		1.00	
110-NWFRC MAIN UNIT.	Mental Health Professional	MH		5.00	
110-NWFRC MAIN UNIT.	Other Not Listed (provide title in Col. J)		0	0.50	PA/NP-Urgent Care
110-NWFRC MAIN UNIT.	Other Not Listed (provide title in Col. J)		0	1.00	Clerk-MH
110-NWFRC MAIN UNIT.	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-MH
110-NWFRC MAIN UNIT.	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-Physical Health
110-NWFRC MAIN UNIT.	Other Not Listed (provide title in Col. J)		0	1.00	Physician MD/DO - Physical Health
110-NWFRC MAIN UNIT.	Other Not Listed (provide title in Col. J)		0	1.00	Registered Nurse-MH
110-NWFRC MAIN UNIT.	Other Not Listed (provide title in Col. J)		0	1.00	Registered Nurse-Supervisor
110-NWFRC MAIN UNIT.	Psychologist	MH		1.00	
110-NWFRC MAIN UNIT.	Reentry Specialist	MH		1.00	
110-NWFRC MAIN UNIT.	Registered Nurse	M/N		6.20	
110-NWFRC MAIN UNIT.	Telehealth Coordinator	M/N		1.00	
113-FRANKLIN C.I.	Administrative Assistant	A		1.00	
113-FRANKLIN C.I.	Certified Nursing Assistant	M/N		2.00	
113-FRANKLIN C.I.	Dental Assistant	D		2.00	
113-FRANKLIN C.I.	Dental Hygienist	D		1.00	
113-FRANKLIN C.I.	Dentist	D		1.00	
113-FRANKLIN C.I.	Director of Nursing	M/N		1.00	
113-FRANKLIN C.I.	Health Services Administrator	A		1.00	
113-FRANKLIN C.I.	LPN	M/N		5.20	
113-FRANKLIN C.I.	Medical Records Clerk	A		2.00	
113-FRANKLIN C.I.	Mental Health Professional	MH		1.00	
113-FRANKLIN C.I.	Other Not Listed (provide title in Col. J)		0	0.40	Physician MD/DO-Telehealth
113-FRANKLIN C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Clerk-MH
113-FRANKLIN C.I.	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-Physical Health
113-FRANKLIN C.I.	Registered Nurse	M/N		5.20	
113-FRANKLIN C.I.	Telehealth Coordinator	M/N		1.00	
115-OKALOOSA C.I.	Administrative Assistant	A		1.00	
115-OKALOOSA C.I.	Certified Nursing Assistant	M/N		3.00	
115-OKALOOSA C.I.	Dental Assistant	D		2.00	
115-OKALOOSA C.I.	Dental Hygienist	D		0.60	
115-OKALOOSA C.I.	Dentist	D		1.00	
115-OKALOOSA C.I.	Director of Nursing	M/N		1.00	

115-OKALOOSA C.I.	Health Services Administrator	A		1.00	
115-OKALOOSA C.I.	LPN	M/N		6.20	
115-OKALOOSA C.I.	Medical Records Clerk	A		1.00	
115-OKALOOSA C.I.	Mental Health Professional	MH		1.00	
115-OKALOOSA C.I.	Other Not Listed (provide title in Col. J)		0	0.20	Physician MD/DO-Telehealth
115-OKALOOSA C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Clerk-MH
115-OKALOOSA C.I.	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-Physical Health
115-OKALOOSA C.I.	Registered Nurse	M/N		5.20	
115-OKALOOSA C.I.	Telehealth Coordinator	M/N		1.00	
118-WAKULLA C.I.	Administrative Assistant	A		1.00	
118-WAKULLA C.I.	Certified Nursing Assistant	M/N		3.00	
118-WAKULLA C.I.	Dental Assistant	D		4.00	
118-WAKULLA C.I.	Dental Hygienist	D		0.50	
118-WAKULLA C.I.	Dentist	D		2.00	
118-WAKULLA C.I.	Director of Nursing	M/N		1.00	
118-WAKULLA C.I.	Health Services Administrator	A		1.00	
118-WAKULLA C.I.	LPN	M/N		9.40	
118-WAKULLA C.I.	Medical Records Clerk	A		4.00	
118-WAKULLA C.I.	Medical Records Supervisor	A		1.00	
118-WAKULLA C.I.	Mental Health Professional	MH		1.00	
118-WAKULLA C.I.	Other Not Listed (provide title in Col. J)		0	0.50	PA/NP-Urgent Care
118-WAKULLA C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Clerk-MH
118-WAKULLA C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Medical Director
118-WAKULLA C.I.	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-Physical Health
118-WAKULLA C.I.	Registered Nurse	M/N		6.20	
118-WAKULLA C.I.	Telehealth Coordinator	M/N		1.00	
119-SANTA ROSA C.I.	Administrative Assistant	A		1.00	
119-SANTA ROSA C.I.	Certified Nursing Assistant	M/N		3.40	
119-SANTA ROSA C.I.	Clerk	A		2.00	
119-SANTA ROSA C.I.	Dental Assistant	D		2.00	
119-SANTA ROSA C.I.	Dental Hygienist	D		0.50	
119-SANTA ROSA C.I.	Dentist	D		1.00	
119-SANTA ROSA C.I.	Director of Nursing	M/N		1.00	
119-SANTA ROSA C.I.	Health Services Administrator	A		1.00	
119-SANTA ROSA C.I.	LPN	M/N		18.80	
119-SANTA ROSA C.I.	Medical Records Clerk	A		4.00	
119-SANTA ROSA C.I.	Medical Records Supervisor	A		1.00	
119-SANTA ROSA C.I.	Mental Health Professional	MH		9.00	
119-SANTA ROSA C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Clerk-MH
119-SANTA ROSA C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Medical Director
119-SANTA ROSA C.I.	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-MH
119-SANTA ROSA C.I.	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-Urgent Care
119-SANTA ROSA C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Registered Nurse-MH
119-SANTA ROSA C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Registered Nurse-Supervisor
119-SANTA ROSA C.I.	Other Not Listed (provide title in Col. J)		0	3.80	PA/NP-Physical Health
119-SANTA ROSA C.I.	Reentry Specialist	MH		0.50	
119-SANTA ROSA C.I.	Registered Nurse	M/N		5.60	
119-SANTA ROSA C.I.	Telehealth Coordinator	M/N		1.00	
120-LIBERTY C.I.	Administrative Assistant	A		1.00	
120-LIBERTY C.I.	Certified Nursing Assistant	M/N		2.00	
120-LIBERTY C.I.	Dental Assistant	D		3.00	
120-LIBERTY C.I.	Dental Hygienist	D		1.00	
120-LIBERTY C.I.	Dentist	D		2.00	
120-LIBERTY C.I.	Director of Nursing	M/N		1.00	
120-LIBERTY C.I.	Health Services Administrator	A		1.00	
120-LIBERTY C.I.	LPN	M/N		5.20	
120-LIBERTY C.I.	Medical Records Clerk	A		1.00	
120-LIBERTY C.I.	Mental Health Professional	MH		0.90	
120-LIBERTY C.I.	Other Not Listed (provide title in Col. J)		0	0.60	Physician MD/DO-Telehealth
120-LIBERTY C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Clerk-MH
120-LIBERTY C.I.	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-Physical Health
120-LIBERTY C.I.	Registered Nurse	M/N		5.20	
120-LIBERTY C.I.	Telehealth Coordinator	M/N		1.00	
122-WAKULLA ANNEX	Administrative Assistant	A		1.00	
122-WAKULLA ANNEX	Certified Nursing Assistant	M/N		2.00	
122-WAKULLA ANNEX	Dental Assistant	D		2.00	
122-WAKULLA ANNEX	Dental Hygienist	D		0.50	
122-WAKULLA ANNEX	Dentist	D		1.00	
122-WAKULLA ANNEX	Director of Nursing	M/N		1.00	
122-WAKULLA ANNEX	LPN	M/N		6.60	
122-WAKULLA ANNEX	Mental Health Professional	MH		6.00	
122-WAKULLA ANNEX	Other Not Listed (provide title in Col. J)		0	0.50	PA/NP-Urgent Care
122-WAKULLA ANNEX	Other Not Listed (provide title in Col. J)		0	1.00	Clerk-MH
122-WAKULLA ANNEX	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-MH
122-WAKULLA ANNEX	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-Physical Health
122-WAKULLA ANNEX	Other Not Listed (provide title in Col. J)		0	1.00	Registered Nurse-MH
122-WAKULLA ANNEX	Psychologist	MH		2.00	
122-WAKULLA ANNEX	Reentry Specialist	MH		1.00	
122-WAKULLA ANNEX	Registered Nurse	M/N		5.20	
125-NWFRC ANNEX.	Activity Tech	MH		1.00	
125-NWFRC ANNEX.	Administrative Assistant	A		1.00	
125-NWFRC ANNEX.	Assistant Health Services Administrator	A		1.00	
125-NWFRC ANNEX.	Certified Nursing Assistant	M/N		4.00	
125-NWFRC ANNEX.	Clerk	A		1.00	
125-NWFRC ANNEX.	Dental Assistant	D		3.00	
125-NWFRC ANNEX.	Dental Hygienist	D		0.50	
125-NWFRC ANNEX.	Dentist	D		2.00	
125-NWFRC ANNEX.	Director of Nursing	M/N		1.00	
125-NWFRC ANNEX.	LPN	M/N		12.80	
125-NWFRC ANNEX.	Medical Records Clerk	A		1.00	
125-NWFRC ANNEX.	Mental Health Professional	MH		6.00	
125-NWFRC ANNEX.	Other Not Listed (provide title in Col. J)		0	0.50	PA/NP-Urgent Care
125-NWFRC ANNEX.	Other Not Listed (provide title in Col. J)		0	1.00	Medical Director
125-NWFRC ANNEX.	Other Not Listed (provide title in Col. J)		0	1.00	Mental Health Director
125-NWFRC ANNEX.	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-MH
125-NWFRC ANNEX.	Other Not Listed (provide title in Col. J)		0	1.00	Registered Nurse-MH

125-NWFRC ANNEX.	Other Not Listed (provide title in Col. J)		0	2.00	Clerk-MH
125-NWFRC ANNEX.	Other Not Listed (provide title in Col. J)		0	2.00	PA/NP-Physical Health
125-NWFRC ANNEX.	Psychiatrist	MH		1.00	
125-NWFRC ANNEX.	Registered Nurse	M/N		7.20	
125-NWFRC ANNEX.	Secondary Screener	M/N		2.00	
135-SANTA ROSA ANNEX	Administrative Assistant	A		1.00	
135-SANTA ROSA ANNEX	Assistant Health Services Administrator	A		1.00	
135-SANTA ROSA ANNEX	Certified Nursing Assistant	M/N		2.00	
135-SANTA ROSA ANNEX	Dental Assistant	D		2.00	
135-SANTA ROSA ANNEX	Dental Hygienist	D		0.50	
135-SANTA ROSA ANNEX	Dentist	D		1.00	
135-SANTA ROSA ANNEX	Director of Nursing	M/N		1.00	
135-SANTA ROSA ANNEX	LPN	M/N		5.20	
135-SANTA ROSA ANNEX	Mental Health Professional	MH		2.00	
135-SANTA ROSA ANNEX	Other Not Listed (provide title in Col. J)		0	1.00	Clerk-MH
135-SANTA ROSA ANNEX	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-Urgent Care
135-SANTA ROSA ANNEX	Other Not Listed (provide title in Col. J)		0	1.00	Physician MD/DO - Physical Health
135-SANTA ROSA ANNEX	Other Not Listed (provide title in Col. J)		0	1.80	PA/NP-Physical Health
135-SANTA ROSA ANNEX	Psychologist	MH		1.00	
135-SANTA ROSA ANNEX	Reentry Specialist	MH		0.50	
135-SANTA ROSA ANNEX	Registered Nurse	M/N		4.20	
120-LIBERTY C.I.	Mental Health Professional	MH		0.10	
120-LIBERTY C.I.	Other Not Listed (provide title in Col. J)		0	0.20	PA/NP-Physical Health
120-LIBERTY C.I.	Registered Nurse	M/N		1.00	
144-GADSDEN RE-ENTRY CTR	Administrative Assistant	A		1.00	
144-GADSDEN RE-ENTRY CTR	LPN	M/N		1.80	
144-GADSDEN RE-ENTRY CTR	Mental Health Professional	MH		1.00	
144-GADSDEN RE-ENTRY CTR	Nurse Manager	M/N		1.00	
144-GADSDEN RE-ENTRY CTR	Other Not Listed (provide title in Col. J)		0	0.20	Physician MD/DO-Telehealth
144-GADSDEN RE-ENTRY CTR	Other Not Listed (provide title in Col. J)		0	0.40	PA/NP-Physical Health
144-GADSDEN RE-ENTRY CTR	Psychiatrist	MH		0.10	
144-GADSDEN RE-ENTRY CTR	Registered Nurse	M/N		1.40	
201-COLUMBIA C.I.	Administrative Assistant	A		1.00	
201-COLUMBIA C.I.	Certified Nursing Assistant	M/N		3.00	
201-COLUMBIA C.I.	Clerk	A		1.00	
201-COLUMBIA C.I.	Dental Assistant	D		3.00	
201-COLUMBIA C.I.	Dental Hygienist	D		0.50	
201-COLUMBIA C.I.	Dentist	D		2.00	
201-COLUMBIA C.I.	Director of Nursing	M/N		1.00	
201-COLUMBIA C.I.	Health Services Administrator	A		1.00	
201-COLUMBIA C.I.	LPN	M/N		8.00	
201-COLUMBIA C.I.	Medical Records Clerk	A		1.00	
201-COLUMBIA C.I.	Medical Records Supervisor	A		1.00	
201-COLUMBIA C.I.	Mental Health Professional	MH		5.00	
201-COLUMBIA C.I.	Other Not Listed (provide title in Col. J)		0	0.40	Medical Director
201-COLUMBIA C.I.	Other Not Listed (provide title in Col. J)		0	1.00	
201-COLUMBIA C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Clerk-MH
201-COLUMBIA C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Mental Health Director
201-COLUMBIA C.I.	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-MH
201-COLUMBIA C.I.	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-Physical Health
201-COLUMBIA C.I.	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-Urgent Care
201-COLUMBIA C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Physician MD/DO - Physical Health
201-COLUMBIA C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Registered Nurse-MH
201-COLUMBIA C.I.	Other Not Listed (provide title in Col. J)		0	1.40	Registered Nurse-Supervisor
201-COLUMBIA C.I.	Reentry Specialist	MH		0.50	
201-COLUMBIA C.I.	Registered Nurse	M/N		5.20	
201-COLUMBIA C.I.	Telehealth Coordinator	M/N		1.00	
205-FLORIDA STATE PRISON	Administrative Assistant	A		1.00	
205-FLORIDA STATE PRISON	Certified Nursing Assistant	M/N		2.00	
205-FLORIDA STATE PRISON	Dental Assistant	D		2.00	
205-FLORIDA STATE PRISON	Dental Hygienist	D		1.00	
205-FLORIDA STATE PRISON	Dentist	D		1.00	
205-FLORIDA STATE PRISON	Director of Nursing	M/N		1.00	
205-FLORIDA STATE PRISON	Health Services Administrator	A		1.00	
205-FLORIDA STATE PRISON	LPN	M/N		15.40	
205-FLORIDA STATE PRISON	Medical Records Clerk	A		2.00	
205-FLORIDA STATE PRISON	Medical Records Supervisor	A		1.00	
205-FLORIDA STATE PRISON	Mental Health Professional	MH		15.00	
205-FLORIDA STATE PRISON	Other Not Listed (provide title in Col. J)		0	1.00	Medical Director
205-FLORIDA STATE PRISON	Other Not Listed (provide title in Col. J)		0	1.00	Mental Health Director
205-FLORIDA STATE PRISON	Other Not Listed (provide title in Col. J)		0	1.00	Registered Nurse-MH
205-FLORIDA STATE PRISON	Other Not Listed (provide title in Col. J)		0	2.00	Clerk-MH
205-FLORIDA STATE PRISON	Other Not Listed (provide title in Col. J)		0	2.00	PA/NP-MH
205-FLORIDA STATE PRISON	Other Not Listed (provide title in Col. J)		0	2.00	PA/NP-Physical Health
205-FLORIDA STATE PRISON	Psychologist	MH		2.00	
205-FLORIDA STATE PRISON	Reentry Specialist	MH		1.00	
205-FLORIDA STATE PRISON	Registered Nurse	M/N		8.00	
205-FLORIDA STATE PRISON	Telehealth Coordinator	M/N		1.00	
211-CROSS CITY C.I.	Administrative Assistant	A		1.00	
211-CROSS CITY C.I.	Certified Nursing Assistant	M/N		2.00	
211-CROSS CITY C.I.	Dental Assistant	D		3.00	
211-CROSS CITY C.I.	Dental Hygienist	D		1.00	
211-CROSS CITY C.I.	Dentist	D		1.50	
211-CROSS CITY C.I.	Director of Nursing	M/N		1.00	
211-CROSS CITY C.I.	Health Services Administrator	A		1.00	
211-CROSS CITY C.I.	LPN	M/N		7.00	
211-CROSS CITY C.I.	Medical Records Clerk	A		1.00	
211-CROSS CITY C.I.	Mental Health Professional	MH		1.00	
211-CROSS CITY C.I.	Other Not Listed (provide title in Col. J)		0	0.80	Physician MD/DO-Telehealth
211-CROSS CITY C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Clerk-MH
211-CROSS CITY C.I.	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-Physical Health
211-CROSS CITY C.I.	Registered Nurse	M/N		5.20	
211-CROSS CITY C.I.	Telehealth Coordinator	M/N		1.00	
213-UNION C.I.	Administrative Assistant	A		1.00	
213-UNION C.I.	Certified Nursing Assistant	M/N		5.40	
213-UNION C.I.	Clerk	A		2.00	
213-UNION C.I.	Dental Assistant	D		3.00	
213-UNION C.I.	Dental Hygienist	D		1.00	

213-UNION C.I.	Dentist	D		2.00	
213-UNION C.I.	Director of Nursing	M/N		1.00	
213-UNION C.I.	Health Services Administrator	A		1.00	
213-UNION C.I.	LPN	M/N		18.00	
213-UNION C.I.	Medical Records Clerk	A		2.00	
213-UNION C.I.	Medical Records Supervisor	A		1.00	
213-UNION C.I.	Mental Health Professional	MH		8.00	
213-UNION C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Medical Director
213-UNION C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Mental Health Director
213-UNION C.I.	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-MH
213-UNION C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Registered Nurse-MH
213-UNION C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Registered Nurse-Supervisor
213-UNION C.I.	Other Not Listed (provide title in Col. J)		0	2.00	Clerk-MH
213-UNION C.I.	Other Not Listed (provide title in Col. J)		0	2.00	PA/NP-Physical Health
213-UNION C.I.	Psychologist	MH		1.00	
213-UNION C.I.	Reentry Specialist	MH		1.00	
213-UNION C.I.	Registered Nurse	M/N		8.40	
213-UNION C.I.	Telehealth Coordinator	M/N		1.00	
214-PUTNAM C.I.	Administrative Assistant	A		1.00	
214-PUTNAM C.I.	Dental Assistant	D		1.00	
214-PUTNAM C.I.	Dentist	D		0.50	
214-PUTNAM C.I.	LPN	M/N		2.80	
214-PUTNAM C.I.	Medical Records Clerk	A		0.40	
214-PUTNAM C.I.	Mental Health Professional	MH		0.40	
214-PUTNAM C.I.	Nurse Manager	M/N		1.00	
214-PUTNAM C.I.	Other Not Listed (provide title in Col. J)		0	0.40	Medical Director
214-PUTNAM C.I.	Registered Nurse	M/N		2.80	
215-HAMILTON C.I.	Administrative Assistant	A		1.00	
215-HAMILTON C.I.	Certified Nursing Assistant	M/N		1.00	
215-HAMILTON C.I.	Dental Assistant	D		2.00	
215-HAMILTON C.I.	Dental Hygienist	D		0.50	
215-HAMILTON C.I.	Dentist	D		1.00	
215-HAMILTON C.I.	Director of Nursing	M/N		1.00	
215-HAMILTON C.I.	LPN	M/N		6.20	
215-HAMILTON C.I.	Medical Records Clerk	A		1.00	
215-HAMILTON C.I.	Mental Health Professional	MH		1.00	
215-HAMILTON C.I.	Other Not Listed (provide title in Col. J)		0	0.50	PA/NP-MH
215-HAMILTON C.I.	Other Not Listed (provide title in Col. J)		0	0.50	PA/NP-Physical Health
215-HAMILTON C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Clerk-MH
215-HAMILTON C.I.	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-Urgent Care
215-HAMILTON C.I.	Reentry Specialist	MH		0.50	
215-HAMILTON C.I.	Registered Nurse	M/N		4.20	
215-HAMILTON C.I.	Telehealth Coordinator	M/N		1.00	
216-MADISON C.I.	Administrative Assistant	A		1.00	
216-MADISON C.I.	Certified Nursing Assistant	M/N		2.00	
216-MADISON C.I.	Clerk	A		1.00	
216-MADISON C.I.	Dental Assistant	D		2.00	
216-MADISON C.I.	Dental Hygienist	D		0.60	
216-MADISON C.I.	Dentist	D		1.00	
216-MADISON C.I.	Director of Nursing	M/N		1.00	
216-MADISON C.I.	Health Services Administrator	A		1.00	
216-MADISON C.I.	LPN	M/N		7.60	
216-MADISON C.I.	Medical Records Clerk	A		1.00	
216-MADISON C.I.	Mental Health Professional	MH		1.00	
216-MADISON C.I.	Other Not Listed (provide title in Col. J)		0	0.50	Medical Director
216-MADISON C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Clerk-MH
216-MADISON C.I.	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-Physical Health
216-MADISON C.I.	Registered Nurse	M/N		5.20	
216-MADISON C.I.	Telehealth Coordinator	M/N		1.00	
218-TAYLOR C.I.	Administrative Assistant	A		1.00	
218-TAYLOR C.I.	Certified Nursing Assistant	M/N		2.00	
218-TAYLOR C.I.	Clerk	A		1.00	
218-TAYLOR C.I.	Dental Assistant	D		3.00	
218-TAYLOR C.I.	Dental Hygienist	D		1.00	
218-TAYLOR C.I.	Dentist	D		1.50	
218-TAYLOR C.I.	Director of Nursing	M/N		1.00	
218-TAYLOR C.I.	Health Services Administrator	A		1.00	
218-TAYLOR C.I.	LPN	M/N		7.20	
218-TAYLOR C.I.	Medical Records Clerk	A		1.00	
218-TAYLOR C.I.	Medical Records Supervisor	A		1.00	
218-TAYLOR C.I.	Mental Health Professional	MH		1.00	
218-TAYLOR C.I.	Other Not Listed (provide title in Col. J)		0	0.60	Medical Director
218-TAYLOR C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Clerk-MH
218-TAYLOR C.I.	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-Physical Health
218-TAYLOR C.I.	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-Urgent Care
218-TAYLOR C.I.	Registered Nurse	M/N		5.20	
218-TAYLOR C.I.	Telehealth Coordinator	M/N		1.00	
223-MAYO C.I. ANNEX	Administrative Assistant	A		1.00	
223-MAYO C.I. ANNEX	Certified Nursing Assistant	M/N		1.00	
223-MAYO C.I. ANNEX	Clerk	A		1.00	
223-MAYO C.I. ANNEX	Dental Assistant	D		2.00	
223-MAYO C.I. ANNEX	Dental Hygienist	D		1.00	
223-MAYO C.I. ANNEX	Dentist	D		1.00	
223-MAYO C.I. ANNEX	Director of Nursing	M/N		1.00	
223-MAYO C.I. ANNEX	Health Services Administrator	A		1.00	
223-MAYO C.I. ANNEX	LPN	M/N		9.00	
223-MAYO C.I. ANNEX	Medical Records Clerk	A		1.00	
223-MAYO C.I. ANNEX	Mental Health Professional	MH		1.00	
223-MAYO C.I. ANNEX	Other Not Listed (provide title in Col. J)		0	0.50	Medical Director
223-MAYO C.I. ANNEX	Other Not Listed (provide title in Col. J)		0	1.00	Clerk-MH
223-MAYO C.I. ANNEX	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-Physical Health
223-MAYO C.I. ANNEX	Registered Nurse	M/N		5.20	
223-MAYO C.I. ANNEX	Telehealth Coordinator	M/N		1.00	
230-SUWANNEE C.I	Administrative Assistant	A		1.00	
230-SUWANNEE C.I	Certified Nursing Assistant	M/N		2.00	
230-SUWANNEE C.I	Clerk	A		1.00	
230-SUWANNEE C.I	Dental Assistant	D		2.00	
230-SUWANNEE C.I	Dental Hygienist	D		0.50	
230-SUWANNEE C.I	Dentist	D		1.00	
230-SUWANNEE C.I	Director of Nursing	M/N		1.00	
230-SUWANNEE C.I	Health Services Administrator	A		1.00	
230-SUWANNEE C.I	LPN	M/N		13.60	
230-SUWANNEE C.I	Medical Records Clerk	A		2.00	
230-SUWANNEE C.I	Medical Records Supervisor	A		1.00	
230-SUWANNEE C.I	Mental Health Professional	MH		7.00	
230-SUWANNEE C.I	Other Not Listed (provide title in Col. J)		0	1.00	Clerk-MH
230-SUWANNEE C.I	Other Not Listed (provide title in Col. J)		0	1.00	Medical Director
230-SUWANNEE C.I	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-Physical Health

230-SUWANNEE C.I	Other Not Listed (provide title in Col. J)	0	1.00	PA/NP-Urgent Care
230-SUWANNEE C.I	Other Not Listed (provide title in Col. J)	0	1.00	Registered Nurse-MH
230-SUWANNEE C.I	Other Not Listed (provide title in Col. J)	0	1.00	Registered Nurse-Supervisor
230-SUWANNEE C.I	Other Not Listed (provide title in Col. J)	0	2.00	PA/NP-MH
230-SUWANNEE C.I	Psychologist	MH	1.00	
230-SUWANNEE C.I	Reentry Specialist	MH	1.00	
230-SUWANNEE C.I	Registered Nurse	M/N	7.00	
230-SUWANNEE C.I	Telehealth Coordinator	M/N	1.00	
231-SUWANNEE C.I. ANNEX	Administrative Assistant	A	1.00	
231-SUWANNEE C.I. ANNEX	Assistant Health Services Administrator	A	1.00	
231-SUWANNEE C.I. ANNEX	Certified Nursing Assistant	M/N	3.00	
231-SUWANNEE C.I. ANNEX	Clerk	A	1.00	
231-SUWANNEE C.I. ANNEX	Dental Assistant	D	2.00	
231-SUWANNEE C.I. ANNEX	Dental Hygienist	D	0.50	
231-SUWANNEE C.I. ANNEX	Dentist	D	1.00	
231-SUWANNEE C.I. ANNEX	Director of Nursing	M/N	1.00	
231-SUWANNEE C.I. ANNEX	LPN	M/N	9.40	
231-SUWANNEE C.I. ANNEX	Medical Records Clerk	A	2.00	
231-SUWANNEE C.I. ANNEX	Mental Health Professional	MH	4.00	
231-SUWANNEE C.I. ANNEX	Other Not Listed (provide title in Col. J)	0	1.00	Clerk-MH
231-SUWANNEE C.I. ANNEX	Other Not Listed (provide title in Col. J)	0	1.00	PA/NP-Physical Health
231-SUWANNEE C.I. ANNEX	Other Not Listed (provide title in Col. J)	0	1.00	Physician MD/DO - Physical Health
231-SUWANNEE C.I. ANNEX	Other Not Listed (provide title in Col. J)	0	1.00	Registered Nurse-MH
231-SUWANNEE C.I. ANNEX	Other Not Listed (provide title in Col. J)	0	1.00	ADA Coordinator
231-SUWANNEE C.I. ANNEX	Psychologist	MH	1.00	
231-SUWANNEE C.I. ANNEX	Registered Nurse	M/N	5.60	
250-HAMILTON ANNEX	Administrative Assistant	A	1.00	
250-HAMILTON ANNEX	Certified Nursing Assistant	M/N	2.00	
250-HAMILTON ANNEX	Clerk	A	1.00	
250-HAMILTON ANNEX	Dental Assistant	D	2.00	
250-HAMILTON ANNEX	Dental Hygienist	D	0.50	
250-HAMILTON ANNEX	Dentist	D	1.00	
250-HAMILTON ANNEX	Director of Nursing	M/N	1.00	
250-HAMILTON ANNEX	Health Services Administrator	A	1.00	
250-HAMILTON ANNEX	LPN	M/N	10.80	
250-HAMILTON ANNEX	Medical Records Clerk	A	2.00	
250-HAMILTON ANNEX	Medical Records Supervisor	A	1.00	
250-HAMILTON ANNEX	Mental Health Professional	MH	6.00	
250-HAMILTON ANNEX	Other Not Listed (provide title in Col. J)	0	0.50	PA/NP-Physical Health
250-HAMILTON ANNEX	Other Not Listed (provide title in Col. J)	0	1.00	Clerk-MH
250-HAMILTON ANNEX	Other Not Listed (provide title in Col. J)	0	1.00	Medical Director
250-HAMILTON ANNEX	Other Not Listed (provide title in Col. J)	0	1.00	Mental Health Clinical Director
250-HAMILTON ANNEX	Other Not Listed (provide title in Col. J)	0	1.00	PA/NP-MH
250-HAMILTON ANNEX	Other Not Listed (provide title in Col. J)	0	1.00	PA/NP-Urgent Care
250-HAMILTON ANNEX	Other Not Listed (provide title in Col. J)	0	1.00	Registered Nurse-MH
250-HAMILTON ANNEX	Other Not Listed (provide title in Col. J)	0	1.00	Registered Nurse-Supervisor
250-HAMILTON ANNEX	Reentry Specialist	MH	0.50	
250-HAMILTON ANNEX	Registered Nurse	M/N	5.20	
251-COLUMBIA ANNEX	Administrative Assistant	A	1.00	
251-COLUMBIA ANNEX	Assistant Health Services Administrator	A	1.00	
251-COLUMBIA ANNEX	Certified Nursing Assistant	M/N	2.00	
251-COLUMBIA ANNEX	Dental Assistant	D	3.00	
251-COLUMBIA ANNEX	Dental Hygienist	D	0.50	
251-COLUMBIA ANNEX	Dentist	D	2.00	
251-COLUMBIA ANNEX	Director of Nursing	M/N	1.00	
251-COLUMBIA ANNEX	LPN	M/N	9.40	
251-COLUMBIA ANNEX	Medical Records Clerk	A	1.00	
251-COLUMBIA ANNEX	Mental Health Professional	MH	5.00	
251-COLUMBIA ANNEX	Other Not Listed (provide title in Col. J)	0	0.40	Medical Director
251-COLUMBIA ANNEX	Other Not Listed (provide title in Col. J)	0	1.00	Clerk-MH
251-COLUMBIA ANNEX	Other Not Listed (provide title in Col. J)	0	1.00	PA/NP-MH
251-COLUMBIA ANNEX	Other Not Listed (provide title in Col. J)	0	1.00	PA/NP-Physical Health
251-COLUMBIA ANNEX	Other Not Listed (provide title in Col. J)	0	1.00	PA/NP-Urgent Care
251-COLUMBIA ANNEX	Other Not Listed (provide title in Col. J)	0	1.00	Registered Nurse-MH
251-COLUMBIA ANNEX	Psychologist	MH	1.00	
251-COLUMBIA ANNEX	Reentry Specialist	MH	0.50	
251-COLUMBIA ANNEX	Registered Nurse	M/N	5.20	
255-LAWTEY C.I.	Administrative Assistant	A	1.00	
255-LAWTEY C.I.	Certified Nursing Assistant	M/N	1.00	
255-LAWTEY C.I.	Dental Assistant	D	2.00	
255-LAWTEY C.I.	Dentist	D	1.00	
255-LAWTEY C.I.	Director of Nursing	M/N	1.00	
255-LAWTEY C.I.	Health Services Administrator	A	1.00	
255-LAWTEY C.I.	LPN	M/N	7.00	
255-LAWTEY C.I.	Medical Records Clerk	A	1.00	
255-LAWTEY C.I.	Mental Health Professional	MH	0.60	
255-LAWTEY C.I.	Other Not Listed (provide title in Col. J)	0	0.20	Physician MD/DO-Telehealth
255-LAWTEY C.I.	Other Not Listed (provide title in Col. J)	0	1.00	PA/NP-Physical Health
255-LAWTEY C.I.	Registered Nurse	M/N	4.20	
255-LAWTEY C.I.	Telehealth Coordinator	M/N	1.00	
275-BAKER RE-ENTRY CENTR	Administrative Assistant	A	1.00	
275-BAKER RE-ENTRY CENTR	LPN	M/N	2.80	
275-BAKER RE-ENTRY CENTR	Mental Health Professional	MH	0.60	
275-BAKER RE-ENTRY CENTR	Nurse Manager	M/N	1.00	
275-BAKER RE-ENTRY CENTR	Other Not Listed (provide title in Col. J)	0	0.20	Medical Director
275-BAKER RE-ENTRY CENTR	Other Not Listed (provide title in Col. J)	0	0.40	Clerk-MH
275-BAKER RE-ENTRY CENTR	Other Not Listed (provide title in Col. J)	0	0.40	PA/NP-Physical Health
275-BAKER RE-ENTRY CENTR	Registered Nurse	M/N	2.80	
281-LANCASTER C.I.	Administrative Assistant	A	1.00	
281-LANCASTER C.I.	Certified Nursing Assistant	M/N	2.00	
281-LANCASTER C.I.	Dental Assistant	D	2.00	
281-LANCASTER C.I.	Dentist	D	1.00	
281-LANCASTER C.I.	LPN	M/N	7.00	
281-LANCASTER C.I.	Medical Records Clerk	A	1.00	
281-LANCASTER C.I.	Mental Health Professional	MH	2.00	
281-LANCASTER C.I.	Nurse Manager	M/N	1.00	
281-LANCASTER C.I.	Other Not Listed (provide title in Col. J)	0	0.20	Physician MD/DO-Telehealth
281-LANCASTER C.I.	Other Not Listed (provide title in Col. J)	0	0.40	Mental Health Clinical Director
281-LANCASTER C.I.	Other Not Listed (provide title in Col. J)	0	0.40	PA/NP-MH
281-LANCASTER C.I.	Other Not Listed (provide title in Col. J)	0	0.40	Registered Nurse-MH
281-LANCASTER C.I.	Other Not Listed (provide title in Col. J)	0	1.00	Clerk-MH
281-LANCASTER C.I.	Other Not Listed (provide title in Col. J)	0	1.00	PA/NP-Physical Health

281-LANCASTER C.I.	Other Not Listed (provide title in Col. J)		0		1.00	Registered Nurse-Supervisor
281-LANCASTER C.I.	Registered Nurse	M/N			4.20	
281-LANCASTER C.I.	Telehealth Coordinator	M/N			1.00	
282-TOMOKA C.I.	Administrative Assistant	A			1.00	
282-TOMOKA C.I.	Certified Nursing Assistant	M/N			3.00	
282-TOMOKA C.I.	Clerk	A			1.00	
282-TOMOKA C.I.	Dental Assistant	D			3.00	
282-TOMOKA C.I.	Dental Hygienist	D			1.00	
282-TOMOKA C.I.	Dentist	D			1.50	
282-TOMOKA C.I.	Director of Nursing	M/N			1.00	
282-TOMOKA C.I.	Health Services Administrator	A			1.00	
282-TOMOKA C.I.	LPN	M/N			6.60	
282-TOMOKA C.I.	Medical Records Clerk	A			1.00	
282-TOMOKA C.I.	Mental Health Professional	MH			3.00	
282-TOMOKA C.I.	Other Not Listed (provide title in Col. J)		0		0.60	Medical Director
282-TOMOKA C.I.	Other Not Listed (provide title in Col. J)		0		1.00	Clerk-MH
282-TOMOKA C.I.	Other Not Listed (provide title in Col. J)		0		1.00	Mental Health Clinical Director
282-TOMOKA C.I.	Other Not Listed (provide title in Col. J)		0		1.00	PA/NP-MH
282-TOMOKA C.I.	Other Not Listed (provide title in Col. J)		0		1.00	PA/NP-Physical Health
282-TOMOKA C.I.	Other Not Listed (provide title in Col. J)		0		1.00	PA/NP-Urgent Care
282-TOMOKA C.I.	Other Not Listed (provide title in Col. J)		0		1.00	Registered Nurse-MH
282-TOMOKA C.I.	Reentry Specialist	MH			1.00	
282-TOMOKA C.I.	Registered Nurse	M/N			5.20	
282-TOMOKA C.I.	Telehealth Coordinator	M/N			1.00	
304-MARION C.I.	Behavioral Health Technician (Specialist)	MH			1.00	
304-MARION C.I.	Certified Nursing Assistant	M/N			3.00	
304-MARION C.I.	Clerk	A			1.00	
304-MARION C.I.	Dental Assistant	D			3.00	
304-MARION C.I.	Dental Hygienist	D			1.00	
304-MARION C.I.	Dentist	D			2.00	
304-MARION C.I.	Director of Nursing	M/N			1.00	
304-MARION C.I.	Health Services Administrator	A			1.00	
304-MARION C.I.	LPN	M/N			7.00	
304-MARION C.I.	Medical Records Clerk	A			1.00	
304-MARION C.I.	Mental Health Professional	MH			3.00	
304-MARION C.I.	Other Not Listed (provide title in Col. J)		0		0.60	PA/NP-MH
304-MARION C.I.	Other Not Listed (provide title in Col. J)		0		1.00	Clerk-MH
304-MARION C.I.	Other Not Listed (provide title in Col. J)		0		1.00	Medical Director
304-MARION C.I.	Other Not Listed (provide title in Col. J)		0		1.00	Mental Health Clinical Director
304-MARION C.I.	Other Not Listed (provide title in Col. J)		0		1.00	Registered Nurse-MH
304-MARION C.I.	Other Not Listed (provide title in Col. J)		0		2.00	PA/NP-Physical Health
304-MARION C.I.	Reentry Specialist	MH			1.00	
304-MARION C.I.	Registered Nurse	M/N			5.20	
304-MARION C.I.	Telehealth Coordinator	M/N			1.00	
307-SUMTER C.I.	Behavioral Health Technician (Specialist)	MH			1.00	
307-SUMTER C.I.	Certified Nursing Assistant	M/N			1.00	
307-SUMTER C.I.	Clerk	A			1.00	
307-SUMTER C.I.	Dental Assistant	D			3.00	
307-SUMTER C.I.	Dental Hygienist	D			1.00	
307-SUMTER C.I.	Dentist	D			1.50	
307-SUMTER C.I.	Director of Nursing	M/N			1.00	
307-SUMTER C.I.	Health Services Administrator	A			1.00	
307-SUMTER C.I.	LPN	M/N			7.60	
307-SUMTER C.I.	Medical Records Clerk	A			2.00	
307-SUMTER C.I.	Mental Health Professional	MH			1.00	
307-SUMTER C.I.	Other Not Listed (provide title in Col. J)		0		0.80	Medical Director
307-SUMTER C.I.	Other Not Listed (provide title in Col. J)		0		1.00	Clerk-MH
307-SUMTER C.I.	Other Not Listed (provide title in Col. J)		0		1.00	PA/NP-Physical Health
307-SUMTER C.I.	Other Not Listed (provide title in Col. J)		0		1.00	PA/NP-Urgent Care
307-SUMTER C.I.	Registered Nurse	M/N			5.20	
307-SUMTER C.I.	Telehealth Coordinator	M/N			1.00	
312-LAKE C.I.	Behavioral Health Technician (Specialist)	MH			1.00	
312-LAKE C.I.	Certified Nursing Assistant	M/N			4.00	
312-LAKE C.I.	Dental Assistant	D			2.00	
312-LAKE C.I.	Dentist	D			1.00	
312-LAKE C.I.	Director of Nursing	M/N			1.00	
312-LAKE C.I.	Health Services Administrator	A			1.00	
312-LAKE C.I.	LPN	M/N			7.00	
312-LAKE C.I.	Medical Records Clerk	A			2.00	
312-LAKE C.I.	Mental Health Professional	MH			3.00	
312-LAKE C.I.	Other Not Listed (provide title in Col. J)		0		1.00	Clerk-MH
312-LAKE C.I.	Other Not Listed (provide title in Col. J)		0		1.00	Medical Director
312-LAKE C.I.	Other Not Listed (provide title in Col. J)		0		1.00	PA/NP-MH
312-LAKE C.I.	Other Not Listed (provide title in Col. J)		0		1.00	Physician MD/DO - Physical Health
312-LAKE C.I.	Other Not Listed (provide title in Col. J)		0		1.00	Registered Nurse-MH
312-LAKE C.I.	Psychologist	MH			1.00	
312-LAKE C.I.	Registered Nurse	M/N			5.20	
312-LAKE C.I.	Telehealth Coordinator	M/N			1.00	
314-LOWELL C.I.	Administrative Assistant	A			1.00	
314-LOWELL C.I.	Assistant Health Services Administrator	A			1.00	
314-LOWELL C.I.	Certified Nursing Assistant	M/N			12.00	
314-LOWELL C.I.	Other Not Listed (provide title in Col. J)		0		1.00	Clerk-MH
314-LOWELL C.I.	Dental Assistant	D			2.00	
314-LOWELL C.I.	Dental Hygienist	D			0.50	
314-LOWELL C.I.	Dentist	D			1.00	
314-LOWELL C.I.	Director of Nursing	M/N			1.00	
314-LOWELL C.I.	LPN	M/N			12.20	
314-LOWELL C.I.	Other Not Listed (provide title in Col. J)		0		0.50	Medical Director
314-LOWELL C.I.	Medical Records Clerk	A			6.00	
314-LOWELL C.I.	Medical Records Supervisor	A			1.00	
314-LOWELL C.I.	Mental Health Professional	MH			5.00	
314-LOWELL C.I.	Other Not Listed (provide title in Col. J)		0		1.00	PA/NP-MH
314-LOWELL C.I.	Other Not Listed (provide title in Col. J)		0		2.00	PA/NP-Physical Health
314-LOWELL C.I.	Psychologist	MH			1.00	
314-LOWELL C.I.	Reentry Specialist	MH			0.50	
314-LOWELL C.I.	Registered Nurse	M/N			7.00	
314-LOWELL C.I.	Other Not Listed (provide title in Col. J)		0		1.00	Registered Nurse-MH
314-LOWELL C.I.	Other Not Listed (provide title in Col. J)		0		1.40	Registered Nurse-Supervisor
314-LOWELL C.I.	Scheduler	A			1.00	
314-LOWELL C.I.	Telehealth Coordinator	M/N			1.00	
367-LOWELL ANNEX	Administrative Assistant	A			1.00	
367-LOWELL ANNEX	Clerk	A			3.00	
367-LOWELL ANNEX	Other Not Listed (provide title in Col. J)		0		2.00	Clerk-MH
367-LOWELL ANNEX	Dental Assistant	D			2.00	
367-LOWELL ANNEX	Dental Hygienist	D			0.50	
367-LOWELL ANNEX	Dentist	D			1.00	
367-LOWELL ANNEX	Director of Nursing	M/N			1.00	
367-LOWELL ANNEX	Health Services Administrator	A			1.00	

367-LOWELL ANNEX	LPN	M/N	18.20	
367-LOWELL ANNEX	Other Not Listed (provide title in Col. J)	0	0.50	Medical Director
367-LOWELL ANNEX	Other Not Listed (provide title in Col. J)	0	1.00	Mental Health Director
367-LOWELL ANNEX	Mental Health Professional	MH	10.00	
367-LOWELL ANNEX	Other Not Listed (provide title in Col. J)	0	2.00	PA/NP-MH
367-LOWELL ANNEX	Other Not Listed (provide title in Col. J)	0	1.00	PA/NP-Physical Health
367-LOWELL ANNEX	Other Not Listed (provide title in Col. J)	0	2.00	Physician MD/DO - Physical Health
367-LOWELL ANNEX	Psychiatrist	MH	1.00	
367-LOWELL ANNEX	Psychologist	MH	2.00	
367-LOWELL ANNEX	Reentry Specialist	MH	0.50	
367-LOWELL ANNEX	Registered Nurse	M/N	7.60	
367-LOWELL ANNEX	Other Not Listed (provide title in Col. J)	0	1.00	Registered Nurse-MH
367-LOWELL ANNEX	Other Not Listed (provide title in Col. J)	0	1.40	Registered Nurse-Supervisor
320-CFRC-MAIN	Activity Tech	MH	1.00	
320-CFRC-MAIN	Behavioral Health Technician (Specialist)	MH	1.00	
320-CFRC-MAIN	Certified Nursing Assistant	M/N	5.80	
320-CFRC-MAIN	Clerk	A	1.00	
320-CFRC-MAIN	Dental Assistant	D	3.00	
320-CFRC-MAIN	Dental Hygienist	D	0.50	
320-CFRC-MAIN	Dentist	D	2.00	
320-CFRC-MAIN	Director of Nursing	M/N	1.00	
320-CFRC-MAIN	Health Services Administrator	A	1.00	
320-CFRC-MAIN	LPN	M/N	17.40	
320-CFRC-MAIN	Medical Records Clerk	A	3.00	
320-CFRC-MAIN	Medical Records Supervisor	A	1.00	
320-CFRC-MAIN	Mental Health Professional	MH	11.50	
320-CFRC-MAIN	Other Not Listed (provide title in Col. J)	0	1.00	Medical Director
320-CFRC-MAIN	Other Not Listed (provide title in Col. J)	0	1.00	Mental Health Director
320-CFRC-MAIN	Other Not Listed (provide title in Col. J)	0	1.00	Physician MD/DO - Physical Health
320-CFRC-MAIN	Other Not Listed (provide title in Col. J)	0	1.00	Registered Nurse-MH
320-CFRC-MAIN	Other Not Listed (provide title in Col. J)	0	1.00	Registered Nurse-Supervisor
320-CFRC-MAIN	Other Not Listed (provide title in Col. J)	0	2.00	Clerk-MH
320-CFRC-MAIN	Other Not Listed (provide title in Col. J)	0	2.00	PA/NP-MH
320-CFRC-MAIN	Other Not Listed (provide title in Col. J)	0	5.00	PA/NP-Physical Health
320-CFRC-MAIN	Psychiatrist	MH	1.00	
320-CFRC-MAIN	Psychologist	MH	1.00	
320-CFRC-MAIN	Reentry Specialist	MH	1.00	
320-CFRC-MAIN	Registered Nurse	M/N	8.40	
320-CFRC-MAIN	Secondary Screener	M/N	3.00	
320-CFRC-MAIN	Telehealth Coordinator	M/N	1.00	
321-CFRC-EAST	Administrative Assistant	A	1.00	
321-CFRC-EAST	Behavioral Health Technician (Specialist)	MH	1.00	
321-CFRC-EAST	Certified Nursing Assistant	M/N	1.00	
321-CFRC-EAST	Dental Assistant	D	3.00	
321-CFRC-EAST	Dental Hygienist	D	0.50	
321-CFRC-EAST	Dentist	D	2.00	
321-CFRC-EAST	Director of Nursing	M/N	0.50	
321-CFRC-EAST	LPN	M/N	4.20	
321-CFRC-EAST	Medical Records Clerk	A	1.00	
321-CFRC-EAST	Mental Health Professional	MH	2.00	
321-CFRC-EAST	Other Not Listed (provide title in Col. J)	0	0.50	Registered Nurse-Supervisor
321-CFRC-EAST	Other Not Listed (provide title in Col. J)	0	1.00	Clerk-MH
321-CFRC-EAST	Other Not Listed (provide title in Col. J)	0	1.00	PA/NP-Physical Health
321-CFRC-EAST	Other Not Listed (provide title in Col. J)	0	1.00	Registered Nurse-MH
321-CFRC-EAST	Registered Nurse	M/N	4.20	
323-CFRC-SOUTH	Certified Nursing Assistant	M/N	4.20	
323-CFRC-SOUTH	Director of Nursing	M/N	0.50	
323-CFRC-SOUTH	LPN	M/N	4.20	
323-CFRC-SOUTH	Mental Health Professional	MH	0.50	
323-CFRC-SOUTH	Other Not Listed (provide title in Col. J)	0	0.50	Registered Nurse-Supervisor
323-CFRC-SOUTH	Other Not Listed (provide title in Col. J)	0	1.00	PA/NP-Physical Health
323-CFRC-SOUTH	Registered Nurse	M/N	4.20	
336-HERNANDO C.I.	Administrative Assistant	A	1.00	
336-HERNANDO C.I.	Certified Nursing Assistant	M/N	1.00	
336-HERNANDO C.I.	Dental Assistant	D	1.00	
336-HERNANDO C.I.	Dentist	D	0.50	
336-HERNANDO C.I.	LPN	M/N	5.20	
336-HERNANDO C.I.	Medical Records Clerk	A	1.00	
336-HERNANDO C.I.	Mental Health Professional	MH	2.00	
336-HERNANDO C.I.	Nurse Manager	M/N	1.00	
336-HERNANDO C.I.	Other Not Listed (provide title in Col. J)	0	0.40	Mental Health Clinical Director
336-HERNANDO C.I.	Other Not Listed (provide title in Col. J)	0	0.40	PA/NP-MH
336-HERNANDO C.I.	Other Not Listed (provide title in Col. J)	0	0.40	Registered Nurse-MH
336-HERNANDO C.I.	Other Not Listed (provide title in Col. J)	0	1.00	Clerk-MH
336-HERNANDO C.I.	Other Not Listed (provide title in Col. J)	0	1.00	PA/NP-Physical Health
336-HERNANDO C.I.	Registered Nurse	M/N	4.20	
336-HERNANDO C.I.	Telehealth Coordinator	M/N	1.00	
368-FL.WOMENS RECPN.CTR	Assistant Health Services Administrator	A	1.00	
368-FL.WOMENS RECPN.CTR	Behavioral Health Technician (Specialist)	MH	2.00	
368-FL.WOMENS RECPN.CTR	Certified Nursing Assistant	M/N	4.00	
368-FL.WOMENS RECPN.CTR	Clerk	A	3.00	
368-FL.WOMENS RECPN.CTR	Dental Assistant	D	4.00	
368-FL.WOMENS RECPN.CTR	Dental Hygienist	D	0.50	
368-FL.WOMENS RECPN.CTR	Dentist	D	3.00	
368-FL.WOMENS RECPN.CTR	Director of Nursing	M/N	1.00	
368-FL.WOMENS RECPN.CTR	Health Services Administrator	A	1.00	
368-FL.WOMENS RECPN.CTR	LPN	M/N	15.00	
368-FL.WOMENS RECPN.CTR	Medical Records Clerk	A	3.00	
368-FL.WOMENS RECPN.CTR	Medical Records Supervisor	A	1.00	
368-FL.WOMENS RECPN.CTR	Mental Health Professional	MH	10.00	
368-FL.WOMENS RECPN.CTR	Other Not Listed (provide title in Col. J)	0	1.00	Medical Director
368-FL.WOMENS RECPN.CTR	Other Not Listed (provide title in Col. J)	0	1.00	Physician MD/DO - Physical Health
368-FL.WOMENS RECPN.CTR	Other Not Listed (provide title in Col. J)	0	1.00	Registered Nurse-MH
368-FL.WOMENS RECPN.CTR	Other Not Listed (provide title in Col. J)	0	1.00	Registered Nurse-Supervisor
368-FL.WOMENS RECPN.CTR	Other Not Listed (provide title in Col. J)	0	2.00	Clerk-MH

368-FL.WOMENS RECPN.CTR	Other Not Listed (provide title in Col. J)		0	2.60	PA/NP-MH
368-FL.WOMENS RECPN.CTR	Other Not Listed (provide title in Col. J)		0	3.00	PA/NP-Physical Health
368-FL.WOMENS RECPN.CTR	Psychologist	MH		2.00	
368-FL.WOMENS RECPN.CTR	Reentry Specialist	MH		0.50	
368-FL.WOMENS RECPN.CTR	Registered Nurse	M/N		6.00	
368-FL.WOMENS RECPN.CTR	Secondary Screener	M/N		1.00	
368-FL.WOMENS RECPN.CTR	Telehealth Coordinator	M/N		1.00	
401-EVERGLADES C.I.	Behavioral Health Technician (Specialist)	MH		1.00	
401-EVERGLADES C.I.	Certified Nursing Assistant	M/N		2.00	
401-EVERGLADES C.I.	Clerk	A		1.00	
401-EVERGLADES C.I.	Dental Assistant	D		3.00	
401-EVERGLADES C.I.	Dental Hygienist	D		1.00	
401-EVERGLADES C.I.	Dentist	D		2.50	
401-EVERGLADES C.I.	Director of Nursing	M/N		1.00	
401-EVERGLADES C.I.	Health Services Administrator	A		1.00	
401-EVERGLADES C.I.	LPN	M/N		10.40	
401-EVERGLADES C.I.	Medical Records Clerk	A		2.00	
401-EVERGLADES C.I.	Mental Health Professional	MH		4.00	
401-EVERGLADES C.I.	Other Not Listed (provide title in Col. J)		0	0.80	Medical Director
401-EVERGLADES C.I.	Other Not Listed (provide title in Col. J)		0	0.90	PA/NP-MH
401-EVERGLADES C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Clerk-MH
401-EVERGLADES C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Mental Health Clinical Director
401-EVERGLADES C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Registered Nurse-MH
401-EVERGLADES C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Registered Nurse-Supervisor
401-EVERGLADES C.I.	Other Not Listed (provide title in Col. J)		0	1.60	PA/NP-Physical Health
401-EVERGLADES C.I.	Reentry Specialist	MH		1.00	
401-EVERGLADES C.I.	Registered Nurse	M/N		6.60	
401-EVERGLADES C.I.	Telehealth Coordinator	M/N		1.00	
402-S.F.R.C.	Activity Tech	MH		1.00	
402-S.F.R.C.	Behavioral Health Technician (Specialist)	MH		1.00	
402-S.F.R.C.	Certified Nursing Assistant	M/N		12.40	
402-S.F.R.C.	Clerk	A		3.00	
402-S.F.R.C.	Dental Assistant	D		5.00	
402-S.F.R.C.	Dentist	D		3.00	
402-S.F.R.C.	Director of Nursing	M/N		1.00	
402-S.F.R.C.	Health Services Administrator	A		1.00	
402-S.F.R.C.	LPN	M/N		29.60	
402-S.F.R.C.	Medical Records Clerk	A		2.00	
402-S.F.R.C.	Medical Records Supervisor	A		1.00	
402-S.F.R.C.	Mental Health Professional	MH		8.00	
402-S.F.R.C.	Other Not Listed (provide title in Col. J)		0	1.00	Medical Director
402-S.F.R.C.	Other Not Listed (provide title in Col. J)		0	1.00	Mental Health Director
402-S.F.R.C.	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-Urgent Care
402-S.F.R.C.	Other Not Listed (provide title in Col. J)		0	1.00	Registered Nurse-MH
402-S.F.R.C.	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-MH
402-S.F.R.C.	Other Not Listed (provide title in Col. J)		0	2.00	Clerk-MH
402-S.F.R.C.	Other Not Listed (provide title in Col. J)		0	2.00	Physician MD/DO - Physical Health
402-S.F.R.C.	Other Not Listed (provide title in Col. J)		0	2.00	Registered Nurse-Supervisor
402-S.F.R.C.	Other Not Listed (provide title in Col. J)		0	3.00	PA/NP-Physical Health
402-S.F.R.C.	Psychiatrist	MH		1.00	
402-S.F.R.C.	Psychologist	MH		1.00	
402-S.F.R.C.	Reentry Specialist	MH		1.00	
402-S.F.R.C.	Registered Nurse	M/N		14.60	
402-S.F.R.C.	Secondary Screener	M/N		1.00	
402-S.F.R.C.	Telehealth Coordinator	M/N		1.00	
403-S.F.R.C SOUTH UNIT	Behavioral Health Technician (Specialist)	MH		1.00	
403-S.F.R.C SOUTH UNIT	Certified Nursing Assistant	M/N		1.00	
403-S.F.R.C SOUTH UNIT	Clerk	A		1.00	
403-S.F.R.C SOUTH UNIT	Dental Assistant	D		1.00	
403-S.F.R.C SOUTH UNIT	Dentist	D		1.00	
403-S.F.R.C SOUTH UNIT	LPN	M/N		4.20	
403-S.F.R.C SOUTH UNIT	Medical Records Clerk	A		1.00	
403-S.F.R.C SOUTH UNIT	Mental Health Professional	MH		1.00	
403-S.F.R.C SOUTH UNIT	Nurse Manager	M/N		1.00	
403-S.F.R.C SOUTH UNIT	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-Physical Health
403-S.F.R.C SOUTH UNIT	Other Not Listed (provide title in Col. J)		0	1.00	Registered Nurse-MH
403-S.F.R.C SOUTH UNIT	Registered Nurse	M/N		4.20	
404-OKEECHOBEE C.I.	Behavioral Health Technician (Specialist)	MH		1.00	
404-OKEECHOBEE C.I.	Certified Nursing Assistant	M/N		3.00	
404-OKEECHOBEE C.I.	Clerk	A		1.00	
404-OKEECHOBEE C.I.	Dental Assistant	D		3.00	
404-OKEECHOBEE C.I.	Dental Hygienist	D		1.00	
404-OKEECHOBEE C.I.	Dentist	D		2.00	
404-OKEECHOBEE C.I.	Director of Nursing	M/N		1.00	
404-OKEECHOBEE C.I.	Health Services Administrator	A		1.00	
404-OKEECHOBEE C.I.	LPN	M/N		6.60	
404-OKEECHOBEE C.I.	Medical Records Clerk	A		2.00	
404-OKEECHOBEE C.I.	Mental Health Professional	MH		2.00	
404-OKEECHOBEE C.I.	Other Not Listed (provide title in Col. J)		0	0.80	Medical Director
404-OKEECHOBEE C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Clerk-MH
404-OKEECHOBEE C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Registered Nurse-Supervisor
404-OKEECHOBEE C.I.	Other Not Listed (provide title in Col. J)		0	2.00	PA/NP-Physical Health
404-OKEECHOBEE C.I.	Registered Nurse	M/N		5.20	
404-OKEECHOBEE C.I.	Telehealth Coordinator	M/N		1.00	
419-HOMESTEAD C.I.	Behavioral Health Technician (Specialist)	MH		1.00	
419-HOMESTEAD C.I.	Certified Nursing Assistant	M/N		1.00	
419-HOMESTEAD C.I.	Clerk	A		1.00	
419-HOMESTEAD C.I.	Dental Assistant	D		2.00	
419-HOMESTEAD C.I.	Dental Hygienist	D		0.25	
419-HOMESTEAD C.I.	Dentist	D		1.00	

419-HOMESTEAD C.I.	Director of Nursing	M/N		1.00	
419-HOMESTEAD C.I.	Health Services Administrator	A		1.00	
419-HOMESTEAD C.I.	LPN	M/N		7.00	
419-HOMESTEAD C.I.	Medical Records Clerk	A		1.00	
419-HOMESTEAD C.I.	Mental Health Professional	MH		3.00	
419-HOMESTEAD C.I.	Other Not Listed (provide title in Col. J)		0	0.20	Physician MD/DO-Telehealth
419-HOMESTEAD C.I.	Other Not Listed (provide title in Col. J)		0	0.80	PA/NP-MH
419-HOMESTEAD C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Clerk-MH
419-HOMESTEAD C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Mental Health Clinical Director
419-HOMESTEAD C.I.	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-Physical Health
419-HOMESTEAD C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Registered Nurse-MH
419-HOMESTEAD C.I.	Reentry Specialist	MH		1.00	
419-HOMESTEAD C.I.	Registered Nurse	M/N		5.20	
419-HOMESTEAD C.I.	Telehealth Coordinator	M/N		1.00	
430-MARTIN C.I.	Behavioral Health Technician (Specialist)	MH		1.00	
430-MARTIN C.I.	Certified Nursing Assistant	M/N		3.00	
430-MARTIN C.I.	Clerk	A		1.00	
430-MARTIN C.I.	Dental Assistant	D		3.00	
430-MARTIN C.I.	Dental Hygienist	D		1.00	
430-MARTIN C.I.	Dentist	D		2.00	
430-MARTIN C.I.	Director of Nursing	M/N		1.00	
430-MARTIN C.I.	Health Services Administrator	A		1.00	
430-MARTIN C.I.	LPN	M/N		12.20	
430-MARTIN C.I.	Medical Records Clerk	A		2.00	
430-MARTIN C.I.	Medical Records Supervisor	A		1.00	
430-MARTIN C.I.	Mental Health Professional	MH		5.00	
430-MARTIN C.I.	Other Not Listed (provide title in Col. J)		0	0.60	PA/NP-Physical Health
430-MARTIN C.I.	Other Not Listed (provide title in Col. J)		0	0.80	Medical Director
430-MARTIN C.I.	Other Not Listed (provide title in Col. J)		0	0.80	Physician MD/DO - Physical Health
430-MARTIN C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Clerk-MH
430-MARTIN C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Mental Health Clinical Director
430-MARTIN C.I.	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-MH
430-MARTIN C.I.	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-Urgent Care
430-MARTIN C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Registered Nurse-MH
430-MARTIN C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Registered Nurse-Supervisor
430-MARTIN C.I.	Reentry Specialist	MH		1.00	
430-MARTIN C.I.	Registered Nurse	M/N		6.60	
430-MARTIN C.I.	Telehealth Coordinator	M/N		1.00	
441-EVERGLADES RE-ENTRY	Behavioral Health Technician (Specialist)	MH		1.00	
441-EVERGLADES RE-ENTRY	LPN	M/N		1.80	
441-EVERGLADES RE-ENTRY	Mental Health Professional	MH		0.60	
441-EVERGLADES RE-ENTRY	Nurse Manager	M/N		1.00	
441-EVERGLADES RE-ENTRY	Other Not Listed (provide title in Col. J)		0	0.10	PA/NP-MH
441-EVERGLADES RE-ENTRY	Other Not Listed (provide title in Col. J)		0	0.20	Medical Director
441-EVERGLADES RE-ENTRY	Other Not Listed (provide title in Col. J)		0	0.40	Clerk-MH
441-EVERGLADES RE-ENTRY	Other Not Listed (provide title in Col. J)		0	0.40	PA/NP-Physical Health
441-EVERGLADES RE-ENTRY	Registered Nurse	M/N		1.40	
463-DADE C.I.	Behavioral Health Technician (Specialist)	MH		1.00	
463-DADE C.I.	Certified Nursing Assistant	M/N		2.00	
463-DADE C.I.	Clerk	A		1.00	
463-DADE C.I.	Dental Assistant	D		2.00	
463-DADE C.I.	Dental Hygienist	D		0.75	
463-DADE C.I.	Dentist	D		1.00	
463-DADE C.I.	Director of Nursing	M/N		1.00	
463-DADE C.I.	Health Services Administrator	A		1.00	
463-DADE C.I.	LPN	M/N		13.20	
463-DADE C.I.	Medical Records Clerk	A		2.00	
463-DADE C.I.	Medical Records Supervisor	A		1.00	
463-DADE C.I.	Mental Health Professional	MH		6.00	
463-DADE C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Clerk-MH
463-DADE C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Medical Director
463-DADE C.I.	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-MH
463-DADE C.I.	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-Urgent Care
463-DADE C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Registered Nurse-MH
463-DADE C.I.	Other Not Listed (provide title in Col. J)		0	3.00	PA/NP-Physical Health
463-DADE C.I.	Other Not Listed (provide title in Col. J)		0	1.00	ADA Coordinator
463-DADE C.I.	Psychologist	MH		2.00	
463-DADE C.I.	Reentry Specialist	MH		1.00	
463-DADE C.I.	Registered Nurse	M/N		7.00	
463-DADE C.I.	Telehealth Coordinator	M/N		1.00	
404-OKEECHOBEE C.I.	Behavioral Health Technician (Specialist)	MH		1.00	
404-OKEECHOBEE C.I.	LPN	M/N		1.80	
404-OKEECHOBEE C.I.	Mental Health Professional	MH		0.20	
404-OKEECHOBEE C.I.	Nurse Manager	M/N		1.00	
404-OKEECHOBEE C.I.	Other Not Listed (provide title in Col. J)		0	0.20	Physician MD/DO-Telehealth
404-OKEECHOBEE C.I.	Other Not Listed (provide title in Col. J)		0	0.40	PA/NP-Physical Health
404-OKEECHOBEE C.I.	Registered Nurse	M/N		1.40	
501-HARDEE C.I.	Behavioral Health Technician (Specialist)	MH		1.00	
501-HARDEE C.I.	Certified Nursing Assistant	M/N		2.00	
501-HARDEE C.I.	Clerk	A		1.00	
501-HARDEE C.I.	Dental Assistant	D		3.00	
501-HARDEE C.I.	Dental Hygienist	D		1.00	
501-HARDEE C.I.	Dentist	D		2.00	
501-HARDEE C.I.	Director of Nursing	M/N		1.00	
501-HARDEE C.I.	Health Services Administrator	A		1.00	
501-HARDEE C.I.	LPN	M/N		10.80	
501-HARDEE C.I.	Medical Records Clerk	A		2.00	
501-HARDEE C.I.	Mental Health Professional	MH		5.00	
501-HARDEE C.I.	Other Not Listed (provide title in Col. J)		0	0.50	Medical Director
501-HARDEE C.I.	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-Physical Health
501-HARDEE C.I.	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-Urgent Care
501-HARDEE C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Registered Nurse-Supervisor
501-HARDEE C.I.	Other Not Listed (provide title in Col. J)		0	2.00	Clerk-MH
501-HARDEE C.I.	Psychologist	MH		1.00	
501-HARDEE C.I.	Registered Nurse	M/N		5.60	
501-HARDEE C.I.	Telehealth Coordinator	M/N		1.00	
503-AVON PARK C.I.	Behavioral Health Technician (Specialist)	MH		1.00	
503-AVON PARK C.I.	Certified Nursing Assistant	M/N		2.00	
503-AVON PARK C.I.	Clerk	A		1.00	
503-AVON PARK C.I.	Dental Assistant	D		2.00	
503-AVON PARK C.I.	Dental Hygienist	D		0.50	

503-AVON PARK C.I.	Dentist	D		1.00	
503-AVON PARK C.I.	Director of Nursing	M/N		1.00	
503-AVON PARK C.I.	Health Services Administrator	A		1.00	
503-AVON PARK C.I.	LPN	M/N		8.00	
503-AVON PARK C.I.	Medical Records Clerk	A		1.00	
503-AVON PARK C.I.	Mental Health Professional	MH		1.00	
503-AVON PARK C.I.	Other Not Listed (provide title in Col. J)		0	0.50	PA/NP-Physical Health
503-AVON PARK C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Clerk-MH
503-AVON PARK C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Medical Director
503-AVON PARK C.I.	Registered Nurse	M/N		5.20	
503-AVON PARK C.I.	Telehealth Coordinator	M/N		1.00	
510-CHARLOTTE C.I.	Behavioral Health Technician (Specialist)	MH		1.00	
510-CHARLOTTE C.I.	Certified Nursing Assistant	M/N		3.00	
510-CHARLOTTE C.I.	Clerk	A		1.00	
510-CHARLOTTE C.I.	Dental Assistant	D		2.00	
510-CHARLOTTE C.I.	Dental Hygienist	D		0.50	
510-CHARLOTTE C.I.	Dentist	D		1.00	
510-CHARLOTTE C.I.	Director of Nursing	M/N		1.00	
510-CHARLOTTE C.I.	Health Services Administrator	A		1.00	
510-CHARLOTTE C.I.	LPN	M/N		16.80	
510-CHARLOTTE C.I.	Medical Records Clerk	A		2.00	
510-CHARLOTTE C.I.	Medical Records Supervisor	A		1.00	
510-CHARLOTTE C.I.	Mental Health Professional	MH		16.00	
510-CHARLOTTE C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Medical Director
510-CHARLOTTE C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Mental Health Director
510-CHARLOTTE C.I.	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-Physical Health
510-CHARLOTTE C.I.	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-Urgent Care
510-CHARLOTTE C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Registered Nurse-MH
510-CHARLOTTE C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Registered Nurse-Supervisor
510-CHARLOTTE C.I.	Other Not Listed (provide title in Col. J)		0	1.60	PA/NP-MH
510-CHARLOTTE C.I.	Other Not Listed (provide title in Col. J)		0	3.00	Clerk-MH
510-CHARLOTTE C.I.	Psychiatrist	MH		1.00	
510-CHARLOTTE C.I.	Psychologist	MH		1.00	
510-CHARLOTTE C.I.	Reentry Specialist	MH		1.00	
510-CHARLOTTE C.I.	Registered Nurse	M/N		5.60	
510-CHARLOTTE C.I.	Telehealth Coordinator	M/N		1.00	
564-DESOTO ANNEX	Behavioral Health Technician (Specialist)	MH		1.00	
564-DESOTO ANNEX	Certified Nursing Assistant	M/N		2.00	
564-DESOTO ANNEX	Clerk	A		1.00	
564-DESOTO ANNEX	Dental Assistant	D		3.00	
564-DESOTO ANNEX	Dental Hygienist	D		1.00	
564-DESOTO ANNEX	Dentist	D		2.00	
564-DESOTO ANNEX	Director of Nursing	M/N		1.00	
564-DESOTO ANNEX	Health Services Administrator	A		1.00	
564-DESOTO ANNEX	LPN	M/N		7.00	
564-DESOTO ANNEX	Medical Records Clerk	A		2.00	
564-DESOTO ANNEX	Mental Health Professional	MH		2.00	
564-DESOTO ANNEX	Other Not Listed (provide title in Col. J)		0	0.50	Medical Director
564-DESOTO ANNEX	Other Not Listed (provide title in Col. J)		0	1.00	Clerk-MH
564-DESOTO ANNEX	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-Physical Health
564-DESOTO ANNEX	Other Not Listed (provide title in Col. J)		0	1.00	PA/NP-Urgent Care
564-DESOTO ANNEX	Registered Nurse	M/N		5.20	
564-DESOTO ANNEX	Telehealth Coordinator	M/N		1.00	
573-ZEPHYRHILLS C.I.	Behavioral Health Technician (Specialist)	MH		1.00	
573-ZEPHYRHILLS C.I.	Certified Nursing Assistant	M/N		7.20	
573-ZEPHYRHILLS C.I.	Clerk	A		1.00	
573-ZEPHYRHILLS C.I.	Dental Assistant	D		2.00	
573-ZEPHYRHILLS C.I.	Dentist	D		1.00	
573-ZEPHYRHILLS C.I.	Director of Nursing	M/N		1.00	
573-ZEPHYRHILLS C.I.	Health Services Administrator	A		1.00	
573-ZEPHYRHILLS C.I.	LPN	M/N		8.00	
573-ZEPHYRHILLS C.I.	Medical Records Clerk	A		2.00	
573-ZEPHYRHILLS C.I.	Mental Health Professional	MH		2.00	
573-ZEPHYRHILLS C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Medical Director
573-ZEPHYRHILLS C.I.	Other Not Listed (provide title in Col. J)		0	0.50	PA/NP-MH
573-ZEPHYRHILLS C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Registered Nurse-MH
573-ZEPHYRHILLS C.I.	Other Not Listed (provide title in Col. J)		0	1.60	PA/NP-Physical Health
573-ZEPHYRHILLS C.I.	Other Not Listed (provide title in Col. J)		0	2.00	Clerk-MH
573-ZEPHYRHILLS C.I.	Psychologist	MH		1.00	
573-ZEPHYRHILLS C.I.	Psychology Resident	MH		4.00	
573-ZEPHYRHILLS C.I.	Reentry Specialist	MH		0.50	
573-ZEPHYRHILLS C.I.	Registered Nurse	M/N		8.60	
573-ZEPHYRHILLS C.I.	Telehealth Coordinator	M/N		1.00	
580-POLK C.I.	Behavioral Health Technician (Specialist)	MH		1.00	
580-POLK C.I.	Certified Nursing Assistant	M/N		4.00	
580-POLK C.I.	Clerk	A		1.00	
580-POLK C.I.	Dental Assistant	D		2.00	
580-POLK C.I.	Dental Hygienist	D		0.50	
580-POLK C.I.	Dentist	D		1.00	
580-POLK C.I.	Director of Nursing	M/N		1.00	
580-POLK C.I.	Health Services Administrator	A		1.00	
580-POLK C.I.	LPN	M/N		7.00	
580-POLK C.I.	Medical Records Clerk	A		1.00	
580-POLK C.I.	Mental Health Professional	MH		1.50	
580-POLK C.I.	Other Not Listed (provide title in Col. J)		0	0.50	PA/NP-Physical Health
580-POLK C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Clerk-MH
580-POLK C.I.	Other Not Listed (provide title in Col. J)		0	1.00	Medical Director
580-POLK C.I.	Registered Nurse	M/N		5.20	
580-POLK C.I.	Telehealth Coordinator	M/N		1.00	
209-R.M.C. - MAIN UNIT	Administrative Assistant	A		3.00	
209-R.M.C. - MAIN UNIT	Assistant RMC Hospital Administrator	RMC-A		1.00	Assistant RMC Hospital Administrator
209-R.M.C. - MAIN UNIT	Certified Nursing Assistant	M/N		34.60	
209-R.M.C. - MAIN UNIT	Clerk	A		3.00	
209-R.M.C. - MAIN UNIT	Clinical Risk Manager	M/N		1.00	
209-R.M.C. - MAIN UNIT	Director of Nursing	M/N		1.00	
209-R.M.C. - MAIN UNIT	Other Not Listed (provide title in Col. J)		0	1.00	Executive Medical Director
209-R.M.C. - MAIN UNIT	Other Not Listed (provide title in Col. J)		0	1.00	Executive Nursing Director
209-R.M.C. - MAIN UNIT	Other Not Listed (provide title in Col. J)		0	1.00	Health Information Specialist/Medical Records Supervisor
209-R.M.C. - MAIN UNIT	Other Not Listed (provide title in Col. J)		0	1.00	Hospital Administrator
209-R.M.C. - MAIN UNIT	Infection Control Nurse	M/N		1.00	
209-R.M.C. - MAIN UNIT	Inventory Coordinator	M/N		2.00	
209-R.M.C. - MAIN UNIT	Other Not Listed (provide title in Col. J)		0	1.00	Laboratory Technician
209-R.M.C. - MAIN UNIT	Lead Inventory Coordinator	M/N		1.00	
209-R.M.C. - MAIN UNIT	Other Not Listed (provide title in Col. J)		0	6.60	Licensed Pract Nurse Med
209-R.M.C. - MAIN UNIT	LPN	M/N		11.50	
209-R.M.C. - MAIN UNIT	Medical Records Clerk	A		2.00	
209-R.M.C. - MAIN UNIT	Other Not Listed (provide title in Col. J)		0	1.00	Nephrologist***
209-R.M.C. - MAIN UNIT	Other Not Listed (provide title in Col. J)		0	3.40	PA/NP-Physical Health

209-R.M.C. - MAIN UNIT	Other Not Listed (provide title in Col. J)	0		1.00	Pharmacy Consultant*
209-R.M.C. - MAIN UNIT	Phlebotomist	M/N		4.00	
209-R.M.C. - MAIN UNIT	Other Not Listed (provide title in Col. J)	0		3.80	Physician MD/DO - Physical Health
209-R.M.C. - MAIN UNIT	RMC Radiology Manager	RMC-M/N		1.00	Radiology Manager**
209-R.M.C. - MAIN UNIT	Other Not Listed (provide title in Col. J)	0		3.00	Radiology Technician**
209-R.M.C. - MAIN UNIT	Re-Entry Svcs Case Mgr	M/N		3.00	
209-R.M.C. - MAIN UNIT	Registered Nurse	M/N		27.20	
209-R.M.C. - MAIN UNIT	RN Education	M/N		1.00	
209-R.M.C. - MAIN UNIT	RN Supervisor	M/N		4.20	
209-R.M.C. - MAIN UNIT	RMC Respiratory Therapist	RMC-M/N		8.40	
209-R.M.C. - MAIN UNIT	RMC Respiratory Therapist Supervisor	RMC-M/N		1.00	
209-R.M.C. - MAIN UNIT	Administrative Assistant	A		1.00	
209-R.M.C. - MAIN UNIT	Certified Nursing Assistant	M/N		1.00	
209-R.M.C. - MAIN UNIT	Other Not Listed (provide title in Col. J)	0		1.00	Clerk-MH
209-R.M.C. - MAIN UNIT	Dental Assistant	D		2.00	
209-R.M.C. - MAIN UNIT	Dental Hygienist	D		0.50	
209-R.M.C. - MAIN UNIT	Dentist	D		1.00	
209-R.M.C. - MAIN UNIT	Other Not Listed (provide title in Col. J)	0		3.40	Licensed Pract Nurse Med
209-R.M.C. - MAIN UNIT	LPN	M/N		3.80	
209-R.M.C. - MAIN UNIT	Medical Records Clerk	A		3.00	
209-R.M.C. - MAIN UNIT	Mental Health Professional	MH		1.00	Mental Health Professional- MA/MS
209-R.M.C. - MAIN UNIT	Other Not Listed (provide title in Col. J)	0		0.40	PA/NP-MH
209-R.M.C. - MAIN UNIT	Other Not Listed (provide title in Col. J)	0		1.00	PA/NP-Physical Health
209-R.M.C. - MAIN UNIT	Registered Nurse	M/N		5.70	
209-R.M.C. - MAIN UNIT	Other Not Listed (provide title in Col. J)	0		1.00	RN Nurse Manager
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		1.00	Administrative Assistant - Mental Health
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		1.00	American Sign Language Staff Interpreter**
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		1.00	Assistant Statewide Dental Administrator
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		1.00	Asst. Statewide Dir. of MH Services
REGIONAL OFFICE	Clerk	A		5.00	
REGIONAL OFFICE	Corporate Officer*	Reg-A		1.00	
REGIONAL OFFICE	Data Analyst	Reg-A		1.00	
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		8.00	IT/EHR Help Desk
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		4.00	Mental Health Professional-Float Pool
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		4.00	Physician -- Float Pool
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		3.20	Physician -- On Call
REGIONAL OFFICE	Regional Administrative Coordinator	Reg-A		1.00	
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		3.00	Regional Associate HR Business Partner
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		12.00	Regional Consult Specialist
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		1.00	Regional Dental Administrative Coordinator
REGIONAL OFFICE	Regional Dental Director	Reg-D		2.00	
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		4.00	Regional Desktop Support
REGIONAL OFFICE	Regional Director of Operations	Reg-A		6.00	
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		7.00	Regional DON
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		3.00	Regional EMR Application Administrator
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		7.00	Regional EMR Education Coordinator
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		4.00	Regional Hepatitis C Case Manager
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		5.00	Regional HR Administrator
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		4.00	Regional HR Business Partner
REGIONAL OFFICE	Regional Infection Control Nurse	Reg-M/N		4.00	
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		2.00	Regional IT Supervisor
REGIONAL OFFICE	Regional Medical Director	Reg-M/N		4.00	
REGIONAL OFFICE	Regional Mental Health Director	Reg-MH		7.00	
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		3.00	Regional MH QM Coordinator
REGIONAL OFFICE	Regional Nurse Educator	Reg-M/N		3.00	
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		3.00	Regional QM Coordinator
REGIONAL OFFICE	Regional Recruitment Coordinator	Reg-A		4.00	
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		4.00	Regional Telehealth Coordinator
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		4.00	Regional Utilization Management Nurse Inpatient
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		5.00	Regional Utilization Management Nurse Outpatient
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		5.00	Regional Utilization Management Referral Specialist
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		6.00	RN-Float Pool
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		1.00	Social Services Coordinator - Marion County - Female Sites
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		2.00	Social Services Specialists
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		1.00	Statewide Assistant Psychiatric Advisor
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		1.00	Statewide CQI Coordinator (Program Director)
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		1.00	Statewide Credential Coordinator
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		1.00	Statewide Dental Administrator
REGIONAL OFFICE	Statewide Dental Director	Reg-D		1.00	
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		1.00	Statewide Director of MH Operations
REGIONAL OFFICE	Statewide Director of Nursing	Reg-M/N		1.00	
REGIONAL OFFICE	Statewide Disabled/Impaired Inmate Coordinator	Reg-M/N		1.00	
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		1.00	Statewide EMR Business Analyst
REGIONAL OFFICE	Statewide EMR Director	Reg-A		1.00	
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		1.00	Statewide EMR Education Coordinator
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		1.00	Statewide EMR IT/OBIS Specialist
REGIONAL OFFICE	Statewide EMR Project Manager	Reg-A		1.00	
REGIONAL OFFICE	Statewide Female Health Services Coordinator	Reg-M/N		1.00	
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		1.00	Statewide Hepatitis C Case Manager Lead
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		1.00	Statewide Hepatitis C Data Entry Specialist
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		1.00	Statewide HR Director
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		1.00	Statewide Infirmiry Bed Manager
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		1.00	Statewide IT Support Lead
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		1.00	Statewide IT Systems Administrator
REGIONAL OFFICE	Statewide Medical Director	Reg-M/N		1.00	
REGIONAL OFFICE	Statewide Mental Health Director	Reg-MH		1.00	
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		1.00	Statewide Mental Health Reentry Coordinator
REGIONAL OFFICE	Statewide Mental Health Training Coordinator	Reg-MH		1.00	
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		1.00	Statewide Mortality Review Coordinator
REGIONAL OFFICE	Statewide Pharmacy Program Director	Reg-P		1.00	
REGIONAL OFFICE	Statewide Psychiatric Advisor	Reg-MH		1.00	
REGIONAL OFFICE	Statewide Recruitment Coordinator	Reg-A		1.00	
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		1.00	Statewide Utilization Management Lead
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		1.50	Statewide Utilization Management Medical Director
REGIONAL OFFICE	Other Not Listed (provide title in Col. J)	0		1.00	Statewide VP of Operations
				2,583.00	

	Client Format	Centurion Format	Variance
Staffing	2,583.00	2,583.00	-
Staffing-IP	389.60	389.60	-
Staffing-RMCH	134.60	134.60	-
Staffing-WAKRCCU	118.90	118.90	-
Total	3,226.10	3,226.10	-

ADDENDUM #006

Solicitation Number: FDC ITN-22-042
Solicitation Title: Comprehensive Health Care Services
Bids due by: July 15, 2022 at 2:00 p.m., Eastern Time
Addendum Number: 006
Addendum Date: March 27, 2023

Failure to file a protest within the time prescribed in Section 120.57(3), Florida Statutes, or failure to post the bond or other security required by law within the time allowed for filing a bond shall constitute a waiver of proceedings under Chapter 120, Florida Statutes.

Please be advised that the information below is applicable to the original specifications of the above referenced solicitation. Added language to the ITN is highlighted in yellow, while deleted language is stricken.

This Addendum includes the following changes:

Change No. 1:

A revision to the Timeline.

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REVISED
TIMELINE
FDC ITN-22-042

EVENT	DUE DATE	LOCATION
Release of ITN	April 1, 2022	Vendor Bid System (VBS): http://www.myflorida.com/apps/vbs
Mandatory Pre-Reply Conferences and Site Visits	April 19 – May 4, 2022	See Section 4.4 for information regarding the mandatory site visits. <u>NOTE: A Vendor's Reply will be deemed non-responsive if the Vendor fails to attend all of the site visits.</u>
Last Day for written inquiries to be received by the Department	<u>May 13, 2022</u> , Prior to 5:00 p.m., Eastern Time	Submit questions to: Florida Department of Corrections Bureau of Procurement Email: purchasing@fdc.myflorida.com Subject Line Should Read: ITN-22-042
Anticipated Posting of written responses to written inquiries	June 20, 2022	Vendor Bid System (VBS): http://www.myflorida.com/apps/vbs
Sealed Replies Due and Opened	July 15, 2022, at 2:00 p.m., Eastern Time	<u>Replies should be addressed to:</u> Attn: Eunice Arnold, Procurement Officer Florida Department of Corrections Bureau of Procurement 501 South Calhoun Street Tallahassee, Florida 32399
Evaluation Team Meeting	August 08, 2022, at 2:00 p.m., Eastern Time	<u>Meeting Location:</u> Florida Department of Corrections Bureau of Procurement 501 South Calhoun Street Tallahassee, Florida 32399
Anticipated Negotiations	September 2022 – November 2022	Florida Department of Corrections Bureau of Procurement 501 South Calhoun Street Tallahassee, Florida 32399
Negotiation Team Meeting	March 23, 2023, at 5:00 p.m., Eastern Time	Meeting Location Florida Department of Corrections Bureau of Procurement 501 South Calhoun Street Tallahassee, Florida 32399
Anticipated Posting of Intent to Award	March 2023 March 30, 2023	Vendor Bid System (VBS): http://www.myflorida.com/apps/vbs

ADDENDUM #005

Solicitation Number: FDC ITN-22-042
Solicitation Title: Comprehensive Health Care Services
Bids due by: July 15, 2022 at 2:00 p.m., Eastern Time
Addendum Number: 005
Addendum Date: March 16, 2023

Failure to file a protest within the time prescribed in Section 120.57(3), Florida Statutes, or failure to post the bond or other security required by law within the time allowed for filing a bond shall constitute a waiver of proceedings under Chapter 120, Florida Statutes.

Please be advised that the information below is applicable to the original specifications of the above referenced solicitation. Added language to the ITN is highlighted in yellow, while deleted language is stricken.

This Addendum includes the following changes:

Change No. 1:

A revision to the Timeline.

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REVISED
TIMELINE
FDC ITN-22-042

EVENT	DUE DATE	LOCATION
Release of ITN	April 1, 2022	Vendor Bid System (VBS): http://www.myflorida.com/apps/vbs
Mandatory Pre-Reply Conferences and Site Visits	April 19 – May 4, 2022	See Section 4.4 for information regarding the mandatory site visits. <u>NOTE: A Vendor's Reply will be deemed non-responsive if the Vendor fails to attend all of the site visits.</u>
Last Day for written inquiries to be received by the Department	<u>May 13, 2022</u> , Prior to 5:00 p.m., Eastern Time	Submit questions to: Florida Department of Corrections Bureau of Procurement Email: purchasing@fdc.myflorida.com Subject Line Should Read: ITN-22-042
Anticipated Posting of written responses to written inquiries	June 20, 2022	Vendor Bid System (VBS): http://www.myflorida.com/apps/vbs
Sealed Replies Due and Opened	July 15, 2022, at 2:00 p.m., Eastern Time	<u>Replies should be addressed to:</u> Attn: Eunice Arnold, Procurement Officer Florida Department of Corrections Bureau of Procurement 501 South Calhoun Street Tallahassee, Florida 32399
Evaluation Team Meeting	August 08, 2022, at 2:00 p.m., Eastern Time	<u>Meeting Location:</u> Florida Department of Corrections Bureau of Procurement 501 South Calhoun Street Tallahassee, Florida 32399
Anticipated Negotiations	September 2022 – November 2022	Florida Department of Corrections Bureau of Procurement 501 South Calhoun Street Tallahassee, Florida 32399
Negotiation Team Meeting	March 23, 2023, at 5:00 p.m., Eastern Time	Meeting Location Florida Department of Corrections Bureau of Procurement 501 South Calhoun Street Tallahassee, Florida 32399
Anticipated Posting of Intent to Award	March 2023	Vendor Bid System (VBS): http://www.myflorida.com/apps/vbs

ADDENDUM #004

Solicitation Number: FDC ITN-22-042
Solicitation Title: Comprehensive Health Care Services
Bids due by: July 15, 2022 at 2:00 p.m., Eastern Time
Addendum Number: 002
Addendum Date: July 25, 2022

Failure to file a protest within the time prescribed in Section 120.57(3), Florida Statutes, or failure to post the bond or other security required by law within the time allowed for filing a bond shall constitute a waiver of proceedings under Chapter 120, Florida Statutes.

Please be advised that the information below is applicable to the original specifications of the above referenced solicitation. Added language to the ITN is highlighted in yellow, while deleted language is stricken.

This Addendum includes the following changes:

Change No. 1:

A revision to the Timeline.

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REVISED
TIMELINE
FDC ITN-22-042

EVENT	DUE DATE	LOCATION
Release of ITN	April 1, 2022	Vendor Bid System (VBS): http://www.myflorida.com/apps/vbs
Mandatory Pre-Reply Conferences and Site Visits	April 19 – May 4, 2022	See Section 4.4 for information regarding the mandatory site visits. NOTE: A Vendor’s Reply will be deemed non-responsive if the Vendor fails to attend all of the site visits.
Last Day for written inquiries to be received by the Department	<u>May 13, 2022</u> , Prior to 5:00 p.m., Eastern Time	Submit questions to: Florida Department of Corrections Bureau of Procurement Email: purchasing@fdc.myflorida.com Subject Line Should Read: ITN-22-042
Anticipated Posting of written responses to written inquiries	June 20, 2022	Vendor Bid System (VBS): http://www.myflorida.com/apps/vbs
Sealed Replies Due and Opened	July 15, 2022, at 2:00 p.m., Eastern Time	Replies should be addressed to: Attn: Eunice Arnold, Procurement Officer Florida Department of Corrections Bureau of Procurement 501 South Calhoun Street Tallahassee, Florida 32399
Evaluation Team Meeting	August 15 08 , 2022, at 2:00 p.m., Eastern Time	<u>Meeting Location:</u> Florida Department of Corrections Bureau of Procurement 501 South Calhoun Street Tallahassee, Florida 32399
Anticipated Negotiations	September 2022 – November 2022	Florida Department of Corrections Bureau of Procurement 501 South Calhoun Street Tallahassee, Florida 32399
Anticipated Posting of Intent to Award	March 2023	Vendor Bid System (VBS): http://www.myflorida.com/apps/vbs

ADDENDUM #003

Solicitation Number: FDC ITN-22-042
Solicitation Title: Comprehensive Health Care Services
Bids due by: July 15, 2022, at 2:00 p.m., Eastern Time
Addendum Number: 003
Addendum Date: June 20, 2022

Failure to file a protest within the time prescribed in Section 120.57(3), Florida Statutes, or failure to post the bond or other security required by law within the time allowed for filing a bond shall constitute a waiver of proceedings under Chapter 120, Florida Statutes.

Please be advised that the changes below are applicable to the original specifications of the above-referenced solicitation. Added new language to the ITB is highlighted in yellow, while deleted language has been stricken.

This Addendum includes the Department's written answers to the written questions received.

This Addendum also includes the following change:

Change No. 1:

A revision to Section 4.9, Contents of Reply Submittals, Tab D.

TAB D Service Area Detailed Solution (limit ~~150~~ 225 pages)

Section 3 defines the requirements and service level expectations for the services.

In TAB D, for each requirement, Performance Measure, and report required in Section ~~3~~ 3.6 of this ITN, the Vendor shall describe the following:

- a. Acknowledge acceptance of each requirement or note any proposed modification or innovative solutions that may differ from the requirement but meet the Department's needs;
- b. Acknowledge acceptance of each Performance Measure (PM);
- c. Indicate its ability to exceed the required PMs, if applicable, and provide additional PMs the Vendor identifies as important that are not specified;
- d. Identify proposed modifications to the identified PMs and the impact of the modification (e.g. greater quality control, cost savings);
- e. Describe a plan for providing service and meeting all requirements. The Vendor shall include methodologies that will be applied, automation tools planned for use, resource usage plan/approach, and processes that will be put in place;

- f. Identify, describe, and detail the Vendor's services and staff that will be used to ensure successful service delivery;
- g. Describe ways to reduce or minimize any costs or Department resources associated with the services. This may include modifying the requirements and/or PMs while still meeting the needs of the service, or recommending a different approach for the service; and
- h. Describe any Value-Added Services it will provide the Department, in addition to those listed in the ITN, at no additional cost.

Change No. 2:

A revision to Section 4.11, Reply Evaluation and Negotiation Process, A., Evaluation Phase Methodology, Table 1 and B., Final Reply Evaluation Score, 1st paragraph.

Table 1

Technical Evaluation Section	Evaluator Score	Total Available Points
References	1-5	50
Prior Work Experience	1-5	50
Description of Solution	1-5	50
Program Management	1-5	75
Institutional Medical Care	1-5	100
Institutional Dental Care	1-5	100
Mental Health Services	1-5	100
Hospital Administration and Care and Utilization Management	1-5	75
Quality Management	1-5	75
Pharmaceutical Services	1-5	75
Total Evaluation Points		750

Technical Evaluation Section	Evaluator Score	Total Available Points
TAB A Cover Letter with Contact Information, Executive Summary, Pass/Fail Certification and Performance Bond/Irrevocable Letter of Credit	1-5	25
TAB B Experience and Ability to Provide Services	1-5	75
TAB C Description of Solution	1-5	100
TAB D Service Area Detailed Solution	1-5	600
TAB E Implementation Plan	1-5	100
TAB F Additional Ideas for Improvement or cost reduction, and other supplemental materials	1-5	100
Total Evaluation Points		1000

B. Final Reply Evaluation Score

A Vendor's Final Reply Evaluation Score is the sum of the Vendor's Technical Reply Evaluation Score (0 – 750 1000 points) and its Cost Reply Score (0 – 250 points).

Change No. 3:

A revision to Section 4.9, Contents of Reply Submittals, first paragraph and TAB A Title.

Replies shall be organized in TABs as directed below. Vendors shall complete each TAB entirely to be considered responsive. Material Deviations cannot be waived and shall be the basis for rejection of a Reply. A Minor Irregularity will not result in a rejection of a Reply. Each TAB includes a page limit for all TAB content. TAB content beyond the page limit will not be evaluated.

The Reply shall be organized as follows:

TAB A Cover Letter with Contact Information, Executive Summary, Pass/Fail Certification and Performance Bond/Irrevocable Letter of Credit Letter (Limit 15 25 pages)

Change No. 4:

A revision to Section 4.9, Contents of Reply Submittals, TAB B, Experience and Ability to Provide Services, b. Prior Work Experience, 3) Subcontractor Information.

3) Subcontractor Information

If the Vendor will use subcontractors to provide any of the S services, the Vendor shall provide detailed information for all subcontractors it plans on contracting with to provide any of the S services under the prospective Contract. This information shall be provided using Attachment IX, Subcontracting Form. The Vendor shall complete Attachment IX, Subcontracting form. This information shall, at a minimum, include the following: name, contact information, the service(s)

subcontractor will be providing under the prospective Contract, the number of years subcontractor has provided services, projects of similar size and scope to the ~~S~~ services sought via this ITN the subcontractor has provided, and all instances of contractual default or debarment (as a prime or subcontractor) the subcontractor has had in the past five (5) years. Additionally, the Vendor shall include the name of any subcontractor it intends to hire for this project and any fees that the subcontractor is expected to charge at the time of the Reply.

Change No. 5:

A revision to Section 5.5, Subcontracts, 1st paragraph.

The Vendor may, only with prior written consent of the Department, enter into written subcontracts for the delivery or performance of services as indicated in this ITN. Anticipated subcontract agreements known at the time of bid Reply submission, and the amount of the subcontract must be identified in the bid TAB B of the Vendor Reply. If a subcontract has been identified at the time of submission, a copy of the proposed subcontract must be submitted to the Department. No subcontract, which the Vendor enters into with respect to performance of any of its functions under the Contract, shall in any way relieve the Vendor of any responsibility for the performance of its duties. All subcontractors, regardless of function, providing services on Department property, shall comply with the Department’s security requirements, as defined by the Department, including background checks, and all other Contract requirements. All payments to subcontractors shall be made by the Vendor.

Change No. 6:

A revision to Section 3.6.1.2, Program Management Minimum Requirements.

Statewide Leadership Positions

Position Title (or equivalent title)	Purpose	Department Liaison	# of Positions
Statewide Oral Surgeon	Responsible for all dental care and related surgical issues	• Chief of Dental Services	1

Institutional Leadership Positions

Position Title (or equivalent title)	Purpose	Department Liaison	# of Positions
Oral Surgeon	Responsible for all dental care and related surgical issues	• Warden for administrative issues • Chief of Dental Services for clinical issues	1 per Institution

Change No. 7:

A revision to Section 3.6.4.2 How Services are Provided Today, Mental Health Services Requirements (MHS).

Mental Health Service Requirements (MHS)	
No.	Requirement
MHS-052	<p><u>Treatment for Gender Dysphoria</u></p> <p>The Vendor shall ensure identification and treatment of Inmates diagnosed with Gender Dysphoria is governed by Procedure 403.012, Identification and Management of Inmates Diagnosed with Gender Dysphoria. After initial pre-screening, formal assessment, and review by the OHS Gender Dysphoria Review team, the Inmate will receive initial treatment to include, but not be limited to, clinical group therapy once weekly, psychoeducational group interventions twice weekly, and individual psychotherapy at least every 30 Days. After an initial three (3) month period, treatment schedules can be modified by the MDST to include individual psychotherapy at least every 30 Days and clinical group therapy either weekly, bi-weekly, or monthly, as clinically indicated. While receiving any treatment for Gender Dysphoria Inmates must remain at a mental health designation of S-2 or higher.</p>

Change No. 8:

A revision to Section 2.7, Resources.

The Department is providing links to resources Vendors may find helpful in the development of their Replies. In order to gain a comprehensive understanding of the current services, Vendors are strongly encouraged to review the information contained in these links.

Many exhibits contain multiple files. In addition, some exhibits contain information on health care services or Correctional Institutions that may not be covered by this ITN. The Vendor may disregard any information that does not pertain to this ITN.

- Comprehensive Health Care Service contracts:
<https://facts.fldfs.com/Search/ContractDetail.aspx?AgencyId=700000&ContractId=C2930>
<https://facts.fldfs.com/Search/ContractDetail.aspx?AgencyId=700000&ContractId=C2995>
- Current Department Policies, Procedures, and Health Services Bulletins (except those identified as “Restricted”):
<http://fdc.myflorida.com/health/procedures.html>
- The Department has provided a Resource Library to provide Vendors with access to information, reports, and additional documents useful in creating a Reply.
 The Link: <http://www.dc.state.fl.us/health/faq.html>

Some of the Department’s Procedures are identified as “Restricted” and are not available for public viewing. Restricted Department Procedures will be made available to interested Vendors for the development of Replies. To obtain a copy of the restricted Procedures, Vendors must email a signed copy of Attachment XII, Nondisclosure Agreement for Restricted Information, to the Procurement Officer, along with their Express Mail (i.e., FedEx, UPS) account number to cover

the cost of shipping. Once the signed agreement is received by the Procurement Officer, the Department will provide the restricted procedures on a CD to the Vendor, via overnight mail. Vendors having trouble accessing any documents should contact the Procurement Officer.

Note: Exhibits are provided for informational purposes only. All possible efforts have been made to ensure the information contained in the resource documents is accurate, complete, and current

Change No. 9:

A revision to Section 4.10, Reply Evaluation Criteria, A. Technical Reply Evaluation Score (0-750 Points) title.

A. TECHNICAL REPLY EVALUATION SCORE (0 – 750 1000 POINTS)

**Responses to Written Questions
FDC ITN-22-042
Comprehensive Health Care Services**

Question Number	Question	Answer
1.	Is the DOC planning to hold a main Bidder's conference for the solicitation as a whole? If so, can you please provide me with the date, time, location, and RSVP/registration instructions?	All pre-Reply conferences will occur at the mandatory site visits. There will be no pre-reply conferences or site visits at Central Office.
2.	Are you saying that the DOC is not going to have a main Bidder's Conference at the DOC headquarters?	Please see the Answer to Question No. 1 of this Addendum.
3.	<p>In Tab D, the ITN instructs proposals to describe subsections a-h surrounding ITN requirements, performance measures, and reports in Section 3 of the ITN. Please clarify the following:</p> <p>a. Is this requested for the entirety of Section 3 (Subsections 3.1-3.9) or only the specific applicable healthcare service areas under Subsection 3.6 (Subsections 3.6.1 - 3.6.10)?</p> <p>b. If only subsections 3.6.1 – 3.6.10, can the Department please confirm proposals do <u>not</u> need to include these same detailed a-h responses for Sections 3.1 - 3.5, 3.7 - 3.9, and 3.6.11?</p>	<p>a. The ITN document, including the entirety of Section 3, designates specifications that will be reflected in the Contract; however, the instructions in TAB D subsections a-h, refer to the specifications the Department denotes as "Requirements," which are those in Section 3.6. Please see Change No. 1 of this Addendum.</p> <p>b. Section 3.6.11 is titled "Other Requirements" and is included in Section 3.6 and applies to the instructions of TAB D.</p> <p>c. The Department's evaluation methodology is laid out in Section 4.11 of the ITN. Table 1 details the total available points for each component of a Vendor's Reply. Please see Change No. 2 of this Addendum.</p>

**Responses to Written Questions
FDC ITN-22-042
Comprehensive Health Care Services**

Question Number	Question	Answer
	c. Can the Department please clarify the scoring of subsection 3.6.9, 3.6.10, and 3.6.11 and what, if any, possible points are associated with those subsections?	
4.	We understand that we have up to 30 pages to provide our Implementation Plan. Can the Department please clarify the scoring of Tab E Implementation Plan narrative and what, if any, possible points are associated with that section?	The Department will evaluate the Vendor's Implementation Plan when it evaluates TAB E of the Vendor's Reply. Please see Change No. 2 of this Addendum.
5.	We understand that we have up to 35 pages to provide our response to Tab F, Additional Ideas/Value-Adds/Cost Reductions. Can the Department please clarify the scoring of Tab F and what, if any, possible points are associated with that section?	The Department will evaluate the Vendor's response to TAB F in accordance with Table 1 of Section 4.11. Please see Change No. 2 of this Addendum.
6.	The ITN timeline notes that the anticipated posting of written responses to vendor questions is June 13 th . Will the Department consider allowing more time between posting of written answers and the ITN reply due date to vendors to incorporate FDC's answers into their proposal submissions?	Please see Addendum #002 timeline revision.
7.	The volume of information requested may be challenging to thoroughly respond in 150 pages. Would the Department kindly consider increasing the page limit and/or allow separate attachments to	TAB D of a Vendor's Reply was previously limited to 150 pages, not the entirety of a Vendor's Reply. Each Tab of a Vendor's Reply has its own page limit. Please see Change No. 1 of this Addendum, which increases the page limit for TAB D.

**Responses to Written Questions
FDC ITN-22-042
Comprehensive Health Care Services**

Question Number	Question	Answer
	support the narrative response with the separate attachments excluded from the 150 page limit?	All of a Vendor's Reply contents (attachments, forms, etc.) will be counted in the page limit(s) denoted for each TAB.
8.	<p>1. Is it permissible to include separate attachments to support a narrative response that are informational documents as samples? Examples are company policies and procedures, sample forms, audit tools, programming, etc.</p> <p>2. If so, are these excluded from the page limit allotment in that corresponding tab?</p>	Please see the Answer to Question No. 7 of this Addendum.
9.	<p>Section 4.9, Contents of Reply Submittals, Tab A; page 207</p> <p>This section requires ITN forms and documents (i.e. reply bond, performance bond, D&B score, etc.) Please confirm these requirements are excluded from the 15-page limit of Tab A.</p>	Please see Change No. 1 and Change No. 3 and the Answer to Question No. 7 of this Addendum.
10.	<p>Section 4.9, Contents of Reply Submittals, Tab B; page 208</p> <p>This section requires references, subcontractor letters of intent, job descriptions, and proposed staffing plans. Please confirm these requirements are excluded from the 50-page limit for Tab B.</p>	Please see the Answer to Question No. 7 of this Addendum.

**Responses to Written Questions
FDC ITN-22-042
Comprehensive Health Care Services**

Question Number	Question	Answer
11.	<p>Section 5.5., Subcontracts; page 224</p> <p>This section of the ITN requires bidders to include, <i>“Anticipated subcontract agreements known at the time of bid submission, and the amount of the subcontract must be identified in the bid.”</i></p> <p>For the estimated amount of subcontractor agreement, should this be included on Attachment IX, Subcontracting Form, or within vendor’s price proposal?</p>	<p>The amount of any known subcontracts should be reported in TAB B of a Vendor’s Reply. Please see Change to No. 4 and Change to No. 5 of this Addendum.</p>
12.	<p>Section 4.9, Contents of Reply Submittals, Tab B, Subsection b.1 Narrative/Record of Past Experience</p> <p>This section requires a listing of similar contacts and certain information for each. Some companies have decades of experience. Can this information be submitted as a separate Attachment that is excluded from the page limit allotment?</p>	<p>Please see the Answer to Question No. 7 and Change No. 3 of this Addendum.</p>
13.	<p>What if any changes have there been in major facility missions and populations in the past 5 years?</p>	<p>Jefferson CI, Madison CI, Everglades CI, Marion CI, Sumter CI, Tomoka CI were designated as Incentivized Prisons. Hamilton CI Main Unit and SFRC South Unit were designated to accept Short Sentence inmates. Charlotte CI and Hardee CI were designated as Close Management Facilities. Wakulla-Annex was designated as a Residential Continuum of Care Unit. FWRC was designated as a Residential Continuum of Care Unit.</p>

**Responses to Written Questions
FDC ITN-22-042
Comprehensive Health Care Services**

Question Number	Question	Answer
		Jackson CI was designated as an Administrative Management Unit. Sumter CI was designated to accept S-3 inmates. Walton CI was designated to accept S-3 inmates
14.	What are the current mental health grade census and capacity at each of the major institutions that evaluate and treat patients with mental illness?	The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN. Please see Change No. 8 of this Addendum.
15.	Please provide the census and capacity of individuals that are classified as S2-S6 at each facility.	Please see the Answer to Question No. 14 of this Addendum.
16.	Will the Florida DOC expect the successful vendor to tailor their company policies to meet Florida DOC policies or will the DOC expect the vendor to use only Florida DOC policies and forms?	The successful Vendor will be expected to follow all FDC policies, procedures, and forms.
17.	PGM-081 on page 52 states that the vendor shall ensure that its staff are vaccinated against Hepatitis B prior to the start of service delivery. This vaccination is administered in a 3-dose series that spans 6 months. If the potential staff for hire have not already been fully vaccinated, will the DOC accept the administration of the first dose only prior to service delivery? Does this apply to all vendor staff including clerical and medical records staff?	Documentation of previous vaccinations will be accepted. Documentation that vaccine series has started, along with a schedule of pending vaccine dates will be accepted, as well as documentation for the contraindication of vaccine if not advised.

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Question Number	Question	Answer
18.	How long do FCIC/NCIC background checks take?	Florida Department of Law Enforcement (FDLE) has up to three (3) business days to transmit results to the Department. The Department can take three (3) to five (5) business days to complete a review upon receiving results from FDLE.
19.	PM-PGM-005 on page 58 – how are the minimum number of service hours required established? Is this the entire staffing plan for each facility? Or an agreed upon reduced number to ensure continued operations? Please confirm that this performance measure is new to the contract with this ITN.	Service hours are based on the approved final staffing plan. The current contract does not contain the language in PM-PGM-005 of the ITN.
20.	Please provide copies of the authorized staffing plans for each facility, including satellite facilities, the number of positions filled, number of positions vacant, and the vacancy rate for each.	<p>The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN.</p> <p>Please see Change No. 8 of this Addendum.</p>
21.	Please provide the capacity and the average daily population (ADP) for each facility including satellite facilities.	<p>The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN.</p> <p>Please see Change No. 8 of this Addendum.</p> <p>The Average Daily Population (ADP) is subject to fluctuations.</p>

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Question Number	Question	Answer
22.	Please specify the facilities/satellites in which 24/7 health care coverage is not required, and the amount of coverage required for each.	All major facilities have 24/7 nursing coverage except Putnam CI, and Re-Entry Centers. Work Camps are covered by their parent facility
23.	Please provide the names of the community provider contracts in place for each facility for off-site and specialty care services.	<p>The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN.</p> <p>Please see Change No. 8 of this Addendum.</p> <p>Contracts are subject to change after the date of this Addendum.</p>
24.	What is the number of patients being seen in specialty clinics in the RMC – either by month or annually?	<p>The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN.</p> <p>Please see Change No. 8 of this Addendum.</p>
25.	Please provide copies of the agreements with Nova Southeastern University and the University of Florida for intern, residents, and students.	<p>The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN.</p> <p>Please see Change No. 8 of this Addendum.</p> <p>Agreements are subject to change after the date of release.</p>

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Question Number	Question	Answer
26.	<p>Page 51</p> <ul style="list-style-type: none"> • What is the expectation for disaster recovery of the EMR to return to normal operations? • What is the expectation of EMR uptime? • What is the expectation of EMR backups to occur? 	<ul style="list-style-type: none"> • ITS-033 requires access and use of a backup system with the same functionality and data as its operational system within 24 hours • PM-EMR-001 expectation is 99.99% availability. PMR-EMR-002 expectation is 100% EMR availability when needed to deliver critical health care services to inmates. • PM-EMR-006-EMR backup frequency should be appropriate to ensure successful operations. The vendor shall ensure data is protected per industry standards and ensure data is easily recoverable.
27.	<p>Page 185-187</p> <ul style="list-style-type: none"> • GE Fusion Electronic Medical Record system is currently in use <ul style="list-style-type: none"> ➢ What is the current state of the EMR? Is it current with all patches, service packs, etc.? 	<p>The EMR is operational and active in all facilities with all applications functioning. There are open requests with Fusion for revisions and enhancements that are in progress with different ETA's, but not affecting patient care. Server OS and SQL Database patching is all up to date and verified.</p>
28.	<p>Pages 20 thru 22 list seven (7) EMR staff positions?</p> <ul style="list-style-type: none"> • Are these expected to be full-time FTEs or part-time? • There is a reference on page 26 to "Super-Users". Are these to be within the state of Florida or can they be remote? 	<p>Yes, these are expected to be full-time FTEs.</p> <p>Yes, these positions need to be within the State of Florida.</p>
29.	<p>Page 25 on-call telephone coverage</p> <ul style="list-style-type: none"> • What is the expectation for response time for on-call staff? 	<p>A 30-minute response time is expected for this coverage.</p>

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Question Number	Question	Answer
30.	<p>Page 188</p> <ul style="list-style-type: none"> • Please provide the Department’s Networking specifications. • What is the approved PEN testing solution of the Department or FDC OIT? • What is the approved network monitoring solution of the Department or FDC OIT? • What is the Department-approved up-to-date server and workstation anti-virus/malware software (all components)? • What is the Department’s approved VPN solution? • What is the process for requesting use of the available network services? <ul style="list-style-type: none"> ➤ Who is responsible for managing the provided services? ➤ Is there a preferred vendor for completing a site survey? ➤ Is the equipment list provided under ITS-009 already installed or is vendor responsible for installation? <ol style="list-style-type: none"> 1.If vendor is required to install, what is the preferred vendor? <p>Please provide a copy of the RF plan or channel map agreement.</p>	<p>This is confidential restricted information. The Information will be provided to Vendors who attended all mandatory site visits and have a non-disclosure agreement on file.</p>
31.	<p>Page 190 What is the recommended solution for filtering network traffic as defined in ITS-020?</p>	<p>The Department does not have a recommended solution. Vendor solutions will be reviewed and approved or disapproved by the Department.</p>

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Question Number	Question	Answer
32.	Please confirm that the Florida DOC does not want the vendor responses to include projections of our actual costs in providing services.	Confirmed; the Vendor's Cost reply should reflect the percentage administrative fee. This percentage covers the Vendor's indirect costs and profits, to be charged in addition to direct costs for inmate Patient care services. Vendors should describe their ability to control direct costs in TAB C of their Replies.
33.	Please provide (by year) the amounts of any staffing paybacks/credits the Florida Department of Corrections (Department) has assessed against the incumbent vendor over the term of the current contract.	This is N/A under the current contract.
34.	Please provide (by year) the amounts and reasons for any non-staffing penalties/ liquidated damages the Department has assessed against the incumbent vendor over the term of the current contract.	The current contract does not include a performance measure that assesses financial consequences for staffing levels.
35.	Are any of the Department's facilities currently subject to any court orders or legal directives? If "yes," please provide copies of the order/directive.	<p>Yes. There were two lawsuits filed by Disability Rights Florida and one case filed by death row inmates. The relevant documents are attached. These cases may not be all of the cases that are being sought as it is unclear as to what "legal directives" means.</p> <p>The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN.</p>

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Question Number	Question	Answer
		Please see Change No. 8 of this Addendum.
36.	<p>With regard to lawsuits (frivolous or otherwise) pertaining to inmate health care:</p> <p>a. How many have been filed against the Department, the State of Florida, and/or the incumbent health care provider in the last three years?</p> <p>b. How many have been settled in that timeframe?</p>	<p>It is estimated that there were approximately 130 lawsuits filed by inmates regarding medical care in the last three years. This is a rough estimate as the Department does not maintain a list of just medical care lawsuits. In addition, the Department is not aware of the total number of lawsuits filed against the current and former medical contractors. The Department is unable to identify which cases are settled as the Department does not generate a list of settled cases.</p>
37.	<p>For each facility listed in ITN Attachment II, please provide the following data regarding the size of the inmate population.</p> <p>a. Three years' worth of facility-specific historical data</p> <p>b. Five-year population projections</p>	<p>Please see the Answer to Question No. 21 and the FDC Annual Reports: Florida Department of Corrections -- Index to Statistics and Publications (state.fl.us)</p>
38.	<p>Does the Department have any plans to change the mission, size, or scope of any of its facilities within the term of the contract? If so, please provide details (including timeframe) on the planned change.</p>	<p>The Department will need to identify additional S-3 facilities. However, there is no timeframe and the facilities have not been identified.</p> <p>The Department will move the reception process for those inmates who are 17 and under to Suwannee-Annex. This will occur this year, but the timeframe has not been established.</p> <p>The Department will establish additional Gender Dysphoria locations. Timeframe – 2 to 3 months. Locations have not been identified.</p>

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Question Number	Question	Answer
		The Department has changed the population of Hernando CI from female to male.
39.	For each facility listed in ITN Attachment II, please provide a listing of any current health service vacancies, by position.	Please see the Answer to Question No. 20 of this Addendum.
40.	Please confirm that if the awarded vendor retains existing health care staff who are already credentialed, those incumbent staff will not need to go through the credentialing all over again with the new vendor.	The awarded Vendor must ensure the credentialing of all their staff.
41.	Are any members of the current health service workforce unionized? If yes, please provide the following. a. A copy of each union contract b. Complete contact information for a designated contact person at each union c. The number of union grievances that resulted in arbitration cases over the last 12 months	No, the workforce is not unionized.
42.	Please provide the salaries/wages your incumbent health service Vendor is paying to its staff at the Department's facilities. a. How recent is this data?	The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN.

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Question Number	Question	Answer
	b. What is the source of this data (e.g., State/County records, data from the incumbent Vendor, etc.)?	<p>Please see Change No. 8 of this Addendum.</p> <ul style="list-style-type: none"> a. As of December 10, 2021 b. Incumbent Vendor
43.	<p>With regard to timeclocks or other timekeeping devices, please provide the following information.</p> <ul style="list-style-type: none"> a. The number of timeclocks in place at each Department facility b. Where in the buildings they are located (for example, in the lobbies, at the security sally ports, in the medical units, etc.) c. Will the Department allow the incoming Contractor connect its timeclocks to the Department's network? 	<ul style="list-style-type: none"> a. The incumbent Vendor shall manage its own timekeeping system. b. The incumbent Vendor shall manage its own timekeeping system and locations. c. The incumbent Vendor is required to put its own time management system in place.
44.	<p>With regard to the GE Fusion Electronic Medical Record system, please provide the following information:</p> <ul style="list-style-type: none"> a. What version of the EMR that is in place? b. Is the existing EMR agreement/licensure/ownership in (a) the Department's name or (b) Centurion's name? c. Can the incoming vendor take over the existing EMR agreement/licensure? d. Will the Department allow authorized providers and other staff not located onsite at the Department's facilities to have remote access to the EMR? e. What interfaces are currently in place with the existing EMR, for example, the Offender Management 	<ul style="list-style-type: none"> a. AthenaPracticetm v20 b. Centurion's name c. Fusion License and Services Agreement is provided for reference. d. Appropriate controls and Security Access Requests will be the responsibility of the CHCC. e. Currently FDC facilities and private facilities have interfaces to include radiology, CIPS, OBIS, and Labs.

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Question Number	Question	Answer
	System, the current pharmacy subcontractor, the current lab services contractor, etc.?	
45.	<p>Does the Department currently utilize telehealth? If so, please provide the following information.</p> <p>a. Description of any equipment that will remain in place for the new vendor to use</p> <p>b. Description of the telehealth connectivity (network) that will remain in place for the new vendor to use</p> <p>c. The type of telehealth clinic (e.g., telepsychiatry, telecardiology, etc.)</p> <p>d. How often each telehealth clinic is currently conducted (e.g., weekly, monthly, as-needed, etc.)</p> <p>e. The length of each telehealth clinic currently conducted (e.g., day, half-day, etc.)</p> <p>f. The average number of patients in each telehealth clinic</p> <p>g. The name and contact information for the tele-provider who conducts each telehealth clinic</p>	<p>The FDC does not track this information; however, we have approved the use of telehealth for neurology, ADA interpreter services, and continue to evaluate and approve additional telehealth and telepsych as appropriate for outpatient mental health.</p> <p>The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN.</p> <p>Please see Change No. 8 of this Addendum.</p> <p>See ITS-042 and ITS-043 regarding telehealth technology.</p>
46.	What laboratory subcontractor does your current health care vendor use for lab services, e.g., LabCorp, Garcia, Bio-Reference, etc.?	BioReference Laboratories
47.	For facility listed in ITN Attachment II, which hospital(s) is used most frequently?	RMCH is used primarily unless the patient's acuity level requires an outside hospital.
48.	Does the Department participate in any programs or legislation (e.g., the Affordable Care Act, Medicaid	No. The cost of inmate medical care is the responsibility of the awarded Vendor, to be reimbursed by the FDC.

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Question Number	Question	Answer
	<p>expansion, State law, etc.) that mandate special discounts for inpatient care for inmate patients? If “yes,” please provide the following information.</p> <p>a. Name and brief description of the program</p> <p>b. What services are discounted under the program?</p> <p>c. Who is responsible for enrolling Department patients in the program?</p> <p>d. Please provide the current processes and timeframes for (a) enrollment in the program and (b) payment at the program’s discounted rates.</p>	
49.	<p>With regard to any specialty care clinics currently conducted onsite at the Department’s facilities, please provide the following information.</p> <p>a. The type of specialty clinic (e.g., orthopedics, neurology, etc.)</p> <p>b. How often each specialty clinic is currently conducted (e.g., weekly, monthly, as-needed, etc.)</p> <p>c. The length of each specialty clinic currently conducted (e.g., day, half-day, etc.)</p> <p>d. The average number of patients in each specialty clinic</p> <p>e. The name and contact information for the provider who operates each specialty clinic</p>	<p>Please see the Answer to Question No. 24 of this Addendum.</p>
50.	<p>Please identify the number, type, and timeframes of any backlogs (chronic care clinics, offsite referrals, dental encounters, etc.) that currently exist at the Department’s facilities.</p>	<p>The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN.</p>

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Question Number	Question	Answer
		Please see Change No. 8 of this Addendum.
51.	<p>Please provide the following information about any medical, behavioral health, or other special needs units (infirmatory, addiction recovery, sex offender, geriatric, skilled nursing, hospice, etc.) at the Department's facilities.</p> <p>a. Type of each unit b. Location of each unit c. Capacity of each unit d. Average occupancy of each unit e. Staffing for each unit f. Type of services/Acuity able to be handled in each unit</p>	<p>The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN.</p> <p>Please see Change No. 8 of this Addendum.</p>
52.	<p>For each of the past 36 months, please provide the following mental health data.</p> <p>a. Number of inmates on suicide watch each month b. Number of suicide attempts c. Number of successful suicides d. Number of self-injurious behavior incidents</p>	<p>a. The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN.</p> <p>Please see Change No. 8 of this Addendum.</p> <p>b. Please see the Answer to Question 52 a. of this Addendum.</p> <p>c. The FDC had 17 suicides in 2020, 24 suicides in 2021, and, as of 5-27-22, 10 suicides in 2022.</p> <p>d. Please see the Answer to Question 52 a. of this Addendum.</p> <p>See TAB B., (5) and PGM-005 and PGM-006</p>

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Question Number	Question	Answer
53.	Given the many responsibilities of psychologists in this RFP, please confirm the number of psychologists in the current staffing plan by institution as well as number of vacancies.	Please see the Answer to Question No. 20 of this Addendum. The Vendor is expected to provide staffing to meet all requirements specified in ITN.
54.	Please provide ADP counts for each service location by month for FY 2018, FY 2019, FY 2020, and FY 2021	Please see the Answer to Question No. 21 of this Addendum and the FDC Annual Reports: Florida Department of Corrections -- Index to Statistics and Publications (state.fl.us)
55.	Please provide projected inmate census for each of the next three years.	Please see the FDC Annual Reports: Florida Department of Corrections -- Index to Statistics and Publications (state.fl.us)
56.	Please clarify whether the proposed hospital will be in addition to or replacing the existing hospital at RMC in Lake Butler.	The Department did not receive approval for the proposed hospital proviso funding language by the Legislature.
57.	Please confirm a revised staffing plan will be negotiated when the new 500 bed Mental Health Facility opens.	Yes. All staffing expectations regarding the new mental health facility will be discussed with the Vendor when the facility is completed. Please see PGM-005.
58.	Please confirm a revised staffing plan will be negotiated when the new 250 bed prison hospital facility opens.	Please see the Answer to Question No. 56 of this Addendum.
59.	Please clarify whether the Department is requiring one (1) Oral Surgeon statewide or per institution.	Please see Change No. 6 of this Addendum.

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Question Number	Question	Answer
60.	Please identify the retention rate for nurses in 2021 by institution.	The Department does not maintain the requested data.
61.	Please identify which Major Institutions require two CHO/SMDs due to physical layout of the facility and its mission.	Currently, RMC is the only facility that has two (2) CHOs in its staffing plan.
62.	Please identify the number of security staffing vacancies by institution per month or semi-annually for the past two years.	The information requested is unrelated to this ITN.
63.	Please identify which institutions have had 80% or less security staffing hours than were scheduled in the past two years. For each of these Institutions, identify how frequently this has occurred over the preceding 24 months.	The information requested is unrelated to this ITN.
64.	<ul style="list-style-type: none"> a. Please provide a copy of the current equipment inventory by institution b. Please identify the current medical waste disposal subcontractor and utilization for 2021 c. Please identify the current linens subcontractor and utilization for 2021 d. Please provide a current list of the healthcare supplies in inventory 	<ul style="list-style-type: none"> a. The Department added the requested information to Section 2.7 Resources referenced in the ITN. Please see Change No. 8 of this Addendum. b. Please see the Answer to Question No. 23 of this Addendum. c. Please see the Answer to Question No. 23 of this Addendum. d. The Department does not maintain the requested data.
65.	Please confirm the number of Medical Record Personnel and/or Health Information Specialists currently staffed by institution	Please see the Answer to Question No. 20 of this Addendum.

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Question Number	Question	Answer
66.	Please identify the current language interpreter subcontractor and utilization for 2021	Please see the Answer to Question No. 23 of this Addendum.
67.	For FY 2018, FY 2019, FY 2020 and FY 2021, please provide a summary of amounts reimbursed by private prison operators for use of RMCH.	The FDC does not have this information available.
68.	Please provide the current RMCH established rate schedule.	The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN. Please see Change No. 8 of this Addendum.
69.	Please confirm the current salary for psychology interns and residents.	Please see the Answer to Question No. 42 of this Addendum.
70.	How many IMR and OC cells are certified in the state? How many are pending certification?	The FDC has 306 certified Infirmery Management Review and Observation Cells and 74 cells that are pending certification.
71.	Please provide an inventory of the Isolation Management Rooms (IMR) items.	The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN. Please see Change No. 8 of this Addendum.

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Question Number	Question	Answer
72.	<p>a. Please confirm the number of healthcare grievances by month for the past three years.</p> <p>b. Please confirm the financial penalties assessed based on grievances by month for the past 3 years</p> <p>c. Please provide all health care grievance compliance reporting by service location for FY 2018, FY 2019, FY 2020, and FY 2021.</p>	<p>a. The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN.</p> <p>Please see Change No. 8 of this Addendum.</p> <p>b. There were no financial consequences assessed regarding the performance measure pertaining to grievances.</p> <p>c. Please see the Answer to Question 72 a. of this Addendum.</p>
73.	<p>a. Please provide the past two years of CMA surveys</p> <p>b. Please confirm what CMA related financial penalties have been assessed by category for the last three years</p> <p>c. Please provide all CMA survey compliance reporting by institution for FY 2018, FY 2019, FY 2020, and FY 2021.</p>	<p>The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN.</p> <p>Please see Change No. 8 of this Addendum.</p>
74.	<p>Please provide an explanation of the appeal process for the determination that CMA findings have not been cured.</p>	<p>Disputes regarding financial consequences being assessed may be submitted to the Contract Manager. Disputes regarding Correctional Medical Authority (CMA) findings must be submitted to the CMA.</p>
75.	<p>a. Please provide an explanation of or examples of what would be considered an “indirectly” attributable cause of death.</p> <p>b. Please clarify whether this is an individualized measure based on the circumstances of the individual</p>	<p>This would be determined during the mortality review process to include peer review.</p>

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Question Number	Question	Answer
	death (as indicated in the Description column) or a “systemic pattern” (as indicated in the Expectation column)	
76.	a. Please confirm how many inmate deaths were directly or indirectly attributed to omission indifference or inaction related to healthcare over the past 5 years. b. Have any such deaths results in financial penalties? If yes,	a. – None have been documented b. – No, N/A
77.	a. Would the awarded vendor be assessed a \$100,000 per occurrence/Institution penalty for those that are not currently accredited by ACA? b. Please provide a list of Institutions that have lost the relevant accreditation in the last five (5) years and identify the year in which the accreditation was lost. c. Please provide the penalty amount assessed for FY 2018, FY 2019, FY 2020, and FY 2021.	a. All facilities are currently ACA accredited. b. None c. None
78.	Please provide the weighted average base wage (excluding benefits or values for shift differentials, overtime, backfill, etc.), by Institution (or by Region), by position	Please see the Answer to Question No. 42 of this Addendum.
79.	Please provide detail on incentive programs currently in place to recruit and retain Medical and Mental Health staff, by position and Region, such as: a. Sign-on bonuses b. Retention bonuses	The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN.

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Question Number	Question	Answer
	c. Education/Tuition Reimbursement d. Parking Reimbursement e. Other Travel Reimbursement	Please see Change No. 8 of this Addendum.
80.	a. Please provide the current CHCC's FDC approved staffing plan by service location and identify any vacancies by position for each of the preceding 24 months b. Please provide the past four semi-annual staffing reports, including the calculation resulting in the financial consequence assessment. c. Please confirm whether the current CHCC is maintaining 90% of all required hours per Institution, and per position type, including hours fulfilled by subcontracted providers d. Please identify how many times the current CHCC's staffing hours dropped below the 90% threshold e. Please confirm the number of times the current CHCC has been financially penalized for not meeting the 90% staffing threshold and the dollar amount associated with these penalties.	a. Please see the Answer to Question No. 20 of this Addendum. b. Please see the Answer to Question No. 20 of this Addendum. The requirements in the ITN differ from the current Contract c. N/A under the current contract. d. N/A under the current contract. e. N/A under the current contract.
81.	Please confirm the average weekly number of intakes by location.	Please see the Answer to Question No. 55 of this Addendum.
82.	Please identify the Institutions with Youthful Offenders (YOs) and their census at each.	The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN. Please see Change No. 8 of this Addendum.

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Question Number	Question	Answer
83.	Please clarify what training inmate assistants receive and who is responsible for providing it to them.	Inmates receive training at individual facilities training is provided by the Vendor. The training was developed by the Department.
84.	Please identify the number of infirmaries, including bed capacity and average daily census for each by institution.	The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN. Please see Change No. 8 of this Addendum.
85.	Please identify which institutions have long term care units and/or hospice programs and the average daily census for each.	CFRC South Palliative Care 6 beds. Full 98% of the time. CFRC South Intensive Medical 64 compound beds. No nursing care provided. 70% full. SFRC F-Dorm 76 beds Palliative and long-term. 70% full. Zephyrhills J-Dorm 66 beds – Intensive medical patients from minimal to quadriplegic. 95% full. Intensive Medical Lowell I-Dorm 11 beds. Currently on administrative hold.
86.	To plan for enough staff for observation of patients in an IMR or Observation cell in the infirmary, please provide the average daily number of individuals in these locations	The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN. Please see Change No. 8 of this Addendum.
87.	Please confirm how frequently psychiatric restraints have been used, by institution, over each of the past 24 months.	The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question

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Question Number	Question	Answer
		<p>Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN.</p> <p>Please see Change No. 8 of this Addendum.</p>
88.	How many inmates have been released from each institution each year the past two years?	<p>The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN.</p> <p>Please see Change No. 8 of this Addendum.</p>
89.	<p>a. How many GD patients are in the system?</p> <p>b. How many are waiting for a comprehensive psychological evaluation to confirm provisional diagnosis?</p> <p>c. Please confirm at which institutions comprehensive psychological evaluations of GD occur.</p>	<p>As of 5/26/22:</p> <p>a. 296</p> <p>b. 85</p> <p>c. Wakulla CI, FSP, FWRC, Dade CI</p>
90.	<p>a. What is the number of known patients with untreated chronic Hepatitis C?</p> <p>b. Can the Department provide a breakdown of the untreated patients remaining by priority level?</p> <p>c. Is there a court ordered mandate of a minimum number of patients to treat a year or other required benchmarks?</p> <p>d. Is there a court ordered oversight body or committee to oversee Hepatitis C treatment? If so, is there scheduled progress reporting (monthly or quarterly)?</p>	<p>a. 261 F2-F4.</p> <p>b. 34 F4; 14 F3; 15 F2; 33 F1; 66 F0</p> <p>c. No. Treatment must be in accordance with HSB 15.03.09 Supplement 3</p> <p>d. No.</p>

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Question Number	Question	Answer																
91.	Please identify which sites failed to meet the triage requirement over the past two years and how many such instances occurred by site	<p>The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN.</p> <p>Please see Change No. 8 of this Addendum.</p>																
92.	Please identify the total number of sick call requests submitted per month for the past 24 months, by category, for each service location	This information is not available. Approximately 2,300 sick calls are triaged per week.																
93.	Please identify the number of Infirmiry admissions per month for each institution over the past three years.	<p>The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN.</p> <p>Please see Change No. 8 of this Addendum.</p>																
94.	Please provide number of admissions to inpatient units broken down by institution.	<p>The number of inpatient admissions from May 1, 2021 to April 30, 2022 are as follows:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: left;">Facility Name</th> <th style="text-align: left;">Count</th> </tr> </thead> <tbody> <tr> <td>Santa Rosa Annex</td> <td>1006</td> </tr> <tr> <td>Dade CI</td> <td>803</td> </tr> <tr> <td>Lake CI</td> <td>507</td> </tr> <tr> <td>Wakulla Annex</td> <td>336</td> </tr> <tr> <td>Suwannee CI</td> <td>321</td> </tr> <tr> <td>FWRC</td> <td>194</td> </tr> <tr> <td>Zephyrhills CI</td> <td>113</td> </tr> </tbody> </table>	Facility Name	Count	Santa Rosa Annex	1006	Dade CI	803	Lake CI	507	Wakulla Annex	336	Suwannee CI	321	FWRC	194	Zephyrhills CI	113
Facility Name	Count																	
Santa Rosa Annex	1006																	
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Zephyrhills CI	113																	

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Question Number	Question	Answer		
		RMC	87	
95.	<p>a. Please provide the number of individuals requiring sex offender treatment.</p> <p>b. Are they required to be housed at designated facilities? If so, which facilities?</p> <p>c. What screening tools are currently implemented for sex offenders?</p>	<p>a. As of 5-27-22, there are approximately 1,500 sex offenders awaiting treatment.</p> <p>b. There are no designated sex offender facilities.</p> <p>c. Please see the Answer to Question No. 95.</p>		
96.	Please confirm the number of restrictive housing beds at each institution	<p>The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN.</p> <p>Please see Change No. 8 of this Addendum.</p>		
97.	Please confirm the percentage of individuals prescribed psychotropic medications by institution.	<p>Please see the Answer to Question No. 97 for the number of patients who were dispensed mental health medications from 4/1/2022 – 5/31/2022. Approximately 16.5% of the population is being prescribed psychotropic medications.</p>		
98.	<p>a. Please identify the institutions that have RCCU's and the bed capacity, type, and census of each RCCU.</p> <p>b. Is there a need for more RCCUs and if so what is the backlog or waitlist?</p> <p>c. If yes, please identify the reason why more RCCUs aren't currently in place</p>	<p>a. Wakulla houses the male Residential Continuum of Care Units (RCCU): Diversion Treatment Unit (DTU) = 240 beds (120 cells with 2 beds each, 30 beds reserved for single occupancy) Secure Treatment Unit (STU) = 92 beds (single cell) Cognitive Treatment Unit (CTU) = 19 beds (single cell)</p> <p>Florida Women's Reception Center (FWRC) houses the female RCCU: DTU = 42 beds (14 cells with 2 beds, 14 single bed cells)</p>		

**Responses to Written Questions
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Question Number	Question	Answer								
		<p>b. There is a need for more RCCUs. The waiting list numbers are as follows:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">Wakulla</td> <td style="text-align: center;">Wait list</td> </tr> <tr> <td style="text-align: center;">DTU</td> <td style="text-align: center;">60</td> </tr> <tr> <td style="text-align: center;">STU</td> <td style="text-align: center;">106</td> </tr> <tr> <td style="text-align: center;">CTU</td> <td style="text-align: center;">19</td> </tr> </table> <p>c. Renovations of facilities have been ongoing as they require both space and funds to put in place.</p>	Wakulla	Wait list	DTU	60	STU	106	CTU	19
Wakulla	Wait list									
DTU	60									
STU	106									
CTU	19									
99.	Please confirm this should read “the inmate will receive initial treatment to include but NOT be limited to...” It currently states, “but be limited to.”	Please see Change No. 7 of this Addendum.								
100.	Please clarify what the educational and experience requirements are for the Behavioral Health Technician and Behavioral Health Specialist positions.	<p>The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN.</p> <p>Please see Change No. 8 of this Addendum.</p>								
101.	The ITN references Behavioral Health Clinicians only twice and both instances are in IIC-016. Please confirm this is the same position as the Behavioral Health Specialist. If not, please identify the qualifications for this position.	<p>Behavioral Health Clinicians can be Psychologists or Behavioral Health Specialists.</p> <p>The Department added the requested information to Resources referenced in Section 2.7 of this ITN.</p> <p>Please see Answers to Questions No. 102 and No.103.</p>								

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Question Number	Question	Answer
102.	<p>a. Please provide current SOCTS group schedules. b. Please confirm the average group size for SOCTS groups c. Please confirm the participation rate in SOCTS groups</p>	<p>a. Group schedules vary by institutions – please see Procedure 404.004 for requirements b. Group sizes are defined in Procedure 404.004 c. The Department does not track this information.</p>
103.	Please identify what incentives are currently used in the behavioral level system	Please see the Answers to Questions No. 101, No.102, and Procedure 404.004 attachment of this Addendum.
104.	Please clarify whether the Institutional Reentry Specialists are DOC or vendor staff?	The Institutional Reentry Specialists are Vendor Staff.
105.	Please confirm how many releases monthly per institution are on the MH caseload	The Department can't answer the question in the manner it was asked.
106.	<p>Please confirm under what agency RMCH is currently licensed or credentialed Please identify the standards for licensing a hospital as defined by the State of Florida.</p>	ACHA licenses hospitals in the State of Florida in accordance with the Florida Statutes.
107.	<p>Please provide utilization data for each of the past 24 months for all specialty clinics conducted at RMCH, including: a. ASC by procedure b. Endoscopic c. Otolaryngologic d. General Surgery e. Orthopedic Surgery f. Plastic Surgery/Hand Surgery g. Podiatry</p>	Please see the Answers to Questions No. 112 and No. 265 of this Addendum.

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Question Number	Question	Answer
	<ul style="list-style-type: none"> h. Urology i. Dermatology j. Ophthalmology k. Radiology l. Stroke/Cardiac Rehabilitative Services 	
108.	<ul style="list-style-type: none"> a. Please clarify why RMCH's surgical suites are listed as inoperable b. For staffing, what is the utilization of the ASC services by specialty (frequency of appointments)? c. What is the status of the ASC is in terms of operational equipment? d. Please confirm the existing ASC is currently licensed as required and by what agency e. Please provide the most recent accreditation survey 	<ul style="list-style-type: none"> a. We are unaware of RMCH's surgical suite being inoperable. Surgeries are performed at the Ambulatory Surgical Center (ASC). b. Ortho, Gastro, Ophthalmology, General Endodontics c. Privately owned and maintained by the ASC subcontractor d. The ASC is licensed through AHCA and maintained through the ASC subcontractor e. The Department added the requested information to Resources referenced in Section 2.7 of this ITN. <p style="text-align: center;">Please see Change No. 8 of this Addendum.</p>
109.	Please provide the name of the current vendor for OR packs and supplies	Please see the Answer to Question No. 23 of this Addendum.
110.	Please provide volume and types of procedures/surgeries over the past 24 months performed in the Ambulatory Surgical Unit, including those in the ORs and Endo Suites.	Please see the Answer to Question No. 265 of this Addendum.
111.	Please provide volume and similar types of procedures/surgeries that can be performed in the Ambulatory Surgical Unit that were performed off-site.	Please see the Answer to Question No. 265 of this Addendum.

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Question Number	Question	Answer
112.	Please confirm the number of surgical procedures performed by month and by name of procedure in 2018 and in 2021	<p>The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN.</p> <p>Please see Change No. 8 of this Addendum.</p>
113.	Please confirm the specific onsite nuclear medicine capabilities at RMCH	<p>The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN.</p> <p>Please see Change No. 8 of this Addendum.</p>
114.	Please provide the number of on-site cases over the past 24 months for each type of radiological study (Xray, CT, MRI, Fluoroscopic, PET, Nuc Med, US/Echo, IR, bone scan, etc.), including specific test and body part (e.g., CT abdomen, MRI brain, stress echo/Lexiscan, etc.). Also please provide volume and type of radiological studies conducted off-site over the past 24 months.	<p>Please see the Answers to Questions No. 112 and No. 265 of this Addendum.</p> <p>The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN.</p> <p>Please see Change No. 8 of this Addendum.</p>
115.	Please clarify whether CT scans are processed on site.	Please see the Answer to Question No. 113 of this Addendum.

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Question Number	Question	Answer
116.	Please identify all onsite specialty clinics and contracted providers by institution.	Please see the Answer to Question No. 23 of this Addendum.
117.	Please identify any specialty clinics the Department would like to expand or add	The Department is open to expanding clinics that provide patient care reduce the impact on security transports and improve access to care. Specific clinics are not currently being pursued for expansion/ addition.
118.	Please provide a list of the most commonly used providers for Inpatient and Outpatient services by institution	Please see the Answer to Question No 23 of this Addendum.
119.	Is there an ability logistically and/or physically to accommodate expanded outpatient surgical procedures, radiology, and/or oncology services at any of the physical prison locations?	Limitations are due to physical plant and staffing and would be site specific.
120.	a. Please confirm offsite utilization, per patient, for each of the past 24 months b. Is there an excel version of this data, listing specific providers and offsite claims information?	The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN. Please see Change No. 8 of this Addendum.
121.	Please identify the most commonly accessed hospitals for each institution	Please see the Answer to Question No. 23 of this Addendum. Please see the Answer to Question No. 120 of this Addendum.

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Question Number	Question	Answer
122.	What is the Department's ability to transport patients to RMCH? Is there a distance or radius defined in miles or by geographic region that determines whether patients are eligible for transfer to RMCH?	The Department operates transport buses and vans. Distance is not considered alone when evaluating patient eligibility for transport to the RMCH.
123.	Please confirm number of sites with ACLS certification requirements for nurses	One, the RMC Hospital only.
124.	Please confirm number of sites with ACLS certification requirements for providers	One, the RMC Hospital only.
125.	Please identify which service locations have IT connectivity issues	The Department does not currently have a list of locations with issues; however, connectivity issues were observed at the Santa Rosa CI site visit.
126.	Please identify all facilities which currently have a functioning EMR. Have these sites converted fully to an EMR or are they using a hybrid EMR/paper system?	The EMR is functioning at all medical facilities. Paper records are retained based on records retention requirements. Please see the Answer to Question No. 27 of this Addendum.
127.	Please identify all facilities which currently lack the infrastructure to implement a fully functioning EMR	There are no Department facilities that lack the infrastructure to implement a fully functioning EMR.
128.	Please identify the Departments timeline for implementing an EMR by site	Please see the Answer to Question No. 126 of this Addendum.

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Question Number	Question	Answer
129.	Please identify how many facilities are currently on a paper-based system	Please see the Answer to Question No. 126 of this Addendum.
130.	Please clarify how vendor's other than the current CHCC who provided the EMR can be held accountable for its performance	The Vendor will be accountable through its Service Level Agreement with the EMR provider as detailed in EMR-014.
131.	Please confirm the number of times the current EMR has not been up and available 99.99% of the time.	None.
132.	Please identify the dollar value in fines and frequency of occurrences associated with the current EMR not being available 99.99% of the time.	No financial consequences have been assessed.
133.	Please clarify whether the Department would consider another vendor's EMR solution	No, the Department will not consider another EMR solution.
134.	Is the Department satisfied with its current EMR? Would the Department be open to considering another vendor's EMR solution?	Yes, the Department is satisfied with its current EMR. No, the Department will not consider another EMR solution.
135.	Please provide the referenced Department's Office of Information Technology (OIT) specifications	Please see the Answer to Question No. 30 of this Addendum.
136.	a. What is the process for obtaining the Departments approval for the supplies, equipment, and network connections that the Vendor proposes to implement? b. Please provide networking equipment specifications	a. Vendor will submit their network proposal to the Department. The Department will then review, provide feedback, and approve\disapprove.

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Question Number	Question	Answer
		b. Please see the Answer to Question No. 30 of this Addendum.
137.	<p>a. Can the Department provide the model specifications for the Wi-Fi, Switching, and VOIP equipment that will be provided for Vendor use?</p> <p>b. Is the Vendor responsible for administration or operation of the VOIP system, or will the Department administer and operation the systems and the Vendor simply uses the VOIP Phones?</p> <p>c. Are data circuits currently in place, presumably contracted by the incumbent vendor?</p> <p>d. Can these circuits be transferred to the new Vendor?</p> <p>e. Is a circuit inventory available?</p> <p>f. Is the Department aware of any specific fiber or copper cabling requirements that must be addressed? Can a list be provided?</p> <p>g. Please provide a list of all networking services equipment the Department has identified needs or recommends to be purchased.</p>	<p>a. Switches are Aruba 2930F PoE+, Wi-Fi APs are Aruba AP-535 and AP-303.</p> <p>b. No, the Department will administer and operate the VOIP system.</p> <p>c. The incumbent Vendor is currently utilizing the Department's network.</p> <p>d. No.</p> <p>e. No.</p> <p>f. Please see Section 3.6.10.2 Information Technology Software Requirements; ITS-009 subsection a.; page 188, specifically, "a Vendor-initiated site survey is recommended."</p> <p>g. Please see Section 3.6.10.2 Information Technology Software Requirements; ITS-009 subsection a.; page 188, specifically, "a Vendor-initiated site survey is recommended."</p>
138.	If the Vendor provides network-based storage for all files, is the vendor required to backup individual windows computers in the facilities?	No, as long as all files are backed up.
139.	Please provide copies of Procedures 206.001 through 206.010.	Please see Section 2.7 for how to request Restricted documents.

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Question Number	Question	Answer
140.	Please identify any specialty services currently provided through telehealth services by institution	Please see the Answer to Question No. 45 of this Addendum and HSB 15.06.12 Telehealth.
141.	a. What are current vacancy rates for each identified clinical discipline? b. Please confirm that the Mental Health Director referred to is the Statewide Mental Health Director	a. Please see the Answer to Question No. 20 of this Addendum. b. See 3.6.1.2 Program management Minimum Requirements, Statewide Leadership Positions
142.	Please provide a list of all current licenses and accreditations of FDC and its facilities. Are the facilities licensed by AHCA? Are they accredited by TJC, HFAP, or DNV?	The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN. Please see Change No. 8 of this Addendum.
143.	Please provide a list of all certifications, licenses, or permits currently held by FDC or their vendors that would impact this project (e.g., pharmacy license, radiation permit, CLIA, hazardous waste, etc.)	Please see the Answer to Question No. 142 of this addendum.
144.	a. Provide an inventory of Health Care Equipment by Institution, including age and date of purchase, if	a. Please see the Answer to Question No. 64 of this Addendum.

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Question Number	Question	Answer
	<p>available</p> <p>b. Provide an inventory of all computers slated for the transition</p> <p>c. Please identify the current subcontractor responsible for maintaining copier/printers</p>	<p>b. Please see the Answer to Question No. 64 of this Addendum.</p> <p>c. Ricoh</p>
145.	<p>Please provide reporting and calculation of financial consequences for each of the Institutional Care Performance Measures identified in section 3.6.2.4 for FY 2018, FY 2019, FY 2020, and FY 2021.</p>	<p>The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN.</p> <p>Please see Change No. 8 of this Addendum.</p>
146.	<p>Please provide reporting and calculation of financial consequences for each of the Institutional Dental Care Performance Measures identified in section 3.6.3.4 for FY 2018, FY 2019, FY 2020, and FY 2021.</p>	<p>Please see the Answer to Question No. 145 of this Addendum.</p>
147.	<p>Please confirm the number of individuals coded I-SY by institution</p>	<p>The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN.</p> <p>Please see Change No. 8 of this Addendum.</p>
148.	<p>Please provide the census and capacity of individuals with R-grades by institution</p>	<p>The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question</p>

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Question Number	Question	Answer
		<p>Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN.</p> <p>Please see Change No. 8 of this Addendum.</p>
149.	<p>a. Please identify the institutions that have TCUs and the bed capacity and census for each TCU</p> <p>b. Please identify the institutions that have a CMHTF and the bed capacity and census for each CMHTF</p> <p>c. Please identify the institutions that have a CSU level of care and the bed capacity and census for each CSU</p> <p>d. Please identify titles of inmate orderly and observer education modules</p>	<p>a. The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN.</p> <p>Please see Change No. 8 of this Addendum.</p> <p>b. Please see the Answer to Question No. 149 a. of this Addendum.</p> <p>c. Please see the Answer to Question No 149 a. of this Addendum.</p> <p>d. The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN.</p> <p>Please see Change No. 8 of this Addendum.</p>
150.	<p>Please provide reporting and calculation of financial consequences for each of the Mental Health Services Performance Measures identified in section 3.6.4.3 for FY 2018, FY 2019, FY 2020, and FY 2021.</p>	<p>Please see the Answer to Question No. 145 of this Addendum.</p>
151.	<p>Please provide reporting and calculation of financial consequences for each of the Pharmaceutical</p>	<p>Please see the Answer to Question No. 145 of this Addendum.</p>

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Question Number	Question	Answer
	Services Performance Measures identified in section 3.6.6.4 for FY 2018, FY 2019, FY 2020, and FY 2021.	
152.	Please provide reporting and calculation of financial consequences for each of the Utilization Management and Specialty Care Performance Measures identified in section 3.6.7.4 for FY 2018, FY 2019, FY 2020, and FY 2021.	Please see the Answer to Question No. 145 of this Addendum.
153.	Please provide reporting and calculation of financial consequences for each of the Quality Management Performance Measures identified in section 3.6.8.4 for FY 2018, FY 2019, FY 2020, and FY 2021.	Please see the Answer to Question No. 145 of this Addendum.
154.	Please describe the process for resolving disputes to the Contract Monitor's findings of performance measure deficiencies.	Any exceptions must be requested, in writing, by the Vendor, and must be submitted to the Department's Contract Manager for review by the Department's discipline director. If denied, the Vendor may request, in writing, a secondary review by the Department's Director of Health Services.
155.	Please clarify or further describe "instances of egregious Vendor conduct or other Vendor actions which may be harmful to the Department" that would lead the Department to terminate for cause without notice.	Examples include blatant non-compliance with statutory requirements to provide adequate healthcare, or instances which pose an outrageous threat to a facility's security.
156.	The current indemnification provision is unilateral. Please state whether the Department is open to negotiating a reciprocal indemnification provision for Vendor.	The Department is willing to discuss indemnification provisions during negotiations.

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Question Number	Question	Answer
157.	<p>a. Please clarify whether the current CHCC is making payments to subcontractors within seven business days of receipt of full or partial payments from the Department.</p> <p>b. Please confirm how the timeliness of vendor payments to subcontractors is being monitored</p> <p>c. Pursuant to Section 287.0585, F.S.,(2), please confirm, <i>“This section shall not apply when the contract between the contractor and subcontractors or sub-vendors provides otherwise, or when payments under the contract are otherwise governed by ss. 255.0705-255.078.”</i></p>	<p>The Department does not have any documentation to respond to this inquiry.</p> <p>Under the current cost-plus Contract, the Department reimburses the contractor after services are provided and the Contractor is responsible for reimbursing the subcontractor.</p>
158.	<p>Please provide actual program expenditures for FY 2018, FY 2019, FY 2020 and FY 2021 in the following categories (by Institution or Region, if possible):</p> <p>a. Medical Staff/Labor Costs</p> <p>b. Mental Health Labor Costs</p> <p>c. Dental Labor Costs</p> <p>d. Other Labor Costs</p> <p>e. Pharmaceutical Expenses (excluding stock, HIV therapies, Direct Acting Anti-Virals, or other medications not paid for by the Vendor)</p> <p>f. In-facility Dialysis Costs</p> <p>g. Out-of-facility Medical Costs (not incurred at RMCH)</p> <p>h. Costs incurred at RMCH</p> <p>i. Laboratory Costs</p> <p>j. Radiology Costs (including, but not limited to CT Scans, X-Rays, and MRIs)</p>	<p>The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN.</p> <p>Please see Change No. 8 of this Addendum.</p> <p>Please see the Answer to Question No. 120 of this Addendum.</p>

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Question Number	Question	Answer
	k. All Other Expenditures relevant to the ITN Scope of Services	
159.	Please provide actual program expenditures by Region for FY 2018, FY 2019, FY 2020 and FY 2021.	Please see the Answer to Question No. 158 of this Addendum.
160.	Please provide the ADP (daily census) by month July 2021 through May 2022 disaggregated by age as follows: a. 17 & Under b. 18-24 c. 25-34 d. 35-49 e. 50-54 f. 55-59 g. 60-64 h. 65-69 i. 70-74 j. 75-79 k. 80-84 l. 85-89 m. 90-94 n. 95+	Please see the Answer to Question No. 21 of this Addendum.
161.	Please provide the Pharmaceuticals costs (excluding stock, HIV therapies, Direct Acting Anti-Virals, or other medications not paid for by the Vendor) disaggregated by age as follows: a. 49 & Under b. 50+	The Department is unable to provide data by age range. Please see the Answer to Question No. 158 of this Addendum.

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Question Number	Question	Answer
162.	Please provide the Out-of-facility (Off-site Medical) costs disaggregated by age as follows: a. 49 & Under b. 50+	Please see the Answer to Question No. 120 of this Addendum.
163.	Please provide claims detail illustrating off-site utilization statistics for the following (but not limited to) beginning with 2018 service dates: <ul style="list-style-type: none"> • Specialty • IP/OP professional • Place of Service Code • Admission/Discharge Dates • Service incurred dates • Claim types (UB/HCFCA) • DRG/Rev/CPT codes/Modifiers • Billed Charges, Discount, Paid Amounts • # of units or # of days • Current network par status • Ambulance Trips 	<p>The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN.</p> <p>Please see Change No. 8 of this Addendum.</p> <p>Please see the Answer to Question No. 120 of this Addendum.</p>
164.	Has the use of any common Medicaid (or similar) risk adjustment model been applied to Florida prison population? If so, please provide the model used and average case-mix score outputs.	No.
165.	Please provide the amounts and range of services paid for healthcare services to off-site providers not shown in the claims detail, through other means such as invoices. Examples may include oncology treatment, dialysis, or other specialty care.	Please see the Answer to Question No. 120 of this addendum.

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Question Number	Question	Answer
166.	Please provide annual volumes of both 15- and 30-Day IP Readmissions.	Please see the Answer to Question No. 120 of this Addendum.
167.	Please provide the annual volume and % of Total IP admissions resulting in a complication or major complication.	Please see the Answer to Question No. 120 of this Addendum.
168.	Please provide off-site emergency services statistics: <ul style="list-style-type: none"> • Volumes for each level 1-5 emergency services • IP Admission rate • Volume of critical care service visits • Volume of patients sent to observation status but not admitted inpatient 	Please see the Answer to Question No. 120 of this Addendum.
169.	During the last day of the site tours we were told by that volume data and other metrics important would be provided to vendors. Please confirm if this will happen and how it will be provided.	Please see Change No. 8 of this Addendum.
170.	The Department expressed interest in reopening its discontinued on-site ER and Lab. Please provide relevant policies and procedures specific to both when they were in service, and include a description of the equipment, supplies, staffing, and capabilities specific to each	The Department does not have the requested information. However, potential Vendors may address providing such services in their response to the ITN.
171.	Please identify what type of training is provided to the inmate assistants in the ADA Dorm at Central FL Reception Center and who is responsible for that training.	The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question

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Question Number	Question	Answer
		Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN. Please see Change No. 8 of this Addendum.
172.	The Department indicated that Lowell and FSP currently and historically utilize agency staff to fill clinical positions. Are there other facilities that also fall into this category?	Staffing agencies are utilized statewide to address vacancies and ensure coverage is provided.
173.	Please confirm number of nursing encounters, annual physicals, psychiatry contacts, mental health contacts, infirmary admissions, suicide watch events, per institution by month for each of the past 24 months	The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN. Please see Change No. 8 of this Addendum. Please see the Answer to Question No. 93 of this Addendum.
174.	Please identify the total number of security lockdowns > 3 hours that have occurred by facility over the past 3 years.	2020- 196 2021- 166 2022- 48 The FDC does not release facility level detail regarding lockdowns.
175.	Please identify any gaps in current medical and mental health services the Department would like to see closed.	The expectations for service delivery are outlined in the ITN document and will be discussed further during negotiations.
176.	Please provide relevant offsite statistics specifically related to COVID-19:	Please see the Answer to Question No. 120 of this Addendum.

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Question Number	Question	Answer
	<ul style="list-style-type: none"> - Distinct count of patients - IP admissions - ER Visits - Total Cost for all patients with primary diagnosis of COVID-19 positive 	
177.	Please provide a demographic breakdown of patient population stratified by age, gender, and race for each year beginning with CY 2018.	<p>The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN.</p> <p>Please see Change No. 8 of this Addendum.</p>
178.	Are there any physical locations where air-conditioning or other adequate climate controls are unavailable to a material portion of the population?	All population locations pertaining to medical treatment areas or mental health and transitional care units for mental health care are air conditioned. A portion of our general population do occupy buildings that are climate controlled in other manners such as geothermal de-humidification and fresh air-ventilation and exhaust systems.
179.	The ITN has not provided detailed information as it relates to each facilities' mission, specifications, and services delivered which is critical in developing an appropriate solution. Would the Department please provide an additional 30 days from when Q&A responses are posted to ensure all bidders can provide a response that offers a best value to the Department?	Please see the Answer to Question No. 6 of this Addendum.

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Question Number	Question	Answer
180.	Given the scale and complexity of the services solicited and the amount of information pending via the Q&A process, please confirm the Department will allow vendor's an additional clarifying round of follow-up questions.	Please see the Answer to Question No. 6 of this Addendum.
181.	ITN Section 2.1 Background Page 10 Please provide a copy of the contract and any amendments between the State and the current healthcare vendor.	Please see Change No. 7 of this Addendum.
182.	ITN Section 2.1 Background Page 10 Are there any current or pending consent decrees, lawsuits, or other court action that may influence the standards of care or required services at the facilities? If so, please identify and provide documentation.	<p>There were two lawsuits filed by Disability Rights Florida and a lawsuit filed by death row inmates. These may not include all of the cases that are being sought as it is unclear what is meant by "may influence the standards of care or required services at the facilities."</p> <p>The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN.</p> <p>Please see Change No. 8 of this Addendum.</p>
183.	ITN Section 2.1 Background Page 10 Please provide the number of off-site inpatient admissions and total inpatient hospital days (non-RMC) for each institution for the unique time periods of calendar year 2020, 2021 and year to date through April 2022.	Please see the Answer to Question No. 120 of this Addendum.

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Question Number	Question	Answer
184.	ITN Section 2.4 The Department's Health Care Goals Page 11 Will the State provide the number of inmate healthcare lawsuits currently pending in which the State, its employees or agents are a named party?	It is estimated that there were approximately 75 lawsuits filed by inmates currently pending. This is a rough estimate as the Department does not maintain a list of just medical care lawsuits.
185.	Also, will the State provide a list of the inmate healthcare lawsuits closed over the last two (2) years and the outcome of the cases including the amount of any payments (judgments or settlements) paid by the State over the course of the last two (2) years?	The Department does not maintain a list of just medical care lawsuits. Additionally, information is not maintained in a format that breaks down closed cases by year and settlement information. This will require staff to review thousands of cases to determine which were medical, then determine which medical cases closed within the last two years and if they were settled, then staff would have to review each settlement agreement to determine the amount.
186.	ITN Section 2.1 Background Page 12 What specialty clinics are currently being provided at each institution? What is the frequency of the clinics?	Respiratory, Endocrine, Miscellaneous, Cardiovascular, Tuberculosis, Immunity, Neurology, Gastrointestinal, and Oncology. Clinics are held as necessary based on the patient population. Please see HSB 15.03.05.
187.	ITN Section 2.6 Pricing Methodology Page 12 What was the annual Offsite Medical expenditures for the unique time periods of calendar year 2020, 2021 and year to date through April 2022 for the following? a. Inpatient hospital b. Outpatient hospital c. Non-Institutional Providers	Please see the Answer to Question No. 120 of this Addendum.
188.	ITN Section 2.6 Pricing Methodology Page 12 Please provide total expenditures charged by the current medical vendor (staffing, offsite services,	Please see the Answer to Question No. 120 and No. 158 of this Addendum.

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Question Number	Question	Answer
	pharmacy, other direct expenses, etc.) for the unique time periods of calendar year 2020, 2021 and year to date through April 2022.	
189.	ITN Section 2.6 Pricing Methodology Page 12 Please provide a comprehensive list of direct costs associated with the vendor's health care program that cannot be included in the cost reimbursement by the FDC.	The Department does not maintain the requested information.
190.	ITN Section 3.6.1.1 How Service is Provided Today Page 18 Provide the number of existing computers available to the medical staff by institution.	Please see the Answer to Question No. 64 of this Addendum.
191.	ITN Section 3.6.1.2 Program Management Minimum Requirements Page 25 What is the medical staffing plan for each facility in the current contract? Indicate the staffing plan for each unit for facilities with more than one unit.	Please see the Answer to Question No. 20 of this Addendum.
192.	ITN Section 3.6.1.2 Program Management Minimum Requirements Page 25 How many contracted healthcare staff vacancies currently exist at each institution by job title?	Please see the Answer to Question No. 20 of this Addendum.
193.	ITN Section PGM-001 Page 25 With the Vendor financially responsible for costs associated with statewide and regional offices, and all associated items necessary for such offices, please	These costs are not reimbursed.

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Question Number	Question	Answer
	clarify if these costs are excluded from the cost reimbursement by the FDC.	
194.	ITN Section PGM-001 Page 25 Will the vendor be allowed to host a regional office within the statewide office (I.e. Region 1)?	Yes.
195.	ITN Section PGM-006 Page 25 Is there a current, agreed upon staffing plan for each institution and unit? If yes, please provide the number of full-time equivalents (FTEs) by institution, unit, and position.	Please see the Answer to Question No. 20 of this Addendum.
196.	ITN Section PGM-011 Page 26 Please clarify if the vendor has any financial responsibility for fees associated with the vendor's staff use of the EMR. If yes, please clarify if these fees are reimbursable by the FDC under the cost-plus administrative fee structure.	Compensation under this ITN includes all EMR costs as well as other costs not specifically identified but commonly associated with delivery of necessary health services and Vendor-required computer installations, software, etc. The Vendor will be reimbursed for cost and fees of the EMR.
197.	ITN Section PGM-015 Page 30 Please confirm that any equipment purchased by the vendor that is approved by the FDC will be reimbursed at 100% of the total equipment cost.	FDC approved equipment purchases will be reimbursed according to the purchase amount as approved and verified through the supporting documentation, in accordance with the terms of the contract and applicable laws, rules, and policies.

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Question Number	Question	Answer
198.	ITN Section PGM-015 Page 30 In the event the vendor subcontracts on-site services that include the temporary use of subcontracted equipment on-site, please confirm that the temporary equipment will not become the property of the FDC upon contract termination and subcontractor may remove their owned equipment.	Leased equipment will not become the property of FDC upon contract termination.
199.	ITN Section PGM-015 (5) Page 30 Regarding "Additional Equipment" to the extent telehealth carts are purchased by the contractor, will said carts be considered "Additional Equipment" and be retained by the contractor at the time of contract termination?	Yes.
200.	ITN Section PGM-015 (6) Page 31 Please provide a list of all IT Equipment currently used by the existing vendor by institution.	Please see the Answer to Question No. 64 of this Addendum.
201.	ITN Section PGM-019 Page 32 Provide the total number of ER trips by facility for the unique time periods of calendar year 2020, 2021 and year to date through April 2022. Indicate the number of ER trips by ambulance.	Please see the Answer to Question No. 120 of this Addendum.
202.	ITN Section PGM-019 Page 32 Please list each hospital providing emergency services for each institution.	Please see the Answer to Question No. 23 of this Addendum.

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Question Number	Question	Answer
203.	ITN Section PGM-021 Page 33 Provide the number of EKG and AED apparatuses at each institution.	Please see the Answer to Question No. 64 of this Addendum.
204.	ITN Section PGM-031 Page 35 Is the State currently or anticipated to be under investigation, audit, or review by any federal, State or local governmental authority or regulatory agency for health care services provided? a. Is any visit/audit/inspection currently scheduled or pending? b. Is the State waiting for the results of any report from or any prior inspection/audit review? c. Have any reports of audits or visits been issued or received in the last 24 to 36 months? Will the State share such reports of audits or visits?	a. No. b. No. c. Please see the Answer to Question 182 in this Addendum.
205.	ITN Section PGM-031 Page 35 Please provide dates of all ACA and Correctional Medical Authority audits for 2022 and beyond.	The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN. Please see Change No. 8 of this Addendum. CMA does not have a schedule of audits at this time.
206.	ITN Section PGM-034 Page 36 Please provide the approximate number of impaired incarcerated individuals by institution.	The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question

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Question Number	Question	Answer
		<p>Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN.</p> <p>Please see Change No. 8 of this Addendum.</p>
207.	<p>ITN Section PGM-034 Page 37 Which institutions (if any) are not ADA designated facilities?</p>	<p>The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN.</p> <p>Please see Change No. 8 of this Addendum.</p>
208.	<p>ITN Section PGM-050 Page 40 What mental health-related training to FDC staff is currently provided (in addition to Suicide Prevention)? Can/should the vendor propose training curricula as a part of the proposal?</p>	<p>The FDC Security Staff receive 54 hours of training for working in mental health units. Training modules are set by The FDC Staff Development and OHS. Recommendations for training are always welcome but not required.</p>
209.	<p>ITN Section PGM-050 Page 40 What is the current schedule to provide mental health-related training to FDC staff? What is the hourly requirement for the provision of said training?</p>	<p>Training schedules are determined at each institution separately. The FDC Security Staff receive 54 hours of training for working in mental health units.</p>
210.	<p>ITN Section PGM-050 Page 40 Can/should the vendor propose training curricula for mental health-related training to FDC staff as a part of its proposal?</p>	<p>Training modules for the FDC staff is set by Staff Development and OHS. Recommendations for training are always welcome but not required.</p>
211.	<p>ITN Section PGM-054 Page 41</p>	<p>These are reimbursable costs if they are in accordance Florida's Reference Guide for State Expenditures.</p>

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Question Number	Question	Answer
	Are the costs associated with development of a SharePoint site for corrective action plans reimbursed through the cost-plus administrative fee by the FDC?	
212.	ITN Section PGM-055 Page 42 How many Interstate Compact inmates are housed in and outside of Florida? Will the vendor be responsible for care/services for inmates housed in other states outside of the State of Florida?	<p>Florida inmates in Other States 126 Inmates</p> <ul style="list-style-type: none"> • The receiving state is responsible for basic routine medical, dental and psychiatric cost however any non-emergency, non-routine special procedures and emergency cost are the responsibility of Florida and/or its Vendor. • These inmates are not counted in the FDC/ADP count <p>Other States' inmates in Florida 94 Inmates</p> <ul style="list-style-type: none"> • Florida is responsible for basic routine medical, dental and psychiatric cost however any non-emergency, non-routine special procedures and emergency cost are the responsibility of the other state and/or its Vendor. • These inmates are counted in the FDC/ADP count <p>Florida inmates in Federal Custody 26 Inmates</p> <ul style="list-style-type: none"> • The FBOP is responsible for basic routine medical, dental and psychiatric cost however any non-emergency, non-routine special procedures and emergency cost are the responsibility of Florida and/or its Vendor. • These inmates are not counted in the FDC/ADP count <p>Federal inmates in Florida 9 Inmates</p> <ul style="list-style-type: none"> • Florida is responsible for basic routine medical, dental and psychiatric cost however any non-emergency, non-routine special

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Question Number	Question	Answer
		<p>procedures and emergency cost are the responsibility of the FBOP and/or its Vendor.</p> <ul style="list-style-type: none"> • These inmates are counted in the FDC/ADP count
213.	<p>ITN Section PGM-055 Page 42 Will the vendor be responsible for care/services for FDC inmates housed in other states outside of Florida? Also, will those inmates be listed on the FDC/ADP inmate counts?</p>	<p>Please see the Answer to Question No. 212 of this Addendum.</p>
214.	<p>ITN Section PGM-058 Page 43 Please provide the number of telehealth mental health visits listed by institution for calendar years 2020, 2021 and YTD through April 2022.</p>	<p>The Department does not track this information.</p>
215.	<p>ITN Section PGM-058 Page 43 Please confirm, for the provision of telehealth mental health services, a mental health staff person must be present with the patient in the room. Are there FDC requirements regarding the credentials of the mental health staff person in the room with the patient?</p>	<p>Please see the Answer to Question No. 45 of this Addendum.</p> <p>The Department approved select outpatient settings.</p> <p>Please HSB15.06.12. in 2.7 Resources of this ITN.</p>
216.	<p>ITN Section PGM-058 Page 43 Other than telepsych, please describe what if any telehealth services are currently being provided, to include what specialties and at which institutions.</p>	<p>Please see the Answer to Question No. 45 of this Addendum.</p>

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Question Number	Question	Answer
217.	ITN Section PGM-058 Page 43 Please identify all telehealth equipment currently in use and at which institutions.	Please see the Answer to Question No. 64 of this Addendum.
218.	ITN Section PGM-058 Page 43 Please advise as to the requisite license level of the nursing staff required for the encounter at the institution (i.e. RN or LPN)?	At minimum, nursing staff must be LPNs.
219.	ITN Section PGM-058 Page 43 For each institution, please describe the specific connectivity, availability and access to the Department's networks for the purpose of delivering telehealth.	Please see Section 3.6.10.2 Information Technology Software Requirements; ITS-009 subsection a.; page 188, specifically, "a Vendor-initiated site survey is recommended." Additionally, please see ITS-042 and ITS-043.
220.	ITN Section PGM-059 Page 43 In reference to 340B agreements, does the FDC intend to expand those agreements beyond HIV to include other chronic illnesses, such as HCV?	Not at this time.
221.	ITN Section PGM-059 Page 43 Please advise as to the approximate number of HIV patients by institution and please indicate which, if any of those institutions are not 340B dedicated institutions.	The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN.

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Question Number	Question	Answer
		<p>Please see Change No. 8 of this Addendum.</p> <p>The Department attempts to place HIV inmates at 340B institutions.</p>
222.	<p>ITN Section PGM-061 Page 45 Please confirm that the Program Director of Internship and Residency Training as well as the Assistant Director of Internship and Residency Training are intended to be the health services vendor's personnel.</p>	<p>The Internship and Residency Training Director is an FDC employee and is not the responsibility of the Vendor. The Assistant Director is an employee of the Vendor.</p>
223.	<p>ITN Section PGM-061 Page 45 Should the psychology internship and residency positions be included in the vendor's staffing plan?</p>	<p>Yes, the psychology interns and residency positions are paid and managed by the Vendor and are eligible for reimbursement by the FDC.</p>
224.	<p>ITN Section PGM-076 Page 50 Please clarify if costs associated with all required compliance inspections, environmental permitting designs, and any experts required by the Department to review specialized medical requirements will be reimbursed by the FDC under the cost-plus administrative fee.</p>	<p>Please see the Answer to Question No. 211 of this Addendum.</p>
225.	<p>ITN Section PGM-090 Page 54 Please clarify if the travel costs associated with OBIS training are reimbursable by the FDC under the cost-plus administrative fee structure.</p>	<p>No, travel costs are not reimbursable under the contract. See PGM-090 and Section 5.2 Travel Expenses of the ITN.</p>

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Question Number	Question	Answer
226.	ITN Section PGM-091 Page 54 Please clarify if the vendor has any financial responsibility for fees associated with the vendor's staff use of OBIS. If yes, please provide the costs or method of calculating costs charged to the vendor. Please also clarify if the charged fees are reimbursable by the FDC under the cost-plus administrative fee structure.	The Department does not anticipate changing any fees with the use of OBIS.
227.	ITN Section PGM-093 Page 54 Please confirm that background checks are not required by the vendor's remote corporate staff assigned to support the FDC contract.	The Vendor's staff assigned to the contract are required to undergo a background/criminal records check. See PGM-093.
228.	ITN Section 3.6.1.3 Program Management Performance Measures Page 56 For the current healthcare contract, please identify by measure and by institution, all Financial Consequences imposed by the FDC for the unique time periods of calendar year 2020, 2021 and year to date through April 2022.	Please see the Answer to Question No. 145 of this Addendum.
229.	ITN Section PM-PGM-004 Page 57 Have any FDC institutions lost accreditation in the last 3 years and if so, which?	No.

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Question Number	Question	Answer
230.	ITN Section PM-PGM-004 Page 57 What are the vendor's responsibilities regarding ACA accreditation at contracted facilities such as work release or other satellite sites operated by contractors of the FDC?	The Vendor has no ACA responsibilities at the contracted centers.
231.	ITN Section PM-PGM-005 Page 58 Please provide all financial consequences (penalties, performance deductions, offsets or other reductions from the vendor's payments) imposed by institution for PM-PGM-005 noncompliance for the unique time periods of calendar year 2020, 2021 and year to date through April 2022.	Please see the Answer to Question No. 145 of this Addendum.
232.	ITN Section IC-044 Page 62 Please identify all institutions which provide "special housing" and the number of beds so designated at each location.	The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN. Please see Change No. 8 of this Addendum.
233.	ITN Section IC-025 Page 70 How many pregnant inmates have been housed in the institutions during the past 12 months? How many pregnant inmates have delivered during the past 12 months?	Approximately 116 inmates per year are pregnant. There are approximately 65 deliveries per year.

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Question Number	Question	Answer
234.	ITN Section IC-39 Page 73 Please list the FDC institutions that provide dialysis services and the number of dialysis chairs for each.	RMC-21 FSP-1 (only used for FSP patients, not currently in use.) Lowell -4 SFRC-5
235.	ITN Section IC-39 Page 73 Please provide the number of dialysis patients treated for calendar years 2020, 2021 and YTD through April 2022.	Please see the Answers to Questions No. 236 and No. 237.
236.	ITN Section IC-39 Page 73 Please list the number of peritoneal dialysis treatments provided by each institution for calendar years 2020, 2021 and YTD through April 2022.	There are currently four (4) patients at RMC.
237.	ITN Section IC-39 Page 73 Please list the number of hemodialysis dialysis treatments provided by each institution for calendar years 2020, 2021 and YTD through April 2022.	There are currently 53 patients at RMC, 3 at Lowell, and 11 at SFRC.
238.	ITN Section IC-39 Page 73 Who owns the dialysis equipment? What is the age/condition of the dialysis equipment?	Currently, a subcontractor owns and maintains all equipment.

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239.	ITN Section IC-045 Page 77 Please identify all locations with infirmaries and the number of beds within each infirmary.	The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN. Please see Change No. 8 of this Addendum. Please see the Answer to Question No 84 of this Addendum.
240.	ITN Section IC-052 Page 79 Please identify all locations that provide palliative care and the number of beds designated for such purposes.	Please see the Answer to Question No. 85 of this Addendum.
241.	ITN Section IC-055 Page 81 How many SHOS cells and respiratory isolation cells are available in each facility?	The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN. Please see Change No. 8 of this Addendum.
242.	ITN Section IC-055 Page 81 What is the average number of patients on Self-Harm Observation Status per day by institution?	The Department does not maintain the requested data in the desired manner. Please see the Answer to Question No. 86.
243.	ITN Section IC-055 Page 82 Please provide the number of patients housed in the infirmary on observation/suicide watch/in an IMR by	Please see the Answer to Question No. 93 of this Addendum.

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	institution/unit for calendar years 2020, 2021 and YTD through April 2022.	
244.	ITN Section IC-056 Page 82 Please provide the number of psychiatric restraint incidents utilized by month and institution/unit for calendar year 2021.	Please see Answer to Question No. 87 of this Addendum.
245.	ITN Section IC-059 Page 84 Do all FDC institutions and annexes currently have properly working EKG equipment? If not, please identify those locations without appropriate EKG equipment.	All facilities with medical departments have EKG equipment.
246.	ITN Section IC-063 Page 84 Other than dental, do any FDC institutions have permanent radiology equipment? If so, please provide the specific equipment item(s) by institution.	Please see the Answer to Question No. 64 of this Addendum.
247.	ITN Section IC-078 Page 89 Regarding, please indicate how many FDC inmates are 1) HCV positive, 2) currently being treated for HCV, and 3) the number of inmates treated for HCV during calendar years 2020, 2021 and YTD through April 2022.	The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN. Please see Change No. 8 of this Addendum.

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Question Number	Question	Answer
248.	ITN Section 3.6.4 Mental Health Services Page 108 Please provide the number of patients at each of the S-Grades, R-Grades, and SY-Grades by institution.	<p>Please see the Answers to Questions No. 147 and No.148 of this Addendum.</p> <p>The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN.</p> <p>Please see Change No. 8 of this Addendum.</p>
249.	ITN Section 3.6.4 Mental Health Services Page 108 Please provide the number of beds by facility and unit for each TCU, CSU, CMHTF, RCCU and residential intensive outpatient program.	<p>Please see the Answer to Question 149 of this Addendum.</p> <p>The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN.</p> <p>Please see Change No. 8 of this Addendum.</p>
250.	ITN Section MHS-026 Page 118 Is there a residential sex offender treatment program or all sex offender treatments provided on an outpatient basis? If there is no designated residential treatment unit for sex offenders, are sex offenders housed at the same facility to facilitate group programming?	<p>There is no residential sex offender treatment program. Treatment is performed on an outpatient basis. There is no designated facility for sex offenders.</p>

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Question Number	Question	Answer
251.	ITN Section MHS-046 Page 123 What is the current scope of services provided by Case Managers?	The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN. Please see Change No. 8 of this Addendum.
252.	ITN Section MHS-048 Page 124 Please indicate the number of use of force incidents by institution for calendar years 2020, 2021 and YTD through April 2022.	2020- 10,049 2021- 9,036 2022- 3,481 The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN. Please see Change No. 8 of this Addendum.
253.	ITN Section IIC-017 Page 136 Please indicate the number of patients assigned to participate in weekly medication education groups provided by Registered Nurse Specialist due to medication non-adherence by institution for calendar years 2020, 2021 and YTD through April 2022.	The Department doesn't currently have the requested information available.
254.	ITN Section IIC-018 Page 136 What incentives are currently utilized in the BMPS?	The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN. Please see Change No. 8 of this Addendum.

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255.	ITN Section 3.6.5.2 Hospital Care (HC) Page 155 Are there ventilators onsite for long-term care services? If yes, which institutions have ventilators, who owns the ventilators, and what is the age/condition of each of the ventilators?	There are currently three (3) ventilators in use at RMCH only. All of the units are being rented by the Contractor as needed.
256.	ITN Section 3.6.6.3 Pharmaceutical Services Minimum Requirements Page 165 Does the FDC purchase and provide all medication carts?	No, the Contractor is responsible for purchasing and providing medication carts.
257.	ITN Section 3.6.6 Pharmaceutical Services Service Area Page 165 Provide identity and provide the number of non-formulary medications ordered by institution for calendar years 2020, 2021 and YTD through April 2022.	Please see the Answer to Question No. 158 of this Addendum.
258.	ITN Section 3.6.6.1 Description Page 165 Please confirm that medical vendor is responsible to pay for non-formulary medication cost AND such non-formulary costs are included in the cost reimbursement by the FDC.	Expenditures for non-formulary medications will be considered part of the Compensation Cap. The Department may elect to (and currently does) pay for medication ordered through the Department's pharmaceutical wholesaler directly.
259.	ITN Section PS-039 Page 170 Please clarify the term "Compensation Cap" and how it relates specifically to the vendor's services and reimbursement.	The State of Florida fiscal year maximum amount that will be reimbursed to the Vendor by the Department. Please see the Answer to Question No. 293 of this Addendum.

**Responses to Written Questions
FDC ITN-22-042
Comprehensive Health Care Services**

Question Number	Question	Answer
260.	ITN Section UM-004 Page 172 In which Institutions are optometry clinics held?	All facilities should hold optometry clinics on-site at least monthly or as needed.
261.	ITN Section UM-004 Page 172 Please list the number of optometry exams provided by institution for calendar years 2020, 2021 and YTD through April 2022	Please see the Answer to Question No. 265 of this Addendum.
262.	ITN Section UM-004 Page 172 Please list the number of audiology exams provided by institution for calendar years 2020, 2021 and YTD through April 2022	Please see the Answer to Question No. 265 of this Addendum.
263.	ITN Section UM-004 Page 172 Please list the number of PT exams provided by institution for calendar years 2020, 2021 and YTD through April 2022	Please see the Answer to Question No. 265 of this Addendum.
264.	ITN Section UM-004 Page 172 Please provide for the unique time periods of calendar year 2020, 2021 and year to date through April 2022, the number of the following procedures performed onsite/mobile unit: a. CT b. MRI c. Ultrasounds	Please see the Answer to Question No. 114 of this Addendum.

**Responses to Written Questions
FDC ITN-22-042
Comprehensive Health Care Services**

Question Number	Question	Answer
265.	ITN Section REP-UM-02 Page 174 Please provide copies of the last 8 quarters of all Hospital Utilization Quarterly Reports.	The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN. Please see Change No. 8 of this Addendum.
266.	ITN Section 3.6.9.3 Electronic Medical Record Performance Page 185 What Fusion Features are currently in use at the FDC facilities (e.g. eMAR, Dental, BH, Orders Manager, Optometry, Infirmery, Scheduling, e-Signature)?	The Department is using all functions currently available within the Fusion EMR system including eMAR, Order Manager, Bedboard, eSign, Group Notes, Formulary Manager, Non-Formulary Manager, SSRS Reporting, Lab Manager.
267.	ITN Section 3.6.9.3 Electronic Medical Record Performance Page 185 Are there any FDC institutions not using Fusion? If yes, please provide the name(s) of these institutions.	No, please see the Answer to Question No. 27 of this Addendum.
268.	ITN Section 3.6.9.3 Electronic Medical Record Performance Page 185 Is the Fusion Reporting and Analytics software currently being used to obtain all required reports and facilitate the audit needs of FDC?	Yes.
269.	ITN Section 3.6.9.3 Electronic Medical Record Performance Page 185 What vendors currently interface with Fusion (Lab, Radiology, Pharmacy, etc.)?	BioReference (Lab), CIPS (Pharmacy), Trident Mobile X (Radiology), Dental (Fusion/Athena), FDC (OBIS).

**Responses to Written Questions
FDC ITN-22-042
Comprehensive Health Care Services**

Question Number	Question	Answer
		The correctional facilities operated by the Florida Department of Management Services interface with Tech Care (radiology) and Lab Corp (Lab).
270.	ITN Section 3.6.9.3 Electronic Medical Record Performance Page 185 Are the current interfaces using HL7 or flat file structure?	Yes, they are using HL7.
271.	ITN Section 3.6.9.3 Electronic Medical Record Performance Page 185 Please confirm that FDC does not want existing paper medical records converted into electronic medical records. If such conversion is desired, please specify the scope of conversion and indicate the institutions/locations involved and the number of records to be converted.	Correct, however, all paper medical records for currently incarcerated inmates must be maintained in accordance with records retention requirements
272.	ITN Section 3.6.9.4 Electronic Medical Record Performance Page 187 Has there been any unplanned downtime for Fusion since its date of implementation? If yes, please provide the details including number of occurrences, and locations and amount of down-time	Please see the Answer to Question No. 131 of this Addendum.
273.	ITN Section 3.6.9.4 Electronic Medical Record Performance Page 187 Has there been any time when the Fusion EMR was unavailable when needed and required to deliver critical health care services to inmates? If yes, please	This information is not available. Paper forms are used as backup to document care in the case of an emergency.

**Responses to Written Questions
FDC ITN-22-042
Comprehensive Health Care Services**

Question Number	Question	Answer
	provide the number of occurrences, and description of each occurrence to include the number of inmates impacted.	
274.	ITN Section 3.6.9.4 Electronic Medical Record Performance Page 187 Please confirm if any EMR penalties have been accessed to date. If yes, please provide details including the number of occurrences, amount of the financial consequence applied, and root cause (if known) per performance measure.	Please see the Answer to Question 132 of this Addendum.
275.	ITN Section 3.6.9.4 Electronic Medical Record Performance Page 187 Was the current vendor provided an exception window after Fusion's implementation?	No.
276.	ITN Section 3.6.9.4 Electronic Medical Record Performance Page 187 Please confirm that the EMR performance measures will not apply when the outage is due to factors outside of Vendor's control, including waiting on a response or action from an outside entity.	Monitoring of performance measures will be performed in accordance with the expectations
277.	ITN Section 3.6.10 Page 187 Contractually, will there be equipment left by the current vendor that will be available to incoming	Please see the Answer to Question No. 64 of this Addendum.

**Responses to Written Questions
FDC ITN-22-042
Comprehensive Health Care Services**

Question Number	Question	Answer
	vendor? If so, please provide inventory by institution (e.g., desktop, laptop, printer, scanner, telehealth, etc.).	
278.	ITN Section 3.6.10 Page 187 Is rack space, power, and cooling available within current network closets to install additional equipment?	This will vary depending on the site. Admin buildings are more likely to have availability.
279.	ITN Section 3.6.10 Page 187 Does FDC have backup generators at each facility in case of power outage?	The Department has backup generators at each facility in case of power outage.
280.	Is internet connectivity available in housing units currently? If so, at which institutions.	No, connectivity is not present in all housing units currently. Please see Section 3.6.10.2 Information Technology Software Requirements; ITS-009 subsection a.; page 188, specifically, "a vendor-initiated site survey is recommended."
281.	ITN Section ITS-043 Page 195 Which facilities currently have telemedicine capability? Please provide the number of units for each institution/unit.	All major institutions as approved by the FDC. Please see the Answer to Question No. 64 of this Addendum.
282.	ITN Section ITS-043 Page 195 Provide the number of medical encounters provided via telemedicine at each institution for the unique time	Please see the Answer to Question No. 45 of this Addendum.

**Responses to Written Questions
FDC ITN-22-042
Comprehensive Health Care Services**

Question Number	Question	Answer
	periods of calendar year 2020, 2021 and year to date through April 2022.	
283.	ITN Section 3.7 Key Performance Monitoring Page 201 Please confirm that financial consequences are deducted from all costs-plus administrative fees billed to the FDC.	Per Section 3.7 of the ITN, if the Department assesses financial consequences, the Vendor shall respond with a credit for said financial consequences on its next monthly invoice. If neither occurs, and the financial consequences are unpaid after 60 Days, the Department will deduct the financial consequences owed from the Vendor's next invoice. The Vendor will invoice the Department monthly for both the direct costs of care, to be reimbursed, and the percentage administration fee.
284.	ITN 4.9 Contents of Reply Submittals Page 207-208 TABs A and B require bidders to submit Additional Documentation (TAB A) and Reference forms, Subcontractor Information forms, and Job Descriptions (TAB B). Will these required documents count toward the page limits for TABs A and B?	Please see the Answer to Question No. 7 of this Addendum.
285.	ITN Section 5.15 Prison Rape Elimination Act (PREA) Page 226 How many PREA events have happened by institution over the last full year?	The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN. Please see Change No. 8 of this Addendum.

**Responses to Written Questions
FDC ITN-22-042
Comprehensive Health Care Services**

Question Number	Question	Answer
286.	<p>Mental Health Service Requirements, MHS010; page 113 This requirement states that psychiatric evaluations need to occur within 10 days of arrival at a reception center. Are these business or calendar days?</p>	Calendar days.
287.	<p>Program Management Requirements; subsection PGM-005; page 25 ITN Section PGM-005 on Page 25 states: "The Vendor shall develop and implement a Department-approved Staffing Plan that identifies all positions at the State, regional, and institutional levels and ensures compliance with the requirements outlined in this ITN, including timely service delivery".</p> <p>Should vendors include each major institution's annexes and work camps in the staffing plan for that facility or does the Department desire a separate staffing plan for every annex and work camp?</p>	A separate staffing plan shall be submitted for every institution, annex, and work camp.
288.	<p>3.6.8.4 Quality Management Performance Measures; page 183 The first performance measure PM-QM-01 reads, "RMCH and any other Department license the hospital holds, a valid AHCA Hospital Licensure" a. Is this performance measure only related to AHCA hospital licensure or to another, or to any other Department license held by the hospital?</p>	<p>a. Only for the required AHCA hospital licensure. b. The current licensure for RMCH is through AHCA.</p>

**Responses to Written Questions
FDC ITN-22-042
Comprehensive Health Care Services**

Question Number	Question	Answer
	b. Can the Department please identify what licensure other than AHCA may be applicable here?	
289.	<p>3.6.4.3 Mental Health Services Performance Measures; page 183 The 50th performance measure PM-MH-050 reads, "A case manager completes the Form DC4-657 between 45-30 Days of release for Patients in a TCU level of care." Please confirm this is supposed to read 45-30, or 30-45, and not 45-90?</p>	Confirmed. The language is correct as written.
290.	<p>3.6.5.2, Hospital Care ITN Section 3.6.5.2, Hospital Care provides minimum requirements as section 3.6.5.3, but no performance measures or services reports sections are noted. Please confirm that this omission was intentional.</p>	The performance measures related to RMCH are captured in all the service areas. There are no additional performance measures exclusively for this service area.
291.	<p>General - Cost Will the annual compensation cap be established by mutual negotiation with the vendor, or has the amount already been established by the Department of Corrections annual budget process?</p>	The amount is established annually by the Florida Legislature.
292.	<p>General – Cost Please clarify for all vendors what happens if the costs of the program exceed the compensation cap. Does the vendor bear the risk for any costs over the cap?</p>	Yes, the vendor bears the risk for costs exceeding the compensation cap.

**Responses to Written Questions
FDC ITN-22-042
Comprehensive Health Care Services**

Question Number	Question	Answer
293.	<p>General – Cost Does the Department have projected annual budgets for the healthcare program beyond the current and upcoming fiscal years? If so, please provide future projected budgets if able.</p>	<p>The base funding is \$421 million appropriated annually. Any additional funding is contingent upon legislative approval.</p>
294.	<p>General – Cost Please describe the Department’s understanding of the types of costs and expenditures that will NOT be reimbursed under the compensation cap that vendors can expect to be responsible for. In addition, are there other cost items vendors can anticipate for which the administration fee will NOT apply?</p>	<p>Costs not allowable in accordance with Florida’s Reference for State Expenditure Guidelines are not reimbursable. Travel is allowed in the reference guide, but will not be reimbursable under the Contract.</p> <p>Not at this time.</p>
295.	<p>3.6.1.2 Program Management Minimum Requirements; page 19 & 21 Please clarify the requirement for FTE pharmacy positions. The ITN notes a Statewide Pharmacy Program Director (Florida Consultant Pharmacist License) on ITN page 19 and a RMC Hospital Pharmacy Consultant (Florida Consultant Pharmacist License) on ITN page 21. a. Is this the same position? b. If these are two different positions, please confirm the requirement for two FTE pharmacist positions in vendors proposed staffing plans.</p>	<p>The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN.</p> <p>Please see Change No. 8 of this Addendum.</p>
296.	<p>RFP Section Program Management Minimum Requirements Page 21</p>	<p>a. No, the position must meet the requirement of a pharmacist under current law.</p>

**Responses to Written Questions
FDC ITN-22-042
Comprehensive Health Care Services**

Question Number	Question	Answer
	<p>Regarding the 1.0 FTE position RMC Hospital Pharmacy Consultant (Florida Consultant Pharmacist License):</p> <p>a. Can the Department please provide a job description for this position?</p> <p>b. Is this a new position that has been created or is there a pharmacist already serving in this role?</p>	<p>b. The current CHCC provider is responsible for the Consultant Pharmacist of Record for the RMC Institutional Pharmacy License.</p>
297.	<p>Section 3.6.10.2 Information technology Software Requirements; ITS-009.b; page 188 The RFP stipulates, "..., including any additional inter-facility network connections required..."</p> <p>Please verify that this is "Inter" and not meant to be "Intra" facility</p>	<p>This is found in Section 3.6.10.2 Information Technology Software Requirements; ITS-001; page 188. This should read as "intra-facility". Please see Section 3.6.10.2 Information Technology Software Requirements; ITS-009 second subsection b. and c.; page 188 for additional clarity. " b. Any new network infrastructure needs, including LAN wiring, building to building fiber, switching, or Wi-Fi equipment will be the responsibility of the Vendor to procure and manage; c. Any campus fiber installation initiatives shall be scaled to offer benefit to the Department. Example: 12 strands minimum of fiber optic cable to be installed between buildings;"</p>
298.	<p>Section 3.6.10.2 Information technology Software Requirements; ITS-009.b; page 188 Please clarify if the existing cabling is in place and not in use the vendor will be able to use it. First subsection a. indicates if fiber is available, it will be provided. The second subsection b. the vendor is required to provide all new cabling.</p>	<p>The Vendor will be able to utilize existing fiber optic cabling if it is available. Availability is limited. As mentioned in Section 3.6.10.2 Information Technology Software Requirements; ITS-009 subsection a.; page 188, fiber optic cabling within the facility will be provided based on availability, a Vendor-initiated site survey is recommended, and the FDC does not anticipate cable will be available for use.</p>
299.	<p>Section 3.6.10.2 Information technology Software Requirements; ITS-009.b; page 188</p>	<p>The Department anticipates the Vendor will assume responsibility.</p>

**Responses to Written Questions
FDC ITN-22-042
Comprehensive Health Care Services**

Question Number	Question	Answer
	For existing wired and wireless connectivity, will the DOC continue to maintain that or will the vendor take over that responsibility?	
300.	Section 3.6.10.2 Information technology Software Requirements; ITS-009.b; page 188 Is it permissible to have separate data circuits connecting to the facilities as opposed to connecting via the DOC circuits?	Yes, if approved by the Department.
301.	Section 3.6.10.2 Information technology Software Requirements; ITS-009.b; page 188 If there is no fiber optic available in any given facility, who provides the fiber and who maintains it?	Please see Section 3.6.10.2 Information Technology Software Requirements; ITS-009 second subsection b and c.; page 188. " b. Any new network infrastructure needs, including LAN wiring, building to building fiber, switching, or Wi-Fi equipment will be the responsibility of the Vendor to procure and manage; c. Any campus fiber installation initiatives shall be scaled to offer benefit to the Department. Example: 12 strands minimum of fiber optic cable to be installed between buildings."
302.	Section 3.6.10.2 Information technology Software Requirements; ITS-009.b; page 188 Can the existing Wireless Access Points be used on Vendor's network as opposed to on the FDC network?	Yes, if approved by the Department.
303.	Section 3.6.10.2 Information technology Software Requirements; ITS-009.b; page 188 Does a future need for analog telephony exist or will VOIP and e-fax cover this aspect?	The Department is not aware of a future need for analog telephony. The Department does not have an "e-fax" solution.

**Responses to Written Questions
FDC ITN-22-042
Comprehensive Health Care Services**

Question Number	Question	Answer
304.	<p>General</p> <p>a. Are there any restrictions on hardware manufacturers?</p> <p>b. Are Thin Clients allowed for use in the FL DOC facilities for vendor PC usage?</p> <p>c. Will all of this existing equipment be provided at no cost to the new Contractor to be put on the prescribed replacement schedule?</p> <p>d. If so, please provide details of expected replacement schedule (in general).</p>	<p>a. Yes. Please see Section 3.6.10.2 Information Technology Software Requirements; ITS-002; page 188.</p> <p>b. Yes, pending approval by the Department.</p> <p>c. The Department does not anticipate existing equipment will be made available to the new Vendor.</p> <p>d. The expected replacement schedule for network equipment is dictated by the manufacturer according to announced End Of Life\End Of Support dates.</p>
305.	<p>General</p> <p>Are there any specifications or restrictions regarding the system allowing providers to review documents and diagnostic tests offsite?</p>	<p>Please see the Answer to Question No. 44 d. of this Addendum.</p>
306.	<p>General</p> <p>Considering the growth of telemedicine and collaboration technologies, what is the current network bandwidth for each site?</p>	<p>Please see the Answer to Question No 219 of this Addendum.</p>
307.	<p>General</p> <p>Are any inmate health education programs currently provided via tablets or other portable devices?</p>	<p>No.</p>

**Responses to Written Questions
FDC ITN-22-042
Comprehensive Health Care Services**

Question Number	Question	Answer
308.	General Does the FDC provide e-fax services or is that the vendor's responsibility?	No. The services would be the Vendor's responsibility.
309.	If the only pricing consideration is Administrative Fees, how will the Department evaluate cost improvement ideas without a total cost buildup?	As stated in the Answer to Question No. 32, Vendors should describe their ability to control direct costs in TAB C of their Replies. The Department will evaluate cost improvement ideas while evaluating TAB F of Vendor's Replies. Please see Change No. 2 of this Addendum.
310.	Can the Department please confirm it does not wish to see any sort of cost build up in the Cost Reply or should potential Vendors just simply provide Attachment I - Price Information Sheet?	Please see the Answers to Questions No. 32 and No. 309 of this Addendum.
311.	If the Department wishes to see a cost build up, is there any desired format that can be provided to potential Vendors ahead of submittal?	The Department's expectation for Vendor's Replies is outlined in Section 4.9 of the ITN.
312.	Can the Department explain the current invoicing process and what backup is required for invoices?	Vendor invoices are reviewed and verified for payment in accordance with the terms of the contract, applicable laws, rules, and policies. The Vendor must submit detailed invoices and supporting documentation to include, but not limited to, verification of service delivery, medical claims information, product and subcontractor invoices, proof of delivery, proof of payment, etc. for any reimbursement requests.

**Responses to Written Questions
FDC ITN-22-042
Comprehensive Health Care Services**

Question Number	Question	Answer
313.	Are all medical personnel in support of the DOC vendors/contractors? Or, are there state medical personnel as well?	FDC employs medical professionals that provide oversight and policy determinations. The Vendor will be responsible for comprehensive inmate healthcare.
314.	Will the state please provide the current funded staffing levels at all facilities as well as current actual staffing levels?	Please see the Answer to Question No. 20 of this Addendum.
315.	Is telemedicine currently used in any capacity? If so, where and for what specialties?	Please see the Answer to Question No. 45 of this Addendum.
316.	To verify; will vendor personnel complete state DOC security or other new hire trainings?	Yes.
317.	Is the vendor responsible for its own learning management system?	Yes.
318.	As it relates to the Administrative Fee, would the Department consider any leadership called out in 3.6.1.2 to be indirect costs as they would not be dealing with particular inmates?	The Vendor shall be compensated an administrative fee to cover corporate support costs including, but not limited to, oversight of recruiting, human resources, clinical operations/utilization management, payroll, and information technology.

**Responses to Written Questions
FDC ITN-22-042
Comprehensive Health Care Services**

Question Number	Question	Answer
319.	Please provide user/administrative documentation about the FLDOC instance of GE Fusion Electronic Medical Record (EMR) application.	The Department added the requested information to the Resource Library as a document/report titled with the corresponding Question Number. The link to the Resource Library is provided in Section 2.7, Resources of this ITN. Please see Change No. 8 of this Addendum.
320.	What electronic Utilization Management System is currently in use on the incumbent contract?	TrueCare.
321.	Can the State confirm what space, fixtures, furniture, non-health care equipment, and health care equipment is currently present in each facility that can be used by the successful bidder?	The Department does not have a comprehensive list as requested. Please see the Answer to Question No. 64 of this Addendum.
322.	Who is responsible to provider interpreters - the State or the vendor?	The Vendor is responsible for providing language interpreters for the provision of medical services.
323.	Can you confirm whether the department pays the CHDs to provide medical services at designated institutions?	Yes, under the 340B program for five (5) county health departments.
324.	Do vendor medical staff accompany inmates on transfer transportation?	No.

ADDENDUM #002

Solicitation Number: FDC ITN-22-042
Solicitation Title: Comprehensive Health Care Services
Bids due by: July 15, 2022 at 2:00 p.m., Eastern Time
Addendum Number: 002
Addendum Date: June 13, 2022

Failure to file a protest within the time prescribed in Section 120.57(3), Florida Statutes, or failure to post the bond or other security required by law within the time allowed for filing a bond shall constitute a waiver of proceedings under Chapter 120, Florida Statutes.

Please be advised that the information below is applicable to the original specifications of the above referenced solicitation. Added language to the ITN is highlighted in yellow, while deleted language is stricken.

This Addendum includes the following changes:

Change No. 1:

A revision to the Timeline.

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REVISED
TIMELINE
FDC ITN-22-042

EVENT	DUE DATE	LOCATION
Release of ITN	April 1, 2022	Vendor Bid System (VBS): http://www.myflorida.com/apps/vbs
Mandatory Pre-Reply Conferences and Site Visits	April 19 – May 4, 2022	See Section 4.4 for information regarding the mandatory site visits. <u>NOTE: A Vendor's Reply will be deemed non-responsive if the Vendor fails to attend all of the site visits.</u>
Last Day for written inquiries to be received by the Department	<u>May 13, 2022</u> , Prior to 5:00 p.m., Eastern Time	Submit questions to: Florida Department of Corrections Bureau of Procurement Email: purchasing@fdc.myflorida.com Subject Line Should Read: ITN-22-042
Anticipated Posting of written responses to written inquiries	June 13 20 , 2022	Vendor Bid System (VBS): http://www.myflorida.com/apps/vbs
Sealed Replies Due and Opened	June 30 July 15 , 2022, at 2:00 p.m., Eastern Time	<u>Replies should be addressed to:</u> Attn: Eunice Arnold, Procurement Officer Florida Department of Corrections Bureau of Procurement 501 South Calhoun Street Tallahassee, Florida 32399
Evaluation Team Meeting	July 30 August 15 , 2022, at 2:00 p.m., Eastern Time	<u>Meeting Location:</u> Florida Department of Corrections Bureau of Procurement 501 South Calhoun Street Tallahassee, Florida 32399
Anticipated Negotiations	September 2022 – November 2022	Florida Department of Corrections Bureau of Procurement 501 South Calhoun Street Tallahassee, Florida 32399
Anticipated Posting of Intent to Award	March 2023	Vendor Bid System (VBS): http://www.myflorida.com/apps/vbs

ADDENDUM #001

Solicitation Number: FDC ITN-22-042
Solicitation Title: Comprehensive Health Care Services
Bids due by: June 30, 2022 at 2:00 p.m., Eastern Time
Addendum Number: 001
Addendum Date: April 12, 2022

Failure to file a protest within the time prescribed in Section 120.57(3), Florida Statutes, or failure to post the bond or other security required by law within the time allowed for filing a bond shall constitute a waiver of proceedings under Chapter 120, Florida Statutes.

Please be advised that the information below is applicable to the original specifications of the above referenced solicitation. Added language to the ITN is highlighted in yellow, while deleted language is stricken.

This Addendum includes the following changes:

Change No. 1:

Section 4.4, Mandatory Site Visits and Pre-Reply Conferences, first paragraph, is hereby revised as follows:

All interested Vendors, before submitting their Reply, **must visit the following sites to become familiar with conditions that may affect the services required as they pertain to the Contract. The Department will deem a Vendor's Reply non-responsive if a Vendor does not attend each of the following site visits.** The Department has set specific dates for the site visits and will not allow visits for individual Vendors or visits at any other time. Interested parties must contact Tim Hooten at ~~Tim.Hooten@fdc.myflorida.com~~ **Timothy.Hooten@fdc.myflorida.com** at least ~~five~~ **two (2)** Business Days before the site visit listed in the Timeline and furnish him with the following information on all attendees: the attendee's Full Name, Social Security Number, Date of Birth and Driver's License Number. **Participation in the Site Visits will be limited to two (2) representatives per organization, though the same individuals do not need to attend all visits.** The Vendor may send different individuals to each Site Visit so long as at least one (1) Vendor representative is present at each Site Visit.

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Invitation to Negotiate (ITN)



Comprehensive Health Care Services ITN 22-042

ITN Released: April 1, 2022

Site Visits: April 18-29, 2022 (See Section 4.4 for additional information.)

Deadline for Questions: 5:00 p.m. ET May 13, 2022*

Replies Due: 2:00 p.m. ET June 30, 2022*

Eunice Arnold

Procurement Officer

Florida Department of Corrections

501 S. Calhoun Street

Tallahassee, FL 32399

*Timeline subject to change. Changes will be communicated through an addendum to this ITN (see Section 4.18)

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TIMELINE
FDC ITN-22-042

EVENT	DUE DATE	LOCATION
Release of ITN	April 1, 2022	Vendor Bid System (VBS): http://www.myflorida.com/apps/vbs
Mandatory Pre-Reply Conferences and Site Visits	April 19 – May 4, 2022	See Section 4.4 for information regarding the mandatory site visits. <u>NOTE: A Vendor's Reply will be deemed non-responsive if the Vendor fails to attend all of the site visits.</u>
Last Day for written inquiries to be received by the Department	<u>May 13, 2022</u> , Prior to 5:00 p.m., Eastern Time	Submit questions to: Florida Department of Corrections Bureau of Procurement Email: purchasing@fdc.myflorida.com Subject Line Should Read: ITN-22-042
Anticipated Posting of written responses to written inquiries	June 13, 2022	Vendor Bid System (VBS): http://www.myflorida.com/apps/vbs
Sealed Replies Due and Opened	June 30, 2022, at 2:00 p.m., Eastern Time	<u>Replies should be addressed to:</u> Attn: Eunice Arnold, Procurement Officer Florida Department of Corrections Bureau of Procurement 501 South Calhoun Street Tallahassee, Florida 32399
Evaluation Team Meeting	July 11, 2022, at 2:00 p.m., Eastern Time	<u>Meeting Location:</u> Florida Department of Corrections Bureau of Procurement 501 South Calhoun Street Tallahassee, Florida 32399
Anticipated Negotiations	September 2022 – November 2022	Florida Department of Corrections Bureau of Procurement 501 South Calhoun Street Tallahassee, Florida 32399
Anticipated Posting of Intent to Award	March 2023	Vendor Bid System (VBS): http://www.myflorida.com/apps/vbs

SECTION 1 – DEFINITIONS

The terms used in this Invitation to Negotiate (ITN), unless the context otherwise clearly requires a different construction and interpretation, have the following meanings:

- 1.1 **Administrative Confinement**: The temporary separation of an Inmate from Inmates in General Population in order to provide for security and safety until such time as a more permanent Inmate management decision process can be concluded, such as a referral to Disciplinary Confinement, Close Management, Protective Management, or a transfer.
- 1.2 **American Correctional Association (ACA)**: An international accreditation entity that establishes standards for and conducts audits of correctional programs to assess their administration and management, facilities, operations and services, Inmate programs, staff training, medical services, sanitation, use of segregation and detention, incidents of violence, crowding, offender activity levels, and provision of basic services which may impact the life, safety, and health of Inmates and staff.
- 1.3 **Americans with Disabilities Act (ADA)**: Legislation which prohibits discrimination based on disability, which can be found in the Americans with Disabilities Act and in the Code of Federal Regulations (C.F.R.) at 28 C.F.R. Parts 35 (Title II) and 36 (Title III).
- 1.4 **Business Day**: 8:00 a.m. to 5:00 p.m., Eastern Time (ET), excluding weekends and State holiday.
- 1.5 **Clinician**: A Florida-licensed Clinician, Advanced Practice Registered Nurse (APRN), Physician, Physician's Assistant (PA), Dentist, Psychiatrist, Psychiatric APRN, or other appropriately-licensed health care provider delivering or overseeing direct Patient care.
- 1.6 **Close Management (CM)**: The Confinement of an Inmate apart from the General Population for reasons of security, or to maintain the order and effective management of the Institution; the Inmate, through his/her own behavior, has demonstrated an inability to live in General Population without abusing the rights and privileges of others.
- 1.7 **Cognitive Treatment Unit (CTU)**: an outpatient level of mental health care for Inmates who exhibit an impairment of cognitive functioning due to dementia, traumatic brain injury, or other neurocognitive disorder that substantially interferes with their ability to meet the ordinary demands of daily living.
- 1.8 **Confinement**: Administrative Confinement or Disciplinary Confinement.
- 1.9 **Contract**: The formal written agreement resulting from this ITN between the Successful Vendor and the Department.
- 1.10 **Contract Manager**: The Department's employee, or his/her designee, responsible for performance oversight and operational management of the Contract. The Contract Manager will be designated in the Contract.
- 1.11 **Correctional Institution or Institution (CI)**: Any prison or other correctional facility, temporary or permanent, in which Inmates are housed under the custody of the Department to include, main units, annexes, road prisons, work camps, forestry camps, community release centers, re-entry centers, and any other satellite facilities.
- 1.12 **Correctional Medical Authority (CMA)**: An independent oversight group established Sections 945.601-6036, Florida Statute (F.S.), to assist with the delivery of health care services for Inmates through an advisory role, and by assuring that adequate standards of medical and mental health

services are maintained by the FDC.

- 1.13 **Corrections Mental Health Treatment Facility (CMHTF)**: Any extended treatment or hospitalization-level unit that the Department's Assistant Secretary for Health Services specifically designates by Rule 33-404.201, Florida Administrative Code (F.A.C) to provide psychiatric care, which may include involuntary treatment and therapeutic interventions in accordance with Sections 945.40-945.49, F.S.
- 1.14 **Corrective Action Plan (CAP)**: The Vendor's written comprehensive plan to remedy deficiencies discovered during the Contract term.
- 1.15 **Cost Reply**: The portion of the Vendor's Reply relating to costs, which must include the completion of Attachment I, Price Information Sheet.
- 1.16 **Crisis Stabilization Unit (CSU)**: An inpatient mental health treatment unit that provides intensive management, observation, and treatment intervention, while seeking rapid stabilization of acute symptoms and conditions.
- 1.17 **Day**: Calendar Day, unless otherwise stated.
- 1.18 **Death Row**: A class of custody, also known as Maximum Custody (different from Maximum Management), wherein the Inmate is under a sentence of death.
- 1.19 **Dentist**: A dental practitioner holding an active Florida Dental License, or Dental Temporary Certificate (DTC) from the Florida Department of Health's Board of Dentistry, who is certified in cardiopulmonary resuscitation (CPR).
- 1.20 **Department or FDC**: The State of Florida, Department of Corrections.
- 1.21 **Disabled Inmate**: An Inmate who has a physical or mental impairment that substantially limits one (1) or more major life activities.
- 1.22 **Disabled Inmate Committee**: A multi-disciplinary team that works together for the development, implementation, and monitoring of an individualized management and services plan for each Disabled Inmate.
- 1.23 **Disciplinary Confinement**: A form of punishment in which Inmates found guilty of committing violations of Department rules are confined for specified periods of time to individual cells based upon authorized penalties for prohibited conduct.
- 1.24 **Diversion Treatment Unit**: An outpatient level of mental health care for Inmates who exhibit an impairment(s) associated with the diagnosis of a serious mental illness that hinders their ability to function in the General Population.
- 1.25 **Electronic Medical Record (EMR)**: An enabling technology that allows Clinicians and health care providers and administrators access to an Inmate's clinical and behavioral health content, and provides operational efficiencies for both inpatient and outpatient services.
- 1.26 **End of Sentence (EOS)**: When an Inmate reaches the end of their court-mandated sentence of incarceration and is released from a Department Institution, ending their eligibility for coverage for medical services covered under this ITN.

- 1.27 General Population:** The population of Inmates who are not in a Special Housing status or inpatient mental health or medical unit(s).
- 1.28 Health Classification Grade:** A designation of overall functional capacity in various areas including medical, mental health, work, transportation, work camp eligibility, and impairment status, provided to each Inmate upon reception and revised as necessary throughout their incarceration.
- 1.29 Health Services Bulletin (HSB):** The Department's guidelines for the provision of Inmate health care, created pursuant to Section 945.6034, F.S. Health Services Bulletins do not override rules or procedures but provide additional guidance for health services staff and are considered Department policies. HSBs are published under the authority of the Director of Health Services.
- 1.30 HIPAA:** The federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II), which established standards for the security and privacy of health data, and related rules.
- 1.31 HITECH Act:** The Health Information Technology for Economic and Clinical Health Act, enacted as part of the American Recovery and Reinvestment Act of 2009 and related rules. HITECH generally establishes new requirements for notification of protected health information breaches, makes business associates directly liable for compliance with HIPAA security and privacy requirements, modifies disclosure accounting rules and enhances the civil and criminal enforcement of HIPAA.
- 1.32 Impaired Inmate:** Any Inmate who has a professionally determined limitation in the performance of daily living activities, work, or participation in the programs and services available to the general Inmate population.
- 1.33 Impaired Inmate Committee:** The institutional staff members functioning as a multi-disciplinary team working together for the development, implementation, and monitoring of an Individualized Service Plan for each Impaired Inmate.
- 1.34 Individualized Service Plan (ISP):** A written description of an Inmate's current problems, goals, and treatment.
- 1.35 Inmate(s) or Patient(s):** An individual who is incarcerated by the Department.
- 1.36 Inmate Assistant:** An Inmate whose work assignment is to assist another Inmate with his/her activities of daily living, and who has received the training required in the Nursing Manual in relation to the performance of their assistance.
- 1.37 Isolation Management Room (IMR):** A cell in an infirmary area or inpatient mental health care unit that has been certified as being suitable for housing those with acute mental impairment or those who are at risk for self-injury.
- 1.38 Licensed Nurse:** A Registered or Licensed Practical Nurse, with an active license in the State of Florida.
- 1.39 Major Institution(s) or Parent Institution(s):** A Correctional Institution designated to provide oversight and limited classification services to smaller satellite facilities.
- 1.40 Mandatory Responsiveness Requirements:** Terms, conditions, or requirements that must be met by the Vendor to be considered responsive to this ITN.

- 1.41 Material Deviation(s):** A deviation that the Department, in its sole discretion, finds to be out of substantial accord with the requirements of this solicitation, provides a substantial competitive advantage to other Vendors, or has a potentially significant effect on the quantity or quality of services sought or on the cost to the Department.
- 1.42 Maximum Management:** A temporary status for an Inmate, who through a recent incident, or series of incidents, has been identified as being an extreme security risk to the Department, and requires an immediate level of control beyond that available in Confinement, Close Management, or Death Row.
- 1.43 Minor Irregularity:** A deviation from the ITN terms and conditions that does not significantly affect the price or quality of services sought, does not give the Vendor a substantial competitive advantage or benefit not enjoyed by other Vendors, and does not adversely impact the interests of the Department.
- 1.44 Multi-Disciplinary Services Team (MDST):** A group of individuals representing different professions, disciplines, or service areas, which has the responsibility for ensuring access to necessary assessment, treatment, continuity of care, and services to Inmates in accordance with their identified mental health needs, and which collaboratively develops, implements, reviews, and revises an Individualized Service Plan, as needed.
- 1.45 Observation Cell (OC):** A Confinement cell that has been certified as meeting the housing and safety criteria of an Isolation Management Room.
- 1.46 Offender Based Information System (OBIS):** The Offender Based Information System that serves as the Department's official record-keeping system of Inmates.
- 1.47 Prison Rape Elimination Act (PREA):** The "Prison Rape Elimination Act of 2003" and related rules. The Act provides for analysis of the incidence and effects of prison rape in federal, State, and local Institutions and for information, resources, recommendations, and funding to protect individuals from prison rape.
- 1.48 Protective Management:** Special management status for the protection of Inmates from other Inmates in an environment as representative of that of Inmates in General Population as is safely possible.
- 1.49 Reply:** A Vendor's written response submitted in answer to this ITN.
- 1.50 Residential Continuum of Care Unit (RCCU):** Specialized residential mental health units that provide augmented outpatient mental health treatment and habilitation services in a protective environment for Inmates with serious psychological impairments associated with a historical inability to successfully adjust to daily living in the incarceration environment.
- 1.51 Responsible Vendor:** A Vendor who has the capability in all respects to fully perform the Contract requirements and the integrity and reliability that will assure good faith performance.
- 1.52 Responsive Reply:** A Reply, submitted by a responsive and Responsible Vendor that conforms in all material respects to this ITN.
- 1.53 Secure Treatment Unit (STU):** An outpatient level of mental health care for Inmates who exhibit an impairment(s) associated with a diagnosis of serious mental illness and a marked inability to conform their behavior to institutional standards.

- 1.54 Self-Harm Observation Status (SHOS):** A clinical status ordered by a qualified Clinician that provides safe housing and close monitoring of Inmates determined to be suicidal or at risk for serious self-injurious behavior.
- 1.55 Service Location(s):** Any site(s) where services are performed under the Contract.
- 1.56 SOAP:** A format of medical documentation utilizing the headings, "Subjective, Objective, Assessment, and Plan."
- 1.57 SOAPIE:** A format of medical documentation utilizing the headings, "Subjective, Objective, Assessment, Plan, Intervention, and Education."
- 1.58 Special Housing:** Administrative Confinement, Disciplinary Confinement, Protective Management, Maximum Management, Death Row, and Close Management.
- 1.59 Structured Out-of-Cell Treatment Services (SOCTS):** Weekly scheduled individualized treatment services, psychoeducational groups, and therapeutic activities to ameliorate disabling symptoms of a diagnosed mental illness and improve behavioral functioning as identified in the Individualized Service Plans.
- 1.60 Successful Vendor:** The Vendor who receives the award of this ITN and will be performing contractual duties as the prime Vendor under the Contract.
- 1.61 Transitional Care Unit (TCU):** An inpatient mental health unit that provides intermediate care for Inmates transitioning from a more intensive level of inpatient care back to an outpatient setting, as well as long term care for Patients with chronic and severe mental illness.
- 1.62 Value-Added Services:** Additional services and commodities the Vendor may offer the Department, at no additional cost, beyond those services and commodities expressly included in this ITN, which may be unknown to the Department at this time yet meet its overall goals.
- 1.63 Vendor:** A legally qualified corporation, partnership, or other business entity submitting a Reply to this ITN.
- 1.64 Warden:** The Department employee, or his/her designee, responsible for the management and oversight of the Day-to-Day operations of a Correctional Institution.

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SECTION 2 – INTRODUCTION

2.1 Background

The Department is responsible for the supervisory and protective care, custody, and control of approximately 80,000 Inmates and the community supervision of approximately 150,000 offenders. These numbers are projected to increase over the term of the Contract. The Department is the third largest state prison system in the United States, with an annual operating budget of approximately \$2.7 billion.

The Department has over 144 facilities statewide, including 50 Major Institutions, 17 annexes, seven (7) private prisons (operated by the Florida Department of Management Services (DMS) and not included as Service Locations for the services sought in this solicitation), 35 work camps, four (4) road prisons/basic training units/forestry camps, three (3) re-entry centers, and 28 community release centers. Not all of the Department's facilities are currently housing Inmates.

The Department has divided the State into four (4) geographic regions: Region I (the Panhandle), Region II (North Florida), Region III (Central Florida), and Region IV (South Florida). Each Major Institution is supervised by a Warden. Each Warden reports to the Regional Director of Institutions for their assigned region.

Prior to 2012, the Department ran its health services operations through a combination of State employees, who provided direct medical, mental health, and dental health care services behind the secure perimeter of an Institution, and more than 200 contracted providers who provided specialty care, hospital services, and ancillary services. Currently, the Department delivers medical, dental, and mental health services through a privatized model as contracted with Centurion of Florida, LLC (Centurion). Centurion provides on-site primary medical, mental health, and dental health care services, and on-site and off-site specialty care, inpatient, and outpatient hospital care, and ancillary services. Centurion also operates health care services at the Department's Reception and Medical Center (RMC) in Lake Butler, FL which includes a licensed 120 bed hospital with an ambulatory surgical center, contracted cancer center, and specialty care clinics. The Department provides pharmacy dispensing services through three (3) regional pharmacies and one (1) hospital pharmacy at RMC. The Department has implemented the use of an Electronic Medical Record (EMR) application provided by GE Fusion in collaboration with Centurion.

2.2 Statement of Purpose

The Department is seeking Responsive Replies from qualified and Responsible Vendors to deliver comprehensive health care services, including medical, mental health, dental, and hospital services, effectively and efficiently to Inmates at all Service Locations listed in Attachment II. Comprehensive health care services include all Patient care services, and administrative support services, required to provide the necessary and appropriate treatment to Inmates that meets the minimum constitutionally adequate level of care established by federal law. These services include treatment on-site and off-site as necessary. Services must be provided in accordance the comprehensive health care standards outlined in Section 3 of this ITN and detailed in the Department's procedures and Health Services Bulletins. Vendors must have at least three (3) years of business/corporate experience within the last five (5) years providing correctional health care as described in this ITN. Vendors may use experience of their subsidiaries and any anticipated subcontractor relationship in their Reply to fulfill this requirement.

2.3 Procurement Overview

The Department is requesting competitive sealed Replies from Responsible Vendors to establish a multi-year Contract for the provision of comprehensive health care services to Inmates in the Department's care. The Department is interested in considering Value-Added Services that would be beneficial to or otherwise complement the services required by this ITN.

The process for evaluating and selecting a Vendor will consist of two (2) phases. The first phase involves evaluation of the submitted Replies, which will result in the selection of Vendors to participate in the negotiation phase. In the second phase, the negotiation phase, Vendors will be asked to provide a presentation of their Replies and negotiate a final statement of work, pricing, and terms and conditions of the final Contract. The negotiation phase culminates in one or more of the Vendors receiving a request to submit a best and final offer (BAFO). Vendors' BAFOs will include: (1) a revised statement of work; (2) a final Contract draft; and (3) a final cost and compensation model. The Department will award a Contract to a single Vendor for services statewide.

2.4 The Department's Health Care Goals

The Department is looking to not only provide the levels of care required by law and rule, but also to achieve strategic improvements in Inmate care. Overall goals for the Department include:

- Reducing Inmate mortality where early detection and appropriate, timely treatment could have avoided preventable mortality;
- Ensuring that Inmates in Special Housing have full access to and receive the same level of care as Inmates in General Population;
- Improving the provision of assessment, development, and implementation of mental health treatment at all levels and settings of care.
- Reducing the volume of Inmate grievances and litigation related to health care services;
- Improving waiting times for consultations, diagnostic testing, and treatment;
- Reducing the use of unsecured community hospital units and increasing the use of secured community hospital units to alleviate the need for additional security staff resources and overtime;
- Ensuring Inmates are prepared for continued medical care and supportive services, where appropriate, upon their release back into the community; and
- Maximizing technology and efficiencies to provide enhanced services at reduced costs, including the establishment and expansion of academic partnerships.

The intent of this ITN is to contract with a service provider to assist the Department in meeting these goals.

2.4.1 Specific Goals of this ITN

- Establish a flexible Contract, with transparency of service costs, alignment of costs with services, and an efficient and accurate end-of-year projection and cost modeling process.
- Establish a Contract that allows the Vendor to bring industry expertise and the ability to shape strategy to lower the cost of health care services.
- Ensure a smooth transition and continuation of services from the current Contract to the new, without disruption and with minimal risk.
- Ensure pricing that is cost effective throughout the entire term of the Contract.

- Establish a collaborative relationship with the Vendor that will maximize the extent the Department achieves the objectives of this ITN.

2.5 Term of Contract

It is anticipated that the initial term of the Contract shall be five (5) years. The Department may renew the Contract for up to five (5) renewal years, or portions thereof. Any renewal shall be contingent, at minimum, on the Vendor's satisfactory performance of the Contract, as determined by the Department and subject to the availability of funds. If the Department desires to renew the Contract, it will provide written notice to the Vendor no later than 120 Days prior to the Contract's expiration date.

2.6 Pricing Methodology

The Department is seeking pricing that will provide the best value to the State; therefore, interested Vendors must submit a Cost Reply utilizing the Price Information Sheet, provided as Attachment I. Vendors are encouraged to submit a Cost Reply in such a manner as to offer the most cost effective and innovative solution for services and resources the Vendor can offer, as cost efficiency for the State will be a consideration in determining best value. Vendors shall provide the Cost Reply according to the instructions provided in Section 4.10, Contents of Reply Submittals.

The Successful Vendor will be reimbursed for all costs associated with the provision of comprehensive medical, dental, mental health, pharmaceutical, and hospital services.

In addition to cost reimbursement, Vendors shall provide a single percentage administrative fee to be charged above the actual costs for the delivery of comprehensive health care services statewide. To ensure the Department obtains services at the best value, the Department reserves the right, during the negotiation phase to consider alternate pricing models.

Compensation will be based on the provision of comprehensive health care services, which include, but are not limited to the following:

Medical Services

- Primary, secondary, tertiary care and specialty care, including diagnostic testing, staging procedures, and treatment of Inmates diagnosed with cancer
- Preventive clinical services
- All other therapeutic and diagnostic ancillary services, and completion of same-Day surgeries in the ambulatory surgical unit
- All emergency room, outpatient, and inpatient hospital care, including hospital care at the Reception and Medical Center Hospital
- All medical on-site or off-site specialty referrals
- Physical and occupational therapy
- All health-related assistive devices unless covered by vocational rehabilitation
- Hearing screening and diagnostic services necessary to identify and treat those who are deaf or hard of hearing
- All optometry, orthopedic, neurology, and podiatry services
- Ambulance and other emergency transportation considered medically necessary
- Health education services

Dental Health Services

- Emergency dental treatment

- Urgent, non-emergent, dental treatment
- Routine dental treatment
- All therapeutic and diagnostic ancillary services
- All reception and intake examinations
- All dental-related appliances and prostheses

Mental Health Services

- Mental health assessments and testing
- Mental health treatment and services to include outpatient services, inpatient services including hospitalization
- Inpatient and infirmary mental health care
- Transitional mental health care, crisis stabilization, and operations of CMHTFs
- Mental health reentry and aftercare planning

Utilization Management

- Nationally accepted or recognized electronic Utilization Management System services, to include basic audits and edits, such as the federally required National Correct Coding Initiative edits, and the criteria for determination of health care treatment, procedures, and specialty care, along with an electronic process for higher level review of denials.

Pharmaceutical Services

- All non-formulary prescription medications, except for medications provided through the Federal 340B STD Specialty Care Drug Discount Program
- Acquisition and maintenance of all pharmacy licenses
- Monthly Consultant Pharmacist Inspection Reports

Electronic Medical Record

- Ongoing maintenance, improvements, and updates
- Storage of Electronic Medical Record data
- Training of other vendor(s) and Department staff
- Helpdesk support staff and administrative functions

Other Costs across Service Categories

All direct and indirect costs associated with the delivery of comprehensive health care services will be incurred by the Vendor to include, but not be limited to:

- All costs for medical, surgical and related office supplies
- All costs for on-site medical and related office equipment needed in addition to existing equipment
- Other costs not specifically identified but commonly associated with delivery of necessary health services
- Vendor-required computer installations, software, etc.

In addition, the Department reserves the right to access any programs under the Federal Health Care Reform Act, federal, State or local grants, and partnership opportunities, or any State initiatives that result in savings on health care costs.

2.7 Resources

The Department is providing links to resources Vendors may find helpful in the development of their Replies. In order to gain a comprehensive understanding of the current services, Vendors are strongly encouraged to review the information contained in these links.

Many exhibits contain multiple files. In addition, some exhibits contain information on health care services or Correctional Institutions that may not be covered by this ITN. The Vendor may disregard any information that does not pertain to this ITN.

- Comprehensive Health Care Service contracts:
<https://facts.fldfs.com/Search/ContractDetail.aspx?AgencyId=700000&ContractId=C2930>
- Current Department Policies, Procedures, and Health Services Bulletins (except those identified as “Restricted”):
<http://fdc.myflorida.com/health/procedures.html>

Some of the Department’s Procedures are identified as “Restricted” and are not available for public viewing. Restricted Department Procedures will be made available to interested Vendors for the development of Replies. To obtain a copy of the restricted Procedures, Vendors must email a signed copy of Attachment XII, Nondisclosure Agreement for Restricted Information, to the Procurement Officer, along with their Express Mail (i.e., FedEx, UPS) account number to cover the cost of shipping. Once the signed agreement is received by the Procurement Officer, the Department will provide the restricted procedures on a CD to the Vendor, via overnight mail. Vendors having trouble accessing any documents should contact the Procurement Officer.

Note: Exhibits are provided for informational purposes only. All possible efforts have been made to ensure the information contained in the resource documents is accurate, complete, and current.

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SECTION 3 – SCOPE OF WORK

The State is required to provide Inmates with a constitutional standard of care when they are admitted to the Department's Institutions, in accordance with Sections 945.025(2), and 945.6034, F.S. The Department's health care delivery is managed by its Office of Health Services (OHS), which oversees the delivery of health-related services, provides technical assistance to the Vendor, and handles statewide operational functions such as policy development, grievance appeals, clinical legal issues, contract management and monitoring, and collaboration with other State agencies.

3.1 General Description of Services

The Florida Department of Corrections seeks to deliver the required comprehensive health care services to its correctional population in a cost-effective manner. Services are provided on-site, at State-operated Correctional Institutions, and off-site at hospitals and specialty care offices/centers. Under the Contract, the Vendor would assume total liability for health care service(s) delivered to Inmates under the care and supervision of the Department. This includes all health care provided in clinics, health care which cannot be provided in the clinics, and responses to emergencies that occur in the clinic or elsewhere within the facility, until the appropriate emergency medical or mental health providers arrive.

Health Care Standards

The Department is responsible for ensuring health care services are provided in accordance with established standards of care. The Vendor will be held accountable for providing care in accordance with these standards. Section 945.6034(1), F.S., outlines the general requirements of these standards. Additionally, the Department has developed related Health Services Bulletins (HSBs), procedures, and manuals that provide standards and responsibilities relating to Inmate health care. The requirements noted below are not all-inclusive of the comprehensive health care requirements outlined in the Department's HSBs, procedures, and manuals. Various legal cases have impacted the FDC's present rules, policies, procedures, HSBs, manuals, and forms. In case of error, omission, or discrepancy, the Department's current HSBs, procedures, policies, manuals, and forms will take precedence. To ensure the most efficient health care delivery, the Department will consider changes suggested by the Vendor to policies, procedures, and forms that are not explicitly mandated by law, but is not required to adopt any such change. The FDC shall retain exclusive control of its policies, procedures, HSBs, manuals, and forms.

The Vendor shall be responsible for all pre-existing health care conditions of those Inmates covered under the Contract as of 12:00 a.m. on the first Day of the Contract implementation. The Vendor shall be responsible for all health care costs incurred for services provided after 12:00 a.m. on the first Day of the Contract without limitation as to the cause of an injury or illness requiring health care services. The Vendor shall not dispute or refuse acceptance of any Inmate assignment based on any medical or mental health condition(s).

3.2 Overview of Services

It is the intent of the Department to secure complete comprehensive health care services for Inmates in its care and custody. Any incidental health, mental health, dental, nursing, or ancillary services omitted from these specifications should be included as a part of the Vendor's price to deliver a quality, working, comprehensive health care services program that is in compliance with the specifications of this ITN. The Vendor's comprehensive health care services program, training curriculum, staff, and supplies must be fully identified, described, and documented within the Vendor's Reply. All staff, supplies, and other required components of this ITN must be included in the Vendor's proposed pricing.

The Vendor must operate the health services program with respect for Inmate's right to appropriate health care services.

There are eight (8) primary components that make up the current services:

- Program Management;
- Institutional Care;
- Dental Care;
- Mental Health Services;
- Utilization Management and Specialty Care;
- Hospital Administration and Care
- Quality Management; and
- Pharmaceutical Services.

These components are discussed in greater detail below.

3.3 Service Locations and Service Times

The Vendor shall provide comprehensive health care services at all Service Locations listed in Attachment II. The Department reserves the right to add or delete Service Locations upon 60 Days' written notice to the Vendor. The Vendor shall ensure Inmates have access to comprehensive health care services as needed, 24 hours per Day, seven (7) Days per week, and 365 Days per year.

3.4 Rules and Regulatory Requirements

3.4.1 The Vendor shall provide all services following all applicable federal and State laws, rules, regulations, and the Department's rules and procedures. All such laws, rules, regulations, current and/or as revised, are incorporated herein by reference and made a part of the Contract. The Vendor and the Department shall work cooperatively to ensure service delivery is in complete compliance with all such rules and regulations.

3.4.2 The Vendor shall ensure that all Vendor's staff providing services under the Contract comply with prevailing ethical and professional standards, and the statutes, rules, procedures, and regulations as mentioned above.

3.4.3 The Vendor shall ensure that the Vendor's staff adhere to all policies and procedures regarding transportation, security, custody, and control of Inmates.

3.4.4 Should any of the above laws, standards, rules, regulations, Department Procedures, or directives change during the Contract term, the updated version will apply.

3.4.5 The Vendor shall pay for all costs associated with local, State, and federal licenses, permits, and inspection fees required to provide services. All required permits and licenses shall be current, maintained on site and a copy submitted to the Contract Manager, upon request.

3.4.6 The Vendor shall comply with the provisions of the Americans with Disabilities Act. This includes provisions referencing both employment and public service agencies (Titles I and II), as well as any other applicable provision.

3.4.7 The Vendor must provide health care services in accordance with the national American Correctional Association (ACA) standards, prevailing professional practice standards and

guidelines, and State and federal statutes. The performance of the Vendor's personnel and administration must meet or exceed standards established by ACA as they currently exist and/or may be amended.

3.4.8 From time to time, the Governor, State Surgeon General, or FDC Secretary may issue Executive Orders that impact the Department's health services operations. The Vendor must comply with the terms and conditions of any Executive Orders issued.

3.4.9 Department policy, procedures, and directive language will take precedence and control over the Vendor's policies and procedures in the event of any conflict.

3.5 Confidentiality

The Vendor shall maintain confidentiality with reference to individual Inmates, in accordance with applicable local, State, and federal law. The Department and Vendor agree that all information and records obtained in the course of providing services to Inmates shall be subject to confidentiality and disclosure provisions of applicable federal and State statutes and regulations adopted pursuant thereto.

3.6 Health Care Services

3.6.1 Program Management Service Area

Description

The Vendor will be responsible for all oversight and program management of comprehensive health care services. This includes the following responsibilities:

- a) Deliverables – Maintain the ability to provide, and provide, all comprehensive health care services to Inmates.
- b) Impact Analyses – Perform and deliver impact analyses, within a time frame specified by the Department, on how potential rule or statute changes may impact the health services program and its cost and success.
- c) Analytics – Compile and maintain statistical information related to Inmate health care which the Department can use to make changes and improvements to the delivery of health care services. No data or statistical information shall be released externally without prior written approval from the FDC's Office of Communications and Office of Health Services.
- d) Contract Compliance – Monitor Contract responsibilities, ensure compliance, and report metrics, including gaps, and how gaps were prevented, monthly.
- e) Service Function Oversight and Success – Provide oversight of each of the following service functions:
 - Program Management
 - Institutional Care
 - Dental Care
 - Mental Health Assessments
 - Mental Health Services
 - Outpatient Services
 - Inpatient and Infirmary Services

- Re-Entry and Aftercare Planning
- Hospital Administration and Care
- Utilization Management and Specialty Care
- Quality Management
- Pharmaceutical Services

Oversight includes, but not limited to:

- Resource Planning and Management
- Risk and Issue Management
- Change Control
- Budget Control
- Quality Assurance
- Problem Resolution

The Department will look to Vendor's leadership to ensure a smooth and successful operation as part of Program Management.

3.6.1.1 How Service is Provided Today

Program management is performed today by a Comprehensive Health Care Contractor (CHCC). The CHCC coordinates the delivery of health care services and provides management services to include:

- Leadership at statewide, regional, and institutional levels;
- Oversight of all administrative and program management requirements;
- Problem resolution involving the delivery of health care services, policy compliance, etc.;
- Ensuring timely delivery of Contract reports and deliverables;
- Coordinating staffing issues (filling vacancies, employee relations, etc.);
- Ensuring responsiveness to requests for copies of records, public records; requests, coordination of legal issues, etc.;
- Resolving issues related to subcontractors (performance, billing, etc.);
- Coordinating specialty care programs;
- Maintaining, repairing, and replacing health care equipment;
- Maintaining, repairing, and replacing FDC computers that were provided at transition;
- Purchasing and maintaining additional computers as needed;
- Overseeing corrective action related to performance issues; and
- Implementing, maintaining, and managing the Department's EMR application.

The Department oversees the delivery of health care services, provides technical assistance to the CHCC, and handles statewide functions such as policy development, grievance appeals, clinical-legal correspondence, and contract management and monitoring. The Department retains control of bed movement for the RMC Hospital (RMCH), other critical care medical beds, and inpatient mental health units.

3.6.1.2 Program Management Minimum Requirements

The Vendor shall provide administrative oversight to ensure all program management functions are carried out in accordance with the requirements

outlined in this ITN. At minimum, the Vendor shall have the following program management positions:

Statewide Leadership Positions

Position Title (or equivalent title)	Purpose	Department Liaison	# of Positions
Corporate Officer	Overall Contract program management liaison	<ul style="list-style-type: none"> • Health Services Director • Chief of Health Services Administration 	1
Vice-President of Operations (VPO)	Contract oversight and management	<ul style="list-style-type: none"> • Contract Manager 	1
Statewide Medical Director (Clinician)	Statewide responsibility for clinical oversight of medical services	<ul style="list-style-type: none"> • Chief Clinical Advisor • Chief of Medical Services 	1
Statewide Director of Nursing (DON) (Registered Nurse)	Statewide responsibility for all nursing services	<ul style="list-style-type: none"> • Chief of Nursing Services 	1
Statewide Dental Director (Dentist)	Clinical oversight of all dental care, both on and off-site, dental utilization management, and the supervision of all dental staff members	<ul style="list-style-type: none"> • Chief of Dental Services 	1
Statewide Mental Health Director (Psychologist)	Oversee mental health services statewide	<ul style="list-style-type: none"> • Chief of Mental Health Services 	1
Statewide Psychiatric Advisor (Psychiatrist)	Oversee all psychiatric services statewide	<ul style="list-style-type: none"> • Chief of Mental Health Services 	1
Statewide Mental Health Re-entry Coordinator	Discharge planning for Inmates with serious mental health issues	<ul style="list-style-type: none"> • Central Office Mental Health Re-Entry Manager 	1
Statewide Mental Health Training Coordinator	Training management and coordination for mental health topics	<ul style="list-style-type: none"> • Assistant Chief of Mental Health 	1
Statewide Pharmacy Program Director (Florida Consultant Pharmacist License)	Direct overall pharmacy service including management of all pharmacy staff, all pharmacy licenses, coordinating pharmacy services with other health care providers	<ul style="list-style-type: none"> • Chief of Pharmacy Services 	1
Statewide Medical Re-entry Coordinator (located at RMC)	Discharge planning for Inmates with	<ul style="list-style-type: none"> • Statewide Medical Reentry Coordinator (Office of Institutions) 	1

Position Title (or equivalent title)	Purpose	Department Liaison	# of Positions
	challenging health issues		
Statewide Female Health Services Coordinator	Oversee female health services and evolving medical standards of care addressing specific needs for an incarcerated population.	<ul style="list-style-type: none"> Female Services Administrator, Office of Institutions 	1
Continuous Quality Improvement (CQI) Coordinator	Responsible for quality assurance, quality management, utilization management, and risk management within each discipline	<ul style="list-style-type: none"> Chief of Pharmacy Services Chief of Dental Services Chief of Mental Health Services Chief of Medical Services Chief of Nursing Services 	1
Statewide EMR Director	To support ongoing EMR improvements, maintenance, and training	<ul style="list-style-type: none"> Chief of Health Services Administration 	1
Statewide EMR Project Manager	Oversee EMR helpdesk, training, and education	<ul style="list-style-type: none"> Chief of Health Services Administration 	1
Statewide Recruitment Coordinator	Oversee statewide recruiting efforts, and plan for short-term staffing solutions during staff turnover, transition, or extended staff leave	<ul style="list-style-type: none"> Chief of Health Services Administration Contract Manager 	1
Statewide Disabled/Impaired Inmate Coordinator	Oversee Disabled/Impaired Inmate services	<ul style="list-style-type: none"> Impaired Inmate Services Coordinator (OHS) 	1

Reception and Medical Center Hospital (RMCH) Leadership Positions

Position Title (or equivalent title)	Purpose	Department Liaison	# of Positions
RMC Hospital Administrator	Manage all hospital operations (the RMCH Governing Body must approve this candidate before employment)	<ul style="list-style-type: none"> Chief of Health Services Administration 	1
RMC Hospital Chief Medical Officer (Florida-licensed Clinician with experience as a Hospitalist)	Oversee clinical services at RMC Hospital (RMCH)	<ul style="list-style-type: none"> Chief Clinical Advisor Chief of Medical Services 	1

Position Title (or equivalent title)	Purpose	Department Liaison	# of Positions
RMC Hospital Executive Nursing Director (Registered Nurse)	Oversee nursing services at RMCH and RMC(this position is in addition to the DON position at RMC as an Institution)	• Assistant Chief of Nursing Services	1
RMC Hospital Director of Nursing (Registered Nurse)	Oversee nursing services for RMCH	• Assistant Chief of Nursing Services	1
RMC Hospital Infection Control Nurse (Registered Nurse)	Oversee infection control within RMC Hospital (this position is in addition to the Infection Control Nurse position at RMC as an Institution)	• Statewide Infection Control Coordinator	1
RMC Hospital Pharmacy Consultant (Florida Consultant Pharmacist License)	Serve as the Consultant Pharmacist of Record for the RMC institutional pharmacy permit(s), and will provide clinical oversight of the institutional pharmacy services at RMC	• Chief of Pharmacy Services	1
RMCH Health Information Specialists	Manage all medical records and record requests at RMC	• Chief of Health Services Administration	1
RMCH Risk Manager (Florida-Licensed Risk Manager)	Oversee the comprehensive risk management program for RMC Hospital health care operations	• Chief of Medical Services	1
RMCH EMR Specialist	Provide EMR support training, troubleshooting, and acting as a liaison to the EMR team	• Chief of Health Services Administration	1

Regional Leadership Positions

Position Title (or equivalent title)	Purpose	Department Liaison	# of Positions
Regional Directors of Operations	Responsible for the health care operations and administration in each region	• Regional Directors of Institutions	4

Position Title (or equivalent title)	Purpose	Department Liaison	# of Positions
Regional Medical Directors (Clinicians)	Responsible for the clinical care in each region	<ul style="list-style-type: none"> • Chief of Medical Services • Regional Directors of Institutions 	4
Regional Mental Health Directors (Psychologists)	Responsible for all mental health care in each region	<ul style="list-style-type: none"> • Assistant Chief of Mental Health • Regional Directors of Institutions 	4
Regional Dental Directors (Dentists)	Responsible for all clinical dental care in each region (The Regional Dental Director may provide clinical services at an Institution they manage if needed.)	<ul style="list-style-type: none"> • Assistant Chief of Dental Services 	4
Regional Directors of Nursing (Registered Nurses)	Responsible for all nursing services in each region	<ul style="list-style-type: none"> • Chief of Nursing Services 	8 (two (2) per Region)
Regional Infection Control Nurse (Registered Nurses)	Oversee institutional infection control in each region	<ul style="list-style-type: none"> • Statewide Infection Control Coordinator 	4
Regional QM Program Coordinators	Responsible for the QM program within each region	<ul style="list-style-type: none"> • QM Program Manager 	4
Regional Recruitment Coordinators	Oversee and support regional recruiting efforts, and plan for short-term staffing solutions during staff turnover, transition, or extended staff leave	<ul style="list-style-type: none"> • Regional Directors of Institutions • Institution Wardens 	4
Region 2 American Sign Language Staff Interpreter	Responsible for interpreting medical evaluations and treatment of Inmates who are deaf, hard-of-hearing, or otherwise non-verbal	<ul style="list-style-type: none"> • Impaired Inmate Services Coordinator • Regional Directors of Institutions • Institution Wardens 	1
Regional EMR Specialists	Provide EMR support training, troubleshooting, and acting as a liaison to the EMR team	<ul style="list-style-type: none"> • Chief of Health Services Administration 	4

The Vendor shall add other regional positions as needed to ensure the appropriate oversight of health care operations within each region.

Institutional Leadership Positions

Position Title (or equivalent title)	Purpose	Department Liaison	# of Positions
Health Services Administrator (HSA) (Administrator or Registered Nurse)	Responsible for the program management of health care operations within their Institution, including issue resolution	<ul style="list-style-type: none"> • Warden 	1 per Major Institution, with a junior HSA position at annexes or work camps. RMC shall have at least one (1) HSA and one (1) junior HSA in addition to the Hospital Administrator to provide administrative oversight over non-hospital health care operations at RMC
Chief Health Office (CHO) (Clinician/Doctor)/Site Medical Director (SMD)	Responsible for the clinical care at each Institution and their associated satellite sites	<ul style="list-style-type: none"> • Warden for administrative issues • Chief of Medical Services for clinical issues 	1-2 per Major Institution depending upon physical layout (annex) of the facility and its mission
Psychological Services Director (Psychologist)	Serve as the single point of accountability for the delivery of mental health services	<ul style="list-style-type: none"> • Warden for administrative issues • Chief of Mental Health Services for clinical issues 	1 per Major Institution (to include those with 2 or more psychologists) with either an: <ul style="list-style-type: none"> • inpatient services • Close Management unit • reception center (excluding Sumter CI) • an S-3 population of 400+ • RCCU

Position Title (or equivalent title)	Purpose	Department Liaison	# of Positions
Director of Nursing (Registered Nurse)	Responsible for all nursing services in their assigned Institution	<ul style="list-style-type: none"> • Warden for administrative issues • Chief of Nursing Services for clinical issues 	1 per Major Institution
Assistant Director of Nursing (Registered Nurse)	Oversee institutional inpatient mental health nursing services in their assigned Institution	<ul style="list-style-type: none"> • Warden for administrative issues • Chief of Nursing Services for clinical issues 	1 per Institution with an inpatient mental health unit
Nurse Manager (Registered Nurse)	Oversee institutional inpatient mental health nursing services in their assigned Institution and Department liaison	<ul style="list-style-type: none"> • Warden for administrative issues • Chief of Nursing Services for clinical issues 	1 per re-entry center
Infection Control Nurse (Florida-licensed Registered Nurse)	Oversee institutional infection control in each region	<ul style="list-style-type: none"> • Warden for administrative issues • Chief of Medical Services for clinical issues 	1 per Institution (This is a role, not a dedicated position)
Dentist (Florida-licensed <u>or</u> Board of Dentistry-approved)	Responsible for all dental care and related issues	<ul style="list-style-type: none"> • Warden for administrative issues • Chief of Dental Services for clinical issues 	Based on population as follows for Institutions <600=0.5 – 1 FTE 600 – 1,200 = 1 FTE 1200 – 1500 = 1.5 FTE 1,500+ = 2 FTE NWFRC, CFRC, SFRC 3 FTE per location FWRC = 2 FTE
Oral Surgeon	Responsible for all dental care and related surgical issues	<ul style="list-style-type: none"> • Warden for administrative issues 	1 per Institution

Position Title (or equivalent title)	Purpose	Department Liaison	# of Positions
		• Chief of Dental Services for clinical issues	

All Vendor positions providing services under the Contract shall be included in the Vendor's Department-approved Staffing Plan.

Program Management staff must be available by phone on health care service delivery and Contract management issues, Monday through Friday, during regular business hours. After regular business hours, the Vendor must have on-call telephone coverage for emergent or urgent purposes only.

Program Management Requirements (PGM)	
No.	Requirement
PGM-001	The Vendor shall establish and maintain office space to house its leadership team in Florida. The Vendor will be responsible for all costs associated with this facility, including rent, utilities, equipment, supplies, computers, phone, and other electronics and communication devices, services, or programs. The Vendor's statewide leadership team would preferably be in Tallahassee, FL unless otherwise approved by the Department, regional leadership would be located within the region(s), preferably near the Department's regional offices.
PGM-002	The Vendor shall work with the Contract Manager to establish and maintain communication protocols for the handling of routine, urgent, and emergent Contract issues.
PGM-003	The Vendor shall establish an online collaboration site (ex. SharePoint) for sharing documents and other program information between it and the Department.
PGM-004	The Vendor shall establish and maintain a system to ensure staff and subcontractors working under the Contract are knowledgeable of and adhere to all applicable statutes, rules, procedures, HSBs, manuals, and forms covering the delivery of health care services, security operations, and the conduct of staff in the institutional health services units. Staff and subcontractors shall be trained on, and given routine access to, all policies and procedures that pertain to their job responsibilities, including any specific training requirements related to litigation.
PGM-005	The Vendor shall develop and implement a Department-approved Staffing Plan that identifies all positions at the State, regional, and institutional levels and ensures compliance with the requirements outlined in this ITN, including timely service delivery. The Vendor shall review its Staffing Plan at least once per quarter and be flexible enough to respond to minor institutional mission changes over the Contract term. If there are mission changes that impact health services functions and responsibilities at service locations, the Department will advise the Vendor of such modifications in writing. If these modifications require the Vendor to make changes that substantively impact cost, the Department and Vendor will work together on the changes and implement them through a formal Contract amendment. The Department must approve any changes to the Staffing Plan prior to change implementation.
PGM-006	At all times, the Vendor shall ensure appropriate staffing levels under the Contract in accordance with its Department-approved Final Staffing Plan, which shall note the reasonable number of hours required and positions necessary to fulfill the Department's health care requirements. The Vendor shall ensure that it maintains fulfillment of its positions to cover the hours required in its Final Staffing Plan, even

Program Management Requirements (PGM)	
No.	Requirement
	if coverage is secured by trained and qualified subcontracted providers. The Vendor shall ensure that staff providing services have the requisite training, licenses, certifications, and knowledge to provide services at the level of professional competency required for each position.
PGM-007	<p>The Vendor shall develop and implement a Department-approved written comprehensive Health Care Work Plan Operations with clear objectives outlining how the Vendor will:</p> <ol style="list-style-type: none"> 1. develop and implement Department policies and procedures; 2. comply with all State licensure requirements and standards regarding the delivery of comprehensive health care services; 3. ensure seamless EMR operations, including a HD and systems development team; 4. maintain full reporting and accountability to the Department; and 5. keep an open, collaborative relationship with the Department's Senior Leadership, Office of Health Services, Department staff, Regional Directors, Wardens, and institutional staff.
PGM-008	<p><u>Recruitment and Retention</u></p> <p>The Vendor shall develop and implement a Recruitment and Retention Plan that identifies all recruitment and retention activities statewide, including plans for short-term staffing solutions during staff turnover, or extended staff leave. The initial Recruitment and Retention Plan will be submitted within 30 Days of Contract execution and updated plans shall be provided at least once per quarter.</p> <p>The Vendor shall establish Statewide and Regional Recruitment Coordinators. The Statewide Recruitment Coordinator shall provide the Department a quarterly report of all recruitment and retention activities it undertakes to ensure staffing of the Contract. The Vendor shall provide this report in a manner approved by the Department. The Regional Recruitment Coordinators shall provide real-time updates to the Regional Directors and Warden of each Parent Institution when that Service Location experiences vacancies less than 20% within a pay period, per discipline. In addition, Regional Recruitment Coordinators shall provide monthly Vacancy and Recruitment Action Reports to the Regional Director and leadership at each Parent Institution in a manner and form approved by the Department.</p>
PGM-009	The Vendor shall ensure institutional health services staff (including Vendor staff and subcontractors) adhere to all requirements, including the schedule for running reports necessary to meet requirements outlined in procedure, HSB and rule.
PGM-010	The Vendor shall ensure EMR training, OBIS or other FDC database training (if necessary), technical assistance, and security access is handled in a tiered approach. The Vendor shall set up an IT support desk and designate "super users" to serve as the main points of contact to Department staff. The Department will provide staff to coordinate security access requests. The Vendor shall provide EMR training prior to the start date for new hires with recurring sessions available for current staff. Train-the-trainer and super user sessions must establish adequate on-site technical assistance coverage statewide. The Vendor's super users will be responsible for providing training and technical assistance to regional and institutional health services staff. The Vendor will be responsible for ensuring all Vendor staff who access the EMR are trained on data entry, scanning, and reporting requirements.
PGM-011	The Vendor shall ensure all direct care staff document health care encounters accurately and thoroughly in accordance with Department policy and professional

Program Management Requirements (PGM)	
No.	Requirement
	<p>standards. All health care encounters with Inmate Patients <u>shall be documented in the EMR during or immediately following an encounter, before another Inmate encounter occurs</u>. If required by the FDC to be documented in paper, all documentation shall be written in black ballpoint pen ink, except for noting orders and allergies in red ballpoint pen ink. Approved, unaltered FDC Forms must be completed in their entirety. If a field is not applicable, staff shall strikethrough the response portion or write N/A. No fields should be left blank.</p> <p>Nursing documentation shall include:</p> <ol style="list-style-type: none"> 1. Date 2. Time 3. Problem-oriented charting format SOAPIE for each problem, if no form exists for the issue: <ul style="list-style-type: none"> • S=Subjective data • O=Objective data • A=Assessment data • P=Plan • I=Interventions • E= Education and Evaluation • Signature/e-sign, title, credentials, and printed name of the writer. <p>Late entries in the EMR shall be documented, and shall include:</p> <ol style="list-style-type: none"> 1. Current date and time of the entry 2. Late entry for (date of incident/encounter) 3. Documentation information 4. Signature/e-sign of the writer with title, credentials, and printed name.
PGM-012	<p>The Vendor shall ensure appropriate staff attends all required Department meetings, including, but not limited to institutional leadership meetings scheduled by the Wardens, regional meetings planned by the Regional Director(s) of Institutions, statewide meetings planned by the Department, and:</p> <p><u>Institutional Meetings</u></p> <ol style="list-style-type: none"> 1. Disabled Inmate Committee: Institutional staff multidisciplinary team working together for the development, implementation, and monitoring of an Individualized Service Plan for each Disabled Inmate. 2. Institutional Health Services Leadership Meeting with Warden: Held weekly, or as needed, to discuss issues related to health care services delivery. 3. Institutional Quality Management (QM): Held monthly to evaluate and help improve the quality of health care services provided to Inmates at each Institution. 4. Nursing Staff Meeting: Conduct by the DON monthly with all nursing staff to provide education on at least one (1) nursing protocol and all updated HSBs and procedures.

Program Management Requirements (PGM)	
No.	Requirement
	<p><u>Regional Meetings</u> The Department's Regional Directors of Institutions and the Vendor's regional leaders will discuss issues that impact multiple Institutions within the region and escalate any issues or concerns related to security.</p> <p><u>Statewide Meetings</u></p> <ol style="list-style-type: none"> 1. Semi-annual Reviews with the FDC Senior Management: The Vendor shall lead a semi-annual review with the FDC Senior management on service operations, including key statistics, challenges and successes, and policy improvement recommendations. The Vendor shall develop and deliver the agenda to the Contract Manager at least five (5) Business Days before the meeting. 2. Weekly Contract Management: This weekly meeting is an opportunity for the Vendor and the Contract Manager to review operational issues, discuss best practices, and resolve problems. 3. Pharmacy and Therapeutics Committee: This committee comprises representatives from the FDC and Vendor's medical, mental health, and dental disciplines. The Vendor shall have at least two (2) representatives on the committee. The FDC Health Services Director appoints committee members who must be prescribing Clinicians for their disciplines. This group meets at least four (4) times per year. The group is responsible for, but not be limited to, the following: <ul style="list-style-type: none"> • Establishment and maintenance of a comprehensive drug formulary. • Approval of policies and procedures relating to the selection, distribution, handling, use, and administration of drugs. • Evaluation of clinical data concerning new drugs or preparations requested for addition to the formulary. • Assistance and consultation on matters related to the oversight and management of the Department's pharmacy budget. 4. Statewide QM: Held at least twice yearly, the QM Program evaluates and makes recommendations to improve the quality of health care services provided to Department Inmates. 5. Statewide Operational: Held in conjunction with the Statewide QM meetings and Pharmacy and Therapeutics Committee meetings, the Statewide Operational Meeting is used to discuss and resolve issues related to the overall operation of the Inmate health care system. 6. Statewide Recruitment and Retention: In response to significant concerns raised by the FDC due to staffing shortages, the Vendor's recruiters shall provide updates to statewide leadership on recruiting and staff retention progress and challenges.
PGM-013	<p><u>Collaboration with Regional and Institutional Leadership</u> <u>Regional Collaborations</u> The Department's Regional Directors of Institutions are responsible for overseeing every Institution within their assigned region. The Vendor's regional leadership</p>

Program Management Requirements (PGM)

No.	Requirement
	<p>team shall maintain regular and open communication with each Regional Director and hold a minimum of one (1) in person meeting per quarter.</p> <p>These communications will involve discussion on issues such as:</p> <ul style="list-style-type: none"> • interpretation of security policies and procedures; • monitoring results, with an emphasis on Institutions that are not meeting performance standards and trends involving findings at multiple Institutions within the region; • the Vendor’s proposed solutions to resolving problems involving health care trends; • plans for new or expanded programs (such as telehealth); • best practices that could be replicated in other Institutions or other areas of the State; and • general problem-solving. <p><u>Institutional Collaborations</u></p> <p>The Department will provide security for the Vendor’s staff while in Sate facilities. The level of security provided will be in accordance with the same security standards afforded to FDC personnel.</p> <p>The Vendor shall be required to work collaboratively with Department staff in delivering health care services at each Institution covered under the Contract. All Vendor staff working under the Contract shall be required to follow all laws, rules, and Department Procedures.</p> <p>The Warden at each Institution has full responsibility for the Institution's operation and all associated satellite facilities. The Vendor will obtain and review the security requirements specific to that Institution and establish a schedule of regular meetings with the Warden to include the designated institutional health services leadership team. These meetings shall provide a forum for the Vendor to:</p> <ul style="list-style-type: none"> • provide status reports to the Warden; • provide staffing schedules and address any vacancy concerns; • discuss preparations for upcoming surveys and monitoring visits; • track corrective action related to surveys; and • engage in problem-solving. <p>The Vendor shall maintain an open and honest dialogue with the Warden and advise them of any possible barriers to effective care delivery. The Vendor’s dialogue should include a real-time communication of vacancies and recruitment efforts, and a discussion of the Vendor’s plans to ensure service delivery. The Vendor shall also be responsive to the Warden on any issues between the regularly scheduled meetings.</p>
PGM-014	<p>The Vendor shall:</p> <ol style="list-style-type: none"> 1. Possess and maintain documents material to the Contract such as current copies of required State and federal licenses, permits, registrations, and the insurance policy face-sheet showing sufficient coverage. 2. Ensure all required compliance inspections, environmental permitting designs, and any experts required by the Department to review specialized medical requirements are acquired or maintained throughout the Contract term.

Program Management Requirements (PGM)	
No.	Requirement
	<ol style="list-style-type: none"> 3. Ensure all required operating licenses, permits, registrations, and insurance are acquired and maintained at each Institution. 4. Post license and permits at each Institution, per statutory requirements and FDC policy.
PGM-015	<ol style="list-style-type: none"> 1. The Department will not provide any administrative functions or office support for the Vendor (e.g., clerical or data entry assistance, office supplies, copiers, fax machines, and preparation of documents). 2. Space and Fixtures: The Department will provide office space within each health services unit of each Institution. The Institution shall provide and maintain presently available and utilized health space, building fixtures, and other items for the Vendor's use to ensure the Contract's efficient operation. The Institution shall also provide or arrange for non-hazardous waste disposal services, not including medical waste disposal, which is the Vendor's responsibility. The Department will maintain and repair the office space assigned to the Vendor, if necessary, and provide building utilities necessary for the Contract's performance as determined necessary by the Department. The Vendor shall operate the space provided in an energy-efficient manner. 3. Furniture and Non-Health Care Equipment: The Department will allow the Vendor to utilize the Department's furniture and non-health care equipment currently in place in each health services unit. The Vendor shall lease or purchase of office equipment such as scanners, copiers, etc. The Vendor shall be liable for their utilization of associated non-health care equipment, including all telephone equipment, telephone lines, and service, including all long-distance service and dedicated lines for EKG's or lab reports, copy machines, or fax equipment, and is responsible for all costs, including the installation of any phone, fax, or dedicated lines requested by the Vendor. The Vendor shall maintain any furniture and non-health care equipment identified on the provided inventory, including repair and replacement (including installation) of Department-owned equipment. Any equipment damaged or otherwise found to be beyond economical repair after the Contract start date will be repaired or replaced by the Vendor and placed on the inventory list. All inventoried furniture and non-health care equipment identified on the inventory sheet shall remain the Department's property upon expiration or termination of the Contract. All furniture and non-health care equipment purchased by the Vendor in support of the Contract shall become the Department's property upon Contract expiration or termination. 4. Health Care Equipment: The Vendor may utilize the Department's existing medical equipment, including all ancillary equipment in medical and dental units. The Vendor shall maintain all equipment and replace any equipment used by the Vendor that becomes non-functional during the Contract term. All health care equipment, including Vendor replacements, shall remain the Department's property upon Contract expiration or termination. Any health care equipment damaged or otherwise found to be beyond economical repair after the Contract's effective date will be repaired or replaced by the Vendor and added to the Department's inventory list. Within 30 Days of Contract execution, the Vendor shall advise the Department of any existing health care equipment that it does not need.

Program Management Requirements (PGM)

No.	Requirement
	<p>5. Additional Equipment: If the Vendor identifies necessary health care equipment not already in the Department's inventory, the Vendor shall submit a request for approval to the Contract Manager. If approved, the Vendor shall purchase, install, and maintain such equipment per the Department's functionality, sanitation, and security requirements. Any additional equipment purchased by the Vendor for the Contract that the Department does not reimburse shall be maintained by the Vendor and shall remain its property upon Contract expiration or termination. Such equipment shall become the Department's property upon Contract expiration or termination.</p> <p>Additional equipment purchased by the FDC for use in the medical or dental unit(s) shall be maintained by the Vendor and replaced should it become nonfunctional.</p> <p>6. IT Equipment: The Vendor shall have adequate computer hardware and software for staff to perform care, enter information into the EMR system timely, provide required reports, and perform essential functions required by the Contract. The Vendor must maintain all computer equipment in compliance with the Department's information technology standards.</p> <p>7. Health Care Supplies: The Vendor shall provide all health care supplies required to render health care services. The Vendor shall have at least a 30 Day-supply of health care supplies upon its assumption of responsibility for service implementation at the Institutions.</p> <p>8. Within 14 Days of expiration or termination of the Contract, The Vendor shall ensure a physical inventory be conducted of all equipment, pharmaceuticals, and health care supplies. All equipment, pharmaceuticals, and supplies reimbursed by the Department will become the Department's property.</p> <p>9. Forms: The Vendor shall utilize Department Forms (written and within the EMR), as specified, to carry out the provisions of the Contract. The Department will provide an electronic copy of each form in a format that the Vendor may duplicate for use. The Vendor shall request prior approval from the Contract Manager to modify or develop additional forms.</p> <p>10. The Vendor shall not be responsible for housekeeping services, building maintenance, bed linens, routine Inmate transportation, and security. However, the Vendor shall be responsible for maintaining the health services unit in compliance with Department policy, including sanitation, infection control, and specialty garments required per Department policy. The Vendor is responsible for health care specialty items used in the infirmary, including, but not limited to, treated (flame-retardant) mattresses, medical/psychiatric restraint materials and devices, suicide garments, and infirmary clothing.</p>
PGM-016	<p>The Vendor shall establish and maintain a provider network that provides cost-effective quality health care and establishes a sufficient provider base to meet industry standards in all Regions. The network should be robust to ensure sufficient coverage for all necessary health care services and specialties. The Vendor shall execute subcontracts with community health providers, including</p>

Program Management Requirements (PGM)	
No.	Requirement
	hospitals, clinics, Clinicians, agency and locum tenen staffing services specialty care services, diagnostic testing, laboratory services and other ancillary services.
PGM-017	The Vendor shall develop and maintain a Biomedical and Pharmaceutical Waste Plan, which addresses the definition, collection, storage, decontamination, and disposal of regulated waste. The Vendor shall provide its BMWP to the Contract Manager within 30 Days of Contract execution and shall submit any updates to the Biomedical and Pharmaceutical Waste Plan to the Contract Manager within 30 Days of the proposed update. The Vendor shall provide biomedical waste handling training to staff and Inmates as required.
PGM-018	To support this Biomedical and Pharmaceutical Waste Plan, the Vendor shall execute subcontracts for the disposal of regulated waste and provide a list of any new or updated biomedical/pharmaceutical waste subcontracts to the Contract Manager within 30 Days of such changes.
PGM-019	<p>The Vendor shall develop and maintain an Emergency Medical Services (EMS) plan to ensure the provision of all medically necessary Inmate transportation by ambulance or other life-support conveyance, either by ground or air, for all Service Locations covered by the Contract. The Vendor shall submit any updates to the existing plan to the Department within 30 Days of the proposed changes to the Contract Manager.</p> <p>Per Florida Statutes, county EMS are solely responsible for determining the need for air transport (ie. Life Flight); however, the Vendor shall cover such services' costs.</p>
PGM-020	The Vendor's Institutional CHO/SMD shall work closely with the Warden to support the overall Institution emergency plan's health services components.
PGM-021	<p>The Vendor shall develop and implement Medical Emergency Care Plans for each Institution and satellite facility covered by the Contract, per the requirements outlined in HSB 15.03.22, Medical Emergency Care Plan and Guidelines. The Plans shall ensure the immediate response and care of Inmates who have health care emergencies, and include 24-hour emergency coverage, per HSB 15.03.06, Medical Emergency Plans. The Vendor shall provide training on HSBs 15.03.06 and 15.03.22 to all institutional staff. The Vendor shall develop and implement a system for ensuring the Vendor's institutional team carries out all required emergency activities, including participation in institutional disaster drills and mock codes, and shall participate in all the necessary emergency activities coordinated by the Department's Emergency Operations Center(s).</p> <p>The Medical Emergency Plan shall include, at a minimum, the following items:</p> <ol style="list-style-type: none"> 1. communications system; 2. recall of key staff; 3. assignment of health care staff; 4. safety and security of the patient and staff areas; 5. use of emergency equipment and supplies; 6. establishment of a triage area; 7. triage procedures; 8. medical records and EMR availability; 9. transfer of injured to local hospitals; 10. evacuation procedures (to be coordinated with security personnel); 11. practice disaster drills covering each shift at least once per year;

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	<p>12. evaluation of medical emergency drills, including a written report of findings and recommendations;</p> <p>13. training and orientation of health services staff to the plan and respective roles;</p> <p>14. coordination with outside agencies; and</p> <p>15. report of each actual medical emergency within 30 Days after the event, including the major medical activities, staffing, casualties, overall evaluation, and recommendations. The Vendor shall provide each report to the Warden, the Department's Regional Health Services Manager, the Department's Director of Health Services, the Department's Chief Clinical Advisor, and the Department's Chief of Health Services Administration.</p> <p>At each Institution, the Vendor's HSA/DON/Hospital Administrator, working with the Warden, will ensure that a written emergency services plan includes the following:</p> <ol style="list-style-type: none"> 1. on-site emergency first aid equipped with: <ul style="list-style-type: none"> • Automatic External Defibrillator (AED) • Suction • One-way mask or Ambu-bag • EKG • IV supplies (solutions, tubing, and start kits) • Oxygen, masks, and tubing • Jump Bag (HSB 15.03.22, Attachment 1) • Emergency Medication (DC4-681) 2. emergency evacuation of the Inmate(s) from the facility; 3. use of an emergency vehicle; 4. use of one or more designated hospital emergency rooms or other appropriate health care facilities; 5. emergency on-call Clinicians, DON, pharmacist, and dental services; 6. Security procedures providing for the immediate transfer of Inmates, when appropriate; and 7. control and access for keys to secure the Jump Bag, medications, and emergency treatment area.
PGM-022	<p>The Vendor shall provide and maintain first aid kits in all specified locations in Institutions and satellite facilities, including dental clinics, per Procedure 403.005, First Aid Kits.</p> <p>Each first aid kit must include:</p> <ul style="list-style-type: none"> • an approved CPR barrier device; • at least two (2) pairs of disposable latex gloves (large and medium); • four (4) doses of Narcan (Note: This requirement does not apply to first aid kits stored in areas where the ambient temperature exceeds the Narcan's storage limitations listed in Procedure 403.005) • rolled gauze, • 2" x 2" gauze pads, • 4" x 4" gauze pads, • 1" rolled tape • band-aids of various sizes (to avoid opening first aid kits unnecessarily, an assortment of band-aids may be kept separately in areas identified by the Institution for daily Inmate use); and

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	<ul style="list-style-type: none"> • disinfectant for cleaning wounds. <p>The Vendor shall purchase and restock first aid kits. The Vendor shall seal the First Aid Box with a sealed numbered plastic security seal after refilling. The Vendor shall list the contents and attach the list to the outside of each kit.</p>
PGM-023	<p>The Vendor shall provide and maintain the following in all institutional dental clinics:</p> <ol style="list-style-type: none"> 1. an Automatic External Defibrillators (AEDs), as required by Rule 64B5-17.015, Florida Administrative Code (F.A.C.) (Office Safety Requirements) and Chapter 466, F.S.; 2. a portable oxygen tank with tubing and mask(s); 3. an Emergency Kit, as outlined in HSB 15.04.13, Dental Services; Supplement A, Dental Office Emergency Treatment Protocols; and 4. a sufficient supply of Personal Protective Equipment (PPE) for all dental staff with Inmate contact.
PGM-024	<p>The Vendor must ensure crash carts are in all nursing stations within the RCMH. A list of contents must be displayed on the front of each drawer, and a list of medical supplies must be attached to the top right front of each crash cart.</p>
PGM-025	<p><u>Emergencies</u></p> <p>The Vendor shall ensure Licensed Nurses are available onsite at all Institutions to respond to urgent and emergent outpatient needs, 24 hours a Day, seven (7) Days a week.</p> <p>The Vendor shall ensure a Clinician or Licensed Nurse respond to all medical emergencies immediately and no longer than four (4) minutes after notification (a First Responder may fulfill this requirement). If determined necessary, the Vendor shall ensure the Patient's transport via local ambulance services to the nearest community hospital offering 24-hour emergency services.</p>
PGM-026	<p>The Vendor shall participate in the annual disaster drill and perform quarterly mock codes.</p>
PGM-027	<p>The Vendor shall provide qualified health care staff to respond to Department staff, vendors, volunteers, and visitors for emergencies at Institutions and provide Basic First Aid and Basic Life Support to stabilize them while awaiting emergency medical services and transportation to the nearest community hospital offering 24-hour emergency services.</p>
PGM-028	<p>The Vendor shall ensure compliance with HIPAA administration, privacy and security requirements and ensure compliance with all provisions outlined in the Business Associate Agreement for HIPAA (Attachment XI), and shall:</p> <ol style="list-style-type: none"> 1. Ensure all staff (including subcontractors) are trained on Procedures 102.006, HIPAA Privacy Policy, and 206.010, Information Technology Security Relating to HIPAA. 2. Ensure a release of information (Form DC4-711B, Consent and Authorization for Use and Disclosure Inspection and Release of Confidential Information) is obtained to release all Protected Health Information (PHI), except under the conditions outlined in Procedure 102.006.
PGM-029	<p>The Vendor shall develop, implement, and manage a system for tracking and responding timely to all care inquiries or complaints made by Inmates and requesters. When the Department requests copies of health care records, health care summaries, or any other clinical information on Inmates, the Vendor shall</p>

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	<p>provide the documentation to the Department's Health Services Director, per the following schedule:</p> <ol style="list-style-type: none"> 1. Urgent Care Issues (examples: cancer, cardiac, or neurological) – requires a response within 24 hours; and 2. Routine Care Issues – requires a response within 72 hours. <p>Unless authorized by law in accordance with HIPAA and Section 945.10, F.S., the Vendor shall ensure under HIPAA, a valid Release of Information (ROI) must be verified, or the Inmate be asked to sign an ROI to allow the requestor access to their PHI. If the Inmate refuses to sign an ROI, the information shall not be provided to the requestor. Requests for information by authorized Department staff do not require an ROI since the Department is the medical and mental health records custodian. Additionally, requests for PHI authorized in Florida Statutes, court-orders, or in response to a valid HIPAA-compliant subpoena do not require an ROI.</p>
PGM-030	<p>The Vendor shall process all Inmate requests and informal and formal grievances following Chapter 33-103, F.A.C., Form DC6-236, Inmate Request, Form DC1-303, Request for Administrative Remedy or Appeal, HSB 15.02.01, Medical and Mental Health Care Inquiries, Complaints, and Informal Grievances, and HSB 15.04.05, Dental Care Requests, Complaints, and Informal Grievance.</p> <p>The Vendor's leadership staff at each Institution shall:</p> <ol style="list-style-type: none"> 1. serve as the liaison to the Warden, on all issues related to institutional health care grievances; 2. process and respond to Inmate requests, informal grievances, and formal grievances that involve health care services, per policy; 3. maintain copies of all Inmate requests, informal grievances, and formal grievances in the health care unit; 4. ensure a completed Form DC6-236 or Form DC1-303 is in the Inmate's health care record and documented in the health record, per documentation requirements outlined in HSB 15.02.01, Sections IV, Parts A and B.; and 5. maintain tracking logs for Inmate requests, informal grievances, and formal grievances using Form DC4-797C, Grievance, Inmate Request or Inquiry Log. <p>The Vendor must obtain a completed ROI (Form DC4-711B, Consent and Authorization for Use and Disclosure Inspection and Release of Confidential Information) to release all PHI, except under the conditions outlined in Procedure 102.006.</p>
PGM-031	<p>The Vendor shall notify the Contract Manager via email of its receipt of any of the following related to services provided under the Contract within 24 hours (or the next Business Day, if the deadline falls on a weekend or holiday):</p> <ul style="list-style-type: none"> • Notice of any audit or investigation; • Intent on imposing disciplinary action by any State or federal regulatory or administrative body; and • Any other legal actions or lawsuits filed against the Vendor.
PGM-032	<p>The Vendor shall provide copies of the below reports or documents within seven (7) Business Days of the Vendor's receipt:</p> <ul style="list-style-type: none"> • Audit reports for any reportable condition, complaints, or files;

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	<ul style="list-style-type: none"> • Notices of investigation from any State or federal regulatory or administrative body; • Warning letters or inspection reports issued, including reports of “no findings,” by any State or federal regulatory or administrative body; • All disciplinary actions imposed by any State or federal regulatory or Administrative body for the Vendor or any of the Vendor’s employees; and • Notices of legal actions and copies of claims. <p>The Vendor shall cooperate with the Office of the Attorney General, State Attorney, or any outside counsel designated by the Department on cases that involve Inmates who are under the Vendor’s care through the Contract.</p>
PGM-033	<p>The Vendor shall process public records requests, following Chapter 119 and Section 945.10, F.S., Confidential Information, Rule 33-102.101, F.A.C., Public Information and Inspection of Records, Rule 33-401.701, F.A.C., Medical and Substance Abuse Clinical Files, Rule 33-601.901, F.A.C., Confidential Records, and Procedure 102.008, Public Records Requests.</p> <p>Specifically, the Vendor shall:</p> <ol style="list-style-type: none"> 1. allow the Department and the public access to any documents, papers, letters, or other materials subject to the provisions of Florida Statutes, made or received by the Vendor in conjunction with services provided under the Contract, which are not otherwise exempt from disclosure; 2. train all Vendor employees and subcontractors on the provisions of Procedure 102.008; 3. provide specialized training to all Health Information Specialists on their role as the record custodian for health services records of active Inmates at their Institution or health services unit; and 4. develop and implement a tracking system for all public records requests received and processed. <p>Note: Florida has a very broad public records law. No requirement in Florida Law requires public records requests to be submitted in writing.</p>
PGM-034	<p>The Vendor shall provide health care services to Inmates with impairments, per HSB 15.03.25, Services for Inmates with Auditory, Mobility, or Vision Impairments and Disabilities, Procedure 403.013, Inmate Impairment and Disabilities Services, HSB 15.03.25.01, Auditory Services, HSB 15.03.25.02, Mobility Services, HSB 15.03.25.03, Vision Services, and all appendices.</p> <p>The Vendor shall:</p> <ol style="list-style-type: none"> 1. Notify the Warden of each Institution of the identification of Inmates who become disabled for the availability of an ISP and for required services of all assigned Disabled Inmates; 2. Provide a medical or psychological evaluation, as appropriate, and document service needs on Form DC4-691, Disabled Inmate Management and Service Plan; 3. Ensure appropriate impairment grades outlined in HSB 15.03.13, Assignment of Health Classification Grades to Inmates, are recorded correctly for all Impaired Inmates on the Form DC4-706, Health Services Profile, ensure EMR data transfer to the HS06 screen in OBIS, and confirm these records match;

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	<p>4. Participate in quarterly institutional Disabled Inmate Committee meetings in January, April, July, and October of each year;</p> <p>5. Complete Form DC4-691, Disabled Inmate Management and Service Plan, for each Disabled Inmate at each quarterly committee meeting (Note: Inmates must participate in this process unless they a documented refusal);</p> <p>6. Process transfers of impaired or Disabled Inmates, per Procedure 401.016, Medical Transfers; and</p> <p>7. Prepare a prerelease plan for each impaired or Disabled Inmate, per HSB 15.03.29, Prerelease Planning for Continuity of Health Care, and all appendices.</p> <p>The Vendor shall handle all disabilities that qualify for consideration under the Americans with Disabilities Act (ADA) per Rule 33-210.201, F.A.C., ADA Provisions for Inmates, and Procedure 604.101, Americans with Disabilities Act Provisions for Inmates.</p> <p>The Vendor shall ensure a Clinician be responsible for the diagnosis of a medical or physical condition, determination of the Inmate’s capabilities for work and program participation, and determination of the need for services or special accommodations, following Procedure 604.101, Americans with Disabilities Act Provisions for Inmates. The Psychologist shall have these responsibilities, in consultation with the Clinician and the use of an individualized psychological assessment, for intellectually Disabled Inmates. The Psychologist shall also be a member of the Disabled Inmate Committee for all Inmates with identified disabilities.</p> <p>The Vendor shall cooperate fully with all Department staff on issues related to the planning and implementation of services for Inmates with impairments or ADA accommodation needs.</p>
PGM-035	The Vendor shall ensure the RMCH nursing services are appropriately organized, staffed, and equipped to provide competent nursing care according to the level of acuity of Patient care provided, and in accordance with Florida hospital licensure requirements.
PGM-036	The Vendor shall ensure Certified Nursing Assistants (CNAs) are utilized within the scope of their competency and license.
PGM-037	<p>The Vendor shall determine the need for new Inmate Assistants. The Vendor shall provide Inmate Assistants the required training, upon initial assignment and annually, per Procedure 403.011, Inmate Assistants for Impaired Inmates.</p> <p>Responsibilities include, but are not limited to:</p> <ol style="list-style-type: none"> 1. Inmate Assistant training shall be provided by a health care professional designated by the Vendor’s CHO/SMD, based on the training outlined in the Nursing Manual. 2. Following the training session, each Inmate Assistant shall demonstrate the skills taught during the training to the instructor. The instructor shall check “passed” if the skills are demonstrated correctly and “needs training” if not using the Nursing Manual Inmate Assistant Training Modules. 3. The Impaired Inmate Nurse, or designee, shall provide training as needed to any Inmate Assistants who need remedial or additional training, and shall document the training in Nursing Manual Inmate Assistant Training Modules.

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	<ol style="list-style-type: none"> 4. Before the Inmate Assistant assumes their duties, the CHO or Institution's Medical Director shall confirm the Inmate is trained in all aspects of their assignment's responsibilities and that the Inmate has demonstrated acceptable performance. 5. Training shall be documented using the Nursing Manual Inmate Assistant Training Modules and entered in OBIS on the Inmate Program Achievements screen. 6. For Inmates assigned as an Inmate Assistant, an entry shall be made in OBIS on her/his "General Medical Contact" screen recording the Inmate Assistant's assigned duties and identify the Inmate Assistant. 7. Both original completed forms, the Nursing Manual Inmate Assistant Training Modules, shall be filed in the Inmate's medical record and a copy provided to Classification. 8. The Vendor shall discuss the importance of confidentiality with the Inmate Assistant, and the Inmate shall sign Form DC1-206, Inmate Acknowledgement of Responsibility to Maintain Confidentiality of Health or Substance Abuse Information, before assuming her/his responsibilities as an Inmate Assistant. 9. The Vendor's staff will take reasonable measures to avoid disclosing the Disabled Inmate's PHI when the disclosure is not necessary to perform an Inmate Assistant's duties.
PGM-038	<p>The Vendor shall follow and enforce the Department's Prison Rape Elimination Act (PREA) policies which mandate reporting and treatment for abuse or neglect of all Inmates in secure Institutions. PREA is federal law, Public law 108-79, and is designated as 34 U.S.C. 30301-30309. Following PREA, the Department has a zero-tolerance standard against sexual assaults and rapes of incarcerated persons of any age.</p> <p>The Vendor shall:</p> <ol style="list-style-type: none"> 1. ensure compliance with Procedure 602.053, Prison Rape: Prevention, Detection, and Response, and HSB 15.03.36, Post Sexual Battery Medical Action; 2. complete all documentation, reporting, and referral requirements outlined in HSB 15.03.36, Section III; 3. train all health care staff on PREA requirements outlined in HSB 15.03.36, Section IV, Specialized Training; and 4. ensure compliance with the applicable PREA standards as required by 28 C.F.R. Part 115.
PGM-039	<p>The Vendor shall implement and oversee a health care Quality Management program per HSB 15.09.01, Quality Management Program.</p>
PGM-040	<p>The Vendor shall ensure all newly employed Licensed Nurses and CNAs receive an orientation that includes, but is not limited to:</p> <ol style="list-style-type: none"> 1. a review of HSB 15.11.01, Health Services Personnel Orientation and associated Appendices A, B, and C, completing Form DC4-654C, Nursing Personnel Orientation Process Checklist; 2. completion of skills assessment, DC4-678, Emergency Procedures Skills Checklist; 3. information on where to access and review Chapter 33, F.A.C., the Department's procedures, HSBs, manuals, and associated forms; 4. OBIS training, as applicable; 5. EMR training; and

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	<p>6. Job-specific information and expectations.</p> <p>New staff must also complete the FDC New Employee Orientation, and the training required in the FDC Master Training Plan, totaling 40 training credits annually.</p>
PGM-041	<p>The Vendor's nursing staff must demonstrate ongoing professional competency, including records and documentation requirements, through competency assessments annually, quarterly, and as needed.</p> <p>The Vendor's Licensed Nurses shall complete a quarterly mock code response that includes:</p> <ol style="list-style-type: none"> 1. A man-down drill simulating an emergency affecting one (1) individual who needs immediate medical intervention in a life-threatening situation commonly experienced in a correctional setting. Use Forms DC4-679, Med Code 99 Emergency Resuscitation Flowsheet and DC4-677, Med Code 99 Critique to document the team's performance; 2. Completing Form DC4-678, Emergency Procedures Skills Checklist; and 3. Training on inventory and use of the Jump Bag, emergency equipment, and emergency medications
PGM-042	The Vendor must maintain nursing orientation, competency assessments, and emergency training documentation on-site in the HSA or DON's office.
PGM-043	The Vendor must provide their staff with unimpeded access to all current Department Procedures, HSBs, manuals (e.g., Nursing Manual, Infection Control Manual, and Blood Borne Pathogen Manual), and forms.
PGM-044	The Vendor shall maintain an acknowledgment sheet with employee signatures to affirm that they have read and understand the policies and procedures noted in PGM-044.
PGM-045	The Vendor's Statewide Medical Director and the Statewide DON shall sign the acknowledgment receipt in the FDC Nursing Manual and the Statewide DON shall maintain the receipt.
PGM-046	The Vendor's Statewide DON must review updates to laws, rules, Department Procedures, HSBs, Health Care Manuals, and forms within one (1) week of being published.
PGM-047	The Vendor shall ensure that all its nursing staff review all associated updates of laws, rules, procedures, bulletins, and forms related to their work assignments.
PGM-048	The Vendor shall ensure that its nursing staff attend education programs to increase their knowledge of infection control practices, including care of tuberculosis (TB) patients, hepatitis, outbreaks, wound care, mental disorders, and mental health nursing interventions.
PGM-049	<p>The Vendor shall protect Inmate Patient rights by:</p> <ul style="list-style-type: none"> • ensuring Inmate PHI is maintained confidential, as required in the Contract; • providing access to care by posting sick call sign up times and sick call hours in medical areas and Inmate dormitories, per Procedure 403.006, Sick-Call Process and Emergencies; • honoring an Inmate's expressed wishes to refuse medical care, per Rule 33-401.105, F.A.C, Refusal of Health Care Services. Document all refusals on Form DC4-711A, Refusal of Health Care Service, and document the refusal in the Patient's medical record, per Rule 33-401.105(3), F.A.C.; • honoring an Inmate's right to refuse medications, per Procedure 403.007, Medication Administration and Refusals, and document medication refusals, per Procedure 403.007(4);

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	<ul style="list-style-type: none"> • ensuring Inmates can, and encouraging Inmates to, exercise their self-determination rights to establish written instructions regarding incapacity planning, per HSB 15.02.15, Health Care Advance Directives; and • ensuring all Inmates are educated on these rights. <p>The administration of psychotropic medications by a Clinician without an Inmate's informed consent is restricted to emergencies in accordance with HSB 15.05.19, Psychotropic Medication Use Standards and Informed Consent, and Florida law.</p>
PGM-050	<p>Upon request an approval from the Department's Chief of Mental Health Services, the Vendor shall develop and provide mental health-related training to FDC staff to improve clinical and operational efficacy. Training may cover any mental health-related topic required in policies, procedures, HSBs, and the Department's Staff Development curriculum.</p>
PGM-051	<p>The Vendor shall ensure as part of primary health care, health education services are essential and required component of the total health care delivery system. As requested by the Department's Regional Directors, Wardens, or the Contract Manager, the Vendor shall provide specialized training to security staff, institutional staff, and Inmates on health care-related topics, such as:</p> <ul style="list-style-type: none"> • First aid training • Cardiopulmonary resuscitation (CPR) certification training • AED Training for selected staff • Sprains • Casts • Seizures • Minor burns • Dependency on drugs • Health seminar • Lifts and carries • Suicide Prevention and Emergency Response Training; and • Universal Precautions <p>This training does not replace any health care services offered by the Vendor but augments the Vendor's services. Inmates are not permitted to provide health services to other Inmates.</p>
PGM-052	<p>The Vendor's nursing staff shall:</p> <ol style="list-style-type: none"> 1. orient Inmates on access to care procedures immediately upon arrival at reception and at new facilities, per Procedure 403.008, Inmate Health Services Orientation and Education; 2. document the Inmate orientation on the DC4-773, Inmate Health Education; and 3. ensure each Inmate receives a copy of NI1-010, Health Services Inmate Orientation Handbook, in English, Spanish, or another appropriate format. <p>The Vendor shall provide all Inmates communicable disease and health education:</p> <ol style="list-style-type: none"> 1. within seven (7) Days of arrival at a Reception and Medical Center; 2. within seven (7) Days of arrival at a permanent Institution; 3. during periodic screenings; and 4. no less than 30 Days before their End-of Sentence (EOS).

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	<p>Inmate health care education should cover:</p> <ol style="list-style-type: none"> 1. Access to health care, including mental health and psychiatric emergencies; 2. Communicable diseases (HIV; Hepatitis A, B, and C; Gastroenteritis; Syphilis; Chlamydia; Gonorrhea; Human Papilloma Virus; Herpes; Methicillin-Resistant Staphylococcus Aureus; and Tuberculosis) 3. Care of minor skin wounds 4. Diabetes 5. Personal/oral hygiene 6. Exercise 7. Heart disease 8. Hypertension 9. Infection control for kitchen workers 10. Smoking and smoking cessation 11. Stress management 12. Universal Precautions 13. Co-payment for Inmate health services 14. How to obtain over the counter and prescribed medications 15. Right to refuse medication and treatment 16. Advance directives 17. Antibiotic-resistant microorganisms; 18. Hand hygiene; 19. Healthy weight management; 20. Medication education; and 21. Self-examinations for men or women, as appropriate.
PGM-053	<p>The Vendor shall ensure that all health services information and care (written and oral) is provided in a language understood by the Inmate, including American Sign Language or Signed English. American Sign Language or Signed English interpreters shall be provided when needed. When selecting an interpreter, every reasonable effort should be made to use American Sign Language interpreters who hold a certification from the National Registry of Interpreters for the Deaf or the National Association of the Deaf.</p> <p>When a literacy problem exists, a staff member with the necessary literacy skills shall assist the Inmate in understanding the training. Physically or mentally challenged Inmates will receive health education and health-related communication based on their individual needs. Inmates may not provide interpretation services for fellow Inmates.</p>
PGM-054	<p>The Vendor shall actively participate in Department Contract and QM monitoring reviews, Correctional Medical Authority (CMA) surveys, and American Correctional Association (ACA) accreditations reviews.</p> <p>The Vendor shall:</p> <ol style="list-style-type: none"> 1. Maintain the health services area of each Institution in a state of readiness at all times; 2. Cooperate with monitors/surveyors on requests for information that are made before, during, and after visits; 3. Develop Corrective Action Plans (CAP) to address all findings and recommendations, following Department policy and Contract monitoring requirements, CMA policy, and ACA policy, as applicable;

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	<p>4. Develop and manage a Microsoft SharePoint site (or similar) that the Department and the CMA can access to upload corrective action documentation; and</p> <p>5. Manage and track their progress on all CAPS to ensure actions are fully completed within the CAP's timelines.</p> <p>Following its initial surveys, CMA conducts CAP assessments to determine if corrective action is being taken per the approved CAP. CMA findings shall be closed no later than the second on-site CAP assessment visit.</p>
PGM-055	<p>The Vendor shall collaborate with the Federal Bureau of Prisons, county jails, private correctional facilities, and other correctional jurisdictions on intakes, transfers, and discharges. The Vendor shall provide health care services for Inmate Patients referred from the following programs to Institutions covered by the Contract:</p> <ol style="list-style-type: none"> 1. Interstate Compact Inmates - Assume all responsibility for the coordination, provision of care, and reimbursement processing for Interstate Compact Inmates, under established Interstate Compact Agreements. The Vendor shall coordinate all interstate compact medical requests through the Department's designee to ensure they are appropriately processed. 2. County Jail Work Programs - The Department sometimes houses Inmates in certain county jails where they participate in work programs. Inmates in these programs receive health care at the closest Institution. The Vendor is responsible for coordinating the transfer and medical care of these Inmates. 3. Federal Inmates – The Vendor shall coordinate medically-related transfers to and from federal prisons. The Department has a small number of federal Inmates in our custody, and there is no cost exchanged with the Federal Bureau of Prisons. 4. Private Correctional Facilities – The Vendor shall provide and coordinate health care services for all Inmates transferred from private facilities to the Department-operated Institutions. The private correctional facilities are allowed to use RMCH when available. The Vendor will work with the private prison operators to coordinate reimbursement based on the established rate schedule. The Vendor shall work cooperatively with private facility staff on transfers to and from these facilities. <p>There are currently approximately 10,000 Inmates housed in seven (7) private correctional facilities. The Department retains final decision-making authority regarding the transfer of Inmates between the Department-operated Institutions and private correctional facilities.</p>
PGM-056	<p>When an Inmate with a serious medical issue is released from an Institution, the Vendor must identify their health care conditions during the pre-release stage and then identify community resources to meet the Inmate's individualized needs. Planning should include, at a minimum, continuing medication with a 14-Day supply (except for HIV medications, which shall be a 30-Day supply), provided upon release, unless clinically contraindicated or earlier appointments with outside providers have been scheduled for follow-up care.</p> <p>The Vendor shall:</p> <ol style="list-style-type: none"> 1. Provide adequate staffing to coordinate discharge planning at each Institution. Discharge planning includes making referrals to appropriate community health

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	<p>care providers and organizations and participating in the institutional discharge planning process to promote continuity of care. As part of discharge planning, the Vendor is responsible for referring releasing Inmates meeting the criteria in Section 945.46, F.S., for commitment under Chapter 394, F.S.</p> <ol style="list-style-type: none"> 2. Develop, implement, and coordinate a comprehensive discharge plan for Inmates with acute or chronic illness who are difficult to place due to their offense and are within six (6) months of EOS. 3. Coordinate Inmate release issues with the Department's Office of Health Services, Division of Development: Improvement and Readiness, and Bureau of Admission and Release to help assist Inmates as they prepare to transition back into the community. 4. Coordinate the health care portion of the Department's re-entry initiative.
PGM-057	The Vendor shall provide sufficient staff and a system for timely review, verification, processing, and payment of all claims and invoices for services provided under the Contract.
PGM-058	<p>The Vendor may use telehealth services to augment direct health care services, with approval by the Department. Any use of telehealth services must follow Section 456.47, F.S., and the Department's Information Technology and Security requirements for telehealth.</p> <p>Telehealth services (including medical, psychological, and psychiatric care) may be offered under the following conditions:</p> <ol style="list-style-type: none"> 1. The Vendor must submit a plan to be approved by the Department's Health Services Director. 2. The plan must address programmatic, security, and information technology issues and meet statutory requirements. 3. The Clinician must provide services from a location compliant with Florida Statutes, prevailing professional guidelines, and community standards. 4. Telehealth may only augment primary medical care services or provide psychological or psychiatric outpatient services (telehealth services may not be provided to Inmates in Close Management, mental health inpatient units, Protective Management, and Death Row). 5. All sessions must include a nurse/mental health staff in the room with the Inmate during the telehealth evaluation, as required by the Department.
PGM-059	<p>The Department has interagency agreements with the Florida Department of Health (DOH) and five (5) county health departments (CHDs) to treat Inmates with HIV/AIDS and other Sexually Transmitted Diseases. Under these agreements, approved by the Federal Centers for Disease Control and Health Resources Services Administration, the Department pays the CHDs to provide medical services at designated Institutions. The CHD Clinicians prescribe the drugs, which the DOH State Pharmacy fills. This model allows the Department to be eligible for Federal 340B drug pricing. The CHD services cover the Department's routine Immunity Clinic visits (see HSB 15.03.05, Chronic Illness Monitoring and Clinic Establishment Guidelines and Attachment 6, Immunity Clinic).</p> <p>The <u>Department</u> will provide the following support for the program:</p> <ol style="list-style-type: none"> 1. The Department will pay for the CHD clinical team services and pharmaceuticals associated with the 340B Program. 2. The Department will provide a computer, printer, and associated supplies for use by the CHD staff.

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	<p>3. The Department will provide technical assistance on administrative and clinical functions requirements of the Program.</p> <p>4. The Department will serve as the liaison between the Vendor and the DOH and CHDs on issues requiring problem resolution.</p> <p>The <u>Vendor</u> shall provide the following support for this program:</p> <ol style="list-style-type: none"> 1. Advise the Department of HIV positive Inmates housed at a non-participating Institutions, so that they can be considered for transfer to a 340B site. 2. Enroll all eligible Inmates in the 340B Program at each participating site. 3. Advise the CHD staff of the expected number of Inmates at the next scheduled time block for appointments. 4. Provide dedicated examination room space for the CHD. 5. Escort CHD Inmates from the waiting area to the CHD clinic room(s) without revealing any Protected Health Information or announcing that the Inmates being seen by the CHD Clinician (to ensure compliance with State and federal confidentiality laws). 6. Perform any required labs timely to ensure the lab results are available for each scheduled Inmate before the next CHD visit. 7. Maintain a record for CHD Patients, per HSB 15.12.03, Health Records, Section VI. Provide the Inmate copy of the documentation outlined in this portion of the health record to the Inmate upon EOS/release from the Department's custody, so they can take it to the nearest CHD to receive treatment post-release. 8. Ensure continuity of care by coordinating other clinical issues regarding the treatment of participating Inmates with the CHD clinical team. The Site Medical Director shall serve as the clinical liaison to the CHD Clinician. 9. Fax (or electronically submit if appropriate) DOH prescriptions to the Department's pharmacies (for profiling purposes). 10. Review and verify 340B service and pharmaceutical invoices from the CHDs on the Department's behalf. The Department will pay the invoices once the Vendor has verified that services were provided and advised the Department of any discrepancies.
PGM-060	<p>Under Section 945.355, F.S., the Department is responsible for providing various transitional services to HIV positive Inmates who are reaching EOS, including educational assistance, an Individualized Service Plan, HIV testing, and a 30-Day supply of HIV medications at release unless clinically contraindicated. As continuity of medications is critical to the care of HIV Patients, the medications should be ordered far enough in advance, so they can be hand-delivered to the Inmate before they release from the Institution.</p> <p>The pre-release planning services required under Florida Statutes are funded through a Pre-Release Planning grant from the Department of Health (DOH). This program has been in effect since 1999 and is 100% funded through federal Ryan White Title B funds. HIV Pre-Release Planners, who are Department employees, work with Inmates and corrections staff in other Institutions to coordinate referrals and linkages to medical care, case management, medication assistance, and other supportive services. They coordinate with local Ryan White providers to ease the transition post-release back into the community and ensure clients continue to seek necessary care and treatment. Also, the Department has a separate Peer Educator grant from DOH. Under this program, a Department</p>

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	<p>employee trains Inmates to provide other Inmates with education on preventing the transmission of HIV and HCV to others and on the importance of receiving follow-up care and treatment. This program is currently serving Inmates at Central Florida Reception Center and Florida Women’s Reception Center.</p> <p>The Department will provide the following support for the program:</p> <ol style="list-style-type: none"> 1. Pre-release planners in each region to plan and coordinate resources and activities with each Inmate before release. 2. A linkage coordinator in South Florida and Central Florida to follow up with Inmates post-release. 3. A Peer Educator at Central Florida Reception Center and Florida Women’s Reception Center (which also provides services to Inmates at Lowell CI) to train Inmates to become HIV/HCV Educators to their Inmate peers. <p>The <u>Vendor</u> shall provide the following support for the program:</p> <ol style="list-style-type: none"> 1. Ensure there is documentation of HIV positivity in each HIV positive (HIV+) Inmate’s record, either through a Western Blot or Multi-Spot. 2. Work with the Pre-release Planners to coordinate the scheduling of appointments with Inmates. 3. Provide private, secure office space for Pre-release Planners to meet with Inmates to discuss release plans. 4. Provide EOS testing, per the terms and conditions outlined in Section 945.355 (2), F.S. The Inmate has the right to refuse testing under the provisions of Rule 33-401.105, F.A.C., Refusal of Health Care Services. The Vendor shall document refusals using Form DC4-711A, Refusal of Health Care Services.
PGM-061	<p>The Department has a Doctoral Psychology Internship program accredited by the American Psychological Association (APA), which is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). The internship mission is to provide training that will produce postdoctoral, entry-level Psychologists who have the requisite knowledge and skills for successful entry into the practice of professional psychology in general clinical or correctional settings and eventually become licensed Psychologists. The internship uses a Practitioner-Scholar Model where scientific training is integrated into the practice training component. The internship consists of 2,000 hours over one year, beginning July 1st and ending June 30th.</p> <p>The Department also has a Psychology Post-Doctoral Residency program that is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and has obtained accreditation by the American Psychological Association. The Residency program’s mission is to prepare the Psychology Residents for the advanced practice of professional psychology, emphasizing correctional psychology.</p> <p>The Vendor shall incorporate the FDC Program Director of Internship and Residency Training, the FDC Assistant Director of Internship and Residency Training, four (4) Interns, four (4) Residents and a staff assistant into the mental health service delivery system to satisfy the internship and residency requirements as determined by the Program Director. The Program Director will assign the interns’ and residents’ workload and duties to meet program requirements. The interns and residents’ complete rotations at different facilities during the year. The Vendor will ensure that at least three (3) different Florida-licensed Psychologists</p>

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	are consistently available to provide supervision to the interns and residents, as determined by the Program Director. This Program is currently administered from Zephyrhills CI.
PGM-062	The Department currently has working relationships with Nova Southeastern University and the University of Florida to provide interns, residents, and students at FDC facilities. The Vendor is encouraged to continue the relationships with these universities or propose other partnerships that encourage Florida students to consider careers in correctional health care. The Vendor will ensure the interns' and residents' supervisory and educational requirements are consistent with the accrediting organization requirements.
PGM-063	The Vendor shall assist the Department in processing transfers for Inmates with complex medical needs. The Department must approve all Inmate transfers to the Department's specialty care Institutions that serve Inmates with complex medical needs such as step-down care, long-term care, and palliative care. Currently, the Department has specialty dorms at Zephyrhills CI (A-Dorm and J-Dorm), Central Florida Reception Center (South Unit Infirmary); South Florida Reception Center (F-Dorm), and Lowell CI (Main unit, I-Dorm). Transfers to these facilities shall be made following HSB 15.09.04, Utilization Management Procedures, Section VII. The Department must approve all non-emergent transfers to RMCH.
PGM-064	The Vendor shall provide health care services to Inmates at satellite facilities, per HSB 15.07.02, Health Services for Inmates in Community Facilities. The Vendor must provide basic health care services at each satellite facility, with more complex care provided at the nearby Parent Institution. Health records for Inmates at satellite facilities shall be maintained per HSB 15.12.03 and HSB 15.07.02. The Vendor shall track utilization costs for Inmates at satellite facilities separately from their Parent Institution.
PGM-065	The Warden has full operational control of the Institution and designated satellite facilities. The Vendor shall ensure its staff, including subcontractors, are required to follow all security directives, including but not limited to requirements for entering and exiting Institutions, counts, lockdowns, use of restraints, and incident reporting.
PGM-066	The Vendor shall coordinate outside referrals with the Department for security and transportation arrangements. <u>The Vendor's staff shall not provide personal transportation services to Inmates.</u> Off-site services (including specialty consults and hospital care) should occur close to the Institution, to the extent possible.
PGM-067	When Department staff become aware of an Inmate experiencing an emergent or urgent health problem, the Vendor's health care personnel must immediately address the issue by permitting the Inmate to be escorted to medical or the Infirmary for an evaluation or sending Vendor staff to the Patient's location. The Vendor must plan, in advance, for the management of emergency services and must maintain an "open" system capable of responding to emergency circumstances as they occur.
PGM-068	The Vendor shall certify Isolation Management Rooms (IMR) and Observation Cells (OCs) per Procedure 404.002, Isolation Management Room and Observation Cells. The Vendor will ensure that each IMR and OC is certified by a Regional Mental Health Director following all standards and guidelines in Procedure 404.002 and documented on Form DC4-527, Checklist for Review of Isolation Management Room/Observation Cell. These completed checklists should be readily available at the Institution for review at any time. Each IMR and OC will be inspected and certified at least annually, and any time damage or a

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	<p>structural change occurs that affects one (1) or more of the criteria listed in Procedure 404.002.</p> <p>The Vendor will purchase and ensure that approved suicide mattresses, blankets, and garments are available, as specified in Procedure 404.002, for all certified IMRs and OCs located in inpatient units and infirmary settings:</p> <ul style="list-style-type: none"> • one (1) mattress, two (2) blankets, and garments per each IMR located in an inpatient unit; and • one (1) mattress, three (3) blankets, and garments per each IMR located in an Infirmary setting and each OC.
PGM-069	<p>The Vendor shall ensure its staff are required to report various incidents per Procedure 602.008, Incident Reports-Institutions:</p> <ol style="list-style-type: none"> 1. When an event occurs that is not fully documented in another form or information is received, requiring written notification or documentation, an employee involved in the event, who witnessed the event, or received the information must complete Form DC6-210, Incident Report. 2. An Incident Report (Form DC6-210) must always be completed: <ul style="list-style-type: none"> • by staff who participate in or witness a use-of-force; • by medical staff when restraints are applied without use-of-force per Rule 33-602.210, F.A.C.; • by an employee who witnesses an incident as outlined in Procedure 602.010, Drug Testing of Inmates, that results in a reasonable suspicion drug test; and • by an employee who knows about any incident, or allegation of an incident, involving sexual battery or sexual harassment of an Inmate outlined in Procedure 602.053, Prison Rape: Prevention, Detection, and Response. 3. Each incident should be considered regarding its possible impact on public safety, the operation of the Institution, or the Department's liability. 4. <u>Incident Reporting</u>: A statement of the circumstances and details of the incident will be completed by each Vendor employee who has witnessed or received information pertaining to an unusual or suspicious event involving an Inmate, employee, or member of the general public. This will be completed as soon as possible, but no later than the end of the shift. The employee will legibly sign the incident report (Form DC6-210) using her/his full name. An employee who is unsure whether the incident warrants an incident report should notify her/his immediate supervisor. The Shift Supervisor should be notified of the incident before the incident report(s) (Form DC6-210[s]) is written. The Shift Supervisor will determine which employees will prepare incident reports (Form DC6-210s) if numerous employees witness the same incident. Staff who see abuse of an Inmate should file Form DC6-210A as established in Rule 33-602.210, F.A.C., without prior notification to the Shift Supervisor.
PGM-070	<p>The Vendor shall ensure its staff are familiar and comply with their responsibilities noted in the procedures below:</p> <ol style="list-style-type: none"> 1. 607.001 Security Threat Management Program (STG) *Restricted* 2. 602.009 Emergency Preparedness *Restricted*

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	3. 602.010 Drug Testing of Inmates* Restricted* 4. 602.011 Escape/Recapture* Restricted* 5. 602.016 Entering/Exiting FDC Institutions * Restricted* 6. 602.018 Contraband and Searches of Inmates * Restricted* 7. 602.023 Personal Body Alarms* Restricted* 8. 602.024 External Inmate Transportation and Security * Restricted* 9. 602.028 Special Management Spit Shield * Restricted* 10. 602.037 Tools and Sensitive Items Control * Restricted* 11. 602.039 Key Control and Locking Systems* Restricted* 12. 602.049 Forced Hygiene Compliance * Restricted* 13. 602.053 Prison Rape: Prevention, Detection, and Response * Restricted* 14. 602.054 Escort Chair * Restricted* 15. 602.056 Identification Cards * Restricted* 16. Rule 33-602, F.A.C., Security Operations * Restricted* 17. DC1-211, Non-Security Staff Instructions for Reporting Inappropriate Inmate Behavior * Restricted*
PGM-071	<p>The Vendor shall comply with Procedure 602.037, Tool & Sensitive Item Control for items including, but not limited to, hypodermic needles, syringes, and medical tools. The Vendor shall store reserve stocks of hypodermic needles, scalpels, and syringes in a secure area located behind a locked door with a restricted key. The Vendor shall only make available for use the minimum number of syringes, needles, scalpels, and blades needed for daily operations with the remaining inventory stored in the secure area until removed for use on a specific Patient.</p> <p>The Vendor shall maintain a perpetual inventory of needles and syringes and scalpels/blades on Form DC4-765S, Syringes and Other Sharps Control Log. The inventory shall be updated as items are removed from the storage area for use. Inventories of the “working stocks” shall be conducted each shift and recorded on Form DC6-284. The Vendor shall report lost sharps, medical and dental tool to the Institution’s Chief of Security immediately upon discovery. Form DC4-765R will be updated as items are removed from bulk stock storage areas to replenish daily working stocks.</p>
PGM-072	<p>The Institution’s Chief of Security and Vendor’s HSA will coordinate guidelines for the safe handling of dangerous drugs, hypodermic apparatus, and medical/dental tools. They will restrict key access to those health care and administrative staff approved for access to these items.</p> <p>The Vendor shall ensure its medical staff assuming duties at posts are authorized to use 24-hour checkout keys will inventory/count the keys received and will notify the control room of her/his findings.</p> <p>Keys shall not be:</p> <ol style="list-style-type: none"> 1. left hanging in locks; 2. kept in office desk drawers; 3. left lying on a desk; 4. unattended in any manner; 5. thrown from one (1) person to another; 6. skidded or intentionally dropped on the floor; or 7. carried attached to the belt where they are visible.

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	<p>If the Vendor loses, misplaces, or damages a key, Vendor staff shall immediately report the incident to the Institution's Chief of Security or Shift Supervisor so that adequate safeguards may be placed. The Vendor shall complete Form DC6-210, Incident Report, detailing the circumstances of the incident of the lost, misplaced, or damaged keys.</p> <p>Under no circumstances shall an Inmate be permitted to handle security keys and locks or be allowed to work on or make repairs to any locking device.</p>
PGM-073	<p><u>Mental Health Clinical Review, Supervision, and Training</u></p> <p>The Vendor shall ensure that all non-psychiatric mental health services provided are supervised by the Vendor's Psychologist who assumes clinical responsibility and professional accountability for the services provided. In doing so, the Psychologist reviews and approves reports, intervention plans, and strategies. The review is documented by co-signing Bio-Psycho-Social Assessments (BPSAs), Individualized Service Plans (ISPs), treatment summaries, and referrals for psychiatric services and clinical consultations. Regardless of an Inmate's mental health grade, only a Psychologist can approve testing protocols or conduct a psychological evaluation.</p> <p>The Vendor shall ensure if a Behavioral Health Specialist (Mental Health Counselor) is a Registered Mental Health Intern, supervision will be provided and documented per the requirements of the Chapter 491, F.S. Supervision for provisional licensed Psychologists will be provided and documented per the requirements of the Chapter 490, F.S.</p> <p>One (1) hour of relevant in-service training shall be provided monthly by a Psychologist to institutional clinical staff.</p>
PGM-074	<p>The Vendor shall provide staff support for the RMCH Governing Body and ensure compliance with all requirements outlined in the Governing Body By-Laws. The Department will coordinate appointments to the Governing Body and provide orientation for new members.</p>
PGM-075	<p><u>Conduct and Safety Requirements</u></p> <p>The Vendor shall ensure all staff adhere to the standards of conduct prescribed in Chapter 33-208, F.A.C, and as prescribed in the Department's personnel policy and procedure guidelines, particularly rules of conduct, employee uniform, employee grooming, and clothing requirements (as applicable), security procedures, and any other applicable rules, regulations, policies and procedures of the Department. By submitting a response to this ITN, the Vendor acknowledges and accepts, for itself and any of its agents, that all or some of the services to be provided under the Contract shall be provided in a correctional setting with direct and/or indirect contact with the Inmate population and that there are inherent risks associated with the correctional environment. Staff conduct requirements are as follows:</p> <ol style="list-style-type: none"> 1. The Vendor's staff shall not display favoritism to or preferential treatment of one Inmate or group of Inmates over another. 2. The Vendor's staff shall not deal with any Inmate except in a relationship that supports services under the Contract. Specifically, staff members must never accept for themselves or any member of their family, any personal (tangible or intangible) gift, favor, or service from an Inmate, an Inmate's family, or close

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	<p>associate, no matter how trivial the gift or service may seem. The Vendor shall report to the Contract Manager any violations or attempted violation of these restrictions. In addition, no staff member shall give any gifts, favors, or services to Inmates, their family, or close associates.</p> <ol style="list-style-type: none"> 3. The Vendor's staff shall not enter any business relationship with Inmates or their families (example – selling, buying or trading personal property), or personally employ them in any capacity. 4. The Vendor's staff shall not have outside contact (other than incidental contact) with an Inmate being served or their family or close associates, except for those activities that are to be rendered under the Contract. 5. The Vendor's staff shall not engage in any conduct which is criminal in nature or which would bring discredit upon the Vendor or the State. In providing services pursuant to this ITN, the Vendor shall ensure that its employees avoid both misconduct and the appearance of misconduct. 6. At no time shall the Vendor or Vendor's staff, while delivering services under the Contract, wear clothing that resembles or could reasonably be mistaken for an Inmate's uniform or any correctional officer's uniform, or bears the logo or other identifying words or symbol of any law enforcement or correctional department or agency. 7. Any violation or attempted violation of the restrictions referred to in this section regarding employee conduct shall be reported by phone and in writing to the Contract Manager, including proposed action to be taken by the Vendor. Any failure to report a violation or take appropriate disciplinary action against the offending party or parties shall subject the Vendor to appropriate action, up to and including termination of the Contract. 8. The Vendor shall report any incident described above or requiring investigation by the Vendor, in writing, to the Warden and the Contract Manager within 24 hours of the Vendor's knowledge of the incident. 9. Vendor shall participate, as needed, with FDC security audits to ensure compliance with tool control and other security-related policies and procedures.
PGM-076	<p>The Vendor shall:</p> <ol style="list-style-type: none"> 1. Possess and maintain documents material to the Contract resulting from this ITN, including but not limited to current copies of all required State and federal licenses, permits, registrations, and insurance documentation. 2. Bear any costs associated with all required compliance inspections, environmental permitting designs, and any experts required by the Department to review specialized medical requirements. 3. Ensure all required operating licenses, permits, registrations, and insurance are acquired prior to the transition date at each Institution. 4. Post license and permits at each Institution, in accordance with statutory requirements and FDC policy. 5. Maintain current copies of the foregoing documents which include, but are not limited to: <ol style="list-style-type: none"> a. The face-sheet of the current insurance policy showing sufficient coverage b. Any applicable State and/or federal licenses related to services provided under the Contract resulting from this ITN <p>In addition, ensure all such licenses, permits, and registrations remain current and in good standing throughout the term of the Contract. Any revisions or renewals</p>

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	to the above documents made during the Contract period shall be submitted to the Contract Manager within 15 Days of revision or renewal.
PGM-077	<p>The Vendor shall ensure staff performing services under the Contract resulting from this ITN receive required orientation and training, as follows:</p> <ol style="list-style-type: none"> 1. The Department will determine what type and duration of orientation and training is appropriate for the Vendor's staff. Job specific orientation/training with regard to particular policies, procedures, rules and/or processes pertaining to the administration of health care at each Institution where the Vendor delivers services shall be coordinated between the Vendor and designated Department staff. 2. The Vendor will not be compensated by the Department for any costs incurred as a result of Vendor's staff attending non-FDC required orientation and training, including any wages paid unless authorized by the Department. 3. The FDC New Employee Orientation will be provided by the Department before the Vendor's staff begins to provide direct Patient care services on-site. The Vendor shall coordinate with designated Department staff at each Institution for the administration and scheduling of the Vendor's staff new employee orientation. 4. The Vendor shall be responsible for ensuring that all Vendor staff complete 40 hours of required annual training. The nature, extent, and content of the training will be determined by the Department's Office of Staff Development and published in the Department's Master Training Plan. 5. The Vendor shall, at their expense, track and document all orientation and training as indicated above. 6. The Department is not responsible for any required professional or non-professional education/training required for the Vendor's staff. 7. The Vendor shall provide trainers/instructors for training relevant to the Department, including, but not limited to, peer support, psychiatric restraint, and suicide prevention.
PGM-078	The Vendor shall maintain acknowledgement sheets with employee signatures to affirm that they have read the policies and procedures and understand them.
PGM-079	<p><u>Medical Disaster Plan</u></p> <p>The Vendor shall participate in the Department's disaster plan for the delivery of health services in the event of a disaster, such as an epidemic, riot, strike, fire, tornado, or other acts of God. The Vendor shall implement and emergency plan in accordance with HSB 15.03.06, Medical Emergency Plans, and Procedure 602.009, Emergency Preparedness, and shall update its plan annually, or as indicated. The health care disaster plan must include the following:</p> <ul style="list-style-type: none"> • Communications system; • Recall of key staff; • Assignment of health care staff; • Establishment of a triage area; • Triage procedures; • Health records - identification of injured; • Medical Record/EMR availability; • Use of ambulance services; • Transfer of injured to local hospitals; • Evacuation procedures (coordinated with security personnel); • Back-up plan; • Use of emergency equipment and supplies; and

	<ul style="list-style-type: none"> • Annual practice drill, according to Department policy.
PGM-080	The Vendor shall ensure its institutional staff, including subcontractors and other providers performing services under the Contract, are screened and/or tested for tuberculosis prior to the start of service delivery, as appropriate, and screened/tested annually thereafter, as required by Department Procedure 401.015, Employee Tuberculosis Screening and Control Program. The Vendor shall provide each Institution's Environmental Health and Safety Officer (EHSO) with a report, with proof of Tuberculosis system screening and testing prior to the start of service delivery by the staff member and annually thereafter. The Vendor shall be responsible for obtaining the TB screening/testing and shall bear all costs associated with the TB screening/testing.
PGM-081	<p>The Vendor shall ensure its staff performing services under the Contract at institutional sites are vaccinated against Hepatitis B in accordance with the Department of Health's guidelines prior to the start of service delivery. The Vendor shall provide the Contract Manager with proof of vaccination prior to the start of service delivery by the staff member. The Vendor shall bear all costs associated with the vaccination of their staff or subcontractor staff.</p> <p>Additionally, the Vendor is responsible for vaccinating the Department's institutional staff. The Department will supply the vaccine for Department staff.</p>
PGM-082	To accomplish its operational mission, the Department must communicate with parties outside of its internal email and information systems. These communications may include electronic protected health information (ePHI) or other confidential information governed HIPAA, HITECH, Section 945.10, F.S., or Chapter 60GG-2, F.A.C. These and other regulations require that electronic transmission of ePHI or confidential information be encrypted.
PGM-083	The Vendor must follow all State and federal laws, rules, and Department policies and procedures relating to storage, access to, and confidentiality of health care records. The Vendor shall provide secure storage to ensure the safe and confidential maintenance of active and inactive Inmate health records and logs, in accordance with HSB 15.12.03, Health Records. In addition, the Vendor shall ensure the transfer of Inmate health records and medications required for continuity of care in accordance with Procedure 401.017, Health Records and Medication Transfer. Health records will be transported in accordance with HSB 15.12.03.
PGM-084	The Vendor shall ensure that its personnel document in the Inmate's health record all health care contacts in the proper format per standard health practice, ACA standards, and any relevant Department policies and procedures.
PGM-085	The Vendor shall be responsible for the orderly maintenance and timely filing of all health information utilizing Contract employees, as staffing indicates.
PGM-086	<p>The Vendor shall ensure all Inmates have an updated health record that complies with HSB 15.12.03;</p> <ol style="list-style-type: none"> 1. Safeguard and secure health records and any other documents containing PHI, per Procedure 102.006, HIPAA Privacy Policy; 2. Employ at least one (1) Health Information Specialist at each Major Institution and each institutional annex, and at least one (1) Health Information Specialists and one (1) EMR Specialist at RMCH, to ensure compliance with the standards outlined in HSB 15.12.03, Section III., F., and to serve as records custodian for all active Inmates; 3. Employ a sufficient number of trained medical records clerks to ensure clinical information, significant to an Inmate's health, is filed in each health record within 72 hours of receipt;

	<ol style="list-style-type: none"> 4. Process health record transfers following Procedure 401.017, Health Records and Medication Transfer; 5. Perform health record vault audits, per the schedule outlined in HSB 15.12.03; 6. Secure and transport records of Inmates who have reached EOS, per HSB 15.12.03, Section XVIII, Post-Release (EOS) and Deceased Inmates - Health Record Retention and Destruction Schedule; 7. Organize and transmit any loose filing discovered after a record has been transported, following Procedure 401.017 or HSB 15.12.03, as applicable. The information shall be secured separate from any other medical records and clearly marked with the Inmate's name and DC number, and mailed to the Inmate's current Institution or to the medical records archive if the Inmate has reached EOS; and 8. Upon request, make all nonproprietary records related to services provided under the Contract available to the Department for any litigation, requests for public records, or monitoring and evaluation activities of the Contract timely.
PGM-087	<p><u>Health Record Retention Period</u></p> <ol style="list-style-type: none"> 1. Unless otherwise governed explicitly by Department regulations, the Vendor shall keep all health records for seven (7) years or for the retention period required for records of the same type according to Florida Statutes, whichever is longer. All retention periods start on the first Day after expiration or termination of the Contract. 2. If any litigation, claim, negotiation, audit, or other action involving the records referred to has been started before the expiration of the applicable retention period, the Vendor shall retain all records until completion of the action and resolution of all issues, which arise from it, or until the end of the period specified for, whichever is later. 3. To avoid duplicate recordkeeping, the Department may make special arrangements with the Vendor for the Department to retain any records, which are needed for joint use. The Department may accept the transfer of records to its custody when it determines that the records possess long-term retention value. When records are transferred to or maintained by the Department, the retention requirements of this paragraph are not applicable to the Vendor for those records. 4. The Department's retention program complies with guidelines established by the Florida Department of State, Division of Library and Information Services Records Management program. The following medical record retention and destruction practices are followed: <ul style="list-style-type: none"> • Records of Inmates presently on extended parole will be maintained until release from such Department of Corrections responsibility. After seven (7) consecutive years of inactivity, the Department shall authorize destruction/recycling procedures in accordance with law. • Hard copies of health records will be securely stored at the Statewide Records Retention Center in Raiford. All health records received at the record archives will be checked to ensure that the color-coded year band is properly attached before filing.
PGM-088	<p>The Department shall provide security and security procedures to protect the Vendor's equipment as well as FDC medical equipment. FDC security procedures shall provide direction for the reasonably safe security management for transportation of pharmaceuticals, medical supplies and equipment. The Vendor shall ensure that the Vendor's staff adheres to all policies and procedures regarding transportation, security, custody, and control of Inmates.</p>

PGM-089	The Department shall provide security escorts to and from clinic appointments whenever necessary as determined by security regulations and procedures outlined in the policies and procedures.
PGM-090	<p><u>OBIS Use and Training</u></p> <p>If deemed necessary by the Department, the Vendor shall make available appropriate personnel for training in the Health Services' component of the Offender-Based Information System (OBIS-HS). Training will be provided by the Department and will be conducted at designated locations across the State. Personnel required to attend include the Data Entry Operators and any personnel entering or accessing data in the OBIS-HS system. The Vendor is responsible for payment of travel expenses for its employees, in the event that such training is required. Failure of the Vendor to provide sufficient personnel for training is not an acceptable reason for not maintaining OBIS information current. If there is any reason the Vendor is directed to access the Department's information network, each employee doing so must have undergone a successful level 2 background check as defined in Chapter 435, F.S.</p>
PGM-091	<p><u>Data Entry and Data Exchange</u></p> <p>The Vendor shall ensure information is available for input or via interface into the Department's existing information systems including but not limited to OBIS. Data includes, but is not limited to information or reports, billing information, and auditing data to ensure accuracy of medical records plus any other Department system or component developed for Health Services or any Department system or component deemed necessary for Health Service operations. When requested, the Vendor shall provide the Department data that can be uploaded into the medical record system. The data will meet all the parameters of the Department and will be provided at no cost to the Department. This data shall conform to all Department, State, and federal rules, guidelines, procedures, and laws covering data transfer.</p>
PGM-092	The Vendor shall provide a method to interface and submit data in a format required by the Department for uploading to the OBIS or other system as determined by the Department. The Vendor shall also provide a web-based method for reviewing the reports.
PGM-093	<p><u>Staff Background/Criminal Record Checks</u></p> <ol style="list-style-type: none"> 1. The Vendors' staff assigned to the Contract shall be subject to a Florida Department of Law Enforcement (FDLE) Florida Crime Information Center/National Crime Information Center (FCIC/NCIC) background/criminal records check. The Vendor shall send all potential hires for fingerprinting to do a thorough background check. The Department may conduct background checks and they may occur or re-occur at any time during the Contract period. The Department has full discretion to require the Vendor to disqualify, prevent, or remove any staff from any work under the Contract. The use of criminal history records and information derived from such records checks are restricted pursuant to Section 943.054, F.S. The Department shall not disclose any information regarding the records check findings or criteria for disqualification or removal to the Vendor. The Department shall not confirm to the Vendor the existence or nonexistence of any criminal history record information. 2. In order to carry out this records check, the Vendor shall provide, (prior to commencing services upon Institution property) OR (prior to Contract execution, if requested) OR (upon request), the following data for any individual Vendor or subcontractor's staff assigned to the Contract: Full Name, Race, Gender, Date of Birth, Social Security Number, Driver's License Number, and State of Issue.

	<p>3. The Vendor shall also ensure that the Contract Manager is provided the information needed to have the FCIC/NCIC background check conducted prior to any new Vendor staff being hired or assigned to work under the Contract. The Vendor shall not offer employment to any individual or assign any individual to work under the Contract, who has not had an FCIC/NCIC background check conducted, unless authorized by the Contract Manager.</p> <p>4. The Vendor shall ensure that no person who has been barred from any Institution or other facility shall provide services under the Contract.</p> <p>5. The Vendor shall not permit any individual to provide services under the Contract who is under supervision or jurisdiction of any parole, probation, or correctional authority. Persons under any such supervision may work for other elements of the Vendor's agency that are independent of the contracted services.</p> <p>6. Note that a felony or first-degree misdemeanor conviction, a plea of guilty or nolo contendere to a felony or first-degree misdemeanor crime, or an adjudication of guilt withheld to a felony or first-degree misdemeanor crime does not automatically bar the Vendor from hiring the proposed employee. However, the Department reserves the right to prior approval in such cases. Generally, two (2) years with no criminal history is preferred. The Vendor shall make full written report to the Department's Contract Manager within three (3) Days whenever an employee has a criminal charge filed against him/her, or is arrested, or receives a Notice to Appear for violation of any criminal law involving a misdemeanor, felony, ordinance (except minor violations for which the fine or bond forfeiture is two hundred dollars (\$200) or less) or when Vendor or Vendor's staff has knowledge of any violation of the laws, rules, directives, or procedures of the Department.</p>
PGM-094	<p><u>Legal Health Services Requirements</u> The Vendor shall provide its own legal services in support of those expended by the Department in relation to health care litigation. The Vendor shall provide its own legal services to support the requirements in the Contract or as related to the provision of services (i.e., guardianship).</p>
PGM-095	<p>The Vendor shall provide a Transition Plan detailing the activities and timeframes for transitioning various aspects of service delivery to a new provider upon termination or expiration of the Contract. Transition activities should occur over four (4) to six (6) months.</p>

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3.6.1.3 Program Management Performance Measures

Performance Measures (PM)				
No.	Description	Expectation	Measurement Duration	Financial Consequence
PM-PGM-001	All informal health care grievances are responded to within 15 Days of receipt of the initial grievance in accordance with 33-103.005, F.A.C.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$2,000 per Institution 60%-69.99%: \$4,000 per Institution Less than 60%: \$6,000 per Institution
PM-PGM-002	All findings from CMA surveys are cured by the second CAP assessment.	100% Per Occurrence	Semi-annually	For performance below 100%, consequences will be assessed as follows: More than 2: \$10,000 per Institution 3-4: \$20,000 per Institution 4 or more: \$40,000 per Institution For CMA audit findings not cured by the third and subsequent CAP assessments, the consequence will increase by 25% in value for each subsequent assessment not cured.

Performance Measures (PM)				
No.	Description	Expectation	Measurement Duration	Financial Consequence
PM-PGM-003	No Inmate deaths occur that are directly or indirectly attributed to the Vendor's omission indifference or inaction to a Patient's identified needs.	All Mortality Reviews (conducted upon an Inmate's death) show no Inmate deaths occur as a result of the Vendor's systemic pattern of indifference or inaction to identified needs of a Patient which directly or indirectly resulted in death.	Per occurrence	\$100,000 per occurrence
PM-PGM-004	Maintain compliance with mandatory medical health standards and 90% of non-mandatory Health care standards to retain ACA accreditation.	Retain accreditation	Per occurrence	\$100,000 occurrence, per Institution that loses accreditation related to failed health standards, plus payment of all costs and fees associated with ACA re-accreditation

Performance Measures (PM)				
No.	Description	Expectation	Measurement Duration	Financial Consequence
PM-PGM-005	Maintain a staffing pattern that fulfills the needs of the Department by ensuring the minimum numbers of staff hours are met, per Service Location and per position type, as approved by the Department in the Final Staffing Plan.	90% of all required hours are met, per Institution, and per position type, including hours fulfilled by subcontracted providers	Semi-Annually	\$10,000 per percentage point, or portion thereof, less than 90%

3.6.1.4 Program Management Reports

Reports	Due Date	Description
REP-PGM-01 Final Transition and Implementation Plan	Within three (3) Days of Contract execution	The Vendor shall provide a Final Transition and Implementation Plan in accordance with Section 3.6.11.3 of this ITN.
REP-PGM-02 Vendor Organization and Staffing Plan	Within five (5) Business Days of Contract execution, and annually thereafter on the 5 th Business Day each July	The Vendor shall provide an overview of its organization, specifically those staff assigned to the services included in this ITN, including an organization chart, staffing plan, and other relevant organizational information.
REP-PGM-03 Staff Review Report	Quarterly by the 10 th Business Day of the month following the end of the quarter	The Vendor shall provide a list of personnel on staff, including staff who have been added and/or removed since the prior report, titles, start date, date of required trainings, credentials (as applicable), and date of successful background screening. Also, the report should list vacant positions and the length of each vacancy.
REP-PGM-04 Medical Emergency Plan	Within 30 Days of Contract's effective date	The Vendor shall provide a plan for the immediate response and care of Inmates with medical, dental, and mental health emergencies for each Institution.
REP-PGM-05 Staff New Employee Orientation Report	Within 14 Days of Contract effective date and annually thereafter	The Vendor shall provide documentation that training that will be provided to Vendor and subcontractor staff prior to their engagement on the Contract, and annually thereafter.

Reports	Due Date	Description
REP-PGM-06 Subcontractor List	Within five (5) Business Days of the Contract's effective date	The Vendor shall provide a list of all subcontracts and letters of agreement for hospitals, Clinician services, specialty care services and ancillary services to the Contract Manager.
REP-PGM-07 Biomedical and Pharmaceutical Waste Plan	Within 30 Days of Contract's effective date	The Vendor shall provide a plan addressing the definition, collection, storage, decontamination, and disposal of regulated waste.
REP-PGM-08 Emergency Medical Services (EMS) Plan	Within 30 Days prior to the transition date at each Institution	The Vendor shall develop and maintain this plan to ensure the provision of all medically necessary Inmate transportation by ambulance or other life-support conveyance, either by ground or air, for all Institutions covered by this ITN. Any changes to the EMS Plan must be reported in writing to the Contract Manager.
REP-PGM-09 End-of-Contract Transition Plan	Within 90 Days of Contract's effective date	The Vendor shall provide a transition plan that documents the Vendor's plans for transitioning to another Vendor upon the expiration of the Contract.
REP-PGM-10 Quarterly Cost Report	Quarterly by the 10 th Business Day of the month following the end of the quarter	The Vendor shall provide a quarterly report of its operating costs to include, at a minimum, employee salaries and benefits, ancillary services, medication, and medical supplies used for each Institution. Costs that are not able to be broken out by Institution may be provided in aggregate. These costs reports should be submitted in a format approved by the Contract Manager. Any changes made to the format of this report by the Department during the term of the Contract shall be incorporated by the Vendor.

3.6.2 Institutional Care Service Area

3.6.2.1 Description

Institutional care consists of many different facets of health care delivery within the secure correctional environment. This includes services provided to Inmates during the reception process and at their permanent Institution, including sick call, use-of-force examinations, physical assessments, and specialty care such as palliative care, geriatric medicine, female care, health education, and infirmary services.

3.6.2.2 How Service is Provided Today

Today, institutional care is delivered by our current CHCC. The CHCC's staff is involved in all elements of care "behind-the-fence." These services are critical to the success of health care delivery. The fundamental right of Inmates to access health care begins with the health care staff at their Institution. It is critical that institutional teams ensure that quality care is given to Inmates, with special attention given to follow-up of diagnostic tests and specialty consultations.

Vendor staff need to understand how to interact with Inmates and often are required to provide clinical care at an Inmate's location, such as in Special Housing, rather than just in the designated health services area. A prospective Vendor should take into account the staffing required to not only appropriately staff the health services/infirmary area, but also to ensure that Inmates in

annexes, work camps, and other areas, which may not be located within walking distance of the main health services area, are afforded appropriate care.

3.6.2.3 Institutional Care Minimum Requirements

Institutional Care Requirements (IC)	
No.	Requirement
IC-001	The Vendor shall provide Health Education to Inmate Patients during all encounters as well as during Chronic Illness Clinic (CIC) appointments on relevant topics including, but not limited to, medication compliance, disease prevention, blood borne pathogens, STDs, TB, personal hygiene, weight control, exercise, and healthy lifestyle.
IC-002	<p>The Vendor shall ensure <u>Clinician's Orders</u>:</p> <ol style="list-style-type: none"> 1. Unless input directly into the EMR, Clinician's orders shall be legibly documented in black ball point pen ink on the DC4-714B, Clinician's Order Sheet, and/or on the DC4-714C, DEA Controlled Substances Clinician's Prescription/Order Sheet. 2. All Clinician orders shall be implemented by the nursing staff, as directed by the Clinician. 3. All stat and "now" orders shall be noted and transcribed by the Licensed Nurse immediately following the Clinician's written or verbal order. 4. Infirmary orders shall be noted and transcribed by the Licensed Nurse within two (2) hours of the Clinician's verbal or written order. 5. Outpatient clinic Clinician orders shall be noted and transcribed by the Licensed Nurse on the shift written or no later than the next Day's shift. 6. All noted orders shall be documented in red ball point pen ink and reflect the date, time, signature and stamp or printed name with title (RN or LPN). 7. All Clinician orders that require medical treatment and data collection (nebulizer treatment, blood pressure and glucose monitoring, etc.) except wound care shall be documented on the DC4-701A, Medication and Treatment Record. 8. All telephone orders shall: <ol style="list-style-type: none"> a. Be preceded by the abbreviation "T.O." written by the Licensed Nurse. b. Be repeated back to the Clinician to ensure accuracy of the order and documented as such. 9. Documented by the Licensed Nurse and countersigned by a prescribing Clinician as soon as possible and no later than the next Business Day.
IC-003	<p><u>Medical Holds</u></p> <p>The Vendor shall ensure the Clinician document Medical holds on the "Health Services Profile," DC4-706, in accordance with HSB 15.02.02, Health Care Clearance/Holds.</p> <p>The Vendor shall ensure medical holds shall continue until an Inmate's care is stable to the point that a transfer will not compromise treatment or the health of the Inmate.</p>
IC-004	<p>The Vendor shall provide all care in accordance with applicable State and federal statutes, Florida Administrative Code, Department procedures, manuals, HSBs, health care directives, and forms.</p> <p>In addition, the Vendor shall provide nursing care in accordance with:</p> <p>National Nursing and Health Care Standards including, but not limited to:</p> <ul style="list-style-type: none"> • National Council of State Boards of Nursing • The American Nurses Association Correctional Nursing Scope and Standards of Practice

Institutional Care Requirements (IC)	
No.	Requirement
	<ul style="list-style-type: none"> • The American Nurses Association Nursing Scope and Standards of Practice • The American Nurses Association Psychiatric Mental Health Nursing Scope and Standards of Practice • The American Nurses Association Nurses Code of Ethics • American Correctional Association
IC-005	The Vendor's nursing services shall be organized, staffed, and equipped to provide competent nursing care, according to the level of acuity of Patient care provided at each Institution.
IC-006	The Vendor's Registered Nurses shall provide coverage 24 hours per Day, seven (7) Days per week at Institutions with 600 or more Inmates designated to house Inmates classified as medical grades M-3 or M-4.
IC-007	The Vendor shall ensure its Licensed Nurses are available on-site at all times to provide services within the scope of their licenses and certifications under the direction of an RN, if the Licensed Nurse is not an RN.
IC-008	The Vendor shall ensure where levels of inpatient care are provided (Infirmiry, Palliative Care, Intensive Medical Unit, etc.), a Registered Nurse(s) is available on-site to oversee inpatient nursing care at all times.
IC-009	The Vendor shall ensure certified nursing assistants (CNAs) are utilized, as appropriate, within the scope of their practice.
IC-010	The Vendor shall ensure each Institution's Director of Nursing is available on-site during regular business hours and available after hours and on weekends and holidays by telephone.
IC-011	The Vendor shall ensure its Clinician provide clinical assistance to the nursing staff during their daily activities including, but not limited to wound care, infirmiry care, insulin line, and EKG.
IC-012	<p><u>Intake and Reception Process</u></p> <p>The Vendor shall provide services in accordance with Procedures 401.014, Health Services Intake and Reception Process; 403.008, Inmate Health Services Orientation and Education and HSB, 15.01.06, Health Care Reception Process for New Commitments.</p> <ol style="list-style-type: none"> 1. The Vendor shall ensure a Licensed Nurse provide each newly committed Inmate Form DC4-711C, Authorization for Health Evaluation and Treatment, to sign prior to screening and evaluation. 2. The Vendor shall ensure a Licensed Nurse witness Inmate's signature on Form DC4-711C and once signed by the Inmate, the Licensed Nurse will also sign and stamp, or electronically sign, the form as a witness. If the Inmate refuses to sign Form DC4-711C, s/he will sign a Refusal of Health Care Services, Form DC4-711A, is documented on Form DC4-701 3. The Vendor shall ensure if an Inmate's current health is stable, within eight (8) hours of arrival, a Licensed Nurse conduct an initial screening of the Inmate and a review of any transfer information from the county jail (Form DC4-871, County Jail to DC Health Information Transfer Summary) to identify Inmate health care needs. 4. The Vendor shall ensure nursing staff immediately refer any Inmate they believe is showing active symptoms of psychosis (e.g., active hallucinations, delusions, etc.), a manic episode (unexplained agitation, pressured speech, etc.), or risk of self-injury/suicide to mental health staff and must take necessary precautions to provide for the Inmate's safety, in accordance with Procedure 404.001, Suicide and Self-Injury Prevention.

Institutional Care Requirements (IC)

No.	Requirement
	<p>5. The Vendor shall ensure any Inmate who needs immediate mental, dental, or medical services be identified and referred by the Licensed Nurse to respective specialties for evaluation and appropriate treatment.</p> <p>6. The Vendor shall ensure Inmates with impairments or disabilities be assessed and provided with specialized services, per HSB 15.03.25, Services for Inmates with Auditory, Mobility, or Vision Impairments and Disabilities. The Warden, or designee, shall be notified of the disability and recommend accommodation needs.</p> <p>7. The Vendor shall ensure communicable diseases be documented on the Form DC4-710, Communicable Disease Record.</p> <p>8. The Vendor shall ensure medication from previous jail providers that is prescribed appropriately, clearly identified, unadulterated, dispensed, and with a label indicating the Inmate's name, be single-dosed until a Clinician sees the Patient. If there is no clear medical need for the prescription, the Inmate will be referred to a Clinician as soon as possible and the medication will be withheld until the Clinician has evaluated the Patient.</p> <p>9. The Vendor shall ensure every effort will be made to ensure continuity of medication, in accordance with HSB 15.14.04, Pharmacy Operations.</p> <p>10. The Vendor shall ensure the examining Clinician determine if a review of an inactive medical record is needed and shall order all relevant non-correctional medical records necessary to the Inmate Patient's previous medical history. The examining Clinician shall order all relevant non-correctional medical records necessary to determine medical history, including any information from the county jail not provided on the jail transfer summary.</p> <p>11. The Vendor shall ensure inactive paper medical records for Inmates previously incarcerated are available by Clinician order, if applicable.</p> <p>12. The Vendor shall ensure all required Inmate laboratory tests during reception are collected and performed by trained, qualified health care staff.</p> <p>13. The Vendor shall ensure newly committed Inmates receive the following tests within seven (7) Days of arrival, prior to receiving a comprehensive health appraisal:</p> <ul style="list-style-type: none"> • Rapid Plasma Reagin; • Complete Blood Count; • Comprehensive Metabolic Panel (CMP); • Urinalysis by dipstick; • Sickle Cell Screening (if clinically indicated by intake Clinician); • Two-step Tuberculin Skin Test (the Reception Center should try to complete the two-step process on those Inmates who need it, <u>before</u> they are transferred out of the Reception Center); • Electrocardiogram (only if clinically indicated by intake Clinician); • Stool Hemocult on all Inmates 50 years of age or older; • Chest X-ray (when there is a documented positive Tuberculin Skin Test within the past two (2) years, or has HIV, or other pertinent findings); and • Testing for HIV infection shall be offered to all new Inmates and shall be conducted per HSB 15.03.08, Human Immunodeficiency Virus (HIV) Disease and Continuity of Care. If an Inmate already has a previous, documented, positive diagnosis of HIV, an HIV Viral Load will be ordered instead of repeating the Western Blot or ELISA. • The Clinician may order further diagnostic procedures, if clinically indicated.

Institutional Care Requirements (IC)

No.	Requirement
IC-013	<p><u>New Commitment Initial Physical Exam:</u> The Vendor shall ensure a Clinician completes a complete Initial Physical Examination (IPE) on every newly committed Inmate within 14 Days of arriving at a Reception Center.</p> <p>The Vendor shall ensure a Licensed Nurse conduct an initial screening of each Inmate to include taking their vital signs, checking their weight, and reviewing any county jail transfer information to identify the Inmate's health care needs. The receiving Licensed Nurse will conduct the initial screening and complete Form DC4-707, Health Appraisal, within eight (8) hours of arrival at the receiving facility.</p> <p>The health appraisal shall include a thorough socio/medical history with:</p> <ol style="list-style-type: none"> 1. Present illness and health problems; 2. Current medications; 3. Medical history; 4. Mental health history; 5. Previous hospitalizations; 6. Surgical history; 7. History of any sexually transmitted diseases; 8. Childhood diseases; 9. Chronic conditions; 10. Family history of any significant medical problems (e.g., cancer, tuberculosis, diabetes, heart disease, etc.); 11. Social history, especially drug abuse and sexual activity (frequency, number of partners, orientation, or preference); and 12. Immunization history. <p>The complete physical examination, also known as the Initial Physical Exam (IPE), shall include:</p> <ol style="list-style-type: none"> 1. A review of systems; 2. Digital rectal exam, if indicated; 3. Visual screening; 4. Audiometric screening (if there is a significant hearing deficit); and 5. A female Inmate shall also have the following: <ol style="list-style-type: none"> a. Gynecological and obstetrical history; b. Pelvic examination; c. Pap smear done between the ages of 21 and 65 (exception: women who have had a total hysterectomy for non-cancerous reasons); d. Vaginal and cervical smears for Gonorrhea and Chlamydia; e. Baseline mammography for Inmates aged 50 years or older (the Clinician has the discretion to begin earlier, if clinically indicated); f. Pregnancy test; and g. Prenatal referral for all pregnant Inmates. <p>Any deviations from the above shall be documented on Form DC4-701, Chronological Record of Health care.</p> <p>The Clinician shall:</p> <ol style="list-style-type: none"> 1. Review, initial, stamp/electronically sign, and date all laboratory results; 2. Review any transfer information from the county jail; 3. Document all past and current health issues on the Problem List, Form DC4-730;

Institutional Care Requirements (IC)	
No.	Requirement
	<ol style="list-style-type: none"> 4. Provide additional care as needed based on their findings following the IPE 5. Document additional assessment and treatment on Form DC4-701, Chronological Record of Health Care, appropriate; 6. Upon completion of the Inmate's health appraisal, assign the appropriate health grades and documented in accordance with HSB 15.03.13, Assignment of Health Classification Grades to Inmates. 7. Identify Inmates with chronic illnesses, complete an evaluation, and schedule for follow-up in a chronic illness clinic at an appropriate interval, following HSB 15.03.05, Chronic Illness Monitoring and Clinic Establishment Guidelines; 8. Provide treatment plan including Chronic Illness Clinic assignment, follow-up appointments, and medication orders; 9. Obtain medical records from Inmates' community Clinicians, if needed; 10. Order further testing or radio-imaging, if clinically indicated. <p>Upon completion of the health services intake and reception process, the Inmate will be considered "medically ready" to transfer to a permanent Institution. Staff shall forward records that arrive after the Inmate transfers to the new Institution where the Inmate is located.</p>
IC-014	<p><u>Inmate Transfers-Sending Facility</u> The Vendor shall provide services in accordance with Procedures 401.017, Health Records and Medication Transfer and 401.016, Medical Transfers, and the Department's Nursing Manual.</p> <p>The Vendor shall ensure before an Inmate transfer, the Licensed Nurse shall review the Inmates' health record to check for any current health care conditions or medical holds that would prevent the Inmate from transferring safely. The Licensed Nurse shall complete the top section of Form DC4-760A, Health Information Transfer/ Arrival Summary, for Intrasystem transfers (within the Department), including transfers to Departmental mental health inpatient units (Transitional Care Unit (TCU), Crisis Stabilization Unit (CSU), and Corrections Mental Health Treatment Facility (CMHTF)), and out-to- court, before the Inmate departs from sending facility.</p> <p>The Vendor shall document any pending laboratory results for a transferring Inmate on Form DC4-760A. Laboratory results received after Inmate transfer shall be mailed to the Inmate's permanent Institution or entered in the EMR.</p> <p>The Vendor's staff shall place Direct-Observed Therapy (DOT) medication and a copy of the current medication administration record (packaged separately in a brown envelope) inside the bag with the current health record the evening before, or the Day of, the transfer, if the Inmate is prescribed medications to take in the morning. A Licensed Nurse shall administer DOT morning medications before the Inmate departs the Institution.</p> <p><u>In Transit Receiving Facility</u> The Vendor shall ensure a Licensed Nurse complete Form DC4-760A, Health Information Transfer/ Arrival Summary, In Transit Section, within eight (8) hours of an Inmate's arrival to the transit Institution. Vendor's staff at in-transit facilities will review medical records with red identifiers for direct observed therapy (DOT) medication or medical conditions that require intervention (i.e., diabetic on insulin that need Accu-checks) before arrival at their permanent Institution.</p>

Institutional Care Requirements (IC)	
No.	Requirement
	<p><u>Permanent Receiving Facility</u> The Vendor shall ensure a Licensed Nurse complete Form DC4-760A, Health Information Transfer/Arrival Summary, Permanent Section, within eight (8) hours of an Inmate's arrival to a permanent Institution. A Clinician shall review the health record and Form DC4-760A, Health Information Transfer/Arrival Summary within seven (7) Days of arrival. A Licensed Nurse shall check each DOT and Keep On Person (KOP) medication against the Inmate medical record. Any medication that has an expired order will be disposed of and documented.</p>
IC-015	<p><u>Scheduled Medical Transfers</u> The Vendor shall complete Form DC4-702, Consultation Request/Consultant's Report, when sending an Inmate to a local hospital for a scheduled appointment or procedure or when sending to a community-based provider for a consult. The Vendor will send the hospital/consult the original form and copies of any relevant Patient information and place a copy of the Form DC4-702 in the Inmate's health record. The Vendor shall ensure upon the Inmate's return, a Licensed Nurse make a Form DC4-701 chronological note reflecting the Inmate's medical condition upon return. The Institution's Clinician will then review the original Form DC4-702 and the Inmate's health record for further action, including documenting any resulting orders per the established process for Clinician Orders. After the Clinician reviews the plan with the Inmate, Form DC4-702 will be filed in the Inmate's medical record in chronological order under the yellow "consultation" tab (or in the EMR).</p>
IC-016	<p><u>Emergency Transfer of Inmate to Outside Hospital</u> The Vendor shall ensure Inmates transferred directly to a hospital from a Major Institution have a copy of Form DC4-760B, Health Information Summary for Emergency Transfer to Outside Hospital, and copies of any pertinent information from the health record sent with the Inmate.</p>
IC-017	<p><u>Return from Outside Hospital</u> The Vendor shall provide continuity of care to all Inmates who return from the Outside Hospital, including communicating with the hospital to monitor Inmate Patients' progress during hospitalization. A Vendor Clinician shall assess all Inmate Patients upon discharge from the hospital, obtain a copy of the hospital record to file in the Department's record, and review the recommended treatment plan for continuity of care.</p>
IC-018	<p><u>Transfer to Court/County Jail</u> The Vendor shall ensure a Registered Nurse completes the top section of Form DC4-760A, Health Information Transfer/Arrival Summary for intra-system transfers, when Inmates are transferred to a court or county jail. The original Form DC4-760A will remain in the Inmate's health record. The letterhead envelope will be addressed to the county jail and marked "CONFIDENTIAL CONTAINS PROTECTED HEALTH INFORMATION."</p>
IC-019	<p><u>Sick Call</u> The Vendor shall provide services per Procedure 403.006, Sick-Call Process and Emergencies and the Nursing Manual. 1. The Vendor shall ensure sick-call and callout times for non-urgent health services be established by the CHO or Institution's Medical Director and security staff, depending on meal schedules, work squads, count times, and other security factors at each Institution.</p>

Institutional Care Requirements (IC)	
No.	Requirement
	<ol style="list-style-type: none"> 2. The Vendor shall ensure Licensed Nursing staff provide a health care services orientation to Inmates immediately upon arrival, including how the Inmate will access sick-call. 3. The Vendor shall ensure sick call be provided in a clinical setting at least five (5) Days per week by a Licensed Nurse. 4. The Vendor shall ensure Inmate requests for sick call services be available to Inmates daily. 5. The Vendor shall ensure Inmates may sign up for sick call daily by one of the following methods: <ol style="list-style-type: none"> a. Signing up on the Inmate Sick-Call Sign Up Log, Form DC4-698B and then completing Form DC4-698A, Inmate Sick-Call Request, upon arrival; b. Completing Form DC4-698A, Inmate Sick-Call Request and placing it in a secured box that the Vendor's staff will access and collect daily; (or submitted electronically, if available); c. Completing Form DC6-236, Inmate Request Form; or d. Inmates who cannot make a written request due to language or education barriers will continue to access care via a verbal request with an interpreter's assistance. 6. The Vendor shall ensure a Registered Nurse (RN) triages all sick call requests daily (including all units, Confinement, and satellite facilities), and classifies sick call requests as emergent, urgent, or routine in accordance with the Department's policies and procedures. All sick call requests shall be logged Form DC4-698C, Sick Call Triage Log. 7. The Vendor shall ensure Inmates be seen by the Licensed Nurse according to triage priority: <ol style="list-style-type: none"> a. Emergent Patient is seen immediately; b. Urgent Patient is seen within 24 hours; and c. Routine Patient is seen timely (not to exceed one week from request). 8. The Vendor shall ensure a Licensed Nurse complete an assessment on the Inmate and document using the appropriate DC4-683 Form. 9. The Vendor shall ensure a Licensed Nurse implement the plan, as outlined on the appropriate DC4-683 Form. 10. The Vendor shall ensure a Licensed Nurse document sick call that does not have a corresponding DC4-683 Form on the DC4-701, Chronological Record of Health care, including vital signs, as described under documentation section. 11. The Vendor shall ensure that when an LPN assists with sick call, his/her completed nursing protocol or SOAPIE note (if no applicable protocol is available) is reviewed and cosigned by a RN or Clinician before the end of the shift. If no RN or Clinician is scheduled on the LPN's shift, an RN or Clinician on the next shift is responsible for reviewing and cosigning the LPN's assessment. 12. The Vendor shall ensure the Institution's Director of Nursing maintain and display a current list of available Nursing Protocols in all treatment rooms used for Sick Call and Medical Emergencies. 13. An APRN or PA can complete sick call using a SOAPIE format instead of the DC4-683 Series. The APRN or PA may also self-refer and treat at the same visit.
IC-020	<p><u>Sick Call - Special Housing</u> The Vendor shall provide services in accordance with Procedure 403.003, Health Services for Inmates in Special Housing and the Nursing Manual.</p>

Institutional Care Requirements (IC)

No.	Requirement
	<ol style="list-style-type: none"> 1. The Vendor shall ensure Inmates in Special Housing have access to sick call seven (7) Days a week. 2. The Vendor shall ensure an Inmate in Special Housing use Form DC4-698A to sign-up for sick call. 3. The Vendor shall ensure nursing staff initial and date Form DC4-698A (white copy), upon receipt. 4. The Vendor shall ensure that Inmates who cannot make a written sick call request, due to language or educational barriers, continue to access health care by verbal request with the assistance of an interpreter's assistance. 5. The Vendor shall ensure that nursing staff conducting daily Special Housing rounds place the name of any Inmate unable to complete a written request on a DC4-698B to ensure the Inmate will be scheduled. A copy of Forms DC4-698B shall be provided to institutional security staff. 6. The Vendor shall add Confinement Inmates requesting sick call to Form DC4-698C, in order of triage priority. 7. The Vendor shall ensure a Licensed Nurse only perform sick call at the cell front in an emergency or when, at their discretion, addressing the following conditions/problem (vital signs are still required): <ol style="list-style-type: none"> a. Headache, without visual changes; b. Insect bites; c. Blisters; d. Calluses/corns; e. Simple rash; f. Jock itch; g. Sinus; h. Sore throat; and/or mild sunburn <p style="margin-left: 40px;">If any of these conditions fail to respond to two (2) courses of treatment with OTC medication or require access to sick call two (2) consecutive times must have an expanded assessment outside the cell or referral to the Clinician.</p> 8. The Vendor shall ensure Inmates with vital signs outside the normal parameters be assessed outside of the cell regardless of the compliant. 9. The Vendor shall ensure the Licensed Nurse performing sick call have the Inmate's record at the time the Inmate is evaluated. If the record is not available, the Inmate shall still be evaluated for their complaint. 10. The Vendor shall ensure that complicated or special procedures continue to be performed in the health services department, as the Clinician deems necessary. 11. The Vendor shall ensure, when possible, a room in the Special Housing unit be identified and equipped with appropriate equipment and supplies to allow for sick call and examinations (both nursing and Clinician) to be held. If no area can be established for these purposes, Inmates will be seen in the medical area. 12. The Vendor shall ensure if an Inmate's medical condition changes that affect the use of chemical restraint agents or electronic immobilization devices, a Licensed Nurse must complete a new Form DC4-650B, Risk Assessment for the Use of Chemical Restraint Agents and Electronic Immobilization Devices, and provide a copy to institutional security staff, replacing the previous Form DC4-650B. 13. Daily, the Vendor's CHO or Institution's Medical Director or other health care staff shall review the names of Inmates who do not attend scheduled appointments against the rosters of Inmates in Special Housing. When this occurs, the CHO or Institution's Medical Director will arrange for those Inmates to be rescheduled for

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	<p>a callout to the clinic or to be examined by health care staff in the Special Housing unit.</p> <p>14. The Vendor shall ensure for Inmates in Special Housing only, copies Form DC4-698B be maintained in a file by the Institution's Director of Nursing or Health Services Administrator for six (6) months and then discarded.</p> <p>15. The Vendor shall ensure Form DC4-698A, Inmate Sick-Call Request be maintained in the same manner as in open population.</p>
IC-021	<p><u>Sick Call Referral</u> The Vendor ensure sick call complaints outside the Licensed Nurse's scope of practice to treat, or continued complaints not resolved, be referred to the Clinician for evaluation and treatment.</p> <p>The Vendor shall ensure a Licensed Nurse will make an immediate Clinician referral for the following types of complaints:</p> <ol style="list-style-type: none"> 1. Respiratory distress 2. Chest pain 3. New onset of change in mental status 4. New onset of neurological deficits <p>The Vendor shall ensure a Licensed Nurse call the Clinician for Inmates who present twice with the same complaint (continued or worsening symptoms, within 24 hours, after regular business hours, when no Clinician is on site to evaluate the Inmate).</p> <p>Inmates who present to sick call three (3) times with the same complaint unresolved will be referred to a Clinician.</p> <p>The Vendor's Clinician shall assess and provide treatment to Inmates referred by nurses (or other health care staff) by way of sick call referral, either "stat" (same Day, immediate) referral or by scheduled appointments and APRNs and PAs who conduct sick call visits may self-refer and treat at the same visit.</p>
IC-022	<p><u>Inmate Emergencies (self-declared or staff referred)</u> A Licensed Nurse shall provide Inmates a health care services orientation immediately upon arrival, including an explanation of how to access emergency health care when needed.</p> <p>The Vendor's Clinician shall provide urgent care or emergency care to Inmate Patients in case of emergencies, such as:</p> <ul style="list-style-type: none"> • Self-declared emergency by an Inmate, • Referred by nursing staff (or other health care staff); • Sudden onset of an acute illness; or • An injury caused by an accident, altercation, sexual assault, trauma, use-of-force, or self-inflicted injuries/suicide. <p>The Vendor shall ensure a Licensed Nurse respond to medical emergencies declared by an Inmate or referred by staff, as soon as possible but no longer than four (4) minutes (First Responders satisfy the four (4) minute response time). Upon response, a Licensed Nurse may conduct a focused assessment and initiate first aid or basic life support within their scope of practice. If needed, the Vendor's On-Call Provider</p>

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	<p>shall provide consultation via phone after-hours, on weekends, and State holidays, and if necessary, shall be able to return to the Institution to provide services.</p> <p>The Vendor shall ensure health care emergencies with possible loss of life or limb be dealt with immediately by the senior health care staff member on-duty and transferred to the local emergency management system (EMS), depending on the emergency's criticality. The Inmate's immediate health care needs take precedence over any documentation requirements to ensure the nurses' ability to render lifesaving interventions. The nurse may document once the Inmate is stabilized or transferred.</p> <p>The Vendor shall ensure all Inmates seen for a declared emergency have, at minimum, a completed appropriate DC4-683 Form or DC4-701 Form, Chronological Record of Health Care, with vital signs.</p> <p>The Vendor shall ensure when an LPN assists with an emergency, their completed nursing protocol or SOAPIE note (if no applicable protocol is available) be reviewed and co-signed by an RN or Clinician before the end of the shift. If no RN or Clinician is scheduled on the LPN's shift, an RN or Clinician on the next shift is responsible for reviewing and co-signing the LPN's assessment. The reviewer shall ensure the LPN's Inmate assessment is reviewed for timeliness, thoroughness, and appropriateness of Inmate disposition. Findings of concern should be addressed by issuing a "call out" for the Inmate for additional evaluation.</p> <p>The Vendor shall ensure if a complaint is determined to be an emergency requiring specialized care, not available at the Institution, the Vendor shall transfer the Inmate to Outside Hospital and complete Forms DC4-701C, Emergency Room Record, DC4-708, Diagram of Injury, and DC4-781M, Emergency Nursing Log.</p>
IC-023	<p><u>Periodic Screening Encounter</u></p> <p>The Vendor shall perform a Periodic Screening Encounter every five (5) years until the Inmate is 50 years of age and annually thereafter in accordance with HSB 15.03.04 Periodic Screenings.</p> <p>Typically, this can be completed by a Licensed Nurse; however, if the Inmate is enrolled in any of the CICs, this screening and health assessment will be completed by the Clinician during one of the CIC appointments.</p> <p>The following diagnostic tests will be performed seven (7) to (14) Days prior to the Periodic Screening Encounter:</p> <ol style="list-style-type: none"> 1. Complete blood count and urinalysis by dipstick. 2. Prostate Specific Antigen, if clinically indicated, or as determined by the Clinician. 3. Lipid profile to be done at age 40 as baseline. 4. Random blood glucose by finger stick. 5. EKG, if clinically indicated or determined by the Clinician. 6. Mammogram for female Inmates 45 years of age and older, in accordance with HSB 15.03.04. Mammogram may be ordered by the Clinician for a younger Inmate if clinically indicated. 7. Stool Hemocult for Inmates 50 years of age and older. 8. Annual chest X-Ray in accordance with HSB 15.03.04.

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IC-024	<p><u>Female Health Examinations</u> The Vendor shall perform female health examinations following HSB 15.03.04, Periodic Screening and 15.03.24, Breast Cancer Screening/Mammograms.</p> <p>The Vendor shall ensure a Clinician will perform Gynecological examination and record their findings Form DC4-686, Gynecological Examination.</p> <ol style="list-style-type: none"> 1. Routine Pap smears: will be conducted every three (3) years for Inmates between the ages of 21-65 if their previous test was normal. Pap smears can be done more frequently if clinically indicated. Inmates with a prior hysterectomy for non-cancerous reasons do not require a Pap smear. 2. Additional gynecological examinations shall be performed as deemed clinically necessary by the Clinician.
IC-025	<p><u>Pregnant Inmates</u> The Vendor shall provide services for pregnant per HSB 15.03.39, Health Care for Pregnant Inmates.</p> <p>The Vendor shall ensure that an Inmate who is confirmed to be pregnant be transferred to Lowell CI for the duration of her pregnancy; she shall be referred to an Obstetrician to establish an official expected date of delivery, to receive routine prenatal care and to be screened for high-risk pregnancy and chemical addiction for obstetrical care. The Obstetrician shall follow the Inmate throughout her pregnancy and make any necessary specialist consultation referral requests. Testing and counseling shall be provided per Rule 64D-3.042, F.A.C. An APRN specialized in Gynecology may manage gynecology exams. An appropriate referral to a Gynecologist shall be made if clinically indicated.</p> <p>Unless there is documentation of a previous positive test in an Inmate's medical record, the Vendor shall offer all pregnant Inmates HIV testing. Before the testing, the Vendor shall provide counseling, including information on the potential impacts to the child and the availability of treatment if she tests positive. The HIV counseling shall be documented on Form DC4-812. If the pregnant Inmate objects to HIV testing, the Vendor shall document her refusal on Form DC4-711A (Section 384.31, F.S.). HIV, Hepatitis B (HBsAg), Gonorrhea, Chlamydia, and Syphilis testing will be offered at the initial prenatal visit and at 28 to 32 weeks' gestation (unless the first test is positive) for all pregnant women, regardless of risk behavior per Rule 64D-3.042, F.A.C. The HBsAg test is not necessary if there is a previous positive test in the medical record.</p> <p>The Vendor shall ensure Pregnant Inmates be transferred to a contracted outside hospital for the actual delivery and returned to Lowell CI when discharged by the attending Obstetrician. Post-partum care, including the six-week check-up will be provided at Lowell CI according to the orders of the attending Obstetrician. In the case of an emergency delivery at the Institution, the Inmate and the infant will be transferred to the contracted outside hospital as soon as possible and care will be provided according to the attending Obstetrician's orders.</p>
IC-026	<p>The Vendor shall ensure Institutions with Youthful Offenders (YOs) focus on health education including Sexually Transmitted Diseases, Tuberculosis, Blood Borne Pathogens, infectious diseases, personal hygiene, exercise, weight control and nutrition.</p>

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IC-027	<p>The Vendor shall provide health care to Inmates with impairments and disabilities, in accordance with the ADA, FDC procedures, and HSBs. The Clinician shall assist in placement of Inmate with impairments or disabilities to ensure that they will receive all necessary accommodations appropriate to their impairment or disability.</p> <p>The Vendor's goal should be to protect and preserve useful ranges of motion of all articulations to the extent possible. Inmate with disabilities must receive adequate assistance with their activities of daily living from trained Inmate Assistants, if clinically indicated.</p>																		
IC-028	<p><u>Chronic Illness Clinics</u></p> <p>The Vendor shall establish chronic illness clinics and enroll Inmates into such clinics according to their diagnoses. The Vendor shall evaluate, monitor, and provide continuity of care to all Inmates enrolled in those clinics listed below, per HSB 15.03.05 and all attachments pertaining to their diagnosed illness.</p>																		
IC-029	<p><u>Cardiovascular Clinic</u></p> <p>Baseline procedures: Fundoscopic exam, EKG, Comprehensive Metabolic Profile (CMP), Thyroid Stimulating Hormone, Urine Analysis by dipstick. If clinically indicated: Chest X-ray, Lipid Profile, Complete Blood Count with platelets, PTT, Prothrombin time with INR, Albumin, Creatinine, Liver Function tests.</p> <p>Follow-up: lab test(s) are determined and ordered by the attending Clinician based on findings at the previous clinic appointment. However, at a minimum, CMP and urine analysis are required annually.</p> <p>Goals:</p> <p>Hypertension-Blood pressure less than 140/90 and if diabetic blood pressure is less than 130/80.</p> <p>Hyperlipidemia see chart below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 35%;">LDL Cholesterol</td> <td style="width: 35%;">Low risk</td> <td style="width: 30%; text-align: center;"><160</td> </tr> <tr> <td></td> <td>Moderate risk</td> <td style="text-align: center;"><130</td> </tr> <tr> <td></td> <td>High risk</td> <td style="text-align: center;"><100</td> </tr> <tr> <td>HDL Cholesterol</td> <td>Men</td> <td style="text-align: center;">>40 mg/dl</td> </tr> <tr> <td></td> <td>Women</td> <td style="text-align: center;">>50 mg/dl</td> </tr> <tr> <td>Triglycerides</td> <td></td> <td style="text-align: center;"><150mg/dl</td> </tr> </tbody> </table> <p>Anticoagulation: minimize number of Clinicians prescribing/adjusting wafarin for the Inmate; establish to review each Inmate at least monthly; achieve a therapeutic INR goal within 30 Days of warfarin initiation; use single target INR value as goal endpoint (i.e., target 2.5 range 2.0-3.0); avoid major medication interactions.</p>	LDL Cholesterol	Low risk	<160		Moderate risk	<130		High risk	<100	HDL Cholesterol	Men	>40 mg/dl		Women	>50 mg/dl	Triglycerides		<150mg/dl
LDL Cholesterol	Low risk	<160																	
	Moderate risk	<130																	
	High risk	<100																	
HDL Cholesterol	Men	>40 mg/dl																	
	Women	>50 mg/dl																	
Triglycerides		<150mg/dl																	
IC-030	<p><u>Endocrinology Clinic</u></p> <p>Baseline procedures: Dilated fundoscopic exam, Urine dipstick, CMP, Lipid Profile, HbA1c are required for diabetic Inmates. Inmate with a thyroid disorder required TSH; EKG may be ordered, if clinically indicated.</p> <p>Follow-up: HbA1c (diabetic Inmate); TSH (thyroid disorder). At a minimum: CMP or CMP, Lipid Profile, Urine dipstick and dilated fundoscopic exam are to be done annually for diabetic Inmate. Inmate with thyroid disorders will need TSH annually.</p> <p>Goals: HbA1c less than 7.0; prevent end-organ damage; if diabetic, blood pressure less than 130/80 or for thyroid disorders, blood pressure less than 140/90; ACE inhibitors or ARB are prescribed for any degree of proteinuria unless contraindicated; Lipid profile range is LDL less than 100; TG less than 150 and HDI in men greater than 40mg/dl and women greater than 50mg/dl; other endocrine conditions stable with no unaddressed problems.</p>																		

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IC-031	<p><u>Respiratory Clinic</u> Baseline procedure: Chest X-Ray Follow-up: As clinically indicated Goals: Good control of medical condition (shortness of breath, wheeze, cough less than two (2) Days per week); prevent complications; asymptomatic reactive airway disease with fewer than two rescue inhalations a week of inhaled short acting beta agonist; requires only routine care; and other pulmonary conditions stable with no unaddressed problems.</p>
IC-032	<p><u>Neurology Clinic</u> Baseline: EEG, Neuro-imaging, and Serum Drug level, if applicable Follow-up: Serum Drug level, if applicable. At a minimum a CBC and CMP are required annually. Goals: Identify and classify type of seizure; avoid drug-drug interactions; minimize seizures through appropriate therapy; minimize adverse events, including potentially avoidable hospitalizations; prevent pressure ulcers in Inmates with paralysis; and other neurological conditions stable with no unaddressed problems.</p>
IC-033	<p><u>Immunity Clinic</u> Baseline: Fundoscopic exam, CD4 count with percentage, Complete Blood Count, HIV Viral load, Toxoplasma Antibody, CMV-Antibody, TSH, Chest X-Ray, CMP, UA, RPR. Hepatitis ABC screening, Pap smear. Follow-up: CD4 and CBC, HIV viral load, these tests can be done more frequently if clinically indicated. Fundoscopic exam if CD4 < 50 or if Inmate has visual complaints; Pap smear every six (6) months. Goals: Offer to screen; Identify acute seroconversion; Identify chronic infection HIV viral load undetectable (sustained viral suppression); Prevent opportunistic infection; No adverse effect from medication.</p>
IC-034	<p><u>Gastroenterology Clinic</u> Baseline: HCV Viral load, Genotype, Fasting CMP, Complete Blood Count with platelets, Liver Function test, UA Follow-up: Liver Function Test. At a minimum annually: Complete Blood Count with platelets, CMP and UA; Hepatocellular Carcinoma screening if indicated. Goals: Prevent complications; Control condition; Diagnose cirrhosis early; Determine complications, if present; and Delay decompensation.</p>
IC-035	<p><u>Miscellaneous Clinic</u> Baseline: Blood tests are ordered based on diagnosis Follow-up: As related to diagnosis or based on the clinical findings at the previous appointment. Goals: Control of medical condition and prevention of complications.</p>
IC-036	<p><u>Oncology Clinic</u> Baseline: Diagnostic procedures as recommended by Oncologist Follow-up: CBC and others, as clinically indicated Goals: Cure disease; prevent spread of malignancy; prevent complications; prolong life; and relieve suffering.</p>
IC-037	<p><u>Tuberculosis Clinic</u> Baseline: Chest X-Ray, HIV test, Liver Function Test. Sputum for AFB Smears, NAA (MTD) and culture, if clinically indicated. Follow-up: Monthly Liver Function test or as ordered by the Clinician Goals: Cure the individual Inmate and minimize the transmission of Mycobacterium tuberculosis.</p>

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IC-038	<p><u>Specialty Care</u> When Inmate's medical condition requires specialty care, the Vendor's Clinician will refer the Inmate to a specialty clinic. An attempt shall be made to provide a presumptive diagnosis to the specialist. The Clinician will review, acknowledge (by initial, date, stamp) all consultation reports; follow-up visit, testing, and medications will be ordered. Meet with Inmate to discuss results and discuss plan of care. The Clinician shall place Inmate on medical hold until their medical issue has resolved.</p>
IC-039	<p><u>Dialysis</u> The Vendor shall provide a board-certified nephrologist to supervise/oversee the operation of the Dialysis Clinic at RMC, Florida State Prison (FSP), and Lowell CI or alternate locations approved by the Department. The Nephrologist also monitors and provides care for the Inmates who require dialysis.</p>
IC-040	<p><u>Inmate Post Use of Force Assessment</u> The Vendor shall provide services to Inmates after a use-of-force incident, per Rule 33-602.210, F.A.C.</p> <p>If a chemical agent was used, a Licensed Nurse shall ensure that the Inmate receives education on the following:</p> <ol style="list-style-type: none"> 1. Importance of showering immediately and not using soap; 2. To report any difficulty breathing immediately; 3. To remain in an upright position; 4. Not apply lotion to skin; and 5. To splash cool water to eyes every five (5) to 10 minutes <p>If an Inmate refuses to shower after force using chemical agents, the Vendor's medical staff shall conduct a cell-front examination and explain to the Inmate in a clear and audible tone the purpose and potential physical implications of not completing decontamination. Medical staff members shall record notes of any decontamination consultation on Form DC4-701C, Emergency Room Record.</p> <p>Immediately following a physical or electronic immobilization use-of-force event and after the decontamination shower following a chemical agent use-of-force event, a Licensed Nurse shall examine the Inmate, including a visual inspection of the entire body, render any necessary medical treatment and document on Forms DC4-701C, Emergency Room Record, Form DC4-708, Diagram of Injury, and Form DC4-701, Chronological Record of Health Care. The Licensed Nurse shall notify the Clinician and implement any treatment ordered. The Clinician shall review and sign Form DC4-701C no later than the following Business Day. Copies of Form DC4-701C shall be filed and distributed as directed on the form.</p> <p>The attending medical staff member shall make a mental health referral for any Inmate with an S-grade of S-2 or S-3 using Form DC4-529, Staff Request/Referral. The Referral shall be forwarded immediately so that a mental health evaluation can be conducted on the Inmate following involvement in use-of-force by the following Business Day.</p>
IC-041	<p><u>Staff Care Post Use-of-Force</u> The Vendor's Clinician or Licensed Nurse shall offer all Department or Vendor staff involved in a use-of-force event a medical examination. If an examination is conducted, it should be documented on Form DC4-701C, including all injuries</p>

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	<p>claimed by the staff member or observed by the medical staff. Should the staff member decline a post-use-of-force medical examination, the Vendor's medical staff will have the employee sign Form DC4-711A, Refusal of Health Care Services, indicating an examination was offered but declined.</p>
IC-042	<p><u>Post Sexual Battery Examination</u> The Vendor shall provide services following reported sexual battery per Procedure 602.053, Prison Rape: Prevention Detection, and Response and HSB 15.03.36, Post Sexual Battery Medical Action.</p> <p>If an Inmate or staff member reports an Inmate as the alleged victim of sexual battery, the Vendor's Licensed Nurse shall:</p> <ol style="list-style-type: none"> 1. Assess the alleged victim for any life-threatening conditions or injuries, notify the Clinician immediately, and treat accordingly on the appropriate DC4-683 Protocol and document on Form DC4-683M, Alleged Sexual Battery Protocol. 2. Leave non-life-threatening injuries untreated to preserve any possible forensic evidence for the Sexual Assault Response Team (SART). 3. Notify the OIC if the nurse is the first to know. 4. Provide the alleged victim with Form DC4-711B, Consent and Authorization for Use and Disclosure Inspection and Release of Confidential Information, and complete as described in HSB 15.03.36. 5. Complete Form DC4-529, Staff Request Referral, to initiate a Mental Health Referral for the alleged victim to be seen no later than the next Business Day. 6. The Vendor shall document the PREA (Prison Rape Elimination Act) number on the appropriate DC4-700B or DC4-700C Form (Medical Encounter Coding Form – Male and Female). <p>The Vendor shall ensure after a medical screening by the SART at the Institution, the Licensed Nurse review the medical record to ascertain which of the following labs were collected:</p> <ul style="list-style-type: none"> • HIV • Hepatitis B • Hepatitis C • Syphilis • Gonorrhea • Chlamydia <p>The Vendor shall ensure if any of the above tests were not performed, the Licensed Nurse obtain a Clinician's Order to collect specimen(s) and administer treatment(s) as ordered, including prophylactic treatment. If the perpetrator is known and identified, a Clinician will order for the perpetrator to be tested for the above conditions.</p> <p>The Vendor shall ensure all female victims capable of becoming pregnant (i.e., pre-menopausal, non-pregnant, childbearing age, the uterus still intact) have pregnancy testing scheduled at the appropriate interval. Emergency contraception (e.g., Plan B One-Step) shall be kept in stock or readily available at all female Institutions/facilities and shall be offered to all alleged female victims of reproductive age, per the instructions on the medication insert.</p>

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	<p>The Vendor shall ensure repeat testing for diseases that may have been transmitted be done at intervals of four (4) weeks, three (3) months, and one (1) year. Clinicians shall repeat testing cultures and probes within two (2) weeks for female victims.</p> <p>The Vendor shall ensure an Inmate with any positive test results for trichomonas, cervicitis, or any other STD be treated by the Clinician, as clinically indicated, following current STD treatment guidelines.</p> <ol style="list-style-type: none"> 1. HIV 2. Hepatitis B 3. Hepatitis C 4. Syphilis 5. Gonorrhea 6. Chlamydia <p>The Vendor shall ensure if any of the above tests were not performed a Licensed Nurse obtain a Clinician's Order to obtain as well as for prophylactic treatment. Collect specimen(s) and administer treatment(s) as ordered.</p>
IC-043	<p><u>Pre-Special Housing Health Evaluation</u></p> <p>The Vendor shall provide evaluations before an Inmate is moved into Special Housing per Procedure 403.003, Health Services for Inmates in Special Housing. The assessment requires the Inmate's presence and includes, at a minimum, vital signs, weight, health-related inquiry (questions), and observation of any acute mental impairment.</p> <p>The Vendor shall ensure licensed health care staff, including a Clinician, RN, or LPN as soon as possible, conduct a health assessment on an Inmate before the Inmate enters Special Housing.</p> <p>The pre-Special Housing health assessment will include the following:</p> <ol style="list-style-type: none"> 1. A review of the Inmate's mental and physical health records; 2. Completion of the Risk Assessment for the Use of Chemical Restraint Agents and Electronic Immobilization Devices, Form DC4-650B, including notations if the Inmate; <ul style="list-style-type: none"> • Has a condition that may be exacerbated by chemical restraint agents such as asthma, chronic obstructive pulmonary disease, emphysema, chronic bronchitis, tuberculosis, congestive heart failure, dysrhythmia, angina pectoris, cardiac myopathy, pacemaker, pregnancy, unstable hypertension greater than 160/110, multiple sclerosis, muscular dystrophy, or a seizure disorder. • Has a condition that may be exacerbated by electronic immobilization devices (EID) such as seizure disorder, multiple sclerosis, muscular dystrophy, pacemaker, or is pregnant. 3. A determination of any medication being taken by the Inmate that will be continued while in a Special Housing unit; 4. Identification of scheduled health appointments for callout; 5. Physical assessment on Form DC4-769 that determines any current health complaints; 6. Evaluation of any physical or mental complaints using the appropriate DC4-683 protocol form; 7. Observing the Inmate for signs of acute mental impairment;

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	<p>8. Addressing any concerns to ensure continuity of care for the Inmate in Special Housing; and</p> <p>9. Documentation of the overall fitness of the Inmate for Special Housing.</p> <p>The omission of any of the above actions during a health assessment requires written justification by the Vendor's health care staff. Same-Day written notification on Form DC4-529, will be provided by the Vendor's medical staff to the Vendor's mental health staff for any S-2 and S-3 Inmates placed in Special Housing. On weekends or holidays, mental health staff will be notified the next Business Day.</p>
IC-044	<p><u>Special Housing</u></p> <p>The Vendor shall ensure a Clinician visits Special Housing at least once a month to assess overall conditions of the housing and ensure that Inmates in Special Housing have access to and receive adequate health care. Inmates scheduled to see Clinicians will be seen in the Exam Room in each Special Housing unit, as defined in Procedure 403.003, Health Services for Inmates in Special Housing, and related FDC forms.</p> <p>The Vendor shall administer medication cell front in Special Housing units as ordered by the Clinician. A Licensed Nurse shall document when medication is administered using Form DC4-701A, Medication and Treatment Record</p> <p>The Vendor shall ensure the CHO/SMD designate qualified health care staff (for nursing, only a Licensed Nurse shall be assigned) to perform daily health care rounds in Special Housing. Special Housing rounds shall be performed at least once daily during waking hours at Major Institutions. These rounds are intended to be a medical screening, not designed to provide treatment (unless an emergency).</p> <p>Rounds shall include:</p> <ol style="list-style-type: none"> 1. Asking each Inmate whether they have any medical or mental health complaints, receiving a response from the Inmate, and observing each Inmate to verify if there are any obvious health problems. 2. If a Licensed Nurse is performing rounds, once he/she has checked on every Inmate, the Nurse shall sign Form DC4-696, Nursing Special-Housing Rounds. <p>The Vendor's Clinician shall evaluate and document an appraisal on the Form DC4-701 if an Inmate refuses medical treatment or the Inmate's condition has visibly deteriorated. Any refusal for health care services or procedures will be fully documented in the medical record and on Form DC4-711A, Refusal of Health Care Services.</p> <p>The CHO/SMD or other designated Clinician shall visit the Special Housing areas at least once each month to evaluate the effectiveness of the health care provider visits and determine the area's general sanitation. Whenever a facility does not have an assigned Clinician, the Regional Medical Director will ensure appropriate coverage is provided.</p> <p>Visits shall be documented on Form DC4-694, Monthly Special Housing Inspection, and shall include:</p> <ol style="list-style-type: none"> 1. A check of general environmental health and sanitation conditions;

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	<ol style="list-style-type: none"> 2. Any specific health concern for Inmates expressed by health care staff, security staff, or Inmates; and 3. Identification of any special attention that an Inmate requires, documented on Form DC4-701. <p>The Vendor shall provide a copy of the completed Form DC4-694, Monthly Special Housing Inspection, with the results of the monthly visit to the Warden and the Institution's Chief of Security.</p>
IC-045	<p><u>Infirmiry Care</u></p> <p>The Vendor shall provide infirmiry services per HSB 15.03.26, Infirmiry Services and Nursing Manual. All infirmiry Inmates must be within sight or sound of the Vendor or health services staff at all times.</p> <p>The Vendor's Clinician shall provide infirmiry care, including:</p> <ol style="list-style-type: none"> 1. Admission physical examination; 2. Admission orders as clinically indicated (such as diagnosis, medications, lab, X-ray, EKG, ultrasound, diet, activities, and IV fluid); 3. Daily rounds to monitor and assess Inmates' health status, give new treatment plans, or give orders as necessary; 4. Long term care; 5. Continuity of care, continue maintenance medication regimen and refer to Palliative Care when appropriate; 6. Discharge orders including medications and discharge summary, diagnoses, follow-up diagnostic testing/labs, and consultation(s); and 7. If the Inmate is not responding or improving with infirmiry care, the Clinician shall refer the Inmate to the nearest community hospital for further evaluation and treatment. <p>The Vendor's Licensed Nurses shall provide the following infirmiry care:</p> <ol style="list-style-type: none"> 1. Rounds every two (2) hours for all Inmates in the Infirmiry and documented on Form DC4-717, Infirmiry Inmate Rounds Documentation Log (a CNA may perform these rounds with referral to a Licensed Nurse on duty if any issues are identified); 2. A sufficient number of Licensed Nurses available to meet the Inmates' needs based on the number of Inmates, the severity of their illnesses, and the level of nursing care required; 3. Complete Form DC4-529, Staff Request/Referral, for all Inmates admitted to the infirmiry for mental health reasons, and ensure the referral is provided to the Vendor's mental health staff; 4. Log admissions and discharge for inpatient admissions (acute, chronic, or IMR/SHOS) using Form DC4-797E, Infirmiry Log Inpatient, for Inmates with acute, chronic (long-term care) needs or on IMR/Self-Harm Observation Status (SHOS); and 5. Log admissions and discharge for outpatient admissions (23-hour observation and test preparation/specimen collection) using Form DC4-797B, Infirmiry Log Outpatient. <p>An RN shall be available on-site at all times if there are Inmates in the Infirmiry to oversee Inmates' care. Daily Clinician rounds can be completed via telephone rounds on weekends and State holidays by making calls to the infirmiry's charge nurse.</p>

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IC-046	<p>The Vendor shall ensure Inmates admitted into the infirmary for 23-hour observations have one of the following dispositions documented on Form DC4-714B, Clinician's Order Sheet.</p> <ol style="list-style-type: none"> 1. The Inmate is discharged back to their dorm once their condition has improved, up to 23 hours from admission; 2. If the condition does not improve, the Inmate may be admitted to the Infirmary as an acute Inmate, if clinically appropriate (Clinician shall complete form DC4-714D, Infirmary Admission Orders Sheet); or 3. If the Inmate's condition has worsened past the level of care available in the Infirmary, the Inmate shall be transferred to an Outside Hospital for care and treatment.
IC-047	<p><u>Infirmary Admissions</u></p> <p>The Vendor shall ensure in infirmary admissions:</p> <ol style="list-style-type: none"> 1. A Licensed Nurse shall complete an assessment on all Inmates admitted for acute status, chronic (long-term care) status, or IMR/SHOS, documented using Form DC4-732, within two (2) hours of admission to the infirmary. 2. A Licensed Nurse shall complete an assessment on all Inmates admitted for 23-Hour Observation and document on Form DC4-732B, within one (1) hour of infirmary admission. 3. A Licensed Nurse shall complete a focused assessment on all stable Inmates currently in the infirmary for test preparation/specimen collection, documented on Form DC4-732A, within one (1) hour of their arrival at the infirmary.
IC-048	<p><u>Infirmary Nursing Evaluations</u></p> <p>The Vendor shall ensure in infirmary nursing evaluations:</p> <ol style="list-style-type: none"> 1. Acute Patients shall be assessed by a Licensed Nurse every eight (8) hours, including vital signs documented on Form DC4-684, Infirmary/Hospital Daily Nursing Evaluation. A Licensed Nurse shall assess, treat, and document all new Patient health complaints using the appropriate DC4-683 Protocol Series. Nursing staff should document all additional nursing notes on Form DC4-714A, Infirmary Progress Record. 2. Chronic (long-term care) Patients shall be evaluated daily by a Licensed Nurse, if the Patient is stable, documented on Form DC4-714A, Infirmary Progress Record, in SOAPIE format. The RN or Clinician shall modify the plan if the desired outcome is not achieved. 3. IMR/SHOS Infirmary Patients shall be observed every 15 minutes by a Licensed Nurse, CNA, or security staff assigned to the infirmary documented on Form DC4-650, Observation Checklist. A Licensed Nurse must evaluate the Patient every eight (8) hours, documented on Form DC4-673B, Mental Health Daily Nursing Evaluation. A Licensed Nurse shall assess, treat, and document all new Patient health complaints using the appropriate DC4-683 Protocol Series. Nursing staff should document all additional nursing notes on Form DC4-714A, Infirmary Progress Record. 4. 23-hour observation Patients and test preparation/specimen collection Patients shall be evaluated by a Licensed Nurse every eight (8) hours, including vital signs, documented on Form DC4-732B. A Licensed Nurse shall assess, treat, and document all new Patient health complaints using the appropriate DC4-683. Additional nursing notes shall be documented on Form DC4-701, in SOAPIE format. An RN or Clinician shall modify the plan if the desired outcome is not achieved.

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IC-049	<p><u>Infirmary Patient Weights</u> The Vendor staff shall weigh acute, chronic (long-term care), 23-hour observation; and IMR/SHOS Patients upon admission and then as follows:</p> <ol style="list-style-type: none"> 1. Acute Patients: as ordered by Clinician; 2. Chronic (long-term care) Patients: weekly; 3. IMR/SHOS Patients: as ordered by Clinician; and 4. Test preparation/specimen collection Patients: as ordered by a Clinician.
IC-050	<p><u>Infirmary Weekend/Holiday Clinician Rounds</u> A Licensed Nurse shall call the on-call Clinician on Saturday, Sunday and State holidays to provide the Clinician with current Patient nursing assessment information for acute medical and mental health admissions.</p> <p>The Licensed Nurse shall document the conversation with Clinician on the on Form DC4-714A, Infirmary Progress Record, and document any new Clinician Orders, using Form DC4-714B, Clinician's Order Sheet.</p>
IC-051	<p><u>Infirmary Discharge:</u> When a Clinician writes the order to discharge a Patient from the infirmary, the nursing staff will complete a nursing discharge note on the progress note form or nursing daily assessment form.</p> <p>A Licensed Nurse shall complete a discharge evaluation and education that includes the following:</p> <ol style="list-style-type: none"> 1. Nursing assessment (note wounds or dressings); 2. Current Patient complaints, if any; 3. Patient education, including medication information; 4. Discharge instructions, including signs and symptoms to watch for, and when to return to the medical department; 5. A follow-up appointment with the Clinician; 6. The Patient's understanding of the discharge instructions; and 7. Disposition of the Patient (Document where the Patient was discharged to). <p>The Licensed Nurse shall document the discharge evaluation and education using the following:</p> <ol style="list-style-type: none"> 1. For acute and chronic (long-term care) admissions: Form DC4-684, Infirmary/Hospital Daily Nursing Evaluation; 2. For IMR/SHOS admissions: Form DC4-673B, Mental Health Daily Nursing Evaluation, or Form DC4-714A, Infirmary Progress Record; 3. For 23-hour observation admissions: Form DC4-732B, Infirmary Outpatient Admission 23-Hour Observation Nurses Note; and 4. For test preparation/specimen collection admissions: Form DC4-732A, Infirmary Outpatient Admission Test Preparation or Specimen Collection.
IC-052	<p><u>Palliative Care</u> The Vendor shall provide palliative care per HSB 15.02.17, Palliative Care Program Guidelines and Nursing Manual. The Vendor's Clinician shall work closely with its nursing staff and mental health staff, along with the FDC's chaplain, security staff, and classification staff, as a member of the Interdisciplinary Team to provide compassionate care for Inmates with advanced stage terminal illnesses in the last phase of his/her life per HSB 15.02.17, Palliative Care Program Guidelines.</p>

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	<p>The primary goals are to provide comfort care to alleviate pain while continuing maintenance medication regimens. A Licensed Nurse shall provide direct nursing services, provide case management services, and give supportive care to palliative Patients. A Licensed Nurse shall complete an assessment of the Patient at the beginning of each eight-hour shift and documented on Form DC4-701, Chronological Record of Health care.</p> <p>When transferring a Patient into palliative care, the transferring facility RN shall complete:</p> <ol style="list-style-type: none"> 1. Form DC4-760F, Palliative Care Program Nurses Referral, and verify consent for palliative care is in the medical record. 2. Document instructions and the counseling provided for Patient at discharge. 3. Complete the transfer section of Form DC4-760A, Health Information Transfer/Arrival Summary. <p>The receiving facility RN shall complete:</p> <ol style="list-style-type: none"> 1. Complete the Arrival section of Form DC4-760A, Health Information Transfer/Arrival Summary; 2. An initial nursing assessment on Form DC4-732, Infirmery/Hospital Admission Nursing Evaluation; 3. Within 24 hours of admission confer with the attending Clinician to obtain orders for treatment, medication, advanced directives, and release of information as indicated by the Patient; and 4. On-going assessments on Form DC4-701, Chronological Record of Health care, throughout her/his length of stay. <p>A Licensed Nurse shall provide the following supportive care to palliative Patients:</p> <ol style="list-style-type: none"> 1. Works with the Patient's attending Clinician to plan interventions that control and or alleviate the Patient's symptoms, including pain. 2. Ensures that nursing provided by subordinates is delivered in a manner consistent with palliative goals and objectives, through reviewing records and direct observation. 3. Participates as a team member of the Interdisciplinary team, assuming responsibility for the management of Patient care. 4. Monitors the overall well-being of the Patient and coordinates the services of other disciplines between meetings of the Interdisciplinary team. 5. Documents the Patient's Plan of Care, as conceived by the Interdisciplinary team on Form DC4-701, Chronological Record of Health Care, following the meeting. 6. Chart any additional problems and interventions on Form DC4-701, Chronological Record of Health Care.
IC-053	<p><u>Fall Risk Assessment</u></p> <p>The Vendor shall provide care in accordance with the Nursing Manual. A Licensed Nurse shall complete a fall risk assessment upon all acute and chronic admissions into the Infirmery and document using Form DC4-684A, Morse Fall Scale. Ongoing fall risk assessments shall be completed and documented by a Licensed Nurse as follows:</p> <ol style="list-style-type: none"> 1. Daily on all Acute Patients; 2. Weekly on all Chronic Illness Patients; and 3. As needed for changes in the Patient's cognitive dysfunction (dementia, delirium); impaired mobility; or medication that may affect the Patient's balance.

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	<p><u>Post-Fall Assessment</u> If a Patient does fall, a Licensed Nurse shall assess the fall and complete a new Form DC4-684A, Morse Fall Scale and Form DC4-684B, Post Fall Protocol, and fall risk assessment for each one.</p>
IC-054	<p><u>Pressure Ulcer Prevention</u> The Vendor shall provide care following the Infection Control Manual. The Vendor shall establish an interdisciplinary team with defined roles and responsibilities to oversee pressure ulcer prevention for Inmates in the inpatient setting. The Vendor shall provide ongoing education to the Patient and all members of the health care team regarding pressure ulcer prevention and treatment.</p> <p>The Vendor shall provide Clinicians with expertise to provide initial and ongoing pressure ulcer prevention education, including how to accurately stage and treat pressure ulcers. The Vendor shall maintain, encourage, and preserve activities of daily living (ADLs) as much as possible. The Vendor shall also protect and prevent skin breakdown secondary to extended immobility.</p> <p>A Licensed Nurse shall complete the admission and a Licensed Nurse shall complete the daily assessments, as outlined in the infirmary requirements above, that includes Braden Scale and performs head to toe skin inspections for all Patients upon admission and document any alteration in skin color, temperature, texture, turgor, consistency or moisture. A Licensed Nurse shall repeat the head-to-toe skin assessment, as required. Document, as required, and communicate the results of the pressure ulcer risk assessment, skin assessments and the pressure ulcer prevention plan to all members of the health care team.</p> <p>The Vendor shall establish a pressure ulcer prevention plan, targeted to the Patient identified risk factors, that aims to:</p> <ol style="list-style-type: none"> 1. Minimize or eliminate friction and shear; 2. Minimize pressure with off-loading and support surfaces; 3. Manage moisture; and 4. Maintain adequate nutrition. <p>The Vendor shall monitor compliance with pressure ulcer prevention practices through auditing the process measures (e.g., percentage of Patients with documentation of risk assessment and skin inspection at admission, percentage of at-risk Patients with an appropriate pressure reduction surface in place). This ongoing monitoring should allow the Vendor to continually monitor the effectiveness of the pressure ulcer prevention program through ongoing monitoring of outcome measures. The Vendor shall investigate every occurrence of stage III or stage IV pressure ulcers to identify what system failures and factors contributed to the occurrence of these pressure ulcers through a root cause analysis and identify opportunities for improvement.</p>
IC-055	<p><u>Self-Harm Observation Status</u> The Vendor shall provide care in accordance with Procedures 404.001, Suicide and Self-Injury Prevention and 404.002, Isolation Management Rooms and Observation Cells and HSB 15.05.18, Outpatient Mental Health Services.</p> <p>The Vendor shall ensure when an Inmate is referred for observation, pursuant to the above procedures, the Licensed Nurse shall complete a Patient assessment on Form</p>

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	<p>DC4-683A, Mental Health Emergency Protocol; Form DC4-529, Staff Request/Referral; and Form DC4-781M, Emergency Nursing Log. The Vendor's mental health staff shall direct the FDC's security staff to place the Inmate in an IMR, or Observation Cell, if an IMR is not available. After-hours, a Licensed Nurse may provide direction to place the Inmate. The Licensed Nurse shall obtain a verbal order from the on-call Clinician and document the order on Form DC4-714B, Clinician's Order Sheet.</p> <p>When the Inmate is housed in an IMR or an Observation Cell in the infirmary, the Vendor's medical staff shall observe the Inmate at the frequency specified in the SHOS order (either every 15 minutes or continuously). If the cell is located within a housing unit, FDC will be responsible for observing the Inmate. Staff will document observations of Inmates on SHOS every 15 minutes on Form DC4-650, Observation Checklist. Licensed Nursing staff shall complete a Patient assessment once every eight (8) hours and document on Form DC4-673B, Mental Health Daily Nursing Evaluation.</p>
IC-056	<p><u>Psychiatric Restraint Use</u></p> <p>The Vendor shall provide care in accordance with HSB 15.05.10, Psychiatric Restraint. For Institutions with a mental health inpatient unit, these services shall be provided by the Vendor's mental health staff.</p> <p>The Vendor shall ensure a Licensed Nurse completes an assessment on the Inmate prior to restraint application using Form DC4-683A, Mental Health Emergency Protocol. In an emergency, restraints can be authorized by an RN, who begin the process of obtaining an order from a Clinician within 15 minutes of initiating restraints. The health care professional granting authorization for restraints shall prepare, date, and sign Form DC6-232, Authorization for Use-of-Force. Documentation of a telephone order must include the content specified below and be countersigned by a Clinician during the next regular Business Day.</p> <p>The Clinician's order, documented on Form DC4-714B, Clinician's Order Sheet, or within the EMR shall accompany each use of restraints and cannot be repeated on an as-needed (PRN) basis. The Clinician's order for restraints shall be documented in the infirmary and include the following:</p> <ul style="list-style-type: none"> • Date and time • Duration • Purpose • Release Criteria • Authorization for the use-of-force <p>The Vendor's staff shall provide continuous observation of any Inmate undergoing psychiatric restraint. Either direct observation or video monitoring equipment may be used. Observations will be noted every 15 minutes and continued until the use of restraints is terminated. Nursing staff shall document pertinent observations and checks on Form DC4-650A, Restraint Observation Checklist. Nursing staff shall make observations of respiration and satisfactory circulatory status (e.g., respiration rate, nail beds, skin warm to touch, etc.) every 15 minutes.</p> <p>The Vendor shall ensure nursing staff check the restraints every 60 minutes for rubbing and excessive looseness or tightness and remind the Inmate (if awake) of</p>

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	<p>the 30-minute rule release criteria. An incidental note will be made in the record hourly to note the Inmate's condition, behavior, and monitoring activities. Nursing Staff will exercise the Inmate's restrained limbs every two (2) hours. One (1) limb will be released at a time and placed back into restraints before releasing the next limb for exercise. Each limb will be exercised for at least one (1) minute. A bedpan or urinal will be offered every two (2) hours. Fluids will be offered every two (2) hours. Staff will prop-up an Inmate in four (4) point restraints to minimize the risk of the Inmate choking on the fluids. Meals will be offered during regular mealtimes. Nursing Staff will feed the restrained Inmate. Staff will prop-up an Inmate in four (4) point restraints to a seated position to minimize the risk of the Inmate choking. vital signs shall be taken at the end of the restraint period.</p> <p>The Vendor shall ensure the Inmate be released from ambulatory or four (4) point restraints when the 30-minute rule is met. The Inmate must remain calm for 30 continuous minutes, that is, not display any verbal or physical signs of agitation, before releasing her/him from restraints. The clinical lead staff member, as defined in HSB 15.05.10, will determine when the release criteria have been met.</p> <p>The Vendor shall ensure upon release from restraints, the Inmate remain under constant visual observation for 30 additional minutes to monitor for continuous calm behavior. Restraints will be reapplied if, within 30 minutes following release from restraints, the individual displays agitation. The restraints will be reapplied under the current restraint order (so long as the order has not expired).</p>
IC-057	<p><u>Therapeutic Diets</u> The Vendor shall prescribe any necessary therapeutic diets per Procedure 401.009, Prescribed Therapeutic Diets.</p> <p>The Vendor's Clinician shall complete Form DC4-728, Diet Prescription/Order for all therapeutic diet prescriptions/orders, and print the orders from the EMR with the following distribution by the Vendor's staff:</p> <ul style="list-style-type: none"> • One (1) copy to the Inmate; and • One (1) copy emailed to food service staff. <p>The CHO/SMD, or designee, shall review the Form DC4-668 concurrently with medical charts when considering renewal of a therapeutic diet. As a result of the review, the following action will be taken:</p> <ol style="list-style-type: none"> 1. Any Inmate, following the orientation, who misses 10% or more of her/his meals during any month shall be called to medical to sign Form DC4-711A and the diet will be discontinued accordingly. 2. If the Inmate refuses a special diet or is found consuming a regular tray when known to be on a therapeutic diet, s/he will be directed by the FDC's security staff to return to the health services unit to sign Form DC4-711A for the therapeutic diet. 3. Therapeutic diet counseling will be documented on Form DC4-701, Chronological Record of Health Care. <p>Unless unusual medical circumstances exist, the CHO/SMD, or designee, may refuse to re-prescribe a therapeutic diet for an Inmate who has been non-compliant. The Vendor shall notify food services of any Inmate who has been removed from her/his</p>

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	therapeutic diet, via email or by writing a new diet prescription that indicates the therapeutic diet was discontinued.
IC-058	<p><u>Hunger Strikes</u> The Vendor shall provide care of hunger strikes per Procedure 403.009, Management of Hunger Strikes. Nursing staff are to perform an initial assessment of the Inmate on form DC4-683RR, Hunger Strike Protocol, within 30 minutes of being notified of the Inmate's hunger strike.</p> <p>The Vendor's Clinician will determine if placement in the infirmary is necessary based upon the Inmate's medical history and clinical findings. If clinically indicated, a Clinician shall admit the Inmate to the infirmary as an acute admission.</p> <p>A Clinician shall complete the following:</p> <ol style="list-style-type: none"> 1. Baseline history and physical examination including weight and vital signs 2. Order laboratory testing <ul style="list-style-type: none"> • Metabolic panel • Complete blood count • Urinalysis • Repeat tests, as clinically indicated 3. Daily follow-up, which includes clinical observation for signs of dehydration or malnutrition, vital signs, and weight, can be performed by a Licensed Nurse making daily sick call rounds in Special Housing. <p>A Licensed Nurse shall document the follow-up in the Inmate's medical record on Form DC4-684D, Hunger Strike Daily Nursing Assessment. Daily follow-up for Inmates in the infirmary shall be completed, in accordance with infirmary care for acute admissions. Daily physical follow-up assessments will also be scheduled for all hunger strike Inmates who are not admitted to the infirmary.</p> <p>Nutritional and fluid intake shall be documented after each meal. A psychological or psychiatric evaluation should be requested for any Inmate engaged in a hunger strike to determine whether the hunger strike is associated with a mental disorder.</p> <p>In a difficult case where the rapidly changing situation requires Clinician availability 24 hours per Day, the Inmate shall be transferred to a site with 24-hour Clinician availability, in accordance with Procedure 401.016, Medical Transfers.</p>
IC-059	<p><u>EKG Services</u> The Vendor shall ensure EKG Services are available at the Major Institutions and annexes at all times. EKG equipment shall be properly and safely maintained.</p> <p>The Vendor shall ensure all EKG's shall be performed by trained staff and a printed EKG report shall be available immediately and placed in the chart. The Clinician reading the EKG Report shall determine when an Inmate requires treatment, consult, or offsite evaluation.</p> <p>If requested by the Clinician, the Vendor shall provide a review by a cardiologist.</p> <p>All EKGs shall be reviewed by a Clinician: Immediately for the following:</p> <ul style="list-style-type: none"> • chest pain; • new abnormal EKG results;

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	<ul style="list-style-type: none"> • unchanged abnormal with new or increasing symptoms; • abnormal vital signs; and <p>Next Business Day for the following:</p> <ul style="list-style-type: none"> • normal EKG results; or • unchanged abnormal EKG results and no new cardiac symptoms.
IC-060	<p><u>Laboratory Testing</u></p> <p>The Vendor shall be responsible for all laboratory and phlebotomy services, including staff, supplies, and equipment. The Vendor shall provide or subcontract for laboratory services that are not available on-site.</p> <p>The Vendor's Clinician shall write order(s) for all laboratory or diagnostic test(s) using Form DC4-714B, Clinician's Order Sheet. A Licensed Nurse shall note all lab/diagnostic orders as required. Inmate Lab appointments shall be scheduled, as ordered by a Clinician, in EMR by the Vendor's staff.</p> <p>The Vendor shall ensure a Phlebotomist or trained nursing staff (RNs, LPNs, or CNAs):</p> <ol style="list-style-type: none"> 1. Collect all Inmate specimen(s) as ordered by a Clinician. <ol style="list-style-type: none"> a) If an Inmate refuses specimen collection, have the Inmate sign Form DC4-711A, Refusal of Health Care Services Form; b) notify the appropriate Clinician of the refusal the same Day; and c) document the refusal on Form DC4-701, Chronological Record of Health care. 2. Document all required information on Form DC4-797H, Laboratory Log (Inmate name, DC#, type of lab test ordered date of order, date and time drawn) on the Day that the specimen is collected. 3. Retrieve and print all laboratory results from the laboratory service provider daily and alert the appropriate Clinician of any critical values immediately. 4. Document all lab results and the date received on Form DC4-797H, Laboratory Log. 5. Lab reports shall be placed in the corresponding Inmate's health care record within 72 hours of receipt of the report, except for critical notifications, which shall be brought to the appropriate Clinician immediately. 6. Monitor lab results for new positive Hepatitis B, Hepatitis C, HIV, MRSA, STD and TB results. 7. Review culture and sensitivity reports to compare with Inmate's prescribed antibiotics and notify the appropriate Clinician as soon as possible of any Inmate's report that shows that there is resistance to a current prescribed antibiotic therapy. 8. Ensure that the appropriate Clinician has reviewed and initialed/signed the labs. 9. Ensure that the appropriate Clinician has notified the Inmate of the results and it is documented on Form DC4-701, Chronological Record of Health Care. 10. Ensure all reportable diseases and conditions are reported to the DOH by a Clinician within the timeframes required in Section 381.0031, F.S., and Chapter 64D-3, F.A.C., and documented on Form DC4-710, Communicable Diseases Record. <p>A Clinician shall review all lab results, initial the report once reviewed, and notify the Inmate of the results, documenting Patient notification on Form DC4-797H,</p>

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	Laboratory Log. The Clinician shall address and treat all abnormal results as clinically indicated.
IC-061	The Vendor shall perform all genetic testing, as outlined in HSB 15.02.18, Genetic Testing.
IC-062	<p><u>Radiology</u> The Vendor shall provide radiology services for the detection, diagnosis, and treatment of injuries and illnesses. All x-rays must be provided in a digital format. Referral for specialized diagnostic imaging shall be available and completed as clinically necessary. The Vendor shall ensure radiology services comply with all applicable laws, rules, and regulations.</p>
IC-063	<p><u>Discharge Planning</u> The Vendor shall provide discharge planning per HSB 15.03.29, Prerelease Planning for Continuity of Health Care. The Vendor shall be responsible at each Institution for coordinating the health care portion of the Department's re-entry initiative.</p> <p>The Vendor's Clinician shall complete a pre-release assessment on each Inmate, as applicable and document on Form DC4-549, Prerelease Health Care Summary in the following time frames:</p> <ol style="list-style-type: none"> 1. Inmates with clinically significant functional impairment 180 Days prior to EOS; and 2. Inmates without placement needs between 30 and 60 Days prior to EOS. <p>The Vendor shall ensure all prerelease Inmates that are referred to a community provider have a completed Form DC4-711B, Consent and Authorization for Use and Disclosure Inspection and Release of Confidential Information for all relevant providers or entities at the time of release.</p> <p>The Vendor shall provide all pre-release Inmates who choose not to sign Form DC4-711B at the time of release, a blank Form DC4-711B for follow-up after release. The Vendor shall also provide all prerelease Inmates with the address and telephone number of the inactive storage warehouse locations where EOS health records are maintained.</p> <p>The Vendor shall provide all Inmates who require immediate medical attention or continuity of care, as determined by the CHO/SMD or Clinician, copies of the Prerelease Health Care Summary, DC4-549, along with other pertinent or vital health information to support any specific diagnoses at the time of release.</p> <p>The Vendor shall provide copies of pertinent health information at the time of release to aid Inmates with applications for disability, employment requirements, vocational rehabilitation services, county health department services, private Clinician treatment/care, etc.</p>
IC-064	<p><u>Tuberculosis Discharge Planning</u> The Vendor shall comply with HSB 15.03.18 and notify the DOH as part of discharge planning and to ensure continuity of care for Inmates currently receiving treatment for Tuberculosis Disease or Infection.</p> <p>A Licensed Nurse shall complete Form DC4-758, Tuberculosis EOS Health Information Summary, before release. The Licensed Nurse shall also contact the</p>

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	county health department in the county where the Inmate will be residing before or at release, to ensure continuity of care.
IC-065	<p><u>HIV Pre-Release Planning</u> The Vendor shall provide care per HSB 15.03.08. FDC pre-release planning staff will establish an appointment for the Inmate at the local county health department or community provider as soon as his/her EOS date is known.</p> <p>The Vendor shall provide the following information from the Inmate's medical record to the appropriate county health department or community provider where the Inmate will receive health care after release:</p> <ol style="list-style-type: none"> 1. HIV test result showing a Western Blot confirmation of a positive result. 2. Latest CD4 count. 3. Latest viral load test result (if done). 4. Documentation of opportunistic infections and AIDS defining illnesses (lab reports, CXR results, and/or notes). 5. Latest TST test date and results. 6. Date of pneumococcal and influenza vaccine. 7. Antiretroviral history and current treatment.
IC-066	<p><u>Mandatory HIV End of Sentence (EOS) Testing</u> The Department is required by Section 945.355, F.S., to test all Inmates for HIV prior to the end of their sentences. Accordingly, all Inmates shall be scheduled for an HIV test 180 Days prior to their date of EOS. If the Inmate refuses the test, they will be advised of the possible benefits of having such testing performed and the requirement by the Florida Statutes. The Vendor will ensure the Inmate signs a DC4-711A, Refusal of Health Care Services within 60 Days of EOS if they still wish to refuse.</p> <p>Inmates with a previous positive HIV test are exempt from this requirement. Inmates with a negative HIV test within one (1) year from their EOS date are also exempt from this requirement.</p> <p>If an Inmate's HIV status is unknown to the Department, the Vendor staff shall perform an HIV test on the Inmate no less than 60 Days prior to the Inmate's release date.</p> <p>The Vendor shall record the results of the HIV test in the Inmate's medical record on Form DC4-710, Communicable Diseases Record.</p>
IC-067	<p><u>EOS Medication and Medical Equipment/Supplies</u> The Vendor's Clinician shall order release medications, medical equipment or medical supplies at the time of the EOS assessment to ensure delivery to the Institution before the Inmate's release. Such medications, medical equipment, and medical supplies shall be placed in a designated secure location in the medical unit for issuance upon release.</p> <p>Inmates with a chronic illness shall have their maintenance medications prescribed for up to 14 Days if deemed indicated. However, HIV medications, shall be provided for 30 Days at all times.</p> <p>Inmates with an acute illness shall have enough medication prescribed to complete the therapy regimen. Care must be exercised in prescribing medications with the potential for abuse.</p>

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	<p>A Licensed Nurse shall place EOS medication received from the Department's pharmacy in a bin, basket, or tray in the institutional pharmacy.</p> <p>A Licensed Nurse will create a call-out list for EOS Inmate(s) to pick up their medication and ensure each EOS Inmate signs for the medication just as they would for any Keep On Person (KOP) medication.</p>
IC-068	The Vendor shall take proper precautions and promptly transmit the appropriate reports to the DOH, outside hospitals, and health care delivery facilities and notify the Department's Office of Health Services when communicable diseases are diagnosed.
IC-069	The Vendor shall implement an Infection Control Program, which includes concurrent surveillance of Inmates and staff, preventive techniques, and treatment and reporting of infection in accordance with local and State laws. The program shall be in compliance with CDC guidelines on universal precautions and OSHA regulations.
IC-070	The Vendor shall administer a Bloodborne Pathogen Control Program according to National Guidelines and Department practices. The Vendor must comply with all provisions of this plan.
IC-071	<p><u>Infection Control Nurse Orientation Training</u></p> <p>The Vendor shall provide infection control orientation and training to each institutional Infection Control Nurse (ICN) and, upon completion, provide the Office of Health Service with a written documentation of their training completion (certificate) and maintain the Certificate on file for each ICN at the appropriate Institution.</p>
IC-072	The Vendor shall ensure as part of the Infection Control Program, the Vendor administer an Immunization Program, according to the National Recommendations of Advisory Committee on Immunization Practices (ACIP), a Tuberculosis Control Program according to CDC guidelines and YO Institutions shall participate in the Federal Vaccines for Children Program (VFC). This program provides all vaccines used in youth settings, including but not limited to HBV, at no cost to the Department. The Vendor's personnel shall register for this program.
IC-073	<p><u>Employee Health Program:</u></p> <p>The Vendor shall be responsible for an employee health program for each Institution, which includes the Vendor's completion of the following for FDC staff:</p> <ol style="list-style-type: none"> 1. TB screening and testing; 2. Hepatitis B vaccination series or any other vaccinations provided by the Department; 3. Immediate review and initial treatment of exposure incidents; and 4. Completion of the appropriate records and forms (actual records are to be made available to the Department's Human Resource office upon verifiable request).
IC-074	The Vendor shall provide screening, evaluation/assessment, and necessary treatment for Inmates who are identified as having Gender Dysphoria, as outlined in Procedure 403.012, Identification and Management of Transgender Inmates and Inmates Diagnosed with Gender Dysphoria. Only a provisional diagnosis of Gender Dysphoria can be given prior to the completion of a comprehensive psychological evaluation, in accordance with Procedure 403.012. The provisional diagnosis must be agreed upon by the Multi-Disciplinary Services Team (MDST) at each facility. At Institutions without an MDST, the provisional diagnosis may be made by a Psychologist or behavioral health specialist. The Vendor's Regional Mental Health Director shall review all provisional diagnoses charts/records prior to submission to the Office of Health Services for processing.
IC-075	The Vendor shall provide services to Inmates with hearing, mobility and vision disabilities in accordance with HSB 15.03.13, Assignment of Health Classification

Institutional Care Requirements (IC)	
No.	Requirement
	Grades to Inmates, and HSB 15.03.25, Services for Inmates with Auditory, Mobility, or Vision Impairments and Disabilities (including HSBs 15.03.25.01, 15.03.25.02, 15.03.25.03, and all appendices); and shall respond promptly to inquiries received from the Department regarding the status of individual Inmate Patient cases.
IC-076	The Vendor shall treat all hernias as required in HSB 15.03.47, General Guidelines for Management of Hernias; and shall respond promptly to inquiries received from the Department regarding the status of individual Inmate Patient cases.
IC-077	The Vendor shall treat Inmates with Hepatitis C in accordance with HSB 15.03.09, Supplement 3, Management of Hepatitis C, and the Department's provided treatment plan; and shall respond promptly to inquiries received from the Department regarding the status of individual Inmate Patient cases.
IC-078	<p><u>Screening, Testing, and Treatment of Hepatitis C (HCV)</u></p> <p>The Vendor shall ensure that Patients receive a progression of screening labs, as needed, to prioritize Inmate Patients for treatment. All Patients will have lab tests for Hepatitis C (HCV) antibodies. Positive HCV antibody results will be reflexively assayed for viral load. Positive viral loads will be reflexively assayed for Fibrosure, which will provide the fibrosis score. All Inmate Patients with a fibrosis score of F2, or above, will receive an abdominal ultrasound to test for indications of advanced hepatic fibrosis.</p> <p>Some Patients will also need to be tested for HIV, as clinically indicated, for treatment prioritization. Also, Patients will receive routine lab testing during treatment, followed by a test for a sustained viral response (SVR) at 12-weeks post-treatment. The SVR will verify whether the treatment was successful.</p>
IC-079	<p><u>Keep on Person (KOP) Medication Pick Up</u></p> <p>The Vendor shall ensure the Licensed Nurse or trained Certified Nursing Assistant:</p> <ol style="list-style-type: none"> 1. Prepare a written or typed call-out list (list of Inmate names) daily from the information on the pharmacy delivery sheets by the nurse in the medication room. 2. Ensure the call-out is distributed to FDC security with enough copies for each dorm that the Inmates on the list are assigned. 3. Ensure the Inmate signs the sticker(s) that are attached to the refill slip(s) for their medications. 4. Ensure the signed stickers are placed on the actual delivery sheet where the medication is listed by responsible nursing staff. 5. Ensure, if the Inmate does not show up for the KOP medication, the no-show procedure is followed. <p>The delivery sheets with the signed stickers shall be filed and saved by nursing staff assigned to medication room.</p>
IC-080	<p><u>IV Therapy</u></p> <p>The Vendor shall ensure IV therapy be initiated, maintained and discontinued under the authority of a licensed Clinician. IV therapy shall be provided by an RN or an IV-certified LPN under the direction of an RN.</p> <p>An LPN may provide IV therapy, if s/he is licensed in the State of Florida per the guidelines in Chapter 64B9-12, F.A.C., Administration of Intravenous Therapy by LPNs, have completed an approved IV training course, and demonstrate competency.</p>

Institutional Care Requirements (IC)

No.	Requirement
IC-081	<p><u>Special Housing Medication Administration</u> The Vendor shall ensure medications for Inmates in Special Housing be reviewed by health care staff during the Pre-Special Housing Health Evaluation to verify a current (valid) order on DC4-714B, Clinician's Order Sheet, for the medication.</p> <ol style="list-style-type: none"> 1. Single-dose medications shall be delivered and administered by the Licensed Nurse to Special Housing. Single-dose medications will be taken to the Special Housing unit(s) and administered by licensed nursing staff. A "no-show" shall not occur in Special Housing. 2. KOP medications will be returned to the Inmate for self-administration unless determined otherwise by health care staff. Inmates in Special Housing will be allowed to have KOP medication in their cells and self-administer as prescribed. Special circumstances will be addressed individually. <p>Single-dose medications will be taken to the Special Housing unit(s) and administered by licensed nursing staff. A "no-show" shall not occur in Special Housing.</p>
IC-082	<p><u>Medication Refusal</u> The Vendor shall ensure that if an Inmate refuses prescribed medication, the prescribing Clinician:</p> <ol style="list-style-type: none"> 1. Write an Order to either continue or discontinue the prescribed medication using the appropriate Department form; 2. Make an entry in the Form DC4-701, Chronological Record of Health Care, reflecting the decision to continue or discontinue the medication(s), and the rationale for the decision; 3. Request nursing staff educate the Inmate on the necessity of continuing the medication at the time of refusal, and document the request on the Form DC4-701A; and 4. Complete a Form DC4-711A, Refusal of Health Care Services. The medication will not be offered by nursing personnel based on the completion of the Form DC4-711A. The completed Form DC4-711A, along with the chart, will be forwarded to the Clinician for their review and further clinical disposition. The Clinician's review shall be documented on Form DC4-701 in chronological order. <p>The Vendor shall ensure a Licensed Nurse immediately notify a Clinician of a medication refusal that may put the Inmate's health at risk.</p> <p>If an Inmate indicates they no longer want to take the medication and will refuse all future doses:</p> <ol style="list-style-type: none"> 1. The Vendor shall complete Form DC4-711A, including the appropriate medication counseling; 2. The Inmate will no longer be required to report to the medication window (except for Inmates being treated for Latent Tuberculosis Infection); and 3. A Clinician referral will be made requiring the same documentation as stated above. <p>Documentation of medication refusals will be made in the comments section on the back of Form DC4-701A, Medication and Treatment Record. After three (3) consecutive medication refusals or five (5) medication refusals in a month, a Licensed Nurse shall have the Patient sign Form DC4-711A.</p>

Institutional Care Requirements (IC)	
No.	Requirement
IC-083	<p><u>Medication No-Shows</u> The Vendor shall ensure that if Inmates are on the call out log and fail to report to the medication window:</p> <ol style="list-style-type: none"> 1. At the end of scheduled single-dose medication administration, a list of Inmates who have failed to appear shall be documented on the No Show-Call Out Log, DC4-701L Form, by the medication nurse(s) and delivered to the correctional officer assigned to medical or the FDC shift supervisor. 2. An Inmate's no-show and action taken (including the name of the security officer notified of the no-show) will be documented on Form DC4-701A, by nursing staff. 3. The FDC Shift Supervisor will ensure the Inmates listed on Form DC4-701L are located and ordered to report immediately to the clinic. 4. No-shows at the medication window will be considered a tacit refusal of single-dose medication, with the exception of HIV, insulin, and INH medication. The DC4-701A Form will reflect a refused dose of medicine and a comment reflecting the no-show will be made in the comments section. 5. Counseling/education related to the problem(s) resulting from non-adherence with the medication will be provided to the Inmate by the Licensed Nurse and documented on Form DC4-701A.
IC-084	<p><u>Transferring Inmate Medication</u> The Vendor shall ensure a Licensed Nurse administer morning medications to transferring Inmates on DOT before their departure. A Licensed Nurse shall pull the original medication administration treatment record and the Inmate's prescription(s), place them in a plastic bag, and attach the bag to the medical record before the Inmate's departure.</p> <p>The Licensed Nurse shall transfer:</p> <ol style="list-style-type: none"> 1. A seven (7) Day supply of medication for scheduled transfers to another Institution, U.S. Immigration and Customs Enforcement, Court, or a County Jail; <ol style="list-style-type: none"> a) If a seven (7) Day supply of medication(s) is not available, the sending Institution will forward the amount of medication the Inmate has on hand. 2. A 30-Day supply of medication for scheduled transfers to an FDC satellite facility. 3. All KOP medications will be sent and will remain with the Inmate in the quantity they have on-hand. <p>The Vendor shall ensure a Licensed Nurse notify the pharmacy if there are insufficient quantities on hand to transfer the appropriate amount. A Licensed Nurse shall send new or refill prescriptions for Inmates who have transferred to their new location within 24 hours of receiving medication and notify the receiving facility that the Inmate's medications have been forwarded.</p>

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3.6.2.4 Institutional Care Performance Measures

Performance Measures (PM)				
No.	Description	Expectation	Measurement Duration	Financial Consequence
PM-IC-001	An RN will triage all sick call requests (emergent, urgent, or routine) within 24 hours from when the Inmate request form is submitted.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution
PM-IC-002	Inmates with sick call requests categorized as “emergent” are seen by a Licensed Nurse as soon as possible, within a time frame not to exceed 60 minutes from the time of triage.	100% compliance	Semi-annually	For performance below 100%, consequences will be assessed as follows: 90%-99.99%: \$6,000 per Institution 80%-89.99%: \$12,000 per Institution Less than 80%: \$18,000 per Institution
PM-IC-003	Inmates with sick call requests categorized as “urgent” are seen by a Licensed Nurse within 24 hours from the time of triage.	90% compliance, per Institution	Semi-annually	For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$4,000 per Institution 70%-79.99%: \$8,000 per Institution Less than 70%: \$12,000 per Institution
PM-IC-004	All post-use-of-force examinations are conducted within 30 minutes of the Vendor’s notification of the post-use-of-force occurrence.	90% compliance, per Institution	Semi-annually	For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$6,000 per Institution 70%-79.99%: \$12,000 per Institution Less than 70%: \$18,000 per Institution

Performance Measures (PM)				
No.	Description	Expectation	Measurement Duration	Financial Consequence
PM-IC-005	All Inmates admitted to the Infirmary will have an admission assessment completed within two (2) hours of admission by a Licensed Nurse in accordance with HSB 15.03.26.	90% compliance, per Infirmary	Semi-annually	For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$6,000 per Infirmary 70%-79.99%: \$12,000 per Infirmary Less than 70%: \$18,000 per Infirmary
PM-IC-006	Acute care admissions to the infirmary receive a nursing assessment once every eight (8) hours.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution
PM-IC-007	Chronic care admissions to the infirmary receive a nursing assessment once every seven (7) Days using Form DC4-684, Infirmary/ Hospital Daily Nursing Evaluation.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution
PM-IC-008	All 23-hour observation admissions do not exceed 23 hours without a disposition (dispositions include discharge, admitted as acute, or transferred to a hospital).	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$2,000 per Institution 60%-69.99%: \$4,000 per Institution Less than 60%: \$6,000 per Institution

Performance Measures (PM)				
No.	Description	Expectation	Measurement Duration	Financial Consequence
PM-IC-009	A Clinician conducts daily rounds (once every 24 hours) to assess all acute illness Patients in the infirmary. In-person rounds are required on Business Days, and documented call-in rounds on weekends and State holidays.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution
PM-IC-010	All new commitment Inmates receive a medical health appraisal, including a physical examination within 14 Days of arrival at a reception center.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution
PM-IC-011	All Inmates shall have an initial intake screening completed by a Licensed Nurse during reception within eight (8) hours of arrival at the receiving facility.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$2,000 per Institution 60%-69.99%: \$4,000 per Institution Less than 60%: \$6,000 per Institution
PM-IC-012	All emergent consults are submitted to UM within one (1) Business Day, in accordance with HSB 15.09.04.01.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$5,000 per Institution 60%-69.99%: \$10,000 per Institution Less than 60%: \$20,000 per Institution
PM-IC-013	All urgent consults are submitted to UM within two (2) Business Days, in accordance with HSB 15.09.04.01.	80% compliance, statewide	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$3,000 60%-69.99%: \$6,000 Less than 60%: \$12,000

Performance Measures (PM)				
No.	Description	Expectation	Measurement Duration	Financial Consequence
PM-IC-014	All emergent specialty medical requests are processed within one (1) Business Day in accordance with HSB 15.09.04.	80% compliance, statewide	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$3,000 60%-69.99%: \$6,000 Less than 60%: \$12,000
PM-IC-015	All urgent specialty medical requests are processed by the Vendor's UM Staff within three (3) Business Days in accordance with HSB 15.09.04.	80% compliance, statewide	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$3,000 60%-69.99%: \$6,000 Less than 60%: \$12,000
PM-IC-016	Emergency Treatment Orders (ETO) shall be prescribed via a written order by a psychiatrist or other qualified prescribing Clinician, in accordance with HSB 15.05.19.	100% compliance	Per occurrence	\$5,000 per occurrence
PM-IC-017	All Inmate Patients with chronic Hepatitis C are prioritized for treatment with Direct Acting Antivirals (DAAs) in accordance with HSB 15.03.09, Supplement 3, Section I.	90% compliance, statewide	Semi-annually	For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$4,000 70%-79.99%: \$8,000 Less than 70%: \$12,000
PM-IC-018	All Inmates with disabilities are seen by the Institution's Disabled Inmate Committee quarterly, with their service needs documented on Form DC4-691 (documented Patient refusals are excluded).	90% compliance, per Institution that houses Disabled Inmates	Semi-annually	For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$4,000 per Institution 70%-79.99%: \$6,000 per Institution Less than 70%: \$12,000 per Institution

Performance Measures (PM)				
No.	Description	Expectation	Measurement Duration	Financial Consequence
PM-IC-019	All Inmates with impairments or disabilities have the appropriate Health Classification Grade entered in the EMR based on the clinical assessment.	90% compliance, per Institution that houses Disabled Inmates	Semi-annually	For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$4,000 per Institution 70%-79.99%: \$8,000 per Institution Less than 70%: \$12,000 per Institution
PM-IC-020	Inmate Assistants working with an impaired and/or Disabled Inmate are trained in accordance with Procedure 403.011.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$2,000 per Institution 60%-69.99%: \$4,000 per Institution Less than 60%: \$6,000 per Institution
PM-IC-021	Nursing staff shall perform a monthly skin check on all Inmates assigned a wheelchair, prosthetic, or permanent brace in accordance with HSB 15.03.25.02.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$2,000 per Institution 60%-69.99%: \$4,000 per Institution Less than 60%: \$6,000 per Institution
PM-IC-022	All Inmates with hernias referred for a surgical consultation per HSB 15.03.47, Section V.A., but not scheduled for surgery, have a documented reason for refusing the surgeon's recommendation in their medical file (or the utilization management records, if available).	90% compliance, per Institution	Semi-annually	For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$4,000 per Institution 70%-79.99%: \$8,000 per Institution Less than 70%: \$12,000 per Institution

Performance Measures (PM)				
No.	Description	Expectation	Measurement Duration	Financial Consequence
PM-IC-023	All Inmates referred to Special Housing will receive a pre-Special Housing placement assessment per Procedure 403.003.	90% compliance, per Institution	Semi-annually	For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$6,000 per Institution 70%-79.99%: \$12,000 per Institution Less than 70%: \$18,000 per Institution
PM-IC-024	All single-dosed medications will be administered per Procedure 403.007.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$2,000 per Institution 60%-69.99%: \$4,000 per Institution Less than 60%: \$6,000 per Institution
PM-IC-025	At reception, Inmates are assigned an S-grade of three (3) or above if they have received antipsychotic medication at any time during the 30 Day period preceding arrival or have received inpatient mental health care within the past six (6) months in accordance with HSB 15.05.17.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution
PM-IC-026	Each Inmate in a CSU is evaluated with an assessment form completed every shift by a Licensed Nurse. An RN must complete each Day shift in accordance with the FDC Nursing Manual.	90% compliance, per Institution	Semi-annually	For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$4,000 per Institution 70%-79.99%: \$8,000 per Institution Less than 70%: \$12,000 per Institution

Performance Measures (PM)				
No.	Description	Expectation	Measurement Duration	Financial Consequence
PM-IC-027	When an Inmate is in psychiatric restraints, they are evaluated every 15 minutes by a Licensed Nurse until the episode of restraint is terminated including a post-restraint evaluation, in accordance with HSB 15.05.10.	100% compliance	Per episode of restraint	\$2,500 per episode of restraint

3.6.2.5 Institutional Care Reports

Reports	Due Date	Description
REP-IC-01 Quarterly Institutional Care Report	10th Business Day of the month following the end of a quarter (for the prior quarter)	The Vendor shall provide the following: 1. Number of past due appointments for all chronic illness clinics, as of the last Day of the previous month (listed by Institution); 2. Number of Inmates referred to specialty clinics, as of the last Day of the previous quarter (listed by Institution); 3. Number of Inmates see in all specialty clinics, as of the last Day of the previous quarter (listed by Institution); and 4. Number of Inmates sent to the community for emergency care, as of the last Day of the previous quarter (listed by Institution and reason for visit).
REP-IC-02 Monthly Dialysis Infection Control Report	10th Business Day of each month (for the prior month)	The Vendor shall provide a Monthly Dialysis Infection Control Report (DC4-539E) following the Infection Control Manual.
REP-IC-03 Monthly Health Care Associated Infections Report	10th Business Day of each month (for the prior month)	The Vendor shall provide a monthly Healthcare Associated Infections, Table I Report (DC4-539G) following the Infection Control Manual.
REP-IC-04 Monthly Infection Rates & Trends Report	10th Business Day of each month (for the prior month)	The Vendor shall provide a monthly Infection Rates & Trends, Table II Report (DC4-539H) by each Institution, in accordance with the Infection Control Manual.
REP-IC-05 Immunizations Monthly (Vaccine) Report	10th Business Day of each month (for the prior month)	The Vendor shall provide an Immunizations Monthly Table IV Report (DC4-539F) in accordance with the Infection Control Manual.
REP-IC-06 Infectious Disease Outbreak Worksheet Report	Every Business Day by 3:00 p.m., E.T., until outbreak is resolved	The Vendor shall provide the Infectious Disease Outbreak Worksheet Report (DC4-544C) daily from the Institution affected until outbreak has resolved in accordance with Procedure 401.001, Movement Restrictions During Communicable Disease Outbreaks.

Reports	Due Date	Description
REP-IC-07 Department of Health (DOH) Daily Infectious Disease Outbreak Report	Every Business Day by 3:00 p.m., E.T., until outbreak is resolved	The Vendor shall provide a Daily Infectious Disease Outbreak Report (DC4-543) to DOH, in accordance with the Infection Control Manual.
REP-IC-08 Summary of Infection Control Investigation Report	Within seven (7) Days of outbreak end	The Vendor shall provide a Summary of Infection Control Investigation Table V Report (DC4-539A) within seven (7) Days of an outbreak being resolved by the affected Institution, following the Infection Control Manual.
REP-IC-09 Summary Tuberculosis EOS Health Information Report	Within three (3) Business Days of an applicable Inmate's EOS	The Vendor shall provide a Tuberculosis EOS Health Information Summary Report (DC4-758) for those Inmates who EOS on TB medications and completed before EOS by each Institution, and per HSB 15.03.18.
REP-IC-10 Bloodborne Pathogen Exposure Report	Within 24 hours of exposure	The Vendor shall report any bloodborne pathogen exposure using Forms DC4-799 and DC4-798, as applicable, by each Institution, per HSB 15.03.43 and Bloodborne Pathogen Manual
REP-IC-11 Inmate Tuberculosis (TB) Suspects and Tuberculosis (TB) Cases Reporting	Within 24 hours of discovery	The Vendor shall provide the required documentation for a TB case or suspected TB case per Institution, per HSB 15.03.18, and local and State laws

3.6.3 Dental Care Services

3.6.3.1 Description

The Vendor is responsible for the delivery of comprehensive dental services to Inmates, meeting constitutional requirements, both on-site at the Department's Correctional Institutions and off-site at hospitals, dental offices, and specialty care offices/centers. Services include routine, urgent, and emergency dental care, available to all Inmates, with an emphasis on preventative dental practices. The Vendor shall provide dental care according to an Inmate's treatment plan, as developed and determined appropriate by a Dentist.

The Vendor must employ a full-time Florida licensed Director of Dental Services with an active unrestricted Florida Dental License. The Director of Dental Services will oversee all clinical dental care services, and must be able make all clinical dental decisions including utilization management, dental equipment repair/purchasing, supplies, staffing, and laboratory issues.

3.6.3.2 How Service is Provided Today

Institutional dental care consists of many different facets, delivered within the secure environment of the Department's Correctional Institutions, both in the reception process and at permanent Institutions, including dental sick call – urgent, emergent, and routine dental care, as described in HSB 15.04.13, Supplement H, Section O. Dental care services are available to Inmates based on four (4) levels of care required in HSB 15.04.13.

Level I

This level of dental care shall be provided to Inmates during the reception process. It includes, but is not limited to, intake examinations, necessary extractions as determined by the intake dental examination, Class II extractions, and emergency dental treatment, including soft tissue pathology. This level of care also includes the development of a provisional treatment plan using Form DC4-735.

Level II

This level of dental care shall be provided to Inmates with less than six (6) months of Department incarceration time. It includes, but is not limited to, all Level I care, caries control (reversible pulpitis) with temporary restorations, gross cavitation debridement of symptomatic areas with an emphasis on oral hygiene practices, and complete or partial denture repairs, provided the Inmate has sufficient Department incarceration time remaining on his/her sentence to complete the repair. This level of care also includes Inmates who are edentulous in one (1) or both arches and who have requested dentures. That Inmate is to be placed on the appointment waiting list at his/her permanent facility and is not required to wait six (6) months for Level III care. However, to receive dentures, the Inmate must have at least four (4) months of continuous incarceration time remaining on his/her sentence. In case of medical referral, Inmates are to be scheduled as soon as possible, but no later than three (3) weeks, for evaluation of dental care.

Level III

This level of dental care shall be provided to Inmates who have served six (6) months or more of continuous Department incarceration time. It includes, but is not limited to:

- all Level I and Level II care;
- complete dental examination(s) with full mouth radiographs, Periodontal Screening and Recording (PSR) and development of an individualized dental treatment plan using DC4-764;
- complete denture(s) provided the Inmate has least four (4) months of continuous Department incarceration time remaining on their sentence;
- prophylaxis with definitive debridement, periodontal examination, as indicated by the PSR, and oral hygiene instructions with emphasis on preventative Dentistry;
- Restorative Care, after the Inmate has received a complete prophylaxis with definitive debridement, including amalgams, resins, glass ionomers, temporary crowns, chair-side post and cores, single unit crowns if the Inmate is not missing any other teeth in that quadrant and the tooth in question is in occlusion (at the discretion of the treating Dentist);
- removable prosthetics, including acrylic partial dentures (provided the Inmate has at least four (4) months of continuous Department incarceration time remaining on his/her sentence), anterior flippers, and relines and rebases (provided the Inmate has enough continuous Department incarceration left on his/her remaining sentence to complete the procedure(s));
- anterior endodontics (canine-canine), provided the tooth in question has adequate periodontal support (early to moderate periodontitis), and has good prognosis of restorability and long-term retention;
- posterior endodontics, which may be performed at either the local facility or by referral to an endodontist, provided the tooth is crucial to arch integrity (no missing teeth in the quadrant or necessary as a partial denture abutment), has adequate periodontal support (early to moderate periodontitis), and has good prognosis of restorability and long-term retention; and
- basic non-surgical periodontal therapy, as necessary.

Level IV

This level of care represents advanced dental services to be provided to Inmates on an as-needed basis after completion of Level III services and successful demonstration of a Plaque Index Score (PIS) of 90% or better, for two (2) consecutive months. If an Inmate does not achieve the required PIS, he/she shall be rescheduled in three (3) months for a follow-up PIS evaluation. If the required score is still not obtained, advanced dental services will not be provided.

Dental care and follow-up of highly specialized procedures, such as orthodontics and implants, placed before incarceration, shall be managed on an individual basis after consulting with the Department's Chief of Dental Services. The Vendor's dental staff shall provide follow-up care for oral surgery and pathology-related issues per the appropriate HSBs.

This level also includes all other advanced dental services exceeding Level III. This can include fixed prosthetics (multiple units), periodontal surgery (including, but not limited to, grafts, specialized endodontic care, orthodontics placed pre-incarceration, implants (most of which would be placed pre-incarceration), and specialized oral surgery). The Vendor shall follow HSB 15.04.13, Supplement C, Section B, Levels of Dental Care.

3.6.3.3 Dental Services Minimum Requirements

Institutional Dental Care Requirements (IDC)	
No.	Requirement
IDC-001	The Vendor shall be responsible for all on-site and off-site dental care for Inmates, and all other specialty dental care, as necessitated. Any necessary dental care that the Vendor cannot provide on-site must be made available by referral to an outside provider. The Vendor must ensure that an Inmate receives the necessary services timely after the Inmate has been referred to an outside provider.
IDC-002	The Vendor shall provide dental care in accordance with Rule 33-402.101, F.A.C., Dental Services, and the 15.04 series of HSBs, including the establishment of an Inmate's level of care, and determination whether an Inmate's dental sick call request is emergent, urgent, or routine.
IDC-003	The Vendor shall answer directly to the Warden to coordinate and ensure the provision of all institutional dental care. Questions or issues arising during daily activities that cannot be resolved at the Institution will be referred to the Contract Manager.
IDC-004	The Vendor's Dentists shall develop an individualized treatment plan for each Inmate in accordance with his/her level of care. The Vendor shall not refuse to treat an Inmate seeking emergent, urgent, or routine dental care.
IDC-005	<p>The Vendor shall ensure emergency dental care is available on a 24-hour basis, using on-duty dental staff during working hours, and referring to the appropriate medical staff during non-working hours. In the event a Dentist is not available at a facility to treat a dental emergency, the emergency will be referred to the Vendor's institutional medical care staff, in accordance with the dental industry's accepted dental emergency protocols.</p> <p><u>There shall be no waiting list for dental emergencies.</u></p> <p>The Vendor shall ensure its staffing levels are appropriate to respond to an emergency within 24 hours of occurrence.</p>

Institutional Dental Care Requirements (IDC)	
No.	Requirement
	<p>The Vendor shall have back-up dental coverage when the Institution's assigned Dentist is not available. The Vendor's list of back-up Dentists must include a location for emergent/life threatening care.</p> <p>The Vendor shall ensure its medical staff have a Dentist on-call list, in the event a Dentist should need to be contacted when an emergent/urgent dental situation arises and no Dentist is available at the Institution. If required, the on-call Dentist must travel to another Institution if that Institution's Dentist is unavailable to cover a call.</p>
IDC-006	<p>The Vendor shall ensure dental clinics hold daily sick call for urgent care five (5) Days per week, Monday through Friday, to provide dental access to those Inmate Patients who cannot wait for a routine appointment, but who do not yet meet the criteria for emergency care. Inmates signing up for dental sick call must be evaluated, triaged, or treated within 72 hours. If an Inmate needs urgent dental care and the necessary dental treatment cannot be completed that Day, the Inmate is to be treated palliatively and treatment rescheduled as soon as possible, but no later than 10 Days.</p> <p>Some Institutions may have a small population requiring less than one (1) full-time Dentist. In the event the Institution does not have an assigned Dentist available for dental sick call, the Vendor must ensure an alternate Dentist is assigned to complete dental sick call, a minimum of three (3) Days per week.</p>
IDC-007	<p>The Vendor shall ensure the appointment waiting time between an initial request for routine dental care and the dental treatment plan appointment not exceed six (6) months. This is defined as the time between the Inmate's initial request for routine, comprehensive, dental care, and the actual development of the Dental Treatment Plan (Form DC4-764), signed by a Dentist.</p> <p>The Vendor shall ensure wait times between routine dental appointments does not exceed three (3) months.</p>
IDC-008	<p>The Vendor shall complete immediate reviews of incidents involving possible exposure to pathogens (post-exposure follow-up treatment and care is the responsibility of the Vendor).</p>
IDC-009	<p>The Department emphasizes preventative Dentistry that strives to restore and maintain the Inmate's dentition to an acceptable level of masticatory function within appropriate Department guidelines. Preventative Dentistry shall be taught to all Inmate Patients in two (2) ways:</p> <ol style="list-style-type: none"> 1. The Vendor shall provide prevention training with oral hygiene instructions to each Inmate, as part of his/her orientation to the Institution. This training is to include instructions in the proper usage of essential oral hygiene aids (toothbrush, toothpaste, and floss). This training shall be coordinated with the institutional orientation and may be accomplished either through a direct presentation or any other method approved by the Department. 2. The Vendor shall provide personal preventative training, including oral hygiene instructions, as part of an Inmate's current dental treatment plan. Oral hygiene instructions shall be reinforced throughout the Dental Treatment Plan.
IDC-010	<p>The Vendor shall ensure every Inmate receives an intake dental examination at a reception center by a Dentist. The intake dental examination shall take place within seven (7) Days of arrival and must include, at a minimum:</p> <ol style="list-style-type: none"> 1. a visual clinical exam of the head, neck, and intraoral areas for any pathology or cancer;

Institutional Dental Care Requirements (IDC)	
No.	Requirement
	<p>2. charting of any missing teeth, restorations present, fixed or removable prosthetics, gingival conditions, and deposits;</p> <p>3. an evaluation of masticating efficiency; and</p> <p>4. any treatment indicated (provisional treatment plan).</p> <p>Class II extractions identified at the initial intake dental examination during the reception process should be scheduled as soon as possible, but no later than seven (7) Days from the date the need for an extraction is identified during the intake examination.</p>
IDC-011	The Vendor shall ensure each Inmate receives an orientation to dental services upon arrival at his/her permanent Institution. The Vendor shall provide this orientation within seven (7) Days of arrival and include how to access dental services and availability hours. Prior to treatment, a Dentist shall review and Inmate's prior dental treatment record for emergency/urgent dental needs and follow-up care requirements. If an Inmate's prior dental treatment record has not been received at the time of orientation, or the Inmate has not had a dental examination in accordance with established policy, then a dental exam shall be completed within seven (7) Days, and a replacement dental record established.
IDC-012	The Vendor shall ensure each Inmate receives a periodic dental examination per HSB 15.04.03, Guidelines for Dental Periodic Oral Examinations. At a minimum, periodic dental examinations must include a visual clinical exam of the head, neck, and intraoral areas for any pathology or cancer.
IDC-013	When necessary, the Vendor's Dentists shall perform dental examinations, assessments, and treatment for Inmates in Confinement units.
IDC-014	Before commencing with a routine comprehensive dental treatment, the Vendor shall ensure a diagnosis and treatment plan is developed for each Inmate using Forms DC4-735 or DC4-764, as applicable. The following information shall be used to formulate this plan: a complete clinical examination, pathology/cancer examination, full mouth radiographs, periodontal screening and recording (PSR), periodontal charting when indicated, a plaque evaluation, all appropriate charting to record findings, and health history.
IDC-015	The Vendor shall ensure the topical application of fluoride be included in the dental treatment plan as deemed necessary by the treating Dentist. The topical application of fluoride shall be included as part of the dental treatment plan for all Inmates less than 18 years of age.
IDC-016	<p>The Vendor shall provide comprehensive dental care, including:</p> <ul style="list-style-type: none"> • Reception/Intake Examinations • Reception Class II Dental Extractions • Diagnostics • Radiographs • Preventative care • Periodontics • Restorative • Endodontics • Removable Prosthetics-Partial and Complete Dentures, Partial and Complete Denture Repairs, Rebases, Relines, and Palatal Obturators • Fixed prosthetics • Oral Surgery • Treatment of pre-existing implants

Institutional Dental Care Requirements (IDC)	
No.	Requirement
	<ul style="list-style-type: none"> • Treatment of pre-existing orthodontics • Treatment of Temporomandibular Disorders
IDC-017	The Vendor shall be responsible to answer and respond to consults and referral requests from the Vendor's medical and mental health staff, within three (3) weeks of referral, unless needed more urgently, as determined by a Clinician.
IDC-018	The Vendor's dental staff shall be responsible for completing infirmary/hospital rounds for all Inmate Patients admitted for dental reasons or at the medical staff's request.
IDC-019	The Vendor shall coordinate and provide all specialty dental care services required by Inmates. Specialty dental care services include, but are not limited to, trauma care, cancer care, oral medicine, oral surgery, treatment of temporomandibular disorders, endodontics, periodontics, orthodontics, obturators, fixed prosthetics (multiple units), and the treatment of dental implants. Additionally, the Vendor must provide all diagnostic testing, laboratory services, pathology, and radiology required to complete dental care for Inmates.
IDC-020	The Vendor shall manage specialty dental care services using an electronic utilization management process, to avoid unnecessary off-site travel while also ensuring necessary consultations and off-site services are provided.
IDC-021	The Vendor shall forward all referral denials of dental service(s) to the Department's Chief of Dental Services within one (1) week of determination for review.
IDC-022	If a Dentist establishes an alternative treatment plan (ATP), the Vendor shall ensure the ATP is forwarded to the Department's Utilization Management liaison and Chief of Dental Services within one (1) week of ATP creation.
IDC-023	The Vendor shall be responsible for the completion of all invasive dental treatment(s) necessary prior to the initiation of radiotherapy. These must be completed within five (5) Business Days of the referral.
IDC-024	The Vendor shall be responsible for placing and removing dental implants, when indicated.
IDC-025	The Vendor shall be responsible for providing palatal obturators.
IDC-026	The Vendor shall be responsible for treatment using hyperbaric oxygen and/or dives necessitated by an Inmate's previous head and neck radiation treatment.
IDC-027	The Vendor shall evaluate and treat (surgically or non-surgically) temporomandibular disorders and diseases.
IDC-028	The Vendor shall be responsible for the treatment of intra-oral alveolar fractures.
IDC-029	The Vendor shall be responsible for all intra-oral, alveolar, and lip biopsies to evaluate oral pathology. The Vendor shall follow general dental treatment standards, which call for a biopsy of oral lesions or suspected lesions, if they've not healed within 10 Days of when they were first observed. A biopsy shall be taken no later than 10 Days after the verification that a lesion has not healed.
IDC-030	If necessary, the Vendor shall refer Inmates to the Vendor's medical staff for: <ol style="list-style-type: none"> 1. Medical clearance prior to dental treatment; 2. The evaluation of possible allergies to local anesthetics; and 3. Blood draws for samples requiring analysis prior to dental treatment.
IDC-031	The Vendor shall be responsible for all intra-oral soft tissue grafting and reconstruction of the dentition, as needed, following surgical procedures, or other issues relating to oral trauma.
IDC-032	At a minimum, the Vendor shall provide the following information to the Department by the 10 th Business Day of the month following the month service was rendered: <ol style="list-style-type: none"> 1. Monthly UM reports, by Institution, identifying the Inmate number, name, diagnosis, requested service (referral, on-site service, off formulary medication, etc.), approval or alternative action, and reason.

Institutional Dental Care Requirements (IDC)	
No.	Requirement
	2. Monthly report of alternative actions, by Institution with full copies of all associated review materials. A written summary of the information discussed in the phone conversation shall be included with the material describing the individual case.
IDC-033	The Vendor shall ensure urgent oral surgery referrals are treated within four (4) weeks.
IDC-034	The Vendor shall ensure routine oral surgery referrals are treated within three (3) months.
IDC-035	The Vendor shall ensure routine endodontic referrals are treated within three (3) months.

3.6.3.4 Institutional Dental Care Performance Measures

Performance Measures (PM)				
No.	Description	Expectation	Measurement Duration	Financial Consequence
PM-IDC-001	Emergency dental treatment is rendered within 24 hours.	100% compliance	Per occurrence	\$1,000 per occurrence, plus \$500 per each 24-hour period after the initial 24 hours has lapsed
PM-IDC-002	Inmates signing up for dental sick call are triaged within 72 hours of receipt of the sick call form.	90% compliance, per Institution	Semi-annually	For performance below 90%, consequences will be assessed as follows: 70%-79.99%: \$3,000 per Institution 60%-69.99%: \$6,000 per Institution Less than 60%: \$9,000 per Institution
PM-IDC-003	Inmates needing urgent dental care receive the necessary treatment as soon as possible, but no longer than within 10 Days.	100% compliance, per Institution	Semi-annually	For performance below 100%, consequences will be assessed as follows: 90%-99.99%: \$3,000 per Institution 80%-89.99%: \$6,000 per Institution Less than 80%: \$9,000 per Institution
PM-IDC-004	The waiting time between an initial Patient request for routine dental services and the appointment date is no more than six (6) months.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$3,000 per Institution 60%-69.99%: \$6,000 per Institution Less than 60%: \$9,000 per Institution

Performance Measures (PM)				
No.	Description	Expectation	Measurement Duration	Financial Consequence
PM-IDC-005	The waiting time between restorative dental appointments is no more than three (3) months.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$3,000 per Institution 60%-69.99%: \$6,000 per Institution Less than 60%: \$9,000 per Institution
PM-IDC-006	The waiting time between preventative dental appointments is no more than three (3) months.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$5,000 per Institution 60%-69.99%: \$10,000 per Institution Less than 60%: \$15,000 per Institution
PM-IDC-007	Urgent oral surgery referrals and initial treatment must be completed within four (4) weeks.	100% compliance, statewide	Semi-annually	For performance below 100%, consequences will be assessed as follows: 90%-99.99%: \$5,000 80%-89.99%: \$10,000 Less than 80%: \$15,000
PM-IDC-008	Routine oral surgery referrals and initial treatment must be completed within three (3) months.	80% compliance, statewide	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$5,000 60%-69.99%: \$10,000 Less than 60%: \$15,000

Performance Measures (PM)				
No.	Description	Expectation	Measurement Duration	Financial Consequence
PM-IDC-009	Routine endodontic referrals and initial treatment must be completed within three (3) months.	80% compliance, statewide	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$5,000 60%-69.99%: \$10,000 Less than 60%: \$15,000
PM-IDC-010	Biopsies must be taken within 10 Days after verification that a lesion has not healed.	100% compliance	Per occurrence	\$2,500 per occurrence, plus \$1,000 per Day for each additional Day after 10 Days

3.6.3.5 Institutional Dental Care Reports

Reports	Due Date	Description
REP-IDC-01 On-Call Dentist List	Provided each week for the following week	The Vendor shall provide a Dentist on-call list to each institutional medical department in the event a Dentist should need to be contacted when an emergent/urgent dental situation arise and no Dentist is available at the Institution. When needed, the Vendor must ensure that an on-call Dentist can travel to another Institution if that Institution's Dentist is unavailable to cover the call.
REP-IDC-02 Monthly Dental UM Report	10 th Business Day of each month (for the prior month)	The Vendor shall provide monthly UM reports, by Institution, identifying the Inmate number, name, diagnosis, requested service (referral, on-site service, off formulary medication, etc.), approval or alternative action, and reason.
REP-IDC-03 Monthly Dental Alternative Action Report	10 th Business Day of each month (for the prior month)	The Vendor shall provide a monthly report of alternative actions, by Institution with full copies of all associated review materials. A written summary of the information discussed in the phone conversation shall be included with the material describing the individual case.

3.6.4 Mental Health Services

3.6.4.1 Description

Mental health services consist of many different facets of mental health care delivery within the secure correctional environment. This includes services provided to Inmates, during the reception process and at their permanent Institution, including but not limited to observations, assessments, psychological evaluations, and treatment interventions, delivered in a spectrum of care from minimal outpatient to intensive inpatient settings.

3.6.4.2 How Service is Provided Today

The contracted qualified mental health staff provides comprehensive mental health services, delivered in a humane, respectful manner, ensuring all Inmates within Department-operated facilities have proper access to care. Mental health services include observations, assessments, psychological evaluations, and treatment interventions, delivered in a spectrum of care from minimal outpatient to intensive inpatient settings. Inpatient settings include infirmary mental health services, Transitional Care Units (TCU), Crisis Stabilization Units (CSU), and Corrections Mental Health Treatment Facilities (CMHTF). The Department has also implemented the Residential Continuum of Care Unit (RCCU), residential intensive outpatient programs and a process for the evaluation and treatment of Gender Dysphoria. The FDC Chief of Mental Health Services serves as the Department's principal advisor on mental health matters and is responsible for overseeing the mental health delivery system.

1. Mental Health Inmate Classification System

- a. The Department's mental health classification system ensures access to appropriate levels of care, following Chapter 33-404, F.A.C., by utilizing a mental health profiling system that assigns an "S-grade" (mental health grade) to each Inmate based on the Inmate's ability to function in various prison settings. The S-grade is initially assigned at reception and is documented on DC4-706, Health Services Profile, within the EMR and in OBIS.
- b. HSB 15.03.13, Assignment of Health Classification Grades to Inmates, and HSB 15.05.18, Outpatient Mental Health Services govern the Inmate classification system and associated care levels.
- c. Institutions within the Department support different populations or "missions." Part of this classification identifies the highest care level of mental health care services an Institution can provide. Population management uses an Inmate's assigned S-grade to determine, in part, which Institution will house the Inmate to ensure the Inmate receives the appropriate level of care to match their clinical needs. For example, an Institution classified as S-2 can house Inmates classified no higher than an S-2 (which includes S-1). An Institution classified as an S-6 can house Inmates classified as up to S-6 (including S-1, S-2, S-3, S-4, or S-5). Inmates move among five (5) different mental health care levels depending upon the seriousness of the Inmate's mental symptoms and associated impairment at the time.
- d. Based on the intake evaluation at a reception center, each Inmate is assigned a mental health grade, ranging from S-1 to S-6. The S-grade represents the mental health professionals' judgment regarding the Inmate's level of mental impairment and the necessary level of care. The S-grade is reviewed and changed as necessary to reflect present functioning and service needs accurately.
 - 1) **S-1** is the mental health classification used to indicate an Inmate who shows no significant impairment in the ability to adjust within an institutional environment and is not exhibiting symptoms of a mental disorder (which includes intellectual disability). Although Inmates classified as S-1 do not require ongoing mental health treatment, they must have access to routine mental health services.

- 2) **S-2** is the mental health classification that denotes an Inmate who exhibits impairment associated with a diagnosed mental disorder. The impairment is not so severe as to prevent satisfactory adjustment in general Inmate housing with the assistance of mental health case management, psychological services, and counseling. Note that in addition to S-2, an Inmate with an intellectual disability is also assigned the grade of I-SY on the health profile. This latter grade indicates that the Inmate is considered impaired (I) due to a documented developmental disability.
- 3) **S-3** is the classification used to indicate an Inmate who shows impairment in adaptive functioning due to a diagnosed mental disorder. The impairment is not so severe as to prevent satisfactory adjustment in general Inmate housing with the assistance of mental health case management, psychological services, counseling, and psychiatric consultation for psychotropic medication. S-3 is also assigned routinely to an Inmate who is determined to need psychotropic medication, even if the Inmate may be exercising the right to refuse such medication.
- 4) **S-4** is the classification used to denote an Inmate assigned to a TCU, an inpatient mental health care level. The mental health classification S-4 can only be assigned or changed at a TCU. An MDST will develop an ISP to address the Inmate's specific needs and limitations.
- 5) **S-5** is the mental health classification used to denote an Inmate assigned to a CSU, an inpatient mental health care level. This classification can only be assigned or changed at a CSU. An MDST will help the Inmate recover from a psychiatric emergency such as a suicide attempt, psychotic break, or severe loss of behavioral control.
- 6) **S-6** is the mental health classification assigned for Patients admitted to a CMHTF, the highest and most intensive hospital level of mental health care available to Inmates. Admission to the CMHTF requires judicial commitment.
- 7) **S-9** is the mental health grade assigned to Inmates in the reception center's intake process and has not been given their actual S-grade.

2. Residential Continuum of Care Units (RCCUs)

- a. In addition to the Mental Health Classification System, the RCCUs are specialized residential mental health units that provide augmented outpatient mental health treatment and habilitation services in a protective environment for Inmates with serious psychological impairment associated with a historical inability to successfully adjust to daily living.
- b. Procedure 404.004, Mental Health Inpatient Multidisciplinary Treatment and Services, in conjunction with HSB 15.03.13, Assignment of Health Classification Grades to Inmates, governs the assignment and use of residential housing grades (R-grades) to denote the type of treatment needed. These are used in conjunction with S-grades on a small sub-set of the population.
- c. Upon arrival to an RCCU, the Mental Health Data Entry Operator ensures the assignment of the appropriate mental health residential housing grade (R-grade).

- 1) **S** is the R-grade designation for those assigned to the Secure Treatment Unit (STU).
- 2) **D** is the R-grade designation for those assigned to the Diversion Treatment Unit (DTU).
- 3) **C** is the R-grade designation for those assigned to the Cognitive Treatment Unit (CTU).

In addition to testing and evaluation during the reception process, mental health testing and assessments are required in several other settings. Within the RCCU, testing is required per Procedure 404.005 to assist in clarifying diagnostic and treatment plan issues. Within the inpatient units, violence risk assessments (currently the HCR-20) are completed in accordance with Rule 33-404, F.A.C. Mental health evaluation, testing, and assessment is also utilized to identify those Inmates with Gender Dysphoria, per Procedure 403.012.

3. Mental Health Impairment Grades

- a. The Department has instituted designations (SY-grades) of impairment or disability due to intellectual or mental health deficits for the purpose monitoring and servicing identified needs. If the Inmate's ability to adjust satisfactorily within the general Inmate population is only mildly impaired, staff should recommend transfer to an Institution designated to receive Impaired Inmates. In contrast, intellectually Disabled Inmates with more than mild impairment in adaptive behavior should be referred for transitional care. Mental health services for Inmates identified with an intellectual disability are provided per HSB 15.03.25., Services for Inmates with Auditory, Mobility, or Vision Impairments and Disabilities, HSB 15.05.08, Services for Inmates who are Assigned to Confinement, Protective Management or Close Management Status, and Procedure 404.005, Residential Continuum of Care Units.
 - 1) **SY-Y** designates those Inmates who demonstrate a neurocognitive or neurodevelopmental impairment due to deficits that may or may not impair adaptive functioning. This designation is initially assigned to anyone scoring <70 on the final IQ test given, regardless of a score of >35 on Form DC4-659, Adaptive Behavior Checklist.
 - 2) **SY-D** designates those Inmates who meet diagnostic criteria for a neurocognitive or neurodevelopmental disability and demonstrate impairment in adaptive functioning. These Inmates will require regular review by the Impaired Inmate Committee and will not be downgraded below an S-grade of S-2 for the duration of their incarceration.

4. Mental Health Assessments (MHA)

Inmates enter the Department's custody through one of the Department's five (5) reception centers: Northwest Florida Reception Center, Reception and Medical Center, Florida Women's Reception Center, Central Florida Reception Center, and South Florida Reception Center. While not technically a reception center, Suwannee CI conducts reception of YO Inmates. Upon receipt at a Department reception center, each Inmate receives a comprehensive mental health screening, including psychological testing, clinical interview, mental health history, and psychiatric evaluation, as indicated. HSB 15.05.17, Intake Mental Health Screening at Reception

Centers, and Procedure 401.014, Health Services Intake and Reception Process provide mental health screening guidelines for new Inmates.

5. Mental Health Services (MHS)

The Vendor is responsible for providing access to necessary mental health services, which are those services and activities provided primarily by mental health staff and secondarily by other health care staff for the purposes of:

- Identifying Inmates who are experiencing disabling symptoms of a mental disorder that impair the ability to function adequately within the incarceration environment;
- Providing appropriate intervention to alleviate disabling symptoms of a mental disorder;
- Assisting Inmates with a mental disorder with adjusting to the demands of prison life;
- Assisting Inmates with a mental disorder to maintain a level of adaptive functioning; and
- Providing re-entry mental health planning to facilitate the Inmate's continuity of care after release to the community.

Access to necessary mental health services must be available to all Inmates within the Department and provided in a non-discriminatory way, following prevailing community and correctional care standards. All Inmates are eligible to receive mental health screenings and evaluations as necessary.

The conditions for Inmate eligibility for ongoing mental health treatment and services are outlined in HSB 15.05.14, Mental Health Services. Inmates who display symptoms of a mental disorder that interferes with their adjustment to incarceration, as determined by mental health staff and defined in the current Diagnostic and Statistical Manual of Mental Disorders, are eligible to receive ongoing mental health treatment.

6. Outpatient Mental Health Services (OS)

Outpatient services are provided primarily by following HSB 15.05.18, Outpatient Mental Health Services; HSB 15.05.08, Mental Health Services for Inmates Who are Assigned to Confinement, Protective Management, or Close Management Status; HSB 15.05.19, Psychotropic Medication Use Standards and Informed Consent, and Procedure 404.005, Residential Continuum of Care Units.

Outpatient services are those provided to an Inmate who is not currently housed inside an inpatient mental health unit or admitted to an infirmary for mental health reasons. Outpatient services include individualized service planning, case management, clinical group and individual therapy, psychiatric services, therapeutic services and periodic evaluations of Inmates in Confinement units (including Administrative and Disciplinary Confinement, Protective Management, Close Management, and Death Row).

Mental Health Service Requirements (MHS)	
No.	Requirement
MHS-001	<p><u>Intake and Reception Nursing</u></p> <p>The Vendor shall ensure a Licensed Nurse conducts an initial screening and a review of any transfer information from the county jail of all Inmates appearing to be in stable condition (Form DC4-781, County Jail to DC Health Information and Transfer Summary) to identify Inmate health care needs (including mental health) upon arrival and complete within eight (8) hours at receiving facility.</p> <p>The Vendor shall ensure that if the Licensed Nurse conducting the assessment believes an Inmate is showing active symptoms of psychosis (e.g., active hallucinations, delusions, etc.), a manic episode (unexplained agitation, pressured speech, etc.), or risk of self-injury/suicide, they immediately refer the Inmate for mental health services and take necessary precautions to provide for the Inmate's safety per Procedure 404.001, Suicide and Self- Injury Prevention. Likewise, any Inmate who needs immediate mental health services will be identified and referred by a Licensed Nurse to the Vendor for evaluation and appropriate treatment.</p> <p>The Vendor shall provide continuity of psychotropic medication(s) until the Vendor's psychiatric Clinician sees the Inmate per HSB 15.05.17, Intake Mental Health Screening at Reception Centers. If an Inmate arrives with properly prescribed medication from a jail or community provider that is properly identified, dispensed, and unadulterated, the medication will be single dosed until the Inmate is seen by a Clinician. If the DC4-781 indicates the Inmate is currently prescribed psychotropic medication but properly packaged and identified medication did not accompany the Inmate, the Clinician may continue the current prescription for up to 10 Days, including non-formulary medicines. If the Inmate has possession of medication that is unidentifiable or there is a clinical reason not to continue, the Inmate must be referred to a Clinician.</p>
MHS-002	<p>The Vendor shall complete a clinical interview, all required intake screening psychological testing, and an assessment of intellectual functioning within 14 Days of arrival.</p> <p>The Vendor shall ensure the clinical interview and psychological testing includes at least the following:</p> <ol style="list-style-type: none"> 1. Revised Beta IV; 2. Beck Hopelessness Scale; and 3. WASI, WAIS-IV or other reputable, individually administered intelligence test. In cases where the WASI score is <70 or the adaptive behavior checklist rating is <35, the Wechsler Adult Intelligence Scale IV (WAIS-IV), or other non-abbreviated, reputable, individually administered intelligence test will be administered.
MHS-003	<p>The Vendor's mental health staff shall request records for Inmates who received outpatient or inpatient mental health care at the sending jail or in the community before incarceration after the Inmate has granted proper written authorization using Form DC4-711B, Consent for Inspection and/or Release of Confidential Information. If the request for information is authorized by Florida Statutes, court-ordered, or considered provider-to-provider communication to support continuity of care, a release of information is not required. All Inmates designated as S-2 and above during the reception process will be asked to</p>

Mental Health Service Requirements (MHS)	
No.	Requirement
	grant authorization for the request of past outpatient and inpatient mental health treatment records prior to transfer to their permanent Institution.
MHS-004	The Vendor shall ensure that if the Inmate was previously incarcerated in the Department, mental health staff review OBIS and/or the Electronic Medical Record to determine whether the Inmate received ongoing mental health care during their previous incarceration(s). If the Inmate was incarcerated within the last five (5) years and received ongoing mental health care, staff shall request, at a minimum, the most recent volume of their health record.
MHS-005	The Vendor shall ensure the Initial Suicide Profile be completed if the Inmate has a history of intentional self-injury/attempted suicide or if they obtain a Hopelessness Scale score of nine (9) or higher.
MHS-006	The Vendor shall ensure all Inmates undergoing treatment or evaluation, including Confinement assessments and new screenings, have a valid Form DC4-663, Consent to Mental Health Evaluation or Treatment executed within the past year per HSB 15.05.18. Inmates will be advised of the limits of confidentiality before receiving any mental health services.
MHS-007	Based on the intake evaluation at a reception center, the Vendor shall ensure each Inmate be assigned a mental health grade.
MHS-008	The Vendor shall ensure that if the Inmate is still housed at a reception center, the initial Case Manager interview will occur within 14 Days of the S-grade assignment. If the Inmate is still housed at a reception center, the assigned Case Manager will develop the initial BPSA and ISP for MDST approval within 30 Days of the S-grade assignment.
MHS-009	The Vendor shall ensure a psychiatric Clinician evaluates Inmates presenting with acute symptoms of a mental disorder within 24 hours of arrival at a reception center.
MHS-010	The Vendor's psychiatric Clinician shall complete a psychiatric evaluation within 10 Days of arrival at a reception center for all newly admitted Inmates who have received inpatient mental health care within the past six (6) months or psychotropic medication for a mental health disorder in the past 30 Days. Following the initial psychiatric evaluation, Inmates who received antipsychotic medication for mental problems at any time during the 30-Day period preceding arrival or received inpatient mental health care within the past six (6) months will be classified as, at a minimum, an S-3 for a minimum of 90 Days. All Inmates who received psychotropic medication, other than antipsychotic medication, at any time during the 30-Day period preceding arrival will be classified at least S-2 for a minimum of 120 Days.
MHS-011	The Vendor shall ensure all S-3 Inmates who are awaiting transfer to a permanent Institution receive case management services every 30 Days, to include: <ul style="list-style-type: none"> • Review of institutional adjustment via collateral information (such as Confinement placements, staff referrals, etc.) and contacts with the dorm officer and other staff interacting and supervising the Inmate. • Group or individual contact as needed, but no less than every 30 Days, to assess mental status and to provide supportive counseling when indicated. • Review of psychotropic medication compliance as applicable.
MHS-012	The Vendor shall ensure that testing and assessment within the RCCUs be governed by Procedure 404.005 and include but not be limited:

Mental Health Service Requirements (MHS)	
No.	Requirement
	<ul style="list-style-type: none"> • Within 90 Days of arrival to the DTU or the STU, testing will include the Millon Clinical Multiaxial Inventory-III (MCMI-III) utilizing the Corrections Report and the Symptom Checklist-90 (SCL-90). • Within 30 Days of arrival to the CTU, testing will include the Coping Responses Inventory (CRI) and the Montreal Cognitive Assessment (MoCA). • Other assessments utilized within the RCCU at the discretion of the testing and assessment Psychologist include the Miller-Forensic Assessment of Symptoms Test (M-FAST), Psychopathic Personality Inventory (PPI-R), Columbia Suicide Severity Rating Scale (CSSRS), or any other validated assessment tool approved by the FDC Chief of Mental Health Services.
MHS-013	<p><u>Inpatient Risk Assessment</u></p> <p>The Vendor shall ensure a violence risk assessment will be completed in accordance with Rule 33-404.112, F.A.C., for all Patients residing in an inpatient unit. Psychologists will be responsible for completion of risk assessments utilizing a validated violence risk assessment instrument, currently the HCR-20, which includes a clinical interview and record review. Complete risk assessments must be completed:</p> <ul style="list-style-type: none"> • within three (3) Business Days of admission to the CSU; • within seven (7) Business Days of admission to TCU or CMHTF; and • shall occur at least every 90 Days thereafter while in the inpatient system.
MHS-014	<p><u>Screening for Gender Dysphoria</u></p> <p>The Vendor shall ensure identification and management of those Inmates diagnosed with Gender Dysphoria in accordance with Procedure 403.012, Identification and Management of Inmates Diagnosed with Gender Dysphoria. Psychological Evaluations for Gender Dysphoria include objective testing with batteries to include, but not be limited to, the Montreal Cognitive Assessment (MoCA), the Patient Health Questionnaire (PHQ-9), the Millon Clinical Multiaxial Inventory-III with the Corrections Report (MCMI-III), the Columbia-Suicide Severity Rating Scale (C-SSRS), Beck Anxiety Inventory (BAI), and/or any other validated assessment tool approved by the FDC Chief of Mental Health Services.</p>
MHS-015	<p><u>Referrals for Victims of Sexual Battery</u></p> <p>The Vendor shall complete Form DC4-529, Staff Request Referral, to initiate a Mental Health Referral to the Vendor's staff for victims of sexual battery.</p> <p>The Vendor's mental health staff shall see the Inmate no later than the next Business Day.</p>
MHS-016	<p><u>Access to Mental Health Care</u></p> <p>The Vendor shall ensure that all Inmates entering the Department have access to mental health services by ensuring:</p> <ol style="list-style-type: none"> 1. Inmates have access to necessary mental health services commensurate with their needs, as determined by mental health care staff; 2. there is a comprehensive and systemic program for identifying Inmates who are suffering from mental disorders; 3. Inmates move between levels of care per their level of adaptive functioning and treatment needs; 4. all Inmates who are receiving mental health services have an ISP developed by the Vendor's mental health service providers, and that

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	<p>services are delivered in accordance with each Inmate's ISP. This does not include Inmates classified as S-1; and</p> <p>5. adequate staffing levels will be provided in order to ensure consistent and meaningful access to required mental health services.</p>
MHS-017	<p><u>Consent to Mental Health Evaluation and Treatment</u> Express and informed consent means consent voluntarily given, in writing, after provision of a conscientious and sufficient explanation. The Vendor shall ensure all Inmates undergoing treatment or evaluation, including Confinement assessments and new screenings, have a valid signed Form DC4-663, Consent to Mental Health Evaluation or Treatment, per HSB 15.05.18. The Vendor shall advise Inmates of the limits of confidentiality before receiving any mental health services.</p> <p>Consent for pharmacotherapy is described in HSB 15.05.19, Psychotropic Medication Use Standards and Informed Consent, and is routinely completed by psychiatry staff. The psychiatric provider shall obtain fully informed consent for pharmacological intervention before initiating the intervention. Each of the prescribed medications requires a separate informed consent form.</p> <p>The Vendor shall ensure when admitted to an IMR, TCU, or CSU, a health care professional will request that the Inmate give written informed consent to treatment using Form DC4-649, Consent to Inpatient Mental Health Care. The Inmate may refuse to consent to treatment; however, the Inmate cannot refuse placement.</p>
MHS-018	<p><u>Confidentiality</u> The limits of confidentiality are delineated using Form DC4-663. The Vendor shall explain these limits to the Inmate and the Inmate must indicate informed consent by signing Form DC4-663 before receiving non-emergency mental health services. The limits of confidentiality are delineated using Form DC4-663, Consent to Mental Health Evaluation or Treatment.</p> <p>Inmate disclosures made to a health care professional while receiving mental health services are considered confidential and privileged, except for the following:</p> <ol style="list-style-type: none"> 1. threats to physically harm self or others; 2. threats to escape or otherwise disrupt or breach the security of the Institution; or 3. information regarding the physical or sexual abuse or neglect of an identifiable minor child, elderly, or disabled person. <p>The confidentiality of mental health records, psychological testing protocols, and data is ensured per federal and State law and professional guidelines. Therefore, health care providers must safeguard health records from wrongful disclosure, alteration, falsification, unlawful access, or destruction following Procedure 102.006, HIPAA Privacy Policy. All information obtained by a mental health care provider retains its confidential status unless the Inmate specifically consents to its disclosure by initialing the appropriate areas listed on Form DC4-711B. An ROI is not required if the release of the requested information is authorized in Florida Statutes, court-order, or in response to a valid HIPAA-compliant subpoena. Requests for copies of mental health</p>

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	records are referred to the Vendor's institutional Health Information Specialist. A signed Form DC4-711B, Consent for Inspection and/or Release of Confidential Information, shall accompany any release of confidential health records.
MHS-019	<p><u>Refusal of Mental Health Care</u></p> <p>The Vendor shall ensure all Inmates presenting for mental health services will be informed of their right to refuse such services, unless services are delivered pursuant to a court order. When an Inmate refuses mental health care services, the Vendor shall document the refusal in the Inmate's health record and, if directed by policy, note the encouragement efforts provided to the Inmate upon their refusal.</p> <p>The Vendor shall ensure refusals of mental health evaluation/treatment are documented on Form DC4-711A, Refusal of Health care Services Affidavit. If the Inmate refuses to sign Form DC4-711A, the Vendor's provider and a staff member who witnessed the refusal shall complete and sign the form, entering "Patient refuses to sign."</p> <p>The Vendor shall ensure if an Inmate refuses treatment that is deemed necessary for their appropriate care and safety, such treatment may be provided without consent <u>only under the following circumstances</u>:</p> <ol style="list-style-type: none"> 1. in an emergency situation in which there is immediate danger to the health and safety of the Inmate or others. Emergency treatment may be provided at any Major Institution. Emergency Treatment Orders (ETO) are issued, as indicated in HSB 15.05.19 and Florida law; and 2. when court-ordered commitment for on-going involuntary treatment at a CMHTF. The criteria for court petition for involuntary treatment at a CMHTF is based on Sections 945.40-945.49, F.S.
MHS-020	<p><u>Multi-Disciplinary Services Team (MDST)</u></p> <p>The Vendor shall ensure all members of an MDST are available for the provision of services as required by Department policy and procedure. The MDST is a group of staff members representing different professions, disciplines, and service areas that provide assessment, care, and treatment based on the individual needs of the Inmate and develops, implements, reviews, and revises each Inmate's Individualized Service Plan (ISP) per HSB 15.05.11.</p> <p>For S-3 Inmates, the MDST must include, at a minimum, the Case Manager/Behavioral Health Specialist, Psychologist, Psychiatric Provider, and an RN. For Inmates assigned to inpatient units, the MDST must include, at a minimum, the Case Manager/Behavioral Health Specialist, Psychologist, Psychiatric Provider, RN, Behavioral Health Technician, FDC Classification Officer, and FDC Security Representative. The Inmate shall be present at the initial ISP review meeting and shall attend subsequent ISP review meetings, as clinically indicated.</p> <p>All members, or on occasion their professional equivalent, must attend MDST meetings. In addition to routine ISP updates, MDST members must remain vigilant for circumstances warranting adjustments to treatment and meet to update ISPs accordingly.</p>

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MHS-021	<p><u>Assessment and Treatment for Suicidal and Serious Self-injurious Behavior</u> The Vendor shall provide suicide and self-injury prevention and mental health crisis services per Procedure 404.001, Suicide and Self-Injury Prevention and Procedure 404.004, Mental Health Inpatient Multidisciplinary Treatment and Services.</p> <p>Identification, intervention, treatment, and management of Inmates at risk of suicide or serious self-injurious behavior shall follow Procedure 404.001, Suicide and Self-Injury Prevention, Procedure 404.002, Isolation Management Rooms and Observation Cells, Procedure 404.004, Mental Health Inpatient Multidisciplinary Treatment and Services, and HSB 15.05.11, Planning and Implementation of Individualized Mental Health Services.</p> <p>The assessment of suicidal or self-injurious behaviors will include identifying antecedent, precipitating factors, and consequences of the incident of suicidal or self-injurious behavior. Documentation of this assessment shall include clinical justification for decision-making regarding placement on SHOS, referral to a higher level of care or release back to the compound.</p> <p>For Inmates in an inpatient setting placed on SHOS, the MDST shall meet within three (3) Business Days of the SHOS placement to update the ISP. Following discharge from SHOS, if the Inmate engages in serious self-injury or attempts suicide, the Vendor shall provide weekly individual cognitive behavioral or dialectical behavioral therapy.</p> <p>The Vendor's Psychologist shall develop, and the MDST shall implement a Self-Injury Reduction Plan (SIRP), in conjunction with the ISP, when an Inmate engages in serial (two (2) or more in a three (3) month period) serious self-injurious behaviors. The SIRP shall include a functional assessment and behavioral safety assessment of the specific behavioral problems and will be updated as needed or with review of the ISP until it can be closed.</p>
MHS-022	<p><u>Psychological Emergencies</u> The Vendor is responsible for the mental health evaluation and treatment of all psychological/mental health emergencies. The Vendor shall respond to Inmate-declared emergencies and emergent staff referrals as soon as possible, within no more than one (1) hour of notification. The Vendor shall complete and document emergency evaluations on the Day of encounter and include sufficient clinical justification for the final disposition.</p> <p>Mental health emergencies that are responded to by mental health staff shall be documented on Form DC4-642G, Mental Health Emergency Evaluation, while emergencies that are responded to by nursing staff shall be documented on Form DC4-683A, Mental Health Emergency Protocol.</p> <p>No matter the time or setting (outpatient, infirmary, or inpatient), the Vendor is responsible for any and all costs associated with necessary medical care and treatment of physical injuries, including outside hospital care, resulting from an Inmate's self-injurious behavior.</p>

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MHS-023	<p><u>Routine Staff Referrals</u> The Vendor shall ensure, per HSB 15.05.18, Outpatient Mental Health Services, mental health staff will respond within seven (7) Days of receiving routine staff referrals.</p>
MHS-024	<p><u>Inmate Requests and Informal Grievances</u> The Vendor shall ensure Inmate requests and informal grievances are handled per HSB 15.02.01, Medical and Mental Health Care Inquiries, Complaints, and Informal Grievances. The Vendor shall log all Inmate requests for mental health interviews, including providing an incidental note made by mental health support staff to confirm that the Inmate interview request was received, answered, and an appointment arranged. The Vendor shall respond to Inmate-initiated requests and informal grievances within 10 Business Days of receipt by mental health staff. If the response to the Inmate's request includes an interview or referral, it shall occur as intended. <u>The response shall be immediate if the Inmate voices suicidal ideation.</u></p>
MHS-025	<p><u>Psychological Evaluations and Referrals</u> The Vendor's mental health staff shall provide psychological evaluations per policy requirements and for Inmates referred by various program areas. The Vendor shall ensure only Florida-licensed Psychologists conduct psychological evaluations per Chapter 490, F.S.</p>
MHS-026	<p><u>Screening and Treatment for Sex Offenders</u> The Vendor shall provide screening and necessary treatment for Inmates currently serving a sentence for a sex offense, per Rule 33-404.102(7), F.A.C. The purpose of the screening is to identify those who suffer from a sexual disorder, as defined by the current Diagnostic and Statistical Manual of Mental Disorders, and who are amenable and willing to participate in treatment. The Vendor shall provide screening and treatment services for sex offenders per HSB 15.05.03, Screening and Treatment for Sexual Disorder, and offer and provide aftercare assistance per HSB 15.05.21.</p> <p>The Vendor shall ensure within 60 Days of a sex offender's arrival at the Inmate's first permanent institutional assignment, mental health staff conduct a clinical interview, and review the health and master records of those Inmates currently serving a sentence for a sexual offense. This screening shall be documented on Form DC4-647, Sex Offender Screening and Selection.</p> <p>The Vendor shall ensure mental health staff provide Inmates diagnosed with a sexual disorder the opportunity to participate in treatment before EOS. The preferred treatment modality is group therapy which will meet for at least one (1) hour weekly for at least 20 weeks.</p> <p>The Vendor shall ensure prior to group enrollment, mental health staff complete Form DC4-660, Consent to Sex Offender Treatment. If sex offender treatment is recommended, but the Inmate is unwilling to participate, the Vendor shall complete Form DC4-711A instead.</p>
MHS-027	<p><u>Inmates with Diagnosis of Intellectual Disability</u> The Vendor shall ensure Inmates diagnosed with an intellectual disability who have minimal to mild impairment in ability to function within the general Inmate population are assigned to Institutions having Impaired Inmate services. These</p>

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	<p>Inmates will be assessed, identified and treated according to the Department's related procedures and HSBs.</p> <p>The Vendor's mental health staff shall track all Inmates diagnosed with an intellectual disability to ensure proper discharge planning occurs at least 180 Days before release per HSB 15.05.21, Mental Health Re-Entry Aftercare Planning Services.</p>
MHS-028	<p>The Department utilizes a detailed record-keeping system to document delivery of services to Inmates. Mental health records consist of the Electronic Medical Record (EMR), the psychological record jacket (Form DC-761), and a computerized system which tracks Inmate specific information, including mental health services, for all Inmates statewide, OBIS. The Vendor shall ensure all mental health personnel are trained on the use of OBIS and EMR.</p>
MHS-029	<p><u>Record Keeping</u></p> <p>The Vendor shall ensure mental health staff shall record all significant observations pertinent to Inmate care and treatment at the time services are rendered. Accurate and complete documentation is required of all mental health staff and record entries shall reflect the ISP and contain sufficient detail to follow the course of treatment.</p> <p>The Vendor shall ensure an Inmate's mental health record, especially services, events, and encounters occurring between Clinician visits, be reviewed each time they appear for a mental health encounter. Attestation that the record was reviewed shall be documented via an incidental note or, if a clinical encounter, within the SOAP note or on the assigned form.</p> <p>The Vendor shall ensure that unless entered into the EMR system, the mental health care provider document each entry using only a black ballpoint pen. Each entry must be legible, dated, timed, signed, and stamped by the provider. The provider's stamp must include the mental health care provider's name, title, and institutional identification.</p>
MHS-030	<p><u>Service Delivery Logs</u></p> <p>The Vendor shall ensure each Institution's mental health programs maintain a set of logs as detailed in HSB 15.05.17, Intake Mental Health Screening at Reception Centers. Logs may be kept in written or electronic format.</p> <p>The following logs (forms) shall be maintained at Reception Centers and all Major Institutions:</p> <ol style="list-style-type: none"> 1. DC4-781A, Mental Health Emergency, Self-Harm, SHOS/MHOS Admission Log 2. DC4-781H, Inmate Request/Staff Referral Log 3. DC4-781J, Psychiatric Restraint Log 4. DC4-781K, Seclusion Log (inpatient mental health units only).
MHS-031	<p><u>Forms (General Information)</u></p> <p>There are many required forms that are utilized in delivery of mental health services at the Institutions. The Vendor shall ensure all mental health providers are familiar with all forms including how to complete and file the forms properly in the health record. Providers must utilize the most recent version of the Department's Forms.</p>

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MHS-032	<p><u>Problem List (Form DC4-730)</u> The Vendor must comply with HSB 15.05.11, Planning and Implementation of Individualized Mental Health Services, in identifying and documenting problems. Every mental health care provider has the authority to identify and enter a mental health problem.</p> <p>The Vendor shall ensure the Problem List (Form DC4-730 or equivalent) is updated on an ongoing basis as problems are identified. Problems that are resolved are indicated on the problem list with date, provider signature, and provider stamp.</p>
MHS-033	<p><u>Mental Health Progress Notes (Form DC4-642)</u> The Vendor shall ensure all progress notes concerning mental health care, including incidental and SOAP notes, are made in the mental health section of the health record. Encounters without a corresponding, specified form will be documented via incidental and SOAP notes on Form DC4-701, Chronological Record of Health Care.</p> <p>Any clinical contact with an Inmate requires a progress note written in SOAP format and placed in the mental health section of the health record in reverse chronological order the same Day as the encounter. Relevant clinical information stemming from interactions other than a clinical encounter with the Inmate, such as from contact with FDC or Vendor staff or significant others, is documented in an incidental note on Form DC4-701. The incidental note is <u>not</u> written in SOAP format. Whether incidental or SOAP, all progress notes are dated, timed, signed, and stamped and, when indicated, cross-referenced to a specific problem from Form DC4-730, Problem List.</p> <p>The Vendor shall ensure clinical group therapy contacts are documented on a Form DC4-642U, Clinical Group Therapy Note, with a SOAP note and includes the Inmate's relative participation, and his/her progress toward ISP objectives.</p>
MHS-034	<p><u>Psychological Record (Form DC4-761)</u> The Vendor shall ensure the psychological record contains psychological test forms and protocols, and raw test data and is kept separately from the EMR or health record. It must be in a secure location in the mental health services area and the vendor must protect the confidentiality of test items and protocols.</p> <p>The psychological record shall accompany the Inmate upon transfer in a sealed envelope marked "Confidential".</p>
MHS-035	<p>The Vendor's mental health staff shall routinely attempt to obtain records of past evaluation and treatment performed outside the Department. The Vendor shall ensure any attempts to obtain records of past evaluation and treatment be documented as an incidental note. The case manager has the primary responsibility for requesting past mental health records.</p>
MHS-036	<p>The Vendor shall document if outpatient care is discontinued because it is no longer clinically indicated, using Form DC4-661, Outpatient Treatment Summary, prepared and filed in the health record within seven (7) Business Days.</p>
MHS-037	<p>The Vendor's institutional mental health leadership will communicate frequently with the Warden, or designee, keeping him/her informed of all significant events involving mental health care issues that may affect the</p>

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	normal operation of the Institution (out of cell activities, self-injurious behavior, emergencies, suicide) or teamwork issues (security assistance, medical escort, transportation). At inpatient mental health units, the Psychological Services Director will attend regular meetings with the Warden (weekly and quarterly) and with the Regional Mental Health Director (monthly).
MHS-038	<p><u>Inmate Orientation to Mental Health Services</u> The Vendor shall ensure all newly arriving Inmates, regardless of assigned S-grade and whether received from a reception center or transferred from another Institution, shall be oriented specifically to mental health services at the receiving Institution, per HSB 15.05.18, Outpatient Mental Health Services and Procedure 403.008, Inmate Health Services Orientation and Education. Mental health orientation shall be conducted within eight (8) Days of arrival and documented in the EMR.</p> <p>The Vendor shall ensure Orientation consist of a written, easily understood explanation (available both in English and Spanish) and in-person oral presentation by the Vendor's mental health staff of available services and instruction on accessing mental health services, including consent or refusal of mental health services and confidentiality.</p>
MHS-039	<p><u>Record Reviews</u> The Vendor shall ensure that the mental health sections of records for all newly arriving Inmates, regardless of assigned S-grade and whether received from a reception center or transferred from another Institution, shall be reviewed within 14 Days of arrival by the Vendor's mental health service providers. For S-2/S-3 Inmates, the purpose of the record review is to prepare for the initial interview and assess and prioritize treatment needs. This review also verifies that the S-grade in OBIS is consistent with the S-grade in the health record.</p>
MHS-040	<p><u>Case Manager Assignment</u> The Vendor shall ensure all newly arriving S-2 through S-6 Inmates have a Case Manager assigned and documented in the EMR within three (3) Business Days of arrival or assignment of S-grade. A psychologist is responsible for this assignment for all S-3 Institutions and above; while this assignment can be made by an Licensed Clinical Social Worker, Licensed Mental Health Counselor, or Licensed Marriage and Family Therapist at S-1/S-2 Institutions. Any subsequent change of Case Manager shall be documented similarly.</p>
MHS-041	<p><u>Service Planning Interview</u> The Vendor shall ensure each newly arriving S-2 and S-3 Inmate be interviewed by a mental health provider (master or doctoral level Clinician) within 14 Days of arrival. This initial interview includes a mental status examination and review of the status of problems that were the focus of attention prior to arrival, to assess current functioning and treatment needs. The interview shall be documented using Form DC4-642B, Mental Health Screening Evaluation.</p>
MHS-042	<p><u>Psychiatric Services</u> The Vendor shall ensure a newly arriving Inmate who is classified as S-3 be continued on any current psychotropic medication and must be assessed by a psychiatric Clinician before the expiration of the current psychotropic prescription to evaluate the Inmate's treatment needs. The Vendor will be responsible for ensuring continuity of pharmacotherapy for any newly arriving S-3 Inmate.</p>

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	<p>Psychotropic medication therapy and the Inmate's progress shall be reviewed and documented at least every 90 Days using Form DC4-642A, Outpatient Psychiatric Follow-up. When the psychiatric provider determines that psychotropic medication is no longer indicated, the Inmate's S-grade shall be lowered to an S-2, and that Inmate will be removed from the psychiatric caseload. Mental health staff shall provide case management for at least 60 Days before the Inmate is eligible to be considered for a downgrade to S-1. Without exception, Inmates with a current diagnosis of Schizophrenia or other psychotic disorders, including disorders with psychotic features, shall be maintained as a mental health grade S-3 or higher.</p>
MHS-043	<p><u>Outpatient Mental Health Nursing Services</u></p> <p>The Vendor shall be responsible for providing nursing services to support the required outpatient psychiatric services at S-3 Institutions.</p> <p>A Licensed Nurse shall provide mental health services, which include, but are not limited to:</p> <ol style="list-style-type: none"> 1. Participation as a member of the MDST. 2. Prepares health care record for the Clinician prior to psychiatric call out. Preparation includes pulling the health care record and flagging relevant laboratory results or encounters. 3. Ensures ordered lab/diagnostic work is completed, reviewed by a Clinician, and report filed in the health care record timely. 4. Ensure data is entered into the EMR for every Patient that has contact with a Psychiatric Clinician. 5. Ensures the Psychiatric Clinician's orders are effectively carried out, including signing off orders, reviewing Medication Administration Records (E-MARS), scheduling labs test, EKGs, and follow-up appointments. 6. Scan completed paperwork (evaluations, Abnormal Involuntary Movement Scale (AIMS), Form DC4-653, medication consents, etc.) correctly into the EMR. 7. Ensures psychotropic medications are discontinued by the Psychiatric Clinician when Patients refuse medications. 8. Monitor psychiatric-ordered lab results, communicate with the appropriate Clinician regarding abnormal values, and schedule appointments as clinically indicated. 9. Actively participates in the development and implementation of ISPs, Form DC4-643A, for Patients with a broad range of mental health issues. 10. Schedule Inmate appointments with the Psychiatric Clinician. 11. Responsible for monthly reports via the computerized database. 12. Ensures each Patient has prescription order(s) to take with them upon release from prison for a 14-Day supply of psychotropic medication. 13. Contributes to developing and monitoring Corrective Action Plan(s). 14. Reviews Form DC4-673B daily on all Inmates admitted to the infirmary and communicates observations to the Psychiatric Clinician. 15. Ensures correct administration of medications, including injections, and monitors treatment results. 16. Monitors Patients for Extra Pyramidal Symptoms (EPS) and gives Emergency Treatment Orders (ETO) when prescribed during normal business hours.

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	<p>17. Supervises psychotropic medication compliance to oversee the general health and wellbeing of the Patients. Verifies compliance by reviewing Form DC4-701A, Medication and Treatment Record.</p> <p>18. Acknowledges and responds in timely manner to Mental Health Sick Call Requests and grievances.</p> <p>19. Observes Patients for signs of disorder or tension and reports such observations to a higher clinical authority.</p> <p>20. Provides Patient education and counseling, as clinically indicated.</p> <p>21. Strives to build collaborative relationships with Patients in the interest of educating them about their treatment regimens and pathways to physical and mental health.</p> <p>22. Provides medication education, including the importance of medication compliance and general health information to Inmates as needed.</p> <p>23. Provides counseling in a manner that avoids staff-splitting, in accordance and in collaboration with the MDST's ISP, Form DC4-643A.</p>
MHS-044	<p><u>Outpatient Psychiatric Consultation for Inmates</u> The Vendor shall be responsible for providing outpatient psychiatric consultation services, per HSB 15.05.19, Psychotropic Medication Use Standards and Informed Consent. Outpatient psychiatric consultation for Inmates assigned to S-1/S-2 Institutions is provided through transport (rather than transfer) of the Inmate to a nearby S-3 facility or via telepsychiatry. The Inmate is returned the same Day of the consult, unless the Psychiatric Clinician determines that immediate admission to inpatient care is indicated. The Vendor's Regional Mental Health Director shall designate the preferred consulting facility for each Institution. Requests for non-emergent psychiatric consultations for Inmates who are graded S-1 or S-2 shall be evaluated to determine further disposition, per HSB 15.05.19. Telepsychiatry services will be governed by HSB 15.06.12, Telemedicine.</p>
MHS-045	<p><u>Cognitive-Behavioral Therapy/Counseling Services</u> The Vendor shall provide therapy and counseling services per HSB 15.05.18, Outpatient Mental Health Services. Credentialed qualified mental health staff shall deliver individual and/or clinical group therapy to best meet the Inmate's identified clinical needs.</p> <p>Individual and/or group psychotherapy will be offered to all Inmates on the mental health case load, as clinically indicated, but no less than every 60 Days.</p> <p>Each permanent Institution will offer group interventions, as clinically indicated, that are designed to meet the needs of Inmates who are eligible for ongoing outpatient services.</p>
MHS-046	<p><u>Case Management</u> The Vendor shall ensure case management services be provided to Inmates receiving ongoing mental health services. Case management includes a wide variety of actions that the case manager performs and shall be identified on the ISP. Case management is a service, not a treatment, for an identified problem.</p> <p>The Vendor shall ensure case management will occur at least every 30 Days for Inmates with a current diagnosis of Schizophrenia or other psychotic disorders, including disorders with psychotic features, and at least every 60</p>

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	Days for all other S-2 and S-3 Inmates. This service will be documented on Form DC4-642D, Outpatient Mental Health Case Management.
MHS-047	<p><u>Treatment Planning</u> The Vendor shall ensure each outpatient Inmate who receives ongoing mental health services have an ISP and a Biopsychosocial Assessment (BPSA). The BPSA is a summary of factors essential to diagnosing mental health disorders and is the first step in the treatment planning process. Accordingly, it is completed prior to the initial ISP. The ISP is individualized and reflects the current psychiatric diagnosis, based on the current version of the Diagnostic and Statistical Manual of Mental Disorders, and significant functional problems listed in the Problem Index. The symptoms and history documented in the BPSA shall be consistent with the diagnostic criteria. The ISP also addresses institutional adjustment, treatment compliance and progress, the rationale for any ISP changes, and new information relevant to treatment. The Problem List shall reflect all problems being addressed on the ISP.</p> <p>The ISP is developed and updated at regular intervals by the MDST to reflect the Patient's current status according to HSB 15.05.11, Planning and Implementation of Individualized Mental Health Services. Mental health treatment interventions must be consistent with and provided as specified in the ISP. For S-2/S-3 Inmates the initial ISP is completed and approved by the MDST within 30 Days of the S-grade assignment or change. Thereafter, the MDST will review and approve the ISP at least every 180 Days. The MDST is required to meet and revise the ISP as needed in response to a significant adverse change in the Inmate's behavioral functioning. Signifying their agreement with the ISP, all members of the MDST sign the ISP at the meeting. Inmates sign the ISP at the time of the meeting (if they attend) or at their next clinical encounter.</p> <p>The Vendor shall ensure when Inmates are transferred between Institutions, the MDST at the receiving Institution will review, revise as needed, and sign the standing ISP to identify their newly assigned mental health staff within 14 Days of arrival. Signifying their agreement with the ISP, all members of the MDST sign the ISP at the meeting. Inmates sign the ISP at the time of the meeting (if they attend) or at their next clinical encounter.</p>
MHS-048	<p><u>Chemical/ Electronic Immobilization Device (EID) Use-of-Force Evaluations</u> The Vendor shall ensure mental health staff shall evaluate S-2/S-3 Inmates no later than the next Business Day following a use-of-force event, per Rule 33-602.210, F.A.C., Use of Force. The evaluation shall be documented on Form DC4-642B, Mental Health Screening Evaluation.</p>
MHS-049	<p><u>Confinement Mental Health Rounds and Evaluations</u> The Vendor shall provide mental health services for Inmates in restrictive housing per HSB 15.05.08, Mental Health Services for Inmates who are Assigned to Confinement, Protective Management or Close Management Status and Procedure 403.003, Mental Health Transfers</p> <p>The Vendor shall ensure its mental health staff perform rounds, cell front, in each Confinement unit weekly to personally observe each Inmate and inquire whether the Inmate has any mental health-related problems. The purpose of the observation and inquiry is not to perform an in-depth assessment but to determine whether an appointment should be made to do so. If the Inmate</p>

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	<p>reports or the mental health staff observes concerns, an appointment must be scheduled for timely follow-up. Mental health staff shall document the outcome of Confinement rounds for each Inmate using the below codes on Form DC6-229, Daily Record of Special Housing, to avoid any breach in confidentiality:</p> <ol style="list-style-type: none"> 1) Code MH-1: Refer to medical for follow-up of physical health-related complaint 2) Code MH-2: Needs immediate mental health care services due to urgent or emergent concerns 3) Code MH-3: No action required 4) Code MH-4: Schedule non-emergent follow-up with mental health care staff 5) Code MH-5: Evaluation or treatment was provided <p>If a code other than MH-3 is entered on Form DC6-229, mental health staff shall chart appropriately in the health record.</p> <p>In addition to the weekly rounds conducted by institutional mental health staff, the Psychological Services Director or, if unavailable, a Psychologist will visit the Special Housing areas at least once each month to evaluate the effectiveness of the mental health care provider visits and to ensure appropriate access to settings that afford confidentiality for evaluation and treatment in accordance with Procedure 403.003, Health Services for Inmates in Special Housing.</p> <p>Confinement evaluations include a mental status examination and any other formal evaluation needed to determine the Inmate's suitability for continued Confinement. Because of confidentiality issues, psychiatric or psychological Confinement assessments are not to be conducted at the cell front.</p> <p>Segregated Inmates are evaluated as follows:</p> <ol style="list-style-type: none"> 1) S-1 Inmates are evaluated within 30 Days of placement and every 90 Days thereafter. 2) S-2 Inmates are evaluated within 30 Days of placement and every 60 Days thereafter. 3) S-3 Inmates are evaluated within five (5) Days of placement and every 30 Days thereafter. 4) Inmates with a designated mental health impairment (SY-Y or SY-D) will be evaluated the next Business Day after placement into Special Housing to assess mental status. Those with the SY-D designation will be referred to, at a minimum, TCU level of care. <p>The Vendor shall ensure its mental health staff notify the FDC Classification Supervisor of each Inmate's mental condition as these Confinement assessments are completed using Form DC4-528, Mental Status of Confinement Inmates. Notification indicates that the Inmate is either unimpaired, receiving appropriate outpatient care, or has been referred for inpatient care. A copy of the completed DC4-528 is placed in the health record.</p> <p>The Vendor shall ensure all facilities use OBIS (MHS 51 Confinement Status Report) or the EMR equivalent to track Inmates in Confinement. The report</p>

Mental Health Service Requirements (MHS)	
No.	Requirement
	<p>indicates when all Confinement reviews are completed and will indicate any discrepancies.</p> <p>The Vendor shall ensure every reasonable effort must be made to ensure that confined Inmates receive all necessary and appropriate mental health care, including evaluation, case management, individual therapy, clinical group therapy, and psychotropic medication. Mental health care is provided in an interview room or other area providing for confidentiality, not at the cell front, unless expressly authorized in writing by the Department's Office of Health Services.</p>
MHS-050	<p><u>Psychotropic Medication</u></p> <p>The Vendor shall ensure psychotropic medications be prescribed and managed per HSB 15.05.19, Psychotropic Medications Use and Informed Consent.</p> <p>The Vendor shall ensure a Psychologist shall screen all outpatient Inmates who are referred to psychiatry for potential medication initiation. The initial psychiatric follow-up shall be conducted at least once every two (2) weeks upon initiating any new psychotropic medication for four (4) weeks. The Clinician shall include in his/her progress notes:</p> <ol style="list-style-type: none"> 1. effects of prescribed medication(s) on targeted symptoms and behavior; 2. rationale for change of medication; 3. rationale for increasing or decreasing medication; and 4. potential side effects of the medication. <p>The Vendor shall provide all Inmates receiving medication with a full description of any medications ordered and their potential side effects. The Vendor must then request the Inmate sign an informed consent for each psychotropic medication as prescribed.</p> <p>The Vendor shall ensure required laboratory tests shall be ordered for the initiation and follow-up of psychotropic medication administration according to the Testing Standards for Psychotropic Medication Usage. For Patients receiving antipsychotic medications, Abnormal Involuntary Movement Scale (AIMS) testing shall be administered in accordance with Testing Standards for Psychotropic Medication Usage.</p>
MHS-051	<p><u>Mental Health Services in Close Management Units</u></p> <p>The Vendor shall ensure before placement on Close Management (CM), an Inmate receive a mental health evaluation, regardless of mental health grade, within five (5) Business Days of receiving Form DC6-128, CM Referral Assessment. CM Inmates shall be allowed out of their cells to receive mental health services, as specified in their ISP unless the Inmate has displayed hostile, threatening, or other behavior that could present a danger to others within the past four (4) hours. Security staff shall determine the level of restraint required while CM Inmates access outpatient services outside their cells per Rule 33-601.800(9) (b), F.A.C.</p>

Mental Health Service Requirements (MHS)	
No.	Requirement
	<p>The Vendor shall ensure CM Inmates with a mental health grade of S-2/S-3 receive at least one (1) hour of clinical group or individual therapy each week. Individualized service planning timeframes for CM Inmates on the mental health caseload must comply with Rule 33-601.800, F.A.C.</p> <p>The Vendor shall ensure for Close Management Inmates, Form DC4-729, Behavioral Risk Assessment (BRA), shall be completed at the required intervals <u>regardless of mental health grade or housing assignment</u>, including when the Inmate is housed outside the CM unit to access necessary medical or mental health care. Required intervals for completion are specified in Rule 33-601.800, F.A.C. and are as follows:</p> <ol style="list-style-type: none"> 1) Within three (3) Business Days of the Inmate's involvement in a critical event; 2) Within 14 Days of CM placement; and 3) Within 120 Days of the initial 14-Day BRA and every 180 Days thereafter.
MHS-052	<p><u>Treatment for Gender Dysphoria</u></p> <p>The Vendor shall ensure identification and treatment of Inmates diagnosed with Gender Dysphoria is governed by Procedure 403.012, Identification and Management of Inmates Diagnosed with Gender Dysphoria. After initial pre-screening, formal assessment, and review by the OHS Gender Dysphoria Review team, the Inmate will receive initial treatment to include, but be limited to, clinical group therapy once weekly, psychoeducational group interventions twice weekly, and individual psychotherapy at least every 30 Days. After an initial three (3) month period, treatment schedules can be modified by the MDST to include individual psychotherapy at least every 30 Days and clinical group therapy either weekly, bi-weekly, or monthly, as clinically indicated. While receiving any treatment for Gender Dysphoria Inmates must remain at a mental health designation of S-2 or higher.</p>
MHS-053	<p><u>Residential Continuum of Care Units (RCCU)</u></p> <p>The Vendor shall be responsible for provision of mental health services to the various units of RCCU as governed by Procedure 404.005. These units are designed for Inmates with serious mental impairments associated with a historical inability to successfully adjust to living in the general Inmate population. The units include Secure Treatment Units (STU), Diversion Treatment Units (DTU), and Cognitive Treatment Units (CTUs). Weekly therapeutic community meetings will be conducted by a Behavioral Health Specialist or Psychologist to foster Inmate input, participation, and satisfaction with the RCCU. Staffing for the RCCU's will approximate TCU staffing for out-of-cell structured therapeutic activities. Staffing for mental health, medical, nursing, and administration services will compare to an outpatient care level. Services within these units include, but are not limited to weekly therapeutic community meetings, case management, group and individual therapy, psychiatric consultation, and other Structured Out-of-Cell Treatment Services (SOCTS).</p> <p>The STU requires a minimum of nine (9) hours of SOCTS weekly to include:</p> <ol style="list-style-type: none"> 1. One (1) hour of clinical group offered by a Behavioral Health Specialist or Psychologist; 2. One (1) hour of psychoeducational group targeting factors associated with step-down transition from the unit;

Mental Health Service Requirements (MHS)	
No.	Requirement
	<p>3. One (1) hour of therapeutic community offered by a Behavioral Health Specialist or Psychologist; and</p> <p>4. Six (6) hours of therapeutic activities or psychoeducational groups offered by a Behavioral Health Technician or Behavioral Health Specialist.</p> <p>The DTU requires a minimum of nine (9) hours of SOCTS weekly to include:</p> <ol style="list-style-type: none"> 1. One (1) hour of clinical group conducted by Behavioral Health Specialist or Psychologist; 2. One (1) hour of therapeutic community offered by a Behavioral Health Specialist or Psychologist; and 3. Seven (7) hours of therapeutic activities or psychoeducational groups offered by a Behavioral Health Technician or Behavioral Health Specialist. <p>The CTU requires a minimum of nine (9) hours of SOCTS weekly to include:</p> <ol style="list-style-type: none"> 1. One (1) hour of psychoeducational group targeting neurocognitive or neurodevelopmental factors associated with adaptive functioning offered by a Behavioral Health Specialist or Psychologist; 2. One (1) hour of therapeutic community offered by a Behavioral Health Specialist or Psychologist; and 3. Seven (7) hours of therapeutic activities or psychoeducational groups offered by a Behavioral Health Technician or Behavioral Health Specialist.

7. Inpatient and Infirmiry Mental Health Care (IIC)

Infirmiry Mental Health Care is provided at most Institutions, following the standards of care outlined in Procedure 404.001, Suicide and Self-Injury Prevention and HSB 15.03.26, Infirmiry Services. Inpatient mental health care is provided at a limited number of Institutions, following the time frames and guidelines in Procedure 404.004, Mental Health Inpatient Multidisciplinary Treatment and Services. Other pertinent policies for inpatient mental health care delivery include Procedure 404.003, HSB 15.05.11, HSB 15.05.19, Procedure 404.001, HSB 15.02.02, HSB 15.05.21, HSB 15.05.13, HSB 15.05.20, and the Nursing Manual. Inpatient mental health services are provided in Transitional Care Units (TCU), Crisis Stabilization Units (CSUs), and Corrections Mental Health Treatment Facilities (CMHTF).

Infirmiry Mental Health Care is a level of care more intensive than outpatient care. It includes all behavioral and psychiatric emergencies, such as managing Inmates with an identified risk of self-harm or acute deterioration in mental health functioning. Crisis management may require placement in an infirmiry Isolation Management Room (IMR) or other specifically designated safe housing, such as an Observation Cell (OC), at a permanent Institution for rapid assessment, close observation, and institutional-based intervention. The crisis may be appropriately managed at this level or may require a referral and subsequent transfer to a CSU. IMRs and OCs, when indicated, are designed to provide a safe and appropriate setting for initial housing and observation of Inmates who present impairments that cannot be managed on an outpatient basis.

Transitional Mental Health Care is a more intensive level of care than outpatient and infirmiry care, but less intensive than crisis stabilization care. This level of care is only available at designated Institutions and is delivered in a TCU. The TCU is a

structured residential setting with a therapeutic milieu and direct treatment components, such as therapeutic behavioral interventions and behavioral management plans. It is designed to provide evaluation, treatment, and mental health care intervention to any Inmate whose symptoms of serious mental disorder interfere with his/her capacity to adapt in an outpatient setting safely. The goal is to alleviate the symptoms of mental illness and to improve functioning sufficiently to return the individual to the least restrictive clinical and custodial environment. Transitional care is also used to transition Inmates who have received acute care in a CSU or a CMHTF back to an outpatient setting. A long-term residence in a TCU will be considered for an Inmate who suffers from a chronic, severe, and persistent mental illness or intellectual disability (and the inability to readjust to the General Population or Special Housing) if a more suitable setting is not available, such as the DTU or CTU.

Crisis Stabilization is a still more intensive level of care than TCU that allows for closer management, observation, and treatment intervention while seeking rapid stabilization of acute symptoms and conditions. This level of care is provided in a CSU, a highly structured, safe environment located within select Major Institutions. CSU programs include a broad range of evaluation and treatment services intended for Inmates experiencing acute emotional distress and cannot be adequately evaluated and treated in a TCU or infirmary IMR. Inmates assigned to CSUs generally remain within the locked inpatient unit and do not access General Population Inmates' services and activities. Crisis stabilization care is only intended for short-term periods and is less restrictive and intensive than care provided in a CMHTF.

A **Corrections Mental Health Treatment Facility (CMHTF)** is the highest and most intensive level of mental health care available to Inmates. It can only be provided through a court order per Sections 945.40 – 945.49, F.S. This care is provided in an extended treatment or hospitalization-level unit, specifically designated by the FDC Health Services Director per by Rule 33-404.201, F.A.C., to provide acute mental health care including treatment and therapeutic intervention. This level of care contrasts to less intensive levels of care such as outpatient mental health care, infirmary mental health care, transitional mental health care, or crisis stabilization care.

Ongoing involuntary mental health treatment can only be provided at this level of care with a court order at Institutions with a designated CMHTF. This level of care includes a broad range of evaluation and treatment services within a highly structured and secured hospital setting. Patients are typically chronically or severely impaired and do not respond favorably to brief inpatient or intermediate care. Patients are discharged to TCUs for further treatment and progressive reintegration to a suitable environment.

Inpatient and Infirmary Mental Health Care Requirements (IIC)	
No.	Requirement
IIC-001	<p><u>SHOS Assessments and Evaluations</u></p> <p>The Vendor shall ensure its nursing staff provide care and complete documentation if the Patient is in the inpatient mental health unit or the Infirmary. Nursing staff complete Form DC4-673B, Inpatient Mental Health Daily Nursing Evaluation, once every eight (8) hours.</p> <p>The Vendor shall ensure Inmates on SHOS are visually checked by the appropriate staff at least once every 15 minutes with documentation on the</p>

Inpatient and Infirmiry Mental Health Care Requirements (IIC)	
No.	Requirement
	<p>DC4-650, Observation Checklist. Upon an Inmate's return to the Institution after receiving outside medical treatment for self-injurious behavior, the Inmate must be placed on SHOS, and a Psychologist must complete an evaluation in the format specified by the FDC Chief of Mental Health Services.</p> <p>The Vendor shall ensure there be an order from the Vendor's attending Clinician for each Inmate placed on SHOS documented in the infirmiry or inpatient record. An attending Clinician must personally interview and assess the Inmate each Business Day while the Inmate is on SHOS and document this clinical contact in the health record using the SOAP format on the appropriate form. For Inmates housed in an infirmiry level of mental health care, counseling shall be provided by the Vendor's mental health staff every Business Day and documented as a SOAP note or on the appropriate form. For Inmates placed on SHOS in inpatient units, the MDST will meet within three (3) Business Days of SHOS assignment to update the ISP.</p> <p>The Vendor shall ensure documentation for Inmates whose SHOS status was discontinued contain sufficient clinical justification to ensure that the Inmate's level of care was commensurate with the assessed treatment needs. The Vendor's mental health staff will evaluate the relevant mental status and institutional adjustment for Inmates discharged to outpatient care within the first (1st) to third (3rd) Business Day and within the seventh (7th) to tenth Business Days of discharge.</p>
IIC-002	<p><u>Referral/Transfer to TCU/CSU/CMHTF</u></p> <p>The Vendor shall ensure mental health transfers for inpatient care follow established Department policy, rules, and procedures and Sections 945.40-945.49, F.S. (The Correctional Mental Health Act), as applicable. Transfer criteria and procedures are fully described in Procedure 404.003, Mental Health Transfers.</p> <p>The Vendor shall ensure all transfers be coordinated with the Department's Mental Health Transfer Coordinator in the Office of Health Services.</p> <p>The Vendor shall ensure mental health transfers for inpatient care to TCUs, CSUs, and CMHTFs are considered routine, urgent, or emergent (based upon a clinical assessment made by the referring mental health team). During business hours, transfers are accomplished by completing Form DC4-656, Referral for Inpatient Mental Health care (the designated Form is used) directed to the Department's Population Management Administrator and the Mental Health Transfer Coordinator. Transfers occurring after-hours (including weekends and State holidays) are accomplished by on-site clinical staff who shall intervene to manage any mental health emergency, per the protocol established in Procedure 404.003.</p> <p>The Vendor shall ensure routine referrals to CMHTF units are initiated through a consensus reached by a CSU MDST, which requests the Warden file a petition with the court in the county where the Inmate is housed. Emergent referrals to CMHTF units are indicated through consensus reached among the CSU MDST that a Patient's condition has reached a level of care that cannot be met at the Institution and that only CMHTF can provide the required level</p>

Inpatient and Infirmatory Mental Health Care Requirements (IIC)	
No.	Requirement
	of care. Mental health staff requests the Vendor's Regional Mental Health Director of that region to give approval based on his/her appraisal of the Inmate's clinical condition. If approval is granted, the Regional Mental Health Director will advise the Warden, who will also need to give administrative approval of the emergency transfer request.
IIC-003	<p><u>Mental Health Inpatient Orientation</u></p> <p>The Vendor shall ensure that within four (4) hours of the Inmate's arrival into an inpatient unit, nursing staff inform the Patient of the reason(s) for admission, provide verbal orientation to the inpatient unit, and inform the Patient of the mental health unit rules. This orientation is documented on Form DC4-673, Mental Health Inpatient Nursing Admission Assessment.</p>
IIC-004	<p><u>Risk Assessment</u></p> <p>The Vendor shall ensure Psychologists are responsible for completion of risk assessments utilizing a validated violence risk assessment instrument, currently the HCR-20. Upon completion of these risk assessments, a Risk Assessment Team (RAT), comprised of a security representative, who will serve as the team leader, a Psychologist, and a staff member from classification will conduct a Risk Assessment Team meeting that incorporates the results of the assessment in accordance with Chapter 33-404, F.A.C., Dispositions of the RAT meeting are documented on Form DC6-2087, Risk Assessment for Inpatient Treatment, and will occur:</p> <ul style="list-style-type: none"> • Within three (3) Business Days of admission to the CSU; • Within seven (7) Business Days of admission to the TCU or CMHTF; • Every 90 Days after initial assessment upon admission while in the inpatient system; • At the occurrence of any critical event, as defined in Chapter 33-404; and/or • At the request of the treating Psychologist, with consent of the MDST.
IIC-005	<p><u>Treatment Planning</u></p> <p>The Vendor shall ensure all Patients admitted to an inpatient unit have an ISP initiated and reviewed by the MDST within the required timeframes in Procedure 404.004, Mental Health Inpatient Multidisciplinary Treatment and Services and HSB 15.05.11, Planning and Implementation of Individualized Mental Health Services. All MDST members sign the ISP at the meeting, indicating their agreement. Inmates also sign the ISP at the meeting time (if they attend) at their next clinical encounter, or by the next Business Day. The MDST will conduct routine and spontaneous meetings per the timeframes and requirements specified in Procedure 404.004.</p>
IIC-006	<p><u>Admission – Attending Clinician</u></p> <p>The Vendor shall ensure within 24 hours of an admission (or the first Business Day following weekends/holidays), the attending Clinician will complete an admission note per Procedure 404.004. No admission note is necessary if a psychiatric evaluation is completed within 24 hours of admission. The attending Clinician will also update the S-grade to the corresponding level of care using Form DC4-706, Health Services Profile within three (3) Business Days of admission.</p>

Inpatient and Infirmiry Mental Health Care Requirements (IIC)	
No.	Requirement
IIC-007	<p><u>Admission – Behavioral Health Specialist</u> The Vendor shall ensure that within three (3) Business Days of admission, the assigned Behavioral Health Specialist meets with the Patient to explain the behavioral management progress system (BMPS) and conduct a service planning interview.</p>
IIC-008	<p><u>Psychiatric Services</u> The Vendor shall ensure all Patients admitted to an inpatient unit shall receive a psychiatric evaluation within three (3) Business Days of admission, documented using Form DC4-655, Psychiatric Evaluation. After the initial evaluation, psychiatric follow-up care shall occur following the requirements outlined in Procedure 404.004 and HSB 15.05.19.</p> <ol style="list-style-type: none"> 1. A psychiatric Clinician must conduct a clinical interview to assess the mental status and progress of new TCU Inmates at least once during the Inmate's first seven (7) Days and at least every 30 Days after that. 2. At a minimum, a psychiatric Clinician must conduct a clinical interview to assess the mental status and progress of new CSU Inmates on at least three (3) occasions during the Inmate's first seven (7) Days and at least every seven (7) Days thereafter. 3. A psychiatric Clinician must conduct a clinical interview to assess the mental status and progress of new CMHTF Inmates on at least three (3) occasions during the Inmate's first seven (7) Days and at least every 14 Days thereafter.
IIC-009	<p><u>Daily Rounds</u> The Vendor's clinical staff shall conduct rounds on the inpatient units to ensure each Inmate's well-being and general functioning. The psychiatric Clinician or Psychologist will conduct daily rounds on Business Days to personally observe each Inmate. The Psychologist will conduct at least one (1) of the required rounds each week in the CSU, twice a week in the CMHTF, and monthly in the TCU. The Vendor shall document rounds using Form DC4-717A, Mental Health Inpatient Unit Rounds Documentation Log.</p> <p>If an Inmate requires additional services, interventions, or follow-up resulting from the rounds, these needs shall be documented as an incidental note in the Inmate's inpatient record.</p>
IIC-010	<p><u>Inpatient/Infirmiry Nursing Services</u> The Vendor shall be responsible for all mental health nursing inpatient and infirmiry services.</p> <p>The Vendor shall ensure in mental health inpatient units and for Inmates admitted into the Infirmiry for mental health reasons, a Licensed Nurse shall:</p> <ol style="list-style-type: none"> 1. Review and respond to all staff referrals, Form DC4-529, for Inmates in the infirmiry for mental health reasons. 2. Review the completed Form DC4-683A, Mental Health Emergency Nursing Protocol, for all new infirmiry mental health admissions and communicate the findings to the Psychiatrist. 3. Conduct a daily evaluation, during business hours, to observe the Inmate and communicate their current status. This encounter shall be documented in the Inmate's health record and communicated to the Psychiatrist.

Inpatient and Infirmiry Mental Health Care Requirements (IIC)	
No.	Requirement
	<p>4. Review daily, during business hours, Form DC4-701A, Medication and Treatment Records, for all Inmates in the Infirmiry for mental health reasons to ensure compliance with psychotropic medication if prescribed.</p> <p>5. Provide Inmate education and counseling as needed and document on Form DC4-714A, Infirmiry Progress Record.</p>
IIC-011	<p><u>TCU Nursing Services</u> The Vendor shall ensure an order is received and documented within one (1) hour of admission to TCU by the Clinician or Licensed Nurse (for verbal orders).</p> <p>The Vendor shall ensure a Licensed Nurse provides the Patient orientation to the TCU and documents it on Form DC4-673. The orientation shall include the reason for admission to the unit and the mental health unit's rules. The information shared shall be in writing unless it has been determined that the Inmate's risk of self-harm will be increased by possessing them.</p> <p>The Vendor shall ensure a Licensed Nurse collect vital signs, as follows:</p> <ol style="list-style-type: none"> 1. Within one (1) hour of admission, including weight (documented on Form DC4-673 for new admissions or Form DC4-673A for unit-to-unit transfers. 2. Every Day for two (2) Days and then two (2) times per week, unless ordered more frequently by the Clinician and documented on Form DC4-716A, Graphic Chart. 3. Once every 14 Days from admission, unless ordered more frequently by the Clinician and documented on Form DC4-673B. 4. Weights shall be checked weekly unless ordered more frequently by the Clinician and documented on Form DC4-716A, Graphic Chart. 5. For psychotropic medication changes, two (2) Days a week for four (4) weeks from the first administered dose to the Inmate, documented on Form DC4-716A, Graphic Chart. <p>A Licensed Nurse shall complete an Inmate admission evaluation on Form DC4-673 within four (4) hours of receiving the Inmate to the TCU. An RN will conduct a Patient evaluation every 14 Days, alternating Form DC4-684 with Form DC4-673B, unless ordered more frequently by the Clinician following admission. If additional documentation is needed, the Licensed Nurse shall document it on Form DC4-642F in SOAPIE format.</p> <p>Sick call complaints shall be documented on the DC4-683 Series forms, as noted above, and on Form DC4-642F in SOAPIE format if there isn't a Form DC4-683 for the Patient's specific complaint.</p>
IIC-012	<p><u>Unit-to-Unit Transfer Nursing Services</u> The Vendor shall ensure for unit-to-unit transfers (CSU to TCU or TCU to CSU), a Licensed Nurse completes an Inmate assessment when receiving a transfer from the CSU, instead of a new admission evaluation, within four (4) hours of admission to the TCU and completes Form DC4-673A, Inpatient Unit-to-Unit Mental Health Transfer Nursing Assessment. A Licensed Nurse will collect vital signs, including weight, within one (1) hour of transfer/admission.</p>
IIC-013	<p><u>CSU and CMHTE</u> The Vendor shall ensure an inpatient record is started at the time of admission by a Licensed Nurse.</p>

Inpatient and Infirmary Mental Health Care Requirements (IIC)	
No.	Requirement
	<p>The Vendor shall ensure a Licensed Nurse document all CMHTF and CSU admissions and discharges on Form DC4-781A, Mental Health Emergency, Self-Harm, IMR Log. The Vendor shall ensure an order is received and documented within one (1) hour of admission to CSU or CMHTF by the Clinician or RN (for verbal orders).</p> <p>The Vendor shall ensure a Licensed Nurse provides the Inmate orientation to the CSU or CMHTF, documented on Form DC4-673. The orientation shall include the reason for admission to the unit and the mental health unit's rules. The information shared shall be in writing unless it has been determined that the Inmate's risk of self-harm will be increased by possessing them.</p> <p>The Licensed Nurse collects the Inmate's vital signs as follows:</p> <ol style="list-style-type: none"> 1. Within one (1) hour of admission, including weight. 2. Every Day for two (2) Days and then twice per week from admission unless ordered more frequently by the Clinician and documented on Form DC4-673. 3. Twice a week after that, unless ordered more frequently by the Clinician. 4. Weights shall be checked weekly, unless ordered more frequently by the Clinician. <p>The Vendor shall ensure a Licensed Nurse complete an Inmate admission evaluation using Form DC4-673 within four (4) hours of receiving the Inmate to the CSU or CMHTF. A Licensed Nurse shall complete a Patient evaluation every eight (8) hours following admission and document it on Form DC4-673B. A Licensed Nurse shall complete the Day shift evaluation. If additional documentation is needed, a Licensed Nurse shall document on Form DC4-642F in SOAPIE format.</p> <p>The Vendor shall ensure sick call complaints be documented on the DC4-683 Series forms, as noted above, and on the Form DC4-642F in SOAPIE format if there is not a Form DC4-683 for the Patient's specific complaint.</p>
IIC-014	<p>The Vendor shall ensure in the inpatient mental health units, sick call is performed by a Licensed Nurse. Licensed Nursing staff shall provide all Inmates a health care services orientation immediately upon arrival, to include access to sick call. A Licensed Nurse shall complete an assessment on the Inmate and document using the appropriate DC4-683 series protocol.</p> <p>Inmates shall be seen by a Licensed Nurse, according to triage priority:</p> <ol style="list-style-type: none"> 1. Emergent: Patient is seen immediately. 2. Urgent: Patient is seen within 24 hours. 3. Routine: Patient is seen timely and does not exceed one (1) week from request. <p>The Vendor shall ensure a Licensed Nurse shall implement the plan as outlined on the appropriate DC4-683 protocol. A Licensed Nurse shall document sick call that does not have a corresponding DC4-683 protocol on Form DC4-642F, Chronological Record of Inpatient Mental Health Care, including vital signs.</p>

Inpatient and Infirmiry Mental Health Care Requirements (IIC)	
No.	Requirement
	The Vendor's Assistant Director of Mental Health Nursing shall maintain and display a current list of available Nursing Protocols in all treatment rooms used for sick call and medical emergencies.
IIC-015	<p><u>Inmate-Related Emergencies and Inmate Declared Emergencies</u></p> <p>The Vendor shall ensure a Licensed Nurse provides Inmates a health care services orientation immediately upon arrival to a mental health inpatient unit that includes how to access emergency health care when needed on the inpatient mental health unit.</p> <p>The Vendor shall ensure mental health emergencies are handled in accordance with Procedure 404.001, Suicide and Self-Injury Prevention, and must be responded to within one (1) hour by health services staff.</p>
IIC-016	<p><u>Individual Therapy, Clinical Group Therapy, and Case Management</u></p> <p>The Vendor shall ensure clinical encounters by the Behavioral Health Clinician are targeted to address the identified problems and treatment goals on the Patient's ISP. Inpatient case management services and individual counseling shall be provided and documented per Procedure 404.004. For all levels of care, if Problem #142 Resistance to Treatment is documented on the ISP for refusal of scheduled clinical encounters, then case management shall be provided weekly by the Behavioral Health Clinician.</p> <ol style="list-style-type: none"> 1. The TCU requires a behavioral health specialist provide group psychotherapy at least once every seven (7) Days and individual psychotherapy and case management at least once every 30 Days. 2. The CSU requires a behavioral health specialist to provide group psychotherapy, individual psychotherapy, and case management at least once every seven (7) Days. 3. The Vendor shall ensure the CMHTF have a behavioral health specialist to provide group psychotherapy at least once every seven (7) Days and individual psychotherapy and case management at least once every 14 Days.
IIC-017	<p><u>Structured Out-of-Cell Treatment Services (SOCTS)</u></p> <p>The Vendor shall ensure each level of inpatient mental health care offers a range of out-of-cell structured therapeutic services (e.g., individual and clinical group therapy, psychoeducational groups medication compliance group, therapeutic community, activity therapy, preparation for discharge to outpatient or community) by the requisite staff, as specified in Procedure 404.004.</p> <p>The Vendor shall ensure a minimum of 10 hours of structured out-of-cell therapeutic service hours are offered weekly for each Inmate in the CSU, TCU, and CMHTF.</p> <p>The Vendor may fulfill up to five (5) hours of the required SOCTS total hours with activity therapy if such activities are provided by, or with, the assistance of a mental health staff member and all other required out-of-cell structured therapeutic service hours for the week are met. At least two (2), but no more than four (4) hours of out-of-cell structured therapeutic services will be offered on weekends.</p>

Inpatient and Infirmiry Mental Health Care Requirements (IIC)	
No.	Requirement
	<p>The Vendor shall ensure a minimum of one (1) hour of weekly clinical group psychotherapy and one (1) hour of therapeutic community services are offered to each Inmate. Inmates with at least three (3) consecutive medication refusals or at least five (5) medication refusals in a month be offered enrollment in a weekly medication education group provided by a Registered Nurse Specialist.</p> <p>The Vendor shall ensure for weeks in which individual and group clinical services, in conjunction with the therapeutic community and Readiness to Discharge groups, do not total five (5) hours, psychoeducation and clinical groups are offered for the purposes of meeting the required 10 hours. The Vendor shall offer each Inmate at least 10 hours of SOCTS per week. Offering each Inmate at least 10 hours of SOCTS a week is mandatory. The Vendor must provide sufficient clinical staff to ensure each Inmate is offered at least 10 hours of SOCTS weekly, tailored to each Inmate's ISP. Moreover, the Vendor must ensure sufficient staff are available to offer a defined schedule of weekly services and group activities to meet the clinical needs and hours of SOCTS for all Inmates in inpatient units.</p> <p>The Vendor shall ensure that if Inmates refuse to participate in offered treatment, the Vendor's mental health staff will counsel and encourage the Inmate cell front and attempt to get them to participate in that activity or service. This counseling should occur at the time of the refusal but no later than within 24 hours of the refusal. The refusal, via Form DC-711A, the date/time of the subsequent counseling, and the efforts to encourage him/her are documented as an incidental note in the record.</p>
IIC-018	<p><u>Behavioral Management Progress System (BMPS)</u></p> <p>The Vendor shall ensure inpatient mental health services incorporate a structured, behavioral level system consisting of performance-based behavioral incentives and consequences, in accordance with Procedure 404.004 and Form DC4-664B, Behavioral Management Progress System. Assignment of a Patient to a level in the BMPS is based on behavioral function in accordance with the judgment of the MDST and does not have to be sequential. Clear justification for MDST decisions will be documented on DC4-642M, MDST Meeting Docket. Level assignments are reviewed at regular intervals, depending on level. The Vendor shall ensure all individualized modifications of levels within the BMPS will be documented via an incidental note or on the Form DC4-642M with rationale and clinical justification. Ongoing modifications may be used based on consensus of the MDST and must be reviewed weekly.</p>
IIC-019	<p><u>Discipline of Inmates in Inpatient Units</u></p> <p>The Vendor shall ensure the discipline of Mentally Disordered Inmates in CSU, TCU, and CMHTF shall be affected, in accordance with Rule 33-404.108, F.A.C, Discipline and Confinement of Mentally Disordered Inmates, and HSB 15.05.13, Mental Health Staff on Disciplinary Teams.</p> <p>The Vendor shall ensure before issuing a disciplinary report (DR) for an incident of maladaptive behavior, the Department security shift supervisor discuss the incident and circumstances with the Vendor's supervising Psychologist or psychological services director to determine whether the DR will be issued. This consultation will be documented in the mental health record</p>

Inpatient and Infirmiry Mental Health Care Requirements (IIC)	
No.	Requirement
	<p>via an incidental note by the Psychologist, and the incident should be reviewed by the MDST no later than the next Business Day.</p> <p>The Vendor shall ensure for Patients who receive a DR, the Psychologist conduct a record review, a clinical interview, and a review of a copy of the statement of facts to provide input, using Form DC6-1008, Disciplinary Team Mental Health Consultation to the disciplinary team.</p>
IIC-020	The Department has a Statewide Ombudsman Program, guided by HSB 15.05.22, Mental Health Ombudsman Program with eight (8) staff to include the Central Office Ombudsman. Additionally, Institutions have an Assistant Warden of Mental Health: Suwannee CI, Lake CI, Dade CI, Santa Rosa CI, RMC, and Wakulla CI. The Vendor shall work collaboratively with the Ombudsman Program staff and Assistant Wardens, both those working in Central Office and on-site at designated Inpatient Mental Health Units.

8. Mental Health Re-Entry and Aftercare Planning (RAP)

To assist mentally ill Inmates with the transition from incarceration to release, the Vendor shall provide continuity of care planning services. These aftercare services range from arranging outpatient services with community providers, assistance with applying for SSI/SSDI benefits, and commitment to psychiatric hospital care. As part of a Memorandum of Agreement, the Department and the Florida Department of Children and Family Services (DCF) utilize a web-based referral system to obtain an intake appointment at a community mental health center (CMHC) for Inmates under psychiatric care at the time of their release. The Vendor shall provide continuity of care services per HSB 15.05.21, Mental Health Re-Entry Aftercare Planning Services.

The Vendor shall coordinate Inmate release issues with the Department's Office of Health Services, Office of Programs and Re-entry, and the Bureau of Admission and Release, to help Inmates prepare to transition back into the community. The Vendor shall be responsible at each Institution for coordinating the mental health care portion of the Department's re-entry initiative. The Vendor shall develop, implement, and coordinate a comprehensive discharge plan for Inmates with acute or chronic mental illness who are difficult to place, due to their offense, and are within six (6) months of EOS.

Mental Health Re-Entry and Aftercare Planning (RAP)	
No.	Requirement
RAP-001	The Vendor shall provide adequate staffing to coordinate discharge planning at each Institution. A Psychologist shall assign mental health staff at each Institution to coordinate the mental health re-entry services for the target population. A back-up to the Institution's Re-entry Specialist shall also be appointed.
RAP-002	The Vendor shall ensure all Inmates on the mental health caseload (except those on Death Row or serving life sentences) shall have Discharge/Aftercare Planning included as a problem on their ISP a minimum of 180 Days before release. The Vendor's Clinician shall complete the mental health section of the pre-release assessment on each Inmate preparing for release, including EOS, ICE, Work Release/Community Corrections, and Work Release/CCC transfers, and

Mental Health Re-Entry and Aftercare Planning (RAP)	
No.	Requirement
	document on Form DC4-549, Prerelease Health Care Summary, in the following timeframes: <ul style="list-style-type: none"> • Inmates with clinically significant functional impairment: 150 Days before release • Inmates without placement needs: 30 - 60 Days before release
RAP-003	The Vendor shall ensure Inmates with a mental health grade of S-3 to S-6, or with a diagnosis of an intellectual disability who are between 30 and 45 Days of release have a copy of Form DC4-661, Summary of Outpatient Mental Health Care, or Form DC4-657, Discharge Summary for Inpatient Mental Health Care completed by their assigned case manager and in their health record.
RAP-004	The Vendor shall ensure all institutional Re-entry Specialists assist eligible Inmates in the completion of SSI/SSDI applications, per HSB 15.05.21. No sooner than 45 Days before EOS, and no later than 30 Days before EOS, the Institution's Re-entry Specialist shall forward the Inmate's completed SSI/SSDI applications to the Social Security Administration.
RAP-005	<p>The Vendor shall ensure Inmates housed in inpatient units (S4-S6) be reviewed by the Institution's MDST at least 120 Days prior to EOS date to determine if criteria for an involuntary examination (BA52) or an involuntary placement (BA32) is present per Chapter 394, Sections 463 and 467, F.S. If the MDST determines that the Patient will require either action, then the Institution's re-entry staff will complete the referral process to DCF per HSB 15.05.21.</p> <p>The Vendor shall provide all Inmates discharged from an inpatient unit who require immediate medical attention or continuity of care as determined by the Psychological Services Director or Assistant Director of Mental Health Nursing, copies of DC4-549, Pre-release Health Care Summary, along with other pertinent or vital health information to support any specific diagnoses at the time of release.</p>
RAP-006	The Vendor shall ensure all pre-release Inmates referred to a community provider have a completed Form DC4-711B, Consent and Authorization for Use and Disclosure Inspection and Release of Confidential Information, on file for all relevant providers or entities at the time of release. The Vendor shall ensure, upon completion of the Form DC4-711B, the Institution's Re-entry Specialist complete a referral to DCF via the shared web-based referral system to ensure continuity of mental health care within an Inmate's county of release. The Institution's Reentry Specialist will verify an Inmate's release plan.
RAP-007	The Vendor shall ensure that starting at least 150 Days prior to release, the Institution's re-entry staff initiate contact with the Institution's classification release officer every 30 Days to verify any changes and or/updates to the Inmates' release plans. If changes are indicated, the Institution's Re-entry Specialist will provide an update through the web-based referral system to allow DCF to modify any existing community-based appointments.
RAP-008	The Vendor shall ensure when the Inmate is within 30 Days of EOS, its mental health staff forward either Form DC4-661 or Form DC4-657 to the identified community mental health care provider or clinic.
RAP-009	The Vendor shall ensure institutional Re-entry Specialists coordinate aftercare services with the institutional HSA and OHS for Inmates with complicated medical needs who will need post-release medical care.
RAP-010	The Vendor shall provide all pre-release Inmates with the address and telephone number of the inactive storage warehouse locations where EOS health records are maintained.

Mental Health Re-Entry and Aftercare Planning (RAP)	
No.	Requirement
RAP-011	The Vendor shall provide copies of pertinent health information at the time of release to aid Inmates with applications for disability, employment requirements, vocational rehabilitation services, county health department services, private Clinician treatment or care, etc.

3.6.4.3 Mental Health Services Performance Measures

Performance Measures (PM)				
No.	Description	Expectation	Measurement Duration	Financial Consequence
PM-MH-001	Within 14 Days of arrival at a reception center, all Inmates complete an intake psychological screening and initial testing in accordance with HSB 15.05.17.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution
PM-MH-002	Inmates are classified appropriately, according to the Department's established Mental Health Inmate Classification System, to include S-grades, R-grades, and mental health impairment grades of SY-Y and SY-D.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$6,000 per Institution 60%-69.99%: \$12,000 per Institution Less than 60%: \$18,000 per Institution

Performance Measures (PM)				
No.	Description	Expectation	Measurement Duration	Financial Consequence
PM-MH-003	A psychiatric evaluation is completed for all Inmates meeting the criteria for a psychiatric evaluation during the intake assessment process, in accordance with HSB 15.05.17.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$6,000 per Institution 60%-69.99%: \$12,000 per Institution Less than 60%: \$18,000 per Institution
PM-MH-004	Within the General Population, Inmates whose final IQ score is <70 or whose adaptive behavior checklist rating is <35 are maintained and provided services as S-2 or higher for no less than 90 Days before a change in classification to the S-1.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution
PM-MH-005	All Inmates with disabilities (SY-D), with the exception of those within the inpatient system, are seen by the Institutional Disabled Inmate Committee quarterly, and their service needs documented on Form DC4-691.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution

Performance Measures (PM)				
No.	Description	Expectation	Measurement Duration	Financial Consequence
PM-MH-006	A Psychologist assigns a Behavioral Health Specialist to any newly arriving S-2 to S-6 Inmate within three (3) Business Days of arrival. The Behavioral Health Specialist may assign themselves within the three (3) Day time period at an S-1/S-2 camp.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution
PM-MH-007	Mental health staff sees Inmates with a mental health grade of S-2 or S-3 within 14 Days of arrival at their permanent Institution.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution
PM-MH-008	Inmates in outpatient or reception settings classified as S-2 or S-3 have an ISP developed and approved by the MDST within 30 Days of a grade change and reviewed every 180 Days thereafter.	90% compliance, per Institution	Semi-annually	For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$6,000 per Institution 70%-79.99%: \$12,000 per Institution Less than 70%: \$18,000 per Institution

Performance Measures (PM)				
No.	Description	Expectation	Measurement Duration	Financial Consequence
PM-MH-009	All Inmates on the outpatient mental health caseload receive individual or group counseling every 60 Days.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$2,000 per Institution 60%-69.99%: \$4,000 per Institution Less than 60%: \$6,000 per Institution
PM-MH-010	Inmate-declared emergencies and emergent staff referrals are responded to as soon as possible, but within no longer than 60 minutes after the notification per Procedure 404.001.	100% compliance	Per occurrence	\$2,500 per occurrence
PM-MH-011	A psychiatric evaluation is completed for each Inmate before prescribing psychotropic medication, in accordance with HSB 15.05.19.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution
PM-MH-012	Each S-3 Inmate placed in Special Housing receives a Confinement evaluation within five (5) Days of placement and every 30 Days thereafter.	100% compliance	Per occurrence	\$1,000 per occurrence

Performance Measures (PM)				
No.	Description	Expectation	Measurement Duration	Financial Consequence
PM-MH-013	Each S-1 or S-2 Inmate placed in Special Housing receives a Confinement evaluation within 30 Days of placement and every 90 Days thereafter.	100% compliance	Per occurrence	\$1,000 per occurrence
PM-MH-014	Mental health staff conduct weekly rounds in each Confinement unit, in accordance with HSB 15.05.08.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution
PM-MH-015	For Inmates in Close Management or Maximum Management settings, a Behavioral Risk Assessment (BRA) is completed in accordance with the HSB.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution
PM-MH-016	All S-3 Inmates receive a psychiatric follow-up every 90 Days that includes the effects of prescribed medication on targeted symptoms and behaviors and any medication side effects documented.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution

Performance Measures (PM)				
No.	Description	Expectation	Measurement Duration	Financial Consequence
PM-MH-017	A Psychologist or Psychiatrist makes rounds daily, during regular business hours, each Business Day, to review the general functioning of all Inmates in an inpatient unit(s) in accordance with Procedure 404.004.	90% compliance, per Institution	Semi-annually	For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$4,000 per Institution 70%-79.99%: \$8,000 per Institution Less than 70%: \$12,000 per Institution
PM-MH-018	Psychologists complete a validated, Department-approved violence risk assessment within three (3) Business Days of an Inmate's admission to the CSU, and within seven (7) Business Days of admission to the TCU or CMHTF, and every 90 Days thereafter.	100% compliance	Per occurrence	\$1,000 per occurrence, plus \$500 per each subsequent deficient Day

Performance Measures (PM)				
No.	Description	Expectation	Measurement Duration	Financial Consequence
PM-MH-019	A Psychologist, or in the absence of a Psychologist, a Psychiatrist, provides input via Form DC6-1008 as to whether an Inmate's mental diagnosis contributed to an alleged disciplinary offense and disciplinary report for all Inmates with current diagnoses associated with psychotic features, autism spectrum disorder, dementia, or intellectual disability.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution
PM-MH-020	A Psychologist, or in the absence of a Psychologist, a psychiatrist, provides input via Form DC6-1008 for all Inmates who are issued a disciplinary report within an inpatient unit.	90% compliance, per Institution	Semi-annually	For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$4,000 per Institution 70%-79.99%: \$8,000 per Institution Less than 70%: \$12,000 per Institution

Performance Measures (PM)				
No.	Description	Expectation	Measurement Duration	Financial Consequence
PM-MH-021	Inmates with a current diagnosis of schizophrenia or other disorders with psychotic features receive case management services every 30 Days.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution
PM-MH-022	Inmates admitted to any mental health inpatient unit are offered a minimum of 10 hours per week of SOCTS per Procedure 404.004.	100% compliance	Per week, per Inmate	\$20 per Inmate, per week for each hour, or portion thereof, less than 10 hours
PM-MH-023	No more than five (5) hours of therapeutic activities are used to fulfill the weekly required SOCTS hours if clinical requirements are met per Procedure 404.004.	100% compliance	Per occurrence	\$20 per Inmate per week
PM-MH-024	Upon admission to a mental health inpatient unit, all Inmates receive a psychiatric evaluation within three (3) Business Days.	90% compliance, per Institution	Semi-annually	For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$4,000 per Institution 70%-79.99%: \$8,000 per Institution Less than 70%: \$12,000 per Institution

Performance Measures (PM)				
No.	Description	Expectation	Measurement Duration	Financial Consequence
PM-MH-025	Upon admission to a mental health inpatient unit, an initial ISP is completed within seven (7) Days.	90% compliance, per Institution	Semi-annually	For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$4,000 per Institution 70%-79.99%: \$8,000 per Institution Less than 70%: \$12,000 per Institution
PM-MH-026	After an initial ISP for Inmates housed in an inpatient mental health unit, ISPs are reviewed every 14 Days in the CSU, every 30 Days in the CMHTF and every 60 Days in the TCU.	90% compliance, per Institution	Semi-annually	For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$4,000 per Institution 70%-79.99%: \$8,000 per Institution Less than 70%: \$12,000 per Institution
PM-MH-027	CM Inmates classified as S-2 or S-3 have an ISP developed and approved by the MDST within 14 Days of CM placement and 14 Days of transfer between CM units.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution
PM-MH-028	ISP reviews occur within 30 Days of updating, 120 Days after the 30-Day review, every 180 Days after the 120-Day review, and after any critical event.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution

Performance Measures (PM)				
No.	Description	Expectation	Measurement Duration	Financial Consequence
PM-MH-029	Individual psychotherapy is provided weekly when and ISP contains problem #101 Abuse to Self or #152 Suicidal Behavior.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$6,000 per Institution 60%-69.99%: \$12,000 per Institution Less than 60%: \$18,000 per Institution
PM-MH-030	Psychiatric follow-up services are provided at least every seven (7) Days in CSU; every 30 Days in TCU and every 14 Days in CMHTF.	90% compliance per Institution	Semi-annually	For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$4,000 per Institution 70%-79.99%: \$8,000 per Institution Less than 70%: \$12,000 per Institution
PM-MH-031	Inmates who return from outside medical treatment because of self-injury are immediately admitted to IMR on SHOS.	100% compliance	Per occurrence	\$5,000 per occurrence
PM-MH-032	Inmates placed on SHOS receive counseling by a Behavioral Health Specialist or Psychologist each Business Day.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$6,000 per Institution 60%-69.99%: \$12,000 per Institution Less than 60%: \$18,000 per Institution

Performance Measures (PM)				
No.	Description	Expectation	Measurement Duration	Financial Consequence
PM-MH-033	A Psychologist conducts an evaluation and completes an outside hospital report for all Inmates who receive outside medical treatment for self-injurious behavior prior to discharge from SHOS.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution
PM-MH-034	Inmates discharged from SHOS are evaluated by a Behavioral Health Specialist or Psychologist per the timeframes established in Procedure 404.001.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution
PM-MH-035	If an Inmate in an inpatient setting refuses to attend a scheduled clinical encounter, the case manager or a clinical member of the MDST will counsel the Inmate and document efforts made to encourage attendance at future clinical encounters within 24 hours.	90% compliance, per Institution	Semi-annually	For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$4,000 per Institution 70%-79.99%: \$8,000 per Institution Less than 70%: \$12,000 per Institution

Performance Measures (PM)				
No.	Description	Expectation	Measurement Duration	Financial Consequence
PM-MH-036	If an Inmate in an inpatient unit refuses to attend an MDST meeting, the reason for failing to attend and the encouragement given for attendance is documented on the Form DC4-642M, MDST Meeting Docket.	90% compliance, per Institution	Semi-annually	For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$4,000 per Institution 70%-79.99%: \$8,000 per Institution Less than 70%: \$12,000 per Institution
PM-MH-037	Prior to discharge from an inpatient setting, the MDST documents the clinical justification for transfer and consideration of any potential adjustment issues related to the setting once transferred.	90% compliance, per Institution	Semi-annually	For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$6,000 per Institution 70%-79.99%: \$12,000 per Institution Less than 70%: \$18,000 per Institution
PM-MH-038	Mental health staff evaluate all Inmates with a classification of S-2 or S-3 within one (1) Business Day following a use-of-force incident.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution

Performance Measures (PM)				
No.	Description	Expectation	Measurement Duration	Financial Consequence
PM-MH-039	A psychiatric consultation is completed for Inmates at least once within the first seven (7) Days of admission to a TCU and three (3) times within the first seven (7) Days of admission to a CSU and CMHTF.	90% compliance, per Institution	Semi-annually	For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$4,000 per Institution 70%-79.99%: \$8,000 per Institution Less than 70%: \$12,000 per Institution
PM-MH-040	When an Inmate in an inpatient unit engages in two (2) or more serious self-injurious incidents in a three (3) month period the Psychologist develops a Self-Injury Reduction Plan (SIRP) per Procedure 404.004.	100% compliance	Per occurrence	\$2,000 per occurrence
PM-MH-041	Self-Injury Reduction Plans (SIRPs) are updated every three (3) months and there is documentation in the EMR that the Inmate is receiving the interventions specified in the SIRP per Procedure 404.004.	100% compliance	Per occurrence	\$5,000 per occurrence

Performance Measures (PM)				
No.	Description	Expectation	Measurement Duration	Financial Consequence
PM-MH-042	Inmates with active SIRPs are not discharged from an inpatient setting.	100% compliance	Per occurrence	\$10,000 per occurrence
PM-MH-043	Within the RCCU setting, if a Patient refuses all SOCTS for seven (7) consecutive Days, the Psychologist will conduct a well-being check documented on the DC4-642S per Procedure 404.005.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$6,000 per Institution 60%-69.99%: \$12,000 per Institution Less than 60%: \$18,000 per Institution
PM-MH-044	If an Inmate refuses all SOCTS for seven (7) consecutive Days within an inpatient setting, a Psychologist conducts a well-being check, documenting his/her findings on the Form DC4-642S per Procedure 404.004.	90% compliance, per Institution	Semi-annually	For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$6,000 per Institution 70%-79.99%: \$12,000 per Institution Less than 70%: \$18,000 per Institution
PM-MH-045	Inmates in an RCCU are offered a minimum of nine (9) hours of SOCTS weekly per Procedure 404.005.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$6,000 per Institution 60%-69.99%: \$12,000 per Institution Less than 60%: \$18,000 per Institution

Performance Measures (PM)				
No.	Description	Expectation	Measurement Duration	Financial Consequence
PM-MH-046	A Psychologist completes required testing within the first 90 Days of an Inmate's arrival to an RCCU, and reports his/her findings per Procedure 404.005.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$4,000 per Institution 60%-69.99%: \$8,000 per Institution Less than 60%: \$12,000 per Institution
PM-MH-047	A petition for involuntary treatment is initiated within three (3) Business Days of admission for Inmates admitted to a CMHTF.	100% compliance	Per Occurrence	\$5,000 per occurrence, plus \$5,000 per Day, or portion thereof after the 3rd Business Day
PM-MH-048	With Inmates given a provisional diagnosis of Gender Dysphoria receive a psychological evaluation, via the Form DC4-643E, within 90 Days of arrival at a site designated by the Gender Dysphoria Review Team per Procedure 403.012.	100% compliance	Per Occurrence	\$5,000 occurrence

Performance Measures (PM)				
No.	Description	Expectation	Measurement Duration	Financial Consequence
PM-MH-049	A continuity of care plan is initiated for all mental health Inmates 180 Days prior to release by updating the Inmate's ISP to address problem #309 Discharge/After care Planning.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$6,000 per Institution 60%-69.99%: \$12,000 per Institution Less than 60%: \$18,000 per Institution
PM-MH-050	A case manager completes the Form DC4-657 between 45-30 Days of release for Patients in a TCU level of care.	80% compliance, per Institution	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$6,000 per Institution 60%-69.99%: \$12,000 per Institution Less than 60%: \$18,000 per Institution

3.6.4.4 Mental Health Services Reports

Reports	Due Date	Description
REP-MHS-01 Mental Health Emergency Report	10th Business Day of each month (for the prior month)	The Vendor will provide a monthly report that includes mental health emergencies, incidents of self-harm behavior, admissions/discharges from inpatient units, and admissions/discharges from infirmary care for Inmates on SHOS.
REP-MHS-02 Inmate Request/Staff Referral Log	10th Business Day of each month (for the prior month)	The Vendor will provide a monthly report (Form DC4-781H) that includes Inmate requests and staff referrals.
REP-MHS-03 Self-Injury Summary Evaluation	Prior to discharge from SHOS or referral to a higher level of care, per Procedure 404.001.	The Vendor will provide a written mental health summary evaluation in a format designated by the FDC Chief of Mental Health Services for all Inmates who engage in self-injurious behaviors that result in transportation to an outside medical facility.

3.6.5 Hospital Administration and Care at RMC Hospital (RMCH)

3.6.5.1 Description

The Vendor shall provide the management and operation of a 110-bed licensed hospital at the Reception and Medical Center (RMC) in Lake Butler, Florida. The mission of the RMCH is to:

- Provide primary and secondary health and hospital care with efficient use of resources in a secure environment.
- Coordinate community hospitalization of Inmates requiring highly specialized, acute, chronic, and tertiary care beyond the capabilities of institutional infirmaries.
- Provide chronic care services for Patients requiring skilled nursing services or medical isolation in an extended care setting.
- Provide ancillary services such as radiology, laboratory, chemotherapy, radiation therapy, physical therapy, and specialty consultations for the Department's Inmate population and Inmates under the Interstate Compact Agreement.
- Coordinate with the outpatient clinic to provide follow-up services for Inmates discharged from the RMCH.
- Identify Patients who require infirmary placement upon discharge from the acute care setting.

The Vendor's shall supervise, oversee, and direct health care and hospital services at RMCH. Additionally, the Department has received additional funding to begin the design and construction of a second fully licensed hospital. Once constructed, the Vendor shall provide, at least the same services at that hospital as it does at RMCH.

3.6.5.2 Hospital Care (HC)

RMCH was built in 1968 and lacks many amenities of a modern medical facility. Nevertheless, it contains eight (8) inpatient hospital bed wards to maintain appropriate staff to Patient care ratios, and single bed dorms for inpatient mental health care Patients. There are also larger areas of space available for setting up mechanical ventilators. The successful operation of RMCH is vital to the Department's provision of efficient and appropriate inpatient hospital care within the constraints of a secure correctional environment.

The Vendor must provide quality and timely health and hospital services to the Department's Inmates in compliance with Chapter 395, F.S. These services are necessary to protect life, prevent significant illness or disability, or alleviate significant pain. Short-term and long-term nursing care is provided, including care of Patients with communicable diseases. RMCH does not provide ICU or step-down unit care for Patients requiring cardiac monitoring.

The following requirements are not an exhaustive list of all requirements that must be met for the Vendor to maintain hospital services and licensure. The Vendor must operate RMCH in accordance with all applicable statutes and rules relating to hospital operations.

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3.6.5.3 Hospital Care Minimum Requirements

Hospital Care Requirements (HC)	
No.	Requirement
HC-001	<p>The Vendor shall ensure RMCH shall meet the following requirements:</p> <ol style="list-style-type: none"> 1. It is primarily engaged in the provision of inpatient diagnostic and therapeutic services, for medical diagnosis, treatment, and care of the injured, disabled, or sick persons, or the provision of rehabilitation services, to the same population, under the direct supervision of Medical Doctors or Doctor of Osteopathic Medicine. 2. The hospital maintains inpatient clinical records on all Patients in accordance with Chapter 395, F.S., and all other applicable laws, rules, and regulations. 3. The hospital has medical staff bylaws, a Governing Board, and meets all requirements for licensure. 4. The hospital has a requirement that every Patient must be under the care of a Medical Doctor or Doctor of Osteopathic Medicine. 5. The hospital shall provide nursing services 24 hours per Day, seven (7) Days per week, and 365 Days per year. Nursing services must be rendered or supervised by an RN and have Licensed Nurses on duty (on-site) at all times. 6. The hospital shall be organized and staffed to provide quality nursing care to each Inmate.
HC-002	The Vendor shall ensure the hospital be licensed or approved as meeting the standards for licensing as a hospital, as defined by the State of Florida.
HC-003	The Vendor shall ensure the DON of the hospital ensure a sufficient number of nursing supervisors and qualified RNs are on duty to give Patients the nursing care that requires an RN's judgment and specialized skills, with immediate availability for any Patient's bedside care, when needed. The RN staff shall assure prompt recognition of any untoward changes in a Patient's conditions and facilitate appropriate intervention by nursing, medical, or other hospital staff members.
HC-004	The Vendor shall ensure an RN supervise and evaluate each Patient's nursing care and assign each Patient's care to the appropriate nursing staff, based on the Patient's needs and the qualifications, experience, and competence of the nursing staff available. All Licensed Nurses (both Vendor and subcontractor staff) working in the hospital must adhere to the hospital's policies and procedures. The DON must provide adequate supervision and evaluation of the clinical activities of all nursing personnel.
HC-005	The Vendor shall ensure the DON, or designee, maintain a list of licensed personnel, including private duty and per diem nurses, with each individual's current license number, documentation of his/her hours of employment, and his/her unit of employment within the hospital.
HC-006	<p><u>Hospital Services</u></p> <p>The Vendor shall ensure the operation of RMCH includes inpatient services, an urgent care department and specialty clinics. The Vendor shall provide adequate clinical staff to ensure the hospital's operation is satisfactory and all Patients have their needs met.</p>
HC-007	The Vendor shall ensure all Patients admitted to the RMCH shall be seen by a Clinician during his/her daily rounds; at least one (1) Clinician will be available 24 hours per Day, seven (7) Days per week, to provide urgent/emergent care in the urgent care center.

Hospital Care Requirements (HC)	
No.	Requirement
HC-008	<p>The Vendor shall ensure services at the RMCH shall include, but not be limited to:</p> <ol style="list-style-type: none"> 1. Peripheral Intravenous (IV) therapy and central venous catheter, for infusion of blood and blood products, antibiotics, total parental nutrition (TPN), chemotherapy, Patient-Controlled Analgesia (PCA) for the administration of pain medication, and anticoagulation therapy. 2. Monitoring services including basic cardiac (ECG) and Holter monitors and Inmate oxygenation status. 3. Ambulatory surgical procedures, including conscious IV sedation. 4. Pre-operative and post-operative care. 5. Chronic and preventative wound care measures, including specialty mattresses, overall products, and wound vacs. 6. Aerosol treatments for respiratory Patients. 7. Management of long-term mechanically ventilated Patients. 8. Hospice/Palliative Care. 9. Stroke/Cardiac Rehabilitative Services. 10. AFB Isolation and Treatment. 11. Reverse isolation for severely immune-compromised Patients. 12. Skilled respiratory care, including tracheotomy care. 13. Post-operative recovery and convalescence. 14. Minor procedures such as Central Venous Access, thoracotomy, thoracentesis, paracentesis, removal of tunneled dialysis catheters, and removal of toenails.
HC-009	<p><u>Ambulatory Surgical Center Services</u></p> <p>The surgical suites in RMCH are inoperable. Therefore, the Vendor shall provide and maintain a licensed Ambulatory Surgical Center (ASC) at RMCH in compliance with Chapter 395, F.S. This requirement includes, but is not limited to providing all equipment, instrumentation, supplies, and licenses required to operate each ASC successfully, in compliance with Florida law.</p> <p>The Vendor shall provide all clinical and operational staff within each unit sufficient to provide all types of surgeries, including but not limited to, general, orthopedic, colorectal, ENT, oral, podiatric, and urological. The Vendor shall provide surgeons to perform appropriate and successful surgical procedures.</p>
HC-010	<p><u>Endoscopic Procedures</u></p> <ol style="list-style-type: none"> 1. Upper panendoscopy with or without biopsies and polypectomy 2. Flexible sigmoidoscopy with or without biopsy and polypectomy 3. Colonoscopy with or without biopsy and polypectomy 4. Bronchoscopy with or without biopsy, washing, or brushing 5. Flexible Laryngoscopy
HC-011	<p><u>Otolaryngologic Procedures</u></p> <ol style="list-style-type: none"> 1. Closed reduction nasal and facial fractures 2. Septo-rhinoplasty, turbinate reduction 3. Removal of head and neck lesions 4. Excision of bronchial cleft cysts 5. Excision and/or fracture of lesions, tumors, etc. of mouth, head, nasal passages, and neck 6. ORIF facial fractures 7. Removal of hardware facial bones 8. Endoscopic sinus surgery, polypectomy, etc.

Hospital Care Requirements (HC)	
No.	Requirement
	9. Septoplasty 10. Tonsillectomy
HC-012	<u>General Surgery</u> 1. Hernia Repair, umbilical, ventral, inguinal, and incisional and scrotal with or without mesh 2. Hemorrhoidectomy with or without proctosigmoidoscopy 3. Fistulectomy with or without proctosigmoidoscopy 4. Excision of large masses, cysts, abscesses or lesions 5. Debridement and/or exploration of wound 6. Removal of foreign bodies 7. Excision and/or fulguration of anal/perianal warts 8. Excision of pilonidal cysts 9. Insertion and/or removal of chest tubes, port-a-cath, and central lines
HC-013	<u>Orthopedic Surgery</u> 1. Arthroscopy with or without repairs, shavings or meniscectomy 2. Open Reduction Internal Fixation (ORIF) of fractured hands, feet, forearms, and lower legs 3. Removal of hardware in hands, feet, forearms, and lower legs 4. Carpal tunnel release 5. Release of tendons and contractures in hands or forearms 6. Ganglion cyst removal 7. Synovial cystectomy 8. Closed manipulation of dislocated joints 9. Partial amputation of fingers and toes 10. Removal of foreign bodies in soft tissue and bone 11. ACL Repairs 12. Tenosynovectomy & decompression DeQuervain's tenosynovitis on wrist 13. Excision of ganglion cysts on wrists 14. Decompression medial nerves wrist 15. Removal of nails and exostosis of toes/fingers 16. Removal of foreign bodies, bullets, bone fragments, etc. 17. Closed reduction of simple fractures in hands, fingers, forearms, toes, feet, ankles, and lower legs 18. Epidural Steroid Injections with or without facet blocks 19. Shoulder Repairs
HC-014	<u>Plastic Surgery/ Hand Surgery</u> 1. Closed reduction of fractures in hands 2. ORIF fractures in hands or wrists with hardware 3. Removal of hardware 4. Excision and complex repair of lacerations, cysts, masses, lesions, neuroma, scar tissue, keloid with or without skin graft 5. Excision Ganglion cysts 6. Incision and drainage of abscess 7. Release of contractures with or without tendon repair and/or grafts 8. Closed reduction of fractures in hands and fingers 9. Repairs of lacerations and trauma 10. Excision and complex repair of skin lesions, cysts, masses, keloids 11. Grafting, split-thickness skin graft, and full-thickness skin graft
HC-015	<u>Podiatry</u> 1. Plantar fasciectomy

Hospital Care Requirements (HC)	
No.	Requirement
	<ol style="list-style-type: none"> 2. Excision plantar fibroma/neuroma 3. Excision of heel spurs 4. Correction of deformities (toes) 5. Partial ostectomy of toe 6. Arthroplasty proximal interphalangeal joint of toe 7. Excision of masses in foot 8. Bunionectomy
HC-016	<u>Urology</u> <ol style="list-style-type: none"> 1. Cystoscopy with or without biopsy, with or without dilatation 2. Urethrotomy/meatotomy 3. Removal of ureteral stents 4. Hydrocelectomy 5. Orchiectomy 6. Epididymectomy 7. Circumcisions 8. Supra pubic catheter placement 9. Excision and/or fulguration of penile warts 10. Removal foreign bodies bladder 11. Spermatocelectomy 12. Incision and drainage of scrotum, etc. 13. Excision and/or fulguration of lesions/warts penile, genital 14. Urethral dilation 15. Repair lacerations 16. Evacuation of hematomas 17. Extracorporeal Shockwave Lithotripsy (ESWL)
HC-017	<u>Dermatology</u> <ol style="list-style-type: none"> 1. Biopsy/Excision/Removal of Lesions (Skin & Subcutaneous) 2. Incision and drainage of abscess or cyst
HC-018	<u>Ophthalmology</u> <ol style="list-style-type: none"> 1. Blepharoplasty 2. Cataract extraction and repair 3. Enucleation 4. Removal of foreign body, tumors and lesions 5. Lid injury repairs 6. Keratoplasty 7. Repair lacerations 8. Extraocular muscle procedures 9. Pterygium excision
HC-019	<u>Lithotripsy</u> <p>The Vendor shall ensure Lithotripsy services are provided on-site at least once a month by Lithotripsy Services of Greater Jacksonville or other approved subcontractor. The Vendor shall be responsible for providing all equipment, staff, and supplies for the procedures.</p> <p>RMC provides power and an emergency cart with defibrillator and medications. The ASC shall provide pre-operative and post-operative care. The Vendor's anesthesiologists shall provide anesthesia.</p>
HC-020	<u>Hospital Admission</u> <p>The Vendor shall ensure at admission, each Patient have an identification band placed on his/her wrist that includes his/her name, Inmate number, race,</p>

Hospital Care Requirements (HC)	
No.	Requirement
	<p>and birth date. All Patients admitted to the hospital shall sign Form DC4-713A, Cover Sheet for Inpatient Record.</p> <p>Any Patient with allergies shall require the following:</p> <ol style="list-style-type: none"> 1. Name of each food or medication allergy written on a red armband and placed on his/her arm. 2. Unless entered into the EMR, allergies shall be documented in red ballpoint pen ink on the: <ol style="list-style-type: none"> a. Medication Administration Record; b. Clinician's Order Sheet, Form DC4-714B; and c. on an allergy sticker placed on all chart covers documenting allergies or "NKDA" if there are no known drug allergies present.
HC-021	<p>The Vendor shall ensure nursing staff shall provide each Inmate with education/orientation on:</p> <ol style="list-style-type: none"> 1. how to access care through operation of the call light; 2. location of the bathroom; 3. meal hours; and 4. availability of other services (dietary, chaplain, and social services).
HC-022	<p>The Vendor shall ensure all Inmates admitted be given a copy of the following documents and sign the Form DC4-0020, Receipt of Patient Rules/Regulations and Advanced Medical Directives Packet:</p> <ol style="list-style-type: none"> 1. NI1-033, Patient Rules and Regulations 2. DC4-687, Information Sheet Regarding Advanced Directives 3. DC4-665, Living Will 4. DC4-699, Uniform Donor Form 5. DH 1896, Do Not Resuscitate Order (DNR) 6. DC4-666, Designation of Health Care Surrogate 7. NI1-117, Notice of Inmate Worker 8. NI1-119, Inmate Patient Bill of Rights and Responsibilities
HC-023	<p>The Vendor shall ensure an RN complete an assessment on all Inmates admitted to the RMCH and document that assessment on Form DC4-732, Infirmary/Hospital Admission Nursing Evaluation, within two (2) hours of admission. Additional Patient information may be documented on Form DC4-0028, Nursing Progress Note.</p>
HC-024	<p>Hospital Nursing Evaluation and Treatment (Ongoing)</p> <p>The Vendor shall ensure an RN develop an individualized nursing care plan for each Patient, based upon the initial assessment and other diagnostic information, as appropriate. Other members of the health care team may contribute to the plan, but an RN maintains responsibility.</p>
HC-025	<p>The Vendor shall ensure an RN complete a head-to-toe assessment of the Patient's condition every eight (8) hours documented on Form DC4-684, Infirmary/Hospital Daily Nursing Evaluation. An LPN may contribute data to the assessment within the scope of their license. If the RN notes changes in the Patient's condition, diagnosis, or response to treatment, the Clinician shall be notified, and the notification documented on Form DC4-684, Infirmary/Hospital Daily Nursing Evaluation.</p>
HC-026	<p>The Vendor shall ensure upon completion of any procedure, all Patients have a prompt licensed nursing assessment, monitoring, and implementation of care, as needed. Assessment and care should be documented on Form DC4-</p>

Hospital Care Requirements (HC)	
No.	Requirement
	684, Infirmery/Hospital Daily Nursing Evaluation, and Form DC4-0028, Nursing Progress Note, if additional room is needed.
HC-027	<p><u>Hospital Discharge Requirements</u></p> <p>The Vendor's nursing staff shall write a discharge note using Form DC4-0028, Nursing Progress Note, once a Patient is discharged. If the Patient is to remain housed at RMC, this fact shall be included on the note. When a Patient is discharged to a Confinement unit, nursing staff must complete a pre-Confinement physical assessment, as required in the Contract.</p>
HC-028	<p>The Vendor shall ensure that if a Patient is to be discharged to another Institution or infirmary:</p> <ol style="list-style-type: none"> 1. The ward clerk (or nurse, if the clerk is not available) shall notify the discharge planner so they can coordinate the discharge with the receiving Institution or infirmary. The discharge planner will initiate a discharge planning sheet. 2. The ward clerk or discharge planner will make a copy of the pertinent Patient information for the inpatient record (consults, Clinician progress notes, recent lab and x-ray results, history and physical sheets, and discharge summaries from outside hospitals). These copies shall be placed in the outpatient record. 3. The outpatient medication prescriptions (yellow copy) are placed in the outpatient jacket for the receiving Institution to fill and dispense. The white copy is turned into the pharmacy for a seven (7) Day prescription fill. 4. The discharge planner will coordinate transportation for the Patient will be coordinated with the Department's security staff. 5. The outpatient record and the encounter form are taken to the Outpatient Medical Records Department.
HC-029	<p><u>Hospital Infection Control</u></p> <p>The Vendor shall ensure the DON for RMCH establish an infection control program, in accordance with Florida law, involving medical staff, nursing staff, other professional staff, as appropriate, and the administration. The program should provide for:</p> <ol style="list-style-type: none"> 1. the surveillance, prevention, and control of infections among Patients and personnel; 2. the establishment of a system for identifying, reporting, evaluating, and maintaining records of infections; 3. ongoing review and evaluation of all septic, isolation, and sanitation techniques employed in the hospital; and 4. development and coordination of training programs in infection control for all hospital personnel.
HC-030	The Vendor shall ensure within RMCH, specialty consultations be available by request of the attending Clinician or by transfer to a designated hospital where the appropriate care can be provided.
HC-031	<p><u>Social Services Section</u></p> <p>The Vendor shall provide adequate and appropriate staff to ensure the successful operations of a Social Services Department, which has the responsibilities noted below. Customarily, this is staffed by three (3) full-time staff who service RMCH. Staff shall be available Monday through Friday (excluding State holidays), 8:00 a.m. to 5:00 p.m., Eastern Time (ET).</p> <p>The Social Services Department has the following areas of responsibility:</p>

Hospital Care Requirements (HC)	
No.	Requirement
	<ol style="list-style-type: none"> 1. liaison between Inmate families and the Inmates; 2. serve as Hospital Spokesperson for inquiries concerning Inmate Patient status; 3. assist Inmates who are being paroled or completing their sentences; 4. assist Disabled Inmates without families find lodging and care upon discharge from the Institution; 5. assist Inmates with VA, Social Security, and other benefits; 6. upon the death of an Inmate at RMCH, coordinates procedures for next-of-kin notification, care, and disposition of the body; 7. act as a liaison for Inmate/Patient to Inmate bank and Inmate canteen for weekly canteen purchases; 8. prepare and distribute weekly visitation list; 9. notification of next-of-kin of an Inmate Patient when they are placed on the serious or critical list; 10. arrange for special visitation passes for families to visit critical/serious Inmate Patients; 11. arrange in-person and telephone interviews between an Inmate and his/her legal counsel, upon the counsel's request; 12. arrange for a Notary Public to provide services for hospital Patients; 13. arrange for Law Library Clerks to provide services for hospitalized Inmates who are incapacitated and cannot visit the law library; 14. provide individual counseling where appropriate; 15. maintain required records, reports, and statistical information; 16. coordinate with and assist all appropriate federal, State, and local agencies; 17. provide reports and assessments to other appropriate RMC staff and Department staff, as required and appropriate; 18. evaluate Patient's social and psychological history from Inmate records and provide reports and assessments when appropriate; 19. provide daily coordination of Impaired Inmate issues; and 20. coordinate medical discharges from the hospital to medical dormitories and liaison with attending Clinician.
HC-032	<p><u>Radiology</u></p> <p>The Vendor shall provide radiology services for the detection, diagnosis, and treatment of injuries and illnesses. All x-rays must be provided in a digital format. Radiological services must be provided to both the inpatient and outpatient units at RMC. Referral for specialized diagnostic imaging shall be available and completed as clinically necessary. The Vendor shall ensure radiology services comply with hospital licensure standards, and all applicable laws, rules, and regulations.</p>
HC-033	<p>The Vendor shall ensure the Radiology Department function under the supervision of a Board-Certified Radiologist. In addition to the supervising Radiologist, the Radiology Unit must also consist of a Radiology Manager, three (3) Radiology Technologists, and two (2) administrative staff members.</p>
HC-034	<p>The Vendor shall ensure the Radiology Unit be open from 7:00 a.m. to 5:00 p.m., Monday-Friday, and 8:00 a.m. to 12:00 p.m., Saturdays, Sundays, and Holidays. Additionally, coverage must be provided for emergencies 24 hours per Day.</p>
HC-035	<p>The Radiology Unit must provide the following services:</p> <ol style="list-style-type: none"> 1. <u>Examinations using Contrast Medium</u>

Hospital Care Requirements (HC)	
No.	Requirement
	<ul style="list-style-type: none"> a. Arthrogram (knee, shoulder and wrist only) b. Catheter checks c. T-tube cholangiogram d. Oral cholecystogram e. Fistulogram (except upper extremities) f. Intravenous pyelogram g. MRI h. Myelogram (cervical and lumbar spine) i. Nephrostomy j. Sialogram k. Urethrogram l. Venogram <p>2. <u>Examinations using Barium</u></p> <ul style="list-style-type: none"> a. barium enema b. Computerized Tomography (CT) c. Hypopharyngo-Esophagram d. small bowel follow-through studies e. Upper GI examinations, including swallow studies <p>3. <u>Computerized Tomography</u></p> <ul style="list-style-type: none"> a. Total Body Tomography <p>4. <u>Invasive Procedures</u></p> <ul style="list-style-type: none"> a. Lumbar punctures b. Myelogram (cervical and lumbar) c. Ultrasound guided paracentesis d. Ultrasound guided thoracentesis <p>5. <u>MRI</u></p> <p>All MRI services shall be provided by the Vendor directly, with the exception of the following:</p> <ul style="list-style-type: none"> a. All Total Body Imaging (except for MRI of liver and adrenals) b. MR Angiography c. Open MRI procedures <p>These procedures may be provided in-house by the Vendor, or the Vendor may subcontract with another provider of these services within the community, so long as that community provider meets all the required training, knowledge, and licensure/certification required by the profession and Florida law.</p> <p>6. <u>Routine radiographs (x-rays)</u> including those of the chest, abdomen, extremities, spine, etc.</p> <p>7. <u>Ultrasonograms</u></p> <ul style="list-style-type: none"> a. Abdominal-Liver, gallbladder, renal, pancreas, etc. b. All small parts c. Breast d. Carotid(s)

Hospital Care Requirements (HC)	
No.	Requirement
	<ul style="list-style-type: none"> e. Parotid(s) f. Paracentesis g. Testicles h. Thoracentesis i. Thyroid j. Prostate k. Ultrasound guided biopsies l. Arterial and venous doppler m. Venous mapping n. Liver biopsies performed in the Modular Surgical Unit <p>8. <u>Nuclear Medicine</u></p> <ul style="list-style-type: none"> a. Biliary tract scintigraphy b. Bone scintigraphy, whole body SPECT c. Brain scintigraphy d. Cardiac-thallium and myoview (cardiolite) including first pass subtraction, redistribution imaging, and thallium stress tests, ventricular function with first passed and ejection fraction. e. Gallium Scintigraphy, for the evaluation of occult infection and/or tumor f. Hyperthyroidism treatment g. Liver and GI tract scintigraphy h. Lung scintigraphy i. MUGA and EF Scans j. Octero Scan k. Renal scintigraphy l. Salivary gland scintigraphy m. Testicular scintigraphy n. Thyroid and parathyroid scintigraphy o. Thyroid uptake scans p. Ventilation-perfusion (V/Q) scan with or without split crystal q. White blood cell (ceretec or indium scan)
HC-036	The Vendor shall provide or coordinate PET/CT Scans (Cancer Center), sleep studies, and video EEGs with a subcontracted provider.
HC-037	<p><u>Radiotherapy Services</u></p> <p>The Department currently maintains a contract for radiotherapy services with CCCNF-Lake Butler, LLC/E+ Cancer Care (contract C2573). The Vendor shall use the CCCNF-Lake Butler, LLC (under the referenced contract), or a Department designated substitution, for all radiotherapy services provided under the Contract. FDC shall pay CCCNF-Lake Butler, LLC directly. The Department shall provide supporting services, outlined in contract C2573, to CCCNF-Lake Butler, LLC. These services will be paid directly from the Department to CCCNF-Lake Butler LLC.</p>

3.6.6 Pharmaceutical Services Service Area

3.6.6.1 Description

The Department operates four (4) pharmacies that dispense prescriptions to their assigned Institutions throughout the State. The Department will continue to provide dispensing pharmaceutical services from these pharmacies. Region I Pharmacy is

located in Marianna, Florida; Region II Pharmacy is located at Union CI in Raiford, Florida; Region III Pharmacy is located at Lowell CI Pharmacy in Ocala, Florida; and the RMC Pharmacy is at RMC in Lake Butler, Florida. The Department's pharmacy dispensing services, prescription records, the cost of formulary Inmate prescriptions and formulary non-prescription medications dispensed from the Department's pharmacies or specialty pharmacies, contracted by the Department, shall be the responsibility of the Department. The Department shall be responsible for the cost of all formulary stock medications maintained at the Institutions. All stock medications and stock supplies supplied by the Department shall remain the Department's property.

The Vendor shall be responsible for a medication management program following established policies and procedures. Ongoing psychotropic medication management shall be provided by the Vendor's psychiatry staff per HSB 15.05.19, Psychotropic Medication Use Standard, with an RN's supplemental support.

The Department's pharmacies provide stock medication for dispensing by Dentists (ibuprofen, antibiotics, etc.), per HSB 15.04.15 and Appendices A, B, and C, but does not provide other dental medications (lidocaine, injectable medications, etc.).

The Vendor shall be responsible for the management and cost of all non-formulary medications not provided by the Department's pharmacies (except Direct Acting Antivirals (DAAs) and therapies used to treat HIV), including ordering, purchasing, and delivery/pick-up for all pharmaceuticals unless otherwise directed by the Department.

3.6.6.2 How Service is Provided Today

Currently the Department maintains responsibility for dispensing pharmaceuticals and providing stock pharmaceuticals to the Institutions. The Department is responsible for the cost of formulary and stock medications. The CHCC is responsible for the institutional pharmacy permits and meeting the statutory requirements required to maintain these permits at each Institution. The permits are in the names of the CHCC provider. The CHCC is responsible for the Department's cost of non-formulary medications. Shipping cost of prescriptions dispensed by the Department's pharmacies, including return of applicable Inmate specific prescriptions, are the responsibility of the Department.

3.6.6.3 Pharmaceutical Services Minimum Requirements

Pharmaceutical Services Requirements (PS)	
No.	Requirement
PS-001	The Vendor shall ensure a Licensed Nurse shall transcribe all single-dose medication orders from Form DC4-714B, Clinician's Order Sheet or Form DC4-714C, DEA Controlled Substances Clinician's Order Sheet, to Form DC4-701A, Medication and Treatment Record.
PS-002	The Vendor shall ensure all single-dose medication transcriptions to the Medication Administration Record (MAR) shall include the specific time(s) a medication is to be administered, if the Clinician has indicated specific administration times, or they will default to the times established by the Institution for administering morning and afternoon medications. This time will be documented using military time. Example: Bactrim DS one [1] tablet p.o. b.i.d. MAR times: 0600 and 1800 (to represent 6:00 a.m. and 6:00 p.m.) STAT (meaning "now"). All antibiotic medication orders shall be administered on the Day the order is received.

Pharmaceutical Services Requirements (PS)	
No.	Requirement
PS-003	The Vendor shall ensure a Licensed Nurse shall administer medications within 30 to 60 minutes of the medication ordered administration time. Medication administered more than 60 minutes past the ordered administration time shall be noted by the Licensed Nurse on the front page of the Medication Administration Record and include an explanation for the lateness on the back page of the MAR.
PS-004	The Vendor shall ensure immediately following medication administration, a Licensed Nurse ensure the Inmate has swallowed oral medication by checking their oral cavity.
PS-005	The Vendor shall ensure all stock legend medications administered by a Licensed Nurse shall be ordered by a Clinician, written on Form DC4-714B, Clinician's Order Sheet, or Form DC4-714C, DEA Controlled Substances Clinician's Order Sheet, and documented on Form DC4-712D, Legend Drug Account Record when administered.
PS-006	The Vendor shall ensure a Licensed Nurse shall document when medication is administered on Form DC4-701A, Medication and Treatment Record.
PS-007	The Vendor shall ensure medications be pre-poured and administered by the same Licensed Nurse.
PS-008	The Vendor shall ensure that medications are not be pre-poured for other shifts, Days, or personnel.
PS-009	The Vendor shall ensure that medications be documented on the Form DC4-701A, Medication and Treatment Record, at the time they are poured.
PS-010	The Vendor shall ensure each dose of medication not administered be circled following medication pass and include an explanation written on the back of the Form DC4-701A, Medication and Treatment Record.
PS-011	<p><u>Medication Administration Safety</u></p> <p>The Vendor shall ensure a Licensed Nurse who administers medications prevent medication errors by applying the following six (6) "rights":</p> <ol style="list-style-type: none"> 1. Right Inmate <ol style="list-style-type: none"> a. Check the name on the order and the Inmate b. Use two identifiers (Inmate ID and ask Inmate name) 2. Right medication <ol style="list-style-type: none"> a. Check the medication label b. Check the order 3. Right dose <ol style="list-style-type: none"> a. Check the order b. Confirm appropriateness of the dose using a current drug reference c. If necessary, calculate the dose and have another nurse calculate the dose as well 4. Right route <ol style="list-style-type: none"> a. Again, check the order and appropriateness of the route ordered b. Confirm that the Inmate can take or receive the medication by the ordered route 5. Right time <ol style="list-style-type: none"> a. Check the frequency of the ordered medication b. Double-check that you are giving the ordered dose at the correct time c. Confirm when the last does was given 6. Right documentation - as noted above

Pharmaceutical Services Requirements (PS)	
No.	Requirement
PS-012	<p><u>Medication Errors</u> The Vendor shall ensure if the Vendor's clinical staff discovers a medication error, <u>immediately</u>:</p> <ol style="list-style-type: none"> 1. Evaluate the Inmate, provide monitoring, and implement treatment as ordered by the Clinician, documenting actions on Form DC4-701, Chronological Record of Health care or Form DC4-724, Dental Treatment Record, as applicable; 2. Report the error to the Clinician and pharmacy, if it is a pharmacy error; 3. Report the error to their supervisor; finally 4. Complete Form DC4-690A, Occurrence Report.
PS-013	<p><u>Emergency Medication and Jump Bag</u> The Vendor shall ensure a Licensed Nurse on the night shift checks the Jump Bag contents and Emergency Medications listed on Form DC4-681 and document inventory check on Form DC4-680, Jump Bag and Emergency Equipment Inventory.</p> <p>The Vendor shall ensure a Licensed Nurse replace if medication if expired or used and document on Form DC4-681, Emergency Medications.</p>
PS-014	<p><u>Narcotic Key Exchange</u> The Vendor shall ensure a Licensed Nurse complete and sign Form DC4-802, Narcotic Key Exchange Log, at the beginning of the shift and at the transfer to the next shift Licensed Nurse.</p>
PS-015	<p><u>Controlled Substances</u> The Vendor shall ensure controlled substances are kept in a securely locked drawer in the medication cart. At RMCH the cart is kept in the Nurse's Station until time for medication to be administered. The medication storage compartment is to remain locked at all times, except when pulling a Patient's medication or receiving controlled substances from the pharmacy stock.</p> <p>The Vendor shall ensure the off-going shift's medication nurse and the oncoming shift's medication nurse will complete a count of each controlled substance in the cart each shift. All controlled substances – <u>every single dose</u> – shall be signed out on Form DC4-781E, Narcotic Accounting Log, when removed from the cart.</p>
PS-016	<p>The Vendor shall ensure all pharmacy services be in accordance with all applicable federal and State laws, rules, and regulations, Department of Corrections' rules and procedures, and Health Services Bulletins/Technical Instructions applicable to the delivery of pharmacy services in a correctional setting.</p>
PS-017	<p>The Vendor shall update all internal policy and procedure manuals expeditiously as changes occur. Copies of changed procedures or other updates shall be provided to all facilities and the Vendor's Contract Representative, within seven (7) Business Days of any change, along with a cover sheet indicating the manual's current date. Each January, the Vendor shall document its staff's review of the policy and procedure manual at each Department facility.</p>
PS-018	<p>The Vendor shall provide copies of any pharmacy audit or investigative report for any reportable condition, performed by any State, federal or other regulatory agency including reports of no findings, on any permit, registration,</p>

Pharmaceutical Services Requirements (PS)	
No.	Requirement
	or license, to the Contract Manager within seven (7) Business Days of the Vendor receiving the report.
PS-019	The Vendor shall maintain appropriate documentation, including but not limited to, inventory records and controlled drug perpetual inventory. All documentation shall be made available for review by the Department's Chief of Pharmaceutical Services, or designee.
PS-020	The Vendor shall provide to the Contract Manager and the FDC Chief of Pharmaceutical Services, the Consultant Pharmacist of Record for each permit with applicable phone numbers. The Consultant Pharmacist of Record and phone number will be posted at each Institution in the medication room and the infirmary, and will be provided to the Institution's Director of Nursing, Chief Health Officer, and Health Services Administrator. Any changes in the Consultant Pharmacist of Record shall be sent to the FDC Chief of Pharmaceutical Services and the Department facilities within 24 hours of the change.
PS-021	The Vendor shall comply with the Department's formulary in all cases unless a Drug Exception Request (DER) is approved by the Vendor's Regional CHO/SMD.
PS-022	If the Vendor has a need to prescribe non-formulary pharmaceuticals, then a DER shall be approved by the Vendor's Medical Director and submitted to the Department's Pharmacy. The Pharmacy will then dispense the prescription.
PS-023	The Vendor shall notify the Department's pharmacies, in writing, of all its Dentists that are authorized to prescribe medications.
PS-024	The Vendor shall be responsible for all local pharmacy prescriptions prescribed by their Clinicians (including emergency prescriptions), including purchasing, delivery/pickup, and the cost unless directed otherwise by the Department. The Vendor shall ensure that emergency prescriptions are dispensed and delivered immediately.
PS-025	The Vendor shall be responsible for prescribing all medical prescriptions in accordance with recommended dosage schedules, to document such provision, to ensure that all dispensed medications are properly stored, and all related duties are performed by properly licensed personnel. All medications are to be dispensed for the appropriate diagnosis and in therapeutic dosage ranges, as determined in the most current editions of Drug Facts and Comparisons, Clinicians' Desk Reference, the package insert, or pursuant to an approved DER (Form DC4-648).
PS-026	<p>The Vendor shall be responsible for ordering and maintaining dorm and stock medications stocked in the facility. The Vendor shall manage and ensure stock medications are handled in compliance with all applicable State and federal regulations regarding prescribing, dispensing, distributing, and administering pharmaceuticals.</p> <p>The Vendor shall verify all stock invoices and fax them back to the assigned Department Pharmacy upon receipt. The Vendor is responsible for distributing dorm medications.</p>
PS-027	The Vendor shall be responsible for maintaining an adequate supply of stock medications at each Institution's drug room from the approved list of stock medications approved by the Statewide Pharmacy and Therapeutics Committee. Each legend medication shall have accurate perpetual inventory.

Pharmaceutical Services Requirements (PS)	
No.	Requirement
PS-028	The Vendor shall be responsible for faxing new prescriptions, submitting all prescription refill requests via the pharmacy software or faxing, and faxing stock orders to the assigned Department Pharmacy. Prescriptions should be faxed throughout the Day.
PS-029	The Vendor shall be responsible for verifying prescription deliveries from the Department's pharmacies and DOH Pharmacy. The Vendor will verify the receipt of FDC Pharmacy prescriptions through the receiving program in the FDC Pharmacy software system. The Vendor is responsible for distributing all KOP prescriptions.
PS-030	The Vendor shall be responsible for returning expired and damaged stock medications to the Department's contracted Reverse Distributor or the Medical Hazardous Pharmaceutical Waste Vendor per HSB 15.14.04, Appendix C.
PS-031	It is the Vendor's responsibility to discard all Patient-specific prescriptions that need to be discarded and cannot be returned to the pharmacy per HSB 15.14.01.
PS-032	The Vendor shall provide a licensed Consultant Pharmacist to conduct monthly inspections of all Institution areas where medications are maintained. Inspection shall include, but not be limited to, expiration dates, storage and a periodic review of medication records. The Consultant Pharmacist's Monthly Inspection Report, Forms DC4-771A and DC4-771C, shall be completed. The original shall remain in the pharmacy and a copy shall be sent to the Department's Pharmaceutical Services Director in an electronic format by the 10th of the next month. Deficiencies in previous Consultant Pharmacist Monthly Inspection, Form DC4-771A and MAR Review, Form DC4-771C, shall be corrected before the next Consultant Pharmacist review.
PS-033	The Vendor shall provide a certified Consultant Pharmacist to serve as chairperson of the Correctional Institution Pharmacy and Therapeutics Committee/Pharmacy Services Committee and to consult on site and by telephone with the medical staff as requested. This workgroup shall meet as required by Florida Statutes.
PS-034	The Vendor shall provide a certified Consultant Pharmacist to serve as chairperson of the Correctional Institutional Continuous Quality Improvement Program Workgroup, which shall meet at least quarterly.
PS-035	The Vendor shall perform in-service training for staff on pharmacy-related material according to a schedule mutually agreed upon and approved by the FDC Chief of Pharmaceutical Services but presented no less than once a year. Such training shall be conducted by a licensed Consultant Pharmacist and shall include proper MAR documentation, medication administration to include when medications are to be issued, medication incompatibilities and interactions, and documentation on using stock medications.
PS-036	The Vendor shall ensure all Drug Exception Requests, Form DC4-648, for non-formulary medications, drug dose variances, four (4) or more psychotropic, non-approved use of approved medications, and more than one (1) medication in a mental health treatment category, etc. be approved by the Vendor's designee.
PS-037	The Vendor shall ensure a licensed Florida Consultant Pharmacist be responsible for institutional pharmacy permits and the services rendered by them.
PS-038	The Vendor shall provide the following permits, in the Vendor's name, at each Institution and facility with stock legend medications:

Pharmaceutical Services Requirements (PS)	
No.	Requirement
	<ul style="list-style-type: none"> Florida Department of Health, Board of Pharmacy Institutional Class II Permit, or Modified II-B Institutional Permit; and A United States Department of Justice Drug Enforcement Administration registration for each Institutional Class II and/or Modified II-B Institutional Permit (where DEA controlled stock will be stored).
PS-039	The Vendor shall be responsible for the cost of non-formulary medication prescriptions dispensed by the Department's pharmacies (excluding DAAs and therapies used to treat HIV). The Department may elect to pay for medication ordered through the Department's pharmaceutical wholesaler directly; however, expenditures for non-formulary medications will be considered part of the Compensation Cap, whether paid for by the Vendor or directly by the Department. Non-formulary prescriptions purchased will be the responsibility of the Department. The formulary will not change unless the change is mutually agreed upon in writing by the Department and the Vendor.
PS-040	The Vendor shall ensure all pharmacy permitted Institutions must have post exposure prophylaxis medications available onsite.

3.6.6.4 Pharmaceutical Services Performance Measures

Performance Measures (PM)				
No.	Description	Expectation	Measurement Duration	Financial Consequence
PM-PS-01	Maintain compliance with mandatory pharmacy standards to retain a valid Florida Department of Health MQA Board of Pharmacy Permit.	Retain Permit	Per Occurrence	\$100,000 if permit is lost and \$1,000 per Day until permit is reinstated, plus payment of all costs and fees associated with reinstatement of the permit
PM-PS-02	Maintain compliance with mandatory pharmacy standards to retain a valid DEA Controlled Substance Permit.	Retain Permit	Per Occurrence	\$100,000 if permit is lost and \$1,000 per Day until permit is reinstated, plus payment of all costs and fees associated with reinstatement of the permit

Performance Measures (PM)				
No.	Description	Expectation	Measurement Duration	Financial Consequence
PM-PS-03	Deficiencies found in the Consultant Pharmacist Monthly Inspection Report are corrected by the subsequent Monthly Consultant Pharmacist Inspection Report.	90% compliance, per Institution	Monthly	For performance below 90%, consequences will be assessed as follows: 80%-89.99%: \$3,000 per Institution 70%-79.99%: \$6,000 per Institution Less than 70%: \$9,000 per Institution

3.6.6.5 Pharmaceutical Services Reports

Reports	Due Date	Description
REP-PS-01 Consultant Pharmacist of Record	Within 30 Days of Contract effective date	The Vendor shall provide a list of each Institution's Consultant Pharmacist of Record and their phone number.
REP-PS-02 Policy and Procedure Manual for Pharmaceutical Operations	Within 30 Days of Contract effective date	Before offering services, the Vendor shall provide a policy and procedure manual to all Institutions, the Contract Manager, and the Chief Pharmaceutical Services.
REP-PS-03 Monthly Consultant Pharmacist Inspection Report	10 th Business Day of each month (for the previous month)	The Vendor shall provide a copy of the Monthly Consultant Pharmacist Inspection Report for each facility which is licensed by the State of Florida, Department of Health, and/or the Board of Pharmacy.
REP-PS-04 Annual Manual Review Log	Annually on January 15th	The Vendor shall provide a verification of annual review of the Department's Policy and Procedure Manual for Pharmaceutical Operations by each employee.
REP-PS-05 Pharmacy Permits	Day of Transition	The Vendor shall provide a copy of their State of Florida MQA Board of Pharmacy Permit and United Stated DEA Controlled Substance Permit (if applicable).

3.6.7 Utilization Management and Specialty Care Service Area

3.6.7.1 Description

The goal of Utilization Management (UM) and Specialty Care is to promote quality specialty health care services in a correctional setting's unique constraints in the most

efficient, timely, and cost-effective manner. The Utilization Management (UM) program is an essential component of Quality Management (QM) which effectively manages the utilization of specialty health care services including consultations, durable medical equipment, surgical procedures, diagnostic imaging, emergency room visits, and outside hospital admissions.

It is vital that the Department and Successful Vendor work together to ensure that appropriate care is provided to the Inmate population. Scheduled consultations or ordered diagnostics must be completed timely, but subsequently reviewed by the referring Clinician to ensure that care is rendered.

3.6.7.2 How Service is Provided Today

The CHCC services all Institutions and currently employs Florida UM Staff in all regional offices, and Memorial Hospital in Jacksonville, Florida. Medical requests from the sites are submitted via email or fax and are processed into an electronic UM system by the UM staff. The sites and the medical schedulers are notified of UM decisions through email and most of the services are scheduled through centralized scheduling at RMC and Central Florida Reception Center (CFRC). Dental referrals for specialized care must be routed for review and approval by a Florida licensed Dentist. The majority of medical and dental specialty services are provided “behind-the-fence” through contracted specialists who see Inmates at RMC, CFRC, and Lowell CI.

The CHCC contracts with Memorial Hospital to utilize a secure medical/surgical wing of 14 beds, in addition to a nine-bed med-surg overflow unit for a total of 23 secure beds and contracts with Larkin Hospital to provide a secure medical/surgical unit that has eight (8) beds. Community hospital admissions are managed by the inpatient UM nurses through concurrent daily reviews with the hospital case managers. The appropriateness of the admission, intensity of services, length of stay, need for continued stay and discharge planning are determined through evidenced-based criteria and input from their multi-disciplinary medical team.

3.6.7.3 Utilization Management and Specialty Care Minimum Requirements

Utilization Management and Specialty Care Requirements (UM)	
No.	Requirement
UM-001	The Vendor shall set up local offices in strategic locations to manage FDC Utilization Management Operations, one of which shall be at RMC in Lake Butler, Florida.
UM-002	The Vendor shall implement an electronic Utilization Management Program system that incorporates nationally accepted, evidenced-based managed care guidelines.
UM-003	The Vendor shall ensure a full network of specialty service providers covering a comprehensive scope of care is in place at the time of Contract execution to ensure that there are no delays in providing specialty care services.
UM-004	The Vendor shall ensure the majority of providers within the following specialties are available on-site; however, additional specialty services may be required: Oral Surgery, Internal Medicine, Gastroenterology, Surgical Services, Orthopedic Services, Physiotherapy, Otolaryngologic Services, Podiatry, Dermatology, Urology, Neurology, Internal Medicine, Audiology, Neurosurgery, Oncology, Nephrology, Endocrinology, Infectious Disease, Ophthalmology, Optometry,

Utilization Management and Specialty Care Requirements (UM)	
No.	Requirement
	Respiratory Therapy, Cardiology, Physical Therapy, Radiology (including CT/MRI), Nuclear Scans, and Orthotics.
UM-005	The Vendor shall ensure that if it is not possible to provide a specialty service on-site, the Vendor shall arrange treatment services with a local specialist in the community. The Vendor shall coordinate all outside referrals with the Department for security and transportation arrangements. The Vendor is responsible for all associated costs of the treatment.
UM-006	The Vendor shall establish an institutional process to enable each site to have easy access to submit specialty medical requests into the UM system electronically. This system must also have the capability to provide communications from the UM Team to the sites regarding the need for additional information, authorization, alternative treatment plans, and scheduling instructions. All specialty medical requests shall be processed based on the request's acuity but shall take no longer than 10 Business Days after receiving.
UM-007	The Vendor shall ensure that if the specialty service <u>is authorized</u> for scheduling, the service and appointment date shall be entered in the UM electronic database. All services authorized for scheduling shall reflect a completed service date on the Institutional Consult Log in OBIS (Medical Consult and Hospital Movement Screen) and EMR and be included in the UM reports, as specified.
UM-008	The Vendor shall schedule appointments within the timeframes outlined in HSB 15.09.04: <ol style="list-style-type: none"> 1. <u>Emergency</u> – Conditions that require immediate attention and must be treated as soon as the means of treatment can be provided. 2. <u>Urgent</u> – Conditions that require treatment within 21 Days or less. 3. <u>Routine</u> – Conditions that will tolerate a delay of no more than 45 Days without deteriorating into either an urgent or emergent condition.
UM-009	The Vendor shall ensure that if the specialty service is <u>not authorized</u> for scheduling, an Alternative Treatment Plan (ATP) must be formulated by the reviewing UM Clinician. The ATP will be sent to the requesting site. The on-site Clinicians are responsible for implementing, documenting, and discussing the ATP with the Inmate Patient.
UM-010	The Vendor shall contract with community hospitals in strategic locations to provide offsite inpatient hospital services in a secure environment. All secure units will be approved by the Office of Health Services and the Chief of Security Operations. Currently, the Department has agreements for secure units with Memorial Hospital in Jacksonville, Florida, and North Shore Medical Center, Inc. in Miami, Florida.
UM-011	The Vendor shall ensure that to enhance public and staff safety while decreasing the cost and administrative burden of security, the Vendor shall utilize the community hospital secure units when medically feasible. In cases requiring a continued inpatient stay of three (3) Days or longer, Inmates will be transferred to secure hospital units when medically appropriate and stable.
UM-012	The Vendor's UM Nurses will promptly review outside hospital admissions and observation stays. The Vendor shall use the Medicare Managed Care Inpatient guidelines, Department policies, and established business rules shall be used to determine the admission's appropriateness, intensity of services, length of stay, need for continued stay, transition of care, and discharge planning.
UM-013	The Vendor shall ensure all associated outside hospital data will be entered in the electronic UM system, OBIS, EMR, and included in the UM reports, as requested.

Utilization Management and Specialty Care Requirements (UM)	
No.	Requirement
UM-014	The Vendor shall ensure medically intensive transfers, including Infirmery to Infirmery, Infirmery to RMCH, and hospital to hospital transfers are coordinated by UM Nurses.
UM-015	The Vendor shall perform an on-site QM Utilization Management Review per HSB 15.09.01 to ensure that institutional processes offer timely and appropriate access to specialty health care services.
UM-016	The Vendor shall provide UM oversight to ensure the UM Program functions as required in the Contract and HSB 15.09.04, Utilization Management.
UM-017	The Vendor shall ensure specialty care will be available to Inmates from the Private Correctional Facilities managed by DMS who choose to utilize these services through on-site Specialty Clinics, Radiology CT/MRI, Ambulatory Surgery, dental services, the Cancer Center, the 110-bed Sub-Acute RMCH, and secure hospital unit services. These Inmates are classified as medical staging (MS) transfers.
UM-018	The Vendor will establish a process to manage incoming Inmates in MS status pending Specialty Care Services. The process must include Identification and Tracking, Authorization for Services, Scheduling Appointments, Inpatient Hospital Utilization Reviews, Medical Holds, and Reimbursement Billing.

3.6.7.4 Utilization Management and Specialty Care Performance Measures

Performance Measures (PM)				
No.	Description	Expectation	Measurement Duration	Financial Consequence
PM-UM-001	Monthly UM reports must be provided to the Department, as indicated in the Contract.	By the 10 th Business Day of the month for the prior month	Reviewed quarterly, due monthly	\$300 per Day past the due date the report is delivered
PM-UM-002	Every hospital admission and ER visit shall be entered in the UM database within 72 hours of admission and/or visit.	80% compliance, statewide	Semi-annually	For performance below 80%, consequences will be assessed as follows: 70%-79.99%: \$3,000 60%-69.99%: \$6,000 Less than 60%: \$12,000

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3.6.7.5 Utilization Management and Specialty Care Reports

Reports	Due Date	Description
<p>REP-UM-01 Daily UM Report</p>	<p>Each Business Day by 4:00 p.m., Eastern Time</p>	<p>The Vendor shall provide the following:</p> <ol style="list-style-type: none"> 1. Report for Community Hospital Admissions - the report shall include the following elements: Inmate Name, DC Number, Age, Institution, Admitting Hospital, Admitting Diagnosis, significant labs and imaging results and Plan of treatment. Daily chronological updates to include; date, vital signs, intensity of service, significant labs, pathology results, procedures done and discharge planning. Cases to be removed from the report post discharge. 2. Inpatient Admissions Report in Excel format – The report shall include: Sending Institution, Inmate Name, DC Number, DOB, Age, Admitting Diagnosis, Discharge Diagnosis, Hospital Name, Admission Reason Self Harm or Assault Y/N, Length of Stay and Bed Type Days. The report shall have cumulative data to end on the last of the month. 3. Emergency Room Utilization in Excel format – The report shall include the following elements: Event date & time, Sending Institution, Inmate Name, DC Number, DOB, Age, Institution Diagnosis, Hospital Admission Status Y/N, Event Reason Self Harm or Assault Y/N. 4. Outpatient services in Excel format – The report shall include the following elements and will be updated daily and in an ongoing calendar year format: Inmate name, DC Number, Date of Birth, Age, Requesting Institution, Date of request, Date received in Utilization Management, Date completed in Utilization Management, Appointment Date, Specialty Type, Acuity of Referral, Status of Referral (approved/ATP), Diagnosis Description, Procedure Description, Provider, and Authorization Number.

Reports	Due Date	Description
REP-UM-02 Quarterly UM Report	10 th Business Day of January, April, July and October reflecting information from the previous calendar quarter	The Vendor shall provide the following: <ol style="list-style-type: none"> 1. Report identifying readmissions to a community hospital within 30 Days of hospital discharge. The report will include the following elements: Inmate name, DC number, D.O.B., Age, Discharge Diagnosis Description, Hospital Name, Date of Discharge, Readmission Diagnosis Description, Readmission Hospital Name, Length of Stay, and Readmission Date of Discharge. 2. Identification of outliers, Variance/Variability based on Diagnosis Related Groups to Length of Stay. 3. Identification of Patterns of Prescribing and Trends Analysis. 4. Data Cost Analysis of services provided and comparative data for indicators measured with the goal of cost containment. 5. Cost per Day – Inpatient Hospital, Inpatient at RMC, Infirmary Care. 6. Cost per Surgical Case and/or Surgical Procedure. 7. Cost by Diagnostic Codes, Provider, Facility, Region, and Inmate. 8. Summary report of Unauthorized/Disapproved Claims with explanation.

3.6.8 Quality Management Service Area

3.6.8.1 Description

The Vendor shall be responsible for, and participate in, quality management and assurance activities at the institutional, regional, and statewide levels, per the Department's policies and procedures. These activities include the following:

- Quality Assurance (QA) Activities (operations/process/system) – continuous operational QM efforts routinely performed to ensure efficient operations/process/systems.
- Quality Management (QM) Activities (product/clinical outcome) – continuous clinical QM efforts performed routinely that require specific records/chart reviews or various clinical functions, such as CIC care review, medication/treatment administration, Specialty consultation needs, infirmary care, sick call triage/care, etc.
- Correctional Medical Authority (CMA) Health Services Survey Process: Required by Florida Statutes to conduct a survey at least once every three (3) years at each FDC Institution. Institutions should be survey ready at all times. The Department and Vendor will respond to findings per Office of Health Services (OHS) directives.

The Vendor's QM Program shall include the following components:

- Risk Management (RM) Program, HSB 15.09.08 – Seeks to protect the Department's human and financial assets and ensure the continuous improvement of Inmate care by identifying risk factors and reducing errors.

- Credentialing and Peer Review, HSB 15.09.05 – Ensure that all health care providers have proper credentials, licensure and certifications in accordance with policies and procedures.
- Continuing Health Care Provider Education, Procedure 208.019 – Continuing health care provider education is a licensure requirement. In-service training to improve quality of services and meet FDC training requirements.
- Mortality Review (MR) Program, HSB 15.09.09 – The purpose of this program is to retrospectively monitor and evaluate the quality and appropriateness of health care and the health care delivery process upon Inmate death. Every in-custody death, except executions, requires a mortality review.
- Infection Control Program “Infection Control Program Manual” – A system for surveillance prevention and control of infections and communicable diseases; provide reporting and necessary follow-up of communicable diseases which are reportable to the Florida Department of Health.
- Utilization Management Procedures, HSB 15.09.04 – Seeks to optimize the utilization of both department and contracted health care services.

3.6.8.2 How Service is Provided Today

Quality Management (QM) Program is performed today by the CHCC who participates in Quality Management, quality assurance activities, and risk management assessments at the institutional, regional, and central office levels, in accordance with the Department’s policies and procedures. This includes, but is not limited to:

- Continuous operational QM efforts routinely performed by regional and institutional staff to ensure efficient operations, including performing routine site visits to monitor and assure the health care system is working properly; reviewing and analyzing reports and logs to assess an Inmate’s appropriate access to health care within and outside the Institution; performing problem resolution when necessary; and identifying and assisting with training needs;
- Identifying quality standards and requirements and developing a quality monitoring tool approved by the FDC;
- Clinical QM efforts that require specific record reviews of various clinical functions, such as Chronic Illness Clinics, care review, medication/treatment administration, etc.;
- An occurrence reporting system to identify risks and minimize errors by documenting adverse Inmate occurrences; and
- A system of review is established for any suspected sentinel event.

The Department oversees the continuous quality assurance and risk management activities that ensure the most efficient and effective health care systems through evaluation and implementation of processes that will improve the quality of health care delivery.

3.6.8.3 Quality Management Minimum Requirements

Quality Management Requirements (QM)	
No.	Requirement
QM-001	The Vendor shall be responsible for the risk identification, analysis, evaluation, and selection of the most advantageous method(s) of correcting identified risks to protect Patients and staff from foreseeable harm, promote quality of health care, and promote a safe environment, in accordance with policy.

Quality Management Requirements (QM)	
No.	Requirement
QM-002	The Vendor shall provide QM oversight to ensure the program functions are carried out in accordance with the policy HSB 15.09.01, Quality Management Program and requirements outlined in the Contract. In addition to the program management staff referenced in PGM-001, the Vendor shall identify institutional staff in accordance with policy to handle routine functions of the QM program processes.
QM-003	The Vendor shall provide appropriate administrative oversight and support for the institutional QM program, ensuring all QM requirements are carried out in accordance with policy; developing and maintaining a system for triaging and resolving problems.
QM-004	The Vendor shall establish QM/QA committees at the institutional and regional levels to consist of positions as identified and in accordance with policy.
QM-005	The Vendor shall ensure participation in the FDC statewide quality management committees – Coordinate with the Department in developing studies, trending and analyses of regional health services provided, including the performance of Institution level quality of care; make recommendations for necessary changes or interventions to resolve identified problems with appropriate Corrective Action Plan (CAP) as a tool to ensure outcomes of these practice modifications.
QM-006	The Vendor shall ensure its Regional QA team – Meet at least quarterly to review reports from all Institution level quality assurance committees and shall consider the reports from all other committees as appropriate. Make recommendations for necessary changes or interventions and review the outcomes of these practice modifications. Report trends and analyses to the FDC statewide QM committee.
QM-007	The Vendor shall ensure its Regional QA team also consider the results of quality of care audits, whether carried out by outside agencies by the FDC staff.
QM-008	The Vendor shall participate in external reviews, inspections, and audits as requested and the preparation of responses to internal or external inquiries, letters, or critiques.
QM-009	The Vendor shall ensure that the Administrative Director(s) and Regional Dental Director(s) visit each facility at least once every six (6) months.
QM-010	The Vendor must verify credentials and current licensure of all licensed health care professionals per HSB 15.09.05, Credentialing and Peer Review Program. At a minimum, the Vendor shall: <ol style="list-style-type: none"> 1. Establish a Credentialing Committee to review and approve credentials in accordance with above policy. 2. Provide quarterly roster of credentialed staff to the Department. This roster should include at minimum full name, license number and expiration, class/position title, Institution/workplace location, and type of review (initial or renewal). 3. Maintain an employee credentials folder at the Institution the individual professional is providing service in accordance with policy for accrediting and monitoring purpose. 4. Develop and implement peer review processes that include plans to address or correct identified deficiencies. Ensure that all applicable professionals have their work performance reviewed in accordance with policy for accrediting and monitoring purpose.

Quality Management Requirements (QM)	
No.	Requirement
QM-011	<p>The Vendor shall implement and maintain a credentialing and peer review program for the following occupational groups, per HSB 15.09.05, Credentialing and Peer Review Program:</p> <ul style="list-style-type: none"> • Clinicians (all levels and specialties, including psychiatry) • Advanced Practice Registered Nurse (APRN) (all specialties including board certified Psychiatric – Mental Health Nurse Practitioner) • Clinician’s Assistant • Dentists (all levels and specialties) • Psychologist and Provisional Psychologist • Behavioral Specialist/Mental Health Specialist (exempt from peer review requirements)
QM-012	<p>The Vendor shall ensure all professional licensed staff must be compliant with training requirements to include Cardiopulmonary Resuscitation (CPR), Basic Life Support (BLS) Certification, or Advanced Cardiac Life Support (ACLS) for Health Care Providers. CPR training must be through one of the following programs:</p> <ol style="list-style-type: none"> 1. American Heart Association (AHA) CPR-Pro or Health Care Provider card; 2. American Safety Health Institute (ASHI) Health Care Provider or CPR-Pro card; or 3. American Red Cross CPR/AED card for Professional Rescuer and Health Care Provider.
QM-013	<p>The Vendor shall ensure APRN Protocol: Nurse Practice Act, Chapter 464, F.S., and Chapter 64B9-4, F.A.C.</p> <ol style="list-style-type: none"> 1. An executed original protocol must be filed upon employment and annually thereafter with the Board of Nursing, 4052 Bald Cypress Way Bin C02, Tallahassee, FL, 32399, if required, per HSB 15.09.05. 2. The supervising Clinician must file a notice with the Board of Medicine within 30 Days of entering the supervisory relationship and a second notice within 30 Days after terminating the supervisory relationship. <p>A new protocol must be completed every year, regardless of reassignment dates.</p>
QM-014	<p>The Vendor shall ensure it adheres to Florida law requiring PAs to notify the Board of Medicine, in writing, within 30 Days of employment, or after any subsequent change in the supervising Clinician. When a PA begins employment, ends employment, and when there are changes to the supervising Clinician (adding one or deleting one). PAs can be disciplined for failing to perform this legal obligation.</p> <ol style="list-style-type: none"> 1. Clinician's Assistant: DOH MQA Supervision Data Form DH-MQA 2004 available at www.FLBoardofMedicine.gov 2. Pertinent laws: Section 458.347, F.S. – Clinician Assistants 3. Pertinent rules: Rule 64B8-30.003, F.A.C. – Clinician Assistant Licensure; Rule 64B8-30.012, F.A.C. – Clinician Assistant Performance
QM-015	<p>The Vendor shall maintain copies of specific documents to include licensure, certifications, and continuing education of the Institution's health care personnel where the individual professional is providing service, per Department policy, for accrediting and monitoring purposes. The Vendor is responsible for ensuring conformity with these requirements.</p>
QM-016	<p>The Vendor shall ensure mental health evaluations be performed only by qualified mental health professionals who are qualified to perform mental</p>

Quality Management Requirements (QM)	
No.	Requirement
	health evaluations, per HSB 15.09.05, Credentialing and Privileging Procedures.
QM-017	The Vendor shall develop and implement a peer review process including a plan to address or correct identified deficiencies to ensure that all applicable health care professionals have their work performance reviewed for accrediting and monitoring purposes.
QM-018	The Vendor shall establish a Mortality Review Team for each Institution, as identified in HSB 15.09.09. The Institution's Mortality Review Team shall perform the mortality review using routine mortality review forms per Department policy.
QM-019	The Vendor shall ensure its Institutional Mortality Review Coordinator shall transmit the mortality review and health care record to the Department for review.
QM-020	The Vendor shall ensure in cases where recommendations are identified at either the institutional or outside Clinician reviewer level, the recommendations be forwarded to the Vendor's Medical Director for review, corrective action, and case closure, as directed in Department policy.
QM-021	The Vendor shall ensure all cases will be reviewed by the Department's Chief Clinical Advisor or Chief of Medical Services, who will determine when the mortality review may be closed.
QM-022	The Vendor shall ensure the Regional QA Committee/Team, meet at least quarterly to review the results of mortality reviews.
QM-023	The Vendor shall coordinate with the Department's QM Manager to understand the protocols for developing studies, identifying trends, and conducting analyses of regional and institutional levels of quality health care. The Vendor is expected to present the studies and trends identified from analyzing quarterly health services reports to the Department's QM Committee at the scheduled semi-annual meetings.
QM-024	The Vendor shall ensure that its Regional QM Team review Institutional Health Services Reports and meeting minutes at least quarterly and send a summary of the regional review to the Contract Manager, per HSB 15.09.01, Quality Management Program.
QM-025	The Vendor shall ensure the Vendor's HSA and appropriate institutional staff coordinate and participate in external reviews, inspections, and audits as requested and the preparation of responses to internal or external inquiries, letters, or critiques
QM-026	The Vendor shall ensure each Institution conducts monthly health care review meetings to review outcomes and improvements/acts. The Vendor shall develop meeting minutes and distribute the minutes per HSB 15.09.01, Quality Management Program.
QM-027	The Vendor shall ensure its Regional QM Team submit a semi-annual summary of the health services reports and CAPs for each Institution per HSB 15.09.01, Quality Management Program.
QM-028	The Vendor shall ensure each Institution is audit/survey ready, at all times, by adhering to the QM Program's activities utilizing the relevant the FDC Forms (DC4-512A Quality Management Instrument, DC4-512B Bi-Annual Report, and DC4-512C Corrective Action Plan).
QM-029	The Vendor shall ensure its Regional QM Team facilitate and conduct a QM review at each Institution, at least once every 18 months per HSB 15.09.01, Quality Management Program. The Vendor shall:

Quality Management Requirements (QM)	
No.	Requirement
	<ol style="list-style-type: none"> 1. Provide a preliminary report of findings to institutional management during exit briefing; 2. Provide a final report to the Contract Manager; 3. Address each indicator scoring below 80% with a CAP, including a monthly report until all corrective action has been completed; and 4. Perform a follow-up site visit following Department policy.
QM-030	<p>The Vendor shall its institutional staff develop a CAP for each indicator scoring below 80% and submit it to their Regional QM team for review. A CAP can only be closed if the Institution's performance in that indicator has improved to 80% or above for three (3) consecutive months and has been approved for closure by the Regional QM Team. However, should an external audit occur, conducted by the Department or CMA, and this indicator scores 80% or above, then the CAP may be closed at that time.</p>
QM-031	<p>The Vendor shall ensure that it adhere to Section 945.6031, F.S., requiring the CMA to conduct a survey at least once every three (3) years at each Institution. Per HSB 15.09.01, Quality Management Program, at a minimum, the Vendor shall:</p> <ol style="list-style-type: none"> 1. Ensure that Institutions are survey-ready at all times; 2. Complete the CMA pre-survey questionnaire and coordinate survey arrangements; 3. Develop a CAP on all CMA findings; and 4. Respond to findings per Office of Health Services (OHS) directives. <p>If CMA determines performance deficiencies are at a critical level and declares a "state of emergency," the Vendor will place a "crisis team" at that Institution within 72 hours to ensure that deficiencies are corrected and addressed. The Crisis Team will remain in place until CMA determines all defects have been corrected. The Department shall re-evaluate the Vendor's staffing patterns and systems to determine whether the Vendor has adequate staff to provide services, staff are adequately trained, and appropriate processes are in place. The Vendor will meet the Department's requests and directives in addressing deficiencies.</p>
QM-032	<p>The Vendor shall provide health services reporting on occurrences and trends following HSB 15.09.08, Risk Management Program, utilizing Forms DC4-690A, Occurrence Report and DC4-690B, Clinical Risk Management Occurrence Trending Report for Inmates Under the Direct Supervision of the Institutional Health Services.</p>
QM-033	<p>The Vendor shall discuss identified occurrences, sentinel events, and trending issues in the monthly institutional QM meeting.</p>
QM-034	<p>The Vendor shall notify the Contract Manager of sentinel events per HSB 15.09.08, Risk Management Program.</p>
QM-035	<p>The Vendor shall ensure the institutional mortality review process involves the Institution's CHO/SMD, HSA, Mortality Review Coordinator, DON, Psychologist (if suspected suicide), and a Mortality Review Team as outlined in HSB 15.09.09. Regional health services staff may attend Mortality Review Team meetings telephonically.</p>
QM-036	<p>The Vendor shall ensure its institutional mortality review coordinator shall send an E-Form/SYSM death notification to the Central Office Mortality Review Coordinator within 24 hours of an Inmate death (excluding weekends and holidays), following HSB 15.09.09.</p>

Quality Management Requirements (QM)	
No.	Requirement
QM-037	The Vendor shall ensure the mortality review team shall convene and thoroughly review the institutional health record, outside facility medical records, all relevant FDC records, and the ME report (if available) within 10 Business Days of an Inmate's death. The team will re-convene upon the completion of a psychological autopsy, if applicable.
QM-038	The Vendor shall ensure mortality review Forms (DC4-501, DC4-502, DC4-503D, DC4-504 and DC4-508) be completed thoroughly, signed and dated during the mortality review team meeting.
QM-039	The Vendor shall send all original Mortality review forms to the Department's Mortality Review Coordinator within five (5) Business Days of the mortality review meeting.
QM-040	The Vendor shall also send a copy of the past year of the Inmate's institutional health record and any outside medical facility records to the Central Office Mortality Review Coordinator within 10 Business Days of an Inmate's death.
QM-041	The Vendor shall ensure its institutional mortality review coordinator, or designee, will request the autopsy from the Medical Examiner (ME) in the ME district where the death occurred. Once received, the Vendor shall send the ME report to the Central Office Mortality Review Coordinator. The Vendor shall coordinate transportation of the body and the ME report.
QM-042	The Vendor shall ensure if the outcome of the mortality review, noted on Form DC4-508, reflects anything other than "Acceptable Care provided," a CAP is required and be implemented timely.
QM-043	The Vendor shall ensure all suspected and confirmed suicides shall be reviewed by the Vendor's Mental Health Director, who will ensure that a psychological autopsy is performed by the Vendor's regional mental health services staff.
QM-044	<p>The Vendor shall ensure all psychological autopsies will be completed within 33 Business Days of the assignment to the Vendor's Regional Mental Health Director. The Vendor shall ensure any training or corrective action will be completed within 10 Business Days of completion of the psychological autopsy. The Vendor shall ensure that a psychological autopsy report is completed and submitted to the Department's Chief of Mental Health Services in cases involving suspected suicide. These autopsies must be performed by a Regional Mental Health Director who is not assigned to the Region where the suicide occurred.</p> <p>The Vendor shall ensure within 15 Days of completion of the psychological autopsy, the mortality review team meets again (telephonically or in-person) to review the autopsy results.</p>
QM-045	The Vendor shall ensure any recommendations by the FDC Health Services Director shall be forwarded to the Vendor's Medical Director for review and/or corrective action to be completed in the appropriate time frame specified in the communication.
QM-046	The Vendor shall ensure all recommendations submitted to the Vendor staff by the CO Mortality Review Coordinator shall be completed in the appropriate time frame specified in the communication.
QM-047	The Vendor shall perform clinical quality studies at least every 18 months.

3.6.8.4 Quality Management Performance Measures

Performance Measures (PM)				
No.	Description	Expectation	Measurement Duration	Financial Consequence
PM-QM-01	RMCH and any other Department license the hospital holds, a valid AHCA Hospital Licensure	Ensure AHCA Hospital licensure is maintained	Per AHCA Occurrence	\$100,000 if licensure lost, plus payment of any fees associated with securing re-licensure.
PM-QM-02	Performance deficiencies are corrected	100%	Per Occurrence of a repeat deficiency	\$500 for each deficiency noted by the Department that is not corrected in accordance with the Vendor's Department-approved CAP prior to the next monitoring event.

3.6.8.5 Quality Management Reports

Reports	Due Date	Description
REP-QM-01 Regional Quarterly Reviews	20th Day of the month following the end of the quarter	Utilizing the Form DC4-512C or an approved form, the team will prepare a quarterly summary that reflects the findings and initiatives made for improvements. The Vendor shall submit this summary to the Central Office QM Coordinator by the 20th Day after the end of the quarter along with a copy of the meeting minutes.
REP-QM-02 Institutional Semi-Annual Clinical Review Reports	July 15th (for June's review) and January 15th (for December's review)	<p>The Vendor shall provide reports from each discipline will utilize Form DC4-512A or approved form to perform a bi-annual (June and December) a review of their area within health services. When reviewing clinical areas, each discipline will randomly select 10 to 15 records per clinic that are eligible to meet an indicator utilizing the OBIS or EMR run reports. If there are categories/clinics that are not held at a particular Institution, they would be marked as "not applicable."</p> <p>An Institution's QM Coordinator shall submit to the Regional QM Coordinator the semi-annual health services reports with all personal health identifiers removed from the report (DC4-512B or approved form) and any corrective action plans by the 15th of July and January.</p>

Reports	Due Date	Description
REP-QM-03 Semi-Annual Health Services Summary Report	August 5th and February 5th	The Vendor shall ensure the Regional Coordinator submit a semi-annual summary of the REP-QM-01 and REP-QM-02 reports with all personal health identifiers removed from the report to the Central Office QM Coordinator.
REP-QM-04 Quality Management Review Report	18 months from last QM review	Every 18 months, The Vendor shall conduct a review at each Institution by the Vendor's Regional or QM Review Team. They shall use the quality management instrument (Form DC4-512A or approved form). The reviews should be scheduled around CMA and ACA audits, which should prevent an Institution from going no longer than 24 months without an onsite review.
REP-QM-05 Schedule of QM Reviews	Annually on August 20th	The Vendor shall provide a schedule of QM reviews for the fiscal year (July 1- June 30).
REP-QM-06 Response to CMA Report	Within 20 Days of CMA's final report date.	The CMA conducted survey requires response to findings in accordance with OHS directives. All findings require a CAP (Form DC4-512C), which shall be submitted by the Vendor to the Chief of Health Services Administration within twenty (20) Days of the final report date.
REP-QM-07 Clinical Risk Management Occurrence Trending Report	10th Business Day of every month	Form DC4-690B is to be completed only when the Inmate occurrence/injury occurs while the Inmate is under the care or control of health services personnel. The Inmate must physically be in a health services area at the time of the occurrence for this report to be completed. This includes, but is not limited to, treatment room, infirmary, TCU, CSU, etc. All occurrences, at a minimum, will require a nursing evaluation (Level 1 Intervention). All suicide attempts, at a minimum, will require notification of a medical Clinician (Level 3 Intervention).
REP-QM-08 Sentinel Event Reporting	Within three (3) Business Days of occurrence	Reportable Sentinel Events-will require the completion of a Form DC4-690A, Occurrence Report. Only Sentinel Events that occur under the direct supervision of health services or health service personnel in accordance with HSB 15.09.08, Risk Management Program.

3.6.9 Electronic Medical Records (EMR)

3.6.9.1 Description

An Electronic Medical Record (EMR) is a digitized version of a Patient's health information that supports consistent treatment pathways and provides templates in which to record Patient demographics and pertinent health information including but not restricted to Patient history, active problems, medications, allergies, immunizations, laboratory test results, radiology images, medical procedures, vital signs and personal statistics such as height and weight. As a new part of the desired offering from Vendors, the Department is requiring maintenance of an EMR system, reducing the Department's dependence on paper and improving visibility into the Inmate's health record.

3.6.9.2 How Service is Provided Today

The Department utilizes the GE Fusion Electronic Medical Record system, currently hosted in the CHCC's data center.

All health care records are the property of the Department and shall remain with the Department upon termination of the Contract. Upon request, the Vendor shall provide the Office of Health Services any and all records relating to the care of the Inmates who are in the Vendor's possession. A record of all services provided off-grounds must be incorporated into each Inmate's health care record.

All nonproprietary records kept by the Vendor pertaining to the Contract or to services provided under the Contract, including, but not limited to, those records specifically mentioned in the ITN or the Contract, shall be made available to the Department by the Vendor upon request and at no cost. This requirement shall continue upon the expiration or termination of the Contract until the applicable retention record schedule is met and records are properly destroyed beginning upon the date of award of the Contract to begin services.

3.6.9.3 Electronic Medical Records Minimum Requirements

Electronic Medical Records Requirements (EMR)	
No.	Requirement
EMR-001	The Vendor shall secure all modes of EMR data exchange in accordance with State and federal law.
EMR-002	The Vendor shall enforce the Department's Patient privacy rules as they apply to various parts of an EMR through the implementation of security mechanisms.
EMR-003	The Vendor shall retain, ensure availability, and destroy health record information according to the Department's standards. This includes retaining all EMR data and clinical documents for the time period designated by the Department's requirements; retaining inbound documents as originally received (unaltered); ensuring availability of information for the legally prescribed period and providing the ability to permanently delete EMR data/records in a systematic way according to FDC policy and after the legally prescribed retention period has expired. The Vendor shall maintain all appropriate licenses to effectuate use of the EMR by both the Vendor and Department.
EMR-004	The Vendor shall proactively monitoring all batch processes, interface connectivity, and file transfer statuses. Issues that arise must be communicated to the FDC according to a Support and Communication Plan.
EMR-005	The Vendor shall identify relationships among providers treating a single Patient and provide the ability to manage Patient lists assigned to a particular provider.
EMR-006	The Vendor shall ensure that data is protected per industry standards and ensure that data is easily recoverable in the event of a technical issue. The Vendor is responsible for the security, storage, and backup solutions for the EMR system. To ensure service continuity and enhance network performance, the Department will pay for these services, and the Vendor shall reimburse the Department for the cost.
EMR-007	The Vendor shall ensure the EMR is from its Department-approved desktop workstations, laptops, and tablet devices (including Android and iOS operating systems).
EMR-008	The Vendor shall ensure user training is provided as part of new employee orientation and annually thereafter, using a train-the-trainer approach for each health

Electronic Medical Records Requirements (EMR)	
No.	Requirement
	<p>services discipline and Vendor. Manuals and user guides will be made available to all system users.</p> <p>To support this requirement, the Vendor will develop a training plan and provide training that ensures that all facilities staff including medical, dental, mental health, substance abuse, and administrative staff are adequately trained to utilize the system for input of data and production of reports. The proposed training plan should also address training for new staff after implementation of the Contract, including other vendors and Department staff. The Vendor shall provide additional Department-required training the Department determines as necessary.</p>
EMR-009	The Vendor shall provide ongoing system maintenance throughout the term of the Contract, including any necessary patching, hardware/software updates (and certification, if needed), customer service assistance, and support. This includes the EMR system and any equipment or hardware used to access the system, such as desktops, laptops, and tablets.
EMR-010	The Vendor shall provide and maintain a Support and Communication Plan. This plan must include, but not be limited to, a system overview, support procedures for system issues & maintenance, communication matrix & escalation procedures, support roles matrix, equipment repair and warranties (if any), data administration, interface administration, configuration and change management, business continuity, disaster recovery procedures, and any appendix documentation. The Vendor and the FDC will agree to the Support and Communication Plan within 15 Days of the Contract's effective date.
EMR-011	The Vendor must classify and respond to support calls by the underlying problem's impact on the Department's ability to do business (e.g. critical, urgent or routine). The Vendor shall implement all software updates and services packs and new releases and new versions, as requested by the Department, at no additional charge.
EMR-012	The Vendor shall ensure support is available for the EMR system from at least 7:00 a.m. to 6:00 p.m. Eastern Time each Day and must ensure that there is adequate staffing for the volume of calls. The Vendor shall also maintain a software support contract with GE Fusion for, at least, the same hours indicated above.
EMR-013	The Vendor shall have a team available to accept, review, and implement change requests by the Department. This team must have a process in place for the evaluation and implementation of necessary system improvements within the EMR system. These evaluations must be completed in coordination with the appropriate FDC discipline chief and analytics team member(s).
EMR-014	The Vendor shall establish and maintain a Service Level Agreement with the EMR provider to include: key performance indicators and metrics, service levels, rank and severity levels, priority and response time expectations, exceptions, limitations, rules and responsibilities, services availability, and escalations.

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3.6.9.4 Electronic Medical Record Performance Measures

Performance Measures (PM)				
No.	Description	Expectation	Measurement Duration	Financial Consequence
PM-EMR-001	The EMR System will be up and available for use 99.99% of the time (excluding approved maintenance windows) based upon Department-approved measuring methodology.	99.99% availability	Quarterly	\$3,000 per percentage point, or fraction thereof
PM-EMR-002	The EMR is available when needed and required to deliver critical health care services to Inmates.	100%	Per occurrence	\$5,000 per occurrence, per Inmate impacted

3.6.9.5 Electronic Medical Record Reports

Reports	Due Date	Description
REP-EMR-01 Support and Communication Plan	Within 15 Days of the Contract's effective date	This Plan should include, but not be limited to, System Overview, Support Procedures for System Issues & Maintenance, Communication Matrix & Escalation Procedures, Support Roles Matrix, Equipment Repair and Warranties (if any), Data Administration, Interface Administration, Configuration and Change Management, Business Continuity, Disaster Recovery Procedures, and any appendix documentation.

3.6.10 Information Technology Services

3.6.10.1 Description

The Vendor shall comply with the Department's Procedure 206.004, Internet Services, which covers guidelines for internet usage, and Procedure 206.007, User Security for Information Systems, which covers User ID requirements. The Department may immediately cancel access to this application if it is misused by the Vendor's staff or its agents.

3.6.10.2 Information Technology Software Requirements

Information Technology Software (ITS)	
No.	Requirement
ITS-001	The Vendor shall procure and provide any additional technology supplies, equipment, and network connection(s) required to provide services under the Contract, including any additional inter-facility network connections required for service provision. The Vendor's technology supplies, equipment, and network connection(s) include but are not limited to computers, software, printers, switches, and mobile devices. The Vendor shall ensure all technology supplies, equipment, and network connections, meet minimum specifications provided by the Department's Office of Information Technology (OIT).
ITS-002	The Vendor shall ensure all networking equipment procured is approved by the Department prior to its introduction to any Service Location and matches the manufacturer and model of any similar networking equipment currently deployed by the Department. The Department will provide the Vendor networking equipment specifications upon request.
ITS-003	The Vendor shall maintain equipment and software according to manufacturer-recommended support levels, including but not limited to the operating system, security patches, and special software.
ITS-004	The Vendor shall not implement or change its network connection(s) without the prior written approval from the Department's OIT, as provided by the Contract Manager. The Vendor shall provide written notification to the Contract Manager 24 hours prior to any modification to a system, including any hardware, software, or cabling changes.
ITS-005	The Vendor shall implement any wireless network following industry best practices and employing, at minimum, Active Wireless Intrusion Prevention (WIP) capabilities and WPA- 2/3-Enterprise encryption with 802.1x EAP-TLS certificate-based authentication.
ITS-006	The Department shall assume ownership of and retain any Vendor-provided technology supplies, equipment, and network connections at the end of the Contract. The Vendor shall transfer all related licensing to the Department at the end of the Contract. At the end of the Contract term, the Vendor shall maintain and transfer all hardware, software, firmware, and middleware configurations in a manner that ensures continuity of service and operations.
ITS-007	Any access to the Department's network from an outside non-law enforcement entity must be done via a Virtual Private Network (VPN). The Department will require a copy of the Vendor's security policies and a network diagram. After review by the Department's network and information security staff, the Chief Information Officer (CIO) will decide whether to grant access or not. Access will be provided via a site-to-site VPN.
ITS-008	The Vendor shall not connect any Vendor-owned or managed equipment to the Department's internal network, logically or physically, in any way without the express written consent of the Department's Chief Information Officer and Information Security Manager.
ITS-009	<p><u>Networking Services</u></p> <p>The FDC can provide the following network services:</p> <ol style="list-style-type: none"> a. Fiber optic cabling within the facility will be provided based on availability, a vendor-initiated site survey is recommended. b. Wi-Fi – Aruba wireless access point and Intrusion prevention devices can be made available for vendor use and management, Approximately 245 APs. c. Switching – Existing Aruba switching (2930F PoE+) will be available for the vendor's use and management, Approximately 300 switches. d. VOIP

	<p>All Vendor-supplied networking equipment shall be:</p> <ol style="list-style-type: none"> Procured on the behalf or (in the name of) the Department to ensure manufacturer ownership and maintenance agreements will remain intact outside of the Contract term; Any new network infrastructure needs, including LAN wiring, building to building fiber, switching, or Wi-Fi equipment will be the responsibility of the vendor to procure and manage; Any campus fiber installation initiatives shall be scaled to offer benefit to the Department. Example: 12 strands minimum of fiber optic cable to be installed between buildings; and Any equipment installations emitting Radio Frequencies RF such as indoor/outdoor Wi-Fi, Cellular, Radar, Sonar, and HAM will adhere to a pre-approved RF plan or channel map agreement. <p>WAN – Vendor shall procure data circuits that permit the transferability/ownership to another vendor or entity; multi-circuit MPLS bundles will not be permitted.</p>
ITS-010	The Vendor shall ensure authorized VPN connections must adhere to the FBI CJIS Security Policy and HIPAA protections standards where applicable and must otherwise support industry best practice. The Vendor requesting or using these connections is financially responsible for all required or related equipment and must adhere to all VPN service provider policies and procedures and Department procedures. The VPN service provider will coordinate with the outside entity in determining whether to use outside entity equipment to terminate that end of the VPN connection or provide the necessary equipment.
ITS-011	The Vendor shall ensure when VPN access is requested, the requestor must also present an accurate and complete description of the requestor's information network, including all permanent and temporary remote connections made from and to the requestor's network (required for CJIS compliance), for Department review. Any access or connection to the Department's network not approved by the FDC OIT, Chief Information Officer, or designee is strictly prohibited.
ITS-012	Vendor workstations accessing the Department's information network via a VPN must operate a fully vendor-supported Windows-only operating system approved by the Department and protected by all security measures/mitigations required by the CJIS Security Policy in effect.
ITS-013	Vendor workstations accessing the Department's information network via a VPN must operate with password-protected screen savers enabled and configured for no more than 15 minutes of inactivity.
ITS-014	The Vendor's staff with VPN privileges must ensure the confidentiality of their credentials and that unauthorized persons are not allowed access to the Department's network by way of these same privileges. At no time shall any authorized user provide their user ID or password to anyone, including supervisors and family members. All users are responsible for their workstations' communications and activities through the VPN connection to the Department.
ITS-015	The Vendor shall not attempt to fraudulently access, test, measure, or operate unapproved software on the Department's network, which is strictly prohibited. The use of any software capable of capturing information network packets for display or any other use is prohibited without the Department's Office of Information Technology's expressed consent.
ITS-016	The Vendor shall ensure its staff maintain knowledge of and compliance with relevant and applicable Department procedures.

ITS-017	Notice of planned events in the Vendor's computing environment that may impact its secured connection, in any way or at any severity level, to the Department must be submitted to the Department at least one (1) week in advance of the event.
ITS-018	The Vendor shall ensure the Department receives notice in electronic and written form when an unexpected event of interest occurs in any way or at any level of severity within or around the Vendor's computing environment that may impact the Department's information security. Events including but not limited to malware (virus, Trojan, etc.) discovery, network or system breaches, privileged account compromise, employee or workforce member misconduct, etc., are examples of events of interest to the Department.
ITS-019	The Vendor shall be responsible for any required equipment includes but is not limited to the currency of configuration, maintenance, support, upgrade, replacement, and other requirements specified in the Contract.
ITS-020	The Vendor shall ensure all network traffic will be filtered to exclude inappropriate content (e.g., pornographic content), personally identifiable information, and any content the Department deems confidential. The Vendor shall maintain compliance with all federal and State of laws.
ITS-021	Vendor workstations shall not access any resource or download any software from the Department's information network without the Department's prior approval.
ITS-022	The Vendor will not grant local administrative privileges to its workforce members or subcontractors.
ITS-023	The Vendor shall conform to applicable information security processes defined and referenced in Department procedures, including, but not limited to, Procedure 206.010, Information Technology Security relating to HIPAA.
ITS-024	Before connection and while connected to a VPN with the Department, the Vendor's computing environment (computing devices including workstations, servers, and networking devices) must be operating the latest available software versions and applicable patches, and have the following implemented with supporting policies or procedures available for review by the Department: <ul style="list-style-type: none"> • Active and effective network device, server and workstation operating system and layered software patch or update processes. • Department-approved up-to-date server and workstation anti-virus/malware software (all components) installed with active and effective patches or update processes in place.
ITS-025	The Vendor shall not introduce any workload on the Department's network, including video conference, telemedicine, Software-as-a-Service (SaaS) systems, video streaming, and training curriculum without the Department's prior written approval. Vendor staff with network access privileges to the Department's network shall not use non-Department email accounts (i.e., Hotmail, Yahoo, AOL), or other external information resources to conduct Department business, except under the conditions as specifically approved by the Department ensuring a reduced risk to Department data and that Department business is never confused with personal business.
ITS-026	When the Vendor uses VPN connections provided by Department-approved VPN providers, the Department shall not be responsible for the installation of VPN software, or the use of any remote access systems, causes system lockups and crashes or complete or partial data loss on any outside entity computing or network equipment.
ITS-027	The Vendor shall protect (backing up) all data present on its computing and network equipment and compliance with all regulatory legislation. Vendor employees must adhere to all Department policies regarding data retention and destruction protocols. No data destruction shall occur unless written authorization by the Department is granted.

	Further, if local file storage is necessary at any Institution, the Vendor will use a network share for file storage provisioned to the Vendor.
ITS-028	Unless otherwise provided in this ITN and the Contract, the Vendor shall not install, create, or use its own network, including Local Area Network (LAN), Wide Area Network (WAN), Wireless Local Area Network (WLAN), or cellular networks for any reason, unless approved in writing by the Department.
ITS-029	All computer workstations and network-connected devices for use at any local Correctional Institution shall be provided by and maintained by the Vendor. This includes, but is not all-inclusive, hardware such as personal computers and laptops (including software licenses), tablet PCs, thin clients, printers, fax machines, scanners, and video conferencing (if approved). The Vendor may not install managed or unmanaged switches onto the Department's network without prior written approval from the Department.
ITS-030	The Vendor's staff shall not use mobile devices, whether work-issued or personal, behind a Correctional Institution's secure perimeter or to access Department systems without the Department's written approval. The request must include a business justification submitted in writing along with a clear demonstration that the mobile devices fall within the Criminal Justice Information Systems (CJIS) Security Policy and shall be centrally managed by a mobile device management (MDM) solution.
ITS-031	The Department reserves the right to implement email security for all types of devices, and the Vendor will comply with using these security requirements as dictated in the future.
ITS-032	<p>The Vendor shall collaborate and consult with the Department's OIT to achieve the electronic data exchanges required between the Vendor managed EMR system and the Department's other applications. The Vendor shall develop its delivery mechanism for data and electronic reports in consultation with the Department's OIT. All electronic data exchanges established will be documented with a data exchange agreement between the Department and Vendor, which includes responsibilities and requirements for operational support.</p> <p>All data exchanges between the Vendor and the Department shall:</p> <ol style="list-style-type: none"> Be protected by a LAN-2-LAN VPN compatible with the Department's existing solution; or Be presented to the Department via the open internet with the capability to permit access only from the Department's IPv4 address space.
ITS-033	<p><u>Vendor Data Availability</u></p> <p>The Vendor and their staff shall maintain the confidentiality, integrity, and availability in the handling and transmission of any Department information.</p> <ol style="list-style-type: none"> No disclosure or destruction of any Department data can occur without prior express consent from the Department's OIT or the Contract Manager. The Vendor shall timely return all Department information in a format acceptable to the Department when the contractual relationship effectively terminates, not to exceed 10 Business Days. The Vendor shall provide certification of its destruction of all of the Department's data in its possession in accordance with National Institute of Standards and Technology (NIST) Special Publication 800-88 when the need for the Vendor's custody of the data no longer exists. The Vendor must maintain support for its services following an emergency that affects the facilities and systems it maintains or those maintained by the Department. Following an emergency that affects the Vendor's facilities or production systems, the Vendor must provide access and use of a backup system with the same functionality and data as its operational system within 24 hours. The Vendor must also guarantee the availability of data in its custody to the Department within 24 hours following an emergency that may occur within the Vendor's facilities or systems. Following an

	<p>emergency that affects the Department's facilities or systems, the Vendor must continue to provide access and use of its production systems once the Department has recovered or re-located its service delivery operations.</p> <p>5. The introduction of wireless devices at facilities is subject to prior review and approval by the Contract Manager, OIT, and the Office of Institutions. The Vendor is responsible for notifying the Department before introducing wireless devices into facilities.</p>
<p>ITS-034</p>	<p><u>Information Security Requirements</u></p> <ol style="list-style-type: none"> 1. The Vendor shall ensure all its staff or subcontractors providing services under the Contract are trained in basic information security practices. If the Vendor has access to CJI, it shall ensure all its staff or subcontractors with potential access to CJI attend CJIS Security Awareness training in compliance with the FBI's CJIS Security Policy. 2. The Vendor shall secure all technology supplies, equipment, and network connections in a manner where access by Inmates is prohibited or closely managed. 3. The Vendor shall notify the Department of any cyber security incident immediately, shall provide the Department with regular status updates at intervals to be agreed upon by the Vendor and Department, and shall provide a detailed after-action report upon resolution of the incident, which shall include a root cause analysis. 4. The Vendor shall deploy a Department-approved network access control system (NAC). 5. The Vendor shall ensure any egress/ingress network connection to the facility is protected by a Department-approved security appliance and configured to restrict access to non-mission necessary destinations. 6. The Vendor shall maintain logs and monitor network communications in accordance with National Institute of Standards and Technology (NIST) cyber security standards. The Vendor shall provide the Department with documentation of such logs and communication monitoring upon request. 7. The Vendor shall actively monitor its access logs and notify the Contract Manager of any unauthorized access or attempts within 24-hours of occurrence. 8. If the Vendor's logs are requested by the Department, the Vendor shall ensure its logging is delivered to the Department in a digestible format as approved by the Department and includes Authentication, Authorization, Accounting (AAA), syslog, and other logs that may be deemed pertinent by the Department. 9. The Vendor shall ensure an appropriate backup method for hardware, software, custom middleware, and any other component required for the successful operation of the system. 10. The Vendor shall actively patch security vulnerabilities identified by all hardware and software vendors utilized, no less than 72 hours from its publication. 11. The Vendor shall update any other patching recommended by the Department or manufacturers. 12. The Vendor shall implement an approved anti-virus solution on all applicable endpoints. 13. In concert with the Department, the Vendor shall carefully assess the inventory of components that compose their information systems to determine which security controls are applicable to the various components. 14. Auditing controls are typically applied to the components of an information system that provide auditing capability, including servers, mainframe, firewalls, routers, switches.

ITS-035	<p><u>Events</u> Events to be logged and audited include those required in the CJIS Security Policy, including but not limited to:</p> <ol style="list-style-type: none"> 1. Successful and unsuccessful system log-on attempts. 2. Successful and unsuccessful attempts to access, create, write, delete or change permission on a user account, file, directory or other system resource. 3. Successful and unsuccessful attempts to change account passwords. 4. Successful and unsuccessful actions by privileged accounts. 5. Successful and unsuccessful attempts for users to access, modify, or destroy the audit log file.
ITS-036	<p><u>Content</u> The following content shall be included with every audited event:</p> <ol style="list-style-type: none"> 1. Date and time of the event. 2. The component of the information system (e.g., software component, hardware component) where the event occurred. 3. Type and description of event 4. User/subject identity. 5. Outcome (success or failure) of the event.
ITS-037	<p><u>Response to Audit Processing Failures</u> The Vendor shall provide alerts to the Department's CIO or designee in the event of an audit processing failure. Audit processing failures include, for example: software/hardware errors, failures in the audit capturing mechanisms, and audit storage capacity being reached or exceeded.</p>
ITS-038	<p><u>Time Stamps</u> The Vendor shall provide timestamps for use in audit record generation. The time stamps shall include the date and time values generated by the internal system clocks in the audit records. The agency shall synchronize internal information system clocks on an annual basis.</p>
ITS-039	<p><u>Protection of Audit Information</u> The Vendor shall protect audit information and audit tools from modification, deletion, and unauthorized access.</p>
ITS-040	<p><u>Audit Record Retention</u> The Vendor shall retain security audit records for at least two (2) years unless a longer period is requested in writing by the Department.</p>
ITS-041	<p><u>Compliance Requirements</u></p> <ol style="list-style-type: none"> 1. The Vendor shall meet or exceed all applicable federal and State laws and information security policies, including but not limited to the Federal Bureau of Investigation's (FBI's) Criminal Justice Information Services (CJIS) Security Policy and information security requirements in HIPAA and Chapter 60GG-2, F.A.C, Florida Information Technology Resource Security Policies and Standards, and all applicable Department information security policies. 2. To be compliant with the HIPAA and the HITECH Act, any service, software, or process to be acquired by or used on behalf of the Department that handles or transmits electronic protected health information (ePHI) must do so in full HIPAA compliance and with encryption provided as a part of the service, software, or process. Also, the transmission and encryption scheme supplied by the Vendor must be approved by the Department before acquisition. Confidential or personal health information includes but is not limited to, all social security numbers, all health information protected by HIPAA, and addresses of law enforcement officers, judges, and other protected classes. Pursuant to Section 119.071(5)(a)5.g, F.S., social

security numbers are confidential information and therefore exempt from public record or disclosure.

3. Any service, software, or process used in service to the Department that includes a User ID and password component must ensure said component includes capabilities for password expiration and confidentiality, logging of all User ID activities, lockout on failed password entry, provisions for different levels of access by its User IDs, and intended disablement of User IDs and can be evidenced as such by the Vendor's own security policies and Active Directory (AD) group policy settings.
4. Any and all introductions or subsequent changes to information technology or related services provided by the Vendor in the Department's corrections environment must be communicated to and approved by the Department and Office of Information Technology prior to their introduction. As examples, the implementation of wireless (Bluetooth, cellular, etc.) technology or use of USB-based portable technology.
5. Subsequently, a separate Management Control Agreement (MCA) must be executed between the Vendor and Department.
6. The Vendor shall recognize the Department's entitlement to all Department-provided information or any information related to the Department that is generated as a result of or in participation with this service.
7. The Vendor shall provide the timely and complete delivery of all Department information in an appropriate and acceptable format before the contractual relationship effectively terminates.
8. The Department's data and contracted services must be protected from environmental threats (Vendor's installation should have data center controls that include the timely, accurate, complete, and secure backup (use of offsite storage) of all Department information, and other controls that manage risks from fire, water/humidity, temperature, contamination (unwanted foreign material, etc.), wind, unauthorized entry or access, theft, etc.).
9. The Vendor shall guarantee the availability of Department data and its service during a disaster regardless of which party is affected by the disaster.
10. Correctional Institutions' site plans and plan components (electrical, plumbing, etc.) are exempt from public record and must be kept confidential.
11. If applicable, the Vendor shall supply all equipment necessary to provide services outlined in this solicitation. Any Vendor equipment that requires a connection to the Department's information network must be reviewed and approved by the Contract Manager and the Department's CIO.
12. If applicable, the Vendor shall host the Department's information and services provided in a data center protected by appropriate industry best practice security measures/mitigations, including but not limited to the following:
 - a. Controlled access procedures for physical access to the data center;
 - b. Controlled access procedures for electronic connections to the Vendor's network;
 - c. A process designed to control and monitor outside agencies and other Vendors' access to the Vendor's information network;
 - d. A firewalling device;
 - e. Server-based antivirus/malware software;
 - f. Client-based antivirus/malware software;
 - g. Use of unique User IDs with expiring passwords;
 - h. A process that involves a collection of User ID activities and regular review of these activities for unauthorized access or privileges;
 - i. A process that ensures up-to-date software patches and up-to-date malware signature files are applied to all information resources; and
 - j. Compliance with the most recently published version of the CJI Security Policy.

	<p>13. The Vendor shall maintain an Information Security Awareness program. This program will be designed to keep users knowledgeable on information security best practices and current threats to the Vendor's resources.</p> <p>14. The Vendor shall adhere to all the Department's OIT policies detailed in the Department's Procedures 206.001- 206.010, giving specific attention to the following:</p> <ol style="list-style-type: none"> Procedure 206.002, Mobile Computing Equipment and Wireless Communication; Procedure 206.004, Internet Services; Procedure 206.006, Information Technology Resources; Procedure 206.007, User Security for Information Systems; Procedure 206.008, E-mail; and Procedure 206.010, Information Technology Security relating to HIPAA.
ITS-042	<p><u>Telehealth Technology</u></p> <p>If the Vendor chooses to provide a telehealth solution, the Vendor shall manage all costs associated with the implementation, maintenance, licensing, and support of telehealth. The Department must approve all sites and services to be provided via telehealth.</p>
ITS-043	<p>The Vendor shall implement and maintain any necessary telemedicine communication systems, equipment and consultations provided by telemedicine. The Vendor will also be responsible for all telemedicine service line/data management for communications related to the provision of health care to Inmates or for any network workload that requires the Department to increase its network bandwidth. The proposed solution must be approved by the Department's Office of Information Technology (OIT); must be readily available to and compatible with the equipment and software in use by Department staff.</p>
ITS-044	<p>All Vendor employees shall review the Department's FBI CJI Security Addendum and sign a related certification. Completed forms shall be made available to the Contract Manager, who will provide a copy to the Department's Chief Information Officer and Information Security Manager. The Department's Information Security Manager will provide the access information for the CJIS Security Awareness Training within 10 Days of Contract execution. The Vendor shall ensure all its employees complete CJIS Security Awareness Training within six (6) months of hire and renewed every two (2) years. The Vendor shall make a certificate of completion available to the Contract Manager for each employee. The Contract Manager shall make the copies available to the Department's Chief Information Officer and Information Security Manager upon request.</p>
ITS-045	<p>The Vendor shall permit the Department's OIT staff to audit its network and any related datacenter housing the EMR solution. Additionally, the Vendor shall permit online and on-site visits by Department's authorized employees, officers, inspectors, and agents during an administrative or criminal investigation. The process can begin with either declaration of a Computer Security Incident Report Team (CSIRT) from the Department's CIO or Information Security Officer or directly from the Department's Inspector General.</p>

3.6.11 Other Requirements

3.6.11.1 Staffing Qualifications

Clinician:

- Must be licensed as a clinician, pursuant to Chapter 458, F.S., or Chapter 459, F.S.; must hold a clear, active, unrestricted license to provide clinical care in the State of Florida.
- Possess and maintain current certification from the American Heart Association in Basic Life Support or higher.
- Must pass a security background check.
- Demonstrate fluency in English with good verbal communication and documentation skills.

- Ability to establish and maintain effective working relationship with others.
- Ability to document all findings legibly, to make accurate diagnosis in medical professional terminology and to make sound and logical decision in treatment plan.
- Ability to interpret laboratory test results, EKG. Ability to read and interpret x-ray and other radio-imaging digital pictures.
- Ability to perform complete physical appraisal of Patient, making diagnosis and manage the Patient accordingly;
- Ability to establish a strong doctor-Patient report to promote mutual trust, which will result in better Patient compliance with treatment plan.
- Willingness to collaborate with other health care members, colleagues, nursing staff and correctional staff to meet the needs of the Patients.
- Be familiar with Department's rules, policies and procedures, HSBs and Florida Statutes related to public health and medical practice.

Advanced Registered Nurse Practitioner (ARNP):

- Certification as an ARNP, pursuant to Chapter 464, F.S.
- Possess and maintain current certification from the AHA in Basic Life Support.
- Must pass security background checks.
- Ability to communicate effectively and to document legibly in Patients' medical record.
- Ability to establish and maintain effective working relationship with others.
- Ability to perform complete physical appraisals of Patients, and to recognize and manage any abnormal findings as prescribed under medical protocol.
- Ability to order diagnostic tests and evaluate the results.
- Ability to perform uncomplicated surgical procedures.
- Ability to prescribe and administer medications within protocol established mutually with the supervising Clinician and in conformance with the specialized certification.
- Meet all substance prescribing regulations allowed in Chapter 499, F.S.

Clinician Assistant (PA):

- Certification as a Physician's Assistant, pursuant to Chapter 458, F.S. and in accordance with Rules 64B-8.30.003 and 64B8-30.012, F.A.C.
- Possess and maintain current certification from the AHA in Basic Life Support.
- Must pass security background checks.
- Ability to communicate effectively and to document all findings legibly.
- Ability to establish and maintain effective working relationship with others.
- Ability to perform physical exams, counsel Patients, recognize, and manage any abnormal findings or illness, recommend medical treatment following established protocol, and refer to other Clinicians as appropriate.
- Ability to order diagnostic tests and evaluate the results.
- Ability to perform uncomplicated surgical procedures.
- Ability to prescribe and administer medications within protocol established mutually with the supervising Clinician.

Chief Nursing Officer; Vice President Nursing; Statewide Contract Nursing Director:

- A bachelor's degree of science in nursing or health services administration or a related field. (Additional qualifying experience performing a full range of duties as a nursing supervisor in a health care organization/facility with 20 or more full-time subordinate nurses may be substituted for the required education on a year for year basis.); and

- Five (5) years of professional clinical nursing experience in a medical setting, two of the years in a correctional health care setting, and at least three (3) years of which must have been in an administrative or supervisory capacity in a health care organization/facility with 20 or more full-time subordinate Licensed Nurses.

Regional Nursing Director:

- A bachelor's degree of science in nursing or health services administration or a related field. (Additional qualifying experience performing a full range of duties as a nursing supervisor in a health care organization/facility with 20 or more full-time subordinate nurses may be substituted for the required education on a year for year basis.); and
- Four (4) years of professional clinical nursing experience in a medical setting, one (1) year correctional health care setting, and two (2) years of which must have been in an administrative or supervisory capacity in a health care organization/facility with 20 or more full-time subordinate Licensed Nurses.

Institutional Director of Nursing:

- Bachelor's degree from an accredited college or university with a major in nursing can substitute for one (1) year of the required experience. A master's degree from an accredited college or university in nursing can substitute for two (2) years of the required experience; and
- Three (3) years of professional nursing experience with one year administrative or supervisory capacity in a health care organization/facility with five (5) or more full-time subordinate Licensed Nurses may be substituted for the required education on a year for year basis.

Registered Nurse Supervisor:

- An associate's degree in nursing and two (2) years of professional nursing experience;
- A bachelor's degree from an accredited college or university with a major in nursing can substitute for one (1) year of the required experience; or
- A master's degree from an accredited college or university with a major in nursing can substitute for the required experience.

Registered Nurse Specialist (Oncology, Dialysis, etc.):

- A bachelor's degree from an accredited college or university with a major in nursing or a related field can substitute for one (1) year of the required general professional nursing experience. A master's degree from an accredited college or university in nursing, nursing education, public health, or a related field can substitute for two (2) years of the required general professional nursing experience; and
- Three (3) years of professional nursing experience with one (1) year of experience in specialty field.

Registered Nurse:

- All Registered Nurse positions shall have and maintain a valid Florida Registered Professional Nurse License in accordance with Chapter 464, F.S. or be eligible to practice nursing in accordance with Rule 64B9-3.003, F.A.C.;
- Must possess a minimum of an associate's degree in nursing; and
- One (1) year of professional nursing experience or a bachelor's degree from an accredited college or university with a major in nursing.

Licensed Practical Nurse (LPN):

- Vocational Nurse Certificate and IV Certification;
- One (1) year of experience in providing practical nursing services including phlebotomy experience; and
- Licensed Practical Nurse shall have and maintain valid Florida License as a practical nurse in accordance with Chapter 464, F.S. or be eligible to practice nursing in accordance with Rule 64B9-3.003, F.A.C.

Certified Nursing Assistant (CNA):

- Certified Nursing Assistant Training and High School Diploma or equivalent.
- One (1) year of experience providing direct medical Patient care services in public health, medical, hospital, clinic, infirmary, nursing or convalescent home or correctional or forensic facility or Institution.
- Certified Nursing Assistant shall have and maintain a valid Florida Certification as a Certified Nursing Assistant.
- Use of unlicensed assistive nursing personnel use is restricted to Certified Nursing Assistants ONLY.

All Nursing Positions:

- All nursing positions (RN, LPN, and CNA) shall have and maintain Basic Care Life Support Certification for Health Professionals.

Mental Health Director:

- Clear, active, Florida Psychology License, in accordance with Chapter 490, F.S.
- At least five (5) years of professional experience as a Psychologist in a state or federal prison system.

Psychiatric Consultant:

- Clear, active, unrestricted Florida License, in accordance with Chapter 458 or 459, F.S. with completion of a psychiatry residency.
- At least five (5) years of professional experience as a Psychiatrist in a state or federal prison system.

Regional Mental Health Director:

- Clear, active, Florida Psychology License, in accordance with Chapter 490, F.S.
- At least three (3) years of professional experience as a Psychologist in a state or federal prison system.

Psychological Services Director:

- Clear, active, Florida Psychology License in accordance with Chapter 490, F.S.
- At least two (2) years of professional experience as a Psychologist in a state or federal prison system.

Psychologist:

- Clear, active, Florida Psychology License or Provisional Psychology License in accordance with Chapter 490, F.S.
- Compliance with supervisory agreements and supervision for individuals with a Provisional Psychology License is required in accordance with Chapter 490, F.S.

- Psychologists working at Youthful Offender facilities, must be Board Certified in Clinical Child & Adolescent Psychology, or have completed a doctoral internship or post-doctoral residency in Child and Adolescent Psychology or have a minimum of one (1) year of experience working with children and adolescents at a CMHC, a Residential Unit, or a Hospital.

Behavioral Health Specialist:

- Clear, active, Florida License, a Provisional License or a Registered Intern in accordance with Chapter 491, F.S.
- Compliance with supervisory agreements and supervision for individuals with a Provisional License or who are a Registered Intern is required in accordance with Chapter 491, F.S.

Human Services Counselor:

- Bachelor's degree from an accredited college or university and two (2) years of professional experience in developmental disabilities, special education, mental health, counseling, guidance, social work, health or rehabilitative programs. A master's degree from an accredited college or university can substitute for one year of the required experience.

Psychiatrist:

- Clear, active, unrestricted Florida License in accordance with Chapters 458 or 459, F.S., who has primarily diagnosed and treated nervous and mental disorders for a period of not less than three (3) years inclusive of psychiatric residency.

Psychiatric APRN:

- Clear, active, unrestricted Florida License and certification as a Psychiatric Advanced Practice Registered Nurse (APRN), in accordance with Chapter 464, F.S., and Rule 64B9-4.002, F.A.C.
- Under specific written protocols approved by the supervising Psychiatrist, Psychiatric APRNs may provide outpatient psychiatric services.

Dentist:

- Be licensed to practice Dentistry, pursuant to Chapter 466, F.S.
- Hold a clear, active license to practice Dentistry in the State of Florida.
- Possess and maintain current certification from the AHA in Basic Life Support or higher.
- Pass a security background check.
- Demonstrate fluency in English with good verbal communication and documentation skills.
- Possess the ability to establish and maintain effective working relationship with others.
- Possess the ability to document all findings legibly, to make accurate diagnosis, using professional terminology, and make sound and logical decisions regarding treatment.
- Possess the ability to interpret laboratory test results.
- Possess the ability to read and interpret X-ray and other radio-imaging digital pictures.
- Possess the ability to perform complete dental appraisal of an Inmate, formulate a diagnosis, manage and treat the Patient accordingly, and develop/order all follow up visits, as appropriate.

- Possess the ability to establish a doctor-Patient rapport to promote mutual trust, in order to achieve better Patient compliance with treatment plan.
- Demonstrate willingness to collaborate with other health care members, Physicians, colleagues, nursing staff, and correctional staff, in order to meet the needs of the Inmate.
- Become familiar, and demonstrate familiarity with, the Department's rules, policies, procedures, HSBs, and Florida law relating to public health and dental practice.

Dental Hygienist:

- Hold a clear, active, unrestricted license as a dental hygienist under Chapter 466, F.S.
- Possess and maintain current certification from the American Heart Association in Basic Life Support or higher.
- Clear a security background check.
- Demonstrate fluency in English with good verbal communication and documentation skills.
- Possess the ability to establish and maintain effective working relationship with others.
- Possess the ability to document all findings legibly, to make accurate recommendations, using professional terminology, and make sound and logical decisions regarding treatment.
- Possess the ability to interpret laboratory test results.
- Possess the ability to read and interpret X-ray and other radio-imaging digital pictures.
- Possess the ability to perform complete dental appraisal of an Inmate, manage and treat the Patient accordingly, and develop/order all follow up visits, as appropriate.
- Possess the ability to establish rapport with the Inmate to promote mutual trust, which will result in better Patient compliance with treatment plan.
- Demonstrate willingness to collaborate with other health care members, physicians, colleagues, nursing staff, and correctional staff, in order to meet the needs of the Inmate.
- Become familiar, and demonstrate familiarity with, the Department's rules, policies, procedures, HSBs, and Florida law related to public health and dental practice.

3.6.11.2 Interaction with Other Health Care Service Providers

The FDC anticipates awarding one (1) Contract to provide comprehensive health care services at all its Institutions statewide. The Vendor is required to cooperate fully with the Department and the other providers to ensure Inmate Patients receive appropriate and timely health care services and that there are no barriers to continuity of care due to a lack of collaboration.

3.6.11.3 Transition and Implementation Plan

The Vendor shall develop and submit with their Reply, a detailed Initial Transition and Implementation Plan that includes a list of all major transition activities, with responsible parties and timelines. The Vendor must have the capacity to fully implement services on July 1, 2023. The plan shall include provisions for the following: oversight of program management and clinical functions; human resources; setting up a provider network and ancillary services; utilization management; quality management; financial management; claims/invoice processing; reporting; licenses and permits; equipment

and supplies; information technology; and target transition dates for each Institution and associated satellite facilities covered by this ITN.

In addition, the Vendor shall:

- Within three (3) Days after the Contract start date, meet with the Department to finalize the implementation plan to ensure an orderly and efficient transition from the current Comprehensive Health Care Vendor;
- Provide regular reports to the Department, not less than weekly, on the status of filling positions and the transition in general;
- Submit its Final Transition and Implementation Plan to the Department for approval within 15 Days after Contract execution date. The Final Transition and Implementation Plan shall be designed to provide for seamless transition with minimal interruption of health care to Inmates. Final transition at each Institution shall be coordinated between the Vendor and the Department;
- Commence provision of health care services to the Department's Inmates consistent with the approved Final Transition and Implementation Plan; and
- Assume full responsibility for comprehensive health care service delivery within 90 Days of the Contract execution date, or on a date agreed upon in writing between the Vendor and the Department.

During the transition period, the Department will provide access to all records, files and documents necessary for the provision of health care services, including but not limited to Inmate records, utilization management records, and financial reports. The Vendor shall collaborate with the Department and current CHCC to complete any necessary exchanges in the storage of data relating to the EMR. The Department's payment for each facility shall begin at 12:01 a.m. on the implementation date, contingent upon actual implementation of services. There will be no compensation provided before the implementation date at each facility. The Department reserves the right to revise the timeline for transition and implementation or Final Transition and Implementation Plan, as it determines to be in the Department's best interest or in the best interest of the State.

3.7 Key Performance Monitoring

The Contract Manager will monitor the Vendor's service delivery no less than semi-annually, or as appropriate, to determine if the Vendor has achieved the required level of performance for each Performance Measure in the Contract. The Vendor must advise the Department, in writing, of any extenuating or mitigating circumstances that will prohibit them from completing the Performance Measures within the timeframes specified.

By responding to this ITN, the Vendor expressly agrees to the assessment of financial consequences, in addition to all other remedies available to the Department by law or in equity. The Contract Manager will provide written notice to the Vendor's Representative of all financial consequences assessed, accompanied by detail sufficient for justification of assessment. Within 10 Business Days of receipt of a written notice of demand for consequences due, the Vendor shall forward payment to the Department in the form of a cashier's check or money order. As an alternative, the Vendor may issue a credit for the amount of the financial consequences due on its next monthly invoice. The Vendor shall document the amount of financial consequences assessed and credited on any such invoice. The Department shall deduct the amount of any unpaid financial consequences from the Vendor's next invoice if the financial consequences are not paid within 60 Days of notification.

3.8 Overall Contract Compliance Monitoring

The Department shall monitor the Vendor's compliance with the Contract requirements as determined to be necessary by the Department. The Department will develop a Contract monitoring tool in accordance with the requirements of the Contract and will utilize that tool to review the Vendor's performance. Such monitoring may include, but is not limited to, announced and unannounced site visits. Within three (3) weeks of a monitoring event, the Contract Manager will provide the Vendor with a written monitoring report of any non-compliance in sufficient detail for the Vendor to identify and complete any corrective action necessary.

Within 10 Days of receipt of the Department's monitoring report, or within a longer timeframe if allowed by the monitoring report, the Vendor shall provide the Contract Manager a written Corrective Action Plan (CAP). The Vendor's written CAP shall address all noted deficiencies to include responsible individuals, actions taken or planned to correct the deficiency, and timeframes expected for achieving compliance. Such timeframes for compliance may not exceed 30 Days from the date the Vendor receives the Department's monitoring report, unless a longer timeframe is required due to reasons outside the Vendor's control, and the Vendor has received written pre-approval from the Contract Manager to include a timeframe longer than 30 Days in its CAP. CAPs that do not contain all required information or sufficiently address in detail a plan to improve performance and correct deficiencies will be rejected, in writing, by the Contract Manager. The Vendor shall have five (5) Days from receipt of the Department's written CAP rejection to submit a revised CAP, which does not increase any timeframe for compliance and correction of the deficiencies noted.

The Contract Manager, or other designated Department staff, may conduct follow-up monitoring events at any time to determine compliance based upon the Vendor's submitted CAP. The Department's staff may review all documentation, available and interview all related stakeholders to ensure Contract compliance.

3.9 Future Transitions and Contract Expiration Tasks

At the end of the Contract term, the Vendor shall cooperate with the Department in transitioning to a new Vendor, as applicable. As the Contract's expiration date approaches, this may include a reduction in the locations or services provided, so a new Vendor can transition into providing services. This reduction may be per Service Location and will be implemented at the Department's discretion to best meet its needs upon Contract expiration or termination. The Department shall have sole discretion in determining the best manner to transition services to a new Vendor, as applicable.

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SECTION 4 – PROCUREMENT RULES AND INFORMATION

4.1 General Instructions to Vendors

The State's General Instructions to Vendors are outlined in PUR 1001 and are incorporated by reference in their entirety. The terms and conditions set forth within this ITN shall supersede any and all conflicting terms and conditions set forth within Form PUR 1001. Form PUR 1001 may be viewed at the following link:

https://www.dms.myflorida.com/business_operations/state_purchasing/state_agency_resources/state_purchasing_pur_forms.

4.2 Procurement Officer

Questions related to the procurement should be addressed to:

Eunice Arnold, Procurement Officer

Bureau of Procurement
Office of Financial Management
Florida Department of Corrections
501 S. Calhoun Street
Tallahassee, FL 32399
Telephone: (850) 717-3700
Email: purchasing@fdc.myflorida.com

4.3 Questions

With the exception of questions fielded at the Mandatory Pre-Reply Conferences and Site Visits, per Section 287.057(25), F.S., a Vendor who intends to respond to this solicitation, or persons acting on their behalf may not contact, between the release of the solicitation and the end of the 72-hour period following the agency posting of the Notice of Agency Decision (excluding Saturdays, Sundays, and State holidays), any employee or officer of the executive or legislative branch concerning any aspect of this solicitation, except in writing to the Procurement Officer or as provided in the solicitation documents. Violation of this provision may be grounds for rejecting a Reply.

With the exception of questions fielded at the Mandatory Pre-Reply Conferences and Site Visits, questions will only be accepted if submitted in writing and received on or before the date and time specified in the Timeline. Responses to questions will be advertised on the Vendor Bid System (VBS) by the date referenced in the Timeline. Oral questions will be entertained at the Mandatory Pre-Reply Conferences and Site Visits. The Department's answers to oral questions are non-binding and are not considered the official position of the Department unless those questions are subsequently submitted in writing, in accordance with this Section.

4.4 Mandatory Site Visits and Pre-Reply Conferences

All interested Vendors, before submitting their Reply, **must visit the following sites to become familiar with conditions that may affect the services required as they pertain to the Contract. The Department will deem a Vendor's Reply non-responsive if a Vendor does not attend each of the following site visits.** The Department has set specific dates for the site visits and will not allow visits for individual Vendors or visits at any other time. Interested parties must contact Tim Hooten at Tim.Hooten@fdc.myflorida.com at least five (5) Business Days before the site visit listed in the Timeline and furnish him with the following information on all

attendees: the attendee's Full Name, Social Security Number, Date of Birth and Driver's License Number. **Participation in the Site Visits will be limited to two (2) representatives per organization, though the same individuals do not need to attend all visits.** The Vendor may send different individuals to each Site Visit so long as at least one (1) Vendor representative is present at each Site Visit.

Site visits shall occur in accordance with the following schedule and interested parties shall meet at the Administration Building for admittance to the Institution. Parties will meet in the main lobby of the North Shore for the site visit of its secure unit. All Department security procedures shall apply. The site visits will also include a brief pre-Reply conference, which will allow and opportunity for Vendors to ask questions.

Institution/Facility:	Address:	Date:	Time:
Dade Correctional Institution	19000 S.W. 377 th Street Florida City, Florida 33034	April 19, 2022	9:00 a.m., Eastern Time
North Shore Hospital	1100 NW 95 th Street Miami, Florida 33150	April 19, 2022	3:30 p.m., Eastern Time
South Florida Reception Center (SFRC)	14000 NW 95 th Street Miami, Florida 33150	April 20, 2022	8:30 a.m., Eastern Time
Zephyrhills Correctional Institution	2739 Gall Boulevard Zephyrhills, Florida 33541	April 21, 2022	8:30 a.m., Eastern Time
Central Florida Reception Center (CFRC)	7000 H C Kelley Road Orlando, Florida 32831	April 26, 2022	8:30 a.m., Eastern Time
Lake Correctional Institution	19225 U.S. Hwy 27 Clermont, Florida 34715	April 26, 2022	2:00 p.m., Eastern Time
Lowell Correctional Institution	11120 NW Gainesville Road Ocala, Florida 34482	April 27, 2022	8:30 a.m., Eastern Time
Florida Women's Reception Center (FWRC)	3700 NW 111 th Place Ocala, Florida 34482	April 27, 2022	2:00 p.m., Eastern Time
Union Correctional Institution	25636 NE SR-16 Raiford, Florida 32083	April 28, 2022	8:30 a.m., Eastern Time
Florida State Prison (FSP)	23916 NW 83 rd Avenue Raiford, Florida 32026	April 28, 2022	1:00 p.m., Eastern Time
Reception and Medical Center (RMC)	7765 S CR231 Lake Butler, Florida 32054	May 2, 2022	9:00 a.m., Eastern Time
Wakulla Correctional Institution	110 Melaleuca Drive Crawfordville, Florida 32327	May 3, 2022	8:30 a.m., Eastern Time
Santa Rosa Correctional Institution	5850 East Milton Road Milton, Florida	May 4, 2022	10:00 a.m., Eastern Time 9:00 a.m., Central Time

Persons present as attendees must be the same individuals for whom information was provided for clearance and must be approved by Department staff at each site. For security reasons, the admittance of any Vendors not previously approved is at the discretion of the Institution's Warden. Vendors who did not seek prior approval may be denied access. Attendees must present photo identification at the site.

The Department will accept verbal questions during the site visit and will make a reasonable effort to provide answers at that time. Impromptu questions will be permitted, and spontaneous answers provided; **however, parties should clearly understand that the Department will**

issue a written response ONLY to those questions subsequently submitted in writing in accordance with Section 4.3, Questions. This written response will be provided to all prospective Vendors as an addendum to the ITN and shall be considered the Department's official answer or position as to the question or issue posed. **Verbal answers and discussions are for informational purposes only and shall not be binding upon the Department.**

4.5 Special Accommodations

Any person with a qualified disability requiring special accommodations at a public meeting, oral presentation and/or opening should call the Bureau of Procurement at (850) 717-3700, at least five (5) Days before the event. If you are deaf, hard-of-hearing, deaf-blind or speech-disabled, please contact the Bureau of Procurement by using the Florida Relay Service, which can be reached at 1-800-955-8771 (TTY/ASCII).

4.6 Alternate Provisions and Conditions

Replies that contain provisions that are contrary to the material requirements of this ITN are not permitted. Vendors are expected to submit questions or concerns they may have regarding the requirements or terms and conditions of this solicitation in writing to the Procurement Officer, so they may be addressed during the question-and-answer phase of this solicitation, as per Section 4.3 of this ITN. Including alternate provisions or conditions may result in the Reply being deemed non-responsive. However, as this is an ITN, the Department reserves the right to review innovative solutions and negotiate the best terms and conditions if determined to be in the State's best interest.

4.7 Reply Bond

Each Vendor is required to submit a certified check, cashier's check, or bond with its Reply in the amount of \$10 million. If submitting a bond, rather than a check, the Department requires the Vendor's surety company to complete the Department's Reply Bond Form, included as Attachment IV. Any bond must be issued by a reliable surety company that has been in business with a record of successful continuous operation for at least five (5) years and is authorized to do business in the State. Reply bonds shall be valid until the Department executes a Contract or issues a Notice of Agency Decision canceling the solicitation or rejecting all Replies. The check/bond shall be payable to the Florida Department of Corrections. The check/bond insures against a Vendor's withdrawal from competition subsequent to a Reply submission. The check/bond will be returned to unsuccessful Vendors upon execution of the Contract with the Successful Vendor or upon cancellation of the solicitation. The check/bond of the Successful Vendor will be retained until the Contract is executed and the Department receives the required performance bond. The check/bond will be forfeited to the Department if the Vendor fails to timely submit the performance bond or other security, as required below, or fails to execute the Contract when required to do so by the Department. Any Vendor request to withdraw a submitted Reply after five (5) Business Days of the Reply opening, will be subject to this Section's provisions.

4.8 Pass/Fail Mandatory Responsiveness Requirements

The Department shall reject any and all Replies that do not meet the Pass/Fail criteria defined below.

- a. The Vendor agrees that all data generated, used or stored by Vendor pursuant to the Contract will reside and remain in the United States and will not be transferred outside of the United States;

- b. The Vendor agrees that all services provided to the State of Florida under the Contract, including call center or other help services, will be performed by persons located in the United States;
- c. The Vendor has a minimum of at least five (5) years' experience in providing health care services, three (3) years of which must be in a correctional setting;
- d. The Vendor has experience in the provision of comprehensive health care services for an aggregate Patient population of, at least, 20,000 Inmate Patients at any one time in prison, jail, or other comparable managed health care setting;
- e. The Vendor is able to demonstrate their ability to meet the performance bond requirements. Within 10 Days of Contract execution, Vendor will deliver to the Department a performance bond or irrevocable letter of credit in the amount equal to the lesser of \$60 million, or the average annual price of the Contract (averaged from the initial five (5) year Contract term pricing). The bond or letter of credit will be used to guarantee at least satisfactory performance by Vendor throughout the term of the Contract (including renewal years);
- f. Vendor has provided the Department a Reply bond or check in the amount of \$10 million. The check/bond ensures against a Vendor's withdrawal from competition subsequent to their submission of a Reply prior to the award and execution of the Contract;
- g. Vendor agrees to act as the prime Vendor to the Department for all services provided under the Contract that results from this ITN; and
- h. Vendor attests to its positive financial standing and Vendor's current Dun & Bradstreet (D&B) Financial Stress Score has a Financial Stress Class 1, 2,3, or 4.

4.8 Submission of Replies

Interested Vendors must prepare and submit Replies simply and economically, providing a straightforward, concise delineation of the Vendor's capabilities to satisfy the requirements of this ITN. Elaborate bindings, colored displays, and promotional material are discouraged. The emphasis of each Reply should be on completeness of the solution proposed and clarity of content.

Vendors must submit their Replies to the Procurement Officer by the date and time specified in Timeline of this ITN. The Department will not consider late Replies. In Reply to this ITN, each interested Vendor shall:

- a. Submit a Technical Reply and a Cost Reply in separately sealed packages. The Vendor's Cost Reply may be shipped in the same container or package as its Technical Reply, as long as the Cost Reply is sealed separately.
- b. Submit one (1) signed original plus 15 hard copies of its Technical Reply, sealed separately from the Cost Reply.
- c. Submit one (1) signed original plus 15 hard copies of its Cost Reply, sealed separately from the Technical Reply.
- d. Submit 15 searchable electronic copies of the Technical Reply on CD-ROM, DVD, or flash drive. In the event there are differences between the electronic copy and the original written version, the written version will prevail.

- e. Submit two (2) searchable electronic copies of the Cost Reply on CD-ROM, DVD, or flash drive sealed separately from the Technical Reply. In the event there are differences between the electronic copy and the original written version, the written version will prevail.
- f. If the Vendor includes information in their Reply that they believe to be and have marked as confidential or trade secret, they should submit a redacted copy of their Reply, as outlined in Section 4.24, the Vendor should submit one (1) redacted hard copy and one (1) redacted electronic copy, in searchable PDF format (in addition to the non-redacted version), on CD/DVD or flash drive (not password protected). The Department will rely upon the Vendor submitting the redacted version to ensure the redacted version satisfies this requirement. If a redacted version is not submitted, the Department is authorized to produce the entire documents, data, or records submitted by the Vendor in answer to a public records request for these records.
- g. Sealed packages to be delivered shall be clearly marked with the solicitation number, company name, due date and time, and identify which package(s) contains the Technical Reply and Cost Reply.
- h. Submitted hardcopies contained in the sealed packages are to be clearly marked on the front cover of both the original and copies, with the Vendor's company name, solicitation number, and whether it is the Technical or Cost Reply. Hardcopies should be numbered one (1) – two (2), in sequential order for ease of tracking.

4.9 Contents of Reply Submittals

Replies shall be organized in TABs as directed below. Vendors shall complete each TAB entirely to be considered responsive. Material Deviations cannot be waived and shall be the basis for rejection of a Reply. A Minor Irregularity will not result in a rejection of a Reply. The Reply shall be organized as follows:

TAB A Cover Letter with Contact Information, Executive Summary, Pass/Fail Certification and Performance Bond/Irrevocable Letter of Credit Letter (Limit 15 pages)

TAB A shall include the following:

a) Cover Letter

A cover letter on the Vendor's letterhead with contact information and the name and signature of the person of the representative of the responding organization authorized to legally obligate the Vendor to provide the Services. The cover letter must state that the Vendor agrees to provide the Services as described in the ITN;

b) Executive Summary

An executive summary of the Vendor's Reply. The executive summary will describe the technical solution, cost methodology, assumptions, and operational model the Vendor proposes in a concise and meaningful manner. No pricing information is to be included in the executive summary;

c) Performance Guarantee Letter

A letter signed on or after January 1, 2022, from a Surety Company or Bonding Agent, authorized to do business in the State of Florida, and written on

company letterhead, that documents the Vendor's present ability to obtain a performance bond or irrevocable letter of credit in the amount of at least \$60 million. **Failure by the Vendor to provide this letter with its Reply will be considered a Material Deviation and will result in the Reply being deemed non-responsive;**

d) Additional Documents

Vendors shall complete and provide the following forms and documents, as appropriate, and include them in TAB A of their Reply:

- Attachment III, Vendor's Contact Information and Certification;
- The completed, notarized Attachment V, Pass/Fail Requirement Certification signed by the authorized representative who signs the above-mentioned cover letter;
- Attachment VII, Certification of Drug-Free Workplace Program;
- Attachment VIII, Notice of Conflict of Interest;
- Proof of the Vendor's accreditation as required in this ITN;
- A copy of the Vendor's current Dun & Bradstreet Financial Stress Score; and
- The Vendor's Reply bond as required in Section 4.7 of this ITN.

TAB B Experience and Ability to Provide Services (limit 50 pages)

TAB B shall include the following information:

a. References

Using Attachment VI, Vendor's Reference Form, Vendor's shall provide three (3) sources for references from businesses or governmental agencies, for whom the Vendor has provided services of similar scope and size to the services identified in the ITN.

References shall pertain to current and ongoing services, or those that were completed prior to January 1, 2022. References shall not be given by the following individuals:

- Persons employed by the Department within the past three (3) years;
- Persons currently or formerly employed or supervised by the Vendor or its affiliates;
- Board members within the Vendor's organization; or
- Relatives of any of the above.

The Procurement Officer reserves the right to contact the Vendor's reference sources to verify the Vendor's performance while performing services for the entity. The Negotiation Team may elect to contact the references to obtain further information regarding the Vendor's performance. In addition, the Negotiation Team reserves the right to contact and consider references other than those provided by the Vendor when making its best value determination.

b. Prior Work Experience

1) Narrative/Record of Past Experience

Describe the Vendor's experience in providing comprehensive health care services (medical, dental, mental health, utilization management and specialty care, quality management, pharmaceutical services, etc.) in a correctional setting, number of years providing services, growth on a national level, and ownership structure. Vendors shall describe all contracts executed in the last five (5) years that are of similar scope and size to the services sought in this ITN. Vendors shall include any experience it has assuming operations from another service provider of correctional health care services and identify all relevant similarities or differences between such contracts and the services sought via this ITN. The listing of similar contracts shall contain the organization name, contact name, address, telephone number, and email address of the entity who received the services from Vendor.

2) Disputes

Vendors shall identify all contract disputes Vendor (including its affiliates, subcontractors, agents, etc.) has had with any customer within the last five (5) years related to contracts pursuant to which Vendor provided(s) correctional health care services in the continental United States on an organizational or enterprise level. The term "contract disputes" means any circumstance involving the performance or non-performance of a contractual obligation that resulted in: (i) identification by the contract customer that Vendor was in default or breach of a duty under the contract or not performing as required under the contract; (ii) the issuance of a notice of default or breach; (iii) the Institution of any judicial or quasi-judicial action against Vendor as a result of the alleged default or defect in performance; or (iv) the assessment of any fines, liquidated damages, or financial consequences under such contracts. Vendors must indicate whether the disputes were resolved and, if so, explain how they were resolved.

3) Subcontractor Information

If the Vendor will use subcontractors to provide any of the Services, the Vendor shall provide detailed information for all subcontractors it plans on contracting with to provide any of the Services under the prospective Contract. This information shall be provided using Attachment IX, Subcontracting Form. This information shall, at a minimum, include the following: name, contact information, the service(s) subcontractor will be providing under the prospective Contract, the number of years subcontractor has provided services, projects of similar size and scope to the Services sought via this ITN the subcontractor has provided, and all instances of contractual default or debarment (as a prime or subcontractor) the subcontractor has had in the past five (5) years.

4) Organizational Chart

The Vendor shall provide an organizational chart outlining the hierarchy of key personnel who will ensure service delivery under the Contract.

5) Personnel

The Vendor shall provide a Staffing Plan and job descriptions outlining the duties and responsibilities of the Vendor's personnel and any other positions

the Vendor proposes to use for service delivery under the Contract. The job descriptions should include specific job functions and minimum qualifications for the identified positions. If a position will not be dedicated as full-time to provide services under the Contract, the percentage of time should be noted on the Vendor's Staffing Plan.

TAB C Description of Solution (limit 25 pages)

In **TAB C**, Vendor shall describe the following:

- a. Its understanding of the current state of health care services in the Florida Department of Corrections;
- b. Its understanding of goals and general requirements of this solicitation;
- c. Its overall approach to satisfying the requirements and goals of this solicitation;
- d. How the Vendor's approach supports the Department's specific goals of the ITN;
- e. Any risks and challenges with the Department's goals;
- f. How the Vendor will ensure quality services while ensuring costs are contained;
- g. The Vendor's approach differentiators;
- h. The Vendor's transition and implementation of services; and
- i. Why the Vendor's solution is best for the State.

TAB D Service Area Detailed Solution (limit 150 pages)

Section 3 defines the requirements and service level expectations for the services.

In **TAB D**, for each requirement, Performance Measure, and report required in Section 3 of this ITN, the Vendor shall describe the following:

- a. Acknowledge acceptance of each requirement or note any proposed modification or innovative solutions that may differ from the requirement but meet the Department's needs;
- b. Acknowledge acceptance of each Performance Measure (PM);
- c. Indicate its ability to exceed the required PMs, if applicable, and provide additional PMs the Vendor identifies as important that are not specified;
- d. Identify proposed modifications to the identified PMs and the impact of the modification (e.g. greater quality control, cost savings);
- e. Describe a plan for providing service and meeting all requirements. The Vendor shall include methodologies that will be applied, automation tools planned for use, resource usage plan/approach, and processes that will be put in place;
- f. Identify, describe, and detail the Vendor's services and staff that will be used to ensure successful service delivery;
- g. Describe ways to reduce or minimize any costs or Department resources associated with the services. This may include modifying the requirements and/or PMs while still meeting the needs of the service, or recommending a different approach for the service; and
- h. Describe any Value-Added Services it will provide the Department, in addition to those listed in the ITN, at no additional cost.

TAB E Implementation Plan (limit 30 pages)

To ensure complete and successful implementation of services and a smooth transition into the Contract, the Successful Vendor shall provide a Preliminary Implementation Plan (Plan). This Plan outlines key activities that must be completed while working with the Department during any transition period. A Vendor shall describe in detail their Plan for:

- a. On-boarding of staff and other resources;
- b. Implementing new services, to include a breakdown by service area;
- c. Network establishment for any data services;
- d. Collaboration with Department stakeholders;
- e. Any other required activity relating to the implementation of services under the Contract; and
- f. Estimated Implementation Schedule.

TAB F Additional ideas for improvement or cost reduction, and other supplemental materials (limit 35 pages)

In **TAB F** of its Reply, a Vendor is invited to elaborate on innovative solutions, additional ideas, pricing structures, or tools for service improvements that are not specifically addressed in **TABs B – E** but may be made available via the Vendor's offering and the potential benefits to the Department that each would bring. The Department is interested in ideas or tools that will provide the highest level of performance and operational efficiencies. **Actual proposed pricing shall only be provided using Attachment I, Price Information Sheet.** Cost points will be awarded based on Attachment I, as described in Section 4.10., of this ITN. The Department may request that Vendors submit alternate pricing models during the Negotiation Phase of the ITN process. A Vendor must be sure to describe in detail all additional features, capabilities, or services that it will provide in the additional features section.

TAB G Attachment I – Price Information Sheet

The Vendor shall complete and submit Attachment I, Price Information Sheet, indicating pricing for the Contract's initial term and renewal years. Attachment I, Price Information Sheet, shall be included in **TAB G** of the Vendor's Reply. **TAB G** shall be provided in a separate, sealed envelope and is not to be included in the Vendor's Technical Reply.

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4.10 Reply Evaluation Criteria

An Evaluation Team will review and evaluate Replies to this ITN in accordance with the evaluation process below.

A. TECHNICAL REPLY EVALUATION SCORE (0 - 750 POINTS)

1. Experience and Ability to Provide Services

Evaluation of the Vendor's experience and ability to provide services will be based upon the information contained in its entire Reply, but primarily on the information contained in **TAB B**.

a. References

This section will be evaluated using, but not limited to, the following considerations:

- 1) How relevant are the services described in the Vendor's references to the services sought in this ITN?
- 2) How well do the references demonstrate the Vendor's satisfactory performance of contract services of similar size and scope to the services sought in this ITN?
- 3) How well do the references demonstrate the Vendor's ability to provide the requested services?
- 4) Are there any issues or concerns identified in the references relating to the Vendor's experience and ability to provide services?

b. Prior Work Experience

This section will be evaluated using, but not limited to, the following considerations:

- 1) Has the Vendor demonstrated in its Reply that it has experience in performing the requirements of contracts with similar size and scope as the services sought?
- 2) How well did the Vendor convey their ability to provide services as described in this ITN?
- 3) Does the Vendor have relevant correctional, law enforcement, or criminal justice contractual services experience?
- 4) Are there any issues or concerns identified regarding the Vendor's experience or ability to provide the services sought?

2. Description of Offering

Evaluation of the Vendor's proposed offering will be based upon information contained in their entire Reply, but primarily on the information contained in **TAB C**. Replies will be evaluated using, but not limited to, the following considerations:

- a. How well does the proposed offering satisfy the following criteria?

- 1) Demonstrates the Vendor's ability to effectively provide comprehensive health care services required by this ITN;
 - 2) Maximizes operational efficiencies and supports the Department's goals; and
 - 3) Demonstrates a thorough, effective, and beneficial plan for comprehensive health care services.
- b. How well does the summary of the offering explain why it is the best value for the State, address and meet the goals, needs, and expectations of the Department?
 - c. How well does the Vendor demonstrate their understanding of the goals to be achieved via this ITN?

3. Service Area Detailed Solution

Evaluation of Vendor's Service Area Detailed Solution will be based upon information contained in **TAB D** of the Vendor's Reply. Replies for each Service Area will be evaluated based on how well the offering operationally addresses the requirements for each Service Area described in Section 3 of this ITN. Evaluation of these requirements will be based upon information contained in **TAB D**. Replies given for each Service Area below will be evaluated for reasonableness, thoroughness, and viability in meeting the objectives and requirements and goals of this ITN.

The Vendor's solution for each service area identified above will be evaluated using, but will not be limited to, the following considerations:

- a. Description of the planned staffing for the proposed offering
- b. Clinical staffing levels and roles and responsibilities
- c. Administrative staffing and roles and responsibilities
- d. Organization structure / chart
- e. Whether the Vendor's staffing requirements are consistent with the objectives of this solicitation

B. COST REPLY EVALUATION SCORE (0 - 250 Points)

A maximum of 250 points may be awarded to a Vendor's Cost Reply. The Department will apply the following formula to determine the Vendor's Cost Reply Score:

Initial Term Cost Points	150 points (Maximum)
<u>Renewal Term Cost Points</u>	<u>100 points (Maximum)</u>
Cost Reply Score	250 points (Maximum)

1. Initial Term Cost Points

A Vendor's Initial Term Cost Points will be determined based on its completed Price Information Sheet. The Vendor that submits the lowest Initial Term Administrative Fee will be awarded 150 points. All other Vendor Replies will receive cost points according to the following formula:

$$(N/X) \times 150 = Z$$

Where: N = Lowest Initial Term Administrative Fee received by any Vendor

X = Vendor's Initial Term Administrative Fee
Z = Initial Term Cost Points

2. Vendor's Renewal Term Total Cost

A Vendor's Renewal Term Cost Points will be determined based on its completed Price Information Sheet. The Vendor that submits the lowest Renewal Term Administrative Fee will be awarded 100 points. All other Vendor Replies will receive cost points according to the following formula:

$$(N/X) \times 100 = Z$$

Where: N = Lowest Renewal Term Administrative Fee received by any Vendor
X = Vendor's Renewal Term Administrative Fee
Z = Renewal Term Cost Points

3. Cost Reply Score

A Vendor's Cost Reply Score will be the sum of its Initial Term Cost Points and Renewal Term Cost Points.

4.11 Reply Evaluation and Negotiation Process

As to the ITN process, Section 287.057(1)(c), F.S., provides in part:

“(c) Invitation to negotiate. - The invitation to negotiate is a solicitation used by an agency which is intended to determine the best method for achieving a specific goal or solving a particular problem and identifies one or more responsive vendors with which the agency may negotiate in order to receive the best value.

...

4. The agency shall evaluate replies against all evaluation criteria set forth in the Invitation to negotiate in order to establish a competitive range of replies reasonably susceptible of award. The agency may select one or more vendors within the competitive range with which to commence negotiations. After negotiations are conducted, the agency shall award the contract to the responsible and responsive vendor that the agency determines will provide the best value to the state, based on the selection criteria.”

Using the Evaluation Criteria specified above, in order to establish a competitive range of Replies reasonably susceptible of award, the Department will evaluate and rank Vendor Replies and, at the Department's sole discretion, proceed to negotiate with Vendors.

A. Evaluation Phase Methodology

The Evaluation Team members will individually and independently review each Reply and score each Reply for each of the following Technical Evaluation sections:

Table 1

Technical Evaluation Section	Evaluator Score	Total Available Points
References	1-5	50
Prior Work Experience	1-5	50
Description of Solution	1-5	50
Program Management	1-5	75
Institutional Medical Care	1-5	100
Institutional Dental Care	1-5	100
Mental Health Services	1-5	100
Hospital Administration and Care and Utilization Management	1-5	75
Quality Management	1-5	75
Pharmaceutical Services	1-5	75
Total Evaluation Points		750

Evaluation Team members will assign a score of 1–5, using **no fractions or decimals**, to each Technical Evaluation Section in Table 1. The Evaluation Team members must include a written comment justifying any score other than 3 (adequate).

Table 2, below, provides guidance for Evaluation Team members when scoring Vendor Replies.

Table 2

Assessment	Scoring Guidelines	Evaluator Score	Percentage of Available Points Earned
Poor	Reply fails to address the component, or it does not describe any experience related to the component; OR Reply is inadequate in most basic requirements, specifications, or provisions for the specific criteria.	1	20%
Marginal	Reply minimally addresses the requirements; one or more major considerations of the component are not addressed, or are so limited that it results in a low degree of confidence in the Vendor's response or proposed offering; OR Reply meets many of the basic requirements specifications, or provision of the specific items, but is lacking in some essential respects for the specific criteria.	2	40%
Adequate	Reply adequately meets the minimum requirements, specification, or provision of the specific item, and is generally capable of meeting the State's needs for specific criteria.	3	60%

Good	Reply more than adequately meets the minimum requirements, specification or provision of the specific criteria, and exceeds those requirements in some respects for the specific criteria.	4	80%
Excellent	Reply fully meets all requirements and exceeds several requirements, and exceeds the minimum requirements, specifications, and provisions in most aspects for the specific criteria.	5	100%

The Procurement Officer will assign the “Percentage of Available Points Earned” in the Table 2, above, based on an evaluator’s score for each “Technical Evaluation Section.” Then, the Procurement Office will multiply the “Total Available Points” per “Technical Evaluation Section” in Table 1, by the “Percentage of Available Points Earned” in Table 2 to determine a Vendor’s evaluation points for that “Technical Evaluation Section.” The Procurement Office will then add the Vendor’s evaluation points earned for all “Technical Evaluation Sections” to determine the Total Evaluation Points assigned to that Vendor by an evaluator.

The Vendor’s Technical Reply Evaluation Score is the average of the Total Evaluation Points it receives from each evaluator.

B. Final Reply Evaluation Score

A Vendor’s Final Reply Evaluation Score is the sum of the Vendor’s Technical Reply Evaluation Score (0 – 750 points) and its Cost Reply Score (0 – 250 points).

The Final Evaluation Scores for all Vendors will be used to rank the Replies (Reply with the highest score = 1, the second highest = 2, etc.). The ranking of Replies will be used to establish a competitive range to determine which Vendors may be invited to participate in the Negotiation Phase. The Department intends to negotiate with the two (2) most highly ranked Responsive and Responsible Vendors, but the Department reserves the right to negotiate with fewer Vendors, more than two (2) Vendors, or to reject all Replies.

Vendors are cautioned to propose their best possible offers in their initial Replies, as failing to do so may result in the Vendor not being selected to proceed to Negotiation Phase. If necessary, the Department will request revisions to the approach submitted by the top-rated Vendor(s) until it is satisfied that the Contract model will serve the State’s needs and is determined to provide the best value for the State.

C. Negotiation Phase Methodology

The Department reserves the right to negotiate with any or all responsive and Responsible Vendors, consecutively or concurrently, to determine the best value for recommendation of award.

During the Negotiation Phase, the Department reserves the right to exercise the following rights. This list is not exhaustive.

1. Schedule additional negotiation sessions with any or all Responsive Vendors.
2. Require any or all Responsive Vendors to provide additional revised or final written Replies addressing specified topics.

3. Require any or all Responsive Vendors to provide a written Best and Final Offer (BAFO).
4. Require any or all Responsive Vendors to address services, prices, or conditions offered by any other Vendor.
5. Pursue a Contract with one or more Responsive Vendor for the services sought in this ITN and any addenda thereto, and request additional, revised or final BAFOs.
6. Pursue the division of contracts between Responsive Vendors by type of service, or geographic area, or both.
7. Arrive at an agreement with any Responsive Vendor, finalize principal Contract terms with such Vendor and terminate negotiations with any or all other Vendors.
8. Decline to conduct further negotiations with any Vendor.
9. Re-open negotiations with any Vendor.
10. Take any additional administrative steps deemed necessary in determining the final award, including additional fact-finding, evaluation, or negotiation where necessary and consistent with the terms of this solicitation.
11. Review and rely on relevant information contained in the Replies received from any Vendor.
12. Review and rely on relevant portions of the evaluations conducted.
13. Reject any or all Replies if the Department determines such action is in the best interest of the State.
14. Negotiate simultaneously or separately with competing Vendors.
15. Accept portions of a competing Vendor's Reply and merge such portions into one project, including contracting with the entities offering such portions.
16. Utilize subject matter experts, subject matter advisors, and multi-agency advisors to assist the Negotiation Team.
17. Visit a site where the Vendor is currently providing goods or services, with or without inviting the Vendor to participate.

The Department has sole discretion in deciding whether and when to take any of the foregoing actions, the scope and manner of such actions, the Responsive Vendor or Vendors affected, and whether to provide concurrent public notice of such decision(s).

Before award, the Department reserves the right to seek clarifications, request Reply revisions, and request any necessary information for proper evaluation of Replies. Vendors that proceed to negotiations will be required to make a presentation/demonstration and may be required to provide additional references, an opportunity for a Site Visit, etc. The Department reserves the right to require attendance by a particular representative of the Vendor. Any written summary of presentations or demonstrations provided by the Vendor shall include a list of persons attending on behalf of the Vendor, a copy of the agenda, copies of all visuals or handouts, and shall become part of the Vendor's Reply. Failure to provide requested information may result in rejection of the Reply.

As part of the negotiation process, the Department will check references described in Section 4.10, **Tab B**, and assess the extent of success of the projects associated with those references. The Department also reserves the right to contact references provided, or not provided by the Vendor. Vendors may be required to provide additional references. The results of the reference checking may influence any final negotiations and selection of the Vendor.

The negotiations' focus will be on achieving the solution that provides the best value to the State based upon the selection criteria and satisfies the Department's primary goals as identified in this ITN. The selection criteria include, but is not limited to the following:

Selection Criteria:

1. The Vendor's articulation of its overall approach to providing the requested services;
2. The innovation of the Vendor's approach to providing the services;
3. The Vendor's articulation of its solution and its ability to implement and execute the solution to meet the requirements of this ITN;
4. The Vendor's demonstrated ability to effectively provide the services;
5. The Vendor's experience in providing the services being procured and the skills of proposed staff relative to the solution approach and offering;
6. The Vendor's Technical Reply, Cost Reply, and/or BAFO as they relate to satisfying the goals of the Program Services identified herein.

The negotiation phase will also include negotiation of Contract terms and conditions, in accordance with Sections 287.057 and 287.058, F.S., as applicable to the services being procured pursuant to this ITN.

By submitting a Reply, a Vendor agrees to be bound to the terms of Section 5 – CONTRACT TERMS AND CONDITIONS. Vendors should assume these terms will apply during the Contract term, but the Department reserves the right to negotiate different terms, requirements, or compensation models, pricing, and conditions if the Department determines that it provides the best value to the State.

D. Final Recommendation of Award

During the negotiation phase, the Department will issue a written Request for Best and Final Offer(s) (RBAFO) to one or more of the Vendors with which negotiations were held. At a minimum, based upon the negotiation process, each Best and Final Offer (BAFO) submitted in response to the RBAFO must contain:

1. A revised and detailed description of the Vendor's solution;
2. All negotiated terms and conditions; and
3. A final Cost Reply.

Each BAFO will be submitted to the Department for review by the Negotiation Team. The Negotiation Team will meet in a public meeting to determine which Vendor's offering constitutes the best value to the State based upon the Selection Criteria. The Department's Negotiation Team will then develop a recommendation of award that will provide the best value. In so doing, the Negotiation Team is not required to score any Vendor's BAFO but will base its recommendation on the foregoing Selection Criteria. The score from the evaluation phase will not carry over into the negotiation phase, and the Negotiation Team will not be bound by any Evaluation Phase Scores. The Procurement Officer will provide the Secretary the Negotiation Team's award recommendation for final award approval

The Department does not typically re-open negotiations after receiving the BAFOs but reserves the right to do so if it is in the best interest of the State, including requesting revisions and clarifications to a Vendor's BAFO.

E. Basis of Award

The Secretary will award the ITN to the Vendor providing the best value to the State, based on the Selection Criteria, taking into consideration the award recommended by the Negotiation Team. In so doing, the Secretary is not required to score the Vendors' BAFOs, or Replies, but will base his decision on the Selection Criteria set forth above.

4.12 Reply Opening

Replies will be publicly opened at the time and date specified in the Timeline. The opening of Replies will take place at the Florida Department of Corrections, Bureau of Procurement, 501 S. Calhoun Street, Tallahassee, Florida 32399. The name of all Vendors submitting Replies shall be made available to interested parties upon written request to the Procurement Officer listed in Section 4.2.

4.13 Costs of Preparing Reply

The Department is not liable for any costs incurred by a Vendor in responding to this ITN, including costs associated with attending the mandatory site visits, oral presentations or negotiations, if applicable.

4.14 Disposal of Replies

All Replies become the State of Florida's property and will be a matter of public record subject to the provisions of Chapter 119, F.S. Selection or rejection of the Reply will not affect this right. Should the Department reject all Replies and issue a re-solicitation, information submitted in response to this ITN will become a matter of public record as indicated in Section 119.071(b), F.S.

4.15 Right to Withdraw Invitation to Negotiate

The Department reserves the right to withdraw this ITN at any time and assumes no liability to any Vendor.

4.16 Right to Reject Reply Submissions and Waiver of Minor Irregularities

The Department reserves the right to reject any and all Replies or to waive Minor Irregularities when doing so would be in the State's best interest. At its exclusive option, the Department may correct Minor Irregularities but is under no obligation to do so.

4.17 Addenda

The Department will post all addenda and materials relative to this procurement on the Florida Vendor Bid System at http://www.myflorida.com/apps/vbs/vbs_main_menu. **Interested parties are responsible for monitoring this site for new or changing information relative to this procurement.** Vendors are responsible for ensuring that all addendums have been read and incorporated, as applicable, in their Reply.

4.18 Cost/Price Discussions

Any discussion by a Vendor with any employee or authorized representative of the Department involving cost or price information, occurring before posting of the Notice of Agency Decision, other than as directed by the Procurement Officer, will result in rejection of said Vendor's Reply.

4.19 No Prior Involvement and Conflicts of Interest

Section 287.057(19)(c), F.S., provides, "A person who receives a contract that has not been procured pursuant to subsections (1)-(3) to perform a feasibility study of the potential implementation of a subsequent contract, who participates in the drafting of a solicitation or who develops a program for future implementation, is not eligible to contract with the agency for any

other contracts dealing with that specific subject matter, and any firm in which such person has any interest in not eligible to receive such contract. However, this prohibition does not prevent a Vendor who responds to a request for information from being eligible to contract with an agency.”

The Department considers participation through decision, approval, disapproval, recommendation, preparation of any part of a purchase, influencing the content of any specification or procurement standard, rendering of advice, investigation, or auditing or any other advisory capacity to constitute participation in the drafting of the solicitation.

Acknowledge that no conflict exists on the Pass/Fail Requirement Certification and Non-Collusion Certification, Attachment V.

The Vendor shall not compensate in any manner, directly or indirectly, any officer, agent or employee of the Department for any act or service which he/she may do, or perform for, or on behalf of, any officer, agent, or employee of the Vendor. No officer, agent, or employee of the Department shall have any interest, directly or indirectly, in any Contract or purchase made, or authorized to be made, by anyone for, or on behalf of, the Department.

The Vendor shall have no interest and shall not acquire any interest that shall conflict in any manner or degree with the performance of the services required under this ITN.

4.20 State Licensing Requirements

All entities defined under Chapters 605, 607, 617 or 620, F.S., seeking to do business with the Department shall be on file and in good standing with the Florida Department of State or must provide certification of exemption of this requirement.

4.21 MyFloridaMarketPlace (MFMP) Vendor Registration

Each Vendor doing business with the State of Florida for the sale of commodities or contractual services as defined in Section 287.012, F.S., shall register in the MyFloridaMarketPlace Vendor Information Portal (VIP) system, unless exempted under Rule 60A-1.033(3), F.A.C. State agencies shall not enter into an agreement for the sale of commodities or contractual services, as defined in Section 287.012, F.S., with any vendor not registered in the MyFloridaMarketPlace VIP system, unless exempted by rule. A vendor not currently registered in the MyFloridaMarketPlace VIP system shall do so within five (5) Days of Contract award.

Registration may be completed at: <http://vendor.myfloridamarketplace.com>. Those needing assistance may contact the MyFloridaMarketPlace Customer Service Desk at 866-352-3776 or vendorhelp@myfloridamarketplace.com.

4.22 Unauthorized Employment of Alien Workers

The Department does not intend to award publicly funded contracts to those entities or affiliates who knowingly employ unauthorized alien workers, constituting a violation of the employment provisions as determined pursuant to Section 274A of the Immigration and Nationality Act.

4.23 Confidential, Proprietary, or Trade Secret Material

The Department takes its public records responsibilities as provided under Chapter 119, F.S. and Article I, Section 24 of the Florida Constitution, very seriously. If the 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 disclosure pursuant to Chapter 119, F.S.,

the Florida Constitution or other authority, the Vendor must also simultaneously provide the Department with a separate redacted copy of its response and briefly describe in writing the grounds for claiming exemption from the public records law, including the specific statutory citation for such exemption. This redacted copy shall contain the Department's solicitation name, number, and the name of the Vendor on the cover, and shall be clearly titled "Redacted Copy." The redacted copy shall be provided to the Department at the same time the Vendor submits its Reply to the solicitation and must only exclude or redact those exact portions which are claimed confidential, proprietary, or trade secret. The Vendor shall be responsible for defending its determination that the redacted portions of its response are confidential, trade secret or otherwise not subject to disclosure. Further, the Vendor shall protect, defend, and indemnify the Department for any and all claims arising from or relating to Vendor's determination that the redacted portions of its response are confidential, proprietary, trade secret or otherwise not subject to disclosure. If the Vendor fails to submit a Redacted Copy with its Reply, the Department is authorized to produce the entire documents, data or records submitted by the Vendor in answer to a public records request for these records. In no event shall the Department, or any of its employees or agents, be liable for disclosing, or otherwise failing to protect, the confidentiality of information submitted in response to this solicitation.

4.24 Vendor Substitute W-9

The State of Florida Department of Financial Services (DFS) requires all Vendors that do business with the State to electronically submit a Substitute W-9 Form to <https://flvendor.myfloridacfo.com>. Answers to frequently asked questions related to this requirement are found at: <https://flvendor.myfloridacfo.com>. DFS is ready to assist Vendors with additional questions. You may contact their Customer Service Desk at 850-413-5519 or FLW9@myfloridacfo.com.

4.25 Scrutinized Companies Certification

The Vendor certifies they are not listed on the Scrutinized Companies that Boycott Israel List, created pursuant to Section 215.4725, F.S., and they are not currently engaged in a boycott of Israel. If the Contract exceeds \$1,000,000.00 in total, not including renewal years, the Vendor certifies that they are not listed on either 1) the Scrutinized Companies with Activities in Sudan List, or 2) the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List created under Sections 215.473, F.S., and 215.4725, F.S., and further certifies they are not engaged in business operations in Cuba or Syria, as stated in Section 287.135(2)(b)2, F.S. Pursuant to Sections 287.135(5), F.S., and 287.135(3), F.S., the Vendor agrees the Department may immediately terminate the Contract for cause if the Vendor is found to have submitted a false certification or if the Vendor is placed on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, the Scrutinized Companies that Boycott Israel List, or is engaged in a boycott of Israel, or has engaged in business operations in Cuba or Syria during the term of the Contract. Any company that submits a reply for a contract or intends to enter into or renew a contract with an agency or local governmental entity for commodities or services, of any amount, must certify that the company is not participating in a boycott of Israel.

4.26 Disclosure of Reply Submittal Contents

All documentation produced as part of this solicitation shall become the exclusive property of the Department and may not be removed by the Vendor or its agents. All replies shall become the property of the Department and shall not be returned to the Vendor. The Department shall have the right to use any or all ideas or adaptations of the ideas presented in any Reply. Selection or rejection of a Reply shall not affect this right.

4.27 Advertising Notice of Agency Decision

As in any competitive solicitation, the Department shall advertise a public notice of agency action when the Department has made a determination including, but not limited to, a decision to award a Contract, reject all Replies, or to cancel or withdraw the ITN.

4.28 Protest Procedures

Pursuant to Section 120.57(3), F.S., a Notice of Protest or Formal Written Protest must be filed with the Department's Agency Clerk. Filings may be made physically at 501 South Calhoun Street, Tallahassee, Florida 32399-2500, by email to: CO-GCAgencyClerk@fdc.myflorida.com, or by facsimile to: (850) 922-4355. Protests must be made in compliance with Rules 28-110.003 and 28-110.004, F.A.C. Filings received after regular business hours (8:00 a.m. to 5:00 p.m., E.T.) will be filed the next Business Day. Failure to file a protest within the time prescribed in Section 120.57(3), F.S., or failure to post the bond or other security required by law within the time allowed for filing a bond shall constitute a waiver of proceedings under Chapter 120, F.S.

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SECTION 5 – CONTRACT TERMS AND CONDITIONS

5.1 General Contract Conditions

The State's General Contracting Conditions (Form PUR 1000) and General Instructions to Vendors (Form PUR 1001) may be viewed at the link below and are hereby incorporated by reference in their entirety as part of this ITB.

https://www.dms.myflorida.com/business_operations/state_purchasing/state_agency_resources/state_purchasing_pur_forms.

The terms and conditions set forth within this ITB supersede any conflicting terms and conditions set forth within Forms PUR 1000 or PUR 1001.

5.2 Travel Expenses

The Department shall not be responsible for the payments of any travel expenses incurred by the Vendor due to this ITN.

5.3 E-Verify

Beginning January 1, 2021, every public employer, Vendor, and subcontractor shall register with and use the E-Verify system, <https://e-verify.gov/employers> to verify the work authorization status of all newly hired employees. A public employer, Vendor, or subcontractor shall not enter into a contract unless each party to the contract registers with and uses the E-Verify system in accordance with Section 448.095, F.S.

5.4 State Initiatives

5.4.1 Diversity in Contracting

The State of Florida is committed to supporting its diverse business industry and population through ensuring participation by minority, women, and service-disabled veteran business enterprises in the economic life of the State. The State of Florida Mentor Protégé Program connects minority, women, and service-disabled veteran business enterprises with private corporations for business development mentoring. We strongly encourage firms doing business with the State of Florida to consider this initiative. For more information on the Mentor Protégé Program, please contact the Office of Supplier Diversity at (850) 487-0915.

The State is dedicated to fostering the continued development and economic growth of small, minority-, women-, and service-disabled veteran business enterprises. Participation by a diverse group of Vendors doing business with the State is central to this effort. To this end, it is vital that small, minority-, women-, and service-disabled veteran business enterprises participate in the State's procurement process as both Vendors and subcontractors in this solicitation. Small, minority-, women-, and service-disabled veteran business enterprises are strongly encouraged to contribute to the Contract.

The Vendor shall submit documentation addressing diversity and describing the efforts being made to encourage the participation of small business, minority-owned, women-owned, and service-disabled veteran-owned enterprises to the Contract Manager.

Information on Certified Minority Business Enterprises (CMBE) and Certified Service-Disabled Veteran Business Enterprises (CSDVBE) is available from the Office of Supplier Diversity at http://dms.myflorida.com/other_programs/office_of_supplier_diversity_osd/.

Diversity in Contracting should identify any participation by diverse Vendors and suppliers as prime Vendors, subcontractors, Vendors, resellers, distributors, or such other participation as the parties may agree. Diversity in contracting documentation shall include the timely reporting of spending with certified and other minority/service-disabled veteran business enterprises. Such reports must be submitted at least monthly and include the period covered, the name, minority code and Federal Employer Identification Number of each minority/service-disabled veteran Vendor utilized during the period, commodities, and services provided by the minority/service-disabled veteran business enterprise, and the amount paid to each minority/service-disabled veteran Vendor on behalf of each purchasing agency ordering under the terms of the Contract.

5.4.2 Environmental Considerations

The State supports and encourages initiatives to protect and preserve our environment. If applicable, the Vendor shall submit a plan to support the procurement of products and materials with recycled content, and the intent of Section 403.7065, F.S. The Vendor shall also provide a plan, if applicable, for reducing, and or handling of any hazardous waste generated by the Vendor, in accordance with Rule 62-730.160, F.A.C.

It is a requirement of the Florida Department of Environmental Protection (DEP) that a generator of hazardous waste materials that exceeds a certain threshold must have a valid and current Hazardous Waste Generator Identification Number. This identification number shall be submitted as part of Vendor's explanation of its company's hazardous waste plan and shall explain in detail its handling and disposal of this waste.

5.5 Subcontracts

The Vendor may, only with prior written consent of the Department, enter into written subcontracts for the delivery or performance of services as indicated in this ITN. Anticipated subcontract agreements known at the time of bid submission, and the amount of the subcontract must be identified in the bid. If a subcontract has been identified at the time of submission, a copy of the proposed subcontract must be submitted to the Department. No subcontract, which the Vendor enters into with respect to performance of any of its functions under the Contract, shall in any way relieve the Vendor of any responsibility for the performance of its duties. All subcontractors, regardless of function, providing services on Department property, shall comply with the Department's security requirements, as defined by the Department, including background checks, and all other Contract requirements. All payments to subcontractors shall be made by the Vendor.

If a subcontractor is utilized by the Vendor, the Vendor shall pay the subcontractors within seven (7) Business Days after receipt of full or partial payments from the Department, in accordance with Section 287.0585, F.S. It is understood and agreed that the Department shall not be liable to any subcontractor for any expenses or liabilities incurred under the subcontract, and that the Vendor shall be solely liable to the subcontractors for all expenses and liabilities under the Contract. Failure by the Vendor to pay the subcontractor within seven (7) Business Days will result in a penalty to be paid by the Vendor to the subcontractor in the amount of 0.5% of the amount due per Day from the expiration of the period allowed herein for payment. Such penalty shall be in addition to actual payments owed and shall not exceed 15% of the outstanding balance due.

5.6 Copyrights, Right to Data, Patents and Royalties

Where activities produce original writing, sound recordings, pictorial reproductions, drawings or other graphic representation and works of any similar nature, the Department has the right to use, duplicate and disclose such materials in whole or in part, in any manner, for any purpose whatsoever and to have others acting on behalf of the Department to do so. If the materials so developed are subject to copyright, trademark, or patent, legal title and every right, interest, claim or demand of any kind in and to any patent, trademark or copyright, or application for the same, will vest in the State of Florida, Department of State (DOS) for the exclusive use and benefit of the State. Pursuant to Section 286.021, F.S., no person, firm or corporation, including parties to the resulting Contract, shall be entitled to use the copyright, patent, or trademark without the prior written consent of the DOS.

The Department shall have unlimited rights to use, disclose or duplicate, for any purpose whatsoever, all information, and data developed, derived, documented, or furnished by the Vendor. All computer programs, and other documentation produced as part of the resulting Contract shall become the exclusive property of the State of Florida, Department of State, with the exception of data processing software developed by the Department pursuant to Section 119.084, F.S., and may not be copied or removed by any employee of the Vendor without express written permission of the Department.

The Vendor, without exception, shall indemnify, and save harmless the Department and its employees from liability of any nature or kind, including costs and expenses for or on account of any copyrighted, patented, or unpatented invention, process, or article manufactured or supplied by the Vendor. The Vendor has no liability when such claim is solely, and exclusively due to the combination, operation, or use of any article supplied hereunder with equipment or data not supplied by the Vendor or is based solely and exclusively upon the Department's alteration of the article. The Department will provide prompt written notification of a claim of copyright or patent infringement and will afford the Vendor full opportunity to defend the action and control the defense of such claim.

Further, if such a claim is made or is pending, the Vendor may, at its option and expense, procure for the Department the right to continue the use of, replace, or modify the article to render it non-infringing. (If none of the alternatives are reasonably available, the Department agrees to return the article to the Vendor upon its request and receive reimbursement, fees, and costs, if any, as may be determined by a court of competent jurisdiction.) If the Vendor uses any design, device, or materials covered by letter, patent or copyright, it is mutually agreed and understood without exception that the resulting Contract prices shall include all royalties or costs arising from the use of such design, device, or materials in any way involved in the work to be performed hereunder.

5.7 Use of Funds for Lobbying Prohibited

The Vendor agrees to comply with the provisions of Section 216.347, F.S., which prohibits the expenditure of State funds for the purposes of lobbying the Florida Legislature, the Judicial Branch, or a State agency.

5.8 Reservation of Rights

The Department reserves the exclusive right to make certain determinations regarding the service requirements. The absence of the Department setting forth a specific reservation of rights does not mean that any provision regarding the services to be performed is subject to mutual agreement. The Department reserves the right to make any and all determinations

exclusively which it deems are necessary to protect the best interests of the State and the health, safety, and welfare of the Department's Inmates, and of the general public which is served by the Department, either directly or indirectly, through these services.

5.9 Taxes

The State of Florida does not pay Federal Excise and Sales taxes on direct purchases of tangible personal property. The tax exemption number/certificate will be provided upon request. This exemption does not apply to purchases of tangible personal property made by Vendors who use the tangible personal property in the performance of contracts for the improvement of State-owned real property, as defined in Chapter 192, F.S.

5.10 Safety Standards

Unless otherwise stipulated in this ITN, all manufactured items and fabricated assemblies shall comply with applicable requirements of Occupational Safety and Health Act (OSHA) and any standards thereunder.

5.11 Americans with Disabilities Act

The Vendor shall comply with the Americans with Disabilities Act (ADA). In the event of the Vendor's noncompliance with the nondiscrimination clauses, the ADA, or with any other such rules, regulations, or orders, the Contract may be canceled, terminated, or suspended in whole or in part, and the Vendor may be declared ineligible for further contracts.

5.12 HIPAA Business Associate Agreement

The Successful Vendor will be required to execute a HIPAA Business Associate Agreement, included as Attachment XI, and comply with all provisions of State and federal law regarding the confidentiality of Patient information.

5.13 Employment of Department Personnel

The Vendor shall not knowingly engage, employ or utilize, on a full-time, part-time, or another basis during the term of the Contract, any current or former employee of the Department where such employment conflicts with Section 112.3185, F.S.

5.14 Legal Requirements

Applicable provision of all federal, State, county, and local laws, and all ordinances, rules, and regulations shall govern development, submittal, and evaluation of all Replies received in response to this ITN and shall govern any and all claims and disputes which may arise between person(s) submitting a Reply hereto and the State of Florida, by and through its officers, employees and authorized representatives, or any other person, natural or otherwise; and lack of knowledge by any Vendor shall not constitute a cognizable defense against the legal effect thereof.

5.15 Prison Rape Elimination Act (PREA)

The Vendor will comply with the national standards to prevent, detect, and respond to prison rape under the Prison Rape Elimination Act (PREA), Federal Rule 28 C.F.R. Part 115. The Vendor will also comply with all Department policies and procedures that relate to PREA.

5.16 Termination

5.16.1 Termination at Will

The Contract may be terminated by the Department upon no less than 30 Days' notice and by the Vendor upon no less than 180 Days' notice, without cause, unless a lesser time is mutually agreed upon by both parties. Notice shall be delivered by certified mail (return receipt requested), by other method of delivery whereby an original signature is obtained, or in-person with proof of delivery.

5.16.2 Termination Due to Lack of Funds

In the event funds to finance the Contract become unavailable, the Department may terminate the Contract upon no less than 24 hours' written notice to the Vendor. Notice shall be delivered by certified mail (return receipt requested), in-person with proof of delivery, or by other method of delivery whereby an original signature is obtained. The Department will be the final authority as to the availability of funds.

5.16.3 Termination for Cause

If a breach of the Contract occurs by the Vendor, the Department can terminate the Contract for cause. The Department may elect to afford, at its exclusive option, an opportunity for the Vendor to cure the breach for cause within 30 Days upon written notice by the Department. Any breach of the Contract which is still left uncured by the Vendor after the Department has elected to provide 30 Days to cure (remedy) the breach, may result in the Department's termination of the Contract upon 24 hours written notice by the Department. If the Department does not elect to afford an opportunity for the Vendor to cure a breach (e.g. instances of egregious Vendor conduct or other Vendor actions which may be harmful to the Department), the Department may immediately terminate the Contract for cause, upon 24 hours' written notice to the Vendor, as described in this section. Notice shall be delivered by certified mail (return receipt requested), in person with proof of delivery, or by another method of delivery whereby an original signature is obtained. If applicable, the Department may employ the default provisions in Section 287.1351, F.S. The provisions herein do not limit the Department's right to remedies at law or in equity.

5.16.4 Termination for Unauthorized Employment

Violation of the provisions of Section 274A of the Immigration and Nationality Act shall be grounds for unilateral cancellation of the Contract.

5.17 Retention of Records

The Vendor agrees to retain all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertaining to the Contract for a period of seven (7) years. The Vendor shall maintain complete and accurate record-keeping, and documentation as required by the Department and the terms of the Contract. All invoices and documentation must be clear, and legible for audit purposes. Copies of all records and documents shall be made available for the Department upon request, or no more than 48 hours upon request if stored at a different site location than the address listed on the Attachment II, Vendor's Contact Information. Any records not available at the time of an audit will be deemed unavailable for audit purposes. Violations will be noted and forwarded to the Department's Inspector General for review. All documents must be retained by the Vendor

for a period of seven (7) years following termination of the Contract, or, if an audit has been initiated, and audit findings have not been resolved at the end of seven (7) years, the records shall be retained until resolution of the audit findings. The Vendor shall cooperate with the Department to facilitate the duplication, and transfer of any said records or documents during the required retention period. The Vendor shall advise the Department of the location of all records pertaining to the Contract and shall notify the Department by certified mail within 10 Business Days if/when the records are moved to a new location.

5.18 Audit Records

The Vendor agrees to maintain records and documents (including electronic storage media) in accordance with Generally Accepted Accounting Principles (GAAP), which sufficiently and properly reflect all revenues and expenditures of funds provided by the Department under the Contract and agrees to provide a financial and compliance audit to the Department or to the Office of the Auditor General, and to ensure that all related party transactions are disclosed to the auditor.

5.19 Indemnification

The Vendor shall be liable, and agrees to be liable for, and shall indemnify, defend, and hold the Department, its employees, agents, officers, heirs, and assignees harmless from any and all claims, suits, judgments, or damages including court costs and attorneys' fees arising out of intentional acts, negligence, or omissions by the Vendor, or its employees or agents, in the course of Contract performance, including any claims or actions brought under Title 42 USC § 1983, the Civil Rights Act.

5.20 Inspector General

In accordance with Section 20.055(5), F.S., the Vendor, and its subcontractors understand and will comply with its duty to cooperate with the Inspector General in any investigation, audit, inspection, review, or hearing.

5.21 Cooperation with the Florida Senate and Florida House of Representatives

In accordance with Section 287.058(7), the Vendor agrees to disclose any requested information, relevant to the performance of the Contract, to members or staff of the Florida Senate or Florida House of Representatives, as required by the Florida Legislature. The Vendor is strictly prohibited from enforcing any nondisclosure clauses conflictive with this requirement.

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**ATTACHMENT I – PRICE INFORMATION SHEET
FDC ITN-22-042**

The Department intends to reimburse the Vendor for actual direct costs associated with the provision of health care to its Inmates. In addition, the Department intends to pay the Vendor an administrative fee as a percentage of the actual direct costs the Vendor incurs. This administrative fee must be inclusive of the Vendor's indirect costs (those costs incurred by the Vendor not relating to the provision of health care to a particular Inmate), as well as any Vendor profit. To submit a Cost Reply, Vendors must complete the following table.

Administrative Fee (%)	
Initial Term	_____ %
Renewal Term	_____ %

VENDOR NAME

PRINTED NAME OF AUTHORIZED REPRESENTATIVE

FEIN

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

**ATTACHMENT II - SERVICE LOCATIONS
FDC ITN-22-042**

Region	Major Institution	Facility ID Number	Facility Name	Supervising Institution	Address
1	*	102	Apalachee CI East (ACI)	n/a	35 Apalachee Drive Sneads, FL 32460
1		101	Apalachee CI West	Apalachee CI East	52 West Unit Drive Sneads, FL 32460
1	*	105	Calhoun CI	n/a	19562 SE Institution Drive Blountstown, FL 32424
1		165	Calhoun Work Camp	Calhoun CI	19564 Institution Drive Blountstown, FL 32424
1	*	106	Century CI	n/a	400 Tedder Rd Century, FL 32535
1		167	Century Work Camp	Century CI	400 Tedder Rd Century, FL 32535
1		164	Pensacola CRC	Century CI	3050 North "L" Street Pensacola, FL 32501
1	*	113	Franklin CI	n/a	1760 Highway 67 North Carrabelle, FL 32322
1		124	Franklin Work Camp	Franklin CI	1760 Highway 67 North Carrabelle, FL 32322
1	*	144	Gadsden Re-Entry Center	n/a	630 Opportunity Lane Havana, FL 32333
1	*	109	Gulf CI	n/a	500 Ike Steele Road Wewahitchka, Florida 32465-0010
1		150	Gulf Annex	Gulf CI	699 Ike Steel Road Wewahitchka, FL 32465

Region	Major Institution	Facility ID Number	Facility Name	Supervising Institution	Address
1		170	Gulf Forestry Camp	Gulf CI	3222 DOC Whitfield Rd White City, FL 32465
1	*	107	Holmes CI	n/a	3142 Thomas Drive Bonifay, FL 32425
1		162	Holmes Work Camp	Holmes CI	3182 Thomas Drive Bonifay, FL 32425
1	*	104	Jackson CI	n/a	5563 10 th Street Malone, FL 32445
1		166	Jackson Work Camp	Jackson CI	5607 10 th Street Malone, FL 32445
1		160	Graceville Work Camp	Jackson CI	5230 Ezell Road Graceville, FL 32440
1	*	103	Jefferson CI	n/a	1050 Big Joe Road Monticello, FL 32344
1		168	Tallahassee CRC	Jefferson CI	2616A Springhill Road Tallahassee, FL 32310
1	*	120	Liberty CI	n/a	11064 NW Dempsey Barron Road Bristol, FL 32321
1		142	Liberty South Unit	Liberty CI	11064 NW Dempsey Barron Road Bristol, FL 32321
1		139	Quincy Annex	Liberty CI	2225 Pat Thomas Pkwy Quincy, FL 32351
1	*	110	Northwest Florida Reception Center (NWFRC)	n/a	4455 Sam Mitchell Drive Chipley, FL 32428
1		125	NWFRC Annex	NWFRC	4455 Sam Mitchell Drive Chipley, FL 32428

Region	Major Institution	Facility ID Number	Facility Name	Supervising Institution	Address
1	*	115	Okaloosa CI	n/a	3189 Colonel Greg Malloy Road Crestview, FL 32539
1		161	Okaloosa Work Camp	Okaloosa CI	3189 Colonel Greg Malloy Road Crestview, FL 32539
1	*	119	Santa Rosa CI	n/a	5850 E. Milton Road Milton, FL 32583
1		135	Santa Rosa Annex	Santa Rosa CI	5850 E. Milton Road Milton, FL 32583
1		127	Santa Rosa Work Camp	Santa Rosa CI	5850 E. Milton Road Milton, FL 32583
1	*	118	Wakulla CI	n/a	110 Melaleuca Drive Crawfordville, FL 32327
1		122	Wakulla Annex	Wakulla CI	110 Melaleuca Drive Crawfordville, FL 32327
1		173	Wakulla Work Camp	Wakulla CI	110 Melaleuca Drive Crawfordville, FL 32327
1	*	108	Walton CI	n/a	691 Institution Road Defuniak Springs, FL 32433
1		172	Walton Work Camp	Walton CI	301 Institution Road Defuniak Springs, FL 32433
2	*	279	Baker CI	n/a	20706 US Hwy 90 West Sanderson, FL 32087
2		275	Baker Re-Entry Center	Baker CI	20706 US Hwy 90 West Sanderson, FL 32087
2		261	Baker Work Camp	Baker CI	20706 US Hwy 90 West Sanderson, FL 32087

Region	Major Institution	Facility ID Number	Facility Name	Supervising Institution	Address
2	*	201	Columbia CI	n/a	216 SE Corrections Way Lake City, FL 32025
2		251	Columbia Annex	Columbia CI	216 SE Corrections Way Lake City, FL 32025
2		264	Columbia Work Camp	Columbia CI	216 SE Corrections Way Lake City, FL 32025
2	*	211	Cross City CI	n/a	568 NE 255 th Street Cross City, FL 32628
2		269	Cross City East Unit	Cross City CI	568 NE 255 th Street Cross City, FL 32628
2		262	Cross City Work Camp	Cross City CI	568 NE 255 th Street Cross City, FL 32628
2	*	205	Florida State Prison (FSP)	n/a	23916 NW 83 rd Avenue Raiford, FL 32083
2		206	FSP West Unit	FSP	23916 NW 83 rd Avenue Raiford, FL 32083
2	*	215	Hamilton CI	n/a	10650 SW 46 th Street Jasper, FL 32052
2		250	Hamilton Annex	Hamilton CI	10650 SW 46 th Street Jasper, FL 32052
2		263	Hamilton Work Camp	Hamilton CI	10650 SW 46 th Street Jasper, FL 32052
2	*	281	Lancaster CI	n/a	3449 SW State Road 26 Trenton, FL 32693
2		280	Lancaster Work Camp	Lancaster CI	3449 SW State Road 26 Trenton, FL 32693

Region	Major Institution	Facility ID Number	Facility Name	Supervising Institution	Address
2	*	255	Lawtey CI	n/a	22298 NE County Road 200-B Lawtey, FL 32058
2		240	Gainesville Work Camp	Lawtey CI	1000 NE 55 th Blvd Gainesville, FL 32609
2	*	216	Madison CI	n/a	382 SW MCI Way Madison, FL 32340
2		289	Madison Work Camp	Madison CI	382 SW MCI Way Madison, FL 32340
2	*	223	Mayo Annex	n/a	8784 US 27 West Mayo, FL 32066
2		265	Mayo Work Camp	Mayo	8784 US 27 West Mayo, FL 32066
2		268	Union Work Camp	New River	136000 NE 258 Court Raiford, FL 32083
2	*	214	Putnam CI	n/a	128 Yelvington Road East Palatka, FL 32131
2	*	209	Reception and Medical Center (RMC)	n/a	7765 S County Road 231 Lake Butler, FL 32054
2		208	RMC West Unit	RMC	8183 SW 152 nd Loop Lake Butler, FL 32054
2		221	RMC Work Camp	RMC	7765 S County Road 231 Lake Butler, FL 32054
2	*	230	Suwannee CI	n/a	5964 US Hwy 90 Live Oak, FL 32060
2		231	Suwannee Annex	Suwannee CI	5964 US Hwy 90 Live Oak, FL 32060

Region	Major Institution	Facility ID Number	Facility Name	Supervising Institution	Address
2		232	Suwannee Work Camp	Suwannee CI	5964 US Hwy 90 Live Oak, FL 32060
2	*	218	Taylor CI	n/a	8501 Hampton Springs Rd Perry, FL 32348
2		224	Taylor Annex	Taylor CI	8501 Hampton Springs Rd Perry, FL 32348
2		227	Taylor Work Camp	Taylor CI	8501 Hampton Springs Rd Perry, FL 32348
2	*	282	Tomoka CI	n/a	3950 Tiger Bay Road Daytona Beach, FL 32124
2		284	Tomoka Work Camp	Tomoka CI	3950 Tiger Bay Road Daytona Beach, FL 32124
2	*	213	Union CI	n/a	25636 NE State Rd 16 Raiford, FL 32083
3	*	503	Avon Park CI	n/a	8100 Hwy 64 East Avon Park, FL 33825
3		504	Avon Park Work Camp	Avon Park CI	8100 Hwy 64 East Avon Park, FL 33825
3	*	320	Central Florida Reception Center (CFRC)	n/a	7000 HC Kelley Road Orlando, FL 32831
3		321	CFRC East Unit	CFRC	7000 HC Kelley Road Orlando, FL 32831
3		323	CFRC South Unit	CFRC	7000 HC Kelley Road Orlando, FL 32831
3		374	Kissimmee CRC	CFRC	2925 Michigan Avenue Kissimmee, FL 34744

Region	Major Institution	Facility ID Number	Facility Name	Supervising Institution	Address
3		361	Orlando CRC	CFRC	7300 Laurel Hill Road Orlando, FL 32818
3	*	564	DeSoto Annex	n/a	13617 SE Hwy 70 Arcadia, FL 34266
3		560	DeSoto Work Camp	DeSoto CI	13617 SE Hwy 70 Arcadia, FL 34266
3	*	368	Florida Women's Reception Center (FWRC)	n/a	3700 NW 111 th Place Ocala, FL 34482
3	*	501	Hardee CI	n/a	6901 State Road 62 Bowling Green, FL 33834
3		563	Hardee Work Camp	Hardee CI	6899 State Road 62 Bowling Green, FL 33834
3	*	336	Hernando CI	n/a	16415 Spring Hill Road Brooksville, FL 34604
3	*	312	Lake CI	n/a	19225 US Hwy 27 Clermont, FL 34715
3	*	314	Lowell CI	n/a	11120 NW Gainesville Road Ocala, FL 34482
3		367	Lowell Annex	Lowell CI	11120 NW Gainesville Road Ocala, FL 34482
3		316	Lowell Work Camp	Lowell CI	11120 NW Gainesville Road Ocala, FL 34482
3	*	304	Marion CI	n/a	3269 NW 105 th Street Lowell, FL 32663
3		364	Marion Work Camp	Marion CI	3269 NW 105 th Street Lowell, FL 32663

Region	Major Institution	Facility ID Number	Facility Name	Supervising Institution	Address
3	*	580	Polk CI	n/a	10800 Evans Road Polk City, FL 33868
3		562	Polk Work Camp	Polk CI	10800 Evans Road Polk City, FL 33868
3		552	Largo Road Prison	Polk CI	5201 Ulmerton Road Clearwater, FL 33760
3		583	St. Petersburg CRC	Polk CI	4237 8 th Avenue South St. Petersburg, FL 33711
3	*	307	Sumter CI	n/a	9544 County Road 476B Bushnell, FL 33513
3		305	Sumter Annex	Sumter CI	9544 County Road 476B Bushnell, FL 33513
3		308	Sumter BTU	Sumter CI	9544 County Road 476B Bushnell, FL 33513
3		365	Sumter Work Camp	Sumter CI	9544 County Road 476B Bushnell, FL 33513
3	*	573	Zephyrhills CI	n/a	2739 Gall Blvd Zephyrhills, FL 33541
4	*	510	Charlotte CI	n/a	33123 Oil Well Road Punta Gorda, FL 33955
4		544	Ft. Myers Work Camp	Charlotte CI	2575 Ortiz Avenue Ft. Myers, FL 33905
4	*	463	Dade CI	n/a	19000 SW 377 th Street Florida City, FL 33034
4	*	401	Everglades CI	n/a	1599 SW 187 th Avenue Miami, FL 33194

Region	Major Institution	Facility ID Number	Facility Name	Supervising Institution	Address
4		441	Everglades Re-Entry Center	Everglades CI	1599 SW 187 th Avenue Miami, FL 33194
4	*	419	Homestead CI	n/a	19000 SW 377 th Street Florida City, FL 33034
4	*	430	Martin CI	n/a	1150 SW Allapattah Road Indiantown, FL 34956
4		420	Martin Work Camp	Martin CI	100 SW Allapattah Road Indiantown, FL 34956
4		469	West Palm Beach CRC	Martin CI	261 W. Fairgrounds Road West Palm Beach, FL 33411
4		452	Atlantic CRC	Martin CI	261 W. Fairgrounds Road West Palm Beach, FL 33411
4		431	Loxahatchee Road Prison	Martin CI	230 Sunshine Road West Palm Beach, FL 33411
4	*	404	Okeechobee CI	n/a	3420 NE 168 th Street Okeechobee, FL 34972
4		407	Okeechobee Work Camp	Okeechobee CI	3420 NE 168 th Street Okeechobee, FL 34972
4		464	Sago Palm Re-Entry Center	Okeechobee CI	500 Bay Bottom Rd Pahokee, FL 33476
4	*	402	South Florida Reception Center (SFRC)	n/a	14000 NW 41 st Street Doral, FL 33178
4		403	SFRC South Unit	SFRC	14000 NW 41 st Street Doral, FL 33178
4		473	Opa Locka CRC	SFRC	5400 NW 135 th Street Opa Locka, FL 33054
4		446	Hollywood CRC	SFRC	8501 W Cypress Drive Pembroke Pines, FL 33025

**ATTACHMENT III – VENDOR'S CONTACT INFORMATION AND CERTIFICATION
FDC ITN-22-042**

The Vendor shall identify the contact information for the ITN and Contract terms in the table below.

	Vendor Contact Person for this ITN	Vendor Contact Person for the Contract Term (should the Vendor be awarded)
Name:		
Title:		
Address: (Line 1)		
Address: (Line 2)		
City, State, Zip Code		
Telephone: (Office)		
Telephone: (Mobile)		
Email:		
Principal Place of Business (location of headquarters or state of incorporation):		

Per Section 4.26, a Vendor submitting a Bid must certify that their company is not participating in a boycott of Israel. By signing below, the Vendor so certifies.

Authorized Vendor Signature

Date

**ATTACHMENT IV – REPLY BOND FORM
FDC ITN-22-042**

REPLY BOND

KNOW ALL PERSONS BY THESE PRESENTS, that we, the undersigned [Insert name of Principal] as Principal and [Insert name of Surety] as Sureties, are hereby held and firmly bound unto Florida Department of Corrections, 501 South Calhoun Street, Tallahassee, FL 32399-2500 as Obligee in the penal sum of the dollar amount [Insert Dollar Amount of the Bond here] provided for in the [Insert specific ID# and Title of Solicitation], to which the Principal has submitted a Reply to the Obligee on [Insert Date of Receipt of Submission].

For the payment of the penal sum well and truly to be made, we hereby jointly and severally bind ourselves, our heirs, executors, administrators, successors, and assigns.

Signed this [Insert Day] Day of [Insert Month], [Insert Year].

[Insert name of Principal]

By:

[Insert name of Authorized Representative of Principal]

[Insert Title of Authorized Representative of Principal]

[Insert name of Surety]

By:

[Insert name of Authorized Representative of Surety]

[Insert Title of Authorized Representative of Surety]

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, that whereas the above-named Principal has submitted a Reply for [Insert specific ID# and Title of Solicitation].

Now, therefore, if the Reply submitted by the Principal is withdrawn by the Principal within five, (5), Days of the Obligee's receipt of the Reply then this obligation shall be null and void, otherwise to remain in full force and effect; if the Obligee accepts the bid of the Principal and the Principal within ten, (10), Days after the awarding of the Contract enters into a proper Contract in accordance with the Principal's Reply, plans, details, specifications, and bills of material, which said Contract is made a part of this bond the same as though set forth herein; then this obligation shall be void; otherwise the same shall remain in full force and effect; it being expressly understood and agreed that the liability of the surety for any and all claims hereunder shall in no event exceed the penal amount of this obligation as herein stated.

The said surety hereby stipulates and agrees that no modifications, omissions, or additions, in or to the terms of the said Contract or in or to the plans or specifications therefor shall in any wise affect the obligations of said surety on its bond.

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**ATTACHMENT V – PASS/FAIL REQUIREMENT CERTIFICATION
AND NON-COLLUSION CERTIFICATION
FDC ITN-22-042**

1. Business/Corporate Experience

The Vendor certifies it has at least three (3) years' experience within the last five (5) years, in the provision of comprehensive health care services for an aggregate patient population of at least, 20,000 patients at any one time in prison, jail or other comparable managed health care setting as the services outlined in this ITN, and any subsequent revision thereof.

2. Prime Vendor

The Vendor certifies it will act as the prime Vendor to the Department for all services provided under the Contract.

3. Performance Guarantee/Bond

The Vendor certifies that it has the ability to meet the performance guarantee and within 10 Business Days of Contract execution. The Vendor will deliver to the Department a performance bond or irrevocable letter of credit in the amount of \$60 million. The bond or letter of credit will be used to guarantee at least satisfactory performance by Vendor throughout the term of the Contract (including renewal years).

4. Reply Bond

The Vendor certifies it has included in its Reply a bond or check in the amount of \$10 million. The bond insures against the Vendor's withdrawal from the competitive solicitation process subsequent to its submission of a Reply.

5. Meets Legal Requirements

The Vendor certifies that its proposed offering/solution, and all services to be provided under the Contract will be compliant with all laws, rules and other authority applicable to providing the services including, but not limited to, Florida's Open Government laws (Article I, Section 24, Florida Constitution, Chapter 119, F.S.).

6. Financial Stability

The Vendor attests to its positive financial standing and that its current Dun & Bradstreet (D&B) Financial Stress Score has a Financial Stress Class of 1, 2, 3 or 4.

7. Statement of No Inducement

The Vendor certifies that it has made no attempt and will make to attempt to induce any other person or firm to submit or not to submit a Reply. Further, the Vendor certifies its Reply contained herein is submitted in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other non-competitive Reply.

8. Statement of Non-Disclosure

The Vendor certifies that neither the price(s) contained in this Reply, nor the approximate amount of this Reply have been disclosed prior to award, directly or indirectly, to any other Vendor or to any competitor.

9. Statement of Non-Collusion

The Vendor certifies that the prices and amounts in its Reply have been arrived at independently, without consultation, communications, or agreement with any other Vendor or with any entity for the purpose of restricting competition.

10. Statement of Data Security

The Vendor attests that all data generated, used, or stored by the Vendor pursuant to the Contract will reside and remain in the United States and will not be transferred outside of the United States.

11. Scrutinized Company Certification

The Vendor certifies they are not listed on the Scrutinized Companies that Boycott Israel List, created pursuant to Section 215.4725, F.S., and they are not currently engaged in a boycott of Israel. If the Contract exceeds \$1,000,000.00 in total, not including renewal years, the Vendor certifies that they are not listed on either 1) the Scrutinized Companies with Activities in Sudan List, or 2) the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List created under Sections 215.473, F.S., and 215.4725, F.S., and further certifies they are not engaged in business operations in Cuba or Syria, as stated in Section 287.135(2)(b)2, F.S. Pursuant to Sections 287.135(5), F.S., and 287.135(3), F.S., the Vendor agrees the Department may immediately terminate the Contract for cause if the Vendor is found to have submitted a false certification or if the Bidder is placed on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, the Scrutinized Companies that Boycott Israel List, or is engaged in a boycott of Israel, or has engaged in business operations in Cuba or Syria during the term of the Contract. Any company that submits a Bid, Proposal, or Reply for a contract, or intends to enter into or renew a contract with an agency or local governmental entity for commodities or services, of any amount, must certify that the company is not participating in a boycott of Israel.

Vendor Name: _____

Authorized Signature: _____

Printed Name of Authorized Signor: _____

NOTARY AFFIRMATION: STATE OF _____, COUNTY OF _____

Pursuant to Section 117.05(13)(a), F.S., the signor, subscribed before me by means of physical presence or online notarization, this _____ (Day) of _____(month), 2021, affirms the contents of this Attachment.

(Place Notary Seal Below) | Signature of Notary Public: _____

| Name of Notary Typed, Printed, or Stamped: _____

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**ATTACHMENT VI – VENDOR’S REFERENCE FORM
FDC ITN-22-042**

In the spaces provided below, the Vendor shall list all names under which it has operated during the past five (5) years.

On the following pages, the Vendor shall provide the information indicated for three (3) separate and verifiable references. The references listed must be for businesses or government agencies for whom the Vendor has provided services of similar scope and size to the services identified in the ITN. The same reference may not be listed for more than one (1) organization and confidential references shall not be included. In the event the Vendor has had a name change since the time work was performed for a listed reference, the name under which the Vendor operated at that time must be provided in the space provided for Vendor’s Name.

References that are listed as subcontractors in the response will not be accepted as references under this solicitation. Additionally, References shall pertain to current and ongoing services or those that were completed prior to January 1, 2021. References shall not be given by:

- Persons employed by the Department within the past three (3) years.
- Persons currently or formerly employed or supervised by the Vendor or its affiliates.
- Board members within the Vendor’s organization.
- Relatives of any of the above.

The Department will attempt to contact the three (3) references provided by the Vendor to complete the Evaluation Questionnaire for references. The total number of references contacted to complete an Evaluation Questionnaire for Past Performance for any response will be three (3).

References should be available for contact during normal business hours, 9:00 a.m. – 5:00 p.m., Local Time. The Department will attempt to contact each reference by telephone up to three (3) times. The Department will not correct incorrectly supplied information.

Additionally, the Department reserves the right to contact references other than those identified by the Vendor to obtain additional information regarding past performance.

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Vendor's Reference Form

Reference #1

Vendor's Name: _____

Reference's Name: _____

Address: _____

Primary Contact Person: _____

Alternate Contact Person: _____

Primary Phone Number: _____

Alternate Phone Number: _____

Contract Performance Period: _____

Location of Services: _____

Brief description of the services performed for this reference:

Vendor's Reference Form

Reference #2

Vendor's Name: _____

Reference's Name: _____

Address: _____

Primary Contact Person: _____

Alternate Contact Person: _____

Primary Phone Number: _____

Alternate Phone Number: _____

Contract Performance Period: _____

Location of Services: _____

Brief description of the services performed for this reference:

Vendor's Reference Form

Reference #3

Vendor's Name: _____

Reference's Name: _____

Address: _____

Primary Contact Person: _____

Alternate Contact Person: _____

Primary Phone Number: _____

Alternate Phone Number: _____

Contract Performance Period: _____

Location of Services: _____

Brief description of the services performed for this reference:

**REFERENCE QUESTIONNAIRE
(Completed by the Department)**

Vendor's Name:	
Reference's Name:	
Primary Contact Person:	Alternate Contact Person:
Primary Phone Number:	Alternate Phone Number:

Question	Score
1. Briefly describe the services the Vendor performed for your organization:	N/A
2. How would you rate the contract implementation with this Vendor? Excellent = 8, Good = 6, Acceptable = 4, Fair = 2, Poor = 0	
3. Did the Vendor consistently meet all its performance/milestone deadlines? Yes = 4, No = 0	
4. Did the Vendor submit reports and invoices that were timely and accurate? Yes = 4, No = 0	
5. Did you impose sanctions, penalties, liquidated damages, or financial consequences on the Vendor during the last 12 months? Yes = 0, No = 4	
6. How would you rate the Vendor's key staff and their ability to work with your organization? Excellent = 8, Good = 6, Acceptable = 4, Fair = 2, Poor = 0	
7. Did you ever request dismissal of any key staff? Yes = 0, No = 4	
8. Did the Vendor's project/contract manager effectively manage the contract? Yes = 4, No = 0	
9. How would you rate the Vendor's customer service? Excellent = 8, Good = 6, Acceptable = 4, Fair = 2, Poor = 0	
10. Was the Vendor's staff knowledgeable about the contract requirements and scope of services? Yes = 4, No = 0	
11. Did the Vendor work cooperatively with the organization over the course of the contract? Yes = 4, No = 0	
12. Would you contract with this Vendor again? Yes = 8, No = 0	
13. Were there any Inmate escapes? If yes, please provide the circumstances of the escape? Yes = 0 No = 4	
Total Score	

Reference Verified by:

Name (printed) Title

Signature Date

**ATTACHMENT VII – CERTIFICATION OF DRUG FREE WORKPLACE PROGRAM
FDC ITN-22-042**

Section 287.087, Florida Statutes (F.S.) provides that, where identical tie bids are received, preference shall be given to a bid received from a Vendor that certifies it has implemented a drug-free workforce program. In order to have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under response a copy of the statement specified in Subsection (1).
4. In the statement specified in Subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under response, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 894, F.S., or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) Days after such conviction.
5. Impose a sanction on any employee who is so convicted or require the satisfactory participation in a drug abuse assistance or rehabilitation program as such is available in the employee's community.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of applicable laws, rules and regulations.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Company Name: _____

VENDOR'S SIGNATURE

(Form revised 11/10/15)

**ATTACHMENT VIII – NOTICE OF CONFLICT OF INTEREST
FDC ITN-22-042**

Organization Responding to Solicitation: _____

Solicitation Number: FDC ITN-22-042

For the purpose of participating in this solicitation process and complying with the provisions of Chapter 112, Florida Statutes, the undersigned corporate officer hereby discloses the following information to the Florida Department of Corrections:

1. Identify all corporate officers, directors or agents of the Vendor who are currently employees of the State of Florida or one of its agencies, were employees of the State of Florida or one of its agencies in within the last two (2) years, or are currently a spouse, parent, or sibling such of an employee of the State of Florida or one of its agencies:

Note: This does not include positions located at individual FDC Institutions that were filled by previous employees of the Department and were impacted by privatization of health services functions.

2. For all persons identified in section 1 above, please identify if they own an interest of ten percent (10%) or more in the company/entity named above:

Signature: _____ Date: _____

Name: _____

Title: _____

Vendor Name: _____

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**ATTACHMENT X – FLORIDA DEPARTMENT OF CORRECTIONS
SECURITY REQUIREMENTS FOR VENDORS
FDC ITN-22-042**

- (1) Section 944.47, F.S.: Except through regular channels as authorized by the officer in charge of the Correctional Institution, it is unlawful to introduce into or upon the grounds of any state Correctional Institution, or to take or attempt to take or send or attempt to send therefrom, any of the following articles which are hereby declared to be contraband.
 - (a) Any written or recorded communication or any currency or coin given or transmitted, or intended to be given or transmitted, to any Inmate of any state Correctional Institution.
 - (b) Any article of food or clothing given or transmitted, or intended to be given or transmitted, to any Inmate of any state Correctional Institution.
 - (c) Any intoxicating beverage or beverage which causes or may cause an intoxicating effect.
 - (d) Any controlled substance as defined in section 893.02(4), marijuana as defined in section 381.986, hemp as defined in section 581.217, industrial hemp as defined in section 1004.4473, or any prescription or nonprescription drug having a hypnotic, stimulating, or depressing effect.
 - (e) Any firearm or weapon of any kind or any explosive substance. (This includes any weapons left in vehicles)
 - (f) Any cellular telephone or other portable communication device intentionally and unlawfully introduced inside the secure perimeter of any state Correctional Institution without prior authorization or consent from the officer in charge of such Correctional Institution.
 - (g) Any vapor-generating electronic device as defined in section 386.203, intentionally and unlawfully introduced inside the secure perimeter of any state Correctional Institution.

A person who violates any provision of this section as it pertains to an article of contraband described in subsections (a), (b), or (f) is guilty of a felony of the third degree. In all other cases, a violation of a provision of this section constitutes a felony of the second degree.
- (2) Absolutely no transactions between contract personnel and Inmates are permitted. This includes, but is not limited to, giving or receiving cigarettes, stamps, or letters.
- (3) No communication with Inmates, verbal or otherwise, is permitted without the authorization of the officer-in-charge.
- (4) Keep all keys in your pockets. Do not leave keys in the ignition locks of motor vehicles. All vehicles must be locked, and windows rolled up when parked on state property. Wheel locking devices may also be required.
- (5) Establish with the Warden and/or Chief of Security where construction vehicles should be parked and staging area for materials storage.
- (6) Obtain formal identification (driver's license or non-driver's license obtained from the Department of Highway Safety and Motor Vehicles). This identification must be presented each time you enter or depart the Institution.
- (7) Strict tool control will be enforced at all times. Tools within the Correctional Institution are classified as Class AA, A, or B.
 - (a) Class AA tools are defined as any tool that can be utilized to cut chain link fence fiber or razor wire rapidly and effectively.
 - (b) Class A tools are defined as those tools which, in their present form, are most likely to be used in an escape or to do bodily harm to staff or Inmates.
 - (c) Class B tools are defined as tools of a less hazardous nature. Every tool is to be geographically controlled and accounted for at all times.
 - (d) At the end of the workDay, toolboxes will be removed from the compound or to a secure area as directed by security staff. You must have two copies of the correct inventory

with each toolbox; one copy will be used and retained by security staff who will search and ensure a proper inventory of tools each time the toolbox is brought into the facility, the other copy will remain with the toolbox at all times. Tools should be kept to a minimum (only those tools necessary to complete your job). All lost tools must be reported to the Chief of Security (Colonel or Major) **immediately**. No Inmate will be allowed to leave the area until the lost tool is recovered.

- (8) Prior approval must be obtained from the Chief of Security before bringing any powder-activated tools onto the compound. Strict accountability of all powder loads and spent cartridges is required.
- (9) All construction materials will be delivered into the compound on trucks entering through the sallyport gate. As the security check of vehicles is an intensive and time-consuming (10-15 minutes) process, the Vendor is requested to minimize the number of deliveries.
- (10) Control end-of-Day construction materials and debris. Construction materials and debris can be used as weapons or as a means of escape. Construction material will be stored in locations agreed to by security staff, and debris will be removed to a designated location. Arrange for security staff to inspect the project area before construction personnel leave. This will aid you in assuring that necessary security measures are accomplished.
- (11) Coordinate with the Warden and Chief of Security regarding any shutdown of existing systems (gas, water, electricity, electronics, sewage, etc.). Obtain institutional approval before shutting down any existing utility system. Arrange for alternative service (if required) and expeditious re-establishment of the shutdown system.
- (12) With the intent of maintaining security upon the Institution's grounds, a background check will be made upon all persons employed by the Vendor or who work on the project. **The Department, represented by the Institution's Warden, reserves the right to reject any person whom it determines may be a threat to the security of the Institution.**

Vendor/Vendor Signature

Date

FDC Staff Witness Signature

**ATTACHMENT XI – BUSINESS ASSOCIATE AGREEMENT FOR HIPAA
FDC ITN-22-042**

This Business Associate Agreement supplements and is made a part of this Agreement between the Florida Department of Corrections ("Department") and [Click here to enter contractor name.](#) ("Vendor"), (individually, a "Party" and collectively referred to as "Parties").

Whereas, the Department creates or maintains, or has authorized the Vendor to receive, create, or maintain certain Protected Health Information ("PHI,") as that term is defined in 45 C.F.R. §164.501 and that is subject to protection under the Health Insurance Portability and Accountability Act of 1996, as amended. ("HIPAA");

Whereas, the Department is a "Covered Entity" as that term is defined in the HIPAA implementing regulations, 45 C.F.R. Part 160 and Part 164, Subparts A, C, and E, the Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule") and the Security Standards for the Protection of Electronic Protected Health Information ("Security Rule");

Whereas, the Vendor may have access to PHI in fulfilling its responsibilities under its Contract with the Department;

Whereas, the Vendor is considered to be a "Business Associate" of a Covered Entity as defined in the Privacy Rule;

Whereas, pursuant to the Privacy Rule, all Business Associates of Covered Entities must agree in writing to certain mandatory provisions regarding the use and disclosure of PHI; and

Whereas, the purpose of this Agreement is to comply with the requirements of the Privacy Rule, including, but not limited to, the Business Associate Contract requirements of 45 C.F.R. §164.504(e).

Whereas, in regards to Electronic Protected Health Information as defined in 45 C.F.R. § 160.103, the purpose of this Agreement is to comply with the requirements of the Security Rule, including, but not limited to, the Business Associate Contract requirements of 45 C.F.R. §164.314(a).

Now, therefore, in consideration of the mutual promises and covenants contained herein, the Parties agree as follows:

1. **Definitions**

Unless otherwise provided in this Agreement, any and all capitalized terms have the same meanings as set forth in the HIPAA Privacy Rule, HIPAA Security Rule or the Health Information Technology for Economic and Clinical Health (HITECH) Act. Vendor acknowledges and agrees that all PHI that is created or received by the Department and disclosed or made available in any form, including paper record, oral communication, audio recording, and electronic display by the Department or its operating units to Vendor or is created or received by Vendor on the Department's behalf shall be subject to this Agreement.

2. **Confidentiality Requirements**

A. Vendor agrees to use and disclose PHI that is disclosed to it by the Department solely for meeting its obligations under its agreements with the Department, in accordance with the terms of this agreement, the Department's established

policies rules, procedures and requirements, or as required by law, rule or regulation.

B. In addition to any other uses and/or disclosures permitted or authorized by this Agreement or required by law, Vendor may use and disclose PHI as follows:

- (1) if necessary for the proper management and administration of the Vendor and to carry out the legal responsibilities of the Vendor, provided that any such disclosure is required by law or that Vendor obtains reasonable assurances from the person to whom the information is disclosed that it will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies Vendor of any instances of which it is aware in which the confidentiality of the information has been breached;
- (2) for data aggregation services, only if to be provided by Vendor for the health care operations of the Department pursuant to any and all agreements between the Parties. For purposes of this Agreement, data aggregation services means the combining of PHI by Vendor with the PHI received by Vendor in its capacity as a Vendor of another covered entity, to permit data analyses that relate to the health care operations of the respective covered entities.
- (3) Vendor may use and disclose PHI that Vendor obtains or creates only if such disclosure is in compliance with every applicable requirement of Section 164.504(e) of the Privacy Act relating to Vendor Contracts. The additional requirements of Subtitle D of the HITECH Act that relate to privacy and that are made applicable to the Department as a covered entity shall also be applicable to Vendor and are incorporated herein by reference.

C. Vendor will implement appropriate safeguards to prevent use or disclosure of PHI other than as permitted in this Agreement. Further, Vendor shall implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of Electronic PHI that it creates, receives, maintains, or transmits on behalf of the Department. The Secretary of Health and Human Services and the Department shall have the right to audit Vendor's records and practices related to use and disclosure of PHI to ensure the Department's compliance with the terms of the HIPAA Privacy Rule and/or the HIPAA Security Rule.

Further, Sections 164.308 (administrative safeguards), 164.310 (physical safeguards), 164.312 (technical safeguards), and 164.316 (policies and procedures and documentation requirements) of the Security Rule shall apply to the Vendor in the same manner that such sections apply to the Department as a covered entity. The additional requirements of the HITECH Act that relate to security and that are made applicable to covered entities shall be applicable to Vendor and are hereby incorporated by reference into this Business Associate Agreement.

D. Vendor shall report to Department any use or disclosure of PHI, which is not in compliance with the terms of this Agreement as well as any Security incident of which it becomes aware. Vendor agrees to notify the Department, and include a

copy of any complaint related to use, disclosure, or requests of PHI that the Vendor receives directly and use best efforts to assist the Department in investigating and resolving such complaints. In addition, Vendor agrees to mitigate, to the extent practicable, any harmful effect that is known to Vendor of a use or disclosure of PHI by Vendor in violation of the requirements of this Agreement.

Such report shall notify the Department of:

- 1) any Use or Disclosure of PHI (including Security Incidents) not permitted by this Agreement or in writing by the Department;
- 2) any Security Incident;
- 3) any Breach, as defined by the HITECH Act; or any other breach of a security system, or like system, as may be defined under applicable State law (Collectively a "Breach").
- 4) any other breach of a security system, or like system, as may be defined under applicable State law (Collectively a "Breach").

Vendor will without unreasonable delay, but no later than 72 hours after discovery of a Breach, send the above report to the Department.

Such report shall identify each individual whose PHI has been, or is reasonably believed to have been, accessed, acquired, or disclosed during any Breach pursuant to 42 U.S.C.A. § 17932(b). Such report will:

- 1) Identify the nature of the non-permitted or prohibited access, use, or disclosure, including the nature of the Breach and the date of discovery of the Breach.
- 2) Identify the PHI accessed, used or disclosed, and provide an exact copy or replication of that PHI.
- 3) Identify who or what caused the Breach and who accessed, used, or received the PHI.
- 4) Identify what has been or will be done to mitigate the effects of the Breach; and
- 5) Provide any other information, including further written reports, as the Department may request.

- E. In accordance with Section 164.504(e)(1)(ii) of the Privacy Rule, each party agrees that if it knows of a pattern of activity or practice of the other party that constitutes a material breach of or violation of the other party's obligations under the Business Associate Agreement, the non-breaching party will take reasonable steps to cure the breach or end the violation, and if such steps are unsuccessful, terminate the Contract or arrangement if feasible. If termination is not feasible, the party will report the problem to the Secretary of Health and Human Services (federal government).

- F. Vendor will ensure that its agents, including a subcontractor, to whom it provides PHI received from, or created by Vendor on behalf of the Department, agree to the same restrictions and conditions that, apply to Vendor, and apply reasonable and appropriate safeguards to protect such information. Vendor agrees to designate an appropriate individual (by title or name) to ensure the obligations of this agreement are met and to respond to issues and requests related to PHI. In addition, Vendor agrees to take other reasonable steps to ensure that its employees' actions or omissions do not cause Vendor to breach the terms of this Agreement.
- G. Vendor shall secure all PHI by a technology standard that renders PHI unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute and is consistent with guidance issued by the Secretary of Health and Human Services specifying the technologies and methodologies that render PHI unusable, unreadable, or indecipherable to unauthorized individuals, including the use of standards developed under Section 3002(b)(2)(B)(vi) of the Public Health Service Act, pursuant to the HITECH Act, 42 U.S.C. § 300jj-11, unless the Department agrees in writing that this requirement is infeasible with respect to particular data. These security and protection standards shall also apply to any of Vendor's agents and subcontractors.
- H. Vendor agrees to make available PHI so that the Department may comply with individual rights to access in accordance with Section 164.524 of the HIPAA Privacy Rule. Vendor agrees to make PHI available for amendment and incorporate any amendments to PHI in accordance with the requirements of Section 164.526 of the HIPAA Privacy Rule. In addition, Vendor agrees to record disclosures and such other information necessary, and make such information available, for purposes of the Department providing an accounting of disclosures, as required by Section 164.528 of the HIPAA Privacy Rule.
- I. The Vendor agrees, when requesting PHI to fulfill its Contractual obligations or on the Department's behalf, and when using and disclosing PHI as permitted in the Contract, that the Vendor will request, use, or disclose only the minimum necessary in order to accomplish the intended purpose.

3. **Obligations of Department**

- A. The Department will make available to the Business Associate the notice of privacy practices (applicable to Inmates under supervision, not to Inmates) that the Department produces in accordance with 45 CFR 164.520, as well as any material changes to such notice.
- B. The Department shall provide Business Associate with any changes in, or revocation of, permission by an Individual to use or disclose PHI, if such changes affect Business Associate's permitted or required uses and disclosures.
- C. The Department shall notify Business Associate of any restriction to the use or disclosure of PHI that impacts the business associate's use or disclosure and that the Department has agreed to in accordance with 45 CFR 164.522 and the HITECH Act.

4. **Termination**
- A. **Termination for Breach** - The Department may terminate this Agreement if the Department determines that the Vendor has breached a material term of this Agreement. Alternatively, the Department may choose to provide Vendor with notice of the existence of an alleged material breach and afford Vendor an opportunity to cure the alleged material breach. In the event Vendor fails to cure the breach to the satisfaction of the Department, the Department may immediately thereafter terminate this Agreement.
- B. **Automatic Termination** - This Agreement will automatically terminate upon the termination or expiration of the original Contract between the Department and the Vendor.
- C. **Effect of Termination**
- (1) Termination of this agreement will result in termination of the associated Contract between the Department and the Vendor.
- (2) Upon termination of this Agreement or the Contract, Vendor will return or destroy all PHI received from the Department or created or received by Vendor on behalf of the Department that Vendor still maintains and retain no copies of such PHI; provided that if such return or destruction is not feasible, Vendor will extend the protections of this Agreement to the PHI and limit further uses and disclosure to those purposes that make the return or destruction of the information infeasible.
5. **Amendment** - Both parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary to comply with the requirements of the HIPAA Privacy Rule, the HIPAA Security Rule, and the HITECH Act.
6. **Interpretation** - Any ambiguity in this Agreement shall be resolved to permit the Department to comply with the HIPAA Privacy Rule, the HIPAA Security Rule, and/or the HITECH Act.
7. **Indemnification** – The Vendor shall be liable for and agrees to be liable for, and shall indemnify, defend, and hold harmless the Department, its employees, agents, officers, and assigns from any and all claims, suits, judgments, or damages including court costs and attorneys’ fees arising out of or in connection with any non-permitted or prohibited Use or Disclosure of PHI or other breach of this Agreement, whether intentional, negligent or by omission, by Vendor, or any subcontractor of Vendor, or agent, person or entity under the control or direction of Vendor. This indemnification by Vendor includes any claims brought under Title 42 USC §1983, the Civil Rights Act.
8. **Miscellaneous** - Parties to this Agreement do not intend to create any rights in any third parties. The obligations of Vendor under this Section shall survive the expiration, termination, or cancellation of this Agreement, or any and all other contracts between the parties, and shall continue to bind Vendor, its agents, employees, Vendors, successors, and assigns as set forth herein for any PHI that is not returned to the Department or destroyed.

**ATTACHMENT XII– NONDISCLOSURE AGREEMENT FOR RESTRICTED INFORMATION
FDC ITN-22-042**

In connection with ITN-22-042, entitled “Comprehensive Health Care Services” the Florida Department of Corrections (“FDC”) is disclosing to your business information, procedures, technical information and/or ideas identified as “Restricted”.

In consideration of any disclosure and any restricted information provided by FDC concerning ITN-22-042, you agree as follows:

1. You will hold in confidence and not possess or use (except to evaluate and review in relation to the ITN) or disclose any Restricted information except information you can document (a) is in the public domain through no fault of yours, (b) was properly known to you, without restriction, prior to disclosure by FDC, or (c) was properly disclosed to you by another person without restriction, and you will not reverse engineer or attempt to derive the composition or underlying information, structure or ideas of any Restricted information. The foregoing does not grant you a license in or to any of the Restricted information.
2. If you decide not to proceed with the proposed business relationship or if asked by FDC, you will promptly return all Restricted information and all copies, extracts, and other objects or items in which it may be contained or embodied.
3. You will promptly notify FDC of any unauthorized release of Restricted information.
4. You understand that this statement does not obligate FDC to disclose any information or negotiate or enter into any agreement or relationship.
5. You acknowledge and agree that due to the unique nature of the restricted information, any breach of this agreement would cause irreparable harm to FDC for which damages are not an adequate remedy and that the FDC shall therefore be entitled to equitable relief in addition to all other remedies available at law.
6. The terms of this Agreement will remain in effect with respect to any particular restricted information until you can document that it falls into one of the exceptions stated in Paragraph 1 above.
7. This Agreement is governed by the laws of the State of Florida and may be modified or waived only in writing. If any provision is found to be unenforceable, such provision will be limited or deleted to the minimum extent necessary so that the remaining terms remain in full force and effect. The prevailing party in any dispute or legal action regarding the subject matter of this Agreement shall be entitled to recover attorneys’ fees and costs.

Information identified as “Restricted” is included in the Resources CD, specified in Section 2.8 of the ITN.

Acknowledged and agreed on _____, 2022

By: _____
(Signature)

Name: _____

Company Name: _____

Title: _____

Florida Department of Corrections | Bureau of Procurement | FDC ITN-22-042

Comprehensive Health Care Services

Due Date: July 15, 2022 2:00pm EST
Technical Reply Copy

Submitted by:
Centurion of Florida, LLC
7700 Forsyth Blvd
St. Louis, MO 63105



centurion™

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7700 Forsyth Blvd.
St. Louis, MO 63105

Eunice Arnold, Procurement Officer
Bureau of Procurement, Office of Financial Management
Florida Department of Corrections
501 S. Calhoun Street
Tallahassee, FL, 32399

Re: FDC ITN 22-042 Comprehensive Health Care Services

Dear Ms. Arnold and members of the proposal evaluation committee:

With a deep sense of humility and gratitude, I join Victoria Love, Chief Operating Officer and former Vice President of Operations for **Centurion of Florida, LLC (Centurion)**, and Ruth Feltner, Statewide Vice President of Operations for Florida, and our entire Florida team in submitting our proposal to the Florida Department of Corrections (FDC) in response to ITN 22-042 Comprehensive Health Care Services.

Since assuming the FDC contracts, we have met and exceeded the FDC's goals, changing a previously fragmented healthcare system into one that is unified, integrated, public health-focused and patient-centered. We have worked hand-in-hand with our FDC colleagues to provide exemplary healthcare services and ensure the safety and security of the facilities in which we work and the individuals we serve. Together, we have identified and addressed facility and system-wide challenges, used innovative solutions to enhance service delivery, battled the COVID-19 pandemic, and implemented several cost-savings solutions. We have removed the FDC from extensive litigation and have created a healthcare environment that is accessible, quality- and patient-focused, and dedicated to helping the FDC population achieve better health outcomes.

What we have achieved in Florida would not be possible without the dedication of the staff who work in Centurion's regional office and at FDC facilities. The commitment that our employees have shown, especially during the COVID-19 pandemic, has been inspiring. While correctional healthcare agencies across the US struggled with maintaining adequate staffing and avoiding service delivery failures, our employees rose to the occasion. They lived separate from their families, volunteered to work at facilities with nursing shortages, and worked long hours to make sure that every patient received the care they needed. We owe them and their FDC colleagues a huge debt of gratitude.

In tandem, our recruiting team worked furiously to fill open positions in a healthcare environment that has been struggling with historic nursing, mental health, and provider shortages. To address staffing challenges, we have assembled a team of 27 recruiting and human resource professionals focused on

the FDC contract. We have obtained National Health Services Corps (NHSC) loan repayment program (LRP) designation for 31 FDC facilities, increased focus on academic affiliations, and invested nearly \$1.5 million in shift differential, referral, and sign-on bonuses. In addition, we have increased our reach to potential candidates through out-of-home and mobile job advertising. We will continue these and other initiatives aimed at reducing vacancies and increasing fill and retention rates. Centurion is confident that we are past the proverbial “hump” and well on our way to achieving the same pre-COVID staffing levels.

In submitting our proposal, **we agree to provide services as described in the ITN**. Our forward-looking goals and services for the new contract term, summarized in our executive summary and detailed throughout our proposal, include:

- A cohesive public health-focused approach to providing healthcare services, especially for incarcerated individual with special needs
- Innovative solutions and resources, such as telehealth and EMR, to support service delivery
- Increased retention, low turnover and high staffing fill rates
- Ongoing coordination with pharmacy management that will result in ongoing cost savings
- Improved patient access and more cost effective services through telehealth and onsite specialty service providers
- An impactful utilization management program to effectively minimize offsite healthcare services
- Access to the industry’s most innovative, *real* managed care model
- Health metrics integrity, transparency and consistency, with enhanced analytics and informatics
- Relentless focus on continuous quality improvement

We are proud of the accomplishments we have achieved to date in collaboration with the Department and are confident that we can support the FDC in maintaining its status of being one of the top correctional healthcare programs in the nation.

Please do not hesitate to contact me if we can provide you with any additional information. You can reach me via phone at 314-505-6841 or email at KLueking@TeamCenturion.com.

Sincerely,



Keith Lueking
Chief Executive Officer
Phone: 314-505-6841
Email: KLueking@TeamCenturion.com

Executive Summary

Centurion is pleased to submit the following Executive Summary highlighting the substantial resources and capabilities of our company to serve the Florida Department of Corrections (FDC) and proposed enhancements to the program going forward. We also address the four required topics of our operational model, technical solution, cost methodology, and assumptions. As the incumbent contractor, we have a fully operating healthcare team and management system in place and a solid foundation to build upon to continue to advance the program in the years to come.

Centurion Today



Quality Care

Serving 290,000 Incarcerated Individuals

An increase of 90% from 168,000 individuals in 2005 to 290,000 individuals in 2022



National Presence

16 States

Services provided to over 340+ facilities, with populations ranging from 100 to over 5,000 persons per facility



Most State DOC Partnerships

Serving 12 State Correctional Agencies

More state DOC clients than any other company

Keith Lueking, CEO, 19+ Years
Victoria Love, COO, 28+ Years
Ruth Felner, VPO, 18+ Years

Stable, Experienced Leadership

Corporate and Florida Leadership Team in Place

Deep corporate and regional resources in place, supporting our 9,000 employees (including 3,000 in FDC)



Financial Strength

Proven Ability to Support Financial Requirements of FDC

Strong, sound, and appropriate fiscal condition with three decades of positive financial performance



Florida Presence

Serving FDC Since 1998

In addition to our 3,000 Florida regional employees, more than 50 Centurion corporate employees are Florida residents, including several leaders

Centurion State DOC Partnerships

IDAHO DEPARTMENT OF CORRECTION

MI DEPARTMENT OF CORRECTIONS

NEW MEXICO DEPARTMENT OF CORRECTIONS

KANSAS DEPARTMENT OF CORRECTIONS

MISSOURI DEPARTMENT OF CORRECTIONS

TN DEPARTMENT OF CORRECTION

FLORIDA DEPARTMENT OF CORRECTIONS

DEPARTMENT OF CORRECTIONS (various other states)

Serving the Sunshine State

Together, Centurion and the FDC have a strong record of accomplishments:

Medical Accomplishments

- Increased access to onsite specialty care (e.g., orthopedic procedures, radiology, sleep studies, cardiac evaluations, and surgical procedures)
- Achieved 98% sustained virologic response rate for Hepatitis C patients
- Focus on Wellness** program resulted in average A1c reduction of 0.9 points for diabetic patients
- Medication formulary management initiatives started in 2019, reduced monthly non-formulary medication costs from over \$245,000 to \$34,000
- Achieved pharmacy cost savings of \$2.3 million between 2018 – 2020 through cost avoidance and savings initiatives
- Successfully managed the COVID-19 pandemic, mitigating the virus' spread across FDC facilities
- Supported continuity of FDC's 340B program with the Department of Health by providing telehealth capacity for DOH provider appointments
- Expanded onsite dialysis capacity

Mental Health Accomplishments

- Supported the opening of the residential continuum of care units at Wakulla CI and Florida Women's Reception Center
- Implemented program to evaluate and treat patients with gender dysphoria
- Implemented system to increase compliance with psychotropic medication dispensing and efficient use of pill line
- Implemented suicide prevention roundtables for multidisciplinary discussion and training opportunities
- Supported the FDC doctoral and post-doctoral internship and residency programs, resulting in 15 interns and residents joining Centurion as employees

Dental Accomplishments

- Reduced dental backlog caused by COVID-19 from 12,529 patients to 2,895 patients within a three month period, and currently maintain no backlogs
- Achieved a total cost avoidance of over \$1.6 million through dental chart recycle, replacement of dental equipment, and more efficient management of dental instrument and supplies
- Achieved a cost avoidance of \$178,841 by redistributing dental equipment and supplies

Staffing Accomplishments

- Increased overall staff positions to 3,155 in 2022
- Maintained an average retention rate of nearly 70% across all positions
- Obtained National Health Savings Corp Loan Repayment Program (NHSC-LRP) designation for 30 FDC facilities
- Supported 25 employees in applying for and benefiting from the NHSC-LRP
- Increased use of bonuses and pay differentials to hire and retain staff, including \$1 million in pay differentials and \$416,00 in new hire incentives in 2021 and \$2.5 million in 2022

Information Technology Accomplishments

- Completed IT infrastructure update of approximately 3,000 endpoints at FDC facilities
- Completed implementation of the GE Centricity-Fusion Electronic Medical Record system across all Florida regions
- Migrated patient pharmacy data from state pharmacy system into the Fusion EMR system
- Expanded telehealth utilization, achieving an 83% completion rate among the 1,242 patients served using telehealth services in 2022 alone

Centurion in Florida Previous Contract History



Centurion began providing services in the state of Florida, as MHM, dating back to 1999 as the provider of mental health services to the Broward Women's Prison.

1999 – 2009: MHM provided mental health services at Broward Women's CI.

2006 – 2009: Expanded to provide comprehensive mental health services and absorb medical personnel throughout Region IV

2006 – 2009: Provided emergency medical services throughout Region IV until FDC could absorb the services into self-operation.

2003 – 2009: MHM provided mental health staffing services, as needed, in Regions I, II, III



Centurion is affiliated with Sunshine Health, a provider of Medicaid, long term care, child welfare, and other services to Floridians since 1995.

Centurion’s Operational Model

Centurion and the FDC have collaborated extensively over the past six years to improve medical, mental health, and dental services at FDC facilities. Centurion’s operational model aligns with the FDC’s goals and objectives of their 2021 – 2024 *Strategic Plans*. We will continue the process of collaborating with the FDC to achieve more of those goals. We have substantial leadership and support services based in Florida to support our over 3,000 employees working in the FDC program. Our decentralized management approach puts the authority to make decisions in the program without layers of corporate bureaucracy. Our model also benefits from Centurion’s corporate and local technological, operational, clinical, and human resources infrastructure and capabilities, offering services that are timely, evidence-based, and impactful.

As we have done under the current contract, we prefer to discuss any proposed operational changes with the FDC in person as we have found our partnership, with collaborative input from all parties involved, results in a much better, improved product and system of healthcare service delivery. We have always found the Department open to considering alternate ways to meet the intent, goal or objective of requirements and hope to continue this positive pattern of communication and innovative problem solving into the future. Our Centurion leadership works closely and collaboratively with FDC leadership: Tom Reimers, Laura Carter, Dr. Kalem Santiago, Paula Foskey, Dr. Dean Aufderheide, Dr. Suzonne Kline, and Thomas Shields. We value this partnership and these relationships as they are a direct correlation with the accomplishments we’ve produced together in our current program. **Our operational model includes:**

Early identification of and intervention for those at risk for serious and costly medical, behavioral, and dental conditions to minimize disease burden and achieve wellness	Data management and care coordination systems that profile and align patients with appropriate interventions, and, in the new contract, implementation of predictive modeling algorithms to identify patient needs and risk	Evidence-based clinical and utilization management policies and guidelines, including InterQual criteria to ensure medical necessity of services provided.	High-quality services delivered at the right time, in the right setting, and by the right provider to enable optimal treatment outcomes
Exhaustive network of medical, behavioral health, dental and specialty providers and use of telehealth to improve service access and efficiency	Ongoing and customized services for patients with chronic and infectious diseases to decrease mortality and morbidity	Patient engagement, health coaching, and education to improve self-management and treatment compliance and outcomes	Quality management protocols to continuously review and enhance the services we offer
Data analytics, informatics and reporting to evaluate performance and enhance service delivery at patient and system levels	Extensive new employee orientation and ongoing training and education for staff and providers to increase employee skills and capabilities	Strategic deployment of technology, such as electronic medical records, to improve delivery of coordinated, appropriate, and timely healthcare services	Local and national recruiting and retention capabilities that ensure availability of qualified and experienced staff and maintenance of high fill rates

Cost Methodology and Assumptions

Based on the cost reimbursement text in the Invitation to Negotiate (ITN), Centurion’s cost assumptions are that the future contract will operate under the same or essentially similar cost-based reimbursement model in place today under the current contract. The current contract between Centurion and the FDC uses a *cost-based* reimbursement methodology that ensures the FDC has full transparency into the program’s operating costs and ultimate authority over expenditures. The model provides flexibility to adjust staffing and services as needed without renegotiating contract terms and price. This methodology also allows the FDC to avoid paying high risk premiums under historical fixed, full-risk, per-inmate-per-day reimbursement models, which are no longer common. In addition, the current cost-based reimbursement model appropriately incentivizes the contractor to *earn* its revenue and margin by *spending towards* the program’s goals and objectives, rather than withhold services and care to increase profits.

Technical Solution: Integrated Medical, Behavioral, and Dental Health

One of Centurion's corporate strategic pillars for our *Vision 2025 Initiative* is ensuring all of our programs instill a Collaborative Healthcare Model that enjoins medical, mental health, and dental services to ensure all of a patient's complex health needs are met.

Comprehensive Services

- Evidence-based services, compliant with ACA standards, FDC policies, and federal and state guidelines
- Routine, sick call, emergency, and chronic care services
- Onsite and offsite specialty services
- Services for youth, females, elderly, disabled, and other special populations
- Infectious disease and vaccinations (including continuation of COVID-19 mitigation activities)
- Audiology services
- Diagnostic testing, radiology, and laboratory services
- Expanding staff training and education
- Resident orientation and education
- Continuity of care, consultation, and collaboration
- Comprehensive continuous quality management program
- Reentry and discharge coordination, including for patients with mental health disorders, including development of discharge/aftercare plans, assistance with SSI/SSDI applications, and referral to community-based mental health services
- Resources for special populations including Focus on Wellness and H.E.R. program
- Multidisciplinary team treatment planning and meetings, including consolidating mental health and medical nursing under the same nursing leadership
- Mental health services across all FDC facilities, including on residential continuum of care units, secure treatment units, close management units, diversion treatment units, TCUs, cognitive treatment units, corrections mental health treatment facility, and restrictive housing areas

Integrated Services

Cross-functional teams engaged in overall patient care with tracking and auditing ♦ Leveraging multi-disciplinary teams to address the needs of patients with serious mental illness and/or complex healthcare needs ♦ Extensive staff and patient education and use of innovative solutions, such as digital diagnostics, to improve outcomes and decrease morbidity ♦ Utilization Management services using InterQual and TruCare uM platforms ♦ Two statewide UM medical directors monitoring medical necessity of services.

Mental Health Services

Evidence-based utilization management services provided by experienced clinical staff to ensure the medical necessity of onsite specialty services and hospitals ♦ Initial, suicide, self-injurious behavior, and risk assessment and assignment of mental health grade ♦ Screening for gender dysphoria, sexual battery ♦ Inpatient, outpatient, infirmary, and transitional mental health services ♦ Cognitive-behavior therapy and counseling ♦ Sex offender treatment ♦ Psychiatric interventions, including management of psychotropic medications ♦ Routine, urgent, and emergency mental health treatment

Pharmacy Management

Continued partnership with FDC Department of Pharmacy and Department of Health ♦ Provision of non-exempted, non-formulary prescription medications, acquisition and maintenance of all pharmacy licenses, and delivery of monthly consultant pharmacist inspection reports ♦ Extensive staff training on medication management and application and implementation of initiatives such as once-a-day medication dosing, keep-on-person medications, including addition of HIV antivirals, and others to achieve cost avoidance and operational efficiencies ♦ Collaborating with healthcare staff to maintain an inventory of required medications, needles, and syringes for medication application in compliance with FDC regulations.

Dental Services

Full array of routine, urgent, and emergency dental services including prophylactic treatment, oral health education, prosthetics and other appliances, and Level I, II, and III dental treatment ♦ Implementing solutions such as "strike teams" to decrease dental backlog, investing in new dental equipment, and centralizing bulk inventory to improve patient care and cost efficiency.

Chronic Care Services

A wide range of chronic care services, including management of infectious diseases such as Hepatitis C and HIV/AIDS, and chronic diseases such as diabetes, hypertension and cardiovascular diseases ♦ Expansion of palliative care and services for elderly incarcerated individuals and collaboration with the FDC to meet the needs of incarcerated individuals in need of long-term or nursing home care ♦ Continued support of the FDC with managing the COVID-19 pandemic.

Technical Solution: Ensuring Quality of Services

Resolved Litigation

Centurion has a 25-year history of helping state DOC's resolve and mitigate litigation. We achieve this through improved resource utilization, improved service delivery, improved monitoring and reporting, and improved collaboration with our client-partners. In Florida, this track record is exemplified by our shared successes in resolving:

- Florida Justice Institute's *Hoffer et al. v. Jones* class action litigation regarding hepatitis C treatment
- Florida Justice Institute's *Copeland et al. v. Julie Jones and Corizon* class action litigation regarding hernia treatment
- *Disability Rights Florida v. Julie Jones* class action litigation regarding services for incarcerated individuals with hearing and vision disabilities, along with our shared, ongoing progress towards resolving
- *Disability Rights Florida v. Julie Jones et al.* litigation regarding inpatient mental health treatment.

Centurion is committed to completing the resolution of the DRF mental health litigation in the new contract and will continue to work closely with the Department and the Correctional Medical Authority to this end.

Quality improved with more staff, better leadership, more services, and focus on identification of patient's needs and compliance.

American Correctional Association Accreditation

In 2021, Centurion participated in and contributed to ACA site visits at all FDC facilities where Centurion provides services, maintaining accreditation for ALL Florida facilities. We are currently working with the FDC and facility staff to prepare for the next surveys scheduled to occur in 2024. Centurion has created and maintains a site within our Central shared portal with FDC, available to all users including the FDC ACA Coordinator, to maintain ACA items. This team approach and site have led to increased staff satisfaction with the process, standardization of data submitted, increased timeliness of data gathering, and overall successful ACA accreditation.

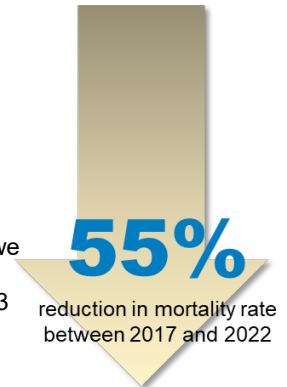
Stronger Commitment to Organizational Compliance

Centurion complies fully with federal, State, and local regulations, FDC policies and procedures, and accreditation standards at both program and organizational levels. **Ruth Feltner, BS, CCHP** (Statewide Vice President of Operations) and **Linda Dorman, RN, BSN, CCHP** (Statewide Director CQI/EMR) are responsible for assuring our compliance across the program and at every FDC facility.

Unique to Centurion is the corporate focus that we place on compliance through our Corporate Compliance Department, ensuring that we function as **One Team with One Mission**, providing exemplary healthcare services for our clients and the populations we serve. Our corporate compliance team includes **Chris Briddell, MBA, CHC, CIA**, Chief Compliance Officer, **Karen Riley RN, BSN, MBA, CPHQ**, Compliance Director.

Decreasing Mortality Rates

Centurion has worked to reduce mortality rates among FDC incarcerated individuals. Aside from the temporary and unpreventable increase in mortality rates at the height of the COVID-19 pandemic, we have achieved an over **55% reduction** in mortality rates from 403 deaths per 100,000 in 2017 to 152 deaths per 100,000 in 2022 YTD.



Compliance's Role in a Healthy Contract



Clinical Standards

- Integrated Teams
- Medical Management
- Clinical Data Used to Assess Outcomes
- Best Practices
- Quality Assurance
- Accreditation
- Innovation
- Policy Review



Program Management

- Reporting
- Client Relations
- Reputation
- Compliance
- Technology
- Data Collection
- Litigation Risk
- Contract Indicators
- Lines of Succession



Fiscal Health

- Success Metrics
- Accounts Payable Process & Review
- Contract Knowledge
- Productivity/Efficiencies
- Managing Matrixes
- Business Development
- Compensation
- Forecasting
- Contract Financial Liabilities



Talent

- Right Team
- Leadership & Coaching
- Employee Well Being
- Communication
- Culture and Engagement
- Retention
- Accountability
- Rewards and Recognition
- Learning & Development
- Work Force Statistics

Technical Solution: Staffing, One Team, One Mission

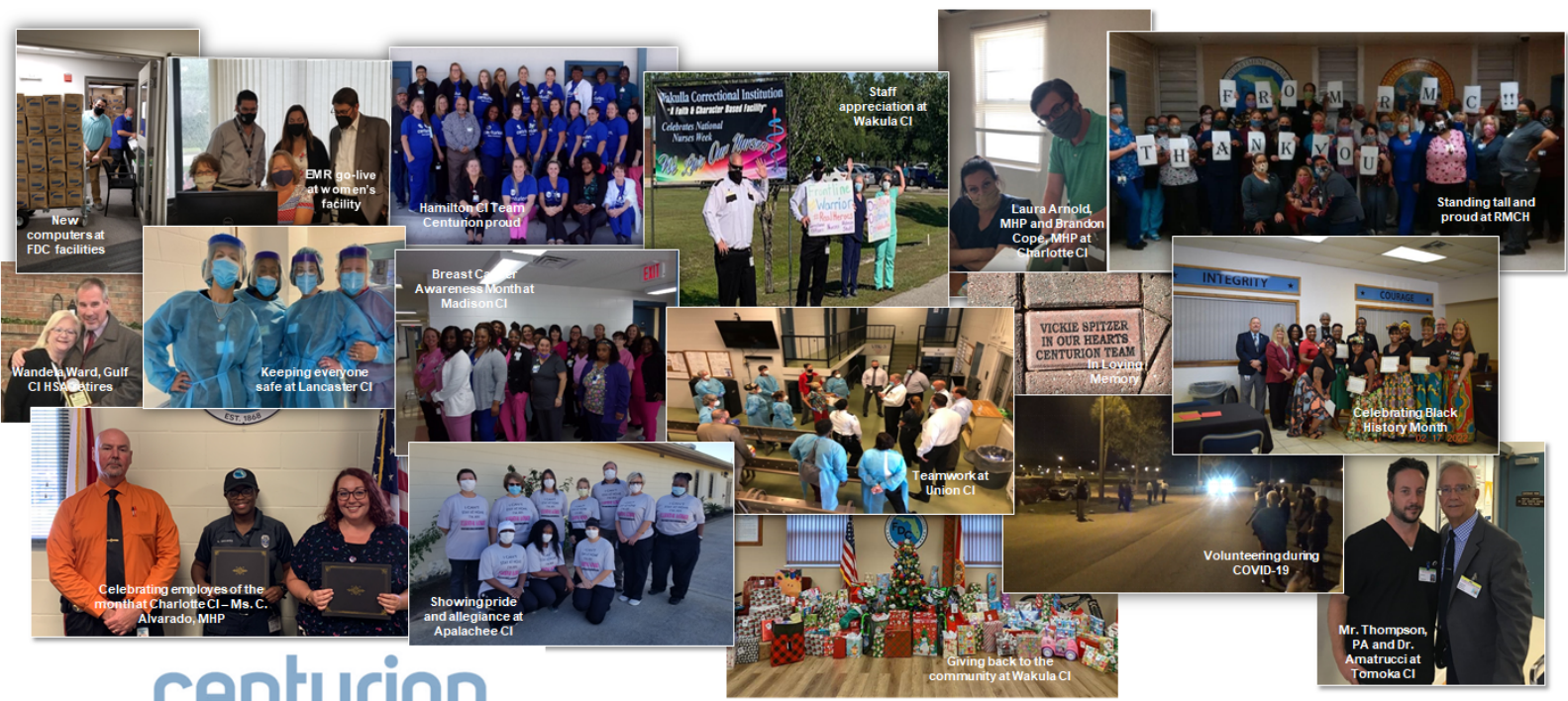
In spite of all the modern technology, healthcare is still *people serving people*. Nothing is more critical to Centurion's success than the qualified, compassionate, and dedicated staff who serve the needs of the incarcerated individuals entrusted to our care. From administrative assistants to the senior executive team, and the thousands of clinicians they support, each Centurion employee works to make sure patients have access to and receive timely and appropriate healthcare services. **No degree of innovation or technological advancement can replace the compassion and expertise of the professionals who choose to give of their time and talent in service to incarcerated individuals.**

In Florida, our healthcare teams work side-by-side with security and facility staff in often unique and challenging conditions to ensure access to healthcare services for FDC incarcerated individuals. **We are incredibly grateful to our employees and their FDC counterparts for their tireless and unwavering commitment to public safety and public health.** It is this deep sense of gratitude that fuels our efforts to provide our employees with the best employment opportunity possible.

To say that the COVID-19 pandemic and the havoc it caused in the healthcare field was unexpected is an understatement. For our staff, it was equal parts challenging and inspiring, demoralizing and fulfilling, tragic and hopeful. From forming volunteer emergency pools and cross training to working longer and more frequent shifts, our staff ensured that that staffing shortages did not adversely impact the overall program or any FDC patient. Reaching deep into their reservoir of compassion, hope, and humanity, they epitomized our new employee banner of **"Healthcare beyond patient care, healthcare for humanity"**.

Almost every correctional agency and healthcare program experienced the same sudden shortfalls in staffing under what many refer to as the *Great Resignation*. Centurion was no exception. While our recruiting team worked tirelessly to recruit and employ quality staff, we used innovative technologies, such as telehealth, to deliver care and new staffing solutions to ensure full medical, mental health, and dental coverage. We provided cross training to increase staff and position flexibility, implemented the EMR to increase productivity, and created *strike teams* to address backlogs. We used shift differentials, referral and sign-on bonuses (\$1 million and \$416,000, respectively, invested to date) and out-of-home and mobile job advertising to reach potential candidates. As a result, despite the national challenges in recruiting and retaining qualified healthcare staff, Centurion maintained a 70% overall retention rate during the pandemic.

We do realize that, though improving, this number fell below Centurion and the FDC's expected performance. As the FDC will note on the following page, we are recovering from the impact of the COVID-19 pandemic on healthcare staffing shortages across the state and have invested significantly in innovative recruiting solutions. We are proud to note that our YTD 2022 retention rate is 84.8%, demonstrating that our solutions are having the anticipated impact.

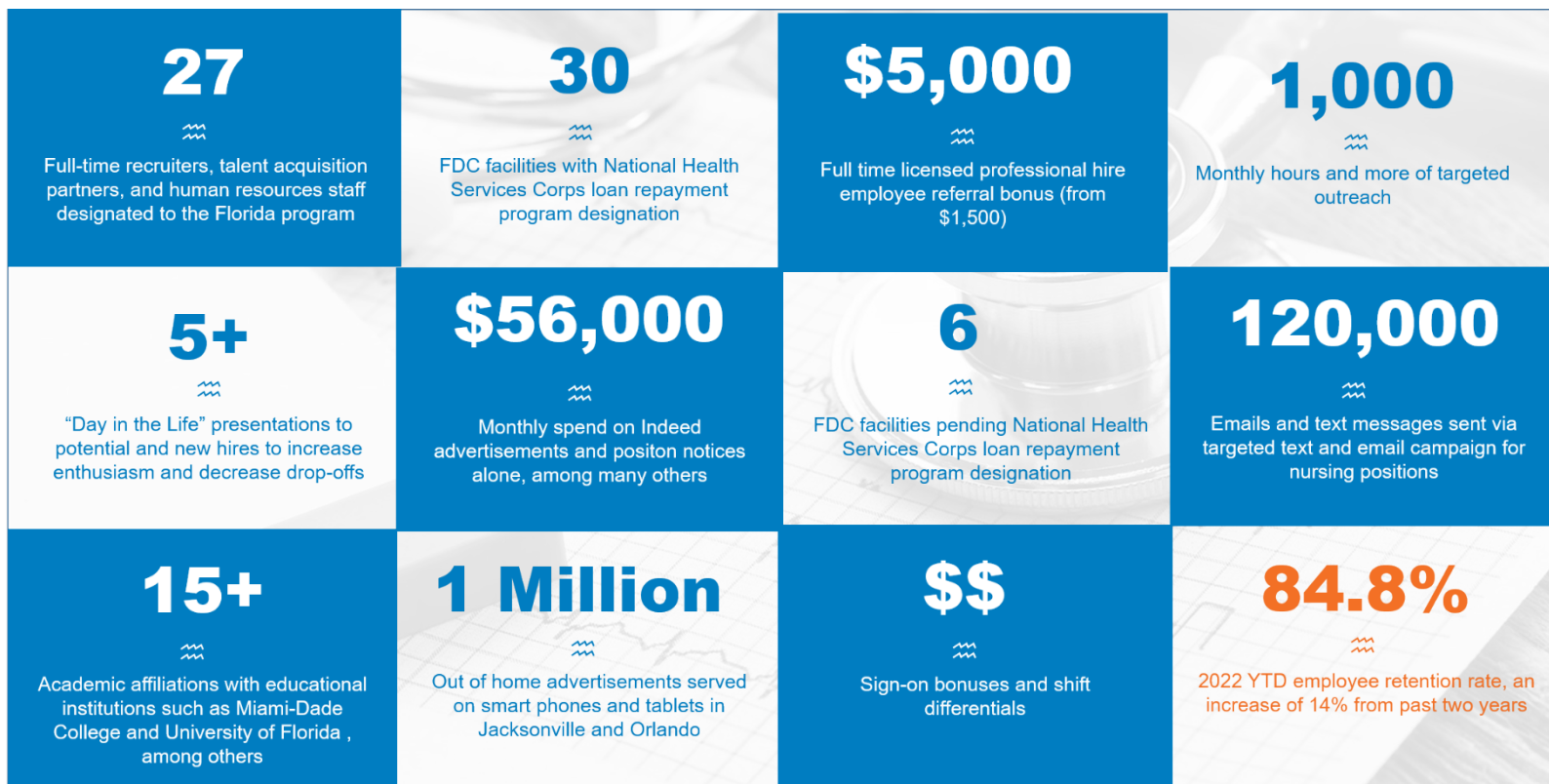


Technical Solution: Singular Focus on FDC Staffing Needs

Since the start of COVID-19, both correctional agencies and virtually all other healthcare settings have faced unprecedented staffing shortages. States that historically had waiting lists for people desiring security positions resorted to activating their National Guard troops to provide security in prisons during these staffing shortages. Correctional healthcare companies faced similar challenges. Long serving healthcare providers chose to retire and pursue a life devoid of the fatality and trauma associated with a global pandemic. In tandem, healthcare companies began to offer dramatically higher salaries for healthcare professionals, particularly nurses, drawing away candidates who might have otherwise pursued job opportunities in correctional settings. These and other factors resulted in unprecedented correctional healthcare staffing shortages.

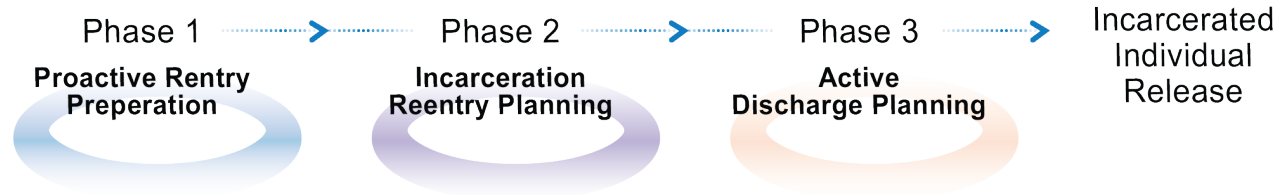
Today, the tide is starting to turn. More people are returning to work. Setting aside their fears and exhaustion, more healthcare staff are considering returning to their professions of choice. Hospitals, nursing homes, correctional healthcare companies, and physician offices will compete for this still scarce resource. Today, more than ever, the FDC needs a partner that can effectively and efficiently outreach, recruit, hire, and train staff, moving the staffing pendulum to "FULL". **Centurion is that company.**

During the past two years, we implemented several recruiting plans and further augmented them in 2022. We enhanced our human resources strategy and improved communication with our over 9,000 employees. We expanded our resources and benefits to support employee's professional and personal needs and brought increased our focus on finding innovative recruiting and retention strategies. Our enhanced recruiting and retention strategies, which we implemented in the last six months for the FDC include the following:



Unlike other companies who may respond to this solicitation, Centurion is not conflicted in our recruiting efforts. We do not serve multiple county jails and other healthcare clients in Florida, 'rationing' our staff and new recruits among various other clients. Our only other client agency in Florida is the Volusia County jail, and we do not anticipate pursuing other county jail clients in the years to come. We believe it is in our best interest, and that of the FDC, to solely dedicate our Florida recruiting efforts to the benefit of the FDC. If we source a candidate in Florida, we will not present them with a 'menu of job opportunities' in various Florida jails and other settings. We will dedicate that candidate to meeting the FDC's needs, period. **This is a key differentiator for Centurion and a serious value-added component in our ability to meet the FDC's needs, without competing distractions.**

Technical Solution: Reentry Services



Sunshine Health

We will leverage our relationships through Sunshine Health to increase healthcare resources available to incarcerated individuals returning to their homes and communities.

Telehealth

We will use telehealth contacts with community providers prior to an individual's release to ease access to reentry services.

FDC SharePoint Reentry Portal

We maintain community resources by county on the Centurion SharePoint site we maintain for the FDC to identify community-based resources for reentering incarcerated individuals, including housing information for sex offenders. The site also includes access to forms, applications and instructions, as well as aftercare training materials, social security checklist, and social security and adult persons with disability applications and resources.

Nurse Advice Line

We will use the Nurse Advice Line to provide telephone medical triage and health information services to recently released patients. The program supports former incarcerated individuals during the first weeks following release, when they are at their most vulnerable and working to reintegrate into the community.

Community Linkages

We provide incarcerated individuals with information on how to use community resources and entitlement programs. Centurion recently launched its **FindHelp** resource, a web resource customized to help incarcerated persons identify resources in their home community. The site offers thousands of viable resources and options across a broad spectrum of needs critical to the success of persons returning to the community after incarceration. The site is tailored to the FDC incarcerated population, helping corrections staff and incarcerated individuals obtain information on available community programs and resources across Florida to address access and social determinants of health challenges. We also provide information on available VA resources for incarcerated veterans. The FindHelp site is the most comprehensive resource of its kind.



<https://centurionhealth.findhelp.com/>

Mental Health Reentry Pilot in Miami-Dade County

Centurion supports the FDC's contract with Thriving Mind in South Florida for ongoing case management, rehabilitation, and treatment. We have in place processes for our reentry staff to coordinate patient referrals and follow up services with Thriving Mind.

Meeting HC 301 Requirements

Availability of Centurion social services staff at the RMCH, Monday – Friday, 8:00 a.m. to 5:00 p.m., to serve as a liaison between patients and families, discharge planning, coordinating with parole, notifying patient families of patient critical condition and death, and counseling and assessment services. They will also coordinate operational tasks such as canteen, banking, visits, law library, and other services.

Technical Solution: Innovation and Modernization in Healthcare Delivery

Centurion believes that finding new and innovative ways to expand access to care will be important to solving long-standing challenges in correctional healthcare. Our focus, similar to the FDC, is on modernizing the healthcare delivery process by identifying, collaborating on, and investing in new technologies and services that enhance access to care and patient outcomes. We do so via a formalized innovation team that searches for, tests, and implements new technologies in our correctional locations.

Electronic Medical Records

All FDC facilities currently benefit from the availability of the Fusion EMR system, to which Centurion transitioned all institutions starting in December 2021.

To implement the system, our EMR team migrated patient data from several FDC departments, including FDC's pharmacy, created over 370 electronic forms, and additional workflows and process maps. The

system allows timely documentation of patient assessments, treatments, and follow-up care, supporting the delivery of timely and responsive care.

It has increased staff productivity, promoted more accurate service delivery, including transitions of care, initial assessments, and reentry services. No other correctional healthcare company has the depth of resources necessary to support the new EMR for the FDC meeting the requirements, protocols, and timelines established by the Department.

Next Generation of Technology

During 2021-2022, Centurion updated all patient education materials for medical, dental, mental health and substance use services in preparation for their conversion into an electronic format. With this conversion, we are now able to make this information available for the incarcerated individuals we serve in our various healthcare contracts. Going forward, we are poised to explore with FDC options to maximize tablet use by FDC incarcerated individuals to include patient education information and other healthcare applications. We have strong working relationships with the major vendors of tablet-based technologies, including the Department's current contractor, JPay, Inc.

Data Analytics

Our corporate data analytics and informatics department supports our Florida program in providing program-specific and tailored data reporting solutions, including access to real-time, meaningful data through our customized FDC SharePoint web-based reporting site.

Information Technology

Centurion relocated the company's IT HelpDesk and support team to our Tallahassee Regional Office in order to improve our overall corporate IT support and to ensure the highest level of support to the Florida contract. This local team is comprised of over 25 IT professionals, based in Tallahassee. Along with other IT team members across the country, our IT team works with the FDC to refine and support the new EMR system, support hardware and software systems, support telehealth services, and reporting systems.

Telehealth Services

Part of Centurion's clinical operations infrastructure, our telehealth services enable timely access to a wealth of specialty services by FDC incarcerated individuals. Having successfully expanded availability of telehealth services to all FDC facilities, over the past 18 months, we have completed 54,901 medical appointments and 215,491 mental health appointments via telehealth. Over the last three months, our average medical and mental health completion rates were 90% and 84%, respectively. In addition, we use telehealth services for multidisciplinary case consultations, treatment planning, specialist consults, and reentry/discharge planning services. We will be expanding telehealth capabilities to the RMHC in the near future.

Centurion's innovative solutions described in our proposal also include Nurse Advice Line, the H.E.R. Women's Health Promotion Program, the Envolve Focus on Wellness, Krames, UpToDate, Point of Care Ultrasound, Centurion University, and TruCare.

Operational Model: Continued Focus on Partnership

CENTURION IS THE RIGHT PARTNER TO CONTINUE TO SUPPORT THE FDC

Our solution also includes a strong, stable leadership team in place and highly knowledgeable of the program, the population, FDC OHS leadership, and FDC policy requirements. From our humble beginnings serving the FDC with a handful of mental health staff at a single facility in 1999 to our current scope serving the whole FDC system with 3,000 employees, it is our honor to serve as a collaborative partner in support of the FDC's mission and goals for healthcare services. We are strong proponents of open communication, continuous collaboration, mutual respect, and transparency in our client relationships. Our Florida-based leadership team is a testament to this belief in partnership with the FDC. We have achieved many successes and worked with the Department to enhance the program, regardless of budgetary constraints, staffing shortages, and other or operational challenges posed by hurricanes and the COVID-19 pandemic. This team, under the leadership of **Ruth Feltner, BS, CCHP**, Statewide Vice President of Operations, and oversight of **Victoria Love, MS**, Centurion's Chief Operating Officer, will continue to work closely with the FDC to continuously improve the program, ensure we continue to meet and exceed the Department's expectations, and support the FDC's strategic plans and healthcare objectives.

Stable and Experienced Florida Leadership

Centurion's statewide leaders and experts bring unparalleled collective experience.



Victoria Love
MS
Chief Operating Officer
28
Years of Experience



Ruth Feltner
BS, CCHP
Statewide Vice President of Operations
18
Years of Experience



John Lay
MD
Statewide Medical Director
19
Years of Experience



Peggy Watkins Farrell
PhD
Statewide Mental Health Director
29
Years of Experience



Linda Dorman
RN, BSN, CCHP
Statewide Director CQI/EMR
25
Years of Experience



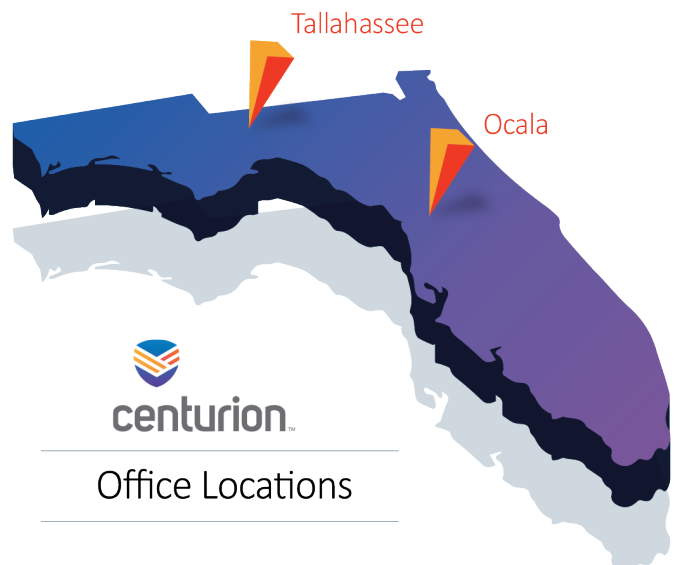
Beltran Pages
MD
Statewide Psychiatric Director
28
Years of Experience



Tim Rakas
PharmD, CPh, MBA
Statewide Pharmacy Program Director
20
Years of Experience



Lisa Barton
RN
Statewide Director of Nursing
16
Years of Experience



Focus on the Future



Centurion does not rest on our laurels. In collaboration with the FDC, we have moved the correctional health system of care into a cohesive, integrated, evidence-based program. We are on a trajectory that will yield optimal treatment outcomes for the patients under our care, cost efficiencies for the State, and evolution of the correctional system of care into a model program. This is the time to build on what we have achieved thus far, remaining focused on our end goals and objectives and realizing the partnership between the FDC and Centurion is one that can have life changing results for those we serve. The following are examples of initiatives we will pursue during the next contract period. We describe them in more detail in our response to Tab C, *Description of Solution*.

Medical Services

- Using barometry services to proactively rule out and treat asthma and dermoscopy services to more accurately identify skin lesions and scabies
- Using EKG patches, Freestyle Libre Glucose monitors, and Bluetooth vital sign monitors to increase efficacy of glucose level and other vital sign measurement among patients requiring continuous monitoring
- Creating units for patients with acute needs, including long term vent patients and individuals with dementia and other cognitive disorders requiring close supervision; as well as a dormitory at Zephyrhills CI for oxygen dependent patients to decrease nursing burden and improve management of patients.
- Upgrading and integrating telemetry and vital sign machines with the EMR
- Using insulin pumps to decrease burden on patients and nurses and increase self-management and treatment efficiency
- Moving to a multi-site telehealth arrangement for medical directors, increasing access to providers, enabling ongoing chart review, education and mentorship

Behavioral Health Services

- Opening CTU, DTU, and STU for both male and female populations upon FDC's decision
- Discussing and working with the FDC to create a behavior management unit, if desired and approved by the FDC

Dental

- Purchasing equipment such as intraoral camera for oral surgeon consults on pathology cases, thus eliminating need for transfer to RMC

Telehealth Expansion

- Mental health services to infirmaries, inpatient and confinement settings, residential cells, and non-psychologist or psychiatrist staff (such as licensed mental health professionals) to offer services across other than general populations
- Dental telehealth consultations
- Select nursing services such as remote sick call triage
- Provider "on duty" process, whereby provider is available during scheduled times to consult, provide treatment interventions, and access the EMR
- Use of peripherals, thus eliminating the need for large carts, while increasing accuracy and quality of services

Staffing

- Introducing telehealth presenter for each facility
- Using evening shift nurse supervisors to ensure leadership continuity, alleviate DON workload and increase onsite supervision
- Refining medical record positions
- Refining and expanding the APRN and PA roles for urgent care model for sick call to several other FDC facilities

Information Technology

- Expanding Wi-Fi in housing units
- Continuing work with Fusion EMR to ensure that all devices integrate with the EMR system
- Exploring feasibility of single sign-on option for the EMR system to integrate with employee badges



May 13, 2022

Florida Department of Corrections
501 S. Calhoun Street
Tallahassee, FL 32399-2500

**Subject: Centurion of Florida, LLC
ITN 22-042 Comprehensive Health Care Services**

To Whom It May Concern:

XL Specialty Insurance Company, as surety have provided surety credit to Centurion of Florida, LLC for single projects of \$100,000,000.00 and an aggregate capacity of \$250,000,000.00. XL Specialty Insurance Company is rated "A+" (Superior) with a financial size of XV (\$2 billion +) by A.M. Best.

If Centurion of Florida, LLC is awarded a contract for the referenced project and requests that we provide the necessary Performance and/or Payment Bonds, we will be prepared to execute the bonds subject to our acceptable review of the contract terms and conditions, bond forms, appropriate contract funding and any other underwriting considerations at the time of the request.

Our consideration and issuance of bonds is a matter solely between Centurion of Florida, LLC and ourselves, and we assume no liability to third parties or to you by the issuance of this letter.

We trust that this information meets with your satisfaction. If there are further questions, please feel free to contact me.

Sincerely,

XL SPECIALTY INSURANCE COMPANY

A handwritten signature in blue ink, appearing to read 'Barbara Pannier', is written over the typed name and title.

Barbara Pannier
Attorney-In-Fact

DocuSign Envelope ID: B2E57FB0-F861-45D9-B43E-6CC81EC776CE



Power of Attorney
XL Specialty Insurance Company
XL Reinsurance America Inc.

THIS IS NOT A BOND NUMBER
LIMITED POWER OF ATTORNEY
XL 1618344

KNOW ALL MEN BY THESE PRESENTS: That XL Specialty Insurance Company, a Delaware insurance companies with offices located at 505 Eagleview Blvd., Exton, PA 19341, and XL Reinsurance America Inc., a New York insurance company with offices located at 70 Seaview Avenue, Stamford, CT 06902, do hereby nominate, constitute, and appoint:

Sandra M. Winsted, Christina L. Sandoval, Susan A. Welsh, Derek J. Elston, Aerie Walton, Sandra M. Nowak, Christopher P. Troha, Bartłomiej Siewierski, Salena Wood, Jennifer Williams, Barbara Pannier, Kristin L. Hannigan, Samantha Chierici, Rachel Fore, Roger Paraison, Christopher T. Moser, Nicholas Kertesz

each its true and lawful Attorney(s)-in-fact to make, execute, attest, seal and deliver for and on its behalf, as surety, and as its act and deed, where required, any and all bonds and undertakings in the nature thereof, for the penal sum of no one of which is in any event to exceed \$100,000,000.00.

Such bonds and undertakings, when duly executed by the aforesaid Attorney (s) - in - Fact shall be binding upon each said Company as fully and to the same extent as if such bonds and undertakings were signed by the President and Secretary of the Company and sealed with its corporate seal.

The Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Board of Directors of each of the Companies on the 26th day of July 2017.

RESOLVED, that Gary Kaplan, Daniel Riordan, Maria Duhart, Gregory Boal and Kevin Mirsch are hereby appointed by the Board as authorized to make, execute, seal and deliver for and on behalf of the Company, any and all bonds, undertakings, contracts or obligations in surety or co-surety with others and that the Secretary or any Assistant Secretary of the Company be and that each of them hereby is authorized to attest the execution of any such bonds, undertakings, contracts or obligations in surety or co-surety and attach thereto the corporate seal of the Company.

RESOLVED, FURTHER, that Gary Kaplan, Daniel Riordan, Maria Duhart, Gregory Boal and Kevin Mirsch each is hereby authorized to execute powers of attorney qualifying the attorney named in the given power of attorney to execute, on behalf of the Company, bonds and undertakings in surety or co-surety with others, and that the Secretary or any Assistant Secretary of the Company be, and that each of them is hereby authorized to attest the execution of any such power of attorney, and to attach thereto the corporate seal of the Company.

RESOLVED, FURTHER, that the signature of such officers named in the preceding resolutions and the corporate seal of the Company may be affixed to such powers of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be thereafter valid and binding upon the Company with respect to any bond, undertaking, contract or obligation in surety or co-surety with others to which it is attached.

IN WITNESS WHEREOF, the XL SPECIALTY INSURANCE COMPANY has caused its corporate seal to be hereunto affixed, and these presents to be signed by its duly authorized officers this April 28th, 2022.



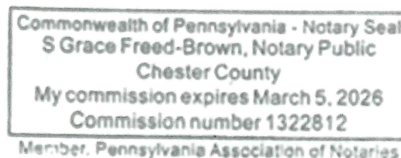
XL SPECIALTY INSURANCE COMPANY

by:
Gregory Boal, VICE PRESIDENT

STATE OF PENNSYLVANIA
COUNTY OF CHESTER

Attest:
Kevin M. Mirsch, ASSISTANT SECRETARY

On this 28th day of April, 2022, before me personally came Gregory Boal to me known, who, being duly sworn, did depose and say: that he is Vice President of XL SPECIALTY INSURANCE COMPANY, described in and which executed the above instrument; that he knows the seals of said Companies; that the seals affixed to the aforesaid instrument is such corporate seals and were affixed thereto by order and authority of the Boards of Directors of said Companies; and that he executed the said instrument by like order.



S. Grace Freed-Brown, NOTARY PUBLIC

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STATE OF PENNSYLVANIA
COUNTY OF CHESTER

I, Kevin M. Mirsch, Assistant Secretary of XL SPECIALTY INSURANCE COMPANY, a corporation of the State of Delaware, do hereby certify that the above and forgoing is a full, true and correct copy of a Power of Attorney issued by said Companies, and that I have compared same with the original and that it is a correct transcript therefrom and of the whole of the original and that the said Power of Attorney is still in full force and effect and has not been revoked.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation, at the City of Exton, this 13th day of May 2022.



Kevin M. Mirsch

Kevin M. Mirsch, ASSISTANT SECRETARY

IN WITNESS WHEREOF, XL REINSURANCE AMERICA INC. has caused its corporate seal to be hereunto affixed, and these presents to be signed by its duly authorized officers this 28th day of April, 2022.



XL REINSURANCE AMERICA INC.

by:

Gregory Boal

Gregory Boal, VICE PRESIDENT

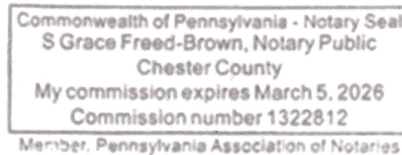
Attest:

Kevin M. Mirsch

Kevin M. Mirsch, ASSISTANT SECRETARY

STATE OF PENNSYLVANIA
COUNTY OF CHESTER

On this 28th day of April, 2022, before me personally came Gregory Boal to me known, who, being duly sworn, did depose and say: that he is Vice President of XL REINSURANCE AMERICA INC., described in and which executed the above instrument; that he knows the seal of said Corporation; that the seal affixed to the aforesaid instrument is such corporate seal and was affixed thereto by order and authority of the Board of Directors of said Corporation, and that he executed the said instrument by like order.



S. Grace Freed-Brown

S. Grace Freed-Brown, NOTARY PUBLIC

STATE OF PENNSYLVANIA
COUNTY OF CHESTER

I, Kevin M. Mirsch, Assistant Secretary of XL REINSURANCE AMERICA INC. a corporation of the State of New York, do hereby certify that the person who executed this Power of Attorney, with the rights, respectively of XL REINSURANCE AMERICA INC., do hereby certify that the above and forgoing is a full, true and correct copy of a Power of Attorney issued by said Corporation, and that I have compared same with the original and that it is a correct transcript therefrom and of the whole original and that the said Power of Attorney is still in full force and effect and has not been revoked.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation, at the City of Exton, this ___ day of _____.



Kevin M. Mirsch

Kevin M. Mirsch, ASSISTANT SECRETARY

This Power of Attorney may not be used to execute any bond with an inception date after 4/28/2024

**ATTACHMENT III – VENDOR'S CONTACT INFORMATION AND CERTIFICATION
FDC ITN-22-042**

The Vendor shall identify the contact information for the ITN and Contract terms in the table below.

	Vendor Contact Person for this ITN	Vendor Contact Person for the Contract Term (should the Vendor be awarded)
Name:	Keith Lueking	Keith Lueking
Title:	Chief Executive Officer	Chief Executive Officer
Address: (Line 1)	7700 Forsyth Blvd	7700 Forsyth Blvd
Address: (Line 2)		
City, State, Zip Code	St. Louis, MO 63105	St. Louis, MO 63105
Telephone: (Office)	314-505-6841	314-505-6841
Telephone: (Mobile)	618-530-1833	618-530-1833
Email:	KLueking@TeamCenturion.com	KLueking@TeamCenturion.com
Principal Place of Business (location of headquarters or state of incorporation):	St. Louis, MO	

Per Section 4.26, a Vendor submitting a Bid must certify that their company is not participating in a boycott of Israel. By signing below, the Vendor so certifies.



 Authorized Vendor Signature

6/13/2022

 Date

**ATTACHMENT V – PASS/FAIL REQUIREMENT CERTIFICATION
AND NON-COLLUSION CERTIFICATION
FDC ITN-22-042**

1. Business/Corporate Experience

The Vendor certifies it has at least three (3) years' experience within the last five (5) years, in the provision of comprehensive health care services for an aggregate patient population of at least, 20,000 patients at any one time in prison, jail or other comparable managed health care setting as the services outlined in this ITN, and any subsequent revision thereof.

2. Prime Vendor

The Vendor certifies it will act as the prime Vendor to the Department for all services provided under the Contract.

3. Performance Guarantee/Bond

The Vendor certifies that it has the ability to meet the performance guarantee and within 10 Business Days of Contract execution. The Vendor will deliver to the Department a performance bond or irrevocable letter of credit in the amount of \$60 million. The bond or letter of credit will be used to guarantee at least satisfactory performance by Vendor throughout the term of the Contract (including renewal years).

4. Reply Bond

The Vendor certifies it has included in its Reply a bond or check in the amount of \$10 million. The bond insures against the Vendor's withdrawal from the competitive solicitation process subsequent to its submission of a Reply.

5. Meets Legal Requirements

The Vendor certifies that its proposed offering/solution, and all services to be provided under the Contract will be compliant with all laws, rules and other authority applicable to providing the services including, but not limited to, Florida's Open Government laws (Article I, Section 24, Florida Constitution, Chapter 119, F.S.).

6. Financial Stability

The Vendor attests to its positive financial standing and that its current Dun & Bradstreet (D&B) Financial Stress Score has a Financial Stress Class of 1, 2, 3 or 4.

7. Statement of No Inducement

The Vendor certifies that it has made no attempt and will make to attempt to induce any other person or firm to submit or not to submit a Reply. Further, the Vendor certifies its Reply contained herein is submitted in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other non-competitive Reply.

8. Statement of Non-Disclosure

The Vendor certifies that neither the price(s) contained in this Reply, nor the approximate amount of this Reply have been disclosed prior to award, directly or indirectly, to any other Vendor or to any competitor.

9. Statement of Non-Collusion

The Vendor certifies that the prices and amounts in its Reply have been arrived at independently, without consultation, communications, or agreement with any other Vendor or with any entity for the purpose of restricting competition.

10. **Statement of Data Security**

The Vendor attests that all data generated, used, or stored by the Vendor pursuant to the Contract will reside and remain in the United States and will not be transferred outside of the United States.

11. **Scrutinized Company Certification**

The Vendor certifies they are not listed on the Scrutinized Companies that Boycott Israel List, created pursuant to Section 215.4725, F.S., and they are not currently engaged in a boycott of Israel. If the Contract exceeds \$1,000,000.00 in total, not including renewal years, the Vendor certifies that they are not listed on either 1) the Scrutinized Companies with Activities in Sudan List, or 2) the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List created under Sections 215.473, F.S., and 215.4725, F.S., and further certifies they are not engaged in business operations in Cuba or Syria, as stated in Section 287.135(2)(b)2, F.S. Pursuant to Sections 287.135(5), F.S., and 287.135(3), F.S., the Vendor agrees the Department may immediately terminate the Contract for cause if the Vendor is found to have submitted a false certification or if the Bidder is placed on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, the Scrutinized Companies that Boycott Israel List, or is engaged in a boycott of Israel, or has engaged in business operations in Cuba or Syria during the term of the Contract. Any company that submits a Bid, Proposal, or Reply for a contract, or intends to enter into or renew a contract with an agency or local governmental entity for commodities or services, of any amount, must certify that the company is not participating in a boycott of Israel.

Vendor Name: Centurion of Florida, LLC

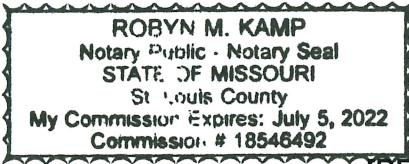
Authorized Signature: *Keith Lueking*

Printed Name of Authorized Signor: Keith Lueking, Chief Executive Officer

NOTARY AFFIRMATION: STATE OF Missouri, COUNTY OF St. Louis

Pursuant to Section 117.05(13)(a), F.S., the signor, subscribed before me by means of physical presence or online notarization, this 13th (Day) of June (month), ~~2021~~ ^{2022 PMK}, affirms the contents of this Attachment.

(Place Notary Seal Below) | Signature of Notary Public: *Robyn M. Kamp*



Name of Notary Typed, Printed, or Stamped: Robyn M. Kamp

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**ATTACHMENT VII – CERTIFICATION OF DRUG FREE WORKPLACE PROGRAM
FDC ITN-22-042**

Section 287.087, Florida Statutes (F.S.) provides that, where identical tie bids are received, preference shall be given to a bid received from a Vendor that certifies it has implemented a drug-free workforce program. In order to have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under response a copy of the statement specified in Subsection (1).
4. In the statement specified in Subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under response, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 894, F.S., or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) Days after such conviction.
5. Impose a sanction on any employee who is so convicted or require the satisfactory participation in a drug abuse assistance or rehabilitation program as such is available in the employee's community.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of applicable laws, rules and regulations.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Company Name: Centurion of Florida, LLC



VENDOR'S SIGNATURE

(Form revised 11/10/15)

ATTACHMENT VIII – NOTICE OF CONFLICT OF INTEREST
FDC ITN-22-042

Organization Responding to Solicitation: Centurion of Florida, LLC

Solicitation Number: FDC ITN-22-042

For the purpose of participating in this solicitation process and complying with the provisions of Chapter 112, Florida Statutes, the undersigned corporate officer hereby discloses the following information to the Florida Department of Corrections:

1. Identify all corporate officers, directors or agents of the Vendor who are currently employees of the State of Florida or one of its agencies, were employees of the State of Florida or one of its agencies in within the last two (2) years, or are currently a spouse, parent, or sibling such of an employee of the State of Florida or one of its agencies:

n/a

Note: This does not include positions located at individual FDC Institutions that were filled by previous employees of the Department and were impacted by privatization of health services functions.

2. For all persons identified in section 1 above, please identify if they own an interest of ten percent (10%) or more in the company/entity named above:

n/a

Signature:  Date: 6/13/2022

Name: Keith Lueking

Title: Chief Executive Officer

Vendor Name: Centurion of Florida, LLC

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SUPPLIER EVALUATION RISK RATING

Based on 24 months of data

1

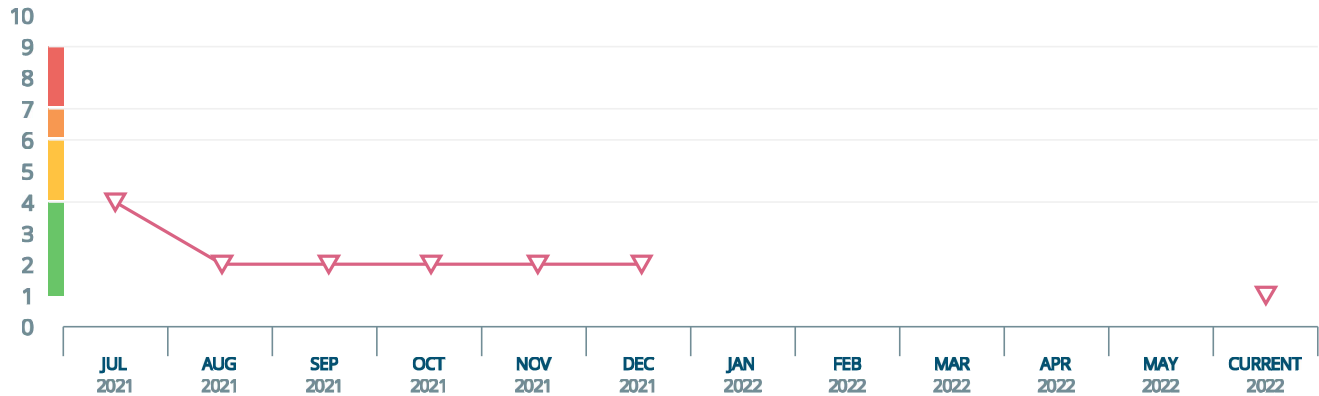
Low Risk (1)

High Risk (9)

Factors Affecting Your Score:

- Proportion of past due balances to total amount owing
- Evidence of open liens

Business and Industry Trends



Supplier Evalu...

D&B RATING

Current Rating as of 02-25-2022

Previous Rating

Financial Strength

Risk Indicator

Risk Indicator

5A: US\$50,000,000 and over in Net Worth or Equity

2: Low Risk

1: Very Low Risk

**ATTACHMENT IV – REPLY BOND FORM
FDC ITN-22-042**

REPLY BOND


KNOW ALL PERSONS BY THESE PRESENTS, that we, the undersigned Centurion of Florida, LLC as Principal and XL Specialty Insurance Company as Sureties, are hereby held and firmly bound unto Florida Department of Corrections, 501 South Calhoun Street, Tallahassee, FL 32399-2500 as Obligee in the penal sum of the dollar amount Ten Million and 00/100 Dollars (\$10,00,000.00) provided for in the ITN 22-042 Comprehensive Health Care Services, to which the Principal has submitted a Reply to the Obligee on June 30, 2022.

For the payment of the penal sum well and truly to be made, we hereby jointly and severally bind ourselves, our heirs, executors, administrators, successors, and assigns.

Signed this 13th Day of May, 2022.

Centurion of Florida, LLC

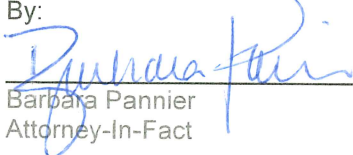
By:



KEITH LUEKING
CHIEF EXECUTIVE OFFICER

XL Specialty Insurance Company

By:



Barbara Pannier
Attorney-In-Fact

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, that whereas the above-named Principal has submitted a Reply for ITN 22-042 Comprehensive Health Care Services.

Now, therefore, if the Reply submitted by the Principal is withdrawn by the Principal within five, (5), Days of the Obligee's receipt of the Reply then this obligation shall be null and void, otherwise to remain in full force and effect; if the Obligee accepts the bid of the Principal and the Principal within ten, (10), Days after the awarding of the Contract enters into a proper Contract in accordance with the Principal's Reply, plans, details, specifications, and bills of material, which said Contract is made a part of this bond the same as though set forth herein; then this obligation shall be void; otherwise the same shall remain in full force and effect; it being expressly understood and agreed that the liability of the surety for any and all claims hereunder shall in no event exceed the penal amount of this obligation as herein stated.

The said surety hereby stipulates and agrees that no modifications, omissions, or additions, in or to the terms of the said Contract or in or to the plans or specifications therefor shall in any wise affect the obligations of said surety on its bond.

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Power of Attorney
XL Specialty Insurance Company
XL Reinsurance America Inc.

THIS IS NOT A BOND NUMBER
LIMITED POWER OF ATTORNEY
XL 1618345

KNOW ALL MEN BY THESE PRESENTS: That XL Specialty Insurance Company, a Delaware insurance companies with offices located at 505 Eagleview Blvd., Exton, PA 19341, and XL Reinsurance America Inc., a New York insurance company with offices located at 70 Seaview Avenue, Stamford, CT 06902, do hereby nominate, constitute, and appoint:

Sandra M. Winsted, Christina L. Sandoval, Susan A. Welsh, Derek J. Elston, Aerie Walton, Sandra M. Nowak, Christopher P. Troha, Bartłomiej Siepinski, Salena Wood, Jennifer Williams, Barbara Pannier, Kristin L. Hannigan, Samantha Chierici, Rachel Fore, Roger Paraison, Christopher T. Moser, Nicholas Kertesz

each its true and lawful Attorney(s)-in-fact to make, execute, attest, seal and deliver for and on its behalf, as surety, and as its act and deed, where required, any and all bonds and undertakings in the nature thereof, for the penal sum of no one of which is in any event to exceed \$100,000,000.00.

Such bonds and undertakings, when duly executed by the aforesaid Attorney (s) - in - Fact shall be binding upon each said Company as fully and to the same extent as if such bonds and undertakings were signed by the President and Secretary of the Company and sealed with its corporate seal.

The Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Board of Directors of each of the Companies on the 26th day of July 2017.

RESOLVED, that Gary Kaplan, Daniel Riordan, Maria Duhart, Gregory Boal and Kevin Mirsch are hereby appointed by the Board as authorized to make, execute, seal and deliver for and on behalf of the Company, any and all bonds, undertakings, contracts or obligations in surety or co-surety with others and that the Secretary or any Assistant Secretary of the Company be and that each of them hereby is authorized to attest the execution of any such bonds, undertakings, contracts or obligations in surety or co-surety and attach thereto the corporate seal of the Company.

RESOLVED, FURTHER, that Gary Kaplan, Daniel Riordan, Maria Duhart, Gregory Boal and Kevin Mirsch each is hereby authorized to execute powers of attorney qualifying the attorney named in the given power of attorney to execute, on behalf of the Company, bonds and undertakings in surety or co-surety with others, and that the Secretary or any Assistant Secretary of the Company be, and that each of them is hereby authorized to attest the execution of any such power of attorney, and to attach thereto the corporate seal of the Company.

RESOLVED, FURTHER, that the signature of such officers named in the preceding resolutions and the corporate seal of the Company may be affixed to such powers of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be thereafter valid and binding upon the Company with respect to any bond, undertaking, contract or obligation in surety or co-surety with others to which it is attached.

IN WITNESS WHEREOF, the XL SPECIALTY INSURANCE COMPANY has caused its corporate seal to be hereunto affixed, and these presents to be signed by its duly authorized officers this April 28th, 2022.



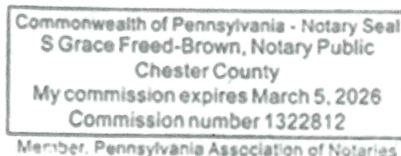
XL SPECIALTY INSURANCE COMPANY

by:
Gregory Boal, VICE PRESIDENT

STATE OF PENNSYLVANIA
COUNTY OF CHESTER

Attest:
Kevin M. Mirsch, ASSISTANT SECRETARY

On this 28th day of April, 2022, before me personally came Gregory Boal to me known, who, being duly sworn, did depose and say: that he is Vice President of XL SPECIALTY INSURANCE COMPANY, described in and which executed the above instrument; that he knows the seals of said Companies; that the seals affixed to the aforesaid instrument is such corporate seals and were affixed thereto by order and authority of the Boards of Directors of said Companies; and that he executed the said instrument by like order.



S. Grace Freed-Brown, NOTARY PUBLIC

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STATE OF PENNSYLVANIA
COUNTY OF CHESTER

I, Kevin M. Mirsch, Assistant Secretary of XL SPECIALTY INSURANCE COMPANY, a corporation of the State of Delaware, do hereby certify that the above and forgoing is a full, true and correct copy of a Power of Attorney issued by said Companies, and that I have compared same with the original and that it is a correct transcript therefrom and of the whole of the original and that the said Power of Attorney is still in full force and effect and has not been revoked.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation, at the City of Exton, this 13th day of May 2022.



Kevin M Mirsch

Kevin M. Mirsch, ASSISTANT SECRETARY

IN WITNESS WHEREOF, XL REINSURANCE AMERICA INC. has caused its corporate seal to be hereunto affixed, and these presents to be signed by its duly authorized officers this 28th day of April, 2022.



XL REINSURANCE AMERICA INC.

by:

Gregory Boal

Gregory Boal, VICE PRESIDENT

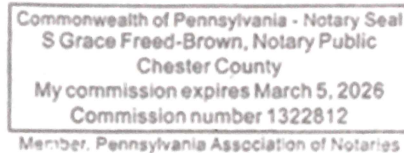
Attest:

Kevin M Mirsch

Kevin M. Mirsch, ASSISTANT SECRETARY

STATE OF PENNSYLVANIA
COUNTY OF CHESTER

On this 28th day of April, 2022, before me personally came Gregory Boal to me known, who, being duly sworn, did depose and say: that he is Vice President of XL REINSURANCE AMERICA INC., described in and which executed the above instrument; that he knows the seal of said Corporation; that the seal affixed to the aforesaid instrument is such corporate seal and was affixed thereto by order and authority of the Board of Directors of said Corporation, and that he executed the said instrument by like order.



S. Grace Freed-Brown

S. Grace Freed-Brown, NOTARY PUBLIC

STATE OF PENNSYLVANIA
COUNTY OF CHESTER

I, Kevin M. Mirsch, Assistant Secretary of XL REINSURANCE AMERICA INC. a corporation of the State of New York, do hereby certify that the person who executed this Power of Attorney, with the rights, respectively of XL REINSURANCE AMERICA INC., do hereby certify that the above and forgoing is a full, true and correct copy of a Power of Attorney issued by said Corporation, and that I have compared same with the original and that it is a correct transcript therefrom and of the whole original and that the said Power of Attorney is still in full force and effect and has not been revoked.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation, at the City of Exton, this ___ day of _____.



Kevin M Mirsch

Kevin M. Mirsch, ASSISTANT SECRETARY

This Power of Attorney may not be used to execute any bond with an inception date after 4/28/2024

Tab B – Experience and Ability to Provide Services

Tab B – Experience and Ability to Provide Services (limit 50 pages)

Tab B shall include the following information:

a. References

Given that Florida is one of the largest correctional systems in the nation, most programs offered by any vendor will not compare in size to that of the FDC. However, we highlight three current large programs that demonstrate our ability to provide integrated and collaborative healthcare service that are high-quality, evidence-based, and managed in close collaboration with our agency partners. We are confident that these clients will attest to Centurion's capabilities and strengths. We provide the required information for each reference on ITN Attachment VI, *Vendor's Reference Form*, included in Tab B immediately following these pages.

- **Reference 1: Indiana Department of Correction (IDOC)** – Centurion began providing comprehensive statewide medical, mental health, dental, vision, and substance use treatment services for 24,500 incarcerated individuals housed in IDOC's 22 facilities in 2021. We provide over 800 administrative and clinical positions in order to offer the IDOC a fully integrated and collaborative healthcare program, which is especially important for the large percentage of patients who present with co-occurring medical and mental health disorders. We utilize early detection, proactive management of co-occurring disorders, and intra- and inter-agency partnerships to ensure that IDOC incarcerated individuals have access to appropriate and timely healthcare services. Our integrated and collaborative program also includes the use of interdisciplinary team meetings, written healthcare plans, training and education, a strong pharmacy management component, and community partnerships.
- **Reference 2: Kansas Department of Corrections (KDOC)** – Centurion is the provider of comprehensive correctional healthcare for the KDOC, maintaining over 500 employees who provide administrative and clinical healthcare services to over 10,000 patients at nine facilities. Our services include medical, mental health, dental and audiology services. We also provide a host of ancillary and support services, primarily onsite, to include physical therapy, dialysis, 340B Hepatitis C treatment and access to Centene's innovative programs through *Centene Shared Services*. In 2020, we implemented the program successfully and on time, amid COVID-19 precautions. By program start date, we had hired most of the required positions, including 40 new nursing, mental health, and other allied positions. We also filled two psychiatrist positions, which had been vacant since 2017 and 2018, respectively.
- **Reference 3: Minnesota Department of Corrections (MNDOC)** – Centurion has been providing statewide medical, psychiatry, vision, physical therapy, and utilization management services for 7,600 incarcerated individuals in nine facilities for the MNDOC since January 2014. The State has re-awarded the contract to Centurion through multiple competitive procurements. Under this contract, Centurion provides physicians, mid-level practitioners, and ancillary staffing, as well as pharmacy services and utilization management to support MNDOC Health Services Division statewide. We provide offsite care network development and contracting, onsite dialysis and endoscopy services, telehealth services, medical management program with a focus on use of the Centene portfolio of programs and specialty companies, amongst many other services.

**ATTACHMENT VI – VENDOR’S REFERENCE FORM
FDC ITN-22-042**

In the spaces provided below, the Vendor shall list all names under which it has operated during the past five (5) years.

Centurion of Florida, LLC is a wholly-owned entity of Centene Corporation. Centene owns and manages our affiliated subsidiaries:

Centurion of Tennessee, LLC; Centurion of Minnesota, LLC; Centurion of Pennsylvania, LLC; Centurion of Georgia, LLC;

Centurion Health of Indiana, LLC; Centurion of Idaho, LLC; Centurion of Kansas, LLC; Centurion of Delaware, LLC; Forensic Health

Services, LLC; MHM Correctional Services, LLC

On the following pages, the Vendor shall provide the information indicated for three (3) separate and verifiable references. The references listed must be for businesses or government agencies for whom the Vendor has provided services of similar scope and size to the services identified in the ITN. The same reference may not be listed for more than one (1) organization and confidential references shall not be included. In the event the Vendor has had a name change since the time work was performed for a listed reference, the name under which the Vendor operated at that time must be provided in the space provided for Vendor’s Name.

References that are listed as subcontractors in the response will not be accepted as references under this solicitation. Additionally, References shall pertain to current and ongoing services or those that were completed prior to January 1, 2021. References shall not be given by:

- Persons employed by the Department within the past three (3) years.
- Persons currently or formerly employed or supervised by the Vendor or its affiliates.
- Board members within the Vendor’s organization.
- Relatives of any of the above.

The Department will attempt to contact the three (3) references provided by the Vendor to complete the Evaluation Questionnaire for references. The total number of references contacted to complete an Evaluation Questionnaire for Past Performance for any response will be three (3).

References should be available for contact during normal business hours, 9:00 a.m. – 5:00 p.m., Local Time. The Department will attempt to contact each reference by telephone up to three (3) times. The Department will not correct incorrectly supplied information.

Additionally, the Department reserves the right to contact references other than those identified by the Vendor to obtain additional information regarding past performance.

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Vendor's Reference Form

Reference #1

Vendor's Name: Centurion of Florida, LLC

Reference's Name: Indiana Department of Correction

Address: 302 W. Washington St., E-334, Indianapolis, IN 46204

Primary Contact Person:

Robert Burns, *Medical Operations Administrator*

Alternate Contact Person:

Kristen Dauss, MD, *Chief Medical Officer*

Primary Phone Number:

812-233-5736

Alternate Phone Number:

317-499-1839

Contract Performance Period:

07/01/2021-06/30/2025

Location of Services:

State of Indiana, 22 facilities statewide

Brief description of the services performed for this reference:

Centurion began providing comprehensive statewide medical, mental health, dental and vision services for 24,500 incarcerated individuals housed in Indiana Department of Correction (IDOC) 22 facilities in 2021. Centurion staffs 800 employees in the IDOC system.

We offer the IDOC a fully integrated healthcare program, which is especially important for the large percentage of patients who present with co-occurring medical and mental health disorders. We utilize early detection, proactive management of co-occurring disorders, and intra- and inter-agency partnerships to ensure that IDOC incarcerated individuals have access to appropriate and timely healthcare services. Our integrated program also includes the use of interdisciplinary team meetings, written healthcare plans, training and education, a strong pharmacy management component, and community partnerships. We work closely with our pharmacy management partner to address the needs of members requiring medication management.

Vendor's Reference Form

Reference #2

Vendor's Name: Centurion of Florida, LLC

Reference's Name: Kansas Department of Corrections

Address: 714 SW Jackson, Suite 300, Topeka, KS 66603

Primary Contact Person:

Gerald "Jerry" Jorgenson, *Director of Health Care Compliance*

Alternate Contact Person:

Keith Bradshaw, *Executive Director of Contracts & Finance*

Primary Phone Number:

785-296-0045

Alternate Phone Number:

785-250-4078

Contract Performance Period:

07/01/2020 - 06/30/2026

Location of Services:

State of Kansas, nine facilities statewide

Brief description of the services performed for this reference:

Centurion is currently the provider of comprehensive correctional healthcare for the Kansas Department of Corrections (KDOC), maintaining over 500 employees in the state. Our services include medical, mental health, dental and audiology services. We also provide a host of ancillary and support services, primarily onsite, to include physical therapy, dialysis, Hepatitis C treatment and access to Centene's innovative program, Evolve.

Vendor's Reference Form

Reference #3

Vendor's Name: Centurion of Florida, LLC

Reference's Name: Minnesota Department of Corrections

Address: 1450 Energy Park Drive, St. Paul, Minnesota 55108

Primary Contact Person:

Nanette Larson, *Director of Health Services*

Alternate Contact Person:

Marina Fuhrman, *State Program Administrator Sr.*

Primary Phone Number:

651-361-7280

Alternate Phone Number:

651-361-7283

Contract Performance Period:

01/01/2014 – 06/30/2023

Location of Services:

State of Minnesota, nine facilities statewide

Brief description of the services performed for this reference:

Centurion has been providing provider services for medical, psychiatry, vision, and physical therapy, along with utilization management services for 7,600 individuals in 9 facilities across the state since 2014. Our scope of services for the MNDOC include medical, psychiatry, optometry, physical therapy, and ancillary provider services. Currently, 60 employees work out of our regional office in St. Paul, Minnesota and in MNDOC facilities.

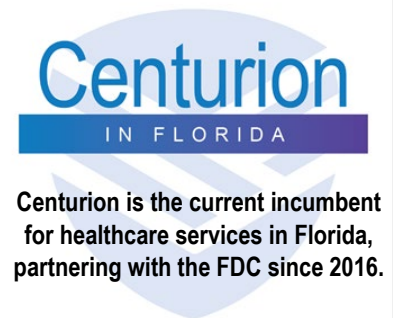
b. Prior Work Experience

1) Narrative/Record of Past Experience

Centurion's Correctional Healthcare Experience

Centurion has over **24 years of uninterrupted experience** providing healthcare services to state correctional systems. We currently provide services for approximately **290,000 incarcerated individuals** housed in more than **275 correctional facilities** through partnerships with **12 state departments of corrections**. Our services adhere to federal, State, and local regulations, American Correctional Association (ACA) and National Commission on Correctional Healthcare (NCCHC) standards, and department-specific policies and procedures.

Centurion was born out of MHM Correctional Services, Inc. and rebranded and renamed "Centurion" in 2011 when MHM made the commitment to expand its service offerings from mental health services to comprehensive medical services. To make this transition, we partnered with Centene Corporation, the nation's leading provider of managed care services for state Medicaid programs (Sunshine Health Plan in Florida) to be able to offer true managed care services to incarcerated populations. We created an integrated and collaborative model of correctional health that combines evidence-based healthcare practices with managed care principles. In our partnership with the Department, core components of this service delivery model include establishing strong relationships with a network of offsite care providers (e.g., hospitals, specialists), ensuring timely patient access to care, emphasis on prevention and wellness, and effective, innovative use of technology. Using a new paradigm, shifting the mindset from *correctional medicine* to *medicine at correctional facilities*, and collaborative relationships with our state partners, we offer services that result in optimal treatment outcomes for patients and cost-savings for our partners.



Centurion's Growth at a National Level

Through our co-founding company, MHM, we have been providing healthcare services to correctional facilities for 25 years, starting in 1997. Throughout this time, we witnessed how traditional correctional healthcare, hampered by lack of access to timely services, limited focus on prevention and wellness, and incongruences in service quality resulted in high turnover of medical contractors, increasing facility healthcare costs, and growing levels of dissatisfaction among incarcerated individuals and state correctional agencies with healthcare contractors.

To address these challenges and provide incarcerated individuals with a new model of correctional healthcare, MHM partnered with Centene in 2011 to form Centurion. We received our first statewide contracts under our new brand name in 2013 when the states of Tennessee and Massachusetts awarded us their contracts for comprehensive healthcare services. Followed by four states initially under contract with MHM (Georgia, Maryland, New Hampshire, and Pennsylvania) transitioned their services to Centurion through competitive procurements and nine additional states (Arizona, Delaware, Florida, Idaho, Indiana, Kansas, Minnesota, Missouri, and New Mexico) awarded their correctional healthcare programs to Centurion.



Ownership Structure

Centurion is a wholly owned subsidiary of **Centene Corporation**, a Fortune 500 Medicaid managed care company. In April of 2018, Centene acquired the assets of MHM, which included MHM’s stake in Centurion. This transaction consolidated MHM’s and Centurion’s correctional lines of business as well as other non-correctional business interests of MHM, under the Centene corporate umbrella. The investment in MHM demonstrated Centene’s commitment to continuing to strengthen an organization already widely considered the leader in providing comprehensive health care services within the corrections environment. With Centurion fully embedded within its corporate portfolio, Centene is able to extend its mission to *transform the health of the community one person at a time* in service to incarcerated persons.



Centurion in Florida

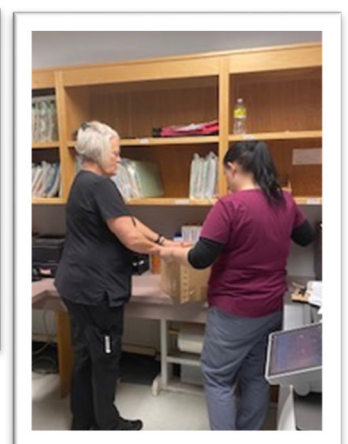
Centurion has been managing the current contract for FDC since 2016, when the medical contractor for the northern regions of the state, *Corizon, Inc.* (now known as YesCare), gave notice to the FDC of its intent to terminate their contract early. Centurion transitioned the program under an emergency contract. We completed the transition of approximately 2,000 correctional healthcare employees in just six weeks and immediately began making necessary reforms and improvements to the staffing, equipment, and clinical services for the 72,000 incarcerated individuals in 52 institutions in the northern and central regions of the state.



In 2017, the FDC terminated its contract with *Wexford Health Sources, Inc.* for services in the southernmost region of the state and assigned the contract responsibilities to Centurion, once again under emergency circumstances. We transitioned comprehensive healthcare services for the nine institutions and 13,000 individuals in a matter of days and transitioned over 400 employees.

Following a formal procurement in 2018, which consolidated multiple contracts under one, the FDC granted a contract for comprehensive healthcare services across the state to Centurion. The award reflected the strength and breadth of the medical, mental health, and dental services we offer in Florida and the transparent and collaborative partnership we have formed with the FDC.

Since then, we have followed through on the commitments made to the FDC in our prior proposal. We moved a system of care that was in crisis and under frequent litigation to one that is cohesive, integrated and collaborative, policy-driven, and focused on prevention versus reactionary healthcare service delivery. We also successfully managed several unpreventable crises, including Hurricane Michael that destroyed



Centurion Employees Working to Relocate and Evacuate Gulf CI

a portion of Gulf CI and required emergency relocation of patients, supporting incarcerated individual relocation due to Hurricane Irma, and the protracted crisis resulting from the COVID-19 pandemic.

Centurion significantly increased healthcare staffing levels and provided our professionals with the training and resources they need to ensure that FDC residents have timely access to quality healthcare services. We incorporated innovation and technology, such as telehealth and an EMR system, to enhance the service delivery process. We leveraged our extensive clinical, operational, and litigation resolution capabilities to help the Department meet the stipulations in its legacy healthcare settlement agreements.

Centurion has intentionally aligned our goals and services to the *FDC's 2021 – 2024 Strategic Plan* as well as the healthcare goals enumerated in the ITN. Most importantly, we have served as a flexible, transparent, and collaborative partner, supporting the FDC in meeting its mission of *"inspiring success by transforming one life at a time"*. Our accomplishments during our tenure have been many, as summarized below.

Florida Litigation Accomplishments

Centurion has worked closely with the Department to resolve the class actions suits brought against the FDC and its previous contractor as noted below:

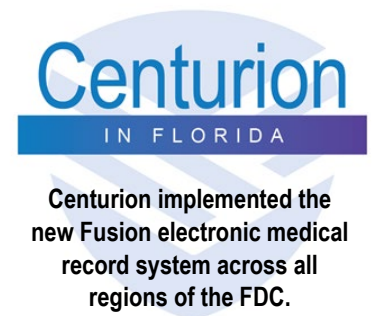
- **Americans with Disabilities Act (ADA)** – Centurion continues to work with the FDC to meet the healthcare stipulations of this agreement surrounding those with hearing and vision impairments, ensuring that incarcerated individuals with a disability have access to FDC healthcare programs and services in compliance with the Eighth Amendment and the ADA. This included working with the FDC to expand facilities to accommodate patients with disabilities.
- **Hernia Treatment** – Centurion has been working with the FDC to address the requirements set forth in the court order issued related to hundreds of FDC patients pending hernia treatment. Since assuming the contract, we have diagnosed and treated over **2,500 patients** with hernias. YTD in 2022, only 12 patients have required hernia treatment, with no backlog of patients pending hernia treatment. **We have cured and resolved this court order.**
- **HCV Treatment** – To address the requirements of this litigation, Centurion implemented our Hepatitis C treatment program in 2017. Since then we have screened over **140,000** incarcerated individuals. Of those treated, more than 8,000 have achieved sustained virologic response (SVR), resulting in a **98% SVR rate**. We also implemented elastography, a standard of care for patients with HCV into our service delivery, reducing the bottleneck related to the delivery of direct-acting antiviral medications. **We have cured and resolved this court order.**
- **Mental Health Services** – We will continue to assist the FDC in meeting the Disability Rights of Florida (DRF) inpatient mental health services settlement agreement. Our efforts have included substantial expansion of services and associated staffing. We worked towards meeting the 70% compliance threshold for performance measures in round 1 and are close to achieving 80% compliance in round 2 on the 117 performance items at the eight inpatient units identified under the settlement agreement.

Information Technology Accomplishments

With information technology touching every component of the service delivery process, we begin citing our accomplishments in this area.

Centurion recently completed IT infrastructure upgrade and replacement of approximately 3,000 computers across the state of Florida in partnership with the FDC. Our goal with this large IT project was to standardize our hardware and IT solutions across correctional programs, whenever possible. This project was necessary preparation as part of our plan to design and implement the FDC's first electronic medical record (EMR) system across all four regions of the state, which we began in September 2021. Part of our IT/EMR duties included establishing and implementing an *IT Disaster Recovery Plan* and *Business Continuity Plan*.

Electronic Medical Record System. Centurion completed implementation of the Fusion EMR system across all regions of the FDC. Following an initial pilot in September 2021 at all female facilities, in December 2021, we completed the EMR transition to each of the remaining FDC regions and facilities across the state. Our EMR team assumed a lead project management role implementing this project, which included several moving and often complex parts. For example, we worked collaboratively with the FDC's pharmacy to migrate patient data from the Department's pharmacy system into the Fusion EMR system. The implementation process included creating 374 electronic forms for use in the system, as well as additional workflows that stem from these forms. We added laptops, signature pads, printers, and scanners in preparation for implementing the EMR solution. Our team established a host of reporting capabilities and query options.



Implementing the EMR has improved the service delivery and documentation accuracy and enabled better management of patient care, especially for patients transitioning between facilities or back to an FDC facility. It has increased provider and nurse productivity. We note that there may also have been indirect benefits. For example, the lack of an EMR may have adversely affected our recruiting process as many new nurses did not expect to complete manual documentation of patient needs and progress.

Telehealth. The expansion of telehealth services is an important and ongoing project for Centurion. We currently use telehealth services to conduct initial specialty evaluations and assessments. An example includes the current practice of telehealth evaluation and consultation on patients with mental health conditions who require medications, who would otherwise transfer to an S3 camp for assessment. This has significantly decreased security and officer time required to transport these patients for their evaluations.

We regularly use telehealth to provide medical and mental health treatment. Over the last 18 months, we have completed nearly **55,000** medical appointments and close to **215,500** mental health appointments via telehealth. Over the last three months, our average medical and mental health completion rates were 90% and 84%, respectively. Though the majority of the sessions were for the provision of telepsychiatry services, we also use telehealth for oncology, neurology, RubiconMD consults, and wound management. Our expansion of telehealth, derailed by the COVID-19 pandemic, is back on track.



In addition to the above, we leveraged Aruba Central to manage switch infrastructure ensuring rapid deployment of security updates and feature enhancements and collated full technology stack (i.e., EMR reporting servers, core network switches, and firewall) in the FDC Data Center in Tallahassee. We also collaborated with FDC OIT/Network team to introduce **wireless access endpoints** and their authentication and upgraded our IT Helpdesk to offer 24/7/365 access to live technicians for IT, telehealth, and EMR support.



Over the last 18 months, we have completed nearly 55,000 medical appointments and close to 215,500 mental health appointments via telehealth.

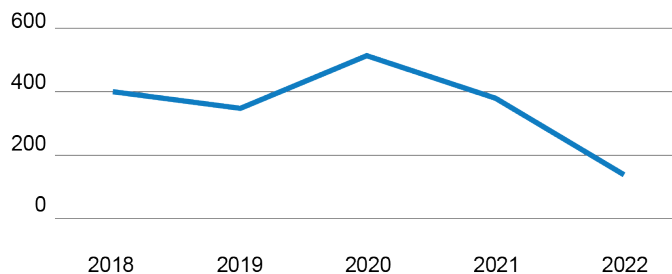
Florida Medical Accomplishments

Under the direction of **Dr. John Lay**, Centurion’s Statewide Medical Director, and in close collaboration with the FDC, we have worked with our regional and facility-based counterparts to develop an integrated and collaborative system of care that has eliminated “silos” of care and established a culture of teamwork across healthcare disciplines and among facilities. Our medical services range from initial intake and infirmary care to chronic and palliative care and adhere to Federal and state regulations, ACA standards of care, and FDC policies and procedures, and healthcare bulletins. Some of the medical accomplishments we have achieved in collaboration with the FDC include:

Unwavering Focus on Integrated and Collaborative Care. Centurion is well aware of the relationship between and importance of coordination of care for patients with comorbid mental health and medical disorders. Aligning with our corporate approach to care, which includes integrated and collaborative care as a focal point of treatment, we implemented multiple strategies to promote the provision of integrated care. For example, we utilize the FDC’s medical (M) codes and mental health (S) codes to identify patients who have comorbid needs. This process supports immediate identification of patients who require both medical and mental health services and would benefit from integrated and collaborative care. For patients with severe mental illness (SMI) and medical needs, we utilize multidisciplinary treatment planning and weekly calls to manage their needs. We have consolidated our mental health and medical nursing staff under one nursing leadership. We also offer training, mentorship, and supervision to our staff on providing integrated and collaborative care.

Decreasing Patient Mortality and Morbidity. Centurion has worked closely with the FDC to reduce mortality rates among FDC patients. Aside from the unexpected and temporary increase in mortality and morbidity rates during the height of the COVID-19 pandemic, we have successfully decreased mortality from **403** deaths per 100,000 in 2018 to **152** deaths in year-to-date 100,000 in 2022 as seen in the accompanying graph. **This is a decrease of over 55% demonstrating that Centurion’s programs and efforts have been successful in decreasing mortality rates among FDC incarcerated individuals by more than half.**

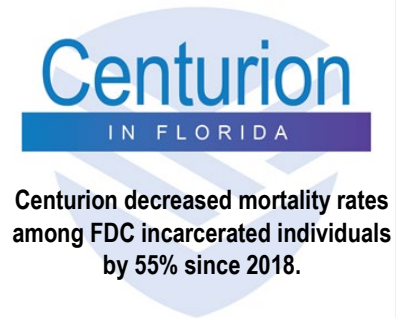
Total Deaths FDC/Centurion Sites (including COVID-19)



During the current contract, we have worked with the FDC to conduct post-mortem tests to detect the presence of K2, a synthetic cannabinoid that is increasingly present in FDC facilities. Outside of forensic



testing, these tests are fairly uncommon and esoteric, involving multiple chemicals and complex testing protocols. We have also worked with the FDC to implement their anti-K2 campaign. We have assembled a Mortality and Morbidity Review Committee and a dedicated Mortality Review Coordinator to keep abreast of any changes in the incidence of fatalities FDC patients. In addition, we worked closely with the FDC and Correctional Medical Authority (CMA) to revise the FDC mortality policy.



We have introduced several diagnostic and treatment processes to decrease patient morbidity. In addition to Focus on Wellness and our Hepatitis C treatment programs, we introduced and provided training on the Kosmos Point of Care Ultrasound, offering high-level imaging, ECG and digital auscultation, and a digital retinopathy pilot for patients with diabetes at several FDC facilities.

Increased Access to Onsite Specialty Care. Since assuming the contract, we have increased onsite specialty care services to include orthopedic services (including medical surgical assessments, minor surgical procedures, and complex orthopedic surgeries, such as knee and hip surgeries), surgeries (including surgical assessments and minor procedures), and audiology (including web-based audiograms and hearing aid management). Other onsite specialty services include expanding palliative and end of life services, expanded from three facilities to all facilities and providing inpatient hospice care terminally ill patients, in collaboration with Memorial Hospital. We also added total knee and hip surgeries to the orthopedic specialty services and surgeries provided at the MSU. We provide onsite optometry, ophthalmology, radiology, sleep studies, and cardiac evaluations (including use of halter monitors), among other services.

Successful Hepatitis C Treatment. As noted earlier, since implementing the Hepatitis C treatment program in 2017, we have screened over **140,000** FDC residents. Of those treated, more than 8,000 have achieved sustained virologic response (SVR), resulting in a **98% SVR rate**. **Errol Campbell, MD** serves as the Medical Director for Hepatitis C. Dr. Campbell works with our statewide infection Control coordinator and our regional infection control nurses in managing the needs of patients with Hepatitis C.



Errol Campbell, MD
Regional Hepatitis C
Medical Director

Successful Hernia Surgeries. As also noted earlier, since assuming the contract, we have evaluated and treated over **2,500** patients requiring hernia operations. The vast majority of these were inherited from predecessor healthcare vendors who had not provided adequate care. In 2022, only **12** patients required hernia surgery. We have proven our ability to evaluate and provide these patients the needed treatment, including surgery, in a timely manner.

Better Chronic Care Outcomes. Centurion has been offering our **Focus on Wellness** disease and lifestyle management services for patients with complex and/or difficult to manage conditions in Region 4. In 2021, the 30 patients with diabetes in four participating FDC facilities who enrolled in the program completed 62 sessions and achieved an **average A1c reduction of 0.9 points**.

Supporting Incarcerated Mothers. Centurion utilizes our H.E.R. program that distributes journals to help mothers chronicle their relationship with their children during their incarceration. Participants found journaling to be helpful, gave them clarity to their situation, and would be something they would continue.

Pharmacy Cost Avoidance. Centurion has supported the Department's leadership in managing FDC's formulary, implementing several initiatives to increase access to and decrease cost medication costs. We worked closely with the FDC to implement the keep on person (KOP) initiative, transitioning several medical and psychotropic medications from direct observation to KOP. In addition to saving staff time, KOPs improved the medication distribution process and promoted self-management among patients. It also highlighted the strength of the partnership between Centurion and the Department. We further decreased pharmacy costs annually by addressing use of generic medication, polypharmacy and appropriate management of psychotropic medications, reviewing and updating the formulary to ensure use of most cost-effective medications, and implementing an approval process for high cost medications. For example, in 2018 – 2019, cost avoidance and saving initiatives on biologics/biosimilars, inhalers, topical corticosteroids and other chronic illness medications, with the assistance of the P&T Committee, resulted in a **total savings of \$2.3 million for the FDC.**

UM Notification Process. To ensure that appropriate utilization of emergency services, we implemented an electronic process for immediate notification of UM of any emergency room transports. Among other benefits, this process allowed us to track patients seen in the ER for self-injurious behaviors. More generally, the electronic notification has allowed us to intervene expeditiously and effectively with ER patients, implementing appropriate medical and/or mental health interventions to mitigate symptom exacerbation or similar behaviors in the future.

Investing in Equipment and Services. To enable better patient care, we consistently review and improve the resources available to our staff. Examples include purchasing vein finders for each facility, decreasing the number of sticks, purchasing 75 additional oxygen concentrators to expand our capabilities across the state. Through statewide redistribution of supplies obtained from Gulf Annex, and Madison and Jefferson County Health Departments, we achieved a **cost avoidance of \$178,841 since contract start date.**

Supporting Reentry. We currently utilize two aftercare groups programs, developed by Centurion's clinical operations department, for several S3 and inpatient institutions to prepare incarcerated individuals for reentry. Participants of these two groups, *Life After Release* and *Planning for a Better Life*, have the opportunity to discuss plans and concerns regarding their reentry and identify steps they need to take to manage their needs following release.

Additionally, starting in 2022, we provide incarcerated individuals with access to **FindHelp**, a web-based search engine, which provides a platform to find and connect to social services. We have customized this platform, which is accessible *from anywhere at any time*, to the specific and complex needs of Centurion patients. Staff and incarcerated individuals can access over 1,900 community-based organizations that offer low or no cost services through Centurion FindHelp in Tallahassee alone. Although up and running for only six



months, as of June 1, 2022, 10,000 company wide staff and released patients have already accessed this user-friendly search engine. **Since the program's launch, 340 users have accessed information on Florida, through 574 sessions and 2,544 searches, which resulted in 1,552 interactions with service providers.**

Our lead mental health educator, **Annette Bushfield, MS, LMHC**, has met with the FDC and community providers to develop referral process for assessment of pre-release needs. We currently maintain partnerships with *Operation New Hope* in Duval County, *Bethel Ready for Work* in Leon County, *Thriving Minds* in South Florida, and *Abe Brown Ministries* in Hillsborough. She will continue to develop similar relationships in other counties across Florida. Ms. Bushfield was also instrumental in identifying housing resources for sex offenders, a population that meets with significant housing resistance.



Annette Bushfield, MS, LMHC
Lead Mental Health Educator

In addition to assisting patients released into the community obtain needed medications and follow-up services, we provide incarcerated individuals with access to Nurse Advice Line (NAL), a toll-free healthcare hotline available 24/7. Released incarcerated individuals can contact the NAL during the first three months following their release to obtain medical advice. Since 2019, when we launched this service, across the eight programs where we offer this service, the **NAL has received over 500 inbound calls** with an average clinical talk time with an RN of 11.8 minutes. Year-to-date in 2022 alone, we have received 14 calls from Florida released individuals.

Expanding Dialysis Services. We expanded dialysis services for high profile incarcerated individuals at FSP and reducing the need to transfer patients from SFRC to RMC. This has resulted in decreased security (including flight risk) and transportation costs and improved access to care for patients needing dialysis.

Offering Training and Skills Development Opportunities. Enhancing staff capabilities is an important component of improving healthcare outcomes for patients. As such, in addition to educational and development opportunities available through our corporate clinical operations department, we offer our Florida staff with a wealth of training opportunities to increase their skills sets. Examples include training all directors of nursing as CPR instructors, providing training to LPNs to become IV certified, and offering phlebotomy certification training. We recently started a CNA training course. Staff also participate in subject-specific trainings such as on medication management, trauma-informed care and gender dysphoria, quarterly zoom topical trainings, round tables, and other opportunities. We will provide all new and existing staff with initial and annual naloxone training.

Since 2016, Centurion has **hired 47 Florida board certified qualified supervisors** who provide supervision for over 140 mental health staff members, including all provisional psychologists, provisional mental health counselors, social workers marriage and family therapists and all Florida interns. Without this supervision, these providers would not be able to obtain a Florida license to see patients. We also reimburse interns and provisional staff for training and preparation courses for Florida licensure and qualified supervisors for CEUs by the Florida Board of Psychology and Mental Health.

Facility and Unit Closures and Openings. We have worked closely with the FDC to provide support, including transferring patients, during several FDC facility/unit closures and openings. Examples include transferring patients to Santa Rosa CI following the closure of the Union CI inpatient unit, expanding and moving close management facilities to Charlotte CI and Hardee CI, and change in locked unit from Larkin Hospital to North Shore Hospital. We also transitioned staff and services from Tomoka CI's medical building to another unit following significant damage to the permanent unit and remained in the temporary space for over a year. These transitions required close collaboration with FDC staff, clinical management of patients, ensuring effective transition processes, and developing and implementing new procedures, when required.

Enhancing Patient Education. Centurion provides incarcerated individuals with a variety of health information, aimed at increasing their understanding and management of common healthcare issues. All of our patient educational handouts are available in both English and Spanish, and we are currently exploring options to make the materials available electronically on tablets, with prior approval from our client partners. The following are examples of health education materials we have developed since 2016:

- Gender Identity
- Grief
- Health Relationships
- Making Lifestyle Change
- Personal Hygiene and Cleanliness
- Self Esteem
- Thinking Styles
- Anger Management
- Anxiety
- Dealing with Incarceration
- Dealing with Mental Illness
- Depression
- Eating Healthy
- Sleep Problems
- Smoking Cessation
- Stress Management
- Suicide Prevention
- Overdose Prevention
- Effective Communication
- Exercise

Addressing the COVID-19 Pandemic. The onset of the COVID-19 pandemic presented unprecedented challenges for correctional agencies across the nation, including the FDC. Correctional healthcare providers navigated to institute mandated precautions, provide needed testing and treatment, maintain adequate staffing, and offer continuity of healthcare services for patients with acute and chronic healthcare needs. Negative reports from California to Massachusetts focused intensively on the challenges and even failures of correctional systems in delivering adequate care to incarcerated populations during the pandemic¹²³.

In contrast, Centurion, in close collaboration with the FDC, was able to implement needed processes and procedural changes to combat the virus's spread across FDC facilities. We implemented new clinical processes that addressed CDC safe distance and isolation requirements while meeting patient needs and short and long-term healthcare vacancies. These included:

- Opening additional infirmaries at Sumter, Columbia, and Madison during COVID-19 and developing new processes for addressing the needs of patients within these facilities who required sick call services

¹ Carpenter, Tim. Kan DOC hires new prison medical provider amid COVID-19 pandemic. Corrections1.com. April 19, 2020

² Jails and Prisons Served by H.I.G. Capital-Owned Wellpath face COVID-19 outbreaks, deaths, concerns regarding staffing levels. Private Equity Stakeholder Project. July 8, 2020.

³ Harper, Jake. During COVID-19 Pandemic, Indiana Prisoners Say Other Health Needs Untended. WFYI Indianapolis. May 21, 2020.

- Establishing “strike teams” and volunteer pools to address backlogs and staffing shortages in dental, medical, and mental health service delivery.
- Hiring APRNs in several sites with critical RN shortages to provide sick call triage and treatment. We filled all but two of these positions within two weeks. This conversion helped Centurion fill the positions that would have potentially remained open for 60 – 90 days. This addition allowed us to meet the needs of our population in a timely manner as demonstrated through our quality audits
- Revising initial assessment and sick call processes whereby the APRN performed some of these tasks, previously managed by RNs. Under the new urgent care model, the RN conducting triage identified and routes conditions to an APRN to determine need for urgent provider evaluation or likely to require provider intervention in the near future. This allows the APRN to treat the medical condition during the initial encounter, avoiding unnecessary nursing evaluation and a second patient appointment

This has resulted in increased patient satisfaction, decreased patient movement to medical and an overall more efficient process. This has decreased the burden on nurses, reduced number of duplicate issue sick calls (as providers saw patients on the first visit), minimized number of patients inquiring about appointments, and dramatically decreased sick call backlog

- Routinely tested all security and staff
- Required full testing at each facility within 72 hours of the first patient infected at each facility, which resulted in mass testing of every incarcerated individual at every facility
- Developed testing and quarantine process with security where we kept those with infections separated from other incarcerated individuals
- Implemented treatment plans based on critical care consortium, such as vitamin supplementation for those testing positive and monoclonal antibodies at all facilities
- We worked closely with the Florida Department of Health (DOH) during the pandemic to implement telehealth encounters for DOH treatment of HIV patients. Without the use of telehealth, DOH provider would not have been able to see FDC patient, order 340B medications, and determine patient progress and needs. The use of telehealth allowed the FDC to continue realizing cost savings associated with 340B medications



Centurion employees and FDC staff cheering on fellow employees working and entering the facilities during the pandemic.

Since the introduction of the COVID-19 vaccine, we have implemented vaccination protocols for the FDC population. We will continue to provide boosters and remain vigilant with testing, isolation, and treatment.

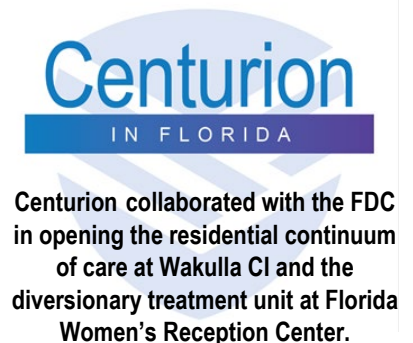
The COVID-19 pandemic resulted in significant staffing shortages due to short-term or prolonged treatment, staff resignations and other related vacancies. As we worked tirelessly to recruit and hire new staff, we created a COVID response team composed of Centurion Florida staff willing to travel to facilities with significant staff shortages to provide needed healthcare services. These volunteers were instrumental in ensuring the continued provision of timely healthcare services for the FDC population and demonstrated the commitment with which Centurion staff approach their jobs and responsibilities.

Florida Behavioral Health Accomplishments

Centurion provides the full spectrum of behavioral health services under the direction of Dr. Peggy Watkins-Ferrell, our Statewide Mental Health Director, and Dr. Beltran Pages, our Statewide Psychiatric Director/Advisor. Our accomplishments include:

- Collaborating with the FDC in opening the residential continuum of care at Wakulla CI and the diversionary treatment unit at Florida Women's Reception Center. The Wakulla CI expansion was a complex and detailed process that included, among other activities, physical plant review and organization, recruiting, hiring and training staff, developing clinical protocols and programming, setting up process, ordering supplies, developing and training officers and security staff. Centurion's clinical operations department was involved in some of these trainings. In addition, we established referral criteria, identified patients who met the criteria for the units, and referred and transitioned to the right program. We completed a phased-in implementation of the DTU and inpatient services and expanded programming to the CTU and STU over time. **In March of 2022, during a family conference call, an incarcerated individual's family member expressed appreciation for Centurion's timely provision of medical services to their loved one at Wakulla Annex. Their family member praised the fact that they had no concerns about the care being given.**
- Implementing a program to evaluate and treat patients with **gender dysphoria**. Our staff participated in training on gender dysphoria. The training included at least four in-person presentations and at least six in-person training days as well as a minimum of six Zoom meetings with the psychologists conducting evaluations and completing several evaluations during these meetings. Since beginning the program, we have completed 300 full psychological evaluations.

During the past few years, our clinical operations team have also supported the program by conducting consultations and trainings at several FDC facilities, such as consultations at Lake CI and WRC on developing a behavioral management unit, multiple gender dysphoria trainings, and SIRP training.
- Collaborating with the FDC and Department of Children and Family Services to streamline **Baker Act** and **civil commitment** processes by developing systematic protocols and training psychologists and mental health professionals on how manage such requests.



- Developing a system to increase compliance with **medication dispensing** and efficient use of the medication administration process. As part of the overall keep-on-person (KOP) program we developed in partnership with the FDC, we review the list of patients on psychotropic medications to identify those who would benefit from having keep-on-person medications. We provide training to the patient on their medication regimen, ensure compliance as part of regular medication reviews, and make any adjustments needed. This process has streamlined medication dispensation and saved significant nursing and provider times while helping patients assume greater responsibility for their own healthcare.

We currently support the FDC's **doctoral and post-doctoral internship programs** in clinical psychology, each of which include 2,000 internship hours over a one-year period. We provide hands-on training, mentorship, supervision, and oversight by Centurion clinical psychologists. In addition to increasing the student's clinical skills, these internships are unique opportunities to engage future healthcare providers in correctional healthcare. We currently have **13** employees who began with Centurion as part of FDC's internship program.

We have implemented **suicide prevention round tables**, creating opportunities for small, multidisciplinary groups to explore suicide prevention topics, typically three discussion points per session, over the course of one hour. These meetings allow for onsite, brief, and effective communication for clinical, administrative, and custody staff to explore topics and collaborate to improve prevention strategies within their site. In addition to receiving education on suicide prevention strategies, participants build interdisciplinary relationships, identify and address gaps in care, and improve communication and rapport through the facility.

In addition to the above, we have also completed the following initiatives:

- Added a back-up system to the on-call system to improve its efficiency
- Collaborated with the FDC on improving mental health policies and procedures
- Implemented a floating team composed of psychologists and psychiatric clinicians to provide coverage during critical shortages, especially on inpatient units
- Utilized Centurion portal resources for behavioral health programming including group curricula, Taking a Chance on Change, in-cell psychoeducational programming with creation of packet tied to treatment problem/goals/objective for patients to complete during the COVID-19 pandemic

Florida Dental Accomplishments

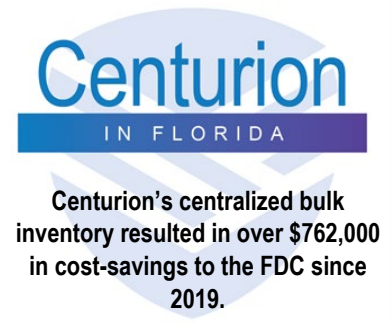
In 2017, Centurion transitioned dental staff from Smallwood to Correctional Dental Providers Network (CDPN), providing dental services for the FDC as part of our comprehensive healthcare contract. **Dr. Harry Hatch** has served as Centurion's Statewide Dental Director, working in close collaboration with the FDC and the facilities to increase the availability and scope of dental services across the state.

During our tenure, we added two dentists, reallocating them from closed sites, 6.2 FTE dental hygienists, and 7.0 FTE dental assistants. We currently participate in academic affiliations with Nova University in South Florida for fourth year students who can complete an externship at South Florida Reception Center. In addition to conducting oral surgeries at the RMC, we are in the process of establish a



relationship with Nova University’s oral residency program to perform extractions and oral surgeries at the local hospital.

When we assumed responsibility for dental services, an analysis of dental equipment across FDC facilities found a significant amount of unused dental equipment and supplies at some facilities and a shortage at others. Facilities without adequate supplies were ordering materials of which other facilities had a surplus. To address this issue, we created a centralized dental storage hub, which now contains all surplus dental supplies and equipment. We first use the materials in stock before placing orders for dental supplies. **Our centralized bulk inventory has resulted in over \$762,000 in cost-savings since 2019.**

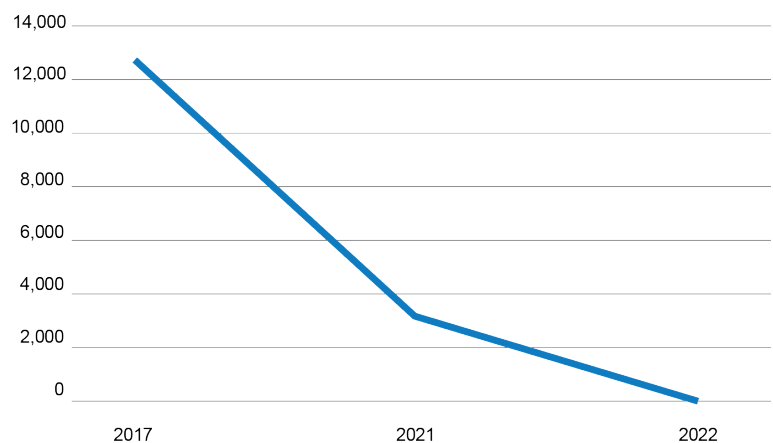


In addition, we have repaired or replaced dental equipment with more advanced options. For example, we recently replaced suction tips supplied to dental hygienists with Releaf Specialty Suction Tips that offer a safer environment by reducing aerosol in the dental clinic. Since fiscal year 2020, we have invested in 99 operatory chairs, 20 autoclaves, 12 vacuums, five compressors, three panorex machines, 66 scan-X machines, five x-ray machines, six Nomad x-ray machines, one hydrim sterilizer, and several other large dental equipment items.

We also demonstrated our commitment to ensuring timely access to dental services through our tireless efforts to address the recent backlog of routine dental appointments. Being limited to providing only essential dental services and emergent and urgent dental care during the months following COVID-19 created a backlog of over 12,000 routine dental visits across the entire Florida correctional system.

To address this backlog, once the state reduced COVID restrictions, we created dental “strike teams” that included dental management, general dentists, and dental assistants from facilities without significant backlogs. These teams travelled to facilities with the largest backlogs, namely Calhoun, Liberty, Union, Martin, Okeechobee, Walton, Hamilton, and Franklin CI, to provide an intensive level of dental service provision within a condensed period of a few days. We worked with facility wardens and security for our dental strike team to see as many as **70 patients in a day** for up to three days at a time. At some facilities, our dental strike teams treated **210 patients a week.**

Reduction of Dental Appointment Backlogs



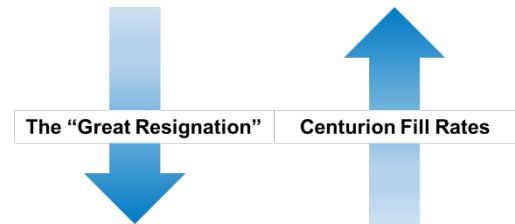
Simultaneously, our dental management strategized with the facility dental team and provided training on how to see a sufficient number of remaining patients daily to keep the backlog numbers reducing and achieve a 3-month turn around on eliminating the backlog. By June 2021, we had



reduced past due routine dental appointments from 12,529 to 2,895, while continuing emergent, urgent, and routine dental services, even while still under partial COVID restrictions. We initiated a second wave of dental strike team support in May 2021, after evidence that wait times were increasing, avoiding non-compliance and system overload. We currently have *no* routine dental backlogs and are proud to have maintained a less than one per 1,000 rate per month for received dental grievances.

Florida Staffing Accomplishments

During the term of our contract, Centurion has remained steadfast and consistent in our staff recruiting, retention, and training efforts. Within two months of initially assuming the contract, we had hired 280 employees, significantly decreasing the FDC’s vacancy rates. We continued with these efforts throughout the past few years, using innovative recruiting strategies, designated recruiters, academic affiliations, and generous benefits. We worked with the FDC to increase our staffing and specialties to meet the changing needs of FDC incarcerated individuals. Over the past five years, we increased the number of staff from 2,908 full-time employees in 2017 to 3,155 full-time employees so far in 2022.



The COVID-19 pandemic and the ensuing “great resignation” and staff shortages presented unprecedented challenges for Centurion and healthcare companies and all industries across the nation. Companies struggled to staff employees, particularly in the service industry. We used innovative recruiting programs and retention initiatives to address this challenge. We are grateful to the FDC for their collaboration to implement new recruitment initiatives such as adjusting pay ranges, allowing us to complete with the new healthcare market in the U.S. We are committed to continuing and expanding on these efforts to achieve the high fill rates we had maintained prior to the pandemic’s onset.



In a recent 30-day period, to further advance the upward trajectory in staffing successes, Centurion raised the FDC fill rate from 68% to 74%.

To ensure the increasing staffing successes in Florida, we maintain a large and knowledgeable human resources and recruiting team of **27 personnel dedicated to the Florida program**. Teffany Dowdy, Director of Provider Recruiting, Mindy Halpern, CCHP, Director of Nurse and Clinical Recruitment, Tony Zehring, Senior Director of Recruiting Operations, Angela Fitzjarrell, Talent Attraction Manager and Executive Recruiter, and Lisa Lynch, Regional HR Manager lead this team. Under their leadership, the team is composed of 22 other members, including provider, nurse and clinical recruiters, talent acquisition partners, and human resources business partners. Most of our Florida recruiting team have been with the program since contract award. In the last few weeks, we’ve hired a new Talent Attraction Partner, Academic Partnerships, Susie Shumaker.

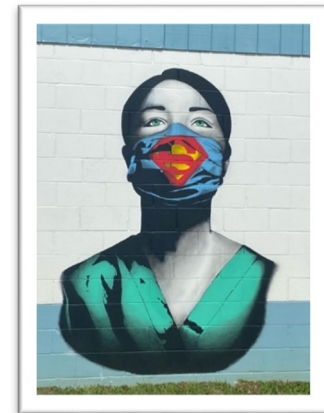
According to a November 2021 article in the *South Florida Sun Sentinel*, the nursing shortage in the State has reached a crisis point, with at least one in four nurses, and one in three critical nurses, quitting their jobs in 2021. By 2035, Florida will need over 59,000 nurses to meet the healthcare needs of its population⁴. The State will also need primary care, dental, and mental health professionals to combat shortages in these disciplines.

⁴ Krischer Goodman, Cindy. Nursing shortage hits a crisis point in Florida, and its taking a toll, leaders say. South Florida Sun Sentinel. November 1, 2021.

Despite this apparent shortage in healthcare staff, Centurion has successfully maintained an **80% retention rate for medical providers, a 76% retention rate for dental providers, and 71% retention rate for psychiatric providers**. Some of our other recruiting accomplishments include the following:

- In 2021 alone, we hired 1,023 new employees, bringing our total Florida employee count to nearly 3,500 employees. We retained **over 65% of our total employees** for medical, psychiatry, nursing, and mental health providers
- Maintain an average retention rate of **70%** across all positions.
- 1,172 and 318 employees achieved five years of service in 2021 and year-to-date 2022, respectively.
- Apply for and obtain health professional shortage area (HPSA) designation for every state prison, which allowed us to apply for and obtain National Health Services Corps Loan Repayment Program (NHSC-LRP) funding. We have obtained NHSC-LRP designation for 30 FDC facilities. Six other facilities also received an HPSA score in May 2022. Utilizing these recent HPSA scores, we have already completed and submitted the NHSC applications in June 2022.

This designation, an important recruiting and retention tool for Centurion especially in rural areas, allows new hires and incumbents with existing student loans to benefit from this opportunity. An example is Santa Rosa Correctional Institution, where we are currently using the loan repayment program as one of our most attractive recruiting tools. Since obtaining the designation, we have had **25 employees apply for and benefit from the NHSC-LRP**.



The efforts of Centurion's nursing team in Florida during the COVID-19 pandemic was recently recognized by the inmates at Jefferson CI, who painted this mural on the medical building recognizing the 'heroism' of nurses.

As with any other correctional agency, Centurion experienced increased vacancies during the COVID-19 pandemic due to staff illness and resignations. We worked with the FDC to develop and implement a multi-pronged process to increase recruitment and retention of both provider and non-provider positions, and we are grateful for the Department's collaboration in these efforts. In addition to flex schedules and remote work, some of the activities we pursued to improve recruiting and retention include:

- Initiating shift differentials and incentives, such as an extra \$400 per shift for RN, to work additional shifts. In 2021 alone, we paid over **\$1 million in shift differentials** across all FDC facilities
- Implementing competitive sign-on bonuses of up to \$10,000 for hard-to-fill positions, such as RNs. In 2021, we paid over **\$416,000 in new hire incentives** and **\$2.5M in new hire incentives** in 2022
- Reviewing, revising and submitting new salary ranges for medical and mental health staff positions to the FDC for approval, following which we brought all existing staff to scale. We are currently working on revising and bringing medical provider and clerical salaries up to scale.
- Expanding our recruitment reach through out-of-home and mobile geo-targeted advertising by working with Outfront Mobile to place position advertisements on over 100,000 app networks



(news, gaming, hobbies, sports, social, weather, arts, shopping, finance, and entertainment). From January to February 2022, we completed campaigns for the Jacksonville and Orlando area. These advertisements served over 1 million times and resulted in **4,295 engagements/clicks** to the Centurion website for additional information. Our advertisements over-delivered by 0.9% for a 101% delivery, outperforming the standard engagement/clicks by 43%.

In the past six months, we have further enhanced our recruiting and retention efforts by:

- **Increasing Email and Text Campaigns** – Our campaigns reached an average of 150,000 RN and LPNs across the state and approximately 10,000 in targeted areas each month. We also send close to 2,500 talent attraction texts each month to potential candidates. For example, since January 2022, our nursing campaign alone, we contacted 93,554 and 28,013 candidates through text and email campaigns and respectively. We also contacted 458 through cold calls and 6,008 who responded to individual outreach. We presented 449 candidates to FDC facility leaders to recommend for onsite interviews.
- **Increasing Employee Referral Program Incentives** – Nearly 16% of nurse hires, 12% of mental health, and 14% of psychologist hires in Florida have been the result of employee referrals. To further incentivize employee referrals, we significantly increased the employee referral bonuses to \$5,000 for licensed full time and \$3,500 for licensed part-time hires referred by existing employees.
- **Preparing Candidates for the Interview Process** – Interviewing for a correctional healthcare position, especially for candidates who have not had any prior experience in this arena, can be overwhelming and stressful. To ease the interview process for candidates, we provide them with:
 - Facility profile guides, which offer a synopsis of the FDC facility where the candidate will interview, including information on security process, population, facility, directions, parking, do's and don'ts, dress code and other relevant information. Candidates have universally commented on the usefulness of this information.
 - “Day in the Life” presentations, whereby a recruiting team member and director of nursing or other clinical staff meet with potential candidates virtually to provide an overview of life as a healthcare staff member at a facility or region, including providing information regarding security, unique aspects of correctional environment. They respond to questions and concerns posed by candidates.
 - Follow-up texts that our talent attraction team send to keep candidates engaged with the interview process and with the onboarding process following hire. This is an important tool in minimizing pre-onboarding jitters and drop-offs and keeping hired candidates interested and enthusiastic about working for Centurion prior to their onboarding.
- **Increasing In-Person Meetings** – With the easing of COVID-19 restrictions and precautions, we have increased in-person meetings, whereby we meet with candidates at informal (restaurants and hotels) and formal (Centurion regional offices or FDC facilities) locations to conduct the preliminary interviews and respond to questions. The onsite facility interviews, for example, allow candidates to experience the facility atmosphere and manage expectations, thus decreasing post hire and first-day dropouts.

- **Academic Partnerships** – We increased our academic partnerships through lunch and learn and career events. Members of our recruiting staff also serve on the boards of several of our academic partners, supporting their career and professional development goals and opportunities. We routinely welcome partners to tour facilities to gain a better understanding of the correctional work environment and convey the importance and potential of working in correctional health to their students.
- **Using Data to Enhance Outreach** – We routinely review and augment our outreach methods to identify the most appropriate and effective hiring outlets. For example, with close to 38% of our new hires sourced from Indeed, during the past six months, we have increased our investment in Indeed to \$56,000 per month.

Our continued focus on achieving expected fill rates for the FDC remains unwavering. We will continue to use these and other activities to meet FDC staffing expectations.

To combat the spread of COVID-19, for several months FDC facilities limited the number of non-FDC or non-healthcare staff who could enter the facility. This posed a significant onboarding challenge for Centurion as many of the healthcare staff we recruited and hired did not have a correctional background and did not have the opportunity of meeting with facility staff as part of their interview and vetting process. We used virtual interviewing and education to provide these new employees with information about the culture and environment of the facility in which they would be working. With the easing of COVID-19 restrictions, most FDC facilities are now open to onsite interviews, which helps prepare candidates by allowing them to experience some of the unique aspects of working in a correctional environment.

Florida Quality Management Accomplishments

Quality management is the over-arching service that ensures the delivery of excellent services for the FDC population. Some of our achievements, accomplished in collaboration with the FDC, and anticipated to be ongoing during the next contract, include the following:

- **Improvement of ACA Preparation and Audit Results** – Created technology and processes, such as an inclusive ACA portal, ACA Healthcare Outcomes tracker, permit and license tracker, to improve ACA preparation and audit results
- **Overall Improvement in CMA Audits** – Achieved overall improvement in CMA initial audits and quicker closure of subsequent CAPs; participated with CMA on *Access to Care* Audits during the pandemic; and established portal site with CMA team access for ensuring remote ability to assess documentation for CAPs
- **Report Access Collaborations** – Supported joint access by FDC and Centurion to electronic reports, such as the Risk Management Occurrence Report (RMOR), HIPAA, grievances, performance measure monitoring, quality management minutes and other areas which allows for transparency and ease of review
- **Enhancement of the Mortality Review Process** – Enhanced the FDC mortality review process by including regional clinical and administrative leaders, enhancing the mortality report content, and offering standardized training for all providers through the FDC mortality coordinator and statewide CQI director



- **Creation of Policies, Procedures and Processes Database** – Created a database for RMCH policies and revisions with access for FDC and RMCH administrators to streamline communication and approval process; created a new process, consistent with FDC guidelines, for completion of peer reviews remotely, if needed
- **Implemented the Mental Health Auditing Process** – Implemented the mental health *Disability Rights Florida (DRF)* auditing process with FDC to support accurate tracking of DRF mental health monitoring; collaborated with corporate clinical operations team to enhance mental health quality program for the FDC to focus on specific areas of concern, highlight areas of excellence, and increase staff morale and retention
- **Completion of Justification Studies** – Completed APRN Justification Study to review results from hiring APRNs to manage sick call at several facilities; initiated annual quality management study of grievances to be reported out in July at the quality care meeting with FDC

Contracts Executed in the Past Five Years

Below we provide a listing of all Centurion statewide contracts executed in the last five years that are of similar scope to the services sought in the FDC’s ITN. For each contract, we provide the organization name, start date of contract, scope of services, and reference contact information.

Centurion Current and Past Contracts Awarded in Past Five Years

Organization Name	Contact Information
Arizona Department of Corrections, Rehabilitation, and Reentry** 07/01/2019 – 09/30/2022 33,000 ADP/59 facilities Services Provided: Statewide medical, mental health, dental, and utilization management	Larry Gann, <i>Assistant Director, Assistant Director, Health Services Contract Monitoring Bureau</i> A: 1601 W. Jefferson, Phoenix, AZ 85007 P: (w) 602-255-2490 (c) 602-359-9110 E: lgann@azadc.gov
Delaware Department of Correction 04/01/2020 – 06/30/2027 5,500 ADP/10 facilities Services Provided: Statewide comprehensive medical services, inclusive of dental, pharmacy, and inpatients; Statewide comprehensive behavioral health services, including sex offender treatment, substance use disorder, and medication-assisted treatment services	Michael Records, <i>Deputy Bureau Chief</i> A: 245 McKee Road, Dover, DE 19904 P: 302-857-5389 E: michael.records@delaware.gov
Georgia Department of Corrections* 10/01/1997 – 06/30/2029 44,000 ADP/36 facilities Services Provided: Statewide mental health services, co-occurring mental health and SUD, and dental	Jack Randall Sauls, MBA, FACHE, <i>Assistant Commissioner</i> A: 300 Patrol Road, Forsyth, GA 31209 P: 478-992-5879 E: randy.sauls@gdc.ga.gov
Idaho Department of Correction 10/01/2021 – 09/31/2026 7,500 ADP/15 facilities Services Provided: Statewide medical, mental health, psychiatric, dental, and utilization management	Cindy Lee, <i>Business Support Manager</i> A: 1299 N. Orchard St., Suite 110, Boise, ID 83706 P: 208-658-2127 E: cilee@idoc.idaho.gov



Centurion Current and Past Contracts Awarded in Past Five Years

Organization Name	Contact Information
<p>Indiana Department of Correction 07/01/2021 – 06/30/2025 24,5000 ADP/22 facilities Services Provided: Statewide medical, mental health, psychiatric, dental, and utilization management</p>	<p>Robert Burns, <i>Medical Operations Administrator</i> A: 302 W. Washington St., E-334 Indianapolis, IN 46204-2738 P: 812-233-5736 E: rburns@idoc.in.gov</p>
<p>Kansas Department of Corrections 07/01/2020 – 06/30/2026 10,000 ADP/9 facilities Services Provided: Statewide medical, mental health, dental, juvenile substance use disorder, and medication-assisted treatment services</p>	<p>Gerald “Jerry” Jorgenson, <i>Director of Healthcare Compliance</i> A: 714 SW Jackson, Suite 300, Topeka, KS 66603 P: 785-207-1481 E: Gerald.Jorgenson@ks.gov</p>
<p>Maryland Department of Public Safety & Correctional Services* 07/01/2005 – 12/31/2023 21,500 ADP/23 facilities Services Provided: Statewide comprehensive outpatient and inpatient psychiatric and mental health care</p>	<p>Lynda Bonieskie, PhD, <i>Director of Mental Health Services Incarcerated individual Health Services</i> A: 6776 Reisterstown Road, Suite 315, Baltimore, MD 21215 P: (w) 410-585-3731 (c) 443-468-0319 E: Lynda.Bonieskie@maryland.gov</p>
<p>Missouri Department of Corrections 11/15/2021 – 11/14/2024 23,000 ADP/22 facilities Services Provided: Statewide comprehensive medical, mental health, and dental services</p>	<p>Travis Terry, <i>Director of Division of Offender Rehabilitative Services</i> A: 2729 Plaza Drive, P.O. Box 236, Jefferson City, MO 65102 P: 573-526-6493 E: travis.terry@doc.mo.gov</p>
<p>New Hampshire Department of Corrections** 07/01/2018 – 06/30/2022 01/01/2008 – 06/30/2022 1,750 ADP/ 7 facilities Services Provided: Comprehensive inpatient and outpatient psychiatric services, medical staffing, UM, and program management</p>	<p>Helen Hanks, <i>Commissioner</i> A: 105 Pleasant Street, PO Box 1806, Concord, NH 03302-1806 P: 603-271-5600 E: info@nhdoc.state.nh.us/ feedback@doc.nh.gov</p>
<p>New Mexico Corrections Department* 07/01/2016 – 06/30/2024 1,250 ADP/ 4 facilities Services Provided: Statewide behavioral health and SUD services for female incarcerated individuals</p>	<p>Dr. Wendy Price, <i>Behavioral Health Bureau Chief</i> A: 111 Gold Ave SE, Albuquerque, NM 87102 P: 505-827-8850 E: Wendy.Price@state.nm.us</p>
<p>Pennsylvania Department of Corrections* 04/01/2022 – 03/31/2027 39,000 ADP/ 25 facilities Services Provided: Statewide inpatient and outpatient psychiatric and behavioral health, and medication-assisted treatment services</p>	<p>George Little, <i>Acting Secretary</i> A: 1920 Technology Parkway Mechanicsburg, PA, 17050 P: 717-728-4109 E: glittle@pa.gov</p>
<p>Tennessee Department of Correction 11/01/2020-10/31/2025 22,000 ADP/ 11 facilities Services Provided: Statewide behavioral health services</p>	<p>Kenneth Williams, MD, <i>Chief Medical Officer</i> A: Rachel Jackson Building, Fifth Floor, 320 Sixth Avenue North, Nashville, TN 37243 P: 615-979-5631 E: kenneth.williams@tn.gov</p>



Centurion Current and Past Contracts Awarded in Past Five Years

Organization Name	Contact Information
Tennessee Department of Correction* 09/09/2013 – 06/30/2023 22,000 ADP/ 11 facilities Services Provided: Statewide medical, dental, specialty, pharmacy, and utilization management services	Kenneth Williams, MD, <i>Chief Medical Officer</i> A: Rachel Jackson Building, Fifth Floor, 320 Sixth Avenue North, Nashville, TN 37243 P: 615-979-5631 E: kenneth.williams@tn.gov

*Re-awarded through competitive procurements in the last five years

**Contact either recently expired or has an approaching close date. For these contracts, Centurion fulfilled all contractual obligations and worked with the agency to successfully transition services to new vendor.

Below, we provide an additional table that showcases our other current correctional healthcare programs where we executed contracts beyond the last five years.

Centurion Current Contracts Awarded in Past Ten Years

Organization Name	Contact Information
Minnesota Department of Corrections 01/01/2014 – 06/30/2023 7,600 ADP/9 facilities Services Provided: Provider services for medical, psychiatry, vision, physical therapy, and utilization management services	Nanette Larson, <i>Director of Health Services</i> A: 1450 Energy Park Drive , St. Paul, Minnesota 55108 P: 651-361-7280 E: Nanette.larson@state.mn.us

Experience Assuming Operations from Other Correctional Healthcare Vendors

Centurion has extensive experience assuming operations from other correctional healthcare organizations. As the Department is well aware, our entry into and expansion across the Florida correctional healthcare system in the current contract was the result of two emergency contracts awarded to Centurion in 2016 and 2017, for contracts previously held by *Corizon (now known as YesCare)* and *Wexford Health Sources*, respectively.

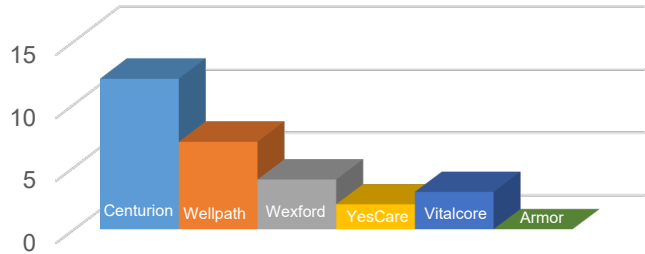
Under the first award, we completed the transition of approximately 2,000 correctional healthcare employees in just six weeks and immediately began making necessary reforms and improvements to the staffing and clinical services for the incarcerated individuals in 52 institutions across the state. In 2017, the FDC assigned contract responsibilities for services in the southernmost region of the state to Centurion. We transitioned comprehensive healthcare services for nine institutions, 13,000 incarcerated individuals, and over 400 employees in a matter of days. As seen in the graph, more DOCs trust their population’s wellbeing to Centurion than any other correctional healthcare organization.

In the last three years, we transitioned programs from Corizon (Indiana, Kansas, and Missouri), Connections, Inc. (Delaware), and Wexford (Indiana). Our correctional programs are similar to the FDC



in the scope of services required, requirements for evidence-based and high-quality care, and intense focus on ensuring adequate staffing. Similarities also include providing responsive reentry services, expansive provider network, increased availability of onsite specialty care services, and use of innovative solutions and technology to enhance service delivery. All of the programs also emphasize the importance of transparency and partnership. The differences relate primarily to departmental objectives and goals, specific policies and procedures directing the delivery of services, litigation agreements and requirements, and the overall population served.

Statewide Correctional Healthcare Contracts by Major Vendors



There are a myriad of reasons that departments of corrections across the country choose Centurion to replace their existing correctional healthcare vendors. These include our reputation for excellence in service delivery and our unparalleled recruitment and retention capabilities.

Excellence in Service Delivery. Of critical importance to each DOC is the quality of services offered to their incarcerated population. In Centurion, DOCs find an organization committed to excellence in service delivery. We provide fully integrated, collaborative, and public health focused healthcare services rooted in evidence-based mental health, medical, and dental practices. When called for under the scope of contract, our services include a wide range of substance use disorder programs, including withdrawal management, medication-assisted treatment, and counseling and rehabilitation. We infuse innovation, continuous quality improvement, and specialty services to address the diverse needs of the incarcerated individuals we serve – always placing the patient as the focal point of the treatment process.

To take just one example, in issuing its RFP in 2019, the **Kansas Department of Corrections (KDOC)** sought a partner that could address the challenges the Department faced while significantly improving the quality and timeliness of services for its incarcerated population, decreasing recidivism rates, and reducing the overall cost of healthcare services. In Centurion, they found a partner that had demonstrated experience managing fully integrated services for all populations, including those with special needs such as women and youth, individuals with co-morbid diagnosis, and those with opioid and alcohol addiction. We committed to using innovative solutions and resources, continuous quality improvement, and improved pharmacy management to support the service delivery process, achieve better outcomes for patients and cost savings for the state.



Centurion committed to meeting KDOC's goal of providing direct acting antiviral treatment to prioritized patients. We identified a potential 340B partner, Ellsworth County Medical Center, to support the proposed 340B medication program via telehealth. In addition, our individualized and public health focused reentry services supported the KDOC's goal of decreasing recidivism rates among former incarcerated individuals. We received notification of the award in January 2020 and have been providing exemplary services since July 2020.



Unparalleled Recruitment and Retention Capabilities. In an industry where shortage of healthcare professionals is a continuous challenge in providing timely services to patients, the ability to recruit and retain staff is of paramount importance. Centurion has one of the strongest and most effective recruiting and retention teams in correctional healthcare. This team of 50 full-time recruiters and 40 full-time human resource employees works closely with our partners to identify, engage, recruit, hire and retain employees with strong credentials and experience. We use a relational process, state-of-the-art recruiting database, a robust academic affiliation program, an expansive network of candidates, and rich benefits and professional development opportunities to ensure that our programs maintain high fill and low vacancy rates.

Our recruiting and staffing capabilities is one of the many reasons that the **Georgia Department of Corrections (GDC)** re-awarded its contract for behavioral health and dental services to Centurion, extending our relationship with the GDC into a third decade of continuous partnership. Since assuming the contract and in spite of the significant current national staffing challenges, our recruiting team has been able to generate positive staffing results for the GDC. Today, our GDC program includes:



- Over 360 part and full-time employees
- Over 100 employees hired in 2020 and 2021 alone
- 43% of staff with over 10 years of employment with Centurion's GDC program
- No use of locums since 2008
- 100% psychiatrist fill rate with an average seven years of tenure
- No staff turnover in 25 GDC facilities in 2020
- Ability to recruit all psychiatrists for Augusta State Medical Prison within three weeks, despite the significant shortage of this discipline in the state and across the nation
- Two staff members with over 30 years of tenure with the program

Innovation in Service Delivery. Aware of the impact of innovation and technology on the delivery of healthcare services, many DOCs seek a partner that can seamlessly incorporate novel solutions into its management of care. Centurion has the infrastructure, knowledge, human resources, and financial ability to invest in and offer unique solutions, such as extensive data analytics, telehealth, and electronic medical records for our partners. These capabilities were among the many reasons that the Idaho, Indiana, and Missouri departments of corrections chose to award their healthcare contracts to Centurion in 2021. For example, the innovative services we offer in our **Idaho Department of Correction (IDOC)** include:



- Implementation and expansion of telehealth services to increase access to services
- Use of risk stratification and predictive modeling to identify high risk patients
- Provider access to Krames, UptoDate, Centurion Central, EBSCO, and RubiconMD to provide evidence-based services
- TruCare UM tracking system to ensure provision of medically necessary services



- Real-time web-based data analytics, informatics and reporting services to manage patient care and gauge program success

Unparalleled Implementation Success. Transition of services is an essential benchmark for correctional agencies considering a change in vendors. Departments of correction seek vendors who have demonstrated experience seamlessly transitioning patients, services, programs, employees, and technology. Failure to do so effectively can have a short and long-term impact on patient care and program success. Our ability to transition numerous state correctional healthcare contracts from other vendors without fail or lapses in care is a point of pride for Centurion and an important consideration for our clients.

In 2020 and 2021, at the height of the COVID-19 pandemic, Centurion transitioned correctional healthcare programs for the departments of correction in **Delaware, Kansas, Idaho, Indiana, Missouri, and Tennessee**. We implemented each program within agreed upon timelines. We hired, trained, and transitioned staff, reviewed and instituted policies and procedures, provided all required deliverables, and implemented all technology, clinical, and quality management requirements. We accomplished all of the above while observing COVID-19 restrictions and requirements. We completed each implementation within agreed-upon timelines and without any COVID-19 related negative outcomes.

b. Prior Work Experience

2) Disputes

Centurion has never received a notice of default, breach of duty, or non-performance under a contract, nor has Centurion has never been issued a notice of default or breach. There has never been any judicial or quasi-judicial action against Centurion as a result of default or defect in performance.

Centurion rarely sees circumstances in its contracts that rise to the level of contractual disputes, but if this occurs, Centurion works diligently and patiently with the client agency to resolve matters to the mutual satisfaction of both parties. More commonly, certain of Centurion's contracts have provisions for returning money to the client agency for issues related to services, such as staff vacancies and staffing plan adjustments, as well as occasionally performance related assessments against a set of measurable benchmarks. These performance related assessments are not material to our overall operations. Below, we have listed performance related assessments in our contracts that exceed \$250,000 per year during the requested five-year period. We did not list amounts for the FDC contract, as these are already known by the Department.

Performance Related Assessments in Last Five Years

Date	Contract	Amount
2019	Arizona DCRR	\$1,538,051.00
2020	Arizona DCRR	\$1,657,500.00
2021	Arizona DCRR	\$1,180,500.00
2021	Kansas DOC	\$632,300.00
2022	Indiana DOC	\$1,810,000.00



b. Prior Work Experience

3) Subcontractor Information

As the incumbent contractor for the services sought under this ITN, Centurion is fully resourced and able to deliver all components of the scope of the FDC comprehensive healthcare program. We accept full responsibility for the services provided by our organization throughout the course of the contract, as the sole source of contact for the contract. Except for a few select specialty services, **Centurion does not intend to subcontract out any major areas of responsibility or service delivery** to any other entity to any such extent as to put our responsibility for management and services in the 'hands' of another entity without monitoring and oversight by Centurion. The table below lists the specialty services that we intend to hire subcontractors for, with Centurion still being fully responsible for the management and provision of these services. As requested by the ITN, we include the anticipated fees and amount of contract the subcontractor is expected to charge at the time of this ITN reply.

Centurion Proposed Subcontractor Network

Proposed Specialty Subcontractor	Services Provided	Vendor Start Date in Current Florida Program	Anticipated Contract Term Total Cost
Advanced Pharmaceutical Consultants	Consultant Pharmacy Group	4/17/2016	\$319,808
BioReference Laboratories, Inc.	Diagnostic Laboratory	4/17/2016	\$5,552,921.00
Correctional Dental Provider Network	Dental Providers	4/17/2016	\$133,412.00
Fusion Management Group, LLC dba Fusion	Electronic Medical Record	12/1/2021	\$2,214,229
National Eye Care	Optometry	4/17/2016	\$1,116,617.00
Orion Medical Enterprises dba Physicians Dialysis	Dialysis	4/17/2016	\$3,177,715.00
Trident/MobileX	X-ray, Ultrasound, CT, MRI	4/17/2016	\$2,704,585.00
US Medical Group	Mobile surgery unit at RMC	4/17/2016	\$2,073,743.00

At the time of ITN submission, we do not have proposed contracts in place for the new contract period. Due to ITN page limitations, if the Department should wish to view their current contract agreements, we will happily provide upon request.

We provide a completed Attachment IX, *Subcontracting Form*, for the contracted subcontractors listed above. In addition to the information contained on ITN Attachment IX, Tab B, subsection B.3, *Subcontractor Information*, asks for the following information:

- **Number of Year’s Subcontractor has Provided Services** – All proposed subcontractors have experience with this size and scope of project as they are currently providing these services in our Florida comprehensive healthcare program. In the table above, we include each network member’s start date to further reflect the number of years providing these services.
- **Subcontractor Projects of Similar Size and Scope to the Services Sought via this ITN** – All proposed subcontractors have experience with this size and scope of project as they are currently providing these services in our Florida comprehensive healthcare program.



- **Instances of Subcontractor Contractual Default or Debarment in the Past Five Years** – No contractual default or disbarment has been reported to, or is known by, Centurion in the last five years for any of our proposed subcontractors.

In addition, as we do in our current contract, we will use various contracted suppliers to support the program through their specific service capabilities (i.e. diabetic shoes, physician services, medical supplies, equipment, etc.). Centurion has a vast network of over 300+ community suppliers, providers, and vendors successfully already in place with in-force and current contracts. These Centurion suppliers and their contracted plans follow our stringent requirements for quality and will receive oversight from our local leadership team. Centurion assumes full responsibility for the services provided by these suppliers. Due to page limits, we will provide the same information contained in Attachment IX, *Subcontracting Form*, for each member across our entire network to the Department, upon request.

**ATTACHMENT IX – SUBCONTRACTING FORM
FDC ITN-22-042**

The Vendor shall complete the information below on all subcontractors that will be providing services to the Vendor to meet the requirements of the Contract, should the Vendor be awarded. Submission of this form does not indicate the Department’s approval of such subcontractor(s) but provides the Department with information on proposed subcontractors for review.

Complete a separate sheet for each subcontractor.

Service: Pharmacy Consultants

Company Name: Advanced Pharmaceutical Consultants, Inc.

FEIN: 59-3186282

Contact: Raul Gonzalez, Director of Finance

Address: 555 NE 15 Street, Suite 200, Miami, FL 33132

Telephone: 305-801-4578

Email address: rgonzalez@apcpharm.com

Current Registered as Certified Minority Business Enterprise (CMBE), Women-Owned Business (WBE), or Florida Veteran-Owned Business? Yes _____ No X

W-9 verification: Yes X No _____

In a job description format, identify the responsibilities and duties of the subcontractor based on the technical specifications or scope of services outlined in this solicitation.

Provide Florida licensed consultant pharmacists for each FDC institution as needed. Provide a Florida Board of Pharmacy registered consultant pharmacist for a designated number of Modified IIB Pharmacy permits under the management of Centurion.

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Complete a separate sheet for each subcontractor.

Service: Dental Services

Company Name: Correctional Dental Provider Network

FEIN: 81-4720135

Contact: Dr. Michael Adu-Tutu

Address: 9318 Wentworth Lane Port St. Lucie, FL 34986

Telephone: 602-667-4684

Email address: atutu@correctionaldpn.com

Current Registered as Certified Minority Business Enterprise (CMBE), Women-Owned Business (WBE), or Florida Veteran-Owned Business? Yes _____ No X

W-9 verification: Yes X No _____

In a job description format, identify the responsibilities and duties of the subcontractor based on the technical specifications or scope of services outlined in this solicitation.

Correctional Dental Provider Network diagnoses, treats and manages oral health care needs. Services include gum care, root canals, fillings, preventive education, etc.

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Complete a separate sheet for each subcontractor.

Service: optometry (on-site)

Company Name: National Eye Care, Inc. (f/k/a Correctional Eye Care Network)

FEIN: 46-3507924

Contact: Mark Maxon

Address: 2 Middlesex Road East Greenbush NY 12061

Telephone: 518-270-5367

Email address: mmaxon@nationaleyecare.com

Current Registered as Certified Minority Business Enterprise (CMBE), Women-Owned Business (WBE), or Florida Veteran-Owned Business? Yes _____ No X

W-9 verification: Yes X No _____

In a job description format, identify the responsibilities and duties of the subcontractor based on the technical specifications or scope of services outlined in this solicitation.

Supervise all contracted optometrists, schedule optometry and ophthalmology clinics at all FDOC sites, provide equipment for eye care services where applicable, update credentialing and performance reviews of optometrists, perform site visits for quality control, provide quality eye care for the inmate population

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Complete a separate sheet for each subcontractor.

Service: dialysis (on-site)

Company Name: Orion Medical Enterprises, dba Physicians Dialysis

FEIN: 65-0163221

Contact: Steven Jeger

Address: 19559 Northeast 10th Avenue North Miami Beach FL 33179

Telephone: 305-651-3261

Email address: sjeger@phydialysis.com

Current Registered as Certified Minority Business Enterprise (CMBE), Women-Owned Business (WBE), or Florida Veteran-Owned Business? Yes _____ No X

W-9 verification: Yes X No _____

In a job description format, identify the responsibilities and duties of the subcontractor based on the technical specifications or scope of services outlined in this solicitation.

Provide dialysis (both hemodialysis and peritoneal) and nephrology services to incarcerated individuals requiring dialysis. Will provide all equipment, supplies, medications, and staffing needed to administer dialysis treatments. Services also includes nephrology care for the dialysis patients.

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FDC ITN-22-042**

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Complete a separate sheet for each subcontractor.

Service: X-ray, ultrasound, CT, MRI

Company Name: Trident/MobileX

FEIN: 95-3268980

Contact: Greg Ward

Address: 109 Rhode Island Road Lakeville, MA 02347

Telephone: 615-714-4561

Email address: greg.ward@tridentcare.com

Current Registered as Certified Minority Business Enterprise (CMBE), Women-Owned Business (WBE), or Florida Veteran-Owned Business? Yes _____ No X

W-9 verification: Yes X No _____

In a job description format, identify the responsibilities and duties of the subcontractor based on the technical specifications or scope of services outlined in this solicitation.

TridentCare is the only national provider of mobile diagnostic services. Services include oxygen, digital x-ray, ultrasound and EKG, laboratory/phlebotomy, vascular access, infection prevention and control, and at home services.

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FDC ITN-22-042**

The Vendor shall complete the information below on all subcontractors that will be providing services to the Vendor to meet the requirements of the Contract, should the Vendor be awarded. Submission of this form does not indicate the Department’s approval of such subcontractor(s) but provides the Department with information on proposed subcontractors for review.

Complete a separate sheet for each subcontractor.

Service: OP Surgery (on-site)

Company Name: US Medical Group

FEIN: 59-3419967

Contact: Charlie Baumann

Address: 1405 S. Orange Ave, Suite 603 Orlando, FL 32806

Telephone: 800 - 520-4225

Email address: cbaumann@usmginc.com

Current Registered as Certified Minority Business Enterprise (CMBE), Women-Owned Business (WBE), or Florida Veteran-Owned Business? Yes _____ No X

W-9 verification: Yes X No _____

In a job description format, identify the responsibilities and duties of the subcontractor based on the technical specifications or scope of services outlined in this solicitation.

Provides mobile surgery facilities to perform a wide range of surgical procedures

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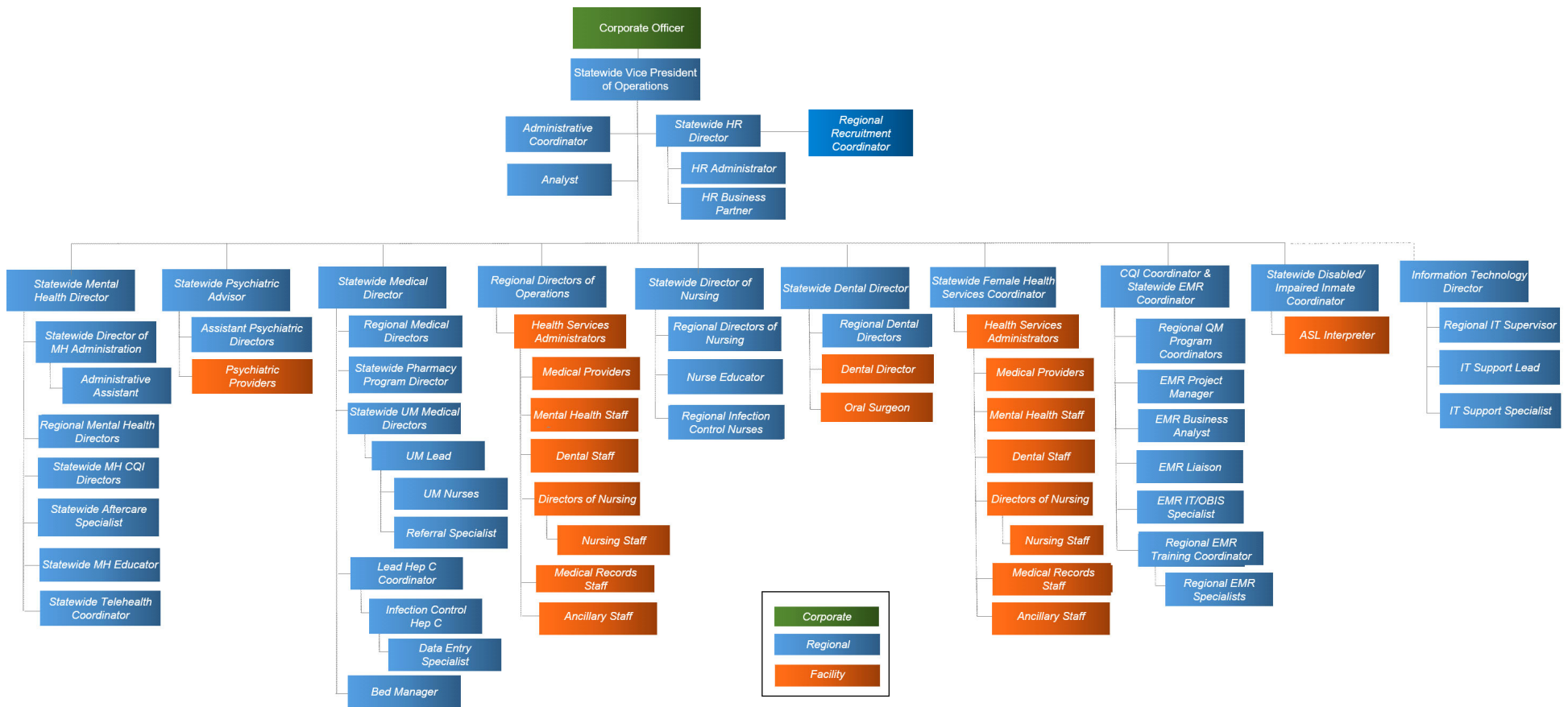


b. Prior Work Experience

4) Organizational Chart

Below, we include our proposed organizational chart outlining the key leadership personnel positions for the Florida program. This organization only slightly differs from our current operations today. All of our organizational charts for the entire Florida program are included in our response to Tab D, within their individual service areas.

Program Management Organizational Chart



b. Prior Work Experience

5) Personnel

Innovative Staffing Solutions

Centurion started staffing for the Florida Department of Corrections in 1999, and has supported the FDC on several occasions with their staffing needs in increasingly larger scale projects off and on since then. We have continuously operated the present contract, filling its over 3,000 positions for nearly seven years. In partnership with the Department, we have modified and adjusted our staffing plans over the years to accommodate the changing missions of institutions, the regional availability of professional staff, and even the demands of a global pandemic. The 2022 ITN contains requirements for new staff positions and reestablishes existing requirements for staff as well. In developing the staffing plans presented here, we examined every correctional institution in each region and adjusted our current staffing plans based upon new ITN requirements as well as upon a workforce landscape that looks quite different than it did seven years ago. We appreciate the partnership we have established with the State and are amenable to adjusting any of our suggested staffing plans to better fit the needs of the State, should the Department desire.

Our comprehensive staffing plans by region and facility are located at the end of Tab D. We provide a staffing plan for every site currently open and listed in ITN Attachment II, *Service Locations*. Detailed staffing plans that depict days of the week and shifts per day are prepared and ready to share with the FDC during negotiations. ITN page limits did not allow for detailed staffing plans for each facility in this proposal submission. We also provide job duties, educational minimum qualifications, and overall description of job roles and responsibilities of our proposed personnel job titles that will perform the service delivery requirements under the program within Tab D.

ITN Attachment II also includes facilities that are closed. Closed facilities found on ITN Attachment II include: Baker CI, New River CI, Calhoun Work Camp, Century Work Camp, Franklin Work Camp, Gulf Annex, Gulf Forestry Camp, Holmes Work Camp, Jackson Work Camp, Liberty South Unit, Santa Rosa Work Camp, Wakulla Work Camp, Graceville Work Camp, Walton Work Camp, Baker Work Camp, Columbia Work Camp, Cross City East Unit, Cross City Work Camp, FSP West Unit, Hamilton Work Camp, Gainesville Work Camp, Mayo Work Camp, Suwanee Work Camp, Taylor Annex, Taylor Work Camp, Sumter BTU, Sumter Annex, Fort Myers Work Camp, West Palm Beach CRC, Loxahatchee Road Prison, and Okeechobee Work Camp.

Should facilities which are currently closed reopen in the future and require dedicated onsite staff, Centurion assumes the FDC will amend the contract accordingly to address the increased staffing requirements. Staffing to cover work camps and smaller Annexes is assigned to the parent institution, and is accounted for on the parent institution's staffing plan.

We have established a staffing plan for each active site that exemplifies our dynamic and innovative relationship with the FDC, and focuses on creative staffing initiatives:

- **Introduction of a Float Pool of Physicians.** We will hire three full-time physicians to “float” to facilities where needed to cover routine and urgent physician absences (e.g., vacation, FMLA, vacancies, etc.). This plan will maintain continuity of care for our

patients and will ensure we meet contract requirements for sick call, chronic care, infirmary services, etc. in a timely manner. These physicians are not found on our permanent staffing plans.

- **Introduction of a Float Pool of Nurses.** Similar in construction to our physician float pool, we plan to hire a cadre of permanent, full-time nurses to accept temporary assignments across the state to cover vacancies (e.g., vacation, FMLA, etc.) as needed. This will decrease reliance on outside temp agency nursing services and will ensure continuity of care for our patients. These nursing positions are not found on our permanent staffing plans.
- **Introduction of a “Telehealth Presenter” at each Correctional Institution.** With our increased focus on telehealth, we believe a designated non-licensed staff member trained on the nuances and requirements of telehealth will ensure efficient and thorough telehealth visits. In our staffing plans, we have transitioned one clerical staff member to the position of Telehealth Presenter. Centurion will train these staff on how to prepare records, schedule patients, and assist the provider during telehealth visits. The only exception to this assumption is for tele-mental health. In these instances, a MH RN will act as telehealth presenter, as these patients often have communication challenges best addressed by a MH RN. In some instances, a properly trained MH clerk will suffice as telehealth presenter.
- **Introduction of a Nurse Supervisor Role.** The importance of consistent, deliberate nursing supervision on shifts other than the day shift cannot be emphasized enough, especially for those institutions with complex missions. In our staffing plans, we offer almost 30 FTEs of Nursing Supervisors. RNs will assume this new role of “lead nursing agent” on evening and night shifts, and on weekends. This will make clear the clinical staffing hierarchy on off shifts, and will ensure continuity of care for our patients.
- **Reduction of Medical Records Staff.** We believe the new electronic medical record will decrease the number of medical records staff required at the correctional institutions within a year or two. Until then, our medical records staff will be busy scanning existing records a part of the transition from paper to the EMR. We have reduced some medical records staff, have and have assumed that some medical records staff will be excellent candidates for our new “Telehealth Presenter” positions, and for our certified nursing assistant program.
- **Introduction of a Regionalized On Call Program.** The new EMR will allow Centurion to safely introduce a regionalized on-call program for physicians and NP/PAs (providers). Because providers can access the EMR from their home offices, we will be able to dedicate and remunerate a small cadre of medical and mental health providers on the overnight and weekend shifts to take call regionally. This will improve job satisfaction for all providers.
- **Formalization of our Regionalized Multi-Site Telehealth Medical Director Structure.** Centurion has established a regionalized medical director telehealth program, where dedicated general/internal medicine physicians acting as site medical directors provide telehealth care to a small cadre of institutions four days per week, and work about one day per week at the institutions in order to remain “connected”. Physician assistants and nurse practitioners provide onsite services throughout the week. Our telehealth medical directors ensure backlogs are limited, fill in for physicians who are on PDO, and participate like any other physician in statewide and regional meetings. They are an integral component of our site teams. Responsibility for a limited group of institutions ensures continuity of patient care, and allows for the telehealth



physicians to become familiar with the site healthcare staff. Establishment of positive collegial relationships with site staff improves both patient and staff satisfaction. Our six dedicated telehealth/on site physicians serve these sites:

Dedicated Telehealth Physicians and Sites Served

Telehealth/Onsite Medical Director	Sites Served
Multi-Site Telehealth Medical Director #1	Calhoun, Franklin, Gulf, Liberty, Walton
Multi-Site Telehealth Medical Director #2	Century, Okaloosa, Walton, Holmes, Jackson
Multi-Site Telehealth Medical Director #3	Baker, Columbia, Cross City, Lancaster, Lawtey
Multi-Site Telehealth Medical Director #4	Madison, Mayo, Taylor
Multi-Site Telehealth Medical Director #5	Hernando, Marion, Sumter
Multi-Site Telehealth Medical Director #6	Homestead, Okeechobee

- Increase in the number of NP/PAs as Percentage of Providers.** We have found Florida’s nurse practitioners and physician assistants to be excellent collaborative partners in the provision of medical and psychiatric services. While assuring these staff work within the scope of their practice as described in Florida law, we increased the number of NP/PAs in our proposed staffing matrices over our current number of NP/PAs. These staff have proven easier to recruit and tend to remain in their positions longer than physicians.
- Introduction of NP/PAs as First-Line Sick Call Healthcare Providers.** Introduction of more NP/PAs also allows us to replace a nurse in the traditional “Nurse Sick Call” role with an NP/PA in a new “Urgent Care Sick Call” role. Using this model, patients see a NP/PA during their first sick call visit, and the patient’s complaint is resolved with only one visit to the medical unit. This innovative practice shows an increase in patient satisfaction, and relieves the recruiting burden of finding registered nurses to fill the nursing sick call post. Facilities where we will introduce the Urgent Care model are ACI, Santa Rosa, Wakulla, Columbia, Hamilton, RMC, Lowell, Sumter, Marin, Tomoka, CFRC, SFRC, and Martin. In most of these facilities, we reduced the registered nurse burden by 1.0 FTE to offset the additional NP/PA.
- Examination of How we Deliver Medications.** Keep on Person (KOP) medications may be delivered to patients by a non-nurse. Similar to prescription delivery by mail, as long as the prescription process is maintained according to Chapter 465 of the Florida Statutes and Rules 64B16 of the Florida Administrative Code, KOP medications can be delivered to patients by a para-professional. Our newly revised KOP Policies and Procedures will ensure KOP medications are delivered according to law, while freeing nurses to participate in medications administered by Direct Observation Therapy (DOT). This has allowed us to reduce the number of LPNs required.

General Assumptions for All Sites

Certain staffing assumptions are germane to all sites and every region. They include:

- Patients living in CRCs receive their care in the community: Centurion does not provide onsite services at CRCs.
- The ITN directs bidders to provide a 1.0 – 2.0 FTE Site Medical Director/Chief Health Officer at each major institution. While we provide a MD/CHO at twenty-four major institutions, over the past year, the Department and Centurion have agreed that use of a NP/PA on site with weekly



physician coverage for one or two days is an ideal solution for delivery of quality care for certain major institutions. We maintained this structure in our proposal.

- We will move to a centralized scheduling process, which will decrease the scheduling burden currently borne by the sites.
- Dental services are provided at the main institutions. If a patient resides at a work release facility, he will return to his home site for dental services.
- We assume a dental hygienist ratio of 1.0 FTE hygienist per 1,400 – 1,500 patients.
- The S3 cap population for each institution assisted us in determining our mental health provider staffing ratios.
- A separate staffing plan is offered that illuminates the mental health inpatient units in those facilities that have them.
- Healthcare services for resident of work camps are provided by the parent institution.

ITN Staffing Requirements

The following chart verifies our acceptance of ITN staffing language. We provide comments as needed.



Centurion Adherence to ITN Staffing Requirements

ITN Reference	ITN Language	ITN Language Acceptable to Centurion	Comments
3.6.1 Program Management Service Area			
3.6.1.2 Statewide Leadership Positions Pg. 19	1.0 FTE each: Corporate Officer Vice-President of Operations (VPO) Statewide Medical Director Statewide Director of Nursing (DON) Statewide Dental Director Statewide Mental Health Director Statewide Psychiatric Advisor Statewide Mental Health Reentry Coordinator Statewide Mental Health Training Coordinator Statewide Pharmacy Program Director Statewide Medical Re-entry Coordinator Statewide Female Health Services Coordinator Continuous Quality Improvement (CQI) Coordinator Statewide EMR Director Statewide EMR Project Manager Statewide Recruitment Coordinator Statewide Disabled/Impaired Inmate Coordinator	✓	Victoria Love, Centurion’s Chief Operating Officer, resides in Florida and is well known to the FDC. She is represented on our staffing plan as the requisite “Corporate Officer”. *This employee is located at RMC.
Reception and Medical Center Hospital (RMCH) Leadership Positions Pg. 20 1.0 FTE each	RMC Hospital Administrator RMC Hospital Chief Medical Officer RMC Hospital Executive Nursing Director RMC Hospital Director of Nursing RMC Hospital Infection Control Nurse RMC Hospital Pharmacy Consultant RMCH Health Information Specialist* RMCH Risk Manager RMCH EMR Specialist	✓	*This position is also titled “Medical Records Supervisor”



Centurion Adherence to ITN Staffing Requirements

ITN Reference	ITN Language	ITN Language Acceptable to Centurion	Comments
Amendment #3, Change #8/Question #295	RMC Hospital Pharmacy Consultant	✓	<p>Centurion will maintain pharmacy services as they are provided today. APC Pharmacy Consultants current serve as the Consultant Pharmacist of Record on the Institutional Class IIB Modified Permit at RMC hospital complex and conduct the monthly inspections at all locations within the facility to include the hospital, dorms, medication rooms, urgent care as well as the inpatient pharmacy.</p> <p>FDC owns and operates the Inpatient and Retail pharmacies at RMC and the Pharmacy Manager who is employed by the state holds the consultant pharmacist permits for the Retail pharmacy license and Inpatient pharmacy Class II institutional pharmacy permit.</p>
Regional Leadership Positions; Pg. 21	Regional Directors of Operations: 4.0 FTEs	✓	Centurion exceeds ITN requirements and provides 7.0 FTE Regional Directors of Operation.
	Regional Medical Directors: 4.0 FTEs	✓	
	Regional Mental Health Directors: 4.0 FTEs	✓	Centurion exceeds ITN requirements and provides 7.0 FTE Regional Directors of Operation.
	Regional Dental Directors: 4.0 FTEs	✓	
	Regional Directors of Nursing: 8.0 FTEs (2 per Region)	✓	
	Regional Infection Control Nurse: 4.0 FTEs	✓	



Centurion Adherence to ITN Staffing Requirements

ITN Reference	ITN Language	ITN Language Acceptable to Centurion	Comments
	Regional QM Program Coordinators: 4.0 FTEs	✓	Centurion exceeds ITN requirements and proposes 6 QM Program Coordinators: Three for Medical and Three for MH.
	Regional Recruitment Coordinators : 4.0 FTEs	✓	Centurion exceeds this requirement by also providing a full time Statewide Recruitment Coordinator.
	American Sign Language Staff Interpreter: 1.0 FTE	✓	This healthcare professional is an employee of American Sign Language Services and will provide services as needed. Today, 27 patients throughout the state require ASP interpretation. 12 are located in Region 2.
	Regional EMR Specialists: 4.0 FTEs	✓	Centurion exceeds ITN requirements and proposes 6 EMR Specialists.
Institutional Leadership Positions Pg. 23	Health Services Administrator (HSA) 1 per major institution, with a junior HSA position at annexes or work camps. RMC shall have at least one (1) HSA and one (1) junior HSA in addition to the Hospital Administrator....		Residents of Work Camps and smaller Annexes receive their care either at the Work Camp/Annex or at their parent institution. At Work Camps/smaller Annexes where care is delivered on site, staffing is minimal. Leadership for these sites comes from the parent institution.
	Chief Health Office (CHO) (Clinician/Doctor)/Site Medical Director (SMD) 1-2 per major institution depending upon physical layout (annex) of the facility and its mission	✓	Our Medical Leadership team for the sites is a blend of full time Site Medical Directors and Multi-Site Telehealth Medical Directors (MSTHMD), described above, and as currently approved by the FDC.
	Psychological Services Director (Psychologist): 1 per major institution ... with either an: inpatient services; Close Management unit; reception center (excluding Sumter CI); an S-3 population of 400+; RCCU	✓	
	Director of Nursing: 1 per Major Institution	✓	
	Assistant Director of Nursing: 1 per Institution with an inpatient mental health unit	✓	These Assistant DONs are referred to as "DON-MH in our staffing plans: we provide one at each of the Inpatient Units.
	Nurse Manager: 1 per re-entry center	✓	
	Infection Control Nurse: 1 per Institution (This is a role, not a dedicated position)	✓	Each facility will provide Infection Control services via qualified nursing staff.



Centurion Adherence to ITN Staffing Requirements

ITN Reference	ITN Language	ITN Language Acceptable to Centurion	Comments
	Dentist: Based on population as follows for Institutions <600=0.5 – 1 FTE 600 – 1,200 = 1 FTE 1200 – 1500 = 1.5 FTE 1,500+ = 2 FTE NWFRC, CFRC, SFRC 3 FTE per location FWRC = 2 FTE	✓	
Amendment #3, Change #6/Question #59	Oral Surgeon: 1 per contract	✓	Centurion assigns the Regional Office as official site of the Oral Surgeon, who provides services as needed for the entire state. Additional Oral Surgery services are provided within each region as needed.
PGM-005 Pg. 25	The Vendor shall develop and implement a Department-approved Staffing Plan that identifies all positions at the State, regional, and institutional levels and ensures compliance with the requirements outlined in this ITN, including timely service delivery.	✓	Our statewide and regional staff are all found on our two regional staffing plans: one plan for our Tallahassee office and one plan for our Ocala office. Each title is designated as either “Statewide” or “Regional” for the reviewers ease.
PGM-061	The Vendor shall incorporate the FDC Program Director of Internship and Residency Training, the FDC Assistant Director of Internship and Residency Training, four (4) Interns, four (4) Residents and a staff assistant into the mental health service delivery system to satisfy the internship and residency requirements as determined by the Program Director.	✓	Centurion will fund four residents, four interns, and a staff assistant. We assume FDC will continue to employ the FDC Program Director of Internship and Residency Training and the FDC Assistant Director of Internship and Residency.
3.6.2 Institutional Care Service Area			
IC-006 Pg. 61	The Vendor’s Registered Nurses shall provide coverage 24 hours per Day, seven (7) Days per week at Institutions with 600 or more Inmates designated to house Inmates classified as medical grades M-3 or M-4.	✓	
IC-007 Pg. 61	The Vendor shall ensure its Licensed Nurses are available on-site at all times to provide services ... under the direction of an RN, if the Licensed Nurse is not an RN.	✓	



Centurion Adherence to ITN Staffing Requirements

ITN Reference	ITN Language	ITN Language Acceptable to Centurion	Comments
IC-008 Pg. 61	The Vendor shall ensure where levels of inpatient care are provided (Infirmery, Palliative Care, Intensive Medical Unit, etc.), a Registered Nurse(s) is available on-site to oversee inpatient nursing care at all times.	✓	
IC-010 Pg. 61	The Vendor shall ensure each Institution’s Director of Nursing is available on-site during regular business hours and available after hours and on weekends and holidays by telephone.	✓	Our Directors of Nursing will be on site five days per week.
IC-039 Dialysis Pg. 73	The Vendor shall provide a board-certified nephrologist to supervise/oversee the operation of the Dialysis Clinic at RMC, Florida State Prison (FSP), and Lowell CI or alternate locations....	✓	Orion Medical Enterprises (dba Physicians Dialysis) provides onsite dialysis services for Centurion. A nephrologist oversees the operation of all three dialysis locations and is shown on our staffing plan. This subcontractor’s staff are not shown on our staffing plans.
IC-045 Infirmery Care Pg. 77	An RN shall be available on-site at all times if there are Inmates in the Infirmery to oversee Inmates' care.	✓	
3.6.3 Dental Care Services			
Pg. 99	The Vendor must employ a full-time Florida licensed Director of Dental Services with an active unrestricted Florida Dental License.	✓	
IDC-006 Pg. 102	Some Institutions may have a small population requiring less than one (1) full-time Dentist. In the event the Institution does not have an assigned Dentist available... the Vendor must ensure an alternate Dentist is assigned to complete dental sick call, a minimum of three (3) Days per week.	✓	
3.6.4 Mental Health Services			
MHS-020 Multi-Disciplinary	For S-3 Inmates, the MDST must include, at a minimum, the Case Manager/Behavioral Health Specialist, Psychologist, Psychiatric Provider, and an RN. For Inmates assigned to inpatient units, the MDST must include, at a minimum, the Case Manager/Behavioral	✓	



Centurion Adherence to ITN Staffing Requirements

ITN Reference	ITN Language	ITN Language Acceptable to Centurion	Comments
Services Team (MDST) Pg. 116	Health Specialist, Psychologist, Psychiatric Provider, RN, Behavioral Health Technician, FDC Classification Officer, and FDC Security Representative.		
3.6.5 Hospital Administration and Care at RMC Hospital (RMCH)			
HC-001 Pg. 156	The hospital shall provide nursing services 24 hours per Day, seven (7) Days per week, and 365 Days per year. Nursing services must be rendered or supervised by an RN and have Licensed Nurses on duty (on site) at all times.	✓	
HC-007 Pg. 156	The Vendor shall ensure all Patients admitted to the RMCH shall be seen by a Clinician during his/her daily rounds; at least one (1) Clinician will be available 24 hours per Day, seven (7) Days per week...	✓	
HC-031 Pg. 161	The Vendor shall provide... staff to ensure the ... operations of a Social Services Department... Customarily, this is staffed by three (3) full-time staff who service RMCH. Staff shall be available Monday through Friday (excluding State holidays), 8:00 a.m. to 5:00 p.m., Eastern Time (ET).	✓	
HC-033 Pg. 162	The Vendor shall ensure the Radiology Department functions under the supervision of a Board-Certified Radiologist. In addition ... the Radiology Unit must also consist of a Radiology Manager, three (3) Radiology Technologists, and two (2) administrative staff members.	✓	Centurion subcontracts radiology services and employees with Trident USA/Mobilex.
3.6.7 Utilization Management and Specialty Care Service Area			
UM-004 Pg. 172-173	The Vendor shall ensure the majority of providers within the following specialties are available on-site; however, additional specialty services may be required: Oral Surgery, Internal Medicine, Gastroenterology, Surgical Services, Orthopedic Services, Physiotherapy,	✓	



Centurion Adherence to ITN Staffing Requirements

ITN Reference	ITN Language	ITN Language Acceptable to Centurion	Comments
	Otolaryngology Services, Podiatry, Dermatology, Urology, Neurology, Internal Medicine, Audiology, Neurosurgery, Oncology, Nephrology, Endocrinology, Infectious Disease, Ophthalmology, Optometry, Respiratory Therapy, Cardiology, Physical Therapy, Radiology (including CT/MRI), Nuclear Scans, and Orthotics.		
3.6.11 Other Requirements			
Pg. 195	3.6.11.1 Staffing Qualifications Clinician; ARNP; PA; CNO, VP Nursing, Statewide Contract Nursing Director; Regional Nursing Director; Institutional Director of Nursing; Registered Nurse Supervisor; Registered Nurse Specialist (Oncology, Dialysis, etc.); Registered Nurse; LPN; CAN; Mental Health Director; Psychiatric Consultant; Regional Mental Health Director; Psychological Services Director; Psychologist; Behavioral Health Specialist; Human Services Counselor; Psychiatrist; Psychiatric APRN; Dentist; Dental Hygienist	✓	

Tab C – Description of Solution

Tab C Description of Solution (limit 25 pages)

In Tab C, Vendor shall describe the following:

- a. Its understanding of the current state of health care services in the Florida Department of Corrections;
- b. Its understanding of goals and general requirements of this solicitation;
- c. Its overall approach to satisfying the requirements and goals of this solicitation;
- d. How the Vendor's approach supports the Department's specific goals of the ITN;
- e. Any risks and challenges with the Department's goals;
- f. How the Vendor will ensure quality services while ensuring costs are contained;
- g. The Vendor's approach differentiators;
- h. The Vendor's transition and implementation of services; and
- i. Why the Vendor's solution is best for the State.

A. Understanding of FDC State of Health Care Services

In his presentation to the Florida Senate Criminal Justice Committee on January 18, 2022, FDC Secretary, Ricky Dixon stated, *"I can stand here today and just tell you, I've never been more optimistic"*. Though the comment related primarily to improved morale among correction staff, it is equally applicable to the delivery of healthcare services in FDC facilities.

Over 80,000 incarcerated individuals reside in Florida prisons, making the FDC the third largest prison system in the nation. This diverse population is primarily male (93.8%), black (45.8%), between the ages of 35 and 49 (38.2%), and from all different walks-of-life. Nearly 50% of repeat offenders commit violent crimes and property thefts as the two primary charges for their incarceration. The presence of security threat groups (STG) and addiction amplify the complexity of life in FDC facilities. On average, 24% of those released reoffend within three years of their reentry.

In addition to a safe and secure environment, the FDC offers its incarcerated population a wealth of educational and wellness programs, such as the use of wellness education specialists to offer programs in physical, mental, emotional, social, environmental, occupational and spiritual wellness and collaboration with PRIDE to employ over 6,000 incarcerated individuals. Partnerships with academic centers such as Ashland University and Baptist College of Florida support the FDC's focus on rehabilitation. Delivery of appropriate, timely and responsive healthcare services is another critical way through which the FDC meets its mission of providing *"a continuum of services to meet the needs of those entrusted to our care"*. Centurion is proud to have been the provider of these services for the FDC since 2016. We join in Secretary Dixon's optimism.

The state of healthcare delivery in FDC facilities has improved significantly over the past five years. In partnership with Centurion, the FDC has successfully addressed all the stipulations arising from the healthcare-related class action suits filed in 2016 and 2017 that resulted in State financial costs of over \$14 million in 2017 – 2018 alone. Together, we have made substantial progress on resolving the 2018 class action litigation regarding mental health care. Today, FDC incarcerated individuals have access to evidence-based integrated and collaborative medical, mental health, and dental services.



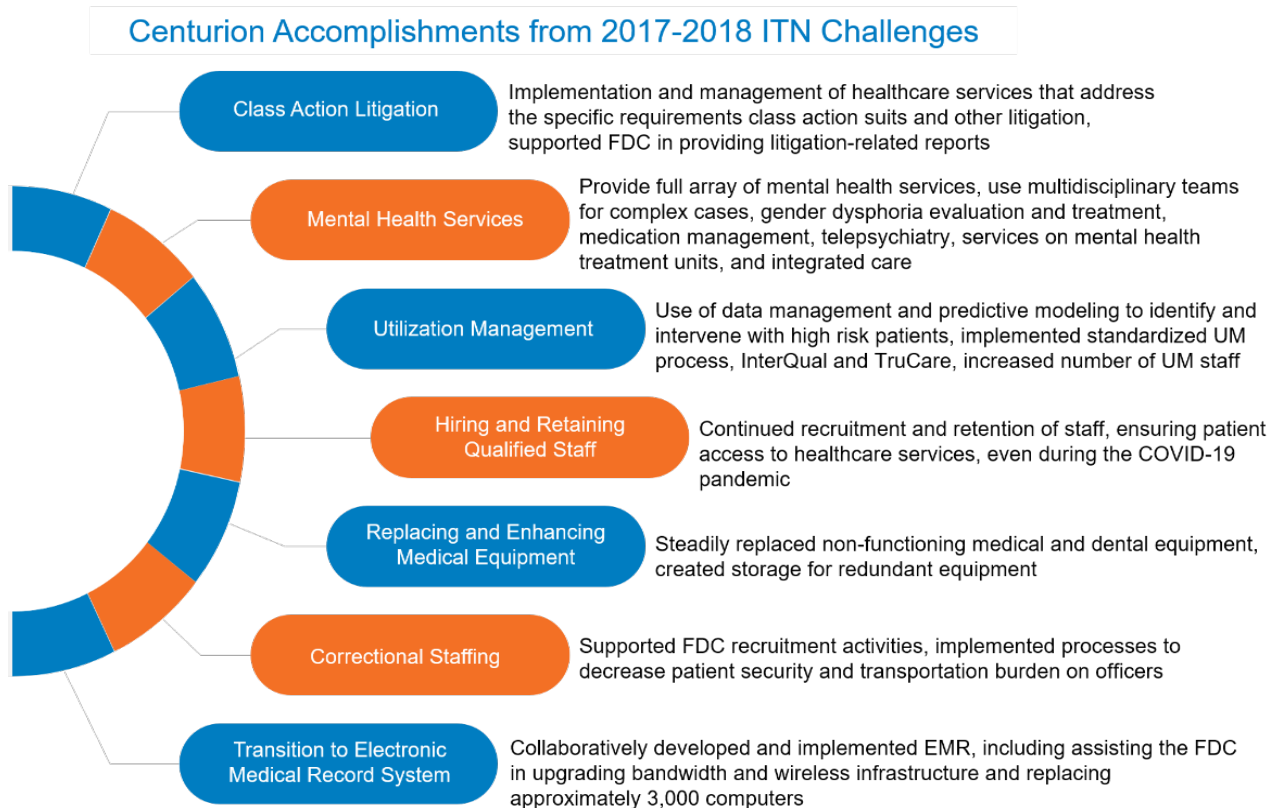
While the volume and in many cases the complexity of patient needs cannot be overstated, Centurion’s success in resolving legacy healthcare litigations was not achieved through sheer volume of service delivery alone. We achieved it through enhancement of the quality of the healthcare services delivered. Our patients benefit from chronic care clinics that provide initial and ongoing interventions for individuals with infectious, cardiovascular, diabetes, and other long-term illnesses. For example, patients enrolled in the *Focus on Wellness* diabetes program have achieved an average A1c reduction of 0.9 points while patients treated for Hepatitis C maintain a 98% sustained virologic response (SVR) rate. Programs for persons requiring palliative care and end-of-life treatment, an expanded continuum of mental health services, COVID-19 vaccinations, use of telehealth to increase onsite specialty care, and a variety of educational and wellness programs enable better treatment outcomes for those requiring healthcare services.



Patients enrolled in the *Focus on Wellness* diabetes program have achieved an average A1c reduction of 0.9 points while patients treated for Hepatitis C maintain a 98% sustained virologic response rate.

Addressing Healthcare Challenges Facing the FDC

When Centurion assumed a large portion of the FDC contract in 2016, we inherited a healthcare system in crisis. Inadequate and sub-par clinical services, lack of accountability, under-performance and a series of class action suits had left the system in turmoil. Since then, Centurion and FDC have worked tirelessly to address these challenges. We instituted evidence-based policies and procedures, expanded the breadth of onsite specialty services, expanded and maintained staffing stability, implemented innovative healthcare services, and ensured fiscal responsibility. As seen below, we successfully addressed many of the challenges enumerated in our 2017 and 2018 submission, improving healthcare outcomes for the incarcerated individuals under our care.





Our collaborative ability to identify and implement solutions to many of the above challenges has resulted in improved access, quality and outcomes for FDC incarcerated individuals. As we move into the next contract period, we will work with the FDC to address new and existing challenges with the goal of continuing to provide an exemplary healthcare system for the FDC population and helping the Department maintain its status as a model correctional healthcare program for the nation. We provide more information on potential challenges to the FDC’s ability to meet its goals and objectives later in this section.

B. Understanding of ITN Goals and General Requirements

In our previous proposals, Centurion made a commitment to the FDC to provide exemplary services that would meet the Department’s healthcare goals and objectives. Since then, we have worked closely with the FDC to achieve these goals while making significant strategic improvements to the delivery of healthcare services and patient outcomes. As seen in the table that follows and described throughout our proposal, we are confident that we have met the FDC’s goals and look forward to continuing doing so during the next contract period.

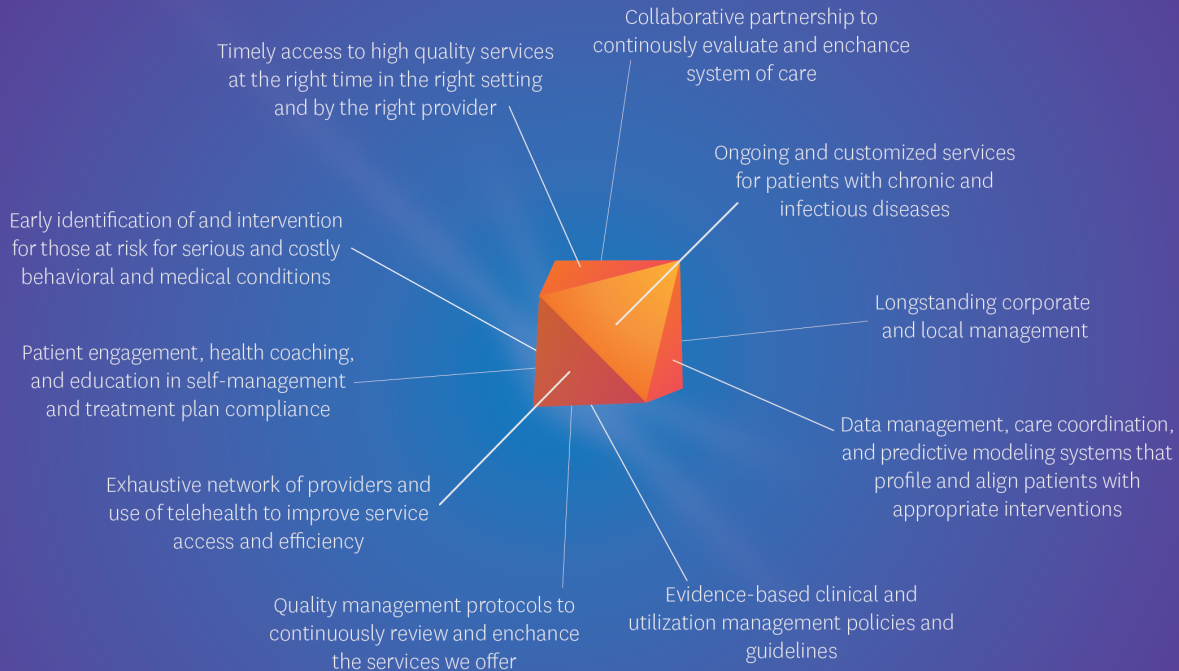
Centurion History of and Ability to Meet FDC Healthcare Goals

FDC Goal	Centurion History and Ability to Meet Goal	
	2017 – 2018	2021 – 2022
Reducing inmate mortality where early detection and appropriate, timely treatment could have avoided preventable mortality	✓	✓
Ensuring that inmates in special housing have full access to and receive the same level of care as inmates in general population	✓	✓
Improving the provision of assessment, development, and implementation of mental health treatment at all levels and settings of care	✓	✓
Reducing the volume of inmate grievances and litigation related to healthcare services	✓	✓
Improving waiting times for consultations, diagnostic testing, and treatment	✓	✓
Reducing the use of unsecured community hospital units and increasing the use of secured community hospital units to alleviate the need for additional security staff resources and overtime	✓	✓
Ensuring inmates are prepared for continued medical care and supportive services, where appropriate, upon their release back into the community	✓	✓
Maximizing technology and efficiencies to provide enhanced services at reduced costs, including the establishment and expansion of academic partnerships	✓	✓

C. Overall Approach to Satisfying ITN Requirements

Centurion’s overall approach to satisfying the ITN’s requirements and aforementioned healthcare goals builds on our core belief that *correctional health is public health*. Our approach carefully and effectively combines the following components to provide comprehensive and timely healthcare services for those under our care:

Components of Centurion's Healthcare Delivery Model



We will continue to provide FDC incarcerated patients with **high-quality, evidence-based, integrated and collaborative medical, dental, and behavioral health services** that comply with federal and state regulations, Department policies, procedures, litigation agreements, and best practices standards, including those established by expert healthcare organizations and correctional healthcare accreditation organizations including the NCCHC and ACA. Our services will remain patient-centric, focused on outcomes and incarcerated individuals' wellness, and consistent with FDC goals. Our providers will use **clinical guidelines**, including *Centurion's Medical, Disease Management, Psychiatric and Mental Health Guidelines*, tools such as a RubiconMD and UpToDate, utilization management business rules and clinical support solutions such as InterQual to ensure timely patient access to services at the **right time, in the right setting, and by the right provider**.

We will **recruit and retain** highly-qualified, experienced and trained staff to provide healthcare services for the residents under our care. We have an unparalleled and talented recruiting department, which has effectively managed all recruiting efforts for the FDC. Our recruiting team has visited FDC facilities and has deep knowledge of FDC facilities and programmatic needs. This team has allowed Centurion maintain solid fill rate over the past few years. Though our staffing numbers fluctuated during the COVID-19 pandemic due to national healthcare staff shortages, our team has been working tirelessly to turn the tide. We will continue to utilize flexible and detailed staffing plans to ensure coverage across all FDC locations and work closely with our facility and security counterparts to provide healthcare services in a safe and appropriate manner. To develop our staff's professional and clinical skills, we will provide them with initial orientation and an **abundance of training and continuing education opportunities** through

Centurion University, in-person and online seminars, webinars, and other professional development opportunities.

We will evaluate our performance, incarcerated patient outcomes, programmatic and service delivery trends and other information as part of our **quality management program in active partnership with the Department**. We will work with the FDC to address any gaps in care and areas for improvement.

Last, but not least, we will continue to work in **partnership** with the FDC to provide healthcare services that embody quality, accessibility, multidisciplinary collaboration, and effectiveness. We will collaborate in defining processes and programs through which we can improve our healthcare service delivery model. Centurion will work in tandem with the Department to meet its goals for the incarcerated populations under our care. Our local team, under the leadership of our Statewide Vice President of Operations, **Ruth Feltner, BA, CCHP**, along with our corporate subject matter experts, will remain ready and available to support the FDC as it further evolves its correctional healthcare delivery system.



Ruth Feltner, BA, CCHP
Statewide Vice President
of Operations

D. Approach to Satisfying Specific ITN Goals

As the incumbent contractor, Centurion has had the opportunity to work closely with the FDC in addressing the goals that the Department enumerated in its ITN. We currently pursue these goals as part of the services we provide to the FDC. We have incorporated these and the healthcare goals articulated in ITN Section 2.4 into our administrative, service delivery, and program development processes and activities. We consider them in our continuous quality improvement activities and performance review, our recruitment and staffing plans, the solutions we identify and implement for the program, and the vision we collaboratively pursue with the FDC for the overall healthcare program. We will build upon and improve these processes during the next contract period. The following narrative summarizes our approach to meeting each of the FDC's goals.

Goal 1: Establish a flexible Contract, with transparency of service costs, alignment of costs with services, and an efficient and accurate end-of-year projection and cost modeling process.

Centurion holds contracts with 12 state correctional systems. The FDC's cost-based contracting model has proven to be the most flexible, transparent model compared to our other contracts, in that it allows for staffing adjustments and other programmatic adjustments without having to repeatedly negotiate and amend the contract. In addition, the model's transparency in relation to expenditures of the State's resources ensures the State has real-time visibility into the expenditures and cost trends of the program for budgeting purposes. The model also appropriately incentivizes the contractor to deliver the staff and services to 'earn' its revenue, as opposed to the historical fixed-price models, which financially incentivized the contractor to 'under perform'.

The model does require a contractor with the financial strength to invest in staff and resources on the front end and carry the cash flow of the program. On any given day there are substantial expenditures and claims paid by Centurion that are pending reimbursement from the State. Centurion has proven our strong financial capabilities to 'carry' these amounts month over month. Centurion will continue to provide reports on a regular basis and end-of-year projections.

Goal 2: Establish a Contract that allows the Vendor to bring industry expertise and the ability to shape strategy to lower the cost of health care services.

As the leading provider of healthcare services to state correctional systems, Centurion has built its leadership, clinical expertise, and support services to bring the most modern strategies to our state clients. Our clinical and administrative leaders are considered thought leaders in the industry and are routine presenters at industry trade shows. We have the depth of talent and resources at a national level to explore new ideas and technologies to streamline the delivery of services to incarcerated populations. We foresee technologies moving faster towards a “healthcare on demand” reality with the rising popularity of electronic health records, telehealth, and digital interfaces, such as tablets, in the housing areas as well as “in the hands” of incarcerated persons. We anticipate these technologies will lead to some relief on staff turnover and vacancies, particularly in nursing and mental health positions. Other cost containment measures include:

- Favorable price negotiations with network providers (i.e., hospitals and specialists)
- Modern managed care processes to engage patients in taking responsibility for their overall health
- Care coordination to ensure the right care, at the right level of care, at the right time
- Making staffing adjustments to increase staffing efficiencies when possible
- Increasing onsite specialty care services, and using telehealth appropriately to increase access to services while reducing offsite trips and the associated security escort costs
- Ensuring the maximum use of the EMR and its functionality to modernize patient documentation and health information, while increasing productivity among providers

Goal 3: Ensure a smooth transition and continuation of services from the current Contract to the new, without disruption and with minimal risk.

Centurion is currently providing the services sought under this ITN in all four regions of the state. We have the required staff, processes and procedures, operational, human resources, technology, and clinical infrastructure to seamlessly transition to the new contract without any interruption to services. We will not incur the usual transition steps and setbacks that occur when a new vendor assumes responsibility for a contract. We will not need to undertake the substantial human resources, recruiting, information technology, and training/orientation efforts ordinarily required to transition a major statewide correctional contract. We will be able to immediately continue to manage and enhance the EMR without any setbacks. Our local management team and clinical leadership under the direction of **Ruth Feltner, BA, CCHP**, is in place and committed to continuing to serve under the next contract term.

We consider the period following the new contract award as ideal opportunity for Centurion and the FDC to review the program and consider areas for additional focus and enhancement during the next contract period. Upon contract award, we will start immediately on the service enhancements called for in the ITN and those proposed by Centurion and approved by the Department. We will implement any proposed program enhancements or new subcontractor services and confirm what, if any, further actions are necessary to complete specific transition requirements to the FDC and Centurion’s satisfaction.

Goal 4: Ensure pricing that is cost effective throughout the entire term of the Contract.

As the Department has seen, Centurion takes our fiduciary responsibility to the FDC seriously. We believe in transparency and accuracy. For this reason, we never purposefully underprice proposals to win them with the intention of pursuing out-of-contract price increases from our clients. We consider and price all components of the program, as required by the client's RFP or ITN, and openly make our assumptions available to the agency for review. This was our practice in our previous proposal response to the Department. We will continue this practice for this procurement as well.

The cost-based contracting model in place in the current contract is ideal in that it subjects all costs to the Department's review and approval. Centurion will continue to create and implement cost containment strategies in collaboration with and in full view of the Department to contain the major costs of the program, such as personnel, medications, offsite and specialty care, and administrative overhead.

Goal 5: Establish a collaborative relationship with the Vendor that will maximize the extent the Department achieves the objectives of this ITN.

The clinical, operational, programmatic and financial successes we have achieved through our partnership with the FDC under the current contract are a testament to the collaborative relationship we have developed with the Department. Our commitment to this collaboration will continue in the new contract. Examples of some of the accomplishments we have achieved together include:

- Meeting litigation stipulations and requirements
- Implementing healthcare policies and procedures and providing feedback on policy development
- Providing training and educational opportunities for Centurion and FDC staff
- Increasing the availability of onsite specialty healthcare services
- Supporting the FDC in expanding healthcare services at facilities across Florida
- Selecting and implementing an electronic medical records system
- Expanding telehealth capabilities
- Incorporating data analytics and enhanced reporting to better manage the program
- Successfully addressing the COVID-19 pandemic, treating patients in need of medical intervention, and implementing vaccination protocols across all FDC facilities

We are confident that, in partnership with the FDC, we will continue to enhance the correctional system of care in Florida.

E. Risks and Challenges with Department Goals

During the past six years, Centurion has worked with the FDC to address many of the challenges the Department faced in providing its population with access to needed healthcare services. We implemented an evidence-based healthcare system that achieved better health outcomes for FDC

incarcerated individuals, as well as cost and process efficiencies for the State. With the improvements and changes that we collaboratively achieved, Florida is a model correctional healthcare system.

Challenges, however, are important components of program growth. Challenges not only provide opportunities to resolve particular issues, but they improve processes through collaborative efforts. We consider the following the predominant risks the FDC faces in the delivery of healthcare services and look forward to working with the Department in addressing them.

Challenge 1: An Aging Prison Population



There are over 22,000 elderly individuals incarcerated in FDC facilities, accounting for 28.2% of the entire prison population across the state. In 2020 – 2021, this population accounted for 60.5% of all hospital admissions, 68.7% of all inpatient hospital days, and 55.3% of all outpatient services. Chronic diseases, cognitive impairments such as dementia, mental health issues, physical disabilities, dental problems, malnutrition, and the basic process of aging takes a toll on elderly incarcerated individuals and on the healthcare system.

Centurion will continue to work with the FDC to enhance services and implement new programs for this population, which will represent 38.1% of the entire FDC population within the next five years. We will proactively evaluate incarcerated individuals over the age of 50 for signs of cognitive or mental health impairment and will offer appropriate services. We will continue to manage elderly patients with chronic diseases through our chronic care clinics and will work with the FDC to enhance services available on the transitional care units, the Cognitive Treatment Unit at Wakulla Correctional Institution, and the RMC.

We will continue to explore specialized services and technology, including remote health monitoring and AI applications, which enhance safety and support timely intervention for this fragile patient population. We will work with the FDC to consider the expansion of palliative care to additional FDC facilities and will work with geriatric providers to consider other avenues of proactively addressing the needs of this population. We will also support the Department in identifying and contracting with local assisted living or nursing homes or developing nursing home capabilities for elderly patients requiring long-term care, such as those with dementia and other disorders requiring safe and/or skilled level of care.

Nursing Home Option: Centurion has engaged Cary Smith, a Florida-based healthcare consultant with expertise in hospitals and nursing homes, and begun the process of identifying skilled nursing facilities to provide additional offsite care options for patients. This new service option would allow the placement of patients with longer-term skilled nursing needs in a more appropriate level of care. This service option will help mitigate challenges we face collectively with the FDC in ensuring proper management and services for frail and/or elderly patients needing longer-term skilled nursing services. This option will also lower costs as patients become more costly when there are impediments to hospital discharge, including transportation shortfalls and bed space at facilities/infirmaries like the Reception and Medical Center. Examples of conditions where this would achieve the greatest utility and savings would include ventilator-dependent conditions, advanced wound care, and burn recovery. Also, this approach has been shown to reduce repeat hospitalizations, producing additional savings as well as patient outcomes and maximizing access to care. In addition to the reduction of pressure on hospitals and prison beds, the daily cost of care is substantially lower than acute hospital stays. Centurion has successfully implemented this in another state and will work with State officials to evaluate facilities.

Challenge 2: Mental Health Needs



Nearly 18,000 FDC incarcerated individuals have some form of mental illness ranging from acute depression and anxiety to suicidal ideation, anger management, co-morbid disorders, and severe mental illness. In 2018, the FDC began a comprehensive review and refinement of its mental health services with the goal of increasing access to mental health services for its population. By establishing mental health programs, units and facilities, working with Centurion, and offering training programs for its staff, the FDC has made significant headway in meeting this goal.

Centurion will continue to provide FDC incarcerated individuals with exemplary mental health services across all Department facilities. These include providing services at the residential mental health continuum of care units at Wakulla, on specialized residential mental health units at the Lake Correctional Institution mental health center, and other locations. We will support the FDC in transitioning patients to and providing services at the new Lake Correctional Institution mental health facility. We will work with the FDC to enhance behavior management and suicide prevention programs, use interdisciplinary teams to serve those with complex behavioral health issues, and collaborate in implementing new programs. We will continue to use telehealth capabilities to ensure access to timely evaluation and treatment services, promote appropriate medication management, and address the needs of those with co-morbid issues. In addition, we will continue to offer training and education to Centurion and FDC staff on mitigating and managing the needs of incarcerated individuals presenting with mental health symptoms.

Challenge 3: Addiction and Substance Use Disorders



Nearly 60% of FDC incarcerated individuals have a history of substance use and addiction. Inability to achieve recovery can result in ongoing addiction and use of contraband drugs in prison, and recidivism following release. Random drug tests at FDC facilities have found increased access to and use of synthetic cannabis (K2 or spice), cathinones (bath salts), and opioids among the prison population, highlighting the importance of diverse substance use disorder (SUD) programs and the continued high risk for fatal overdoses.

Centurion will continue to support the FDC in the delivery of SUD services. This includes obtaining releases of information from patients with co-morbid SUD and mental health issues to allow Centurion to coordinate service delivery with FDC SUD providers. We will continue to train our clinical staff in overdose identification and response, including naloxone use.

Challenge 4: Aging Infrastructure



The FDC is responsible for managing over 22 million feet of infrastructure. In 2021 alone, the FDC completed 15 new buildings, 37 major repair/renovations, and invested \$5.8 million in maintaining facilities across the state. Florida expects the majority of its growth over the next 27 years to occur in the central and southern parts of the state. Given the current incarceration rates in the state, the FDC will have a facility and bed-deficit in these locations, requiring focused effort on infrastructure expansion in those areas. Furthermore, physical and information technology infrastructure are two of the FDC's long-range goals, making infrastructure an area of importance to the FDC.

As we did with the implementation of the EMR, Centurion will work with the FDC to support its continued renovation and expansion projects. We will support and assist FDC in expanding its telemedicine infrastructure and modernizing facilities built prior to 1980. Centurion will also support the FDC's possible revision of geographic focus areas, transition to the new Lake CI mental health center, and enhancement of its IT infrastructure, among other plans. The FDC has completed several facility closures and openings over the past few years. As we have in the past, we will support the FDC in seamlessly transitioning staff, services and patients during future facility changes.

Challenge 5: Recidivism



Though recidivism rates for FDC incarcerated individuals returning to prison within three years of their release have decreased from 36.1% in 2008 to 24.1% in 2017, these numbers are still higher than FDC goals. Data published by the Department found that males, younger individuals, and those convicted of crimes such as robbery and burglary experience higher rates for recidivism. For example, 80.6% of juvenile offenders (less than 21 years of age at admission and less than 24 at release) were rearrested in 2017 and 38.8% returned to prison. From a medical perspective, this highlights the importance of well-developed reentry plans and use of community supports for this population.

Centurion will continue to work with the FDC to manage the needs of those reentering the community. This includes working with the FDC to establish follow-up appointments and referrals to healthcare providers and community programs. For example, we established housing and other community support services for sex offenders who are often difficult to place. We created detailed community resource guides for incarcerated individuals under emergency release, and we implemented an online reentry platform, Centurion FindHelp, for identifying community-based organizations that offer low or no cost services to individuals leaving prison. Centurion also offers released individuals access to the Nurse Advice Line, which provides 24/7 medical hotline services for 90 days following release.

Challenge 6: Correction Staff Retention



Like many other statewide correctional systems, the FDC continues to face challenges with staff retention. Despite the inherent difficulties in retaining experienced and quality staff, over the past two years the FDC has begun to turn the tide with sign-on and retention bonuses and an increase in pay rates. This is one of the FDC's primary goals for its 2021 – 2024 strategic plan and we are confident that the FDC will meet this goal.

We realize that our role in supporting correction staff retention is limited. Our FDC recruitment team is familiar with the Department's facilities and overall state of employment in Florida and across the nation. Though correctional staff recruitment is not our expertise, Centurion would be pleased to consult with the FDC, sharing information on some of our unique recruitment and retention processes and tools. In tandem, we will continue to identify ways through which we can minimize the need for officer transport and security for medical services. For example, our use of telehealth evaluations for the S2 camps has significantly decreased correctional officer time, allowing them to focus on other essential responsibilities. We will continue to support the FDC officer training and professional development opportunities, where possible. Most importantly, we will continue to form and maintain collaborative and respectful working relationships with our correctional colleagues, supporting them in meeting their job responsibilities to the best of our efforts.

F. Ensuring Quality Services While Containing Costs

Centurion's CQI program is the primary process through which we ensure service quality and cost containment. We believe that high-quality care results in better patient outcomes, decreased cost of care for our clients and overall improvements in the health of prison and external communities.

Our CQI program, developed in close collaboration with the Department, focuses on making sure that our healthcare program meets the highest standards in evidence-based care while adhering to ACA guidelines, federal, State and local regulations, and FDC policies and procedures. Our CQI initiatives focus on the following dimensions of quality healthcare across the service delivery continuum:

- Appropriateness of clinical decision making
- Continuity of care from intake to discharge
- Safe delivery of healthcare operations
- Treatment effectiveness
- Timeliness of care provided
- Patient centered care

Linda Dorman, RN, BSN, CCHP, will continue to serve as our Statewide Director of CQI/EMR for the Florida program. She oversees the services provided by the following four regional QM program coordinators, Rhonda Sweizer, BS, CCHP, Jamie Martinez, DNP, Jessica Dodge, RN, MSN, and Janine Hills, PhD, who work closely with FDC facilities to implement and manage our continuous quality management efforts. We use quality initiatives, data analytics and reporting, review of complaints and grievances, monitoring of performance standards, implementation of corrective action plans, peer reviews, mortality and morbidity reviews, process and outcome audits, and other processes to identify opportunities to improve clinical outcomes, manage resources associated with service provision, identify staff educational and training needs, and improve FDC satisfaction. We provide detailed information in our response to ITN Section 3.6.8, *Quality Management Service Area*.



**Linda Dorman, RN,
BSN, CCHP**
Statewide Director
CQI/EMR

G. Centurion's Approach Differentiators

As described in our response to Tab B and as already familiar to the Department, Centurion was founded with the goal of innovation and differentiation from traditional correctional healthcare delivery models. When Centurion was incorporated in 2011, our primary goals were to bring the principles of public and population health together with finely tuned managed care practices into the correctional healthcare space. Through Centurion, we offer an innovative model of correctional healthcare that infuses modern managed care practices fine-tuned by large Medicaid and commercial insurance programs into the operations of the correctional healthcare program. By forming real operating partnerships with correctional agencies, we build fully integrated and collaborative correctional systems of care that combine evidence-based best practices with managed care principles to offer timely, quality-focused, patient-centered, and competent healthcare services for the incarcerated individuals we serve.

As detailed throughout our proposal, our managed care healthcare delivery approach has achieved improved patient outcomes, increased patient satisfaction, and achieved systems and cost efficiencies for the FDC and other agencies with whom we work. Cost efficiencies we have achieved for the FDC include, but are not limited to, cost-avoidances resulting from management of both formulary and non-formulary medication prescribing practices, containment of community-based hospital and outpatient services *despite* the pandemic, and optimization of onsite and telehealth services to reduce offsite patient transports. We accomplished this while continuing to meet or exceed the full scope of onsite and offsite statewide FDC contract requirements for healthcare services.

Service Delivery Approach Differentiator

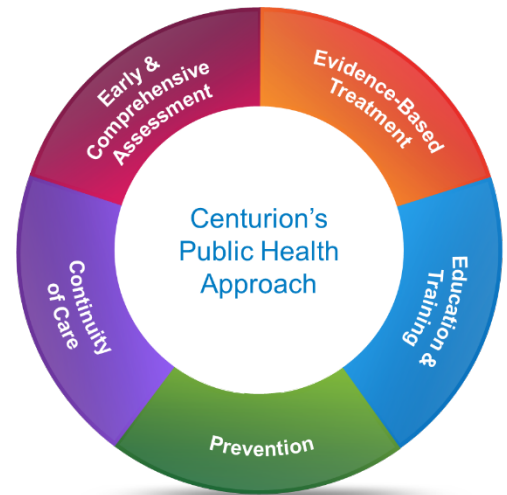
Centurion believes that *correctional health is public health*. A disproportionate percentage of the 1.38 million incarcerated individuals in the U.S. present with higher rates of substance use, mental health, and infectious and chronic diseases compared to the community populations. Most face challenging social determinants of health such as poverty, substance use, and illiteracy. For many, prison is the first place where they receive consistent healthcare services. According to the US Department of Justice, over 95% of incarcerated individuals complete their sentences or otherwise release back to their homes and communities¹. However, a larger percentage of those with existing healthcare issues have difficulty

¹ U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, "Reentry Trends in the United States"

maintaining good medical or mental health and accessing services, influencing the health of their communities, contributing to future criminality, and increasing recidivism rates.

Traditional approaches to healthcare delivery in prisons are often reactionary, focused primarily on alleviating acute healthcare issues and ignoring many of the underlying and long-term problems that contribute to disease manifestation in the first place. Many approaches fail to consider the linkage between the health of an incarcerated individual and recidivism, re-offense, and overall public health. Centurion's public health-focused approach considers an incarcerated individual's healthcare needs while in prison, in preparation for, and following reentry. Our approach includes:

- Early and comprehensive assessment of the incarcerated individual's healthcare needs
- Evidence-based, person-centered and effective treatment services
- Comprehensive education and training
- Use of preventive measures
- Continuity of care following release



Early and Comprehensive Assessment. We conduct a comprehensive assessment and screening of all incoming incarcerated individuals to determine existing and potential medical, mental health, and dental needs. At FDC facilities, we conduct an initial screening within eight hours of arrival, followed by an initial physical examination within 14 days of arriving at a reception center. The screening and assessment inform the delivery of timely healthcare services, such as immediate attention for those exhibiting self-harm behaviors or access to medications and provider services for those with chronic healthcare issues.

Evidence-Based, Person-Centered and Effective Treatment Services. Centurion uses individual treatment plans to manage patient treatment needs. Our highly trained providers and staff are responsible for providing services within the highest standards of care and quality. We have developed unique programs for patients with complex healthcare issues, those with co-morbid or co-occurring conditions, as well as those with special needs, such as pregnant women, the elderly and juveniles. We consider each patient's unique short and long-term needs and work with facility staff, case managers, clients and other stakeholders to make sure that patients have access to timely and responsive services at all times.

Comprehensive Education and Training. Self-management of healthcare needs is an important goal for Centurion patients, achieved primarily through education and practice. Our goal is to return incarcerated individuals into their communities more informed about and able to manage their healthcare needs. This is especially important for patients with chronic conditions, mental health disorders, and SUD. We begin education at time of intake and, based on patient needs, provide information during other healthcare encounters. Education includes individual and group sessions as well as access to a wealth of online and hardcopy materials.

Examples include our **H.E.R. Journal** and H.E.R. electronic and hardcover books we provide to female incarcerated individuals as part of our Healing, Empowerment and Resources program or the education

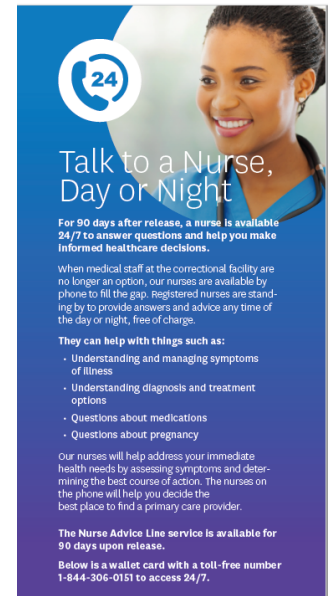
we offer as part of our diabetes and Hepatitis C programs. Through education, we emphasize the importance of consistency, prevention, accuracy, attention to details, and proactive management of symptom exacerbation. We impress upon patients the actions they can take to achieve better health outcomes, while incarcerated and upon their release. Our own experience and several studies have shown the importance of education on higher compliance with treatment measures among patients.



H.E.R. Journal

Use of Preventive Measures. Centurion incorporates preventive measures into all aspects of our service delivery process, from intake through release. At an individual patient level, this includes proactive identification of risk factors for disease escalation or manifestation, education on infectious diseases, and screenings to identify the presence of cancers and chronic care diseases. It includes immunizations against communicable diseases, such as flu and COVID-19 vaccines, as well as pre- and post-natal care for pregnant incarcerated individuals. Our preventive measures also include working with facility staff to implement environmental and infectious disease policies and procedures, offering training and education on chronic diseases and mental health disorders, as well as occupational health and safety measures for staff and incarcerated individuals. They also include information and resources on how to proactively identify and address health issues in the community.

Continuity of Care Following Release. With the health of released individuals inextricably linked to the health of their communities, preparing incarcerated individuals for maintaining their health upon release is one of the most critical components of our approach. For Centurion, continuity of care begins at time of intake and assessment and continues throughout the healthcare delivery process. As part of the treatment, we work with patients to understand the resources and supports they will have upon release to manage their healthcare needs. We provide them with training, education, and the tools they need to manage their medical, mental health, and dental needs, including connecting them to providers and services within the community to support them. We work with facility and security staff to make sure services are in place prior to the patient's release. In addition, we offer them supports such as the **Nurse Advice Line (NAL)** should they need access to medical advice following their release. The NAL is a toll-free healthcare hotline available 24/7. Released incarcerated individuals can contact the NAL during the first three months following their release to obtain medical advice. Since 2019, when we launched this service across eight programs, the NAL has received over 500 inbound calls with an average clinical talk time with an RN of 11.8 minutes. Year-to-date in 2022 alone, we have received 14 calls from Florida released individuals.



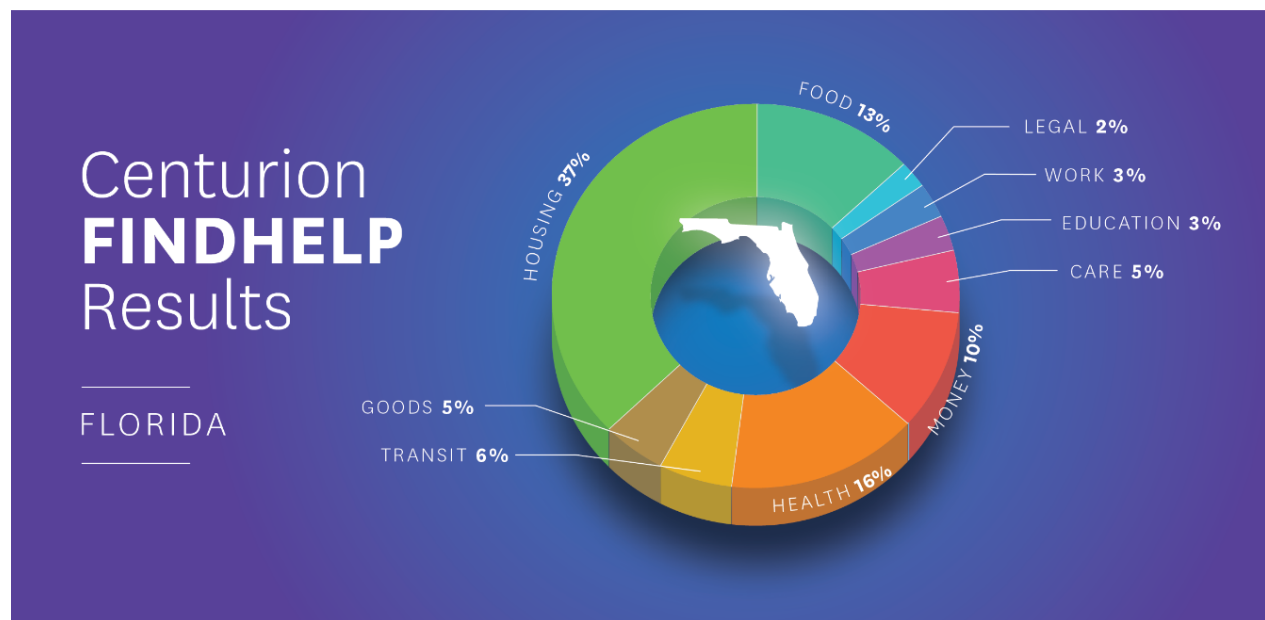
Nurse Advice Line Poster

In 2022, Centurion launched the companywide usage of **FindHelp**, a web-based search engine, which provides Centurion staff and patients a platform to find and connect to social services in their desired area. The platform is accessible *from anywhere at any time*, and customized to the specific and complex needs of Centurion patients. Their software platform connects people seeking help or services with verified social and public providers available in their communities. As part of their service, FindHelp staff continuously monitor all listed service providers to



ensure that the information they provide on their site is accurate and up to date. Centurion patients can find *free or reduced-cost* services like medical care, mental health care, substance use treatment, housing, food, job training, and more.

Available to all Centurion staff and patients across all Centurion programs, including the FDC, as part of their reentry program, this resource represents another long-term investment of Team Centurion in the success of our patients upon release. The platform allows for better patient and public health outcomes as well as cost efficiencies across the program, better use of the healthcare system, and improved public safety. Our ability to do so has been the results of the capabilities that we offer, which differentiate us from other correctional healthcare providers. As of June 2022, companywide seekers have made more than 10,000 searches on Centurion Health's FindHelp. **Since the program's launch, 340 users have accessed information on Florida, through 574 sessions and 2,544 searches, which resulted in 1,552 interactions with service providers.** Housing, health, food, money and care were the five most searches among Florida users.



Organizational Capabilities

Centurion makes a difference by being different. Compared to other correctional healthcare companies, Centurion thrives under strong, stable corporate management and invests heavily in corporate and regional resources. We believe we have the strongest and most stable management, operational, clinical, technological, human resources, and financial infrastructures in correctional healthcare. Our capabilities include the following:

Clinical Operations Expertise. Centurion's corporate clinical operations team includes nationally-recognized experts in correctional behavioral health and healthcare, with extensive experience establishing and maintaining evidence-based healthcare services, as well as continuous quality improvement expertise, to improve staff performance and patient outcomes within correctional settings. These experts circulate among our contracts reviewing our healthcare services and working with each contract to develop training programs and action plans to correct issues of concern. This department oversees the delivery of medical, mental health, dental and pharmacy services at Centurion.

Centurion's Clinical Operations Team



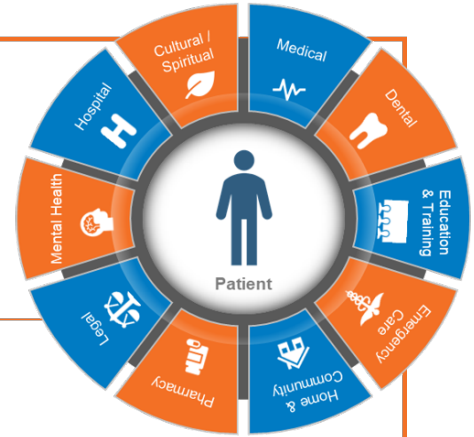
During the last year, Centurion has strengthened its clinical operations team with the appointment of **Seaira Reedy, PsyD, CCHP-MH**, as our Vice President of Psychological Services. Dr. Reedy will provide ongoing support and consultation to our Florida program in the future contract, as well as expertise in clinical, risk, behavior management consultation, and training. A forensic and clinical psychologist, Dr. Reedy ensures that Centurion's psychological programs are clinically sound, consistent with community standards, and contractually compliant. She also provides continuous expert consultation for field operations while supporting implementation and ongoing accreditation readiness for new and existing correctional healthcare contracts. In her role, she champions clinically-led operations and excellence on behalf of our patients and our communities.

Dr. Reedy originally trained in Florida to provide competency and risk assessments, and completed the Florida Forensic Examiners Training. More recently, she has facilitated webinars, attended by mental health professionals from our FDC program, focused on topics such as the formal assessment of effort and of violence risk. These webinars, presented by national and international experts Dr. Reedy arranged as speakers, have been directly relevant to the goals of FDC's mental health program. Additionally, Dr. Reedy is a SAMHSA Trauma-Informed Care Trainer and has trained Florida staff in how being trauma-informed improves criminal justice system responses.

Integrated and Collaborative Medical, Mental Health, and Dental Services. Centurion provides an outcomes-focused, integrated and collaborative medical, mental health, and dental program that considers the entire continuum of care, from intake to discharge and reentry. We use evidence-based, public health focused, clinical criteria and policies and procedures as well as innovative services, such as telehealth technology, to increase access to care for incarcerated individuals, including those with special needs.

Integrated Healthcare at Centurion

Focusing on the **individual** and using a **whole health** approach to provide **holistic** care



MEDICAL

- Assessment, screening, intake, and health evaluations
- Sick call and infirmary care
- Routine, urgent and emergency care
- Chronic care services, including Hepatitis C, infectious diseases, diabetes, and palliative care
- Services for youth, females, elderly, disabled, and other special populations
- Utilization management services
- On and offsite specialty services, including orthopedic procedures, wound management, surgical interventions
- Laboratory, radiology and other diagnostic services
- Self-harm, psychiatric interventions, and special housing
- Medication management

MENTAL HEALTH

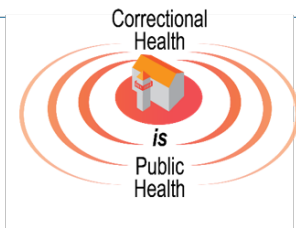
- Initial assessment and intake
- Routine, urgent and emergency care
- Gender dysphoria screening and treatment
- Individual and group treatment
- Suicide and self-injurious behavior prevention and treatment
- Sex offender treatment
- Psychiatric consultation
- Psychotropic medication management
- Case management
- Services on special and restrictive units

DENTAL

- Level I, Level II and Level III dental care, inclusive of:
- Intake and examinations
 - Routine, urgent and emergency care
 - Extractions, caries control and restoration, and caviron debridement
 - Dentures and prophylaxis
 - Restorative care
 - Anterior and interior endodontics
 - Oral hygiene
 - Oral education

PUBLIC HEALTH FOCUS

Centurion believes that correctional healthcare is an integral component of the public health system. We infuse public health approaches to disease identification and prevention, health education, and health promotion into the service delivery process, providing services that are responsive to each patient's unique behavioral health, socioeconomic, cultural, and communal realities and needs.



Centurion ensures that the right patient receive the *right* care at the *right* time at the *right* level of service.

SERVICES FOR SPECIAL POPULATIONS



Gender-responsive



Trauma-informed




Co-occurring Disorders




Pregnant incarcerated individuals

PROVIDER TOOLS



Healthcare information on **4,000** topics



specialty care e-consulting system




Evidence-based clinical decision support

SUICIDE PREVENTION

In addition to a robust suicide prevention program, Centurion played a leadership role in the joint NCHC and American Foundation for Suicide Prevention taskforce, *Suicide Prevention Task Force*, and in developing the October 2019 NCHC-AFSP *Suicide Prevention Resource Guide: National Response Plan for Suicide Prevention in Corrections*.

EXPANDING ACCESS THROUGH TELEHEALTH

State-of-the-art telehealth services used to manage the medical, mental health, and dental needs of incarcerated individuals. Centurion's telepsychiatry programs that have resulted in 20-30% telepsychiatry provider productivity and addressed psychiatrist shortages.



Use of telehealth services results in **SAVINGS:**
\$92 - \$650
 per offsite specialty care episode in transportation costs

MULTIDISCIPLINARY CARE COORDINATION





Recruiting and Retention Expertise. At Centurion, we promote healthcare equity, quality, and accessibility by fostering healthy lifestyles and implementing educational programs on behalf of patients and employees.

Centurion has a team of over **50 full-time recruiters and 40 full-time HR employees** working to maintain our exemplary fill rates and provide an empowering work environment for our staff. Through this team, Centurion has created a national footprint that extends our ability to reach potential healthcare professionals. Though we focus primarily on recruiting and hiring providers living in Florida, we use our national presence to identify and recruit providers in other states who have the training, licensure and qualifications that the FDC expects. Other organizations that do not have similar breadth will have a more difficult time recruiting and filling the positions required to support the FDC program. In addition, we are not conflicted in Florida with multiple other county jail and hospital contracts that would cause us to be conflicted in the placement of our candidates. All of our recruiting efforts in Florida go towards the benefit of the FDC program. These are important differentiators for Centurion that benefit the FDC.



Our recruiting and retention team focus on maintaining high fill rates and create a professional rewarding work experience for our employees. Our corporate and local recruiting and retention capabilities include:

Centurion Recruiting and Retention Capabilities



Our recruiters use a unique *relational* approach to recruiting. Using this approach, our recruiters maintain a constant dialogue with thousands of candidates using various communication tools ensuring a steady pipeline of qualified candidates for potential job openings. We take a longer-term approach to recruiting than other healthcare companies and we know that if a job may not be a good fit for a candidate today, it might be a good fit in years to come. Because of this, our recruiting maintains ongoing dialogue with thousands of candidates to keep them informed of our growth and job openings.

As more professionals are turning to *LinkedIn*, *Facebook*, and various professional websites for networking, we incorporate social networking in our recruiting process. We use data-mining techniques to add new candidates and new graduates to our recruiting database, and we query this database to identify potential candidates for FDC positions. In addition to word of mouth, email campaigns, and employee referrals, the following are some of the marketing resources our Florida recruiters use to outreach to and engage potential candidates:



To minimize staff turnover, we augment our innovative recruiting approach with a staffing model that includes **flexible work schedules**, supports our employees with **strong benefits**, an empowering work environment, and resources for **professional development**. By investing in systems that support our staff, we develop a stable workforce of health care professionals who work together towards a more effective, efficient system.

One of the strongest indicators of our commitment to our employees is through our benefits program. We provide a comprehensive benefit program that offers each employee the security and assurance that they have necessary coverage in times of need. Our goal is to make healthcare accessible, while also educating employees on their options so they can make the right health care decision for themselves and their families. In an effort to offer healthcare benefits to as many employees as possible, all employees scheduled to work 30 or more hours per week are eligible to enroll themselves and their dependents. Centurion offers a **Paid Days Off (PDO)** program with vacation accruals starting on day one of employment for both full-time and part-time employees. This PDO program does not include additional company-paid holidays; however, it does include employee sick time.

In addition, we offer a wellness activity stipend to incentivize employees to remain physically active and fit, an important component of decreasing stress levels. For those who require additional support in achieving work/life balance or who require assistance with addressing work/life issues, we offer a confidential and easily accessible employee assistance program.



To address the increased turnover that occurred during the COVID-19 pandemic Centurion invested in two new positions that will focus on employee relations and communications, **Todd Brodie, PhD**, Vice President, HR Business Partners & Employee Relations and **Logan Stalter**, Internal Communications Strategist.



Todd Brodie, PhD,
SHRM-SCP
Vice President of
Employee Relations



Logan Stalter
Internal Communications
Strategist

Staff Training and Education. Our training and staff development programs offer staff with unparalleled education and development opportunities. Centurion offers initial and ongoing training for all staff. For each correctional program, we develop a customized training program, which begins during orientation and continues throughout the course of the contract. Our trainings focus on common issues that affect correctional healthcare service, identification of mental illness, suicide prevention, multidisciplinary collaboration and integrated care, emergency response, HIPAA, PREA, and managing difficult and challenging situations.

Centurion Training and Education Programs

CENTURION UNIVERSITY



Centurion University offers 24/7 access to online educational content 24/7. For management and supervisory staff, Centurion University augments instructor conducted and self-study trainings with an online *Management Development Training Program* that encompasses over 100 management and leadership online courses, online books, printable job aids, interactive videos, and case studies.

- New Employee Orientation
- Discipline specific training
- Continuing education, including reimbursement and support for NCCHC Certified Correctional Health Professional (CCHP) certification
- Online education and training
- Webinars

Components of Centurion's New Employee Orientation

Employee Specific Topics

- Centurion Code of Conduct
- Human Resources Policies and Procedures
- Employee Benefits Information
- Confidentiality and Protecting Personal and Health Records as required by HIPAA
- Sexual Harassment/Workplace Policy

Learning Management System Courses

- Hazardous Communications
- Access to Healthcare
- Continuous Quality Improvement
- Utilization Management and Review

Contract Specific Orientation



Cheryl Esposito, MSN,
RN, CCHP-RN
Corporate Clinical
Education Director

ONLINE RESOURCES

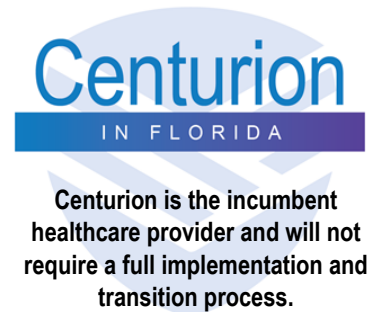


Centurion Central

Financial Strength. Centurion continues to be **financially the strongest company in correctional healthcare, by far.** The financial strength of our founding companies, MHM and Centene, enabled Centurion to invest in its infrastructure and ensure success in our earlier comprehensive medical contracts in our early years. Now fully established, Centurion has the financial strength to continue to responsibly meet and manage the significant financial requirements of the contract. We are able to provide consistent, reliable, and effective corporate support for operations in each of our programs. Our financial strength means we do not need to cut corners to avoid needed healthcare services. We can invest in our programs to ensure they have the resources necessary to succeed at a local level.

H. Centurion's Service Transition and Implementation

Centurion understands the FDC's desire for a smooth and seamless implementation. As the incumbent healthcare provider to the state, we do not anticipate the need for many of the usual transition steps required when a new vendor assumes responsibility for a contract. Our local leadership, two Florida regional offices, IT team, and other support systems are in place and knowledgeable about the FDC's goals, objectives, and expectations and are actively supporting the 3,000 employees currently working in the program. However, to showcase our capabilities we have provided a description of our approach to contract transition and continuance in our Tab E response, along with the required *Preliminary Implementation Plan*. In recent years, we have transitioned and started new healthcare contracts for the departments of corrections in five states (Delaware, Idaho, Indiana, Kansas, and Missouri)



We consider the period following a new contract award as another opportunity for Centurion and the FDC to review the program and consider areas for additional focus and enhancement during the next contractual period. Upon contract award, we will start immediately on the service enhancements called for in the ITN, as well as those proposed by Centurion and approved by the Department.

Ruth Feltner, BA, CCHP, Statewide Vice President of Operations, and other members of our local leadership team will lead any required implementation activities related to the new contract requirements. They will participate in regular transition meetings with the FDC to provide updates on plan activities, deliverables, and timelines. They will provide the Department with any required reports related to the transition activities and will be readily available to respond to any FDC.

Implementation Experience with the FDC

As the Department will recall, in 2016 we successfully developed and followed a comprehensive implementation plan according to the State's expectations and requirements. Soon after the Department awarded Centurion the contract, under emergency conditions and subsequent to a formalized procurement process, we began to collaborate with the FDC on our implementation plan. With the Department's approval, we outreached to the incumbent provider of healthcare services and their staff to begin the human resources and clinical transition processes. The goal, which we met, was to minimize transition issues for patients receiving or requiring healthcare services during the implementation process.

We established and empowered a local leadership team to ensure that we managed all transition steps within defined timelines. This team worked closely with our corporate leadership teams to bring our human resources, technology, operational, and clinical capabilities to the FDC program. In tandem, our

recruiting team outreached to and, with the Department's approval, recruited, interviewed, and transitioned incumbent staff who met the state and Centurion's qualifications and standards.

For both the medical and behavioral health programs, by contract start date, we were ready and prepared to provide the services required under the contract for the FDC population. We met all of the implementation requirements of each contract. In the following list, we provide a synopsis of our implementation activities for both the 2016 and 2017 transitions.

SUMMARY OF CENTURION'S IMPLEMENTATION ACTIVITIES Florida Program Implementations (2016 and 2017)

- Began **emergency** transition of all patient care
- Initial and ongoing **transition meetings** with the FDC
- Completed initial and follow-up site visits
- Reviewed and finalized all **operational** issues (i.e., staffing matrix, pay scales, on-call schedules, etc.)
- Outreached to, recruited, and hired **incumbent staff**
- **Recruited**, hired, credentialed, and on-boarded staff needed to fill required positions
- Provided staff and provider **new employee orientation** and other required **training**
- Submitted, reviewed, obtained approval, and implemented all **medical, mental health, dental** services
- Implemented **pharmacy management** requirements
- Developed and implemented all **continuous quality improvement** requirements
- Developed and transitioned all **ancillary medical services** (i.e., laboratory, radiology, EKG, and others)
- Recruited and expanded **specialty care** providers and facilities
- Implemented and tested **claims management** services
- Reviewed and implemented **finance/accounting** requirements
- Implemented and tested all **information technology** requirements

I. Centurion's Solution is the Best for the State

The FDC will receive proposals from correctional healthcare companies that will assert that their exemplary solution will result in cost savings for the state. They may offer different staffing matrices, cost-cutting technology, and processes that do not fully comply with the levels of care we know to be necessary and desired by the Department. Centurion refrains from doing so, realizing that achieving cost savings is the result of the intricate balancing of service provision, innovation, staffing consistency, and experience. We believe that our solution is best for the State because it builds on the **promises we have made and delivered to the FDC**.

In our 2016 and 2017 proposal submissions to the FDC, Centurion committed to providing high-quality integrated and collaborative and evidence-based medical, mental health, and dental services at FDC facilities. We promised to maintain appropriately trained and experienced staff to ensure timely access to



services and pledged to use innovation and technology to enhance the service delivery process. Furthermore, we agreed to use our clinical, operational, and litigation resolution capabilities to help the Department meet the settlement agreements it had reached with the class action lawsuits filed against the FDC under the previous contractors. Most importantly, we assured the Department that we would serve as a flexible, transparent, and collaborative partner and support the FDC in meeting its vision of *“inspiring success by transforming one life at a time”*.

Six years later, we can say with confidence that we have been true to these promises. We provide FDC patients with timely, responsive, evidence-based, and effective healthcare services that meet or exceed community standards of care. We incorporate principles of continuous quality improvement into every aspect of the service delivery process and expect our employees to do the same. We invest heavily in recruiting and hiring qualified staff and, where needed, use new staffing models to ensure the delivery of timely healthcare services. We have developed strong working relationships with our FDC and facility counterparts where we work shoulder-to-shoulder to support each other and meet the needs of those under our care. By implementing innovative solutions, such as electronic medical records and telehealth, we have improved healthcare access and outcomes. In close collaboration with the Department, we have addressed most of the stipulations in the settlement agreements and, most importantly, **Centurion has not been a party to new litigation regarding the delivery of healthcare services.**



We have kept our promise to maintain an honest and transparent partnership with the FDC. Together we have developed an exemplary healthcare program for the FDC incarcerated population. We have identified, discussed, and implemented solutions to acute and longstanding service delivery problems. We have methodically addressed the complex needs of an evolving correctional healthcare system. Though our tenure has not been without its challenges, it has resulted in the creation of a program that can serve as a model for other departments of corrections.

Focusing on the Future

Centurion will continue to build on the promises we have made to the Department, remaining focused on the future and unwavering in our commitment to establish a model correctional healthcare program for Florida. The following are some of the initiatives we are considering for the next contract period.

Proposed Future Initiatives for the FDC Program

Initiative	Description
Technology Initiatives	
Telehealth Expansion	With FDC approval, Centurion will expand telehealth capabilities to all FDC facilities and offer an increased scope of services. Some of our proposed expanded telehealth initiatives will include use of correctional tablets for in-cell programming, patient education, and treatment; dental telehealth services to the extent this is feasible and cost-effective; mental health and medical infirmary services; nursing sick call and/or triage; and provider flex coverage, among other options.
Wi-Fi Capabilities	In collaboration with facility and Department IT staff, Centurion would like to support the expansion of Wi-Fi to all FDC housing units.
EMR Refinement	Centurion will continue to work with the FDC and Fusion to ensure that all proposed devices and applications such as Kosmos and spirometers, can integrate and report into the EMR. In addition,



Proposed Future Initiatives for the FDC Program

Initiative	Description
	we will explore the feasibility of single sign on option for the EMR system that would integrate with employee badges. We will also optimize reporting capabilities, forms, workflows, and linkages, with prior FDC approval, to platforms such as Impact Pro for predictive modeling and population risk stratification.
Point of Care Ultrasound	Expand utilization of this device to assist staff in finding patient veins, conducting foreign body evaluations, and completing joint injections. It also assists with central lines placements and sonogram guided paracentesis. Its current use at Lake Correctional Institution has helped reduce the need for cardiac exams and reduced emergent thoracentesis.
Medical Initiatives	
Spirometers to diagnose asthmatic patients	This year, we will use spirometers to test incarcerated individuals at risk of or with asthmatic symptoms to 1) make a definite diagnosis, 2) provide them with necessary treatment, and 3) ensure they do not have chemical restraints used. Appropriate identification of asthmatic patients will avoid unnecessary prescription of inhalers to incarcerated individuals who believe that inhalers offer additional endurance and strength in the rec yard. It will also decrease medical and security costs associated with the number of patients participating in chronic care clinics and cost related to unnecessary medications. Estimate annual cost savings for this initiative prior to the COVID-19 pandemic was approximately \$1 million. Having accounted for the equipment prior to the pandemic, there is no upfront cost to the FDC.
Dermascopy	Centurion will supply each facility with a dermascope, which is a handheld battery powered magnification lens with both polarized and non-polarized light, and an attachment that allows users to capture a magnified view of the skin lesion with a cellphone camera. Studies have shown use of the dermascope with minimal formal training and several months of experience can reduce unnecessary skin biopsies by up to 66%. Additionally, the scabies mite has a definitive appearance under dermascope lighting and magnification. This enables definitive diagnosis of an active scabies infection without biopsy or skin scrapings, which are less sensitive for diagnosis. This capability will also improve diagnosis of benign versus malignant skin lesions and will become the primary tool for scabies outbreak investigation and diagnosis.
Telehealth Flex Coverage	Centurion will utilize multi-site telehealth providers who will provide telehealth coverage to designate facilities. Midlevel providers currently cover these facilities. These multi-site MDs will have dedicated time weekly for APRN/PA medical record chart reviews and education to improve /maintain the clinical skills of our mid-level providers. This resource will provide a pool of providers who can augment any facility with minimal notice to provide coverage for onsite provider absences or for additional provider support in the event of a disease outbreak.
RMC Long Term Vent Care Unit	Centurion looks forward to working with the FDC to create a unit for long-term ventilator dependent patients, either by staffing a ward at RMCH or by contracting with a local long-term vent management provider. This unit will offer consistent care for patients while addressing associated staffing, bed, and security issues.
EKG Patch and Free Style Libre	To improve patient care, increase patient self-management, decrease nursing burden, and reduce pharmacy cost, Centurion proposes to use EKG patch capability, which allows EKG to remain on a patient for up to 48 hours without the need to reattach the leads. This provides more accurate lead placement, resulting in better quality EKGs and allows us to perform serial EKGs. Similarly, Freestyle Libre offers patients the ability to monitor their glucose levels independently, decreasing nursing burden and positive affecting medication costs/supplies.
Dementia and Oxygen Dorms	Centurion has identified close to 30 patients who suffer from dementia or who are oxygen-dependent, and who currently utilize infirmary beds because they are not suitable for general population. Development of housing units with special programs and specifically trained officers and staff would facilitate a healthier environment for these patients while decreasing the medical staff workload associated with maintaining these patients in an infirmary.



Proposed Future Initiatives for the FDC Program

Initiative	Description
Insulin Pumps and Biometric Vital Sign Monitors	In agreement with FDC security, Centurion proposed to purchase insulin pumps for patients who are insulin-dependent and receiving injectable insulin at this time. Similarly, we propose to utilize biometric vital sign monitors for patients who require ongoing monitoring of their blood pressure, oxygen, and other vital signs. This equipment will ease the burden of care on staff and security, provide more accessible patient care, and potentially decrease cost of care.
Behavioral Health Initiatives	
Expanding Telehealth	Our overall expansion of telehealth services will include a focus on providing access to mental health services for patients outside of the general population. This includes patients receiving services in the infirmary and on inpatient units as well as those in confinement. We propose to utilize tablets (described in more detail later) that patients can utilize in the above-mentioned locations in cells, increasing access to needed mental health services.
Mental Health Staff Expanded Roles	Currently psychologists and psychiatrists are the primary providers of telemental health and telepsychiatry services. With the current shortage of these professionals across the nation, including Florida, we proposed to expand the use of telehealth services to licensed mental health professionals as well.
Behavioral Management Unit	Centurion will support the FDC and the FDC Director of Mental Health in creating a behavioral management unit at a designated facility. We believe that such as unit would be beneficial in addressing the needs of incarcerated individuals with behavior issues who require more focused treatment in a structured environment.
Dental Initiatives	
Equipment Purchase	Centurion proposes to purchase intraoral cameras for oral surgery consults, especially as they relate to dental pathology. This equipment will reduce or eliminate the need for transfers to the RMC for this type of oral consultation.
Dental Telehealth Services	Centurion submitted a proposal to the FDC for utilization of telehealth dental services.
Nursing Initiatives	
Urgent Care Model	With prior FDC approval, Centurion will use APRN and PA roles to implement an urgent care model for sick call at designated FDC facilities.
Telehealth Services	Centurion proposes to use telehealth services for sick call triage to assist with staffing shortages.
Nursing Supervisors	Centurion will implement nursing supervisor positions for evening shifts at select FDC facilities to ensure leadership continuity, alleviate DON workload, and increase onsite supervision for staff
Staffing Initiatives	
Nurse Travel Program	Instead of using nursing agencies, Centurion will create a travel nurse program for the FDC, whereby selected nurses will travel between sites, providing coverage during vacations, long-term illnesses, and vacancies. We have started the initial activities and will be completing the procedural components and associated pricing in the near future.
Employee Referral Program	We will continue to evaluate and refine our employee referral program. We recently changed the bonus for full-time licensed hires from \$1,500 to \$5,000.
Applicant / Candidate Outreach Automation Tool	Continuous outreach to candidates during the procurement, interview and hire process are critical in keeping candidates engaged and decreasing drop-offs during each the recruitment phases. Though we currently provide this type of follow-up, the Applicant/ Candidate Outreach Automation Tool automates the process (primarily emails and texts) and increases consistency.



In Summary

The FDC will benefit from partnering with an organization that meets the following expectations:

- Has the depth of experienced personnel and resources in place to effectively provide healthcare services throughout the FDC system
- Can easily align its services with the FDC's strategic plans and objectives
- Understands the Department's *pain points* and needs
- Has demonstrated its ability to meet and/or exceed the FDC's requirements and expectations
- Has experience managing complex and large statewide correctional healthcare systems
- Has the technical, clinical, operational, human resources, and financial infrastructure to support the ongoing evolution of the correctional healthcare system in Florida
- Has an established presence and trusted relationships with stakeholders across Florida
- Continuously evaluates and evolves the correctional system of care in the State

Most importantly, the FDC would benefit from a partner that can meet the commitments and promises it makes. **Centurion is that organization.**

Tab D – Service Area Detailed Solution

3.6 Healthcare Services (limit 225 pages)

In TAB D, for each requirement, Performance Measure, and report required in Section 3 of this ITN, the Vendor shall describe the following:

- a. Acknowledge acceptance of each requirement or note any proposed modification or innovative solutions that may differ from the requirement but meet the Department's needs;
- b. Acknowledge acceptance of each Performance Measure (PM);
- c. Indicate its ability to exceed the required PMs, if applicable, and provide additional PMs the Vendor identifies as important that are not specified;
- d. Identify proposed modifications to the identified PMs and the impact of the modification (e.g. greater quality control, cost savings);
- e. Describe a plan for providing service and meeting all requirements. The Vendor shall include methodologies that will be applied, automation tools planned for use, resource usage plan/approach, and processes that will be put in place;
- f. Identify, describe, and detail the Vendor's services and staff that will be used to ensure successful service delivery;
- g. Describe ways to reduce or minimize any costs or Department resources associated with the services. This may include modifying the requirements and/or PMs while still meeting the needs of the service, or recommending a different approach for the service; and
- h. Describe any Value-Added Services it will provide the Department, in addition to those listed in the ITN, at no additional cost.

The following response contains narrative responses to subsections a-h of ITN Section 3.6, *Healthcare Services*, for each of the required service areas (3.6.1 – 3.6.11).

3.6.1 Program Management Service Area

A. Acceptance of Program Management Requirements

Centurion has reviewed and acknowledges the 95 program management requirements itemized in ITN Section 3.6.1.2, *Program Management Minimum Requirements*, most of which we perform as part of our current contract with the FDC. In many instances, we have worked closely with the FDC to create, implement, review, and enhance these requirements as part of our continuous quality improvement process.

B. Acceptance of Program Management Performance Measures

Centurion acknowledges and accepts Program Management Performance Measures PGM-001 through PGM-005 listed in ITN Section 3.6.1.3, *Program Management Performance Measures*. We recognize that PGM-005 is new, related to minimum staffing requirements by institution, by position. We will strive to meet PGM-005 through our recruitment and retention plans detailed throughout our ITN response.

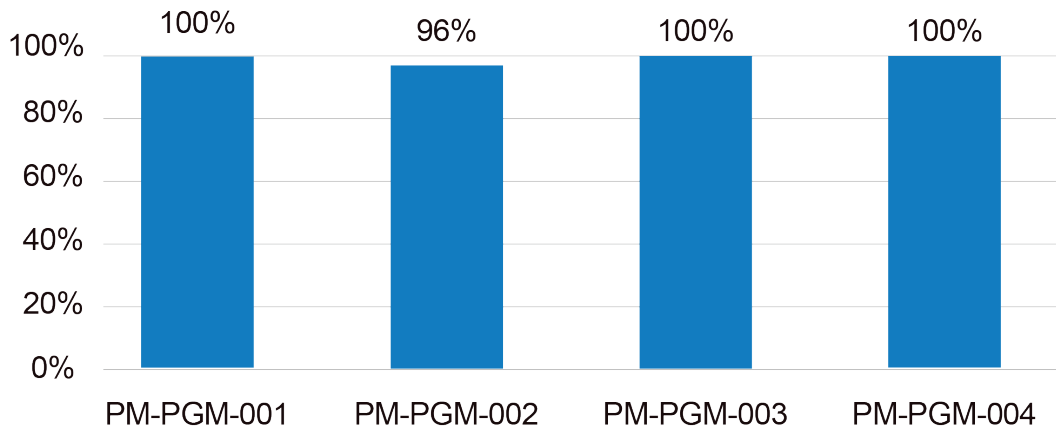
C. Ability to Exceed Performance Measures

Centurion currently meets or exceeds performance requirements for PGM-001 through PGM-004, noted in ITN Section 3.6.1.3, *Program Management Performance Measures*. In the following graph, we provide our most recent FY 2021 – Q2 2022 statewide average program management service area performance measure outcomes. Due to space limitations, we show our statewide average compliance rate for the



four program management performance measures that are currently in place. However, we understand that in most cases the Department measures contract performance by facility. Currently, the FDC required compliance rate per facility is 80% for each of the shown performance measures. As the graph shows, the statewide average compliance rate for these measures are all above this threshold.

FY 2021-2022, Q2 Statewide Program Management Performance Measure Averages



Centurion is confident in our ability to continue meeting and improving FDC performance measure compliance outcomes for program management.

D. Proposed Modifications to Performance Measures

PM-PGM-005 imposes a \$10,000 penalty for each incident where the minimum number of staff hours falls under 90% per percentage point, or portion thereof, per service location and per position type, as approved by the Department in the final contracted staffing plan. Centurion will maintain adequate staffing ensuring patients receive the right care, at the right time, by the right provider.

Unfortunately, staffing challenges are affecting healthcare entities nationwide and correctional healthcare systems are no exception. The FDC has experienced similar challenges within its own ranks of correctional officers. Just as there have been significant challenges in recruiting and retaining officers due to overall market conditions, national and Florida-specific shortages of healthcare professionals impact any healthcare contractor’s ability to recruit and retain staff. Recent studies show that the U.S. will need over 1.2 million more nurses by 2030¹ and that the nursing shortage in Florida has reached a crisis point, with at least one in four nurses and one in three critical care nurses resigning in 2021. By 2035, Florida will need over 59,000 additional nurses to meet the healthcare needs of its population². Similarly, there are currently 279 communities in Florida experiencing primary care, dental care and mental health professional shortages. Florida will need an additional 1,400 primary care providers by 2025 to meet its residents’ healthcare needs³. Such shortages can be even more critical in correctional settings.

¹ Williams T. 1.2 million more nurses needed by 2030 to meet U.S. demand. GoodCall. Accessed July 20, 2021.

² Krischer Goodman, Cindy. Nursing shortage hits a crisis point in Florida, and it’s taking a toll, leaders say. South Florida Sun Sentinel. November 1, 2021.

³ Freeman, Liz. Physician shortages expected to worsen amid COVID-19 pandemic impact. Naples Daily News. November 2021

Despite the shortage in healthcare staff across the state and the pandemic, over the last two years (January 2021 to April 2022), Centurion has successfully maintained an **80% retention rate for medical providers**, a **76% retention rate for dental providers**, and **71% retention rate for psychiatric providers**. Today, healthcare professionals can essentially choose any available job in the market. As such, we strive to provide our staff with the resources, benefits, and compensation that makes Centurion the employer of choice for them.

The FDC's cost-based contract model incentivizes us to maintain high fill rates with low turnover, as reduced staffing levels result in lost revenue to the company. Placing penalties above compensation rates for unfilled positions creates an additional financial burden that diverts limited vendor resources away from increasing staff salaries or offering other financial incentives to hire and retain staff.

We believe that for any ethical organization the associated loss of revenue that results from staffing penalties, together with already existing higher staff recruitment and shift-coverage costs, makes PGM - 005 counterproductive. This measure will reduce resources needed to incentivize the committed, hardworking staff currently working at the program and efforts aimed at recruiting new dedicated healthcare professionals. We recommend that the FDC consider revising this performance measure's penalty structure so that it supports the intended goal of fostering and maintaining improved staffing fill rates. We fear that, as written, PM-PGM-005 will contribute to a punitive and possibly commercially unviable contract arrangement that increases the likelihood of repeated vendor turnovers. We caution the Department to be skeptical of any bidder who asserts 90% fill rates are easily achievable under the present market conditions.



Over the last two years (January 2021 to April 2022), Centurion has successfully maintained an **80% retention rate for medical providers**, a **76% retention rate for dental providers**, and **71% retention rate for psychiatric providers**.

E. Plan for Providing Program Management Services

Methodologies. Centurion's program management methodologies include:



- **Program Oversight** – Centurion maintains a strong and highly skilled local leadership team, responsible for the management of healthcare services at all FDC facilities. This interdisciplinary team works closely with the Department and institutions across the state to ensure the delivery of evidence-based and quality focused services. Ruth Feltner, BA, CCHP, Statewide Vice President of Operations, serves as the program director overseeing a team of talented and highly experienced healthcare professionals and leaders.

Ms. Feltner works closely with an established and knowledgeable leadership team, each member of which has longstanding experience in their area of expertise and in-depth familiarity and working relationships with the FDC and its population. They provide oversight for the medical, mental health, dental, CQI, pharmacy, technology, recruiting and other services we provide in Florida.

- **Qualified and Skilled Interdisciplinary Staff** – We maintain a robust and trained staff at each FDC facility. We work closely with the FDC to ensure that we have the positions and staff needed to meet the requirements set forth by the Department and by professional standards of care. We provide initial and ongoing training and supervision for staff, making sure they meet their professional development goals. We provide more information about our staff later in this section.

- Continuous Quality Improvement** – Our CQI program strives to ensure that we provide the highest quality, integrated and collaborative, evidence-based, culturally competent services that meet community standards of care and FDC requirements and expectations. Our CQI team works with each facility to review and refine processes, implement best practices, address identified healthcare trends, and address complaints, grievance, and issues of concern. They actively support the ACA accreditation process and work closely with the FDC to review and comply with established performance measures and other program requirements. We provide more information about our CQI process in response to ITN Section 3.6.8 *Quality Management Service Area*.
- Partnership with the FDC** – Possibly the strongest component of our program management methodology is our intentionality in promoting and sustaining a strong, collaborative, and transparent partnership with the FDC. As described earlier in the proposal, together we have improved the Department’s correctional healthcare system by addressing longstanding service delivery issues, in addition to complying with litigation requirements while avoiding any new litigations. We have implemented a comprehensive healthcare system that is evidence-based, patient-centered, and innovative. Under Centurion oversight, we have assisted the FDC in changing a fragmented system of care into one that is consistent, integrated and responsive throughout the state. This is an accomplishment only achievable through a trusting, flexible and transparent partnership, such as the one established between the FDC and Centurion.

Automation Tools. Centurion invests in automation tools to increase program and service efficiency and promote transparency. These include, but are not limited to, the following tools:

- Tableau** – Tableau is a visual analytics platform that helps transform the way FDC and Centurion use data to solve problems, including healthcare data from EMR solutions. Tableau can quickly translate data into user-friendly dashboards that staff can customize, standardize or use for ad hoc dashboard reporting through a broad range of data queries available in our EMR solution for the FDC.
 
- SharePoint** – The FDC has access to program materials, reports, and data available through SharePoint. Centurion and FDC have worked collaboratively over the past five years to convert previously used excel sheets into to SharePoint lists. FDC staff can retrieve a full range of Centurion managed or acquired reports, including CQI Dashboards and the chronic care database, via SharePoint. This ready availability of information allows the FDC to evaluate services, obtain data for reporting and other purposes and enables sharing of documents and other information. We maintain shared resources, including training materials, on SharePoint. We will continue to work with FDC to expand the use of SharePoint based on program needs.
 
- Emergency Room (ER) Tracker** – Centurion developed and implemented the ER tracker tool, which automatically notifies Dr. John Lay, Centurion’s Statewide Medical Director, and UM of ER transports, thus alerting the clinical and UM teams of the potential need for emergency or more intensive needs for a patient. The system also notifies our mental health team of any patients requiring mental health emergency services. The tracker significantly streamlined the provider notification process prior to the implementation of the EMR.
- TruCare** – TruCare is our member-centric platform for utilization coordination and management. TruCare’s integration with our Enterprise Data Warehouse (EDW) and Centelligence health informatics platform enables access to unified data to allow Centurion staff to profile, measure,

and monitor patient utilization. Data available in TruCare include eligibility information, claims payment information, and inpatient and outpatient utilization data.

- **Fusion** – Our EMR team has taken the lead project role in converting the State’s paper medical record to an electronic system including integration of the offender management system, clinical interfaces and a robust ability to report data. The EMR team will continue to work with the Department to use the EMR to streamline service provision while enhancing our ability to use data to inform care.
- **Kronos** – Kronos time keeping and scheduling systems allow Centurion to provide detailed reporting, scheduling, payroll and financial data in a timely and efficient manner. We continue to invest in automated innovations to increase our efficiencies and we look forward to introducing new scheduling features to improve gap coverage and call outs in the near future, decreasing the likelihood for understaffing.

Resource Usage Plan. Centurion utilizes a detailed staffing plan to ensure that we have sufficient resources to perform the services required by the FDC in its contract and ITN. We work closely with the FDC to accommodate increases or changes to our resource plan based on fluctuating institutional needs, healthcare or other emergencies, such as the COVID-19 pandemic and other issues. We provide detailed information about our staffing plan, including the staff we will use to provide healthcare services in our response to the following question and in ITN Tab B, *Experience and Ability to Provide Services*, subsection B.5, *Personnel*.

Processes. Centurion has established processes for the delivery of the program management requirements set forth in the ITN. These processes adhere to best practice standards for the delivery of healthcare services and FDC policies and procedures. We provide details of these processes in response to the specific requirements set forth in ITN sections 3.6.2, *Institutional Care*, 3.6.3 *Dental Care*, 3.6.4, *Mental Health Care*, and 3.6.5, *Hospital Administration and Care at RMC Hospital*.

F. Services and Staff Resources Provided at FDC Facilities

Complying with Federal, State, and FDC Requirements (PGM 004, PGM 007, PGM 009, PGM 014, PGM 028, PGM 033 - 034, PGM 038, PGM 065, PGM 072, PGM 074 – 076, PGM 083 – 085).

Centurion will continue to adhere to all applicable federal and State statutes, FDC rules, policies, procedures, HSBs, manuals, reports, and forms covering the delivery of health care services and security operations, as well as RMCH Governing Body By-Laws. We will comply with and maintain documentation of all staff and operational licensure standards. We will continue to adhere to NCCHC and ACA standards of care, as well as requirements set forth in the American with Disabilities Act (ADA). Centurion staff will comply with FDC conduct and safety guidelines as detailed in Chapter 33-208, F.A.C. and Department policies and procedures.

CENTURION MEETS ESTABLISHED STANDARDS OF CARE



Service Delivery (PGM 017 – 018, PGM 037, PGM 055, PGM 057, PGM 061 – 066). Centurion will continue to provide FDC incarcerated individuals with access to timely, evidence-based, and integrated and collaborative medical, mental health, and dental services. Our healthcare program will comply with standards of care established by national accrediting organizations such as the American Medical Association (AMA), American Psychological Association (APA), American Nursing Association (ANA), and American Society of Addiction Medicine (ASAM), to name a few.

Our trained and experienced staff and providers will continue to offer healthcare services at all FDC facilities, including incarcerated individuals housed at satellite facilities in compliance with HSB 15.07.02, *Health Services for Inmates in Community Facilities*. We have worked with the FDC to address the unique needs of patients with complex needs, such as those requiring step-down, long-term, or palliative care. We will continue our partnership with the Department to evolve services offered, such as collaborating on substance use disorder (SUD) services, supporting reentry services, decreasing self-injurious behaviors, identifying options to address the needs of incarcerated individuals with neurocognitive disorders (dementia), and other complex conditions. We will continue to provide ancillary services such as claims management, waste management, records management, specialty care and administrative services that supports healthcare operations.

We provide more information about our healthcare services in our responses to ITN sections 3.6.2, *Institutional Care*, 3.6.3, *Dental Care*, 3.6.4, *Mental Health Care*, and 3.6.5, *Hospital Administration and Care at RMC Hospital*.

Infectious Disease Management (PGM 059 – 060, PGM 068, PGM 080 – 081). Centurion will continue to provide infection control and prevention services at FDC facilities, including detecting and treating communicable diseases such as HIV infection, sexually transmitted diseases, hepatitis, tuberculosis, and others. Our infection control programs, overseen by Statewide Director of Nursing, Lisa Barton, RN, with oversight by Statewide Medical Director, John Lay, MD, comply with the FDC Nursing Manual, Centurion's Infection Control Program Manual, and Bloodborne Pathogen Manual. Dr. Lay and our regional and RMC infection control nurses collaborate closely with the DOH and the county health departments to provide consistent treatment and report on STDs, including transitional services for HIV-positive incarcerated individuals ready for reentry.

During the course of our current contract, we have worked with the FDC to expand and enhance infectious disease management across FDC facilities, such as developing a successful Hepatitis C program. Since implementing the program, we have screened over 118,000 incarcerated individuals and treated more than 8,000 patients. Of treated HCV patients who remained with the FDC, 98% have achieved sustained virologic response (SVR). We will ensure that all staff continue to receive training on infection control and prevention. Centurion also screens staff for TB and Hepatitis B, per Department requirements. We provide more details on our infection control processes and program in our response to ITN sections 3.6.2, *Institutional Care* and 3.6.5, *Hospital Administration and Care at RMC Hospital*.

Pharmacy Management (PGM 071 – 072). As described in more detail in our responses to ITN sections 3.6.2, *Institutional Care* and 3.6.6, *Pharmaceutical Services*, Centurion will continue to provide medication management services at all FDC facilities. We provide services through four FDC-operated pharmacies. Our current pharmacy services includes management and financial responsibility for all non-formulary prescription medications (except for medications provided through the Federal 340B STD Specialty Care Drug Discount Program), acquisition and maintenance of all pharmacy licenses, and delivery of monthly

consultant pharmacist inspection reports. Our pharmacy team works with healthcare staff to maintain an inventory of required medications, needles, and syringes for medication application in compliance with Procedure 602.037, *Tool & Sensitive Item Control*. Tim Rakas, BPharm, CPh, MBA serves as Centurion’s Statewide Pharmacy Program Director in Florida, working in close collaboration with the FDC, Department pharmacies, and the DOH in providing consistent pharmacy services across FDC facilities.

Provider Network (PGM 016). Centurion maintains a robust provider network to ensure access to timely specialty services for FDC incarcerated individuals. We establish a comprehensive network by identifying gaps in service delivery and proactively outreaching to and recruiting providers who could help us provide the full continuum of services for FDC patients. Our network includes hospitals, clinics, clinicians, specialty and diagnostic providers, subcontractors, and ancillary service providers. Since assuming the contract, we have increased the breadth of onsite services provided by our provider network and will continue to expand and build on this network during the next contract period. Onsite specialty care available at FDC facilities includes the following:

Onsite Specialty Services at FDC Facilities

<ul style="list-style-type: none"> • Audiology (including web-based audiograms and hearing aid management) • Cardiology (including EKGs, halter monitors) • Dialysis • Ear, Nose, and Throat • Endocrinology 	<ul style="list-style-type: none"> • Imaging Services (including x-rays, mammography, ultrasounds, and others) • Infectious Diseases • Laboratory Services • Negative Pressure Wound Therapy • Nephrology 	<ul style="list-style-type: none"> • OBGYN (including medical and surgical assessments, minor surgical procedures, and complex orthopedic surgeries, such as knee and hip surgeries) • Palliative and End of Life Services • Physical Therapy • Optometry Services 	<ul style="list-style-type: none"> • Ophthalmology Services • Sleep Apnea Studies • Surgical Services (including surgical assessments and minor procedures)
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Emergency Care and Services (PGM 019 – 023, PGM 067, PGM 069, PGM 079). Centurion will continue to provide emergency healthcare services, including onsite, inpatient, and outpatient services for incarcerated individuals 24/7. Our nurses, who receive training on and have CPR and Basic Life Support certification, are often the first point of contact in an emergency. They have access to onsite or on-call providers for consultation and emergency treatment/transfer orders 24/7. Our healthcare staff receive in-depth training on managing medical, mental health, and dental emergencies. We maintain a Medical Emergency Care Plan at each facility, in compliance with HSB 15.03.22 and work with the FDC to participate in the Department’s disaster plan for delivery of healthcare services.

Telehealth (PGM 58). We look forward to continuing our collaboration with the FDC to maximize the use of telehealth services across FDC facilities. In March 2022, we scheduled 587 behavioral health telehealth sessions, with 457 actually seen, achieving an 82% completion rate. During the same period, FDC patients completed 35 of 37 primary care **telehealth sessions with a completion rate of 94.6%.**

We will continue to work with the FDC to expand the availability of telehealth services across FDC facilities. As we have experienced across Centurion programs nationwide, we expect significant opportunity for growth in the volume of telehealth services for primary care and specialty services within the FDC.



In March 2022, 457 FDC patients were successfully seen by telehealth for behavioral health services.

We will continue to work with the FDC to identify appropriate utilization and increase the placement of telehealth equipment in closer proximity to patients, including considering in-cell equipment when we can assure the patient's privacy. We will introduce the use of peripherals such as digital stethoscopes and magnifiers that help to improve diagnosis and treatment via telehealth and decrease the cost associated with the provision of offsite specialty care. The recent IT infrastructure improvements we implemented to support our statewide EMR transition will facilitate our expansion of telehealth services across FDC facilities in the coming months.

Staffing Plan and Recruiting (PGM 05 – 06, PGM 08, PGM 035 – 036, PGM 093). As described in more detail in response to Tab C, *Description of Solution*, Centurion has a strong and effective recruitment and retention program in Florida. Our Florida recruiting team composed of 27 recruiting and human resources staff use detailed recruitment and retention plans and work closely with the Department and FDC facilities to achieve low vacancy and high fill and retention rates. We recognize the staffing challenges the Department has endured over the last two years and we will continue to be a committed partner, identifying innovative and effective strategies to address healthcare vacancies. We will utilize facility-based staffing plans that ensure the delivery of timely and responsive healthcare services, making sure that staff have the requisite training, licenses, certifications, and knowledge to provide services at the level of professional competency required for their position.

We offer new employee orientations and access to a wealth of continuing education training opportunities, on topics such as gender dysphoria, behavior management, suicide prevention, and others.

Staff and Patient Training and Education (PGM 040 – PGM 053, PGM 073, PGM 077 – 078). Centurion will continue to maintain a robust staff and patient training and education program. Since assuming the contract, we have developed and instituted new nurse, provider and HSA orientation, including all associated reviews and documentation. In January 2021, Centurion of Florida employed nearly 3,500 employees. In 2021, we hired 1,023 new employees and retained over 65% of our total employees (2,467) for medical, psychiatry, nursing, and mental health providers. We know that quality orientation promotes staff retention and we are committed to providing this training.

In addition to discipline and position-specific initial and ongoing training, we support staff in expanding their skills and enhancing their service delivery capabilities. For example, we offer clerical staff opportunities to receive training as certified nurse assistants (CNA) and offer IV therapy training for LPNs not certified, and phlebotomy training across the board. We provide staff across all our services with supervision, mentorship, and on-going training.

As part of our healthcare services, we will continue to provide FDC patients with health services orientation and disease-specific education. Our nursing staff orient incarcerated individuals on how to access care, avoid and manage communicable diseases, utilize self-care skills, and understand their patient rights for healthcare services. We provide chronic disease-specific education based on patient needs, such as providing information on management of cardiovascular disorders, diabetes, hypertension, and other illnesses through our chronic care clinics. We provide more information on medical and mental health staff and patient training and education in response to ITN sections 3.6.2, *Institutional Care*, 3.6.3, *Dental Care*, and 3.6.4, *Mental Health Care*.

Regional Office and Collaboration with the FDC (PGM 02 – 03, PGM 012 – 013, PGM 082). As we do currently, Centurion will continue to maintain a regional office in close proximity to the FDC. Our local

leadership currently work out of our regional office at 1203 Governor's Square Blvd, Suite 200, Tallahassee, FL 32301 and a small regional office at 2724 N. E. 14th Street, Ocala, FL 34470. Our regional office team, including information technology staff, will continue to work closely with the FDC and the Contract Manager to manage routine, urgent, and emergent contract issues. In addition, our staff will continue to participate in FDC central office and site-level meetings and committees, such as the statewide QM, operational, and P&T committees, as well as semi-annual review meetings and other events as required by the FDC. We will continue to share information through these meetings as well as SharePoint and other HIPAA-compliant exchange processes.

Centurion will continue to assume responsibility for all furniture, healthcare, non-healthcare and IT equipment and materials needed to perform the services required under this ITN. Centurion's corporate office will continue to provide clinical, operational, information technology, legal and other supports to our local Florida team.

Electronic Medical Records (PGM 010 – PGM 011, PGM 084 – PGM 087). Centurion is pleased that our partnership with the FDC has resulted in the design and implementation of an EMR that meets state, facility, and patient needs. We recently completed implementation of the Fusion EMR system across all regions of the FDC. Our EMR team took the lead project management role in implementing the EMR system and worked collaboratively with the FDC's pharmacy to migrate patient data from the State pharmacy system into the EMR. We created 374 electronic forms for use in the system, as well as additional workflows that stem from these forms. Our team has established a host of reporting capabilities and query options. Our quality management team will continue to assess and design reporting functions for efficient healthcare operations. We will continue to work with the FDC to enhance EMR reporting capabilities, and will maintain patient health records in compliance with HSB 15.12.03 for a minimum of seven years.

Quality Management and Reporting (PGM 029 - 030, PGM 032, PGM 031, PGM 039, PGM 054, PGM 091 – 092). Centurion maintains a comprehensive quality management program under the oversight of Linda Dorman, RN, BSN, CCHP, Statewide Director CQI/EMR. Ms. Dorman will continue to serve as the quality improvement (QI) coordinator and work closely with the FDC and our regional QI coordinators to implement and manage QI initiatives across the state. This includes managing a timely and responsive complaints and grievance process, performance measures reporting, ACA and CMA audits and accreditations, and working with our information technology team to ensure the timely submission of all standard and ad-hoc reports and information requests via SharePoint. We provide detailed information about our quality management program in response to Section 3.6.8, *Quality Management Service Area*.



Centurion's Florida QM Team has supported the FDC in maintaining ACA accreditation at all facilities across the state where Centurion provides care.

Program Oversight and Clinical and Administrative Staffing Levels. Centurion's local leadership team has been in place since Centurion of Florida's program inception and has a strong working relationship with the FDC Contract Manager, institutional leadership, and other statewide stakeholders involved in the delivery of healthcare services to FDC incarcerated individuals. Our leadership team will include all the positions identified in Section 3.6.1.2 *Program Management Minimum Requirements*, to provide administrative and appropriate oversight to ensure all program management functions, including healthcare operations within each region and facility, are carried out in accordance with the requirements

outlined in this ITN. Our statewide leadership team includes the following that will continue for services in the new contract, if approved by the FDC:

Centurion Florida Statewide Leadership Team

Statewide Leadership Position Title in ITN Section 3.6.1.2	Centurion Current Staff Member
Corporate Chief Operating Officer	Victoria Love, MS
Statewide Vice President of Operations	Ruth Feltner, BA, CCHP
Statewide Medical Director	John Lay, MD
Statewide Director of Nursing	Lisa Barton, RN
Statewide Dental Director	Harry Hatch, DDS
Statewide Mental Health Director	Peggy Watkins-Farrell, PhD, CCHP-MH
Statewide Psychiatric Advisor	Beltran Pages, MD, CHCQM
Statewide Mental Health Reentry Coordinator	Annette Bushfield, MS, LMHC
Statewide Mental Health Training Coordinator	Brandon Cope, LMHC
Statewide Pharmacy Program Director	Tim Rakas, BPharm, CPh, MBA
Statewide Infection Control Coordinator	Sheila Vaughn, RN
Statewide Female Health Services Coordinator	Lauren Affourtit, BA, CCHP
Statewide Medical Reentry Coordinator (RMC)	New Position in 2022 ITN
CQI Coordinator	Rhonda Sweitzer, BS, CCHP
Statewide EMR Director	Linda Dorman, RN, BSN, CCHP
Statewide EMR Project Manager	Sharon Butler, MSN, RN, CCHP
IT Coordinator	Louis Clark
Statewide Recruitment Coordinator	Teffany Dowdy
Statewide Disabled/Impaired Inmate Coordinator	New Position in 2022 ITN

Our regional leadership team includes the following that will continue for services in the new contract, if approved by the FDC:

Centurion Florida Regional Leadership Team

Leadership Position Title in ITN Section 3.6.1.2	Centurion Current Staff Member
Regional Directors of Operations	Kristal Ake, Grant Roberts, Kathi Douin, Lauren Affourtit, Ed Zinnie, Janet Dobson
Regional Medical Directors	Dr. Eddy Hernandez-Perez; Dr. Alvia Varona-Cantellops; Dr. Jason Brenes; Dr. Marlene Hernandez
Regional Mental Health Directors	Dr. Sharday Summers-Brown; Dr. Kimberly Leary; Dr. Lee Messina; Dr. Kathryn Cook; Dr. Shaundel Boyce; Dr. Marina Cadreche
Regional Dental Directors	Dr. Frank Acosta, Dr. JT Turner, Dr. Steven Gerlec, Dr. Steven Bogdanoff



Centurion Florida Regional Leadership Team

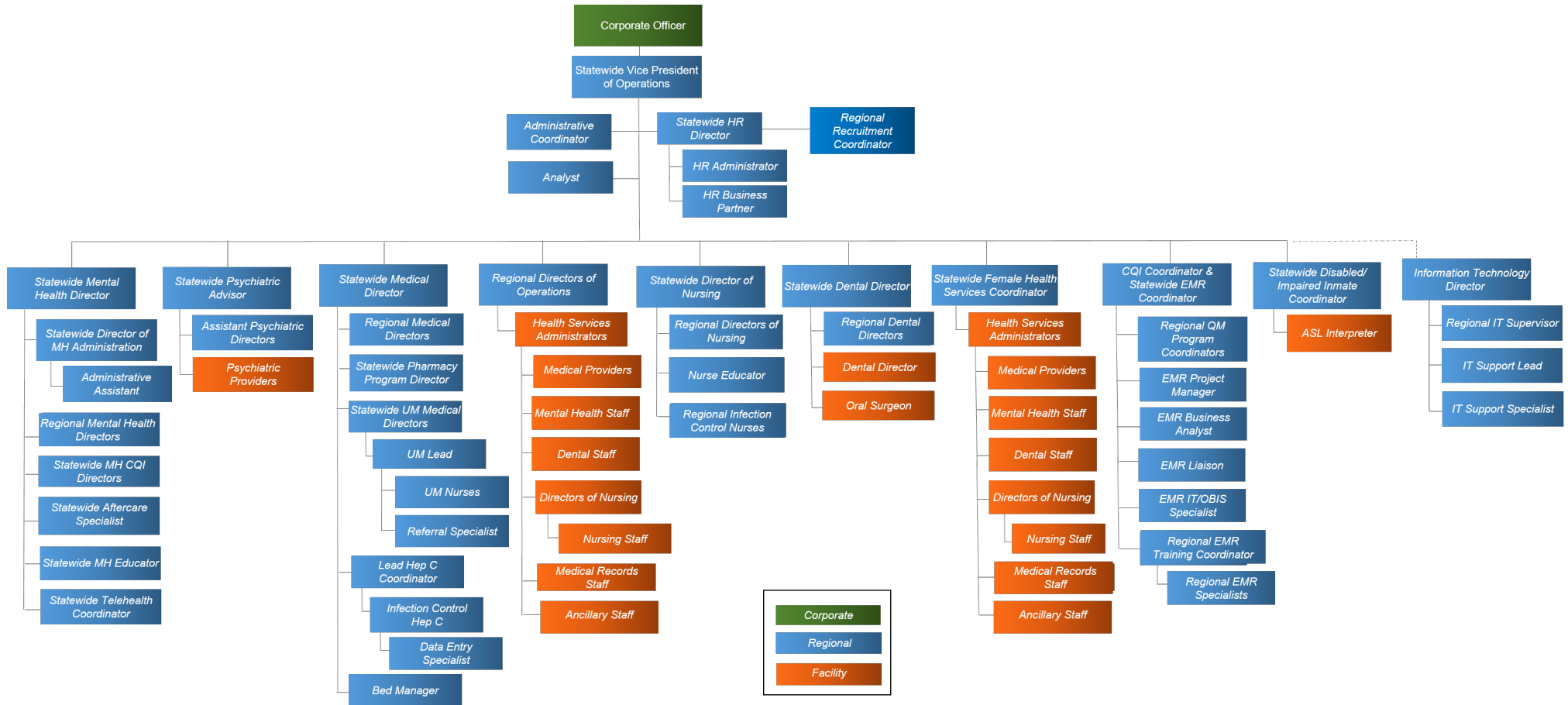
Leadership Position Title in ITN Section 3.6.1.2	Centurion Current Staff Member
Regional Infection Control Nurse	Teresa Woodall; Jessica McClellan; Tina Wheeler; Maite Fernandez
Regional QM Program Coordinators	Rhonda Sweitzer; Jamie Martinez; Jessica Dedge; Janine Hills
Regional Recruitment Coordinators	Brian Kremposky; Holley Schweiterman
Regional EMR Specialists	Brandon Wallace; Belinda Brown; Trek McCullough; Dora Sword; Melissa Bender; Asaf Krudo; Chloe Flanagan

For the ease of the reader, we provide all of our full staffing plans for program management and the other service areas for the Florida program at the end of Tab D, immediately following our response to ITN Section 3.6, *Healthcare Services*.

We provide the following Centurion of Florida organizational chart that showcases our lines of authority and leadership roles for program management services.



Program Management Organizational Chart





The table below reflects a job description summary for each job title in our staffing plans. These job descriptions summarize the education and degree requirements, along with the overall main roles and responsibilities of service delivery for each position. Due to the page limitations of the ITN, we were unable to include full individual job descriptions for all 120+ position titles in our staffing matrix. Upon contract award, in collaboration with FDC, we will ensure all completed job descriptions conform to FDC expectations and requirements prior to finalization, if we should be fortunate to continue providing services in Florida.



Centurion Job Description Summary for Florida Program Positions

Position	Education/Experience Requirements	Roles and Responsibilities
Region/Site-Level Positions		
Administrative Assistant	<ul style="list-style-type: none"> High school diploma or equivalent Minimum of one year of secretarial experience required 	Performs clerical, administrative and secretarial functions for statewide contract. Duties may include: office receptionist; monitoring time-keeping; personnel document processing; maintaining personnel, credentialing, health & safety and training files.
Clerk	<ul style="list-style-type: none"> High school diploma or equivalent Minimum of one year of secretarial experience required 	Perform routine clerical, secretarial, and administrative functions for designated healthcare staff and units in a correctional setting.
Clerk-MH	<ul style="list-style-type: none"> High school diploma or equivalent Minimum of one year of secretarial experience required 	Perform routine clerical, secretarial, and administrative functions for designated mental health staff and units in a correctional setting.
Activity Therapist	<ul style="list-style-type: none"> Bachelor’s Degree in the social science Two years’ experience providing comprehensive art/recreational therapy services preferred 	Works as a part of a multidisciplinary treatment team and uses recreational/social activities to accomplish treatment objectives, foster skill building, and problem solving in support of healing and psychological stabilization. Will assist patients using recovery based, skill-building strategies to enhance their skill sets related to recreation and leisure activities, and to reinforce adaptive and independent living skills.
Assistant Health Services Administrator	<ul style="list-style-type: none"> Bachelor's degree from an accredited college or university or Master's degree from an accredited college or university. Two (2) years responsible health administrative experience in personnel, budget analysis, purchasing, accounting, or related administrative work. 	Assists the Health Services Administrator by performing assigned correctional health administrative duties to aid in the planning, coordination and supervision necessary to ensure that the facility can deliver appropriate healthcare needs. Direct and participate in a variety of administrative and correctional health management functions involving the making of administrative decisions. Help develop, orchestrate and implement any new policies, procedures and technologies, as needed, that are relative to the site’s correctional healthcare needs.
Dental Assistant	<ul style="list-style-type: none"> High school diploma or GED required Completion of a technical school program in dental assisting or six months of experience as a dental assistant required Certification as an expanded duty dental assistant preferred 	Under direct supervision, assists the dentist and/or dental hygienist in chair-side dentistry in a correctional setting. Prepares patient; sterilizes and disinfects instruments, sets-up instrument trays, prepares materials, and assists dentist/dental hygienist during dental procedures. Gathers and records medical and dental histories and vital signs of patients. Instructs patients in oral hygiene and plaque control programs. Provides patients postoperative instructions prescribed by dentist
Dental Hygienist	<ul style="list-style-type: none"> Current dental hygienist license 	Under general supervision provides basic, comprehensive, professional dental hygiene services to patients in an institutional setting and performs related work as required.
Dentist	<ul style="list-style-type: none"> DDS degree from an accredited program required Board certification or board eligible for certification Current dental license required DEA registration certificate required 	Provide comprehensive professional dental treatment to address the oral health needs of incarcerated individuals. Examine teeth, gums and related tissues using dental instruments, x-rays, and other diagnostic equipment to evaluate dental health, diagnose diseases or abnormalities. Develop appropriate treatment plan and provide preventive and corrective services. Review and evaluate treatment procedures and outcomes. Administer anesthetics as necessary to limit the amount of pain experienced by patients during procedures. Advise and instruct patients



Centurion Job Description Summary for Florida Program Positions

Position	Education/Experience Requirements	Roles and Responsibilities
		regarding preventive dental care, the causes and treatment of dental problems, and oral health care services.
Director of Nursing	<ul style="list-style-type: none"> RN license required Master's degree preferred Progressive experience in nursing care with a minimum of 3 years' supervisory experience preferred 	Serves as the primary point of supervision for the nursing staff at the facility level. Works closely with onsite medical directors and providers in the provision of healthcare services to residents. Has ultimate responsibility for the services provided by the nursing staff ensuring compliance with their individual licensure, and that all processes, forms and procedures are followed.
Director of Nursing – Mental Health	<ul style="list-style-type: none"> RN license required Master's degree preferred Progressive experience in nursing care with a minimum of 3 years' supervisory experience preferred 	Serves as the primary point of supervision for the mental health nursing staff. Works closely with onsite psychiatric providers in the provision of mental healthcare services to patients. Has ultimate responsibility for the services provided by the mental health nursing staff.
Health Services Administrator	<ul style="list-style-type: none"> Bachelor's degree in Hospital Administration, Health Care Administration, Health and Human Services, Business Administration, Public Administration, Nursing or related field 	Responsible for assisting with planning, directing, organizing, and coordinating the overall clinical and non-clinical functions and activities at local assigned site. Serves as liaison to facility security administration in collaboration with regional leadership. Ensures that clinical practices are consistent with ACA medical and mental health standards. Maintains communication and responds to inquiries and concerns between on-site staff and regional/statewide staff. Provides technical and administrative oversight to on-site staff, addressing and resolving problems or conflicts
LPN	<ul style="list-style-type: none"> LPN license required 	Provide holistic nursing care within the appropriate scope of practice to patients. Work under the direction of registered nurses, medical and psychiatric staff to respond to a range of physical and mental health needs.
LPN – Mental Health	<ul style="list-style-type: none"> LPN license required 	Provide mental health nursing care to incarcerated individuals as outpatients or in a mental health unit. Work under the direction of psychiatrists and/or registered nurses to respond to a range of physical and mental health needs.
Medical Director	<ul style="list-style-type: none"> Active state medical license in good standing Board certification or board eligibility Minimum of two years' experience as a medical physician in a clinical setting, supervisory experience preferred 	Under the supervision of the Statewide Medical Director, provides the clinical direction needed to meet the service delivery requirements of assigned site. Supervises and evaluates medical services for patients. Provides clinical supervision for medical staff. Chairs or participates in various committees to include Continuous Quality Improvement, Infection Control and Pharmacy and Therapeutics. Interfaces with agency clinical and administrative leadership on issues related to medical services. Works closely with onsite providers and nursing staff in the provision of healthcare services to patients. Has ultimate responsibility for the services provided by the providers.
Medical Records Clerk	<ul style="list-style-type: none"> High school diploma required 	Initiate and maintain patient health records; respond to requests for health records; perform clerical duties. Work closely with healthcare staff to ensure maintenance and accountability for patient health records to support continuity of care.
Medical Records Supervisor	<ul style="list-style-type: none"> Bachelor's degree in health information preferred 	Supervises the medical records department and staff, plans and develops medical records filing systems, and coordinates the implementation of the medical records department operating policies and procedures.



Centurion Job Description Summary for Florida Program Positions

Position	Education/Experience Requirements	Roles and Responsibilities
Mental Health Administrator	<ul style="list-style-type: none"> Master’s degree in Behavioral Science required Experience in healthcare administration required 	Responsible for managing the overall operations of the contracted behavioral health program at a designated correctional facility or complex of facilities within a Centurion contract. Additional responsibilities include planning, coordinating, directing, and supervising the behavioral health program providing services to patients in a correctional setting to meet service deliver requirements of the specific contract.
Mental Health Director	<ul style="list-style-type: none"> Minimum of a master’s level degree in counselling, social work, or psychiatric nursing with mental health experience 3-5 years of supervisory experience 	Provide overall administration of the performance, stability and growth of the site-specific mental health program. Coordinate mental health services with multidisciplinary team to ensure high quality, responsive, effective services are delivered.
Mental Health Professional-MA/MS	<ul style="list-style-type: none"> Masters level degree in Psychology, Social Work, Counseling, or related field from an accredited educational institution required. Valid State Professional license required. 	Provide comprehensive mental health assessment and treatment under professional supervision in collaboration with multidisciplinary team in a correctional setting. Complete mental health assessments for patients referred based on intake process, staff referral or patient self-referral. Ensure that assessment is completed within time period required by the type of referral. Provide regular follow-up to assigned patients to monitor current mental status and functioning. Provide and document clinically acceptable cell-to-cell rounds of segregation units as assigned.
RN Nurse Manager	<ul style="list-style-type: none"> Must hold valid RN license in applicable state, specialty training in psychiatric nursing, or Master’s Degree preferred Progressive experience in nursing care with a minimum of 5 years supervisory experience preferred 	Provides clinical, educational and professional supervision for nursing and support staff. Works under the direction of the Statewide Medical Director and collaborates with medical leadership and other members of the multidisciplinary team in the correctional environment to improve health care of patients.
Certified Nursing Assistant	<ul style="list-style-type: none"> High school diploma or GED required CNA certification required 	Work under the close direction of nursing, medical and psychiatric staff to perform direct patient care to incarcerated individuals. Assist patients by supporting personal hygiene, daily living needs and vital sign monitoring.
Certified Nursing Assistant-MH	<ul style="list-style-type: none"> High school diploma or GED required CNA certification required 	Assist mental health and security staff in a correctional setting in monitoring incarcerated individuals that have been placed on precautionary watch due risk of self-harm or harm to others. Consistently document that observation of the patients at the designated time periods has occurred and has been recorded on the proper forms using the proper format.
Physician MD/DO- Telehealth	<ul style="list-style-type: none"> Documentation of education as MD or DO and completion of residency required Current license to practice medicine in Florida Board certified or eligible for certification DEA registration certificate required 	Under the general direction of the regional or site medical director, provide medical assessments and evaluations via telehealth applications onsite within a correctional settings. Review and provide follow-up for patients requiring specialty medical care. Provide diagnoses in the format required by the client. Thoroughly document all patient encounters in the medical record using format authorized by the client. Utilize the master problem list to document patient medical conditions.
Physician MD/DO - Physical Health	<ul style="list-style-type: none"> Documentation of education as MD or DO and completion of residency required Current license to practice medicine in Florida 	Under the general direction of the Medical Director, provide medical assessments and evaluations; provide treatment for urgent and emergent medical issues; provide and supervise medical treatment for chronic medical conditions, and participate in organizational initiatives to help prevent diseases and injuries of incarcerated individuals in a correctional setting.



Centurion Job Description Summary for Florida Program Positions

Position	Education/Experience Requirements	Roles and Responsibilities
	<ul style="list-style-type: none"> Board certified or eligible for certification DEA registration certificate required 	
PA/NP – Physical Health	<ul style="list-style-type: none"> Physician assistant license required DEA registration certificate required Minimum of one year experience working in an adult primary care or urgent care practice 	Works under the supervision of a physician in a correctional environment and is responsible for assisting in the delivery of health care and patient care management to include collaborating with multidisciplinary team, performing assessment, diagnosis and medication management.
PA/NP – Urgent Care	<ul style="list-style-type: none"> Physician assistant license required DEA registration certificate required Minimum of one year experience working in an adult primary care or urgent care practice 	Works under the supervision of a physician in a correctional environment and is responsible for assisting in the delivery of health care and patient care management to include collaborating with multidisciplinary team, performing assessment, diagnosis and medication management.
PA/NP – Mental Health	<ul style="list-style-type: none"> PA or NP license required DEA registration certificate required Minimum of one year primary care or urgent care experience 	Provide psychiatric assessment, diagnosis and treatment for patients under the clinical direction of the Director of Psychiatry or designee and collaborate with multidisciplinary team in providing mental health services to patients with mental health problems and psychiatric disorders in a correctional setting.
Psychiatric Director	<ul style="list-style-type: none"> Documentation of education as MD or DO and completion of accredited residency program required Board certification or board eligible for certification in psychiatry if required by assigned contract Minimum of two years of experience practicing as a psychiatrist in a clinical setting required 	Provides the clinical direction needed to meet the mental health/psychiatric service delivery requirements. Supervises psychiatric staff and collaborates with multidisciplinary teams in providing services to patients with psychiatric disorders in a correctional setting. Provides interface with client's clinical and administrative leadership on issues related to psychiatric services. Provides review, management, and reports of incarcerated individuals receiving inpatient mental health services. Directs, coordinates, and evaluates psychiatric treatments in collaboration with the mental health multidisciplinary team
Psychiatrist	<ul style="list-style-type: none"> Documentation of MD or DO and completion of residency program required Current license to practice medicine in Florida Board certified or board eligible in psychiatry 	Provides psychiatric services for the evaluation, diagnosis and treatment for patients. Participates as active member of the multidisciplinary treatment team, assisting in the development of treatment plans. Ensures psychiatric evaluations for patients referred by mental health staff, medical staff, correctional staff, the Department's Counseling and Treatment Services staff, and others. Ensures diagnoses of psychiatric disorders based on presentation of symptoms and patient self-report. Diagnoses to be consistent with DSM-5 criteria and target symptoms
Psychologist	<ul style="list-style-type: none"> PhD, PsyD, or EdD in Psychology from an accredited institution required; PhD or PsyD. in Clinical Psychology preferred Two years' experience providing comprehensive psychological services preferred 	Provide psychological leadership, consultation and direct services within assigned region for Statewide contract. Collaborate with multidisciplinary team in providing assessment and treatment of mental and emotional disorders of patients across all state facilities. Direct, coordinate, and evaluate psychological-related activities and treatments in collaboration with the institutional behavioral/mental health multidisciplinary teams. Collaborate with site multidisciplinary team members in the development/review of individualized behavioral/mental health treatment plans and



Centurion Job Description Summary for Florida Program Positions

Position	Education/Experience Requirements	Roles and Responsibilities
	<ul style="list-style-type: none"> Experience in a correctional environment preferred 	in the monitoring and treatment of patients as indicated on the treatment plans. Provide evaluations for clinical purposes, to include assessment of risk, diagnoses, and treatment needs
Psychology Program Intern/Resident	<ul style="list-style-type: none"> Current enrollment in University/College 	An opportunity for interns/residents to treat patients from across the full breadth of the FDC incarcerated population. The internship’s mission is to provide training that will produce postdoctoral/entry level psychologists, licensed/licenses eligible psychologists, who have the requisite knowledge and skills for successful entry into the practice of clinical psychology in general clinical or correctional settings and eventually become licensed psychologists.
Reentry Specialist	<ul style="list-style-type: none"> Bachelor’s degree in Human Services, Social Services, or Criminal Justice. Master’s degree preferred Minimum of one-year of reentry experience 	Develops and implements a re-entry program for assigned area. Coordinates with DOC, and other state or local agencies, to ensure that necessary pre-discharge planning and preparation is accomplished for patients leaving the prison environment entering the community on parole or community corrections center status. Works closely with DOC staff, Centurion social workers, providers, and other staff to facilitate patient re-entry to the community.
Registered Nurse	<ul style="list-style-type: none"> Registered nurse license required Prior experience providing nursing care required 	Provides medical nursing care to patients in a variety of settings in the correctional environment. Under the direction of the Director of Nursing or designee, collaborates with a multidisciplinary team to identify and respond to a wide range of physical health needs.
Registered Nurse – Mental Health	<ul style="list-style-type: none"> Registered nurse license required Prior experience providing nursing care required 	Provide mental health nursing care to incarcerated individuals as outpatients or in a mental health unit. Work under the direction of the Director of Nursing and collaborate with a multidisciplinary team to identify and respond to a wide range of mental and physical health needs.
Registered Nurse – Supervisor	<ul style="list-style-type: none"> Registered nurse license required Prior experience providing nursing care required 	Provides nursing care to incarcerated individuals as both inpatient and outpatient. Works under the direction of the Director of Nursing and collaborates with a multidisciplinary team to identify and respond to a wide range of mental and physical health needs.
Registered Nurse Supervisor – Mental Health	<ul style="list-style-type: none"> Registered nurse license required Prior experience providing nursing care required 	Provides mental health nursing care to incarcerated individuals as outpatients or in a mental health unit. Works under the direction of the Director of Nursing and collaborates with a multidisciplinary team to identify and respond to a wide range of mental and physical health needs.
Secondary Screener	<ul style="list-style-type: none"> Certified Nursing Assistant 	Performs secondary screening and health assessments upon intake.
Telehealth Presenter	<ul style="list-style-type: none"> Background in mental health or physical health preferred. Previous administrative and/or medical assistant training or duties preferred. 	Assists and facilitates all telehealth clinics and operations within a facility
RMCH Positions		
Assistant Director of Nursing	<ul style="list-style-type: none"> Must hold RN license, specialty training in psychiatric nursing, or master’s degree preferred Experience in nursing care with a minimum of 5 years supervisory experience preferred 	Provides clinical, educational and professional supervision for nursing and support staff. Works under the direction of the Director of Nurses and collaborates with mental health/medical leadership and other members of the multidisciplinary team in the correctional environment to improve health care of incarcerated individuals.



Centurion Job Description Summary for Florida Program Positions

Position	Education/Experience Requirements	Roles and Responsibilities
Clinical Risk Manager	<ul style="list-style-type: none"> Graduate of an accredited School of Nursing RN license Risk manager license required 	Responsible for management of Quality Assurance program, Patient Safety Program and Risk Management Program. Chairs meetings for QA and Patient Safety meetings. Completes investigation of occurrence reports as required to meet AHCA standards. Provides required reports to the Governing Board of RMCH at quarterly meetings as required by AHCA. Provides education on Risk Management training to all new hires within 30 days of hire and provides one hour of Annual Risk Management and Risk Prevention Education in April of each year. Acts as a patient advocate that promotes the quality of health care delivered in the facility and serves as a leader at all times to promote safety within the facility to the patients and staff.
EMR Specialist	<ul style="list-style-type: none"> Bachelor’s degree and four years of related experience Two years’ experience providing comprehensive psychological services preferred 	Provides staff training and the development of programs related to electronic medical record within a hospital location. Work with operational and clinical leads to analyze/develop reports to ensure compliance with national regulations and contract requirements. Functions as Regional Trainer for EMR system used by hospital facility staff. Coordinates training with DOC and corporate resources, as needed.
Executive Nursing Director	<ul style="list-style-type: none"> RN license required Master’s degree preferred Minimum of three years’ supervisory experience preferred 	Serves as the primary point of supervision for the nursing staff in a hospital setting. Works closely with onsite nurses, the director of nursing, medical directors and providers in the provision of healthcare services to residents. Has ultimate responsibility for the services provided by the nursing staff ensuring compliance with their individual licensure, and that all processes, forms and procedures are followed.
Health Information Specialist/Medical Records Supervisor	<ul style="list-style-type: none"> High school diploma One year medical office experience preferred 	Oversee and maintain patient health records; respond to requests for health records; perform clerical duties. Work closely with healthcare staff to ensure maintenance and accountability for patient health records to support continuity of care.
Hospital Administrator	<ul style="list-style-type: none"> Bachelor’s degree in hospital administration, health care administration or related field preferred 	Under the direction of the Statewide Vice President of Operations, manage the overall clinical and non-clinical functions and activities of a multidisciplinary team providing services to incarcerated individuals in a correctional hospital setting to meet service delivery requirements of the program.
Infection Control Nurse	<ul style="list-style-type: none"> RN license 1 to 3 years’ experience providing nursing care in a public health environment or acute care setting with focus on infection prevention and control 	Responsible for performing a variety of duties involved in the prevention and control of infectious disease to include the oversight of the collection, definition, interpretation and reporting of data in a systematic manner at hospital location. Responsible for the development and implementation of the Infection Prevention and Control program per contract requirements. Responsible to implement the contract required Exposure Control Plan. Provide consultation and support for contract in Infection Control program development and monitoring and provide guidance in the provision of care for patients with acute and chronic infectious disease. Serves as consultant for nurses, physicians and other healthcare professionals regarding care, tracking and reporting of patients identified with infectious disease.
Lead Inventory Coordinator	<ul style="list-style-type: none"> High school diploma or GED At least two years of pharmacy experience 	Coordinates and leads the medication administration process through on-going systematic inventory management. Assists in assessing compliance, insuring medication is on-hand as required, and providing interface with the pharmacy provider. Reviews existing data, collects additional data, and recommends obtaining data to evaluate the respiratory status of patients and develop a respiratory care plan.



Centurion Job Description Summary for Florida Program Positions

Position	Education/Experience Requirements	Roles and Responsibilities
Statewide Oral Surgeon	<ul style="list-style-type: none"> Doctor of Medical Dentistry or a Doctor of Dental Surgery degree Licensed to practice as an Oral Surgeon Board certified or board eligible DEA certification required 	Provide comprehensive professional dental treatment and oral surgeries on patients who require specialist orofacial procedures of incarcerated patients. Examine teeth, gums and related tissues using dental instruments, x-rays, and other diagnostic. Consulting with patients and analyzing patient data to determine patient needs and treatment goals. Collaborating with other specialists, such as restorative dentists and orthodontists, to plan treatments.
Reentry Services Case Manager	<ul style="list-style-type: none"> Bachelor’s degree in social work, human services, counseling, or related field 1 to 3 years of experience in social casework in a hospital, community treatment center or other community services program 	Responsible for assessment, planning and coordination of transitional services for patients re-integrating from a correctional facility to the community that require clinical services or clinical placement upon release in order to promote continuity of care.
Registered Nurse-Infusion/Chemotherapy	<ul style="list-style-type: none"> RN license Experience providing nursing care 	Provides medical nursing care surrounding infusion and chemotherapy sessions to patients in a variety of settings in the correctional environment. Under the direction of the Director of Nursing or designee, collaborates with a multidisciplinary team to identify and respond to a wide range of physical health needs.
Respiratory Therapist Supervisor	<ul style="list-style-type: none"> Associate degree or Bachelor’s degree from an AMA approved Respiratory Care Program required Credentialed as a Registered Respiratory Therapist 	Responsible for overseeing the assessment, treatment, and care for patients with breathing disorders, along with overseeing the Respiratory Therapist. Assume primary responsibility for all respiratory care modalities and initiate and conduct therapeutic procedures in a correctional setting
Respiratory Therapist	<ul style="list-style-type: none"> Associate degree or Bachelor’s degree from an AMA approved Respiratory Care Program required Credentialed as a Registered Respiratory Therapist 	Responsible for providing assessment, treatment, and care for patients with breathing disorders. Assume primary responsibility for all respiratory care modalities and initiate and conduct therapeutic procedures in a correctional setting.
Radiology Scheduler	<ul style="list-style-type: none"> High school diploma or GED Minimum of one year secretarial experience 	Perform web-based scheduling services and clerical duties for radiology services in a correctional setting.
Statewide Medical Reentry Coordinator	<ul style="list-style-type: none"> Bachelor’s degree in Psychology, Social Work, Counseling, or related field Minimum of two years’ experience in release planning preferred 	Under the supervision of the Vice President of Operations and in collaboration with multidisciplinary team, provide and complete release planning for patients, based on the determination that behavioral/mental health and medical services and community resources will be required when the patient is released from the correctional environment.
Statewide/Regional Office Positions		
Clerk	<ul style="list-style-type: none"> High school diploma or GED Minimum of one year secretarial experience 	Perform routine clerical, secretarial, and administrative functions for designated healthcare staff and units statewide at regional office location.



Centurion Job Description Summary for Florida Program Positions

Position	Education/Experience Requirements	Roles and Responsibilities
Data Analyst	<ul style="list-style-type: none"> High school diploma or GED Bachelor's degree preferred 	Responsible for analyzing data related to contract support in areas of vacancy, managing technology inventory and required technology.
Corporate Officer	<ul style="list-style-type: none"> Ph.D., Psy.D, or Ed.D. in Psychology or related field from an accredited institution required; Ph.D. preferred Active professional license to practice in Florida Minimum of two years supervisory experience preferred 	Responsible for the day to day health care operations of the overall healthcare delivery program. As part of the management team, provide administrative guidance, consultation and mental health leadership to coordinate clinical needs and provide assessment and treatment of mental and emotional disorders of patients in a correctional setting.
Statewide VP of Operations	<ul style="list-style-type: none"> Bachelor's degree required and master's degree preferred Experience in administration of correctional healthcare preferred 	Responsible for and directs the overall operations of the entire healthcare delivery program. Works closely with the Department of Corrections to ensure contract compliance and delivery of a community standard of care program. Monitor and evaluate the management and delivery of comprehensive health services at facilities. Direct health services administrators and oversee employees.
Regional Director of Operations	<ul style="list-style-type: none"> Doctoral degree in psychology preferred. Master's Level degree in counseling, social work, or psychiatric nursing with correctional mental health experience may be acceptable. Unrestricted state license to practice profession Two years of supervisory experience and mental health experience in a correctional and/or mental health services environment preferred Two years' experience providing comprehensive behavioral health services preferred 	Responsible for ensuring that Centurion meets all contractual requirements and provides services within the highest standards of quality and in support of the DOC's goals. Provides guidance in the development, implementation, and updating of treatment protocols, and monitoring utilization review activities in compliance with Department clinical guidelines. Consults with DOC staff on specific treatments and overall care, program evaluation and improvement, and development and implementation of program enhancements. Participates in regional, corporate, and care review meetings related to the DOC program. Review and evaluate treatment and administrative procedures and outcomes. Respond to inquiries and concerns of contract and site correctional administration. Monitor, assess and advise staff on clinical related procedures and protocol as needed. Ensures the coordination of Continuous Quality Improvement (CQI) program and performance audits. Ensure that recommendations from CQI and performance audits are implemented, and the results of the corrective actions are monitored. Ensure compliance with all facility and Company policies, Federal and State laws, regulations, and guidelines
Statewide Female Health Services Coordinator	<ul style="list-style-type: none"> Must hold valid RN license in applicable state and show current tuberculosis documentation and active CPR certification Three years of nursing experience working with female incarcerated individuals 	Introduce, deploy, manage, monitor, and measure clinical services specific to women and juveniles. Collaborate with a multidisciplinary team to identify and respond to a wide range of mental and physical health needs of these special patients. Collect and document health data to identify and monitor the needs of female patients within the correctional environment. Document relevant data in approved format and share with applicable multidisciplinary team. Educate regional and site leadership about Centurion programming established specifically for women and juveniles. Evaluate, monitor and document results/outcomes of programs created specifically for women. Implement and evaluate educational offerings and activities specifically for women.
Regional Administrative Coordinator	<ul style="list-style-type: none"> Bachelor's Degree preferred Minimum of three (3) years of office experience required 	Support the operations of a busy regional office in a variety of capacities including acting as liaison between field and corporate staff by provide administrative expertise and supervising the flow of administrative duties and responsibilities.



Centurion Job Description Summary for Florida Program Positions

Position	Education/Experience Requirements	Roles and Responsibilities
<p>Statewide Medical Director</p>	<ul style="list-style-type: none"> ▪ Active state medical license in good standing ▪ Must have an active Drug Enforcement Agency (DEA) registration certificate ▪ Board certification or board eligibility if required by assigned contract ▪ Minimum of two years' experience as a medical physician in a clinical setting ▪ Minimum of two years' supervisory experience required 	<p>Oversees all clinical activity under statewide contract. Serves as the point of contact, is responsible for, and has authority to resolve issues affecting multiple institutions. Participate in CQI activities and on CQI and Pharmacy & Therapeutics Committee. Monitor utilization review activities following DOC clinical guidelines. Participate in the development, implementation, education and monitoring of medical policies and procedures and protocols. Ensure the operational availability of system that provides 24 hours a day on-call access to medical consultation. Ensure delivery of integrated, quality-focused, and timely medical services through a multidisciplinary process. Collaborate with pharmacy on medication management issues. Serve as the Department contact for medical issues.</p>
<p>Regional Medical Director</p>	<ul style="list-style-type: none"> ▪ Active state medical license in good standing ▪ Must have an active Drug Enforcement Agency (DEA) registration certificate ▪ Board certification or board eligibility if required by assigned contract ▪ Minimum of two years' experience as a medical physician in a clinical setting ▪ Minimum of two years' supervisory experience required 	<p>Oversees all clinical activity under statewide contract in assigned region. Serves as the point of contact, is responsible for, and has authority to resolve issues affecting multiple institutions. Participate in CQI activities and on CQI and Pharmacy & Therapeutics Committee. Monitor utilization review activities following DOC clinical guidelines. Participate in the development, implementation, education and monitoring of medical policies and procedures and protocols. Ensure the operational availability of system that provides 24 hours a day on-call access to medical consultation. Ensure delivery of integrated, quality-focused, and timely medical services through a multidisciplinary process.</p>
<p>Statewide Utilization Management Medical Director</p>	<ul style="list-style-type: none"> ▪ Documentation of education as MD or DO and completion of accredited residency program required ▪ Current license to practice medicine in applicable state required ▪ Board certification or board eligible for certification in medical specialty if required by assigned contract ▪ Must have and maintain an active, non-restricted Drug Enforcement Agency (DEA) registration certificate 	<p>Provides the utilization management (UM) clinical direction needed to meet the service delivery requirements of a specific correctional contract. Mentors and evaluates the team delivered medical services for the patients as well as the UM team. Promotes the culture of right care utilizing the evidence-based standard of care, advocating the right interventional timing and quality outcomes. In partnership with the contract's medical leadership, represents correctional healthcare to the client and the contracted providers in setting the correctional standard for managed health care.</p>
<p>Statewide Utilization Management Lead</p>	<ul style="list-style-type: none"> ▪ Bachelor's degree in nursing or related field. Master's degree preferred ▪ RN license ▪ Five years' experience in UM, case management, disease management or health information management or related field 	<p>Responsible for supporting the utilization management review process and centralized scheduling programs within a statewide contract. The UM Lead concurrently provides support and direction to the UM team, assisting staff in the processes and documentation associated with the statewide evidence-based utilization management review program. This program consists of prospective review, concurrent review, retrospective review, complex case management, and continuity of quality medical services. This includes office, hospital and free standing diagnostic services, specialty care services, surgical services and inpatient care. Contributes to the evaluation of the</p>



Centurion Job Description Summary for Florida Program Positions

Position	Education/Experience Requirements	Roles and Responsibilities
		utilization management program and staff through review of data, inter-rater reliability and other standard program evaluation tools.
Regional Utilization Management Nurse Inpatient	<ul style="list-style-type: none"> ▪ RN license ▪ UM certification preferred ▪ One year of experience in performing utilization review in an inpatient or outpatient setting ▪ One year of clinical experience required 	Responsible for providing utilization review services for region of a statewide system. Reviews inpatient admissions referrals to ensure appropriate level of care and evaluate evidence based medical necessity, and quality of care.
Regional Utilization Management Nurse Outpatient	<ul style="list-style-type: none"> ▪ RN license ▪ UM certification preferred ▪ One year of experience in performing utilization review in an inpatient or outpatient setting ▪ One year of clinical experience required 	Responsible for providing utilization review services for region of a statewide system. Reviews outpatient admissions referrals to ensure appropriate level of care and evaluate evidence based medical necessity, and quality of care.
Regional Utilization Management Referral Specialist	<ul style="list-style-type: none"> ▪ RN license ▪ UM certification preferred ▪ One year of experience in performing utilization review in an inpatient or outpatient setting ▪ One year of clinical experience required 	Reviews inpatient admissions or outpatient referrals to ensure appropriate level of care and evaluate evidence-based medical necessity and quality of care. Reviews hospital admissions or outpatient specialty care referrals through on-site and telephonic review to ensure medical necessity and appropriate level of care. Uses evidence-based clinical guidelines and nationally recognized protocols in making utilization management decisions. Participates in inter-rater reliability studies of utilization management decisions as requested.
Statewide Infirmery Bed Manager	<ul style="list-style-type: none"> ▪ High school diploma or GED ▪ Minimum of one year of secretarial experience 	Serves as the principle staff responsible for oversight and utilization of infirmery beds in all facilities in the contract. Utilizes data analytics to identify available infirmery beds appropriate for patient transfer based on patient’s medical needs and custody requirements. Facilitates communication between the sending and receiving facility to ensure the appropriate supplies and staff are available to accept the patient upon arrival. Continuously updates the state leadership on the status of available infirmery beds.
Statewide Psychiatric Advisor	<ul style="list-style-type: none"> ▪ Documentation of education as MD or DO and completion of accredited residency program required ▪ Current license to practice medicine in applicable state required ▪ Board certification or board eligible for certification in medical specialty if required by assigned contract ▪ Must have and maintain an active, non-restricted Drug Enforcement Agency (DEA) registration certificate 	Provides the clinical direction needed to meet the mental health/psychiatric service delivery requirements of a specific contract in collaboration with the Program Manager/Vice President of Operations. Supervises psychiatric staff and collaborates with multidisciplinary teams in providing services to patients with psychiatric disorders in a correctional setting. Directs, coordinates, and evaluates psychiatric treatments in collaboration with the mental health multidisciplinary team. Collaborates in the monitoring of patients requiring on-going mental health services and the development of individualized mental health treatment plans and continuity of care. Provides clinical direction and leadership to psychiatrists, nurse practitioners, and other mental health staff. Ensures that necessary schedules of psychiatric assignment and supervision are provided and maintained to provide for continuity of care.



Centurion Job Description Summary for Florida Program Positions

Position	Education/Experience Requirements	Roles and Responsibilities
<p>Statewide Assistant Psychiatric Advisor</p>	<ul style="list-style-type: none"> ▪ Documentation of education as MD or DO and completion of accredited residency program required ▪ Current license to practice medicine in applicable state required ▪ Board certification or board eligible for certification in medical specialty if required by assigned contract ▪ Must have and maintain an active, non-restricted Drug Enforcement Agency (DEA) registration certificate 	<p>To provide clinical and administrative assistance to the Psychiatric Director in order to meet the psychiatric and mental health services requirement of the Florida contract. Supervises psychiatric, psychiatric residents on rotation and collaborates with the multidisciplinary teams in providing services to patients with psychiatric disorders in the correctional setting. Provides interface with client’s clinical and administrative leadership on issues related to psychiatric services. Directs, coordinates, and evaluates psychiatric treatments in collaboration with the mental health multidisciplinary team. Collaborates in the monitoring of patients requiring on-going mental health services and the development of individualized mental health treatment plans and continuity of care.</p>
<p>Statewide Dental Director</p>	<ul style="list-style-type: none"> ▪ Graduation from an accredited dental school ▪ Completion of an accredited general practice residency program is preferred ▪ Minimum of five years clinical experience preferred ▪ Unrestricted license to practice dentistry in applicable state ▪ Supervisor or Manager experience preferred 	<p>A full time, exempt position responsible for administering, maintaining and expanding a program of primary (and in selected instances, secondary care) and preventive dental care. The dental director supervises the dental staff and represents the dental staff to the program manager. The dental director provides dental advice and counsel to the program manager and the DOC.</p>
<p>Statewide Dental Administrator</p>	<ul style="list-style-type: none"> ▪ Graduation from an accredited dental school ▪ Completion of an accredited general practice residency program is preferred ▪ Prior supervisory experience preferred 	<p>Under the direction of the statewide dental director, assists in managing the overall provision of dental services to patients in a correctional setting to meet service delivery requirements of the specific contract. Examines individuals requesting care, diagnoses their dental/oral conditions, prescribes and carries out, or directs others in carrying out, appropriate dental/oral treatment, or refers individuals for specialty consultation or treatment in conformance with approved clinical protocols and guidelines. Records patient-dentist transactions as they occur in the patient’s dental record so that the dental record accurately and completely reflects the nature of the contact, the condition of the patient and the care or treatment provided.</p>
<p>Assistant Statewide Dental Administrator</p>	<ul style="list-style-type: none"> ▪ Prior experience as a healthcare administrator or supervisor of mental health program preferred 	<p>Under the direction of the Statewide Dental Administrator, assists in managing the overall clinical and non-clinical functions and activities of a multidisciplinary team providing services to patients in a correctional setting to meet service delivery requirements of the specific contract.</p>
<p>Regional Dental Administrative Coordinator</p>	<ul style="list-style-type: none"> ▪ High school diploma or GED ▪ Completion of a technical school program in dental assisting or experience as a dental assistant required 	<p>Under the direction of the Statewide Dental Administrator and Statewide Assistant Dental Administrator, assists in managing the overall non-clinical functions and activities of a multidisciplinary team providing services to patients in a correctional setting to meet service delivery requirements of the specific contract.</p>
<p>Regional Dental Director</p>	<ul style="list-style-type: none"> ▪ Graduation from an accredited dental school and unrestricted license to practice dentistry in applicable state 	<p>A full time, exempt position responsible for administering, maintaining and expanding a program of primary (and in selected instances, secondary care) and preventive dental care. The dental director supervises the dental staff and provides dental advice and counsel to address the oral</p>



Centurion Job Description Summary for Florida Program Positions

Position	Education/Experience Requirements	Roles and Responsibilities
	<ul style="list-style-type: none"> Completion of an accredited general practice residency program is preferred Minimum of five years' clinical experience and knowledge of correctional healthcare principles and practices preferred 	health needs of patients in a jail, facility, or detention center. Examines individuals requesting care, diagnoses their dental/oral conditions, prescribes and carries out, or directs others in carrying out, appropriate dental/oral treatment, or refers individuals for specialty consultation or treatment in conformance with approved clinical protocols and guidelines.
Statewide Director of Nursing	<ul style="list-style-type: none"> RN license Bachelor's degree in Nursing Master's degree preferred Minimum of five years supervisory experience preferred 	Serve as the statewide senior nurse leader by supporting, directing, and providing education and professional consultation to institutional directors of nursing working in the correctional environment. Work under the direction of the regional medical director and collaborate with mental health/medical leadership and other members of the multidisciplinary team to improve health care of incarcerated patients.
Regional Director of Nursing	<ul style="list-style-type: none"> RN license Bachelor's degree in Nursing Master's degree preferred Minimum of five years supervisory experience preferred 	Serve as the statewide senior nurse leader by supporting, directing, and providing education and professional consultation to institutional directors of nursing working in the correctional environment. Work under the direction of the regional medical director and collaborate with mental health/medical leadership and other members of the multidisciplinary team to improve health care of incarcerated patients.
Regional Nurse Educator	<ul style="list-style-type: none"> RN license Bachelor's degree in Nursing Master's degree preferred Minimum of five years supervisory experience preferred 	Responsible for developing, coordinating and tracking orientation, annual training and competency requirements for nursing staff, based on training and accreditation requirements specified by the DOC and in conjunction with appropriate management staff.
Statewide Mental Health Director	<ul style="list-style-type: none"> Licensed psychologist in Florida At least five years in a senior leadership role overseeing a correctional behavioral health program 	Provide leadership and clinical direction to mental health program for statewide program. Monitor all responsibilities of Site Mental Health Directors, to include overall administration of the performance, stability and growth of the site-specific mental health services and substance use program. Coordinate mental health services with multidisciplinary team to ensure high quality, responsive, effective services are delivered.
Assistant Statewide Director of Mental Health Services	<ul style="list-style-type: none"> Licensed psychologist in Florida Two years' experience providing comprehensive services preferred Two years' supervisory experience preferred 	Assists the Statewide Mental Health Director in overseeing all mental health clinical activity under statewide contract. Supervise clinical judgment surrounding mental health services. Assist in establishing and implementing policies and procedures. Participate in evaluating all aspects of healthcare delivery
Statewide Mental Health Reentry Coordinator	<ul style="list-style-type: none"> Bachelor's degree from an accredited program of Human Services, Social Services, or Criminal Justice program. Master Degree preferred. Minimum of one-year re-entry experience 	Develops and implements a mental health reentry program for statewide program services. Coordinates with DOC, and other state or local agencies, to ensure that necessary pre-discharge planning and preparation is accomplished for patients leaving the prison environment entering the community on parole or community corrections center status. Works closely with DOC staff, Centurion social workers, providers, and other staff to facilitate patient re-entry to the community.
Regional Mental Health Director	<ul style="list-style-type: none"> Licensed psychologist 	Provide leadership and clinical direction to mental health program for region of a statewide program. Report to the Statewide Mental Health Director. Supervise Site Mental Health Directors.



Centurion Job Description Summary for Florida Program Positions

Position	Education/Experience Requirements	Roles and Responsibilities
	<ul style="list-style-type: none"> At least five years in a senior leadership role 	<p>Monitor all responsibilities of Site Mental Health Directors, to include overall administration of the performance, stability and growth of the site-specific mental health services and substance use program. Coordinate mental health services with multidisciplinary team to ensure high quality, responsive, effective services are delivered.</p>
Statewide Mental Health Training Coordinator	<ul style="list-style-type: none"> Bachelor’s degree in Mental Health counseling or related field required. Master’s degree preferred. At least 2 years of diagnosing and providing Individual therapy and case management At least 4 years of experience providing mental health services within a DOC preferred 	<p>Under the supervision of the State Mental Health Director provides mental Health staff training on policy, procedures and process statewide for mental health new and existing employees. Train and directly supervise the State Mental Health Educators and State Aftercare Coordinators. Collaborate with team and regional leadership to identify incoming and existing mental health staff that require training and development. Act as subject matter expert in policy related to mental health processes and the EMR in order to provide direct hands-on training in conjunction with policies and processes.</p>
Statewide Director of MH Administration	<ul style="list-style-type: none"> Bachelor’s Degree in Mental Health Counseling or related field required. Master’s degree preferred. Senior management experience in a Mental Health environment required Licensed Florida Mental Health Counselor (LMHC) Certified Florida Forensic Examiner preferred 	<p>Provides the operational direction needed to meet the mental health service delivery requirements of the Florida Department of Corrections contract in collaboration with the Vice President of Operations and Statewide Mental Health Director. Reviews and monitors mental health delivery to ensure compliance with relevant mental health care standards, department policies, health services bulletins/technical instructions, procedures and rules through program audits and statewide reports. Provides technical and administrative oversight to mental health leadership, addressing and resolving problems or conflicts. Communicates mental health regional management on overall program’s progress and/or needs in staffing, performance, CQI, legal compliance and budget/fiscal management.</p>
Administrative Assistant - Mental Health	<ul style="list-style-type: none"> High school diploma or GED Minimum of one year of secretarial experience 	<p>Performs clerical, administrative and secretarial functions related to mental health services and mental health operations for statewide program. Duties may include: office receptionist; monitoring time-keeping; personnel document processing; maintaining personnel, credentialing, health & safety and training files.</p>
Statewide EMR Director	<ul style="list-style-type: none"> 2+ years of experience working with an EMR is preferred 5+ years in a clinical environment, correctional experience is preferred 5+ years in a management or supervisory position 	<p>Oversee and lead all aspects of the EMR system. Oversee ongoing EMR operations to ensure that the EMR functions as a beneficial tool in the delivery of Health Care within the system. Work very closely with the Statewide EMR Project Manager on individual projects within the system and function as a point of contact for Facility/System EMR related projects. • Oversee efforts to optimize staff’s utilization of Clinical Technology via the EMR and identifies opportunities for clinical process improvements. Oversee and advise EMR Program Manager to guide management, including working with vendors on upgrades/enhancements, coordinating training, working with external support vendors, and other departments within Centurion.</p>
Statewide EMR IT/OBIS Specialist	<ul style="list-style-type: none"> Bachelor’s degree preferred 1 to 3 years’ experience implementing EHRs and other healthcare related systems 1 to 3 years’ experience in a clinical environment 	<p>The EMR Specialist will plan, coordinate, manage, and implement electronic medical record (EMR) systems. This position will be the main point of contact within the IT Department as all EMR are managed for the state department of corrections clients. Support EMR systems including working with the vendor on upgrades/enhancements, coordinating training for the team, working with external support vendors. Function as the project manager and/or business analyst for other</p>



Centurion Job Description Summary for Florida Program Positions

Position	Education/Experience Requirements	Roles and Responsibilities
	<ul style="list-style-type: none"> 1 to 3 years' project management experience 	healthcare/clinical focused applications such as scheduling systems, case management systems, or custom applications requested by programs to fill the gaps in current healthcare technology.
Statewide EMR Lead Innovation Specialist	<ul style="list-style-type: none"> Bachelor's degree preferred 3-5 years' experience with correctional EHR/EMR's, EDR and/or other healthcare-related EHR systems 1-3 years in a clinical environment 	Manages the process of EMR modifications and serves as the liaison between regional and corporate EHR/EMR department and corporate clinical, mental health, and dental departments
Statewide EMR Business Analyst	<ul style="list-style-type: none"> Experience working with healthcare records or health-related data 	The EMR Business Analyst provides meaningful qualitative and quantitative analysis and evaluation of data related to the electronic health record system, developing meaningful workflows and providing reports to leadership, including feedback on maximizing program effectiveness and efficiency.
Statewide EMR Project Manager	<ul style="list-style-type: none"> 5+ years' experience implementing EHR/EMR's, EDR and other healthcare-related systems 5+ years in a clinical environment, correctional experience is a big plus Education or experience in clinical informatics, information technology, nursing or related fields Experience with coordinating Pharmacy, Lab, Radiology interfaces within the EHR system Experience working with secure FTP and file sharing platforms such as DropBox, Box etc. Experience in data reporting, creating and running reports within and outside of the EHR systems Knowledge of correctional/general healthcare standards such as HIPAA, NCCHC, HL7, ICD10 and environments preferred 1-2 years Project Management experience 	Oversee and lead all aspects of the EMR implementation to include planning, facilitating and monitoring: project meetings, implementation plans, and project schedules. Oversee ongoing EMR operations to ensure that the EMR functions as a beneficial tool in the delivery of Health Care within the system. Lead efforts to optimize EMR usage while working to build positive client, staff and vendor relationships. Work very closely with the Statewide EMR Director and Corporate Director of Electronic Health Records and function as a point of contact for Facility/System EMR related projects. Work with vendors to ensure smooth integration and maintenance of the EMR system. Work closely with other Centurion departments as they relate to the EMR systems. Lead EMR system program management, including working with vendors on upgrades/enhancements, coordinating training, working with external support vendors, and other departments within Centurion. Leads efforts to optimize staff's utilization of Clinical Technology via the EMR and identifies opportunities for clinical process improvements. Monitors and leads change committees for the contract facilities, maintaining oversight, communicates with applicable departments and implements changes when approved. Function as the project manager and/or business analyst for other healthcare/clinical focused applications such as scheduling systems, case management systems, or custom applications requested by programs to fill any gaps in current healthcare technology. Ensures all deliverables are provided to the Department in a timely manner. Documents and reports any issues and/or risks and mitigation strategies. Improve existing EMR systems by studying current practices, workflows, forms and suggesting modifications.
Regional EMR Specialist	<ul style="list-style-type: none"> Bachelor's degree and four years of related experience 	Provides staff training and the development of programs related to electronic medical record within statewide system.
Regional EMR Systems Administrator	<ul style="list-style-type: none"> Education or experience in clinical informatics, information technology, nursing or related fields 	Responsible for assisting with planning, directing, organizing, and coordinating the overall functions and activities of the EMR system across a region. Assists with reviewing and monitoring daily work activities of EMR team to ensure efficiency of program and all components. Reviews,



Centurion Job Description Summary for Florida Program Positions

Position	Education/Experience Requirements	Roles and Responsibilities
	<ul style="list-style-type: none"> 5+ years' experience implementing EHR/EMR's, EDR and other healthcare-related systems 	<p>evaluates and assesses operational procedures and outcomes while making/implementing recommendations for improvement. Assists with technical or administrative oversight to EMR staff, addressing and resolving problems or conflicts. Conducts QA and performance audits and ensures practices are consistent with applicable EMR standards.</p>
<p>Regional EMR Systems Support</p>	<ul style="list-style-type: none"> Bachelor's degree preferred 1-3 years' experience implementing EMR's and other healthcare-related systems 1-3 years' experience in a clinical environment 	<p>The EMR System Support position will support and provide assistance to regional EMR personnel for the EMR system in their assigned region. Support EMR system including working with the vendor on upgrades/enhancements, coordinating training for the team, working with external support vendors. Function as the business analyst and point of contact for other healthcare/clinical focused applications such as scheduling systems, case management systems, or custom applications requested by programs to fill the gaps in current healthcare technology.</p>
<p>Statewide EMR Education Coordinator</p>	<ul style="list-style-type: none"> Experience in managing, developing, and implementing education and training programs Experience in a correctional environment preferred Experience with correctional specific EMRs Skilled in use of computer software for developing professional training materials and programs 	<p>Reports to the Statewide EMR Project Manager and works cooperatively with the Centurion Corporate EHR/EMR Department in designing, conducting, evaluating EMR related educational programs, in-services, and other associated activities in collaboration with the DOC and other staff educators. Promotes education initiatives in collaboration with the Centurion EHR/EMR Department, EMR Project Manager. Develops discipline-specific training programs for staff. Plans and designs training initiatives; defines educational goals, objectives, and methodologies to meet those program goals. Determines best formats and approaches to achieve training program objectives in collaboration with the Centurion EHR/EMR Department and the EMR Project Manager.</p>
<p>Statewide CQI Coordinator (Program Director)</p>	<ul style="list-style-type: none"> Possession of a Bachelor's degree or higher in Health Sciences, Social Science, Program Management, Public Administration or related field Experience in quality improvement and quality assurance which includes evaluating the quality of services, identifying problems and needs and recommending corrective action and improvements to ensure optimum service delivery, the meeting of goals and objectives and ensure compliance with applicable laws, policies, procedures and standards 	<p>Responsible for implementing and overseeing all quality assurance activities by collecting and analyzing data through audits, interviews and other activities in order to monitor the quality and appropriateness of service delivery. Responsible for implementing Centurion's Continuous Quality Improvement (CQI) program in accordance with the mission and strategic goals of Centurion, federal and state laws and regulations, accreditation standards, and specific contractual requirements. Provides guidance on Continuous Quality Improvement (CQI) initiatives to the entire statewide program to ensure consistency across all facility locations. Develops and/or assists in the development of studies that ensure information collected is based on objective unbiased methodology. Responsible for identifying statewide trends in healthcare compliance and will incorporate corrective action planning as needed.</p>
<p>Regional QM Coordinator</p>	<ul style="list-style-type: none"> Minimum of five (5) years of Clinical Quality Improvement experience. Evidence of advance studies or degree in business management. 	<p>Responsible for development, coordination, implementation, and analysis of regional and site-specific Quality Improvement (QI) studies, audits, and initiatives. These duties include but are not limited to maintaining and tracking Performance Indicators, performing site-specific QI chart audits, and general coordination of compliance issues.</p>



Centurion Job Description Summary for Florida Program Positions

Position	Education/Experience Requirements	Roles and Responsibilities
Regional MH QM Coordinator	<ul style="list-style-type: none"> Minimum of five (5) years of Clinical Quality Improvement experience. Evidence of advance studies or degree in business management. 	Responsible for development, coordination, implementation, and analysis of regional and site-specific Quality Improvement (QI) studies, audits, and initiatives involving mental health services. These duties include but are not limited to maintaining and tracking performance indicators, performing site-specific QI chart audits, and general coordination of compliance issues.
Statewide Mortality Review Coordinator	<ul style="list-style-type: none"> Experience in correctional environment preferred Must have ability to effectively communicate in writing and orally with staff and institutional administration 	Responsible for tracking, reviewing, and reporting of mortality cases in a correctional healthcare system. Studies each deceased patient's case history and care to determine what (if any) factors might have contributed to the mortality. Receives and sends all mortality timelines. Works with sites and regional team to address and close mortality cases. Track all mortalities and work with FDC mortality coordinator.
Statewide Hepatitis C Case Manager Lead	<ul style="list-style-type: none"> RN license 	Responsible for oversight and management of statewide Hepatitis C program.
Statewide Hepatitis C Case Manager	<ul style="list-style-type: none"> Current and active nursing licensure (LPN or RN) 	Responsible for oversight and management of evaluation and treatment of Hepatitis C positive patients at multiple assigned facilities.
Statewide Hepatitis C Data Entry Specialist	<ul style="list-style-type: none"> High school diploma or GED 	Identification of Hepatitis C positive patients and updating relevant information on the Hepatitis C tracker.
Regional Infection Control Nurse	<ul style="list-style-type: none"> Nursing education required: Registered nurse, licensed in state of contract or compact license 1 to 3 years' experience providing nursing care in a public health environment or acute care setting with focus on infection prevention and control 	Responsible for performing a variety of duties involved in the prevention and control of infectious disease to include the oversight of the collection, definition, interpretation and reporting of data in a systematic manner. Responsible for the development and implementation of the Infection Prevention and Control program per contract requirements. Responsible to implement the contract required Exposure Control Plan. Provide consultation and support for contract in Infection Control program development and monitoring and provide guidance in the provision of care for patients with acute and chronic infectious disease. Serves as consultant for nurses, physicians and other healthcare professionals regarding care, tracking and reporting of patients identified with infectious disease.
Statewide HR Manager	<ul style="list-style-type: none"> Bachelor's degree in HR or related field from an accredited institution Deep familiarity with a Human Resource Information System (HRIS), preferable Ultipro Five years of experience in maintaining employee databases One year of supervisory experience 	Oversees operational and technical personnel duties to include: new hire paperwork intake, data entry and electronic file maintenance, responsible for maintenance of confidential personnel files and personnel actions, maintenance of electronic employee data information. Supervises HR processing (Data Administration) teams' daily activities and demonstrates considerable skill in supervision, management and leadership. Oversees analysis, approvals and distribution of incoming personnel actions (via email-HR box, mail, fax, or phone) to HR processing team.
Regional HR Administrator	<ul style="list-style-type: none"> Familiarity with Ultipro Human Resource Information Systems (Ultimate Software) Understanding of SharePoint databases and workflows Two (2) years' experience in maintaining employee databases 	Operational and technical personnel duties to include: new hire paperwork intake, data entry and electronic file maintenance, maintaining confidential personnel files and personnel actions, maintaining electronic employee data information, responsibility for assigned projects, ad hoc reporting. Manage a portion of the HR Inbox; follow up on submitted forms; manage daily Personnel Change Notifications (PCN) and Offer Letter Request Forms (OLRF) in accordance with deadlines & processing schedule. Maintain employee database; set up/add new employees on



Centurion Job Description Summary for Florida Program Positions

Position	Education/Experience Requirements	Roles and Responsibilities
	<ul style="list-style-type: none"> Knowledge of working within a ticketing system (i.e. Fresh Service) a plus PHR Certification a plus 	daily basis; make changes to employee records as requested via PCN in line with deadlines & processing schedule. Participate in audits to achieve 100% accuracy.
Regional HR Business Partner	<ul style="list-style-type: none"> Bachelor's degree from accredited university required PHR/SPHR preferred 5+ years of Human Resource management experience in a mid- to large company 	In partnership with the DOC, the HRBP is responsible for identifying, investigating, and resolving a full range of complex employee relations matters as well as working in a generalist capacity. Ensure corporate departments and program operation practices are aligned with the Department policies and procedures. Collaborate with team to help build a company culture that reflects the Department's values and objectives, and ultimately help to provide the best work environment possible to all employees.
Statewide Human Resources - Other	<ul style="list-style-type: none"> Bachelor's degree from accredited university preferred, or equivalent years of experience. PHR/SPHR or SHRM-CP/SCP preferred Minimum 2-3 years of Human Resource Generalist experience, or that in a specialty HR discipline, in a mid to large size company 	In partnership with Contract Management team, the AHRBP works in a generalist capacity while supporting and assisting HRBP(s) to resolve a full range of employee relations matters. This role assists to ensure program operational practices are aligned with the Company's policies and procedures. This role collaborates with the team to help build a company culture that reflects the Company's values and objectives, and ultimately helps provide the best work environment possible to all employees.
Statewide Recruitment Coordinator	<ul style="list-style-type: none"> Bachelor's degree in a related field from an accredited institution Familiarity with Human Resource Information Systems Proficiency with MS Office Two (2) years' experience in healthcare recruiting, and/or relevant clinical work history Experience in academic networking and coordinating recruitment events preferred 	Facilitates the identification and placement of permanent staff. Fulfills and supports in-house recruitment efforts to meet the goals/expectations of DOC. Support program in sourcing, prescreening, and presenting appropriate candidates for employment to the hiring manager. Also responsible for operational and technical personnel duties to include: new hire paperwork intake, data entry and electronic file maintenance, maintaining confidential personnel files and personnel actions, and maintaining electronic employee data information. Performs searches for qualified candidates according to relevant job criteria, using computer databases, networking, Internet recruiting resources, cold calls, media, recruiting firms, and employee referrals. Responds to job requisitions communicated via the Applicant Tracking Database from the assigned program(s). Strategizes with the hiring authority in the program(s) as to how the recruiting process should proceed. Typical strategies requiring the approval of the hiring manager would include print advertising, specialized online job postings, and direct mail campaigns.
Regional Recruitment Coordinator	<ul style="list-style-type: none"> 1-2 years' experience as a Recruiting Assistant or related role Bachelor's Degree from an accredited institution preferred Previous use and maintenance of Applicant Tracking/HR Systems 	Responsible for a wide variety of duties providing administrative and recruiting support to our growing team of recruiters, such as coordinating direct marketing and advertising, job postings, maintaining the applicant tracking system, screening resumes, and creating reports.
Statewide Credential Coordinator	<ul style="list-style-type: none"> Solid understanding of credentialing and licensing requirements for physicians, mid-level providers, nurses and other licensed healthcare professionals. 	The Credentialing Specialist ensures adherence to Centurion's credentialing policy. Follows established credentialing processes for all healthcare providers throughout the organization. Responsible for provider credentialing and re-credentialing applications; monitors applications and follows- up according to NCQA Standards, NCHC/ACA standards, state and federal guidelines



Centurion Job Description Summary for Florida Program Positions

Position	Education/Experience Requirements	Roles and Responsibilities
	<ul style="list-style-type: none"> ▪ 2+ years' experience in healthcare administrative setting required. ▪ 2+ years' credentialing experience required. 	<p>and in accordance with Company policy and procedures. Must complete full credentialing on varying positions, including primary source verifications, NPDB queries, OIG query, and references. Compiles and maintains current and accurate data provider information in online credentialing databases and system.</p>
<p>Statewide IT Systems Administrator</p>	<ul style="list-style-type: none"> ▪ Bachelor's Degree in a technical discipline such as Computer Science, Information Services, or related field ▪ Four to six years of systems administration and network management experience ▪ Solid knowledge of server and computer hardware and software installation, testing, and operation; knowledge of application of computer software for automating highly diverse agency/organization activities 	<p>Under minimal supervision, provide support and maintenance to the statewide server and network environment. Manage servers, security systems/logs, applications, LAN/WAN, system access and communication systems. Assist in analyzing long term IT and business needs and make technical recommendations. Design, analyze, maintain, and implement LAN/WAN equipment and networks. Communicate effectively, both orally and in written form, technical information with a wide variety of individuals and groups. Establish and maintain effective working relationships with end users, vendors, and managers. Solve routine problems independently, assist and guide others in complex problem solving. Define user needs and recommend alternatives. Install, configure, fine-tune, troubleshoot, manage and perform system administration on all supported systems and platforms</p>
<p>Statewide IT Support Lead</p>	<ul style="list-style-type: none"> ▪ Bachelor's degree and four years of related experience as indicated 	<p>Responsible for the overall management and operation of all information technology services throughout statewide system.</p>
<p>Statewide IT Support Specialist</p>	<ul style="list-style-type: none"> ▪ Bachelor's degree in Information Technology or related field preferred ▪ Possess at least one of the following technical certifications: Microsoft Certified Professional, CompTIA A+ ▪ 3 - 5 years' experience in a desktop support position ▪ Basic understanding of applicable networking principles (e.g., TCP/IP protocols) 	<p>Under light supervision or direction, coordinates, documents, tracks, and resolves incidents and completes work orders per departmental procedures pertaining to PC architecture, PC operating systems, telephones, and specialized equipment. Provides support to clients on a variety of software and hardware platforms as well as client administration for various system resources. Apply systems analysis techniques to resolve technical problems in support of customer computer hardware, software, networks, mobile devices, and telecommunication systems. Configure, maintain, test, and document specific applications and knowledge-base as well as document and monitor incident and work requests per departmental procedures. Solve routine problems independently; difficult problems with some assistance. Answer, evaluate, and prioritize incoming requests for assistance.</p>
<p>Statewide Telehealth Coordinator</p>	<ul style="list-style-type: none"> ▪ 1-3 years of experience in related field 	<p>Collaborates with staff to ensure timely and productive telehealth appointments. Educates patients on process, ensures equipment is operational. Telehealth Coordinator will play a key organizational role in the coordination and communication of telehealth care for patients in the facility, physician office, outpatient clinic, or other ambulatory settings.</p>
<p>Statewide Disabled/Impaired Inmate Coordinator</p>	<ul style="list-style-type: none"> ▪ Registered Nurse or Licensed Practical Nurse with license in applicable state ▪ Three years of experience as a site-level ADA nurse preferred 	<p>Under the direction of the Statewide Director of Nursing, this position is the liaison between the sites and the DOC for the identification and treatment of individuals with impairments and/or disabilities.</p>



Centurion Job Description Summary for Florida Program Positions

Position	Education/Experience Requirements	Roles and Responsibilities
<p>Statewide Pharmacy Program Director</p>	<ul style="list-style-type: none"> ▪ Bachelor’s degree in pharmacy and MS or Pharm D ▪ State registration or eligible for state registration ▪ Three to five years supervisory/administrative experience 	<p>Primarily responsible for planning, budgeting, directing, and supervising pharmacy activities and personnel, including managing new programs within the department and for the facility. Maintains standards of the department and translates pharmacy policies and procedures in accordance with the DOC regulations. Establishes policies, procedures, standards, and objectives for the provision of services; evaluates performance and maintains quality assurance; coordinates with other departments to provide maximum level of services to patients and corrections staff. Maintains the pharmacy within established facility and regulatory agency laws, JCAHO, and Department of Public Health regulations.</p>

G. Minimizing Costs for Program Management Services

Centurion has implemented several cost containment measures to control or minimize costs to the Department related to healthcare services. Examples include:

- **Peer Review** – An important component of maintaining cost is ensuring that staff are providing the right services at the right time. Peer review is one of the processes we use to make this determination, as it informs the clinical skills training that we offer healthcare professionals and any individual-level skill development. Our peer review process includes a formal, annual review of the clinical documentation of our licensed direct care staff including medical, dental, psychiatric physician and mid-level providers, nursing staff, and mental health professionals. The peer review process includes medical record reviews, discussion of clinical practices, and reviewer-to-reviewee feedback with the goal of enhancing individual competence and identifying potential areas for improvement.
- **ACA Portal** – Within *Centurion Central*, our shared portal site with the FDC, we have established a repository for data related to ACA accreditation. There we include checklists of what is required for each ACA standard set up into folders, sample ACA folders and memos, access to the ACA 5th edition standards, and FDC healthcare outcomes information. To ensure a team approach to ACA audit readiness, this site is available to all authorized users, including the FDC ACA Coordinator. The ACA portal has improved staff satisfaction with the ACA process, helped to standardize data and increase timeliness of submissions, and overall enhanced preparations for the ACA accreditation process.
- **Policy and Process Reviews** – We work closely with the FDC to proactively review and update policies, procedures, and processes related to healthcare services delivery. We began this process when we assumed the healthcare contracts in 2016 and 2017. The result has been a more consistent system of quality care and a decrease in litigation costs.
- **Equipment Management** – To address redundancies in product and equipment purchases, we implemented a process to obtain the best products at the best prices. We reviewed the status of all products and materials at each institution, revised the purchasing process whereby we require additional authorizations for purchases, and conduct regular reviews of available items across all institutions. Where we identified more costly options, we worked with the FDC to ensure that the new purchasing formulary was security-friendly and safe for use in correctional facilities. For example, we recently replaced more costly handle break walkers with seated walkers that are safer and less costly. We also collected all redundant dental supplies in one storage location, which we use as the first point of supply before ordering new dental materials. These processes have allowed us to achieve significant cost savings for the FDC.
- **Staff Training and Position Allocations** – Due to the nationwide healthcare staff shortages, we have used staff training to provide cross-coverage and increase the efficacy of the services we offer, while supporting employee career development goals. For example, we provide training to all clerical staff in becoming certified nurse assistants, offer IV therapy training for LPNs who are not certified, and provide phlebotomy training for all staff. We have enhanced our new nurse, HSA, and mental health staff training to improve their competencies and have developed training materials for reentry specialists.

In addition, we have worked with the FDC to better align and use existing positions. For example, we currently have a medical director overseeing three FDC facilities providing supervision and consultation to mid-level practitioners, thus increasing productivity without

decreasing quality of care, and generating cost-savings by decreasing position redundancy. We added an ARNP position to lead sick call response reducing unnecessary referrals to medical providers, who then were able to focus on managing more complex, chronic, and high cost patients and services.

We have also revised our assessment processes for low-risk S2 patients. Our psychiatric providers conduct evaluation via telehealth for S2 camps and are able to minimize security demands for transports to S3 camp.

- **Telehealth** – The implementation of the telehealth services has increased access to needed healthcare services, such as oncology, neurology, and endocrinology for incarcerated individuals. In 2021, FDC patients participated in 3,638 of 4,831 scheduled psychiatry telehealth sessions for a utilization rate of 75%. They also participated in 185 of 194 medical telehealth sessions for a utilization rate of 96%. Year to date in 2022, **we have scheduled 1,242 patients for telehealth sessions, with 1,022 of them participating in their session.**
- **Electronic Medical Records** – The development and implementation of Fusion as the FDC’s system-wide EMR in December 2021 is already resulting in cost avoidances associated with more timely and remote access to patient records, remote chart reviews for supervisory and auditing staff, remote provider sign offs on laboratory reports, remote non-formulary review and approval process, improved accuracy and readability of health information, record transfers across facilities, utilization management services, and improved continuity of patient care across disciplines and clinicians.



In 2021, FDC patients completed 3,638 telepsych sessions and 185 telehealth session. In 2022, telehealth session have already reached 1,242 sessions scheduled.

H. Value-Added Services for Program Management Services

In other sections of the proposal, we provide information on the value-added services that we will offer the Department to manage the services required in the ITN. We strongly believe that our most important program management value-add is the local leadership team dedicated to the FDC program. This team, under the direction of Victoria Love, MS and Ruth Feltner, BA, CCHP has intimate knowledge of the FDC program and strong working relationships with the Department, the contract manager, and leadership across all FDC institutions. Team members have the skills and expertise needed to deliver a comprehensive healthcare program for Florida incarcerated individuals. This team receives support from Centurion’s corporate office as needed. The stability of this team has been integral in the constancy of and improvements the Department has realized and will continue to be committed partners moving forward to deliver quality healthcare services across FDC facilities.

3.6.2 Institutional Care Service Area

A. Acceptance of Institutional Care Service Requirements

Centurion has reviewed, acknowledges and accepts each of the 84 institutional care (IC) requirements itemized in ITN Section 3.6.2, *Institutional Care Service Area*. Compared to current contract requirements, we acknowledge that the ITN includes three new institutional care requirements, IC-076, treatment of hernias, and IC-077 and IC-078, screening and treatment of HCV, and 23 modified program requirements. As we have in the past, Centurion will remain flexible and adjust the delivery of our services in the next contract to meet the Department’s expectations.

We recognize that processes for some IC program requirements have progressed and require updates to reflect the more efficient processes implemented. Process examples include documentation via the EMR, use of an electronic medication administration record (eMAR), and services delivered by telehealth. Examples of program requirements that may require review and updates include aspects of IC-060, IC-045, IC-038, IC-020, IC-014, among others. Additionally, we recognize the importance of continuing to increase remote EMR access to ensure healthcare providers have necessary access to patient health records on units and at FDC annexes, work camps, and other areas not located near a health services unit. We will continue to work with the FDC to review, update and approve these modifications to reflect current protocols.

Although we remain flexible in our willingness and ability to meet the FDC’s requirements and changing expectations, we do propose modification of the following program management requirements, providing our rationale for the proposed modification. We have **bolded** our modified language within the proposed modification column. Centurion understands that the FDC must review and approve these modifications prior to implementation.

Centurion’s Proposed Modification to Program Management Requirements

PGM Requirement	Proposed Modification	Rationale for Proposed Modification
IC-008	The Vendor shall ensure where levels of inpatient care are provided (Infirmary, Palliative Care, Intensive Medical Unit, etc.), a Registered Nurse(s) is available on- site or by telehealth to oversee inpatient nursing care at all times.	In compliance with HSB 15-03-26, pg. 4, <i>this is not to be interpreted as to require a RN to be on premises unless the level of care, as determined by the attending physician, requires such</i> , we recommend the option for telehealth coverage via audio or video conferencing when patient acuity does not require direct RN assessment or treatment.
IC-010	The Vendor shall ensure each Institution’s Director of Nursing is available on site during regular business hours and available after hours and on weekends and holidays, either in-person or by telephone or telehealth .	If approved by FDC, Centurion would consider the addition of a weekend nurse supervisor accessible via telehealth by RNs on shift at a remote location(s). We currently have 50 telehealth units available across FDC facilities. Nurse supervision would be available via audio or video conferencing as appropriate. The use of telehealth for supervision would also help to support recruitment and retention efforts of nurse supervisors.

Centurion’s Proposed Modification to Program Management Requirements

PGM Requirement	Proposed Modification	Rationale for Proposed Modification
<p>IC-017</p> <p>We accept all language for <i>Return from Outside Hospital</i> following the proposed modification</p>	<p>The Vendor shall provide continuity of care to all inmates who return from the outside hospital, including utilization management communication with the hospital to monitor inmate patients' progress during hospitalization.</p>	<p>Our staff currently conduct this task through the utilization management (UM) process and not by facility healthcare staff. Our UM team has access to several OSH EMR systems and obtains clinical information these systems. Per OSH staff request, we have centralized the clinical information dissemination process to minimize interruptions.</p>
<p>IC-025</p> <p>We accept all language for <i>Pregnant Inmates</i> preceding and following the proposed modification</p>	<p>An APRN trained to perform gynecological examinations may manage such exams in consultation with, and appropriate referral to, a gynecologist when clinically indicated.</p>	<p>We suggest that the term “specialized” is without a clear definition, whereas we can measure and document provided training.</p>
<p>IC-029</p> <p>We accept all language for <i>Cardiovascular Clinic</i> preceding the proposed modification</p>	<p>Anticoagulation: minimize number of Clinicians prescribing/adjusting Warfarin for the incarcerated individual; establish a regional or statewide review under the oversight of the statewide medical director or designee of each inmate at least monthly; achieve a therapeutic INR goal within 30 Days of warfarin initiation; use single target INR value as goal endpoint (i.e., target 2.5 range 2.0-3.0); avoid major medication interactions.</p>	<p>Centralizing the review process for patients prescribed Warfarin establishes a review process by the state pharmacist with warfarin dosing adjustments made by the pharmacist under a protocol approved by the state medical director. Allowing for pharmacy participation will improve consistency of prescribing and decrease the burden on site-level providers, allowing them to focus on service delivery. Staff will enter notification of changes or concerns through the review process in the EMR and notify the primary physician. This modification aligns more closely with community standard of care.</p>
<p>IC-060</p> <p>We accept all language for <i>Laboratory Testing</i> preceding the proposed modification</p>	<p>A Clinician shall review all lab results, initial the report once reviewed, and notify the Inmate of all abnormal or unexpected results, documenting patient notification on Form DC4-797H</p>	<p>Notification of labs within normal range or expected results routinely outside of normal range, such may be the case with chronic care patients, is clinically unnecessary and places an undue burden on the system without benefit to the treatment plan or patient. In partnership with the FDC, we will identify an efficient system to electronically notify patients of expected labs and/or establish a process for patients to waive notification of lab notification that are within normal or expected limits, to avoid wasteful use of medical and security services.</p>
<p>IC-070</p>	<p>The Vendor shall ensure its licensed nurses are available on site at all times to provide services within the scope of their licenses and certifications under the direction of an RN either in-person or by telephone or telehealth, if the licensed nurse is not an RN.</p>	<p>In compliance with HSB 15-03-26, pg. 4, <i>this is not to be interpreted as to require a RN to be on premises unless the level of care, as determined by the attending physician, requires such</i>, we recommend the option for telehealth coverage via audio or video conferencing, when patient acuity does not require direct RN assessment or treatment.</p>



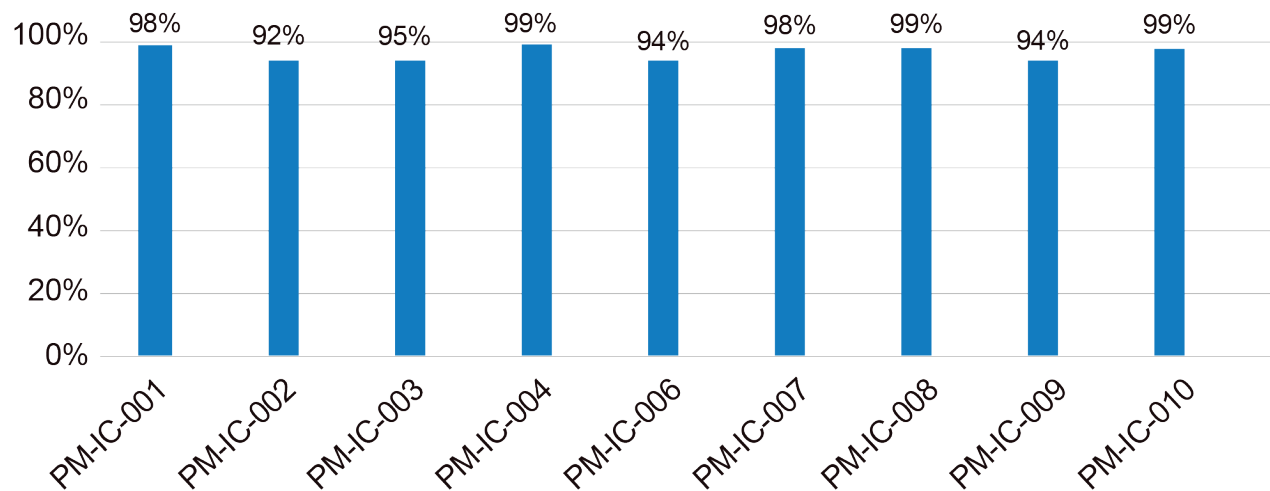
B. Acceptance of Institutional Care Performance Measures

Centurion acknowledges and accepts the 27 Institutional Care Performance Measures listed in ITN Section 3.6.2.4, *Institutional Care Performance Measures*.

C. Ability to Exceed Performance Measures

Centurion currently meets or exceeds performance requirements for PM-IC-001 through PM-IC-011, noted in ITN Section 3.6.2.4, *Institutional Care Performance Measures*. For current institutional care performance measures, we maintain an overall 98% compliance rate for medical and 97% compliance rate for nursing measures. In the graph that follows, we provide our most recent FY2021-2022 Q2 statewide average institutional care performance measure outcomes that will remain in place in the new contract. Due to space limitations, we show these as a statewide average compliance rate. However, we understand that the Department measures most performance compliance results by facility. The current minimum performance compliance threshold for the measures included in this graph is 80%. As the graph below shows, our statewide average compliance rate is well above the 80% minimum threshold.

FY 2021-2022, Q2 Statewide Institutional Care Performance Measure Averages



We recognize that the Department has removed two prior performance measure and introduced 16 new IC performance measures, PM-IC-012 through PM-IC-027, for this ITN. We will meet all performance measures moving forward into the new contract.

We currently provide the FDC with the 11 reports enumerated in ITN Section 3.6.2.5, *Institutional Care Reports* within timelines and formats specified by the Department. Centurion will work with the Department to ensure delivery of institutional care reports that meet FDC objectives and expectations. Currently, all reports are accessible via Centurion’s Collaborative SharePoint or the EMR in real-time.

Of note, for REP-IC-10, the *Bloodborne Pathogen Exposure* report, we have made great strides in improving post exposure treatment for healthcare and FDC staff. In collaboration with the Department, we now provide healthcare and FDC staff access to needed prophylactic treatment until it becomes available in the community. This improved exposure response plan, goes beyond the initial delivery of

the first dose, providing gap treatment at the local FDC healthcare unit until the afflicted staff member is able to access medication through their local pharmacy. Due to the rural locations of many of our staff, these medications may take several days before becoming available. Working together, we have improved safety measures for those impacted by a bloodborne pathogen exposure.

D. Proposed Modifications to Performance Measures

Centurion does not propose any modifications to the 27 performance measures for institutional care enumerated in the ITN.

E. Plan for Providing Services and Meeting All Requirements

The FDC will continue to benefit from Centurion’s commitment to timely access to care, reducing patient complaints/grievances/dissatisfaction with services, avoiding unnecessary complications, decreasing redundancy, and improving patient healthcare outcomes. We recognize that unimpeded access to healthcare services for FDC incarcerated individuals is a constitutional right and an essential national standard for ACA and NCCHC. Centurion will continue to provide the FDC with comprehensive medical services based on medically necessity using evidence-based standards of care.

Methodologies. Centurion, a provider of healthcare services to state correctional systems for 25 years, adheres to all applicable federal, State, and local statutes, rules, and procedures across our programs. Upon contract award, we will continue to incorporate HSBs, FDC-specific manuals, reports, forms, policies and procedures into our delivery of healthcare services, including facility-specific security operation requirements and RMCH Governing Body By-Laws. We will ensure compliance with and documentation for all staff and operational licensure and accreditation standards.

Our staff will comply with FDC conduct and safety guidelines as detailed in Chapter 33-208, F.A.C. and Department policies and procedures. We will meet regulatory and operational standards of care as established by accreditation, federal, and other organizations including, but not limited to, the following:



We will also adhere to Agency for Health Care Administration (AHCA) standards at the RMCH. We will continue to integrate professional standards of care and recommendations from, but not limited to, the following expert medical organizations and agencies into Centurion’s clinical guidelines and protocols.

Recognized National Standards of Care



Our greatest impact comes from a close working relationship with the FDC and the use of the integrated and collaborative care model. We know that collaboration with FDC leadership and facility staff continues to improve healthcare service delivery across the FDC. We will continue to integrate holistic medical, dental, pharmaceutical, mental health and psychiatric treatment in a comprehensive healthcare program, minimizing gaps in care and achieving better healthcare outcomes for FDC incarcerated individuals.

Our experienced and highly trained staff will utilize innovations and the integrated and collaborative care model to address FDC patient needs effectively. We will continue to include reentry services as part of the healthcare continuum, with a focus on addressing social determinants of health and care coordination. Our FDC partners are familiar with our commitment to transparency and continuous quality improvement (CQI). Our comprehensive CQI program will monitor and study major service areas including, but not limited to, the following:

- Intake processing
- Ancillary services (e.g., laboratory, x-ray, physical therapy)
- Medication-assisted treatment
- Nursing services
- Chronic care services including chronic mental illnesses
- Intra-system transfer services
- Onsite and offsite services
- Infirmity services
- Acute care (sick call for general population and segregated housing)
- Specialized mental health unit services
- Discharge planning services
- Medication services including psychotropic medications
- Infection prevention and control
- Grievances

Automation Tools. Our greatest advancement in automation is the **implementation of Fusion EMR**. We know that the use of an EMR improves patient care, creates efficiencies for service delivery, avoids wasteful healthcare, and expands opportunities for CQI analysis. The EMR has allowed migration of FDC patient demographics, integration of pharmacy systems, development of assorted reporting capabilities, and use of over 370 forms organized into one automated system. We recognize the need to continue

maximizing the benefits of the EMR. Our information technology and EMR teams are committed to the on-going review, analysis, and partnerships required to maintain EMR system enhancements and improved functionality.

We implemented **Point of Care Ultrasound Systems (POCUS)** at the following three FDC sites: Santa Rosa and Lake Correctional Institutions, and the RMCH. We are in the process of identifying two additional FDC sites for potential expansion of POCUS. With appropriate training, POCUS allows medical staff of all disciplines to provide onsite, real-time ultrasound for improved diagnostics and provision of treatment. We have been pleased with the benefits of POCUS for our providers. Centurion looks forward to expanding its availability within the FDC. We provide more detail on POCUS below in our response to value-added services.

Centurion Integrated Healthcare Services



Centurion provides **extensive experience and resources dedicated to implementing and/or expanding telehealth services.** This supports a practical and cost-effective means of accomplishing FDC goals for healthcare delivery. We have demonstrated our ability to implement safe and effective telehealth across all Centurion programs, including with the Department. **Over the last 12 months companywide, we have completed, on average, 3,000 telehealth medical contacts per month and over 17,000 telehealth mental health sessions.** Use of telehealth is expanding exponentially as a standard of care. Impacted by COVID-19, telehealth is a generally accepted alternative to in-person assessment and treatment. We have used telehealth to address critical healthcare needs such as endocrinology, oncology and neurology. We are excited about evolving opportunities to increase telehealth use in FDC facilities, including expanding unit based care and bolstering remote provider access. We know that by partnering with FDC to explore additional ways to expand telehealth utilization, we will continue to improve patient care and reduce demands on security staff by minimizing requests for offsite transports for specialty care. We are committed to furthering our evidence-based telehealth services for the FDC.



Centurion implemented Point of Care Ultrasound Systems at three FDC sites allowing automated onsite real-time ultrasounds for improved diagnostics and provision of treatment.


We provide additional automation tools in use that support IC services in our response to ITN Section 3.6.1, *Program Management Service Area*, to include Tableau, SharePoint, ER Tracker, TruCare, and Kronos. Due to space limitations, we do not repeat these tools here; however, they are key tools in operationalizing healthcare services.

Resource Usage Plan and Approach. Centurion’s detailed staffing plan ensures that we have sufficient resources to perform the services required by the FDC. We work closely with the FDC to accommodate increases or changes to our resource plan based on fluctuating institutional needs, healthcare or other emergencies, such as the COVID-19 pandemic, and other issues. We provide detailed information about our staffing plan, including the staff we will use to provide healthcare services in our response to the

following question and in ITN Tab B, *Experience and Ability to Provide Services*, subsection B.5, *Personnel*.





Centurion will provide the needed resources to ensure successful delivery of medical services, including staff, equipment, technology, innovations, input into policies and procedures, clinical guidelines or manuals, and other resources. For example, we modified our site based medical director oversight, expanding administrative and clinical supervision responsibilities to include multiple FDC sites and filling onsite provider hours once covered by the medical director with a frontline provider to focus solely on providing patient care. Additionally, if the FDC approves our proposed staffing plan, we have included additional opportunities for remote supervision and continuing education of mid-level providers. We have also implemented an urgent care model of care by assigning ARNP to the sick call process at 16 FDC facilities. The urgent care model provides access that is more direct to a mid-level provider for conditions determined appropriate through triage. This model proves to be efficient and increases staff and patient satisfaction while decreasing demands on security staff by eliminating multiple encounters. We currently have on-going CQI studies to determine impact on patient grievances and total clinical encounters.

Processes. Centurion’s staff, services and processes will not deviate from the requirements set forth in this ITN. We realize that the cornerstone of our healthcare delivery process is the quality and effectiveness of the healthcare services we provide. As such, we place special attention on making sure that our healthcare providers have the requisite experience, training, and licensure to provide evidence-based and appropriate services for FDC incarcerated individuals. We use detailed policies and procedures to manage the credentialing process of our licensed staff at hire and on a bi-annual basis thereafter. We will continue to use Aperture to facilitate the credentialing process for our providers as shown on the following page.



Aperture™: Making the Credentialing Process Easier

Centurion has partnered with **Aperture Credentialing, LLC** to manage, monitor, and organize our credentialing requirements and services. We use Aperture’s **CredentialSmart (CredSmart)** platform to manage credentialing files, retrieve primary source data, and communicate credentialing data throughout each of our contracts.

FUNCTIONALITIES	BENEFITS
<ul style="list-style-type: none"> ▪ Utilization Review Accreditation Commission (URAC) accreditation ▪ Certified for 10 out of 10 elements set by the National Committee for Quality Assurance (NCQA) ▪ Fully compliant with the Joint Commission ▪ Communicative, web-based and privileging management system ▪ Over 8,000 licensed staff <div style="display: flex; justify-content: center; align-items: center; margin-top: 10px;">   </div> <div style="display: flex; justify-content: center; align-items: center; margin-top: 10px;">  </div>	<ul style="list-style-type: none"> ▪ Reduce time and resources spent on credentialing ▪ Provide real-time, accessible credentialing services ▪ Eliminates inefficiencies and monitors credentialing expirables through Actionable Item Triggers that alert the healthcare professional and Centurion contract manager ▪ Allow Centurion internal contract monitors to review and audit credentialing record maintenance and credentialing process with a click of a mouse <div style="text-align: right; margin-top: 10px;">  </div>

We will provide our healthcare staff with an FDC-specific comprehensive employee orientation. Our comprehensive and competency-based New Employee Orientation (NEO) Program includes several training modules, some of which are for all employees, others discipline or role specific. Orientation for new Centurion staff includes EMR training, the completion of formal classroom orientation and training as well as on-the-job training. Our NEO include employee specific topics, such as Centurion code of conduct, HR policies and procedures, employee benefits information, confidentiality and protecting personal information, along with sexual harassment/workplace policy. They also include learning management system courses, such as PREA overview, suicide prevention, HIPAA, confidentiality, hazardous communication, access to healthcare, UM and review, infection prevention and control, along with others. Contract specific orientation components also make up our NEO.

In addition to the Centurion new employee orientation, we provide discipline-specific orientation and training requirements for the following Centurion staff providing services in our medical programs:

- Nursing Staff
- Medical Providers
- Psychiatric Providers
- Dentists
- Administrative and Clinical Leadership

Our Centurion of Florida nursing and medical staff also receive 16 hours of contract specific education from our nurse educators during the on-boarding process. This training occurs in four-hour increments, over a four-day period, each week.

As noted above, Centurion promotes an integrated and collaborative healthcare model and is committed to addressing FDC incarcerated individual's healthcare needs in a timely and holistic manner. Our healthcare staff will screen for mental health, dental health, and medical health concerns during routine services, including but not limited to chronic care encounters, sick call, health assessments, preventive care contacts, physical exams, and infirmary or specialized housing admission assessments and daily rounds. Our healthcare services program will continue to include, at a minimum, the following:

- Patient orientation to available healthcare services
- Intake history and physical
- Periodic health examinations
- Health education and self-care
- Access to sick call and provider clinics
- Diagnostic healthcare services
- Management of chronic, serious, and infectious diseases
- Access to specialty care services
- First aid and emergency care services, including use of force examinations
- Hospital services
- Infirmary care
- End-of-life program (palliative and hospice care)
- Dental services
- Women's health and pregnancy services
- Geriatric health
- Behavioral and mental health services
- Reentry services

Our goal is to provide primary care services through a designated medical provider specific to the FDC facility. The ability to provide continuity of care through a consistent primary care provider ultimately serves to improve the quality of care delivered. Centurion's approach to onsite provider service delivery using a primary care model includes:

- Care coordinated by a medical provider with support from healthcare team
- Treatment/care plan implementation by a multidisciplinary healthcare team
- Timely treatment of illness and injury
- Early detection of disease
- Management of chronic disease
- Referral to specialty providers, as clinically indicated, for diagnosis and treatment
- Health promotion and maintenance
- Patient education with focus on patient involvement in wellness maintenance and support
- Health screening and assessment
- Provider sick call
- Chronic care/disease management
- Infirmity care treatment and management
- Ordering and monitoring of specialty and diagnostic services and associated treatment planning
- Management/care coordination of offsite emergency care and hospitalization

Centurion implements a primary care treatment approach focused on five core elements. We apply these core elements to all levels of provider care and guide all aspects of care and treatment throughout a patient's incarceration:

1. Providing the right care at the right time and in the right setting
2. Strong multidisciplinary and coordinated care team under primary care provider leadership
3. Comprehensive and focused patient assessment to determine treatment and health needs
4. Multidisciplinary patient-centered care that educates and promotes self-care
5. Robust facility and community-based care options with comprehensive physician networks

Our providers have access to multiple tools and resources to improve patient health, including:

- Centurion *Disease Management Guidelines, Clinical Guidelines, and Prescribing Guidelines*
- Centurion disease-specific educational patient handouts
- Centurion health-promoting educational patient handouts
- Centurion's *Guideline in Integrated Treatment Planning for Co-Occurring Disorders*
- Clinical consultation through Centurion's corporate chief medical officer, and our regional medical directors, statewide medical director, statewide UM medical directors, lead Hepatitis C coordinator, statewide psychiatric director, and statewide pharmacy program director
- Online access to **UpToDate**, **EBSCO**, and **Krames**
- Infectious disease consultations
- Pharmacotherapy consultations through Centurion's Pharmacy Management team
- **RubiconMD** for consultation when specialty care referrals are under consideration but criteria are uncertain or a second opinion in care from a specialist is desirable

Centurion nursing staff will implement provider orders and attend to patient healthcare needs within their scope of licensure. Nursing staff will continue to use the FDC *Nursing Protocols* to provide guidance to deliver first aid and medically necessary interventions that promote, maintain, or improve FDC patients' optimal health status. We have converted these status-related FDC nursing protocols into electronic format in the EMR. Additionally, we will continue to train nursing staff to use Centurion's *Nursing Mental Health Guidelines* to assist nursing staff in structuring the assessment and interventions in emergency mental health situations.

We will continue to ensure that all FDC incarcerated individuals have ongoing access to healthcare services, regardless of disciplinary status or assigned housing. We will continue to work with the department to identify opportunities for remote and on-unit services where appropriate, minimizing demands on security, creating efficiencies for providers, and improving patient satisfaction. We have seen the success with FDC's implementation of remote access of education resources through Department issued tablets provided to incarcerated individuals. We look forward to further collaboration and expansion of this type of innovation to improve timely access to healthcare resources and services.

We are also committed to identifying opportunities to address system needs for expedited healthcare. Examples of our success in delivering timely and/or needed access to healthcare for FDC incarcerated individuals includes the allocation of mass COVID-19 testing and vaccination clinics across FDC sites, our dental strike teams used to manage wait times and backlogs when indicated and our mental health floater program covering shortages at sites. Our regional and centralized staff will also continue providing coverage and services as necessary to assist FDC facilities in need. Our regional infectious disease case managers assist in the evaluation and treatment, and provide patient education and counseling of HCV patients across FDC facilities. Regional staff will be able to extend their support of facilities by utilizing telehealth equipment and remote EMR access to review labs and imaging when needed, and to provide support to address patient backlogs should they occur.

Program Achievements. Centurion has completed the following achievements in our current partnership with the FDC:

- **COVID-19 Response** – Throughout the pandemic, we have worked with the Department to identify efficient and practical responses to mitigate the risk factors involved with the spread and treatment of COVID-19. As noted above, we instituted mass testing and vaccination clinics across the state helping to prevent the spread of the virus. We also established a distribution and treatment process for monoclonal antibody treatment on the first day of a COVID-19 diagnosis. We created a regionalized system for vaccine and personal protective equipment (PPE) storage and implemented a protocol for the timely distribution of these items. These efforts helped ensure the safety of FDC staff and incarcerated individuals.
- **Natural Disaster Emergency Response** – During hurricanes *Michael* and *Irma*, and the many other natural disasters that the Department has encountered since 2016, including forest fires and floods, Centurion activated our emergency response protocols. We ensured the delivery of necessary onsite services and staffing at FDC facilities that remained opened, and supported the treatment and relocation of FDC incarcerated individuals at FDC facilities that required closure. Our strong relationships across the Department helped to facilitate effective communication and timely execution of emergency interventions. Following the hurricanes, our information technology (IT) team went into closed FDC facilities to relocate computers, printers, and other needed IT equipment to FDC facilities responsible for relocated incarcerated individuals. Our IT

team set up temporary workstations to ensure that necessary medical services would still be available.

- **Partnership with FDC Leaders and Frontline Staff** – Over the last six years, Centurion leadership has met weekly with FDC OHS leadership to continuously review and improve provision of healthcare. Dr. Lay and Dr. Pages serve as voting members for the Pharmacy and Therapeutics Committee, and Dr. Lay is a member of the RMC Board of Governors. At the site level, our health service administrators work closely with the Wardens and other facility administration to ensure access to care for all FDC incarcerated individuals. Moving forward our leaders will continue to be available and eager to collaborate with the Department. A highlight of our partnership is the joint presentation provided at the January 2022 ACA conferences demonstrating best practices between FDC and Centurion

- **Academic Affiliations** – Our academic affiliations program helped establish a relationship with NOVA University and Miami Dade College to provide onsite rotations for physician assistants and nurse practitioners. This helped to promote healthcare in corrections, while providing students with training opportunities and FDC patients with additional service delivery. Our academic relationships with eight academic institutions include the following:
 - St. Thomas University – Nurse Practitioner
 - Nova Southeastern – Psychiatric Residency - Lake
 - Nova Southeastern – Psychiatric Residency - Zephyrhills
 - Nova Southeastern – Correctional Medicine Fellow
 - Miami-Dade – PA Program
 - Keiser University – Nursing Students, RN to BSN
 - South University – Nurse Practitioner
 - University of Florida – Nurse Practitioner
 - Florida International University - Nursing - BSN

We recognize the importance of strong academic affiliations. Presently, we plan to add additional relationships at Nova Southeastern for nursing and dental students, Florida State University for nursing students, and Walden University for nurse practitioner students. We are excited to bring these programs on board to provide a quality experience in a correctional healthcare placement, as well as increase our opportunities for recruitment of experienced professionals. We have successfully recruited two full-time psychiatric providers from our relationship with Nova Southeastern, and currently employ 15 former interns or residents as part of our mental health staff.

- **HCV Treatment** – During the course of our current contract, we have worked with the FDC to expand and enhance infectious disease management across FDC facilities. We worked in partnership with the Department in implementing a successful HCV program that has screened over 118,000 incarcerated individuals and treated more than 8,000 patients. Among patients who remain incarcerated with the FDC, 4,441 have achieved sustained virologic response (SVR), resulting in a **98% SVR rate**. Through our dedicated team of HCV nurses, specially trained in the necessary screening and treatment of HCV, Centurion will continue to ensure all incarcerated individuals have timely access to HCV screening and subsequent treatment as clinically indicated.



- Hernia Treatment** – When Centurion first partnered with the FDC there were hundreds of FDC patients pending hernia treatment; so much so that a court order had been issued. Centurion promptly began evaluation of more than 3,000 patients, diagnosing and providing hernia treatment for over 2,500 FDC patients between 2016 and 2021. Centurion continues to provide FDC patients with access to evaluation and treatment as clinically indicated and in 2022 (YTD), only 12 patients have required hernia treatment, with no backlog of FDC patients pending hernia treatment, supporting the closure of the previously issued court order.
- Gender Dysphoria Treatment** – Centurion has provided the evaluation of over 300 FDC patients for consideration of a gender dysphoria diagnosis. Of those patients confirmed to have the diagnosis, we offered and approved all patients for hormone-based treatment. For approximately 150 patients choosing to accept hormone treatment, we actively monitor and provide gender responsive healthcare.

F. Services and Staff Resources Provided at FDC Facilities

Program Oversight and Clinical and Administrative Staffing Levels for Institutional Care. Our leadership team will include all the positions identified in ITN Section 3.6.1.2, *Program Management Minimum Requirements*, surrounding Institutional Care leadership positions. These positions will provide appropriate oversight to ensure all healthcare operations within each region are carried out in accordance with the requirements outlined in this ITN. Our statewide Institutional Care leadership team includes the following required ITN positions for each site:

Institutional Care Leadership Team Positions

Statewide Leadership Position Title in ITN Section 3.6.1.2
Health Services Administrator
Chief Health Officer/Site Medical Director
Psychological Services Director
Director of Nursing
Assistant Director of Nursing
Nurse Manager
Infection Control Nurse
Dentist

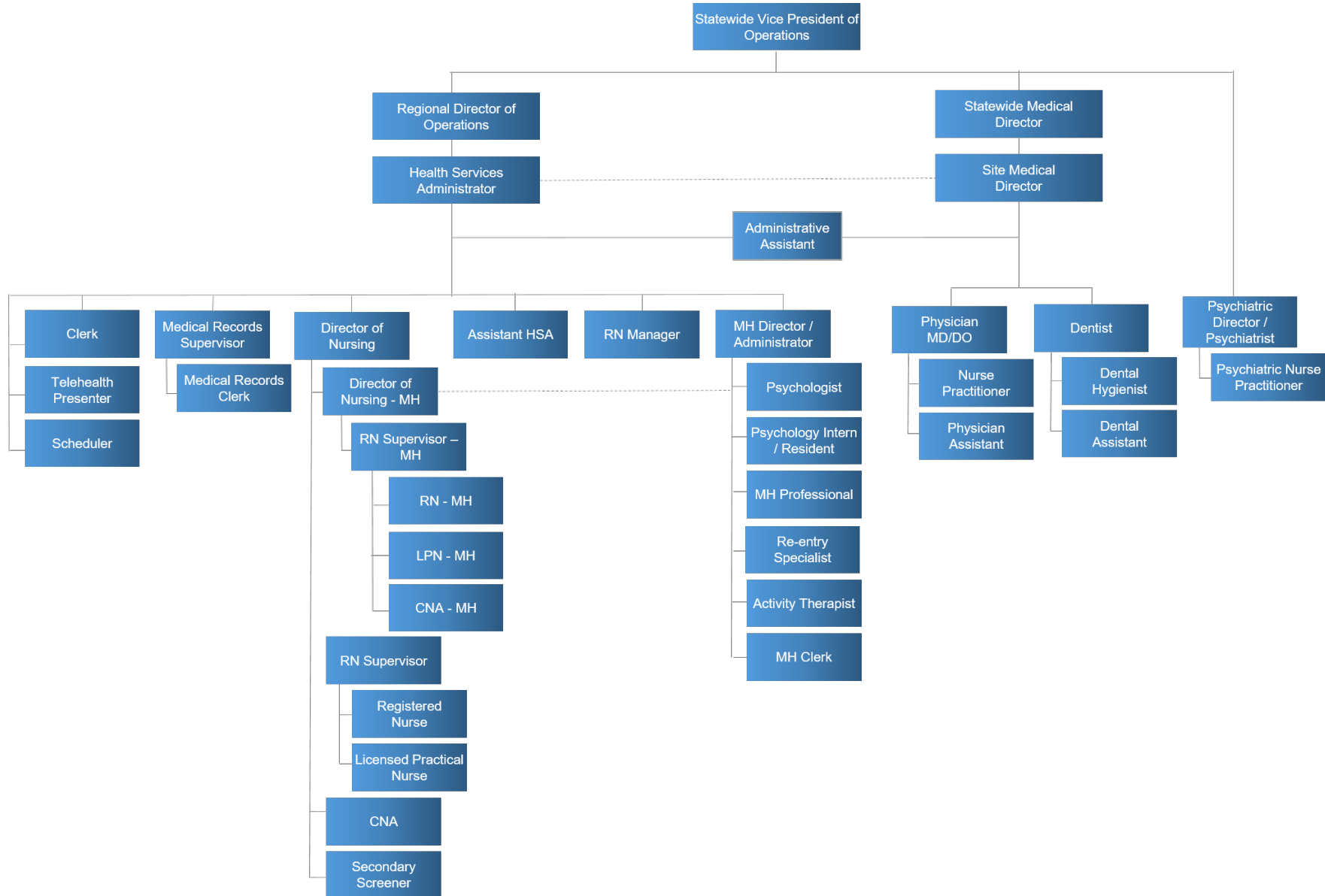
We will continue to provide regional and site based leadership to ensure that the healthcare delivered is consistent, quality, and contract compliant across FDC sites.

For the ease of the reader, we provide the Centurion of Florida staffing plans for each region and facility at the end of Tab D, immediately following our response to ITN Section 3.6, *Healthcare Services*.

Below, we provide an organizational chart that further outlines our lines of authority and leadership roles statewide for institutional care at each site.



Institutional Care (Site Level) Organizational Chart



G. Cost-Savings for Institutional Care Services

Centurion of Florida has worked with the Department throughout the COVID-19 pandemic to maximize staffing through shift incentives for key healthcare positions. Since January 2021, we have assumed over \$550,000 in staffing incentive payouts over and above the approved billable amount, not billed back to the State. We will continue to partner with the Department to recruit, retain, and incentivize healthcare staffing at FDC sites to ensure delivery of services.

Moving into the next contract, Centurion recommends that the FDC consider the following opportunities to achieve cost-savings:

Expansion of Wound Care Services. Our excellent wound care services available at the RMCH have proven to support quality and cost effectiveness. We suggest consideration for expanding designation of FDC facilities with onsite wound care available. This includes an on-call suturist, which we have successfully implemented in the Florida program. Additionally, we will expand our purchasing formulary to include the appropriate equipment and supplies needed, decreasing expense related to by-patient ordering.

Dilated Fundoscopic Exams. Centurion is currently providing a pilot program at 10 FDC facilities to delivery dilated fundoscopic exams using digital diagnostics. We are using artificial intelligence (AI) in the exam to evaluate diabetic retinopathy for patients, decreasing the need for ophthalmological dilation. Expansion of this service will result in cost-savings through decreased need to use optometry subcontractors for patient evaluation. We discuss the IDX-DR diabetic retinopathy machines in more detail below in Section H, *Value-added Services*.

Expanded Telehealth Services. Throughout the FDC there are opportunities to expand evidence-based telehealth services, including weekend coverage of Director of Nursing hours, infirmary back-up coverage for rounding protocols, expanded provider sick call, and expanded nursing consult methods. Below, we discuss our telehealth services in more detail. Expanded use of telehealth will help decrease provider vacancies and increase satisfaction, as well as increase real-time consultation and provide service delivery for patients. Centurion will also expand the numbers of specialty services available through telehealth, thus improving compliance rates with attending these appointments while simultaneously reducing transportation needs.

Enforcement of the Laboratory Formulary. To decrease waste and realize cost-savings, we will implement enforcement of the laboratory formulary through the EMR. By providing and enforcing a formulary for laboratory services, we decrease the number of patient draws by streamlining laboratory codes to address all of the patient's diagnostic needs in one order. This eliminates wasteful lab orders and decreases needed supplies, with an expected an estimated \$1 million dollars per year realized in lab cost savings.

Medical Supplies Formulary. Under the guidance of the statewide medical director and director of nursing, Centurion implemented a medical supplies formulary across the healthcare program to streamline purchasing of medical supplies to the most cost-effective and appropriate purchases. This process helps to ensure that all FDC sites have access to consistent supplies and equipment based on the healthcare needs of the facility. Any supplies requested outside of the formulary go through a non-formulary review for approval by medical leadership. This process results in cost-savings to the Department.

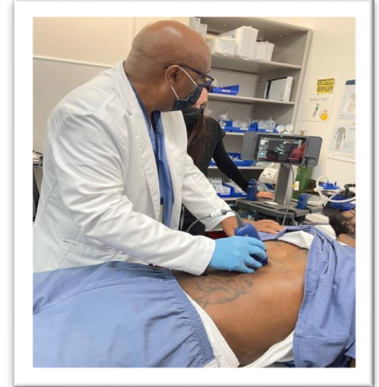
H. Value-Added Services for Institutional Care

Point of Care Ultrasonography (POCUS). Centurion is constantly researching the latest innovations in community healthcare to transfer into our healthcare programs. A powerful tool that has promise for improving bedside diagnosis and treatment plans is Point-of-Care Ultrasound (POCUS). POCUS is a high-resolution imaging device that provides real-time synchronization of three signals – a stethoscope, ECG, and ultrasound – as an all in one, easy to use handheld. Several professional medical associations such as the American College of Physicians promote this technology. Centurion has already implemented POCUS in Florida.

With the hand-held POCUS device, a Centurion practitioner can conduct rapid assessments and perform tasks such as locate a foreign body in the abdomen, find gallstones, determine if a bladder is full, find an otherwise difficult to access vein, identify internal bleeding in the abdomen or the collapse of a lung. The ability to scan a patient as part of the clinical exam significantly improves the ability to make real-time diagnosis or treatment decisions.



Centurion of Florida employees training to use the Kosmos Ultrasound



Centurion evaluated several POCUS units and selected a device called Kosmos that has an added feature of state-of-the-art artificial intelligence. This feature labels images on the screen for the clinician, guides the positioning of the probe, and performs calculations such as the ejection fraction of cardiac output. Conventional imaging requires more formal testing and complex processes to collect this information.

The conventional approach to ultrasound takes much more time to order and perform, and removes the practitioner from direct interpretation of the findings. Conventional ultrasound also requires ordering the test, scheduling the technician to perform the test at a future date, bringing the machine into the facility or transporting the patient to a center, waiting for the radiologist to interpret the test and return the report. Centurion is also using POCUS to assist in blood draws with improved vascular access, placement of needles for joint injections or aspirations, facilitation of intravenous access, and guidance for needle placement in paracentesis and thoracentesis. Each of these onsite interventions averts the need to send patients off site for similar procedures and improves the efficiency and effectiveness of care.

In Florida, we have begun use of POCUS at Santa Rosa, Lake Correctional Institution, and the RMC. The next institutions planned for POCUS devices are Suwanee Correctional Institution and Northwest Florida Reception Center. Ramon Bassa, MD, CCHP, has successfully used POCUS at the RMC to do sonogram-guided paracentesis, emergent thoracentesis, central line placements, and peripheral vein finders, as well as FAST exams (a rapid assessment following trauma to identify internal bleeding or organ compromise), and some cardiac evaluations and foreign bodies verification and extractions. Using POCUS supports Dr. Bassa's clinical assessment and delivery of accurate care with patient comfort in mind.

Centurion has conducted series of trainings for practitioner and nursing staff at the select Florida sites with this technology in place. We designate super-users to provide virtual didactics and training videos, CME course reimbursements, vendor onsite hands-on training, and competency demonstrations, to ensure that our providers and nurses are able to use the technology effectively and within their scope of practice. We provide onsite, hands-on implementation and training of POCUS, available to a range of disciplines. The use of POCUS is intended to complement diagnosis and treatment, not replace approved clinical guidelines and establish standards of care. We have found that POCUS supports providers with real-time uncertainty and improves clinical decision-making.

Diabetic Retinopathy Machines. Diabetic retinopathy is a leading cause of vision loss and blindness, and can often progress without symptoms or warning. Annual screening of persons with diabetes by an optometrist or ophthalmologist has been the standard approach for early identification and prevention of this condition. Early identification allows earlier interventions, which may halt progression of the retinopathy and thereby preserve vision. In the correctional environment, annual screening often involves scheduling patients for specialist examinations, the demand for which has grown since access to specialists has become limited as a result of the pandemic.

Through our partnership with **Digital Diagnostics**, Centurion has secured the use of **IDx-DR**, an artificial intelligence (AI) diagnostic system, and is launching the use of the digital diagnostic tool for screening of diabetic retinopathy. This **NEW** technology autonomously evaluates patients for diabetic retinopathy, including macular edema, by using digital optometrists and AI algorithms, all while performing the exam within a prison clinic setting without the need for the onsite specialist. IDx-DR provides reliable point-of-care results without inherent bias or interpretative errors. FDC patients' will benefit from improved access to care for screening of diabetic retinopathy.



Photo of AI Retinal Exam Machine

Additional benefits of using the IDx-DR machine onsite include:

- A more objective rating is obtained, allowing for better monitoring of changes over time
- Approximately 75-80% of exams can be completed without dilation, improving work flow efficiency and patient satisfaction
- Simultaneous completion of the annual diabetic clinic and the diabetic retinopathy screening
- Decreased demand for and improved work flow efficiency with optometry services
- Decreased need for patient movement and transportation
- Decreased need to schedule the optometrist onsite

The onsite eye exam will take approximately 10 minutes with the computerized equipment providing three results: Diabetic Retinopathy Detected - Refer to an eye care specialist, No Diabetic Retinopathy Detected - Retest in 12 months, or Exam Quality Insufficient. Centurion of Florida staff are currently undergoing training in the operation of the IDx-DR equipment and interpretation of results. Provider competence and satisfaction with the tool will be monitored through our quality improvement

process. Additional quality performance indicators will include access to screening for those with diabetes, timeliness of exams, time for referral for retinopathy treatment, if needed, and patient satisfaction.

We are currently in the process of rolling out an IDx-DR pilot program at 10 FDC facilities by September 2022. Sites will include reception centers to expedite diabetic retinopathy evaluations for new gains and FDC sites with the largest diabetic patient populations in need of annual retinopathy screening. By strategically placing the machines at the highest volume sites, we will be able to maximize patient care, while minimizing costs and inefficiencies associated with onsite specialty provider clinics. We are confident that IDx-DR is just one of the innovative and cost-saving ways that Centurion will help the FDC improve care for FDC patients moving forward.

Telehealth Services and Centurion Corporate Telehealth Department. Centurion has implemented several innovative telehealth programs, including for the FDC, to address the dynamic healthcare needs in a correctional setting. In another correctional program, we piloted the use of hardened “harsh environment consoles” to enable patients to be seen in their residential units, as well as utilized secure tablets for telehealth services where appropriate. We have begun discussions with the Department to implement such devices for the FDC. Our telehealth systems team will demonstrate the capabilities available to the FDC through telehealth technology. This includes Point of Care Ultra Sound (POCUS) technology, wireless and remote use telehealth workstations that include peripheral attachments such as ECHO stethoscope, exam and dermatological camera and otoscope for patient assessment, and expansion of tablet use for the delivery of healthcare to incarcerated individuals.

Ethan Pinkert, Telehealth Systems Manager, and Norman Knippen, MBA, CCHP, Director of Operational Development for Telehealth Systems, leads our corporate telehealth systems team. They will continue to work with FDC leadership to ensure a clinically appropriate, and cost efficient approach to telehealth utilization, including clinical, operational, and technical processes.



Ethan Pinkert
Manager, Telehealth
Systems



Norman Knippen, MBA, CCHP
Director of Operational
Development for Telehealth
Systems

Additionally, in January 2021, our corporate telehealth management team received notice that we have obtained *Telemedicine Accreditation Program (TAP)* accreditation, the highest level of telehealth accreditation in our industry, through URAC.

Focus on Wellness. Our **Focus on Wellness** program helps patients with chronic care conditions by providing telephonic education and support to promote medication compliance, adherence to treatment guidelines, healthy behaviors, and improved health outcomes. Related to diabetes, the program has achieved an A1C reduction in active patients who have participated in the program. Graduates of the program utilize these skills in their post-discharge lifestyles, thus decreasing recidivism and increasing overall wellness in the community. *Focus on Wellness* complements the care that Centurion’s onsite chronic care teams already provide. The program’s health coaches support the patient’s treatment plan by providing guidance on how the patient can gain control of and improve his or her health. The health coaches are an additional resource for onsite chronic care teams when it comes to educating patients on



self-monitoring and helping them set and reach their health goals. In Florida Region IV in 2021, the 30 patients with diabetes in four participating FDC facilities who enrolled in the program completed 62 sessions and achieved an average A1c reduction of 0.9 points.

Health Promotion for Female Patients. Initially piloted with the FDC, Centurion continues to provide access to Centene Shared Services’ **Healing, Empowerment, and Resources (H.E.R.)** program within the FDC. The H.E.R. program includes educational offerings in both softcover and electronic book format downloadable to a tablet or iPad and promotes physical and behavioral health well-being for female patients, encouraging habits that nourish their bodies and promote general well-being. The Centurion’s *H.E.R. Journal* received the 2018 Hermes Gold Award for Print Media/ Publications/ Book and 2018 Decision Health’s Platinum Award for Outstanding Achievement in Care Coordination and Specialty Programs: Women’s/Children Case Management. Centurion’s commercially created *H.E.R. journal* for patients with children at home helps support mental health and wellness for our patients and are excellent adjuncts for patients upon release.



To round out our H.E.R. series of books, **Alex’s Mom is Away**, addresses the psychosocial impact of having a parent incarcerated. The 16-page activity book discusses the challenges that children and families face when a mother or female guardian experiences incarceration, and delicately describes various aspects of incarceration from arrest, relationship with police officers, trauma, a description of a correctional facility and visitation with a loved one. The book encourages communication with entrusted resources such as a school nurse, counselors and other family members.

We will also continue to provide our staff access to online education and consulting resources, such as:



Krames Library, an online library with up-to-date information on a broad range of healthcare related topics. These resources are accessed by healthcare staff and printed, as needed, for patients in their care. This valuable resource provides healthcare information on over 4,000 topics in both English and Spanish.



UpToDate, an evidence-based, physician-authored, on-line clinical decision support resource. While not directly accessed by patients, the information gained by healthcare staff is often shared with patients as part of the patient education component of each healthcare encounter.



RubiconMD, a web-based eConsult system. This resource provides our medical providers quick access to clinical specialists, who provide consultation at the point of care and increase our ability to make clinically informed decisions. Results often shared with patients as part of the patient care and education process.



EBSCO is the leading provider of evidence-based clinical decision support solutions, shared decision-making resources, health care business intelligence and peer-reviewed medical research information. Their clinical decision support tools help improve patient outcomes, increase patient engagement, and support value-based care.



Centurion Central is an website boasting thousands of internal and external resources for employees such as webinars, trainings, videos, libraries, journals, open subscriptions, education, policies, and more. Employees can navigate amongst tools to guide them in their day-to-day practice. Centurion Central has an entire dedicated space to the Integrative and Collaborative Healthcare Model, a strategic pillar of Centurion’s company vision.

3.6.3 Dental Care Service Area

A. Acceptance of Dental Care Service Area Minimum Requirements

Centurion has reviewed, acknowledges and accepts each of the 35 Institutional Dental Care requirements itemized in ITN Section 3.6.3, *Dental Care Services*. We have closely reviewed the dental care requirements provided by the Department. We acknowledge that there are five new dental requirements, IDC-019, IDC-020, IDC-033, IDC-034, and IDC-035, for this ITN. As summarized later in this section, we currently perform all the remaining requirements set forth in this section.

Centurion has worked with the FDC to improve dental services statewide across all FDC facilities where we provide this service. Centurion is committed to continuing to improve dental services and has invested in new equipment to increase efficiency and capacity at FDC facilities. When Centurion assumed responsibility for dental services in 2017, the dental equipment was in disrepair and failing quickly. Centurion has replaced and added equipment to include 99 operatory chairs, 20 autoclaves, 12 vacuums, five compressors, three panorex machines, 66 scan-X machines, five x-ray machines, six Nomad x-ray machines, one hydrim sterilizer, and several other large equipment items between 2017 to present.

We will continue to work with our information technology department to address bandwidth issues to ensure use of the EMR at its full capacity. Finally, we have assessed our dental staffing needs and we look forward to discussing with the Department the best use of dental hygienists and assistants to maximize dental services delivery across the program. We will continue to track, trend, and monitor our dental services as part of our continuous quality improvement process and recommend or implement changes based on the findings.

We have no proposed modification for the dental services program management requirements.

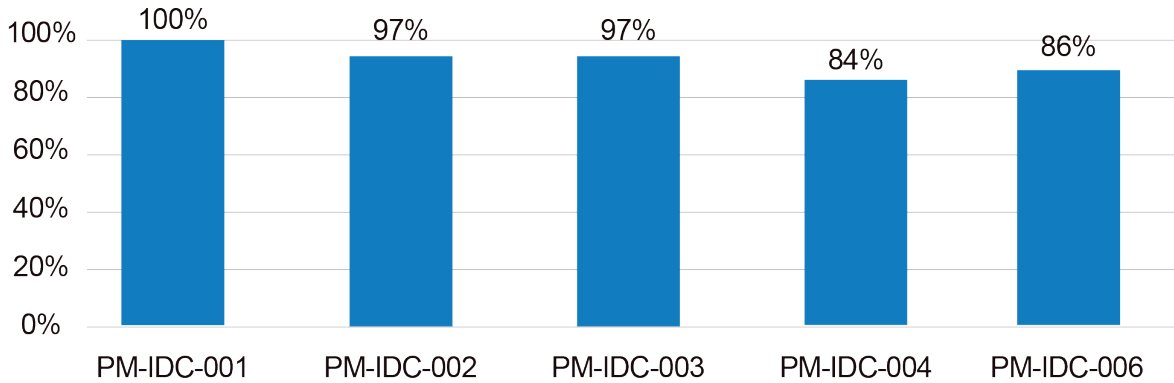
B. Acceptance of Dental Care Service Area Performance Measures

Centurion acknowledges and accepts the 10 Dental Care Performance Measures listed in ITN Section 3.6.3.4, *Dental Care Services Performance Measures*.

C. Ability to Exceed Performance Measures for Dental Care Services

For overall dental care performance measures, we have steadily increased performance measure compliance to 92% over the last three quarters, a 19% improvement since the first quarter of 2019. Centurion currently meets or exceeds performance requirements for PM-IDC-001 through PM-IDC-004 and PM-ICD—006, noted in ITN Section 3.6.3.4, *Institutional Dental Care Performance Measures*. Below, we provide our most recent FY2021-2022 Q2 statewide average institutional dental care performance measure outcomes. Due to space limitations, we show our results as a statewide average. However, we understand that the FDC usually measures performance measure compliance by facility. Currently, the performance compliance thresholds per facility is 80% for each of the shown performance measures. As the following graph shows, our statewide average performance rate for each of these measures is above the current 80% compliance threshold.

FY 2021-2022, Q2 Statewide Institutional Dental Care Performance Measure Averages



We recognize that the Department has removed one prior performance measure and introduced five new dental performance measures for this ITN. Centurion does not propose any additional performance measures related to dental care.

We recognize that there are performance compliance deficiencies for dental services at some maximum-security institutions, such as Florida State Prison (FSP) and Union CI, as well as facilities with specialized program units that require 1:1 security escorts for healthcare appointments, such as the Jackson Administrative Management Unit (AMU). Centurion appreciates the collaboration that has gone into addressing access to care barriers. We are committed to continuing to work with the OHS and facility Wardens to improve access to care for patients, regardless of security level or housing assignment. We are confident that by working together we will comply with the required performance measures for dental services at all FDC sites and that our demonstrated 19% overall performance improvement and statewide averages are evidence of our ability to achieve this objective.

Another example of our ability to implement creative, new solutions to meet dental performance measures is our establishment of a “strike team” response at Calhoun, Liberty, Union, Martin, Okeechobee, Walton, Hamilton, and Franklin in January, 2021. Our dental strike teams saw as many as 70 patients a day for up to three days at a time, and at some facilities treated 210 patients a week. We then continued to manage dental services through dental audits, providing staff education, and implementing screening schedules to track wait times and service completion at each facility. Our dental leadership team initiated a second wave of dental strike team support in May 2021, after evidence that wait times were increasing, avoiding non-compliance and system overload.

We currently provide the FDC with the three reports enumerated in ITN Section 3.6.3.5, *Institutional Dental Care Reports* within timelines and formats specified by the Department. We will work with the Department to ensure delivery of dental services reports that meet FDC objectives and expectations.

D. Proposed Modifications to Dental Service Performance Measures

Centurion does not propose any modifications to the performance measures for dental care services enumerated in the ITN. However, for PM-IDC-002, it is Centurion’s expectation that our healthcare staff pick up, review and triage all sick call requests daily in compliance with NCCHC Standard P-E-07,

Nonemergency Health Care Requests and Services.

This is important to ensure that our staff quickly identify and assess any emergent concerns. If dental staff are not onsite, our trained nursing staff will initially triage identified dental HSRs within 24 hours, followed by a dental professional review and triage within the allotted 72 hours.

Performance Measure – IDC-02

“Inmates signing up for dental sick call are triaged within 72 hours of receipt of the sick call form”

E. Plan for Providing Dental Services and Meeting All Requirements

Methodologies. Centurion will provide oral care services to FDC incarcerated individuals in accordance with ACA Standard 5-ACI-6A-19, *Dental Care*, and NCCHC Standards P-E-06, *Oral Care*. Centurion adheres to evidence-based clinical practice guidelines for dental services and American Dental Association (ADA) Standards and our dental services program will be under the direction and supervision of a dentist licensed by the State of Florida. Dental staff will also follow contemporary infection control procedures consistent with practices defined by the ADA and the Centers for Disease Control and Prevention.

We will continue to adhere with Rule 33-402.101, F.A.C., Dental Services, and the HSB 15.04 series, to include Supplement H, Section O, *Dental Care Services*. We will also adhere to the four level system, as detailed in Supplement C, Section B, Levels of Dental Care, when providing dental services and developing patient treatment plans. We will utilize FDC Forms DC4-735 or DC4-764 within the EMR to document the patient’s dental treatment plan based on a clinical examination and diagnostics that include pathology/cancer examination, full mouth radiographs, periodontal screening and recording, periodontal charting when indicated, a plaque evaluation, and all appropriate charting to the patient’s health record.

Additionally, Centurion has developed *Dental Nursing Protocol Guidelines* to guide nursing staff in assessment of dental complaints and action steps to take in addressing them. Based on the medical staff’s assessment of the patient and in consultation with the on-call provider, the patient will receive necessary medical care to stabilize or treat the urgent or emergent condition, including pain control or antibiotics as ordered by the on-call provider, with consultation and/or referral to dental services for follow-up assessment or treatment during regular work hours. A qualified dental provider will continue to see and treat a patient with emergent dental concerns within 24 hours.

Automation Tools. As part of our EMR implementation, dental services are currently in the process of accessing fully automated dental documentation and treatment planning within the Fusion EMR system. We acknowledge that this process is not yet complete. However, our information technology department has prioritized achievement of this objective in the near future. We recognize the increased efficiencies that automated dental services will provide the Department to improve the quality of patient care. As such, Centurion has invested in a new system of processing digital x-rays. The digital x-ray equipment (Scan-X) will soon be available onsite at FDC facilities. Access to digital x-ray will improve diagnostics and treatment planning efforts by our dental providers, as well as support assessment of potential dental emergencies.

Resource Usage Plan. Centurion’s dental services program will include sufficient numbers of dental personnel to fulfill the dental care services program requirements. We will work closely with the FDC to

ensure incarcerated individuals have timely and necessary access to emergency or routine dental services 24 hours a day, seven days a week. Under the continued direction of our Statewide Dental Director, **Harry Hatch, DDS**, our dental staff will deliver dental services across all Department facilities. Dr. Hatch will oversee the regional dental directors and dental administration staff and ensure the quality delivery of clinical services and decision-making. He will also continue to work with ancillary services, such as utilization management (UM), purchasing, recruitment and staffing, and our subcontractors to ensure the needed supports are in place to deliver dental services to FDC incarcerated individuals. Four regional dental directors will continue to support Dr. Hatch by providing on-going staff training for facility dentists, hygienists, and assistants. We provide more information on our dental staffing plan in our response to ITN Tab B. 5. *Personnel.*



Harry Hatch, DDS
Statewide Dental
Director

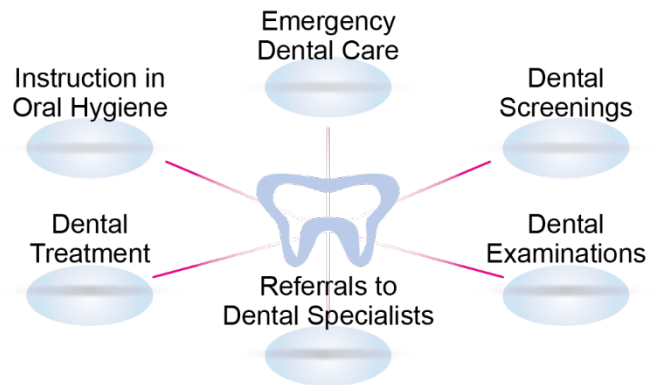
For sites with full time dentists, we will ensure onsite dental coverage during the weekdays, as well as routine care. For sites with less than full time dental coverage, we will ensure onsite sick call coverage at least three days per week, with on-call coverage as needed. We discuss our approach to on-call services below. For services beyond the scope of care available onsite, we will continue to utilize our UM management protocols to refer patients for offsite specialty care or care at the Reception and Medical Center Hospital (RMCH). We provide more detail on our UM process and protocols in our response to ITN Section 3.6.7, *Utilization Management and Specialty Care Services.*

Dr. Hatch and the regional dental directors will continue to coordinate onsite dental services with facility Wardens. Together, our dental team will ensure the delivery of periodic dental services that meet constitutional requirements for care and adhere with community and professional standards for dental care services.

Processes. Centurion’s dental services focus on supporting the patient’s overall health through preventative maintenance of oral healthcare including identification and treatment of emergent, urgent, and routine dental needs, maintenance of necessary mastication, and screening for oral cancers.

Identification of an incarcerated individual’s need for routine or ongoing dental services may occur during the admission or intake examination process, through patient self-referral (sick call), or by referral of healthcare staff based on a medical encounter. Incarcerated individuals will receive an individualized dental treatment plan following an initial evaluation by a Florida licensed dentist. We will schedule and complete dental treatment as clinically indicated according to dental exam, triage and FDC policy. Dental providers will evaluate patient referrals within three weeks, or sooner based on urgency.

Centurion Dental Program Services



An intake dental exam will occur within seven days of admission and include:

- A visual clinical exam of the head, neck, and intraoral areas for any pathology or cancer

- Charting of any missing teeth, restorations present, fixed or removable prosthetics, gingival conditions, and deposits
- Evaluation of masticating efficiency
- A provisional treatment plan, including extractions within seven days of the date the need for extraction is identified

FDC dental care services will include treatment for and maintenance of an individual's overall dental health through:

- The diagnosis of existing oral conditions through an intake dental exam
- Services for the relief of pain and elimination of infection, to include extraction as indicated
- Preventive measures to maintain optimal oral health
- Services to restore adequate masticatory function or ameliorate medical conditions
- Assessment of dental concerns through a health services requests (sick call) or referral, with daily sick call triage to ensure prioritization of emergent issues and timely care
- Periodic recall dental examination and prophylaxis with patients able to request a dental hygiene appointment every 12 months
- A defined dental tooth and hygiene charting system in the EMR that identifies the oral health condition and specifies the priorities for treatment by category and development of a resulting dental treatment plan
- Use of radiographs (x-rays) to guide diagnosis and treatment in development of the treatment plan
- Dental procedures, not limited to extractions, in accordance with a treatment plan and based on established priorities necessary to maintain the patient's health status in the judgment of the dentist consistent with community standards of care and with the ADA Standards and our evidence-based clinical practice guidelines
- Conservative treatment of the periodontium to include oral hygiene instruction, scaling and root planing
- Endodontic treatment on a case-by-case basis as clinically necessary
- Consultation through referral to community oral healthcare specialists as clinically needed, with our statewide medical director providing clinical oversight of offsite dental specialty referrals through the UM process
- Continuity of care as clinically indicated, to address issues related to implants, orthodontics, and fixed prosthodontics
- Removable prosthodontics (denture services) or prosthetic appliances for patients who, based on assessment, require them for mastication or to ameliorate a significant medical condition
- Onsite oral surgery at RMC as referred by the onsite dental director and as reviewed using FDC UM business rules
- Treatment of temporomandibular disorders as clinically necessary

We will continue to ensure that initial requests for dental care and a dental treatment plan occurs within six months and that wait times for routine dental appointments do not exceed three months. We will ensure that emergency dental care remains available 24 hours a day, seven days a week through onsite staff, through access to on-call staff, or through an emergency room as triaged by trained nursing staff following established medical protocols. We will provide incarcerated individuals with emergency care immediately and urgent care within 72 hours. On evenings, weekends, holidays, or when dental staff may not be available on site, our medical staff will be available to triage emergencies.

Additionally, we will continue to provide onsite oral surgery for FDC patients at RMC. Our staff will review and schedule patients assessed as needing oral surgery based on FDC UM business rules and clinical urgency. We will coordinate with the OHS and facility leadership as required to coordinate transport of FDC patients in need of oral surgery to RMC for treatment. Our onsite dental staff will provide the necessary follow-up care for oral surgery and/or pathology in accordance with FDC policy.

Centurion is committed to providing dental care services to all FDC incarcerated individuals assessed to need services in accordance with FDC policy and program requirements, to include comprehensive services that include preventative dentistry, intake exam, orientation, periodic exam, fluoride, specialty care, implants, biopsy, and oral surgery, at minimum.

F. Dental Services and Staff to Ensure Service Delivery

Complying with Federal, State, and FDC Regulations (IDC-002 – 003, IDC-012). As detailed above, Centurion will comply with community and professional standards of care as required by the ADA, CDC, ACA and NCCHC. We will adhere with Rule 33-402.101, F.A.C., Dental Services, and the HSB 15.04 series for the provision of dental services for FDC incarcerated individuals. We will also ensure that FDC incarcerated individuals receive access to periodic dental examinations that include a visual clinical exam of the head, neck, and intraoral areas for any pathology or cancer, as well as other preventative dental care as noted above. We will continue to communicate with facility Wardens to coordinate and ensure the provision of dental care services onsite, in compliance with federal, State, and FDC requirements.

Service Delivery (IDC-001, IDC-004 – 007, IDC-0010-012, IDC-014-015, IDC-019, IDC-024-025, IDC-027-029, IDC-031, IDC-033). Centurion will provide FDC incarcerated individuals with dental care services as detailed above in our processes response. We will provide periodic routine, emergency, and specialty dental care services in accordance with the ITN and HSB 15.04.03. We will continue to provide access to dental services by self-request through sick call with triage of emergent, urgent, or routine care follow-up by a trained nurse daily and follow-up care within 72 hours for urgent conditions and 24 hours if deemed emergent.

When an FDC incarcerated individual arrives at any FDC facility, we will provide orientation to access dental services within seven day and provide a visual dental exam to establish the patient's dental record and treatment plan in the health record.

We will provide sufficient dental staff to meet the dental care needs of FDC incarcerated individuals based on demands at each FDC facility. For sites with full-time dentists, we will ensure onsite dental coverage and availability for sick call services for five days per week. For sites with less than full time dental coverage, we will ensure onsite sick call coverage at least three days per week, with on-call coverage as needed. We will refer patients for urgent specialty care follow-up within 10 days, when



onsite care cannot be completed on the day of in-person assessment by dental staff or if the care is beyond the scope of services available on site.

We understand that a dental exam will include a complete clinical examination, pathology/cancer examination, full mouth radiographs, periodontal screening and recording (PSR), periodontal charting when indicated, a plaque evaluation, appropriate charting to record findings, and a health history. Also that the exam will lead to the development of an individualized patient treatment plan documented in the EMR using FDC approved forms. We will include fluoride in the dental treatment plan when appropriate, including for juveniles 18 years or younger.

FDC incarcerated individuals will continue to receive individualized dental treatment plans in accordance with the FDC four levels of care. We will provide dental care to all FDC incarcerated individuals assessed to need services in accordance with FDC requirements, to include comprehensive services that include preventative dentistry, intake exam, orientation, periodic exam, fluoride, specialty care, implants, biopsy, and oral surgery, at minimum. We understand this includes the placement or removal of dental implants or palatal obturators when clinically indicated.

We will deliver dental services within the established wait times for initial, routine, and sick call services as detailed within the ITN, HSBs, and professional standards of care. We understand that this includes the development of an initial treatment plan within six months of the initial request and no longer than three months between follow-up routine dental care appointments.

Our onsite dental staff will provide a weekly on-call dentist list to each institutional medical department prior to the start of the week. We will ensure that a dental provider is accessible by on-call protocols, has back up identified in the event that staff cannot reach the on-call provider, and that a dental provider is available to travel to the FDC institution if necessary to assess a FDC patient in person.

Centurion will not refuse dental services to a FDC patient in need of care. We will provide onsite response for dental emergencies, either by an onsite dentist or by trained medical staff in accordance with emergency protocols. Dental staff will respond to dental emergencies within 24 hours of occurrence. As demonstrated, Centurion will continue to ensure there is not a dental emergency backlog.

Infectious Disease Management (IDC-008). Centurion’s infectious disease prevention and control program includes training, education, surveillance, preventive techniques, treatment, and reporting of infections and diseases in accordance with federal, State, and local laws. Our dental services will follow contemporary infection control procedures consistent with practices defined by the ADA and the *Centers for Disease Control and Prevention*, as well as the Florida Department of Health and FDC policy requirements. We will continue to ensure that Centurion’s Infection Prevention and Control Manual is available onsite for on-going reference. Below, we provide the table of contents for our infectious disease manual.

Centurion’s Infection Control Manual Table of Contents

Manual Number	Title
	Introduction Letter
IPC-01M	Infection Prevention and Control Program
IPC-02M	Infection and Prevention Education

Centurion's Infection Control Manual Table of Contents

Manual Number	Title
IPC-03M	Exposure Control Plan
IPC-04M	Biohazardous Waste Management
IPC-05M	Needle and Sharp Safety
IPC-06M	Infection Control Precautions
IPC-07M	Surveillance
IPC-08M	Reportable Diseases
IPC-09M	Communicable / Infectious Diseases
IPC-10M	HIV
IPC-11M	Hepatitis
IPC-12M	Ectoparasites (Lice and Scabies)
IPC-13M	Tuberculosis Control Plan
IPC-14M	Skin and Soft Tissue Infection Management (SSTI & MRSA)
IPC-15M	Gastrointestinal Infections
IPC-16M	Laboratory Specimen Handling
IPC-17M	Intravenous Therapy Guidelines
IPC-18M	Cleaning, Disinfecting, Sterilization
IPC-19M	Outbreaks and Contact Investigation
IPC-20M	Vaccines and Immunization
IPC-21M	Staff Health Guidelines
IPC-22M	Infection Control Program Reporting

We acknowledge and accept that the review of incidents regarding pathogen exposure and any follow-up treatment is Centurion's responsibility.

Patient Education (IDC – 009, IDC - 011). In accordance with NCCHC Standard P-B-01, *Healthy Lifestyle Promotion*, Centurion will supply FDC incarcerated individuals with health education information. We will provide FDC incarcerated individuals with oral health education as part of our intake orientation to healthcare services, following transfer to an FDC facility, and during routine dental service delivery. Dental education will include proper technique for good oral hygiene, which dental staff will reinforce throughout the patient's treatment plan.

Our dental providers will continue to have access to **Krames**, an online educational resource library with up-to-date information on a broad range of healthcare related topics, including dental health. Healthcare staff access and can print these resources as needed for patients in their care. This valuable resource provides healthcare information on over 4,000 topics in both English and Spanish.



Infirmary, Hospital, and Restrictive Housing (IDC-013, IDC-018). Centurion dentists will continue to complete infirmary/hospital rounds based on clinical need or by medical staff referral. We will provide dental services to FDC incarcerated individuals in need of dental care regardless of housing placement,

to include restrictive housing units. We will continue to collaborate with the Department to address access to care barriers that may arise at the facility level.

Utilization Management (IDC-019- 022, IDC-031-035). Centurion will provide access to specialty dental care as clinically indicated. We understand that specialty dental care includes, but is not limited to, trauma care, cancer care, oral medicine, oral surgery, treatment of temporomandibular disorders, endodontics, periodontics, orthodontics, obturators, fixed prosthetics (multiple units), and the treatment of dental implants, dental care for incarcerated individuals. We will utilize our UM process and protocols when determining offsite or RMCH based specialty care dental services.

In addition to our UM standards, Centurion has added a level of oversight to this process to include assigning one regional dental director who is responsible for the review of all cases and subsequent assurance that timely treatment occurs. We provide more detail for our UM process and protocols in our response to ITN Section 3.6.7, *Utilization Management and Specialty Care Services*. Our Statewide Dental Director, or designee, will notify the FDC Chief of Dental Services within one week of any UM denial of specialty dental care, including the alternative treatment plan issued.

We will ensure that designated staff review urgent oral surgery referrals within 24 hours and dental see referred patients within four weeks, and that qualified dental staff treat patients with approved oral surgery and endodontic referrals within three months.

Radiotherapy (IDC-019, IDC-023, IDC-026). Centurion will ensure completion of routine dental services, to include diagnostic testing, laboratory services, and pathology, prior to the start of radiology-based treatment as clinically indicated. We will provide hyperbaric oxygen dives for patients with prior head and/or neck radiation treatment when clinically indicated and ensure all routine care is complete within five business days of receiving a referral for radiotherapy.

Oral Pathology and Surgery (IDC 030 – 031). Centurion will ensure access to oral surgery services, primarily onsite at the RMC and offsite by subcontracted specialist as clinically indicated. Dental specialists will evaluate and treat temporomandibular disorders and disease, including when treatment requires oral surgery. We will treat patients with intra-oral alveolar fractures and provide intra-oral soft tissue grafting and reconstruction of the dentition following exposure to trauma and/or surgery, as clinically indicated.

When necessary, our dental staff will refer FDC dental patients for medical assessment and clearance prior to dental treatments. They may indicate the need for a medical assessment for identification of allergies and use of anesthetics, or completion of needed labs and diagnostics, among other concerns. Centurion utilizes an integrated and collaborative care approach to ensure consultation and coordination among healthcare disciplines, providing patients with quality, comprehensive care.

Reporting (IDC-032). Centurion will provide the OHS with required or requested dental services data by the 10th business day of the month following the month staff provided the services. We will provide the monthly Dental Utilization Management Report that includes information by Institution, identifying FDC number, patient name, diagnosis, requested service, approval or alternative action, and outcome rationale. We will also provide a monthly Dental Alternative Action Report that includes information by institution with full copies of all associated review materials and a written summary of information obtained by phone conversation if applicable. Centurion will continue to ensure that the Department has real-time



access to reporting through our Florida specific SharePoint site. We will deliver dental reports in the form and fashion preferred by the FDC.

Program Oversight and Clinical and Administrative Staffing Levels for Dental Services. Our dental leadership team will include all the positions identified in Section 3.6.1.2, *Program Management Minimum Requirements*. These positions will provide appropriate oversight to ensure all dental operations within each region are carried out in accordance with the requirements outlined in this ITN. Our statewide dental leadership team includes the following:

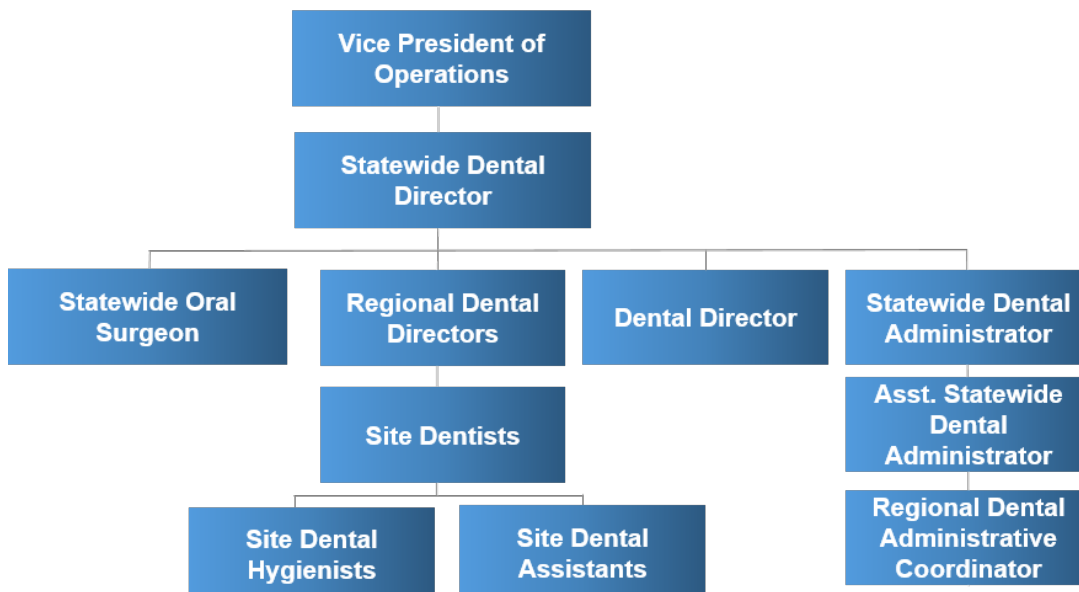
Centurion Florida Dental Services Leadership Team

Leadership Position Title in ITN Section 3.6.1.2	Centurion Current Staff Member
Statewide Dental Director	Harry Hatch, DDS
Regional Dental Directors	Dr. Steven Gerlecz; Dr. Steven Bogdanoff; Dr. JT Turner; Dr. Frank Acosta
Site/ Dentist	Various – at each FDC site.
Statewide Oral Surgeon	New Position in 2022 ITN

We will continue to provide regional and site-based leadership to ensure that the healthcare delivered is consistent, quality, and contract compliant across FDC sites.

For the ease of the reader, we provide all of our full staffing plans for dental services and the other service areas for the Florida program at the end of Tab D, immediately following our response to ITN Section 3.6, *Healthcare Services*. Below, our proposed Centurion of Florida organizational chart that further outlines our lines of authority and leadership roles for dental services below.

Dental Services Organizational Chart



G. Cost Savings for Dental Care Services

Centurion is committed to identifying cost-savings and avoidance for the FDC through delivery of dental care services. In our current partnership, we have applied three primary methods to realize cost-savings, including:

Centralized Bulk Instruments/Equipment. In 2019, our dental staff conducted a comprehensive inventory of all dental instruments and equipment supplies at each of the FDC sites. Dental staff then adjusted onsite dental supply levels based on a determination of each site's usage and required par levels.

We then stored the excess dental instruments and equipment at Centurion's regional office under the oversight of our Dental Administrator, **Stacy Britt, EFDA, CCHP**. When site dental staff require additional supplies, they now request delivery from our surplus stock before requesting to place a supply order for new inventory. Our centralized bulk inventory has resulted in nearly **\$315,000 in cost-savings** since 2019.

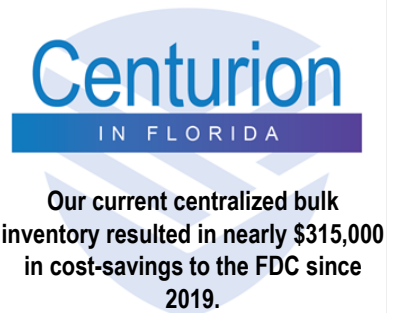
Purchasing Formulary and Process (via Dental Admin via Patterson). Ms. Britt, along with the management team, oversees the dental purchasing formulary to ensure consistency in purchased supplies across the FDC dental program. Ms. Britt maintains a dental supply requisition system, which she developed, for all staff requested purchases through Patterson, our dental supply vendor. She has streamlined approved supplies to ensure that dental staff purchase the most cost-effective and appropriate use items to meet their needs. All sites submit their supply requests to Ms. Britt who reviews and approves dental purchases. The dental supplies formulary has resulted in decreased dental supply spending and avoidance of unnecessary bulk purchases, contributing to FDC dental cost avoidances.

Patient Satisfaction. Our dental providers continue to deliver quality dental care to FDC patients as evidenced by our low grievance numbers in FY-2021. With received dental grievances averaging 57 per month in FY2021, this translates to a **rate of one grievance per 1,000 patient encounters**. By ensuring patient satisfaction, we provide cost-avoidance in relation to reduced litigation risk and improved time management by Department and Centurion staff who investigate and respond to patient complaints.

We will continue to identify innovative opportunities to decrease spending and avoid waste in our dental care services program for the FDC. We hope to discuss further with the Department the appropriate staffing by site to maximize dental care efficiencies and capacity, which we believe will result in cost-savings over time. At this time, we have no recommended changes to program requirements or performance measures for dental care services.

H. Value-Added Services for Dental Care

Centurion will continue to invest in efficient and compliant dental care services across the FDC. We will continue to ensure the dental resources onsite meet the operational needs of the department and provide high-quality dental staff through our partnership with the Correctional Dental Providers Network (CDPN). We recognize that our committed dental professionals are the reason for our successful provision of dental services, many of which have been with the FDC for an extensive period. Even in the face of the COVID-19 pandemic, we have successfully retained 74% of our dental staff since January 2021, which speaks to the strength of our program leadership and dedication of our dental professionals to work with incarcerated populations.





By continuing to partner with Centurion, the FDC can be assured that we are committed to achieving the performance measures identified and will identify creative solutions to reach these objectives. We understand the unique service delivery challenges at each site and we are committed to overcoming them in collaboration with the Department. At this time, we are not suggesting any specific dental services value-added services. We provide additional information on value-added services throughout our ITN response.

3.6.4 Mental Health Service Area

A. Acceptance of Mental Health Service Area Requirements

Centurion acknowledges each of the 84 Mental Health Service Requirements (MHS) itemized in ITN Section 3.6.4, *Mental Health Service Area*, as written in the ITN.

As the incumbent, we note that while operational differences may exist between current practices or future desired practices regarding several of the mental health service requirements, the general requirement and/or the intended outcome of the requirement will remain intact. For example, we note differences such as MHS-039, which requires review of *“the mental health sections of records for all new arrivals/admissions, regardless of assigned S-grade.”* This was a prior requirement that preceded a Departmental policy change that now excludes documented record reviews for S1s from this requirement. Similarly, MHS-044 requires our Regional Mental Health Director to *“designate the preferred consulting facility for each Institution.”* This requirement is no longer relevant due to our completion of outpatient psychiatric consultations at S-1/S-2 institutions, utilizing telehealth as necessary. Our current practice, which the FDC has approved, prevents the need to transport S-2 patients to S-3 institutions for evaluation and saves the Department transportation costs and the risks associated with transports.

We would like to continue to work with the FDC on different ways to operationalize requirements, possibly by broadening the use of alternate mental health disciplines to complete tasks and/or implement alternate assessment measures or instruments designed and validated for specific uses. As we have done under the current contract, we prefer to discuss any proposed operational changes with the FDC in person as we have found our partnership, with collaborative input from all parties involved, results in a more improved product and system of healthcare service delivery. We have always found the Department open to considering alternate ways to meet the intent, goal or objective of requirements and hope to continue this positive pattern of communication and innovative problem solving into the future.

We look forward to discussing these and other potential operational changes to fulfill the mental health service requirements during negotiations. We applaud the Department’s innovative solutions approach and progressive manner in which healthcare service delivery has evolved within our current partnership, such as the expansion of telehealth. We appreciate that in our collaborative partnership with the FDC, we have successfully implemented Department-approved modifications and innovative solutions to meet FDC needs more effectively, conserve resource usage, and/or reduce costs or accomplish cost savings. We look forward to continue to implement continuous quality improvement focused changes in the new contract.

Any Proposed Modification or Difference in Innovative Solution. We do not currently propose any specific modification to the requirements listed under this ITN Section 3.6.4 *Mental Health Services Area*. However, as noted previously, operationally we currently successfully implement a few requirements differently from what the ITN reflects, but nevertheless consistently with FDC-approved practices and policies. During negotiations, we look forward to discussing these operational differences.

B. Acceptance of Mental Health Service Area Performance Measures

Centurion acknowledges the 50 Mental Health Services Performance Measures detailed in ITN Section 3.6.4.3 covering our responsibilities in the following areas:

- At intake – providing timely screening, testing, classifying using the FDC mental health classification system, assessing, evaluating, and tracking
- In providing timely psychiatric services, mental health counseling including individual and group interventions, and case management services
- In participating in and/or facilitating multidisciplinary service team (MDST) meetings & related tasks; handling patient refusals
- In covering mental health emergencies to meet or exceed timeframe requirements
- In providing services related to gender dysphoria diagnosis including provisional diagnosis
- In monitoring and evaluating individuals in special housing, including confinement, close management or maximum management settings meeting or exceeding Department timelines
- In providing services in inpatient, crisis stabilization units, corrections mental health treatment facilities, transitional care units, and residential continuum of care unit settings to meet or exceed Department expectations
- In facilitating structured out-of-cell treatment services (SOCTS) and therapeutic activities as required by the Department
- In developing, implementing, and reviewing ISPs, continuity of care plans, and SIRPs as clinically indicated to meet or exceed Department expectations
- In making and responding to referrals timely and as clinically indicated
- In fulfilling required role in disciplinary proceedings and use-of-force incidents
- In documenting - using approved Department forms and the EMR system

Similar to what we indicated previously for mental health service requirements, as the incumbent, we note operational differences between some of our current practices and FDC policy, and the mental health services performance measures listed in the ITN under Section 3.6.4.3, *Mental Health Services Performance Measures*. For example, we meet PM-MH-017 through a Centurion psychiatric clinician making rounds, in addition to, “a psychologist or psychiatrist” listed in the performance measure. We also acknowledge the new mental health performance measures of this ITN including: PM-MH-002, PM-MH-004-006, PM-MH-015, PM-MH-018-020, PM-MH-026-031, PM-MH-033, PM-MH-035-037, and PM-MH-039-050.

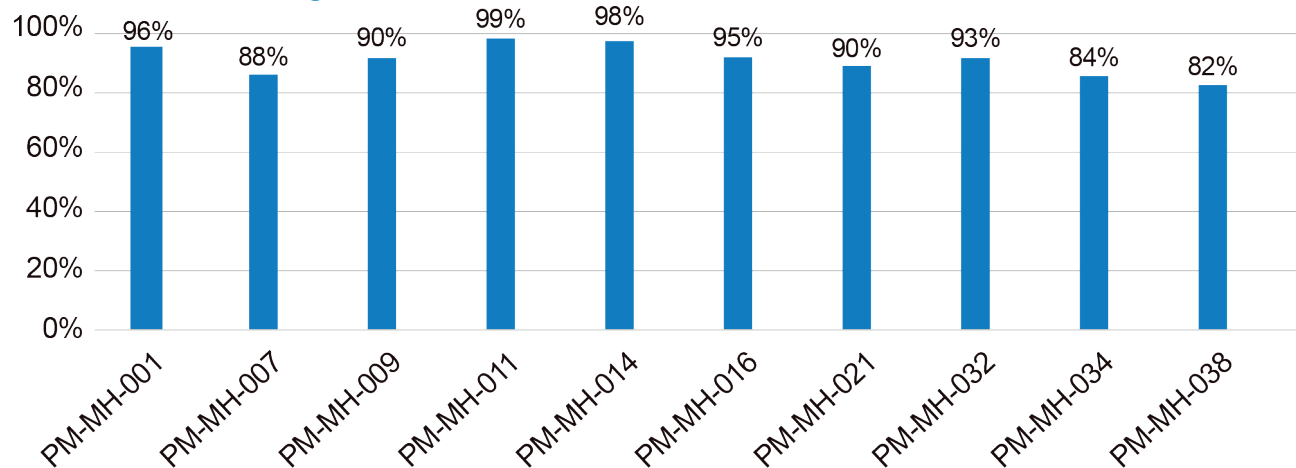
We would like to continue to work with the FDC to operationalize performance measures in creative ways, possibly by broadening the use of alternate mental health disciplines to complete tasks and/or implementing alternate assessment measures or instruments designed and validated for specific uses. Examples include utilizing psychiatric clinicians including APRNs and/or fully licensed MHPs, in addition to psychologists, to meet the requirements of PM-MH-019 and PM-MH-020, or using an alternate validated violence risk assessment with reduced cost, and/or broadening of mental health disciplines qualified to administer it beyond just psychologists to meet requirements of PM-MH-018. As noted, we prefer to discuss any proposed operational changes with the FDC face-to-face. We have always found the Department open to considering alternate ways to meet performance measures and hope to continue this relationship under the new contract.



C. Ability to Exceed Mental Health Performance Measure Requirements

As the current incumbent provider of mental health services for the FDC, the Department is accustomed to the Department’s performance measures for mental health and are able to meet or exceed the required PMs. Of the 50 mental health performance measures listed in the ITN, we will specifically target those with an 80% compliance threshold for areas where we can exceed expectations. On a statewide average basis, Centurion currently meets or exceeds 10 performance requirements that have an 80% compliance threshold. In the graph that follows, we provide our most recent FY2021-2022 Q2 statewide average mental health performance measure outcomes for those indicators with an 80% compliance expectation per facility. Due to space limitations, we have limited our selection to this group and have provided our performance results as a statewide average. We understand that the Department usually measures performance compliance by facility. As the graph shows, our current statewide average compliance rates for each of the shown performance measures is above the current 80% compliance threshold statewide.

FY 2021-2022, Q2 Statewide Mental Health Performance Measure Averages



As indicated in the bulleted list of accepted responsibilities above, Centurion will continually strive to meet or to exceed requirements including timeframes for completion of designated mental health tasks and services. Centurion is confident in our ability to continue meeting and improving FDC performance measure compliance outcomes for mental health services and we look forward to discussing this further with the Department during contract negotiations.

Additional Important PMs Identified Not Specified in the ITN. We find the FDC’s comprehensiveness and level of specificity demonstrated within the 84 mental health service requirements and 50 performance measures sufficient to support a quality comprehensive mental health service delivery program. Thus, while we currently do not propose any additional performance measures, we remain open to future changes, revisions, or additions that the Department may choose to incorporate within our collaborative partnership focused on evolving a system of care for the betterment of FDC patients, and benefit of the Department. For example, although a performance measure under an earlier contract, *“inmate-initiated requests are responded to (including interview, if indicated) within 10 business days of receipt by mental health staff”*, no longer appears as one of the 50 performance measures listed in the ITN, we remain open

to the Department adding such a measure. We support the FDC adding performance measures not already captured sufficiently by existing requirements or measures.

D. Proposed Modifications for Mental Health Performance Measures

We do not currently propose any specific modification to the performance measures listed under this ITN Section 3.6.4.3 *Mental Health Services Performance Measures*. However, as noted previously, operationally we currently successfully implement some of the performance measures consistent with FDC-approved practices and policies but differently than what the ITN specifically states. We also would like to explore the compliance percentage expectations for consistency with Disability Rights Florida (DRF) settlement agreement requirements and continuous quality improvement best practices. In our experience, many variables may affect or interfere with meeting a 100% compliance level, such that 90% or 95% is preferred in order to account for intervening variables without having to specify every exception that may provide an exemption from meeting a 100% threshold. We look forward to discussing this further with the FDC during the negotiations process.

In collaboration with the FDC, we have successfully implemented Department-approved modifications and innovative solutions to meet FDC needs more effectively, conserve resource usage, and/or reduce costs or accomplish cost savings. We look forward to continuing this partnership and collaborative work into the future.

Mental Health Services Reports. Centurion will continue to provide the FDC timely Mental Health Services Reports and include those specified in ITN Section 3.6.4.4 (*Mental Health Emergency Report, Inmate Requests/Staff Referral Log, and Self-Injury Summary Evaluation*), using the form specified in the ITN or an approved FDC reporting mechanism.

Under the current contract, the FDC is familiar with our ability to provide these reports and our goal of automating reports through the Fusion EMR. We will continue to utilize SharePoint, a web-based tool and platform, to support real-time reporting and transparency into our comprehensive healthcare service delivery for the FDC. Use of the emergency room (ER) tracker also provides automatic notification to leadership and utilization management for patients sent out for self-injurious behavior.

E. Plan for Providing Mental Health Services

If awarded the new contract, Centurion will continue the comprehensive continuum of care mental health services delivered throughout the FDC system as shown in the following graphic.

Comprehensive Behavioral Health Services & Continuum of Mental Health Care Reception & Diagnostics Processes

Mental health intake screening and evaluation consistent with HSB 15.05.07 and NCCHC P-33

Mental health classification (SY-grades, S-grades, R-grades) HSB 15.03.13

Psychological screening & initial testing

Psychiatric initial evaluation

Biopsychosocial Assessment (BPSA) completed

Individualized Service Plan (ISP) developed

Initial case manager interview

Outpatient Behavioral Health Care consistent with HSB 15.05.18

Specialty or Intensive Mental Health Care

Infirmity mental health services

TCU, CSU, CMHTF

Procedure 404.005 and Procedure 403.012

Inpatient mental health services

Residential intensive outpatient programs

Process to evaluate and treat gender dysphoria 403.012

Core Mental Health Services HSB 15.05 14

1. Informed consent
2. Mental health screens, evaluations & assessments (diagnosis & classification)
3. Behavioral health appraisals
4. Mental health sick call
5. Individualized & multidisciplinary treatment planning
6. Psychiatric services & psychotropic medication Management consistent with HSB 15.05.19
7. Case management services
8. Group therapy
9. Individual therapy
10. Response to inmate requests and staff referrals including crisis assessment & interventions
11. Special housing intensive services consistent with HSB 15.05.08
12. Consultation & behavioral interventions
13. Intrasystem transfers & receiving
14. Referrals to higher or alternative levels of care
15. Discharge planning & community reentry HSB 15.05.21
16. Documentation approved forms/EHR
17. Continious quality improvement
18. Psychoeducational groups and therapeutic activities
19. Participation in disciplinary process per HSB 15.05.13

Methodologies Applied. Centurion’s mental health services delivery plan, highlighted in the graphic above, will continue to include methodologies of staff training; clinical supervision and oversight of qualified, credentialed staff; internal monitoring through our quality management program; and collaborative partnership with adherence to FDC HSBs and procedures, Florida statutes, settlement agreement requirements, and community standards of care.

Collaborative Partnership with the FDC. A key part of our methodology in our mental health services delivery plan involves our collaborative partnership and related activities with the FDC. As the incumbent, we have successfully worked with the Department to achieve shared goals and objectives. Examples include opening of the residential continuum of care units at Wakulla Correctional Institution, the diversionary treatment unit for females at Florida Women’s Reception Center, and implementation of the EMR with continued expansion of functionality including reporting. Our collaborative efforts also resulted in expansion of telehealth to include telepsychiatry at S3 sites and S2 camps that eliminated the need for transportation of patients for evaluations, reducing both associated transportation costs and risks. A psychologist also uses telehealth to complete specialized gender dysphoria evaluations.

Providing evaluation and treatment for patients with gender dysphoria was another collaborative initiative started in 2018. To date, we have completed over 300 psychological evaluations to rule in or rule out a diagnosis of gender dysphoria. One of our most recent collaborations involves the FDC Mental Health Ombudsman program, of which the primary goal is to ensure access to necessary care. Our site, regional, and statewide leadership collaborate and work closely with the Central Office and Regional Mental Health Ombudsman with each inpatient mental health unit having a Regional Mental Health Ombudsman.

Centurion currently partners with the FDC training director to support the APA accredited psychology internship and residency program. We participate in joint interviews with the FDC training director to review applicants, and then provide training and clinical supervision for interns and residents from all over the country. We also reestablished the psychiatric residency program through Nova Southeastern University under the leadership of our statewide and regional directors, with the program awaiting final word on *Accreditation Council for Graduate Medical Education (ACGME)* accreditation. We have successfully hired and on boarded multiple interns and/or residents following completion of their educational programs. We currently employ 15 of these former interns or residents as part of our mental health staff.

We continue to assist the FDC to meet requirements of the DRF settlement agreement and litigation focused on inpatient mental health services. We worked towards meeting the 70% compliance threshold for performance measures in round one of the Disability Rights of Florida inpatient settlement agreement and are now very close to achieving 80% compliance in round two on the 117 performance items at the eight inpatient units.

We will continue to work in collaborative partnership with the Department to improve mental health service delivery to FDC patients and identify the most efficient processes and ways to operationalize mental health service requirements and performance measures, using automation where possible to improve accuracy of data and timeliness of reporting. We jointly utilize Centurion’s FDC-specific SharePoint collaborative website with FDC leadership for 24/7 access to resources, data, and reports.

Internal Monitoring through our Quality Management Program. We will continue to conduct ongoing review and monitoring of mental health services to track compliance with mental health requirements over time. Our program management and quality management teams will conduct both announced and unannounced internal audits and develop corrective action plans as needed with targeted training focused on reduction of repeat findings from internal, FDC, and CMA audits. We provide further detail on our quality management services in our response to ITN Section 3.6.8, *Quality Management Service Area*.

As the incumbent, we also have specific methodology we use to gather data for each performance measure to measure our compliance and to ensure comprehensive and accurate reporting to the FDC. Examples include random sampling of charts using EMR, caseload tracker, or log, chart audits, and reporting of results to the FDC with determination of any needed corrective action steps.

Staff Training. We will continue to train our mental health staff to provide comprehensive as well as targeted or focused mental health assessments, interventions, and planning for intake, outpatient, inpatient, and community reentry levels of care. We train our mental health staff to provide risk assessments in accordance with Florida statutory requirements, including Rule 33-404.102, Rule 33-601.800(8), and Rule 33-404.108 to ensure staff and patient safety. We will ensure our mental health staff receive training necessary for them to provide mental health screening, assessment, evaluation or testing services as requested or required for diagnostic clarification, continuity of care, and/or related to any mental health services delivery processes, requirement or performance measure. We provide additional detail on our training resources later in our response to this section of the ITN. Centurion's orientation and ongoing training will continue to support mental health staff knowledge of FDC HSBs, procedures, policies, and Florida statutory requirements for service delivery. We tailor our mental health training to the specific position and location of service delivery in the FDC.

In accordance with the DRF settlement agreement, any inpatient mental health staff receives initial and annual training in the following areas:

- Individualized Service Plan
- MDST Meetings (with security)
- Medical Records
- Lab Records System
- Disciplining Patients on Mental Health Inpatient Units
- Psychiatric Restraints
- Suicide and Self Injury

Security staff receive training annually on MDST Meetings, and/or Disciplining Patients on Mental Inpatient units. Upon request of FDC, Centurion's state mental health educator developed some of these modules.

We also utilize corporate resources including our clinical operations case consultations and trainings. During our contract with the FDC, we provided behavior management consultations for patients engaging in serious self-injurious behavior, assisted in the development of patient-specific behavior management plans, consulted on development of a behavior management unit, and provided onsite presentations and trainings on gender dysphoria. We will continue to ensure that these resources remain available to the Department.

During the last year, Centurion has strengthened its clinical operations team with the appointment of

Seaira Reedy, PsyD, CCHP-MH, as our Vice President of Psychological Services. Dr. Reedy, a forensic and clinical psychologist, originally trained in Florida to provide competency and risk assessments, and completed the Florida Forensic Examiners Training. More recently, she has facilitated webinars, attended by mental health professionals from our FDC program, focused on topics such as the formal assessment of effort and of violence risk. These webinars, presented by national and international experts Dr. Reedy arranged as speakers, have been directly relevant to the goals of FDC's mental health program. Additionally, Dr. Reedy is a SAMHSA Trauma-Informed Care Trainer and has trained Florida staff in how being trauma-informed improves criminal justice system responses. Dr. Reedy will provide ongoing support and consultation to our Florida program in the future contract, as well as expertise in clinical, risk, behavior management consultation, and training.

Centurion of Florida Mental Health Training Strategies

Objective – New Employees:

Orient new employees to the correctional setting and provide them with training, support and shadowing opportunities.

Methodology:

1. **5-6 hour web-based New Employee Orientation (NEO)**
 - a) Introduction to corrections, including housing, jargon and protocols
 - b) Demonstration of accessing resources on the portal such as HSBs, MH Resource Manual, Group resources, Clinical Guidelines, FAQs and Job Aides
 - c) Practical applications of developing Individual Service Plans (ISPs)
 - d) Practice mental health emergency response
2. **Web based Q & A** with all new employees
3. **Daily email and telephone responses** to process questions
4. **Liaison** between employee and Directors to collaborate on successful delivery of services and tracking requirements, such as Caseload Trackers, OBIS entry, and logs
5. **Coordination of shadowing** and follow-up at each site
6. **Onsite training and re-training** – typically no less than two days
7. **Topical Trainings** target recent policy/form changes, CMA CAPs, and requests by sites.

Objective – Existing Employees:

Update and re-train existing employees on policy, procedure and process changes while improving communication, collaboration and standardization between institutions.

Methodology:

1. **Topical Trainings**
2. **Job Aids** – Detailed “how to” instructions on topics such as refusals and referrals. They provide HSB and Rule references, and an example of form completion. Designated staff send these to Mental Health Directors for review and approval.
3. **Daily email and telephone responses** to process questions from existing employees
4. **Collaboration with seasoned staff** to provide feedback and assistance with forms and processes, and Topical Trainings.
5. **CQI** – Utilize onsite audits to identify key areas of training needs. We address training on site as well as during the Topical Trainings. CQI Manager is handling CMA/audit questions and training directly at the sites where audits are completed
6. **Centurion and FDC leadership staff** provide onsite training

Ongoing Partnerships:

1. **Office of Health Services:** to ensure that trainings are policy driven and forms support an individualized clinical picture of patients' care.
2. **Nurses, providers and HSAs** to ensure that we make available to them our Monday NEO and provide them with resources to acclimate new hires to corrections.
3. **MHM Clinical Operations:** to provide clinical trainings in specialized areas such as suicide prevention, violence risk assessment, trauma-informed care, and gender dysphoria.

Clinical Supervision and Oversight of Qualified, Credentialed Staff. Centurion will continue to provide qualified, appropriately licensed and credentialed staff to fulfill FDC requirements for mental health services. Centurion recognizes that, like all healthcare organizations, we have experienced challenges in our mental health services recruitment and retention during the COVID-19 pandemic and post-pandemic market for mental health clinicians. We will continue to dedicate corporate recruitment and credentialing resources to reduce mental health vacancies and to ensure we hire qualified, appropriately privileged and credentialed mental health staff.

To address recruitment challenges, we have implemented innovative staffing solutions including the creation of a floater program to cover shortages of psychiatric clinicians, psychologists, and mental health professionals. These mobile staff go in and provide services needed at sites that had vacant positions. We also added a number of mental health positions and converted some psychiatry positions to psychiatric clinician positions to bolster our overall staffing. We hired seven mental health professional staff dedicated to providing supervision for interns and qualified staff working towards licensure.

Centurion's statewide mental health leadership staff will continue to provide support and guidance for our regional mental health leadership staff, including program development, ongoing communication with FDC leadership, implementation of FDC initiatives, and ensured compliance with mental health services requirements, performance measures, related policies and corrective action plans. We will continue to provide supervision to all our mental health staff providing care within FDC. Centurion psychologists maintain supervision logs and document record reviews. When supervision identifies individual performance issues, we develop staff performance improvement plans.

Our site and regional mental health leadership will continue to problem-solve any performance issues related to systemic challenges with relevant stakeholders including the Warden, security leadership, and/or FDC Office of Health Services leadership. The transition to an EMR improved the efficiency of mental health and psychiatric services, as well as allowing for better oversight and clinical supervision through easier access to medical records. Our mental health leadership will routinely visit facilities and use video conference calls and onsite meetings to review and monitor mental health service delivery, to conduct targeted case reviews and to facilitate multidisciplinary collaboration within and between regions for support of continuity of care.

Automation Tools. Under our current contract with the FDC, Centurion placed all FDC Health Services Bulletins, Technical Instructions, Procedures, and documentation forms related to mental health services on the SharePoint collaborative website. Centurion mental health staff have immediate access to electronic versions of the FDC requirements and documentation tools through the website. We have also automated internal monitoring tools and reporting for mental health services using SharePoint. Through the SharePoint collaboration site, we will continue to offer access to our online library of logs, staff credentialing information, approved guidelines and relevant policies and procedures as well as other tracking and reporting documents. We are currently working on enhancing our reporting capabilities through reporting functions of the EMR and through Tableau.

SharePoint provides a platform to support information sharing between Centurion and the FDC. For example, we upload logs used to track certain mental health service delivery activities, such as resident requests, staff referrals, mental health emergencies, admissions and discharges from infirmary mental health care as well as other activities onto SharePoint for both Centurion and FDC access.

We also use Centurion's online learning management system to provide FDC-specific staff trainings addressing FDC requirements for mental health services and ongoing clinical trainings.

As discussed previously in our response to this section of the ITN, we will continue to use telehealth equipment to provide psychiatric and psychological consultations and supervision as permitted by the FDC and Florida statutes. Over the past several years, we have expanded our telehealth services in collaboration with the Department with every facility now having Zoom capabilities, some with access in restrictive housing. We hope to continue this expansion and have identified potential opportunities. We look forward to continuing discussions with FDC to expand telehealth to include other mental health disciplines such as fully licensed MHPs or to include inpatient, infirmary or special housing settings, if the Department desires and approves this approach.

With the implementation of the electronic medical record, Centurion staff have moved from documenting in the paper medical record and OBIS tracking system. We have also moved from using OBIS to using the EMR for scheduling of outpatient services. We anticipate moving from using the FDC Mental Health Inpatient Transfer (MHIT) system to using the EMR instead to support inpatient mental health services and management of inpatient mental health beds.

One of our automation successes in the current contract is the ER tracker with automatic notification to leadership, utilization management, and relevant leadership staff. If a patient goes to the ER for self-injurious behavior, our mental health administrative assistant uses the ER tracker to notify the assigned regional mental health director, site mental health leadership, and our statewide mental health director.

Moving forward into the new contract, we would like to explore with the FDC options to maximize tablet use by FDC incarcerated individuals to include patient education mental health information. Centurion's clinical operations team, in conjunction with our clinical innovation committee, is actively exploring ways to disseminate patient education information through residents' use of tablets. During 2020-2021, Centurion updated all patient education resource materials for medical, dental, mental health and substance use services in preparation for conversion of the resources into an electronic format. With this conversion we are now able to make this information available for the incarcerated individuals we serve in our healthcare contracts.

Centurion has been pursuing, and is excited at the ability to potentially offer, the option for using tablets for telehealth as well to disseminate patient education information 24/7. We are the first company to move towards providing telehealth services through the use of tablets due to our partnership with one of the largest companies supplying the tablets. Other applications being explored with tablets include online patient forms, electronic medical record service requests, and live messaging with treatment staff. Remote patient monitoring with tablet devices is another application being considered.

Resource Usage Plan/Approach. Our proposed staffing plans, provided at the end of Tab D, after our narrative response to ITN Section 3.6, *Healthcare Services*, includes the mental health positions and supervisory structures necessary to meet FDC mental health service requirements and performance measures. Our mental health assessment resources will continue to include the following:

- Intake Psychological Screening Report
- Sex Offender Assessment Screening
- Initial Suicide Profile
- Clemency Evaluation

- Mental Health Screening Evaluation
- Inpatient Risk Assessment
- Close Management Behavioral Risk Assessment
- Other mental health evaluation or assessment tools with agreement of FDC
- Work Release Evaluation
- Marriage Evaluation
- Psychological Autopsies
- Outside Hospital Evaluation
- Mental Status Evaluations
- Mental Health Emergency Evaluation

Psychological Assessment resources will continue to include:

- Beta-4
- Beck Hopelessness Scale
- M-FAST
- HCR-20
- MCMI-III Corrections Report
- Other risk assessment instruments with agreement of FDC
- Wechsler Abbreviated Scale of Intelligence, Second Edition
- Wechsler Adult Intelligence Scale IV
- Adaptive Behavior Checklist
- SCL-90-R
- Other testing or assessment instruments with agreement of FDC

Our psychiatric clinicians will continue to complete psychiatric evaluations for patients meeting criteria. Resources include the *Diagnostic and Statistical Manual of Mental Disorders* (currently DSM 5-TR) along with Centurion multi-tiered proprietary *Psychiatric Treatment Guidelines*. We modify these based on: evolving standards and guidelines of national organizations including the American Psychiatric Association, new developments in the pharmaceutical industry, and peer-reviewed research:

Psychiatric Treatment Guidelines:

- Attention Deficit Hyperactivity Disorder
- Anticholinergic Medication
- Anxiety Disorders
- Bipolar Disorder
- Dementia Disorders
- Depressive Disorders
- Insomnia Disorder
- Laboratory Testing
- Psychotic Disorders
- Posttraumatic Stress Disorders
- Tardive Dyskinesia

Our proprietary Centurion evidence-based behavioral health curricula will continue to assist mental health staff from a variety of sub-disciplines in the delivery of behavioral health services for patients with mental health conditions, functional difficulties, and/or challenges while living within correctional environments. We actively use these resources in our FDC-specific mental health program.

We provide packets using our in-cell psychoeducational programs that tied the interventions directly to patient’s identified symptoms, problems, treatment goals and objectives. The materials are designed for use across a wide spectrum of behavioral health populations, from general population to inpatient levels

of care. The groups address a range of challenges, from adjustment disorder to self-injury to serious mental illness to life sentences, and are tailored to correctional populations. Each group curriculum includes a general overview, a certificate of completion, and session-by-session facilitator guides with patient handouts. Patient handouts are available in English and in Spanish. The materials can be adapted to the facilitator's professional style and preferences in delivering group programming. Use of DSM-5 Level 1 Cross-Cutting Symptom Measure (CCSM) during the first and final sessions of each group enables facilitators to assess patient progress in symptom reduction over the course of the group. We highlight our group curricula and two in-cell psychoeducational resources on the following pages.



Group Program Curricula

Group Name	Handouts Available in Spanish	Appropriate for Use with Patients Challenged by SMI or Cognitive Limitations	Number of Modules
Accepting Mental Illness Group	✓	✓	5 Modules
Adjustment Skills Group	✓		7 Modules
Anger Management -- Handle Anger Better Group	✓	✓	10 Modules
Anger Management – Average Functioning Group	✓		12 Modules
Anger Management – High Functioning Group	✓		14 Modules
Anxiety Group	✓		10 Modules
Body Basics Group	✓	✓	10 Modules
Building Healthy Relationships and Boundaries Group	✓		9 Modules
Cognitive Behavioral Therapy for Depression (CBT-Depression) Group	✓		12 Modules
Cognitive Behavioral Therapy for Insomnia (CBT-I) Group	✓		8 Modules
Cognitive Behavioral Therapy Techniques Group	✓		10 Modules
Combining Art and Mindfulness Group	✓		8 Modules
Competency to Stand Trail Restoration Group	✓	✓	10 Modules
Coping and Hoping Group	✓		7 Modules
Coping with Incarceration Group	✓		6 Modules
Dealing with Feelings Group	✓		15 Modules
Depression Group	✓		7 Modules
Eating Disorders Psychoeducational Support Group	✓		6 Modules
Exploring the United States Group	✓	✓	8 Modules
Gender Dysphoria Group	✓		6 Modules
Grief Support Group	✓		9 Modules
Introduction to Trauma Group	✓		7 Modules
Life After Release Group	✓		8 Modules
Living Life Incarcerated Group	✓		9 Modules
Not Just Another Talk Group	✓		8 Modules
Personal Hygiene Group	✓	✓	6 Modules
Planning for a Better Life Group	✓	✓	5 Modules
Psychotropic Medication Education Group	✓		5 Modules



Group Program Curricula

Group Name	Handouts Available in Spanish	Appropriate for Use with Patients Challenged by SMI or Cognitive Limitations	Number of Modules
Seeking Motivation to Change Group	✓		6 Modules
Self-Care Group	✓		8 Modules
Self-Esteem Group	✓	✓	12 Modules
Sleep Hygiene Group	✓		4 Modules
Social Skills for Challenged Patients	✓	✓	7 Modules
Substance Use Disorder Treatment Introductory Group	✓	✓	6 Modules
Symptom Management for Trauma Group	✓		9 Modules
Therapeutic Activities Group	Not applicable		15 Therapeutic Activities
Tools for Today Group	✓		15 Modules
Visual Journaling Group	✓		8 Modules

In-Cell Programming Curricula

In-Cell Program Name	Handouts Available in Spanish	Appropriate Use with Patients Challenged by SMI or Cognitive Limitations	Number of Topics	Brief Description
Alternative In-Cell Psychoeducational Program	✓		11 Topics	The <i>Alternative In-Cell Psychoeducational Program</i> provides structured psychoeducation, tasks and activities designed to provide patients housed in restricted, isolated, or quarantined housing units with the opportunity to participate in psychoeducational programming, especially when unable to attend groups with other participants. This alternative in-cell psychoeducational program pulls from existing group modules and group programming currently available on the Centurion portal as well as adds in up-to-date material revised and adapted to provide an individualized self-help format for patients.
Taking a Chance on Change	✓		8 Topics	The <i>Taking a Chance on Change (TCC)</i> program is a structured in-cell treatment program designed to provide patients with the opportunity to participate in psychoeducational programming. The topics for TCC include: Preparing for Change, Self-Awareness/Goal Setting, Identifying and Changing Mistaken Beliefs, Effective Problem Solving, Effective Communication, Anger Management, Stress Management, and Relapse Prevention. Each of these eight topics includes 4 to 8 self-study modules with patient handouts.



Centurion has a wealth of patient education handouts on behavioral health topics, which we provide the patient education topics in the table below. As discussed previously under automation tools, we look forward to exploring the possibility of including this content on tablets to facilitate patient access 24/7.

Behavioral Health Patient Education Topics

Topic	General Description
Anger Management	
Anger is an Emotion Anger Cues Anger Triggers and Ways to Diffuse Ways to Manage Anger Better Anger Management Techniques	<i>Anger Management</i> Patient Education handouts will help you to better understand the nature and causes of anger identify personal triggers and warning signs, along with better ways to address the emotion when it is experienced.
Anxiety	
Anxiety Problems in Corrections Challenging Anxiety How Do You Cope Ten Reminders for Coping with Panic Understanding Your Fears Using Grounding to Reduce Emotional Pain	<i>Anxiety</i> Patient Education handouts will help you better understand common anxiety symptoms and effective ways to manage them. They review healthy versus unhealthy coping strategies, particularly the importance of replacing negative thinking and self-talk with positive thoughts and self-talk, as well as actions you can include in your daily routine to develop effective copying strategies.
Dealing With Incarceration	
Anxiety Problems in Corrections Being Assertive Find Your Voice How Do You Manage Stress Importance of Forgiveness Trifold Brochure Know Your Anger Cues Snapping and Stressing Brochure	<i>Dealing with Incarceration</i> Patient Education handouts will provide you with information about some things that you may experience while you are incarcerated and provide some helpful tips for healthy ways to respond or be aware of.
Dealing with Mental Illness	
Beating the Heat – Meds and High Heat My Coping Skills for Symptom Management My Diagnosis and Symptoms My Medications Myths and Facts about Mental Illness	<i>Dealing with Mental Illness</i> Patient Education handouts will help you work effectively with your mental health provider to manage your mental illness, symptoms, and any prescribed medications.
Depression	
Confronting Depression Depression – Tips to Help Yourself Depression Affects Your Mind and Body Depression and Traumatic Brain Injury Sadness Trifold Brochure What Can Cause Depression What is Depression What is Sadness All About	<i>Depression</i> Patient Education handouts will help you to better understand the nature and causes of depression. They also provide effective actions you can take to decrease the severity and duration of depressed feelings.
Eating Healthy	
Avoiding Food Traps Eating Health With Food Serving Size Chart Nutrition and Exercise The Food Plate – The Food Groups	<i>Eating Healthy</i> Patient Education handouts will review how to recognize healthy versus unhealthy food habits, including recommended foods and proportions from the five major food groups.
Effective Communication	

Behavioral Health Patient Education Topics

Topic	General Description
Basic Communication Skills Conflict Resolution Styles of Communication	<i>Effective Communication</i> Patient Education handouts will help you to better understand communication styles that are used when engaging with others. The handouts will provide useful information and tips on better ways to resolve conflict without causing harm to self or others.
Exercise	
Exercise Trifold Brochure Reasons to Exercise Walking and Stretching Exercises What's Good about Exercise	<i>Exercise</i> Patient Education handouts will explain the many health benefits of regular exercise. These include: improve mood, combat chronic disease, promote sleep, maintain healthy weight, and boost energy levels.
Gender Identity	
What is Gender Identity? What is Gender Dysphoria? What is Transgender?	<i>Gender Identity</i> patient education handouts will help you understand gender as an entirely personal and individualized experience. They will help you understand your own gender identity experience, and labels used for certain issues or concerns.
Grief	
Grief and Mourning – The Basics Grief Related Emotions and Feelings Anger and Guilt in the Grieving Process Stages and Cycles of Grief Grief Communication Grief Resolution Developing a Personal Grief Care Plan	<i>Grief</i> Patient Education handouts will review the how grief is the natural result of experiencing many types of losses. They review the five stages of grief, the importance of giving yourself permission to experience each of them, and how to develop a personal care plan to address the feelings, thoughts, and symptoms of grief.
Healthy Relationships	
10 Tips to Making Friends 12 Elements of Healthy Relationships Human Trafficking Patient Flyer Identifying Feelings in Unhealthy Relationships Signs of Domestic Abuse Six Reasons Why Friendships are Important What is a Healthy Relationship What is Domestic Abuse	<i>Healthy Relationships</i> Patient Education handouts will help you better understand the difference between healthy and unhealthy relationships. They also provide suggestions on how to establish and maintain healthy relationships, including friendships as well as romantic partner relationships.
Making a Lifestyle Change	
Begin Living Now Stop and Go Excuses for Not Making a Change Healthy Choices - Putting it All Together Highways to a Happier Healthier Future Risking to Learn New Skills Self-Sabotage Stages of Change Where are You Thoughts on Change What Do I Want from Treatment What Really Works Trifold Brochure	<i>Making a Lifestyle Change</i> Patient Education handouts will help you discover the many ways people tend to sabotage their efforts to make healthy lifestyle changes. They offer helpful insights and suggestions on how to identify and correct self-sabotage and replace self-defeating thinking and habits with effective ways to achieve positive lifestyle changes.
Suicide Prevention	
Common Myths and Misinformation About Suicide Risk Factors for Suicide Spot the Early Warning Signs of Suicide	<i>My Sister's and Brother's Keeper</i> Patient Education handouts will review the risk factors and warning signs of someone who is suicidal. They also provide helpful steps you can take personally to support someone who is suicidal, including knowing when and how to get others involved when someone's risk for suicide is high.

Behavioral Health Patient Education Topics

Topic	General Description
Personal Hygiene and Cleanliness	
<p>Cleaning Your Personal Living Space Grooming and Hygiene Skills Taking Care of the Skin You are In</p>	<p><i>Personal Hygiene and Cleanliness</i> Patient Education handouts will explain why ongoing personal hygiene and living space cleanliness contributes to improved physical and mental health. Additionally, they provide step-by-step instructions for a broad range of personal hygiene and clean space tasks.</p>
Self Esteem	
<p>How Do You See Yourself How to Think Positively About Yourself I am Me If I Could Write a Book About Me Importance of Forgiveness Trifold Brochure Self Esteem Building While Incarcerated Some Common Effects of Low Self Esteem The Importance of Healthy Self Esteem Why Should I think About my Self Esteem</p>	<p><i>Self-Esteem</i> Patient Education handouts will review the importance of developing and maintaining an accurate and healthy self-image in order function well in life. They offer practical suggestions on how to replace unhealthy, inaccurate thoughts about yourself with a more accurate and hopeful view that will lead to healthier functioning in all areas of life.</p>
Sleep Problems	
<p>I Can't Sleep Trifold Brochure Sleep - What We Know Sleep Education Sheet Sleep Log Stages of Sleep Steps to Better Sleep Things to Do if You are Awake</p>	<p><i>Sleep Problems</i> Patient Education handouts will provide you with some information about the importance of sleep including tips on how to improve your sleep patterns. You will also find a sleep log to help you track your sleep patterns.</p>
Smoking Cessation	
<p>Are E-cigarettes Safe Avoid Nicotine Relapse at Discharge Fact vs. Myth – Pregnancy and Smoking Motivation to Stop Potential Complications of Smoking while Pregnant Secondhand Smoke Steps to Make a Quit Plan The Dangers of Nicotine Tips to Cope with Cravings</p>	<p><i>Smoking Cessation</i> Patient Education handouts will provide you with informational facts about smoking, its impact on the human body as well as valuable tips to consider that may help motivate you throughout your journey of moving towards a smoke free lifestyle.</p>
Stress Management	
<p>Coping Skills for Worrying Easy to Use Stress Reducing Techniques Learning to Relax through Deep Breathing Learning to Relax through Exercise Learning to Relax through Guided Imagery or Visualization Learning to Relax through Mindfulness and Meditation Learning to Relax through Progressive Muscle Relaxation Learning to Rest Your Mind Circles of Awareness Principles of Stress</p>	<p><i>Stress Management</i> Patient Education handouts will review the basic principles or progressive steps that lead to stress, including where in the process you can actually prevent a potentially stressful reaction. They provide a number of effective, easy to apply strategies and coping skills to decrease excessive worry and stress.</p>

Behavioral Health Patient Education Topics

Topic	General Description
Thinking Styles	
<ul style="list-style-type: none"> A-B-C-D Model of Negative Thinking Challenging Core Beliefs Challenging Mistaken Beliefs Challenging My Negative Self Talk Cognitive Skills – Triple Crown Techniques Correcting Automatic Negative Thoughts Five Kinds of Negative Self Talk Mistaken Beliefs Positive Self Talk – Coping Statements Positive Self Talk and Affirmations Self-Talk 	<p><i>Thinking Styles</i> Patient Education handouts will review the importance of understanding how our thinking and beliefs impact our feelings and behavior. The handouts provide helpful steps and insights on how to identify and replace unhealthy, distorted thinking with more accurate thoughts and beliefs. They explain why an accurate and balanced self-image leads to more positive, healthy feelings and behaviors.</p>
<ul style="list-style-type: none"> STOP Your Negative Self-Talk Thoughts and Thinking Understanding Your Fears 	

We also have a plethora of resources to support staff training related to mental and behavioral health. Training resources include target audiences from a variety of disciplines: healthcare staff, mental health staff, ancillary or support staff, and correctional staff. As discussed previously, Centurion has developed and implemented staff training modules in de-escalation and behavioral interventions, conducting functional assessments, ethical guidelines for behavior management, and risk assessment. To support our counseling staff in providing psychoeducational groups, Centurion has specialized staff training in providing groups to correctional populations.

Centurion *Mental and Behavioral Health Guidelines* provide guidance on the delivery of behavioral and mental health services. These guidelines meet national standards and ethical guidelines, including those of the American Psychological Association and NCCCHC position statements and standards.

Behavioral Health Clinical Guidelines

- Behavioral Health Consultation to Disciplinary Process (with Model Form)
- Behavioral Health Review for Segregation/ Restrictive Housing Placement
- Behavioral Health Advance Preferences/ De-escalation Plans
- Psychological Debriefing following a Discrete Traumatic Event
- Screening for Irreversible Cognitive Decline
- Suicide Precautions and Behavioral Health Observation Interventions
- Suicide-Resistant Cells and Rooms
- Suicide/Self-Injury Risk Assessment
- Behavior Management Plans
- Conducting Behavioral Health Rounds in Segregation
- Critical Incident Education for Staff
- Developing Treatment Plans for Patients with Functional Impairment Due to Intellectual Disabilities
- Incorporating Behavioral Health Advance Directives into Correctional Care
- Integrated Treatment Plans for Patients with Serious Mental Illness and Substance Use Disorders
- Management of Major Neurocognitive Disorders (Dementia)
- Behavioral Health Assessment of Ability to Make Informed Medical Decisions

To meet the challenge of escalating overdoses in corrections, we have drafted a multidisciplinary clinical guideline addressing post-acute drug overdose responses. This guideline includes guidance to medical and mental health staff on collaborative post-acute assessment and treatment, and it supplements our emergency medical protocols for responding to suspected overdoses. We provided overdose posters for inmates that were placed in confinement, and other housing locations. Additionally, we have developed *Nursing Mental Health Guidelines* to assist nursing staff in structuring the assessment and interventions in emergency mental health situations.

Centurion's Mental Health Guidelines for Emergency Mental Health Conditions

1. Self-Harm Self-Injurious Behavior
2. De-escalation
3. Withdrawal
4. Psychosis
5. Mania
6. Extrapyramidal Syndrome
7. Neuroleptic Malignant Syndrome
8. Polydipsia – Hyponatremia
9. Clinical Restraints

Centurion's experienced credentialing department uses **Aperture Credentialing, LLC** along with detailed policies and procedures to manage credentialing services and processes for our licensed staff, including all licensed mental health staff in our FDC program. Centurion completes full credentialing of our licensed staff at hire and re-credentials them annually. Aperture is the leading credentialing verification organization and credentialing technology provider in the health care market. It has received **URAC** (formerly Utilization Review Accreditation Commission) accreditation, certified for 10 out of 10 elements set forth by the **National Committee for Quality Assurance (NCQA)**.



Centurion utilizes Aperture's **CredentialSmart (CredSmart)** platform, a web-based credentialing and privileging management system with all licensed staff working in our FDC program. CredSmart's functionalities reduce the time and resources spent managing credentialing files, retrieving primary source data and communicating credentialing data throughout the contract. CredSmart eliminates inefficiencies and provides real-time, accessible credentialing services that staff can manage at the facility level. By using this software, Centurion eliminates cumbersome paper files and monitors credentialing information subject to expiration through the *Actionable Item Triggers*.

Our credentialing process ensures that our mental health staff have the required qualifications and credentials to provide the services and responsibilities included in their job descriptions and roles. It also ensures that licensed staff have active licenses in good standing.

F. Mental Health Services and Staff to Ensure Service Delivery

Rather than presenting an exhaustive description of our mental health services, we highlight several important aspects of our approach and delivery processes here to illustrate our capabilities within the

page limitations of the ITN. As the incumbent, the FDC has familiarity with our delivery processes actively reflecting mental health services requirements and various performance measures. We look forward to providing additional information desired by the FDC during the negotiation process.

Outpatient Mental Health Services Delivery Processes

Screening, Assessment, Classification. We will continue to conduct comprehensive mental health screening, assessment, evaluation, psychological testing and classification of incarcerated individuals at the outset to ensure they have access to an appropriate level of mental health care. Our mental health professionals, including psychiatric clinicians as clinically relevant, will evaluate new admission referrals, and assign S-grades beginning at intake to reflect accurately the individual's level of mental impairment and necessary level of care. Our mental health professionals utilize the caseload tracker and EMR reports, along with other logs, to track and to ensure that patients receive timely mental health screening, assessment, intervention, and planning consistent with their individualized needs and assigned S-grade or R-grade. We will continue to use tracking systems at reception centers, through OBIS, EMR reports, and tracking logs to ensure proper follow-up. Centurion mental health staff provide services across the FDC system in accordance with requirements of FDC policies and procedures including HSBs and respective to their role and scope of service under their position and licensure.

Individualized Service Planning (ISP). Centurion's development and review of outpatient ISPs, consistent with FDC requirements, supports multidisciplinary collaboration, multi-modal interventions, and integration of non-pharmacological interventions with psychiatric services. Our staff will continue to use the ISP as a primary tool for assessing the patient's progress towards defined treatment goals and for managing the delivery of outpatient mental health services. Centurion trains our mental health staff to develop progress notes that tie directly to the ISP through reference to target symptoms and/or behaviors. The practice of requiring progress notes to reference ISP target symptoms and/or behaviors ensures that therapeutic encounters are coordinated with ISP interventions.

Patient Education. Centurion recognizes the importance of patient education as an essential tool in mental health treatment. Centurion has developed a library of patient education handouts that staff can utilize during group or individual contacts.

Mental Health Groups. Centurion mental health staff will continue to provide groups at facilities identified by the FDC. As referenced previously, to assist mental health staff in the delivery of groups, we have developed extensive group curricula topics.

Psychiatric Evaluations. Centurion's psychiatric clinicians, psychiatrists and APRNs, complete comprehensive psychiatric assessment which includes, at a minimum, a brief psychiatric and psychosocial history, thorough mental status examination, diagnoses using the American Psychiatric Association's *Diagnostic and Statistical Manual for Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR)*, target symptoms supporting the diagnosis, and an initial plan for treatment.

In completing the psychiatric evaluation, psychiatric clinicians review the patient's health record as well as available reports of prior psychiatric treatment. Our psychiatric clinicians will determine the patient's psychotropic medication needs, including the need for any laboratory testing, as part of the initial psychiatric evaluation. With the exception of temporary bridge orders, psychiatric clinicians will not order medications without completing the psychiatric evaluation, providing a patient with an informed consent

process, and obtaining a written confirmation of the patient's consent to treatment.

Whenever clinically indicated, our psychiatric staff will request medical consultation or order laboratory tests to rule out organic causes of the patient's symptoms. When our psychiatric staff initiate psychotropic medications, if clinically indicated, they order any baseline laboratory tests and electrocardiograms (EKGs), as we outline in our FDC-approved *Psychiatric Treatment Guidelines* that we summarized earlier in this section.

Psychotropic Medication Monitoring. Our guidelines for monitoring psychotropic medications, which we reconciled with FDC requirements during the current contract, ensure that providers promptly address the development of side effects and that serum levels remain within therapeutic windows.

Psychotropic Medications and Heat-Related Risks. When our providers initiate psychiatric medications, they discuss the risks of heat- and sunlight-related complications during the informed consent process. Our psychiatric staff encourage patients to wear protective clothing and sunscreen when under direct sunlight, avoid excessive exhausting activities in elevated temperatures, and maintain an adequate intake of fluid to avoid dehydration. We can also provide our patient education handout, "*Beat the Heat,*" to patients as a reminder of ways to deal with high temperatures when taking psychotropic medications.

Supporting Patient Compliance with Psychotropic Medications. Centurion appreciates the importance of supporting patient compliance with medication regimens and treatment. Our outpatient treatment teams will continue to address the challenge of patient noncompliance through multidisciplinary collaboration. We implement the following interventions to support compliance:

- Thoughtful engagement of the patient to identify treatment goals and make treatment decisions
- Providing sufficient information to enable the patient to make informed treatment decisions
- Assisting the patient to recognize how adhering to medications supports treatment goals
- Adjusting medications to the lowest effective dose and simplifying medication regimens
- Assessing the patient regularly for side effects and treatment response
- Identifying, reporting, and addressing medication noncompliance promptly
- Addressing barriers to efficient medication administration
- Evaluating patients who are repeatedly noncompliant for discontinuation of medication or due process procedures for implementation of involuntary treatment

Our psychiatric clinicians collaborate with nursing staff, psychologists, other mental health professionals, and security staff to support patient adherence to treatment. We believe in placing the patient at the center of care and using motivational interviewing techniques as strategies. When patients are unable or unwilling to follow medication regimens and meet statutory requirements for involuntary treatment, Centurion will follow Florida statutes and FDC requirements to pursue necessary psychiatric treatment. Weekly multidisciplinary integrated care calls in which medical and mental health jointly discuss patient needs to transfer for involuntary treatment has sometimes resulted in averting these transfers.

Close Management Patients. Centurion will continue to ensure access to necessary mental health care for patients in close management and restrictive housing units. Our Behavioral Health Clinical Guidelines summarized under our resource usage plan/approach above includes *Clinical Guidelines* to support the provision of mental health rounds in restrictive housing, the completion of confinement assessments, and mental health consultation to the disciplinary process. These areas require specialized skill sets.

Centurion healthcare staff maximized use of our unique structured in-cell psychoeducational program, *Taking a Chance on Change* (TCC) with patients in restrictive housing during the pandemic to address cognitive and behavioral deficits and related issues including challenges in impulse control, anger, emotion regulation, effective communication, goal-setting, and long-term planning. We also offer a weekly therapy group out-of-cell to all S2 and S3 patients per policy.

Inpatient and Infirmiry Care Service Delivery Processes

Mental Health Admissions to Infirmaries. Our facility mental health registered nurse positions manage mental health admissions to infirmaries, support multidisciplinary collaboration, communicate with the patient, support treatment compliance, and provide necessary mental health interventions and patient education. These efforts support suicide and self-injury prevention and efficient use of infirmiry beds. Centurion will provide the training necessary for our mental health nurses to complete the specialized responsibilities required in monitoring and supporting mental health infirmiry admissions.

Inpatient Therapeutic Services Schedule. Each inpatient mental health team will continue to develop a therapeutic services schedule for the unit in conjunction with the Regional Mental Health Ombudsman and security staff. The unit schedule will support inpatient services within the operational schedule of the larger facility. The inpatient mental health unit schedule will include time for admission evaluations, individual therapy, group therapy, psychiatric follow ups, outdoor recreation, therapeutic activities, psychoeducational groups, therapeutic community meetings, MDST meetings, risk assessments, case management, and discharge or transfer planning.

Inpatient Census Tracking and Reporting. All inpatient units will maintain a patient census database to track patient progress and report bed availability to the FDC Central Office daily.

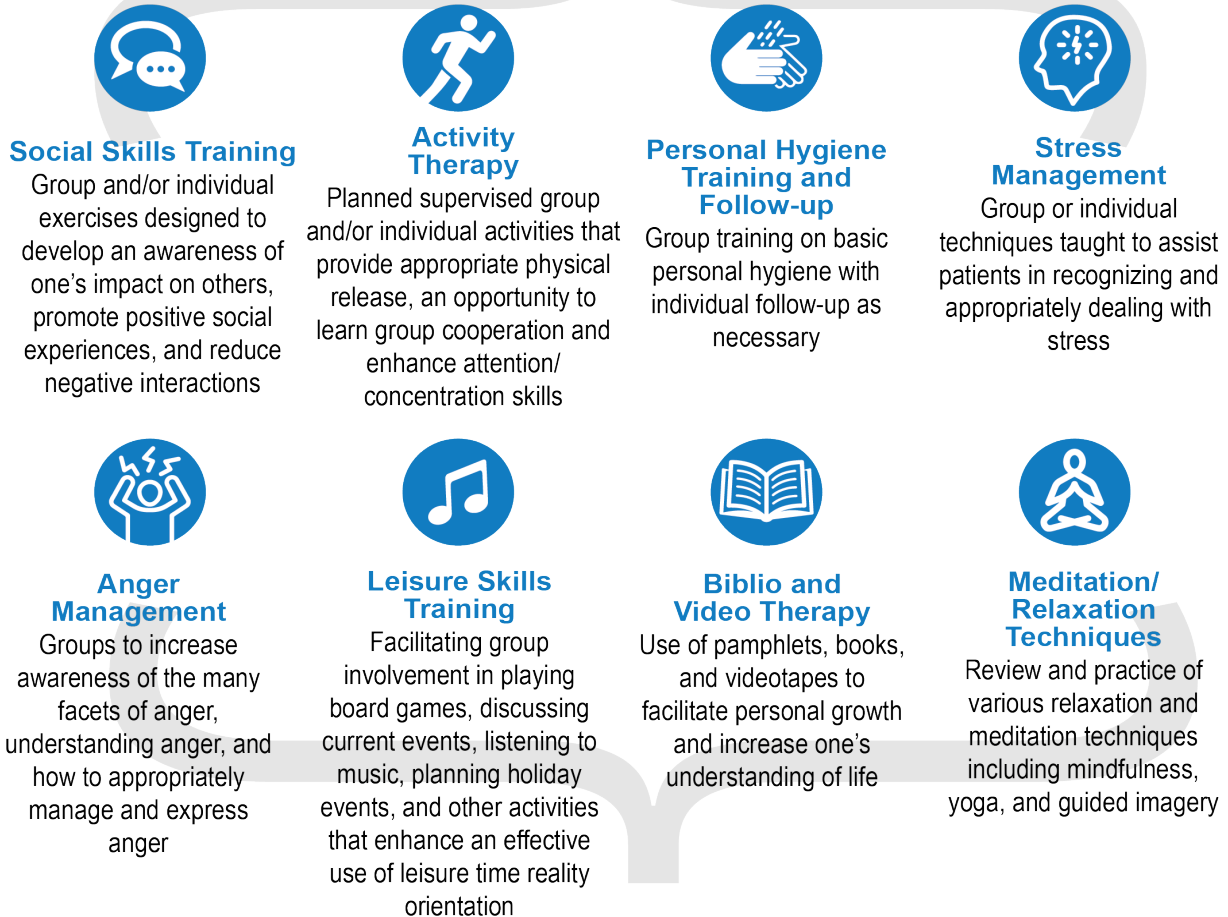
MDST Meetings and Individualized Service Planning (ISP). When clinically indicated, the inpatient unit MDST will meet with security and nursing staff to discuss patient functioning, treatment and management issues, operational concerns, and shared responsibilities, including any need to address treatment developments occurring overnight and on weekends. Our staff will develop and review ISPs as required by the FDC and consistent with the approach and resources that we previously discussed.

Out-of-Cell Structured Therapeutic Activities. Inpatient mental health staff will continue to ensure that patients receive the required out-of-cell therapeutic activity hours including weekend requirements. We will continue to utilize the FDC behavioral level system to incentivize positive behavioral change and provide increased safety interventions when patient behaviors indicate a need for these.

Our structured psychoeducational and therapeutic group programming support symptom reduction, functional improvement, and personal recovery goals for patients receiving inpatient services. Our

therapeutic recreational activity services will meet or exceed national standards of care with activity and recreational programming schedules to meet the multidisciplinary treatment needs of the patients served.

Scheduled and Recreational Service Activities



Clinical Restraint Use. Because restraint use may be necessary to ensure patient and staff safety, Centurion has developed comprehensive staff training to support the safe use of restraints when other interventions do not restore safety. We use restraints only as a last resort and discontinue them as soon as safety permits. For the FDC we developed a systemic de-escalation procedure institutionally involving educating mental health security and nursing staff, CIT, and providing responsive therapeutic interventions prior to the use of more restrictive alternatives towards the goal of keeping restraint use low.

Discharge Planning. Our staff will continue to ensure compliance with admission, discharge, and level change requirements throughout the patient's inpatient stay. We will support patient progression through treatment levels, with the goal of providing treatment in the least restrictive environment. When patients are receiving inpatient mental health services at end of sentence, we will continue to evaluate their

treatment needs and develop a continuity of care plan that bridges into the community. When patients meet statutory criteria for commitment, we will pursue community-based involuntary commitment.

Program Oversight and Clinical and Administrative Staffing Levels for Mental Health Services. Our mental health leadership team will include all the positions identified in Section 3.6.1.2, *Program Management Minimum Requirements*. If awarded this contract, we will continue to provide a structured and effective means of oversight and management of FDC’s statewide mental health program with systematic and routine monitoring, training, clinical expertise, responsiveness, and open communication in our partnership with the FDC. We will continue to employ our strengths and resources within efficient processes and continue to grow and evolve in our delivery of mental health services.

Centurion will continue to provide facility-based, regional, and statewide mental health leadership and to employ a consistent management and supervisory structure to ensure service provision in accordance with FDC mental health services requirements, performance measures, and correctional mental health and community standards of care and best practices. Our Florida leadership structure includes **Peggy Watkins-Ferrell, PhD, CCHP-MH**, Statewide Mental Health Director, and **Beltran Pages, MD, CHCQM**, Statewide Psychiatric Director/Advisor. Dr. Watkins-Ferrell leads a team of seven regional mental health directors who maintain routine contact with mental health leadership at each facility, while Dr. Pages oversees the delivery of psychiatric services across the state. To meet the identified mental health needs of individuals incarcerated within the FDC and to provide the required screening, assessments, evaluations, and services, we include a range of mental health personnel as detailed in our proposed Florida program staffing plans at the end of Tab D, following our narrative response to ITN Section 3.6, *Healthcare Services*. These positions will provide appropriate oversight to ensure all mental health operations statewide and within each region are carried out in accordance with the requirements outlined in this ITN. Our mental health leadership team includes the following:



Peggy Watkins-Ferrell, PhD, CCHP-MH
Statewide Mental Health Director



Beltran Pages, MD, CHCQM
Statewide Psychiatric Director/Advisor

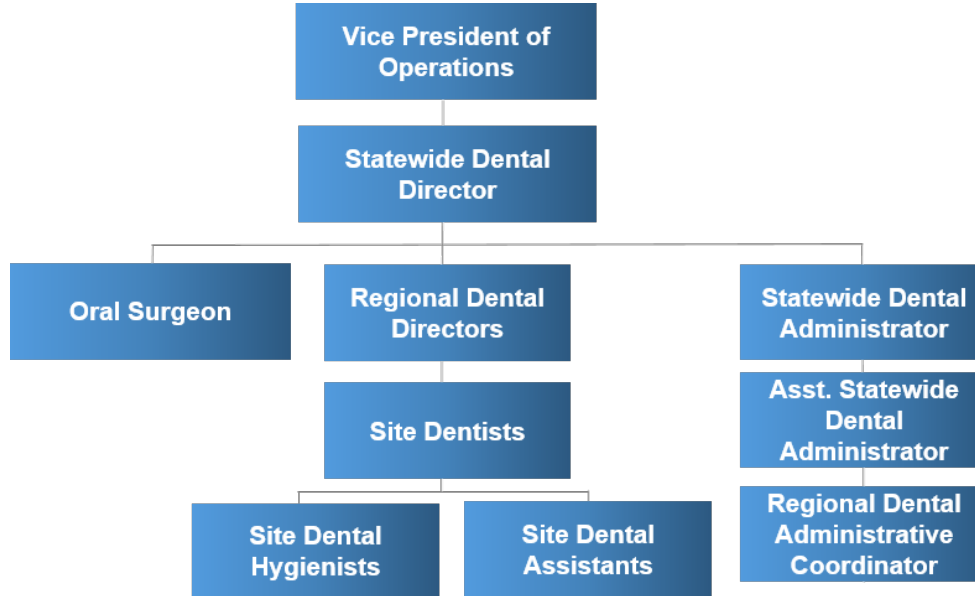
Centurion Florida Mental Health Services Leadership Team

Leadership Position Title in ITN Section 3.6.1.2	Centurion Current Staff Member
Statewide Mental Health Director	Peggy Watkins-Ferrell, PhD, CCHP-MH
Statewide Psychiatric Advisor	Beltran Pages, MD, CHCQM
Statewide Mental Health Reentry Coordinator	Annette Bushfield
Statewide Mental Health Training Coordinator	Brandon Cope
Regional Mental Health Directors	Dr. Sharday Summers-Brown; Dr. Kimberly Leary; Dr. Lee Messina; Dr. Kathryn Cook; Dr. Shaundel Boyce; Dr. Marina Cadreche

For the ease of the reader, we provide all of our full staffing plans for mental health services and the other service areas for the Florida program at the end of Tab D, immediately following our response to ITN

Section 3.6, *Healthcare Services*. Below, our proposed Centurion of Florida organizational chart that further outlines our lines of authority and leadership roles for mental health services.

Dental Services Organizational Chart



G. Cost Savings for Mental Health Services

Centurion recognizes that we can achieve cost savings through reduction in patient acuity by ensuring prompt and proactive access to mental health services, by matching the level of mental health services to the patient’s treatment needs, and by ensuring use of evidence-based interventions. If awarded the new contract, we will continue to achieve cost avoidances for the FDC by providing quality mental health services in a manner consistent with FDC and statutory requirements.

Because we can promote cost savings by matching the level of mental health services to the complexity, risk, and responsiveness of patient mental health conditions, we will continue to accurately screen, assess, and diagnose mental health needs during and following the reception process. We will tailor interventions to the patient through an individualized treatment planning process, and monitor patient progress against treatment goals and objectives to improve the efficiency and efficacy of treatment and to produce positive treatment outcomes. Centurion will continue to focus on reducing the length of treatment needed to accomplish goals and results with increased psychiatric stability and functioning and a reduction in the need for a higher level of care with higher associated costs. With effective mental health assessment and treatment, the frequency of resident requests, grievances related to mental health services, incidents of self-injury, mental health emergencies, and the need for SHOS or other intensified interventions decreases.

Provision of evidence-based care and consistent structured manualized treatment in a group or in-cell format reduces patient acuity or symptoms and provides a cost efficient means of treatment to maintain

patients in general population settings, to reduce the length of stay on inpatient units, or reduce the need for rapid or repeat re-admissions to inpatient units following discharge.

Appropriate behavioral management interventions for patients who engage in recurrent self-injury reduces the frequency of self-injury, and thus the need for costly emergency department runs, associated inpatient or infirmary care costs, and/or reparative medical procedures. Decreased need for transportation to inpatient mental health units and community hospitals results in FDC cost avoidances for correctional officer overtime and transportation.

Regarding pharmacy, we have provided clinically indicated, cost-effective treatment while decreasing costs by taking off easily misused formulary drugs and replacing them with similar medications with no misuse potential. We established criteria for keep-on-person (KOP) medications to reduce medication lines and nursing time required to administer medications. With systems in place to monitor compliance, our statewide psychiatric director implemented a system to improve more consistent ordering of KOP administered medications versus DOT administration, when appropriate. Monthly conferences with RDONs ensure pharmacy dispensing and nursing staff administration of medications per policy (KOP vs DOT), thereby maximizing the utilization of nursing/security staffing.

Centurion is committed to supporting the FDC in reducing unnecessary movement of patients to other FDC facilities and/or to offsite community providers, whenever possible. We recognize that each avoided offsite patient transfer saves the Department a minimum of two correctional officer's time to transport the patient, in addition to utilizing other travel-related resources. This following list summarizes the actions we have outlined above that Centurion will continue to take to support the FDC will reducing offsite patient transports for mental health-related evaluations and or services:

- Increasing the availability of onsite mental health services and resources
- Utilizing multidisciplinary teams to review the medical necessity of potential offsite transfers
- Implementing behavior management plans to reduce ER runs related to self-injurious behaviors
- Expanding the use of multidisciplinary case consultations
- Enhancing onsite clinicians' assessment and decision making skills through targeted trainings that assist staff with maintaining patient stability and reduce symptom acuity
- Maximizing the creative use tele-mental health services, when approved by the Department

H. Value-Added Services for Mental Health

Flexible Scheduling. Centurion proposes to continue, and expand use of, our telehealth services to support expanded care, mental health consultations and/or multidisciplinary collaboration between facilities. We will also continue to collaborate with the FDC facility leadership to make needed scheduling accommodations at the request of the Warden whenever possible. For example, due to limited space for IQ testing at SFRC, the supervising psychologist and BHT adjusted their schedules to start early, at 6:45 a.m., on testing days (M-F) in order to conduct IQ testing beginning at 7:00 a.m.. At Martin CI, due to an increased number of mental health patients in confinement, we adopted a schedule that included seeing patients in confinement on Saturdays. Onsite staff maintained this schedule for about 13 months until the number of patients in confinement decreased.

SharePoint. Upon contract award, we will continue to utilize our SharePoint platform for tracking, information sharing, and resources in partnership with the FDC. We will also continue to provide access to a multitude of training, treatment, and assessment resources available through Centurion portal.

Clinical Operations. Centurion's mental health clinical operations team will continue to provide resources and guidance to our statewide, regional, and facility-based mental health leadership. We will also continue to offer corporate consultation upon request to FDC mental health leadership and administration regarding new initiatives, mental health units, or other mental health protocols under consideration.

During the current contract, the FDC and onsite clinical leaders asked our clinical operations team to provide consultation and guidance regarding the management of recurrently self-injurious patients receiving inpatient mental health services. In the new contract, we will continue to share the expertise of our clinical operations staff from various disciplines to enhance service delivery for the FDC. For example, we will continue to provide onsite consultation and multidisciplinary training at facilities as desired by the FDC. These consultations can include addressing the challenge of repetitive, severe self-injury exhibited by many patients, especially housed on inpatient units. Both leaders will continue to support our leadership in Florida and the FDC in providing technical support, including developing structured incentive programs to address the challenge of recurrent self-injury and other dangerous patient behaviors. We look forward to discussing with the FDC the possibility of designating one of the existing units as a behavior management unit. Through admission practices, we feel confident we can support the Department in implementation of a specialized unit without creating additional costs.

Bringing Innovation in Reentry Services with FindHelp. In 2022, Centurion launched **FindHelp**, a web-based search engine, which provides Centurion staff and patients a platform to find and connect to social services in their desired area. Our FDC-specific team has begun to use this resource in their aftercare work along with existing resources in the FDC-specific portal.



FindHelp is accessible *from anywhere at any time*, and customized to the specific and complex needs of Centurion patients. Centurion patients can find *free or reduced-cost services* like medical care, mental health care, substance use treatment, housing, food, job training, and more. Available to all Centurion patients across all Centurion programs as part of reentry, this resource represents another long-term investment of Team Centurion in the success of our patients upon release.

FindHelp contains more than 550,000 locations and 300,000 listings across the United States with 95% of all programs verified at least every six months. Centurion's customized FindHelp page is available at www.CenturionHealth.FindHelp.com. As of June 2022, companywide seekers have made more than 10,000 searches on Centurion Health's FindHelp. **Since the program's launch, 340 users have accessed information on Florida, through 574 sessions and 2,544 searches, which resulted in 1,552 interactions with service providers.**

3.6.5 Hospital Administration and Care at RMC Hospital Service Area

A. Acceptance of Hospital Administration and Care Requirements

Centurion acknowledges and accepts each of the 37 requirements for hospital administration and RMC service area itemized in ITN Section 3.6.5, *Hospital Administration and Care at RMC Hospital*. After carefully reviewing the ITN hospital care requirements, we noted two new requirements, compared to current practice requirements, HC-009, *Ambulatory Surgical Center Services*, and HC-037, *Radiotherapy Services*. We will meet the two new program requirements and continue to comply with preexisting program requirements in a manner that meets or exceeds Department expectations for hospital administration and RMCH care.

We acknowledge that the listed requirements in the ITN do not comprise an exhaustive list of all requirements that we must meet to maintain hospital services and licensure. We note additional requirements relevant to the RCMH throughout other ITN sections that we will comply with, such as PGM-024, PGM-035, PGM-074, and others. Centurion will continue to meet these and all other requirements necessary to maintain hospital services and licensure. We will continue to provide quality timely health and hospital services for the FDC in compliance with Florida statute Chapter 395, F.S if awarded the new contract.

Program Requirement Modifications. Performance requirement HC-007, providing 24/7 access to provider coverage for the urgent care center, is an increased level of service, compared to current operations. Currently, a provider is accessible 24/7 for hospital level patients admitted to the RMCH, and the urgent care center may refer a patient for hospital admission, if clinically indicated. However, the urgent care center does not hold Agency for Health Care Administration (AHCA) accreditation and operates independently. If AHCA accreditation for the urgent care center is necessary or desired by the Department, we will work to include this service in our next AHCA audit.

We also acknowledge that HC-019 requires onsite lithotripsy services. Currently, we provide this service as offsite specialty service. Centurion will collaborate with the Department to provide onsite lithotripsy services if the current operational practice will no longer meet requirements under the new contract.

Since the implementation of the Fusion EMR, we have streamlined HC-028, hospital discharge requirements. RMCH staff will continue to utilize the EMR to complete the identified discharge forms and processes. We will continue to deliver and store these documents using the EMR as directed. We will continue to collaborate between RMCH staff, FDC staff and the receiving institution's healthcare staff to ensure effective communication and coordination for patient transfer.

B. Acceptance of Hospital Administration and Care Performance Measures

Although the ITN does not include performance measures specifically in this section, 3.6.5, *Hospital Administration and Care at RMC Hospital*, we acknowledge the current program's performance measures as they relate to the RMCH to include PM-070 - *Ensure that RMC Hospital holds a valid AHCA Hospital Licensure*, based on AHCA audit criteria. We also acknowledge and accept from ITN Section 3.6.8.4, *Quality Management Performance Measures: PM-QM-01 – RMCH and any other Department license the hospital holds, a valid AHCA Hospital Licensure* with Expectation: *Ensure maintenance of*

AHCA Hospital Licensure. We have successfully maintained AHCA licensure as the incumbent healthcare services provider for the FDC. We will continue to meet the 100% requirement from PM-070 and described in PM-QM-01 as a performance measure for this ITN.

We further acknowledge that we will continue to meet AHCA accreditation requirements that ensure successful reaccreditation. Due to COVID-19, there have been no AHCA audits since 2018. We anticipate that an AHCA audit will occur in the near future, and we are prepared to maintain RMCH AHCA accreditation.

We look forward to clarifying expectations for any new hospital administration and RMCH care performance measures with the Department, should there be any. We understand the expectation for provision of the same healthcare and hospital services at a second fully licensed hospital once constructed and look forward to discussing this further during negotiations.

C. Ability to Exceed Hospital Administration and Care Performance Measure Requirements

Centurion is prepared to continue compliance with the **Agency for Healthcare Administration (AHCA)** for RMCH hospital licensure. For current hospital administration performance measure PM-070, we have maintained a 100% compliance in our current contract with the Department. We will continue to ensure that the RMCH meets AHCA accreditation standards. To date, the RMCH has no open corrective action plans for deficient AHCA requirements. We are confident in our ability to operate the RMCH under AHCA accreditation standards and meet the FDC's expectations for operating hospital level of care under FDC jurisdiction.



Centurion does not propose any other performance measures related to ITN Section 3.6.5, *Hospital Administration and Care at RMC Hospital*.

The RMCH does not currently provide the FDC with hospital administration reports, as required by other FDC healthcare sites. The RMCH Governing Board and the Board of Directors meet quarterly to review hospital administration and ensure that healthcare and custody staff meet required thresholds for care. The BOD, a multidisciplinary team of FDC and Centurion representatives, reviews and approves provider credentialing, monitors morbidity and mortality outcomes, and ensures ACHA compliance, in collaboration with RMCH administration. We will continue to collaborate with the FDC and provide integrated and multidisciplinary oversight for hospital services. If the Department decides to implement hospital reports, we will work to provide such reports within timelines and formats preferred by the Department that meet FDC objectives and expectations.

D. Proposed Modifications to Hospital Administration and Care Performance Measures

Centurion does not propose any modifications to the current performance measure PM-070 for hospital administration or new PM-QM-01, nor do we recommend any hospital administration performance measures at this time.

E. Plan for Providing Hospital Administration and Care Services

Methodologies. Centurion will conform to Florida State Regulations for hospital services, as well as AHCA accreditation requirements for hospital administration and care, and all applicable statutes and rules governing hospital operations. We will continue to utilize RMCH specific policies and protocols to ensure healthcare and hospital services delivery meets state and accreditation requirements. Our history

of sustained AHCA accreditation demonstrates our ability to continue to deliver quality, timely hospital services that comply with accreditation standards. Additionally, we will continue to ensure that hospital operations meet established professional standards of care as well as requirements sets forth by accreditation, federal, and other organizations.

We will continue to coordinate a Governing Board, Risk Management Committee, CQI Committee, and an onsite infection control program. Centurion will also provide RMCH staffing as required to deliver high-quality hospital care at the RMCH.



Our history of sustained AHCA accreditation demonstrates our ability to continue to deliver quality, timely hospital services that comply with accreditation standards.

Our methodologies, which we highlight below under the Services subsection, will continue to include, but are not limited to the following:

- Collaborative partnership with the Department and adherence to FDC HSBs and Procedures, Florida statutes and rules, and other standards of care and accreditation.
- Proactive recruitment and retention of qualified, credentialed staff
- Multidisciplinary treatment planning and teams
- Strong and supportive leadership for program oversight and training
- Clinical supervision
- Utilization of evidence-based clinical guidelines and treatment manuals
- Internal monitoring through our quality management program;
- Coordination of care with community hospitals, acute care settings, and/or outpatient clinics;
- Network development of quality ancillary and specialty care services

Automation Tools. RMCH's use of the Fusion EMR assists in streamlining required FDC forms for care coordination and improving services tracking functionality. Fusion delivers the FDC an EMR solution that meets AHCA license requirements and is a fully integrated, all-in-one EMR system inclusive of medical, behavioral health, dental, electronic medication administration capabilities, and numerous other clinical documentation tools. We will continue to monitor the use of the EMR at the RMCH and identify areas for improvement through our regional EMR and information technology teams to ensure that the EMR supports ongoing compliance with AHCA requirements as well as relevant HSBs including 15.12.03, Section III., F., as specified under PGM-086. We will continue to provide necessary tools onsite to deliver quality healthcare for hospital services.

Resource Usage Plan and Approach. Centurion uses a detailed staffing plan to ensure we have sufficient resources to perform the services required at the RMCH by the FDC. We acknowledge that there have been staffing challenges at the RMCH during the COVID-19 pandemic. Centurion will continue to work closely with the FDC to improve RMCH staffing through creative and expanded recruitment and retention efforts. We provide detailed information about our staffing plan, including the staff we will use to deliver hospital level services in our response to Section Tab B, *Experience and Ability to Provide Services*.

Centurion is committed to providing the required staffing to maximize utilization of the hospital beds available to FDC patients at the RMCH.

Centurion provides a wealth of proprietary resources and tools to assist healthcare staff in providing evidence-based healthcare services. Our disease management guidelines support delivery of chronic care, mental health and psychiatric guidelines support delivery of mental health and psychiatric care, and clinical and prescribing guidelines address aspects of ambulatory care. These clinical guidelines draw from treatment guidelines and recommendations from, but not limited to, the following expert medical organizations and resources:



Centurion’s clinical operations team has established and continuously updates numerous clinical guidelines and treatment manuals for our correctional programs. Upon contract award, we will provide the Department with a full listing of our clinical guidelines and manuals for the FDC’s consideration. The table below provides a sample of key clinical categories most relevant for hospital/ infirmiry-level care.

Centurion Manuals and Treatment Guidelines

Clinical Guidelines	<ul style="list-style-type: none"> ▪ General Practice Guidelines ▪ General Reference Guidelines ▪ Preventive Screenings ▪ Diagnostics ▪ Therapeutic Interventions ▪ Surgical Interventions ▪ Patient Specific Durable Medical Equipment ▪ Vaccinations ▪ Additional Clinical Guidelines
Disease Management Guidelines for Chronic & Infectious Diseases	<ul style="list-style-type: none"> ▪ Asthma Disease Management Guidelines ▪ Diabetes Type 1 Disease Management Guidelines ▪ Diabetes Type 2 Disease Management Guidelines ▪ Hepatitis C Disease Management Guidelines ▪ HIV Disease Management Guidelines

Centurion Manuals and Treatment Guidelines

<p>Prescribing Guidelines</p>	<ul style="list-style-type: none"> ▪ Hypertension Disease Management Guidelines ▪ Lipid Disease Management Guidelines ▪ Seizure Disease Management Guidelines ▪ Sickle Cell Disease Management Guidelines ▪ Tuberculosis Disease Management Guidelines ▪ Contraception ▪ Erectile Dysfunction ▪ Fish Oil Supplements ▪ Medical Marijuana ▪ Nasal Steroids ▪ Probiotics ▪ Testosterone Therapy ▪ Vitamin D Supplementation ▪ Acne Vulgaris ▪ Anticoagulants – Converting Between Oral Anticoagulants ▪ Anticoagulation Therapy ▪ Gabapentin for Neuropathic Pain, including Gabapentin Medication Agreement ▪ Insulin – Sliding Scale ▪ Onychomycosis (Fungal infections of the toenail) ▪ Skeletal Muscle Relaxants
<p>Infection Prevention and Control Manual</p>	<ul style="list-style-type: none"> ▪ Infection Prevention and Control Program ▪ Infection and Prevention Education ▪ Exposure Control Plan ▪ Biohazardous Waste Management ▪ Needle and Sharp Safety ▪ Infection Control Precautions ▪ Surveillance ▪ Reportable Diseases ▪ Communicable / Infectious Diseases ▪ HIV ▪ Hepatitis ▪ Ectoparasites (Lice and Scabies) ▪ Tuberculosis Control Plan ▪ Skin and Soft Tissue Infection Management ▪ Gastrointestinal Infections ▪ Laboratory Specimen Handling ▪ Intravenous Therapy Guidelines ▪ Cleaning, Disinfecting, Sterilization ▪ Outbreaks and Contact Investigation ▪ Vaccines and Immunization ▪ Staff Health Guidelines ▪ Infection Control Program Reporting
<p>End of Life Hospice Manual</p>	<ul style="list-style-type: none"> ▪ Essentials of Hospice/Palliative Care ▪ Goals of the Prison Hospice Program ▪ Centurion Hospice Policy (Purpose, Description, Policy)

Centurion Manuals and Treatment Guidelines

Hepatitis Control Protocols	<ul style="list-style-type: none"> ▪ Housing ▪ Admission Criteria (Purpose, Criteria for Admission, Procedure, Sample Forms) ▪ Policy – Care of the Terminally Ill – Comprehensive (Purpose, Policy, Definitions, Procedures) ▪ Hospice Staffing ▪ Job Descriptions ▪ Hospice ▪ Hospice Patient’s Bill of Rights ▪ Resources <ul style="list-style-type: none"> ▪ Included in Centurion’s Infection Prevention and Control Manual ▪ Addressed in our Hepatitis C Disease Management Guidelines
Continuous Quality Improvement Manual	<ul style="list-style-type: none"> ▪ Design and structure of the CQI system ▪ Monitoring of service delivery and high-risk interventions ▪ Risk management ▪ Utilization review/management tracking ▪ Monitoring tools, logs, and calendars ▪ Report writing and results analysis ▪ CQI study examples ▪ Completing meaningful corrective action plans

These resources directly relate to the efficient provision of primary and secondary health and hospital care. Additionally, relevant to the RMCH mission to provide chronic care services for patients requiring skilled nursing services or medical isolation in an extended care setting, Centurion has an *Infirmiry Manual* that covers chronic long-term care. We designated the manual for care that may require ongoing skilled nursing and ancillary care staff with specialized knowledge and technical training for management, observation, and evaluation for unstable or progressive chronic conditions requiring observation that is more frequent. The manual defines types of service delivery based on designated level of care and recommendations for physician and nurse monitoring and documentation.

Providers also have access to online consultation resources that include:



Krames Library, an online library with up-to-date information on a broad range of healthcare related topics. These resources are accessed by healthcare staff and printed, as needed, for patients in their care. This valuable resource provides healthcare information on over 4,000 topics in both English and Spanish.



UpToDate, an evidence-based, physician-authored, on-line clinical decision support resource. While not directly accessed by patients, the information gained by healthcare staff is often shared with patients as part of the patient education component of each healthcare encounter.



RubiconMD, a web-based eConsult system. This resource provides our medical providers quick access to clinical specialists, who provide consultation at the point of care and increase our ability to make clinically informed decisions. Results often shared with patients as part of the patient care and education process.



EBSCO is the leading provider of evidence-based clinical decision support solutions, shared decision-making resources, health care business intelligence and peer-reviewed medical research information. Their clinical decision support tools help improve patient outcomes, increase patient engagement, and support value-based care.



Centurion Central is an website boasting thousands of internal and external resources for employees such as webinars, trainings, videos, libraries, journals, open subscriptions, education, policies, and more. Employees can navigate amongst tools to guide them in their day-to-day practice. Centurion Central has an entire dedicated space to the Integrative and Collaborative Healthcare Model, a strategic pillar of Centurion’s company vision.

Centurion ensures that our providers have access to sufficient resources and clinical supports to provide our patients with up-to-date, evidence-based healthcare services.

Processes. RMCH staff operate under the leadership of the hospital medical director and hospital administrator. We will continue to provide leadership in these roles with Ramon Bassa, MD, CCHP, RMCH Medical Director and Priscilla Roberts, AA, Hospital Administrator, as well as roles consistent with ITN Section 3.6.1.2, *Program Management Minimum Requirements* subsection *RMCH Leadership Positions* listed in the table.

Our healthcare services delivery processes will continue to follow existing RMCH protocols as we detail below under Services. Our healthcare staff and subcontractors will comply with Centurion’s credentialing requirements and processes, highlighted below.

Aperture™ : Making the Credentialing Process Easier

FUNCTIONALITIES

- **URAC** accreditation
- Certified for 10 out of 10 elements set by the **National Committee for Quality Assurance (NCQA)**
- Fully compliant with the Joint Commission
- Communicative, web-based, and privileging management system



BENEFITS

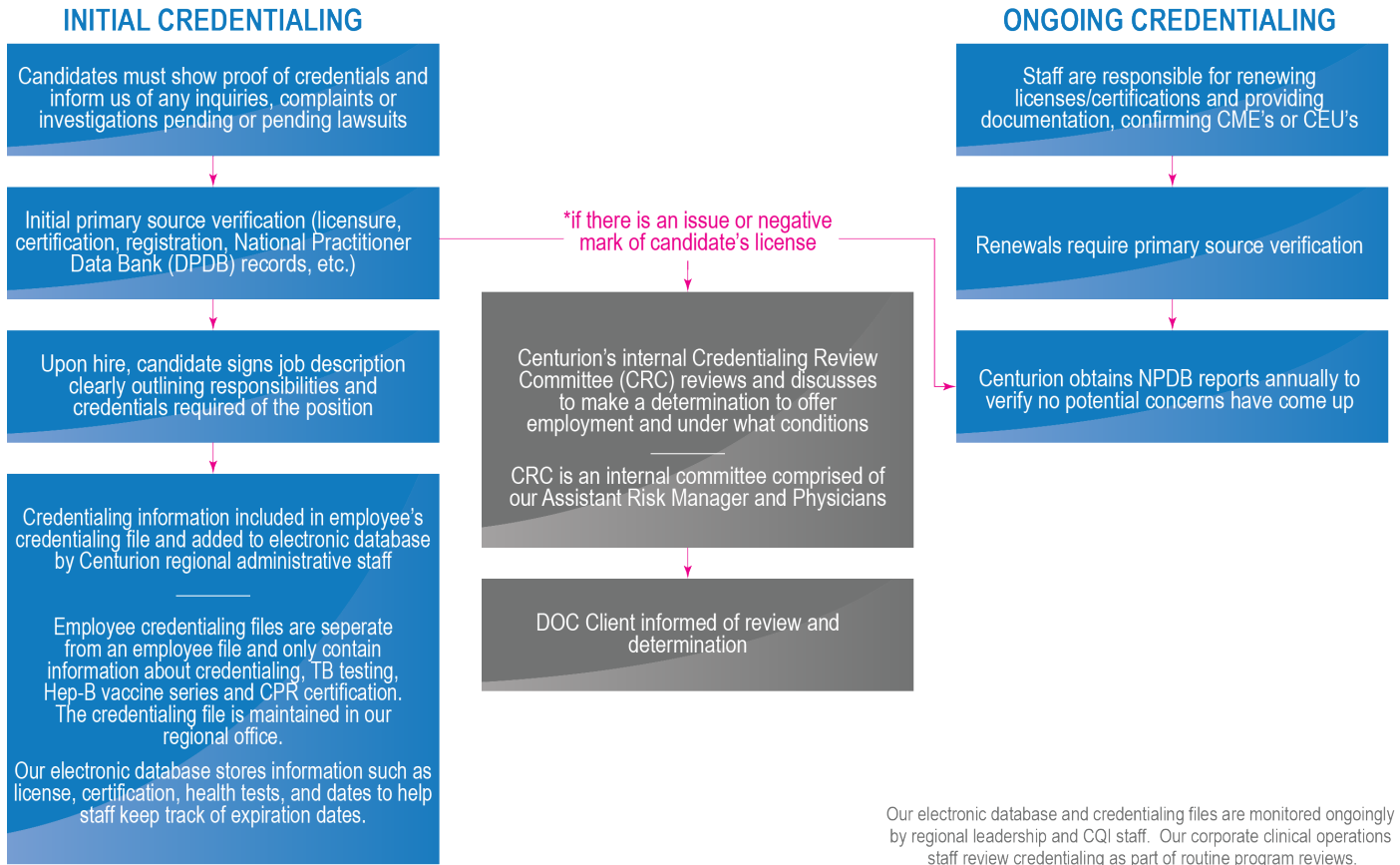
- Reduce time and resources spent on credentialing
- Provide real-time, accessible credentialing services
- Eliminates inefficiencies and monitors credentialing expirables through Actionable Item Triggers that alert the healthcare professionals and Centurion contract manager
- Allow Centurion internal contract monitors to review and audit credentialing record maintenance and credentialing process with a click of the mouse

credentialSMART

As previously noted, Centurion’s credentialing process is consistent with nationally accepted correctional healthcare standards including those of the NCCHC and ACA, as shown in the graphics below. We maintain current policies and procedures defining our credentialing process and maintain credential folders for all healthcare providers and staff. Additionally, RMCH providers undergo review by the Governing Board for RMCH privileges.

RMCH staff will continue to follow RMCH policies and protocols developed in compliance with State regulations, AHCA standards, and Centurion clinical guidelines that align with NCCHC and ACA standards. We will continue to ensure that hospital services meet community and professional standards of care, including care delivered by subcontractors. We provide further detail on our processes in this section response.

Centurion Credentialing Process Overview



Service Delivery (HC-001-002, HC-006 – 008, HC-010 – 019, HC-030). The ambulatory surgical center will continue to operate under the U.S. Medical Group as a licensed outpatient surgery center within the state of Florida. Licensing and provided services will continue to be in accordance with State law, hospital by-laws, AHCA accreditation standards, and recognized community and professional standards of care to include, but not limited to, the following:

- Agency for Health Care Administration
- U.S. Preventive Services Task Force
- Center for Disease Control and Prevention
- American Medical Association
- American College of Radiology
- Florida Board of Medicine
- Florida Board of Nursing
- Florida Board of Radiology
- American Safety and Health Institute
- American Speech-Language-Hearing Association
- Florida Board of Speech-Language Pathology and Audiology
- National Commission on Correctional Health Care

- American Correctional Association

We will continue to provide nursing services 24/7, 365 days per year, under the supervision of an onsite Florida licensed medical doctor (MD) or licensed osteopathic physician (DO). Staffing will be adequate to provide hospital operations and deliver quality healthcare to FDC patients in need of hospital-level care, including both inpatient and outpatient services as clinically relevant. Hospital care and support services will continue to include an urgent care department, specialty clinics, oncology treatment, and an ambulatory surgical unit.

Our medical providers will complete daily rounds. Additionally, our nursing staff will conduct patient rounds at least once per shift, or more frequently based on the providers orders. Our providers and nursing staff will provide and document their daily rounds in accordance with RMCH policies and protocols. The facility medical director, statewide medical director, and/or qualified designee will be available to RMCH providers to discuss patient acuity and provide clinical consultation 24/7. Nursing staff will have access to provider consultation onsite 24/7.

We are prepared to provide hospital services in compliance with program requirements HC-10 through HC-18. Centurion will not maintain patients onsite that require care beyond the scope of services available as a cost-savings measure. We will ensure that patients have access to necessary onsite specialists for consultation and treatment, or receive access to offsite care to properly address the patient's condition and treatment plan. We discuss access to offsite speciality care in more detail in our response to ITN Section 3.6.7, *Utilization Management and Speciality Care Service Area*.

We recognize that HC-19 requires lithotripsy services on site once per month; however, due to the low demand for this service it has been more cost-effective to engage offsite specialist for the provision of this service. We will discuss with the Department the expectations for onsite lithotripsy and meet the expectations for service delivery moving forward.

Centurion will continue to provide RMCH services in compliance with program requirement HC-008, to include IV therapy, catheterization, blood infusions, chemotherapy, analgesia, anticoagulants, ECG and Holter monitors, ambulatory surgery, pre/post-operative and convalescence care, wound management, long-term management of patients on ventilators, hospice and palliative care, rehabilitation, treatment of immune-compromised patients, respiratory care, and dialysis, among others. We will continue to work with the FDC and the RMCH Governing Board to address gaps in service delivery and engage our network development team and program leadership to identify solutions. We are committed to ensuring that the RMCH is equipped to offer services needed by FDC patients in the most cost-efficient manner.

An example of our efforts to provide the Department with cost-efficient services is our exploration of expanded laboratory services at the RMCH.

Under the leadership of Dr. Johnny Wu, Centurion's Chief of Clinical Operations, a certified CLIA laboratory director, we have reopened dialog with

BioReference, the laboratory vendor for the RMCH, to identify opportunities for additional onsite services that will improve quality control, and fidelity and timeliness of test results. Our relationship with BioReference nationwide allows Centurion to negotiate better rates for the FDC, making previously



unachievable expansion of laboratory services a possibility, including possible expansion of laboratory services for the RMCH.

Radiology (HC-032 – 037). We will continue to provide onsite x-ray services for inpatient and outpatient services at the RMCH. We will continue to use digital x-ray technology for diagnostic imaging. We will schedule FDC patients in need of x-ray as soon as possible to avoid delays in diagnosis and care. Our radiology services will continue to remain in compliance with AHCA and State standards for hospital licensure, laws and regulations. Radiology services will be under the supervision of a Florida licensed, board-certified radiologist, to include supervision of a radiology manager and technicians. We provide detailed information about our radiology staffing plan in our response to ITN Tab B, *Experience and Ability to Provide Services*, subsection B.5, *Personnel*.

We will ensure 24/7 access to radiology services for FDC patients. The RMCH radiology unit will operate Monday to Friday, 8:00 am to 12:00 am, and on weekends, after hours and holidays an on-call provider will be accessible for emergency services. We will also ensure compliance with Program Requirements HC-35 through HC-37 that includes:

- Examinations using barium
- Examinations using contrast medium
- Computerized tomography
- Invasive procedures
- MRI
- Routine radiographs (x-rays)
- Ultra sonograms
- Nuclear medicine
- PET/CT scans, in collaboration with the RMC Cancer Center
- Sleep studies
- EEGs

We will continue use of our FDC approved providers for the provision of radiology services. This includes **TridentCare MobileX** for imaging services. MobileX has been serving patients in healthcare facilities and correctional institutions for over 35 years and has built an outstanding reputation for availability, responsiveness, quality, and patient comfort. We understand that the Department also maintains contracts with CCCNF-Lake Butler, LLC and the RMC Cancer Center for radiotherapy services. Centurion will continue to utilize these subcontractors as directed by the Department. We understand that the FDC will directly manage the financial requirements of these vendors in accordance with FDC contract C2573. Centurion will continue to be financially responsible for the payment of subcontractors contracted by our organization.



Ambulatory Surgical Centers (HC-009). Centurion has successfully continued to expand the use of the ambulatory surgery at RMC during our current contract. RMC ambulatory surgery complies with State regulations, specifically Chapter 395, F.S. We collaborated with RMCH leadership to identify and reimagine space to accommodate a post-operative area to enable additional surgeries to occur. In particular, this area has allowed on site total knee and hip replacement to occur since these surgeries do

require more intense post-operative care. We also have secured the necessary licenses and contracted with specialist in compliance with State law. Currently, the ambulatory surgical center is equipped to provide general, dermatology, ophthalmology, orthopedic, colorectal, ENT, oral, podiatry, plastic/hand, and urology services. Our network development team will continue to work to identify qualified specialty care providers to fill service gaps when the Governing Board and CQI Committee identify such service needs.

Staffing Plan and Recruiting (HC-001, HC-003 - 005, HC-024 -026). Centurion remains committed to achieving optimal patient outcomes, and meeting our clinical performance requirements, including staffing requirements. We will use a detailed staffing plan to ensure that we have sufficient staffing resources for the RMCH. We provide detailed information about our staffing plan, including the staff we will use to provide RMCH healthcare services in our response to ITN Tab B, *Experience and Ability to Provide Services*, subsection B.5, *Personnel*.

We will ensure that Centurion or subcontracted physicians provide direct staff supervision at the RMCH for inpatient diagnostic and therapeutic services, medical diagnosis, treatment, and care for the injured, disabled, or sick patient, including rehabilitation services, at the RMCH. Additionally, a registered nurse supervisor will oversee patient care nursing assignments by unit and evaluate compliance with the patient's treatment plan. Nursing assignments will consider the qualifications, experience, and competency skills of the available nursing staff.

Centurion expects and ensures that all nurses, support staff and providers to act within the scope of their Florida state license, professional code of ethics, and RMCH policies and protocols. Our RMCH Executive Nursing Director, **Amy Angle, RN**, will remain responsible for the overall supervision and operational delivery of nursing services at the RMCH, including administrative tasks to include credentialing requirements, staff rosters, employee folders, and staff assignments, including for private or per diem nursing staff.



Amy Angle, RN
RMCH Executive
Nursing Director

RMCH nursing staff will complete patient admission assessments within two hours of arrival and ensure that a registered nurse (RN) completes the individualized nursing plan for each patient according to RMCH policies and protocols. We understand that a RN must maintain oversight and responsibility for patient nursing plans. Nursing staff will document in the EMR using FDC forms DC4-732, *Infirmery/Hospital Admission*, and DC4-0028, *Nursing Progress Note*.

RMCH Admission / Discharge (HC-020 – HC-023, HC-027 - 028). RMCH-level care supports recovery from serious illness, surgery, or injury and provides specialized medical services to include increased nursing or skilled care, and/or assistance with activities of daily living. Staff will issue patients admitted to the RMCH will sign FDC Form DC4-713A an identification band as required. At admission, we will verify and ensure documentation in the EMR of allergies or No Known Drug Allergies (NKDA), medications, physician orders, and other intake assessments as indicated by RMCH policies and protocols. RMCH nursing staff will complete admission assessments within two hours of arrival and complete documentation as required in the EMR.

Upon admission to RMCH, designated staff will provide orientation to patients that includes education on how to access staff using the assigned call light, facility access including location of bathrooms, meals, and other patient services. We will work to ensure all RMCH patients have appropriate access to facility services and healthcare staff. Upon admission, we will also review healthcare directives, patient bill of rights, rules and regulations, and other requirements as noted in Program Requirement HC-022 and request patients to sign FDC Form DC4-0020 as verification of receipt.

When the attending physician clears patients for discharge, nursing staff will complete a discharge note in the EMR using FDC form DC4-0028 and identify follow-up medical requirements for housing placement, to include assessment for placement in a confinement unit if indicated. Patients that we discharge to another facility and/or infirmary will receive care coordination between RMCH staff, discharge coordinators, and the receiving institutions healthcare and facility staff as required. We will ensure that the EMR has all pertinent medical information updated and complete prior to transfer and provide confidential paper copies of healthcare forms as needed for transport. We will comply with discharge requirements as identified in Program Requirement HC-028.

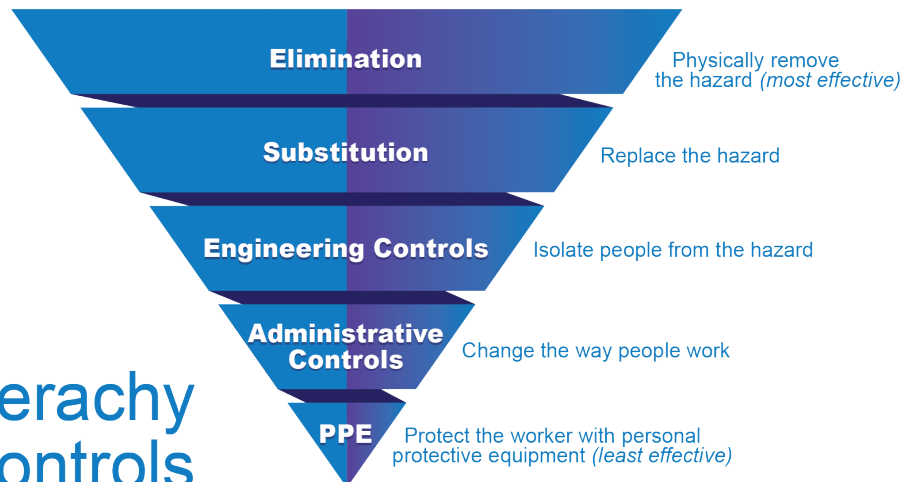
We understand that the optimal use of RMC hospital level of care resources minimizes the use of offsite hospitalizations and specialty care. We appreciate that these services are critical for managing care and avoiding unnecessary associated costs. However, as noted above, Centurion will not maintain patients onsite as a cost-savings measure when they require care beyond the scope of services available.

Infection Control (HC-029). We will continue to implement a RMCH infection control program led by the RMCH Director of Nursing and Infection Control Nurse.

Centurion’s infectious disease prevention and control program includes training, education, surveillance, preventive techniques, treatment, and reporting of infections and diseases in accordance with federal, State, and local laws. The RMCH will follow contemporary infection control procedures consistent with practices defined by the AHCA and the **Centers for Disease Control and Prevention**, as well as the Florida Department of Health and FDC policy requirements. Our philosophy, policy and procedure, and strategies of controlling exposures with focus on patient safety, staff safety and emergency response aligns with OSHA’s “Hierarchy of Controls”:



OSHA’s Hierachy of Controls



We will continue to provide the FDC an infection control program at the RMCH that includes:

- Surveillance, prevention, and control of infections among patients and personnel
- A system for identifying, reporting, evaluating, and maintaining records of infections
- Ongoing review and evaluation of infection control events and protocols
- Infection control training for RMCH healthcare, security, and other support personnel

Centurion of Florida will continue to use the FDC infectious disease manual at the RMCH. Centurion also provides a comprehensive corporate infection prevention and control program and manual as noted earlier. With the FDC's approval, we can provide Centurion's Infection Prevention and Control Manual on site for reference to complement the FDC infectious disease control and prevention manual and requirements.

RMCH infection control leadership will have access to **Brenda Sue Medley-Lane, RN, CCHP-A**, Centurion's Corporate Infection Prevention and Control Coordinator with over 50 years of experience in the healthcare field, 38 years in infection control, and 22 in correctional health care. Ms. Medley-Lane ensures infection prevention and control policies and procedures align with current standards of practice and regulations in collaboration with healthcare clinical leadership. She ensures that each Centurion program is current with infection control initiatives through her contacts at the CDC, Advisory Committee on Immunization Practices, and Federal Bureau of Prisons. She is a national speaker on infection prevention and control in corrections and an adjunct trainer for the CDC's Tuberculosis Center. In 2018, the Academy of Health Professionals in NCCHC elected Ms. Medley-Lane to its board of directors. Her leadership and expertise during the COVID-19 pandemic was instrumental across Centurion programs.



Brenda Sue Medley-Lane, RN, CCHP
Corporate Director of
Infection Prevention
and Control Coordinator

Social Services (HC-031). Centurion's social services staff for the RMCH will continue to be accessible Monday through Friday, 8 am to 5 pm, and base their availability on the needs of the facility. They will continue to meet their assigned responsibilities as detailed in Program Requirement HC-031. We acknowledge that this includes, but is not limited to the following duties: serving as a liaison between patients and their families, discharge planning, coordination with parole, critical and death notification to patient's families, counseling and assessment services. Our social services staff also support coordination of operational tasks such as canteen, banking, visits, law library, and other services.

Centurion will communicate with the Department and RMCH staff regarding acute and complex cases on a regular basis. As part of our multidisciplinary process, we discuss a patient's eventual release and any healthcare services they may require upon reentry. This discussion allows the team to proactively identify and seek the types of healthcare services the patient may need, making sure that follow-up services and supports are available at the time of discharge. Social services staff will develop discharge plans that ensure continuity of healthcare needs. This includes working with patients to review their eligibility for Medicaid, Social Security, and VA benefits as appropriate.

Social services staff will ensure that patients discharging to the community have connection to housing, medical or mental health referrals, community provider linkages for care, benefits enrollment, and/or other



services such as long-term care if needed. We will include detailed information within the EMR on the discharge plan in the patient’s medical record.

F. Hospital Administration and Care Services and Staff to Ensure Service Delivery

In collaboration with onsite hospital administration and medical director, the RMCH receives operational and administrative oversight by the Governing Board and the Board of Directors (BOD). The BOD will continue to include the RMC Warden, the FDC medical and mental health directors, FDC administration, and Centurion’s statewide medical director. The RMCH will continue to receive guidance and leadership to provide high-quality hospital level care for FDC patients.

RMCH leadership, onsite providers and the BOD will continue to have access to Centurion’s corporate clinical leaders, processes, training and education, and other available resources to ensure the provision of quality hospital level of care for FDC patients. This includes Johnny Wu, MD, FACP, FACCP, CCHP-P, CCHP-A, Corporate Chief of Clinical Operations, John May, MD, FACP, Corporate Chief Medical Officer, Katie Wingate, RN, BSN, MSN, CCHP, Corporate Chief Nursing Officer, and Brenda Sue Medley-Lane, RN, CCHP, Corporate Infection and Prevention and Control Coordinator, among many others.

Centurion’s Network Development team, led by Lisa Rossics, Senior Vice President of Network Development, will continue to provide access to necessary specialists who deliver onsite services, and access to offsite care when the scope of service is beyond that available at the RMCH. Ruth Feltner, BA, CCHP, Statewide Vice President of Operations, will continue to provide program services oversight, contract compliance across the FDC program, and ensure that the RMCH receives necessary resources to meet its mission.

Program Oversight and Clinical and Administrative Staffing Levels for RMCH Services. Our RMCH leadership team will include all the positions identified in Section 3.6.1.2, *Program Management Minimum Requirements*. These positions will provide appropriate oversight to ensure all RMCH operations within each region are carried out in accordance with the requirements outlined in this ITN. Our statewide RMCH leadership team includes the following:

**Centurion Florida Reception and Medical Center Hospital
Leadership Team**

Leadership Position Title in ITN Section 3.6.1.2	Centurion Current Staff Member
RMC Hospital Administrator	Priscilla Roberts, AA
RMC Hospital Chief Medical Officer	Ramon Bassa, MD, CCHP Nalini Anandjiwala, MD
RMC Hospital Executive Nursing Director	Amy Angle, RN
RMC Hospital Director of Nursing	Cassie McAlister Amanda Parrish
RMC Hospital Infection Control Nurse	Jamie Tomlinson
RMC Hospital Pharmacy Consultant	Tim Rakas, PharmD
RMCH Health Information Specialist	Kimberly Bryant

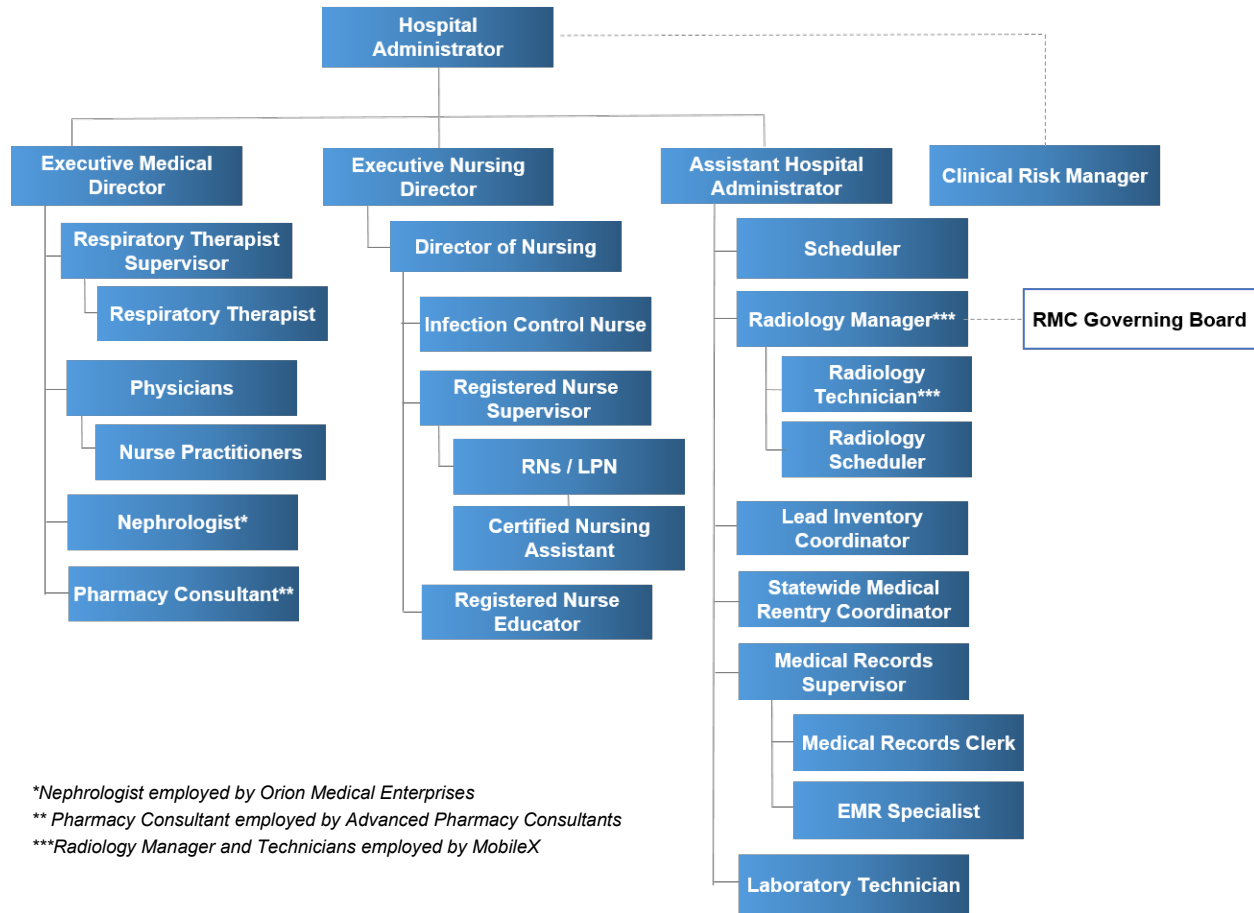
Centurion Florida Reception and Medical Center Hospital Leadership Team

Leadership Position Title in ITN Section 3.6.1.2	Centurion Current Staff Member
RMCH Risk Manager	Trish Taylor, BSN, RN
RMCH EMR Specialist	New Position in 2022 ITN

We will continue to provide site-based leadership to ensure that the healthcare delivered is consistent, quality, and contract compliant across FDC sites.

For the ease of the reader, we provide all of our full staffing plans for RMCH and the other service areas for the Florida program at the end of Tab D, immediately following our response to ITN Section 3.6, *Healthcare Services*. Below, our proposed Centurion of Florida organizational chart that further outlines our lines of authority and leadership roles for services at RMCH.

RMC Hospital Services Organizational Chart



G. Cost-Savings for Hospital Administration and Care

Centurion worked closely with FDC leadership to reimagine the physical plant at RMCH to provide an area for post-operative care and replace obsolete or inefficient healthcare equipment. This collaboration facilitated the ability to provide more onsite ambulatory surgeries. The initiative involved relocating patients and retrofitting the space. We are proud that this accomplishment has facilitated avoidance of unnecessary patient transports and inpatient hospital stays that are costly to the Department. We will continue to work with the ambulatory surgery center available at RMC to provide FDC patients access to onsite general, dermatology, ophthalmology, orthopedic, colorectal, ENT, oral, podiatry, plastic/hand, and urology surgical services.

H. Value-Added Services for Hospital Administration and Care

By continuing to partner with Centurion, the FDC can be assured that we are committed to achieving performance measures and will identify solutions to reach these objectives. Our network development and recruitment teams are able to draw from our relationship with Centene and their presence in Florida as Sunshine Health and Ambetter. This relationship allows Centurion access to an established healthcare network developed over the last 35 years that includes hospital affiliates and specialty providers across the state.

We will continue to offer Centurion's **Nurse Advice Line** and **FindHelp** value-add offerings to support RMCH social services staff and FDC patients preparing to discharge to the community. Centurion will continue to offer former incarcerated patients community access to Centurion's **Nurse Advice Line** for up to 90 days post release to support patients at their most vulnerable while reintegrating back into the community. This service accommodates questions and concerns about both medical and behavioral health needs. Our experienced, trained registered nurses use physician-approved guidelines, protocols and health information topics to provide telephonic medical triage and health information services to patients recently released from custody. Year-to-date in 2022, we have received 14 calls from Florida released individuals and 80 calls across all participating Centurion programs.



Centurion worked closely with FDC leadership to reimagine the physical plant at RMCH to provide an area for post-operative care, update nursing stations, and replace obsolete or inefficient healthcare equipment.

In 2022, Centurion launched FindHelp, a web-based search engine, to provide Centurion staff and patients a free platform to find and connect to social services in their desired area. Our FDC-specific team has begun to use this resource in their aftercare work along with existing resources in the FDC-specific portal. FindHelp, accessible from anywhere at any time, and customized to the specific and complex needs of Centurion patients, provides access to free or reduced-cost verified social and public services including medical care, mental health care, substance use treatment, housing, food, job training, and more. FindHelp contains more than 550,000 locations and 300,000 listings across the United States with 95% of all programs verified at least every six months. Centurion's customized FindHelp page is available at www.CenturionHealth.FindHelp.com. **As of June 2022, companywide seekers have made more than 10,000 searches on Centurion Health's FindHelp website.**



3.6.6 Pharmaceutical Services Service Area

A. Acceptance of Pharmaceutical Service Area Requirements

Centurion acknowledges and accepts each of the 40 pharmaceutical services requirements itemized in ITN Section 3.6.6.3, *Pharmaceutical Services Minimum Requirements*, as written. As the incumbent healthcare provider, we currently meet these pharmacy services requirements and do not anticipate any challenges or barriers to doing so in the new contract as well.

However, we note that a number of the pharmacy services requirements appear to not reflect the new automated processes in place since implementation of the EMR system. For example, PS-001, PS-003, P-005, PS-006, PS-09, and PS-010 prescribe specific FDC forms or medication administration record (MAR) notation methods that are not identical to the processes now in place since implementation of the EMR system, which eliminated, in most cases, the need to document these tasks on a hardcopy MAR. If desired by the FDC, during the negotiation process we can work with Department to update these pharmacy requirements to reflect the new, automated processes now in place through the EMR system. With regard to PS-036 and the requirement to utilize the drug exception request (DER) process for the listed situations, we note that in December 2021 the pharmacy and therapeutics committee modified this list. The P&T committee eliminated the need to use DER for two of the listed situations: 1) for four or more psychotropic medications, and 2) more than one medication in a mental health treatment category. However, we are open to complying with whatever the Department prefers and look forward to clarifying the final status of medication situations that require the DER process.

Additionally, with regard to PS-0439, we look forward to obtaining clarity from the FDC on the intent of the next to last statement, which indicates that the Department is responsible for non-formulary prescription purchases. This statement appears to contradict the first sentence in PS-039 that indicates the vendor is responsible for the costs of non-formulary medication prescriptions dispensed by the Department's pharmacies. We understand that exception to this requirement is for DAAs and therapies to treat HIV, for which the Department is financially responsible.

Centurion also looks forward to clarifying with the FDC the references in PS-033, PS-034, and PS-035 to the duties of the certified consultant pharmacist. Some of these requirements we currently meet through our onsite, subcontracted consultant pharmacist, while our own Statewide Pharmacy Program Director, **Tim Rakas, BPharm, CPh, MBA**, who is also a certified consultant pharmacist, fulfills others, like PS-033. In the spirit of transparency, we look forward to reviewing these type of clarifications to ensure that we are meeting the FDC's expectations with the personnel intended by the Department.

Centurion accepts responsibility for all aspects of pharmacy management services including, but not limited to following: ordering, inventory control, administration, return and/or disposal of pharmaceuticals for all incarcerated individuals assigned to the FDC. Our qualified healthcare staff will prescribe and administer medications necessary for the treatment of any disease, illness, or injury incurred by FDC residents where we provide pharmacy management services.



**Tim Rakas, BPharm,
CPh, MBA**
Statewide Pharmacy
Program Director

Furthermore, our pharmacy services delivery system, processes and policies will comply with applicable State and federal regulations, national accreditation standards, as well as Department Health Service Bulletins (HSB), policies and orders, including but not limited to the following:

- Federal Controlled Substances Act
- United States Pharmacopoeia and National Formulary (USP-NF)
- Florida Board of Pharmacy
- National Commission on Correctional Healthcare (NCCHC)
- American Correctional Association (ACA)

We have extensive experience in providing pharmacy services for our statewide correctional partners and look forward to providing comprehensive healthcare, including pharmacy services, to the Department. Below we describe our pharmacy management team, approach, resources, and experience that will be available to the Department upon contract award.

We will continue to be responsible for a medication management program following established FDC and Centurion's FDC-conformed policies and procedures. In particular, our pharmacy management services will remain consistent with the Department's HSB 15.14.04 – *Pharmacy Operations*, including the five appendices labeled A through E. Other relevant HSBs to which Centurion will continue to conform our services include HSB 15.05.19, *Psychotropic Medication Use Standard and Informed Consent*, and HSB 15.04.15, related to dental pharmaceutical services. These HSBs, and other FDC policies and produces, as well as contract requirements, will continue to serve as the foundation for our healthcare staff trainings for nursing and providers tasked with any pharmacy-related responsibilities.

B. Acceptance of Pharmaceutical Service Area Performance Measures

Centurion acknowledges and accepts the three pharmaceutical services performance measures itemized in ITN Section 3.6.6.4. We are not recommending any modifications or additions to the pharmaceutical performance measures for the new procurement.

Acceptance of Pharmaceutical Services Reports. Centurion acknowledges and accepts the five pharmaceutical reports itemized in ITN Section 3.6.6.5, *Pharmaceutical Services Reports*. These five reports are the same as what Centurion is currently responsible for in our current contract. Upon contract award, Centurion will provide the FDC with a list of each FDC institution's consultant pharmacist of record and their current phone numbers. We will also provide the FDC with a pharmaceutical policy and procedure manual to all FDC institutions, the Contract Manager, and the Chief of Pharmaceutical Services. Centurion will provide both of these deliverables within 30 days of the new contract effective date.

Dr. Rakas will continue to provide the FDC with a copy of the monthly consultant inspection reports immediately upon his receipt and review of the reports provided to him by our consultant pharmacy group, **Advanced Pharmaceutical Consultants (APC)**.

C. Ability to Exceed Pharmaceutical Performance Measures

In the current contract, the Department has elected to combine PM-PS-01 and PM-PS-02 into one performance measure, PM-006. Presently, PM-006 is the Department's only pharmaceutical specific

performance measure. Since the inception of our correctional partnership with the FDC, Centurion has consistently scored 100% on these measures by maintaining compliance with mandatory standards to retain the State of Florida MQA Board of Pharmacy Permit and the United State DEA Controlled Substance Permit. In compliance with REP-PS-05, we will continue to provide a copy of all pharmacy permits to the FDC immediately upon our receipt of renewed permits.

D. Proposed Modifications for Pharmaceutical Performance Measure Requirements

We propose to modify the due date for REP-PS-03 to the 12th business day of the month, reflecting information from the previous month. This timeframe would be helpful, but not critical, because Centurion does not receive results from Advanced Pharmaceutical Consultants until the ninth business day. Centurion would prefer to have adequate time to review all inspection reports we receive from APC prior to sending them to FDC and be prepared to answer any questions the Department may have about the results.

E. Plan for Providing Pharmaceutical Services

Pharmacy Management Controls. Centurion will continue to be responsible for management controls, staffing, and quality assurance of pharmaceutical services. Our corporate pharmacy team currently oversees the services provided by a multitude of pharmacies that range from state run operations to privately owned organizations. Our pharmacy team will address and resolve quickly any pharmacy related concerns, should they arise. We have a positive working relationship with the FDC's four statewide pharmacies in our current partnership and do not anticipate any performance or oversight concerns for the FDC procurement.

Pharmacy Licenses. Centurion will ensure appropriate licensing of onsite and offsite pharmacies to provide all pharmacy services for medication distribution to the FDC based on State and federal law. Our onsite pharmacy consultants, staffed through our pharmacy consultant subcontractor, APC, will work closely with our Statewide Pharmacy Program Director, Tim Rakas, to ensure that each applicable FDC facility maintains their pharmacy-related licenses and permits.

In addition, Centurion recently added to our corporate pharmacy team **Albert Vierra**, Pharmacy Controlled Substance Regulatory Manager. He will assist Mr. Rakas with monitoring and maintaining all required pharmacy licenses and permits for facilities associated with our FDC correctional healthcare partnership. Mr. Vierra is uniquely qualified to assist with compliance, licensing, and permits related to controlled substances. Prior to joining Centurion, he worked with the Drug Enforcement Administration (DEA) for 25 years providing investigations and security leadership as a DEA Supervising Special Agent.



Albert Vierra
Pharmacy Controlled
Substance Regulatory
Manager

Centurion intends to fulfill the pharmaceutical services requirements in a manner that is consistent with our current operations.

Automation Tools. As the FDC is aware, Centurion implemented a statewide EMR system, Fusion, in December 2021. This tool, although not specific to pharmaceutical services, interfaces with the FDC' pharmacy services software to allow Centurion providers to electronically prescribe and submit their



medication orders for FDC patients. In addition to e-prescribing, Fusion allows our nursing staff to utilize electronic medication administration records (eMAR) in place of hardcopy MARs. Both of these automated tools within the EMR system facilitate more efficient pharmaceutical operations across all FDC facilities.

Methodology: Nurse Training. Centurion will continue to provide initial orientation, annual review, and as-needed training to ensure our nursing staff follow relevant Health Services Bulletins and FDC policies and procedures governing the ordering, transcribing, preparing, administering, documenting, storing, inventorying, and transferring of medications. Our training includes responding to medication non-compliance, mouth-checks following administration of oral medications, procedures for intravenous medications, provision of emergency medications, procedures for involuntary medications, and procedures for ensuring security of controlled medications.

During the current contract, Centurion developed FDC-specific training for nursing staff on medication management. The training covers the following topics:

Medication Management Training Topics for Florida Nursing Staff

- ▶ Patient Self-Administration
- ▶ Medication Ordering Process
- ▶ Medication Storage and Accountability
- ▶ Medication Availability and Types
- ▶ Medication Occurances; adverse and drug reactions
- ▶ Pharmacy Inspections
- ▶ Medication Compliance
- ▶ Medication Administration and Documentation

The medication management training module includes review of specific FDC documentation forms related to medication management, including:

- ▶ **DC4-521**, Medication Refill Request
- ▶ **DC4-550**, Quality-Related Event Report
- ▶ **DC4-551**, Medication Destruction Log
- ▶ **DC4-683**, Protocol Services
- ▶ **DC4-690A**, Occurrence Report
- ▶ **DC4-701**, Chronological Record of Health
- ▶ **DC4-701A**, Medication and Treatment Record
- ▶ **DC4-701L**, No Show Call Out Log

Florida Medication Management Training Module Forms

- ▶ **DC4-711A**, Refusal of Care Services
- ▶ **DC4-712A**, Stock/Legend Medication Weekly Count
- ▶ **DC4-712D**, Legend Drug Account Record
- ▶ **DC4-797Q** Return of Unit Dose Medication Log
- ▶ **DC4-714B**, Physician's Order Sheet
- ▶ **DC4-781E**, Narcotic Accounting Log
- ▶ **DC4-714**, Controlled Substance Sheet
- ▶ **DC4-802**, Narcotic Key Exchange

Centurion will ensure that our healthcare staff receive training and review the FDC's *Pharmaceutical Operations Policy and Procedures Manual* on an annual basis. We will continue to promptly distribute the Department's policy updates to our staff and provide orientation or training as needed to ensure Centurion staff understand the policy or procedure changes and their implications for day-to-day operations. We commit to providing the FDC with verification of this training and annual review of the *Policy and Procedures Manual for Pharmaceutical Operations*, as required by REP-PS-04.

Methodology: Managing Pharmaceutical Inventories and Security. Centurion is familiar with the requirements for dorm and stock medications, maintenance of perpetual inventories for legend medications, returning or disposing of expired and/or damaged medication stock, transferring patient medications with the patient, and ensuring security and key control for narcotic medications. Our healthcare and pharmacy staff currently perform these responsibilities and have been trained to ensure they comply with statutory and FDC requirements for these procedures.

Methodology: Formulary Management. Centurion will meet FDC requirements for formulary adherence. During the current contract, we have worked closely with the FDC Office of Health Services to ensure we understand and follow the FDC formulary and required prescribing practices. We have demonstrated consistent success in training our clinicians in formulary adherence and compliance with the non-formulary exception request process.

John Lay, MD, our Statewide Medical Director, and **Beltran Pages, MD, CHCQM**, our Statewide Psychiatric Director/Advisor, are voting members of the P&T committee and have worked closely with **Tim Rakas**, Statewide Pharmacy Program Director, and the Department's Chief of Pharmacy to initiate a number cost-saving pharmacy initiatives over the past five years. We highlight several of these initiatives later in our response to this service area requirement.

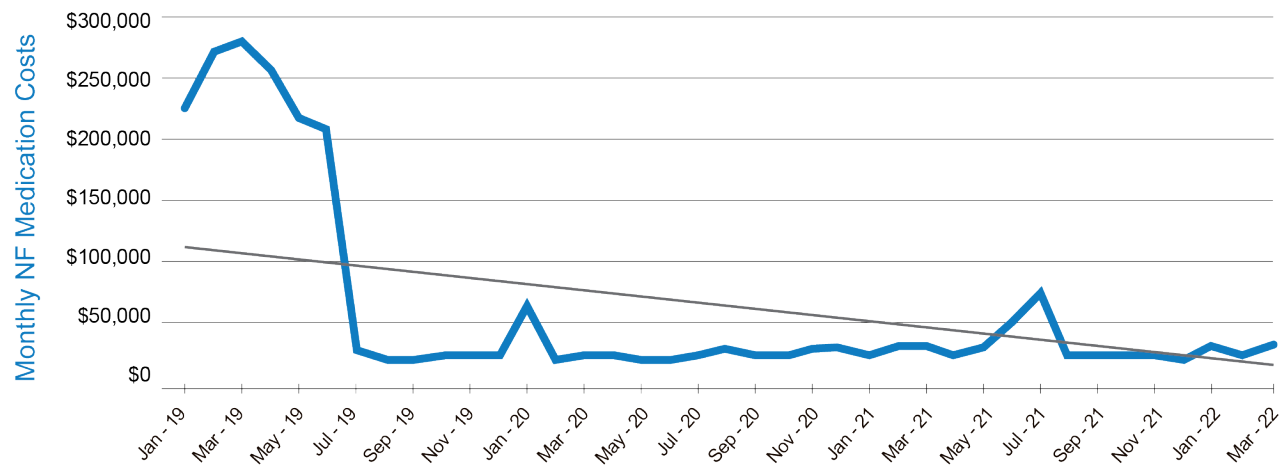


The graph that follows is an additional example of our formulary management effectiveness. It demonstrates Centurion’s commitment and ability to educate and monitor our providers to support non-formulary and other best practice, cost-effective prescribing habits. Starting in mid-2019, the cost for non-formulary medications has decreased significantly from their high levels in the first half of year. In the first half of 2019, the average monthly non-formulary medication costs were **\$245,629**, while average monthly costs in the second half of that year declined sharply to **\$34,951**.

As the graph shows, we have maintained the much lower non-formulary cost trend through the present. In the first calendar quarter of 2022, the average monthly non-formulary medications costs were \$30,833. We recognize that this sharp decline was due primarily to the FDC and the P&T committee adding a number of previously non-formulary medications to the formulary. Added medications to the formulary provides the FDC the opportunity to negotiate preferred costs with their vendors, resulting in an overall cost-avoidance for the Department.

We provide the same level of diligence regarding formulary adherence in all of our correctional healthcare contracts, regardless of who is paying for the medications.

FDC Non-Formulary Medication Cost Trend
2019 — 2022 (YTD)



Methodology: Polypharmacy. In our healthcare partnerships where we have access to pharmacy utilization data, we track and trend aggregate and individual clinician polypharmacy practices. After our pharmacy team compiles and aggregates the data, we share the findings with the Centurion statewide and regional medical directors. The medical directors, in collaboration with Centurion’s pharmacy management department, analyze the data to determine where we may need corrective action to address any medication prescribing practice concerns of individual clinicians. Our medical directors and healthcare trainers address programmatic or systemic issues in prescribing practices through training.

Our medical directors share an overview of the analysis of prescribing practices with the clinicians. Our pharmacy management team members provide onsite educational seminars to the clinicians on evidence-based care and updates to national guidelines in medication use, formulary compliance, polypharmacy, and medications with patient misuse potential. They also provide clinicians with regular

updates on medication cost-related issues such as manufacturing shortages and medications for which we expect generic formulations to become available.

We propose doing the same for the FDC partnership going forward and recognize that this would require having access to FDC pharmacy utilization data. Centurion has in place exceptional pharmacy data analytics and reporting capabilities, which we highlight below as one of our value-added services.

For the FDC, we recognize that without access to the Department's pharmacy utilization and cost data, it is not possible to monitor and utilize this information to track our progress both aggregately, or per provider, with regard to cost-effective prescribing practices, including polypharmacy concerns. With the recent implementation of the EMR system, Centurion and the Department have an opportunity to change this going forward, if desired by the FDC. Through the EMR system, Centurion could access the pharmacy CIPS data, if approved by the Department, as we do in our other contracts.

We propose that the Department consider allowing Centurion access to their raw pharmacy data for our corporate pharmacy and data enterprise solution teams to analyze. As we do in our other correctional programs, these corporate resources allow us to create client-specific pharmacy dashboard reports and other metrics, including extensive data analytics. Doing the same for the FDC will allow both the Department and Centurion to monitor our progress with improving cost-effective prescribing practices for the FDC.

Methodology: Polypharmacy Reduction. Centurion recognizes the challenges involved with polypharmacy and has developed clinician training to address this issue. Centurion's training addresses the importance of reducing the complexity of medication regimens and eliminating unnecessary medications through instructions about specific, commonly prescribed, medications. The goals of the training are to ensure prescribed medications are appropriate for existing conditions and to:

- Minimize medication interactions (drug-drug, drug-disease, drug-diet)
- Minimize additive side effects (inappropriate therapeutic duplication)
- Ensure appropriate medication dose and treatment duration
- Ensure communication between multiple prescribers

In our current contract, we have provided the following training topics for our providers:

- Medication Management - Polypharmacy
- Role of Aspirin for Primary Prevention of Cardiovascular Outcomes
- Concurrent NSAIDs and Aspirin Use
- Role of Niacin and Fibrates in Cholesterol Management
- Recommended Treatment Options for Hypertension
- Duplicate Proton Pump Inhibitors and H2 Use

Centurion's pharmacy management team also uses pharmacy data to monitor and trend reductions in polypharmacy. Evaluation of patients on multiple medications and comparison of prescribing practices against evidence-based guidelines have resulted in interventions to reduce the most common forms of polypharmacy.

Methodology: Maintaining Required Pharmacy Permits. Centurion has successfully maintained each FDC facility's pharmacy permits from the Florida Department of Health, Board of Pharmacy Institutional Class II Permit, or Modified II-B Institutional Permit and the United States Department of Justice Drug Enforcement Administration registration for each Institutional Class II and/or Modified II-B Institutional Permit.

The site pharmacy consultant reviews each permit and license on the monthly pharmacy inspection report. Mr. Rakas, our Statewide Pharmacy Program Director, maintains a spreadsheet with each facility's DEA license and pharmacy permit expiration dates. He reports this information to our corporate pharmacy management and enterprise data solutions teams. Mr. Rakas also has the responsibility of submitting the application for license and permit renewals to our corporate office to ensure timely payment of each FDC facility's renewal fee.

F. Pharmaceutical Services and Staff to Ensure Service Delivery

Consultant Pharmacy Services. Centurion of Florida will continue our current provider contract with **Advanced Pharmaceutical Consultants (APC)** to provide a Florida licensed consultant pharmacist for each institution and a *Florida Board of Pharmacy* registered consultant pharmacist for a designated number of Modified IIB Pharmacy permits under the management of Centurion of Florida.

APC provides a consultant pharmacist for Centurion of Florida. This consultant pharmacist is ultimately responsible for oversight and ensuring that each FDC facility adheres to all FDC Health Services Bulletins, Technical Instructions, other Department policies and procedures, as well as applicable federal and state laws, rules, and regulations governing the pharmacy services.

Pharmacy and Therapeutics Committee Initiatives. We highlight below a list of recent P&T committee initiatives designed to improve pharmaceutical effectiveness and/or operating efficiencies. These initiatives include, but are not limited to the following:

- Addition of once-daily dosing of long-acting biosimilar insulin product Semglee (glargine)
- Removal of twice-daily TUDOIZA (DOT) inhaler and addition of once-daily dosing, Incruse Ellipta, which is also KOP
- High cost biologics added to formulary will require a specialist recommendation and two RMD approvals once patient has failed other conventional treatments

Program Oversight and Clinical and Administrative Staffing Levels for Pharmaceutical Services. Our pharmaceutical leadership will include the statewide pharmacy program director, identified in Section 3.6.1.2, *Program Management Minimum Requirements*. This position ensures appropriate oversight to ensure all pharmacy management and service operations within each region are carried out in accordance with the requirements outlined in this ITN.

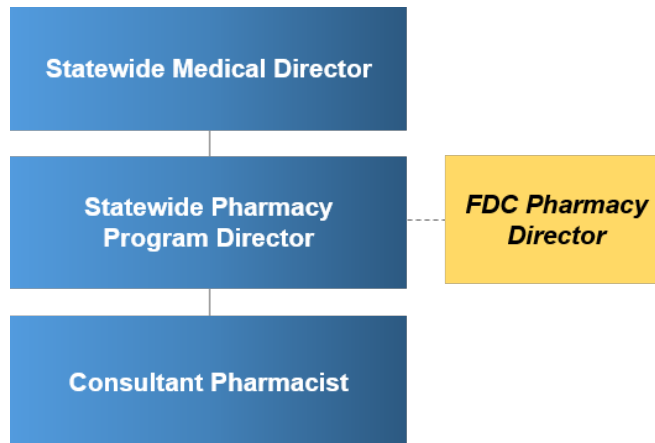
Our statewide pharmacy leadership team includes the following:

Centurion Florida Pharmacy Leadership Team

Leadership Position Title in ITN Section 3.6.1.2	Centurion Current Staff Member
Statewide Pharmacy Program Director	Tim Rakas, BPharm, CPh, MBA

We will continue to provide statewide, regional, and site-based leadership to ensure that the healthcare delivered is consistent, quality, and contract compliant across FDC sites. For the ease of the reader, we provide all of our full staffing plans for pharmacy services and the other service areas for the Florida program at the end of Tab D, immediately following our response to ITN Section 3.6, *Healthcare Services*. Below, our proposed Centurion of Florida organizational chart that further outlines our lines of authority and leadership roles for pharmacy services under medical services.

Pharmaceutical Services Organizational Chart



Centurion of Florida Statewide Pharmacy Program Director. **Tim Rakas, BPharm, CPh, MBA** will continue to function as the statewide pharmacy program director for Centurion and provide direct oversight for pharmaceutical operations and the pharmacy consultants throughout the state.

Mr. Rakas has held this position since 2021 and been collaborating with the FDC on all aspects of pharmaceutical operations. He will continue to work with the FDC Chief of Pharmaceutical Services to manage the statewide formulary and monitoring clinician prescribing metrics and formulary adherence.

Mr. Rakas will continue to provide additional oversight for the APC institutional consultant pharmacists to ensure all the inspections are complete, maintain compliance with all the State and federal laws. He will also ensure that designated staff implement corrective actions, as needed, and submit all pharmacy related reports in a timely fashion.



Tim Rakas, BPharm, CPh, MBA
Statewide Pharmacy Program Director

We have consistently achieved high levels of compliance with the pharmacy room indicators on the FDC and Centurion inspection forms. Centurion accomplished this through continuous monitoring completed by consultant pharmacists, directors of nursing, and regional leadership. Mr. Rakas ensures that the responsible parties correct any noted deficiencies prior to the next monthly inspection through use of Corrective Action Plans developed by local staff and regional leadership. Mr. Rakas verifies that local staff correct deficiencies through online and onsite audits. Medication room processes continue to improve and remain consistent through nursing education and in-service trainings completed by the consultant pharmacists and Mr. Rakas.

Mr. Rakas conducts medication utilization reviews, implements quality improvement and cost saving initiatives, and actively participates in the Department's P&T committee. His efforts result in providing recommendations to physicians for medication changes to increase patient adherence, reduce adverse drug reactions, promote positive patient outcomes and maximize formulary utilization, while simultaneously obtaining the trust and confidence of the clinicians. Mr. Rakas is part of the multidisciplinary team to improve the effective and efficient use of high-cost medications such as antibiotics, multi-dose inhalers and novel anticoagulants.

G. Cost Savings for Pharmaceutical Services

Centurion is proud of our ability to assist clients in avoiding unnecessary pharmaceutical costs while simultaneously supporting the provision of evidence-based care that is consistent with community standards. Centurion has worked closely with the FDC during the current contract to pursue cost-savings and quality improvement initiatives.

We highlight below a few our pharmacy related cost savings or cost avoidance successes over the past few years:

- Worked in partnership with the FDC to manage the formulary process through our P&T committee participation and separate Centurion initiatives aimed at educating providers on best-practice and cost-effective prescribing patterns
- In 2018, in partnership with the FDC, Centurion reviewed the entire FDC formulary to identify possible cost avoidances by changing medications, dosing, and other prescribing practices, which together resulted in avoidance of over \$5M of annual spending on medications
- Continuously monitored compliance with these initiatives and look for ways to avoid cost, while maintaining a priority on clinical efficacy
- Organized a review committee for specialty medications and orphan drugs to ensure proper use and oversight
- Worked within the pharmacy and therapeutics (P&T) committee to implement additional cost savings initiatives for FY 2019-2020, with total savings of \$2.3 Million for FDC and Centurion. The targeted medications for these initiatives were for biologics/biosimilars, inhalers, topical corticosteroids and other chronic illness medications

Other recent P&T committee initiatives that have led to either pharmaceutical cost-avoidances, or improved operational efficiencies, include a review of once daily long-acting insulin (glargine), long-acting

antipsychotic injectables, anticholinergic inhalers and 340B antivirals. Due to these collaborative efforts, the committee initiated the following changes:

- Formulary additions allowing for once daily dosing of medications rather than twice-daily dosing providing direct cost avoidance.
- Formulary changes permitting keep on person (KOP) medications rather than Direct Observation Therapy (DOT).
- Addition of HIV antivirals to facilitate the FDC’s expanded use of the 340B program.

Centurion is confident the FDC will not find a more cost-conscious and clinical-effectiveness focused partner in managing pharmaceutical expenditures.

We will continue to support the FDC’s desire to maximize utilization of the 340B program by identifying and advising the Department of qualifying HIV patients at non-participating facilities regarding enrollment into a chronic illness clinic HIV program and transfer consideration to a qualifying 340B facility.

H. Value-Added Services for Pharmaceutical Services

Centurion has a dedicated pharmacy management team with over 30 years of combined experience among its leadership in providing pharmaceutical expertise in clinical and pharmacy operations in correctional settings. Centurion’s pharmacy management department works with prescribers and pharmacy vendors to ensure the appropriate and efficient use of medications.

Our corporate pharmacy team will continue to support our Florida-licensed Statewide Pharmacy Program Director, Mr. Rakas, in the provision of clinical pharmacy services.

Centurion’s corporate pharmacy management team consists of **Neeraj Malik, PharmD**, Vice President of Pharmacy Management, and **Vince Grattan, RPh**, Director of Clinical Pharmacy Services, along with a team of analysts and database managers at our corporate headquarters. Our corporate pharmacy team provides oversight of the pharmacy transitions and scope of services provided by our sub-contracted pharmacy vendors. Centurion will meet all federal, State, and local requirements and national accrediting standards of care. The team closely monitors medication cost trends and reports this data to Centurion’s regional vice president, our clinical operations department, medical directors, program managers, and both private and state pharmacy vendors. Our clinical pharmacy managers are experts in 340B regulations, Hepatitis C, HIV, and psychopharmacologic therapy.



Neeraj Malik, PharmD
Vice President, Pharmacy
Management



Vince Grattan, RPh
Director of Clinical
Pharmacy Services

Recently, Centurion added another member to corporate pharmacy team, **Albert Vierra**. Mr. Vierra, Centurion’s Pharmacy Controlled Substance Regulatory Manager, is an accomplished, dedicated, and versatile global investigations and security leader with 25 years of global enforcement as Supervisory Special Agent with the Drug Enforcement Administration (DEA). In this capacity, he led personnel in the execution of high-risk domestic and foreign transnational criminal organization, public corruption, medical



fraud, maritime, air, and land interdiction investigations. For Centurion, Mr. Vierra will support controlled substance compliance across each of our correctional programs, as well as enhancing safeguards against diversion.

Mr. Vierra directed multi-jurisdiction federal, State, and local law enforcement investigative and tactical teams spanning criminal and regulatory matters. As a Compliance Office for the DEA, he identified compliance threats that posed financial, organizational, and reputational standing threats to the DEA enterprise.



Albert Vierra
Pharmacy Controlled
Substance Regulatory
Manager

Our mission is to provide our clinicians with the pharmaceutical expertise that allows them to provide patient services that meet or exceed community standards of care, promote rational and objective drug therapy, promote cost effective prescribing practices without compromising patient care, and utilize bioequivalent generic drugs. We are one of the few healthcare providers in this industry, other than pharmacy contractors, that sends corporate pharmacists into the field to visit correctional facilities, train staff, and attend client meetings.

Centurion is unlike other healthcare companies that own their own pharmacy subsidiaries and have a conflicting interest between controlling medication costs and increasing revenue for pharmacy services. Rather than owning our own pharmacy subsidiary, Centurion obtains pharmacy services through independent pharmacy companies, or, like our FDC comprehensive healthcare program, we work with pharmacy service providers directly contracting with our correctional clients.




340B Expertise. Our company has extensive experience with 340B pricing in our other correctional programs. Currently, nearly all of our state correctional healthcare programs have 340B pricing solutions, and we have been instrumental in other jurisdictions in assisting our clients in securing their 340B covered entity status or supplying a disproportionate share hospital partner. In Florida, we will continue to support the Department's optimization of the 340B program

Data Enterprise Solutions. Over the past several years, Centurion has built an effective and growing analytics and informatics department to support our staff and clients with more effective and efficient data collection, analysis, reporting and utilization. Recently we restructured this department to serve within the larger IT Department. We also changed the name from analytics and informatics to Data Enterprise Solutions.

Often the data that we analyze for maximum benefit and impact for our correctional clients comes from EMR systems. We know the Department desires data-driven healthcare, digital automation, and modern, user-friendly electronic communications. This is something our analytics and informatics department works to promote on a full-time basis in all our programs. By providing these standard Centurion analytical practices, it can eliminate the need for additional reporting requirements.

This corporate-level support will be available to the FDC, as well as the onsite healthcare team. **Shenita**

Freeman, DSc, MSHIA, MPH, RHIA, CPHIMS, HCISPP, CPH, our Senior Director of Data Enterprise Solutions, leads this effort, with support from two dedicated data analysts. The FDC knows one of these data analysts, **Robert Douin, RN**, well because of his work in our Florida contract tracking HCV patients, infirmity bed utilization, and emergency room send outs, among other Florida-contract specific initiatives.



Centurion's data enterprise solutions team will promote modernization, data-driven decision making, and eliminate the need for additional voluminous reporting requirements.

The goals of this specialized IT team include the following:

- Enhancing and/or improving reporting workflows and outputs
- Leveraging information systems and their contents to inform strategic decision-making
- Reducing and/or sharing the reporting burden through corporate enterprise data solution support

Some of the specific services this department can provide the FDC include:

- Project and risk management support
- Information systems management support
- Quality, process, and outcomes improvement
- Liaison between technical and clinical groups
- Healthcare information security and privacy consults
- Metric and measurement development
- Program and intervention evaluation support
- Strategy development
- Data interpretation – turning data into actionable information

3.6.7 Utilization Management and Specialty Care Service Area

A. Acceptance of Utilization Management and Specialty Care Service Area Requirements

Centurion has reviewed, acknowledges and accepts each of the 18 requirements under utilization management (UM) and specialty care itemized in ITN Section 3.6.7, *Utilization Management and Specialty Care Service Area*. We have closely reviewed the UM and specialty care requirements provided by the Department. We acknowledge that there are three new requirements, UM-004, UM-017, and UM-018 in this ITN. As summarized later in this section, we will continue to perform each of the requirements set forth in this section.

Oversight for UM policies and protocols is the responsibility of **Gerald Amatucci, RRT, MD**, Statewide UM Medical Director, and **Christine Nobles, RN**, Regional Utilization Management Lead, for Centurion of Florida. They receive corporate UM support from **Darren Isaak, MBA, BSN**, Vice President of Utilization Management, and **Rebecca Ballard, MD, FACCP, CCHP-P**, Utilization Management Medical Director at Centurion's corporate office, who has a Florida medical license. Centurion UM business rules have been conformed to FDC requirements for UM services. In our current partnership with the FDC, we have routinely recommended UM business rules for inclusion and will continue to review and ensure that our UM business rules promote efficiency and effectiveness, and continue to meet FDC expectations.

Our Florida UM team has developed Florida specific business rules that continue to evolve in order to meet the changing needs of the Florida contract and to expedite access to healthcare for FDC patients. When we identify care utilization trends, our UM team reviews them with our medical directors to determine the need for a new business rule for presentation to the FDC as appropriate. Examples of business rules that the Department has approved through this process include hernia evaluations, hernia repairs, post-op surgical visits, oncology visits, emergent request, physical therapy post orthopedic surgery, and oral surgery.

Centurion does not propose any modifications to the program requirements for UM requirements as enumerated in ITN 3.6.7.3, *Utilization Management and Specialty Care*. However, we recognize that UM-007 does not reflect the UM documentation progress achieved through implementation of the EMR. We will continue to review and improve the UM submission process through the EMR and to automate and update the UM Consult Log, as we have done to update FDC forms DC4-669 and DC4-702. Our ongoing improvements to the UM process reflects our commitment to continuous quality improvement, which we support with our training program for all UM, provider, and support staff involved in the UM process.

B. Acceptance of Utilization Management and Specialty Care Performance Measures

Centurion acknowledges and accepts the two UM and specialty care performance measures listed in ITN Section 3.6.7.4, *Utilization Management and Specialty Care Performance Measures*. We also acknowledge and accept the two UM related institutional care performance measures PM-IC-014 and PM-IC-015 related to timeframes for submitting and processing UM referrals found in ITN Section 3.6.2.4, *Institutional Care Performance Measures*.

C. Ability to Exceed Utilization Management and Specialty Care Performance Measures

Centurion is prepared to meet the two performance measures for UM and specialty care service area as noted in Section 3.6.7.4, *Utilization Management Performance Measures*. For current administrative

performance measures that include UM criterion, we have maintained an 88% compliance rate, or better, since January 2019, with an average score of 93.5% since 2020 (Q3 FY-2020 through present). We recognize that the Department has removed five current UM-related performance measures and introduced one new UM performance measures for this ITN. Centurion does not propose any other performance measures related to UM or specialty care services.

Centurion's experience in Florida demonstrates our ability to meet the needs of FDC patients continuously through constant evaluation and improvement of our UM processes. After stabilizing specialty care referral backlogs inherited from the prior vendor, the UM team streamlined processes and we added resources to meet the ongoing demands for UM. Since 2019, our UM team has consistently exceeded the contractual requirements for quick turnaround times for processing both standard and urgent UM referrals, which we highlight in this section under the subheading Quality Management (UM-015).

Additionally, will continue to provide the FDC with the two reports enumerated in Section 3.6.7.5, *Utilization Management and Specialty Care Reports* within timelines and formats specified by the Department. We will continue to ensure delivery of UM and specialty care reports that meet FDC objectives and expectations.

D. Proposed Modifications for Utilization Management and Specialty Care Performance Measures

Centurion does not propose any modifications to the performance measures enumerated in ITN 3.6.7.4, *Utilization Management Performance Measures*.

E. Plan for Providing Utilization Management and Specialty Care Services

Methodologies. Centurion has built our UM and specialty care program on the belief that healthcare services are a constitutional right for the correctional population. We will maintain a specialty care consult process that we base on community and best-practice standards of care. Centurion will continue to follow FDC policies and procedures, as well as align our corporate medical management department's UM program description and procedures to FDC internal business rules, and Medicare managed care inpatient guidelines.

The Centurion *Utilization Management Program Description* outlines the expectations and processes and includes the following elements:


- Description of all UM structures and processes
- UM documentation requirements
- Prior authorization, concurrent and retrospective reviews
- Timeliness of UM related services
- Managing provider consults
- Defining and monitoring of over- and under-utilization of services
- Use of out-of-network providers
- Managing alternative treatment plans (ATPs) and appeals
- UM case coordination
- Patient discharge planning
- UM clinician training and staff assignments

- UM reporting requirements

Centurion utilizes policies and procedures that adhere to FDC UM business rules to direct our UM outpatient process for authorizing specialty care for services. Centurion bases our UM inpatient determinations on *InterQual* criteria or applicable medical evidence-based criteria and policy. We provide more detail on InterQual, other automated systems and processes that support utilization management, and UM processes and systems below.

Automation Tools. Centurion has promoted efficient and timely UM practices through our use of automated systems. These include Centurion's TruCare, InterQual, UpToDate and RubiconMD real-time online consultations, and more recently the Fusion EMR system. Through the EMR system, we are working towards automating the UM consult log to provide real-time UM reporting for the Department's review. We continue to work with the Department to identify opportunities to streamline workflow processes and data transmission, and to increase transparency in the care provided to FDC incarcerated individuals. Below, we detail our automated systems that support UM services.

- **Fusion EMR** – Since implementation in late 2021, Fusion delivers the FDC an EMR solution that meets NCCCHC and ACA accreditation requirements and is a fully integrated, all-in-one EMR system inclusive of medical, behavioral health, dental, electronic medication administration capabilities, and numerous other clinical documentation tools. Fusion is compliant with Centers for Medicare and Medicaid Services ("CMS") regulations, the Health Information Portability and Accountability Act ("HIPAA"), and ICD-10, and is a Certified Electronic Health Record Technology (CEHRT) as defined by the Office of the National Coordinator for Health Information Technology (ONC). Our UM staff are able to receive, process, and respond to UM referrals using Fusion's functionality. We have streamlined our UM tracking and reporting making healthcare delivery more efficient and avoiding gaps in care for FDC patients.
- **TruCare** – Designated staff document all specialty referrals, physician and nursing reviews, and outcome review determinations in Centurion's TruCare automated clinical information system. TruCare manages the clinical decision-making process to include a record of interactions, clinical information, and application of clinical criteria used to make each medical necessity determination and includes documentation of appeals and adverse determinations. We have linked TruCare to our claims processing system, which provides numerous reports of the UM process. By linking TruCare and Amysis, our claims processing system, this affords us the ability to promptly and accurately facilitate adjudication of claims. The data we collect includes inpatient and outpatient encounters, and is accessible to designated FDC staff with read only access.
- **InterQual** – *InterQual* is a recognized leader in the development of clinical decision support tools and over 3,000 organizations and agencies utilize this tool to assist in managing healthcare for



Through the InterQual platform and seasoned UM clinicians, care decisions that promote the appropriate use of services, enhance quality, and improve health outcomes are realized.

more than 100 million people. Our UM program uses *InterQual*® criteria, in addition to other tools, for determining specialty care consults and concurrent reviews to determine continued appropriateness of the patient's level of care. *InterQual*® is a recognized leader in developing clinical evidence-based decision support tools that are clear and consistent.

Through the *InterQual*® platform, and seasoned UM clinicians, we achieve care decisions that promote the appropriate use of services, enhance quality, and improve health outcomes. *InterQual* criteria includes both medical and behavioral health criteria that take into consideration severity of illness, comorbidities, health complications, and intensity of services needed. Our reliance on *InterQual*® criteria assist our UM clinicians in making sure that patients receive the right level of timely care, onsite or offsite, to help avoid preventable healthcare crisis.

- **SharePoint** –The FDC has access to program materials, reports and data available through SharePoint. Centurion and FDC have worked collaboratively over the past five years to convert previously used Excel sheets into SharePoint lists. FDC staff can retrieve a full range of Centurion managed or acquired reports, including CQI Dashboards and UM monthly reports via SharePoint. This ready availability of information allows the FDC to evaluate services, obtain data for reporting and other purposes and enables sharing of documents and other information. We maintain shared resources, including training materials, on SharePoint. We will continue to work with FDC to utilize SharePoint based on program needs.
- **Real-Time Consultation** – When determining the medical necessity of a specialty service consult, onsite providers will continue to have access to the online medical resource **UpToDate** that provides them with the most recent information on assessment and treatment of medical conditions, and access to board certified specialists through the **RubiconMD** web-based eConsult system. By connecting correctional medical, dental, and psychiatric providers to external resources, we empower our providers to receive key clinical insights at the point of care, increasing their ability to make clinically informed decisions that support patients' care plan.



Resource Usage Plan. Centurion will continue to provide strong UM leadership and oversight across the FDC. Under the direction of **Gerald Amatucci, RRT, MD**, Statewide UM Medical Director, we will continue to provide the Department with consistent, regionalized UM clinician reviews, dedicated inpatient and outpatient monitoring and discharge planning resources, to ensure that FDC patients receive the right care, at the right time, by the right provider. Our commitment to UM staffing ensures no gaps in coverage, and appropriate management of vacancies, personal time off, or unforeseen coverage concerns. Under the leadership of the statewide medical director, Dr. Amatucci oversees the regional UM lead, UM outpatient nurses, UM referral specialists, and UM patient nurses.

Since 2019, **Centurion processed over 83,500 utilization management referrals for FDC patients.** Nearly 32,500 of which were for urgent consultation, requiring review and disposition within 24 hours and urgent consultations within three business days. Our automated systems and experienced staff allow us to manage the capacity of FDC UM referrals in a timely and consistent manner. We remain the industry leader in the provision of evidence-based UM. Centurion will continue to bring our wealth of resources and expertise to benefit FDC healthcare services.



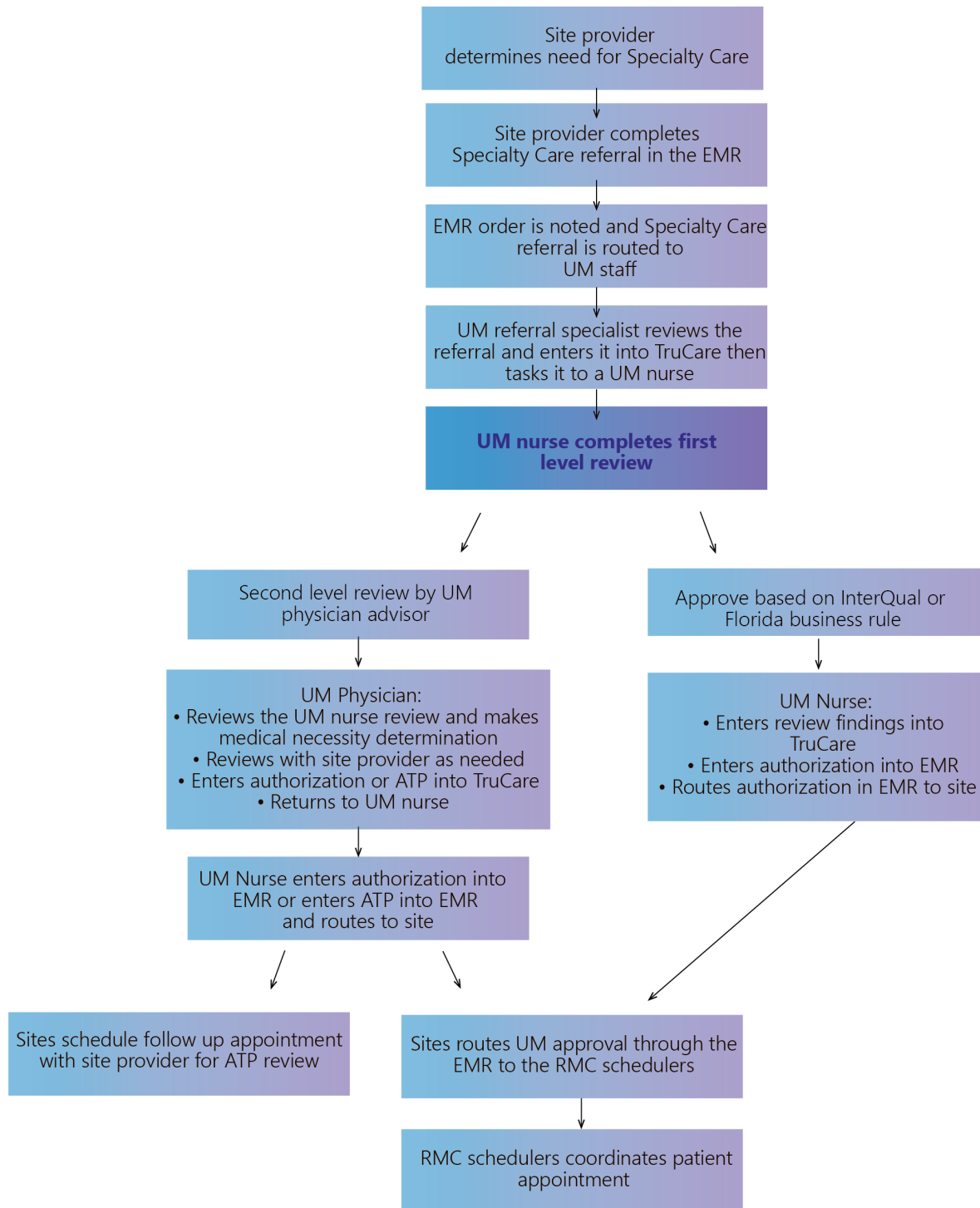
Processes. Centurion uses a UM process that includes referral, review, approval or alternative treatment plans (ATPs), case management, and discharge planning to ensure access to care for FDC patients. We do not require UM approval for emergency care. UM staff conduct concurrent reviews for all inpatient service, including emergency send outs, following a hospital admission.

Additionally, we provide the FDC with innovative approaches to improve implementation of UM processes. During our tenure, Centurion established a statewide UM medical director position to perform all physician advisor reviews to provide statewide continuity for UM services. Over the past five years, we have implemented FDC UM business rules that empower the UM staff to expedite decision-making and facilitate more timely patient care. In Region II, we have implemented the Centralized Consult Coordinator program, which includes monitoring pending UM referrals weekly with the referring provider. This pilot has proven to be successful and is now being expanded to the entire state.

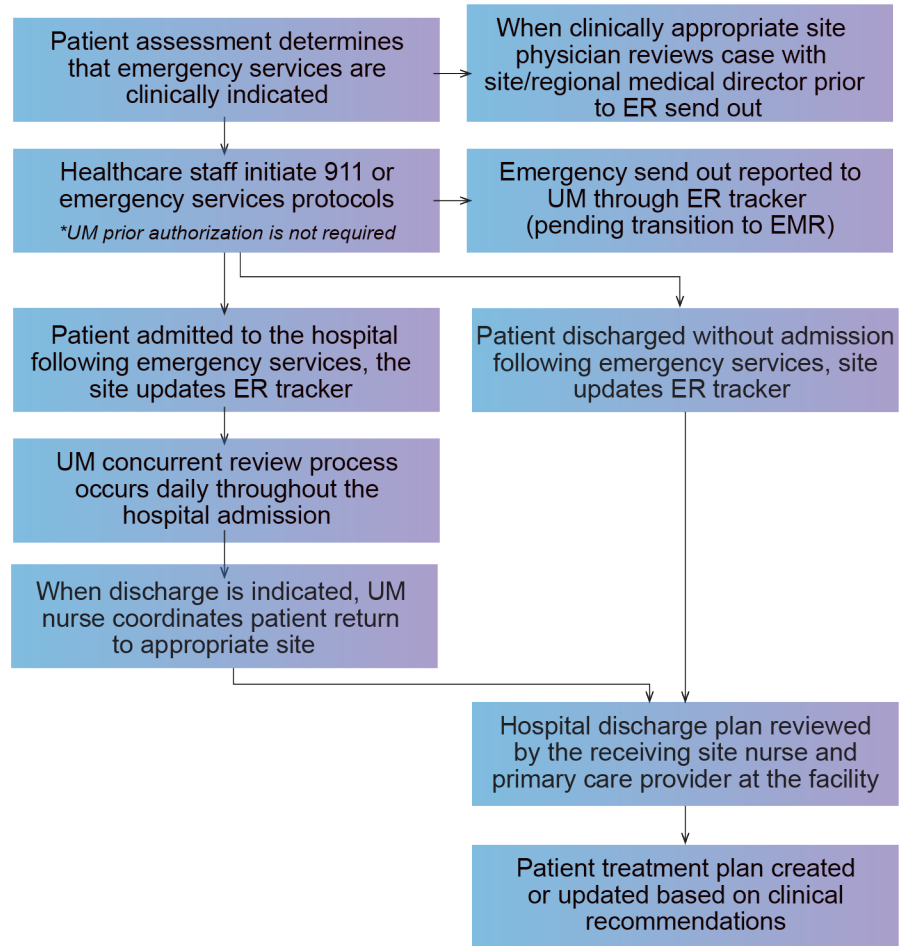
Our UM staff are constantly reviewing the changing needs of the FDC population for trends and updating our processes to address those needs. This commitment to tracking and oversight ensures that staff do not overlook FDC patients and that they receive access to necessary specialty care, and appropriate interim care, in a timely manner.

On the following pages, we provide graphics for Centurion of Florida's UM specialty care and UM emergency care processes.

Centurion of Florida Utilization Management Review



Centurion of Florida Utilization Management: Emergency Care



F. Services and Staff Provided for Utilization Management Services

Service Delivery (UM-001 – 002, UM-006 – 09, UM-012 – 013, UM - 015). Centurion will continue to provide regional office support for UM services from our Tallahassee regional office by means of program leadership, information technology and EMR utilization, and other administrative support services as needed. As noted above, Centurion has invested in automated systems that support the efficient operations of UM services to include Fusion, TruCare, InterQual, and SharePoint, among others. Centurion’s local regional and information technology offices provide the operational support necessary for these systems to work efficiently. In compliance with HSB 15.09.04, **John Lay, MD**, Statewide Medical Director, **Gerald Amatucci, RRT, MD**, Statewide UM Medical Director, and together, in consult with **Christine Nobles, RN**, Regional UM Lead,



Gerald Amatucci, RRT, MD
Statewide UM Medical Director



Christine Nobles, RN
Regional UM Lead

they ensure that the UM services we provide are efficient, effective and consistent for FDC patients. We will continue to provide the FDC the following UM services:

Provider Referrals. Upon submission of the request for offsite or specialty care services by the referring provider, our UM staff conduct a first level review against FDC business rules and InterQual evidence-based guidelines. We will continue to complete our UM reviews within ten business days for routine, three business days for urgent, and 24 hours for emergent reviews to complete. If our UM team finds that the requested services meet medical necessity criteria, they will authorize the service. If they find that the requested services do not meet medical necessity criteria, the UM staff will forward the request to the statewide UM medical director or designee for a physician advisor review and final determination.

The statewide UM medical director or designee will make a final decision regarding authorizing the requested services. Or, if staff need additional supporting documentation, they will request additional information from the referring provider and discuss appropriateness for an alternative treatment plan, if appropriate. Under no circumstances will Centurion limit or delay access to specialty care services deemed clinically appropriate. We will schedule the offsite or specialty care service at the earliest time possible, in compliance with HSB 15.09.04 and FDC expectations as follows:

- **Emergency:** conditions that require immediate attention and staff must ensure treatment access as soon as possible
- **Urgent:** conditions that require treatment within 21 Days or less
- **Routine:** conditions that will tolerate a delay in treatment of no more than 45 Days without deteriorating into an urgent or emergent condition

UM Review. Our UM program uses *InterQual* criteria, in addition to other tools, for determining specialty care referrals and continued appropriateness of the patient's level of care. Through the *InterQual* platform and seasoned UM staff, we make care decisions that promote the appropriate use of services, enhance quality, and improve health outcomes. Patient referrals for specialty consults initiate a UM review process that results in either an individualized alternative treatment plan (ATP) or a scheduled follow-up appointment with the requested specialist. The attending physician will implement ATPs in communication with the patient. Providers and/or their designees will document the UM review and final disposition in the EMR, the institutional consult log, and include required information in the monthly UM report.

Concurrent Reviews. When a FDC patient is admitted to a facility for inpatient healthcare services, our UM nurses will continue to follow-up daily on the patient's status and continued need for inpatient care.

Centurion's concurrent inpatient review process will:

- Assess a hospitalized patient's clinical status and severity of illness
- Determine intensity of services and appropriateness of treatment provided
- Determine level of care needed
- Verify need for continued hospitalization
- Facilitate implementation of the patient's plan of care

- Promote timely care, quality care, and positive clinical outcomes
- Monitor quality of care to verify the use of professional community standards of care

Information assessed during the concurrent review process will include:

- Clinical information, initiation of discharge planning and the treatment plan of care
- Determination that the patient's diagnosis is the same or has changed, identification of any additional diagnoses and comorbid conditions
- Assessment of admission and ongoing clinical status of the patient to determine specific requirements to facilitate a safe discharge to another level of care
- Review of additional days/services/procedures proposed or clinically indicated
- Reasons for extension of the treatment or service, as well as additional investigation of non-urgent clinical conditions and any new equipment needs

Concurrent review is imperative for patient hospitalization and the UM clinicians will conduct this review throughout the patient's stay, with each hospital day approved based on a review of the patient's condition and evaluation of medical necessity. We base the frequency of reviews on the severity/complexity of the patient's condition and/or necessary treatment and discharge planning activity. If services cease to meet criteria, and the patient meets discharge criteria and/or alternative care options, our UM staff will contact the hospital's UM department and obtain additional information to justify the continuation of services. When the medical necessity for the case cannot be determined, the UM clinician will refer the case to the statewide UM medical director for review.

Discharge Planning. UM clinicians will assess the need for discharge planning services during the admission review and at each concurrent review to meet the objective of planning for the most appropriate and cost-effective alternative for inpatient services. If UM clinicians become aware of potential quality of care issues, they refer their concern to the regional medical director or designee for investigation and resolution. Our UM clinicians will continue to oversee coordination of FDC patients who require medically based transfers to an infirmary, the RMCH, or other hospital care setting. To ensure timely and appropriate placements, Centurion implemented a bed manager position to facilitate this process.

Retrospective Review. Retrospective reviews constitute a review of medical services already provided without the required UM notification and/or authorization by UM staff. These cases often involve emergent care in which there was no opportunity for preauthorization or a concurrent review. Our UM staff review unauthorized services in detail. If they do not meet InterQual criteria, UM staff forward the patient's service record to the medical director to conduct an advisor review and determination of medical necessity. If the supplied documentation meets medical necessity criteria, the regional medical director will authorize payment for the services. If the supporting documentation is questionable, the regional medical director will complete a physician advisory review. We complete retrospective medical necessity review of services previously provided and subsequent provider notification within 30 days of receipt of request for payment.



UM Documentation. Documentation for UM referrals and reviews will be included in the EMR, including ATPs as required. Onsite Centurion providers will document review of specialist or hospital recommendations into the EMR, and OBIS, as required, including uploading of the reports, within seven days of the assessment. The onsite provider will review the specialist recommendations with the patient in a timely fashion. We will document any variations to a specialist’s or hospital recommendations clearly and inform the patient of the intended treatment plan in a timely manner.

Provider Network (UM-003 - 005). Through Centene’s presence in Florida as Sunshine Health and Ambetter, Centurion has access to established relationships within the Florida healthcare network that Centene has developed over the last thirty-five years to include hospital affiliates. Through Centurion’s network development team, we are confident in our ability to continue meeting the Department expectations for emergency and specialty care services, including hospital level care. Led by **Lisa Rossics**, Senior Vice President of Network Development, our network development team has over 35 years of combined experience in developing provider networks for correctional clients. The team will be responsible for continuing to develop and maintain working relationships and agreements with local Florida providers for inpatient and outpatient services beyond the scope of services available within the FDC system of care.



Lisa Rossics
Senior Vice President of
Network Development

The following graphic shows the specialty services that we provide across our correctional healthcare programs.

Onsite or Community-Based Specialty Services

Audiology	Hematology	Nephrology	Psychiatry
Cardiology	Infectious Disease/HIV Care	OB/GYN	Pulmonology
Dialysis	Internal Medicine	Oncology	Radiology
Ear, Nose, and Throat	Respiratory Therapy	Ophthalmology	Sleep Studies
Endocrinology	Mammography	Orthopedics	Speech Therapy
Gastroenterology	Neurology	Physical Therapy	Wound Management
		Podiatry	Urology

In our current contract, we have been successful at expanding delivery of onsite specialty care to include onsite sleep studies, audiology exams, cardiac monitoring, wound management, pacemaker checks, orthopedic and general surgery, physical therapy, vascular and hand surgery, and expanded dialysis services onsite. We will ensure that specialty care services comply with program requirement UM-004 and include the following: oral surgery, internal medicine, gastroenterology, surgical services, orthopedic services, physiotherapy, otolaryngology services, podiatry, dermatology, urology, neurology, audiology, neurosurgery, oncology, nephrology, endocrinology, infectious disease, ophthalmology, optometry,



respiratory therapy, cardiology, physical therapy, radiology (including CT/MRI), nuclear scans, and orthotics at minimum.

We recognize the importance of minimizing the occurrence of offsite transportation costs and related impacts on security operations. Centurion will continue to maximize onsite services when possible to avoid the need for offsite medical appointments. When scheduling offsite healthcare appointments for FDC patients is necessary, our consult coordinators will coordinate offsite appointments with designated FDC staff to schedule transport. We have provided the Department with onsite services such as **MyWoundDoctor** (wound care management) and **Aeris** (sleep studies) to minimize the need for offsite services. We will continue to collaborate with the FDC to identify opportunities to expand onsite or telehealth service options to avoid offsite specialty care appointments.



We acknowledge and accept that financial responsibility for offsite and onsite specialty care is the vendor’s responsibility.

Offsite Hospital Care (UM-010 -011, UM - 014). Centurion is familiar with the Department's use of offsite secure hospital units. In partnership with the Department, Centurion maintains an agreement with **Memorial Hospital** in Jacksonville, Florida, and **North Shore Medical Center** in Miami, Florida. We will continue to communicate with the FDC and the secure hospital units when coordinating offsite hospital level care for FDC patients to prioritize placement at a secure hospital unit.

We recognize the negative impact on security staffing and operations when we coordinate patient placement in non-secured hospital units. Largely, these placements are a result of geographical or patient stability limitations, making placement in secured unit hospital impractical or clinically contraindicated. When placement in a non-secure hospital unit is unavoidable, we will look to transfer the patient within three business days, and daily thereafter, to initiate placement in a secure unit when clinically appropriate. Centurion is committed to working with the Department to identify opportunities to improve inpatient placements to secure hospital units across the state.

As noted above, we will ensure that Centurion UM clinicians oversee coordination of FDC patients who require medically based transfers to an infirmary, the RMCH, or other hospital care setting.

Quality Management (UM-015). Over the past four years our UM review process has improved in efficiency and we currently exceed FDC expectations in providing UM review. Although the FDC requirement for processing standard UM referrals is within 10 business days, and three business days for urgent referrals, our average processing time for standard UM referrals has been within six business days and two business days for urgent referrals. We are proud of our dedicated UM staff who have worked diligently to make this a reality.

UM Referrals Processed within Required FDC Timelines

Year	Standard Referrals within 10 business days	Urgent Referrals within 3 business days
2020	99.2%	96.3%
2021	92.9%	96.1%

UM Referrals Processed within Required FDC Timelines

Year	Standard Referrals within 10 business days	Urgent Referrals within 3 business days
2022	99.4%	97.1%

Our improved UM systems have helped to decrease the UM backlog from the thousands when Centurion assumed the contract to no current backlog, and meeting or exceeding UM performance measure requirements. This is evidenced by OHS statewide audit scores PM-022 scoring 95% or better since January 2019. Additionally, over this period, the OHS has not issued any financial consequences for UM performance measures PM-022 and PM-025 related to the timely processing of UM referrals.

Centurion will continue to provide the FDC with quality management and analysis of UM services. We will continue to track and trend UM services to identify UM business rules that advance patient care. Additionally, we work to identify and provide onsite services that minimizes the need for costly offsite care. Since 2019, we have successfully managed outpatient and inpatient services even during the effects of the COVID-19 pandemic and related staffing challenges.



Performance Measure - 022

From the date received in Utilization Management, all specialty medical requests must be processed by Contractor UM Staff as: emergent request within 24 hours; urgent request within 3 business days; routine request within 10 business days

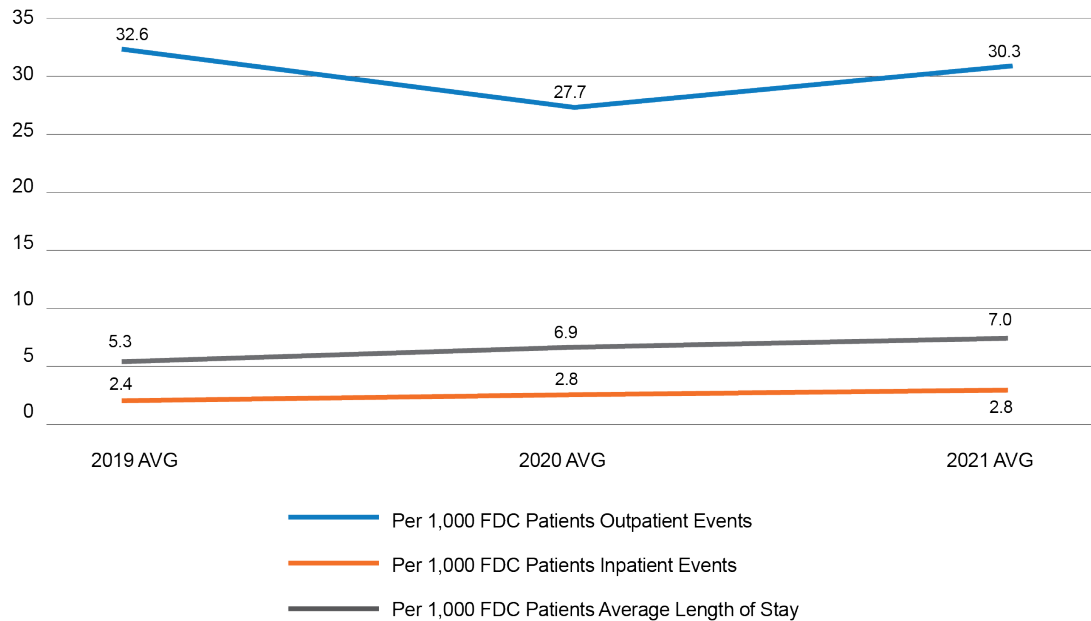
Performance Measure - 025

All specialty medical requests/referrals shall be processed timely in accordance with the criteria outlined in HSB 15.09.04, Section IV.F.

We will continue to implement our quality management protocols for UM services, including tracking and trending UM referrals to ensure timely and appropriate access to specialty care services, adherence with UM business rules, and monitoring of patient complaints/grievances, among other QM actions. We look forward to working with our recently acquired EMR capabilities to increase accountability and accuracy of UM referrals through the quality management process, further improving the quality of care provided to FDC patients.



FDC UM Services Utilization per 1,000



We detail our approach to quality management in response to ITN Section 3.6.8, *Quality Management Service Area*.

Patient Coordination (UM-017 - 018). Centurion will continue to provide FDC incarcerated individuals housed in private correctional facilities access to onsite specialty care services as required by the Department as medical staging (MS) transfers. We understand that this means providing access to onsite clinics for radiology CT/MRI, ambulatory surgery, dental services, the RMC Cancer Center, the 120-bed Sub-Acute RMCH, and secure hospital unit services. In 2021, we admitted four of these patients to the RMC for such treatments and processed 342 offsite specialty care request.

Under our current contract, MS patients receive UM review through the Department’s UM staff and coordinate onsite scheduling with the facility consult coordinator as needed. If the Department desires to alter this system for the current ITN, we are open to discussion to determine efficient systems and protocols to accommodate UM reviews for MS patients. We are confident in our ability to identify methods for identification, tracking, authorization, scheduling, concurrent reviews, and claims processing for MS patients that align with our current UM policies and protocols. We believe that our demonstrated ability to implement UM protocols and monitor for statewide efficiencies and effectiveness will offer the FDC confidence in our ability to achieve this objective.

Program Oversight and Clinical and Administrative Staffing Levels for UM Services. Our UM leadership team will include a statewide UM medical director, a UM medical advisor, and regional UM lead. These positions will provide appropriate oversight to ensure all UM operations within each region are carried out in accordance with the requirements outlined in this ITN.



Our statewide UM leadership team includes the following:

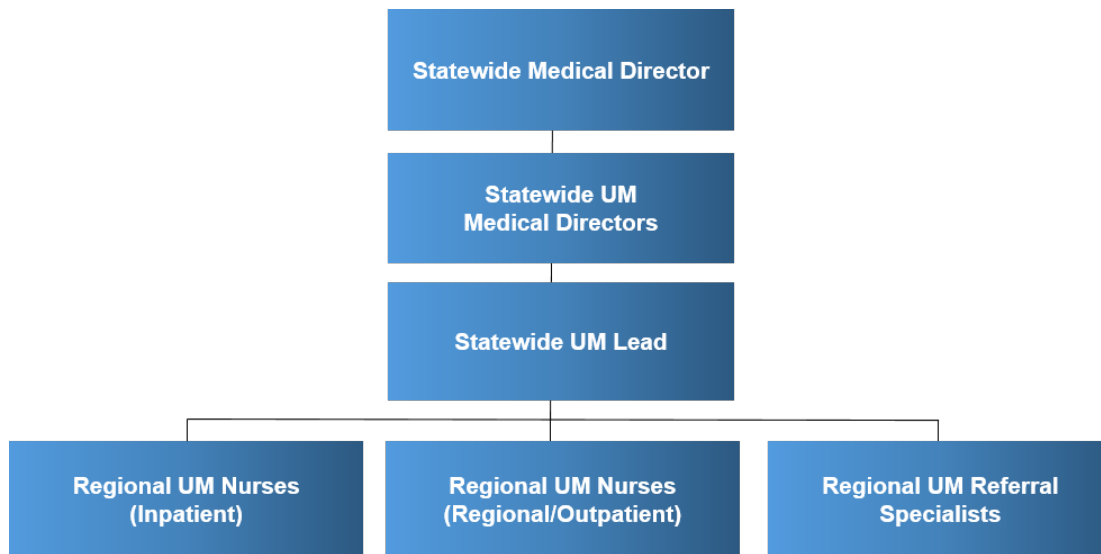
Centurion Florida Utilization Management Leadership Team

Leadership Position Title	Centurion Current Staff Member
Statewide Utilization Management Medical Director	Gerald Amatucci, RRT, MD
Utilization Management Medical Advisor	Timothy Whalen
Regional Utilization Management Lead	Christine Nobles, RN

We will continue to provide statewide, regional, and site-based leadership to ensure that the healthcare delivered is consistent, quality, and contract compliant across FDC sites. For the ease of the reader, we provide all of our full staffing plans for UM services and the other service areas for the Florida program at the end of Tab D, immediately following our response to ITN Section 3.6, *Healthcare Services*.

Below, we provide the Centurion of Florida organizational chart that further outlines our lines of authority and leadership roles for utilization management services.

Utilization Management Services Organizational Chart



G. Cost-Savings for Utilization Management and Specialty Care Services

Centurion intends to continue delivering our industry leading UM systems and protocols that the FDC has come to expect. Cost-savings related to UM services are often challenging to quantify, making it difficult to attach a dollar amount. However, we are proud of the cost-saving measures we have implemented to include the following:

- Increased use of onsite providers and services
- Decreased demands for offsite transport

- Increased efficiencies in the UM review process that eliminated the UM backlog
- Pilot project to streamline the UM consult coordinator position, increasing accuracy and efficiencies
- Addition of the Statewide UM Medical Director and Assistant UM Medical Director
- Continued tracking and trending of UM processes that result in improved UM Business Rules
- Introduction of the EMR and resulting improved accountability and accuracy for UM referrals and service delivery

Each of the above has contributed to decreased waste in healthcare service delivery, avoidance of patient grievances and associated litigation, reduced demand on FDC security staff for transportation of patients, and improved patient care avoiding exacerbation of medical conditions through timely assessment and treatment. At this time, we have no recommended changes to program requirements or performance measures for UM services. However, as Centurion demonstrated, we are continuously exploring ways to enhance our ability to provide cost effective, best practice care.

In addition, as a component of our sophisticated claims system, Centurion reviews all claims for payment integrity at the corporate level. These reviews have assisted Centurion programs in avoiding claims payments for services that do not meet criteria.

We are proud of the achievements made over our current partnership with the FDC and look forward to the opportunity to achieve similar success in the future.

H. Value-Added Services for Utilization Management and Specialty Care

Centurion will continue to promote quality specialty health care services that is efficient, timely, and cost-effective across the FDC. We offer the Department state-of-the-art UM systems and industry leading monitoring for Medicare and community based standards that ensures delivery of quality patient care. By partnering with Centurion, the FDC can be assured that patients will continue to receive *the right care, at the right time*. At this time, we are not recommending additional UM value-added services, besides those already described above, such as TruCare, RubiconMD, UpToDate and our plan to expand telehealth services to include greater access to specialty service providers. We provide additional information on value-added services throughout our ITN response.



3.6.8 Quality Management Service Area

A. Acceptance of Quality Management Service Area Requirements

Centurion acknowledges each of the 47 Quality Management Minimum Requirements itemized in ITN Section 3.6.8.3, *Quality Management Minimum Requirements*, as written in the ITN.

Any Proposed Modification or Innovative Solution Different from ITN Requirement to Meet FDC Needs.

We do not currently propose any specific modification to the requirements listed under this ITN Section 3.6.8 *Quality Service Management Area*. We recognize and appreciate that in our collaborative work with the Department, we have successfully implemented modifications and innovative solutions to better meet FDC needs and look forward to continuing this partnership.

We note some redundancy among some of the Quality Management Requirements. For example, requirements and language appear to overlap between QM-010 and QM-015 and between QM-011 and QM-017. We look forward to continuing to work with the Department to consolidate any overlapping/duplicative requirements during negotiations. We are not taking exception to any of the quality management minimum requirements.

B. Acceptance of Quality Management Service Area Performance Measures

Centurion acknowledges the Quality Management Performance Measures provided in ITN Section 3.6.8.4 as summarized below.

No.	Description	Expectation	Measurement Duration	Financial Consequence
PM-QM-01	RMCH and any other Department license the hospital holds, a valid AHCA Hospital Licensure	Ensure AHCA Hospital licensure is maintained	Per AHCA Occurrence	\$100,000 if licensure lost, plus payment of any fees associated with securing re-licensure.
PM-QM-02	Performance deficiencies are corrected	100%	Per Occurrence of a repeat deficiency	\$500 for each deficiency noted by the Department that is not corrected in accordance with the Vendor's Department-approved CAP prior to the next monitoring event.

C. Ability to Exceed Quality Management Performance Measure Requirements

As the FDC requires 100% compliance with both performance measures noted above, we are not able to suggest a higher level of compliance.

Any Additional PMs Identified Not Specified in the ITN. Centurion does not propose any additional performance measures at this time.

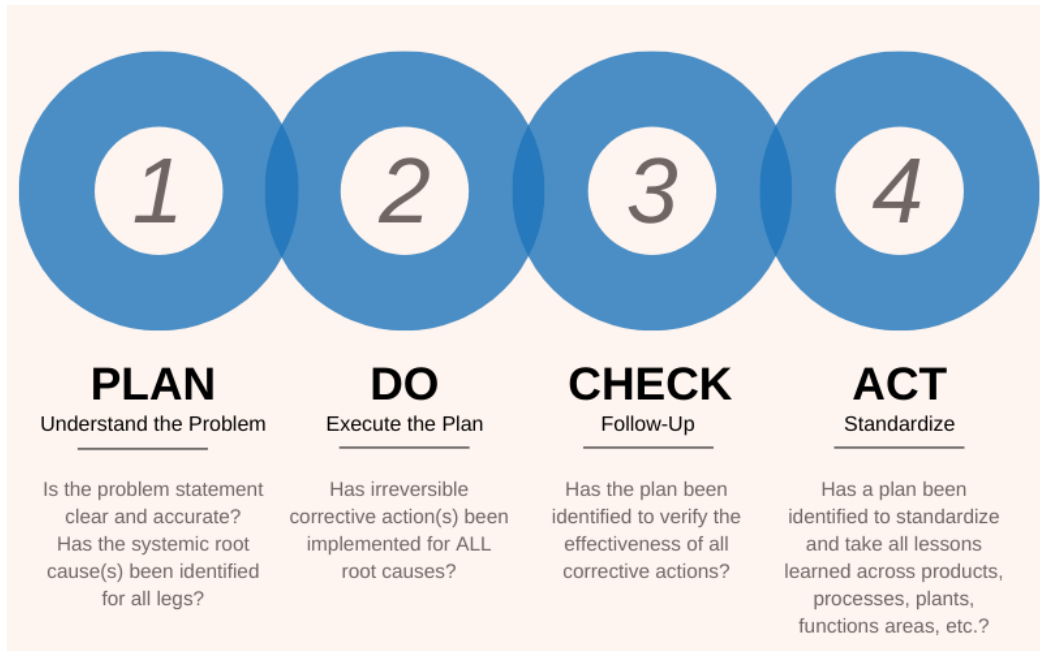
D. Proposed Modifications for Quality Management Performance Measures

Centurion requests that the Department consider adding language to PM-QM-02 that ensures the FDC will only leverage financial consequences when the issue preventing 100% compliance is within our control.

Quality Management Reports. Centurion will continue to provide the FDC timely Quality Management Reports, including those specified in ITN Section 3.6.8.5, using a FDC-approved form or reporting mechanism. Centurion will continue a collaborative process for sharing QM information with the FDC without compromising confidentiality. Centurion recognizes that sharing QM goals, initiatives, and results is essential to implementing a meaningful program.

E. Plan for Providing Quality Management Services

Centurion's QM program uses the PDCA model for changing processes and enhancing outcomes:



For the FDC, we have developed and implemented an **integrated** QM program that incorporates FDC, CMA, AHCA, ACA, and Centurion requirements, policies and standards. Our comprehensive healthcare program conforms to ACA and NCCHC national accreditation standards, the former of which we know the FDC often references in their HSBs. We are confident that this approach streamlines the QM process, improves employee morale, and greatly improves communication between the FDC, CMA, and Centurion.

The Centurion QM program emphasizes open communication in a non-punitive environment. This approach ensures that the FDC and Centurion can identify and address service delivery challenges without creating a work environment that stifles staff willingness to engage in the quality improvement process. Our program will continue to include the following elements:

- Quality and performance improvement structure to include multidisciplinary committees with defined roles and responsibilities
- Heightened focus on systematic review of processes, such as infirmary care, sick call, transfers, medication administration, and intake and receiving
- Continued multidisciplinary collaborative approach to quality of care, to include special needs populations
- Monitoring including monthly audits/studies to monitor trends of clinical processes and to identify



opportunities for improving care, including utilization of emergency, acute, and offsite specialty care services, utilization of infirmary beds, and chronic disease management

- Monitoring grievances, and morbidity/ mortality trends to identify opportunities for improved care
- Regular audits/reviews of clinical services, grievance trends, and annual reporting processes
- Management of credentialing and peer review program
- Management of health record reviews
- Transparency and responsiveness in reporting QM, including monthly and annual CQI activities, to the FDC, CMA, and our healthcare staff

Centurion QM initiatives focus on the following dimensions of quality healthcare:

Centurion QM Initiatives	
Accessibility	<ul style="list-style-type: none"> ▪ Eliminating barriers to accessing necessary medical care ▪ Ensuring patients know how to access care
Timeliness	<ul style="list-style-type: none"> ▪ Ensuring healthcare services are delivered within required timeframes
Effectiveness of process	<ul style="list-style-type: none"> ▪ Ensuring healthcare delivery processes work as intended
Clinical outcomes	<ul style="list-style-type: none"> ▪ Ensuring healthcare services yield effective clinical outcomes (e.g., effective degree of control for chronic medical conditions)
Efficiency	<ul style="list-style-type: none"> ▪ Ensuring healthcare delivery processes are efficient and minimize waste and unnecessary interventions
Appropriateness	<ul style="list-style-type: none"> ▪ Ensuring healthcare interventions are evidence-based and clinically indicated
Continuity of care	<ul style="list-style-type: none"> ▪ Ensuring there are no gaps in ongoing care when patients transition to higher or lower levels of care, between facilities, or into or out of the FDC
Patient-centered care	<ul style="list-style-type: none"> ▪ Ensuring that healthcare clinicians recognize the importance of patient involvement in treatment and care decisions ▪ Ensuring sensitivity and respectful acknowledgment of patient’s unique treatment needs and expectations
Safety	<ul style="list-style-type: none"> ▪ Encouraging the identification of opportunities to improve operations and processes that have a positive impact on the safe delivery of healthcare

Centurion QM efforts will continue to focus on high-volume, high-risk, problem-prone areas in correctional healthcare.

These areas include but are not limited to the following elements:

- Access to care
- Medication safety
- Continuity of care
- Suicidal/self-injurious patients
- FDC special needs populations
- Emergency response
- Nonemergency healthcare requests and services
- Infection Prevention and Control program and environmental inspection reports
- Release/discharge planning

Centurion's QM program will continue to include how we will perform monitoring, analysis, evaluation, and improvement of the quality of institutional healthcare services. The program will continue to include timelines for implementation of quantifiable improvements on a continuous basis. Because we currently implement the QM program in all four regions across the state, the FDC can be confident that the QM program will continue without interruption in the new contract.

The Centurion QM plan includes the following elements:

- QM committee structure to include roles and responsibilities
- Quality and appropriateness of care addressing access to care, quality, safety, and identification of special needs of the population
- Annual and ongoing quality and performance goals
- Peer review program
- Monitoring processes, credentialing plan, annual audit plan, and reporting plan
- Improvement strategies including QI projects and applicable corrective action plans
- QM program evaluation components including progress with achievement of goals, program effectiveness, and recommendations

Centurion QM activities will continue to operate based on the structure of an annual QM plan and calendar consistent with FDC requirements. The calendar includes all scheduled, routine audits and monitoring processes as well as targeted studies. System-wide initiatives as well as facility-based studies focused on the unique needs of each facility are included on our annual QM calendar. We will continue to propose our updated QM calendar to the FDC by August 20th for the next fiscal year to ensure that all stakeholders agree with the plan. We will remain flexible and willing to add or remove items from the calendar as different needs or priorities arise. We will seek FDC approval for any changes proposed for a previously approved schedule of QM reviews.

Minutes of QM committee meetings will continue to be prepared using the format approved by the FDC and include achievements and updates related to QM projects. We will continue to ensure reporting of findings from institutional QM studies and projects to the FDC. With FDC permission, we created a new summary report format for all regions, which we complete and submit quarterly. The FDC also has access to all meeting minutes through Centurion's SharePoint platform.

CQI Follow-up and Corrective Action Plans. When Centurion QM activities, FDC audits, CMA and other outside agency audits reveal challenges in healthcare services, corrective action plans (CAPs) will continue to be developed and promptly initiated. Regional and institutional healthcare leadership will continue to be responsible for identifying and performing outcome and process studies focusing on institutional issues. The regional QM committees develop the corrective action plans from these studies. QM reports and associated corrective action plans are routine agenda items at administrative and healthcare meetings.

During the QM committee meetings, members will continue to monitor and assess the corrective action items. If the committee does not note anticipated improvements of an indicator on a corrective action

plan, the committee will identify and implement additional QM action steps. These may include staff training, more frequent monitoring, or changes in service delivery processes. Designated staff will integrate new action items into the existing corrective action plan and monitor for effectiveness.

Annual Review of Effectiveness of Statewide QM Program. The QM leadership team will assess the effectiveness of our QM activities on an ongoing basis and formally review the process annually. Annual assessment of our statewide QM program includes QM leadership review of our compliance with the approved annual QM calendar and, more importantly, the effectiveness of the QM program in improving the safety and quality of our healthcare delivery system throughout the correctional system.

Specific Methodologies for Statewide QM Program. Here we attempt to capture the essence of both our QM approach and the overall methodology used to operationalize our QM plan. We refer to “QM” as “CQI,” to reflect the “continuous quality improvement” focus of our quality management program.

- **Focus on Proactive Quality Program**

- Centurion’s quality team works with each site to focus on a proactive system of auditing and process improvement. We utilize our internal CQI programs and audits to address issues proactively. We incorporate findings from outside auditing as needed.
- The quality team acts as a resource for sites. We help site leaders interpret findings from monthly internal audits and determine root cause(s). We look at the entire process, including a review of where the breakdown occurred that led to less than satisfactory findings. When we proactively manage process and quality, we can achieve excellence.
- Unannounced/announced visits as well as monthly CQI calls and multimodal education (written, presentation and 1:1) are just a few of the way we help our teams ensure success.

- **Collaborative Relationships**

- The quality team works together with the sites, the FDC and CMA very closely, as well as other stakeholders such as accreditation agencies representatives as needed. Our effective partnerships help to ensure that all parties have input into process improvement and outcomes.

- **Assessing Trends**

- The quality team has the benefit of the FDC and our corporate partners when analyzing data and trends. For example, our electronic format and share drive availability allows sites to do internal trending to address issues in a timely and proactive way. We also can roll up the data to compare site, regional and contract wide trends.
- The quality team works closely with sites to encourage increased and improved reporting. Our non-punitive approach to reporting and education for front line staff and site leaders encourages reporting of issues and potential issues for resolution and timely prevention or solution of problems. We review quarterly numbers of occurrences then look closely at what occurred to assess and correct or amend any process issues or education needed.

- **Taking Action**

- We take a proactive approach to addressing issues with a whole process focus. We drill down to the cause of any specific finding by looking at the entire process, breaking it down

into parts, and finding the exact point of process failure. Honestly evaluating the cause, as well as a deliberate and inclusive focus on the solution results in us finding sustainable success.

- We work with sites and regional leadership to include front line staff as subject matter experts in the CAP process. We recognize the equal investment of the FDC security partners in this process and often include security staff as part of the CAP planning team to help ensure success.

Since our contract with FDC began, Centurion has adopted a proactive approach to conducting QM studies based on FDC HSBs, Technical Instructions, and policies. Our approach has involved reviewing audit tools and related documentation used by the FDC Office of Health Services and CMA to assess the quality of service delivery and healthcare documentation. Using the audit tools as a foundation, Centurion developed QM audit tools to assess mental health, dental, medical/nursing, and administrative related service delivery areas specified on our annual CQI Study Calendar. Centurion's QM audit tools capture key service delivery areas. Each tool includes comprehensive indicators to ensure that we meet FDC, CMA, ACA, and Centurion contractual requirements for the service delivery area.

Each audit tool consists of an Excel workbook and includes the audit tool used for record review, a summary tab that presents the audit results in tabular and graph format, and a "process" audit tab that lists contractual or CMA requirements. The audit tools calculate results using built-in formulas, making it easy for Centurion to share our tools with FDC or other reviewing agencies as soon as we complete and verify the data entry process. The tools maximize efficiency and ensure that comprehensive QM self-assessment takes place in a consistent manner regardless of the institution or staff members involved.

Centurion also developed an automated CAP workbook and consolidated CAP process under our current program. We used the FDC Office of Health Services CAP template, form DC4-512C, to develop the Centurion CAP workbook. Our CAP workbook, developed in Excel, includes each element required by DC4-512C in the format required by the FDC.

Workbook pages are included for re-auditing the service and tracking re-audit scores as we implement and measure quality improvement initiatives. The *Re-Audit Tool Template* page includes built-in formulas to calculate compliance scores. The *Running Re-Audit Scores* page enables institutional staff to track performance improvement scores chronologically to ensure QM efforts produce expected results.

Centurion has also developed a *Master CAP Roster* that enables each institution to consolidate and track multiple CAPs in a single location. Centurion's *Master CAP Roster* helps ensure that QM and other designated staff consolidate all related noncompliant indicators in a single CAP to avoid duplication of QM efforts. The roster also permits institutional healthcare staff and regional leadership to track the time to completion for each CAP. Our regional leads hold site meetings to review individualized CAP processes for the site based on audit findings.

Automation Tools. The following tools for automation:

- **Automated QM Data Entry, Reports, and Dashboard** – Centurion has incorporated a process of automation of the QM audit tools. Rather than using manual entry and uploading individual

Excel workbooks, sites use online **SharePoint** documents to record audit results. Our monthly CQI roll-up report is now available and allows for aggregation and analysis of data by site, region, and statewide levels, with options to customize reports and graphs. Similar to our routine reports, the QM reports, graphs, and Dashboards are available for review by designated FDC Contract Monitors and other Office of Health Services leadership through our online collaboration site.

- **Sentinel Events Tracking** – Centurion appreciates that the FDC has an established a detailed occurrence and sentinel event tracking and reporting system through Health Services Bulletin 15.09.08, *Risk Management Program*, and associated FDC forms DC4-690A, *Occurrence Report*, and DC4-690B, *Clinical Risk Management Occurrence Trending Report for Inmates under the Direct Supervision of the Institutional Health Services*. Centurion healthcare staff will continue to comply with the requirements of Health Services Bulletin 15.09.08 and use the FDC reporting forms. Centurion also has available an online **Sentinel Events Log (oSEL)** that we utilize internally in other programs. If the FDC's approves, we can implement the oSEL in Florida and populate the tool from the FDC's own sentinel events and mortality tracking system. We intend our oSEL tool to supplement rather than replace the FDC occurrence reporting and trending processes currently in place, if desired by the FDC.

Resources: Support for Centurion Staff in Implementing QM Programs. During the current contract, Centurion's *QM Reference Manual*, tailored to be Florida-specific and approved by the Office of Health Services, provided a readily available reference to guide our staff. If fortunate enough to be awarded the new contract, we will continue to use the Centurion of Florida QM program, tailored to reflect FDC, CMA, and ACA requirements. Centurion's auditing tools integrate FDC-specific QM requirements into a proactive assessment and monitoring program.

The Centurion of Florida QM Reference Manual provides guidelines and tools for the following tasks:

- | | |
|--|---|
| ▪ Design & structure of QM system | ▪ Monitoring tools, logs, & calendars |
| ▪ Monitoring of service delivery & high risk interventions | ▪ Report writing and results analysis |
| ▪ Risk management | ▪ QM study examples |
| ▪ Utilization review/management tracking | ▪ Completing meaningful corrective action plans |

Credentialing, Continuing Education, and Peer Review. Our corporate and onsite leadership teams will remain dedicated to hiring and professionally supporting qualified and engaged staff.

Centurion, at both the corporate and state level, has a robust credentialing process that includes primary source verification of licensure/certification, National Practitioner Data Bank queries, education verification, and a credentialing committee process that we founded on by-laws and includes healthcare professionals experienced in the delivery of correctional health services.

Through Centurion University, our online learning management resource, staff have access to training and support materials, including access to free continuing education credits through *Relias Learning* and through routine webinars offered. Our Florida CQI team also participates in a monthly call with leaders

from every site where our staff provide announcements and training. Centurion also has a valuable career development program where all staff, regardless of their level of licensure, have access to money and paid leave on an annual basis to acquire continuing education. Centurion employees are also entitled to full financial support for initial certification and annual recertification in NCCHC's Certified Correctional Healthcare Professional (CCHP) programs.

We complete peer reviews every two years on all licensed staff consistent with Florida policy and ACA standards. Our peer review process includes the availability of standardized peer review forms and processes. Given the fact that we provide correctional mental health services in a number of states, we are able to provide peer-to-peer review for our statewide leadership through an exchange process with our other state programs.

Mortality Review Psychological Autopsy. Centurion will continue to participate in reviews of FDC resident deaths within the FDC system as required. Currently, our psychologists routinely complete psychological autopsies within required timeframes. Centurion's clinical operations team has developed a detailed model policy to assist staff in completion of psychological autopsies, and we include all functional areas in the psychological autopsy process. Following completion of the psychological autopsy, we complete the required second review. We plan to institute a quarterly regional/statewide committee to review all suicides after the first of the year 2023. We use the information that we glean from these reviews to conduct training with all staff – not just mental health staff – to provide education about risk factors and associated issues that may have contributed to a patient's death. In doing so, we hope to alert staff to be vigilant and attentive to these risk factors in the future.

F. Quality Management Services and Staff to Ensure Service Delivery

Linda Dorman, RN, BSN, CCHP our Statewide Director CQI/EMR, will continue to spearhead our QM program with support from regional QM program coordinators and involvement of all Centurion staff. As our CQI/QM program director, Ms. Dorman will continue to have overall responsibility for the statewide QM program. Our dedicated quality management staff will continue to work closely with onsite Centurion clinicians and healthcare leadership to ensure that they understand and are able to fulfill their roles and responsibilities in supporting QM activities.



Linda Dorman, RN, BSN, CCHP
Statewide Director CQI/EMR

Centurion has included a robust QM team in our proposed staffing matrix, which we provide at the end of Tab D, along with an overview in our response to Tab B, Experience and Ability to Provide Services, Subsection 5, *Personnel*. Our QM leadership team will include all the positions identified in Section 3.6.1.2, *Program Management Minimum Requirements*. These positions will provide appropriate oversight to ensure all QM operations statewide, within each region, and facility are carried out in accordance with the requirements outlined in this ITN.



Our QM leadership team includes the following:

Centurion Florida Quality Management Leadership Team

Leadership Position Title in ITN Section 3.6.1.2	Centurion Current Staff Member
Statewide Continuous Quality Improvement (CQI) Coordinator	Linda Dorman, RN, BSN, CCHP
Regional QM Program Coordinators	Rhonda Sweitzer, Jamie Martinez, Jessica Dedge, Janine Hills

We will continue to provide leadership to ensure that the healthcare delivered is consistent, quality, and contract compliant across FDC sites. For the ease of the reader, we provide all of our full staffing plans for quality management services and the other service areas for the Florida program at the end of Tab D, immediately following our response to ITN Section 3.6, *Healthcare Services*. Below, we provide the Centurion of Florida organizational chart that further outlines our lines of authority and leadership roles for QM services.

Quality Management Services Organizational Chart



We engage our direct healthcare staff in quality management/continuous quality improvement efforts to promote buy-in and success. Centurion’s QM team will continue to provide QM monitoring information and/or program results to onsite staff during regularly scheduled institutional staff meetings, institution-specific QM committee meetings, and annual trainings. Designated QM staff and other leadership staff, we will continue to participate actively in the statewide QM program.

Our FDC-specific QM program and leadership staff will receive ongoing support from our Corporate CQI Coordinator, **Sheila Reineck, LPN**. She has over 25 years of experience in CQI-related activities including collecting, analyzing, and tracking data for improvement focusing on the quality of care provided. She is Lean Six Sigma White Belt Certified and working towards Green Belt certification.

Centurion offers quarterly QM leadership calls that allow Centurion staff with quality improvement responsibilities across our contacts nationwide to share best practices, quality initiatives/outcomes, and specially designed indicators that they have successfully used to improve healthcare outcomes and processes.

Every position from our statewide vice president of operations to our direct care staff will continue to be involved in QM activities. The expectation that all Centurion staff will actively participate in the QM program is included in all clinical job descriptions. As part of the Centurion New Employee Orientation Program, we introduce new staff to the goals and methodology used in ongoing quality improvement efforts.

In summary, the statewide QM program services will include the following key elements:

- Implementation of a monthly audit process calendar to ensure key service delivery processes are audited one to two times a year
- Centurion developed/Department approved internal audit tools to conduct institutional audits, ensuring that we meet OHS, CMA, ACA, AHCA, and contractual requirements
- Random selection of records for each audit, ensuring adequate sample size
- Development of CAPs as required when areas for improvement are identified through occurrence reporting including sentinel events, grievances, audit findings, changes in policy, and/or adverse healthcare outcomes

G. Quality Management Cost Avoidances/Reduction/Savings

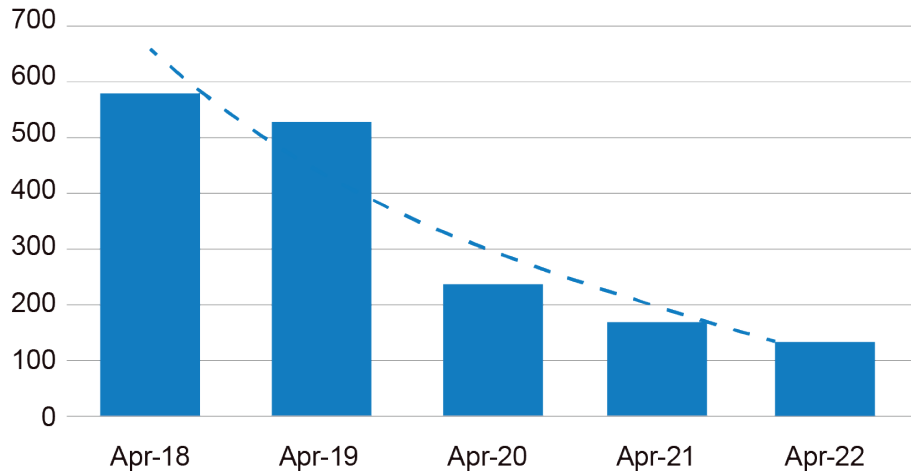
Centurion is confident that our “investment” in conducting internal QM audits on a proactive basis will continue to result in improved healthcare services and avoidance of unnecessary costs associated with “downstream” consequences of delayed or poor quality healthcare. Our experience confirms that a strong QM Program supporting efficient and effective healthcare avoids preventable offsite specialty care, expensive inpatient stays, and community hospital costs.

With a collaborative, multidisciplinary QM Program, healthcare services will continue to become more cost effective. Improved services also provide “insulation” from litigation and associated costs arising from unexpected healthcare outcomes, including preventable morbidity and mortality. Under our current contract with the FDC, we found a reduction in overall grievances with the provision of increasingly proactive and preventive healthcare services.

Perhaps the most notable improvement in performance directly related to enhanced QM programming over the past year involves the decrease in corrective action plans (CAPs), specifically CMA CAPs. As noted in our 2017 ITN response for medical services, when we started providing services for the FDC in late 2016, we inherited a CAP process in disarray, with more than 800 open, unresolved CMA CAPS across the state. As shown in the following graph, we have significantly reduced that number over the past five years with the support and structure provided of our effective CQI team. Additionally, the most recent quarterly FY-2021-22 CMA audit findings showed that all audited FDC facilities met the Department’s performance measure requirement to successfully resolve any initiated CMA CAPs within two re-audit cycles with 80% compliance. The statewide average performance measure compliance rates

for this indicator in the current FY-2021-22 was 100% in Q1, and 95.6% in Q2, with no FDC site below 91% compliance for both quarters.

5-Year Trend in Number of Open FDC CMA CAPs



H. Value Added Services for Quality Management

Below we list several accomplishments under our current contract with the FDC to illustrate our additional quality management services and their outcomes. The Department can rest assured we will continue similar efforts in our partnership with them, should we have the honor of continuing to provide comprehensive healthcare services for the FDC under the new contract. All of the following accomplishments will continue in the new contract.

- Created inclusive ACA portal for all FDC sites that improved ACA preparation and audit outcomes
- Developed ACA Healthcare Outcomes tracker to aid sites with tracking items monthly in order to complete annual reports requested by the FDC
- Created ACA staff, permit and license tracker for use within multiple ACA standards folders
- Achieved overall improvement in CMA initial audits and quicker closure of subsequent CAPs which increased trust from the Department and outside auditors on our ability to identify and improve upon processes in a timely manner
- Participated with CMA on access to care audits during the pandemic which allowed everyone to see how sites progressed during COVID and any items falling through the cracks
- Established portal site with CMA team access for ensuring remote ability to assess documentation for CAPs, which allows assessments to continue even when CMA cannot come on site
- Created a new process, consistent with FDC guidelines, to complete peer reviews remotely, if needed, which minimized delays in completing peer reviews and made tracking easier
- Supported joint access by FDC and Centurion to electronic reports on Risk Management Occurrence Report (RMOR), HIPAA, grievances, performance measure monitoring, quality management minutes and other areas which allows for transparency and ease of review

- Enhanced the FDC mortality review process with inclusion of regional clinical and administrative leaders, improved inclusivity of death report, created and presented standardized training for all providers through the FDC mortality coordinator and statewide CQI director
- Established enhanced credential requirements for our of CQI team to include CCHP certification from NCCHC
- Created a CQI training module for live or virtual presentation for site leadership to ensure all site leaders receive the same information from the same team
- Created a database for RMCH policies and revisions with access for FDC and RMCH administrators to streamline communication and revision/approval process which meets FDC and AHCA needs
- Implemented mental health DRF auditing process with FDC to support accurate tracking of DRF MH monitoring and provide transparent review by our regional team and FDC MH team
- Collaboration with Centurion's corporate clinical operations team to enhance the mental health quality program for the FDC to focus on specific areas of concern, highlight areas of excellence, and thus increase staff morale and retention
- Reviewed ACA Healthcare outcomes measures for all sites undergoing ACA re-accreditation and completed summary reports to aid in answering questions during ACA Re-Accreditation Panel Hearings
- Completed APRN justification study to review results from hiring APRNs to manage sick call at several facilities
- Initiated annual quality management study of grievances to be reported out in July at Quality Meeting with FDC
- Devised a user-friendly, more efficient nursing schedule tool and assisted statewide and regional directors of nursing with site training
- Continual communication with nurse educators focuses training and attention on areas of non-compliance
- Created new monthly CQI CAPs based on previous CMA and client monitoring in order to remain focused on areas of non-compliance

3.6.9 Electronic Medical Records (EMR) Service Area

Centurion appreciates the importance of an electronic medical record (EMR) to the provision of medical, dental, mental health, and other health services. We look forward to collaborating with the FDC to ensure that our EMR solution, Fusion, continues to evolve and adapt to the unique operational needs of the FDC's facilities, incarcerated population, and healthcare services system.

A. Acceptance of Electronic Medical Record Service Area Requirements

Centurion and Fusion acknowledge and accept the 14 EMR requirements listed in ITN Section 3.6.9.3, *Electronic Medical Record Minimum Requirements*. As the incumbent healthcare provider, we are familiar with the Department's EMR needs and requirements and do not anticipate any significant challenges to meeting the FDC's ITN EMR requirements in the new contract.

B. Acceptance of EMR Service Area Performance Measures

Centurion acknowledged and accepts the two EMR performance measures listed in ITN Section 3.6.9.4, *Electronic Medical Record Performance Measures*.

C. Ability to Exceed Performance Measure Requirements

Centurion has demonstrated our ability to meet the EMR performance measure requirement to have our EMR system up and available for use 99.9% of the time. Centurion's EMR solution, Fusion, currently meets this requirement and will continue to do so going forward. As the FDC may be aware, our corporate IT department is in the process of establishing an automated, electronic monitoring mechanism to capture all EMR downtime events across each FDC facility, and to more efficiently report on this measure to the Department and our onsite leadership. Presently, staff at each FDC facility report any EMR downtime incidents to a designated staff member and captures the information manually in a spreadsheet. Automating this process will improve the accuracy and timeliness of the information and our reporting to the FDC.

Acceptance of EMR Reports. Centurion and Fusion acknowledge and accept the one EMR report noted in ITN Section 3.6.9.5, *Electronic Medical Record Report*. We will provide our EMR Support and Communication Plan to the Department within 15 days of the effective contract start date.

D. Proposed Modifications for Electronic Medical Records Performance Measures

We are not proposing any significant modification to the content or intent of PM-EMR-01 regarding EMR system uptime availability for use of 99.99%. However, we do recommend adding other exclusion language such as when the EMR system is not available due to a significant natural disaster or other catastrophic event outside of Centurion's or Fusion's control. We also suggest financial consequences of \$3,500 per occurrence, versus \$3,000 per percentage point or fraction thereof. This modification will make the financial consequences clearer and easier to calculate.

We have concerns with the wording of PM-EMR-02, which is a new performance measure not presently in place. As currently written, it is not clear how the FDC defines or plans to measure the EMR being available when needed, or how the FDC defines "critical health services". All electronic systems have the potential to be unavailable, at least temporarily, for a host of reasons, some of which may have little or

nothing to do with the EMR system itself. For example, the EMR system may become unavailable through severe weather events, temporary power outages, internet or network interruptions due to natural or human-made disasters, and similar events outside the control of Centurion or the EMR vendor.

Based on the wording of performance measure PM-EMR-01, the FDC is aware that on rare occasions the EMR system may be unavailable for brief periods until IT/EMR staff are able to trouble shoot the problem and restore the system to full operations. As written, PM-EMR-02 seems to overlap with the intent of PM-EMR-01 that already has financial consequences in place for anything less than 99.99% EMR uptime availability for staff. Upon contract award, we look forward to reviewing with the FDC the Department's purpose for adding PM-EMR-02 and any modified wording of the measure that will differentiate it from PM-EMR-01 and make it more specific and measurable.

E. Plan for Providing Electronic Medical Record Services

In our last ITN response, we provided the FDC with the following list of EMR project management priorities as we anticipated full implementation of our proposed EMR solution, Fusion:

- Start Up and Planning: Kick off, finalize scope, assemble project team, create project plan
- Hardware and Software: Identify needs, install equipment, and install software.
- Interface Development: Define, develop, and test interfaces
- Staff Preparation and Training: Create training plan, train trainers, conduct training
- Policies and Key Decisions: Define policy for decision making during project
- Workflow Re-Engineering: Document and rework workflows
- Custom Clinical Content and Set Up: Design and enter all setup information. Selected staff training.
- Pre-Loading Information: Data pre-load, decide on paper chart data load, pre-load training

Over the past two years, we have successfully implemented or initiated each of these priorities and Fusion is now up and running across each of the four regions of the state. In addition to providing our EMR solution at the FDC-managed facilities, we also implemented our EMR solution at the seven private facilities as well. In September 2021, we transitioned five female facilities to our EMR system, one of which was a privately run facility. In early December 2021, we transitioned Fusion to each of the male facilities across the state, including the remaining six privately run facilities.

For both of these transitions, we made our local and corporate EMR team available to staff on Zoom 24 hours a day for the first three to four days to answer any questions and assist staff with any EMR challenges. Our EMR team remained available for ongoing staff transition support, including afterhours, for a full week after the initial transition.

Methodologies and Approach. In the new contract, our EMR core team and training team will continue to work together with the FDC, Fusion, private facilities, internal network system engineers, and our Centurion helpdesk team to address all aspects of managing the new EMR. We remain committed to treating any EMR concerns with a sense of urgency and a multidisciplinary approach to finding and implementing sustainable solutions.

For example, the Centurion Florida EMR team meets two to three times each week for two hours with Fusion to address all open EMR items, whether new requests, questions, or open tickets. We include the FDC in these calls, in addition to having three EMR team members with access to the Fusion helpdesk ticketing system. Our team meetings reflect our collaborative approach that includes permanent and ad hoc members to the EMR team to work on innovative changes to the EMR. We also engage participation of front line EMR users by encouraging them to submit requests for changes and improvements to the EMR system.

Centurion also facilitates an EMR change management committee known as HEAT, which stands for *Healthcare EMR Approval Taskforce*. The HEAT committee meets at least monthly to review all EMR change requests. Membership in this committee includes, but is not limited to, FDC directors from various disciplines, Centurion healthcare discipline leads, EMR team, IT staff, and Enterprise Data Solutions (EDS) reports team members. The mission and goal of this team is to review, discuss, and approve changes to the EMR to ensure staff have the best possible electronic documentation solution.

Centurion's corporate EMR team will continue to be available onsite, as needed, to our onsite EMR staff, to work directly with EMR users to trouble shoot EMR challenges and concerns. In the coming months, we will also begin EMR "focus groups" in order to obtain feedback from frontline users, by discipline.

Currently, Centurion is collaborating with the FDC to establish and or enhance all required EMR-related reports. In the coming months, our IT Department will enlist the support of our Enterprise Data Solutions team, headed by Shenita Freeman, DSc, MSHIA, MPH, RHIA, CPHIMS, HCISPP, CPH, our Senior Director of Data Enterprise Solutions, to establish an interface with **Tableau**, a visual data analytics platform, to establish enhanced data analytic capabilities and expanded EMR dashboard reporting features.

Now that the EMR transition from hardcopy records has taken place, our EMR system's ongoing support services, include the following:

- **24/7/365 Tech Support** – Centurion offers continuous EMR service support through several venues: 1) Onsite IT/EMR support staff during normal working hours; 2) Centurion's 24/7 IT technical support from our IT-Helpdesk, and 3) Fusion's emergency after-hours EMR support.
- **EMR Visual form Editor (VFE) License and System Administration Functions** – Centurion will maintain our annual purchase of six VFE licenses for key EMR stakeholders that will enable us to directly create new EMR forms and or modify any existing forms without the need to request, purchase, or wait for these changes through Fusion. We currently provide two of the six VFE licenses to FDC IT/EMR experts. If desired by the FDC, we can continue to provide these FDC-dedicated VFE licenses in the new contract as well. We detail below some of the benefits to Centurion and the FDC for us maintaining VFE licenses.
- **Establishing Service Level Agreements (SLAs) with Fusion** – Centurion has a contract with Fusion to provide access to their EMR system. Upon renewing our contract with Fusion within the next two years, Centurion will establish additional service delivery and timeliness expectations in our SLAs to ensure timely response to EMR system challenges or concerns. The service contract will continue to include security patching, upgrades, support services, and system performance monitoring and reports.

- **Future EMR Product Enhancements** – As our EMR vendor makes software upgrades and feature enhancements or improvements, they share these with their customers, if desired.

Visual Form Editor (VFE) Licenses and System Administration Functions for Florida. Below we list some of the benefits to Centurion and the FDC for maintaining VFE licenses and system administration function for Florida.

- All EMR forms can be built/maintained by Centurion
 - Turnaround time is greatly reduced
 - Cost savings from avoiding having to have Fusion complete the project
 - Flexibility to create forms that facilitate FDC reporting needs, even as needs change
 - Ability to customize for the FDC and modify forms in real time
 - Ability to build flowsheets from these forms as needed or requested
 - Maintain more versatile EMR staff the more we learn through VFE projects
 - Can enhance clinical decision support through specialized coding
 - Enhances multidisciplinary team collaboration
 - Maintain DEV, UAT, and PROD environments for development phases
 - Facilitates regular environment comparisons to enhance staff training
 - Empowers users and FDC when we directly translate ideas into useable content
- Support
 - Real time troubleshooting and correction completions with staff and FDC
 - Track outages as needed
 - Optimize workflows by analyzing the documentation, amending as needed
 - Available 24/7 via help desk, and expanded hours for specialized support
- Change Management
 - Can quickly answer questions about what can and cannot be done
 - Can look for unique solutions to issues or requests
 - Maintain a committee to gather input from healthcare staff and the FDC

EMR Training Support. A fundamental component of our EMR service system is user trainings. Our EMR training support provides:

- **End User Acceptance Drives a Successful EMR Implementation** – To ensure this acceptance, our EMR vendor, Fusion, and Centurion provide four preliminary training phases to ensure thorough competency with the EMR software prior to implementation:
- **Training Modules and Walkthroughs** – Centurion’s onsite training team, with support from our corporate training department, created live action style computer modules using captivate software. This allows the user to see “click by click” how to complete basic functions in short online sessions. This content is learning management system (LMS) based and sets the foundation for the training. Centurion provides FDC and private facility access to this training platform.

- **Webinars** – Centurion users participate in live, online webinar training conducted by Centurion EMR Team staff using the zoom format. We will customize these for specific user groups and individuals for planned and “just in time” training opportunities
- **Sandbox User Acceptance Testing (UAT)** – We provide a user-training sandbox (UAT) for practice as well as for testing new functionality. This tool simulates the live environment, allowing Centurion users to experiment with the functions/features (within their role) found within the program. Staff will have access to this site for refresher or new employee training, for as long as we utilize our proposed EMR solution. Centurion trainers also use video vignettes showing new functions and workflows that are less than 2-3 minutes and available on the Centurion Central EMR site. Users can access these for quick refreshers or easy learning.
- **In Person Training** – Centurion will continue to provide in-person training, including real-time sandbox (UAT) utilization, to ensure that each user not only receives the information, but also is able to apply it correctly.

Centurion will continue to conduct onsite training with healthcare staff at FDC facilities to solidify the training material covered in the initial three phases. Designated staff will coordinate the training and work with Centurion personnel to provide role-specific, interactive training using the forms and functionality created specifically for the Department.

We have experienced great success by training super users at each facility who serve as local experts who are readily available to assist staff should any issues arise at the facility level. Super users also train new personnel on the EMR system once new staff complete the web-based modules. Centurion staff, super users, and site administrators can also access remote EMR support via phone or email to help with any concerns during implementation and at any time in the future. EMR support is available, when needed.

Additional EMR Project Phases. Centurion is already working on two other EMR-related projects. The first involves development of an aftercare interface to ensure that the FDC is able to meet their required data provision to the Department of Children and Families. The second involves working on the Electronic Prescribing of Controlled Substances (EPCS) program. Both of these projects will assist with facilitating patient continuity of care and improved workflow efficiencies. In addition to these projects, Fusion, EMR staff, and representatives from our dental team will continue to work on establishing a new dental suite as some dental modules have experienced functional difficulties. Some of these have already been addressed, such as creating a new dental view that allows dental staff to see patient’s teeth charts, while other dental module limitations require continued development.

EMR Automation Tools.

- **Microsoft SharePoint** – Throughout the EMR implementation project, we have and will continue to provide deliverables on our SharePoint server. Microsoft SharePoint is a browser-based collaboration and document management platform described elsewhere in our proposal. FDC will continue to have continuous, password-protected access to SharePoint.
- **Innovative Project-tracking Software** – Centurion currently employs several innovative project-tracking software to assist our project managers in developing a plan, assigning resources to tasks, tracking progress, managing the budget, and analyzing workloads. These include



Microsoft Project and Smartsheet. Designated FDC staff currently have access to our Smartsheet tracking system.

- **User Acceptance Testing (UAT)** – This proprietary tool is a software development process that individually and independently scrutinizes even the smallest testable parts of the EMR system for proper operation. In the new contract, this UAT-testing tool will continue to be available to monitor and troubleshoot EMR system operations.

Additional EMR Processes in Place. In addition to the EMR management processes noted above, to assist to FDC and healthcare staff in making ongoing EMR adjustments and improvements, Centurion recently established regular “open solutions” meetings with all relevant stakeholders, including Centurion clinical leadership staff, statewide EMR director, IT specialists, and designated FDC staff. These meetings have already been very useful in identifying and prioritizing EMR enhancements and adjustments to address effectively the clinical and operational needs of healthcare and custody staff.

F. Electronic Medical Record Services and Staff to Ensure Service Delivery

Program Oversight and Clinical and Administrative Staffing Levels for EMR Services. We understand that qualified and trained staffing is essential to maintaining and maximizing EMR system utilization across all applicable FDC and privately contracted facilities. Members of Centurion and Fusion EMR teams will provide the FDC with the right number of people with the right skills to fulfill and maintain the EMR project. Centurion EMR team members will include a statewide EMR director and EMR project manager. As the FDC is aware, we also have a dedicated corporate EMR team, with at least two of these team members currently dedicated full-time to supporting our onsite EMR staff to ensure optimal EMR system functioning. This additional corporate support is particularly helpful during our current phase of establishing and expanding the EMR’s reporting capabilities. With this additional support, we anticipate being able to enhance our EMR reporting capabilities beyond FDC requirements.

Our EMR system leadership team will include all the positions identified in Section 3.6.1.2, *Program Management Minimum Requirements*. These positions will provide appropriate oversight to ensure all EMR system operations statewide, regional, and within each facility are carried out in accordance with the requirements outlined in this ITN. Our statewide EMR leadership team includes the following:

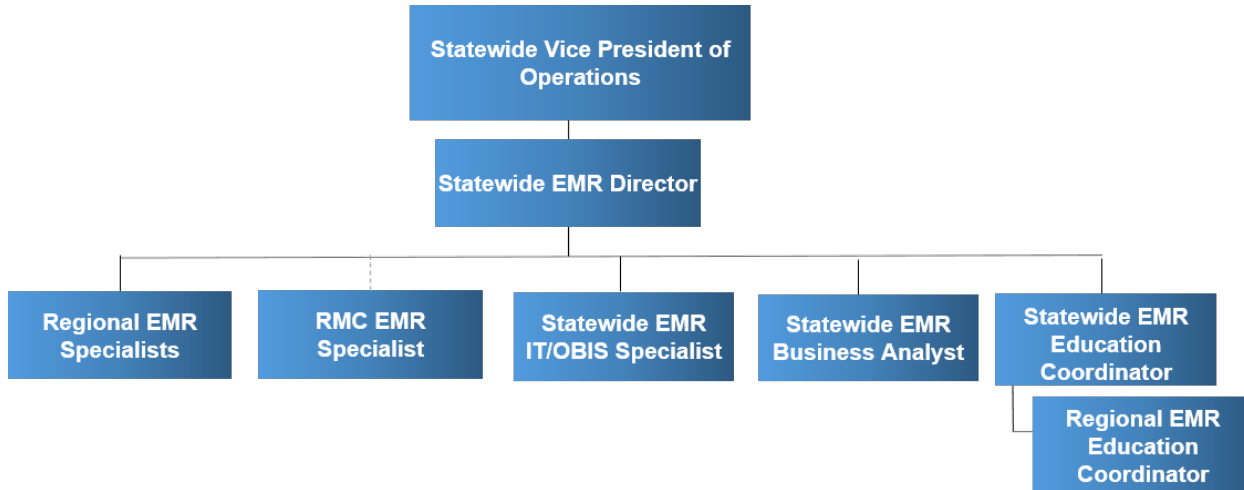
Centurion Florida EMR Leadership Team

Leadership Position Title in ITN Section 3.6.1.2	Centurion Current Staff Member
Statewide EMR Director	Linda Dorman
Statewide EMR Project Manager	Sharon Butler, MSN, RN, CCHP
Regional EMR Specialists	Brandon Wallace, Belinda Brown, Trek McCullough, Dora Sword, Asaf Krudo, Cloe Flanagan
RMC EMR Specialist	New Position in 2022 ITN

We will continue to provide leadership to ensure that the healthcare delivered is consistent, quality, and contract compliant across FDC sites. For the ease of the reader, we provide all of our full staffing plans for EMR services and the other service areas for the Florida program at the end of Tab D, immediately

following our response to ITN Section 3.6, *Healthcare Services*. Below, we provide the Centurion of Florida organizational chart that further outlines our lines of authority and leadership roles for EMR services.

EMR Services Organizational Chart



In addition to the above EMR staffing resources, Centurion will also maintain the following EMR positions:

- **EMR Training Manager** – responsible for all training related to the EMR, including but not limited to super users, end users, FDC, corporate, 3rd party auditors (e.g. CMA, NCCHC, ACA, etc.)
- **EMR Analyst** – builds forms and other items in the EMR, works with all users, including discipline leads to assist with EMR questions and requests. This individual will hold a VFE (Visual Form Editor) license.

EMR Equipment and Infrastructure. As the FDC is aware, in anticipation of implementing our EMR solution across the state, we added or enhanced over 3,000 staff workstations with computers, 300 printers, and 400 scanners, in addition to providing enhanced IT infrastructure to support the EMR system. Centurion is currently deploying additional equipment on an as needed base, such ensuring that all sites have needed signature pads. We provide more details on our IT infrastructure support and resources in our response to ITN Section 3.6.10, *Information Technology Services*.

In addition to Centurion’s EMR staffing and equipment resources, Fusion provides a dedicated EMR project manager to provide ongoing EMR support for the EMR project.

Besides Centurion and Fusion staffing resources, we will continue to make available value-added services that we describe in more detail below, such as our dedicated IT and EMR corporate teams, and our enhanced technology solutions, such as Tableau.

In the spirit of transparency, we recognize that in spite of the resources we have dedicated to this project, we are continuing to address EMR transition challenges, like dental module functionality. As we have to date, we will continue to include the FDC in open dialogue with Centurion and Fusion to address these challenges to final resolution as they arise.

G. Cost Savings for Electronic Medical Record Services

Reduced Travel Expenses. Centurion clinical supervisory staff and third-party auditors will no longer need to travel to other FDC facilities in order to conduct patient record audits for clinical chart review purposes, or for audit purposes. For example, Correctional Medical Authority (CMA) and Office of Health Services (OHS) staff may not need to travel in order to conduct chart audits since all FDC patient records are now available to FDC-approved staff at designated FDC workstations.

Reduced Shipping and Postage of Patient Records. The cost to move or transfer patient records to other FDC facilities or offsite entities will be greatly reduced. Authorized staff can now securely email most patient records thereby will greatly reducing the need to mail hardcopy records via the U.S.P.S, Fed-Ex, and UPS.

Reduced Cost for EMR System Changes. Centurion will continue to pay Fusion annually for six Visual Form Editor (VFE) licenses. Having Centurion onsite and corporate EMR staff with VFE licenses will greatly reduce not only the costs to create and or modify EMR forms and reporting options, but will also reduce the time needed to complete these processes compared to relying submitting form and system change request to Fusion.

Reducing Liability and Exposure to FDC and Healthcare Clinicians. Fusion's intuitive design reduces human error, alerts clinicians to drug interactions, and provides comprehensive reporting and auditing capabilities. Fusion multiple functionalities improve care delivery and reduce exposure to FDC and healthcare staff.

Fusion will improve the ability to diagnose diseases and reduce – and more often than not prevent – medical errors, in turn improving patient health outcomes. For example:

- The system automatically checks for problems whenever a clinician prescribes a new medication and alerts the clinician to potential conflicts.
- User-friendly screens list medications and life-threatening allergies so emergency staff can adjust care appropriately, even if the patient is unconscious.
- It exposes potential safety problems when they occur, helping clinicians avoid consequences that are more serious for patients and leading to better patient outcomes.
- Fusion helps clinicians quickly and systematically identify and correct operational problems. In a paper-based setting, identifying such problems is much more difficult, and correcting them can take years.

Fusion helps detect patterns of potentially related adverse events and prompt or alert healthcare staff to see at-risk patients *before* adverse events occur. These features can lead to more proactive, targeted care that can reduce overall healthcare and potential litigation costs.

H. Value Added Services for the Electronic Medical Record System

Valued Added Service: Dedicated IT and EMR Team.

Centurion takes pride in our ability to work with client agencies to implement, operate, and optimize EMR systems. In addition to the direct, onsite EMR staff that we have included in our proposed staffing plan for the FDC, we have a robust internal Informational Technology (IT) department, led by **Shant Tossounian**, Senior Vice President of IT, with assistance from **Piyush Patel**, Director of Information Technology, and **Shenita Freeman, DSc, MSHIA, MPH, RHIA, CPHIMS, HCISPP, CPH**, Senior Director of Enterprise Data Solutions. Over the last several years, Centurion’s internal infrastructure supporting EMR projects has grown substantially.

Our corporate IT department, comprised of over 80 full-time employees, has a 24/7 help desk, an infrastructure team that manages our IT security and our data center, and a dedicated application development team that focuses on reporting and custom applications. Centurion’s IT department manages computers, printers, network infrastructure, security, internet connections, EMR systems, and other technologies throughout our programs.

In addition to our corporate IT support, Centurion has a dedicated team exclusively focused on Electronic Medical/Health Records. Having a separate EMR/EHR support team is unique in the correctional healthcare industry.

Christopher Bourque, LPN, Director of Electronic Health Records, leads our EMR team that includes the following staff:

- Sharon Butler, MSN, RN, CCHP – Manager, EHR
- Karen Giangrande, LPN – Manager, EHR Change Management and Clinical Liaison
- April Lee, LPN – Manager, EHR
- Shawn Runey – EHR Specialist
- Yuliet Lara, RN – Manager, EHR

Our dedicated team researches correctional EHR/EMR systems, and assists with planning, consultation, implementation, and providing ongoing technical support for our correctional health programs across the country.

EMR Experience in a Correctional Setting. Centurion has experience reviewing, analyzing, comparing and implementing a broad range of EMR systems. Mr. Bourque has an extensive history of working with



Shant Tossounian
Senior Vice President of
Information Technology



Piyush Patel
Director of Information
Technology



**Shenita Freeman, DSc,
MSHIA, MPH, RHIA,
CPHIMS, HCISPP, CPH**
Senior Director of Enterprise
Data Solutions



Christopher Bourque, LPN
Director of Electronic Health
Records



and implementing a number of correctional healthcare EMR systems. In our current and prior partnerships, we have experience identifying, implementing, and or enhancing the EMR system noted below in the table that follows. Those EMR programs where we provided full implementation from either a paper record system, or another EMR solution, have the word “new” next the solution name.

Centurion EMR/EHR Systems in Past and Current Programs

Centurion Client	EMR/EHR Program	Centurion Client	EMR/EHR Program
Pima County, AZ (Jail)*	GE Centricity/Fusion – new	Pennsylvania DOC	Sapphire EHR
Georgia DOC	Dentrix (Dental EMR) – new	Philadelphia Department of Prisons*	eClinical Works – new
Maryland DPSCS	NextGen	Delaware DOC	ICHRT
Mississippi DOC*	GE Centricity	Kansas DOC	NextGen
Minnesota DOC	Sapphire - eMAR	Florida DOC	GE Centricity/Fusion – new
Vermont DOC*	CorrecTek	Indiana DOC	NextGen
Bernalillo County, NM (Jail)*	Sapphire —new	Idaho DOC	eOMIS
Arizona DCRR*	eOMIS	Missouri DOC	MARS/MOCIS
Volusia County, FL (Jail)	Sapphire EHR - new		

*Past Client

Our dedicated EMR team researches correctional EMR systems, and assists with planning, consultation, implementation, and providing ongoing technical support for our correctional health programs across the country.

Centurion’s IT and EMR teams will implement our proposed EMR system by migrating data from current systems to our proposed system solutions. They will also ensure that all needed system interfaces are in place and, if desired, recommend enhanced interface solutions such as bi-directional interfaces with pharmacy, laboratory, radiology and other integral healthcare-related systems. We will provide ongoing technical and EMR support for healthcare and FDC staff.

We have the expertise to establish and maintain a cost-effective EMR solution that helps ensure the quality and continuity of patient care by establishing an integrated division-wide medical record system. Our company has intentionally chosen not to own our own EMR system, as some healthcare vendors do, so that we can be in a position to fairly evaluate and recommend the best EMR options for our clients. Since we do not own the EMR system, any systems we establish can remain in place even if we are no longer the contracted healthcare provider.

Valued Added Service: Business Intelligence Solution – Tableau. Tableau

is a visual analytics platform that helps transform the way we use data to solve problems, including healthcare data from EMR solutions. Founded in 2003, this software platform makes it easier for healthcare and custody staff to explore and manage data. This software works by translating drag-and-drop actions into data queries through an intuitive interface. Although Salesforce acquired Tableau in 2019, their mission remains the same.



They offer not only a complete, integrated data analytics platform, but also proven enablement resources to help customers deploy and scale a data-driven culture that drives resilience and value through



powerful outcomes. Tableau can quickly translate data into user-friendly dashboards that staff can customize, standardize or use for ad hoc dashboard reporting through a broad range of data queries available in our EMR solution.

Over the past several years, Centurion has built an effective and growing analytics and informatics department, recently renamed data enterprise solutions, to support our staff and clients with more effective and efficient data collection, analysis, reporting and utilization. Often the data that we analyze for maximum benefit and impact for our correctional clients comes from EMR systems.

3.6.10 Information Technology Service Area

A. Acceptance of Information Technology Service Area Requirements

Centurion acknowledges and accepts the 45 information technology service requirements as listed in ITN Section 3.6.10.2, *Information Technology Software Requirements*. We will continue to comply with the Department's Procedure 206.004, *Internet Services*, which covers guidelines for internal usage, and Procedure 206.007, which covers user ID requirements. However, we do propose clarification or modification for *User Security for Information Systems* the following IT service requirements:

- ITS-009 – Networking Services: Vendor supplied networking equipment requirements: b. Any new network infrastructure needs, including LAN wiring, building to building fiber, switching, or Wi-Fi equipment will be the responsibility of the vendor to procure and manage
- ITS-030 – Mobile devices: Vendor must centrally manage any FDC-approved mobile device through a mobile device management (MDM) solution.

With regard to ITS-009, this requirement appears to be a departure from current practice. Presently, the FDC IT department is responsible for managing and installing required IT network cabling within facilities. It appears that the FDC is now requiring the vendor to take on this responsibility for healthcare related IT networking needs. While Centurion is willing and able to take on this responsibility, this will require close collaboration with the FDC's IT and maintenance departments to ensure that any needed cabling does not interfere with FDC building restrictions or requirements that may limit where and how cabling can be safely implemented.

This change in cable installation responsibilities will also require clear agreements between the FDC and Centurion on how to address liability issues that may present themselves should attempts to install cabling interfere with or disrupt existing infrastructure or other utilities within a building or wall that was not known to Centurion prior to installation. Upon contract award, we look forward to clarifying this expectation with the FDC to ensure that we meet this requirement in a way that does not open the FDC to plant or operation disruptions, or Centurion to unknown risks and liabilities.

With regard to ITS-030, currently Centurion is not required to manage centrally any FDC-approved mobile devices through an MDM solution. Upon contract award, we look forward to clarifying with the FDC who is responsible for the MDM solution and its associated costs.

B. Acceptance of Information Technology Software Performance Measures

Centurion acknowledges that the ITN does not include any ITS specific performance measures or reports.

C. Ability to Exceed Information Technology Software Performance Measure Requirements

Because no ITS performance measures were included in the ITN, Centurion is not in a position to address our ability to exceed such measures.

D. Proposed Modifications for Information Technology Software Performance Measures

Centurion is not proposing any IT-specific performance measures at this time.

E. Plan for Providing Information Technology Software Services

Before providing our plan for IT Services in the new contract, we highlight below some of our major IT accomplishments to date. Knowing the current state of IT services, including what we have already accomplished, serves as a foundation, or benchmark, that informs our IT service goals and plans going forward. Here are a few of our major IT accomplishments:

- **Computer Refresh** – Centurion replaced virtually the entire existing FDC computer inventory, approximately 3,000 computers or similar endpoints.
- **Introduced New IT Equipment** – We added laptops, signature pads, printers, and scanners in preparation for implementing Fusion, our EMR solution, in 2021.
- **Central Management of IT Infrastructure** – We leveraged central management to manage switch infrastructure ensuring rapid deployment of security updates and feature enhancements. Involved incorporating switches into network monitoring solutions to proactively monitor switching hardware and quickly respond to outages.
- **Enhanced IT Infrastructure** – We deployed full technology stack collocated in FDC Data Center in Tallahassee. Technology stack consists of Fusion EMR reporting servers, core network switches, Firewall, IPS/IDS, etc., to provide simplified access from all FDC and privately contracted facilities, as well as egress out to the internet.
- **Wireless Connectivity** – We collaborated with FDC OIT/Network team on introduction of wireless access for endpoints and their authentication
- **Expanded IT Helpdesk Support** – We upgraded out IT Helpdesk to provide 24/7/365 access to live technicians for IT, telehealth, and EMR support.

We will continue to provide all computer hardware, software, and necessary IT infrastructure to support EMR and telehealth services, including central processing units, handheld devices, monitors, printers, and keyboards in desktop or laptop versions necessary to conduct health services operations. Upon contract award, we will submit to the FDC our initial plan for placement of any additional hardware needed to ensure that our staff have the IT resources they need compete all required healthcare services included in this procurement. Centurion will continue to be responsible for the servicing, maintenance and replacement of the hardware during the term of the contract.

As noted above, as part of the recent statewide implementation of the EMR system, Fusion, we replaced or purchased approximately 3,000 computers and related IT equipment in order to meet or exceed the EMR system's hardware requirements. As a result, we do not anticipate needing to make a large initial purchase of additional IT-related equipment in the new contract, at least not as part of the contract renewal and transition process.

IT Technology Software Management Plan

Our IT resource management plan includes our processes and action taken for the replacement of hardware and software, upgrades to the infrastructure, patching of operating systems, and endpoint protection. We will continue to engage the Department's Office of Information Technology (OIT) prior to implementing any new technology hardware, infrastructure, and other IT-related services.

Upon contract award, Centurion's IT team will inventory all IT-related hardware and equipment. If any additional IT-related equipment is required, we will work closely with the FDC's OIT to order equipment that meets all Department standards. Working with the Centurion regional office management and the site leadership staff, we will determine the priority and location of placement of hardware. When the ordered hardware arrives, our Centurion IT staff will install the equipment at each FDC facility. As noted, Centurion has an IT department with over 80 IT staff. Part of that team is a dedicated technical services group that will continue to provide service, repairs, and replacement of the health services IT-related equipment and software.

Total Security Enhancements. Centurion's corporate IT department provides a number of security enhancements to support our onsite IT and healthcare personnel. These include, but are not limited to, the following security categories and measures:

- Endpoint Security:
 - Full volume encryption feature to protect data by providing encryption for entire volumes.
 - Track the health and performance of portable endpoints/workstations.
 - AI-based endpoint protection for safeguarding against sophisticated threats
- Web Filtering/Security:
 - Provide outbound secure access for web applications and browsing to approved websites
 - Deploy network security measures like Intrusion detection / prevention for local egress to internet
 - Add security solution like SIEM (Security Information and Event Management) to search, analyze and visualize machine data and generate necessary security alerts.
- Vulnerability Management (Monthly Patching):
 - Implement approved Applications Control process
 - Perform regular security scan of computers for vulnerability discovery
 - Use lifecycle management solution to apply monthly security patching to OS and software applications

User Licenses. Centurion understands that the Department may request user licenses to access the business applications that we use at FDC facilities. If the Department requires access to any Centurion business applications, we will process the request within timely at no cost to the FDC.

Medical Health Records and Other Data. Centurion agrees that the Department owns any medical records, data, and other information or reports that we collect or prepare in the course of performing our contracted duties. We will not use any Department owned data or reports for any independent projects, nor sell or publicize such records, reports, or data without prior permission of the Department. Subject to applicable federal and state laws and regulations, the Department will have full and complete rights to reproduce, duplicate, disclose and otherwise use all such information.

Prior to any future termination of our partnership with the FDC, Centurion will provide the Department all data and reports in their desired format. The data format that we provide the FDC will include, but not be limited to, readable electronic format as specified by the Department as per the de-conversion plan that we specify in our ITN response.

Initial Plan for Placement of Hardware. Centurion's initial plan for placement of hardware is to replace any computer and related hardware equipment used for healthcare operations that is five years from new purchase date or older. As noted previously, virtually all existing computers and related hardware used by healthcare staff is less than two years old as Centurion replaced most of the computer equipment prior to implementing the EMR system in 2021. Consequently, we do not anticipate needing to replace existing computers and related hardware as part of our transition to the new contract.

However, we will provide new or recently purchased computers and related equipment to accommodate any healthcare staffing additions at each FDC facility. Centurion is committed to ensuring that all healthcare staff at each applicable site, as well as our Florida regional offices, have access to computers and related hardware, in order to complete their required duties efficiently, including timely access to our EMR solution.

IT Resource Lifecycle Management Plan. Centurion's computer and related equipment lifecycle management plan includes the following elements:

- IT resource management plan
- Lifecycle process
- Action taken for the replacement of hardware and software
- Upgrades to the infrastructure
- Patching of operating systems
- Endpoint protection

Centurion's IT resource plan is to replace computers and related IT-hardware every five years. We based our previously noted initial plan for placement of hardware on our five-year lifecycle management plan. The five-year replacement cycle includes computers, printers, scanners, tablets, cell phones, and other IT-related equipment utilized by healthcare staff to ensure optimal work efficiencies in meeting the requirement of this ITN.

We address software management and upgrades on a case-by-case basis, depending upon the frequency, nature, and applicability of any future software upgrades. When available software upgrades affect the security or privacy of software itself, or the system(s) or infrastructure upon which it operates, we will update those software updates in a timely manner, without waiting for any preset upgrade schedule. Likewise, when introduced software upgrades significantly improve the functionality or efficiency of utilizing the software, we prioritize those software upgrades as well.

Unless there is an emergent software upgrade need, we typically make recommended software upgrade requests to the Department, based on the above prioritization process, on a quarterly basis. However, Centurion is open to reviewing this process with the Department and making any needed modifications as needed or requested.

Centurion recognizes that any proposed IT hardware or software upgrades requires Department approval prior to purchase. Currently, our regional IT manager and or corporate IT department representatives will provide in writing to the Department the specific recommended IT-equipment and or software replacement or upgrades, including the rationale for making the request and any known impact such a request may have on the Department's IT infrastructure. However, if the Department prefers to have a separate medical network in place, this process may not be applicable.

Lifecycle Process. Centurion's lifecycle management process for computer hardware includes two key elements. The first element is to maintain full and complete records of all IT-related equipment and software in use at each FDC facility, and at our Florida regional offices. Centurion will maintain full and complete records of IT-related equipment available for healthcare staff use. The information collected for each IT product will include, at a minimum, the following elements:

- Product name or description
- Product location
- Purchase date
- Projected lifecycle in years (typically five year life cycle from acquisition date)
- Product condition at time of inventory, if applicable
- Warranty information, if applicable

In addition to the above suggested product records, Centurion agrees to conform our equipment and software inventory tools to meet FDC requirements. Centurion remotely maintains the status of deployed computer hardware via software installed on individual computers.

Action for Replacement of Hardware or Software. As noted above, Centurion will monitor the condition of IT equipment, and projected end of life. When equipment approaches the end of its projected life cycle, we will notify the FDC for the purpose of replacement consideration. Our written request to the Department will include an impact statement noting how our proposed IT-equipment and or software replacements or upgrades may impact the Department's and/or Centurion's IT infrastructure, including potential impact on other IT systems, available bandwidth, as well as any security or data privacy concerns.

Once approved by the Department, Centurion will collaborate with the FDC to initiate the purchase of approved IT-computer equipment and/or software. Centurion's purchase plan for Department-approved IT-computer equipment and or software will include an implementation plan and schedule. Our corporate IT department will proceed with making the IT equipment and or software purchase and schedule Department-approved implementation plan, as needed, with the applicable onsite healthcare team, as well as the warden at each affected facility.

Upgrades to the IT Infrastructure. Centurion currently maintains co-located data centers. We will follow our technology lifecycle policy and upgrade IT equipment in accordance with our five-year cycle replacement plan. Should Centurion proposed or recommend IT equipment and/or software upgrades that require Department IT infrastructure modifications, including expanded bandwidth, we will review with the Department the role we each will play in securing any necessary IT infrastructure upgrades.

Currently, the Department is responsible for planning and executing any needed Department-based IT infrastructure, and Centurion is responsible for the cost of such IT infrastructure upgrades. Centurion only requests IT equipment and or software enhancements in order for healthcare staff to perform their required duties as part of our healthcare contract with the Department.

Patching of Operating Systems. Centurion will follow a scheduled monthly plan to install any needed security patching of operating systems. We will share our monthly security-patching plan with the Department as needed or requested. Centurion will not initiate any non-emergent patching of operating systems without prior notice to the Department.

Endpoint Protection. Centurion will run normal computer security stack to include both hardware and software in order to keep our computers safe and secure.

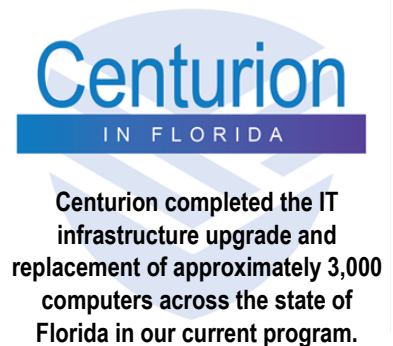
IT Service Experience in Large Correctional Systems

Virtually all of our correctional partnership experiences have included extensive information technology requirements, including integrating multiple systems and associated data migrations. Our prior IT experience includes, but is not limited to the following:

- Assessment, design and implementation of statewide information technology infrastructure
- Establishment of onsite system networks and servers
- Implementation of new EMR systems
- Set up and testing of all IT hardware (computers, printers, scanning devices, etc.)
- Installment and testing all required software solutions
- Data migration planning and implementation
- Interface with correctional partner offender management and other internal systems
- Interface with external software solutions (pharmacy, laboratory, radiology, etc)
- IT/EMR training and ongoing technical support
- Implementation of our *IT Disaster Recovery Plan* and *Business Continuity Plan*
- Establish and or enhance telehealth infrastructure, equipment, and software
- Ongoing telehealth support
- Ongoing IT systems, software, and equipment maintenance and support

We recently completed the IT infrastructure upgrade and replacement of approximately 3,000 computers across the state of Florida in our partnership with the Florida Department of Corrections. Our goal with this large IT project is to standardize our hardware and IT solutions across correctional programs, whenever possible. This project was necessary preparation as part of our plan to design and implement the state's first electronic medical record system across all four regions of the state.

We started the go-live statewide EMR transition from a paper record system in September 2021 at select facilities. Centurion completed the transition to our EMR solution, Fusion, in December 2021. Presently we are working on developing and expanding the EMR's reporting capabilities to meet the Department's requirements. Part





of our IT/EMR duties include establishment and implementation of our IT Disaster Recovery Plan and Business Continuity Plan.

F. Information Technology Software Services and Staff to Ensure Service Delivery

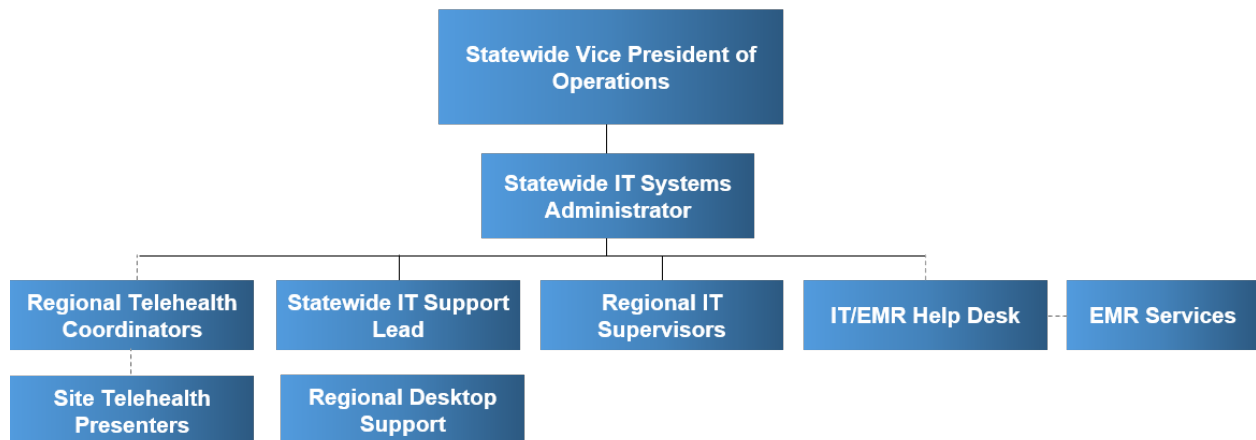
Centurion has allocated significant IT staff and related resources to the FDC contract to ensure that we provide the necessary IT infrastructure; equipment, maintenance, and software support that onsite healthcare staff need to provide the full range of statewide contracted healthcare services. **Louis Clark**, Florida IT Manager, leads our **onsite IT services team**, which is comprised of the following staff:

- Shawn Moore, Systems Administrator
- Luke Scarboro, IT Field Operator, Region I
- Kenneth Starling, IT Field Operator, Region II
- Aaron Kaczar, IT Field Operator, Region III
- Art Gimpelson, IT Field Operator, Region IV

In addition to our dedicated, onsite IT services team, Centurion also provides extensive corporate IT support, which we highlight below. Our IT department consists of several departments that directly support our FDC healthcare services contract. These include our recently expanded IT Helpdesk, offering 24/7/365 IT support, including for Fusion EMR services, and our recently renamed enterprise data solutions (EDS) team, formerly known as our analytics and informatics department, led by **Dr. Shenita Freeman**.

For the ease of the reader, we provide all of our full staffing plans for IT services and the other service areas for the Florida program at the end of Tab D, immediately following our response to ITN Section 3.6, *Healthcare Services*. Below, we provide the Centurion of Florida organizational chart that further outlines our lines of authority and leadership roles for IT services.

IT Services Organizational Chart



G. Cost Savings for Information Technology Software Services

We summarize below some of the ways our onsite IT team, together with our corporate IT support structure and resources, have contributed to cost-avoidances for the Department and Centurion.

- **Wireless Connectivity** – Collaborated with FDC OIT/Network team on introduction of wireless access for endpoints and their authentication. Wireless connectivity avoids added expense of hardwire cabling infrastructure. Wireless capabilities will reduce resident movement when used for telehealth purposes in housing or other non-medical unit areas by reducing the need for security escorts for patient healthcare appointments.
- **Switching Infrastructure** – Network port consolidation reduced the number of network switches
- **Proactive Site Visits** – Reduced healthcare services interruptions and downtime with proactive site visits by dedicated regional IT technicians.
- **IT Helpdesk Expansion** – Adding 24/7 IT support reduces the operational costs of staff downtime and quicker resolution of user issues.
- **Proactive Network Monitoring** – Our local IT team constantly monitors our network in order to quickly identify and resolve outages, thereby reducing or eliminating staff downtime.

As mobile telehealth utilization increases in the new contract, facilitated by expanded wireless connectivity, we anticipate even greater cost-avoidance opportunities in the near future. We also anticipate significantly improved and more cost-effective data analytics and reporting functionality in the new contract, once we introduce Tableau, a visual analytics platform, to the EMR interface. We provide more information about Tableau in our response to ITN Tab D. Section 3.6.9 – *Electronic Medical Record Services*.

H. Value-Added Services for Information Technology Software Services

Dedicated IT and EMR Team. Centurion takes pride in our ability to work with client agencies to implement, operate, and optimize EMR systems. Over the last several years, Centurion’s internal infrastructure supporting EMR projects has grown substantially. We have a robust internal corporate informational technology (IT) department, led by Shant Tossounian, Senior Vice President of IT, with assistance from Shenita Freeman DSc, MSHIA, MPH, RHIA, CPHIMS, HCISPP, CPH, Senior Director of Enterprise Data Solutions, and Piyush Patel, Director of Information Technology.



Our corporate IT department, comprised of over 80 full-time employees, has a 24/7 help desk based in Tallahassee, Florida, an infrastructure team that manages our IT security and our data center, and a dedicated application development team that focuses on reporting and custom applications. Centurion’s IT department manages computers, printers, network infrastructure, security, internet connections, EMR systems, and other technologies throughout our programs across the country.

Within our corporate IT department, Centurion has a dedicated team exclusively focused on Electronic Medical/Health Records. Having a separate EMR support team is unique in the correctional healthcare industry. Christopher Bourque, LPN, Director of Electronic Health Records, leads our EMR team.


Our dedicated team researches correctional EMR systems, and assists with planning, consultation, implementation, and providing ongoing technical support for our correctional health programs across the country.

Data Enterprise Solutions. Over the past several years, Centurion has built an effective and growing analytics and informatics department to support our staff and clients with more effective and efficient data collection, analysis, reporting and utilization. Recently we restructured this department to serve within the larger IT Department. We also changed the name from analytics and informatics to Data Enterprise Solutions.

Often the data that we analyze for maximum benefit and impact for our correctional clients comes from EMR systems. We know the Department desires data-driven healthcare, digital automation, and modern, user-friendly electronic communications. This is something our team works to promote on a full-time basis in all our programs. By providing these standard Centurion analytical practices, it can eliminate the need for additional reporting requirements.

This corporate-level support will be available to the FDC, as well as the onsite healthcare team. Dr. Freeman leads this effort with support from two dedicated data analysts. The goals of this specialized IT team include the following:

- Enhancing and/or improving reporting workflows and outputs
- Leveraging information systems and their contents to inform strategic decision-making
- Reducing and/or sharing the reporting burden through corporate analytics and informatics department support



Centurion's data enterprise solutions team will promote modernization, data-driven decision making, and eliminate the need for additional voluminous reporting requirements.

Dr. Freeman and her team will bring the science of information management and analysis to support the FDC and Centurion goals of improving patient health and the delivery of healthcare services. Some of the specific services this department can provide the FDC include:

- Project and risk management support
- Information systems management support
- Quality, process, and outcomes improvement
- Liaison between technical and clinical groups
- Healthcare information security and privacy consults
- Metric and measurement development
- Program and intervention evaluation support
- Strategy development
- Data interpretation – turning data into actionable information

Information Technology Software Experience and Knowledge Example

Noted below is an example of a recent corporate analytics and informatics department support for enhanced data reporting from another correctional program. This example involves a program in which the client desired monthly reporting of patient-specific outcome metrics from data residing in the EMR system.

Onsite healthcare staff were attempting to analyze manually extracted healthcare metrics from their EMR system by means of a spreadsheet. The manual process was labor intensive, prone to error, and often required a week or more each month to complete. With support from our analytics and informatics department, we implemented the following steps to achieve the desired result:

- Clarified reporting objectives and data requirements
- Identified any inappropriate logic
- Effectively communicated these logical inaccuracies to the client, leading to more focused reporting expectations
- Implemented the correct logic
- Established an accurate automated reporting system and semi-automated workflows

Using the above process, we were able to reduce the onsite work burden by several days each month.

3.6.11 Other Requirements

A. Acceptance of Other Requirements

Centurion acknowledges each of the other requirements itemized in ITN Section 3.6.11, *Other Requirements*, as written in the ITN: 3.6.11, subsections 3.6.11.1 – 3.6.11.3.

Any Proposed Modification or Innovative Solutions. We do not currently propose any specific modification to the requirements listed under this ITN Section 3.6.11 *Other Requirements Services Area*. We have detailed our use of innovative solutions throughout our responses to other sections of the ITN, many of which we currently implement in our contract with the FDC. None of differs significantly from the other requirements listed in this section of the ITN 3.6.11.

B. Acceptance of Performance Measures for Other Requirements

Centurion notes no specific performance measures detailed in ITN Section 3.6.11 covering our responsibilities in the following areas:

- Staffing
- Interaction with Other Health Care Service Providers
- Transition and Implementation Plan

C. Ability to Exceed Required Performance Measures

With no specific performance measures specifically detailed in this section of the ITN, we provide a brief narrative below in response to each of the subsection areas.

Additional Performance Measures Identified Outside of ITN. We do not propose any performance measures for this section of the ITN. Centurion acknowledges that the Department has specified requirements and performance measures throughout the ITN that support a quality comprehensive healthcare service delivery program.

D. Proposed Modification to Performance Measures

We do not propose any modification relative to this ITN Section 3.6.11, *Other Requirements*.

E. Plan for Providing Other Requirements

Methodologies Applied. Centurion's healthcare services delivery plan will continue to include FDC-conformed staff training and credentialing practices, clinical supervision and oversight of qualified staff, internal monitoring through our quality management program, collaborative partnership with the FDC, and adherence to the Department's Health Service Bulletins (HSB), policies, Florida statutes, settlement agreement requirements, and community standards of care.

Collaborative Partnership with the FDC. A key part of our methodology throughout our response to this ITN including this section involves our collaborative partnership and related activities with the FDC.

Automation Tools. Under our current contract with the FDC, Centurion has placed all FDC HSBs, Technical Instructions, policies, procedures, and documentation forms related to healthcare services on the **SharePoint collaborative website**. Both Centurion and FDC designated staff utilize the website for multiple purposes including maintaining and monitoring staff credentials consistent with staffing qualifications specified in ITN Section 3.6.11.1, *Staffing Qualifications*. We also upload training records to ensure staff meet and continue to meet training requirements at hire and throughout the contract, including those specified in 3.6.11.1, *Staffing Qualifications*.

Consistent with requirements of ITN Section 3.6.11.2, *Interaction with Other Health Care Service Providers*, Centurion's SharePoint collaborative website highlights our partnership and methods of interacting with the FDC in a transparent manner sharing resources and information timely to support monitoring of clinically appropriate, timely healthcare services, continuity of care, and continuous quality improvement. We also build an ACA portal in which the FDC ACA coordinator and Centurion designated staff work in tandem related to ongoing accreditation activities. If awarded the new contract, we will continue using these automation tools and cooperate fully with the Department and any other vendors necessary in a similar fashion to ensure no barriers due to lack of collaboration.

As discussed in our response to other sections of this ITN, we propose using telehealth both to support direct service delivery and continuity of care such as interviews, evaluations or related activities between sites at FDC facilities and community providers to facilitate patient transitions back into the community and continuation of healthcare services.

Additionally, our credentialing department uses Aperture Credentialing, LLC to manage credentialing services and processes. Centurion completes full credentialing of our licensed staff at hire and re-credentialing them annually. Aperture is the healthcare market's leading credentialing verification organization and credentialing technology provider. It has received URAC (formerly Utilization Review Accreditation Commission) accreditation, certified for 10 out of 10 elements set forth by the National Committee for Quality Assurance.

Centurion utilizes Aperture's CredentialSmart (CredSmart) platform, a communicative, web-based credentialing and privileging management system. CredSmart's functionalities reduce the time and resources spent managing credentialing files, retrieving primary source data and communicating credentialing data throughout the contract. CredSmart eliminates inefficiencies and provides real-time, accessible credentialing services that staff can manage at the facility level.

Resource Usage Plan/Approach. Our comprehensive proposed staffing plans, provided at the end of Tab D, immediately following our narrative response to ITN Section 3.6, *Healthcare Services*, includes the positions and supervisory structures necessary to meet FDC healthcare service requirements and performance measures.

Centurion has both FDC-specific and corporate resource support for orientation and training including healthcare, correctional, and other vendor staff with whom Centurion staff work side-by-side in many of our programs. We will continue to utilize, share, and develop any training resources that the Department requires or requests.

Other Requirements Services Organizational Structure. We include our comprehensive proposed staffing plans and organizational charts for the management of the Florida program at the end of Tab D. While Centurion has a wealth of corporate resources, we focus our efforts in Florida on creating FDC-specific organizational structures to deliver all healthcare services, including orienting and training staff at hire and ongoing with FDC-specific orientation and training programs. Similarly, our SharePoint collaborative website and ACA dedicated portal has FDC exclusive resources and information to support our comprehensive healthcare service delivery throughout facilities in the state. Our transition and implementation plan, highlighted below, will be targeted to FDC's specific needs and maximize use of our Florida team, supported by Centurion corporate resources to best meet the needs and requirements of the FDC.

F. Other Requirements Services Delivery Processes

Below we provide a brief narrative related to each subsection of this ITN Section, *Other Requirements*.

3.6.11.1 Staffing. Centurion will meet the requirements to staff comprehensive statewide healthcare services for the FDC. During the current contract, we have continually assessed institutional needs throughout the correctional system with the goal of determining optimal healthcare staffing. As the Department is aware, we have collaborated successfully to increase staffing to better meet the healthcare needs of the FDC population. We also participated in reorganizing to improve staffing structure, such as having a licensed mental health professional cover at all sites, utilizing APRNs to conduct sick call, altering staffing patterns between sites or using telehealth to conduct evaluations thus reducing the need for transporting incarcerated individuals with associated cost savings and risk reduction. Our medical directors now cover several sites.

Our floater program has helped to cover staffing shortages and deliver healthcare services where needed. In mental health particularly, we have increased staffing, added positions, converted some psychiatry positions, and broaden use of inmate observers. We hired seven staff solely to provide supervision to limited license interns. At the request of Wardens, we have made scheduling accommodations to deliver services at times and places most needed, such as increasing staffing to address an increase in self-harm observation status (SHOS) admissions, and worked additional hours especially during COVID. While our staffing needs will continue to require adjustment over time, we provide our comprehensive proposed staffing plans in Tab D. We will continue to remain flexible in adjusting our staffing plans in collaboration with the FDC. We recognize that multiple mission changes, population adjustments, and modifications to service delivery will occur over the course of future contracts. Centurion remains committed to working with the Department to modify staffing resources as needed to meet these changing requirements.

We will ensure that new and existing staff meet the qualifications, credentials, and training requirements specified in ITN subsection 3.6.11.1. We have specified our training resources and plan in our response to other sections of the ITN because staff training remains one of our strongest methodologies to deliver comprehensive healthcare services. We have included collaborative trainings we offer within the FDC to meet FDC requirements and/or the DRF settlement agreement. Our response highlights the corporate resources we make available to target training needs of mental health staff, of healthcare staff, of FDC staff, of correctional staff, of multidisciplinary staff such as

specialized unit or program staff, and of FDC resident related to working in food service, sanitation areas, or as observers.

Upon contract award, we will continue to credential and train staff, maintain a monitoring system to ensure staff credentials remain current. We will also continue our FDC-specific training program to meet healthcare, correctional, and other vendor or discipline staff towards our joint, collaborative goal shared with the FDC to deliver quality healthcare services to individuals incarcerated within the FDC.

3.6.11.2 Interaction with Other Healthcare Service Providers. As indicated above, Centurion will continue collaborative, cooperative, transparent relationships and interactions with the FDC and any other vendors or healthcare service providers at FDC institutions statewide. We ensure that patients and FDC incarcerated individuals receive appropriate and timely healthcare services without unnecessary barriers to continuity of care. Over the past five years, Centurion has worked collaboratively with facility-based and community-based providers, agencies, and other organizations towards a common goal of delivering the right healthcare, at the right time, at the right level of care with a public health orientation.

3.6.11.3 Transition and Implementation Plan. As the Department's current statewide provider of comprehensive healthcare services, Centurion is well prepared to transition the existing operation of services to the new contract. Centurion has successfully implemented transitions in Florida meeting the Department's expectations for each transition.

As the incumbent healthcare provider, we already have the following healthcare service delivery structures in place:

- Qualified and trained healthcare and support services staff
- FDC-conformed staff orientation and training materials
- FDC-conformed clinical guidelines, policies, procedures, and protocols
- Established, collaborative working relationships with FDC OHS and facility-level leaders
- FDC-dedicated human resources, including a Florida-specific recruitment team
- Effective quality management team
- FDC-conformed claims/invoice forms and processes
- Online data and report sharing resources for Centurion and designated FDC staff
- EMR, telehealth and other IT-related equipment, infrastructure, and other resources

As a key component of Centurion contract startup or renewal efforts, we deploy the staff, resources, and time necessary to provide an efficient and thorough transition. While we anticipate that current Centurion healthcare staff will have minimal concerns during the 2023 renewal transition, we will deploy necessary regional and corporate support to ensure communication and services are uninterrupted. Regional and corporate support may be particularly important if the FDC determines to award mental health, dental services, and/or a region of the statewide medical services to another contractor.

Although it is our practice to develop a project plan for each transition detailing high-level milestones, deliverables, key activities, and the people responsible, as the incumbent our transition plan will focus

on any specific areas of concern the Department identifies during negotiations. We will comply with ITN Section 3.6.11.3, *Transition and Implementation Plan*, and all requirements specified including a detailed Initial Transition and Implementation Plan. We provide more information about our transition and implementation plan in our response to ITN Tab E – *Implementation Plan*, and include our Preliminary Implementation Plan within Tab E for the Department’s review. We will fully implement services on or prior to July 1, 2023.

Our goal is to serve as the FDC’s statewide comprehensive healthcare services contractor for the long-term. Centurion’s approach to meeting this goal is to remain a transparent and responsive partner to the FDC. Our theme during a transition is stakeholder engagement. We will ensure that we keep the FDC, Centurion employees, ancillary/other vendors, and functional leads aware of the vital activities occurring during the renewal. We will ensure that the FDC understands exactly what we have accomplished and what remains for us to accomplish during the transition period.

We anticipate a smooth, seamless contract transition due to having experienced management personnel available to each institution during the initial renewal phase of the contract. Centurion’s managers will be able to address institution-specific staffing and operational concerns in person and in real time. Our contract renewal plan and approach focuses on having operations management, clinical experts, and human resources personnel available to each site throughout the renewal process.

Initiation of Transition Upon Notification of Contract Award. We do not anticipate any complications as we renew our current contracted comprehensive services with the FDC. Centurion will meet all requirements and timeframes specified in ITN subsection 3.6.11.3, *Transition and Implementation Plan*. Our management team, led by **Victoria Love**, Chief Operating Officer, will continue to direct the activities of onsite Centurion teams and coordinate the services of ancillary service providers. This process allows Centurion of Florida’s leadership to identify site-specific and region-wide needs.

While interface with the institutional administration and healthcare staff is critical during times of renewal, we will ensure transparent communication with the FDC Central office continues.

Centurion developed our renewal process based on the requirements of this ITN, with the following categorical activities occurring simultaneously.

- Communication with FDC central office
- Confirm staffing positions, establish staff schedules, confirm on-call list
- Confirm pharmacy services
- Quality management review to establish status at start of new contract
- Confirm ancillary services
- Confirm offsite hospital and specialty provider networks
- Confirm claims management and utilization management
- Confirm new employee orientation program for all disciplines
- Confirm telehealth program
- Finance and accounting activities
- Recruiting, human resources, credentialing, and administrative tasks

- Information technology and EMR activities

We highlight several key components of our contract renewal plan below.

Communication with FDC Central Office. Effective communication with the staff of the FDC Central Office to ensure that Centurion’s renewal of the comprehensive healthcare contract is meeting expectations as well as to confirm that our understanding of contractual requirements is consistent with FDC expectations. Centurion will collaborate with the FDC on an ongoing, as-needed basis.

During Centurion’s initial meeting with the FDC healthcare services leadership, we will identify the process and timeframes for routine updates and communication with facility administration and medical staff. If additional written communications for FDC facility administration and staff are needed during the course of contract renewal, Centurion will collaborate with the FDC for distribution of timely updates.

Centurion proposes to schedule weekly meetings with FDC healthcare leadership during the contract renewal period to ensure effective communication and coordination of implementation activities. These face-to-face meetings will supplement the weekly conference calls and other communications.

As noted, **Victoria Love**, Centurion’s Chief Operating Officer, will lead the transition effort for Centurion. Ms. Love will maintain contact with designated FDC OHS leadership staff during the transition period. She will coordinate the activities of our transition teams, functional leads, and ancillary service providers. Ms. Love will be on site as often as necessary to guide the contract renewal. Contact will be as frequent as needed, up to and including daily calls if desired by FDC healthcare leadership.



Victoria Love, MS
Chief Operating Officer



Ruth Feltner, BA, CCHP
Statewide Vice President
of Operations

In addition to Ms. Love, our Statewide Vice President of Operations, **Ruth Feltner**, will provide oversight of program management and clinical functions. Ms. Feltner will work closely with Ms. Love to operationalize and implement clinical and operational goals at the regional office and each applicable FDC facility. She will also coordinate transition meetings with the FDC central office and site-level leader teams.

Staff Recruitment. **Gina Morris**, Senior Vice President of Talent Acquisition, has been with the company over 10 years and leads our team of over 50 full-time professional recruiters. Centurion will continue to dedicate recruiters to the FDC contract. 11 of these recruiters are dedicated to our FDC contract, four of whom live locally in Florida. These resources exceed those of any other company relative to our number of employees.



Gina Morris
Senior Vice President,
Talent Acquisition

Our human resources department supports our recruiting team by facilitating rapid on boarding and transitioning for new employees. As indicated in our program management organizational chart in response to Section 3.6.1, *Program*

Management Service Area, within Tab D, we will have human resource specialists dedicated to supporting the Centurion employees in Florida. If needed, additional human resource specialists will be available from our corporate resources to assist. We will be able to dispatch more recruiting and human resources personnel to focus on the renewal of the FDC healthcare program than will any other company.

As the current statewide comprehensive health services contractor for FDC, Centurion has already addressed most of the staffing vacancy concerns and is actively working to fill vacant positions. Centurion will be prepared to meet any recruitment needs that continue to arise following contract award.

Ancillary Services, Network Development. **Lisa Rossics**, Centurion's Senior Vice President of Network Development and Maintenance, coordinates Centurion's ancillary services and is responsible for sourcing local and national suppliers. Ms. Rossics also coordinates our relationships with hospitals, emergency services providers, and specialty care providers. We recognize these service providers as key stakeholders in our healthcare program. We work very closely with them to ensure that they have all the information they need to continue services successfully in the new contract. Centurion already has agreements with applicable hospitals, emergency departments, and network specialty providers. These will remain in place at the time of contract transition. Continuing services with our incumbent providers will contribute to continuity of care and will reduce the necessary steps in the contract renewal.



Lisa Rossics
Senior Vice President of
Network Development

Telehealth. Centurion understands how important the development of the telehealth program is to efficient provision of services and cost savings. The Department is fully aware of our success in implementing telepsychiatry services for the FDC. This program has grown rapidly since its implementation in October 2016. We are eager to discuss our plans for further telehealth expansion with the Department during negotiations. We will only expand telehealth services to the extent desired and authorized by the FDC.

Deployment of Centurion Transition Teams. In facilitating a smooth and coordinated transition of patient healthcare services for the new contract, Centurion will rely on the expertise of the operations team currently in place in Florida. To provide additional leadership and ensure current Centurion of Florida regional leadership are not diverted from existing day-to-day operations, we will rely on the services of Centurion administrative and clinical managers as needed.

G. Cost Savings for Other Requirements

Cost avoidances, reductions, and savings associated with this section of the ITN, *Other Requirements*, include efficiencies associated with retaining Centurion as the FDC's incumbent comprehensive healthcare services partner. We will continue providing quality comprehensive healthcare services through qualified, credentialed, well-trained staff in transparent, collaborative work with the FDC and all other stakeholders.

H. Value-Added Services for Other Requirements

As the incumbent provider of comprehensive healthcare services for the FDC, Centurion already manages all major transition activities and has designated or assigned staff to all areas of healthcare



services delivery. We have established positive relationships with Department representatives we will carry forward into a new contract to ensure a seamless new contract start-up. We have existing systems approved by the FDC for providing reports and communication and will use these existing avenues as we complete start-up or transition activities in the new contract. We currently have full responsibility for comprehensive healthcare services delivery.

As noted throughout our proposal and response to Tab D, ITN Section 3.6, Healthcare Services, we provide our planned staffing for the Florida program in the following order:

- Total program services rollup
- Reception and Medical Center rollup
- Region I rollup
- Region II rollup
- Region III rollup
- Region IV rollup

We have continuously operated the present contract, filling its over 3,000 positions for nearly seven years. In partnership with the Department, we have modified and adjusted our staffing plans over the years to accommodate the changing missions of institutions, the regional availability of professional staff, and even the demands of a global pandemic. The 2022 ITN contains requirements for new staff positions and reestablishes existing requirements for staff as well. In developing the staffing plans presented here, we examined every correctional institution in each region and adjusted our current staffing plans based upon new ITN requirements as well as upon a workforce landscape that looks quite different than it did seven years ago. We appreciate the partnership we have established with the State and are amenable to adjusting any of our suggested staffing plans to better fit the needs of the State, should the Department desire.

On the following pages, we provide a staffing plan rollup for every site currently open and listed in ITN Attachment II, *Service Locations*. Detailed staffing plans that depict days of the week and shifts per day are prepared and ready to share with the FDC during negotiations.

Centurion of Florida, LLC Staffing Matrix for Florida Department of Corrections

Total Program Rollup

Position	Region 1	Region 2	Region 3	Region 4	RMC	Regional Office	Total FTE(s)
Administrative Assistant	19.00	17.00	14.00	10.00	5.00	0.00	65.00
Clerk	8.00	10.00	14.00	10.00	10.00	5.00	57.00
Clerk – Mental Health	31.00	20.40	28.00	16.40	5.00	0.00	100.80
Activity Therapist	28.80	6.00	14.00	8.00	3.00	0.00	59.80
Assistant Health Services Administrator	2.00	2.00	2.00	0.00	0.00	0.00	6.00
Dental Assistant	40.00	32.00	30.00	18.00	9.00	0.00	129.00
Dental Hygienist	11.90	9.60	7.50	4.50	1.00	0.00	34.50
Dentist	23.50	19.00	20.50	12.50	4.00	0.00	79.50
Director of Nursing	18.00	14.00	13.00	7.00	2.00	0.00	54.00
Director of Nursing – Mental Health	2.00	1.00	3.00	1.00	1.00	0.00	8.00
Health Services Administrator	14.00	11.00	11.00	7.00	0.00	0.00	43.00
Licensed Practical Nurse	132.80	144.40	139.10	105.00	29.30	0.00	550.60
Licensed Practical Nurse – Mental Health	25.35	8.40	24.80	11.20	0.00	0.00	69.75
Medical Director	4.40	6.40	7.00	5.80	1.00	0.00	24.60
Medical Records Clerk	30.00	20.40	27.00	14.00	10.00	0.00	101.40
Medical Records Supervisor	5.00	6.00	3.00	4.00	1.00	0.00	19.00
Mental Health Administrator	1.00	0.00	0.00	0.00	0.00	0.00	1.00
Mental Health Director	3.00	4.00	5.00	3.00	0.00	0.00	15.00
Mental Health Professional – MA/MS	96.40	73.40	80.00	54.60	0.00	0.00	304.40
Certified Nursing Assistant	46.60	27.40	46.60	26.40	33.80	0.00	180.80
Certified Nursing Assistant – Mental Health	25.40	4.20	18.80	6.00	0.00	0.00	54.40
Physician MD/DO – Telehealth	1.80	1.60	1.00	1.20	2.00	0.00	7.60
Physician MD/DO – Physical Health	2.00	2.20	4.00	2.80	9.40	0.00	20.40
PA/NP – Physical Health	25.80	15.40	19.60	13.00	8.20	0.00	82.00
PA/NP – Urgent Care	4.00	7.00	6.00	3.00	1.00	0.00	21.00
PA/NP – Mental Health	14.10	8.90	11.60	11.10	3.00	0.00	48.70
Psychiatric Director	1.00	0.00	0.00	0.00	0.00	0.00	1.00
Psychiatrist	2.10	3.00	6.00	1.00	1.50	0.00	13.60
Psychologist	20.20	11.40	18.40	10.00	3.00	0.00	63.00
Psychology Program Intern/Resident	0.00	0.00	8.00	0.00	0.00	0.00	8.00
Reentry Specialist	8.00	7.00	6.00	7.00	2.00	0.00	30.00
Registered Nurse	98.40	87.40	83.90	57.20	38.10	0.00	365.00
Registered Nurse – Mental Health	33.20	16.00	36.40	18.60	5.20	0.00	109.40
Registered Nurse-Supervisor	4.00	5.40	6.80	5.40	5.20	0.00	26.80
Registered Nurse Supervisor – Mental Health	4.20	0.00	2.80	0.00	0.00	0.00	7.00
RN Nurse Manager	1.00	3.00	1.00	3.00	1.00	0.00	9.00
Secondary Screener	2.00	0.00	5.00	2.00	1.00	0.00	10.00
Telehealth Presenter	13.00	12.00	12.00	7.00	0.00	0.00	44.00
Scheduler	0.00	0.00	1.00	0.00	7.00	0.00	8.00

Centurion of Florida, LLC Staffing Matrix for Florida Department of Corrections

Total Program Rollup

Position	Region 1	Region 2	Region 3	Region 4	RMC	Regional Office	Total FTE(s)
Assistant Director of Nursing	0.00	0.00	0.00	0.00	1.00	0.00	1.00
Assistant Hospital Administrator	0.00	0.00	0.00	0.00	1.00	0.00	1.00
Clinical Risk Manager	0.00	0.00	0.00	0.00	1.00	0.00	1.00
EMR Specialist	0.00	0.00	0.00	0.00	1.00	0.00	1.00
Executive Nursing Director	0.00	0.00	0.00	0.00	1.00	0.00	1.00
Health Information Specialist/Medical Records Supervisor	0.00	0.00	0.00	0.00	1.00	0.00	1.00
Health Services Administrator	0.00	0.00	0.00	0.00	1.00	0.00	1.00
Hospital Administrator	0.00	0.00	0.00	0.00	1.00	0.00	1.00
Infection Control Nurse	0.00	0.00	0.00	0.00	2.00	0.00	2.00
Laboratory Technician	0.00	0.00	0.00	0.00	1.00	0.00	1.00
Lead Inventory Coordinator	0.00	0.00	0.00	0.00	1.00	0.00	1.00
Licensed Practical Nurse Medical	0.00	0.00	0.00	0.00	27.40	0.00	27.40
Licensed Practical Nurse Mental Health	0.00	0.00	0.00	0.00	1.00	0.00	1.00
Executive Medical Director	0.00	0.00	0.00	0.00	1.00	0.00	1.00
Mental Health Director	0.00	0.00	0.00	0.00	1.00	0.00	1.00
Mental Health Professional- MA/MS	0.00	0.00	0.00	0.00	10.00	0.00	10.00
Nephrologist****	0.00	0.00	0.00	0.00	1.00	0.00	1.00
Oral Surgeon	0.00	0.00	0.00	0.00	1.00	0.00	1.00
Pharmacy Consultant*****	0.00	0.00	0.00	0.00	1.00	0.00	1.00
Reentry Services Case Manager	0.00	0.00	0.00	0.00	3.00	0.00	3.00
Radiology Manager***	0.00	0.00	0.00	0.00	1.00	0.00	1.00
Radiology Technician***	0.00	0.00	0.00	0.00	3.00	0.00	3.00
Radiology Scheduler	0.00	0.00	0.00	0.00	1.00	0.00	1.00
Registered Nurse-Education	0.00	0.00	0.00	0.00	1.00	0.00	1.00
Registered Nurse-Infusion/Chemotherapy	0.00	0.00	0.00	0.00	3.00	0.00	3.00
Respiratory Therapist Supervisor	0.00	0.00	0.00	0.00	1.00	0.00	1.00
Respiratory Therapist	0.00	0.00	0.00	0.00	8.40	0.00	8.40
Statewide Medical Reentry Coordinator	0.00	0.00	0.00	0.00	1.00	0.00	1.00
Phlebotomist	0.00	0.00	0.00	0.00	4.00	0.00	4.00
Inventory Coordinator	0.00	0.00	0.00	0.00	2.00	0.00	2.00
Corporate Officer*	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Statewide VP of Operations	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Regional Director of Operations	0.00	0.00	0.00	0.00	0.00	6.00	6.00
Statewide Female Health Services Coordinator	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Regional Administrative Coordinator	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Statewide Medical Director	0.00	0.00	0.00	0.00	0.00	1.00	1.00

Centurion of Florida, LLC Staffing Matrix for Florida Department of Corrections

Total Program Rollup

Position	Region 1	Region 2	Region 3	Region 4	RMC	Regional Office	Total FTE(s)
Regional Medical Director	0.00	0.00	0.00	0.00	0.00	4.00	4.00
Physician – On Call	0.00	0.00	0.00	0.00	0.00	3.20	3.20
Physician – Float Pool	0.00	0.00	0.00	0.00	0.00	3.00	3.00
Statewide Utilization Management Medical Director	0.00	0.00	0.00	0.00	0.00	1.20	1.20
Statewide Utilization Management Lead	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Regional Utilization Management Nurse Inpatient	0.00	0.00	0.00	0.00	0.00	4.00	4.00
Regional Utilization Management Nurse Outpatient	0.00	0.00	0.00	0.00	0.00	5.00	5.00
Regional Utilization Management Referral Specialist	0.00	0.00	0.00	0.00	0.00	4.00	4.00
Statewide Infirmery Bed Manager	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Statewide Psychiatric Advisor	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Statewide Assistant Psychiatric Advisor	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Statewide Dental Director	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Statewide Dental Administrator	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Assistant Statewide Dental Administrator	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Regional Dental Administrative Coordinator	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Regional Dental Director	0.00	0.00	0.00	0.00	0.00	4.00	4.00
Statewide Director of Nursing	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Regional Director of Nursing	0.00	0.00	0.00	0.00	0.00	8.00	8.00
Regional Nurse Educator	0.00	0.00	0.00	0.00	0.00	3.00	3.00
RN – Float Pool	0.00	0.00	0.00	0.00	0.00	6.00	6.00
Statewide Mental Health Director	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Assistant Statewide Director of Mental Health Services	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Statewide Mental Health Reentry Coordinator	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Regional Mental Health Director	0.00	0.00	0.00	0.00	0.00	7.00	7.00
Statewide Mental Health Training Coordinator	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Mental Health Professional – Float Pool	0.00	0.00	0.00	0.00	0.00	4.00	4.00
Statewide Director of Mental Health Operations	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Administrative Assistant – Mental Health	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Statewide Pharmacy Program Director	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Statewide EMR Director	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Statewide EMR IT/OBIS Specialist	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Statewide EMR Project Manager	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Statewide EMR Business Analyst	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Statewide EMR Education Coordinator	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Regional EMR Education Coordinator	0.00	0.00	0.00	0.00	0.00	8.00	8.00
Regional EMR Specialist	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Regional EMR Application Administrator	0.00	0.00	0.00	0.00	0.00	3.00	3.00

Centurion of Florida, LLC Staffing Matrix for Florida Department of Corrections

Total Program Rollup

Position	Region 1	Region 2	Region 3	Region 4	RMC	Regional Office	Total FTE(s)
Statewide CQI Coordinator (Program Director)	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Regional QM Coordinator	0.00	0.00	0.00	0.00	0.00	3.00	3.00
Regional Mental Health QM Coordinator	0.00	0.00	0.00	0.00	0.00	3.00	3.00
Statewide Mortality Review Coordinator	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Statewide Hepatitis C Case Manager Lead	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Regional Hepatitis C Case Manager	0.00	0.00	0.00	0.00	0.00	4.00	4.00
Statewide Hepatitis C Data Entry Specialist	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Regional Infection Control Nurse	0.00	0.00	0.00	0.00	0.00	4.00	4.00
Statewide HR Director	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Regional HR Administrator	0.00	0.00	0.00	0.00	0.00	5.00	5.00
Regional HR Business Partner	0.00	0.00	0.00	0.00	0.00	4.00	4.00
Regional Associate HR Business Partner	0.00	0.00	0.00	0.00	0.00	3.00	3.00
Statewide Recruitment Coordinator	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Regional Recruitment Coordinator	0.00	0.00	0.00	0.00	0.00	4.00	4.00
Statewide Credential Coordinator	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Statewide IT Systems Administrator	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Statewide IT Support Lead	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Regional IT Supervisor	0.00	0.00	0.00	0.00	0.00	2.00	2.00
IT/EHR Help Desk	0.00	0.00	0.00	0.00	0.00	8.00	8.00
Regional Desktop Support	0.00	0.00	0.00	0.00	0.00	4.00	4.00
Regional Telehealth Coordinator	0.00	0.00	0.00	0.00	0.00	4.00	4.00
American Sign Language Staff Interpreter**	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Statewide Disabled/Impaired Inmate Coordinator	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Data Analyst	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Total All Shifts	802.95	616.90	737.80	466.70	286.50	164.40	3,075.25

* Corporate Officer - This position reflects Centurion's Chief Operating Officer.

** American Sign Language Staff Interpreter - This position will be provided by American Sign Language Services.

*** Radiology Manager and Technician are employees of our radiology subcontractor MobileX.

**** Nephrologist is an employee of Orion Medical Enterprises d/b/a Physicians Dialysis.

***** Pharmacy Consultant services are provided through our pharmacy consultant subcontractor Advanced Pharmacy Consultants.

Centurion of Florida Staffing Matrix for Florida Department of Corrections					
Reception and Medical Center (RMC)					
Position	RMC Hospital	RMC Main Unit	RMC Main Unit-IP	RMC West	Total FTE (s)
Activity Therapist	0.00	1.00	2.00	0.00	3.00
Administrative Assistant	3.00	1.00	0.00	1.00	5.00
Assistant Director of Nursing	0.00	1.00	0.00	0.00	1.00
Assistant Hospital Administrator	1.00	0.00	0.00	0.00	1.00
Certified Nursing Assistant	25.20	7.60	0.00	1.00	33.80
Clerk	3.00	7.00	0.00	0.00	10.00
Clerk – Mental Health	0.00	2.50	1.50	1.00	5.00
Clinical Risk Manager	1.00	0.00	0.00	0.00	1.00
Dental Assistant	0.00	7.00	0.00	2.00	9.00
Dental Hygienist	0.00	0.50	0.00	0.50	1.00
Dentist	0.00	3.00	0.00	1.00	4.00
Director of Nursing	1.00	1.00	0.00	0.00	2.00
Director of Nursing – Mental Health	0.00	0.00	1.00	0.00	1.00
EMR Specialist	1.00	0.00	0.00	0.00	1.00
Executive Medical Director	1.00	0.00	0.00	0.00	1.00
Executive Nursing Director	1.00	0.00	0.00	0.00	1.00
Health Information Specialist/Medical Records Supervisor	1.00	0.00	0.00	0.00	1.00
Health Services Administrator	0.00	1.00	0.00	0.00	1.00
Hospital Administrator	1.00	0.00	0.00	0.00	1.00
Infection Control Nurse	1.00	1.00	0.00	0.00	2.00
Inventory Coordinator	2.00	0.00	0.00	0.00	2.00
Laboratory Technician	1.00	0.00	0.00	0.00	1.00
Lead Inventory Coordinator	1.00	0.00	0.00	0.00	1.00
Licensed Practitioner Nurse Medical	6.00	18.00	0.00	3.40	27.40
Licensed Practitioner Nurse Mental Health	0.00	1.00	0.00	0.00	1.00
Licensed Practical Nurse	11.50	14.00	0.00	3.80	29.30
Licensed Practical Nurse – Mental Health	0.00	0.00	0.00	0.00	0.00
Medical Director	0.00	1.00	0.00	0.00	1.00
Medical Records Clerk	2.00	5.00	0.00	3.00	10.00
Medical Records Supervisor	0.00	1.00	0.00	0.00	1.00
Mental Health Director	0.00	0.00	1.00	0.00	1.00
Mental Health Professional – MA/MS	0.00	6.60	2.00	1.40	10.00
Mental Health Professional – MA/MS	0.00	0.00	0.00	0.00	0.00
Nephrologist***	1.00	0.00	0.00	0.00	1.00
Oral Surgeon	0.00	1.00	0.00	0.00	1.00
PA/NP – Mental Health	0.00	2.60	0.00	0.40	3.00
PA/NP – Physical Health	3.80	3.40	0.00	1.00	8.20
PA/NP – Urgent Care	0.00	1.00	0.00	0.00	1.00
Pharmacy Consultant*	1.00	0.00	0.00	0.00	1.00

Centurion of Florida Staffing Matrix for Florida Department of Corrections					
Reception and Medical Center (RMC)					
Position	RMC Hospital	RMC Main Unit	RMC Main Unit-IP	RMC West	Total FTE (s)
Phlebotomist	4.00	0.00	0.00	0.00	4.00
Physician MD/DO – Physical Health	2.80	6.60	0.00	0.00	9.40
Physician MD/DO –Telehealth	0.00	2.00	0.00	0.00	2.00
Psychiatrist	0.00	1.50	0.00	0.00	1.50
Psychologist	0.00	2.00	1.00	0.00	3.00
Radiology Manager**	1.00	0.00	0.00	0.00	1.00
Radiology Scheduler	0.00	1.00	0.00	0.00	1.00
Radiology Technician**	3.00	0.00	0.00	0.00	3.00
Reentry Services Case Manager	3.00	0.00	0.00	0.00	3.00
Reentry Specialist	0.00	1.00	1.00	0.00	2.00
Registered Nurse	22.00	10.40	0.00	5.70	38.10
Registered Nurse – Education	1.00	0.00	0.00	0.00	1.00
Registered Nurse – Infusion/Chemotherapy	0.00	3.00	0.00	0.00	3.00
Registered Nurse – Mental Health	0.00	1.00	4.20	0.00	5.20
Registered Nurse – Supervisor	4.20	1.00	0.00	0.00	5.20
RN Nurse Manager	0.00	0.00	0.00	1.00	1.00
Respiratory Therapist	8.40	0.00	0.00	0.00	8.40
Respiratory Therapist Supervisor	1.00	0.00	0.00	0.00	1.00
Scheduler	0.00	7.00	0.00	0.00	7.00
Secondary Screener	0.00	1.00	0.00	0.00	1.00
Statewide Medical Reentry Coordinator	1.00	0.00	0.00	0.00	1.00
Total All Shifts	120.90	125.70	13.70	26.20	286.50

* Pharmacy Consultant services are provided through our pharmacy consultant subcontractor Advanced Pharmacy Consultants

** Radiology Manager and Technician are employees of our radiology subcontractor MobileX

*** Nephrologist is an employee of Orion Medical Enterprises d/b/a Physicians Dialysis

Centurion of Florida, LLC Staffing Matrix for Florida Department of Corrections

Region 1

Position	Apalachee CI East	Apalachee CI West	Calhoun CI	Century CI	Franklin CI	Gadsden Re-Entry Center	Gulf CI	Holmes CI	Jackson CI	Jefferson CI	Liberty CI	Quincy Annex	NWFRFC	NWFRFC Annex	Okaloosa CI	Santa Rosa CI	Santa Rosa Annex	Santa Rosa Annex-IP	Wakulla CI	Wakulla Annex	Wakulla RCC at Annex	Wakulla RCC IP at Annex	Walton CI	Total FTE (s)
Activity Therapist	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.80	0.00	0.00	0.00	1.00	0.00	0.00	0.00	10.00	0.00	0.00	11.00	5.00	0.00	28.80
Administrative Assistant	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.00	1.00	1.00	1.00	1.00	1.00	0.00	1.00	1.00	0.00	0.00	1.00	19.00
Assistant Health Services Administrator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
Certified Nursing Assistant	3.00	1.00	2.40	2.40	2.00	0.00	3.40	2.00	4.00	3.00	2.00	0.00	3.00	4.00	2.00	3.40	1.00	0.00	3.00	2.00	1.00	0.00	2.00	46.60
Certified Nursing Assistant – Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8.40	0.00	0.00	10.40	6.60	0.00	25.40
Clerk	0.00	1.00	0.00	0.00	0.00	0.00	0.00	1.00	1.00	0.00	0.00	0.00	2.00	1.00	0.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00
Clerk – Mental Health	1.00	1.00	1.00	1.00	1.00	0.00	1.00	1.00	1.00	1.00	1.00	0.00	1.00	2.00	1.00	1.00	1.00	4.00	1.00	1.00	2.00	5.00	2.00	31.00
Dental Assistant	2.00	2.00	2.00	2.00	2.00	0.00	2.00	2.00	2.00	2.00	3.00	0.00	2.00	3.00	2.00	2.00	2.00	0.00	4.00	2.00	0.00	0.00	2.00	40.00
Dental Hygienist	0.50	0.50	1.00	0.50	1.00	0.00	1.00	0.80	0.50	0.50	1.00	0.00	0.50	0.50	0.60	0.50	0.50	0.00	0.50	0.50	0.00	0.00	1.00	11.90
Dentist	1.00	1.00	1.50	1.50	1.00	0.00	2.00	1.50	1.00	1.00	2.00	0.00	1.00	2.00	1.00	1.00	1.00	0.00	2.00	1.00	0.00	0.00	1.00	23.50
Director of Nursing	1.00	1.00	1.00	1.00	1.00	0.00	1.00	1.00	1.00	1.00	1.00	0.00	1.00	1.00	1.00	1.00	1.00	0.00	1.00	1.00	0.00	0.00	1.00	18.00
Director of Nursing – Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	1.00	0.00	2.00
Health Services Administrator	1.00	0.00	1.00	1.00	1.00	0.00	1.00	1.00	1.00	1.00	1.00	0.00	1.00	0.00	1.00	1.00	0.00	0.00	1.00	0.00	0.00	0.00	1.00	14.00
Licensed Practical Nurse	9.40	4.20	5.20	5.20	5.20	1.80	5.20	5.20	6.20	5.20	5.20	0.00	9.40	10.00	5.60	13.60	5.20	0.00	9.40	6.20	0.00	2.80	12.60	132.80
Licensed Practical Nurse – Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8.40	0.00	0.00	11.75	5.20	0.00	25.35
Medical Director	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.40	0.00	0.00	0.00	1.00	0.00	1.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	4.40
Medical Records Clerk	2.00	1.00	2.00	2.00	2.00	0.00	2.00	1.00	1.00	1.00	1.00	0.00	2.00	1.00	1.00	4.00	0.00	0.00	4.00	0.00	1.00	0.00	2.00	30.00

Centurion of Florida, LLC Staffing Matrix for Florida Department of Corrections

Region 1

Position	Apalachee CI East	Apalachee CI West	Calhoun CI	Century CI	Franklin CI	Gadsden Re-Entry Center	Gulf CI	Holmes CI	Jackson CI	Jefferson CI	Liberty CI	Quincy Annex	NWFRC	NWFRC Annex	Okaloosa CI	Santa Rosa CI	Santa Rosa Annex	Santa Rosa Annex-IP	Wakulla CI	Wakulla Annex	Wakulla RCC at Annex	Wakulla RCC IP at Annex	Walton CI	Total FTE (s)
Medical Records Supervisor	1.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	1.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	5.00
Mental Health Administrator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	1.00
Mental Health Director	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	1.00	0.00	3.00
Mental Health Professional – MA/MS	6.00	1.00	1.00	1.00	1.00	0.40	1.00	1.00	3.00	3.00	0.90	0.10	5.00	6.00	1.00	10.00	2.00	13.00	1.00	6.00	18.00	9.00	6.00	96.40
PA/NP – Mental Health	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.50	0.80	0.00	0.00	1.00	2.00	0.00	1.00	0.00	3.00	0.00	0.80	2.00	1.00	1.00	14.10
PA/NP-Physical Health	1.00	1.00	1.00	1.00	1.00	0.40	1.00	1.00	1.00	0.60	1.00	0.20	1.00	2.00	1.00	4.80	1.80	0.00	1.00	1.00	2.00	0.00	1.00	25.80
PA/NP-Urgent Care	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	1.00	0.00	0.50	0.50	0.00	0.00	0.00	4.00
Physician MD/DO – Physical Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
Physician MD/DO – Telehealth	0.00	0.00	0.20	0.20	0.20	0.00	0.20	0.20	0.20	0.00	0.20	0.00	0.00	0.00	0.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.20	1.80
Psychiatric Director	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	1.00
Psychiatrist	0.00	0.00	0.00	0.00	0.00	0.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00	0.00	0.00	0.00	0.00	0.00	2.10
Psychologist	1.00	0.00	0.00	0.00	0.00	0.20	0.00	0.00	1.00	1.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	6.00	0.00	2.00	3.50	3.50	1.00	20.20
Psychology Program Intern/Resident	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reentry Specialist	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	1.00	0.00	1.00	1.00	1.00	1.00	8.00
Registered Nurse	5.20	5.20	5.20	5.20	5.20	1.40	5.20	5.20	5.20	5.20	5.20	1.00	6.20	7.20	5.20	5.60	4.20	0.00	6.20	5.20	0.00	0.00	4.20	98.40
Registered Nurse Supervisor – Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.20	0.00	4.20

Centurion of Florida, LLC Staffing Matrix for Florida Department of Corrections

Region 1

Position	Apalachee CI East	Apalachee CI West	Calhoun CI	Century CI	Franklin CI	Gadsden Re-Entry Center	Gulf CI	Holmes CI	Jackson CI	Jefferson CI	Liberty CI	Quincy Annex	NWFCRC	NWFCRC Annex	Okaloosa CI	Santa Rosa CI	Santa Rosa Annex	Santa Rosa Annex-IP	Wakulla CI	Wakulla Annex	Wakulla RCC at Annex	Wakulla RCC IP at Annex	Walton CI	Total FTE (s)
Registered Nurse – Mental Health	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	1.00	0.00	0.00	1.00	1.00	0.00	1.00	0.00	10.40	0.00	1.00	8.20	6.60	1.00	33.20
Registered Nurse-Supervisor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	1.00	0.00	1.00	0.00	0.00	0.00	0.00	1.00	4.00
RN Nurse Manager	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
Secondary Screener	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
Telehealth Presenter	1.00	0.00	1.00	1.00	1.00	0.00	1.00	0.00	1.00	1.00	1.00	0.00	1.00	0.00	1.00	1.00	0.00	0.00	1.00	0.00	0.00	0.00	1.00	13.00
Total All Shifts	43.10	20.90	26.50	26.00	25.60	6.30	29.00	25	32.60	31.50	26.50	1.30	46.10	47.70	24.60	57.90	23.70	69.20	38.60	32.20	71.85	53.90	43.00	802.95

Centurion of Florida, LLC Staffing Matrix for Florida Department of Corrections

Region 2

Position	Baker ReEntry Center	Columbia CI	Columbia Annex	Cross City CI	Florida State Prison	Hamilton CI	Hamilton Annex	Lancaster CI	Lawtey CI	Madison CI	Mayo Annex	Putnam CI	Suwannee CI	Suwannee CI IP	Suwannee Annex	Taylor CI	Tomoka CI	Union CI	Total FTE (s)
Activity Therapist	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6.00	0.00	0.00	0.00	0.00	6.00
Administrative Assistant	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.00	1.00	1.00	1.00	1.00	17.00
Assistant Health Services Administrator	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	2.00
Certified Nursing Assistant	0.00	2.00	2.00	2.00	2.00	1.00	2.00	1.00	1.00	1.00	1.00	0.00	2.00	0.00	2.00	2.00	2.00	4.40	27.40
Certified Nursing Assistant – Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.20	0.00	0.00	0.00	0.00	4.20
Clerk	0.00	1.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	1.00	1.00	0.00	1.00	0.00	1.00	1.00	1.00	2.00	10.00
Clerk – Mental Health	0.40	1.00	1.00	1.00	2.00	1.00	1.00	1.00	0.00	1.00	1.00	0.00	1.00	5.00	0.00	1.00	1.00	2.00	20.40
Dental Assistant	0.00	3.00	2.00	2.00	2.00	1.00	2.00	2.00	2.00	2.00	2.00	1.00	2.00	0.00	2.00	2.00	2.00	3.00	32.00
Dental Hygienist	0.00	0.50	0.50	1.00	1.00	0.50	0.50	0.00	0.00	0.60	1.00	0.00	0.50	0.00	0.50	1.00	1.00	1.00	9.60
Dentist	0.00	2.00	1.50	1.50	1.50	0.50	1.00	1.00	1.00	1.00	1.00	0.50	1.00	0.00	1.00	1.50	1.00	2.00	19.00
Director of Nursing	0.00	1.00	1.00	1.00	1.00	1.00	1.00	0.00	1.00	1.00	1.00	0.00	1.00	0.00	1.00	1.00	1.00	1.00	14.00
Director of Nursing – Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	1.00
Health Services Administrator	0.00	1.00	0.00	1.00	1.00	0.00	1.00	0.00	1.00	1.00	1.00	0.00	1.00	0.00	0.00	1.00	1.00	1.00	11.00
Licensed Practical Nurse	1.80	8.00	9.40	7.00	15.40	6.20	10.80	5.60	5.20	7.60	9.00	2.80	13.60	0.00	9.40	7.20	9.40	16.00	144.40
Licensed Practical Nurse – Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8.40	0.00	0.00	0.00	0.00	8.40
Medical Director	0.00	0.00	1.00	0.00	0.80	0.00	1.00	0.00	0.00	0.50	0.50	0.00	1.00	0.00	0.00	0.00	0.60	1.00	6.40
Medical Records Clerk	0.00	1.00	1.00	1.00	2.00	1.00	2.00	1.00	1.00	1.00	1.00	0.40	2.00	0.00	2.00	1.00	1.00	2.00	20.40

Centurion of Florida, LLC Staffing Matrix for Florida Department of Corrections

Region 2

Position	Baker ReEntry Center	Columbia CI	Columbia Annex	Cross City CI	Florida State Prison	Hamilton CI	Hamilton Annex	Lancaster CI	Lawtey CI	Madison CI	Mayo Annex	Putnam CI	Suwannee CI	Suwannee CI IP	Suwannee Annex	Taylor CI	Tomoka CI	Union CI	Total FTE (s)
Medical Records Supervisor	0.00	1.00	0.00	0.00	1.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	1.00	0.00	1.00	6.00
Mental Health Administrator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mental Health Director	0.00	1.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	1.00	4.00
Mental Health Professional-MA/MS	0.40	5.00	5.00	1.00	15.00	1.00	6.00	2.00	0.60	1.00	1.00	0.40	7.00	10.00	4.00	1.00	5.00	8.00	73.40
PA/NP – Mental Health	0.00	1.00	1.00	0.00	1.00	0.50	1.00	0.40	0.00	0.00	0.00	0.00	0.00	2.00	0.00	0.00	1.00	1.00	8.90
PA/NP – Physical Health	0.40	0.50	0.50	1.00	2.00	0.50	0.50	1.00	1.00	1.00	1.00	0.00	1.00	0.00	1.00	1.00	1.00	2.00	15.40
PA/NP – Urgent Care	0.00	1.00	1.00	0.00	0.00	1.00	1.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	1.00	1.00	0.00	7.00
Physician MD/DO – Physical Health	0.00	0.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.40	0.00	0.00	1.00	0.00	0.00	0.00	2.20
Physician MD/DO – Telehealth	0.20	0.00	0.00	0.40	0.00	0.00	0.00	0.20	0.20	0.00	0.00	0.00	0.00	0.00	0.00	0.60	0.00	0.00	1.60
Psychiatric Director	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Psychiatrist	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00	0.00	0.00	0.00	0.00	3.00
Psychologist	0.00	0.00	1.00	0.00	2.00	1.00	0.00	0.40	0.00	0.00	0.00	0.00	1.00	3.00	1.00	0.00	1.00	1.00	11.40
Psychology program Intern/Resident	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reentry Specialist	0.00	0.50	0.50	0.00	1.00	0.50	0.50	0.00	0.00	0.00	0.00	0.00	1.00	1.00	0.00	0.00	1.00	1.00	7.00
Registered Nurse	1.40	5.20	6.20	5.20	8.00	4.20	5.20	4.20	4.20	5.20	5.20	2.80	6.00	0.00	5.60	5.20	5.20	8.40	87.40
Registered Nurse Supervisor – Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Centurion of Florida, LLC Staffing Matrix for Florida Department of Corrections

Region 2

Position	Baker ReEntry Center	Columbia CI	Columbia Annex	Cross City CI	Florida State Prison	Hamilton CI	Hamilton Annex	Lancaster CI	Lawtey CI	Madison CI	Mayo Annex	Putnam CI	Suwannee CI	Suwannee CI IP	Suwannee Annex	Taylor CI	Tomoka CI	Union CI	Total FTE (s)
Registered Nurse – Mental Health	0.00	1.00	1.00	0.00	1.00	0.00	1.00	0.40	0.00	0.00	0.00	0.00	1.00	7.60	1.00	0.00	1.00	1.00	16.00
Registered Nurse – Supervisor	0.00	1.40	0.00	0.00	0.00	0.00	1.00	1.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	1.00	5.40
RN Nurse Manager	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	3.00
Secondary Screener	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Telehealth Presenter	0.00	1.00	0.00	1.00	1.00	1.00	0.00	1.00	1.00	1.00	1.00	0.00	1.00	0.00	0.00	1.00	1.00	1.00	12.00
Total All Shifts	6.60	40.90	37.60	27.10	63.70	22.90	41.50	24.20	20.20	26.90	28.70	10.30	48.10	51.20	34.50	30.50	39.20	62.80	616.90

Centurion of Florida, LLC Staffing Matrix for Florida Department of Corrections

Region 3

Position	Avon Park CI	Central Florida Reception Centre	CFRC East Unit	CFRC South Unit	Desoto Annex	FL Women's Reception Center	FL Women's Rec Center-IP	Hardee CI	Hernando CI	Lake CI	Lake CI-IP	Lowell CI	Lowell Annex	Marion CI	Polk CI	Sumter CI	Zephyrhills CI	Zephyrhills CI-IP	Total FTE (s)
Activity Therapist	0.00	1.00	0.00	0.00	0.00	2.00	2.00	0.00	0.00	0.00	6.00	0.00	0.00	0.00	0.00	0.00	0.00	3.00	14.00
Administrative Assistant	1.00	1.00	1.00	0.00	1.00	1.00	0.00	1.00	1.00	1.00	0.00	1.00	1.00	1.00	1.00	1.00	1.00	0.00	14.00
Asstistant Health Services Administrator	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
Certified Nursing Assistant	2.00	4.80	1.00	1.40	2.00	4.00	0.00	2.00	1.00	3.00	0.00	12.00	0.00	3.00	3.00	1.00	3.40	3.00	46.60
Certified Nursing Assistant – Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	3.80	0.00	0.00	0.00	11.20	0.00	0.00	0.00	0.00	0.00	0.00	3.80	18.80
Clerk	1.00	1.00	0.00	0.00	1.00	3.00	0.00	1.00	0.00	0.00	0.00	0.00	3.00	1.00	1.00	1.00	1.00	0.00	14.00
Clerk – Mental Health	1.00	2.00	1.00	0.00	1.00	2.00	3.00	2.00	1.00	1.00	3.00	1.00	3.00	1.00	1.00	1.00	2.00	2.00	28.00
Dental Assistant	2.00	3.00	2.00	0.00	3.00	3.00	0.00	3.00	1.00	1.00	0.00	2.00	2.00	3.00	2.00	2.00	1.00	0.00	30.00
Dental Hygienist	0.50	0.50	0.50	0.00	1.00	0.50	0.00	1.00	0.00	0.00	0.00	0.50	0.50	1.00	0.50	1.00	0.00	0.00	7.50
Dentist	1.50	2.00	1.00	0.00	2.00	2.00	0.00	2.00	0.50	0.50	0.00	1.50	1.50	2.00	1.50	1.50	1.00	0.00	20.50
Director of Nursing	1.00	1.00	0.50	0.50	1.00	1.00	0.00	1.00	0.00	1.00	0.00	1.00	1.00	1.00	1.00	1.00	1.00	0.00	13.00
Director of Nursing – Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	3.00
Health Services Administrator	1.00	1.00	0.00	0.00	1.00	1.00	0.00	1.00	0.00	1.00	0.00	0.00	1.00	1.00	1.00	1.00	1.00	0.00	11.00
Licensed Practical Nurse	8.00	17.40	4.20	4.20	7.00	15.00	0.00	10.40	5.90	7.00	0.00	12.20	18.20	7.00	7.00	7.60	8.00	0.00	139.10
Licensed Practical Nurse – Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	4.20	0.00	0.00	0.00	12.20	0.00	0.00	0.00	0.00	0.00	0.00	8.40	24.80
Medical Director	0.50	1.00	0.00	0.00	0.50	0.50	0.00	0.50	0.00	1.00	0.00	0.50	0.00	1.00	0.50	0.00	1.00	0.00	7.00
Medical Records Clerk	1.00	3.00	1.00	0.00	2.00	3.00	0.00	2.00	1.00	2.00	0.00	6.00	0.00	1.00	1.00	2.00	2.00	0.00	27.00
Medical Records Supervisor	0.00	1.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	3.00

Centurion of Florida, LLC Staffing Matrix for Florida Department of Corrections

Region 3

Position	Avon Park CI	Central Florida Reception Centre	CFRC East Unit	CFRC South Unit	Desoto Annex	FL Women's Reception Center	FL Women's Rec Center-IP	Hardee CI	Hernando CI	Lake CI	Lake CI-IP	Lowell CI	Lowell Annex	Marion CI	Polk CI	Sumter CI	Zephyrhills CI	Zephyrhills CI-IP	Total FTE (s)	
Mental Health Administrator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mental Health Director	0.00	1.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	1.00	0.00	1.00	0.00	0.00	0.00	0.00	1.00	1.00	5.00
Mental Health Professional – MA/MS	1.00	9.50	2.00	0.50	2.00	9.00	4.00	5.00	2.00	3.00	14.00	5.00	10.00	3.00	1.00	1.00	2.00	6.00	6.00	80.00
PA/NP – Mental Health	0.00	2.00	0.00	0.00	0.00	0.60	1.00	0.00	0.40	1.00	2.00	1.00	2.00	0.60	0.00	0.00	1.00	0.00	0.00	11.60
PA/NP – Physical Health	1.00	4.00	1.00	1.00	1.00	3.00	0.00	1.00	1.00	0.00	0.00	1.00	1.00	1.00	1.00	1.00	1.60	0.00	0.00	19.60
PA/NP – Urgent Care	0.00	0.00	0.00	0.00	1.00	0.00	0.00	1.00	0.00	0.00	0.00	1.00	1.00	1.00	0.00	1.00	0.00	0.00	0.00	6.00
Physician MD/DO – Physical Health	0.00	1.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	1.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	4.00
Physician MD/DO – Telehealth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.20	0.00	0.00	0.00	0.00	0.00	0.00	0.80	0.00	0.00	0.00	1.00
Psychiatric Director	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Psychiatrist	0.00	1.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	2.00	0.00	1.00	0.00	0.00	0.00	0.00	1.00	1.00	6.00
Psychologist	0.00	1.00	0.00	0.00	0.00	2.00	2.00	1.00	0.40	1.00	4.00	1.00	2.00	1.00	0.00	0.00	1.00	2.00	2.00	18.40
Psychology Program Intern/Resident	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.00	4.00	4.00	8.00
Reentry Specialist	0.00	1.00	0.00	0.00	0.00	0.50	0.50	0.00	0.00	0.00	1.00	0.50	0.50	1.00	0.00	0.00	0.50	0.50	0.50	6.00
Registered Nurse	5.20	8.40	4.20	4.20	5.20	6.00	0.00	5.60	3.10	5.20	0.00	7.00	7.60	5.20	5.20	5.20	6.60	0.00	0.00	83.90
Registered Nurse Supervisor – Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.80
Registered Nurse – Mental Health	0.00	1.00	0.00	0.00	0.00	1.00	8.40	1.00	0.40	1.00	11.20	1.00	1.00	1.00	0.00	0.00	1.40	8.00	8.00	36.40

Centurion of Florida, LLC Staffing Matrix for Florida Department of Corrections

Region 3

Position	Avon Park CI	Central Florida Reception Centre	CFRC East Unit	CFRC South Unit	Desoto Annex	FL Women's Reception Center	FL Women's Rec Center-IP	Hardee CI	Hernando CI	Lake CI	Lake CI-IP	Lowell CI	Lowell Annex	Marion CI	Polk CI	Sumter CI	Zephyrhills CI	Zephyrhills CI-IP	Total FTE (s)
Registered Nurse – Supervisor	0.00	1.00	0.50	0.50	0.00	1.00	0.00	1.00	0.00	0.00	0.00	1.40	1.40	0.00	0.00	0.00	0.00	0.00	6.80
RN Nurse Manager	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
Secondary Screener	0.00	3.00	0.00	0.00	0.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.00
Scheduler	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
Telehealth Presenter	1.00	1.00	0.00	0.00	1.00	1.00	0.00	1.00	1.00	1.00	0.00	1.00	0.00	1.00	1.00	1.00	1.00	0.00	12.00
Total All Shifts	28.70	74.60	20.90	12.30	32.70	67.10	30.90	43.50	20.90	31.70	71.40	60.60	60.70	37.80	28.70	30.10	41.50	43.70	737.80

Centurion of Florida, LLC Staffing Matrix for Florida Department of Corrections

Region 4

Position	Charlotte CI	Dade CI	Dade CI-IP	Everglades CI	Everglades Re-Entry Center	Homestead CI	Martin CI	Okeechobee CI	Sago Palm Re-Entry Center	SFRC	SFRC South Unit	Total FTE (s)
Activity Therapist	0.00	0.00	7.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	8.00
Administrative Assistant	1.00	1.00	0.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	10.00
Assistant Health Services Administrator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Certified Nursing Assistant	3.00	2.00	0.00	2.00	0.00	1.00	3.00	2.00	0.00	12.40	1.00	26.40
Certified Nursing Assistant – Mental Health	0.00	0.00	6.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6.00
Clerk	1.00	1.00	0.00	1.00	0.00	1.00	1.00	1.00	0.00	3.00	1.00	10.00
Clerk – Mental Health	3.00	1.00	6.00	1.00	0.40	1.00	1.00	1.00	0.00	2.00	0.00	16.40
Dental Assistant	2.00	2.00	0.00	3.00	0.00	1.00	3.00	3.00	0.00	3.00	1.00	18.00
Dental Hygienist	0.50	1.00	0.00	1.00	0.00	0.00	1.00	1.00	0.00	0.00	0.00	4.50
Dentist	1.00	1.50	0.00	2.50	0.00	0.50	2.00	2.00	0.00	2.00	1.00	12.50
Director of Nursing	1.00	1.00	0.00	1.00	0.00	1.00	1.00	1.00	0.00	1.00	0.00	7.00
Director of Nursing – Mental Health	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
Health Services Administrator	1.00	1.00	0.00	1.00	0.00	1.00	1.00	1.00	0.00	1.00	0.00	7.00
Licensed Practical Nurse	19.60	13.20	0.00	10.40	1.80	5.60	12.20	6.60	1.80	29.60	4.20	105.00
Licensed Practical Nurse – Mental Health	0.00	0.00	11.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11.20
Medical Director	1.00	1.00	0.00	0.80	0.20	0.00	0.80	1.00	0.00	1.00	0.00	5.80
Medical Records Clerk	2.00	2.00	0.00	2.00	0.00	1.00	2.00	2.00	0.00	2.00	1.00	14.00
Medical Records Supervisor	1.00	1.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	1.00	0.00	4.00
Mental Health Administrator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mental Health Director	1.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	3.00
Mental Health Professional – MA/MS	14.00	7.00	10.00	4.00	0.40	4.00	5.00	2.00	0.20	8.00	0.00	54.60
PA/NP – Mental Health	1.60	1.00	3.00	0.90	0.10	1.00	1.00	0.00	0.00	2.50	0.00	11.10
PA/NP – Physical Health	1.00	2.00	1.00	1.60	0.40	1.00	0.80	0.80	0.40	4.00	0.00	13.00
PA/NP – Urgent Care	0.00	1.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	1.00	0.00	3.00
Physician MD/DO – Physical Health	0.00	0.00	0.00	0.00	0.00	0.00	0.80	0.00	0.00	1.00	1.00	2.80
Physician MD/DO – Telehealth	0.00	0.00	0.00	0.00	0.00	0.20	0.00	0.80	0.20	0.00	0.00	1.20
Psychiatric Director	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Psychiatrist	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
Psychologist	1.00	2.00	3.00	1.00	0.00	1.00	1.00	0.00	0.00	1.00	0.00	10.00
Psychology Program Intern/Resident	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reentry Specialist	1.00	1.00	1.00	1.00	0.00	1.00	1.00	0.00	0.00	1.00	0.00	7.00

Centurion of Florida, LLC Staffing Matrix for Florida Department of Corrections

Region 4

Position	Charlotte CI	Dade CI	Dade CI-IP	Everglades CI	Everglades Re-Entry Center	Homestead CI	Martin CI	Okeechobee CI	Sago Palm Re-Entry Center	SFRC	SFRC South Unit	Total FTE (s)
Registered Nurse	7.00	7.00	0.00	6.60	1.40	4.20	5.60	5.20	1.40	14.60	4.20	57.20
Registered Nurse Supervisor – Mental Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Registered Nurse – Mental Health	1.00	1.00	12.60	1.00	0.00	1.00	1.00	0.00	0.00	1.00	0.00	18.60
Registered Nurse – Supervisor	0.00	1.40	0.00	1.00	0.00	0.00	0.00	1.00	0.00	2.00	0.00	5.40
RN Nurse Manager	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	1.00	0.00	1.00	3.00
Secondary Screener	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00	0.00	2.00
Telehealth Presenter	1.00	1.00	0.00	1.00	0.00	1.00	1.00	1.00	0.00	1.00	0.00	7.00
Total All Shifts	65.70	53.10	63.80	44.80	6.70	28.50	48.20	33.40	6.00	100.10	16.40	466.70

Tab E – Implementation Plan

Tab E Implementation Plan (limit 30 pages)

To ensure complete and successful implementation of services and a smooth transition into the Contract, the Successful Vendor shall provide a Preliminary Implementation Plan (Plan). This Plan outlines key activities that must be completed while working with the Department during any transition period. A Vendor shall describe in detail their Plan for:

- a. On-boarding of staff and other resources;
- b. Implementing new services, to include a breakdown by service area;
- c. Network establishment for any data services;
- d. Collaboration with Department stakeholders;
- e. Any other required activity relating to the implementation of services under the Contract; and
- f. Estimated Implementation Schedule.

Consistent with ITN requirements, Centurion is providing a preliminary implementation plan as referenced in ITN Section 4.9, *Contents of Reply Submittals, Tab E, Implementation Plan*. At a minimum, our implementation plan includes the following required elements to the extent that they are not already in place as the current provider of comprehensive healthcare services for the FDC:

- Onboarding of staff and other resources
- Implementing new services, to include a breakdown by service area
- Network establishment for any data services
- Collaboration with Department stakeholders
- Any other required activity related to the implementation of services under the contract
- Estimated implementation schedule

As required in ITN Section 3.6.11.3, *Transition and Implementation Plan*, our implementation plan includes a list of major transition activities, with responsible parties and timelines. Centurion will continue to provide or implement required contract services on July 1, 2023. To the extent necessary due to our incumbent status, our implementation plan includes provisions for the following:

- Oversight of program management and clinical functions
- Human resources
- Setting up a provider network and ancillary services
- Utilization management
- Quality management
- Financial management
- Claims/invoice processing
- Reporting
- Licenses and permits
- Equipment and supplies
- Information technology
- Target transition dates for each institution and associated satellite facilities covered in the ITN



In addition, Centurion is prepared to meet the following ITN implementation plan deliverables:

- Within three days after the contract start date, meet with the Department to finalize the implementation plan
- Provide regular reports to the Department on the status of filling positions and the transition in general
- Submit our *Final Transition and Implementation Plan* to the Department for approval within 15 days after the contract execution date
- Continue the provision of healthcare services to the Department's incarcerated population consistent with the approved final transition and implementation plan
- Maintain full responsibility for comprehensive healthcare service delivery within 90 days of the contract execution date, or on a date agreed upon in writing between Centurion and the Department

As the current statewide provider for medical, dental, mental health, and all other healthcare services covered under this procurement, we are well prepared to transition our existing operation of services to the new contract. We have a record of success in transitioning healthcare services for the FDC over the past six years. From April through May 2016, we transitioned medical and mental health services in Region I, Region II, and most of Region III. In March 2017, we transitioned dental services in the same facilities. In June 2017, we transitioned medical, mental health, and dental services for the remainder of South Florida. In the last procurement cycle, we then transitioned to our current contract for these same services in 2018.

With this history of successful healthcare service transitions, and our unwavering commitment to partner closely with the Department, we can assure the FDC of a seamless continuation of comprehensive healthcare services throughout the state in the new contract. We appreciate that the Department choose to consolidate the delivery of comprehensive healthcare services with one vendor. With healthcare staff, service processes, and support infrastructure already in place, our transition efforts for the new contract can focus on the FDC's contract goals, including enhancement of existing services and multidisciplinary collaboration. In particular, the focus of our transition activities to the new contract will be to support the Department's healthcare goals, as follows:

- Reducing patient mortality where early detection and appropriate, timely treatment could have avoided preventable mortality
- Ensuring that incarcerated individuals in special housing have access to and receive the same level of care as individuals in general population
- Improving our provision of assessment, development, and implementation of mental health treatment at all levels and settings of care
- Reducing the volume of healthcare grievances submitted by incarcerated individuals and litigation related to healthcare services
- Improving wait times for consultations, diagnostic testing, and treatment
- Reducing the use of unsecured community hospital units and increasing the use of secured community hospital units to alleviate the need for additional security staff resources and overtime



- Ensuring individuals are prepared for continued medical care and supportive services, where appropriate, upon their release back into the community
- Maximizing technology and efficiencies to provide enhanced services at reduced costs, including the establishment and expansion of academic partnerships

Implementation Experience with the FDC

During the 2016 transition in Region I, Region II, and most of Region III, Centurion successfully transitioned healthcare services for 54 institutions, 72,000 incarcerated individuals, and nearly 1,800 FTEs. We did so in just over four weeks, in accordance with the timeframe and schedule established by the FDC. Our corporate and statewide regional resources supported this successful transition of healthcare services. Immediately upon contract award, we began filling numerous vacant and proposed staff positions in a brief amount of time and ensured that staff received the training and resources they needed to succeed. Consequently, the FDC's healthcare service delivery system has experienced considerable improvements over the past six years. This success is characteristic of Centurion transitions.

For the 2018 contract transition, Centurion was the incumbent provider for comprehensive healthcare services across all four regions of the State. Because of this, with the exception of eventually transitioning to the Fusion EMR system, there were few significant healthcare service transitions required to maintain seamless operations. We anticipate a similar smooth transition to the new contract in 2023. Centurion will continue to work closely with the Department and EMR vendor to monitor and enhance the EMR system that we implemented in late 2021.

As a key component of Centurion contract startup or renewal efforts, we deploy the staff, resources, and time necessary to provide an efficient and thorough transition. Our teams meet individual wardens, discuss the transition process and expectations of the local FDC leadership team, and offer each warden a point of contact throughout the transition process for receiving responses to questions that arise whenever there is a contract transition.

We also provide an immediate point of contact for all healthcare staff impacted by the contract award. While we anticipate that current Centurion healthcare staff will have minimal concerns during the 2023 renewal transition, we will deploy necessary regional and corporate support to ensure communication and services are uninterrupted.

Although it is our practice to develop a project plan for each transition detailing high-level milestones, deliverables, key activities, and the people responsible, we do not believe we need such a plan given we are the incumbent vendor and will be renewing existing services rather than transitioning services.

Nonetheless, as required in the ITN, Centurion has provided a *Preliminary Implementation Plan* within Tab E, following our narrative response. Our implementation plan assumes a 90-day transition period from contract award to start date and includes targeted transition timeframes. As the incumbent provider for comprehensive healthcare services at the FDC, many of the usual contract transition activities are already completed and in place. We will not need to undertake the substantial human resources, IT, training/orientation efforts that we previously conducted when the Department first awarded the contract to Centurion.



Our goal through contract renewal will be to focus on realigning resources and reducing staff anxiety to avoid staff turnover. Centurion is committed to informing and engaging FDC's Office of Health Services (OHS) and facility-level leadership teams as we realign our staffing and other resources through the contract renewal process.

Highlighted below is a summary of Centurion's implementation activities that we have already achieved for the FDC through our prior contract transitions for the Department.

- Development, submission, and use of an implementation and ongoing communication plan with the FDC, subcontractor, site staff, and others
- Initial and ongoing transition meetings with the FDC central and local leadership staff
- Completion of initial and follow-up site visits with local FDC wardens or designees
- Review and finalization of all healthcare operational issues (i.e., staffing matrix, pay scales, on-call schedules, etc.)
- Outreach to recruit and hire incumbent healthcare staff
- Human resource services, including recruitment, hiring, credentialing, and onboarding of staff needed to fill required positions
- Staff and provider new employee orientation and other required training
- Submission, review, approval, and implementation of all medical, behavioral health, dental, and pharmaceutical service clinical protocols in alignment with FDC policies, contract requirements, and other Department directives
- Development and implementation of all special service provider networks and ancillary services (i.e., laboratory, radiology, EKG, hearing aids/audiology, and others)
- Development of effective communication and systems integration with Florida State Pharmacy Department
- Development of effective communication and coordination of care with the Florida Department of Health and county health departments for treatment of patients suffering from sexually transmitted disease, including HIV/AIDS, and optimizing access to 340B
- Development of effective communication
- Development and implementation of telehealth infrastructure, equipment, software, and other required resources
- Development and implementation of claims and invoicing services and protocols
- Development and implementation of finance/accounting management protocols and reports
- Development and implementation of quality management and utilization management teams and protocols in alignment with FDC priorities and requirements
- Development and implementation of tracking and reporting systems for staffing, service utilization, utilization management, invoicing, claims, finance/accounting, and other reporting requirements

Accomplishment Highlights Since Centurion's Previous Contract Transition

In addition to our successful transition activities noted above, Centurion has made significant contributions to the enhancement of the FDC's healthcare operational environment. These achievements have reduced the need for significant immediate transition activities to commence the new contract.

Highlights of these accomplishments include, but are not limited to, the following:

- In collaboration with the Department, developed and implemented the FDC's first statewide EMR system in 2021; the largest private vendor correctional EMR transition in the nation
- Recruited and hired over 280 new healthcare staff within the first two months of operations in 2017, significantly reducing the high healthcare staff vacancy rate
- Replaced obsolete, missing, or non-functional dental equipment with new, technologically advanced equipment that significantly improved service access, service quality, and operating efficiencies
- Development of hospital networks including agreements with Memorial Hospital in Jacksonville and North Shore Medical Center in Miami, to prioritize placement of patients in secure hospital units
- Developed and implemented enhanced Information Technology infrastructure, equipment, and related resources to support our EMR and telehealth services, including over 3,000 new computers and related IT equipment to support the EMR implementation
- Added point-of-care ultrasound services using the Kosmos ultrasound device at three FDC facilities, with plans for two more in near future
- Implemented new technologies, such as *Focus on Wellness*, a telephonic disease and lifestyle management service available through Centene Shared Services for patients with complex and/or difficult to manage conditions, such as diabetes, in Region 4. In 2021, 30 participants in this program at four FDC facilities achieved an average A1c reduction of 0.9 points.
- In collaboration with the FDC in 2018, reviewed and recommended formulary medication changes and other pharmaceutical cost saving initiatives that resulted in approximately \$5 million in medication cost-avoidances for the FDC
- In 2018 – 2019, recommended medication cost avoidance initiatives for biologics/biosimilars, inhalers, topical corticosteroids and other chronic illness medications, with the support of the P&T committee, resulting in annual medication cost avoidances for the FDC of \$2.3 million. Centurion has continued to monitor these initiatives to ensure ongoing cost-avoidances
- In 2021, in spite of a nationwide healthcare staffing shortage, we hired 1,023 new employees for our FDC contract, bringing our total employee count to nearly 3,500 employees
- In collaboration with the FDC, Centurion helped develop and implement specialized mental health treatment units in Florida. At Wakulla CI, we helped implement a diversion treatment unit, a secure treatment unit, and a cognitive treatment unit. At the Florida Women's Reception Center, we helped implement their diversion treatment unit. These specialized, outpatient residential programs helped free up bed space at some of the inpatient mental health units
- In 2022, in collaboration with the FDC, reexamined and expanded the keep-on-person (KOP) medication program to support optimization of patient autonomy, accountability and responsibility, and improve medication administration efficiency

A. On-boarding of Staff and Other Resources

Initiation of Transition upon Notification of Contract Award. As the incumbent statewide comprehensive healthcare services provider, we have provided the FDC with a condensed contract renewal plan. We do not anticipate any complications as we renew and enhance our current contracted healthcare services with the FDC. However, we take pride in our ability to coordinate smooth contract transitions, including contract renewals. As such, Centurion's statewide and corporate level resources that we typically make available for contract transitions will continue to support the new healthcare services contract at FDC. Based on the Department's current timetable, we anticipate initiating the new contract transition immediately after the FDC's formal contract award in March 2023, with an anticipated start date of July 1, 2023.

Our initial and ongoing focus will be immediate recruitment of any new staffing needs at FDC facilities or in our regional office. Because we will not have to concentrate on the many other aspects of transition such as network providers, ancillary services and new employee training, we will be able to focus on the Department's broader goals for this procurement and any remaining EMR enhancement activities from the current contract.

During the agreed-upon transition period for the new contract, Centurion will systematically review our healthcare services across the state to ensure service delivery is consistent with the new contract. Our management team, led by **Victoria Love**, Chief Operating Officer and former Regional Vice President, will continue to direct the activities of onsite Centurion teams and coordinate the services of ancillary service providers. This process will allow Centurion of Florida's leadership to identify site-specific and region-wide processes and needs.

While interface with the institutional administration and healthcare staff is critical during times of renewal, we will ensure continuation of transparent communication with the FDC's OHS leadership as well.

Oversight of Program Management and Clinical Functions. As noted, Victoria Love, Centurion's Chief Operating Officer, will lead the transition effort for Centurion. Ms. Love will maintain contact with designated FDC OHS leadership staff during the transition period. She will coordinate the activities of our transition teams, functional leads, and ancillary service providers. Ms. Love will be on site as often as necessary to guide the contract renewal. Contact will be as frequent as needed, up to and including daily calls if desired by FDC healthcare leadership.

In addition to Ms. Love, our Statewide Vice President of Operations, Ruth Feltner, will continue to provide oversight of program management and clinical functions. Ms. Feltner will work closely with Ms. Love to operationalize and implement clinical and operational goals at the regional office and each applicable FDC facility. She will also coordinate transition meetings with the FDC central office and site-level leader teams.

Deployment of Centurion Transition Teams. In facilitating a smooth and coordinated transition of patient healthcare services for the new contract, Centurion will rely on the expertise of the department team leaders currently in place in Florida. Some of the key statewide leadership staff who will be available to assist Ms. Love and Ms. Feltner in the contract transition include but are not limited to the following:

- **John Lay, MD**, Statewide Medical Director



- **Beltran Pages, MD, CHCQM**, Statewide Psychiatric Director/Advisor
- **Peggy Watkins-Farrell, PhD, CCHP-MH**, Statewide Mental Health Director
- **Harry Hatch, DDS**, Statewide Dental Director
- **Timothy Rakas, BPharm, CPh, MBA**, Statewide Pharmacy Program Director
- **Lisa Barton, RN**, Statewide Director of Nursing
- **Linda Dorman, RN, BSN, CCHP**, Statewide Director of CQI/EMR
- **Mindy Halpern, BA, CCHP**, Director of Nurse and Clinical Recruitment

Other Centurion clinical and operational staff will be available, as needed, to provide further contract transition support to the departments and teams noted above. For example, our Corporate Chief Medical Officer, **Dr. John May**, is based in Miami and will remain available throughout the contract renewal and when needed to provide expert consultation. These staff will support transition activities relevant to their departments and may be involved in communicating transition progress reports to the Department leadership staff as needed or directed.

Human Resources and Staff Recruitment. Centurion maintains the most robust and successful recruiting and retention capabilities in correctional healthcare. Our team of over **50 full-time recruiters**, combined with more than **40 full-time employees** working in our human resources department help ensure that we maintain high fill rates and create professionally rewarding work experiences for our 9,000 employees. This team benefits from our vast recruiting capabilities including the following:



- Over 90 experienced recruiting and human resources professionals
- A robust academic affiliation program
- A state-of-the-art recruiting database
- Multiple advertising channels
- Established and continuously expanding networking channels
- Local and national recruiting capabilities
- Metric and data to measure return on investment and success
- 24-hour candidate access to information
- Expanding pipeline of candidates

Our team of recruiters and human resources staff, under the leadership of **Gina Morris**, Senior Vice President of Talent Acquisition, and **Jana Brown, EdM**, Executive Vice President and Chief of Human Resources, ensures that we maintain high fill rates and create professionally rewarding work experiences for our employees.



Gina Morris
Senior Vice President,
Talent Acquisition



Jana Brown, EdM
Executive Vice President,
Chief of Human Resources

We use a unique *relational* approach to recruiting. Using this approach, our recruiters maintain a constant dialogue with thousands of candidates using various communication tools and ensures a steady pipeline of qualified candidates for position openings that may

occur. We have honed our recruiting approach over many years and have found our fine-tuned, discipline-specific model to be more effective than the more common generalist approach of designating a single recruiter to recruit all positions in a given contract.

Centurion incorporates social networking such as *LinkedIn*, *Facebook*, and various professional websites, in our recruiting process. We utilize data-mining techniques to add new candidates and new graduates to our recruiting database. From this database, we make targeted queries to identify potential candidates for FDC positions. We describe below our FDC-dedicated recruiting capacity and resources.

In Florida, we also use academic recruitment as a unique way of engaging and recruiting interested talent. **Angela Fitzjarrell, BS, CSSR**, Centurion's Talent Attraction Manager and Executive Recruiter, works with academic centers across Florida to introduce students to correctional health and, with FDC's approval, offer them the opportunity to experience a correctional healthcare environment. Over the past several years, we have had partner relationships that include affiliation agreements, classroom presentations, career fairs, alumni outreach, and "lunch and learn" functions with 129 nursing schools/programs focusing on recruitment of nurses and nurse practitioners. Similarly, we have had partnerships with an additional 18 schools/programs conducting similar activities to recruit bachelors and masters level mental health clinical staff. We provide more information about our academic recruitment activities for the FDC program later in this section.



Angela Fitzjarrell, BS, CSSR
Talent Attraction Manager and
Executive Recruiter

Another helpful staff recruitment and retention resource we have utilized for our Florida contract is pursuing designation of certain FDC facilities as under-represented geographic areas.

National Health Services Corps. Centurion's human resources and recruiting department works with the **National Health Services Corps (NHSC)** to obtain the appropriate designation for specific FDC locations. By obtaining this designation, staff at specific facilities in under-represented geographic areas have been able to qualify for educational loan reimbursements.



Centurion actively applies for healthcare professional shortage area (HPSA) designation for each of our statewide prisons systems, as most have facilities in remote or rural parts of the state with a dearth of qualified healthcare professionals. This has allowed us to apply for and obtain NHSC's loan repayment program (LRP) funding for qualifying staff. We have obtained NHSC-LRP designation for the following 30 FDC facilities:

- Apalachee East Unit
- Avon Park Correctional Institution
- Calhoun Correctional Institution
- Century Correctional Institution
- Columbia Correctional Institution
- Cross City Correctional Institution
- Dade Correctional Institution
- Franklin Correctional Institution
- Gulf Correctional Institution
- Liberty Correctional Institution
- Madison Correctional Institution
- Martin Correctional Facility
- Mayo Correctional Institution
- Northwest Florida Reception Center
- Okaloosa Correctional Institution
- Polk Correctional Institution
- Reception and Medical Center (Main Unit)
- Santa Rosa Correctional Institution



- | | |
|--------------------------------------|--|
| ▪ Hamilton Correctional Institution | ▪ Sumter Correctional Institution |
| ▪ Hardee Correctional Institution | ▪ Suwannee Correctional Institution |
| ▪ Holmes Correctional Institution | ▪ Taylor Correctional Institution |
| ▪ Jackson Correctional Institution | ▪ Wakulla Correctional Institution |
| ▪ Jefferson Correctional Institution | ▪ Walton Correctional Institution |
| ▪ Lancaster Correctional Institution | ▪ Zephyrhills Correctional Institution |

Six other facilities also received an HPSA score in May 2022. We have submitted these scores with our NHSC applications in June 2022. This designation, an important recruiting and retention tool for Centurion especially in rural areas, allows new hires and incumbents with existing student loans to benefit from this opportunity. An example is Santa Rosa Correctional Institution, where we are currently using the NHSC-LFP designation as one of our most attractive recruiting tools. Since obtaining the designation, we have had **25** employees apply for and benefit from the NHSC-LRP.

New Employee Orientation and On Boarding of New Staff. An important component of successful staff on boarding to Centurion services is our orientation and training program. As the Department is aware, we have developed a FDC-specific New Employee Orientation (NEO) program during the current contract. In the new contract, all new Centurion medical staff who have been pre-screened and cleared for entry into FDC institutions will complete both the FDC's and Centurion's NEO program requirements. Centurion will remain flexible and adjust our New Employee Orientation Program to evolving needs of FDC. Orientation for new Centurion staff includes not only formal discipline specific classroom orientation, but on-the-job training as well. We will continue to review FDC policies and HSBs as part of our orientation process.

As the FDC is aware, we have developed a specialized provider orientation program that we will require each transitioning and new provider to complete. We have developed discipline-specific orientation programs for our medical, dental, and psychiatric providers. Centurion tailored both programs to the FDC policy and contract requirements. The medical provider orientation program takes 30 to 90 days to complete. It not only prepares providers for the unique challenges related to correctional healthcare and populations, it also improves provider retention. Centurion will augment these manuals with institution-specific information.

In addition to the above, Centurion's nursing and physical health providers participate in a New Nurse Orientation that provides education on the American Disability Act requirements.

B. Implementing New Services

Centurion will work closely with the FDC to ensure a smooth transition to new services and initiatives specific to this procurement. Since we will not need to expend significant time and resources on routine healthcare service contract activities, we will focus our transition efforts on the implementation of new, enhanced technologies, such as the anticipated implementation of digital diagnostic retinopathy at 10 FDC facilities, any innovative technologies or services described in our response to ITN Tab F. As always, we will continue to present new ideas for expansion of services to review and consider such as a new dementia unit.

C. Information Technology and Network Establishment for Any Data Services

Our IT and EMR teams will continue to enhance the EMR's reporting functionality and eventually incorporate value-added services such as Tableau, which will greatly enhance data analytics and dashboard reporting capabilities well beyond what was previously possible. Additionally, now that our IT team has added enhanced IT infrastructure to support the EMR system, we will be in a position to add or expand wireless connectivity to FDC facilities, including, if desired by the FDC, housing units. Access to wireless connectivity, in turn, will facilitate our planned expansion of telehealth services by enabling us to provide this service in housing units or other FDC facility areas that will reduce the need for patient escorts by security staff to medical and/or mental health units.

In anticipation of our telehealth expansion, we summarize below some of our recent initiatives, some of which have already started, others we will implement in the near future, if approved by the FDC. These telehealth team initiatives include, but are not limited to the following:

- Establish a briefcase containing telehealth peripherals for use at all FDC-approved facilities to enable both onsite or offsite telehealth providers, and facilitators, to conduct a range of specialty medical care assessments and evaluations via telehealth.
- Introduce Centurion developed tablets for telehealth use in patient residential areas (dorms or cells). We are currently in the process of determining the best initial FDC pilot location with our Florida leadership team.
- Collaborate with Dr. John Lay, Statewide Medical Director, to develop a centralized on-call system that will create efficiencies and allow for use of virtual telehealth functionality for on-call assessments.

Medical IT Network. Centurion recognizes that the FDC may require the selected vendor to provide a separate medical IT network statewide. During contract negotiations, we look forward to clarifying with the Department the specifics of this expectation, including the cost implications.

EMR Transition and Enhancement. As the FDC is aware, we began the extensive EMR transition process in September 2021. In December 2021, we completed the EMR transition to all FDC and privately contracted facilities statewide. We will continue to follow through with establishing and expanding the EMR reporting capabilities in 2022. We anticipate incorporating value-added services, such as Tableau, that will further expand our EMR data analytic capabilities, as well as provide enhanced reporting features, including FDC-customized reporting dashboards. Our EMR team will continue to work with FDC on ways to enhance the efficiencies of utilizing the EMR by reviewing form development and workflows.

D. Collaboration with Department Stakeholders

Effective communication with the staff of the FDC OHS is essential to ensure that Centurion's renewal of the healthcare contract is meeting expectations as well as to confirm that our understanding of contractual requirements is consistent with FDC expectations. As we hope the Department has recognized, we believe that we must work responsively with our clients during contract transitions, including renewals, and encourage this by soliciting input on service delivery preferences.



Centurion will continue to collaborate with the FDC on an ongoing, as-needed basis. We appreciate that comprehensive, coordinated, and continuous services are required, and we are ready to assist the Department in ensuring service delivery systems support this goal.

During Centurion’s initial meeting with the FDC healthcare services leadership, we will identify the process and timeframes for routine updates and communication with facility administration and medical staff. If the Department desires any additional written communications for FDC facility administration and medical staff during the course of contract renewal, Centurion will collaborate with the FDC for appropriate distribution of timely updates.

Centurion proposes to schedule weekly meetings with FDC healthcare leadership during the contract renewal period to ensure effective communication and coordination of implementation activities.

E. Additional Activities Related to Implementation

Provider Networks and Ancillary Services. Centurion has been developing and managing offsite care provider networks since our early comprehensive healthcare contract awards dating back to 2013. Centurion makes every effort to provide incarcerated individuals with onsite specialty services, either in person or through our telehealth services. However, we realize that patients may require specialty services not available onsite, requiring a referral to or utilization of a specialty provider or networks. In Florida, our offsite network includes thousands of specialty providers.

Centurion has a full-time network development team that oversees the management and delivery of our network providers. Under the overall leadership of **Lisa Rossics**, Vice President of Network Development, the network development team has responsibility for establishing and maintaining a comprehensive provider network for all our contracts and for managing all related contractual agreements. Ms. Rossics will also collaborate with our telehealth team to identify new opportunities for specialty services and providers to provide their services via telehealth to support the Florida team in reducing offsite specialty care medical appointments.



Lisa Rossics
Senior Vice President of
Network Development

Utilization Management Services. Centurion’s corporate utilization management (UM) department, led by **Darren Isaak, MBA, BSN**, Vice President of Utilization Management, and **Rebecca Ballard, MD, FACCP, CCHP-P**, Utilization Management Medical Director, shares the FDC’s goal of promoting quality specialty healthcare care services for correctional populations in the most efficient, timely and cost-effective manner. We recognize that our UM program is an essential component of quality management, which effectively manages the utilization of specialty health care services, including consultations, durable medical equipment, surgical procedures, diagnostic imaging, emergency room visits, and outside hospital admissions.



Darren Isaak, MBA, BSN
Vice President of
Utilization Management



Rebecca Ballard, MD,
FACCP, CCHP-P
Utilization Management
Medical Director



During the contract transition, we do not anticipate any significant UM transition activities as we already have in place a robust UM program with dedicated inpatient and outpatient UM nurses.

We provide more details on our UM program in our response to ITN Section 3.6.7, *Utilization Management and Specialty Care Service Area*.

Quality Management Services. Linda Dorman, Centurion's Statewide Director CQI/EMR, will continue to lead our statewide quality management team and activities. We understand that quality management includes the following activities:

- Quality Assurance (QA) activities – continuous operational QM efforts routinely performed to ensure efficient operations, process, and systems that affect healthcare service delivery.
- Quality Management (QM) activities – continuous clinical QM efforts performed routinely that require specific records, chart reviews, or various clinical functions. These include, but are not limited to chronic illness clinic care review, medication/treatment administration, specialty consultation needs, infirmary care, sick call process, and other healthcare services.
- Correctional Medical Authority (CMA) Health Services Survey Process – required by the Florida statutes to conduct a survey at least once every three years at each FDC facility.

We understand that the new ITN will require new or modified service requirements, performance measures, and report requirements. Our QM team, led by Ms. Dorman, will work with clinical and operational leadership teams, as well regional and site-level QM staff, to develop appropriate monitoring, auditing, and reporting tools to address these new requirements. Within 90-days of the new contract start date, or sooner if desired by the FDC, Centurion will provide the FDC with our proposed auditing and reporting tools and protocols that meet the new contract requirements. We will not implement any new QM auditing and reporting tools or protocols without prior review and approval by the FDC leadership.

We provide more information about our Quality Management program and services in our response to ITN Section 3.6.8, *Quality Management Service Area*.

Financial Management. Centurion will have a sufficient number of qualified staff and accounting personnel to develop and maintain an internal controls system that adequately safeguards resources, promotes the effectiveness and efficiency of operations, and assures the reliability of financial reporting and compliance with applicable laws and regulations to account for all revenue and expenses associated with this contract. We do not anticipate any significant financial management implementation or transition activities because of the new contract.

General Ledger and Accounting System. Centurion's corporate finance department is comprised of over 25 employees who work to manage and monitor the company's financial performance. Our parent company, Centene, supports our finance department with powerful and extensive financial expertise and resources. Below, we highlight a few key individuals in our finance department who have direct impact on this proposal as well as the overall financial management of the Florida contract.

Charles Weschke – Chief Financial Officer. Charles Weschke recently joined Centurion as the Chief Financial Officer, bringing with him over 30 years of experienced in financial management. Mr. Weschke will provide oversight of all finances and accounting for the Florida program. Mr. Weschke



joins Centurion from Centene, where he served as the Vice President of Finance for Centene –Dental Envolve for nearly seven years. Prior to joining Centene, Mr. Weschke served in multiple leadership roles at several healthcare organizations, including Ascension Health Senior Care, Kaiser Permanente, Blue Cross Blue Shield of Missouri, and WellPoint. Mr. Weschke has an MBA in Finance from Southern Illinois University, Edwardsville.



Charles Weschke, MBA
Chief Financial Officer



Valerie Schnefke
Director of Pricing and Reporting

Valerie Schnefke – Director of Pricing and Reporting.

Ms. Schnefke works closely with Mr. Weschke and will remain responsible for all accounting, financial reporting and analysis, budgeting, forecasting, and treasury management. Ms. Schnefke has 40 years of diverse corporate financial experience, including 20 years in the correctional healthcare industry. She currently provides pricing expertise and reporting oversight for all Centurion programs. Ms. Schnefke is skilled in all aspects of financial management including financial analysis, strategic planning, process improvement, budgeting and forecasting, and problem solving. She is a respected business partner and trusted advisor to the corporate leadership team.

Sara Hatfield and Sebastian Ramos – Financial Analysts.

Ms. Hatfield and Mr. Ramos directly assist Ms. Schnefke.

Sara Hatfield joined Centurion in 2012 after having previous experience as a financial analyst. She now has 21 years of experience in financial analysis, receivables management, contract management, customer service, sales and administrative support.

Ms. Hatfield is responsible for pricing large-scale projects, coordinating pricing and analysis efforts with multiple company departments. She evaluates documents, data analytics, budget forecasts and key drivers of variances and trends in the pricing market. Ms. Hatfield earned a Masters of Business Administration from University of Maryland University College and a Bachelor’s of Science degree in Business Administration/Finance, from the University of Tennessee.



Sara Hatfield
Financial Analyst



Sebastian Ramos
Financial Analyst

Mr. Ramos joined Centurion in 2020 after 17 years working for a major global financial institution. His career has led him to Sydney, Australia and New York City. He currently works in the pricing team providing support in the development, preparation and oversight of strategically competitive pricing in response to RFP’s, or ITN’s, for new business and rebids on existing business.

In addition to the above corporate financial department staff, we will have an additional dedicated finance team member assigned to our Florida program. This position will ensure both ongoing operations currently, and to ensure a seamless transition to a new contract term. These staff resources include the following, all of whom work closely with FDC representatives:

- Amanda Vazquez – Staff Accountant



- Darius Sales – Staff Accountant
- Lena Thorpe – Staff Accountant
- Zannah Christian – Jr. Staff Accountant
- Cindy Dormont – GL Manager

These corporate accounting department staff spend approximately 80 to 85% of their time dedicated to ensuring smooth financial services and operations for our Florida contract. These dedicated resources will remain in place to ensure a smooth contract transition and seamless financial operations between Centurion and the Department.

Centurion operates under Generally Accepted Accounting Principles (GAAP). Through our parent company, Centene, we also undergo an annual audit conducted by KPMG, LLP. A detailed review, analysis, and confirmation of Centurion's internal financial controls are included as a part of that annual audit.

Claims and Invoice Processing. We will continue to provide the Department with an advanced and proprietary claims processing solution that will provide improved customer service, maximized efficiencies, and reduced operational costs. Through our parent company, Centene, Centurion utilizes the largest and most technologically advanced claims processing enterprises serving corrections. As a major managed care provider to state Medicaid and commercial insurance programs, Centene carries out all claims processing according to the highest standards. Our goal is to process payment claims within 15 days. Our average claims payment turnaround time for our Florida contract is approximately 10 days.

We do not anticipate any significant changes or transition activities for claims and invoice processing because of the new contract requirements.

Licenses and Permits - Staff Licensing and Credentials. Centurion will continue to comply with all state licensing and credentialing requirements for our Florida healthcare staff. Our physicians, psychiatrists, dentists, midlevel practitioners, registered nurses, licensed practical nurses, nurse assistants, psychologists, psychological specialists, and other staff requiring licensure meet our credentialing requirements and are subject to a credentials review by the FDC. In addition, our staff job descriptions, service delivery policies, procedures, and practices – approved by the Department – are consistent with the scope of licensure and or certification for each position.

Centurion will continue to employ staff with full and unrestricted Florida licensure and or certification in good standing whose credentials and experience are satisfactory to the Department. We use our comprehensive credentialing process, described in our response to Tab D, to ensure that each candidate meets these requirements. Centurion will continue to cooperate with any FDC credential review required and commit to providing unimpeded access to our credential files and data. We are confident that our credentialing and re-credentialing process will continue to meet or exceed FDC requirements, demonstrating that our staff members meet or exceed the requisite training, experience, licensure, and or certification needed to perform the duties assigned.

Licenses and Permits - Pharmacy Licensing and Permits. We will maintain current copies of all required pharmacy-related federal and state licenses, permits, and registrations at each applicable FDC facility.



Centurion's Florida Pharmacy Program Director, Tim Rakas, BPharm, CPh, MBA, will continue to provide copies of the required pharmacy licensure and permit documentation to the FDC's Pharmacy Director.

We do not anticipate any changes or transition activities for staff licenses or facility permits because of the new contract requirements.

Equipment and Supplies. In addition to ensuring adequate stock of all healthcare services related equipment and supplies, Centurion will ensure continued close monitoring and replacement of all emergency response bags at each FDC facility. Our staff will continue to conduct regular inventory and maintenance checks of emergency bags and additional emergency medical equipment and supplies in adherence to FDC requirements. Our emergency bag inventory checks will continue to take place during every regularly scheduled nursing shift at each facility and will include the following:

- Medical emergency bag
- Equipment
- Emergency medication
- AED battery testing
- Inventory of AED pad

Centurion healthcare staff will complete daily checks of emergency response bags, test emergency equipment no less than weekly, and conduct monthly inventory of emergency response supplies. We will maintain logs to document the testing and inventory of emergency equipment and supplies. Our healthcare staff will continue to be responsible for inventorying and replenishing emergency response bags following an emergency response, as well as reapplying locks. Designated staff will replace expired or nearly expired supplies during inspection.

We do not anticipate any changes or transition activities related to healthcare equipment and supplies because of the new contract requirements.

Reporting. Centurion has reviewed each of the 43 required reports for the 10 health care service areas described in ITN Section 3.6, *Health Care Services*. Centurion agrees to comply with each of the FDC health service reports, in addition to the other financial, claims/invoicing, and other operational reports not specifically noted in these health service categories. We will comply with the FDC's right to change the reports, including content, format, delivery method, due date, and frequency at any time during the contract.

Although some of the required reporting in this ITN differ slightly from our current contract requirements, we do not anticipate requiring any significant implementation or transition activities in order to accommodate the reporting changes for the new contract.

With the implementation of the new EMR system, Fusion, we look forward to collaborating with the Department in transitioning portions of our data tracking and reporting requirements to automated queries and reporting features available directly in the EMR. As noted earlier, we anticipate utilization of automated value-added features, such as Tableau, that will add enhanced data extraction, analysis, and reporting features to the reporting process. As the FDC is aware, we have already incorporated our



SharePoint web-based electronic database and reporting system to facilitate designated healthcare staff's easy access to Centurion healthcare service metrics, reports, and staffing information in real time.

F. Estimated Implementation Schedule

As noted previously, Centurion has provided a *Preliminary Implementation Plan* on the following pages. Our implementation plan assumes a 90-day transition period from contract award to start date and includes targeted transition timeframes. As the incumbent provider for comprehensive healthcare services at the FDC, many of the usual contract transition activities are already completed and in place. We will not need to undertake the substantial human resources, IT, training/orientation efforts that we previously conducted when the Department first awarded the contract to Centurion.

Our goal through contract renewal will be to focus on realigning resources and reducing staff anxiety to avoid staff turnover. Centurion is committed to informing and engaging FDC's Office of Health Services and facility-level leadership teams as we realign our staffing and other resources through the contract renewal process.



Centurion’s Preliminary Implementation Plan – Florida Department of Corrections

Anticipated Implementation Start Date: July 1, 2023

Transition Component	Process Already in Place	Responsible Party	Duration
Transition Communication Plan			
Confirm existing key contacts with FDC	✓	Ruth Feltner – FL Vice President of Operations	1 – 5 days
Confirm key contacts at FDC facilities for facility administration and health services, as needed	✓	Ruth Feltner – FL Vice President of Operations	1 – 5 days
Establish initial meeting with key FDC staff and Centurion leadership	✓	Ruth Feltner – FL Vice President of Operations	1 – 5 days
Notify contracted vendors of transition timelines and discuss transition activities, as needed		Ruth Feltner – FL Vice President of Operations	1 – 5 days
Distribute information to transition team members and functional leads; set up initial transition internal kick off meeting		Farrah Hudson – FL Regional Office Manager	1 – 5 days
FDC Activities			
Schedule initial FDC meeting		Ruth Feltner and/or FL designee	1 – 5 days
Establish ongoing status/transition meetings for transition period		Ruth Feltner – FL Vice President of Operations	1 – 5 days
Establish transition priorities, issues with FDC		Ruth Feltner – FL Vice President of Operations	1 – 5 days
Operations/Program Transition/Management			
Set schedule for Transition Operations/functional lead discussion/updates		Ruth Feltner and/or FL designee	1 – 5 days
Meet with transition operations/functional leads to address questions/identify priorities and program enhancements or changes		Ruth Feltner and FL department leads	1 – 5 days
Submit to the FDC <i>Centurion’s Final Transition and Implementation Plan</i>		Ruth Feltner and/or FL designee	Within 15 days after contract execution date
Review and finalize position control/staffing matrix		Ruth Feltner and/or FL designee	1 – 5 days
Review and confirm pay scales	✓	Winter Evans – Corporate Sr. HRIS Project Specialist Ashley Taylor – Corporate Payroll Manager	1 – 5 days



Centurion’s Preliminary Implementation Plan – Florida Department of Corrections

Anticipated Implementation Start Date: July 1, 2023

Transition Component	Process Already in Place	Responsible Party	Duration
Meet with FDC to review and finalize Centurion’s <i>Final Transition and Implementation Plan</i>		Ruth Feltner and/or FL designee	Within 3 days of contract start date
Finalize and submit shift differentials for applicable positions	✓	Winter Evans – Corporate Sr. HRIS Project Specialist Ashley Taylor – Corporate Payroll Manager	1 – 5 days
Confirm on-call schedule for medical, mental health, and dental provider staff	✓	Dr. John Lay – Medical; Dr. Beltran Pages – Psychiatry/MH; Dr. Harry Hatch - Dental	1 – 5 days
Distribute on-call schedule to FDC sites for distribution/posting	✓	Dr. John Lay – Medical; Dr. Beltran Pages – Psychiatry/MH; Dr. Harry Hatch - Dental	1 – 5 days
Personnel and Employee Services			
Initiate recruitment of any new positions		Lead Recruiters: Teffany Dowdy – Director of Provider Recruiting; Mindy Halpern – Director of Nurse and Clinical Recruiting; Tony Zehring –Senior Director of Recruiting Operations; Angela Fitzjarrell – Talent Attraction Manager and Executive Recruiter	1 – 5 days
Determine open positions; work with onsite administrators or designee to recruit/interview for open site positons	✓	Lead Recruiters: Teffany Dowdy, Tony Zehring, Mindy Halpern, Angela Fitzjarrell	1 – 5 days
Identify/negotiate contracts for temporary staff to facilitate transition staffing, as needed	✓	Lead Recruiters: Teffany Dowdy, Tony Zehring, Mindy Halpern, Angela Fitzjarrell	1 – 5 days
Confirm FDC security clearance process for new and/or transitioning personnel	✓	Farrah Hudson – FL Regional Office Manager	1 – 5 days
Utilize clearance forms and institute policy/process for submission	✓	Farrah Hudson – FL Regional Office Manager	1 – 5 days
Confirm any additional FDC training requirements and obtain information on scheduling new employees; provide information to regional/site staff	✓	FL Regional Nurse Educators Annette Bushfield – FL Lead Mental Health Educator Lisa Barton, RN – FL Statewide Director of Nursing	1 – 5 days



Centurion’s Preliminary Implementation Plan – Florida Department of Corrections

Anticipated Implementation Start Date: July 1, 2023

Transition Component	Process Already in Place	Responsible Party	Duration
Notify the FDC of intention to retain existing staff		Ruth Feltner, BA – FL Vice President of Operations	Within 30 days of contract award
Staffing/Scheduling			
Discuss/define deadline with sites for any changes to staffing/schedules	✓	FL Regional Directors of Operations	14 days and ongoing
Review critical openings and work with recruiting to fill	✓	Ruth Feltner – FL Vice President of Operations FL Regional Directors of Operations Lead Recruiters: Teffany Dowdy, Tony Zehring, Mindy Halpern, Angela Fitzjarrell	14 days and ongoing
Identify any temporary staffing needs	✓	Lead Recruiters: Teffany Dowdy, Tony Zehring, Mindy Halpern, Angela Fitzjarrell	14 days and ongoing
Post schedule for site staff and provide to regional operations	✓	Regional Directors of Operations	Two weeks prior to transition date
Quality Improvement/Management			
Initiate review of current QI activities	✓	Linda Dorman – FL CQI Coordinator FL Regional QM Program Coordinators	10 – 14 days
Review and confirm finalized contract performance measurement indicators and distribute to staff	✓	Linda Dorman – FL CQI Coordinator FL Regional QM Program Coordinators	10 – 14 days
Review current contract performance measure indicators and confirm statewide CQI activities statewide	✓	Linda Dorman – FL CQI Coordinator FL Regional QM Program Coordinators	10 – 14 days
Telehealth Health Services			
Review/confirm current telehealth equipment; recommend replacement, enhancement, or additions as indicated	✓	Brittany Spain – FL Telehealth Coordinator	15 – 20 days and ongoing



Centurion’s Preliminary Implementation Plan – Florida Department of Corrections

Anticipated Implementation Start Date: July 1, 2023

Transition Component	Process Already in Place	Responsible Party	Duration
Review current telehealth providers; confirm contracts and service delivery sites, and outreach, as needed	✓	Brittany Spain – FL Telehealth Coordinator	15 – 20 days and ongoing
Review and confirm FDC and Centurion policy and procedures; onsite program support personnel	✓	Brittany Spain – FL Telehealth Coordinator	15 – 20 days and ongoing
Provide sites with schedule/listing of telehealth providers	✓	Brittany Spain – FL Telehealth Coordinator	15 – 20 days and ongoing
Review and provide training, as needed, for site-specific telehealth facilitators	✓	Brittany Spain – FL Telehealth Coordinator	15 – 20 days and ongoing
Review and discuss with FDC Centurion’s recommendations for expanded telehealth services for patient education, mental health, medical, nursing, and dental services, where appropriate		Brittany Spain – FL Telehealth Coordinator; Ethan Pinkert – Corporate Telehealth Systems Manager; Norm Knippen – Corporate Director of Operational Development	7 days and ongoing
Employee Orientation/Management Transition Meeting			
Review and enhance, if needed, employee orientation based on FDC/Centurion approved policies/site practices	✓	Regional Nurse Educators; FL Regional Directors of Operations	15 – 30 days and ongoing
Review and confirm electronic completion of mandatory training for all Centurion staff for HIPAA, PREA, Confidentiality, Hazardous Communication, Bloodborne Pathogens and Infection Control	✓	Regional Nurse Educators; Annette Bushfield – FL MH Educator; FL Regional Directors of Operations	15 – 30 days and ongoing
Set up schedule for additional training sessions for new employees; identify participants and finalize location	✓	Regional Nurse Educators; Annette Bushfield – FL MH Educator; FL Regional Directors of Operations	15 – 30 days and ongoing
Identify ASPC and management training needs	✓	Regional Nurse Educators; Annette Bushfield – FL MH Educator; FL Regional Directors of Operations	15 – 30 days and ongoing
Review and modify training materials, if needed	✓	Regional Nurse Educators; Annette Bushfield – FL MH Educator; FL Regional Directors of Operations	15 – 30 days and ongoing
Finalize training calendar and distribute to regional/site personnel	✓	Regional Nurse Educators; Annette Bushfield – FL MH Educator; FL Regional Directors of Operations	15 – 30 days and ongoing



Centurion’s Preliminary Implementation Plan – Florida Department of Corrections

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Transition Component	Process Already in Place	Responsible Party	Duration
Perform telephonic and/or onsite training for staff, if needed	✓	Regional Nurse Educators; Annette Bushfield – FL MH Educator; FL Regional Directors of Operations	15 – 30 days and ongoing
Finance/Accounting			
Review and confirm reporting and auditing requirements	✓	Centurion Corporate Finance Department Designee	15 – 30 days and ongoing
Review and confirm billing and supporting FDC documentation	✓	Centurion Corporate Finance Department Designee	15 – 30 days and ongoing
Review and confirm performance indicators and reporting requirements	✓	Centurion Corporate Finance Department Designee	15 – 30 days and ongoing
Review and confirm reconciliation and reporting methodology	✓	Centurion Corporate Finance Department Designee	15 – 30 days and ongoing
Obtain certificates and submit to FDC, as needed		Centurion Corporate Finance Department Designee	Per FDC requirements
Submit bonds as required by FDC		Centurion Corporate Finance Department Designee	Per FDC requirements
HR Data Collection and Data Entry			
Prepare/finalize benefits flyer, as needed	✓	Lisa Lynch or Corporate HR	3 days
Initiate regular call with recruiting, HR and operations, as needed	✓	Lisa Lynch – FL Regional HR Manager Lead Recruiters: Teffany Dowdy, Tony Zehring, Mindy Halpern, Angela Fitzjarrell FL Regional Directors of Operations	2 days
Verify position codes/titles and obtain job descriptions for existing and any new positons; post to secure Centurion contract website for use by region/sites	✓	Lisa Lynch – FL Regional HR Manager Lead Recruiters: Teffany Dowdy, Tony Zehring, Mindy Halpern, Angela Fitzjarrell FL Regional Directors of Operations	5 – 7 days
Confirm jobs, job classes, departments, position management tools, and facilities in system based on approved staffing matrix	✓	Lisa Lynch – FL Regional HR Manager Lead Recruiters: Teffany Dowdy, Tony Zehring, Mindy Halpern, Angela Fitzjarrell FL Regional Directors of Operations	5 – 7 days



Centurion’s Preliminary Implementation Plan – Florida Department of Corrections

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Transition Component	Process Already in Place	Responsible Party	Duration
Issue offer letters (onboarding letter and new hire packet) electronically, if needed	✓	Lisa Lynch – FL Regional HR Manager Lead Recruiters: Teffany Dowdy, Tony Zehring, Mindy Halpern, Angela Fitzjarrell	10 days
Initiate regular report for recruiting/operations of filled positions by site	✓	Lead Recruiters: Teffany Dowdy, Tony Zehring, Mindy Halpern, Angela Fitzjarrell	3 days
Prepare and run NPDBs on any new hires	✓	Centurion Corporate Credentialing	5 days and ongoing
Track copy of current/valid license, DEA, CPR for any new hires	✓	Farrah Hudson – Regional Office Manager Lisa Lynch – FL Regional HR Manager	5 days and ongoing
Distribute and collect enrollment materials and obtain benefit confirmations for new hires	✓	Lisa Lynch – FL Regional HR Manager or Corporate HR	10 days and ongoing
Office Support Services			
Review and confirm regional office space needs; establish office furniture/build out, etc. needs and coordinate set up of office space, as needed	✓	Farrah Hudson – FL Regional Office Manager	15 days and ongoing
Review and confirm regional and site team cell phone requirements; coordinate shipping to staff or regional office	✓	Farrah Hudson – FL Regional Office Manager	15 days and ongoing
Review and confirm office supply accounts for regional office/sites	✓	Farrah Hudson – FL Regional Office Manager	10 days
Review and confirm Express Mail accounts	✓	Farrah Hudson – FL Regional Office Manager	10 days
Review and confirm language line account for all sites; distribute account and access information to regional office/sites, as needed	✓	Farrah Hudson – FL Regional Office Manager	10 days
Information Technology			
Review and update web page on intranet portal, as needed		Louis Clark – FL IT Manager	15 days and ongoing
Arrange meeting with FDC’s Office of Information Technology (OIT), as needed, to review any needed IT changes		Louis Clark – FL IT Manager	2 days



Centurion’s Preliminary Implementation Plan – Florida Department of Corrections

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Transition Component	Process Already in Place	Responsible Party	Duration
Generate IT transition plan, as needed		Louis Clark – FL IT Manager	2 – 3 days
Review/confirm facility infrastructure and connectivity assessment	✓	Louis Clark – FL IT Manager	10 days and ongoing
Review/confirm facility telephone lines	✓	Louis Clark – FL IT Manager	Dependent on IT and contractor
Review and discuss with FDC Centurion’s recommendation to expand Wi-Fi connectivity to housing units and other areas within FDC facilities		Shant Tossounian – Corporate Senior Vice President of Information Technology; Ken Garthe – Corporate Director of IT Field Operations; Louis Clark – FL IT Manager	7 days and ongoing until implemented
Review/confirm KRONOS clock requirements	✓	Louis Clark – FL IT Manager	Per site review
Review/confirm software requirements for purchase, as needed	✓	Louis Clark – FL IT Manager	Per site review
Review/confirm any needed or new IT system interfaces	✓	Louis Clark – FL IT Manager	10 days and ongoing
Confirm FDC computer specifications; determine additional email and other system accounts needed	✓	Louis Clark – FL IT Manager	10 days and ongoing
Review/confirm computers in facilities, as needed	✓	Louis Clark – FL IT Manager	10 – 15 days
Review/confirm operations of site and regional PC’s, networks, as needed	✓	Louis Clark – FL IT Manager	10 – 15 days
Review and distribute IT policies and procedures, as needed	✓	Louis Clark – FL IT Manager	10 – 15 days
Payroll Implementation			
Review/confirm state and local tax requirements		Winter Evans – Corporate Sr. HRIS Project Specialist Ashley Taylor – Corporate Payroll Manager	2 – 3 days
Complete shift premium survey and specify shift details		Winter Evans – Corporate Sr. HRIS Project Specialist Ashley Taylor – Corporate Payroll Manager	5 days
Confirm schedules by job class/type		Winter Evans – Corporate Sr. HRIS Project Specialist Ashley Taylor – Corporate Payroll Manager	5 days
Confirm/finalize special pay arrangements		Winter Evans – Corporate Sr. HRIS Project Specialist	5 days and ongoing



Centurion’s Preliminary Implementation Plan – Florida Department of Corrections

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Transition Component	Process Already in Place	Responsible Party	Duration
		Ashley Taylor – Corporate Payroll Manager	
Review/confirm KRONOS set up including pay rules, translation tables, user access, queries		Winter Evans – Corporate Sr. HRIS Project Specialist Ashley Taylor – Corporate Payroll Manager	3 – 5 days
Review and update as needed closing and reporting schedules		Winter Evans – Corporate Sr. HRIS Project Specialist Ashley Taylor – Corporate Payroll Manager	3 – 5 days
Identify/provide new employee badges, as needed		Lisa Lynch – FL Regional HR Manager Farrah Hudson – FL Regional Office Manager	3 – 7 days prior to contract transition date

Tab F – Additional Ideas for Improvement

Tab F Additional ideas for improvement or cost reduction, and other supplemental materials (limit 35 pages)

In Tab F of its Reply, a Vendor is invited to elaborate on innovative solutions, additional ideas, pricing structures, or tools for service improvements that are not specifically addressed in TABs B – E but may be made available via the Vendor's offering and the potential benefits to the Department that each would bring. The Department is interested in ideas or tools that will provide the highest level of performance and operational efficiencies. Actual proposed pricing shall only be provided using Attachment I, Price Information Sheet. Cost points will be awarded based on Attachment I, as described in Section 4.10., of this ITN. The Department may request that Vendors submit alternate pricing models during the Negotiation Phase of the ITN process. A Vendor must be sure to describe in detail all additional features, capabilities, or services that it will provide in the additional features section.

Centurion appreciates the opportunity to present additional service delivery and innovative solutions to achieve greater efficiency, quality, and cost savings for the FDC. Centurion has found the FDC to be an active, thoughtful, and collaborative partner in implementing innovative solutions to improve healthcare delivery services. Throughout the current contract, we have appreciated the Department's openness to considering and implementing alternative processes, staffing, and technologies as we work together to meet and exceed the evolving needs of the incarcerated population and evolving standards of the profession of correctional healthcare. We are eager to continue and/or embark on more of these joint endeavors in the new contract and look forward to discussing the additional services presented in our response to the ITN with the FDC.

As the incumbent provider delivering comprehensive healthcare services, we are currently in the process of implementing, or in discussions with the FDC regarding implementation, of some of the innovative concepts or materials described below and/or elsewhere in our response to this ITN. Consistent with ITN requirements, we included a description of value-added services relative to each service area in our response under Tab D, *Service Area Detailed Solution*. In our response to Tab C, *Description of Solution*, we have included a table listing our proposed future initiatives for the FDC program.

In response to Tab F, we elaborate on several of our innovative solutions, tools, and additional concepts offered for the Department's consideration. We first describe our founding goals and systematic approach to identifying innovative solutions, providing multiple instances of solutions we have implemented or hope to implement in the FDC program. We then succinctly recap both Centurion's value-add innovations and Centurion's proposed future initiatives described in our responses to earlier Tabs in this ITN. Finally, we describe additional services and innovations we propose for the Department's consideration in the new contract cycle.

As we have done under the current contract, we prefer to discuss any proposed operational changes with the FDC in person or during the negotiation process as we have found our partnership, with collaborative input from all parties involved, results in a much better, improved product and system of healthcare service delivery. The Department has always been open to considering alternate ways to meet the intent, goal, or objective of requirements. We hope to continue this positive pattern of communication and innovative problem solving into the future.

Moving forward in our partnership with the Department, we remain open to investigating any initiatives consistent with our “*healthcare beyond patient care, healthcare for humanity*” motto. Centurion brings initiatives to our clients and/or participates in initiatives alongside our clients that improve efficiency, efficacy, safety, fiscal responsibility, and public health, among other goals. These initiatives include smaller implementations of technology that support improved patient care or outcomes, increase service delivery efficiencies, or reduce resource utilization or costs. They also include larger initiatives, such as specialized physical health or mental health units, nursery program for infants and incarcerated mothers, or even a nursing home for geriatric or disabled patients. As our partnership with the Department evolves, we look forward to exploring the feasibility of these types of opportunities with the FDC and the role of Centurion in supporting or promoting whatever helps to accomplish the Department’s goals and the objectives of this ITN.

Centurion’s Innovative Healthcare Services

Centurion was founded on the principles and purpose of delivering innovative managed care solutions to state correctional agencies. As a company within the corporate structure of one of the nation’s largest healthcare enterprises, Centurion has direct access to the most modern, innovative care coordination and management systems available. Centurion’s innovative ideas are often generated from our Centurion *Corporate Clinical Innovation Committee (CIC)*.

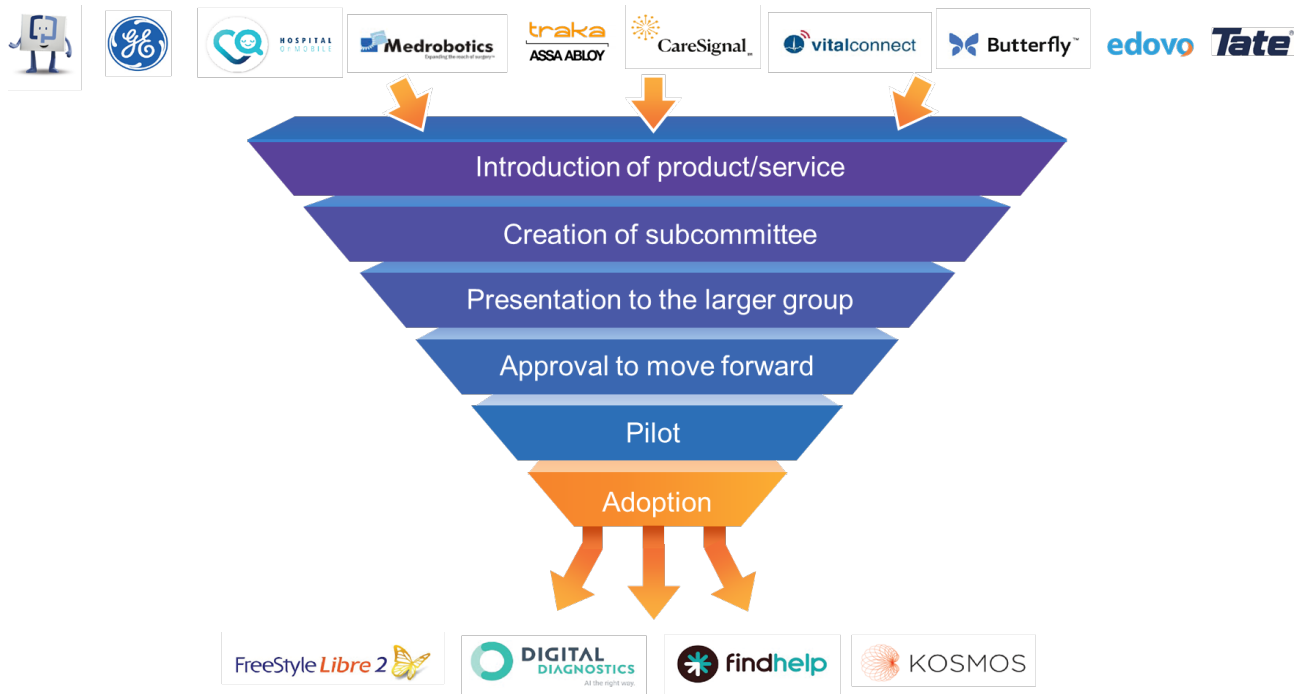


Centurion’s multidisciplinary CIC emphasizes clinical excellence and seeks new methods to meet our objectives and those of our DOC partners. The committee lends structure and discipline to the research and implementation of thoughtful clinical innovation opportunities for Centurion patients and clinical staff. This committee reviews and actively pursues innovations for our correctional patients, for our staff, and for our clients. The CIC goals include the following:

- Improve the health outcomes of our patients
- Improve the work life of our staff
- Improve the efficiency and effectiveness of healthcare delivery
- Identify innovation opportunities
- Lend structure, rigorous critical thinking, and direction to vetting innovation opportunities
- Lend clinical and technology expertise to implementing innovation
- Lend support and direction to measurement of outcomes related to implemented innovations

The committee consists of clinical, operational, and IT leadership and adds *ad hoc* members, as needed, to serve on subcommittees investigating promising new products and platforms for potential implementation within our healthcare programs. The CIC meets every two months to discuss the innovative ideas that members bring for consideration. Between committee meetings, we spend time engaging in product demonstrations and internal evaluation of those demonstrations.


The following funnel graphic highlights our clinical innovation process with some Year 2021 results:







We operate our innovation effort separately from our day-to-day CQI initiatives. While CQI fine tunes existing operations on a near daily basis, innovation seeks those creative new solutions and ideas that arise less frequently and hold promise to positively impact efficiency, patient health outcomes, quality or accuracy of our processes or service delivery, client/patient/staff satisfaction levels, or other benefits.

In 2021, our CIC team reviewed multiple innovative solutions, programs, technologies, and devices in consideration for use in our healthcare programs. We are selective and purposeful on the innovative ideas we decide to utilize. The chart below identifies the innovative solutions reviewed by the CIC in 2021, noting those approved and rolled out in some of our healthcare programs, including the FDC, and pending pilots or ongoing considerations for implementation. We also note projects that we declined to pursue after product demonstration and the CIC’s critical analysis. We are confident that we have identified promising additional services that may benefit the FDC/Centurion comprehensive healthcare program. **We highlight those possible and recent innovations for the FDC program in the table.** Following contract award, we look forward to discussing with the Department any desire to implement any Centurion branded, proprietary resources within the FDC to augment healthcare services.







Innovations Reviewed by the Clinical Innovation Committee in 2021

Innovation	Description and Status
<p>Kosmos Point of Care Ultrasound</p> 	<p>Reviewed, piloted, and adopted this flexible POCUS in ten contracts, including our current healthcare program for the FDC, each of which received onsite training and two devices. This has reduced number of offsite trips and improved patient and healthcare employee satisfaction.</p>

Innovations Reviewed by the Clinical Innovation Committee in 2021

Innovation	Description and Status
<p>Digital Diagnostics retinal examinations</p> 	<p>Reviewed and plan to adopt this AI retinal exam platform in partnership with the FDC.</p>
<p>TelaDoc/AmWell/ZoomRoom/Poly Studio X30</p>	<p>Reviewed four different telehealth kiosk options for use in housing units for sick call, and piloted several in collaboration with the Arizona Department of Corrections, Rehabilitation, and Reentry. We successfully piloted use of hardened “harsh environment consoles” to enable patients to be seen in their residential units, as well as utilized secure tablets for telehealth services where appropriate. We have begun discussions with the Department to implement such devices for the FDC.</p>
<p>EKO Duo Bluetooth Stethoscope</p> 	<p>Established pilots of the EKO Duo Bluetooth stethoscope and EKG in partnership with the Delaware and Kansas Departments of Corrections. We would like to explore implementation of this with the FDC. Digital stethoscopes and magnifiers help to improve diagnosis and treatment, thus potentially decrease the cost associated with the provision of offsite specialty care.</p>
<p>Assa Abloy medication distribution system</p> 	<p>Reviewed the Assa Abloy medication locker, which relies on biometrics to dispense patient-specific medications, thus automating medication administration. Currently, this system successfully used in Britain and Australia correctional systems. Centurion has a pilot planned with the Idaho Department of Corrections at community reentry centers where patients require twice-daily medication without having full-time nursing coverage. The nurse holds a medication line to administer morning medication doses, and then loads the machines (tiny lockers) with the second daily dose. Each patient then places a thumb on the scanner to receive the second dose of medication. We would like to explore with the FDC a pilot use of Assa Abloy medication lockers at FDC work camps. Benefits include a reduction in nursing costs associated with a reduction in medication administration lines (fewer nursing hours needed) and enhancement of patient responsibility/engagement.</p>
<p>FreeStyle Libre 2 Remote Continuous Glucose Monitor</p> 	<p>Piloted the Abbot Freestyle Libre Continuous Glucose Monitor (CGM) in partnership with the Minnesota Department of Corrections, with planned implementation in our partnership with the Indiana Department of Corrections. This monitor removes the painful four-times-daily blood glucose finger sticks, in favor of a simple, pain-free disc secured to the upper arm, which offers a glucose reading 24 x 7. We would like to explore implementation of this monitor with the FDC.</p>

Innovations Reviewed by the Clinical Innovation Committee in 2021

Innovation	Description and Status
<p>Cologard cancer screening</p> 	<p>Reviewed and adopted this remote noninvasive colon cancer screening solution available for Centurion medical providers to order in our healthcare contracts, including within our FDC program.</p>
<p>VitalPatch remote vital signs monitoring</p> 	<p>Reviewed and are planning pilots of this remote vital sign-monitoring device for our patients undergoing medical management for withdrawal in Volusia County Division of Corrections and the Tennessee Department of Correction. This biosensor product monitors vital signs including heart rate, temperature, O2, blood pressure, and has a fall monitor.</p>
<p>Hospital on mobile</p> 	<p>Continuing to review this biosensor product that monitors vital signs, utilized with either an electronic tablet or smart phone device. All patients have to do is to look in the camera or touch with a finger. It records vital signs such as O2 level, blood pressure, and heart rate. Future product improvements may include blood sugar monitoring capabilities.</p>
<p>FindHelp</p> 	<p>At the beginning of calendar year 2022, Centurion implemented FindHelp across our entire book of business, including our FDC program. FindHelp is a branded web-based search engine that supports community reentry through access to free or reduced cost social services. Website links are perpetually maintained, dynamic and fluid, with filters for criminal justice and open access. Searching is available anonymously or by account. The platform supports over 500,000 community-based programs to which patients can connect. Since January 2022 when we launched in Florida, 340 FDC related users conducted 2,544 searches in 574 sessions with 1,552 interactions.</p>
<p>IBM Watson</p> 	<p>Reviewed and decided not to pursue IBM’s platform to manage reentry and various databases.</p>
<p>Tate Secure Video Visitation Booth</p> 	<p>Designed to replace in-person visits requiring confidentiality. Committee determined not to pursue, continuing to work on alternative telehealth booth or kiosks options.</p>

Summary of Centurion Innovations from ITN Response

Throughout our proposal, Centurion discusses value-added and innovative services that we implemented into our current program, are expanding or enhancing within the FDC, or can bring to the Florida program



at no additional cost to the Department. The following table features those value-added services and provides their location in our proposal response. **These programs are free of charge to the FDC.**

Centurion Program Value-Added Services

Value-Added Service	Description Location in Technical Proposal
Current Telehealth Services and Centurion Corporate Telehealth Department	Section H, Value-Added Services for 3.6.3, Institutional Care Service Area
Point of Care Ultrasonography	Section H, Value-Added Services for 3.6.3, Institutional Care Service Area
Centurion’s Corporate Clinical Operations Department providing resources and guidance to our local leadership teams	Section H, Value-Added Services for 3.6.3 Mental Health Service Area
Centene specialty reentry program: <i>Nurse Advice Line</i>	Section H, Value-Added Services for 3.6.4 Hospital Administration and Care
Health Promotion of Female Patients through Centene specialty program: <i>H.E.R. Women’s Health Promotion Program</i>	Section H, Value-Added Services for 3.6.3, Institutional Care Service Area
Centene specialty program: <i>Envolve Focus on Wellness</i>	Section H, Value-Added Services for 3.6.3, Institutional Care Service Area
<i>FindHelp</i> Reentry Website	Section H, Value-Added Services for 3.6.3 Mental Health Service Area; Section H, Value-Added Services for 3.6.4 Hospital Administration and Care
<i>Krames</i> online educational library	Section H, Value-Added Services for 3.6.3, Institutional Care Service Area
<i>UpToDate</i> clinical decision support services	Section H, Value-Added Services for 3.6.3, Institutional Care Service Area
<i>RubiconMD</i> eConsult System	Section H, Value-Added Services for 3.6.3, Institutional Care Service Area
<i>EBSCO</i> evidenced-based clinical decision support solution tool to assist providers in clinical decision making	Section H, Value-Added Services for 3.6.3, Institutional Care Service Area
<i>Centurion Central</i> internal company resource website boasting thousands of internal and external resources, tools, journals, subscriptions, policies, webinars, and trainings for Centurion employees	Section H, Value-Added Services for 3.6.3, Institutional Care Service Area
Diabetic retinopathy machines through our partnership with <i>Digital Diagnostics</i> .	Section H, Value-Added Services for 3.6.3, Institutional Care Service Area
Enhanced data reporting and data analytics through our analytics and informatics team	Section H, Value-Added Services for 3.6.4 Hospital Administration and Care; Section H, Value-Added Services for 3.6.10, Information Technology Software Services
<i>TruCare</i> utilization management tracking system automation tool	Section H, Value-Added Services for 3.6.5 Utilization Management and Specialty Care
SharePoint web-based reporting and data site automation tool	Section H, Value-Added Services for 3.6.1 Program Management; Section H, Value-Added Services for 3.6.3 Mental Health Service Area
ACA portal inclusive for all FDC sites and portal site for CMA team remote access of CAP documentation	Section H, Value-Added Services for 3.6.8 Quality Management Service Area
Tableau visual analytics platform	Section H, Value-Added Services for 3.6.9 Electronic Medical Records
Corporate dedicated IT and EMR team	Section H, Value-Added Services for 3.6.10, Information Technology Software Services



Centurion Program Value-Added Services

Value-Added Service	Description Location in Technical Proposal
Pharmacy management services with extensive market, regulatory/compliance, and 340B expertise	Section H, Value-Added Services for 3.6.4 Hospital Administration and Care; Section H, Value-Added Services for 3.6.6 Pharmaceutical Services

To further recap, in our response to Tab C, we proposed the following list of future initiatives for the FDC program in the next contract period.

Proposed Future Initiatives for the FDC Program

Initiative	Description
Technology Initiatives	
Telehealth Expansion	With FDC approval, Centurion will expand telehealth capabilities to all FDC facilities and offer an increased scope of services. Some of our proposed expanded telehealth initiatives will include use of correctional tablets for in-cell programming, patient education, and treatment; dental telehealth services to the extent this is feasible and cost-effective; mental health and medical infirmary services; nursing sick call and/or triage; and provider flex coverage, among other options.
Wi-Fi Capabilities	In collaboration with facility and Department IT staff, Centurion would like to support the expansion of Wi-Fi to all FDC housing units.
EMR Refinement	Centurion will continue to work with the FDC and Fusion to ensure that all proposed devices and applications such as Kosmos and spirometers, can integrate and report into the EMR. In addition, we will explore the feasibility of single sign on option for the EMR system that would integrate with employee badges. We will also optimize reporting capabilities, forms, workflows, and linkages, with prior FDC approval, to platforms such as Impact Pro for predictive modeling and population risk stratification.
Point of Care Ultrasound	Expand utilization of this device to assist staff in finding patient veins, conducting foreign body evaluations, and completing joint injections. It also assists with central lines placements and sonogram guided paracentesis. Its current use at Lake CI has helped reduce the need for cardiac exams and reduced emergent thoracentesis.
Medical Initiatives	
Spirometers to diagnose asthmatic patients	This year, we will use spirometers to test incarcerated individuals at risk of or with asthmatic symptoms to 1) make a definite diagnosis, 2) provide them with necessary treatment, and 3) ensure they do not have chemical restraints used. Appropriate identification of asthmatic patients will avoid unnecessary prescription of inhalers to incarcerated individuals who believe that inhalers offer additional endurance and strength in the rec yard. It will also decrease medical and security costs associated with the number of patients participating in chronic care clinics and cost related to unnecessary medications. Estimate annual cost savings for this initiative prior to the COVID-19 pandemic was approximately \$1M. Having accounted for the equipment prior to the pandemic, there is no upfront cost to the FDC.
Dermascopy	Centurion will supply each facility with a dermascope, which is a handheld battery powered magnification lens with both polarized and non-polarized light, and an attachment that allows users to capture a magnified view of the skin lesion with a cellphone camera. Studies have shown use of the dermascope with minimal formal training and several months of experience can reduce unnecessary skin biopsies by up to 66%. Additionally, the scabies mite has a definitive appearance under dermascope lighting and magnification. This enables definitive diagnosis of an active scabies infection without biopsy or skin scrapings, which are less sensitive for diagnosis. This capability will also improve diagnosis of benign versus malignant skin lesions and will become the primary tool for scabies outbreak investigation and diagnosis.



Proposed Future Initiatives for the FDC Program

Initiative	Description
Telehealth Flex Coverage	Centurion will utilize multi-site telehealth providers who will provide telehealth coverage to designated facilities. Midlevel providers currently cover these facilities. These multi-site MDs will have dedicated time weekly for APRN/PA medical record chart reviews and education to improve /maintain the clinical skills of our mid-level providers. This resource will provide a pool of providers who can augment any facility with minimal notice to provide coverage for onsite provider absences or for additional provider support in the event of a disease outbreak.
RMC Long Term Vent Care Unit	Centurion looks forward to working with the FDC to create a unit for long-term ventilator dependent patients, either by staffing a ward at RMCH or by contracting with a local long-term vent management provider. This unit will offer consistent care for patients while addressing associated staffing, bed, and security issues.
EKG Patch and Free Style Libre	To improve patient care, increase patient self-management, decrease nursing burden, and reduce pharmacy cost, Centurion proposes to use EKG patch capability, which allows EKG to remain on a patient for up to 48 hours without the need to reattach the leads. This provides more accurate lead placement, resulting in better quality EKGs and allows us to perform serial EKGs. Similarly, Freestyle Libre offers patients the ability to monitor their glucose levels independently, decreasing nursing burden and positive affecting medication costs/supplies.
Dementia and Oxygen Dorms	Centurion has identified close to 30 patients who suffer from dementia or who are oxygen-dependent, who currently utilize infirmary beds because they are not suitable for general population. Development of housing units with special programs and specifically trained officers and staff would facilitate a healthier environment for these patients while decreasing the medical staff workload associated with maintaining these patients in an infirmary.
Insulin Pumps and biometric vital sign monitors	In agreement with FDC security, Centurion proposed to purchase insulin pumps for patients who are insulin-dependent and receiving injectable insulin at this time. Similarly, we propose to utilize biometric vital sign monitors for patients who require ongoing monitoring of their blood pressure, oxygen, and other vital signs. This equipment will ease the burden of care on staff and security, provide more accessible patient care, and potentially decrease cost of care.
Behavioral Health Initiatives	
Expanding Telehealth	Our overall expansion of telehealth services will include a focus on providing access to mental health services for patients outside of the general population. This includes patients receiving services in the infirmary and on inpatient units as well as those in confinement. We propose to utilize tablets (described in more detail later) that patients can utilize in the above-mentioned locations in cells, increasing access to needed mental health services.
Mental Health Staff Expanded Roles	Currently psychologists and psychiatrists are the primary providers of telemental health and telepsychiatry services. With the current shortage of these professionals across the nation and including Florida, we proposed to expand the use of telehealth services to licensed mental health professionals as well.
Behavioral Management Unit	Centurion will support the FDC and the FDC Director of Mental Health in creating a behavioral management unit at a designated facility. We believe that such as unit would be beneficial in addressing the needs of incarcerated individuals with behavior issues who require more focused treatment in a structured environment.
Dental Initiatives	
Equipment Purchase	Centurion proposes to purchase intraoral cameras for oral surgery consults, especially as they relate to dental pathology. This equipment will reduce or eliminate the need for transfers to the RMC for this type of oral consultation.
Dental Telehealth Services	Centurion recently submitted a formal proposal to the FDC for the unitization of telehealth dental services.
Nursing Initiatives	



Proposed Future Initiatives for the FDC Program

Initiative	Description
Urgent Care Model	With prior FDC approval, Centurion will use APRN and PA roles to implement an urgent care model for sick call at designated FDC facilities.
Telehealth Services	Centurion proposes to use telehealth services for sick call triage to assist with staffing shortages. We have done so successfully in other state correctional programs.
Nursing Supervisors	Centurion will implement nursing supervisor positions for evening shifts at select FDC facilities to ensure leadership continuity, alleviate DON workload, and increase onsite supervision for staff
Staffing Initiatives	
Nurse Travel Program	Instead of using nursing agencies, Centurion will create a travel nurse program for the FDC, whereby selected nurses will travel between sites, providing coverage during vacations, long-term illnesses, and vacancies. We have started the initial activities and will be completing the procedural components and associated pricing in the near future.
Employee Referral Program	We will continue to evaluate and refine our employee referral program. We recently changed the bonus for full-time licensed hires from \$1,500 to \$5,000.
Applicant / Candidate Outreach Automation Tool	Continuous outreach to candidates during the procurement, interview and hire process are critical in keeping candidates engaged and decreasing drop-offs during each the recruitment phases. Though we currently provide this type of follow-up, the Applicant/ Candidate Outreach Automation Tool automates the process (primarily emails and texts) and increases consistency.

Moving Forward: Additional Services or Supplemental Materials

In the spirit of Tab F, which the ITN directs vendors to provide suggestions for new ideas not previously presented in the rest of the ITN response, we present additional ideas and new initiatives for collaboration with the Department in the new contract. The initiatives presented below are organized into the following main categories:

- Technological Innovations and Enhancements
- Healthcare Innovations and Enhancements
- Healthcare Unit-Based Innovations and Mental Health Enhancements
- Rehabilitation and Recovery Innovations and Enhancements
- Innovations and Enhancements Ideas Going Forward

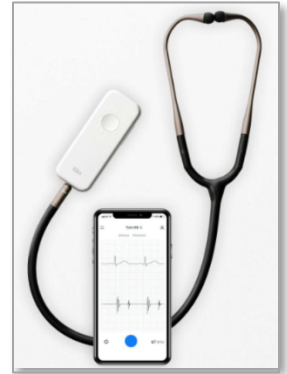
We should emphasize that, in line with Tab F, we do *not* present or offer alternative pricing structures. The current contract methodology has allowed Centurion and the FDC to work collaboratively and successfully in the current contract. The current contract between Centurion and the FDC uses a cost-based reimbursement methodology that provides full transparency to the FDC on the program’s operating costs and allows the flexibility to adjust staffing and other services without having to repeatedly renegotiate price. This methodology also allows the FDC to avoid paying high risk premiums associated with fixed, at-risk, per-inmate-per-day reimbursement methods. In addition, it appropriately incentivizes the vendor to invest their funds on providing and enhancing healthcare services, while providing the FDC with full visibility into and control over Department resources.



Additional Ideas for Service Enhancement: Technological Innovations

Remote Patient Monitoring: EKO Duo Bluetooth Stethoscope.

Centurion has successfully piloted the EKO Duo EKG and Digital Stethoscope in our partnerships with the Kansas Department of Corrections and Delaware Department of Corrections. The EKO Duo EKG and Digital Stethoscope is a Bluetooth stethoscope that staff can utilize in the health care unit without having to send the patient to a cardiologist/pulmonologist, and without the need for the provider who performs the exam to be on site. The use of the EKO Duo will save unnecessary emergency department trips, especially after hours when no provider is on site, and may help us avoid unneeded offsite specialty visits.



The device captures both heart and lung sounds and an EKG providing a fast and comprehensive view of our patients' cardiopulmonary function. The device can be used as a stethoscope, as an EKG, or both, to screen patients in person or remotely. Providers can customize their listening with 12 volume settings, and the stethoscope has four selectable audio filters: diaphragm, bell, midrange, and extended. Staff view the EKG in real time and the data can be stored and forwarded, as can the heart and lung sounds.

Remote Patient Monitoring: Remote Continuous Glucose Monitor (CGM). Beginning April 2021, Centurion piloted the CGM in collaboration with the Minnesota Department of Corrections. We will expand use of the CGM throughout Minnesota this summer 2022. We will also start a pilot in Indiana this Fall of 2022. This device is about the size of a quarter. Our patients have eagerly agreed to do away with painful four-times-daily blood glucose finger sticks, in favor of a simple, pain-free disc secured to the upper arm, which offers a glucose reading 24 x 7. We believe continuous blood glucose monitoring will alert us to sharp increases and dips in blood glucose, which often send a patient to the emergency department. Additionally, avoiding labile blood glucose levels helps to avoid end-organ disease so often seen in uncontrolled diabetes. The use of the CGM significantly decreased nursing time required to assess our diabetic patients, and improved patient outcomes.



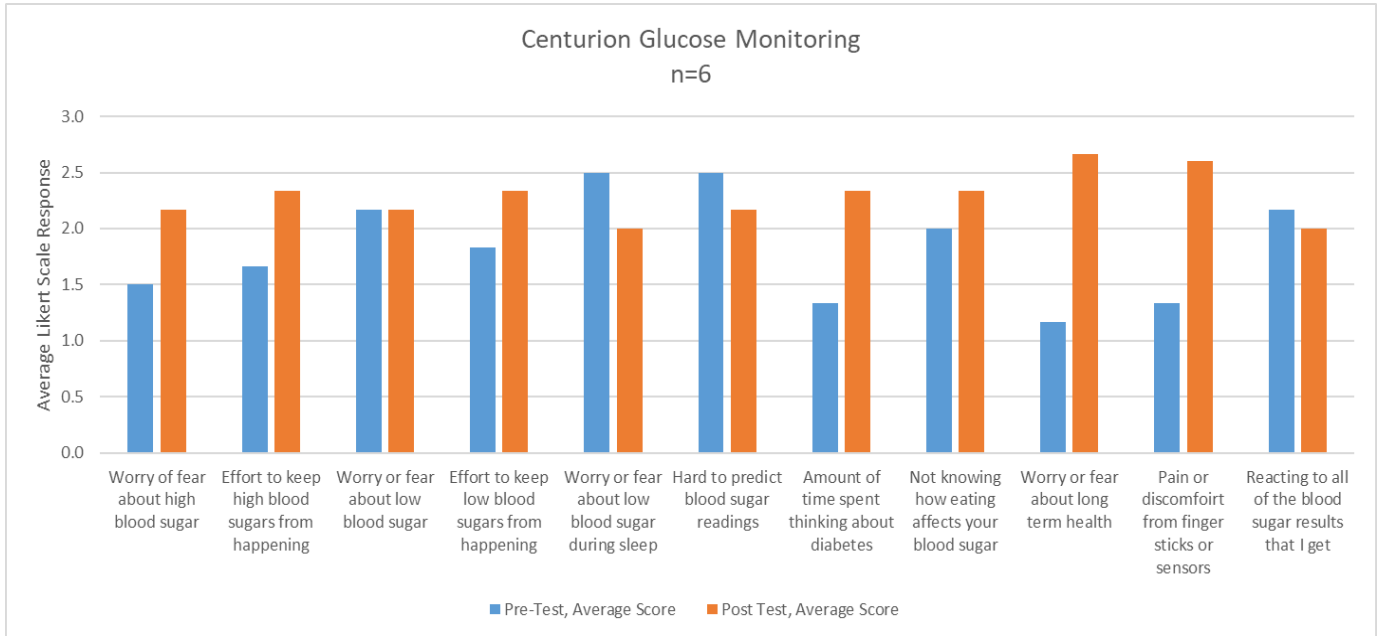
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CGM delivered supplies for 90 days (wearable patches and hand held readers) to the facility and staff were educated regarding supply re-ordering procedures. The MNDOC healthcare team identified ten eligible patients who accepted the invitation to participate. The pilot included both a pretest and a planned posttest. All ten patients in the cohort completed the pretest. One patient in the original cohort did not complete the pilot due to loss of interest and inability to comply. MNDOC released three patients in the original cohort from custody prior to the end of the pilot and they did not complete the posttest. Six patients from the original cohort completed the pilot. Staff added five patients to the pilot, but did not give them a pretest to complete at the commencement of their use of the CGM. We received no reports from the MNDOC of incidents of misuse, weaponization, or diversion of the patches or readers. Healthcare nor custody staff removed any patients because of their misuse of the supplies.

The **blue bar in the graph that follows** reflects results of the pre-test, which patients took before staff gave the CGM to the patient. The pretest reflects the patient's feelings about use of traditional finger sticks and glucometers as their only Glucose Monitoring System (GMS). The **orange bar in the graph that follows**

reflects results of the post-test, which patients took after 90 days' successive use of CGM. It reflects the patient's feelings about use of a CGM as their only GMS.

While we cannot comment on statistical or clinical significance with an *n* of six, our evaluative research showed that patients reported positively on their impression of the device and likely experienced an increase in their sensitivity or awareness to the risks of diabetes. In addition, we believe that staff and patients can utilize CGMs safely and reliably in an incarcerated setting when staff take time to select patients carefully in accordance with their potential misuse risk.



Increasing Usage of e-Tablets. During 2021-2022, Centurion updated all patient education materials for medical, dental, mental health and substance use services in preparation for their conversion into an electronic format. Moving forward into the new contract, we are poised to explore with the FDC options to maximize electronic tablet use by FDC incarcerated individuals to include patient education information. We currently have strong working relationships with major vendors and suppliers of tablet-based technologies, including the Department's current contractor, JPay, Inc. Tablet technology in correctional settings is emerging rapidly, and we anticipate new opportunities will arise over the next contract term to increase access to healthcare services, including rehabilitative services using this technology. We sense this technology may evolve towards a healthcare-on-demand reality.



Photo of JPay Tablet

Centurion is excited about our ability to pursue and offer the option for using tablets for telehealth as well as to disseminate patient education information 24/7. We are the first company to move towards providing telehealth services utilizing tablets due to our partnership with one of the largest tablet supply companies. Other applications we are exploring with tablets include online patient forms, electronic medical record service requests, and live messaging with treatment staff. Remote patient monitoring with tablet devices is another application we are considering.

Utilization of Predictive Modeling Technology through Impact Pro. Centurion would like to discuss the utilization of predictive modeling and care management analytics tool, *Impact Pro*, as an additional service to support cost effective, proactive, evidence-based institutional care.

We've discussed this possibility previously with the FDC, but now implementation and use of this platform for the FDC is likely to be far more accurate and effective now that we have successfully implemented an EMR and have the ability, with the Department's consent, to import healthcare data electronically into Impact Pro. Impact Pro utilizes patient enrollment and claims data to identify, analyze, and stratify patients based on clinical episodes, predictive modeling, and customized profiles. It combines a theoretical framework of clinical knowledge and Evidence Based Medicine essentials for implementing effective care strategies. It allows for the use of medical, pharmacy, and lab claims to identify patients with selected clinical conditions, establish predicted rise, and focus on patients that have the greatest impact with intervention services.

In partnership with the FDC, the incorporation of pharmacy and other utilization data into Impact Pro would allow for enhanced reporting along with further identification of patients where the greatest impact could be made through our integrated interventions.

Impact Pro can assist chronic care treatment teams by using clinical, risk, and patient profile information to target healthcare services, assess the effectiveness and quality of current services, and identify additional interventions that can benefit the patient. Impact Pro can stratify patients by health risk and complexity and identify which patients will benefit from specialized interventions before adverse health events occur.

Impact Pro requires pharmacy, laboratory, and offsite claims history in order to begin stratifying patients. Once this information is available, we are confident that the investment will result in improved chronic care and case management services. The predictive algorithms embedded in Impact Pro enable users to identify those patients most in need of intervention to avoid increasing disease complexity and prevent the need for escalating medical intervention. These patients are often not the most "expensive" healthcare recipients, who already suffer from end-stage diseases, but rather those patients most likely to become high need, high utilizers absent effective intervention.

Expanding Telehealth Services. Centurion's telehealth team, part of our clinical operations infrastructure, enables timely access to a wealth of specialty services for incarcerated patients. In early 2021, our corporate telehealth management team obtained Telemedicine Accreditation Program (TAP) accreditation, the highest level of telehealth accreditation in our industry, through URAC. As demonstrated in our current program, we believe that the FDC will benefit from our telehealth accreditation as it provides our clients with reassurance that our equipment, software, policies, and guidelines for



Centurion's telehealth program obtained certification from the Utilization Review Accreditation Commission. We are the first, and so far only, private correctional healthcare company to earn this certification.

telehealth services meet or exceed the industry's highest standards. These standards are relevant for patients, as well as correctional systems, as it provides assurance that our telehealth services meet strict privacy, security, provider credentials, staff training, and video quality standards. We are the first, and currently only private correctional healthcare company to have received URAC accreditation. In receiving this accreditation, we join ranks with the University of Texas Medical Branch, an academic provider within the Texas Department of Corrections system.

As demonstrated in our current program, we believe that the FDC will benefit from further telehealth expansion and capabilities available to the FDC through our telehealth technology. This includes Point of Care Ultra Sound (POCUS) technology, wireless and remote use of telehealth workstations that include peripheral attachments such as ECHO stethoscope, exam and dermatological camera and otoscope for patient assessment, and expansion of tablet use for the delivery of healthcare to incarcerated individuals.

As in our current program, we will continue to use telehealth equipment to provide psychiatric and psychological consultations and supervision as permitted by the FDC and Florida statutes. Over the past several years, we have expanded our telehealth services in collaboration with the Department with every facility now having Zoom capabilities, some with access in restrictive housing. We hope to continue this expansion and have identified potential opportunities. We look forward to continuing discussions with FDC to expand telehealth to include other mental health disciplines such as fully licensed MHPs or to include inpatient, infirmary or special housing settings, if the Department desires and approves this approach.

New Proposed Expansion Initiatives for Telehealth. In June 2022, at the time of this proposal writing, we submitted three proposals surrounding expansion of telehealth for the FDC's consideration:

- Telehealth services for psychology and therapy
- Telehealth for dental services with intraoral cameras within dental clinics
- Implementation of the use of telemedicine

The Department was supportive of these ideas and indicated wanting to move forward with the teledental and telemedicine initiatives. Telehealth for psychology and therapy are in further discussions. As the incumbent, we hope that these additional ideas for improvement, under review by the FDC at the time of this proposal writing, will have rolled out in our current partnership with the FDC prior to the beginning of a new contract. We provide further detail on these three proposals below.

Telehealth Initiative 1 – Telehealth Services for Psychology and Therapy. In our tele-mental health process draft we set forth a proposed process for use of telepsychology and tele-therapy in support of telehealth within the FDC. We proposed a pilot program and identified pilot facilities including specific locations for service delivery and staff to facilitate services. Our plan included phases and sub-phases along with a timeframe for implementation and re-evaluation after 60-90 days to finalize the process before developing the final process for expansion to additional facilities and regions. We also proposed a bi-monthly meeting with state, regional, and site mental health leadership for all facilities utilizing telehealth to re-evaluate and modify the process as needed during the pilot. We detailed training topics within a training plan to be approved by OHS.

Potential benefits of implementing tele-psychology and tele-therapy expansion include the following:

- Improved mental health coverage during staff shortages to ensure treatment and care of patients
- Rapid response to emergency situations
- Prevention of backlogs during provider absence due to vacations or extended leave time
- Immediate assistance for remote or rural areas where low numbers of potential candidates
- Improvement in staff retention and reduction in staff burn-out due to lack of institutional support
- Reductions in travel costs and time for providers
- Reductions in security time away from institutions due to transports
- Use of tele-communication devices (tablets) to improve coverage, staff safety by reducing patient movement in special housing and to reduce refusals of services for patients not wanting to leave their cell areas
- Minimizes loss of clinical appointments experienced during periods of restricted incarcerated individual movement by permitting rapid and seamless transfer of provider appointments between facilities
- Establishes provider coverage to ensure continuation of provider encounters, including care for patients admitted to the infirmary and during periods of planned and unplanned facility provider absences
- Provides a contingency plan for provider staffing in the event an epidemic or pandemic necessitates provider quarantine

Telehealth Initiative 2 – Telehealth Dental Services with Intraoral Cameras within Dental Clinics. In our teledentistry process draft, we proposed the process for use of teledentistry/intraoral cameras in support of telehealth within FDC dental clinics. We included training for dental providers, dental hygienists and dental assistants in the use and function of the dental intraoral cameras. We proposed for each dental clinic to be equipped with an intraoral camera to integrate with the existing dental digital radiograph software and use in all treatment rooms. Our plan included specifics for use, phases and sub-phases of implementation within a structured schedule, and a bi-monthly meeting with state and regional leadership to include facility dentists for all facilities utilizing teledentistry/intraoral cameras to re-evaluate and modify the process as needed.

Potential benefits of implementing teledentistry/intraoral cameras include the following:

- Eventual expansion to special housing units thus potentially decreasing patient movement to the dental department which would in turn decrease officer staffing requirements and resource usage
- Establishes dentist coverage to ensure continuation of dentist encounters including care of patients admitted to the infirmary and during periods of planned or unplanned facility dentist absences
- Provides a contingency plan for dentist staffing in the event an epidemic or pandemic necessitates dentist quarantine

Telehealth Initiative 3 – Implementation of the Use of Telemedicine. In our telemedicine process draft, we proposed the process for use of telemedicine in support of telehealth within the FDC. We detailed a pilot program including timeframe of 30-60 days to develop the final process for implementation of telemedicine and staff training requirements. We detailed training topics within a training plan to be approved by OHS. Our plan included phases and sub-phases within a structured schedule and identified pilot facilities including specific locations for service delivery and staff to facilitate services. We proposed a bi-monthly meeting with state and regional leadership along with facility providers and nursing for all facilities beginning to utilize telehealth to re-evaluate and modify the process as needed. We proposed a final re-evaluation to occur after 60-90 days to finalize the process before developing the final process for expansion to additional facilities and regions.

Potential benefits of telemedicine expansion include the following:

- Eventual expansion to special housing units thus potentially decreasing patient movement to the dental department which would decrease officer staffing requirements and resource usage
- Minimizes loss of clinical appointments experienced during periods of restricted patient movement by permitting rapid and seamless transfer of provider appointments between facilities
- Establishes provider coverage to ensure continuation of provider encounters including care of patients admitted to the infirmary and during periods of planned or unplanned facility dentist absences
- Provides a contingency plan for provider staffing in the event an epidemic or pandemic necessitates provider quarantine

Telehealth peripherals allow sites the ability to utilize diagnostic tools frequently associated with primary and specialty care telemedicine appointments. The case of peripherals contains a digital stethoscope and handheld camera that can be plugged into any Centurion computer or laptop that supports Zoom conferencing. We propose the purchase of 50 cases for the FDC to enhance access and portability. As of this writing, Dr. Lay has received the case with demonstration of how to use these devices pending. Below we highlight peripherals which we propose for telehealth use:

Riester Digital Medical Camera System

- Otoscope: enhanced view auditory canal
- Dermoscope: close up of the skin with the ability to measure and identify skin lesions
- General Lens: general examinations

EKO Stethoscope

- Allows provider to hear heart, bowel and lung sounds
- DUO ECG
- Murmur and AFIB detection
- High-quality audio



*Photos of Telehealth
Peripherals*

- User name/password for each institution through DUO (program for the stethoscope)

The tablet solution with wireless connectivity will allow for telehealth appointments from segregation and housing units. This technology helps to address security staff shortages by supporting assessment of the patient from their cell without a security escort. As of the writing of this proposal, we expected to soon be piloting telehealth using Centurion developed tablets in patient residential areas such as dorms and cells.

Another potential expansion of telehealth involves potentially centralizing our on-call services for the FDC utilizing a technology solution. We are actively working to determine the reporting functionality of the 8x8 system. This service can be used to initiate a Zoom video-conference if necessary and does allow for call queue and messaging service. A centralized on-call system will create efficiencies and allow for use of virtual (telehealth) functionality for on-call assessments.



Additional Ideas for Service Enhancement: Healthcare Innovations and Enhancements

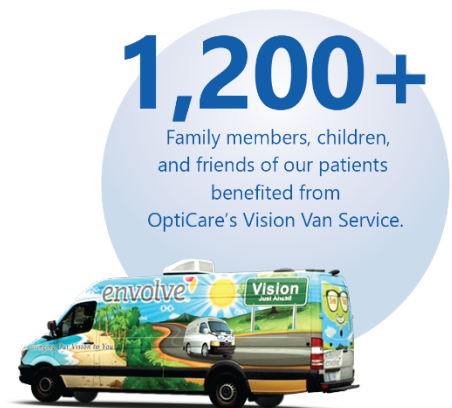
Engolve OptiCare Vision Van. As the incumbent provider of comprehensive healthcare services for the Department, in 2016 we began to provide vision screenings and free basic eye examinations to adults and children through our Engolve OptiCare Vision Van.

We highlighted this offering in our 2017 ITN response, and the service has continued since then. The Vision Van is a complete mobile optometry clinic on wheels. We routinely send the Vision Van to community events and to correctional facilities to provide free eye care services to visitors, family, and children of our incarcerated patients during routine visitation days, family days, or other celebrations at correctional institutions nationwide where Centurion provides services. Participants receive free eye exams, free reading glasses, free sunglasses, and free prescription eyewear.

Vision Van visits are a component of our corporate community relations efforts, as part of our broader community and public health view of correctional healthcare. The Vision Van is not intended for use with incarcerated individuals but rather as a public service to the communities we serve nationwide. The goal of the Opticare Vision Van visit is to provide a sampling of Centurion's health care services to the families of incarcerated individuals so they could see firsthand same type of care and services their family members receive while incarcerated.

In Florida, the Vision Van is scheduled to visit FDC facilities on September 24th and 25th, 2022. It will serve Dade, Homestead, Everglades, and Everglades Re-Entry facilities. Additionally, the van will visit the Mandarin Lakes K-8 Academy, a Title I grade school serving underserved children, on September 26th. We plan to continue to offer this service for annual visits, using optometrists and nurses from our sites to staff the van, in the new contract.

To date, the Vision Van has served over 1,200 community members across the country.





Expanded Resources in Florida for Community and Public Relations. Centurion recently hired **Shannon Allen** as **Director of Market Communications**. Ms. Allen is a resident of Franklin County, Florida, and has a strong background in public relations and community relations. She will coordinate and manage Centurion’s media and public relations efforts and develop collaborative messaging efforts with Centurion’s clients to promote the positive merits of corrections and corrections professionals. Given her proximity to Tallahassee, Ms. Allen will be a stronger resource to collaborate with the FDC’s Director of Communications, Michelle Glady, in responding to media inquiries that arise as well as messaging initiatives.



Shannon Allen
Director of Market
Communications

Collaborate with the Department to Add an Onsite CLIA-Moderate Complexity

Laboratory at RMCH. As RMCH, FDC’s flagship medical center, continues to add cutting edge quality services and technology to ensure that incarcerated individuals receive quality care, the facility would benefit with the addition of an onsite CLIA-moderate complexity laboratory to ensure accurate and timely laboratory results. The lab could be placed in the former laboratory space that remains unused as of the writing of this proposal.

As more and more new laboratory technologies come to adopted point of care testing, many of the more accurate and sensitive tests require certification above CLIA-waived certification. Our subcontracted vendor, BioReference, would assist with staffing qualified laboratory staff to maintain and operate these high fidelity test machines. One of the many lessons learned from the pandemic is the importance of timely and accurate infectious disease screening and testing. By hosting an onsite laboratory at RMC, we would satisfy that issue. In addition, the benefits of a complexity laboratory at RMCH include the following:

- Pre-operative testing would be easily achieved to ensure individuals who require emergent surgical intervention to not wait for medical clearance from outside testing results. The same can be said for cancer patients who need blood monitoring while undergoing chemotherapy treatment.
- With the implemented EMR in FDC facilities, this lab and its test results could be integrated into it allowing for more timely notification and action by the health care staff.
- With the onsite laboratory, “stat” labs could be obtained without need to await transport to an offsite laboratory facility when there is chance of the specimen being damaged, lost, degraded, or mishandled and thus waste precious time to redo a test that is urgently needed.
- The laboratory staff could also utilize point of care ultrasound to help with obtaining difficult blood draws with minimal effort or discomfort to patients.



Additional Idea for Service Enhancement: Healthcare Unit-Based Innovations and Mental Health Enhancements

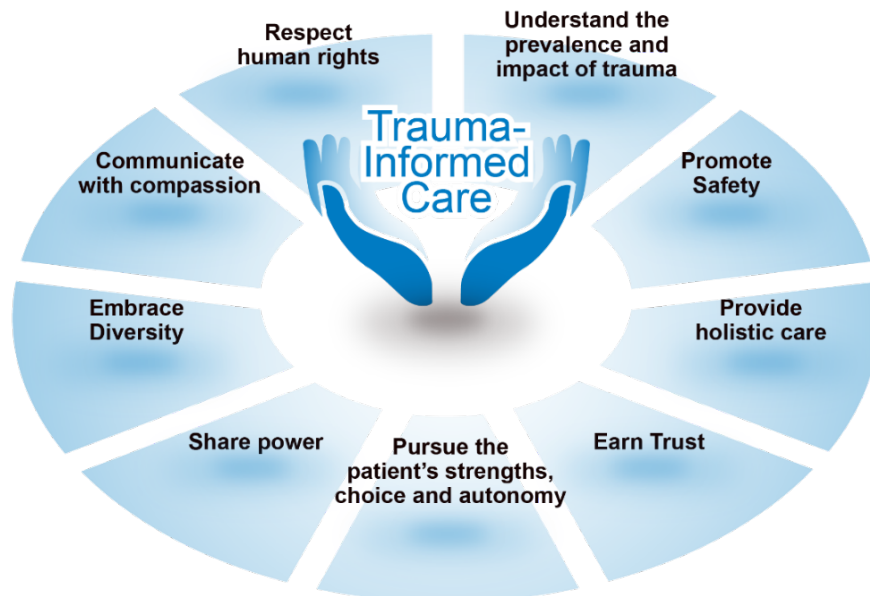
Collaborate with the Department to Develop Specialized Unit. As the incumbent, Centurion is very familiar with the specialized FDC units, including TCUs, CSUs, CMHTFs, currently in operation. We would like to explore with the Department designating certain units for specific interventions or populations.

For example, while the FDC currently provides a unit with specialized care for up to 19 individuals with dementia and mental health related conditions, we note that potentially up to 100 patients currently have a physical health diagnosis consistent with cognitive decline that may benefit from a similar unit level of care. We would thus like to explore the possibility for a long term care unit for dementia-related conditions, at a minimum, with the openness to consider a resource with greater capacity up to a nursing home level of care depending on Department interest.

Healthcare Training for Incarcerated Individual Workers. Related to our idea for a specialized physical care unit for individuals with age-related or other cognitive decline, we propose to offer a healthcare training program for incarcerated workers. Although we recognize that incarcerated workers cannot obtain related healthcare certification or licensing in Florida and cannot provide a full level of care, we value the skill development as an outcome of a CNA-like healthcare training program. Such a program would increase the capabilities of incarcerated workers to provide support for individuals living on such a specialized unit.

Collaborate with the Department to develop Behavior Management Unit. As noted, we would like to explore the development of a Behavior Management Unit to address recurrent self-injury and/or other problematic patient behaviors. Patients benefit from targeted behavioral interventions over prolonged periods to address recurrent self-injury. We would propose expansion beyond just an inpatient level of services to dedicate a higher level of resources, based on data available in the Self-Injury Profiling System to identify potentially up to 10 most at risk patients on whom to focus behavioral interventions. We have experience creating BMUs in some of our other healthcare contracts and look forward to exploring this further with the FDC if interested.

Promoting and Developing Gender Responsive, Trauma-Informed Treatment. Centurion will continue to provide gender responsive, trauma-informed treatment for female patients in FDC custody. Our delivery of trauma-informed and gender-responsive services, structured programming, behavioral management interventions, crisis interventions, and other mental health services for female patients have contributed to substantial improvements in the quality of patient-centered care for this population.



We have developed gender-responsive group treatment interventions to target adjustment problems for newly incarcerated women, as well as group treatment designed to target the emotional and behavioral symptoms often seen in incarcerated female patients, including two group curricula that address symptoms associated with trauma. Our curriculum of services is gender-responsive and focuses on risk factors that contributed to the patient's incarceration as well as protective factors and gender-specific strengths that staff can utilize to support patient reintegration into the community and a pro-social lifestyle.

Our unit-based programs include, in addition to traditional individual treatment interventions, group programming related to emotional regulation, interpersonal relationships, parenting, self-regulation, problem-solving skills, distress tolerance, and adaptive relaxation skills. We provide activity therapy targeting increased recreational skills and vocational skills training.

Centurion is committed to maintaining a trauma-informed approach to behavioral health service delivery for FDC female patients. Trauma-informed care has been a foundational principle for the mental health services in our current contract, and we will ensure that we continue to deliver this approach in the new contract. We recognize that integration of this approach into patient care, incarcerated population management, policies, procedures, and practices is integral to maintaining an environment that actively resists re-traumatization. For female populations, we believe trauma-informed care is essential to meeting the intent and requirements of the Prison Rape Elimination Act.

We train our staff to identify and incorporate trauma-informed approaches to care and advocate for training staff across all disciplines. We have developed a three-part staff training to support trauma-informed services in female populations. Our extensive training resources, with the index alone spanning 19 pages thus not included here due to space considerations, will continue to be available to the FDC and includes our specialized trauma training.

Each trauma-informed care training module provides structure for sequential acquisition of knowledge and skills that support trauma-informed care with incarcerated women. The three modules are appropriate for use with security, medical, and mental health treatment staff:

- Trauma Treatment Part I: Posttraumatic Stress Disorder and Complex Posttraumatic Stress Disorder
- Trauma Treatment Part II: Trauma-Informed Care
- Trauma Treatment Part III: Gender-Responsive Treatment

Centurion promotes our staff receiving training developed by the SAMHSA GAINS Center, which offers trauma training for criminal justice professionals to raise awareness about trauma and its effects. The training program has the following objectives:

- To increase understanding of trauma
- To create an awareness of the impact of trauma on behavior
- To develop trauma-informed criminal justice responses that can help to avoid re-traumatizing individuals

Trauma-informed criminal justice responses help to increase safety for all, decrease recidivism, and support recovery of justice-involved women and men with serious mental illness.

Multiple Centurion staff across our healthcare programs have completed the training and received Train-the-Trainer endorsement from the SAMHSA GAINS Center in order to bring this model back into our healthcare contracts and train additional staff. We now have multiple GAINS-certified trauma-informed response trainers across our healthcare contracts, including **Annette Bushfield, LMHC** in our FDC program. Our team, which includes Ms. Bushfield, delivers trauma-informed response training to community and corrections staff either in person or via a social media platform using a standardized format to help participants understand the sources and effects of trauma history on incarcerated individuals.



Annette Bushfield,
LMHC
Lead Mental Health
Educator

Annette Bushfield began working in the FDC in 2007 as a Mental Health Counselor and team lead for the FDC Trauma Response Team. Over a two-year time span, she provided a 4-month evidenced based model program for women with self-abusive behaviors related to previous trauma histories. In 2016 she began working with Centurion as our lead FDC Mental Health Educator developing and implementing training tools for a variety of mental health positions. In 2020, Ms. Bushfield was nominated for Delegate Assembly due to her attendance and commitment to the ACA. In 2021, she was selected to receive training to serve as a SAMSHA Trauma-Informed Response Trainer.

Centurion GAINS-certified trainers offered two staff training sessions in 2022, focusing on staff working in female facilities. Of the approximately 30 attendees per training session, four staff from our FDC healthcare program participated in the first training session, and two staff from our FDC healthcare program participated in the second training session.

Centurion incorporates trauma-informed and gender response care models into our assessments and interventions. Centurion's healthcare staff recognize that exposure to traumatic experiences, particularly in childhood, but also as adults, may apply to any patient.

While it is critical to be aware of a potential trauma history, we believe it is equally critical to avoid precipitous exploration of the history. Particularly for incarcerated individuals, historical or "uncovering" trauma work is not an evidence-based practice and can lead to escalation of behavioral and psychiatric disturbances. Regardless of the patient's trauma history, we focus our treatment efforts on finding practical solutions, building safety and self-management skills, and empowering patients to become better versions of himself or herself.



Additional Idea for Service Enhancement: Rehabilitation and Recovery Services

Emergency Medical Intervention for Suspected Overdose.

At the request of one of our comprehensive healthcare services DOC clients, late in 2021 we began developing some additional resources specifically to combat the overdose epidemic occurring throughout the country including within correctional settings involving multiple substances. Synthetic opioids have historically been the primary culprit in accidental overdoses, and most recently synthetic drugs with extremely high lethality have been found in multiple substances including opioids, amphetamines, marijuana, pressed pills, and multiple other substances. Thus, while continuing to work

with patients on recovery from the impact of illicit substances and encouraging abstinence, we have added a harm reduction and education component specific to targeting reduction of overdose risk in incarcerated individuals still using substances.

Our resources created to date have included educational materials, a multidisciplinary clinical guideline addressing post-acute drug overdose responses with guidance for medical and mental health staff on emergency medical protocols for responding to suspected overdoses, a training and staff competency checklist for naloxone use and administration, and posters supporting an anti-overdose campaign. All disciplines (mental health, medical, dental, substance use, etc.) in all of our healthcare programs can access the current material.

We launched our naloxone training on our web-based education platform Centurion University in June 2022. Going forward, we will require all Centurion clinical staff to complete the training upon hire and annually.

Our internal focus work group continues to collaborate on additional resources, such as training webinars for staff and our ongoing efforts towards a “lived experience” component to outreach incarcerated individuals using a multimedia approach. Upcoming videos, currently in production, will speak directly to lived experiences related to overdose as an important part of our outreach component. We look forward to sharing and exploring use of these resources with the FDC.

Consistent with best practices, Centurion providers approach patients holistically within an integrated model of care including medical, dental, mental health and substance use conditions. We would like to collaborate with the FDC to expand medication-assisted treatment (MAT), and medication for opioid use disorder treatment (MOUD), within a comprehensive healthcare service delivery model if the Department desires. All of these efforts support our overall objective to reduce patient morbidity and mortality as well as to treat identified healthcare conditions.



Additional Ideas for Service Enhancement: Bigger Picture Ideas for Going Forward

As noted in the beginning of Tab F, we prefer to discuss any proposed operational changes with the FDC in person or during the negotiation process as we have found our partnership, with collaborative input from all parties involved, results in a much better, improved product and system of healthcare service delivery. As we move forward, we look forward to discussing with the FDC potential collaboration for such large initiatives as:

- **Implementing a Health Care Training Program for Incarcerated Individuals** – Explore the option of expanding the capabilities of our incarcerated patients to become healthcare workers. Much like we do for our healthcare clerk personnel, this program would provide skills development and train the individuals to advance the opportunity to become certified nursing assistants in the future. This program would not license those participating, but would teach them the skills and provide knowledge to do so upon reentry into the community. This would also allow those involved to become more helpful in specialized units, such as for dementia patients, with proper supervision.
- **Installing Medication Lockers at Work Camps** – Explore the feasibility of utilizing Assa Abloy medication lockers at work camps to reduce nursing costs. These medication lockers rely on biometrics to dispense patient-specific medications, thus automating medication administration.

This would reduce medication administration lines resulting in fewer nursing hours and enhance patient responsibility/engagement. With the nationwide shortage of nursing professionals, finding ways of automating medication administration is a positive for our employees and staffing needs.

At this time, Centurion has a pilot planned with the Idaho Department of Corrections at community reentry centers where patients require twice-daily medication without having full-time nursing coverage. The nurse holds a medication line to administer morning medication doses, and then loads the machines (tiny lockers) with the second daily dose. Each patient then places a thumb on the scanner to receive the second dose of medication. This pilot would enable us to discuss the outcome with the FDC and fine tune the process of implementation.

- **Creating a Nursing Home Unit** – Create and designate a long-term care unit for dementia, elderly patients to provide the individual and unique care needs of this population. With the number of incarcerated individuals over the age of 65 rising in population, the need arises more and more for a separate space to care for the common ailments of these patients.
- **Implementing a Nursery Program** – Florida has the largest population of incarcerated mothers in the country. In our partnership with the Indiana Department of Corrections, we are involved with their Maternal and Child Health Unit at the Indiana Women’s Prison that allows mothers to raise their babies inside the walls. Since its inception in 2008 (and prior to Centurion’s involvement), the program has admitted over 300 pregnant individuals and welcomed over 200 infants. This program could benefit females in the Florida prison system and encourage the preservation of family while incarcerated for a better positioned transition back into the community. Advancing women’s patient services is something important to both FDC and Centurion.



Tab G – Price Information Sheet

Tab G Attachment I – Price Information Sheet

The Vendor shall complete and submit Attachment I, Price Information Sheet, indicating pricing for the Contract's initial term and renewal years. Attachment I, Price Information Sheet, shall be included in Tab G of the Vendor's Reply. Tab G shall be provided in a separate, sealed envelope and is not to be included in the Vendor's Technical Reply.

As instructed, we provide all copies of our completed Attachment I, *Price Information Sheet*, in a separately sealed envelope, included with our proposal submission.

Florida Department of Corrections | Bureau of Procurement | FDC ITN-22-042

Comprehensive Health Care Services

Due Date: July 15, 2022 2:00pm EST

Cost Reply Original

Submitted by:
Centurion of Florida, LLC
7700 Forsyth Blvd
St. Louis, MO 63105



centurion[™]

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Cost Methodology and Assumptions

Centurion submits the following Cost Reply proposal in an effort to provide the FDC with a pricing structure offering the best value and contract transparency. Based on the cost reimbursement text in the Invitation to Negotiate (ITN), Centurion has assumed that the future contract will operate under the same or essentially similar cost-based reimbursement model in place today under the current contract. The current contract between Centurion and the FDC uses a *cost-based* reimbursement methodology that ensures the FDC has full transparency into the program's operating costs and ultimate authority over expenditures in real time. The model provides flexibility to adjust staffing and services as needed, without renegotiating contract terms and price each time a change occurs. This has proven to be highly effective during the COVID-19 pandemic and its impact on the FDC and the healthcare program. This methodology also allows the FDC to avoid paying high risk premiums associated with historical fixed, full-risk, per-inmate-per-day reimbursement models.

Similar to Centurion's current contract with the FDC, this pricing structure consists of:

- Transparent reimbursement of all direct costs
- Administrative fee based on a percentage of total costs
- Contractual *not-to-exceed* amount

Centurion's proposed administrative fee reflects a reduction from our current contract. This reduction is based on the assumption that there will be a commensurate increase in the contract cap amount to accommodate current inflationary trends, reflecting the new realities of healthcare personnel compensation and the impact of the COVID-19 pandemic on other inflationary economic forces.

The fully reimbursable costs include all **direct costs** associated with the provision of comprehensive medical, dental, mental health, pharmaceutical, and hospital services as delineated in the ITN, as well as **indirect costs** associated with the delivery of health care services including, but not limited to:

- Electronic medical record (EMR) maintenance, improvements, and updates. Storage of EMR data, helpdesk support staff, training, and administrative functions to support the EMR
- All cost of medical, mental health, surgical, and related office supplies and equipment
- Vendor required computer installations and related software and network costs
- Pharmacy permits and licenses



- Premium costs of insurance
- Background checks
- Other costs not specifically identified but commonly associated with the delivery of necessary health services

The proposed administrative fee includes:

- Corporate support including recruiting, human resources, clinical operations, payroll, claims processing, and executive oversight
- Corporate office rent and facility costs
- Employee travel and moving expenses
- Contract monitoring costs
- Litigation costs, expenses, and legal fees
- Profit

In addition to providing the FDC will full transparency into the program's expenditures, the cost-based model also appropriately incentivizes Centurion to *earn* its profit through performance and aligns the Department and Centurion in the management of expenses.

Centurion looks forward to continuing the partnership with the State of Florida, one that has resulted in substantial improvements to the health services program while providing the FDC full transparency into the program's expenditures. We are committed to a continuous process of identifying innovative opportunities to contain costs and improve services, and to appropriately fund any needed program enhancements during the next contract term. We are also committed to working with the FDC to improve and make more efficient the processes that impact associated costs to the FDC, such as reducing security costs through more efficient utilization management and using new technologies to deliver more services on site.

We look forward to discussing our proposal in more detail with the FDC and the process of negotiations. Centurion hopes to expand on the successes already achieved in our current contract with the FDC and implement further improvements to the healthcare program.

ATTACHMENT I – PRICE INFORMATION SHEET FDC ITN-22-042

The Department intends to reimburse the Vendor for actual direct costs associated with the provision of health care to its Inmates. In addition, the Department intends to pay the Vendor an administrative fee as a percentage of the actual direct costs the Vendor incurs. This administrative fee must be inclusive of the Vendor's indirect costs (those costs incurred by the Vendor not relating to the provision of health care to a particular Inmate), as well as any Vendor profit. To submit a Cost Reply, Vendors must complete the following table.

Administrative Fee (%)	
Initial Term	10.50%
Renewal Term	10.00%

Centurion of Florida, LLC

VENDOR NAME

81-0687470

FEIN

Keith Lueking, Chief Executive Officer

PRINTED NAME OF AUTHORIZED REPRESENTATIVE



SIGNATURE OF AUTHORIZED REPRESENTATIVE

July 7, 2022

DATE