



DANE COUNTY
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION

REQUEST FOR PROPOSAL (RFP)

Revised 06/2021

RFP NUMBER: **122012**

RFP TITLE: **Medical Services for Residents at the
Dane County Jail and Youth at the
Juvenile Detention Center**

RFP DEADLINE: **Monday, July 25, 2022
2:00 p.m. (CST)**

**PROPOSALS
MUST BE
UPLOADED TO:** **Purchasing Bid Dropbox
www.danepurchasing.com**

Late, faxed, mailed, hand-delivered or unsigned proposals will be rejected

**MANDATORY
VENDOR
CONFERENCE:** **Thursday, June 30, 2022 at 10:00 a.m.**
**PLEASE NOTE: Vendors must submit a
letter of registration listing all attendees by
4:00 p.m. on June 21, 2022 in order to
participate in the vendor conference**

**DIRECT
ALL INQUIRES TO:** **Megan Rogan**
Purchasing Officer
(608)283-1487
Rogan.megan@countyofdane.com
www.danepurchasing.com

PROPOSAL SUBMISSION CHECKLIST

- | | | |
|---|--|--|
| <input type="checkbox"/> Update Vendor Registration | <input type="checkbox"/> RFP Response
(Separate from Cost Proposal) | <input type="checkbox"/> Upload RFP Response and Cost Proposal to Purchasing Bid Dropbox |
| <input type="checkbox"/> Read Entire RFP Document | <input type="checkbox"/> Cost Proposal
(Separate from RFP Response) | |

DATE ISSUED | June 1, 2022

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1.0 RFP OVERVIEW

1.1 Introduction

The purpose of this document is to provide interested parties with information to enable them to prepare and submit a proposal according to the specifications set forth within this document.

The County intends to use the results of this process to award a contract or issue of purchase order for the product(s) and or services(s) stated.

The Dane County Purchasing Division is the sole point of contact for questions and issues that may arise during the RFP process.

1.2 Clarification of the Specifications

All inquiries concerning this RFP must be **emailed** to the **person indicated on the cover page** of the RFP Document.

Any questions concerning this RFP must be submitted in writing by e-mail on or before the stated date on the **Calendar of Events** (Section 1.4).

Proposers are expected to raise any questions, exceptions, or additions they have concerning the RFP document at this point in the RFP process. If a proposer discovers any significant ambiguity, error, conflict, discrepancy, omission, or other deficiency in this RFP, the proposer should immediately notify the contact person of such error and request modification or clarification of the RFP document.

Proposers are prohibited from communicating directly with any employee of Dane County, except as described herein. No County employee or representative other than those individuals listed as County contacts in this RFP is authorized to provide any information or respond to any question or inquiry concerning this RFP.

1.3 Vendor Conference

A **mandatory** conference will be held to respond to written questions and to provide any needed additional instruction to vendors on the submission of proposals. All vendors who intend to respond to the RFP **shall** attend the vendor conference. If a vendor fails to attend the conference and submits a proposal, the proposal will be rejected. A tour of the facilities impacted in this RFP will also be conducted during the vendor conference.

Due to touring the secure areas of the Dane County Jail, vendors who attend the conference will need to have a security clearance check performed. Vendors must submit a letter of registration (Attachment B) listing all attendees by 4:00 p.m. on June 21, 2022 in order to participate in the vendor conference. This letter of registration will be used to perform criminal background checks on all participants, as required prior to admission in any jail facilities.

Date: Thursday, June 30, 2022

Time: 10:00 a.m.

Location: Public Safety Building, Second Floor, 115 W. Doty St. Madison

1.4 **Calendar of Events**

Listed below are specific and estimated dates and times of actions related to this RFP. The actions with specific dates must be completed as indicated unless otherwise changed by the County. In the event that the County finds it necessary to change any of the specific dates and times in the calendar of events listed below, it will do so by issuing an addendum to this RFP and posting such addendum on the Dane County [website](#). There may or may not be a formal notification issued for changes in the estimated dates and times.

DATE	EVENT
June 1, 2022	RFP Issued
July 15, 2022	Last day to submit written inquiries (2:00 p.m. CST)
July 18, 2022	Addendums or supplements to the RFP posted on the Purchasing Division website
July 25, 2022	Proposals due (2:00 p.m. CST)
August, 2022	Interviews (if needed)
August, 2022	Vendor Selection/Award
January 1, 2023	Contract Start Date

1.5 Evaluation Criteria

**Two SEPARATE proposal responses are requested for this RFP.
 ONE proposal for the Dane County Jail Facilities
 ONE proposal for the Juvenile Detention Center
 Vendor may submit a proposal for one or both locations**

The proposals for the Dane County Jail facilities will be scored using the following criteria:

Proposal Requirements	Percent
General Requirements	
a. Organizational Capabilities & Experience client list and references (Sections 3.4) – 10%	
b. Staff Qualifications – governance and administration (Section 3.5) – 10%	25%
c. Litigation and claims history and experience (Section 3.7) – 5%	
Technical Requirements (Section 3.9)	
a. Resident Care and Treatment 10%	
b. Staffing 10%	
c. Health Promotion and Disease Prevention 5%	
d. Special Needs Services 5%	
e. Health Records 5%	55%
f. Pharmaceuticals 5%	
g. Diagnostic Services/Hospital and Specialized Ambulatory Care 5%	
h. Experience with Jail Design 5%	
i. All other Requirements 5%	

Cost	Percent
Cost (Section 5)	20%
Total	100%

The proposals for the Juvenile Detention Center will be scored using the following criteria:

Proposal Requirements	Percent
Organizational Capabilities (Section 4.4)	15%
Staff Qualifications (Section 4.5)	15%
Technical Requirements (Section 4.6)	50%
Cost	Percent
Cost (Section 5)	20%
Total	100%

1.6 Submittal Instructions

Proposals must be received in the Purchasing – Bid Dropbox located on the www.danepurchasing.com website no later than the date and time indicated within the RFP Deadline field on the RFP Cover Page or addenda. Late, faxed, mailed, hand-delivered, or unsigned proposals will be rejected unless otherwise specified. Dane County is not liable for any cost incurred by proposers in replying to this RFP.

All proposals must be saved in PDF format unless otherwise specified within the RFP document and the file name shall include the RFP# and name of business submitting proposal.

Example of how to name the files:

120012 – Vendor Name – RFP Response

120012 – Vendor Name – Cost Proposal

To Submit a Proposal:

1. Go to www.danepurchasing.com and click on Purchasing – Bid Dropbox or click on the Open RFP’s and Bids page link.
2. Click on the Submit a Bid button within the green Purchasing Bid Dropbox.
3. Type in the Email, First Name, Last Name and Company information and click Continue.
4. Drag and drop the RFP files one at a time into the “Drag files here” box.

SECTION 1 – RFP OVERVIEW

5. After all files have been placed into the “Drag files here” box, click on the blue Upload button.
 - a. The file upload status can be seen for each document uploaded.
 - b. After each document reaches 100%, it will say “Uploaded”.
6. Confirm all files have been uploaded and then close out of the window.

2.0 PROJECT OVERVIEW AND SCOPE OF SERVICES

2.1 **Definitions and Links**

The following definitions and links are used throughout the RFP.

County: Dane County

County Agency: Department/Division utilizing the service or product.

Dane County Purchasing website: www.danepurchasing.com

Fair Labor Practices websites: www.nlrb.gov and <http://werc.wi.gov>

Purchasing

Proposer/Vendor/Firm/Contractor: a company submitting a proposal in response to this RFP.

2.2 **Scope of Services/Specification Overview**

PURPOSE

The purpose of this document is to provide interested parties with information to enable them to prepare and submit a proposal for Resident Medical Services for the Dane County Jail and Juvenile Detention Center.

Awards will be based on what will provide the best value to the COUNTY. Awarded contracts may or may not be exclusive and may be awarded to more than one vendor. The COUNTY will accept proposals for a single location or both locations.

The contract(s) resulting from this RFP will be administered by the Dane County Sheriff's Office and the Dane County Juvenile Detention Center. The contract administrators will be the Dane County Sheriff's Office Security Services Captain or their designee and the Juvenile Court Administrator.

This Request for Proposal (RFP) is issued on behalf of Dane County by the Purchasing Division, which is the sole point of contact for the COUNTY during the procurement process.

FACILITY DESCRIPTIONS

The Dane County Jail (DCJ) is comprised of three facilities.

The **City-County Building Jail (CCB)**, located at 210 Martin Luther King Jr. Blvd., Madison, was first built in the 1950s with two floors on the east side of the building. In 1985, the jail was expanded to occupy the west wing of the CCB, bringing the final capacity of that facility to 341 beds. In 2001, a reconstruction job was completed on the CCB. The reconstruction did not add additional beds, but retooled areas of the CCB that were abandoned when the Public Safety Building Jail opened.

The CCB is our maximum-security facility and is separated into four wings, 6 East, 7 East, 6 West, and 7 West. It is a linear facility having cell blocks made up of individual cells surrounding a day room or common area. Each cell block typically houses four or eight residents.

The **Public Safety Building (PSB)**, located at 115 W. Doty St., Madison, opened in 1995. It is designated as a medium/minimum security facility and uses direct

SECTION 2 – PROJECT OVERVIEW AND SCOPE OF SERVICES

supervision in the resident housing units. There are 204 beds each on the third and fourth floors for a combined total of 408 beds. The first floor houses our Booking Intake Center and has 64 beds for newly-arrested residents awaiting initial appearance court and/or residents who need to be classified before being housed elsewhere in the jail.

The third and fourth floor dormitory style housing units in the PSB consist of one large open room with no individual cells. The largest housing units house up to 50 residents. There are also split housing units which house up to 24 residents on one side and 28 on the other.

The **William H. Ferris Center, (FC)**, located at 2120 Rimrock Rd., Madison, is our work release facility. It was constructed in 1983 as a minimum security facility housing sentenced residents with work release privileges. In 1992, a second floor was added to the Ferris Center. In 1994 the second floor was closed with the opening of the Public Safety Building, but by 1997 it was necessary to re-open it due to jail overcrowding. It was closed again in 2011 and remains closed today.

Each floor of the FC consists of three wings which are managed through indirect supervision. The resident areas on each floor consist of three wings. Each wing has a dayroom or common area with a total of 24 dormitory style rooms on each floor. One wing has nine dorm rooms, one wing has eight dorm rooms, and one wing has seven dorm rooms. Each dorm can house up to six residents. The deputies are stationed in the common lobby area of the facility. Double bunking brings the capacity of each floor up to 144 beds.

Under roof total Dane County Jail, Average Daily Population (ADP), for all facilities is as follows:

YEAR	Average Daily Population
2021	517
2020	535
2019	718

The Dane County Juvenile Detention (DCJD) consist of one facility.

The **Dane County Juvenile Detention Center** is located on the second floor of the City-County Building, at 210 Martin Luther King Jr Blvd room 200. The facility was constructed in 2007 and contains two medical offices with a full exam room. Juvenile Detention is a secure, 30 bed, co-ed facility for 10-17 year olds. The historical average length of stay in detention is 7.5 days, but the range can be one day to many months.

Under roof total Dane County Juvenile Detention Center, Average Daily Population (ADP), is as follows:

YEAR	Average Daily Population
2021	5
2020	9
2019	13

SECTION 2 – PROJECT OVERVIEW AND SCOPE OF SERVICES

COUNTY is currently engaged in a comprehensive Jail Update Study and major renovations to the Dane County Jail are likely to occur within the near future (next five years).

PROJECT DESCRIPTION

COUNTY is soliciting a competitive request for Proposal (RFP) to retain professional services of a Contractor to provide comprehensive health and mental health services to the resident population of both the Dane County Jail and the Dane County Juvenile Detention Center.

For the Dane County Jail these services shall consist of medical, nursing, mental health (social worker, psychiatry), medical records, pharmacy, Telemedicine, Medical Assisted Therapy, dental, lab, x-ray, ancillary services, specialty care consults onsite (cardiology, oncology, orthopedic, obstetrics, dermatology, gastroenterology), as well as off-site emergency, outpatient specialty and inpatient hospitalization services. It is the goal of COUNTY that the vendor provide as many services as possible on-site, within the confines of the Jail to minimize community trips.

The Dane County Jail's current health services program includes: management, medical services/physicians, nursing, mental health, dental, pharmacy, Medical Assisted Therapy, medical records, lab, x-ray, on-site routine and specialty services, and medical/dental/offices supplies and services in accordance with the Wisconsin State Requirements. Proposer may also submit alternative proposals that enhance the current level of program services by including- on-site specialty and diagnostic services, dialysis, hospitalization and other comprehensive services.

The purpose of this total health system network to provide quality health care including mental health services as they relate to Wisconsin laws in order to facilitate quality preventative care and education, early identification and intervention, and treatment.

For the Dane County Juvenile Detention Center these services shall consist of, pediatric medical, pediatric nursing, medical records, patient education, lab, X-Ray, immunizations, health screens, physical exams, ancillary services, Telemedicine, off-site emergency coordination, out-patient specialty and inpatient hospitalization services coordination. It is the goal of COUNTY that the vendor provide as many services as possible on-site, within the confines of the Jail and Detention to minimize community trips.

The Dane County Juvenile Detention Center's current health services program include: pediatric medical services/physician, nursing, medical records, stock medication, immunizations, health screens, physical exams X-Ray, ancillary services, emergency coordination, off-site coordination/inpatient hospitalization.

SECTION 2 – PROJECT OVERVIEW AND SCOPE OF SERVICES

The goals and objectives of the contract resulting from this RFP are:

- To provide comprehensive health and mental health services to the resident population.
- To ensure high quality comprehensive health and mental health services to the resident population with in the Dane County Jail and Dane County Juvenile Detention.
- To deliver services in a manner consistent with community standards in the greater Dane County as well as with applicable State of Wisconsin statutes and constitutional requirements.
- To treat residents with respect and dignity in all interactions and encounters.
- To comply with professional standards and accreditation guidelines for the National commission on Correctional Health care (NCCHC).
- To establish reports and other mechanisms to ensure accountability to County for services and staffing provided.
- To maintain documentation of services provided that is accurate, complete, thorough and comprehensive.
- To audit services and staffing through a system of quality improvement.
- To maintain staffing levels within prescribed guidelines and patterns identified in this proposal.
- To provide appropriately credentialed and licensed/certified/registered health and mental health professionals and staff.
- To create an employee-focused work environment that fosters professional growth and development.
- To initiate systems for recruitment and retention of qualified staff.
- To enhance staff skills and job satisfaction with continuing education and staff development activities.
- To focus on client satisfaction with the “client” including the resident population, the health and mental health professionals, and COUNTY.
- To ensure that communication is open and forthright regarding all issues relative to the contract and COUNTY.
- To work both cooperatively and collaboratively with COUNTY toward the common goal of quality health care.

EXCLUSIONS

SERVICE EXCLUSIONS

Residents or parents are responsible for all costs of medical care and hospital care outside the jail. If the resident is unable to pay, the County is liable for payment for adult residents and parents or legal guardians are liable for juvenile detention residents. However, it is the hospital or community provider’s responsibility to seek

SECTION 2 – PROJECT OVERVIEW AND SCOPE OF SERVICES

payment from the resident or parent/legal guardian from whatever means are available and only look to the County for payment if all options fail.

RESIDENT EXCLUSIONS

The following residents are not considered as covered under this RFP:

- In-home restriction, house arrest, electronic surveillance/detention.
- Escape status and not in the physical custody of COUNTY.
- Dane County residents boarded in other county jails due to Dane County's overcrowding, except for assurance of continuity of care when processing these residents in and out of the Dane County Jail or Juvenile Detention and consulting with the other jails' healthcare providers.
- Day-reporting or non-custody individuals.

Residents within the physical custody of COUNTY within the confines of the DCJ are included in this RFP. This includes state residents of the Wisconsin Department of Corrections, residents housed from other city or county jails or other state prison systems, federal detainees or residents, or probation/parole violators returned to custody under COUNTY. Any external reimbursement for off-site services for these individuals' care, or for pharmaceuticals, shall revert to the Sheriff's Office and COUNTY in payment or reduction of billing. Any third party reimbursement funds received by the vendor as a result of submission for off-site resident health care must be provided to the Sheriff's Office in payment or reduction of billing.

INSURANCE REQUIREMENTS

Potential vendors must understand that Dane County's general liability insurance policy specifically excludes liability for health care services provided to our jail residents. Therefore, all potential vendors must also understand that the contractor which is awarded the contract under this RFP must agree to be financially responsible for all claims and any damages experienced by any person including, but not limited to, residents and the contractor's employees.

To support these financial responsibilities, the potential vendor who is awarded the contract under this RFP must have in affect and maintain all insurance coverages listed below. Potential vendors must also understand that their financial obligations under this paragraph will not be reduced in any way by the existence or non-existence, limitation, amount or type of damages, compensation or benefits payable under the contractor's insurance policies.

Deviations and waivers to the following indemnification and insurance requirements may be requested in writing to the Dane County Risk Manager. Deviations and/or waivers will not be withheld nor denied without consultation with the contractor. Any approval of a deviation or waiver shall be provided to the contractor in writing prior to any change becoming effective.

INDEMNIFICATION

If awarded the contract, the potential contractor will agree, to the fullest extent permitted by law, to indemnify, defend and hold harmless to indemnify, hold harmless and defend Dane County, its elected official, officers, employees and agents, against, and hold them harmless from, any and all lawsuits, claims, demands, liabilities, losses and expenses, including court costs and attorneys' fees, for or on account of, any injury to any person and any death at any time resulting from such an injury (including an injury or a death experienced by an employee of the contractor) and any damage to property, which may arise out of, or are connected with, the activities covered by this agreement.

Dane County understands that the foregoing indemnification will not apply if the injury, death or damage was caused by the actions, omission, negligence or intentional acts of Dane County, their agents, servants or employees. In such an instance, Dane County would be responsible for defending and paying judgments on behalf of its elected official, officers, employees and agents.

EVIDENCE OF INSURANCE

A Certificate of Insurance for the coverage listed below shall be provided to the Dane County Risk Manager prior to services commenced under the contract. The policy will list Dane County as an additional Insured and afford Dane County a thirty (30) day written notice of cancellation, non-renewal, or known material change for the duration of the contract.

Certificates of Insurance shall also be submitted for review to the Dane County Risk Manager for each successive period of coverage for the duration of the agreement drafted from this RFP and subsequent vendor proposal

TYPES OF COVERAGE AND LIMITS OF LIABILITY

The vendor shall provide evidence of the following coverages and minimum amounts prior to the implementation of on-site services. All of the Insurance coverage specified below shall be placed with an "A" rated carrier per AM Best's Rating Guide approved to do business in the State of Wisconsin. Any deviations or waiver of required coverages or minimums shall be submitted in writing and approved by the Risk Manager as a condition of the agreement.

Workers' Compensation

The potential vendor must comply with the State of Wisconsin's statutory minimums for Employer's Liability coverage. Coverage shall be modified to include a Waiver of Subrogation in favor of Dane County, as well as including their elected officials, directors, officers, agents and employees.

SECTION 2 – PROJECT OVERVIEW AND SCOPE OF SERVICES

Commercial or General Liability Insurance

Including coverage for Public Liability and Property Damage Insurance.

Comprehensive General Liability:	<u>minimum of:</u>
General Aggregate	\$1,000,000 per occurrence
Bodily Injury and Property Damage	\$1,000,000 aggregate
Personal Injury	\$1,000,000 per person
Contractual Liability	\$1,000,000 per occurrence
Fire Legal Liability	\$50,000 per occurrence
Each Occurrence Minimum Limit	\$1,000,000
Aggregate Minimum	\$6,000,000

Auto Liability

Covering any auto owned, leased, non-owned and/or hired.

Combined Singled Limit for Bodily Injury and Property Damage	<u>minimum of:</u> \$1,000,000
All autos owned, non-owned and/or hired	per Wisconsin regulation
Uninsured Motorist	per Wisconsin regulation

Professional Liability - Provider

Hospital, Licensed Physician, or any other qualified healthcare provider under §655 Wisconsin Patient Compensation Fund Statute	<u>minimum of:</u> \$ 800,000 Per Occurrence \$2,000,000 Annual Aggregate
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It is agreed that should the statutory minimum financial responsibility limits change, the minimum limits stated herein shall automatically change as well.

Professional Liability - Other

Any Non-qualified Provider under §655 Wisconsin Patient Compensation Fund Statute, State of Wisconsin (Indicate if Claims Made or Occurrence)	<u>minimum of:</u> \$1,000,000 Per Occurrence / Claim \$3,000,000 Annual Aggregate
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Subcontractor Liability Coverage

It is understood and agreed that the successful company will obtain information on the professional liability coverage of all subcontractors in the same form as specified above. Such documentation must be available for review by Dane County's Risk Manager

SECTION 2 – PROJECT OVERVIEW AND SCOPE OF SERVICES

Additional Provisions Professional Liability

If awarded the contract, the potential vendor will, upon request, provide to the Dane County Risk Manager a copy of each Professional Liability/Malpractice policy for all physicians and/or medical professionals providing services under the agreement arising from this RFP, or, in the alternative, information about professional liability coverages such as policy type (i.e., medical malpractice, nurses professional, etc.), applicable retention levels; coverage form (i.e., claims – made or occurrence), discovery clause conditions; and effective, retroactive, and expiration dates.

It is understood and agreed that coverages which apply to the services inherent in this agreement will be maintained and extended upon termination of this agreement if coverage is written on a claims-made basis to assure that the health care provider shall insure and keep insured pursuant to Wisconsin §655 Patients Compensation Fund.

If awarded the contract, the potential vendor will, upon request, provide loss information from any Insurer as to any claims filed or pending against professional liability coverages in effect for the past five (5) years.

Compliance With Government Requirements

The vendor shall evidence to show satisfactory compliance for Unemployment Insurance and Social Security reporting as required by federal and state laws.

SECTION 3 - PROPOSAL PREPARATION REQUIREMENTS

3.0 RFP RESPONSE PREPARATION REQUIREMENTS FOR **DANE COUNTY JAIL FACILITIES**

Proposals shall be organized to comply with the section numbers and names as shown below. Each section heading should be clearly marked. Graphics may be included. The RFP sections which should be submitted/responded to are:

3.1 Attachment A – Vendor Information

3.2 Table of Contents

Provide a table of contents that, at a minimum, includes all of the sections as identified below. Listings of sub-sections and graphics/tables also may be included. Section dividers are encouraged.

3.3 Introduction

Provide an overview of the company's interest in and ability to provide resident medical services to Dane County.

3.4 Organizational Capabilities

The company is required to provide an overview of the firm's size, corporate staffing organizational structure and format, including a detailed explanation of services presently provided by the firm and related core competencies. The Vendor must also indicate the specific firm strengths that are most compatible with Dane County's RFP # objectives of the Contractor.

Provide narrative about the company's ability to offer complete health care services that include: Physician Services, Nursing, Dental Services, Mental Health Services, Ancillary Services, and Pharmaceutical Services. Include details about services provided.

Attach an organization chart including the corporate hierarchy to the level of owner/board of directors with position titles and names of each incumbent with the reporting structure clearly defined.

The tables of organization should relate to the lowest level being the on-site format for reporting and lines of command. This may require the submission of multiple organizational charts.

Document experience in obtaining accreditation through the NCCHC, ACA, or applicable state accreditation agencies.

3.5 Staff Qualifications – Governance and Administration

Attach resumes for all senior management staff within the corporation. In addition, provide resumes of the key on-site management team potentially identified for the contract including the Medical Director, Health Service Administrator, Director of Nursing, Director of Mental Health and Psychiatrist.

The **Health Services Administrator** shall hold a baccalaureate degree in a health-related field such as public health, public administration, business administration, hospital administration, nursing, etc.; or possess education and experience which demonstrates competence and success in administering a complex organization, managing numbers of personnel comparable to the DCJ health services program,

SECTION 3 - PROPOSAL PREPARATION REQUIREMENTS

complying with accreditation standards, and displaying a commitment to continuous quality improvement, particularly in a healthcare related environment. A master's degree and correctional experience are preferred.

The **Medical Director** shall be licensed in the State of Wisconsin and that license shall be in good standing. DEA licensure shall be current and in good standing as well. The Medical Director shall be Board Certified or Board Eligible in one of the following specialty physician fields: family practice, internal medicine, emergency medicine, or preventive medicine.

Final medical judgments shall reside with the responsible, designated Medical Director who is responsible for the clinical care provided throughout this contract. The Contractor shall be responsible for all decisions relating to the delivery of health care services provided under this contract, for on-site services as well as off-site services.

The **Director of Nursing** shall hold a Baccalaureate degree in Nursing. Have and maintain current licensure as a Registered Nurse within the State of Wisconsin. The Director of Nursing should have experience in the practice of nursing and possessing advanced studies and expertise in administration of Nursing Services. The Director of Nursing shall have the authority, responsibility and accountability for structuring, comprehensive planning, and implementing the Nursing Service Program.

The **Director of Mental Health** shall have a Master's degree in psychology, social work or behavioral science field. Have and maintain licensure to practice psychology or social work within the State of Wisconsin. The Director of Mental Health provides clinical and administration supervision and direction to mental health staff and oversight of mental health services with the Dane County Jail. Also provides mental health services to residents of the Dane County Jail.

Psychiatrist shall have a Doctorate in psychiatry. Have and maintain licensure to practice medicine in the State of Wisconsin and be board-certified in psychiatry. The Psychiatrist provides a full range of psychiatric services to residents. The Psychiatrist shall provide clinical consultation regarding identified cases to mental health and health care staff.

Each candidate is subject to review and approval of COUNTY. The Contractor shall submit updated resumes to the County for approval throughout the contract if at any time these personnel turn over.

Acknowledge that you understand that you are required to submit resumes to the County for approval throughout the contract if at any time the key on-site management team personnel turn over and will comply.

3.6 **Experience, Client List and References** **GEOGRAPHIC SCOPE**

Identify the geographic scope of the firm, whether local, within Wisconsin, regional, national or international. If the company is not local, identify the location of the closest office designated to provide project support, supervision and oversight.

SECTION 3 - PROPOSAL PREPARATION REQUIREMENTS

Provide details regarding off-site (from DCJ) resources dedicated to this contract and indicate percentage of time committed exclusively to this project.

CLIENT LIST

List all clients for the last five years. Include both current and former contracts and include appropriate contact person names and titles, agency (city, county, state, federal, etc.), location with address and telephone number as well as facsimile number and e-mail address (if in existence). Each contract must be identified as current or former and if a prior contract, why the contract was lost, when and to whom. Locations must be included where services were provided even if no executed agreement was ever reached.

Disclose any contract terminations with jails and prisons (i.e. projects cancelled prior to contract completion) for any reason during the past 5 years.

Describe the circumstances and provide the customer's name, e-mail or mailing address and telephone number. Failure to disclose such terminations may be grounds for COUNTY to reject the proposal and eliminate it from further consideration.

If none, state "None".

3.7 Litigation and Claims History and Experience

LEGAL CLAIMS

Submit a listing of all legal claims closed and pending relating to resident health services, problems or disputes over the firm's performance on contracts or projects held during the last five (5) years, specifying the jurisdiction of the case, i.e. state tort, malpractice, civil rights – individual versus class action, etc. Cases should be separated by type of litigation, i.e. state tort malpractice, federal civil rights violation cases (identified as individual or class action), or related to contract terms, termination, breach or failure to perform.

If none are known to exist, state "None".

SETTLEMENTS

Provide information on any legal settlements within this period as well with the dollar amount listed and terms of the agreement described.

If none are known to exist, state "None".

LEGAL ACTIONS INITIATED BY PROPOSER

Specifically disclose any jails, prisons, counties or states operating a jail or prison that the vendor has sued. Failure to disclose closed or pending claims, legal settlements, and/or jails, prisons, counties or states operating a jail or prison being sued may be grounds for COUNTY to reject the proposal and eliminate it from further consideration.

If none are known to exist, state "None".

SECTION 3 - PROPOSAL PREPARATION REQUIREMENTS

3.8 **Mandatory Requirements**

The following general requirements are mandatory and must be complied with.

ACCREDITATION REQUIREMENT

The Contractor shall comply with the professional standards of NCCHC. The cost of NCCHC accreditation shall be borne by the vendor; however, should COUNTY choose to pursue an ACA audit and accreditation, either for the facility (ies) as a whole or specifically limited to the health care operations, COUNTY will be responsible for that expense and for that initiative with the cooperation of the Contractor.

At the time of the issuance of this RFP, the Dane County Jail system is accredited by NCCHC. It is the responsibility of the COUNTY Jail's healthcare vendor to maintain the programmatic standards required for continued NCCHC accreditation.

A penalty of \$50,000 may be assessed by COUNTY for failure to maintain accreditation, or being placed on probation by the NCCHC. Acknowledge that you understand and will comply with this requirement.

Describe your experience in pursuing and maintaining accreditation through NCCHC.

List any instances or years where accreditation was lost or the healthcare program was placed on probation by the NCCHC, at sites where the vendor was providing healthcare services. In such cases, also provide details of the corrective action plan that was initiated, if any, in response to accreditation loss/probation.

ANNUAL INDEPENDENT CONTRACT COMPLIANCE EVALUATION

The Contractor must obtain the services of an independent consultant to conduct an annual review of contract compliance and quality improvement programs. This is separate from the audit conducted to maintain NCCHC accreditation. This professional must be experienced in the field of correctional healthcare, familiar with NCCHC and ACA standards, and must meet with the approval of COUNTY. The independent assessment shall be performed in the second (2) year of the contract and provide a basis for COUNTY to initiate extension of the initial agreement by one (1) to two (2) years. All expenses related to the independent correction health consultant shall be the responsibility of the vendor. The report of the independent evaluator shall be delivered to the Jail Administrator prior to December 31st of the second (2) year of the contract.

Describe your experience in obtaining the services of an independent consultant to conduct an annual review of contract compliance and quality improvement programs. If your firm does not have experience in this area, please indicate that here.

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3.9 TECHNICAL REQUIREMENTS

The successful vendor will be expected to meet no less than the following specifications and program requirements. These requirements are guidelines for company response format and a structure for the contract. It is not necessarily all-inclusive.

RESIDENT CARE AND TREATMENT RECEIVING SCREENING IN THE DCJ

Receiving Screening

The Contractor shall ensure one registered nurse to provide 24-hour per day, 7-day per week RN coverage in the intake/booking area. With the approval of the County, Contractor may deviate from the RN requirement. Vendors' staffing proposals should address potential needs for increased intake screening nurse(s) during times of peak workload in the booking area. The intake nurse shall complete an initial health assessment and medical screening in the booking center at the time of an resident's arrival at the facility. This nurse shall also be responsible for the medical needs of residents held in the receiving areas adjacent to Central Booking. The DCJ shall have all intake health/medical screening carried out by a nurse. "Book-and-Release" intakes (residents who are booked solely for the purpose of identification, and are immediately released from the jail) may be exempted from screening by the nurse

The nurse providing intake screening in the booking center may request an arresting police agency to obtain an evaluation of an arrestee's medical condition at a hospital emergency department if the arrestee is in need of medical intervention beyond the capability of on-site jail medical services. Any resident returning to booking after having been referred to an off-site medical setting must have written documentation, such as discharge documents or a DCJ medical clearance form, indicating the resident's medical condition and needs.

Readmission Assessment Criteria - Regardless of the number of admissions, the intake screening shall be completed by a qualified medical professional as approved by the County upon each admission.

Contents – The intake or receiving screening carried out at booking shall consist of the following components of inquiry or observation at a minimum (and a new receiving screening completed upon each admission despite frequency of admission to the jail setting):

- Signs or symptoms of infectious disease including TB
- Resident's medical history
- Signs or symptoms of acute mental illness
- Suicide ideation
- Acute dental problems, swelling, infection
- Known allergies to medications or other agents
- Medication and therapeutic diet history and current use
- Signs and symptoms of drug or alcohol withdrawal or current enrolment in an Opioid recovery program (MAT).

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- Last ingestion of drugs or alcohol and type/quantity, method and related problems
- Current pregnancy, date of last menstrual period, any gynecological problems
- Behavior, appearance
- Body deformities or difficulties with ambulation or movement
- Persistent cough, lethargy, complaints of unexplained weight loss
- Condition of skin including scars, tattoos, bruises, lacerations, lesions, jaundice, rashes, ectoparasite infestations and needle tracks or other indications of drug use
- Oxygen Use
- Any recent injury including surgery or motor vehicle accidents
- Deaf or hard of hearing
- Vision impairment
- Paralysis (partial included)
- DME
- Other conditions or questions as deemed appropriate by the Medical Director.
- Baseline blood pressure

Describe how you will comply with this requirement and provide a sample of your medical intake screening tool.

Intake Emergency Needs

Intake RN staff shall be oriented to the process for accessing immediate urgent intervention on-site with the jail physician or off-site to a local emergency department if necessary. The intake RN(s) shall have the ability to determine whether a situation is emergent (off-site) or urgent (on-site).

Describe your process for contacting the jail physician after hours for urgent/emergent needs.

Disposition

The intake RN shall also note patient disposition – whether the resident is held in booking, returned to a housing unit, referral for urgent Physician/NP/PA intervention, or referral off-site for emergency treatment. Documentation on the intake receiving screening shall be thorough, comprehensive, legible, and include signature and date of the RN.

Describe your process for referring residents to the jail physician or off-site provide for urgent/emergent needs.

Isolation Option

The intake RN, in consultation with the jail physician, may immediately place the resident in isolation if the receiving screening indicates potential symptoms for tuberculosis such as fatigue, weight loss, night sweats, coughing, etc. Hospitalization may be the preferable alternative, however. A resident who is identified as symptomatic upon intake and not sent to the hospital shall be placed in isolation while a PPD is planted and read and sputum and smears obtained. The resident may only be released

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from isolation when s/he is medically cleared by a physician as non-infectious. If the resident is released from custody while in isolation pending outcome of the tuberculosis testing, the resident shall be referred to an appropriate local hospital as determined through communication with the state's health department.

The jail does not have a negative pressure room. Describe how you will respond to a symptomatic and an asymptomatic resident.

PPD Testing

With the receiving screening carefully focusing on signs and symptoms of TB, PPD planting does not occur at booking. Rather, Mantoux skin testing of residents occurs after booking. The test shall be done on all residents in custody before 14 days in the DCJ.

Describe how you will comply with this requirement.

Mental Health Presence at Intake

The Contractor shall post a psychiatric social worker (PSW) in the intake area 24 hours per day, seven days per week. This PSW shall screen all intake forms and conduct a full mental health evaluation at the time of booking. This mental health professional then may help determine resident disposition in consultation with the jail security supervisor, and as necessary, medical services.

Describe how you will comply with this requirement and provide a sample of your mental health intake-screening tool.

Wellness Rounds

Nursing staff shall make rounds every four (4) hours within the booking and intake area. It is imperative that the area be monitored closely for any crisis situations.

Describe how you handle wellness rounds.

Transferring Residents

Residents who are transferred between DCJ facilities and other institutions outside of the DCJ system shall have a health transfer summary completed to ensure that any current needs are identified, medications, diet, etc., and that any pending treatments or appointments are identified for follow-up. Residents received from other institutions outside of the DCJ system must have an accompanying health transfer form, which shall be reviewed by the jail nursing staff in conjunction with the resident's medical intake assessment. Sufficient RN hours will be provided to accomplish these tasks. Residents being moved between DCJ facilities shall have all pertinent medical information conveyed to the health services staff in the receiving facility.

Describe how you will comply with this requirement.

INFORMATION ON HEALTH SERVICES

The Contractor shall establish written information to be given out to incoming residents during booking. This information shall be available both in English and in Spanish. All residents admitted through booking are to receive instructions on how to access health services within the facilities. In addition to written instruction, residents shall be informed

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verbally by nursing personnel of how to access health services. This verbal instruction shall occur during intake and during professional contacts between health services staff and residents. The Contractor shall ensure that this information is readily available to the resident population despite any potential physical disabilities or language barriers.

Describe how you will comply with this requirement.

ORAL SCREENING

The Contractor shall maintain a system for the oral screening of residents prior to or in conjunction with the health assessment/physical exam, within 14 days of receiving screening. This oral screening may be conducted by nursing staff or other health staff who are trained by the dentist to visually identify gross abnormalities of the teeth and gums, to identify swelling and infection, and to respond to a resident's complaint of acute dental pain. Antibiotic and analgesic orders may be initiated by nursing based upon a verbal or telephone order by the dentist or physician. Nursing may not initiate legend medications from a generic standing order. The dentist shall also participate in the development of the formulary to ensure that dental is represented in the areas of antibiotics, analgesic, and other items such as rinses that may be by prescription only.

Describe how you will comply with this requirement.

Dental Treatment

Only a Wisconsin-licensed and credentialed dentist shall perform dental treatment with the assistance of an experienced Dental Assistant. Dental services shall not be limited to extractions only but shall focus on emergency intervention to eliminate pain, swelling and infection and to restore function regarding ability to masticate sufficiently to eat without a special ground or pureed diet. Dental priorities shall be established by the dentist according to level of severity of the complaint and objective need. Oral surgery resources, likely off-site, shall be available within the community for use by referral from the dentist should this need be identified. In general, prophylactic dental care such as scaling and cleaning is not available unless a serious and urgent periodontal problem exists that requires immediate intervention and it is ordered and carried out by a licensed dentist. Dental hygiene services with regard to routine prophylactic and preventive care including cleanings shall not be provided as a component of this contract. However, an oral examination shall be performed by a dentist within 12 months of admission.

Describe how you will comply with this requirement.

Dental Program

Dental services shall be scheduled for full days and be carried out at least two days per week. Dental services shall include a licensed dentist and a dental assistant who has experience. A qualified health care professional, trained by the dentist, may be used for screening dental sick calls. Toothbrushes and toothpaste along with all other personal hygiene items are available in the DCJ through commissary or via the indelicency procedure.

Describe how you will comply with this requirement.

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Priority of Dental Treatment

Dental services shall be focused on emergency treatment for acute pain, swelling and infection. Restorative care such as routine fillings and extractions will be available on a limited basis depending upon availability of the dentist. Prophylactic care such as routine cleaning is unavailable in the detention setting due to the short length of stay. Individuals with prolonged lengths of stay that may be up to a year, or rarely more, shall be given priority for restorative care. An oral examination shall be performed by a dentist within 12 months of admission. Dental lab services shall be available through the Contractor but utilization will be minimal with focus on those individuals without teeth or with an insufficient number of teeth in opposition to masticate properly.

Describe how you will comply with this requirement and the type of dental services you typically provide (i.e. routine fillings, extractions, etc.).

HEALTH ASSESSMENT

The Contractor shall complete a full health assessment/history and physical examination within the first 14 calendar days of a resident's arrival at the DCJ. The history and physical need not occur immediately following admission, except for those detainees referred for chronic illness, but must be completed by the end of a two-week period. Priority for health assessment shall be given to those identified during the intake booking process to have chronic or infectious illness or other more urgent medical needs, and those with medications continued upon admission.

Describe your process for conducting and documenting 14 day assessments.

Health Assessment Components

Licensed and credentialed nurses or physicians shall conduct health assessments. Any resident with medication continued during the intake process shall be evaluated fully by the provider as to the need for the medication on a continuing basis and the exact medication to utilize, i.e. continue the prior medication if non-formulary or convert to a formulary medication if therapeutic efficacy is demonstrable. The provider shall order laboratory tests for diagnostic purposes as indicated and the provider must sign off on all labs ordered.

Detail who you would have conduct the health assessments. If a nurse performs the assessment, describe how you would address medication needs and laboratory tests.

Physician Review of Lab Findings

All lab results, in general, must be signed and dated by a physician to indicate review of the findings. This sign-off shall occur within a reasonable time to ensure that documents are available to be filed in the medical record promptly. Abnormal results that are of concern to the physician shall receive appropriate follow-up and the patient shall be informed. Minor abnormalities in lab findings remain the discretion of the physician regarding the need for further diagnostic work-up.

Describe how you will comply with this requirement and the typical time frame for physician review and sign-off.

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STD Testing

Routine diagnostic testing for sexually transmitted diseases is not generally available within the jail setting unless the individual exhibits signs and symptoms of a communicable disease. This information may be uncovered during the receiving or transfer screening, during medical examination or through the sick call process. Any individual identified with a sexually transmitted disease such as syphilis, gonorrhea, or chlamydia, shall be treated immediately to ensure treatment prior to release. Screening for HIV, Hepatitis B or Hepatitis C shall be based on symptom description rather than routine lab testing for these illnesses. Individuals who seek testing shall be tested. All HIV testing is on a volunteer basis unless court ordered. Vendor will comply with State of Wisconsin reporting requirements.

Describe your policy as it relates to STD testing.

Forensic Testing

Health services staff who have a patient provider relationship shall not carry out court-ordered forensic testing or specimen collection. Individuals with no treatment responsibility, such as a medical assistant or phlebotomist, may be utilized; however, the preference is that no on-site health care staff participate in the process of forensic specimen collection, including HIV, DNA, blood for paternity determination, etc. Rather, outside providers from the County or from an outside contracted lab shall obtain such specimens. The Contractor is not responsible for the cost of forensic testing; however, if a physician orders a toxicology screen for a resident suspected of overdose for diagnostic or treatment reasons, the vendor is responsible.

Describe how you will comply with this requirement.

Resident Immunizations

Immunizations, as indicated by provider order, shall be carried out in conjunction with ongoing resident health care. It is the responsibility of the provider to determine need for immunizations. However, during flu season, based on availability of a sufficient quantity of the vaccine that the Contractor shall purchase from an outside company, flu vaccination shall be carried out for the resident population according to clinical priority, i.e. chronically ill, immune compromised, frail elderly, etc. Pneumovax vaccination during this time is preferable as well according to physician order and protocol.

Describe your process for determining the need for immunizations and how you will handle flu vaccinations for the resident population.

Periodic Health Appraisal

Although most residents' length of stay is of a short duration, some individuals may remain in the facilities a year or more. In such cases, the Medical Director shall establish a policy and procedure for routine periodic physical exams for health maintenance consistent with professional standards. Age, gender and physical condition may dictate the increased frequency of the periodic examination. Residents with chronic or long-term communicable illnesses shall receive a complete physical on an annual basis regardless of age or gender. In addition, residents on psychotropic medication shall receive a complete physical examination on an annual basis to include blood level testing as appropriate.

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Describe your policy and procedure for periodic health appraisals.

Daily Handling of Non-Emergency Medical Requests

The Contractor shall establish a system for residents to make requests for medical, dental, or mental health attention on a routine basis. Residents shall utilize sick call request. Individuals shall be seen by the appropriate level of health care team member, whether RN or physician, for medical complaints within two (2) working days. Dental complaints will be screened by nursing staff if the dentist trains the staff appropriately. A qualified mental health staff member or nurse with psychiatric experience shall screen all mental health requests including those requesting to be seen by the psychiatrist. The level of provider seen shall be established through the triage process by nursing staff. Residents shall complete a sick call tablet request to nursing staff which will be reviewed by nursing staff on a daily basis. The Contractor will cooperate with the County in the administration of the County's policy regarding the collection of medical co-pays from residents.

Residents in restrictive housing shall have access to sick call on a routine basis with the same frequency as the general population. Nursing staff shall conduct rounds daily in restrictive housing areas and take note of any resident complaints or medical issues. A log system may be utilized to document completion of this function, with resident name, identification number, complaint, disposition and staff member name and date. Rounds shall be conducted daily in these areas with the medication administration process.

Describe your process for daily handling of non-emergency medical requests. Include how you will handle residents in restrictive housing areas and the documentation of rounds.

Sick Call

Actual sick call encounters shall be conducted by nursing and physician staffing for medical complaints, nursing or dental staff for dental complaints and a PSW for mental health issues. RN sick call shall be available on-site daily including weekends. Physician sick call shall be conducted not less than five days per week at the DCJ.

Medical exams and procedures shall be carried out in an appropriate clinical environment and not in open areas, hallways, or corridors where privacy is lacking and confidentiality is at risk. Exam and treatment rooms shall be properly equipped with an exam table, mayo stand, gooseneck lamp, oto/ophthalmoscope, thermometer, blood pressure cuff and stethoscope and scale. If hand washing facilities are not available in each room, then appropriate antibiotic/antiseptic cleansing gel shall be utilized.

Sick call requests shall be reviewed by nursing personnel on a daily basis. These requests shall be triaged by medical staff. The triage disposition shall be documented on the sick call request indicating disposition and name, date and time of the person carrying out triage. Resident sick call request shall be triaged within 24 hours of receipt of the slip; however, the actual clinical visit may not occur for an additional 24 hours including weekends as RN sick call shall be available at all sites seven days per week.

If the resident is seen by medical staff at a sick call visit and medical staff determines that the individual needs to see a higher level of medical professional, the resident shall be scheduled for a physician visit. Non-emergent physician appointments shall be

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scheduled for the physician's next available appointment time, normally within two business days.

Describe how you will manage sick call. Include your process for triaging requests.

Emergency Services

Emergency services are a critical element of a comprehensive jail health program. The Contractor shall establish policy, procedure and systems for 24-hour emergency care at all facilities.

Emergency Transportation

Emergency ambulance services for the Dane County Jail facilities are provided by government-operated EMS providers, which invoice patients directly for ambulance services. The Madison metropolitan area is served by three major hospitals, all of which have emergency services departments. The Contractor shall establish and maintain a liaison role with local hospital emergency departments in order to facilitate communication for continuity of care and coordinate mutually acceptable procedures. The Contractor shall work cooperatively with the County in enforcing security guidelines for escorts during emergency transportation. Given the jails' proximity to large urban hospitals, emergency transportation using a helicopter or airplane is not anticipated.

Describe your plan for establishing and maintaining a liaison role with local hospital emergency departments and EMS in order to facilitate communication for continuity of care and coordinate mutually acceptable procedures.

Emergency Access

Routine orientation for security and health staff shall include the process for resident access to emergency treatment during all hours of the day or night. Residents shall be informed by the intake RN of the process for routine and emergency access to care when the residents arrive at Central Booking. Nurses may be asked to respond to the housing units or other locations within the facilities or the resident may be brought to the health service unit, depending upon the nature of the emergency complaint. If the resident is brought to the health services area, s/he should be transported by wheelchair or gurney rather than directed to the unit on foot. Nurses may also provide phone triage. Security staff should provide an escort during an emergency.

Describe your response to emergency care.

Written and Verbal Clinicians' Orders

Written, verbal or telephone orders may be initiated by a mid-level provider, physician, dentist or psychiatrist within the jail health services. LPN or RN staff may only respond to a verbal or telephone order and shall not initiate orders. A LPN or RN shall note provider orders within six to eight hours. Orders shall be carried out according to instruction. A physician shall cosign verbal or telephone orders within 72 hours.

Describe your on-call process for accessing mid and upper level providers after hours and how you manage written and verbal orders.

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Patient Transport

Patient transport is the responsibility of the County for routine medical appointments off-site. It is the responsibility of the Contractor for emergency services as well as for routine medical or other clinical appointments off-site necessitating the use of a chair car or other handicapped accessible vehicle. Nursing staff or the physician shall determine the appropriate mode of transportation for both appointments and emergencies. The mode of transport may include a squad car, van, bus, chair car or other handicapped accessible vehicle, transport ambulance or ACLS ambulance.

Scheduling

Nursing staff shall notify security on a daily basis of pending medical off-site appointments as much in advance as possible so that security staff may be scheduled to carry out the transport. Given that medical trips are often conducted by custody staff on an overtime basis, as much warning in advance to the County as possible is required.

The Contractor shall work cooperatively with the County in the scheduling of off-site appointments and attempt to accommodate scheduling to minimize security supervision overtime. Appointments shall be clustered if possible for ease of transport. The Health Service Administrator shall identify, track and monitor appointments that are missed for lack of security escort, as this should be a rare occurrence. These cases should be reviewed with the County on a routine basis and reviewed during quality improvement meetings. Other reasons for missed appointments shall be monitored as well such as absence from the facility for court, a visit, refusal, etc. These factors should be monitored and reported on as well to minimize missed appointments.

Describe how you will work with the County's staff to minimize and schedule transport for medical appointment.

On-Site Services

The goal of the County is to have services delivered on-site to the extent feasible including physician specialty and subspecialty clinics. These on-site clinics shall include orthopedics, optometry, obstetrics and gynecology, and others as determined necessary by the County. If three or more residents are scheduled within a two-week time for a particular specialty, the Contractor shall make every effort to bring this specialty service on-site whether for a one-time or recurring basis.

Please describe any specialty or subspecialty clinics that you have established at other facilities.

Medication or Diet during Transport

Although jail transport is generally not lengthy travel or overnight stays, residents may need medications during a day off-site for clinic appointments. If the resident needs to have medication during his/her absence from the facility and the medication is not KOP, the security staff shall be given the pre-packaged dose for distribution to the resident at the time identified on the envelope. If the medication is KOP, the resident may carry the medication in an envelope on his/her person for the visit. If the resident being transported is a diabetic resident or other resident with a special medical diet, the health services staff will direct the kitchen to prepare a package lunch for the transport to meet the dietary requirements.

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Describe your plan for complying with this requirement.

Documentation with Off-Site Encounters

Both routine and emergency transportation shall include at least minimal medical documentation. If the transport is for an off-site medical or dental appointment, a consult request shall be included and a copy of the latest lab, x-ray or other diagnostic information may be attached. If the transport is for an emergency, a transfer summary shall be completed. In either case, the medical record document shall be sealed in an envelope and nursing shall provide the envelope to the escorting security staff for delivery to the off-site or emergency provider. Return documentation should be included as well with a consult follow-up or other progress note and plan from a specialty visit and a disposition form from the emergency room. Return documentation should be handled by the security escort staff and returned to the nursing staff member designated at the sites.

Describe how you will comply with this requirement. Indicate whether you rely on a discharge or after visit summary or utilize your own form. If you have a form, include a sample.

Mental Health Evaluation Mental Health Program

The mental health evaluation shall be one key component of the comprehensive jail mental health program established by the Contractor. The clinical services provided shall be consistent with the community while emphasizing prevention, identification, early intervention and aggressive treatment of mental disorders with the goal of reducing the frequency and duration of episodes of serious mental illness. The goal shall be to provide services to the resident such that s/he is able to function to the best of their potential ability. All residents shall be considered as eligible for mental health services with the priority given to those individuals identified as most severely impaired by serious mental disorder, the most dangerous to themselves or others, and those who exhibit an inability to function within the general population setting of the detention facilities. The existence of a mental disease or disorder as categorized within the American Psychiatric Association's Diagnostic and Statistical Manual (4) of Mental Disorders shall be the basis for service consideration. Axis II disorders including antisocial and borderline personality disorders shall be evaluated for group intervention based on individual need. The mental health team shall also work with preventive or primitive programs including psycho-educational or cognitive behavior programs focusing on topics such as anger management, impulse control, or substance abuse, as examples.

Describe how you will administer the mental health program at the jail to ensure all residents have access to care.

Evaluation Priority

The Contractor shall establish a process for the systematic mental health evaluation of residents.

Describe your process for prioritizing mental health evaluations.

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Documentation Guidelines

Documentation of the mental health evaluation shall be consistent and standardized and placed within the confidential medical record. All mental health records and dental documentation shall be placed in one comprehensive medical record. The one medical record, identified by the resident's Name Number, shall be the single repository for all documentation related to health or mental health care regardless of the profession of the individual staff member completing the form or note.

Describe how you will comply with this requirement to ensure all records, medical, dental, and mental health, are maintained in one comprehensive medical record.

Crisis Intervention and Disposition

Any individual resident found to be in need of urgent follow-up is identified by the mental health professional/PSW at the time of the booking screening or mental health evaluation unless previously referred by members of the security or health care staff or other jail staff person. If the resident is in need of immediate intervention, the PSW shall determine the appropriate disposition among the options available – emergency inpatient mental health transfer through civil commitment (limited availability or use), placement in a mental health special needs area (where suicide watch or medical restraint occur) or placement in mental health housing for the more chronic mentally ill. Written criteria and protocol shall be implemented for each potential mental health placement option and a referral process delineated in detail.

Intervention and diversion of residents in crisis may occur at all times during an resident's incarceration. Describe your process for crisis intervention and disposition.

Evaluation Components

This mental health evaluation shall minimally consist of a structured patient interview with a mental health professional (mental health professional defined primarily as independently licensed clinical social worker, PSW, but may also include psychiatry or licensed doctoral level psychology staff, or advanced practice registered nurse with a psychiatric clinical specialty) prior to the 14th day of resident custody within the jail, and shall minimally include:

- History of psychiatric inpatient hospitalization, public or private.
- History of outpatient mental health treatment, public or private.
- Current psychotropic use – medication, dosage, and prescriber.
- Current drugs of abuse or alcohol use – type of drug, method of use, frequency, last use.
- Current suicidal thoughts, ideation or plans.
- Prior suicide attempts – ideation, gesture, and attempt.
- History of sexual offenses.
- History of sexual abuse.
- History of violent interpersonal behavior or property damage.
- History of child abuse.
- History of victimization within detention by predators, on the street.
- Special education background/level of education.

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- History of serious head trauma with even momentary loss of consciousness.
- History of seizure activity and cause if identified – alcohol, withdrawal, head trauma, etc.
- Gross assessment of intellectual functioning.
- Adjustment to incarceration.

Describe your evaluation process. If a standardized evaluation form is utilized, provide a copy.

Describe your experience with developing behavioral plans for challenging residents and provide an example.

Intellectual Functioning

If a resident is identified as potentially mentally retarded/developmentally disabled during the booking process, receiving screening, mental health evaluation, or otherwise, the resident shall be referred to a mental health professional for assessment. Mental health staff shall work together with education staff in basic screening for intelligence and in obtaining prior documentation from a community setting regarding these needs, school or state's mental retardation agency. If the resident has difficulty in functioning within general population due to his limited intelligence or may be victimized, this resident shall be considered by the mental health staff for placement into one of several mental health housing units that provide a more sheltered and protected environment.

Describe how you will work collaboratively with Sheriff's Office staff and education staff to assist with placement and care.

ASSESSMENT PROTOCOLS

The Contractor shall establish and implement assessment protocols to be utilized by RN staff within the jail setting. These protocols shall be reviewed and approved initially by the Director of Nursing and the Medical Director and shall be reviewed and updated or revised as needed on at least an annual basis. New protocols may be added at any time as the need is identified.

Nursing Protocol Procedures

These nursing assessment protocols are not restricted to the use of routine OTC products. Protocols utilized by RN staff need to be individually cosigned; however, the Medical Director reviews and approves each protocol. Treatment with legend drugs may be initiated by nursing staff with a valid provider order (written, verbal or telephone). If the order is verbal or by telephone, it shall be cosigned by a physician accepting responsibility for the order within 72 hours.

Describe your nursing protocol procedures.

Clinical Pathways

Clinical guidelines or clinical pathways that are evidence and criteria-based that are utilized by mid-level providers, physicians or psychiatrists may be utilized and are not considered assessment protocols (designed for nursing staff use). These pathways or

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guidelines, usually disease-specific, should be customized to the jail setting and to the individual patient. Guidelines such as these are encouraged but are not mandatory.

Describe the Pathways that you use. Include sample pathways for alcohol withdrawal and opiate withdrawal.

Chronic Disease Monitoring

Residents identified during the intake medical screening or subsequent examination as chronically ill and in need of ongoing treatment shall receive a treatment plan. The treatment plan may be initiated by a mid-level provider or physician and shall dictate the frequency of evaluation and monitoring. The Contractor shall ensure that the frequency identified in the treatment plan is met and that the related diagnostic blood work, or other monitoring instruments such as therapeutic diet compliance, etc., is completed in advance of the periodic chronic disease visit. These encounters may be performed by a mid-level provider, physician or psychiatrist in the event of a chronic mental illness.

Describe how you will manage chronic conditions within the Dane County Jail.

Continuity of Care

The intake receiving screening is the initiation of continuity of care for the resident patient upon admission to the detention facilities. If the individual is on medications, attempts shall be made to obtain prior records or at least prior prescription history, verbal if not written. The transfer summary upon movement among the facilities ensures that there is no interruption in the health service delivery through the sharing of relevant health information.

Aftercare is a significant challenge for a large urban jail setting given the extremely rapid turnaround of most of the individuals. Linkage with community clinics, health departments, indigent care facilities, shelters and mental health facilities shall be established for release planning. The Contractor will work collaboratively with the Dane County Department of Human Services and its designated contract agencies on release planning. The contractor shall provide one discharge planner and establish a referral network and consolidate this information into a concise folder for staff use when coordinating linkage for care upon release. This manual shall include local resources available, primarily for indigent or Medicaid care, sexually transmitted diseases, infectious diseases such as HIV or Hepatitis, chronic illnesses and the mentally ill. When the health care staff is aware in advance of the resident's pending departure, a designee shall make every attempt to schedule follow-up in the community after release. Every attempt should be made by the jail staff to inform health services of pending releases or transfers with as much notice as possible to ensure continuity of care. Regardless of advance notice of pending release, health services staff shall inform and educate residents about local resources available through such means as a community resource manual and discussion of these resources during incarceration.

Describe you process for working collaboratively with community providers to ensure continuity of care.

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Health Evaluation of Residents in Restrictive Housing

Nursing Rounds

Nursing staff shall conduct routine rounds within the Administrative Confinement or segregation areas at a minimum of three (3) times per week and may be done in conjunction with medication administration. These screening rounds may be documented on a log or other group format listing individuals and dispositions or they may be documented individually on progress notes. If a resident is removed from his/her cell to an examination room or interview room to see a nurse or other healthcare or mental health care professional, a progress note shall correspond with the staff name, title and date. Residents within segregation shall have the same access to health care as the general population and sick call shall be available on the same frequency.

Describe your process for documenting nursing rounds for residents in restrictive housing. Documentation should include documenting in the jail's records management system as well as in the resident's confidential medical record.

Mental Health Rounds

In addition, a designated mental health professional shall conduct rounds in the restrictive housing on a weekly basis, however, these rounds may increase depending on the special treatment plans provided by the Contractor. These rounds are intended for mental health staff to make contact with residents in this setting and to determine if any individuals are decompensating within the restrictive environment due to mental illness. Furthermore, residents with serious mental illness who receive disciplinary action resulting in punitive segregation shall be assessed by a mental health professional as to the appropriateness of the placement timing given the mental condition of the resident.

Describe your process for documenting mental health rounds for residents in restrictive housing. Documentation should include documenting in the jail's records management system as well as in the resident's confidential medical record.

STAFFING

The Contractor shall submit a detailed staffing plan/table that includes titles, hours scheduled (full-time or part-time), shifts, days of the week, etc. to demonstrate appropriate clinical coverage throughout the facilities. Full-time is considered 40 hours of work per week excluding the lunch period unless otherwise specified in the proposal with a rationale acceptable to the County. These staffing tables shall meet or exceed current authorized staffing levels with regard to the types and number of health and mental health professionals by discipline, by shift and day of the week. Staffing levels shall adequately reflect the size of the various institutions, intake screenings conducted annually, transfer summaries completed, and the comprehensive scope of services available on-site. Full-time work shall consist of a 40-hour work period with a 5-day workweek. Any schedule for full-time to be scheduled fewer than 5 days per week will require the advance approval of the County, e.g. a 4-day work week of 10 hours per day. The staffing may reflect a mix of physician and physician extender staff including mid-level providers/physician assistants for medical hours exceeding 40 per week.

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Physician staffing shall be in accordance with guidelines and recommendations of the NCCHC, Standards for Health Services in Jails.

PENALTIES

It is incumbent upon the Successful Proposer to promptly report to the DSCO any issues which may or does affect the Successful Proposer's ability to meet the minimum staffing level as set forth in of this RFP.

If the Successful Proposer fails to provide adequate and qualified staff members at the staffing levels established hereunder, the Successful Proposer shall be assessed a daily penalty for each medical personnel position that was under-staffed for more than 60 days. That daily penalty of 25% shall double every 30 days after until those positions are filled by a qualified staff member. The Positions subject to the penalty assessment include:

1. Medical Director/Physician Assistance
2. Psychiatrist/Nurse Practitioner
3. Dentist
4. Health Service Administer
5. Director of Nursing

If the Successful Proposer fails to provide adequate and qualified staff members at the staffing levels established hereunder, the Successful Proposer shall be assessed a daily penalty for each medical personnel position that was under-staffed for more than 90 days. That daily penalty of 25% shall double every 30 days after until those positions are filled by a qualified staff member. The Positions subject to the penalty assessment include:

6. Registered Nurse
7. Licensed Practical Nurse
8. Certified Medical Assistance
9. Qualified Mental Health Provider
10. Dental Assistant
11. Administrative Assistant

Submit the staffing table that you are proposing to serve the County at implementation in the table provided.

What is your process for correcting deficiencies in your ability to meet staffing levels stated in your staffing plan (Staffing Table).

Are employee benefits provided? If so please provide details such as vacation, sick leave, hospitalization, life insurance, EAP, dental, etc.

If employee benefits are provided, how long must an employee work before benefits start?

Detail how your company recruits and retains qualified workers to fill County positions as referenced in the Staffing table. What is your retention rate?

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Would your company provide employment for the people who may be displaced by this contract?

Provide the estimated start-up time required, (i.e., transition time anticipated between proposal acceptance and contract implementation)

List any additional special services which would be furnished by your company to Dane County. Include any unique business features or special services your company offers which are not considered common to your competition. If there are any changes which have not been described in previous questions, list such changes here.

Describe how you would handle in-house dialysis. Explain the staffing and the necessary requirements to handle dialysis. Please provide pricing under Ancillary Services.

Describe how you would use the current Dane County medical facilities floor plan/configuration/design to meet your staffing needs. Explain in detail all the necessary changes and the justification for each change.

Describe your documented discipline program for staff in detail.

Describe how you plan to manage multiple jail facilities.

Describe your plan and methodology for staffing for all services at each facility by type of position, hours of operation, and shift/hours coverage to correlate to your pricing response (Pricing Information Table, Benefits Summary Table, Salary Ranges Table and Staffing Table).

Explain how you calculate and manage your staffing levels.

Detail how staffing coverage is handled regarding vacation days, holidays, sickness, maternity leave, etc. (scheduled and non- scheduled).

Do you use any tools or guides to ensure the staffing is sufficient to provide safe care to each patient at all times? If so, state what tool and/or guide and who has endorsed it.

If a staffing tool or guide is used, will you be able to provide the Dane County Sheriff's Office with the formulas and plans regarding monitoring and the statistics showing compliance?

Explain how your staffing rosters are developed and managed.

The contracted physician must have privileges at a local hospital in order to schedule testing, consultations, procedures, etc. Explain how the contracted physician will assist in the care of residents at the hospital.

Describe the process for performing dental services.

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Describe your policies and procedures for the various outpatient professional services and surgeries.

List any and all outpatient professional services and surgeries that you will not perform at the Dane County jail facilities.

Temporary Personnel

Agency or temporary personnel such as nursing, medical records, clerical or other staffing is highly discouraged due to the turnover of this staff. However, should such temporary staff be assigned to these sites on a recurring basis, agency staff is an acceptable alternative. The preference of the County is to maintain a full-time, part-time and PRN staff that are committed to these facilities. Should the use of temporary agency personnel negatively impact on-site continuity of operations, the County reserves the right to give the Contractor a cure period of 30 days to reduce the use of agency personnel to an acceptable level, as established by the Jail Administrator or his designee, based on needed staffing and coverage. Failure to meet the requirements by the Contractor may result in a penalty of \$1000.

Do you intend to utilize temporary staff? If so, how do you plan to ensure that on-site continuity of operations is not negatively impacted.

Use of Students

Although the County encourages the development of students, interns, fellows, etc., these individuals must meet security clearance requirements and receive one day of orientation prior to initiating services. Health services staff shall provide supervision of such trainees and the Contractor may not include these individuals as an offset to staffing absences, hours lost or vacancies. Supervision of trainees may vary upon the profession and may require direct observation and sign-off of all work performed, if any. These categories of personnel must have liability protection equivalent to that of the Contractor or they may not participate in programming on-site.

Do you intend to utilize students? If so, describe how you will supervise and document their progress.

Background Screening

All Contractor staff shall meet the County background screening requirements. The County will complete all background requests within a reasonable time period. Vendor's personnel shall be subject to the same security guidelines, rules and regulations as the County staff.

State the procedure(s) you use to check work history and criminal backgrounds of your labor force, including all subcontractors, as well as procedures you will use to notify Dane County when future civil or criminal action is taken against an employee. Dane County reserves the right to review all work history and criminal background checks at any time and refuse the right to have a person work in Dane County correctional facilities.

Restriction of Access

Although the Contractor has authority for all hiring and termination, the County may restrict an individual's access to the sites on the basis of security violations validated

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through Dane County Sheriff's Office investigation. The County will communicate promptly with the Contractor regarding any such situations.

Acknowledge that you understand and will comply with this requirement.

All Contractor employees, independent contractors and subcontractors shall cooperate with the County in any investigation involving resident or staff conduct.

Acknowledge that you understand and will comply with this requirement.

All contract employees shall be required to wear Sheriff's Office issued ID's at all times.

Acknowledge that you understand and will comply with this requirement.

Compensation and Benefits

Compensation and benefits of the Contractor's personnel shall be established solely by the Contractor. However, the Contractor shall provide the County a summary of salary target hourly/salary rates by position title, salary range for each position with anticipated high and low salary identified, with the proposal and shall also include a thorough summary of benefits offered. It is the goal of the County to minimize the disruption to and increase retention of current employees who may be retained by the Contractor. The Contractor shall obtain the County approval of each individual initially offered employment during the start-up transition. The rate range and schedule shall be updated not less than annually and submitted to the Jail Administrator and internal DCJ contract monitor. This target rate shall be established as the payback base rate for each employee, independent contractor and subcontractor.

Complete and submit the tables provided.

Dress Code

The Contractor shall establish and enforce a dress code for all health and mental health staff, uniformed and those in civilian clothing that is consistent with the requirements of the County and appropriate to a correctional environment with regard to safety issues as well as appearance.

Please acknowledge that you understand and will comply with this requirement.

Staff Parking, Security Passes, Keys

The County will make available permits for Contractor's staff in the Dane County Parking Ramp. If Contractor chooses to utilize this means of staff parking, Contractor will compensate the County for each permit at the monthly rate paid by County staff. If Contractor terminates an employee, Contractor will make every attempt to do so at the jail location so that any parking passes, keys, or electronic security cards in the possession of the employee are returned to Dane County. Contractor shall pay Dane County the appropriate fee for any parking permits, electronic security passes or keys which Contractor's employees, former employees, or subcontracted employees fail to return to Dane County.

Acknowledge that you understand and will comply with this requirement.

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JOB DESCRIPTIONS

The Contractor shall establish written job descriptions that are specific and unique to the DCJ within 90 days of start-up. Initial start-up may include more generic job descriptions; however, these job descriptions shall be modified as appropriate to be specific to the County facilities. These job descriptions shall be approved by the Health Service Administrator and Medical Director as well as the County. Review of these job descriptions shall be at least annual and documentation of this review maintained.

Provide job descriptions for any anticipated positions that you anticipate implementing at start-up. Also, describe your process for tailoring these descriptions to the County and how you anticipate the annual process for reviewing and maintaining site specific job descriptions.

Staff Signatures

Each staff member shall review his/her respective job description and sign the form indicating both familiarity with the job description and with the expectations of the position. This form shall be maintained in all staff's personnel records and training records. The job description shall be signed annually with the employee's annual performance evaluation. Performance evaluations shall be conducted at least annually for all staff whether full-time or part-time and shall be maintained in the employee's personnel file. The performance evaluation shall be signed by the employee per occurrence annually to demonstrate that the evaluation was conducted and understood.

Describe your process for evaluating employees and communicating expectations.

Post Orders

In addition to job descriptions, the Contractor shall establish post orders for nursing staff and mental health professionals to adequately document detailed assignment expectations per shift per task(s) assigned. These post orders shall be in place within the first 90 days of the Contract.

Provide a sample post order. If none currently exist, indicate "None" and describe how you will meet this requirement.

ORIENTATION OF HEALTH SERVICES STAFF

The County, for security issues, requires orientation training for all of Contractor's, subcontracted, temporary and agency staff. The County plans to offer this training on an as-needed basis.

Health Unit Specific Orientation

It is the responsibility of the Contractor to ensure that all health and mental health staff, whether PRN, part-time or full-time, independent contractors and subcontractors receive orientation by the Contractor to the health care operation within the facilities. Orientation for temporary or agency personnel as well as PRN staff is mandatory as well; however, the program may be modified to one day of training.

The Contractor shall design an orientation program for all staff to the DCJ facilities. The orientation shall include the curricula, hours devoted per topic and the name of the instructor. This orientation is required in addition to on-the-job training by shadowing an

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existing staff member. While the length of orientation in total is within the discretion of the Contractor based on the needs of the individual, the initial formal orientation shall be established as a firm number of hours/days and the curricula shall be approved by the County in advance of the training.

Describe your process for orienting all staff to the health care operation within the facilities.

Orientation Documentation

The Contractor shall maintain all orientation training documentation and shall ensure that the employee training database is current and accurate. It is the duty of the Contractor to be able to produce current training hours on each staff member upon request and not less than on a monthly basis in a report to the County.

Describe your process for documenting orientation training.

CREDENTIALING Requirements

The Contractor shall ensure that all health and mental health professionals are fully credentialed and appropriately licensed/certified/registered according to state and federal laws and regulations. The credentialing process shall include physicians, dentists, psychiatrists, mid-level providers/physician assistants, psychologists, and social workers if applicable. Primary source verification shall be completed and the credentials file shall include documentation regarding employment history, state licensure/renewal, DEA registration, ACLS certification (or BCLS/CPR/AED), evidence of malpractice coverage, medical school training, internship, residency, foreign medical graduate verification, and board eligibility/certification through the American Board of Medical Specialties (ABMS). Contractor shall ensure that the National Practitioner Data Bank is checked for each physician candidate and that the Wisconsin-licensing agency has no findings or censure against the individual. Credentials files shall be complete within 90 days of hire or contract on-site and temporary credentials prior to that time shall minimally include licensure and DEA information as well as evidence of current malpractice insurance. These files are subject to review and inspection by the County upon request and become the property of the County upon contract termination.

What type of qualifications and testing to assure qualification does your company employ when hiring personnel?

Does your company perform customized recruiting or testing? Please attach sample test.

Detail your company's process for verifying credentials and licenses of employees upon hire and thereafter.

Formal Complaints

Any complaints against an individual license shall be reported immediately to the County. Only individuals whose license is in good standing shall be considered. Individuals, whose license is under disciplinary action of any kind, probation or suspension, shall not be acceptable. Physician admitting privileges at local hospitals

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shall also be investigated to ensure good standing. It is preferable that the Medical Director has staff privileges in at least one local hospital in Madison.

Detail how you will address complaints from Dane County and/or the Dane County Sheriff's Office about the services that you will provide during the course of this contract. Do you have a formalized project? Please provide details.

Proficiency Testing and Competencies - While nurses and psychiatric social workers will not complete a full credentialing process, licenses shall be verified and any disciplinary action delineated. Nurses shall complete a proficiency inventory and be able to demonstrate appropriate techniques in phlebotomy, IV management, and other appropriate practices.

Describe your proficiency testing and competency process and documentation.

EDUCATION FOR QUALIFIED HEALTH SERVICES PERSONNEL

Continuing Education Units

The Contractor shall provide continuing education activities, on-site to the extent feasible. These activities shall be recognized with Continuing Education Units by the appropriate state licensure agency. Part-time staff shall also receive the same continuing education hours per year. The County will recognize training hours required by the contract and appropriate to the work environment as time worked.

Describe how you will handle and document continuing education.

CPR Certification and AED

All health and mental health direct care providers shall be certified in CPR to include use of the AED equipment. Certification shall be annual or may be biannual depending upon the agency utilized to provide formal certification. The Medical Director should be currently certified in ACLS while other staff shall be current in BCLS.

Does your company provide an in-service training programs for your staff? If so, provide details.

Detail how you will meet the minimal requirements of 7.3.3.2(a)(b)(c) and what on-going training would you provide your personnel that would be assigned to the Dane County Jail.

Training Database

The Contractor shall maintain a comprehensive training database for all employees, independent contractors and subcontractors. This database shall include the staff member's name, title/licensure, whether full-time or part-time, and course title, hours of class time, and date of training. This database shall be maintained by the Contractor as current and provide a monthly report to the Jail Administrator or his designee regarding the status of training hours for all contract staff.

Detail how your company maintains comprehensive records of training for all employees, independent contractors, and subcontractors.

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Reference Library

The Contractor shall provide a reference library on-site at the DCJ with sufficient reference materials for both health and mental health professionals. At least five (5) or more common reference books shall be included and a variety of other periodicals or publications. The Contractor shall develop a list of reference materials and submit it to the County for approval. This reference material shall also include professional standards of the NCCHC as well as facility-specific policies and procedures. This library area shall be accessible to all health and mental health staff on all shifts and shall include the minutes of all health-related meetings so that all staff shall have access. Quality improvement documents shall be included as well for ease of staff access (unless certain confidential materials contained prohibit such open placement).

Describe reference materials that you routinely make available for your staff for professional development?

SUBCONTRACTOR AGREEMENTS

The Contractor shall establish written contract agreements with each subcontractor such as hospitals, ambulatory clinics, physicians' groups, lab, x-ray, dialysis, dental, dental lab, dental/medical/office supplies, etc. A copy of each agreement shall be on-hand by the Health Services Administrator, in the health services unit at DCJ, and shall be available for inspection by the County any time. These subcontracts shall be in place as soon as possible after the start of the contract, not to exceed 90 days.

Describe your process for establishing written contract agreements and maintaining positive and productive relationships with subcontractors such as hospitals, ambulatory clinics, physicians' groups, lab, x-ray, dialysis, dental, dental lab, dental/medical/office supplies, etc.

HEALTH PROMOTION AND DISEASE PREVENTION

Health Education and Promotion

Residents shall receive essential and basic information about infectious diseases, chronic illnesses, drug abuse, hygiene, fitness and exercise, smoking cessation and other relevant topics from the health services staff. This may be accomplished in a variety of ways including ensuring the availability of educational and instructional pamphlets in the booking area or in other resident waiting areas such as holding for court, health services unit, and within the housing units. Residents shall also be provided literature on the Prison Rape Elimination Act (PREA) at the intake screening.

Describe the types of education materials that will be made available for residents.

Diet

The Contractor shall develop a program for ordering, educating and monitoring special medical diets. These diets shall only be ordered by a provider to include the mid-level providers, physicians and dentist. Therapeutic diets shall be kept to a minimum based on essential clinical need rather than individual preference. Only the Medical Director shall determine the need for a diet related to a self-reported food allergy. In general, residents shall be instructed on self-care and dietary exchanges to promote the ability to make appropriate choices when returned to the community. The Contractor shall work

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closely with the County in the development of the special diet and the consultation by a registered dietitian. Should the County need assistance with finding a registered dietitian to complete annual reviews of the menus and therapeutic diets, the Contractor shall assist.

Describe your program for ordering, educating and monitoring special medical diets.

Exercise

The Contractor shall develop educational materials for physical activity for residents based on available options in the jail as well as medical needs.

Provide sample exercise literature for residents based on medical need. If none exists, indicate "None".

Personal Hygiene

The County is responsible to provide personal hygiene items to residents on a regularly occurring basis. These hygiene items minimally include soap, comb, toothbrush, toothpaste, toilet paper and sanitary napkins or tampons for the women. The Contractor is not obligated to provide any hygiene items and is discouraged from ordering special soaps or toothpastes based on resident preference. Should a clinical need for a special soap be demonstrated, the Contractor shall bear that expense as a medical supply/OTC item.

Describe how you will comply with this requirement.

Use of Tobacco Products

The DCJ system maintains smoke-free facilities and cigarettes or other tobacco products that are contraband into the jails. Health services staff should consider these facilities to be smoke-free and not bring items such as cigarettes or other tobacco products that are contraband into the jails.

Describe how you will monitor staff to ensure these items and others that are considered contraband are not brought into the facility.

SPECIAL NEEDS AND SERVICES

Special Needs Treatment Plans

Special needs residents, including chronically ill, those with infectious diseases, mentally ill or mentally retarded/developmentally disabled, frail elderly, terminally ill or disabled physically, are those that the Contractor shall establish a written special needs treatment plan. Either a mid-level provider or physician can develop the treatment plan or, in the case of mental illness, the psychiatric social worker or psychiatrist. When feasible, treatment plans should maintain connections between residents and the community agencies that have been or will be serving them.

This special needs treatment plan (for medical issues) shall minimally include information regarding medications, therapeutic diet, specialty appointments and consults, any diagnostic work-up that is ordered, housing assignment disposition, impact on ability to function in general population if any, impact on programming and

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school, and frequency of follow-up indicated. These treatment plans shall be initiated in conjunction with the health assessment and initial physical examination. Frequency of review and update is based on the orders of the provider and must be specified although the orders may be changed on each visit depending on the clinical presentation of the resident. In any event, orders shall not be written for duration of longer than 90 days without an encounter with a provider. Standardized forms and format shall be utilized and all materials to enter the health record shall contain the provider's name, title and date (may also include time). The mental health treatment plan for special needs mentally ill patients will be established by the mental health staff with the provisions established by the Chief Psychiatrist and Director of Mental Health.

Describe how you will comply with this requirement and provide a sample of a special treatment plan.

Suicide Prevention

Suicide Prevention Program and Plan - The Contractor shall develop a comprehensive and thorough suicide prevention program that encompasses all aspects and staff training within the detention facilities including security staff, health and mental health staff, and residents. The program must be approved by the County and shall minimally include the following elements: training (security, health/mental health), identification and assessment, referral, monitoring, housing assignment/placement, communication among all disciplines for one treatment approach by all staff, intervention and notification, reporting and quality improvement review of each gesture or attempt.

Describe your Suicide Prevention Program.

Suicide Plan Contents

The Contractor shall establish a suicide prevention plan that begins with an aggressive early identification program with health, mental health and security staff at the booking process. At-risk individuals shall be identified and referred regardless of current actions or behavior as a preventive step and these at risk individuals shall be defined by a licensed mental health professional, i.e. intoxicated, under the influence of unknown substances, mentally ill, prominent citizen, or first arrest. The admission to jail is one of the highest risk times while others include return from court, receiving a significant sentence, loss of appeal, loss of loved one or loss of children to foster care/adoption, or sexual assault. The Contractor shall take these aspects into consideration in the suicide prevention plan.

Describe your policy and the procedure along with the contents of the Suicide Plan.

Suicide Watch

The suicide prevention guidelines shall clearly identify how a suicide watch is initiated, what the definition of a watch is and the potential levels of observation involved, the process involved in clearing an individual from watch, recommended frequency of observation, staff performing observation, and suggested documentation guidelines for all involved in the process.

Describe your process for initiating suicide watch, evaluating it and how residents are cleared from precaution.

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Utilization Statistics

The Mental Health Supervisor shall produce monthly statistics that provide insight and information regarding the resident population. A report containing these statistics shall be delivered to the Jail Administrator, and Health Services Lieutenant on a monthly basis. Suicide attempts, gestures and ideation shall be defined and differentiated when reported. The report shall also include statistical information regarding resident contacts by the PSWs and M.D., and types of mental health diagnoses identified within the resident population. Additional statistics include residents on psychotropic medications as a percent of population and in raw numbers, the top five psychiatric medications utilized by price, the top five psychotropic medications utilized by frequency and volume, a total list of the psychotropic medications orders by drug name and dosage with identification of formulary v. non-formulary, indications of continuation of medications from admission v. change of medication to another therapeutic agent. The Director of Mental Health staff will work closely with the pharmacy provider to ensure the monthly availability of this information for review and submission to the County.

Provide a sample report containing statistics as described above.

Psychological Autopsy

Any successful suicide shall receive a specialized mortality review, a “psychological autopsy” of sorts. This quality improvement initiative shall focus on the individual from admission through death and identify key points and reactions. Every effort shall be made to use this opportunity as a learning experience rather than assignment of fault or blame. This “psychological autopsy” shall include a quality improvement / debriefing session chaired by the Director of Mental Health, and shall include at a minimum the mental health staff including Chief Psychiatrist, the Medical Director, Health Services Administrator, and jail staff designated by the Jail Administrator. The purpose of this session would be quality improvement: prevention of future suicides. A similar debriefing and quality improvement meeting should be held whenever there has been a serious suicide attempt.

Please describe what is involved in the psychological autopsy and mortality review following a successful suicide.

Intoxication and Withdrawal

Detox Protocol - The Medical Director shall establish a detoxification protocol or clinical pathway for the on-site treatment of mild to moderate intoxication and/or withdrawal. Individuals in acute withdrawal or frank delirium tremors shall be rejected at the booking station by a RN and referred for immediate inpatient hospital treatment and evaluation. The Medical Director shall develop the detoxification protocol with emphasis on the drugs of choice for the surrounding community and the types of intoxication and withdrawal most commonly encountered in the local jail. Only a mid-level provider or physician can initiate an order for detoxification and legend medication. Medications for detoxification may only be managed by nursing with an appropriate practitioner order (the order may be verbal or telephone).

Please describe your detox protocol for both alcohol and other drugs.

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Pregnancy

Pregnant residents who are entering the stages of withdrawal shall be promptly triaged. The Contractor shall have systems in place to identify the pregnant, high risk resident upon admission, and for clinical follow-up during incarceration including routine prenatal care and maternal counseling. Pregnant residents with active opioid use disorder receive evaluation upon intake, including offering and providing medication-assisted treatments options.

Describe your protocols for managing pregnant women entering the stages of withdrawal and throughout their incarceration.

Residents with Substance Use Disorders

The Contractor shall establish a practice for the early identification, assessment, intervention and treatment of residents with alcohol or drug dependency. While the nursing staff and physician shall handle the intake receiving screening (by a nurse) and the detoxification process (by a physician), the PSW conducting mental health screenings and evaluations in booking shall also work to identify any individual in need of intervention for drug and/or alcohol addiction. Should a resident be identified as a person with substance use disorder, those individuals will then be referred to the AODA counselor. Substance abuse treatment services, although limited, shall be available through an AODA counselor and it is a mental health professional that is responsible to develop the substance abuse treatment plan when appropriate.

Community Linkage

Given the limited length of stay within these jail settings, the greater emphasis is on aftercare planning and referral to community resources for substance abuse treatment services. The community resource manual that the Contractor shall establish for all aftercare planning shall include a component regarding treatment options available within the local area, particularly for indigent individuals.

Substance Use Disorder Services

DCJ shall have substance abuse treatment services on-site consisting primarily of screening for identification, assessment, detoxification and aftercare planning. The detoxification treatment plans shall be reviewed annually.

Describe your process for the early identification, assessment, intervention and treatment of residents with alcohol or drug dependency.

Describe your plan for aftercare and community linkage.

Medication Assisted Treatment

Shall be staffed by a registered nurse and Bachelor's-level Recovery Support Navigation worker to engage jail residents in recovery services during incarceration that will lead to the administration of partial/full opioid agonist and antagonist medication.

Some of the activities to be undertaken by Recovery Support Navigation worker shall include:

- Receiving the initial referral of a resident who has entered opiate withdrawal while in Dane County Jail

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- Referring willing residents for a clinical assessment
- Formulate re-entry plans for individuals admitted to the Jail-Opiate Project
- Communicate re-entry plans to appropriate jail staff
- Coordinate and communicate re-entry plans to probation officer, if applicable
- Develop a ten-day safety plan around re-entry
- Help coordinate transportation from jail to sober living arrangement or outpatient clinic
- Assure insurance eligibility or Medicaid application is intact prior to release from jail
- Complete and submit any pre-MAT treatment paperwork to assure smooth transition into community MAT outpatient treatment services
- Set up the first appointment for the client with substance use treatment provider after release
- Link the resident with a peer specialist/recovery coach
- Completing required assessments and referrals to community treatment.
- Some of the activities to be undertaken by the MAT RN shall include:
 - Set up withdrawal protocol
 - Administer medication based on symptoms.
 - Administer all agonist and antagonist medication to residents.
 - Maintain records and data points for reporting.
 - Assure residents have access to naloxone upon release from the jail.
 - Assure participants have access to partial/full opioid agonist and antagonist medication upon release from Dane County Jail

Describe the current process of providing case coordination and medication-assisted treatment. Be specific to the ability to provide the partial/full opioid agonist and antagonist medication at the jail.

Describe what established partnerships are in place with treatment providers within the county or tribe for participants upon re-entry into the community to support substance use disorder treatment and minimize overdose deaths.

Describe the agency's and/or community partner's current capacity or lack of capacity to provide individuals with care coordination for assessment, referrals, and follow-up with community evidence-based substance use disorder treatment services to support recovery and minimize overdose deaths.

Vivitrol

The Dane County Jail partners with Human Services and a community provider to provide education and counselling on opioid addiction. Our current provider, on occasion, does liver functioning testing and administers the first injection of Vivitrol.

Please describe your experience in administering Vivitrol and your willingness to continue to provide this service.

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Sexual Assault

Reported at Intake

If a resident identifies to the RN doing the receiving screening at intake that s/he has been sexually assaulted prior to admission to the jail, the resident shall be referred immediately to a DCJ law enforcement officer for nexus to the proper local investigative agency. Upon admission to the jail, either before or after the sexual assault criminal investigation has been conducted, the Contractor will be responsible for providing initial treatment for communicable disease and/or pregnancy, screening for HIV, Hepatitis B and Hepatitis C, a mental health component for initial crisis intervention, and required follow up care. Contractor shall be in compliance with the Prison Rape Elimination Act (PREA).

Describe how you will comply with this requirement. Further, the intake process has been customized to include questions relating to victimization for PREA compliance.

What is your willingness to customize intake screening to meet the needs of the Sheriff's Office?

Reported During Incarceration

The same guidelines shall apply for an alleged sexual assault occurring during incarceration. There shall be an immediate referral to a RN, mid-level provider or physician. The Contractor shall ensure that the incident is documented fully as delineated by the jail and that the situation is reported to the County for investigation.

Describe your policy for handling sexual assaults that occur in the jail. What role will your mental health staff play in supporting the victim throughout his/her incarceration.

Evidence Collection and Crisis Intervention

In either situation of pre-booking or during incarceration sexual assault, in no case shall the on-site nursing or medical staff be involved with the collection of physical evidence. Testing of the alleged attacker is subject to state and federal laws and shall not be conducted by Contractor staff, as it is a forensic specimen collection. Follow-up lab testing such as repeat HIV or other infectious disease screening and ongoing mental health counseling shall occur on-site and shall be provided by the Contractor. All post-assault treatments available to the general public, such as "morning after" contraception, shall be made available to the victim.

Describe how you will comply with this requirement.

Prenatal Care

Intake Pregnancy Questioning

Women who are received into the facility shall be questioned during the booking process receiving screening by a RN regarding potential pregnancy and last date of menstruation. If there is the slightest indication that the individual may be pregnant, she

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is treated as such until she is ruled out through a urine pregnancy test and physical examination/health assessment. Not all women entering through booking or transfer shall receive a urine pregnancy test. Rather, at that time the focus is on the self-reporting and verbal history.

Does your intake screening include pregnancy questioning? If so, describe how you would manage someone who indicates she may be pregnant.

Elements of Prenatal Program

All pregnant women shall receive community standard prenatal care including routine vital signs, urine monitoring, evaluation of fetal progress and size, with prenatal vitamins ordered. A thorough prenatal history shall be obtained and documented as well as patient history regarding prior pregnancies, number of pregnancies v. live births, complications during pregnancy, etc. The pregnant women shall receive their prenatal care through an appropriately qualified and credentialed provider. This provider shall meet one or more of the following qualifications: obstetrician (board certified or board eligible if pending sitting for the board examination after completion of an obstetrics residency), a family practitioner (board certified), a nurse midwife or specially trained obstetrics/prenatal mid-level provider.

Pregnancy Counseling

Family Planning Counseling

Identification of pregnancy shall occur upon intake or prior to the completion of the health assessment process. At that point, the Contractor also shall ensure that any pregnant resident receives family planning counseling and discussion of options with regard to the outcome of the pregnancy. Any woman seeking elective abortion services shall be referred through a PSW or the prenatal provider to a clinic to obtain such services through a referral as an indigent. The Contractor is not responsible for the cost of elective abortion nor is the County. Rather, these services may be available through a community social service/family planning organization or self-pay. If the woman elects to continue the pregnancy full term, the prenatal or mental health provider shall ensure that information is available regarding adoption services, foster care or assignment of guardianship responsibilities to a family member or other designee. Women are not allowed to keep the baby within the jail setting.

Describe any family counseling that you provide to pregnant women.

Availability of Contraceptives

Contraceptive is generally not available. The Contractor shall establish medical conditions where contraception may be utilized. The contractor shall provide education/resources to women on how to obtain contraceptives upon release.

Acknowledge that you understand and will comply with this requirement.

Orthoses, Prostheses, and Other Aids to Impairment

Types of Devices

The Contractor shall provide orthotic or prosthetic devices when the health of the resident would be otherwise compromised. Such devices may include splints,

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immobilizers, as well as glasses, or other artificial items to replace an absent body component. Glasses and hearing aids are included as well and shall be the responsibility of the Contractor based upon clinical need as determined by a physician or dentist.

Describe any limitations on orthoses, prostheses, or other aids to impairment that you may not provide. If none, indicate "None".

Vision Screening

Residents must seek out health services through a sick call or other such request to be evaluated for the need of corrective lenses and the criteria for glasses is based on potential impact on health and ability to function. Individuals may keep the glasses or contacts that they are admitted with but they are responsible to maintain them safely and securely. The Contractor shall not be obligated to provide contact lenses or tinted lenses unless the ophthalmologist determines that the individual is unable to see with corrective lenses and requires contacts or is extremely photosensitive. In the event of contact lenses, the resident is responsible for cleaning and related solutions, storage, etc.

Describe your processes for conducting basic vision screenings.

Hearing Aids

The Contractor is not required to perform audiology screening on residents. However, if an resident is significantly hearing impaired as to impede his/her ability to function in a general population setting, the resident shall be referred to health services for evaluation of the need for a hearing aid. The resident may self-refer, the jail staff inform health services staff, or a referral from another health or mental health provider may initiate the evaluation for hearing aid(s). Initial consideration or replacements of assistive devices for hearing impairment are contingent upon the determination by the Medical Director that the devices are necessary for functioning and to prevent further deterioration.

Describe your processes related to managing hearing impaired individuals.

HEALTH RECORDS

Health Record Format and Contents

Consolidated Health Record

The Contractor shall ensure the maintenance and confidentiality of the health record. All documents related to resident health care including dental, mental health, consultations, regardless of origin, shall be filed in one consolidated medical record. This record shall contain dividers/tabs that identify sections for ease of filing and retrieval. Format of the medical record shall be standardized and consistent. Instructions regarding the order and sequence of the medical record shall be established and all health staff oriented to the format. All individual clinical encounters and actions shall be documented and filed in the health record. Log sheets for multiple residents, e.g. sick call log, off-site referral log, emergency log, segregation log, shall be maintained and filed separate from the health records but be easily retrieved.

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Describe the standardized format of the medical record and your plan for orienting staff to that format.

Electronic Medical Records

The Contractor shall be in compliance with any and all federal requirements pertaining to the Health Care Reform Act and Electronic Medical Records. Vendor will also provide a project manager or other technical support for the implementation of electronic medical records.

Indicate any software requirements to include databases, space needs, and data storage plan. Specify the systems basic architecture and licensing requirements and cost of license fees and maintenance.

Indicate any hardware requirements, to include server requirements and whether VM servers can be utilized.

Does the software operate in a Terminal Server environment? If so, specify needs related to technical support for this component and provide contact information for any current customers running in a terminal server environment.

The Dane County Jail utilizes Motorola/Spillman as their Records Management System software utilized by the contractor shall interface. Is your software able to interface? If so, describe the interfacing capabilities or how you will meet this requirement.

The County expects the vendor to incorporate existing paper medical records into the electronic medical record. The Vendor shall provide all necessary hardware/software to accomplish this.

Acknowledge that you understand and will comply with this requirement.

Describe your Data Back Up Requirements. Include your back up plans. If on-site storage, the Vendor shall provide Disaster Recovery site backups.

Explain your disaster recovery back up plan. Include policies and procedures and restoration time.

The Functionality of Software shall include:

- Medical intake
- RX Medical/MAR Tracking
- Test Results/X-Rays
- Charting Notes
- Release Form Report Generation

Acknowledge that you understand and will comply with this requirement.

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Standardized Forms

Health record forms shall be standardized and specific to the County facilities. The goal is to have demographic information including name, Name Number, date of birth and gender in the same general area on each form for ease of documentation. All entries in the medical record shall include this information as well as the name, title (signature), date and time of the provider making the notation.

Provide a list of forms that will be standardized and specific to the County.

Signature File

The medical records department shall maintain a signature file for all individuals making clinical notations in the medical record. This file shall contain the individual's name, full legal title (profession), licensure, credentials, signature and initials. This serves as a comparison for reviewing the medical records and authenticating entries. All entries shall be legible. If an individual provider utilizes a signature stamp for clarity of reading the name, that individual shall initial with the signature stamp to validate the stamp. The name stamp may not be utilized by nursing staff or any other provider. If computer entries are utilized for order entry, the system shall ensure security of individual passwords and entry verification/authentication.

Describe how you plan to meet this requirement. If computer entries are utilized for order entry, how will you manage the security of individual passwords and entry verification and authentication?

Establishment of a Medical Record upon Intake

A complete health record shall be established on each and every resident admitted to the facilities even if the only document contained in the record is the receiving screening completed by a RN during booking, as will be the case in a number of records. Each admission shall be checked for the existence of a prior medical record to ensure continuity of care and availability of prior documentation. Multiple charts for the same individual shall be consolidated into one record. Active records shall be maintained on-site within the facilities and inactive records archived but easy retrievable and accessible. The use of the Name Number (that is the same regardless of admission information, linked to fingerprint identification) shall ensure the consistency of patient identification, rather than the booking number that changes on each admission. Use of the Name Number avoids the duplication of records due to aliases, incorrect dates of birth, inconsistency in self-reported demographic information, etc.

Describe your plan for establishing a medical record at intake and ensuring existing records are match and condensed into one single medical chart.

Documentation Available for Off-Site Encounters

Residents sent off-site for emergency treatment, inpatient hospitalization, outpatient specialty or diagnostic appointments shall have documentation sent with them in the form of a transfer summary or consult request. If a consult request is utilized, relevant medical record information such as x-ray reports, latest physical examination findings, lab results, may be attached to improve the ability of the consultant to act on full information. Residents returning from the emergency department should return with at least a disposition and instruction sheet to indicate what actions were taken, orders written, and what treatment performed during the visit. Residents released from a

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community inpatient hospital should return with instructions/orders and preferably the detailed discharge summary. If the discharge summary is not available at the time of discharge, it should be forwarded as quickly as possible. Residents returning from consult appointments should have documentation regarding the findings of the specialist consulted. However, all instructions occurring from off-site encounters are considered recommendations rather than orders and are subject to the review and approval of the Medical Director or his/her designee. All information returned with an resident from an off-site encounter, inpatient or outpatient, shall be filed within the individual's medical record.

Describe your process for documenting and including off-site encounters and health transfer summaries into the consolidated health record.

Electronic Medical Records (EMR)

Please provide the name of the EMR Software Program that you intend to utilize and the name of the Company the software was acquired from.

Describe the network infrastructure that must be in place to achieve optimum end-to-end system performance:

Describe the number and the type of network connections that will be required and there location so the Dane County Sheriff's Office staff and vendor staff can access the system.

Describe the hardware requirements such as desktops, servers, mobile devices, and peripherals. Detailing who will be responsible for the purchase, installation, and maintenance of each.

Describe the process for the Dane County Sheriff's Office staff to access and retrieve data for reporting purposes.

Identify any EMR system components that will need to be installed on the County network.

The Dane County Sheriff's Office has historical records. Describe if the system has a mechanism for converting and importing this data. If so please describe the method employed.

The Dane County Sheriff's Office records are subject to specific retention requirements. Describe the system to handle record retention requirements.

Describe the general approach which will need to be followed for ensuring continuity of integration, if any interface system is upgraded.

Describe the overall security environment for the system. Explain how security authorizations are managed that enable or restrict access to documents or functions.

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Identify integrity features which would enable multiple user groups (e.g., Nurses, Doctors, and Supervisors) to share the system and have access to the same data while maintaining data integrity.

EMR Hardware Specifications

list all hardware required to optimally run the EMR, include specifications. NOTE: The Dane County Sheriff's Office requires the vendor to provide the computer workstations, printers, scanners, and copiers required to utilize the Health Services System. The computers must meet the Counties Data Center Network requirements and be able to be administered by the Sheriff's Office and the Counties technical staff for the purpose of network and internet connectivity. Users will be provided generic accounts to gain access to the system, outside email, and any other remote systems they require. Once identified and configured these work stations will be the only ones available for use with the Health Services System. No other computers will be permitted access on the network for this purpose. The hardware support will be the responsibility of the vendor while connectivity support will be the responsibility of the Sheriff's Office technical staff. The printer/copier consumables such as toner will be the responsibility of the vendor to provide.

HARDWARE COMPONENTS

Component	Purpose	Quantity

EMR System Implementation

the contractor will be responsible for providing a Health Services System that meets the business functional specifications of the Dane County Sheriff's Office. The System shall include all functionality specified in the contract with Dane County.

Describe your approach for learning the Dane County Sheriff's Office current environment and workflow processes and how you incorporate that knowledge into your implementation program.

EMR Hardware Installation

The Contractor is expected to perform the following services in support of the hardware installation that may be required.

- Perform a site visit and evaluation of the physical environment;
- Deliver a site requirement document that includes a final hardware configuration;
- Assist with the procurement of an required hardware that is not provided under the terms of the contract;

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- Configure and install system hardware and operating system software, or assist Dane County technical staff in the configuration and installation of the hardware and software; and
- Test hardware and network connectivity

Describe how you will comply with these requirements.

Describe hardware services to be provided.

Describe your site review process to ensure that the Sheriff's Office facilities are prepared for the installation of the required hardware.

EMR Backfile Scanning and Indexing

The contractor will be responsible for the backfile scanning and indexing of medical records from the Dane County Sheriff's Office existing Dane County Sheriff's Office medical resident files. The contractor must demonstrate a comprehensive understanding of the existing data model. This responsibility includes:

Scanning of all medical records for active residents which are currently in jail at Dane County Sheriff's Office.

Scanning of all historical medical records we are required by law to maintain.

Indexing the scanned records within the Health Services System so they are matched with the resident's data record within a searchable system.

Describe your overall backfile scanning approach and methodologies that will be used when implementing an EMP package.

Detail all skill sets and experience of the staff that will be performing that backfile scanning.

EMR Service and Support

The Dane County Sheriff's Office requires a training program for select staff as determined by Jail Administration.

Describe the facilities and equipment that the Dane County Sheriff's Office will need to provide for training purposes.

EMR Documentation

Contractor must provide documentation on the system as installed (i.e., not just the contractor's base system) including description of all screens, User documentation shall include description of all screens, definition of all fields, and process/workflow steps describing registration, login, etc., for users, data review, and approval; listing and description of all reports.

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List and describe all documentation that will be provided, including the formats in which the documentation is available. Insert additional lines as required:

Documentation Summary

Documentation Summary	Description	Hard Copy Y/N	Online Y/N	Electronic File Format (S)

List and describe the types of reports available to Dane County Sheriff's Office from the EMR System:

Document Title	Description

Provide samples of the above documentation. To assist in reducing the amount of paperwork in your proposal submission, documentation may be submitted in electronic format on Flash Drive, Jump Drive or CD-ROM.

Describe any Ad-Hoc reporting tool and options available to Dane County.

Indicate whether you coordinate a user group and the purpose it serves.

Describe your process for correcting software defects and installing fixes, and your approach for scheduling such corrections.

Confidentiality of Health Records

Health records are confidential legal documents, thus the Contractor shall develop a process to maintain these records in a safe and secure environment. The preference is that each record is signed in and out to ensure availability and tracking when in use. Multiple providers may need access to the same file on the same day. Control of these records shall be limited to health professionals and preferably to the dedicated medical records staff.

Certain sections of the medical record may be more restrictive regarding release of information criteria and access, i.e. HIV and mental health, for example. The Contractor shall comply with all state and federal guidelines regarding the release of information from a health record. Given the complexity of maintaining medical records, releasing information appropriately and ensuring confidentiality, the Contractor shall develop a Medical Records Manual that encompasses all medical record policies and procedures regarding filing, format, sections, how to purge a record, multiple volumes, release of

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information, confidentiality, consent and other key aspects of record management. The Medical Records Manual must be approved by the Dane County Sheriff's official Custodian of Records, and the Jail Administrator or his/her designee.

Describe how you will comply with this requirement.

Sharing of Health Information

Records obtained from external providers for occurrences prior to incarceration or during incarceration shall be filed in the medical record. However, if there is a request for a copy of the record and the request is authorized by the resident's release of information, the documents obtained from an outside source shall not be provided with the medical record copy. Rather any external documents from hospitals, clinics, etc., must be requested separately and directly from that specific location.

Communication

Sometimes it is critical that custody staff be informed of a health or mental health situation so that they may respond appropriately in the event of a crisis, i.e. suicide watch. It is essential that information be shared between health or mental health services and security staff particularly regarding housing restrictions or other limitations in assignments, work or programs. Wisconsin law provides for the sharing of medical information with non-medical personnel if the non-medical personnel are assisting the medical personnel in the care of the patient. The Contractor shall ensure that a system for the sharing of necessary information is in place.

Describe your plan for ensuring that a system for the sharing of necessary information is in place.

Restricted Access

Security staff shall not have access to medical records unless on a need to know basis with the authorization of the Jail Administrator. If security staff needs access to a medical record, the review shall include a health records clerk or Health Services management staff to maintain the record and search for relevant entries. Copies of records for corrections purposes should be limited and only authorized by the Jail Administrator.

Describe how you will comply with this requirement.

Availability and Use of Health Records

The health record shall be available to all on-site providers. The use of some system for chart tracking for use on any given day shall be the Contractor's responsibility. If multiple providers require access to the record simultaneously, the Contractor's staff shall be able to locate the record and retrieve it without difficulty.

Describe how you will comply with this requirement.

Transfer of Health Records

Security During Movement - Documents that are forwarded with an resident to an outside provider or that are sent with an resident upon transfer shall be sealed in an envelope and delivered by a Deputy Sheriff to the intended party with the seal intact. If a group of individuals are being transported and there are multiple files for one location,

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they shall be grouped and boxed then sealed. The goal is to restrict access to critical confidential medical record documentation to health providers or those with a legitimate need to know as established by the County.

Acknowledge that you understand and will comply with this requirement.

Exchange of Information

The medical record shall never be sent off-site with an resident to a hospital or outpatient setting outside of the jurisdiction of the County. Only a relevant summary form or consult may be sent outside of the jail system. For residents transferring to other correctional jurisdictions such as city, county and state correctional facilities, a transfer summary shall be prepared and forwarded in a confidential manner and the original record shall be retained as inactive in archives for the jail.

Describe how you will comply with this requirement. If you have a standardized format, please include a sample. If none, indicate "None".

Retention of Health Records

Active medical records shall be maintained in the medical record areas within the health services unit/health center. Inactive files and records of individuals no longer incarcerated at the site shall be archived for retention. If the resident is readmitted, the inactive file shall be retrieved and reactivated to eliminate potential duplication of records. Inactive files shall be retained and managed by the medical records department according to state and federal law regarding the period of retention. Health records involved in litigation shall be retained indefinitely.

Describe your process for archiving records and retrieving them upon re-admission.

Administrative Meetings and Reports

Staff Meetings

The Contractor shall conduct staff meetings on a regularly scheduled basis at least monthly. Communication of the information shared and exchanged during these staff meetings shall be in place for all shifts through the availability of minutes and participation of shift staff as feasible. Staff meetings shall include all staff to include medical, nursing, mental health, dental and all other professions on-site. Individual disciplines may conduct additional staff meetings but they do not meet this requirement.

Describe how you will comply with this requirement. Submit a sample agenda that includes the format for such meetings. Explain your process for ensuring attendance of all staff on all shifts and how you will ensure adequate coverage for staff attending the meeting.

Executive Meetings

The Contractor shall be available on a monthly basis to meet with key individuals designated by the Jail Administrator. The Contractor shall ensure that the Medical Director, Health Services Administrator and Mental Health Director are available at these meetings. Other individuals may participate with the approval of the Jail Administrator, based upon the agenda items identified in advance.

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At these meetings, jail administrative staff will be briefed by the health services management team regarding current health trends in the resident population, significant medical cases, special needs residents, hospitalizations, program activity, and utilization.

Top management personnel, including the Health Services Administrator, Medical Director, Mental Health Director, and Chief Psychiatrist shall be available and comply with requests by the Jail Administrator and/or designee to meet on an as-needed basis to discuss issues pertaining to the Dane County Jail's health services program, individual DCJ resident health care, resident grievances, and quality improvement.

Describe how you will comply with this requirement.

Off-Site Contractor Meetings

The Health Services Administrator, Medical Director, Director of Nursing and Director of Mental Health are expected to be on-site at the DCJ on a full-time basis except for vacations or other approved absences such as sick leave. The Psychiatrist is expected to be on-site for contractual hours. Any other off-site time for these key management team individuals must be approved in advance by the Jail Administrator's designee. The Contractor shall be responsible to ensure sufficient on-site management coverage at all times. Consideration as "time worked" may be given for these off-site events such as conference and training participation and such approval is within the authority of the Jail Administrator's designee.

Describe how you will ensure adequate on-site coverage for approved absences of the Health Services Administrator, Medical Director, Director of Nursing, Director of Mental Health and Psychiatrist other than vacations and other approved absences of the such as sick leave.

Reports

The Contractor shall provide the County periodic reports delineating utilization statistics on a monthly basis, with year to date information and an annual summary. With the monthly statistical report, the Contractor shall submit information regarding any lawsuits filed during the previous month with the name of the resident, the reason for the suit, the individuals named, and the date filed.

Time reports indicating hours worked, benefit hours paid, and hours contracted with the resultant variance, if applicable, as identified in the staffing table shall also be submitted by position/discipline, date and shift on a monthly and annual basis. Any hours worked by agency or temporary personnel shall be identified by position title, date and hours worked, and the name of the individual. A monthly vacancy report shall be submitted to the County with the facility, position title, position hours and date the position became unoccupied. With the vacancy report monthly, a list identifying individuals hired or terminated shall be attached and include data regarding position title, shift, individual filling position and position status (full-time, part-time, or PRN). In addition, any independent contractors or subcontractors' staff changes shall be reported.

On a monthly basis, the Contractor shall identify the actual dollars paid out to subcontractors.

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The Contractor shall prepare and submit reports according to the needs identified by the County, with the information content and expected frequency of submission approved in advance with jail administration.

Describe in detail your capability for collecting, storing and reporting medical records data.

If a proprietary electronic medical records system is used by or available to the Vendor, detailed information regarding programming language, operating system, required hardware and storage media, accessibility, and file format should be included.

Provide a samples of a periodic report delineating utilization statistics on a monthly basis, with year to date information and an annual summary.

Policies and procedures

Development and Review

The Contractor shall ensure that comprehensive and thorough policies and procedures exist for all aspects of the health care delivery system. These policies and procedures must be approved by the Health Service Administrator and Medical Director for the Contractor and by the Jail Administrator and his designee for the County. Each policy and its procedure shall be reviewed regularly on at least an annual basis/upon creation and documentation of this review shall be in evidence through appropriate dates and signatures. All policies and procedures shall be in compliance with federal and state laws, rules, regulations and guidelines as well as with professional standards of the NCCHC. Each policy and procedure shall cross-reference the NCCHC standards applicable for ease of reference. All health services forms shall be cross-referenced to the applicable policy.

Describe your process for the development and review of Policy and Procedures.

Site Specificity

Policies and procedures as well as related health record forms shall be specific to the unique environment of each of the DCJ facilities. The Contractor is expected to be in compliance with this requirement within 90 days of start-up of this contract to correspond to each and every requirement of NCCHC. Routine updates and training on all policies and procedures shall be provided to health services staff and such information sharing shall be documented and available for inspection. Each new staff member shall be oriented thoroughly to all health-related policies and procedures and documentation of such orientation and training shall be maintained in the employee's (or independent contractor's) personnel and training files. Policy manuals shall be available to all health services staff, independent contractors or subcontractors, at all times in an accessible area.

Describe how you will comply with this requirement. Detail your process for orienting new staff on policy and procedures and the process of documenting such training.

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Remain County Property

All policies and procedures, protocols, manuals (such as quality improvement, infirmary, nursing, forms, etc.) shall remain the property of the County at the termination of this contract and shall be available to the County at all times during the contract term and at termination via email, upon request, in Microsoft Word format. The Contractor shall ensure that all policy and procedure manuals throughout the facilities are current with the latest version of the required documents.

Describe how you will comply with this requirement.

Comprehensive Quality Improvement (CQI) Program

The Contractor shall establish a comprehensive quality improvement program on-site to evaluate and review quality, timeliness and appropriateness of the care provided to the resident population, with a committee meeting monthly. Results shall be shared on at least a monthly basis with the Quality Improvement Committee, which includes Jail Administrator and internal DCJ compliance monitor, and an annual summary prepared and presented. Efforts shall include all on-site disciplines. County personnel, including the Contract Compliance Officer, shall be participants. The quality improvement activity shall be comprehensive with consideration to risk management and litigation, resident complaints and grievances, policy and procedure review, statistical utilization reporting, safety and sanitation issues, infection control (subcommittee activity), seclusion and restraint data, etc.

Describe your Quality Improvement Program and the components of care addressed through this avenue. If none exists, indicate "None" and detail your plan for complying with this requirement.

Plan Components

The Contractor shall develop a quality improvement plan within 90 days of start-up and this plan shall be specific to each DCJ facility. This plan must be approved by the Jail Administrator or his designee.

The Medical Director shall serve as the Chair of the quality improvement committee and the committee shall be multidisciplinary to include nursing, dental, mental health and any other on-site services as well as representatives designated by the Jail Administrator, including the Contract Compliance Officer.

On-site and off-site aspects of care such as emergency room use, outpatient specialty services and inpatient hospitalization shall be studied in the quality improvement process through the development of indicators. In addition to the inclusion of all disciplines, the Contractor shall be responsible to ensure an on-going review of the various relevant aspects of care for the jail facilities including but not limited to intake nursing, intake mental health, sick call, medication management, Keep On Person (KOP) medication implementation, special housing, mental health housing and special needs services, ancillary services such as lab, x-ray and dialysis, and all sentinel events such as patient deaths, suicides, serious suicide attempts, disasters or major emergencies, etc.

Events with high risk, high cost, high volume or problem-prone events shall be included.

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Infection control, infectious disease management, and occupational health shall also be a part of the quality improvement initiative.

Patient satisfaction surveys should be completed at least four times per year, one each quarter, on a relevant topic of importance to the resident population. The quality improvement committee shall evaluate resident complaints, grievances, family inquiries and legal inquiries on a routine basis. This process must include a face-to-face component for dispute resolution with the resident population as appropriate to the complaint. Other aspects of care may be shared in writing, i.e. answers to questions regarding follow-up care, prosthetics, etc.

While one or more individuals may be designated as responsible for the overall quality improvement initiative, efforts shall include line-level staff from various shifts and disciplines to ensure participation and buy-in throughout the health and mental health services operation. All Contractor staff and independent contractors and subcontractors shall receive orientation to the quality improvement process and annual training review.

While the quality improvement process may include retrospective chart audits for presence/absence of essential documentation as well as completeness of documentation, the committee efforts shall include a review of processes, systems and care for the clinical outcomes of care and patient impact. Significant findings shall include an implementation component for staff familiarity with the process and outcomes as well as training regarding any corrective actions or process changes.

Provide a sample of a Patient satisfaction survey. Describe your process for evaluating resident complaints, grievances, family inquiries and legal inquiries.

Describe outcomes of care and patient impact studies that have resulted from your established CQI Program.

Peer Review and Supervision

Professional supervision shall be included as an aspect of care for the quality improvement program. The Medical Director shall receive peer review by a designated physician from the parent company on an annual basis and shall provide that same peer review for the staff physician(s) annually. The information to be gathered and the format of that documentation shall be provided to the County; however, the peer review documents themselves, specific to the individual, are to remain a confidential component of the quality improvement process. The Medical Director and staff physician(s) shall be responsible to review the documentation and case management of the mid-level providers on a quarterly basis to include representative charts from intake, physical exams, sick call, chronic disease management, and infirmary care. The Director of Mental Health shall be responsible to review the documentation of the Mental Health Psychiatric Social Workers on a quarterly basis to review representative charts for intake, crisis intervention, suicide prevention, treatment planning, housing and special needs management and aftercare planning. The Director of Nursing shall be responsible to review the documentation of nursing and paraprofessional personnel used to assist nursing. Review shall include medication and pharmacy documentation, sick call, wellness rounds and screening, or other relevant work components for nursing staff. The comprehensive quality improvement policy and procedure shall describe the supervision aspects fully and in detail and shall be subject to approval by the County.

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Describe your process for PEER Review and Supervision. Provide a sample of what information is gathered and the format of that documentation.

Emergency plan

The Contractor shall ensure that a current and up-to-date emergency plan, specific to the DCJ be developed and implemented within the initial 30 days of the contract start-up. All staff shall be oriented and trained regarding the aspects of the emergency plan. Emergency drills shall be conducted on a quarterly basis at the DCJ, and include representation of all shifts at the various locations. The emergency plan shall be coordinated with the facilities' emergency response plans for consistency. The emergency plan shall include the capability to conduct a disaster drill every three years on all shifts that involves local Emergency Medical Service (EMS), hospital, ambulance and other notification for participation.

The emergency plan shall include minor and major equipment involvement, availability and storage of supplies, oxygen, suction, backboards, wheelchairs, etc. Evacuation criteria shall be included as well. The emergency plan shall also include how patients will be categorized and classified, what areas will be used for patient stabilization for transport, emergency call-back numbers for all staff and who is delegated to make these contacts, notice to local ambulance and emergency services, and a back-up plan for the delivery of health services should existing facilities be unavailable or inaccessible shall be included in the plan by the Contractor.

Provide a sample of an emergency plan and describe how staff shall be oriented and trained on the emergency plan. Describe your experience in writing , implementing and evaluating emergency plans and how you will engage outside providers to include EMS and areas hospitals.

Emergency Drills

The quarterly emergency drills shall be resident or staff-specific and situational to the jail setting, i.e. emergency response to resident identified hanging, emergency response to staff injury in kitchen, emergency response with Automatic External Defibrillator (AED) to the visiting area, etc. The disaster drill shall be geared to a manmade or natural disaster of large scale proportions, e.g. tornado, arson, bomb, power or water outage, mass arrest, etc. This drill shall include various community participants, jail security and health care staff.

Describe how your will comply with this requirement.

On-Call Availability

Physician coverage shall be available through an on-call system a telephone, cell phone or other appropriate electronic communication device. A primary care physician shall be on-call around the clock. Response time is expected to be less than 20 minutes. If the RN on duty assesses the resident and determines the need for life-saving, emergency intervention in the local emergency room or urgent care center, the RN shall have the authority to send the resident out and contact the physician on-call afterwards to relay the information. Each situation shall be assessed retrospectively by the Medical Director and Director of Nursing to determine the appropriateness of the assessment

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and to evaluate whether any additional training may be indicated or any other follow-up action necessary.

Describe your policy and procedure related to on call services and evaluating an RNs decision to immediately activate EMS prior to consulting the physician.

Communication regarding special needs patients

Open Communication

The Contractor shall ensure timely and accurate communication with jail staff regarding any resident with special needs and the impact of those special conditions on admission to the jail, housing and placement, work/school/program assignments, disciplinary actions, transfers among the facilities and release/aftercare planning. Special needs residents include those individuals with communicable diseases, chronic debilitating illnesses, the physically handicapped, mentally handicapped and developmentally disabled, frail elderly residents, mentally ill residents and pregnant residents. The Contractor shall develop a formal process for review of and communication regarding these special needs individuals. Special needs treatment plans shall be developed in conjunction with the admission physical. Transfer to another jurisdiction shall require the completion of a transfer summary by the health care staff to ensure continuity of care and sharing of information.

The Sheriff's Office conducts weekly multi-disciplinary team meetings to discuss special needs residents, including those in restrictive housing. The medical and mental health staff are required to evaluate residents prior to placement in restrictive housing and make recommendations for housing.

Describe how you will communicate with the Sheriff's Office regarding special needs residents and your involvement in evaluation and making housing recommendation for Special needs residents including those in restrictive housing.

Describe your experience leading, participating, and documenting in multi-disciplinary meetings regarding special needs residents.

Case Conferences

Residents identified as special needs will be discussed, at a minimum, at the monthly meeting with Human Service's contracted community mental health provider to facilitate a multi-disciplinary approach for communicating and collaborating among the professions regarding a consistent treatment approach for a specific challenging individual. Additional case management meetings may be called by the Contractor, Jail Administration, or community team as needed. In such cases the case review should be scheduled within three business days to foster timely discussions. Jail Administration may designate security staff, program staff or other County employees to participate. The Contractor shall cooperate and chair such special needs case conferences.

Describe your experience in leading case conferences and engaging community partners to facilitate continuity of care.

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Notification in emergencies

The Contractor shall work with the County to ensure sharing of appropriate information in the event of a serious injury, illness or death of a resident. If a life-threatening illness or surgery requiring hospitalization occurs, the Contractor shall notify the Jail Administrator's designee so that the necessary family, legal guardian or other representative/next of kin may be notified. The County shall make such notification or may designate a chaplain, program staff person or other individual to actually carry out the notification.

Describe your policy and procedure for communicating significant events or concerns with jail staff and Jail Administration in the event of a serious injury, illness, or death of a resident.

Describe your notification process to corporate headquarters, the review triggered by such events and how that will be communicated to Jail Administration.

Procedure in the event of a resident death

In the event of a resident death, either in the DCJ or in an outside hospital, the Contractor shall immediately notify the County. The Contractor shall cooperate with the County in the development of a procedure for full notification within County offices in such a situation. The County will then notify the appropriate individuals within the government hierarchy and the family or next of kin as designated. Contractor shall cooperate with the County in the event of a medical examiner inquest or autopsy/postmortem request.

The Contractor shall conduct a mortality review within 30 days of any resident death, regardless of the location of the death. The Contractor's Medical Director shall coordinate the mortality review and each individual practitioner who had contact with the individual during the final events surrounding the death shall participate in interviews regarding the circumstances surrounding the death. The Jail Administrator may designate the County representative(s) to participate in the mortality review. The Contractor shall track all deaths and maintain a database as to demographics and cause of death. The mortality review is a component of the quality improvement plan and shall be utilized by the Contractor to improve responsiveness or services as appropriate.

Describe your mortality review process and how it is evaluated utilized as part of the CQI Program.

Complaints/grievance mechanism

Resident grievances, complaints and inquiries must be responded to in a formal manner by the vendor's Health Services Administrator or designee within ten (10) working days of receipt of the grievance. Any inquiries or complaints by family members, lawyers, or other interested parties such as advocacy groups shall be responded to utilizing the same procedure and timelines. In addition, Resident complaints/grievances and complaints by other entities and corresponding response shall be filed in a designated section of the medical record. A copy shall be maintained in a resident-specific correspondence file for ease of retrieval. Resident grievances/complaints related to health or mental health services shall be reviewed routinely and discussed during the

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quality improvement committee meeting. Complaints shall be categorized and classified according to demographics, housing location, nature of the complaint, etc. and a database maintained and reviewed to determine any patterns or problematic issues.

Describe how you will comply with this requirement.

Detail how you will address internal complaints from Sheriff's Office staff about services you provide during the course of this contract. Do you have a formalized process for accepting and responding to such complaints? Please provide details. In addition, describe how you will utilize the grievance process to identify, analyze and evaluate grievances as part of your continuous quality improvement process.

Equipment specification requirements

The County provides basic examination space, related utilities and telephone service, and existing medical equipment. The Contractor shall secure and provide any additional necessary equipment, to include office equipment. Office equipment purchased by the contractor cannot not be connected to Dane County's network. The Contractor shall provide office and medical supplies including dental supplies, medical records, books, and periodicals. The County may purchase medical equipment on a limited basis, subject to available funding and approval. Should the County agree to such a purchase, the Contractor will be required to provide not less than three quotes.

Detail your equipment maintenance policies and agreements, include the expected turnaround times for service, including an acceleration plan.

Describe the lifecycle and replacement plan for the Vendor provided equipment.

Provide the age and condition of the diagnostic imaging equipment that you will utilize. If you will utilize a contracted service, please specify such.

Infection control program

The Contractor shall establish a comprehensive infection control program that includes monitoring and case management of residents with infectious diseases such as HIV, TB, HCV, HBV, MRSA, and sexually transmitted diseases such as gonorrhea, chlamydia, syphilis, herpes, etc. HIV counseling shall be consistent with the guidelines of the Centers for Disease Control (CDC) and state health department. An individual staff member shall be designated by the Contractor as responsible for the monitoring of infectious diseases and the reporting to the state health department as required. This individual shall be responsible to ensure that intake screening is carried out appropriately with questions relevant to infectious disease, that residents are identified and treatment plans established, that residents are followed through chronic/communicable disease clinics with consistent diagnostic testing and treatment consistent with community standards.

Program Components

This program, developed in collaboration with the County, shall include necessary training for health services and security personnel on infectious disease control and prevention, precautions and appropriate use of personal protective equipment such as hepa-masks. This program shall also include standards for biohazardous waste

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disposal, infection control practices for equipment management, and availability and accessibility of appropriate protective gear.

Tuberculosis Testing

TB screening of residents shall be carried out at intake by a registered nurse through a symptom check with the admission process. Any individual identified as symptomatic consistent with TB shall be placed in negative pressure respiratory isolation (hospitalized) and the on-call physician shall be contacted immediately for orders. Asymptomatic individuals shall receive the Mantoux skin test during the completion of the physical examination. Residents identified as having a past positive skin test shall be evaluated via the use of a chest x-ray.

Residents are not required to receive Hepatitis B vaccination unless the individual has been started on the series and would receive the following injections during incarceration.

Describe how you would implement a comprehensive infection control program that monitors and addresses incidence of infections, communicable diseases, and prevents the spread of such diseases.

Identify who or what position will be designated to monitor infectious diseases, report to the state health department as required, and monitor screening to ensure residents are identified, treatment plans are established and that residents are followed through chronic/communicable disease clinics with consistent diagnostic testing and treatment consistent with community standards.

Identify your process for screening and administering testing for Tuberculosis.

Committee

The infection control program shall be coordinated by a designee of the Contractor and shall be considered a component of the quality improvement committee. Sentinel events involving infectious disease or control issues shall be reported to the quality improvement committee and reported to the County immediately per occurrence. An infection control committee shall be established to include representatives from security, medical, nursing, dental, Facilities Management, and the Safety Officer. All activities of this committee shall be reported through the quality improvement program to the County.

Describe your infectious Control Program, its components and response to sentinel events. Identify the program coordinator and the process for immediate notification to the County.

Staff vaccination

Health services staff and Sheriff's Office staff shall be tested annually (or more often if deemed appropriate by the County) for tuberculosis exposure. TB screening shall be accomplished using the one-step PPD/Mantoux skin test. The Contractor shall maintain all documentation of health service staff testing and shall coordinate documentation with the County for the security staff.

Describe how you will comply with this requirement.

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Environmental health and safety

The Contractor shall participate with the County in the inspections of all jail areas for safety and sanitation. These inspections shall be carried out on a monthly basis and include a standardized inspection tool. Monthly reports to the County and to the quality improvement committee, through the infection control subcommittee, shall be made with any recommendations for corrective action or improvement. These inspections shall be conducted by the infection control designee among the health services staff and shall include housing, program area, work and assignment areas, intake, laundry, health services areas including special housing and the kitchen. Each component of the inspection shall be detailed.

The Contractor shall provide all biohazard waste containers and supplies consistent with federal guidelines and Occupational Health and Safety Administration (OSHA). The health services staff shall be responsible for the collection and safe storage of any biohazard waste with the storage area to be locked and the disposal frequent enough to minimize the need for storage capacity. The Contractor shall establish a contract for such waste disposal and ensure timely pick-up of wastes.

Describe how you will comply with this requirement and provide a sample of a safety and sanitation report form.

Describe your process for handling, storing, and disposing of bio-hazard material.

Kitchen sanitation and food handlers

The Contractor shall participate with the County in the monitoring of all food services areas including food preparation, storage and cleaning areas. Staff in food services, employees and residents, should be trained appropriately regarding cleanliness, infection control, inspections, sanitation, etc. and the health services staff shall participate in the training and monitoring.

Describe any training programs you have for residents in kitchen sanitation and food handling. If none exist, indicate "None" and describe your plan for complying with this requirement.

Ectoparasite control

The Contractor shall establish guidelines and protocols for the prevention, identification and treatment of ectoparasites such as pediculosis and scabies.

Describe your process for identifying infected individuals through the intake screening process and at other times during the individual's incarceration for the potential presence of ectoparasites.

Describe your policy and procedures for ectoparasite treatment of individuals, exposed individuals, and clothing and bedding.

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First-Aid supplies

The Contractor, in conjunction with the County, shall provide and establish standardized contents and inspection procedures for first-aid supply kits throughout the facilities for staff access. The Contractor shall determine, with the cooperation of the County, the locations, numbers, and documentation guidelines for the first-aid kits. The kits shall be placed for ease of access. The Contractor's staff shall be responsible re-supplying the kits following use and for checking the containers on a monthly basis as part of the Health and Sanitation Inspection. Such inspection shall include monitoring dates of items included in the kits and replenishing supplies as needed. The Contractor shall work with the County to define the policy and procedure surrounding the use, documentation and timely replenishment of the first-aid supplies.

Describe how you will comply with this requirement.

Training for Sheriff's Deputies

The Contractor shall participate with the County in the provision of required training for security/custody staff. The County is responsible to define the number of hours of training and the frequency; however, the Contractor shall provide certain elements of the health-related training not already provided through the Sheriff's Office Training Bureau.

Health-related training for custody staff shall minimally include first aid and CPR (with the AED component included), suicide prevention, signs and symptoms of mental illness, chemical dependency/detoxification, acute and chronic illnesses and infectious diseases such as HIV, Hepatitis B and C and Tuberculosis.

Describe any training programs you currently provide for custody staff at contracted sites.

Medication administration training

Licensed nursing personnel shall carry out medication administration at the Dane County Jail. Any security staff that is involved in the distribution of legend medication shall receive a training session from the Contractor with the curriculum developed and approved in advance by the County. Documentation guidelines are a critical component of this training. Nursing staff shall be contacted should any security staff member have a question about medication distribution and management.

Wisconsin DOC 350 requires that annual documented training be provided to jail staff that deliver medications. While medication administration is the primary responsibility of the provider, jail staff are called upon to assist with medication administration and monitor residents self-administer medication at the Ferris Center.

Describe how you will meet this requirement.

Resident workers

Residents shall not be utilized in any capacity within the health services operation other than maintenance and housekeeping. Even these activities shall be closely supervised in areas of patient confidentiality. The Contractor shall ensure that proper training is available to residents should they be utilized to clean areas of biohazardous waste or spills. Residents shall be properly instructed in these situations and shall be provided

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with appropriate personal protective equipment. The contractor shall have a program to prevent illness and injury amongst the resident worker population.

Describe your training program for instructing residents on cleaning areas of biohazardous waste or spills and necessary precautions, and injury/illness prevention. If you currently do not provide resident training, describe how you will meet this requirement.

Pharmaceuticals

Pharmacy Services

The Contractor shall ensure the availability of pharmacy services sufficient to meet the needs of the resident populations assigned to these County facilities. At present, an off-site vendor sub-contracted by the jail's health services provider supplies medications shipped to the DCJ on a daily basis. Vendors submitting proposals pursuant to this RFP should include their plan for providing pharmaceuticals to the Dane County Jail in the most cost-effective and reliable manner available. Proposed sub-contracts with pharmaceutical providers should include complete information regarding the pharmaceutical provider, such as corporate history, references, past litigation, etc. The Contractor shall comply with all applicable state and federal laws, rules, regulations and guidelines regarding the management of pharmacy operations.

Describe your plan for providing for providing pharmaceuticals to the Dane County Jail in the most cost-effective and reliable manner available.

Pharmacy Consultant and Inspections

A consultant pharmacist, or designee, paid for by the Contractor shall conduct inspections on a monthly basis for the first year of the contract and not less than quarterly thereafter. This inspection shall be standardized and include aspects of pharmacy from the point of order entry, through dispensing, administration/distribution and documentation. The pharmacist shall inspect all areas where medications, whether legend drugs or Over-the-Counter (OTC) products, are stored and maintained at the DCJ. The inspection shall cover other aspects of pharmaceutical management such as storage conditions, security, disposal practices, and return of unused medications and documentation of inventory management for stock medications, psychotropic medication and controlled substances. Security aspects such as double locking of controlled substances shall be included. Physical issues such as light, ventilation, temperature overall, moisture, refrigerator use and temperature shall be included as well. This pharmacist shall generate a professionally prepared, legible report from each inspection, and the Contractor shall then develop a response with a plan of corrective action for any problematic areas. These complete reports shall then be delivered by the Health Services Administrator to the Jail Administrator and internal DCJ contract monitor. The Contractor shall ensure timely follow-up and resolution of all outstanding pharmacy management issues as a high priority.

Any problem identified on a monthly pharmacy inspection report must be resolved prior to the next routine inspection. It is critical that the pharmacy operations comply with appropriate local, state and federal guidelines with regard to storage, maintenance, security, documentation, etc., regarding pharmaceuticals.

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Describe your process for notifying the County of problems identified as part of the monthly inspection report.

OTC Stock

The Contractor shall establish a stock supply of commonly utilized s (OTC, legend and controlled substances) for administration to residents prior to receipt of their actual patient-specific prescription. This stock shall be managed and maintained in a safe and secure environment with a perpetual inventory tracking system to ensure accountability. These stock medications shall be determined by the Medical Director and Director of Nursing with the approval of the County (and the state pharmacy board if necessary). Volume shall be monitored closely to ensure that no medications are being diverted.

Describe how you will comply with this requirement.

Stock Medications

This stock supply shall include emergency drugs for the emergency supplies as determined by the Medical Director. Additionally, stock shall include items for poison control, antidote and overdose management, again determined by the Medical Director. All staff that work with medications shall be oriented fully to pharmacy procedures and to poison control numbers. These numbers shall be posted conspicuously in medication areas and in the infirmary and intake areas.

Describe how you will comply with this requirement.

Formulary

The Contractor shall establish a formulary of legend drugs for use within the facilities. This formulary must meet with the approval of the Jail Administrator or his designee and must be current with community standards of practice within managed care environments. A comprehensive policy and procedure shall describe the use of the formulary and procedures for non-formulary approval. It shall be the responsibility of the on-site Medical Director to approve or deny any non-formulary request including psychotropic medications. The Contractor shall submit a draft formulary with their proposal.

A formulary for OTC products shall also be established and shall coordinate with the use of approved nursing protocols for minor, self-limiting illnesses among the resident population. Again, a non-formulary process shall be established for any such request for an OTC product not identified as formulary.

Submit a sample medication formulary.

Pharmacy and Therapeutics Committee

The Contractor shall establish a quarterly Pharmacy and Therapeutics Committee meeting to include review of the formulary and non-formulary usage, provider prescribing practices, drug utilization review, educational information, drug costs and other relevant topics to pharmacy operations. The Medical Director and Contract Compliance Officer shall participate, and the consulting pharmacist shall chair the committee. All providers on-site shall participate and the meeting is mandatory.

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Describe how you will comply with this requirement. Describe your process for making formulary exceptions.

Medication Administration and Distribution

Medications may be administered to the resident population by nursing personnel or may be Keep on Person (KOP) by the residents depending upon the medications involved and the assigned housing unit. No controlled substances, TB, HIV or psychoactive medications shall be KOP but rather shall be administered on a dose-by-dose basis by licensed nursing staff. There may be occasional exceptions to this requirement at the William H. Ferris, Jr., Huber Work Release Facility due to the limited nursing coverage. KOP medications shall be monitored within the population and the Contractor shall work with the County on implementation of the process, the availability of locks for the residents to secure their medications, and the training of security staff regarding search and seizure situations. Security staff will contact a designated health service staff member regarding any questions about resident medication during admission or during a subsequent search. Residents in disciplinary settings will not be allowed KOP medications unless approved by the jail administration. It is expected that items of a critical and emergent nature such as nitroglycerin or an inhaler will be allowed KOP. Restriction of such medication to a request basis from security will be extremely limited and handled on a case-by-case basis.

Describe how you will comply with this requirement.

Disposal/Destruction of Medications

The Contractor shall establish a formal process, in concert with state and federal laws, regarding the destruction or disposal of medications including patient-specific dispensed medications, stock medications, controlled substances (whether stock or dispensed), and psychotropic medications. Medications shall be purged routinely so that the on-site quantity does not build up. Documentation of all destruction and disposal shall be complete, thorough and available for review upon request.

Describe your process for the disposal/destruction of medication and provide sample documentation.

Safety of Storage

The Contractor shall ensure that all medications are maintained in a safe and secure manner and that counts of controlled substances occur on a per-shift basis by the oncoming and off-going nurses together. Counts shall be conducted with two personnel at all times. Any waste shall be documented appropriately. Controlled substance stock shall be managed and documented appropriately with no cross-outs, whiteouts, etc. The pharmacist conducting the routine inspections shall monitor this documentation for completeness and accuracy as shall the charge nurse or nursing supervisor and Director of Nursing as these aspects are critical to the performance evaluations and ongoing supervision of nurses managing these medications.

Describe your process for maintaining the security of controlled substances.

Sharps Management and Inventory

All syringes and sharps shall be stored and managed in a safe and secure environment with double-lock. These items shall be counted per shift and require the participation of

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two nursing staff. Dental sharps may be managed by the Dentist and Dental Assistant; however, the same counting requirement applies for dental instruments, needles, etc. All staff utilizing sharps shall maintain a perpetual inventory or checklist of which the items were used for during their shift.

Describe your process for sharps management and inventory.

Intake Medications

The Contractor shall establish a policy and procedure for the handling of medications coming into the facilities with residents upon intake. If utilized in any way for that specific individual resident, a nurse must verify that the medication received is the medication described/prescribed. Every effort shall be made to verify existing orders from outside sources if the resident comes in with a current medication prescription. If not utilized, these medications shall be seized upon admission and stored with the individual's property until release. Residents arriving at intake who are currently on psychoactive drugs shall be continued on the same medications as verified, even if non-formulary, until such time as seen by the psychiatrist and evaluated for a change to a formulary medication. A non-formulary request shall be completed in the event of the intake continuation of a verified community prescription that is not on the current formulary.

Describe how you will comply with this requirement.

Order Procedures

The Contractor shall ensure that medications are only administered according to a legitimate order by a practitioner including physician, psychiatrist, mid-level provider or dentist and are received by the resident within 24 hours of the order initiation. Protocols for legend drugs to be administered by nursing personnel are acceptable and may require a telephone order by a licensed provider. The Contractor shall ensure that all telephone or verbal orders are countersigned within the time allotted by law within Wisconsin. Nursing may distribute OTC medications in accordance with approved nursing protocols.

Describe how you will comply with this requirement.

Dispensing Guidelines

Given the short length of stay in general, it is preferred that the Contractor not dispense more than a two-week supply of medications, e.g. not a full month blister card. Blister pack packaging is the preferred method of packaging due to familiarity with that process. However, liquid medications, particularly psychotropic medication and controlled substances, shall be made available upon the order of the Medical Director in specific cases such as an individual with wired jaws or a history of stockpiling medications. Any change from blister pack would require the approval of the County. Reuse of medications by the pharmacy shall be within applicable state and federal laws.

Describe your dispensing guidelines and whether you intend to utilize patient specific medications.

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Discharge Medications

The Contractor shall establish a policy and procedure for the management of legend medications upon resident discharge. If the Contractor is aware of the resident's pending release and the medications are maintained by nursing, the resident shall be given at least a three-day supply upon release to ensure continuity for follow-up care. This supply shall be given in a child-proof bottle. The jail physician may consider writing a 30-day prescription and placing in the resident's property so upon release the resident may fill the prescription. Vendors will be required to submit, with their proposals, their plan for providing discharge medications, and their plan for linking discharged residents with community services. Insulin and syringes for insulin-dependent diabetics may be given in a three-day supply. The Contractor shall provide for continuity of care and to avoid disruption of prescribed medications, particularly those life-sustaining or for chronic illness management. The duration of release medications will be negotiated. The contractor shall also provide access to medication profiles for viewing and printing purposes.

Describe how you will comply with this requirement.

Order Automation

If at all possible, the Contractor shall automate the process for ordering medications, noting by nursing and transmission to the pharmacy. Orders may be faxed to the pharmacy if necessary but the goal is to minimize the amount of work by nursing staff required to process the order to the pharmacy.

It is the County's goal to minimize delays in the administration of prescribed medication to residents. Once a valid prescription has been verified, describe your process for ordering medications, how they will be delivered to the jail, and anticipated timeframe.

Medication Delivery

Medications delivered to the facilities shall be secured/sealed and any tampering must be clearly visible. The delivery may be by courier or by formal delivery service such as FedEx, UPS, etc. If the packages are opened by security at all upon delivery, a nurse shall be present as well. All deliveries shall include a detailed manifest for ease of check-off by nursing as to orders placed vs. orders received. Any medications not included shall be clearly identified with a reason for the absence and an expected delivery time.

Describe how you will comply with this requirement.

Pharmacist Availability

A pharmacist shall be available to the providers if a question arises about medication or the choice of medication. The health services pharmacy component shall provide for an on-call pharmacist capability for this purpose and shall designate a particular individual pharmacy for contact during pharmacy off-hours.

Describe how you will comply with this requirement.

Statistical Reporting

The Contractor shall provide monthly statistics with year-to-date information and an annual summary regarding pharmaceutical utilization as specified by the County.

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Information included shall minimally consist of: the top ten drugs prescribed by cost and frequency and for psychotropic medication and HIV separately, the prescriptions filled – new and refill, the doses dispensed and the ability to sort by medication category or provider to prescribing patterns for evaluation. Drug utilization review shall also be included and become a part of the Pharmacy and Therapeutics Committee that additionally includes an educational component on at least a quarterly basis.

Describe how you will comply with this requirement and provide a sample report.

CLINICAL SPACE, EQUIPMENT, AND SUPPLIES

Medical Equipment

The County provides basic examination space, related utilities and telephone service, and existing medical equipment. The Contractor shall secure and provide any additional necessary office equipment such as fax machines, computers, printers, copy machines or other office equipment. Office equipment purchased by the contractor shall not be connected to Dane County's network without authorization by the County. The Contractor shall provide office and medical supplies including dental supplies, medical records, books, and periodicals. The Contractor may request other medical equipment but availability depends upon County equipment budget. However, should the County agree to the need for a specific item of medical equipment, the Contractor will be approved to purchase the equipment, showing that not less than three prices were obtained, and the County will reimburse the Contractor through an adjustment to the monthly billing and payment? Furniture will be provided by the County unless unavailable and then the Contractor may seek approval from the County for purchase. Any items purchased for the health services areas with the County's approval and reimbursed by the County will remain the County's property at the termination of the contract regardless of when that termination occurs or who initiates termination if applicable. Any office equipment provided by the Contractor shall be first offered to the County for purchase, at the depreciated price, at the termination of the contract. However, all documentation maintained on this office equipment is the property of the County and shall be downloaded into files and provided to the County to ensure continuity of care and availability of information should termination occur. All policies and procedures, manuals, forms and computer information becomes the property of the County upon termination.

Acknowledge that you understand and will comply with this requirement.

Handwashing Facilities

If handwashing facilities are not available in all patient contact areas, then the Contractor shall ensure the availability of products for staff use in disinfecting and cleaning hands, materials that are used without water. Supplies shall be maintained in an orderly fashion and cardboard boxes shall not be placed directly on the floor. Shelves will be labeled and organized with items separated by use. Sufficient on-site supplies shall be maintained within the facilities to ensure appropriate availability for resident treatment and staff use. Par and reorder levels shall be identified for all materials management – medical, dental and office supplies as well as durable equipment.

Describe how you will comply with this requirement.

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Security Gloves

Gloves for security use will remain the responsibility of the County. If the County elects to have the Contractor provide these supplies, the Contractor will be reimbursed accordingly through the monthly payment process. Gloves for health services staff use shall be provided by the contractor and be readily available in multiple sizes for appropriate fit.

Acknowledge that you understand and will comply with this requirement.

Equipment Sterilizer

A sterilizer for non-disposable medical or dental equipment shall be the responsibility of the contractor to purchase and utilize.

Acknowledge that you understand and will comply with this requirement.

Diagnostic services

Laboratory Services

The Contractor shall ensure the availability of laboratory, x-ray and EKG diagnostic services on-site within the facilities. With regard to lab services, the Contractor shall be responsible for all lab services including requisitions, supplies, and results reporting. On-site lab tests shall be completed to the extent possible without the need for a medical technologist. Off-site lab services shall be contracted by the Contractor and include all routine and reference tests. Stat lab services shall be available with a two-hour turnaround time. In the event that the results are not available within the proscribed two-hour window, the on-call or site physician shall make the determination as to whether the resident should be taken off-site to a local hospital. If the lab contract is unable to accomplish the stat two-hour requirement, the Contractor shall secure such services through a local lab or hospital, meeting all CLIA requirements, within the vicinity. Basic CLIA-exempt/waiver lab results shall be available on-site within approximately 24 hours and be printed out on a printer provided by the lab company.

Describe what lab services you anticipate will be available on-site and how you will comply with the requirements of this section.

Phlebotomy

Nursing staff shall be trained in phlebotomy services. A medical staff designee shall ensure that the stock of needles and syringes maintained for lab use is secured and double-locked, as well as counted at least weekly (stock). Needles and syringes in daily use shall be accounted for on a perpetual inventory basis with documentation and tracking of the use of each sharp.

Describe how you will comply with this requirement.

Lab services, including HIV and sexually transmitted diseases, may be available to the Contractor through the state's health department; if not, the Contractor is responsible for all lab testing conducted by health services staff. Lab services shall be provided by a fully licensed and accredited facility with qualified and credentialed medical technologist and board certified pathologist staff.

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Describe how you will comply with this requirement.

EKG Services

EKG services shall be provided on-site within the DCJ. EKG services shall include EKG machines, supplies, actual tracings/strips and the immediate reporting of results to the on-call jail physician. EKG services shall include an on-site printout of the strip and the report. Twelve-lead EKG is preferred. Services may be contracted by the Contractor but require the 24-hour availability for over read capabilities by a physician or the on-call jail physician.

Describe how you will comply with this requirement.

Radiology Services

X-ray services shall be provided through the Contractor on-site with portable equipment and the Contractor is responsible to provide the portable x-ray equipment, films, supplies and all related materials. The County does not have any on-site x-ray capability beyond dental. Portable equipment and all necessary supplies shall be provided, either purchased by the Vendor or through a subcontract agreement. The Contractor shall provide x-ray services at least one (1) time per week at DCJ. Abnormalities requiring immediate intervention shall be called to the facility as soon as the interpretation occurs and routine results reporting shall be returned on-site within 24 hours (except weekends and holidays). Stat x-ray services shall be available through the Contractor within a four-hour time period. The Medical Director should approve stat orders for x-ray. If the stat capability cannot be performed on-site within four hours, the Contractor shall have an agreement with a local radiology group and/or hospital for this stat service. On-site ultrasound would be preferable if possible. Any radiologist utilized for the interpretation of films from the DCJ shall be board certified in radiology and the documentation shall be provided with the x-ray agreement or independent contract. X-ray and dental staff shall be monitored for exposure to radiation through dosimeters or other approved system to ensure staff safety.

Describe how you will comply with this requirement.

Other Specialty Services

Other diagnostic services such as mammography, CT scans, MRI, ultrasound, fluoroscopy, EEG, EMG, etc., shall be provided in the community through agreements with the Contractor. The Contractor shall negotiate these agreements to ensure that diagnostic services are available within the general proximity of the DCJ facilities.

Describe how you will comply with this requirement include a sample agreement if available. Indicate if a sample agreement is not available.

Ancillary Services Quality Improvement

Quality improvement initiatives may include lab, EKG, and x-ray on occasion and the Contractor may be required to obtain multiple specimens and send them out to various locations for results or interpretation as a quality assurance measure. Any such quality improvement shall be the responsibility of the Contractor.

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Describe your Ancillary Services Quality Improvement Process. If you do not have such a program please indicate “None” if one does not currently exist.

Hospital and Specialized Ambulatory Care

The Contractor should establish agreements with individual specialists and subspecialists willing to assume the responsibility for ongoing care, or with a specialty multi-physician group practice for specialty outpatient services. The Contractor shall establish a working relationship and/or agreement with at least one Madison hospital in order to coordinate care for hospitalized residents. Pursuant to WI statutes, Dane County is the payer of last resort.

The contractor may also wish to explore the utilization of videoconferencing technology for external consultations.

All agreements for off-site services, inpatient or outpatient, as well as all subcontractor agreements in general, shall be subject to the approval of the County. The Contractor shall maintain these contracts in a file on-site within the DCJ and these files shall be available to the County upon request.

Describe your plan for establishing agreements for off-site services, inpatient or outpatient, as well as all subcontractor agreements in general and proposed timeline for having such agreements in place.

Utilization Management

The Contractor shall ensure that utilization management (UM) is conducted for all inpatient hospitalizations to ensure that the length of hospital stay is no longer than necessary. The Director of Nursing or his/her designee shall be in contact with any outside hospital where a resident is housed on a daily basis and the Medical Director shall be aware of each individual's hospital status as well. While utilization management is an important aspect of any managed care program, it is also critical that positive relationships with local hospitals or clinics be maintained and that the patient care site is clinically appropriate to the unique needs of the individual patient. Despite either outpatient or inpatient utilization management initiatives by the Contractor, the site Medical Director shall be responsible for clinical decisions involving his/her patients within the detention facilities. Final medical authority rests with the Medical Director.

Describe your Utilization Management Process.

Individuals returning to the jails following off-site treatment should return with documentation of the treatment received, in the form of a discharge summary, consult follow-up or other progress note. It is critical that any patient returning from an inpatient hospital stay be evaluated by a registered nurse prior to return placement in housing population. All returnees from inpatient stays shall be seen by a physician as soon as possible on-site to ensure appropriate orders and follow-up.

Describe how you will comply with this requirement.

In the event that an resident needs “one on one” care in order to perform ADL's while incarcerated, the Contractor will be responsible for providing such care and the costs

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associated with providing the appropriate medical staffing on a 24-hour basis as long as it is determined to be necessary.

Describe how you will comply with this requirement.

Dialysis Services

The Contractor may elect to provide hemodialysis services on-site within the DCJ. These services would then be available for men and women residents as well as those with HIV, Hepatitis C or other communicable diseases. Peritoneal dialysis may also be utilized according to the orders of a board-certified nephrologist. Dialysis services must include the equipment and supplies, nephrologist coverage and nursing/technician staffing as well as medications appropriate and necessary.

Indicate if you will provide this service on site.

TRANSLATION/INTERPRETATION SERVICES

Translation services shall be available as arranged by the Contractor. The Contractor is encouraged to recruit minority and bilingual staff with an emphasis upon Spanish for both staff diversity as well as for improved translation and patient communication. The Contractor shall provide a report quarterly of all bilingual staff members by name and language spoken and/or language read. Interpretation services may be accessed through the Voiance Language Line or through another mechanism established by the Contractor. Although Spanish is most often needed, other languages may be necessary as well. A member of the health services or mental health staff shall serve as interpreter or the language line through Voiance or another mechanism as approved by the County. Disabilities such as hearing or visual impairment, physical disability, or other problems must be accommodated.

Describe how you will address the needs of non-English speaking residents and how you will accommodate disabilities such as hearing or visual impairment, physical disability.

Drug free workplace

All vendor employees and independent contractors, as well as subcontractors, must participate in a pre-employment drug screening program provided through the company. This drug screening must include the most common drugs of abuse. Positive results that are not sufficiently explained by legitimate prescription medications will result in the individual not being allowed within the facilities.

Describe your corporate policy regarding pre-employment drug testing and maintaining a drug-free work environment.

Experience with jail design.

The County is exploring options for the replacement of the CCB Jail.

Have you ever worked with an agency on the design of new medical and mental health services and spaces within a Jail? If so, please describe the location of the project and the firm's involvement in the design process.

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Other health care services

Describe any services that are not listed elsewhere in this proposal

CONTRACT TERMS AND CONDITIONS

Central Contact Person for Implementation and Operations

The central contract person identified for the implementation and ongoing operation should be the Health Service Administrator. This person is expected to be the overall on-site program manager, who will be responsible for overseeing all aspects of health services, reports, presentations, etc., and all work performed under this contract.

The contact person identified by the company must be available via an electronic device during regular business hours with the exception of benefit time during which a designee will be named responsible. At the initiation of the contract, the contact person/Health Service Administrator must be available around the clock by an electronic device on an ongoing basis.

County shall have the right to request replacement of central contact person. Upon request, company shall replace the central contact person within a reasonable amount of time.

Submit the name and title, along with contact information of the proposed central contact person for implementation and on-going operations.

Restriction against non-compete provisions

The Contractor may not, by utilization of non-compete agreements or any other methods whatsoever designed to prevent continued employment/service delivery at the sites for vendor staff and to prevent or restrict in any manner the ability of personnel to enter into any contractual or employment relationship with any person or organization, including Dane County, which may provide services of the nature described in the contract to Dane County at any time following the termination of the contract or any part thereof. This prohibition of non-compete agreements by the vendor is applicable as well to the on-site management team in its entirety.

Acknowledge that you understand and will comply with this requirement.

Staff Participation

COUNTY reserves the right to approve or reject, for any reason, any and all vendor or subcontractor staff assigned to this contract. Additionally, COUNTY may deny access or admission to COUNTY facilities at any time for such staff. Such access will not unreasonably be withheld. COUNTY will be responsible for the timely completion of all proposed vendor staff criminal background checks prior to any such staff's initiation of recurring on-site services.

Acknowledge that you understand and will comply with this requirement.

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Cooperation upon termination or non-renewal of contract

The Contractor must cooperate with COUNTY in the event of termination or non-renewal so as to ensure that COUNTY can maintain continuity of service delivery. Such cooperation will include the provision to COUNTY of the names, addresses and telephone numbers of personnel, independent contractors and subcontractors as well as salaries, organizational charts, certifications, lists of all subcontractors with names, addresses and telephone numbers, inventory lists of medical, dental and office supplies and pharmaceuticals, equipment lists and condition by site and all policies, procedures, protocols, manuals and forms, all consolidated medical records, statistical reports and other information and data specific to COUNTY. Contractor must provide said information 14 days prior to the effective date of the termination or contract end and again immediately following contract end.

Acknowledge that you understand and will comply with this requirement.

Assignment

Assignment by Subcontract

Assignment of any portion of the work by subcontract must have the prior written approval of Dane County.

Limitation

The final executed contract shall be binding upon and inure to the benefit of the parties and their successors and assigns; provided, however, that neither party shall assign its obligations hereunder without the prior written consent of the other.

Survivorship of Benefits

The contract will be binding upon and inure to the benefit of the respective parties and their executors, administrators, heirs, personal representatives, successors and assigns.

Acknowledge that you understand and will comply with this requirement.

Ownership of data

The Contractor must cooperate with COUNTY in the event of termination or non-renewal so as to ensure that COUNTY can maintain continuity of service delivery. Such cooperation will include the provision to COUNTY of the names, addresses and telephone numbers of personnel, independent contractors and subcontractors as well as salaries, organizational charts, certifications, lists of all subcontractors with names, addresses and telephone numbers, inventory lists of medical, dental and office supplies and pharmaceuticals, equipment lists and condition by site and all policies, procedures, protocols, manuals and forms, all consolidated medical records, statistical reports and other information and data specific to COUNTY. At a minimum, all electronic medical records data and an inventory list of all medical, dental and office supplies and equipment lists and condition of such equipment shall be provided to the County 14 days prior to the termination or non-renewal to ensure continuity of care. Contractor must provide all other said information prior to the effective date of the termination or contract end.

The PROVIDER shall provide "read only" access to the electronic medical records software used by PROVIDER for a period of five (5) years upon termination or

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expiration of this agreement and shall make available to the COUNTY timely reports of transaction level data, at no cost to the COUNTY for an additional three (3) years after the read only access ends for a total of eight (8) years.

Therefore, any reports, information and data, policies and procedures, protocols, manuals, forms, records, statistical reports, given to or prepared by the Contractor under this agreement shall not be made available to any individual or organization by Contractor without the prior written authorization of the County.

No reports or documents produced in whole or in part under this contract shall be the subject of an application for copyright by or on behalf of the Contractor. Data obtained through this agreement shall not be utilized for formal presentations, conferences, classes, presentations, articles, chapters or other public dissemination without the express written approval of the County of the materials specifically and of the dissemination in general.

Acknowledge that you understand and will comply with this requirement.

Audit and Inspection of Records

The Contractor shall permit the authorized representatives of the County, to inspect and audit all data and records of the Contractor related to carrying out this contract at any time during the contract period and for a period of up to seven (7) years after completion of the contract.

Acknowledge that you understand and will comply with this requirement.

Media Releases and Contact

The Contractor's staff, independent contractors and subcontracts shall be restricted from releasing any information about the contract or events occurring within a the County facility to a public forum or to the media without the authorization of the County and coordinated through the parties' public information representatives.

Acknowledge that you understand and will comply with this requirement.

Medical Restraints and Therapeutic Seclusion

Requirements

The Contractor shall establish detailed policies, procedures and practices regarding the use of medical restraints and therapeutic seclusion or restraint. The Director of Mental Health, Health Service Administrator, Chief Psychiatrist, Medical Director and the County must approve all policies. Only approved restraint systems shall be used.

Describe your policy regarding medical restraints and therapeutic seclusion.

Order Process

The ordering of medical restraints shall be authorized by the Medical Director in the case of an individual whose restraint is critical. The use of mental health restraints shall be ordered by a psychiatrist or as otherwise lawfully authorized, with as little utilization of these techniques as is feasible while maintaining patient and staff safety and security. The limited duration of restraint, frequency of review by nursing for circulation,

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frequency of review by a mental health professional and the psychiatrist, frequency of review by security staff, the positioning of the individual (in a position to limit potential harm to the individual), the location of the restraints (unit or cell), the specific body parts to be restrained and points of restraint, and the process for removing an individual from mental health restraints shall be fully described and comply with both federal and state law as well as community standard. There shall be a detailed treatment plan. Documentation shall include reference to the other techniques that applied and failed for this individual that were less restrictive and describe how and why other less restrictive treatment options are not considered appropriate for the resident.

Describe your process for ordering medical restraints, the duration and frequency of medical assessment and the process for removing someone from medical restraints.

Security Restraints

Members of the health care staff will not be involved in security restraints or use of force situations other than to observe, treat an individual resident or staff member if injury is incurred, or to check circulation or other aspects of health status as a nursing function. The Contractor shall ensure that nursing staff is familiar with the process and that nurses are also obligated to the patient to report any observations regarding the improper application of security restraints.

Acknowledge that you understand and will comply with this requirement.

Channeling of Information

The Contractor shall ensure that the County receives information daily regarding the use of medical restraint, mental health restraint or seclusion and a summary of the facts surrounding the case. The monthly report shall include essential elements of documentation regarding how often these methods were ordered, for what duration, and basic reason utilized.

Describe your policy regarding medical restraints and therapeutic seclusion.

Forced Psychotropic Medication

The Contractor shall comply with all state and federal laws, rules and regulations regarding the use of forced medication of any kind, including psychoactive medications. The Contractor shall describe the process and documentation necessary for the use of emergency medication for either medical or mental health rationale as well as the necessary approval of the prescribing psychiatrist. The involuntary administration of any medication, e.g. against the patient's will with a refusal of treatment, requires the existence of a life-threatening emergency with threat to the resident or to others, by the resident. Documentation within the comprehensive mental health treatment plan shall include each and every less restrictive alternative attempted, failed, or why these tactics were not considered sufficient in this case. Additionally, the Contractor shall ensure that laws and community standard are in operation with regard to forced non-emergent psychotropic medication with the involvement of a psychiatrist. In general, only individuals with an existing court order for forced mental health drugs may receive involuntary medication in other than a life-threatening and emergent situation.

SECTION 3 - PROPOSAL PREPARATION REQUIREMENTS

Describe your policy on the use of forced Psychotropic Medication when/if used and the documentation required.

Forensic information

The Contractor's direct care staff is prohibited from involvement with forensic specimen collection or the obtaining of forensic information. Individuals with a patient/provider relationship will not be involved with forensic issues. Rather, an individual without a provider relationship or external to the on-site staff may be involved at the discretion of the County. Given the detainee nature of a large portion of the population, forensic information gathering is to be expected and the Contractor shall develop policy and procedure surrounding the specific situations most likely to occur within the jail. While court-ordered procedures may be performed by Contractor staff with the resident's consent, no involuntary collection of specimens or information is allowed.

Describe any court-ordered procedures that you may perform with a resident's consent.

Informed consent

The Contractor's health record manual shall address the applicability and necessity of informed consent. The medical records supervisor shall oversee the process regarding the documentation required, forms utilized and criteria applied for informed consent. Practice shall comply with federal and state requirements and community standard.

Describe your process as it relates to informed consent.

Right to refuse treatment

The resident's right to refuse treatment shall be clearly delineated and defined according to Wisconsin statute and professional standards by the Contractor. In addition to the approval of the County, the approval of the County's Corporation Counsel may also be required for the practice involving informed consent and the right to refuse treatment. The policy and procedure shall address the various scenarios of refusal and potential exceptions, i.e. a dialysis patient when the refusal may be immediately life-threatening, a diabetic refusing insulin or refusing to eat, a patient refusing chronic medication, competency of the individual involved, involvement of family members/spouse, situations involving communicable disease, with practices regarding a hunger strike including definition, documentation, frequency of review and evaluation by health care staff, observation requirements and placement.

The Contractor shall require that any refusal of treatment require documentation of the resident with a witness, or if the resident is declining to sign the refusal document the signature of two witnesses with one being a health professional. All refusals shall be specific and include documentation regarding the procedure or care refused and the counseling given to the resident regarding the potential adverse impact of refusal. No blanket refusals or refusal of care upon admission shall be acceptable. If the resident refuses the rectal or vaginal examination during a physical examination, the provider shall document the refusal on the health assessment form as well as obtain the resident's signature on a refusal form specifying the procedure refused.

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Residents that fail to present for an appointment shall not be assumed by the Contractor to be refusals of care. Rather, the Contractor shall determine the cause of the omission such as conflict with court schedule, already released, legal visit, etc.

Describe your process for managing and documenting refusals.

Medical research

The Contractor shall comply with federal law and national standards regarding the involvement of residents in medical research. No data, even anonymously, may be collected from the health records without the advance written approval of the County. Residents may only participate in Phase III clinical trials where the individual may anticipate benefit from the intervention. Residents shall not be involved in Phase I or Phase II clinical studies. Any medical research project within the County facilities shall require the prior documented authorization from the County and the study must be approved by a recognized human subjects review board.

This prohibition against or limiting of medical research involving residents in no way prohibits the Contractor from seeking additional funding sources for resident health and mental health care programs through grants or contracts. Any such pursuit of grant funding shall involve the advance approval of the Jail Administrator.

Acknowledge that you understand and will comply with this requirement.

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SECTION 4 - PROPOSAL PREPARATION REQUIREMENTS

4.0 RFP RESPONSE PREPARATION REQUIREMENTS FOR **JUVENILE DETENTION CENTER**

Proposals shall be organized to comply with the section numbers and names as shown below. Each section heading should be clearly marked. Graphics may be included. The RFP sections which should be submitted/responded to are:

4.1 Attachment A – Vendor Information

4.2 **Table of Contents**

Provide a table of contents that, at a minimum, includes all of the sections as identified below. Listings of sub-sections and graphics/tables also may be included. Section dividers are encouraged.

4.3 **Introduction**

Provide an overview of the company's interest in and ability to provide pediatric resident medical services to Dane County.

4.4 **Organizational Capabilities**

The company is required to provide an overview of the firm's size, corporate staffing organizational structure and format, including a detailed explanation of services presently provided by the firm and related core competencies. The Vendor must also indicate the specific firm strengths that are most compatible with Dane County's RFP # objectives of the Contractor.

Provide narrative about the company's ability to offer health care services that include: pediatric Medical Director/Physician Services, Nursing, patient education, conducting and sending out lab specimens, stock medication, immunizations, health screens, physical exams, ancillary services, emergency coordination, and off-site coordination/inpatient hospitalization. Include details about services provided.

Attach an organization chart including the corporate hierarchy to the level of owner/board of directors with position titles and names of each incumbent with the reporting structure clearly defined.

Document experience in obtaining accreditation through the NCCHC, ACA, or applicable state accreditation agencies.

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4.5 **Staff Qualifications – Governance and Administration**

The Medical Director/Physicians shall be licensed in the State of Wisconsin and that license shall be in good standing. DEA licensure shall be current and in good standing as well. The Medical Director/Physicians shall be Board Certified or Board Eligible in Pediatrics or Family Medicine with Adolescent Medicine subspecialty certification/eligibility preferred.

Nursing staff shall be licensed in the State of Wisconsin at the minimum of an RN level and that license shall be in good standing. Nursing staff shall have training/experience in Pediatrics or Family Medicine.

Each candidate is subject to review and approval of COUNTY. The Contractor shall submit updated resumes to the County for approval throughout the contract if at any time these personnel turn over.

Acknowledge that you understand that you are required to submit resumes to the County for approval throughout the contract if at any time the key management personnel turn over and will comply.

4.6 **Technical Requirements**

Final medical judgments shall reside with the responsible, designated Medical Director/Physicians who are responsible for the clinical care provided throughout this contract. The Contractor shall be responsible for all decisions relating to the delivery of health care services provided under this contract, for on-site services as well as coordination of off-site services. This includes staffing, medical decisions, policy development and other items in this RFP and negotiated in the final contract, Overall management and operations of the medical program will be a cooperative arrangement with the County.

Staffing

The PROVIDER will provide on-site Medical Director/Physician services for four hours each week and have 24/7 availability for consultation. Nursing services to adolescents residing in the Juvenile Detention Center will be provided on a 50% FTE basis. The expectation is that the PROVIDER will provide nursing staff M-F for four hours per day, unless extenuating circumstances cause this coverage to change temporarily or there is a mutual agreement to include weekend coverage.

Submit the staffing plan that you are proposing to serve the County at implementation.

What is your process for correcting deficiencies in your ability to meet staffing levels stated in your staffing plan.

Services

Medical Director and Nursing staff will utilize the medical office and equipment within Juvenile Detention to staff a medical office in order to meet the needs of the youth. There may be equipment supplied by the PROVIDER that is necessary and can be utilized. The majority of youth in Detention maintain healthcare insurance during their stays and services provided outside of the facility will be covered through that coverage. Services inside the facility will include, as needed:

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Conduct Health Histories and Screening

Conduct health histories and screening for juveniles referred (including self-referrals, staff referrals, or other protocols for screening as may be established)

Describe how you will comply with this requirement and provide a sample of your medical screening tool.

Physical Exams

Assist in and/or conduct physical exams (including blood pressure, hearings, vision and oral screening(s) as appropriate)

Offer other pediatric health maintenance services such as well-child exams with assessments guided by Bright Futures/American Academy of Pediatrics

Describe how you would meet this requirement and how you would address medication needs and laboratory tests.

Support to Clinic Operations

Provide support to the clinic operations including:

- Daily sick call appointments
- STI screening/treatment
- Pregnancy screening
- Coordinate contraceptives when necessary/appropriate
- Screening residents to determine who needs to see the physician provider(s) in detention
- Providing minor medical procedures that are within their training and scope of care
- Orient other rotating medical staff
- Provide follow up services as may be directed by physicians and /or needed
- Request and/or order supplies as may be necessary for clinic operations
- Mobile x-ray-optional
- Emergency dental care in the jail-optional
- Limited mental health intervention-optional

Describe in detail how you will meet the clinic operations support requirements.

Medication Administration

Assist in the administration and delivery of medications for juveniles in care through review and oversight of medication protocols and medications, assisting in the delivery of medications pursuant to protocols/procedures developed with the county, consultant with prescribing physicians, and directing county staff related to delivery.

Describe how you will meet this requirement.

Medical Records

Maintain appropriate and confidential health records and store them securely in their medical office onsite. Records will be the property of the County.

Describe how you will comply with this requirement to ensure all records are maintained in one comprehensive medical record and stored securely on-site.

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Continuity of Care

Provide appropriate follow-up information to subsequent juvenile placements as may be necessary to maintain a continuity of care for the juvenile.

Describe your process for working collaboratively with community providers to ensure continuity of care.

Policies Procedures & Protocol

Develop any site specific policies, procedures and protocol

Describe how you will comply with this requirement

Off-Site Appointments

Arrange for referrals or appointments for youth at clinics or hospitals outside of juvenile detention when necessary/appropriate.

Describe how you will comply with this requirement

Immunizations

Review juvenile's immunization history and update vaccines as necessary/appropriate according to the childhood immunization schedule. Coordinate and maintain compliance with the State of Wisconsin Vaccine for Children Program.

Describe how you will comply with this requirement

Health Education

Conduct group health education sessions with residents on an as needed basis

Consultations

Provide consultations and/or direction to county staff related to health issues of individual juveniles and the program.

Provide other phone consultations or direction in a manner consistent with providing sufficient care for the juvenile.

Describe how you will comply with the Health Education and Consultation requirements.

Medications and Medical Supplies

In addition to the proposed staffing and services, Provider will also assume responsibility for the cost of medical supplies and over the counter (non-prescription) medications up to a combined total of \$5,000 per year.

Acknowledge that you understand that you are required to assume responsibility for these costs as described.

General Instructions on Submitting Cost Proposals

Proposers must submit the Cost Proposal (Attachment X) as a separate file per the submittal instructions in Section 1.6 of this RFP.

The proposal will be scored using a standard quantitative calculation where the most cost criteria points will be awarded to the proposal with the lowest cost.

Format for Submitting Cost Proposals

The price is to be stated in terms of an resident per diem or capitation rate for each year of the contract with the first contract period being defined as January 1, 2023 through December 31, 2025. The background detail regarding how the per diem was arrived at must be included as well, with a breakdown including salaries and benefits, fees and malpractice, subcontractors, inpatient hospitalization, outpatient and ancillary services (on-site and off-site), pharmacy (including OTC products), medical/dental supplies, other expenses, overhead expressed both as a percentage of the total contract amount and as dollars, and profit, also expressed as a percentage and as dollars. The contract shall be a rate contract but may also include a maximum obligation for COUNTY should that be negotiated. The inflationary factor for each of the initial contract years (three (3)) must be identified. The escalator for outlying years, potential Year Four (4) and Year Five (5), are not required at this time but must be submitted to the Sheriff and Director of Administration by June 1 of the year prior to the renewal.

The population identified by COUNTY to be bid upon by each vendor submitting a proposal is based on the 2019 underroof average daily population of 718 residents combined among the Dane County Jail (DCJ) system.

Fixed Price Period

All prices, costs, and conditions outlined in the proposal shall remain fixed and valid for acceptance for 120 days starting on the due date for proposals.