

**Inmate Healthcare Services  
RFP#15-06-02  
Questions and Answers**

1. How and where should bidders obtain answers to questions posed, addenda issued, etc.?

**All vendor representatives that were present for the pre-bid meetings will receive updates regarding the RFP via email. Questions and Answers will also be posted on the City's Vendor Self Services System (<https://VSS.roanokeva.gov>) and Purchasing Division webpage (<http://www.roanokeva.gov/DeptApps/PurchasingBids.nsf/WebOpenBids?OpenView>)**

2. Does the 200-page limit imposed on proposal submissions include requested financial statements, the transmittal letter, other requested items and any appendices/additional documents bidders would like to submit?

**The 200 page limit does not apply to financial statements transmittal letter or any appendices / additional documents.**

3. There is a considerable amount of overlap between topics listed under the Scope of Work (Section 6) and those the RFP says must be addressed under A. Technical Proposal (the items listed on pages 9-14). As one example, an Emergency Plan is included among this list, but is also included as part of the Scope of Work (on pgs. 42-43). In order to avoid repetition and to stay within the 200 page limit, can repetitive items be fully discussed in just one area and then referenced in all others?

**Yes, you may address in one area and then reference that response in all another areas.**

4. Please clarify what exactly needs to be included on the organizational chart mentioned on page 8 under #1. To denote all positions within our organization, plus the number of personnel filling each, would require a chart of mammoth proportions.

**This is narrowly and specifically intended for the corporate level officers of the company. (President, VP or CCO CFO).**

5. On page 31, under ii. Evaluation Priority, the RFP states: " ... *The booking area shall be staffed by mental health professionals at any time inmate booking is occurring ...* "

Please clarify whether a mental health worker must remain in the booking area at all times or whether a mental health worker can be called to the booking area whenever an inmate is being admitted to the facility.

**Currently, there is a Licensed Health Professional in the building 24/7. If an acute mental health need arises, the Licensed Health Professional will see the patient. However, the Mental Health Professional is on call to respond if needed.**

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6. What are the placement options for inmates requiring mental healthcare within the facility? Is there mental health housing? How many beds/cells are in this area? Are there any suicide watch cells? Do these cells allow for patients to be on continuous watch/surveillance?  
**The jail currently does not have a mental health housing unit. However, the jail is equipped with 25 cells that are monitored and under continuous watch/ surveillance.**
7. Do sub-contractors used by the vendor need to have business ID numbers issued by the SCC? If so, does this information need to be submitted with the proposal?  
**The contractor is required to have a business ID number issued by the SCC. Any subcontractor performing services within the Commonwealth of Virginia must be authorized to transact business in the Commonwealth of Virginia. Subcontractor registration information is not required to be included in the proposal.**
8. Must a litigation history be submitted for each intended or known sub-contractor with the proposal?  
**Litigation history should be submitted for the proposed contract medical provider and not the proposed sub-contractors.**
9. How and where are x-rays taken within the facility?  
**A mobile x-ray company performs x-rays in the intake office as needed.**
10. What on-site specialty clinics are currently in place?  
**The following on-site specialty clinics currently take place: chronic care, orthopedic, infectious disease, wound care, mental health, and emergency care.**
11. What is the anticipated start date for this contract? **As soon as reasonably possible.**
12. What is the average number of daily nurse sick-call visits?  
**20.**
13. What is the average number of inmate grievances?  
**Average 10/month.**
14. Do diabetic inmates come to the medical area for finger stick testing and the administering of insulin?  
**Medical staff perform finger stick testing and administer insulin at the inmates' cells.**

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15. Who performs intake on evening shifts and Sunday day shifts (there is no RN listed on the Staffing Matrix included on page 38 of the RFP at these times)?  
**During these shifts, custody staff performs the initial medical screening. If custody staff identifies any issues, an RN will conduct further review.**
16. Is there an intake housing unit?  
**The intake area is composed of 20 individual cells and one multiple occupancy cell. No other intake housing is utilized at this time.**
17. What is the average length of time between verification of a new admission's medications and the first dose(s) being administered?  
**This information will vary depending on the medication that is being administered.**
18. How are pregnant females on opiates currently managed?  
**This information will vary depending on the medication that is being administered.**
19. At the Pre-Proposal Conference held on 6/1/2015, attendees were told that providers and nurses occasionally see patients in "interview rooms" located throughout the facilities. When this occurs, is documentation recorded on paper and then transposed or scanned into the EMR later?  
**When this occurs providers and nurses scan documentation into the EMR.**
20. Do medical technicians give patients injections (e.g., insulin)?  
**Yes, medical technicians give injections for medications that fall within their scope of practice.**
21. What practitioners can perform sick-call (e.g., mid-level practitioners, nurses)?  
**Physicians, Midlevel Providers, RNs, and LPNs perform sick-call.**
22. Who performs the health assessment and is it a full population health assessment?  
**RNs perform the health assessments. Yes, they are full population health assessments.**
23. Is there a program/policy in place regarding keep-on-person medications?  
**Yes.**
24. What is the role of the medical technician? Does this position just deliver medications or can medical technicians perform treatment, as well? If so, what treatments are they allowed to perform?  
**Medical Technicians may perform duties that are permitted within their scope of practice, including, but not limited to passing medications, giving**

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**injections as permitted by scope of practice, and, depending on their certification level, they may assist with blood draws, wound care, emergency care, working with provider.**

25. What are the roles/duties of the two LPNs listed on the day and evening shifts of the Staffing Matrix (page 38)?

**LPNs may perform duties that are permitted within their scope of practice, including, but not limited to sick call, triage, weekender duties, emergency services, detox vitals, perform blood draws, assist providers, and perform segregation checks.**

26. What is the City of Roanoke's ("City's") targeted *award* date for the contract?

**As soon as reasonably possible.**

27. As the City stated at the May 27 pre-proposal conference, please provide a copy of the current health services contract for the Roanoke City Jail ("Jail"), including any exhibits, attachments, and amendments.

**Please see attached.**

28. At the May 27 pre-proposal conference, the City stated it had not assessed any staffing paybacks, credits, and/or liquidated damages against the incumbent vendor over the term of the current contract. Please confirm whether this also applies to *non-staffing* penalties.

**This applies to non-staffing penalties as well.**

29. Is the Jail currently subject to any court orders or legal directives? If "yes," please provide copies of the order/directive.

**No.**

30. With regard to lawsuits pertaining to inmate health care at the Jail, frivolous or otherwise:

How many have been filed against the City and/or the incumbent health care provider in the last three years?

**4**

How many have been settled in that timeframe?

**0**

31. Please provide the following data regarding the size of the inmate population.

Two years' worth of facility-specific historical data:

**See attached reports from FY-13 and FY-14**

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Five-year population projections for the Jail:

**We don't have this information.**

32. The requirement on Page 37 of the RFP to provide resumes for the bidder's proposed Medical Director, Mental Health Director, Health Services Administrator, and Director of Nursing gives the incumbent Contractor a distinct and unfair advantage. Other bidders will not hire specific individuals to lead a correctional health care project prior to being awarded the business. Please confirm in writing that—as stated at the May 27 pre-proposal conference—in the interest of maintaining a fair and equitable solicitation process and providing a level playing field for all Offerors, the City will accept job descriptions in lieu of actual names and resumes.

**The city will accept job descriptions for this requirement.**

33. Also as stated at the May 27 pre-proposal conference, please provide a listing of the current health service vacancies by position for the Jail.

**Regular part-time MD (8hr/week).**

34. With regard to the "drugs of abuse urine testing" described in the RFP; who is financially responsible for paying for this service: the City or the Successful Offeror?

**Offeror**

35. Will the City allow "grandfathered" credentialing for incumbent professional staff already employed or contracted by the current Vendor?

**Yes**

36. Page 14 of the RFP requires "external" peer review. Please clarify the City's definition of "external." Can a *corporate* medical director of the Selected Offeror—*external* to the Jail—perform these peer reviews?

**Yes**

37. Please confirm in writing that (as stated at the May 27 pre-proposal conference) no members of the current Jail health service workforce are unionized.

**No members are currently unionized.**

38. Please clarify whether Offerors are required to submit proposed hourly/salary rates with our proposals, as (h.) on Page 39 of the RFP contains conflicting language: "Successful Offeror" in one part, but then "with the proposal" in another.

**Successful Offeror**

39. Please provide the wage/pay rates your incumbent health service vendor is paying to its staff at the Jail.

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How old is this data?

Where did this data come from, e.g., City records, data from the incumbent vendor, etc.?

**That information is proprietary.**

40. Please identify with whom the incumbent vendor subcontracts to provide laboratory services.

**LabCorp**

41. Please identify with whom the incumbent vendor subcontracts to provide mobile radiology services.

**MMDS (Mobile Medical Diagnostic Service)**

42. Please identify the number, type, and timeframes of any backlogs (e.g., chronic care clinics, offsite referrals, dental encounters, etc.) that currently exist at the Jail.

**None.**

43. Please provide the number of suicide attempts and completed suicides that have occurred at the Jail for each of the past three years.

**2012: 8 Attempts, 0 Completed; 2013: 7 Attempts, 0 Completed; 2014: 4 Attempts, 1 Completed.**

44. What staff position(s) currently conduct suicide watch?

**Mental Health personnel.**

45. We plan to maintain a collaborative relationship with Blue Ridge Behavioral Healthcare if awarded the Roanoke contract. Can you please clarify how mental health care responsibilities for Jail inmates are divided between the Vendor and Blue Ridge, i.e., (a) whose staff performs which mental health services; and (b) how many hours/FTEs each entity provides?

**Our Mental Health Coordinator (1.0 FTE) refers to BRBH for discharge planning as inmates are coming up on release dates; their FTE info would need to come from BRBH.**

46. Does the Jail currently maintain a Keep-On-Person (KOP) program?

**Yes.**

47. Please provide copies of the following documents.

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The drug formulary currently in use at the Jail - **Proprietary**  
The laboratory formulary currently in use at the Jail - **Proprietary**  
A current pharmacy/formulary management report - **Proprietary**

48. Please identify the relative weight the City will assign to each scoring component listed in the RFP.

**The City does not utilize a points/percentage rating system.**

49. With regard to the Offerors selected by the City to engage in individual discussions and non-binding estimates of project cost:

At that point in the solicitation process, will the City allow the selected Offerors to submit additional questions on current and historic service costs and utilization?

**Yes**

If "yes," we withdraw all of the following questions. If "no," please provide responses to the following questions.

**Questions relating to cost, in case the City will not permit short-listed Offerors to submit additional questions:**

50. Please provide an inventory of office equipment (e.g., PCs, printers, fax machines, copiers) currently in use at the Jail and identify which equipment will be available for use by the selected provider.

51. Please provide an inventory of medical equipment (e.g., blood pressure cuffs, ultrasound, x-ray machines, etc.) currently in use at the Jail and identify which equipment will be available for use by the selected provider.

52. On average, what percentage of Jail inmates are prescribed psychotropic drugs each month?

53. What is the average number of inmates receiving pharmaceutical treatment each month for the following conditions?

Hepatitis C

HIV/AIDS

Hemophilia

54. Please confirm that under the new contract, the Contractor will not be financially responsible for any of the following services.

Elective or mandated abortion

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Elective care (care which if not provided would not, in the opinion of the Medical Director, cause the inmate's health to deteriorate or cause definite and/or irreparable harm to the inmate's physical status)

Autopsies

Any organ (or other) transplant or related costs, including, but not limited to labs, testing, pharmaceuticals, pre- or post-op follow-up care, or ongoing care related to a transplant, etc.

Medications for the treatment of bleeding disorders, e.g., Factor VIII, Factor IX, etc.

55. Please provide monthly statistical data for each of the following categories.

Number of inpatient offsite hospital days

Number of outpatient surgeries

Number of outpatient referrals

Number of trips to the emergency department

Number of ER referrals resulting in hospitalization

Number of ambulance transports

Number of dialysis treatments

56. Please provide annual spend amounts for the past two years for the following categories.

Total offsite care

Total pharmaceutical expenditures

Laboratory services

X-ray services

57. Under the new contract, who will be financially responsible for the following services: the City or the Contractor?

Inpatient hospitalization

Outpatient surgeries

Other outpatient referrals

ER visits

Offsite dialysis

Offsite diagnostics (lab/x-ray)

Pharmaceuticals

58. Please confirm that the following costs will be included under any cap on offsite care.

Inpatient hospitalization

Outpatient surgeries

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Other outpatient referrals  
ER visits  
Ambulance transportation  
Offsite dialysis  
Offsite diagnostics (lab/x-ray)

59. For each of the past three (3) years, please indicate by how much (if at all) the Jail's expenses have exceeded any contracted cap amount(s).

60. We are looking for the formula (or other methodology) the City will use to evaluate, rank, and assign scoring points to bidders' prices. For example, a formula commonly used in other correctional health care bid evaluations is as follows.

$$\frac{\text{Lowest price of all proposals}}{\text{Price of proposal being evaluated}} \times \text{\# points possible for Price component} = \text{Price Score}$$

How will the City assign scores and/or relative ranking to bidders' submitted prices?

61. Please identify the number of ICE, Federal detainees, or DOC inmates at the facility.

**Ice = 1                      Federal =55                      DOC = 188**

62. Please provide the current employees' hourly rates and/or salaries by discipline (MD, RN, LPN, etc.). Also, please provide years of service or hire dates.

**This information is proprietary.**

63. Please confirm there were no withholds for either staffing or performance incurred by the incumbent for the last three years, as shared during the pre-bid conference.

**"Withholds" are not applicable to the current contract.**

64. Please provide the following by year for the last three contract years:
- a. Average monthly number of patients on HIV medications:  
**2014 = 8 per month; 2013 = 6 per month; 2012 = 8 per month**
  - b. Average monthly number of patients on psychotropic medications:  
**2014 = 245 per month; 2013 = 191 per month; 2012 = 165 per month**
  - c. Average monthly number of patients on hepatitis medications:  
**2014 = 0 per month; 2013 = 0 per month; 2012 = 0 per month**

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- d. Average monthly number of patients on blood products relating to hemophilia: **The City does not track this information.**
  - e. HIV medications dollars – City of Roanoke is financially responsible
  - Psychotropic medications dollars – - **Proprietary**
  - f. Hepatitis medications dollars – City of Roanoke is financially responsible
  - g. Blood products relating to hemophilia dollars –**0**
65. For each of the last three years, please provide the number of cases and total costs of cases exceeding \$10,000, \$25,000, and \$50,000 associated with offsite services.
- 2012 = 2,2,0**
  - 2013 = 4,2,0**
  - 2014 = 2,0,0**
66. Please confirm that vendors will not be financially responsible for:
- Vendor is not responsible.**
  - h. prior to booking cases - **Individual**
  - i. bedside bookings - **Individual**
  - j. Pre-existing cases - **Individual**
  - k. Please clarify who will be financially responsible for each case.
67. Please provide the TOTAL dollars spend on pharmacy by year for the last three years. - **Proprietary**
68. How many prescriptions per month on average are ordered for the inmates in your facility? **1,334**
69. What percentage of medications ordered each month is stock vs. patient specific prescriptions? **The City does not track this information.**
70. What are the pricing terms of the current pharmacy agreement? (i.e. average wholesale price less a discount, or acquisition cost plus a dispensing fee, etc.).
- **Proprietary**
71. Please provide three years of drug utilization, preferably in an electronic format.
- This is proprietary information.**
72. Of inmates receiving Hepatitis C treatment, what is the nature of the treatment?
- 0.**
73. How are current medication orders being transcribed to pharmacy?
- Via EMR**
74. How are medications delivered and dispensed: patient-specific or stock/pill line?

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**Patient-specific, or stock, but no pill line**

75. Please confirm there is no self-administration or "keep-on-person" (KOP) medication system?  
**KOP, per provider approval and when appropriate.**
76. Does your current pharmacy provider offer drug destruction for outdated/expired drugs? If so, please describe the destruction policy.  
**Yes. "Blue Bins" sent to pharmacy for destruction; controlled substances sent to specialty location.**
77. Does your current pharmacy provider offer monthly/quarterly pharmacy consultation/inspection? If so, please describe?  
**Yes. Quarterly inspections performed.**
78. Does your facility have a DEA License? If so, whose name is under licensure?  
**Yes. Roanoke City Jail DBA CCS**
79. Does your facility have a current state pharmacy license?  
**CCS possesses a current state pharmacy license.**
80. Where are inmate's personal medications kept upon booking?  
**In the medical unit**
81. Will proposers be required to use the current pharmacy vendor?  
**No**
82. Please provide your current formulary.  
**This is proprietary information**
83. Please provide all terms and conditions regarding purchases, returns, and management fees that will be applied regarding pharmacy vendor.  
**This is proprietary information**
84. How are detainees screened for Risks and/or Mental Health Concerns at Intake? Please describe the process in detail.  
**Specific set of questions asked during initial intake; acute concerns addressed immediately (suicide watch, segregation, etc), all intake exams reviewed by MH within one business day and all are seen w/in 14 days if needed, or sooner, if necessary, with appropriate referrals to psychiatrist.**
85. How are mental health patients identified/referred for services?  
**Med slips, intake interviews, patient interviews, nursing interviews, request of security**
86. Please provide the following Mental Health information:
- l. Number of completed suicides in the last 24 months. **One**
  - m. Number of attempted suicides in the last 24 months. **Eleven.**
  - n. How many patients are placed on suicide precaution on average per month? **20**
  - o. Are patients deemed suicidal kept on precaution at the jail? **Yes**
  - p. Number of inmates placed into segregation in last 24 months. What role will the Respondent take in segregations? **The City does not track this data. Seg patients are monitored daily, weekly vitals offered and weekly MH checks.**
  - q. Are psychiatric restraint devices used at the facility? **No**

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- r. If so, are these restraints beds or chairs? **n/a**
  - s. What was the use of these restraints in the last 24 months? **n/a**
  - t. What role will the Respondent take in detoxification? **Detox (CIWA/COWS) protocol initiated when appropriate**
87. Please provide the following information regarding psychotropic medications:
- u. How many patients are on psychotropic medications currently? **218**
  - v. How many patients were prescribed anti-psychotic medications for the last 24 months, on average per month? **The City does not track this data.**
  - w. How many patients does that facility average per month on psychotropic medications, for 24 months? **218**
88. Please provide the five most frequently prescribed psychotropic medications by name: **Celexa, Risperdal, Atarax , Buspar and Effexor.**
89. Are patients deemed too acute to house in the jail sent to a public mental health facility or does the jail currently have a contract with a private mental health facility? If yes, how many mentally ill patients were sent out to this jail's appropriate catchment mental health facility per month on average?  
**Those who are a danger to self or others are evaluated by Emergency Outreach Services (EOS) for placement to either Catawba Hospital or Central State Hospital.**
90. Group Services
- x. Does the facility provide and/or encourage group services? **Yes**
  - y. If so, please provide a list of such services. **ALPHA for men and women. ALPHA is therapeutic program designed to help those inmates who may be battling drug addiction.**
91. What are the data requirements upon termination of the current vendor:
- z. Data to be provided and in what format, **All medical records are property of RCJ**
  - aa. System availability during transition, and – **up to CorEMR**
  - bb. Time requirement of data availability. **Up to provider but should be immediate.**
92. Is the current records system a combination of electronic and paper records? If so:
- cc. What records are electronic? **All records are electronic, unless scanned in**
  - dd. What records are paper? **Outside records from other facilities, inmate communication, lab/test results. Then they are scanned into the EMR.**
93. Will the existing facility network be available for EMR connectivity? **Yes**

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94. Is there wireless access available in the:

**No wireless access available.**

ee. Pods,

ff. Clinic, or

gg. Other areas of health delivery?

95. What interfaces are currently in place, if any:

hh. JMS, - **Southern Software**

ii. Lab, **Not interfaced.**

jj. Pharmacy, or – **CorrectRx**

kk. Other. **None**

96. Can the EMR be installed on existing jail hardware? **A new EMR would need to be approved.**

97. Can the EMR be installed on existing jail hardware with upgrades? **A new EMR would need to be approved.**

98. Should servers be proposed as a stand-alone system? **No**

99. Does the existing jail data center/computer room have space available for any or all of the above? **Yes**

100. Who will pay the cost of facility improvements for the EMR through:

**The successful Offerror.**

ll. Cable and wireless connections, or

mm. Additional power requirements for server and rack installation.

101. Will the City assume the responsibility of system administration and routine maintenance of data center additions and/or upgrades? **Yes**

102. Will the City assume responsibility of performing routine back-ups and offsite storage of back-ups? **Yes**

103. Please provide any special arrangements (formal or informal) or contracts with local hospitals and specialty providers regarding inmate services, along with any amendments and attachments.

**The current vendor utilizes Carilion Clinic for outside medical care.**

104. Please identify whether the following services are available on-site or off-site, the frequency (hours or visits per week/month), and who provides the services for:

nn. Dental **on-site**

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- oo. Oral Surgery **offsite**
  - pp. Optometry **offsite**
  - qq. Laboratory **on-site lab draws**
  - rr. Radiology (specify mobile or fixed equipment) **mobile, including ultrasound**
  - ss. Fluoroscopy **offsite**
  - tt. Mammography **offsite**
  - uu. Physical Therapy **can come on site**
  - vv. Dialysis **offsite**
  - ww. Chronic Care Clinics (please specify which clinics and frequency) **Held weekly, every 90 days per pt**
  - xx. Specialty Clinics (please specify which clinics and frequency) **Chronic care, orthopedic, infectious disease, wound care, mental health, emergency care**
  - yy. OB/Prenatal care **offsite**
105. Please provide the DOLLARS spent on offsite services by year for the last three years by the categories below:
- zz. Hospitalization **This is proprietary information**
  - aaa. Emergency room visits **This is proprietary information**
  - bbb. Specialty visits **This is proprietary information**
  - ccc. Outpatient surgeries **This is proprietary information**
  - ddd. Diagnostics **This is proprietary information**
106. Please provide the offsite EVENTS by year for the last three years by the categories below: **see 2012, 2013, 2014 stats**
- eee. Hospital days: **2014 = 90; 2013 = 69; 2012 = 133**
  - fff. Hospital admissions: **2014 = 21; 2013 = 26; 2012 = 33**
  - ggg. Emergency room visits: **2014 = 93; 2013 = 92; 2012 = 77**
  - hhh. Specialty visits: **2014 = 362; 2013 = 262; 2012 = 343**
  - iii. Outpatient surgeries: **The City does not track this data.**
  - jjj. Diagnostics: **2014 = 1,504; 2013 = 1,443; 2012 = 2,110**
107. Please confirm that the Vendor will be responsible for contracting with all specialty services providers for on-site and off-site services.  
**yes**
108. Will the \$200,000 annual aggregate cap include the costs of medications relating to HIV, hepatitis C chemotherapy, hemophilia as is consistent with the current contract?  
**yes**
109. Please confirm that the non-formulary medications that will be included in the cap are those ordered onsite by the vendors.

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**yes**

110. Please provide the following included in the aggregate cap for the last three contract years:

kkk. Offsite Services excluding pre-existing conditions : **This is proprietary information**

lll. Offsite Services including pre-existing conditions **This is proprietary information**

mmm. HIV medications **This is proprietary information**

nnn. Hepatitis C medications **This is proprietary information**

ooo. Chemotherapy medications **This is proprietary information**

ppp. Blood coagulation disorder medications **This is proprietary information**

111. What is the base compensation paid to the current vendor? What is the current aggregate cap?

**Current Contract will be provided**

112. Will the Sheriff's Office consider revising the staffing liquidated damages to paid hours instead of worked, which is more consistent with industry practices? The RFP requires 100% backfill for all positions, which will inflate prices and will require staff to work holidays when security staff may not be available.

**The City will negotiate terms with the Successful Offeror.**

113. Please clarify intake staffing coverage for Sundays. **LPN coverage x 24 hours. RN coverage (Intake night shift) 8 hours**

114. Parking:

qqq. What is the monthly cost, per car, for parking? **Rates for parking downtown may be found at <http://parkroanoke.com/>**

rrr. Who currently pays for parking? **Staff**

115. Who currently employs the discharge planner? **Blue Ridge Behavioral Health**

116. Dental equipment

sss. How old is the current dental chair? **25+ years old; parts recently repaired.**

ttt. Who is responsible for maintaining dental equipment? **Successful Offeror**

uuu. Does the dentist have appropriate minimum tools onsite? **Yes**

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117. Please provide a listing of all vacancies. MD PT (8hrs/week)  
**Medical Director 8 hours**
118. Segregation cells  
vvv. Please provide the number of segregation cells available. **48**  
www. How many have cameras?**22**
119. Section 3.D on page 9 – please confirm, as stated at the pre-bid, that attachments and supplemental information do not count toward the 200 sheet limit.

**Confirmed.**

120. Section 3.E on page 9 states that “Responses to this RFP must be in the prescribed format.” However, information is also requested in Sections 3.B and 3.C (pages 7-9) which is not referenced in Section 3.E. Further, some of the numbering, headings, and sub-headings of Section 6 are inconsistent, repeated, missing, and/or confusing. Please provide a recommended table of contents for the proposal that includes cross-references to the required RFP language. This will clarify the content and the order in which the City would like to see the information and will help to ensure that all proposals are presented in a similar manner, making them easier to compare.

**In this case, prescribed format refers to page limitations and elements described in the RFP. There is no required order in which Offerors are to submit information for review.**

121. Section 6.U.b.2 on the top of page 37 – As discussed during the pre-bid, please confirm that job descriptions will be accepted in place of the resume requirement for HSA, Medical Director, Mental Health Director and Director of Nursing.

**Job descriptions will suffice.**

122. Section 6.Y on page 41 requires two 180-day Implementation Plans – one for the 180 days prior to start of services and one for the first 180 days of the contract. This is an extremely long transition period which means the contract wouldn't start until at least six months after it was awarded. Please confirm this requirement or revise it to reflect the City's intent.

**This should be the proposed transition plan for the successful Offeror, which outlines in detail the transition process after start-up.**

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123. How often are patient satisfaction reviews completed per year by the current medical provider?

**N/A**

124. Please provide the number of hours needed to complete the Jail Orientation?

**40 hours. (mostly online)**

125. Please provide an equipment list that will be available to the successful bidder, with equipment type, total available, age, and model number.

**All current equipment will be turned over to the Successful Offeror.**

126. Intake Nurse

xxx. What level of credentialing is required for the intake nurse? **RN**

yyy. Is the intake nurse required to be located at intake 24/7? **No**

zzz. Please clarify the current requirements for the incumbent provider.  
**36hr/week mid-level; 8hr/week MD**

127. Does the incumbent have a mental health provider physically located at intake 24/7? **No**

128. The current schedule does not appear to allow sufficient time for vendors to analyze the answers to questions and incorporate the information into their proposals. Since the proposal is currently due Monday, June 22, most bidders will probably ship their proposals on Thursday, June 18<sup>th</sup> to allow enough time for shipping. Since the deadline for questions is Wednesday, June 10<sup>th</sup>, even if the answers are posted by Monday, June 15<sup>th</sup>, this schedule would not provide bidders with a reasonable amount of time to integrate the information into their responses. Will the City consider extending the proposal deadline to a date no less than two weeks following the release of answers to questions?

**Deadline will be extended by Addendum.**

129. What is the total budget break down for 2015 for health care services for:  
**Please refer to the current contract.**

a. Roanoke City Jail and Annex  
Base Contract

\$ \_\_\_\_\_  
ADP (Per diem) Overruns

\$ \_\_\_\_\_

**Inmate Healthcare Services  
RFP#15-06-02  
Questions and Answers**

Reverse ADP (Per Diem) Credits	\$ _____
Catastrophic Reimbursement	\$ _____
Fine or Penalties Assessed	
\$ _____	
Any other expense paid to contractor	\$ _____
<b>TOTAL</b>	\$ _____

130. Who is the current health services provider and how long have they been providing service?

**Please refer to current contract.**

a. Are there any Catastrophic CAPs associated with the contract?

**Please refer to current contract.**

b. Can all bidders have a copy of the current Health Services Agreement and any addendums?

**Please refer to current contract.**

c. Was the current health services provider assessed any fine or penalties in:

i. 2014 - **No**

ii. 2013 - **No**

iii. 2012 - **No**

131. Are there any technical changes to the requirements in the RFP that are different to the current health services agreement to include:

a. Line Staff - **No**

b. Provider hours - **No**

c. Staffing Penalties - **Yes**

d. Catastrophic Caps - **Yes**

132. What was the total expense for health care services in the following years:

**Please refer to current contract.**

a. 2014

b. 2013

c. 2012

133. What is the total cost above the current bidder's catastrophic cap, if applicable, for the following years:

a. 2014 – **\$89,939.14**

b. 2013 - **0**

c. 2012 - **0**

**Inmate Healthcare Services  
RFP#15-06-02  
Questions and Answers**

134. What was the total number of inmates/residents for bidding/pricing purposes for:

- a. Roanoke City Jail - **350**
- b. Annex - **300**

135. Can all bidders have a copy of the current medical services contracts to include pricing for:

- a. Hospitals - **This is proprietary information**
- b. Outside/Specialty Consults - **This is proprietary information**
- c. Pharmacy Services - **This is proprietary information**
- d. Laboratory Services - **This is proprietary information**
- e. Radiology Services - **This is proprietary information**
- f. Dialysis Services – **This is proprietary information**

136. Are there any other additional staffing requirements that are contained in the language of the RFP that are not included in the staffing pattern provided?

**No**

137. What are the current salaries/wages and benefits and yearly budgeted total for: **This is proprietary information**

	<b>Salary/Wage</b>	<b>Benefits</b>	<b>Yearly Total</b>
Health Services Administrator (RN)			
Assistant Health Services Administrator (LPN)			
Admin Assistant			
Registered Nurse (RN) – Intake			
Registered Nurse (RN)			
Director of Nursing (RN)			
Licensed Practical Nurse (LPN)			
Medication Technician			
Medical Director			
Mid-level Provider (PA/NP)			
Dentist			
Dental Assistant			

**Inmate Healthcare Services  
RFP#15-06-02  
Questions and Answers**

Psychiatrist			
Mental Health Professional			
Medical Records Clerk			

**138.** Please provide the information on the below form. This is proprietary information

	Name	City Employee	Subcontractor	Number of Years at Facility
Health Services Administrator (RN)				
Assistant Health Services Administrator (LPN)				
Admin Assistant				
Registered Nurse (RN) - Intake				
Registered Nurse (RN) - Intake				
Registered Nurse (RN)				
Director of Nursing (RN)				
Licensed Practical Nurse (LPN)				
Medication Technician				
Medical Director				
Mid-level Provider (PA/NP)				
Dentist				

**Inmate Healthcare Services  
RFP#15-06-02  
Questions and Answers**

Dental Assistant				
Psychiatrist				
Mental Health Professional				
Medical Records Clerk				

139. Can you please provide a list of the current vacancies?

**MD PT (8hrs/week)**

140. Is the Facility NCCHC Accredited, and if so, what is the date of the last accreditation?

**Yes, 11/14**

141. Is the Facility ACA Accredited, and if so, what is the date of the last accreditation?

**Yes, 5/15**

142. What was the date of the last Virginia Department of Corrections audit?

a. May a copy of the medical section of the audit be provided?

**Yes, please see attached DOC Audit 031615**

143. What was the current number of HIV patients?

a. How many are on medications? **8**

b. What is the annual cost of HIV medications for the following years:

i. 2014 **\$121,000.00**

ii. 2013 **\$150,000.00**

iii. 2012 **\$90,000.00**

144. What was the current number of Hepatitis A, B, and C patients

a. How many are on medications? **0**

b. What is the annual cost of hepatitis medications for the following years:

i. 2014 **\$1,700.00**

ii. 2013 **\$2,000.00**

iii. 2012 **\$1,200.00**

145. Are all inmates tested for HIV upon intake?

**no**

146. Are all inmates tested for hepatitis upon intake?

**no**

147. Are any members of the current medical personnel represented by a union or collective bargaining unit?

a. If so, can we be provided with a copy of the current union agreement?

**no**

148. Are there any consent decrees, law suits or litigation pending that will affect this new contract?

**No**

**Inmate Healthcare Services  
RFP#15-06-02  
Questions and Answers**

149. Is Internet access available to the health services providers?  
**yes**
150. Is Roanoke County currently utilizing and Electronic Medical Record (EMR)/Electronic Health Record (EHR) if so,  
a. What is the current system?  
b. How long has the system been in place?  
c. What jail management system is currently being operated?  
d. Is the EMR system integrated with the jail management system?  
e. Is it a paperless system or does the medical provider have separate paper charts?  
f. What is the transition plan for a new vendor?

**Roanoke County is a separate Jurisdiction from Roanoke City**

151. Is the health services provider able to assess and treat inmates via:  
a. Tele-Medicine **Site is capable**  
b. Tele-Psychiatry **Yes**  
c. Tele-Psychology **Site is capable**
152. What is the total number of Administrative Staff and/or Correctional officers who require:

**The contractor does not currently provide this service to jail staff.**

- a. PPD
- b. Chest X-Ray
- c. Hepatitis A Vaccine
- d. Hepatitis B Vaccine
- e. Flu Vaccine

153. Who is responsible for Roanoke City's medical equipment if it has a problem, i.e. dental chair, dental x-ray? Does the City have any other medical equipment on-site?

**The Offeror and no.**

154. May the alternative pricing models be submitted that conform to all aspects of the RFP?

**Yes**

155. Will the successful bidder be financially responsible for hospitalized patients prior to the inmate being received at the facility? (i.e. Individual suffered gunshot wound, police arrest and arrestee arraigned at bedside at hospital.)

**NO**

156. Please provide a detailed list of all equipment owned by County.

**n/a**

**Inmate Healthcare Services**  
**RFP#15-06-02**  
**Questions and Answers**

157. Please provide a detailed list of all equipment the successful vendor will be obligated to purchase.

**Unknown**

158. Will the successful vendor be permitted to receive annual cost of living increases for applicable future optional renewal years? If so, what financial matrix will such increases be based upon?

**Normally, increases are tied to the CPI.**

159. Is COREMR system owned by the city?

**No**

160. Please provide a listing of all equipment, including dental equipment.

**All current equipment is passed along as part of the contract.**





COMMONWEALTH OF VIRGINIA  
 VIRGINIA DEPARTMENT OF CORRECTIONS  
 LOCAL FACILITIES  
 JAIL INSPECTION REPORT



Facility: <i>Roanoke City Jail</i>	Year Built:
Current Inmate Population: <i>652</i>	Operational Cap: <i>409</i>
Address: <i>340 Campbell Avenue SW Roanoke, Va. 24016</i>	Facility Admin/ Contact Person: <i>Major Bell Sgt. Young</i>
Sheriff: <i>Tim Allen</i>	DOC Inspector: <i>Wayne Solomon</i>
Date(s) of Inspection: <i>3/16/15</i>	

Last inspection (date): *4/9/14*

Deficient Standards: *100%*

Last audit (year): *ACA Facility*

Deficient Standards: *ACA Facility*

**INMATE INFO**

# on HEM:

Male *543*

Female *109* # OF BEDS

# on Work Release:

Total # of Beds:

# of inmates floor sleeping:

**STATISTICS FOR YEAR:**

Escapes:

# Apprehended:

Erroneous releases:

Hostage situations:

Discharge of firearms:

Fires w/inmate evacuation:

Deaths:

Suicides:

Fee for inmate keep: \$

**FACILITY PERSONNEL**

Jail Deputies/Sworn Staff:

Civilian Staff Assigned  
to Control Posts:



# Jail Inspection Report

Commonwealth of Virginia  
Virginia Department of Corrections  
Local Facilities



LIFE, HEALTH, SAFETY STANDARD	COMPLIANCE			OBSERVATIONS/DOCUMENTATION OF COMPLIANCE
	YES	NO	N/A	
<b>6VAC15-40-150. Inmate Exercise</b> – Written policy, procedure, and practice shall provide that all inmates have access to physical exercise. Facilities with specified exercise areas shall provide inmate exercise a minimum of one hour per week. Facilities without specified exercise areas shall provide equipment or an area within the dayroom for inmates to exercise large muscle groups on a daily basis. Shortage of staff shall not hinder inmate access to physical exercise. Exceptions for inclement weather or risk to security shall be documented.				<u>Review written policy and procedures.</u> <u>Review exercise documentation.</u> <u>Review documentation of exceptions (disciplinary segregation inmates are exempt).</u> Observation. Interview staff/inmates. Scil SOP 3.23, S.10, Rec. Log noted Scil. Young
<b>6VAC15-40-320. Licensed Physician</b> - A licensed physician shall supervise the facility's medical and health care services. Facilities that contract with private medical facilities or vendors shall maintain a current copy of the agreement, unless employed by the facility.				<u>Review current license. Review current copy of agreement (if applicable).</u> <u>Interview staff.</u> LOWMED IWC. contract exp: 6/30/15, PA & MD licenses are current
<b>6VAC15-40-340. Health Care Provider and Licensing, Certification and Qualification of Health Care Personnel</b> – Each facility shall have a minimum of one licensed or qualified health care provider who is accessible to inmates a minimum of one time per week. Health care personnel shall meet appropriate and current licensing, certification, or qualification requirements.				<u>Review current licensing/qualifications for health care provider. Review schedule/documentation of accessibility to inmates. Review current licensing/certification/qualification for in-house health care personnel. Interview staff/inmates.</u> All in-house health care personnel licenses are current
<b>6VAC15-40-360. Twenty-Four Hour Emergency Medical Care</b> - Written policy, procedure, and practice shall provide 24-hour emergency care medical and mental health care availability.				<u>Review written policy and procedure.</u> <u>Review incident reports (if applicable).</u> <u>Interview staff.</u> Scil SOP/ LOWMED Policy #50.30 24 hr. Med. Care Available

Carilion/Roanoke Memorial Hospital



# Jail Inspection Report

Commonwealth of Virginia  
Virginia Department of Corrections  
Local Facilities



LIFE, HEALTH, SAFETY STANDARD	COMPLIANCE YES NO N/A			OBSERVATIONS/DOCUMENTATION OF COMPLIANCE
<p><b>6VAC15-40-370. Receiving and Medical Screening of Inmates</b> - Written policy, procedure, and practice shall provide that receiving and medical screening be performed on all inmates upon admission at the facility. The medical screening shall:</p> <ol style="list-style-type: none"> <li>✓ 1. Specify screening for current illnesses, health problems and conditions, and past history of communicable diseases;</li> <li>✓ 2. Specify screening for current symptoms regarding the inmate's mental health, dental problems, allergies, present medications, special dietary requirements, and symptoms of venereal disease;</li> <li>✓ 3. Include inquiry into past and present drug and alcohol abuse, mental health status, depression, suicidal tendencies, and skin condition, and</li> <li>✓ 4. For female inmates, include inquiry into possible pregnancy or gynecological problems.</li> <li>✓ 5. All inmates shall receive a tuberculosis (TB) skin test within seven days of admission to the facility.</li> </ol>				<p><u>Review written policy and procedures.</u> <u>Review medical screening form (all 5 elements must be included on the form). Interview staff.</u> SOI 6.05, LOWMED 50.00 SOI Medical Screening Form appears to have all elements Nurse Browley</p>
<p><b>6VAC15-40-380. Inmate Access to Medical Services</b> - Written policy, procedure, and practice shall be developed whereby inmates can be informed, at the time of admission to the facility, of the procedures for gaining access to medical services.</p>	✓			<p><u>Review written policy and procedures.</u> <u>Review inmate handbook/orientation.</u> <u>Interview staff/inmates.</u> SOI 6.05, Inmate Handbook Pg 46, bookly counter sign</p>
<p><b>6VAC15-40-390. Training and Competency of Staff</b> - All security staff shall be trained and competent in rendering basic first aid and CPR by a recognized certifying agency. All training shall be documented.</p>	✓			<p><u>Review current official training records (can be first aid/CPR cards, class roster or basic/in-service training curriculum). Interview staff.</u> ALL staff current First Aid/CPR Training</p>
<p><b>6VAC15-40-393. Universal Precautions</b> - All staff who have contact with inmates shall be trained, competent, and knowledgeable in the use of universal precautions. All training shall be documented and completed every 12 months.</p>	✓			<p><u>Review training records. Interview staff.</u> Universal Precautions Training Records noted</p>
<p><b>6VAC15-40-395. Management of Sharps</b> - Written policy, procedure, and practice shall govern the control, storage, and use of sharps including, at a minimum, needles, scalpels, lancets, and dental tools.</p>	✓			<p><u>Review written policy and procedures.</u> <u>Review inventory sheets. Observe storage area. Interview staff.</u> SOI/LOWMED 40.30 Medical Sharps Inventory noted Nurse Browley</p>



# Jail Inspection Report

Commonwealth of Virginia  
Virginia Department of Corrections  
Local Facilities



LIFE, HEALTH, SAFETY STANDARD	COMPLIANCE			OBSERVATIONS/DOCUMENTATION OF COMPLIANCE
	YES	NO	N/A	
6VAC15-40-400. Management of Pharmaceuticals - Written procedures for the management of pharmaceuticals shall be established and approved by the medical authority or pharmacist, if applicable. Written policy, procedure, and practice shall provide for the proper management of pharmaceuticals, including receipt, storage, dispensing and distribution of drugs. These procedures shall be reviewed every 12 months by the medical authority or pharmacist. Such reviews shall be documented.	✓			Review written policy and procedures. Review medication administration records. Review records for disposal of unused or expired medications. Review medical authority 12 month review. Observe storage area. Interview staff. Sail SOI/COMMED 40.01 Rev. & Appr. Dr. Ali 8/14/8 Dr. Madhoun 11/14/8
6VAC15-40-405. Automated External Defibrillator (AED) - There shall be a minimum of one AED unit available in the facility. All security staff shall receive training in the operation of the unit.	✓			Review current official training records. Observation. AED Training Records noted
6VAC15-40-420. Transfer of Summaries of Medical Record - Medical record summaries shall be transferred to the same facility to which the inmate is being transferred. Required information shall include: vital signs, current medications, current medical/dental problems, mental health screening, mental health problems, TB skin test date and results, special inmate needs/accommodations, pending medical appointments, medical dispositions, overall comments, health care provider/personnel signature and date, and any additional pertinent medical information such as lab work, x-rays, etc.	✓			Review medical record summary sheets. Medical Transfer Summaries noted Nurse Browley
6VAC15-40-430. Medical or Pharmaceutical Testing for Experimental or Research Purposes - Written policy and practice shall prohibit medical or pharmaceutical testing for experimental or research purposes.	✓			Review written policy. Interview staff/inmates. Sail SOI 1.16 Page 6
6VAC15-40-440. Medical Care Provided by Personnel Other than Physician - Medical care performed by personnel other than a physician shall be pursuant to a written protocol or order. Protocols or orders shall be reviewed and signed by the supervising physician every 12 months.	✓			Review written protocol or order. Review documentation of 12 month review and approval by physician. Interview staff. Sail SOI 50.70 Approved Dr. Ali 8/14/8 HSA Tito 8/14/8
6VAC15-40-450. Suicide Prevention and Intervention Plan - There shall be a written suicide prevention and intervention plan. These procedures shall be reviewed and documented by an appropriate medical or mental health authority prior to implementation and every three years thereafter. These procedures shall be reviewed every 12 months by staff having contact with inmates. Such reviews shall be documented.	✓			Review written suicide prevention and intervention plan. Review approval by medical or mental health authority. Review documentation of 12 month staff review. Interview staff. Sail SOI 610, Rev & Appr. Dr. Madhoun & HSA Tito 11/14/8 Staff Reviews 3/14/8 7-9/114



# Jail Inspection Report

Commonwealth of Virginia  
Virginia Department of Corrections  
Local Facilities



LIFE, HEALTH, SAFETY STANDARD	COMPLIANCE			OBSERVATIONS/DOCUMENTATION OF COMPLIANCE
	YES	NO	N/A	
<p><b>6VAC15-40-540. Standards for Food Service Equipment and Personnel</b> - Written policy, procedure, and practice shall ensure that the facility's food service equipment and personnel meet the established safety and protection standards and requirements as set forth by the State Board of Health's Food Regulations. The facility shall have a Virginia Department of Health (VDH) inspection conducted every 12 months. Written reports of the VDH inspections shall be on file with the facility administrator.</p>	✓			<p>Review written policy and procedures. Review VDH inspection reports. Review license/permit. Said S.O.I S.O.S Health Insp. No follow up required. Health Insp: 3/15. No V.D. noted. No follow up required, permit noted exp: 7/15</p>
<p><b>6VAC15-40-545. Standards for Inmate Food Service Workers</b> - Written policy, procedure, and practice shall ensure that a visual medical examination of each inmate assigned to food service occurs no more than 30 days prior to assignment and quarterly thereafter. Each inmate shall be given a TB skin test prior to food service assignment. Such tests shall be documented. If an inmate tests positive for TB, that inmate shall not be granted assignment to food service.</p>	✓			<p>Review written policy and procedures. Review documentation of visual medical examination and TB skin test of inmates assigned to food service. Said S.O.I S.O.S Inmate Kitch workers medically screened Visuals noted</p>
<p><b>6VAC15-40-550. Food Service Program</b> - Written policy, procedure, and practice shall ensure a food service program that meets the following:</p> <ol style="list-style-type: none"> <li>✓ 1. The menu meets the dietary allowances as stated in the Recommended Dietary Allowances (RDA), National Academy of Sciences;</li> <li>✓ 2. There is at least a one-week advance menu preparation;</li> <li>✓ 3. Modifications in menus are based on inmates' medical or reasonable religious requirements. Medical or dental diets shall be prescribed by the facility's medical authority.</li> <li>✓ 4. RDA evaluation of facility menus shall be completed by an independent registered dietitian or certified nutritionist every three years; and</li> <li>✓ 5. Additional evaluations shall be completed when a substantive change in the menu or food service provider occurs.</li> </ol>	✓			<p>Review written policy and procedures. Review all menus. Review menu modifications for medical and religious diets (if applicable). Review RDA evaluation of facility menus. Review license/certification of dietician or nutritionist. Review additional menu evaluations (if applicable). Interview staff. Said S.O.I S.O.S Cbm Managed Services, menu approval Jennifer Bembow, RD lic. exp: 8/15 10/14, Abby LeBrun RD lic. exp: 8/15, Ltr. 1/15 4 wks. regularly menus noted</p>
<p><b>6VAC15-40-560. Meals Prepared, Delivered, and Served Under Direct Supervision of Staff</b> - Written policy, procedure, and practice shall ensure meals are prepared, delivered, and served under the direct supervision of staff.</p>	✓			<p>Review written policy and procedures. Observation. Interview staff/inmates. Said S.O.I S.O.S Page 2</p>
<p><b>6VAC15-40-580. Food Services Program Not a Disciplinary Measure</b> - Written policy, procedure, and practice shall ensure food is not used as disciplinary measure.</p>	✓			<p>Review written policy and procedures. Review documentation of alternate meal usage (if applicable). Interview staff/inmates. Said S.O.I S.O.S, page 4</p>



# Jail Inspection Report

Commonwealth of Virginia  
Virginia Department of Corrections  
Local Facilities



LIFE, HEALTH, SAFETY STANDARD	COMPLIANCE YES NO N/A			OBSERVATIONS/DOCUMENTATION OF COMPLIANCE
<p><b>6VAC15-40-740. Requirements for Clothing, Linen and Towels</b> – Written policy, procedure, and practice shall provide that a record is kept to show that clean linens and towels are supplied once a week, a clean change of clothing is provided twice per week, and inmates shall be held accountable for their use.</p>	✓			<p><u>Review written policy and procedures.</u> <u>Review laundry records. Interview staff/inmates. (Clothing must be offered on two separate days.)</u> Said SOT 5.07, heavily logged noted</p>
<p><b>6VAC15-40-840. Post to Control Security of Jail</b> – The facility shall maintain a designated post, staffed 24 hours a day, that controls activities and flow of people in and out of the secure area of the jail. Main facility control posts may be staffed by civilian personnel who have been provided on-the-job training in facility security procedures, emergency plans, and communications. Such training shall be documented in writing with the same frequency as required by standards for all facility employees. Civilian personnel assigned to the control posts shall not be assigned to other posts requiring direct inmate contact and supervision.</p>	✓			<p><u>Review training records for civilian personnel. Review post orders or job descriptions (refer to 6VAC15-40-960).</u> <u>Review restrictions on inmate access to control centers. Observation.</u> <u>Interview staff.</u> Said SOT 3.01 Tom/Control Post Order Room noted Sgt. Young</p>
<p><b>6VAC15-40-870. Security and Storage of Security Devices</b> – Written policy, procedure, and practice shall govern the security, storage, and use of firearms, ammunition, chemical agents, and related security devices that are stored in and assigned to the facility to ensure that:</p> <ol style="list-style-type: none"> <li>✓ 1. The facility shall provide secure storage for firearms, ammunition, chemical agents and related security devices accessible to authorized personnel only and located outside the security perimeter or the inmate housing and activity areas;</li> <li>✓ 2. Personnel who carry firearms and ammunition are assigned positions that are inaccessible to inmates (with the exception of emergencies); and</li> <li>✓ 3. Personnel who discharge firearms or use chemical agents other than for training purposes, submit written reports to the facility administrator or designee no later than the conclusion of the shift during which same are discharged or used.</li> </ol>	✓			<p><u>Review written policy and procedures.</u> <u>Review training records pertaining to firearms and use of chemical agents.</u> <u>Review master inventory sheets.</u> <u>Review written reports (if applicable).</u> <u>Observe storage areas (gun boxes, armory, etc.). Interview staff.</u> Said SOT, 2.11, 2.19 No Discharge of Firearms report noted, Use of Chemical Agent Report noted, Firearms Training Records noted Sgt. Young</p>
<p><b>6VAC15-40-900. Examination and Maintenance of Security Devices</b> - Written policy, procedure, and practice shall specify that, at least once daily, a careful examination is made of security devices and that maintenance is routinely performed to ensure their proper operation.</p>	✓			<p><u>Review written policy and procedures.</u> <u>Review daily security device checks.</u> <u>Review maintenance logs. Interview staff. (Minimum requirements for security devices: locks, bars/doors, and windows.)</u> Said SOT 3.02 Daily Security Device Check list noted</p>



# Jail Inspection Report

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Virginia Department of Corrections  
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LIFE, HEALTH, SAFETY STANDARD	COMPLIANCE			OBSERVATIONS/DOCUMENTATION OF COMPLIANCE
	YES	NO	N/A	
6VAC15-40-910. Searches of Facility and Inmates – Written policy, procedure, and practice provide for searches of facilities and inmates to control contraband and provide for the disposition of contraband. A schedule of searches shall be developed to ensure all housing areas of the facility have been searched on a random, but at least quarterly, basis. These procedures are not made available to inmates.		✓		Review written policy and procedures. Review documentation of quarterly facility and inmate searches. Review disposition records. Interview staff. Said SOT 2.15 Search Records noted Sgt. Young
6VAC15-40-930. Key and Door Control – Written policy, procedure, and practice shall govern key and door control. Perimeter security door keys shall not be issued to staff unless authorized as per the approved emergency plans.		✓		Review written policy and procedures. Review master key inventory. Review issuance log. Observe set of emergency keys. Observe storage area and use. Interview staff. Said SOT 3.18 3.25. Key Inventory noted. Sgt. Young
6VAC15-40-940. Culinary Items - Written policy, procedure, and practice shall govern the control and use of culinary items.		✓		Review written policy and procedures. Review master inventory sheet or shadow board. Review issuance log/accountability procedures. Observation. Interview staff. Said SOT 3.17 Culinary logs noted T. O'Connell
6VAC15-40-945. Tools – Written policy, procedure, and practice shall govern the control and use of tools.		✓		Review written policy and procedures. Review master inventory sheet or shadow board. Review issuance log/accountability procedures. Observation. Interview staff. Said SOT 3.17 Tool logs & Maintenance area noted T. O'Connell
6VAC15-40-950. Flammable, Toxic and Caustic Materials - Written policy, procedure, and practice shall specify the control and storage of cleaning equipment and use of all flammable, toxic and caustic materials. Inmate access shall be limited and closely supervised.		✓		Review written policy and procedures. Review master inventory of all chemicals stored within the facility. Review Material Safety Data Sheets (MSDS) for all chemicals stored within the facility. Observe secure storage area. Observe flammable materials stored in an approved fire proof storage cabinet or outside the facility. Interview staff. Said SOT 3.13 page 2, Flammable, Caustic, Toxic materials Stored Secured Area T. O'Connell



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Virginia Department of Corrections  
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LIFE, HEALTH, SAFETY STANDARD	COMPLIANCE			OBSERVATIONS/DOCUMENTATION OF COMPLIANCE
	YES	NO	N/A	
6VAC15-40-970. <b>Restrictions of Physical Force</b> - Written policy, procedure, and practice shall restrict the use of physical force to instances of justifiable self-defense, protection of others, protection of property, orderly operation of the facility and prevention of escapes. In no event is physical force justifiable as punishment. A written report shall be prepared following all such incidents described above and shall be submitted to the facility administrator, or designee, for review and justification.	✓			<u>Review written policy and procedures.</u> <u>Review use of force reports. Interview staff.</u> Said SOT 2.18 Use of Force Reports noted Sgt. Young
6VAC15-40-1010. <b>Mental Health Inmates</b> - Written policy, procedure, and practice shall specify the handling of mental health inmates, including a current agreement to utilize mental health services from either a private contractor or the community services board.	✓			<u>Review written policy and procedures.</u> <u>Review current written agreement/contract. Review inmate records (if applicable). Interview staff.</u> Said SOT 10.04 Agreat Blue Ridge BH exp. 12/15
6VAC15-40-1030. <b>Assessment of Inmates in Disciplinary Detention or Administrative Segregation</b> - Written policy, procedure, and practice shall require that a documented assessment by medical personnel that shall include a personal interview and medical evaluation of vital signs, is conducted when an inmate remains in disciplinary detention or administrative segregation for 15 days and every 15 days thereafter. If an inmate refuses to be evaluated, such refusal shall be documented.	✓			<u>Review written policy and procedures.</u> <u>Review documented evaluation (not to exceed 15 days). Review documented refusals (if applicable). Interview staff.</u> Said SOT 3.23 15 Day Medical Assessments noted Nurse Browley
6VAC15-40-1040. <b>Staff Training</b> - The facility shall provide for 24-hour supervision of all inmates by trained personnel.	✓			<u>Review training records.</u> Training Records noted
6VAC15-40-1045. <b>Supervision of Inmates</b> - All inmate housing areas shall be inspected a minimum of twice per hour at random intervals between inspections. All inspections and unusual incidents shall be documented. No obstructions shall be placed in the bars or windows that would prevent the ability of staff to view inmates or the entire housing area.	✓			<u>Review documentation of random checks. Observation of housing areas (inspection means visual observance of all inmates in the housing area including linear, indirect and direct supervision facilities). Interview staff/inmates.</u> Twice Security logs noted Sgt. Young



# Jail Inspection Report

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Local Facilities



LIFE, HEALTH, SAFETY STANDARD	COMPLIANCE YES NO N/A			OBSERVATIONS/DOCUMENTATION OF COMPLIANCE
<p>6VAC15-40-1080. <b>Emergency Plans and Fire Drills</b> - There shall be fire prevention practices and written emergency plans that outline duties of staff, procedures and evacuation routes. Emergency plans shall include responses in the event of fire, hazardous material release, loss of utilities, natural disaster, hostage situations, riots, disturbances, escapes, bomb threats and mass arrest. Emergency plans shall be reviewed every 12 months by all staff. These reviews shall be documented. Each facility shall conduct and document quarterly fire drills.</p>				<p><u>Review fire prevention practices (maintenance of smoke detection equipment, fire extinguishers serviced, ensuring living areas are kept free of clutter, and proper storage of combustible materials). Review staff duties. Review evacuation routes. Review emergency plans. Review documentation of 12 month staff review. Review documentation of quarterly fire drills. Interview staff.</u>  <i>Spd SOI 4, 01, 05, 4, 07-10, 3, 05, Staff Reviews 3/14 &amp; 7-9/14 Quarterly Fire Drills noted Spd. Young</i></p>
<p>6VAC15-40-1100. <b>Fire Safety Inspection</b> - The facility shall have a state or local fire safety inspections conducted every 12 months. Localities that do not enforce the Virginia Statewide Fire Prevention Code shall have the inspection performed by the State Fire Marshal's Office. Written reports of the fire safety inspection shall be on file with the facility administrator.</p>				<p><u>Review fire safety inspection reports. Review plan of action for all violations and documentation of approval by the State Fire Marshal's Office or local approved fire marshal. Interview staff.</u>  <i>Fire Insp. 11/14 - no viol. noted 4/14 - no viol. noted</i></p>
<p>6VAC15-40-1120. <b>Mattresses, Pillows and Trash Receptacles</b> - Mattresses, pillows and trash receptacles present in the secured housing shall be of fire retardant materials.</p>				<p><u>Review documentation for mattresses, pillows, and trash receptacles for fire retardant material. Observation.</u>  <i>Bob Barker Products</i></p>
<p>6VAC15-40-1140. <b>Cleanliness</b> - The facility floors, halls, corridors and other walkway areas shall be maintained in a clean, dry, hazard-free manner.</p>				<p><u>Observation (includes cracks/rust in shower stalls and cracks in floors which can result in the build-up of water/dirt that is inaccessible for cleaning, therefore, results in unsanitary conditions). (Floor areas include day areas and individual cells.)</u>  <i>Toen</i></p>
<p>6VAC15-40-1150. <b>Vermin and Pest Control</b> - The facility shall control vermin and pests and shall be serviced at least quarterly by a licensed pest control business or personnel certified by the Virginia Department of Agriculture and Consumer Services.</p>				<p><u>Review contract or license for pest control business/personnel. Review quarterly service records. Observation. Interview staff/inmates.</u>  <i>Dodson Bros. Ext. Co. Contract noted, exp. 1/15 Monthly Services noted, Spd. Young</i></p>

*Local Facilities*



# Jail Inspection Report

Commonwealth of Virginia  
Virginia Department of Corrections  
Local Facilities



LIFE, HEALTH, SAFETY STANDARD	COMPLIANCE			OBSERVATIONS/DOCUMENTATION OF COMPLIANCE
	YES	NO	N/A	
<b>6VAC15-40-1160. Appropriate Lighting and Heating -</b> A. All housing and activity areas shall provide for appropriate lighting and heating. B. Appropriate lighting shall be at least 20 footcandles at desk level and in personal grooming areas. C. Heat shall be evenly distributed in all rooms so that a temperature no less than 65° F is maintained. Air conditioning or mechanical ventilation systems, such as electric fans, shall be provided when the temperature exceeds 85° F.	✓			Light meter readings. <u>Observation.</u> Interview staff/inmates.  <i>lighting &amp; Climate control appeared Adequate</i>
<b>6VAC15-40-1170. Water Utilities -</b> All housing areas shall have toilets, showers, drinking water and washbasins with hot and cold running water accessible to inmates.	✓			<u>Observation.</u> Interview staff/inmates.  <i>Team</i>
<b>6VAC15-40-1195. Contact with Juveniles -</b> The facility shall have one or more employees on duty at all times responsible for auditory and visual contact with each juvenile at least every 30 minutes. Contact shall be at least every 15 minutes when juveniles exhibit self-destructive or violent behavior.				Review supervision logs. <u>Observation.</u> Interview staff. ✓ <i>No Juveniles Housed</i>
<b>6VAC15-40-1200. Isolation and Segregation of Juveniles -</b> Isolation cells or segregation within a cellblock shall be utilized only as a protective or disciplinary measure.				Review isolation/segregation logs. <u>Observation.</u> ✓ <i>No Juveniles Housed</i>

*Team conducted with Tim Myers III of the Roanoke Health District.*

**INSPECTION RESULTS:**

Score:

Additional Comments/Deficiencies

- 1.
- 2. 100000
- 3.
- 4. GOOD JOB!!!
- 5.

Plan of Corrective Action

*Regulations governing certification and inspection require that the results of this inspection be reported to the Board of Corrections. Cited non-compliances require a written Plan of Corrective Action, and Board review may change the certification status of the jail.*

A written plan of corrective action is required by (7 days from date of inspection): W/A

All corrections to deficiencies are to be completed by (30 days from date of inspection): W/A

Please submit your plan of corrective action to William Wilson, Local Facilities Supervisor, utilizing one option below:

Mailing Address: William Wilson, Local Facilities Supervisor  
P. O. Box 26963  
6900 Atmore Drive  
Richmond, VA 23261

Fax: 804-674-3587

Email: William.Wilson@vadoc.virginia.gov

If you need further assistance or have questions, Mr. Wilson may be reached at 804-887-7854.

Exit interview with (signature): [Signature] Title: Sergeant  
Printed Name: NA

Local Facilities Manager/Certification Analyst (signature): [Signature]  
Printed Name: W/A

Date: 3/18/15



COMMONWEALTH OF VIRGINIA  
VIRGINIA DEPARTMENT OF HEALTH

Roanoke City Health Department  
1502 Williamson Rd NE, Civic Mall, 2<sup>nd</sup> Floor  
Roanoke VA 24012  
Phone: (540) 204-9764 Fax: (540) 857-7315

Correctional Facilities Inspection Report

Facility Name ROANOKE CITY JAIL Address 324 CAMPBELL AVE.

Date of Inspection 3/17/15

**6.5 Cleanliness**

Facility floors, halls, corridors, and other walkway areas shall be maintained in a clean, dry, hazard-free manner.

Yes  No

**6.6 Vermin & Pest Control**

Facility shall control vermin and pests and shall be serviced at least quarterly by professional pest control or personnel certified by the Virginia Pesticide Control Board.

Yes  No

**6.7 Appropriate Lighting and Heating**

All housing and activity area shall provide appropriate lighting and heating.

A. Appropriate lighting shall be at least 20 foot candles at the desk level and in personal grooming areas.

Yes  No

B. Heat shall be evenly distributed in all rooms so that a temperature no less than 65°F is maintained. Air conditioning or mechanical ventilation systems, such as fans, shall be provided when the temperature exceeds 85°F.

Yes  No

**6.8 Water Utilities**

All housing areas shall have toilets, showers, drinking water and wash basins with hot and cold running water accessible to inmates.

Yes  No

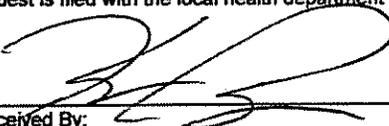
Comments: POODS FLOOR 2 - 459 471 437 FLOOR 3 - 362  
324 TOILET RUNNING 338 - SINK DRAIN COLD WATER, 335 - HOT WATER  
WOMENS - 238, 248, 238, 243  
MENS - 235, 241, 225 FLOOR 1 - 135, 141 - SHOWERS

[Signature]  
Received by

[Signature]  
Environmental Health Specialist Sr.

Food Establishment Inspection Report					
Roanoke City Health Department 1502 Wilkinson Road NE Civic Mall, 2nd Floor, Roanoke, VA 24012 (540) 204-8784			Risk/Intervention Obs. Out of Compliance: 0		Date: 17-Mar-2015
			Repeat Risk/Intervention Obs. Out of Compliance: 0		Time In: 11:00:00 AM
			Good Retail Practices Obs. Out of Compliance: 0		Time Out: 11:48:00 AM
Establishment Roanoke City Jail		Address 324 Campbell Ave SW Roanoke VA 24016		Telephone (540) 853-2941	Person In Charge <input type="checkbox"/> Certified Manager
Permit Holder Catering by Marlins, Inc.		EHS T. I. Myers III	Purpose of Inspection Routine	Est. Type Jail Food Service	Priority Level Risk Category 2
Smoking Status Smoke Free		Title: 15.2-2825 Virginia Indoor Clean Air Act. In Compliance with legislation.			
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS					
Demonstration of Knowledge			Protection from Contamination (continued)		
1	In	Certification by accredited program, compliance with Code, or correct responses	15	In	Proper disposition of returned, previously served, reconditioned, & unsafe food
Employee Health			Potentially Hazardous Food Time/Temperature		
2	In	Management awareness; policy present	18	N/O	Proper cooking time & temperatures
3	In	Proper use of reporting, restriction & exclusion	17	N/O	Proper reheating procedures for hot holding
Good Hygienic Practices			18	N/O	Proper cooling time & temperatures
4	In	Proper eating, tasting, drinking, or tobacco use	19	In	Proper hot holding temperatures
5	In	No discharge from eyes, nose, and mouth	20	In	Proper cold holding temperatures
Preventing Contamination by Hands			21	In	Proper date marking & disposition
6	In	Hands clean & properly washed	22	N/A	Time as a public health control: procedures & records
7	In	No bare hand contact with RTE foods or approved alternate method properly followed	Consumer Advisory		
8	In	Adequate handwashing facilities supplied & accessible	23	N/A	Consumer advisory provided for raw or undercooked foods
Approved Source			Highly Susceptible Populations		
9	In	Food obtained from approved source	24	N/A	Pasteurized foods used; prohibited foods not offered
10	N/O	Food received at proper temperature	Chemical		
11	In	Food in good condition, safe, & unadulterated	25	N/A	Food additives: approved & properly used
12	N/A	Required records available: shellfish stock tags, parasite destruction	26	In	Toxic substances properly identified, stored, & used
Protection from Contamination			Conformance with Approved Procedures		
13	In	Food separated & protected	27	N/A	Compliance with variance, specialized process, & HACCP plan
14	In	Food-contact surfaces: cleaned & sanitized			
GOOD RETAIL PRACTICES					
Safe Food and Water			Proper Use of Utensils		
28		Pasteurized eggs used where required	41		In-use utensils: properly stored
29		Water & ice from approved source	42		Utensils, equipment & linens: properly stored, dried, & handled
30		Variance obtained for specialized processing methods	43		Single-use & single-service articles: properly stored & used
Food Temperature Control			44		Gloves used properly
31		Proper cooling methods used; adequate equipment for temperature control	Utensils, Equipment and Vending		
32		Plant food properly cooked for hot holding	45		Food & non-food contact surfaces cleanable, properly designed, constructed, & used
33		Approved thawing methods used	46		Warewashing facilities: installed, maintained, & used; test strips
34		Thermometers provided & accurate	47		Non-food contact surfaces clean
Food Identification			Physical Features		
35		Food properly labeled; original container	48		Hot & cold water available; adequate pressure
Prevention of Food Contamination			49		Plumbing installed; proper backflow devices
36		Insects, rodents, & animals not present	50		Sewage & waste water properly disposed
37		Contamination prevented during food preparation, storage & display	51		Toilet facilities: properly constructed, supplied, & cleaned
38		Personal cleanliness	52		Garbage & refuse properly disposed; facilities maintained
39		Wiping cloths: properly used & stored	53		Physical facilities installed, maintained, & clean
40		Washing fruits & vegetables	54		Adequate ventilation & lighting; designated areas used

IN = in compliance      OUT = not in compliance      N/O = not observed      N/A = not applicable

TEMPERATURE OBSERVATIONS		
<b>Equipment Temperatures</b>		
Description	Temperature °F	
walk in	36	
back walk in	36	
walk in freezer	0	
back walk in freezer	-2	
final rinse/dish machine	180	
hot holding units	165	
<b>Food Temperatures</b>		
Description	Type	Temperature °F
ham sandwiches/walk in	Cold Holding	39
green beans	Hot Holding	178
spaghetti&meat sauce	Hot Holding	149
<b>OBSERVATIONS AND CORRECTIVE ACTIONS</b>		
<p>The above listed observations, violations and specified periods of time for correction of the violations are issued in accordance with the Food Regulations. It is the responsibility of the permit holder "to comply with directives of the regulatory authority including time frames for corrective actions. . . ." An opportunity for a hearing on the inspection results, a time limit, or both, shall be granted provided that a written request is filed with the local health department within 30 days following the inspection report.</p>		
<p>Received By: </p>	<p>  <b>T. I. Myers III</b>                      Environmental Health Specialist</p>	
<p>Follow-up Inspection Required: No</p>	<p><b>SCHEDULING</b>                        Follow-up On or About:  <b>COMMENTS</b></p>	





**CITY OF ROANOKE, VIRGINIA**  
**CONTRACT**

**INMATE HEALTH CARE SERVICES**  
**Reference: RFP# 10-07-04**

This Contract is dated July 1, 2010, between the City of Roanoke, Virginia, a Virginia municipal corporation, hereinafter referred to as the "City" or "Owner", and CONMED, INC. hereinafter referred to as the "Contractor," a Maryland Corporation.

**WITNESSETH:**

WHEREAS, Contractor has been awarded this Contract by the City for furnishing all equipment, materials, goods, labor, and services necessary to provide inmate health care services and associated work in accordance with this Contract and the documents referred to herein, all such items or services also being referred to hereinafter as the Work or Project;

WHEREAS, the Sheriff for the City of Roanoke is charged, by law, with the responsibility for obtaining and providing reasonable necessary medical care for inmates of the City of Roanoke Jail (hereinafter call "Jail");

WHEREAS, the intent of the Sheriff is to provide for the delivery of quality health care to inmates in the Jail in accordance with applicable law;

WHEREAS, the Sheriff desires to enter into this Agreement with Contractor to promote this objective; and

WHEREAS, Contractor is in the business of providing correctional health care services and desires to provide such services for the City under the terms and conditions hereof.

**NOW, THEREFORE, THE CITY AND THE CONTRACTOR AGREE AS FOLLOWS:**

**SECTION 1. WORK TO BE PERFORMED AND DOCUMENTS.**

For and in consideration of the money hereinafter specified to be paid by the City to the Contractor for the Work provided for in this Contract to be performed by the Contractor, the Contractor hereby covenants and agrees with the City to fully perform the services, provide any materials called for, and complete the Work called for by this Contract in accordance with this Contract and the documents referred to herein in order to fully and properly complete this Contract within the time stipulated, time being made of the essence for this Contract. It is also agreed by the parties hereto that the documents to this Contract consist of this Contract and the following documents listed below (Contract Documents), all of which are and constitute a part of this Contract as if attached hereto or set out in full herein, viz:

1. Insurance Requirement (Exhibit 1)
2. Scope of Work (Exhibit 2)
3. Cor EMR Implementation Plan, dated May 14, 2010 (Exhibit 3)
4. Contractor Revised Cost Proposal & Staffing Matrix dated June 8, 2010 (Exhibit 4)

5. Recruiting of Existing and New Staff, dated May 14, 2010 (Exhibit 5)
6. Request for Proposal No. 10-07-04, and the response thereto, which are incorporated herein by reference

The parties agree that if there are any differences between the provisions of the above referenced documents, the provisions of the City documents and this Contract will control over any Contractor supplied documents or information.

## **SECTION 2. CONTRACT AMOUNT.**

The City agrees to pay the Contractor for the Contractor's complete and satisfactory performance of the Work, in the manner and at the time set out in this Contract, the not-to- exceed Contract amount of \$1,819,000 during the initial year of the contract, as provided for in this Contract and that this Contract amount may be increased or decreased by additions and/or reductions in the Work as may be authorized and approved by the City, and the Contract amount may be decreased by the City's assessment of any damages against the Contractor, as may be provided for in this Contract or by law, and the City retains the right of setoff as to any amounts of money the Contractor may owe the City.

The base year contract is allocated as \$1,795,700 for healthcare services and the balance for the initiation of an Electronic Medical Record. The installation cost of the EMR is allocated over the first two years of the contract, while the EMR per capita cost will continue annually.

### **SECTION 2A. ADJUSTMENT OF CONTRACT AMOUNT DUE TO CHANGES IN INMATE POPULATION**

The annual base price is calculated based upon an average daily inmate base population of 600 at the Roanoke City Jail. A per diem cost per Inmate of \$1.19 shall be used as a basis for the proration of charges payable to the Contractor in the case of fluctuation in the Jail population over 620 inmates and reimbursement to the Sheriff in the case of fluctuation in the Jail population under 580 inmates.

When the number of inmates in the custody of the Sheriff averages in excess of 620 inmates per monthly billing period, the Contractor shall be paid, in addition to the annual contract price payment, an amount equal to the number by which the average of 620 is exceeded during the referenced month times the per diem rate times the number of days in the affected monthly billing period.

Whenever the daily number of inmates in the custody of the Sheriff averages below 580 inmates per monthly billing period, the Contractor shall reimburse or deduct from the annual contract price payment, an amount equal to the number by which the average is below 580 inmates during the referenced month times the per diem rate times the number of days in the affected monthly billing period.

The inmate population shall be determined as of 7:00 a.m. every Tuesday of the contract term and the population for all of the Tuesdays in a billing period divided by the number of Tuesdays in the billing period shall be the average population for the computation for that monthly billing period.

Settlement for per diem charges or reimbursements resulting from population fluctuations shall be made in June of each contract year.

This per diem is intended to cover additional-costs in those instances where minor, short-term increases in the inmate population result in the higher utilization of routine supplies, and services. However, the per diem is not intended to provide for any additional fixed costs, such as new staffing positions, which might prove necessary if the inmate population grows significantly and if the population increase is sustained. In such cases, Contractor reserves the right to increase its staffing complement and adjust its contract price in order to continue to provide services to the increased number of inmates and maintain the quality of care. Final approval rests with the Sheriff and the City of proposed staffing adjustments or proposed increases in the contract price in order to continue to provide services to an increased inmate population.

#### **SECTION 2B. COMPENSATION ADJUSTMENT BASED ON CONSUMER PRICE INDEX**

The compensation (i.e., annual base price and per diem rate) to the Contractor for succeeding twelve (12) month periods (after the first twelve months of this Agreement) shall be increased on July 1 of each year by the average percentage increase of the Consumer Price Index (CPI), Medical Care Services. The CPI adjustment for each successive twelve (12) month period shall be determined by comparing the CPI medical care component for the most recent period of the current contract year with the CPI for the same period of the prior year. The resultant percentage increase shall be multiplied by the annual base price and shall also be multiplied by the per diem rate to determine the subsequent annual price and the subsequent per diem rate. The maximum annual increase for contract year two (2) and three (3) shall be 4%. The maximum annual increase for contract years four (4) and five (5), provided that parties agree to renew such Contract for years four (4) and five (5), shall be 6%.

#### **SECTION 2C. LIMIT ON FINANCIAL LIABILITY OF CONTRACTOR FOR CERTAIN SERVICES; SHARED SAVINGS**

The liability for costs associated with the medical services for inmates rendered outside of the Facility, together with costs incurred for medications used in the treatment of HIV/AIDS, Hepatitis C, chemotherapy, and the treatment of blood coagulation disorders (hereinafter "capped costs") will be limited to \$120,000.00 per year for all inmates in the aggregate. The Sheriff shall be responsible for medical costs that exceed the cap of \$120,000.00 per year.

In the event that actual "capped costs" in any year do not exceed \$120,000.00, then the Contractor shall credit the Sheriff with an amount equal to fifty per cent (50%) of the difference between the actual costs and \$120,000.00. Contractor shall provide an accounting of charges applied as capped costs and the balance remaining from the \$120,000 allocation, if any, will be reported no less frequently than quarterly.

#### **SECTION 2D. INMATES FROM OTHER JURISDICTIONS**

Medical care rendered within the Facility to inmates from other jurisdictions housed in the Jail pursuant to contracts between the Sheriff and such other jurisdictions will be the responsibility of the Contractor. Medical care that cannot be rendered in the Jail will be arranged by the Contractor, but the Contractor shall have no financial responsibility for such services.

#### **SECTION 2E. PRE-EXISTING CONDITIONS**

The Contractor will identify "pre-existing" medical conditions which will be considered the financial responsibility of the inmate, and not the Contractor, whenever outside medical providers are utilized.

**SECTION 3. TERM OF CONTRACT.**

The term of this Contract will be for three (3) years, from July 1, 2010, through June 30, 2013, at which time it will terminate, unless sooner terminated pursuant to the terms of the Contract or by law or unless renewed as set forth herein upon mutual agreement. Upon mutual agreement, the Contract may be renewed for up to two (2) additional one (1) year periods or any combination thereof. The City may exercise its option by giving written notice of such to the Contractor at least thirty (30) days before the expiration of the initial three (3) year term or any subsequent extension term.

**SECTION 4. TIME OF PERFORMANCE.**

The Contractor shall commence the Work to be performed under this Contract on such date as is established and fixed for such commencement by written notice (which may be initially given verbally in an emergency situation) to proceed given by the City representative to the Contractor, and the Contractor covenants and agrees to fully construct, perform, and complete the Work and/or provide the goods called for by this Contract established by such notice. The Contractor further agrees that the Work shall be started promptly upon receipt of such notice and shall be prosecuted regularly, diligently, and uninterruptedly at a rate of progress that will ensure full completion thereof in the shortest length of time consistent with the Contract Documents and that Contractor will cooperate and coordinate with the other City contractors or employees doing other work or using the area where Contractor is working.

**SECTION 5. PAYMENT.**

Payment to the Contractor shall be payable by dividing the Contract amount set forth in Section 2 into twelve (12) monthly equal installments. Payment shall also include reimbursable amounts for "capped costs" in excess of the cap amount set forth in Section 2C and for services for inmates from foreign jurisdictions as set forth in Section 2D. The Contractor shall submit a billing invoice to the Sheriff at the close of each monthly billing period which shall be payable within thirty (30) calendar days after the date of receipt by the Sheriff of a correct billing invoice. If an incorrect billing invoice is submitted, payment shall be made within thirty (30) calendar days of receipt of a corrected billing invoice. In the event this Agreement should commence or terminate on a date other than the first or last day of any calendar month, compensation to the Contractor will be prorated accordingly for the shortened month.

**SECTION 6. PAYMENTS TO OTHERS BY CONTRACTOR.**

The Contractor agrees that Contractor will comply with the requirements of Section 2.2- 4354 of the Virginia Code regarding Contractor's payment to other entities and the Contractor will take one of the two actions permitted therein within 7 days after receipt of amounts paid to Contractor by the City. Contractor further agrees that the Contractor shall indemnify and hold the City harmless for any lawful claims resulting from the failure of the Contractor to make prompt payments to all persons supplying the Contractor equipment, labor, tools, or material in connection with the work provided for in the Contract. In the event of such claims, the City may, in the City's sole discretion, after providing written notice to the Contractor, withhold from any payment request or final payment the unpaid sum of money deemed sufficient to pay all appropriate claims and associated costs in connection with the Contract and make such payment, if the City determines it to be appropriate to do so.

**SECTION 7. HOLD HARMLESS AND INDEMNITY.**

The Contractor shall indemnify, defend and hold the Sheriff and the City of Roanoke, and officers, agents and employees of each, harmless from and against any claims arising out of the performance or non-performance of the Contractor of its obligations hereunder; provided, however, the Contractor will not be responsible for any claim arising out of (i) the Sheriff or his officers, agents or employees preventing an inmate from receiving medical care ordered by the Contractor or its agents or (ii) failure by the Sheriff or his officers, agents or employees to exercise good judgment in promptly presenting an ill or injured inmate to the Contractor for treatment. The Sheriff shall immediately notify the Contractor of any incident, claim or lawsuit of which the Sheriff becomes aware and shall fully cooperate in the defense of such claim, but the Contractor shall retain sole control of the defense of any actions brought against Contractor while the action is pending.

**SECTION 8. COMPLIANCE WITH LAWS, REGULATIONS, AND IMMIGRATION LAW.**

Contractor agrees to and shall comply with all applicable federal, state, and local laws, ordinances, and regulations, including all applicable licensing requirements. Contractor further agrees that Contractor does not, and shall not during the performance of this Contract, knowingly employ an unauthorized alien as defined in the federal Immigration Reform and Control Act of 1986.

**SECTION 9. INDEPENDENT CONTRACTOR.**

The relationship between Contractor and the City is a contractual relationship. It is not intended in any way to create a legal agency or employment relationship. Contractor shall, at all times, maintain its status as an independent contractor and both parties acknowledge that neither is an agent, partner or employee of the other for any purpose. Contractor shall be responsible for causing all required insurance, workers' compensation (regardless of number of employees) and unemployment insurance to be provided for all of its employees and subcontractors. Contractor will be responsible for all actions of any of its subcontractors, and that they are properly licensed.

**SECTION 10. REPORTS, RECORDS, AND AUDIT.**

Contractor agrees to maintain all books, records and other documents relating to this Contract for a period of five (5) years after the end of each fiscal year included in this Contract. The City, its authorized employees, agents, representatives, and/or state auditors shall have full access to and the right to examine, copy, and/or audit any of such materials during the term of the Contract and during such retention period, upon prior written notice to Contractor

**SECTION 11. INSURANCE REQUIREMENTS.**

Contractor and any of its subcontractors involved in this Contract shall maintain the insurance coverages set forth in Exhibit 1 to this Contract and provide the proof of such insurance coverage as called for in Exhibit 1, including workers' compensation coverage regardless of the number of Contractor's employees. Such insurance coverage shall be obtained at the Contractor's sole expense and maintained during the term of the Contract and shall be effective prior to the beginning of any work or other performance by the Contractor or others under this Contract. Additional insured endorsements, if required, must be received by the City within 30 days of the execution of this Contract or as otherwise required by the City's Risk Manager.

## **SECTION 12. DEFAULT.**

The Sheriff may terminate this Agreement at any time if the Contractor fails to carry out the provisions of the Agreement or to make substantial progress under the terms specified in this Agreement. The Sheriff shall provide the Contractor with ninety (90) days written notice of conditions the Sheriff believes to justify termination of the Agreement. If after notice, the Contractor fails to remedy the condition contained in the notice, the Sheriff may issue an order to stop work immediately. The Sheriff shall be obligated to reimburse the Contractor only for those services rendered prior to the date of notice of termination, less any liquidated damages that may be assessed for non-performance.

Neither party shall be held responsible for any delay or failure in performance (other than payment obligations) to the extent that such delay or failure is caused by fire, flood, explosion, war, strike, embargo, government regulation, civil or military authority, act of God, acts of omissions of carriers or other similar causes beyond its control.

## **SECTION 13. NONWAIVER.**

Contractor agrees that the City's waiver or failure to enforce or require performance of any term or condition of this Contract or the City's waiver of any particular breach of this Contract by the Contractor extends to that instance only. Such waiver or failure is not and shall not be a waiver of any of the terms or conditions of this Contract or a waiver of any other breaches of the Contract by the Contractor and does not bar the City from requiring the Contractor to comply with all the terms and conditions of the Contract and does not bar the City from asserting any and all rights and/or remedies it has or might have against the Contractor under this Contract or by law.

## **SECTION 14. CHOICE OF LAW AND FORUM SELECTION.**

This Contract shall be governed by, and construed in accordance with, the laws of the Commonwealth of Virginia, without application of Virginia's conflict of law provisions. Venue for any litigation, suits, and claims arising from or connected with this Contract shall only be proper in the Roanoke City Circuit Court, or in the Roanoke City General District Court if the amount in controversy is within the jurisdictional limit of such court, and all parties to this Contract voluntarily submit themselves to the jurisdiction and venue of such courts, regardless of the actual location of such parties. The provisions of this Contract shall not be construed in favor of or against either party, but shall be construed according to their fair meaning as if both parties jointly prepared this Contract.

## **SECTION 15. SEVERABILITY.**

If any provision of this Contract, or the application of any provision hereof to a particular entity or circumstance, shall be held to be invalid or unenforceable by a court of competent jurisdiction, the remaining provisions of this Contract shall not be affected and all other terms and conditions of this Contract shall be valid and enforceable to the fullest extent permitted by law.

## **SECTION 16. NONDISCRIMINATION .**

- A. During the performance of this Contract, Contractor agrees as follows:
  - i. Contractor will not discriminate against any employee or applicant for employment because of race, religion, color, sex, national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment, except where there is a bona fide occupational qualification reasonably necessary to the normal operation of the Contractor. Contractor agrees to post in

conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.

- ii. Contractor in all solicitations or advertisements for employees placed by or on behalf of Contractor will state that Contractor is an equal opportunity employer.
  - iii. Notices, advertisements and solicitations placed in accordance with federal law, rule or regulation shall be deemed sufficient for the purpose of meeting the requirements of this section.
- B. Contractor will include the provisions of the foregoing Section A (i, ii, and iii) in every subcontract or purchase order of over \$10,000, so that the provisions will be binding upon each subcontractor or vendor.

**SECTION 17. DRUG-FREE WORKPLACE.**

- A. During the performance of this Contract, Contractor agrees to (i) provide a drug-free workplace for Contractor's employees; (ii) post in conspicuous places, available to employees and applicants for employment, a statement notifying employees that the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition; (iii) state in all solicitations or advertisements for employees placed by or on behalf of Contractor that Contractor maintains a drug-free workplace; and (iv) include the provisions of the foregoing clauses in every subcontract or purchase order of over \$10,000, so that the provisions will be binding upon each subcontractor or vendor.
- B. For the purposes of this section, "drug-free workplace" means a site for the performance of work done in connection with a specific contract awarded to a contractor, the employees of whom are prohibited from engaging in the unlawful manufacture, sale, distribution, dispensation, possession or use of any controlled substance or marijuana during the performance of the contract.

**SECTION 18. FAITH BASED ORGANIZATIONS.**

Pursuant to Virginia Code Section 2.2-4343.1, be advised that the City does not discriminate against faith-based organizations.

**SECTION 19. ASSIGNMENT.**

Contractor may not assign or transfer this Contract in whole or in part except with the prior written consent of the City, which consent shall not be unreasonably withheld. If consent to assign is given, no such assignment shall in any way release or relieve the Contractor from any of the covenants or undertakings contained in this Contract and the Contractor shall remain liable for the Contract during the entire term thereof.

**SECTION 20. SUCCESSORS AND ASSIGNS.**

The terms, conditions, provisions, and undertakings of this Contract shall be binding upon and inure to the benefit of each of the parties hereto and their respective successors and assigns.

**SECTION 21. HEADINGS.**

The captions and headings in this Contract are for convenience and reference purposes only and shall not affect in any way the meaning and interpretation of this Contract.

**SECTION 22. COUNTERPART COPIES.**

This Contract may be executed in any number of counterpart copies, each of which shall be deemed an original, but all of which together shall constitute a single instrument.

**SECTION 23. AUTHORITY TO SIGN.**

The persons who have executed this Contract represent and warrant that they are duly authorized to execute this Contract on behalf of the party for whom they are signing.

**SECTION 24. NOTICES.**

All notices must be given in writing and shall be validly given if sent by certified mail, return receipt requested, or by a nationally recognized overnight courier, with a receipt, addressed as follows (or any other address that the party to be notified may have designated to the sender by like notice):

To City:           City of Roanoke  
                      Sheriff's Office  
                      Attn: Sheriff  
                      340 Campbell Ave  
                      Roanoke, VA 24016

Copy to:           City of Roanoke  
                      Purchasing Division  
                      Attn: Purchasing Manager  
                      Noel C. Taylor Municipal Building, Room 202 215  
                      Church Avenue, S.W.  
                      Roanoke, Virginia 24011

Facsimile:         (540) 853-1513

If to Contractor:   CONMED, Inc.  
                      Attn: Tom Fry, Chief Financial Officer  
                      7250 Parkway Drive, Suite 400  
                      Hanover, MD 21076

Facsimile:         (410) 712-4760

Notices shall be deemed to be effective one day after sending if sent by overnight courier or three (3) days after sending it by certified mail, return receipt requested.

**SECTION 25. PROTECTING PERSONS AND PROPERTY.**

The Facility will provide to the Contractor, beginning on the date of commencement of this Agreement, possession and control of all City medical and office equipment and supplies in place at the Facility's health care unit. At the termination of this or any subsequent Agreement; the Contractor will return to the Sheriff's possession and control of all supplies, medical and office equipment, in working order, except for reasonable wear and tear, which were in place at the Jail's health care unit prior to the commencement of services under this Agreement.

During the term of this Agreement, the Contractor shall be responsible for maintaining all City equipment necessary for the performance of this contract by the Contractor in working order.

**SECTION 26. SUSPENSION OR TERMINATION OF CONTRACT BY CITY.**

This Agreement may be terminated as otherwise provided in this Agreement as follows:

- A. Termination by Cause: The Sheriff may terminate this Agreement at any time if the Contractor fails to carry out the provisions of the Agreement or to make substantial progress under the terms specified in this Agreement. The Sheriff shall provide the Contractor with ninety (90) days notice of conditions the Sheriff believes to justify termination of the Agreement. If after notice, the Contractor fails to remedy the condition contained in the notice, the Sheriff may issue an order to stop work immediately. The Sheriff shall be obligated to reimburse the Contractor only for those services rendered prior to the date of notice of termination, less any liquidated damages that may be assessed for non-performance.
- B. Termination by Agreement: In the event that each of the parties mutually agrees in writing, this Agreement may be terminated on the terms and date stipulated therein.
- C. Annual Appropriations and Funding: This Agreement is subject to the annual appropriation of funds by the City. Notwithstanding any provision herein to the contrary, if funds are not appropriated for this Agreement, then the Sheriff shall be entitled to immediately terminate this Agreement, without penalty or liability.
- D. Unless otherwise agreed to by the Sheriff and the Contractor, this Agreement shall become null and void on the last day of the fiscal year for which appropriations were received.

**SECTION 27. ETHICS IN PUBLIC CONTRACTING.**

The provisions, requirements, and prohibitions as contained in Sections 2.2-4367 through 2.2-4377, of the Va. Code, pertaining to bidders, offerors, contractors, and subcontractors are applicable to this Contract.

**SECTION 28. CONTRACT SUBJECT TO FUNDING.**

This Contract is or may be subject to funding and/or appropriations from federal, state and/or local governments and/or agencies and/or from the Council of the City of Roanoke. If any such funding is not provided, withdrawn, or otherwise not made available for this Contract, the Contractor agrees

that the City may terminate this Contract on 30 days written notice to Contractor, without any penalty or damages being incurred by the City. Contractor further agrees to comply with any applicable requirements of any grants and/or agreements providing for such funding.

**SECTION 29. ENTIRE CONTRACT.**

This Contract, including any attachments, exhibits, and referenced documents, constitutes the complete understanding between the parties. This Contract may be modified only by written agreement properly executed by the parties.

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IN WITNESS WHEREOF, the parties hereto have signed this Contract by their authorized representatives.

WITNESS:

CONMED, INC.

*Thomas W. Fry*  
THOMAS W. FRY, SR. VP, CFO +  
Printed Name and Title *SECRETARIALY*

By *Janice Doll*  
JANICE DOLL, Vice President - Strategic Development  
Printed Name and Title

(SEAL)

WITNESS:

CITY OF ROANOKE, VIRGINIA

*Octavia Johnson*  
Name/Title  
OCTAVIA JOHNSON, Sheriff  
Printed Name and Title

By *Christopher Morrill*  
(Christopher Morrill, City Manager)  
CHRISTOPHER MORRILL, City Manager  
Printed Name and Title

*W. N. Hawthorn*  
Approved as to form:  
City Attorney *18 June 10*

Appropriation and Funds Required  
for this Contract Certified:  
*[Signature]*  
for Director of Finance

Approved as to Execution:  
*[Signature]* *6/25/10*  
City Attorney

Account # 01-140-3310-2010  
Date 6/18/10 *FY11 Funds*

**EXHIBIT 1 TO CONTRACT**  
**CONTRACTOR'S AND SUBCONTRACTOR'S INSURANCE**

Neither the Contractor nor any subcontractor shall commence work under this Contract until the Contractor has obtained all the insurance policies required under this Section and such insurance has been approved by the City.

1. The following **minimum insurance requirements** apply:

**a. Workers' Compensation and Employers' Liability:** The Contractor shall obtain and maintain the following limits:

Workers' Compensation: Statutory

Employers' Liability: \$100,000 bodily injury by accident each occurrence  
\$500,000 bodily injury by disease (policy limit)  
\$100,000 bodily injury by disease each employee

**b. Commercial General Liability:**

Coverage is to be written on an "occurrence" basis, \$1,000,000 minimum limit, and such coverage shall include:

- Products/Completed Operations
- Personal Injury and Advertising Injury
- Bodily Injury

\$3,000,000 Aggregate

\$1,000,000 Products/Completed Operations Aggregate Limit

\$1,000,000 Personal Injury Liability (including liability for slander, libel, and defamation of character).

\$1,000,000 each medical occurrence limit

**c. Automobile Liability:**

Limits for vehicles owned, non-owned or hired shall not be less than:

- \$1,000,000 Bodily Injury and Property Damage combined single limit

**d. Medical Malpractice:**

Coverage limit shall not be less than:

- \$2,000,000 per occurrence, \$4,000,000 aggregate
- The coverage for general and medical liability can be combined on one policy form.

**2. Proof of Insurance Coverage:** The policies of insurance shall be purchased from a reputable insurer licensed to do business in Virginia and maintained for the life of the Contract by the Contractor. Other insurance requirements include the following:

**a.** The Contractor shall furnish the City with the required certificates of insurance showing the insurer, type of insurance, policy number, policy term, and limits.

- b. The required certificates of Insurance shall contain substantially the following statement:  
"The insurance covered by this certificate shall not be canceled or materially altered except after a thirty (30) day written notice has been received by the Risk Management Officer for the City of Roanoke."
  
- d. The required certificates of insurance shall name the City of Roanoke, the Sheriff of the City of Roanoke and their officers, agents, volunteers, and employees as additional insureds except with regard to the workers' compensation and employers' liability coverages which shall contain a waiver of subrogation in favor of the City. Additional insured and waiver endorsements shall be received by Roanoke Risk Management from the insurer within 30 days of beginning of this contract.

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EXHIBIT 2 TO CONTRACT  
SCOPE OF WORK



Conmed HEALTHCARE  
MANAGEMENT

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SECTION 6 -- SERVICES REQUIRED

A. **On-site and Off-site Services**

1. On-site Services

CONMED will provide up-to-date healthcare to the inmate population within the Roanoke City Jail that appropriately approximates the care offered to citizens in the local community. CONMED is well aware of the stringent Constitutional requirements to meet a level of care comparable to that which is found in the community. CONMED is also aware of the high standards for care set by the auditing bodies and that this must be maintained at all times. CONMED is aware of the potential for litigation that may occur for failure to meet applicable standards. CONMED is aware of the frequent occurrence of poor health and hygiene exhibited by inmates in County Detention Centers. CONMED is aware of all of these factors and has been working successfully in this environment for 25 years.

Our care programs begin with health assessments on intake, reviewing current and prior medical problems, screening for mental illness, dental issues, sexually transmitted disease, tuberculosis, drug and alcohol use and many other conditions found in the general public as well as those more prevalent in correctional healthcare.

CONMED adheres to strict Nursing and Care protocols that we have developed over decades of working in correctional facilities and together with correctional facility administrators. Although we have a wealth of broadly applicable protocols, standing orders and guidelines, we still customize our healthcare program to meet the specific needs of each facility in which we serve.

CONMED will provide all the healthcare services on-site required by RFP for Roanoke City Jail to the greatest extent possible. On-site services, including Receiving Screening, Health Appraisal, Daily Triaging, Sick Call, Mental Health Evaluation, Infirmary, Dental, Ancillary Services, and Medication Detoxification Program. A detailed discussion of these on-site services is found in Section 6.D – Scope of Work in this response.

Specialty Clinics

CONMED will operate on-site specialty clinics at the Roanoke City Jail including:

- Hypertension
- Diabetes
- OB/GYN
- Sexually Transmitted Disease
- Infectious disease/ HIV/ AIDS

Chronic Care Clinic

CONMED will develop and implement a program for the care of chronic care inmates. The chronic care provided will entail the development of an individual treatment plan by the responsible Physician specifying instructions on diet, medication, and diagnostic testing. Chronic care inmates will be provided a review by a Physician minimally every three (3) months and at greater frequency when medically indicated. Chronic care clinics include those noted above as specialty clinics as well as asthma, seizure disorder, heart disease, and chronic obstructive pulmonary disease (COPD).

Infectious Disease Control

CONMED will develop and implement an infectious disease program that includes concurrent surveillance of patients and staff, preventative techniques, and treatment and reporting of disease in accordance with local and State laws, and is designed to prevent the spread of such diseases within the Roanoke City Jail. The program will be in compliance with the Centers for Disease



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Control (CDC) guidelines and OSHA regulations. The program will also include coordination of meetings with appropriate Roanoke City agencies and the maintenance of appropriate reports.

2. Off-site Services

CONMED will provide medical services on-site at the Roanoke City Jail, unless it is determined medically necessary by the Medical Director that an inmate needs to be transferred to a hospital.

CONMED entered into an agreement with **Carilion Clinic** for the emergency healthcare, the full range of inpatient and outpatient services and specialty physician services requirements of the detainees of the Western Virginia Regional Jail. This agreement will be expanded to provide access to the same services for detainees of the Roanoke City Jail. CONMED will utilize a system of utilization management / utilization review that will include pre-approvals, case management, and discharge planning as well as processing of all hospital and specialty practitioner invoices.

CONMED will work closely with the Medical Director and Health Services Administrator (HSA) to keep off-premises inmate healthcare visits at as low a level as possible. Our philosophy of care is to always provide the most cost-effective, evidence-based healthcare solutions. This approach to healthcare is deeply ingrained in all of our staff and managers. We are well aware of the great variability in costs associated with the provision of identical levels of quality care within the communities. We are experienced and successful in finding lower cost, higher quality solutions. We will bring this expertise to bear in cooperation with the Medical Director, HSA and Facility Administration as a good partner in order to assure our long-term relationship with the Roanoke City.

Please see a detailed discussion of hospital care and Utilization Management/Utilization Review in **Section 6.D.8 – Hospital Care**.

3. Staffing Plan

Please see CONMED's detailed Staffing Proposal section at the end of this response, under the Tab – **STAFFING**, for a discussion of the positions proposed for the delivery of healthcare for the Roanoke City Jail.

B. Personnel Services

CONMED recognizes that our employees are our most important and valuable resource, and we take pride in staffing our contracted sites with the most qualified individuals. CONMED Human Resources Programs are designed to help us attract the most qualified candidates and to retain these valuable team members on a long-term basis.

Recruitment Practices

CONMED's Human Resources Department coordinates the recruitment advertising for individual sites with respondents being screened and interviewed by the HSA, at the facility. The most qualified candidate is selected from the successful candidates and an offer is made. Finally, the successful candidate's paperwork is then processed by our Human Resources Department. Prior to employment, new hires must pass a thorough background check and drug testing. In addition, all new employees must provide the appropriate documentation to verify their employment eligibility as required by the U.S. Department of Homeland Security (Form I-9).

Initial recruitment will be an intense process, involving advertising in local newspapers and utilizing web-based recruiting networks, as well as regional and national healthcare personnel placement organizations. We will also recruit from within our existing cadre of over 970 healthcare professionals to identify candidates willing to relocate. The most valuable tool in recruitment is networking. CONMED will contact local training programs, provide incentives to existing staff for leads, and contact other local healthcare facilities to develop a network of referral applicants.



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CONMED is acutely aware that the causes of the current nursing shortage are interconnected and ongoing and that addressing the shortage is a difficult task. CONMED recognizes the fact that nurses are the largest group of healthcare professional providing direct care in county correctional facilities and the quality of care is strongly linked to our ability to obtain and retain healthcare contracts with various county governments.

Recognizing that our ability to staff our facilities is key to both current and future business opportunities, CONMED has redefined its retention and recruitment strategies. We believe that now is an opportune time to rethink how we retain, attract, and provide growth opportunities for nurses and other healthcare providers. We are striving to think outside our normal paradigms to create long-term solutions to our workforce shortages. We have developed and implemented techniques and strategies that can be sustained – building interest and image and cultivating a positive workplace culture and sense of community.

**Equal Opportunity Opportunities**

CONMED is an Equal Opportunity Employer and will provide equal employment opportunities to all qualified applicants without regard to age, race, creed, color, national origin, ancestry, marital status or sex.

**Licensure / Certification Requirements**

CONMED requires that all personnel meet the technical, professional and physical requirements for the job for which they are hired. We require that new hires provide proof of their licensure and/or certification and ensure that these are kept current on an annual basis. CONMED will only recruit, interview and hire candidates who are currently licensed or certified in the State of Virginia in their respective fields. All licensed physicians will be Board Certified, or Board eligible, in their respected specialties.

CONMED will obtain, at its own expense, all licenses and/or certifications necessary to render medical and health services within the Roanoke City Jail. CONMED will ensure that all of its employees rendering services in the Roanoke City Jail possess all licenses and/or certifications necessary to render medical services within the Roanoke City Jail.

**Staff Training, Development and Continuing Education**

CONMED recognizes the need for strong leaders within our HSA community, and we provide our HSAs with a minimum of 16 hour training annually. Contemporary topics include: Leadership Development, Developing and Building Teams, Dealing with the Unreasonable Employee, Stress and Conflict Management. This training is not only valuable to the employee but is also a valuable tool when dealing with the complex issues omnipresent in correctional healthcare.

As part of CONMED's emphasis on career development, and through our and through Continuing Education Program and Tuition Reimbursement program, our HSAs are encouraged to obtain certification as a Certified Correctional Healthcare Practitioner (CCHP), under the auspices of NCCHC. CONMED recognizes this as the most "professional" certification and is currently implementing a company-wide program promoting this certification in the provision of quality correctional healthcare as recognized by NCCHC.

CONMED invests in the training and professional development of staff at all levels in the organization to ensure they have the technical, management and leadership training required to succeed and grow in their jobs. CONMED Health Services Administrators are allocated resources to provide ongoing training and development for every staff member. These training sessions include leadership and team building, as well as technical training specific to each position. HSAs attend off-site training and leadership development programs each year. Newly hired or promoted HSAs are assigned an experienced HSA mentor to assist with the transition to their new assignment. Our Health Services Administrators are the finest in the industry, and we are proud of their accomplishments and their ability to provide high levels of satisfaction at all of our facilities.



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Our belief is that we are only as good as our employees. We make every effort to keep all of our employees, from the top down, as well educated and up-to-date as possible.

Record of Retention

CONMED carefully recruits and interviews qualified and talented candidates for its healthcare positions and is proud of its record of retention of employees. We take tremendous care in selecting the right candidates and then take the time and resources to train and nurture our employees for their professional growth. We encourage them to further their education to become RNs and to obtain Delegating Nurse and CCHP certification through CONMED's Continuing Medical Education and Tuition Reimbursement programs.

In terms of tenure, we have a very experienced and loyal cadre of Health Services Administrators (HSAs), and the average tenure of our HSAs is over four (4) years at the sites where we have been the contracted provider for one year or more. Twenty-five percent (25%) of our HSAs have been with CONMED for seven (7) years or more. These figures include recently hired or promoted HSAs at our sites other than those where we only recently began delivering services.

Quite similarly, we have a dedicated team of RNs and the average tenure of our RNs is more than two (2) years at the sites where we have been the provider for one (1) year or more. Over (20% of our RNs have been with the company for three (3) years or more. These figures include recently hired RNs at our sites other than those where we only recently began delivering services.

As a result of CONMED's "hands on" management approach and close communications with and frequent visits to its contracted facilities, CONMED recognizes the talents and abilities of all its staff members and is proud of its practice and record of promoting from within. Many of our current HSAs were front line nursing staff at their respective facilities who were promoted when a position became available either at their site or to fill the role in a newly contracted facility. Additionally, members of CONMED's management team have worked as HSAs at contracted facilities.

Orientation and Training of New Personnel

CONMED provides a comprehensive training and orientation program for all new hires, described below, and also provides a Continuing Medical Education program and Tuition Reimbursement for our professional personnel, in accordance with NCCHC standards,

Newly-hired CONMED employees will begin a training program, starting on day-one that will incorporate the skills and experience of staff, coupled with an orientation and training program from our Human Resources and Quality Assurance staff.

Training policy and standards are described in CONMED's Policy and Procedures Manual, and address health-related training of corrections staff who work with inmates. We provide a written plan for orientation and development training to each healthcare provider, appropriate to their job function and healthcare delivery responsibilities. We provide a minimum of 40 hours of on-site orientation to all new hires. This is in addition to any orientation provided by the Roanoke City Jail Administration. The HSA will determine if additional training is required before an employee is allowed to work independently. Our program focuses on assessing medical skills, providing an overview of the administrative requirements of the correctional facility medical department in conjunction with Roanoke City Jail Administration, and safety and security concerns. All staff dealing with medications will receive training and annual refreshers on medication administration. Nursing staff will receive additional training on topics such as suicide prevention, HIV/AIDS, hepatitis, tuberculosis, alcohol and/or drug dependency, and bloodborne and airborne pathogens. In-service training will be provided based on a monthly schedule. Such in-service training will be identified, tracked, and documented as part of our continuous Quality Improvement Program (QIP).



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Training policy and standards are described in CONMED's Policy and Procedures Manual, and address health-related training of medical staff members who work with inmates. This includes sections on Department Policy and Procedures, Environment of Care, Nursing Protocols and Human Resources. We provide a written plan for orientation and development training to each healthcare provider, appropriate to their job function and healthcare delivery responsibilities. Every employee receives an Employee Handbook, which gives a summary of the Human Resources Manual and details CONMED's Policy and Procedures and CONMED's Code of Conduct.

*Samples of CONMED's orientation and in-service training forms will be provided upon request.*

**In-service Training**

All staff dealing with medications will receive training and annual refreshers on medication administration. Nursing staff will receive additional training on topics such as suicide prevention, HIV/AIDS, hepatitis, tuberculosis, alcohol and/or drug dependency, and bloodborne and airborne pathogens. In-service training will be provided based on a monthly schedule. Such in-service training will be identified, tracked, and documented as part of our continuous Quality Improvement Program (QIP).

We have developed and implement policies, education and training programs that increase awareness of mental health symptoms and behavioral signs that warrant intervention and mental health services. These in-service training programs are available to both correctional and medical staff.

CONMED will provide Facility staff with training regarding OSHA Guidelines, suicide precautions, mental health and medical emergencies, and chronic disease identification and management. CONMED will designate a healthcare staff member to participate in Facility new employee orientation. Such healthcare education and training programs will include, but not be limited to, at the Facility's request, programs in first aid, signs and symptoms of chemical dependency, and responses to medical emergencies.

Nursing staff will receive additional training topics, such as suicide awareness and prevention, HIV/AIDS, hepatitis, tuberculosis, alcohol or drug dependency, blood-borne and airborne pathogens, etc. City of Roanoke Jail Facilities staff is invited to participate in any of these continuing education programs.

**CONMED's Recruiting Capabilities**

CONMED has been recruiting qualified healthcare professionals in its more than 25 year of business. CONMED's Human Resources Department begins an aggressive recruitment process upon award of a contract that is specific to the region where the facility is located. CONMED's Director of Operations, Regional Vice President, and Human Resources professionals work together to address any and all staffing issues. CONMED's Transition Team consists of Registered Nurses who mentor newly-hired HSAs, provide on-site training, and are available to fulfill needed roles in an emergency situation. Staffing is never compromised at any CONMED contracted facility.

Recently, CONMED fully staffed the Western Virginia Regional Jail which was a start-up, facility. All new staff was recruited, hired, training, and received orientation prior to day one of the contract operation.

**C. Program Support Services**

**1. Medical Audit Committee (MAC)**

CONMED will participate in regular Medical Audit Committees (MAC) meetings, whose purpose is to provide regular review of outpatient and inpatient medical records by physicians, as well as to



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review, develop and implement policies and procedures governing operation of the Roanoke City Jail medical program. Attendees include:

- Health Services Administrator (HSA)
- Chief Medical Officer, or designee
- Site Medical Director
- Director of Operations, or designee
- Vice President of Quality Assurance and Standards, or designee
- Psychiatrist, or designee
- The Facility's Director of Inmate Services
- The Facility's Health Services Supervisor
- The Facility's Compliance Officer
- The Facility's Contract Monitor

The MAC activities may include, but not be limited to, discussion of adverse inmate occurrences, mortality reviews, results of disaster drills, infectious disease management, environmental inspections, inmate grievances/complaints including face-to-face inquiries to obtain dispute resolution to design meaningful solutions to problems, family inquiries, legal inquiries and infection control findings on a routine basis, but no less frequently than quarterly.

2. Quality Improvement Program (QIP)

Continuous Quality Improvement Committee

CONMED will form a multidisciplinary Continuous Quality Improvement Committee (CQIC) within the first quarter of the contract to monitor the health services provided to Roanoke City Jail. The CQIC will set expectations, develop plans, and implement procedures to assess and improve the quality of the organization's governance, management, and clinical and support processes designed to improve patient outcomes. The multidisciplinary quality improvement committee consists of healthcare providers from various medical disciplines working at the Roanoke City Jail who will meet frequently with Roanoke City Jail Administration on a fixed schedule to design quality improvement activities, and to discuss the results in an effort to continuously work to improve care. This committee will meet at least quarterly.

CONMED will maintain an ongoing Continuing Quality Improvement Committee (CQIC) to monitor the quality of inmate health services provided. Discussions will include membership and frequency of meetings, activities and thresholds for evaluation, methods of data collection and correlation, and development and assessment of corrective action plans and results. The CQIC committee will be comprised of the following people:

- Health Services Administrator (HSA)
- Site Medical Director
- Vice President of Quality Assurance and Standards, or designee
- The Facility's Health Services Supervisor
- The Facility's Director of Inmate Services
- The Facility's Compliance Officer
- The Facility's Contract Monitor

Correctional healthcare policies, procedures and practices are reviewed and continually assessed by CONMED's Quality Assurance and Standards staff to ensure compliance with Federal, State, Local laws, regulations and standards. Special attention is given to critical areas such as risk



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management and litigation, detainee complaints and grievances, policy and procedure review, statistical utilization reporting, safety and sanitation issues, infection control, seclusion and restraint data, control of narcotics, handling of pharmaceuticals, syringes, needles and medical instruments, and systems including but not limited to, access to sick call, emergency response, chronic care clinics, inmate supervision and security procedures. Additionally, the CONMED Quality Assurance Program is designed for self evaluation by HSAs and their healthcare staff. The Continuous Quality Improvement Committee will share results with the Superintendent.

Plan Components

The facility's Health Services Unit will have a comprehensive site specific Quality Improvement (QI) plan that is based upon continuous, systematic quality improvement within 90 days of start-up. This plan will be approved by Facility Administration. A multidisciplinary approach is utilized with the Medical Director serving as the Chairman of the QI Committee. By using this method, employees from all disciplines not only become familiar with their healthcare tasks, but also receive training concerning standards set forth by regulatory agencies and acceptable correctional healthcare practices. All Medical staff, including sub-contractors and independent contractors, will receive orientation to the quality improvement process and annual training review.

- Continuous Quality Improvement (CQI) reviews are used to evaluate the quality and appropriateness of diagnostic and treatment procedures, the content, completeness and quality of medical record entries, the use of medication, cases of inmates who require off-site specialty services including emergency department visits and hospitalizations, and the appropriateness of the consult and follow-up care.

The quality assurance program will identify compliance indicators for data collection to ensure consistency of continuous quality assessments and improvement. The indicators will be measurable and related to inmate healthcare or delivery systems that impact that care, (i.e., nursing and mental health intakes, special housing/special needs, medication management, chronic care management, diagnostics, ancillary services, etc.). All sentinel events including, but not limited to, inmate death, suicides/serious suicide attempts, disasters/major events will be evaluated by the CQI committee.

Minutes of all QI meetings will be documented in an approved format and approved by the QI committee. The QI committee will review meeting minutes to assess the effectiveness of the QI program, and conduct at least one process quality improvement study and outcome quality improvement study annually.

Review

The QI committee will review processes and systems of care for clinical outcomes and relevant patient impact. The committee will ensure appropriate action is initiated when areas for improvement are identified with the Health Services Administrator ensuring communication to the Nursing Staff. The Medical Director will conduct audits to include chart reviews utilizing standard review instruments. Statistical review of these results and appropriate staff training will be conducted. When indicated, changes in policy and procedure will be implemented to minimize future adverse findings.

3. Cost Containment Program

CONMED believes that high quality healthcare can be delivered while maintaining audit compliance and providing effective cost controls. This is CONMED's philosophy, and the culture CONMED creates and advances through its employees and in the workplace. It is also CONMED's goal at each of its contracted sites.

Cost-effective care invariably means lower cost care. Cost effectiveness does not diminish quality nor lead to sub-standard outcomes. It simply invokes the use of evidence-based medicine



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and best practices to deliver good quality with lower costs. CONMED has been doing this for decades with an uninterrupted track record of success.

The process that leads to success in this area begins with the selection of medical staff that understands and embraces the fundamental concepts of cost-effective care. Knowing that many of our employees come to us from prior employers at the time of contract changeover, we make every effort to include all employees in training about cost-containment techniques, whether or not they have practiced them in the past.

The cornerstone for building a strong program is the selection of on-site leaders who are strong proponents of cost-effective care. After the selection of leadership, the next most important step is the development of policies, procedures, protocols, and guidelines that define a program that is focused on cost effective quality care. This process is done in collaboration with the Medical Director and the administrative leadership team from the Roanoke City Jail.

Following the development of the defined program is the phase of orientation and education of the current staff to the set of related policies, procedures and protocols, and guidelines. CONMED approaches this task in a serious and methodical fashion. It is critically important that employees understand the "rules of the road" from the onset. It is critical that employees understand the standards for quality to which they will be held. We accomplish this task through a defined period of orientation, requiring between 40 and 160 hours depending on the complexity and amount of change involved. This orientation is lead by our senior staff on-site, as well as by representatives of our central staff in the areas of Quality Assurance, Operations, and Medical Direction.

The individual site operations can only provide cost effectiveness when they are aware of the costs incurred. We provide our HSA's with detailed monthly reports on the costs incurred for providing the care at their respective sites. These reports are broken down into areas that lend themselves to improved management of costs, such as pharmacy, ER visits, and hospitalizations. This information is used to guide staff in their day-to-day practices. Our target is continued cost control and reduction without the sacrifice of quality. We have been continually successful in this quest.

CONMED will work closely with the Medical Director and Health Services Administrator to keep off-premises inmate healthcare visits at as low a level as possible. In every case possible, CONMED will utilize telephone consultations, in-house evaluations and other available methods to identify and address health issues before they become critical. In critical care situations, our personnel triage the patient and consult with the staff Physician whenever possible before activating emergency medical transport. Not only does this help control the cost of medical services, but it will also provide reductions in Roanoke City Jail staffing costs. When inmates are treated in on-site at your facility instead of being hospitalized, you will not have to pay for the staff salary, and possible overtime, required to transport and maintain custody of the inmate during the hospital stay. Over the course of a year, this can result in significant savings.

CONMED aggressively pursues prospective and retrospective utilization management and utilization review by our sites' HSAs, as well as dedicated staff in our administrative offices. These employees evaluate the need for out-of-facility care, assist in locating cost effective providers and serve as a "watchdog" over the costs associated with care provided out-of-facility. We work closely with administration in designating high-risk, high-cost cases and provide necessary documentation to aid in alternative sentencing when possible.

Third Party Administrator for Out-of-Facility Claims

CONMED utilizes the services of a Third Party Insurance Administrator to process the out-of-facility claims. This process prices the claims at the same cost that preferred purchasers of healthcare services receive. The cost savings for this process are in the range of 35% for



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physician services and ancillary services, and 5% for hospital costs. CONMED will pass on this valuable service to the City of Roanoke under the contract.

Pharmacy Costs

Pharmaceuticals are often the largest single component of a facility's monthly healthcare costs. HIV/AIDS drugs, new "wonder" drugs, and psychotropic drugs are three of the top expenses in those monthly drug costs. Any of these drugs can run hundreds of dollars per month, per inmate.

We have not identified any other single factor that can have a bigger and more immediate impact on a facility's medical budget than aggressive management of the pharmaceuticals prescribed to inmates.

CONMED utilizes the following methods to provide pharmaceuticals cost containment:

Use of a Formulary

CONMED will negotiate the best possible pricing for commonly used pharmaceuticals, which are placed on the facility's formulary. Since these are the best available prices (and are most often generic instead of name-brand drugs), every attempt is made to ensure that physicians prescribe only drugs that are on that formulary.

Physician Support

The staff physicians, psychiatrists, and mid-levels (PAs NPs) are responsible for prescribing medications. CONMED works with these groups of professionals in an ongoing education and performance improvement program to highlight cost-effective prescribing practices. CONMED provides each person with a monthly report card on their prescribing practice, costs and performance related to their peers. We have found that this awareness is a very valuable tool in managing patient care.

4. Management Information System

CONMED assesses the facility's current IT systems as soon as a contract is awarded. Our IT team works with the facility to create the required connectivity to our corporate office for Accounting and Human Resource management services and general communication. Our team has worked in many correctional facilities and is knowledgeable in the particular security issues related to the setting.

Working with our corporate office, the HSA generates monthly reports for tracking cost controls, including hospitalizations, Third-Party Accounts, UM/UR, and budget vs. actual expenses Trends in costs vis-a-vis services are compiled and analyzed by our Finance Department and adjustments made as needed. Data reporting is done electronically using MS Office programs (i.e., Word, Excel) and sent directly to CONMED's headquarters through a secure, remote network provision. Clinical utilization data is also tracked and reported monthly. Please see APPENDIX 8 for a sample copy of a typical CONMED clinical utilization monthly report. The use of an Electronic Medical Record system, as proposed, will greatly simplify report preparation, improve accuracy and allow report to be easily customized as desired,

5. Complaint Procedures

CONMED, in collaboration with Roanoke City Jail Administration, will develop policy and procedures for the communication and resolution of inmate and staff complaints regarding any aspect of health services, consistent with the Jail's regulations. Explanation of the complaint/grievance procedure will be communicated verbally and in writing (English and Spanish) to detainees at detainee orientation. Health services staff will be responsible for receiving complaints, collecting pertinent information, and forwarding complaints to the CONMED's Health Services Administrator (HSA) for resolution.



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CONMED policies and procedures for handling inmate complaints and grievances include a system for tracking complaints and grievances from receipt to resolution. CONMED will respond to, and answer, all official grievances within forty-eight (48) hours of receipt.

The procedure will include a time frame and the process for appeal. Complaint /grievances response will include a face-to-face component for clinical issues, but may be written for simple questions and answers. All grievances will be detailed in the Quality Improvement report provided to the MAC Committee.

CONMED will produce a weekly report of complaints/grievances received. These reports will include, at a minimum, the inmate's name and identification number, date complaint received, description of complaint, and final disposition.

Generally speaking, the typical complaint/grievance process is:

- An inmate can express a medical complaint to the nursing staff.
- If the nursing staff is unable to solve the issue, it is referred to the HSA.
- If the HSA is unable to solve the issue, the inmate can file a grievance form.
- The grievance form is reviewed by the Director of Inmate Services.
- The Director of Inmate Services and HSA attempt to resolve the issue.
- If the issue remains unsolved, the grievance is elevated through management.
- The Warden has final authority to resolve any issue, should it rise that far.

6. Policies and Procedures

CONMED will provide Roanoke City Jail Administration with its comprehensive and thorough policies and procedures for all aspects of the proposed healthcare delivery system. Such policies and procedures will be customized to suit the specific requirements of the Roanoke City Jail Administration. It is CONMED's standard practice to review all policies and procedures regularly on at least an annual basis. A written report of such reviews will be provided to the Roanoke City Jail Administration with appropriate dates and signatures. Any newly developed policies and procedures will follow the same review and documentation process. All policies and procedures will be in compliance with all State and Federal laws, rules, regulations and guidelines, as well as the professional standards of the NCCHC, ACA, and the Roanoke City Jail Standards. Each policy and procedure shall reference the NCCHC standards for ease of cross-reference. All health service forms will be similarly cross-referenced to the applicable policy.

CONMED will customize and provide policies and procedures, as well as related health records specific to the unique environment of the Roanoke City Jail within 90 days of start-up. CONMED's Policies and Procedures Manuals will be available and easily accessible to all health services staff, independent contractors and/or subcontractors, as well as to Roanoke City Jail staff. Documentation of such policies and procedures will be maintained on-site by the Health Services Administrator. CONMED will provide copies of the Policies and Procedures Manual that has been customized to the unique environment of the Roanoke City Jail within 90 days of start-up.

A copy of the Table of Contents of CONMED's Policies and Procedures Manual, and the Table of Contents for CONMED's Nursing Assessment Protocols are provided in **APPENDIX 9**.

7. Accreditation

CONMED has achieved American Correctional Association (ACA) and National Commission on Correctional Health Care (NCCHC) accreditation, as well as State of Virginia and other state certifications at other contracted facilities. CONMED recognizes that standards compliance is an ongoing process and requires constant oversight. Therefore, a Quality Assurance Program will



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be initiated which includes input from all medical staff and is monitored and evaluated by CONMED's Vice President of Quality Assurance and Standards, Mr. Lawrence Delbridge, on a continuing basis.

We suggest that Roanoke City Jail Administration contact our other contracted facilities in Virginia to learn how effectively we have complied with all applicable standards.

Please see Section 3.B.4.b. in this response for a more detailed discussion of the CONMED process for achieving and maintaining accreditation and Exhibit 3 – Accreditations and Certifications at CONMED Facilities.

8. Strategic Planning and Consultation

CONMED will review all existing programs and provide consultation services to the Roanoke City Jail Administration and Sheriff's Department on any and all aspects of the healthcare delivery system at the Roanoke City Jail, including evaluations and recommendations concerning new programs, architectural plans, staffing patterns for new facilities, alternate pharmaceutical and other systems, and on any other matter relating to this contract upon which the Roanoke City Jail Administration seeks the advice and counsel of CONMED.

One of the great strengths of CONMED is our ability to provide our clients with strong ongoing support for strategic planning and implementation of operational and clinical initiatives based on our 25 years of experience serving county and municipal detention centers. We have a tradition and legacy of highly intensive "hands on" involvement by our corporate staff with the administrations of our facilities and their operations. Our corporate management team, always available to you, has years of accumulated experience in the development and operations of healthcare units in county and regional jails.

Our experience ranges from start-up operations to expansions for facilities from less than 100 beds up to 2,000 beds, through all ranges of service, from rural to urban environments, and from coast-to-coast. Our staff includes former administrators of jails of all sizes, physicians with Masters Degrees in Business, Public Health and Medical Management, and administrators with advanced degrees who are skilled and experienced in navigating the political and public opinion waters of our environment.

We have always gone the extra mile in assisting our clients, as requested, and as needed with whatever strategic initiative they have requested. We believe that a large measure of our success and longevity is derived from our dedication to our clients. In return, our clients have demonstrated their appreciation by repeatedly asking us to continue in their service.

By way of example, we have recently provided strategic assistance to the Maryland Correctional Administrators Association (MCAA) in the development and passage of a legislative bill that sets the cost for specialty inmate healthcare at Medicaid rates. This bill will provide an enormous savings in healthcare costs to these facilities over the coming years.

Additionally, CONMED has provided strategic consultation in the start-up of new jail facilities in Charles County, Maryland; St Mary's County, Maryland; Alleghany County, Maryland; Harford County, Maryland; Yakima County, Washington; and most recently, the start-up of the entirely new Western Virginia Regional Jail in Salem, Virginia. CONMED has provided strategic consultation in the transition to a new medical unit at the Baltimore County Medical Center. CONMED has also provided consultation on Board of Nursing and Pharmacy Board regulatory matters in Maryland and Washington State.

In summary, CONMED is willing and prepared to bring the collective experience gained in a quarter of a century of providing correctional healthcare services to bear on any strategic planning projects for Roanoke City Jail Administration.

**D. Scope of Work**

**1. Receiving Screening**

CONMED's well-qualified, healthcare professional (QHCP) staff (licensed in the State of Virginia), will perform receiving health screening and mental health screening assessments, including Mental Health Questionnaire (with suicidal assessment) on all new commitments upon arrival at the Roanoke City Jail, in accordance with NCCHC and ACA guidelines, and before the inmate enters the general population of the Roanoke City Jail. CONMED's QHCP staff will determine if an inmate is in need of medical services prior to the booking process, or determine if a medical condition or mental health condition exists that would prove unsuitable for an inmate to be placed in the general population. The QHCP will contact the on-call physician for guidance and instruction if the inmate's condition requires more immediate care. CONMED will have all inmates complete a Consent for Treatment form at intake acknowledging that CONMED QHCP has the right to treat according to presenting symptoms.

CONMED's QHCP staff will make appropriate inquiries and assessments to ensure immediate health needs are identified and addressed including but not limited to (a) care for diabetics, (b) care for hypertensive conditions, (c) verification of reported and current prescription medications, (d) protocol management and isolation for potentially infectious inmates, (e) requests for relevant and previous medical records, (f) addressing other immediate or acute medical problems, and (g) ensuring continuity of care from community-based or other correctional facility settings.

CONMED will use a standard form for purposes of recording the information of the Receiving Screening, and the completed form will be included in the health record of the inmate.

See **APPENDIX 10 – Sample Forms** for the CONMED Intake Medical Screening Form. (The Electronic Medical Record (EMR) screens essentially replicate the content of the paper forms provided as samples.)

The QHCP will ensure that inmates presenting with current and/or serious chronic medical problems, or with over-the-counter (OTC) or prescription medications, or reporting that he/she is currently taking prescription medications will be seen at the next regular sick call. The QHCP will perform a finger stick to determine blood sugar levels for inmates reporting that they have diabetes. The QHCP will contact the on-call physician/mid-level provider for guidance and instruction if the inmate's condition requires more immediate care.

A Mental Health Questionnaire (including suicidal assessment) will be administered by the QHCP, and appropriate action will be taken to (a) verify prescription medications, (b) consult with the inmate's private healthcare provider and (c) address immediate problems of newly admitted inmates to the Roanoke City Jail to ensure continuity of care. The QHCP will contact the on-call Psychiatrist for guidance and instruction if the inmate's mental health condition requires more immediate care.

See **APPENDIX 10 – Sample Forms** for the CONMED Intake Mental Health Screening Form. (The Electronic Medical Record screens essentially replicate the content of the paper forms provided as samples.)

A Medical Record will be established for each new inmate and the intake screening form will be made part of that record.

The receiving screening will include, but is not limited to:

- A medical history of current and prior illness and health problems including mental health, dental, communicable and chronic diseases.
- Vital signs, including blood pressure will be recorded.



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- Inmates reporting diabetes will be given a finger stick to allow blood sugar levels to be measured.
- Documentation of medications taken and special health requirements.
- Behavior observations, including state of consciousness, mental status, appearance, conduct, tremors, and sweating.
- Whether the inmate is under the influence of alcohol or drugs.
- Documentation of drug/alcohol use; including types, methods, amounts, frequency, date/time of last use, and history of problems related to stoppage.
- Notation of body deformities including scars, marks and tattoos, and assessment of the ability to perform activities of daily living and status of ambulation.
- Condition of skin including trauma markings, bruises, lesions, jaundice, rashes, infestations, discharge, needle marks or other indications of drug abuse.
- History of suicidal ideation, tendency or attempts.

Based on the information gathered, a QHCP will make recommendations that include, but are not limited to:

- Referral to an emergency health care facility.
- Placement in the general inmate population and referral to the normally scheduled health care services at the Facility.
- Placement in the general inmate population.
- Suitability for work assignments
- Placement in isolation.
- Placement in observation area (awaiting psychiatric evaluation).

Under no circumstance will an unconscious person or a person who appears to be seriously injured be booked into the Roanoke City Jail. Instead, such a person will be referred immediately to an outside facility for medical attention and their admission and booking into the Roanoke City Jail will be predicated on written medical clearance.

A PPD (Tuberculosis screening test) will be performed on inmates when medically indicated, consistent with CDC guidelines, at the time of the receiving screening. The TB test will be read by an appropriately trained QHCP within 72 hours of administration and recorded in the inmate's medical record. Any inmate with positive skin-test reaction or who presents with a history of positive reaction(s) will be diagnostically evaluated with a chest X-ray at the next regularly scheduled X-ray clinic, or sooner if clinically indicated.

The intake QHCP, in consultation with the physician/mid-level, will immediately place an inmate in isolation if the receiving screening indicates potential symptoms for tuberculosis such as fatigue, weight loss, night sweats, coughing, etc. An inmate who is identified as symptomatic upon intake and not sent to the hospital will be placed in isolation while a PPD is planted and read and sputum and smears obtained. The inmate will only be released from isolation when he/she is medically cleared by a physician as non-infectious. If the inmate is released from custody while in isolation pending outcome of the tuberculosis testing, the inmate will be referred to an appropriate local hospital as determined through communication with the state's health department.

All inmates will be given an explanation, verbal and written, of the procedure to access medical, mental health (including initial screening) and dental services.

CONMED has performed hundreds of thousands of initial receiving screenings over decades. We believe strongly that early identification of problems using a systematic intake evaluation



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prevents many more serious and costly problems from developing at a later date. The intake screening methodology and documentation format currently in use at your Facility will be reviewed soon after the change-over, and be incorporated, or amended as needed, as part of the transition quality process.

2. Health Appraisal

CONMED staff will complete comprehensive health assessments for all Roanoke City Jail inmates within five (5) calendar days after arrival at the Facility. These health assessments will be conducted by a RN, Mid-level Provider, or Physician. Health assessment physical examinations will include but are not limited to:

- Review of the Screening/Intake forms and results.
- Gathering of any additional information necessary to complete a standard medical, mental health and dental history and a complete physical.
- Recording of vital signs, i.e., height, weight, pulse, blood pressure, temperature, etc.
- Mental Health evaluation.
- Dental screening.
- Vision and hearing screening.
- Blood sampling for screening and urine sampling as needed.
- Initiation of therapeutic measures when appropriate.
- Other diagnostic tests and examinations as indicated.
- Proper signatures, co-signatures, dates and times.

Health assessments for female detainees will include the following additional elements:

- Inquiry about menstrual cycle and menstrual bleeding including abnormalities, current use of contraceptives, presence of an IUD, breast masses and nipple discharge, and possible pregnancy.
- Pelvic and breast examination, and a pap smear when medically indicated by the physician.

All health assessments will be reviewed by the Physician (Board Certified or Board eligible and licensed in the State of Virginia) to verify that appropriate dispositions have occurred.

All inmates will be informed about HIV/AIDS and will be offered the opportunity to be tested. The inmate's response to this offer will be recorded on the intake medical screening form. Such testing will be available to any inmate upon subsequent request. HIV testing will be performed by the Health Department

CONMED has performed tens of thousands of these comprehensive health appraisals in this fashion. We are well aware of the value of the early assessment as well as the annual review.

See **APPENDIX 10 – Sample Forms** for the CONMED Health Assessment Form. (The EMR screens essentially replicate the content of the paper forms provided as samples.)

3. Daily Triage of Complaints

A responsible Nursing Triage/Sick Call program is one of several critical operating systems designed to adequately and expeditiously care for patients with onset of acute or semi-chronic symptoms. Our approach to accommodating the sick call needs of the inmate population has been refined over many years and is integrated into the facility operating schedule in a straightforward and simple manner as follows:



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- Inmates will have immediate access to sick call forms that meet NCCHC guidelines.
- Medical staff will collect sick call slips from the inmate population at least once daily or in a manner consistent with facility policy and procedure
- Inmate request forms will be date stamped upon receipt
- Sick call slips will be triaged by a RN within twenty-four (24) hours, or less, of receipt as specified in the NCCHC standard.
- Depending on the chief complaint, inmates will be classified for one of several levels of sick call clinics and usually seen face-to-face the same day or within 24 hours:
  - RN sick call (conducted with use of Medical Director approved Nursing Protocols)
  - Mid-level sick call
  - Physician sick call
  - Mental health clinic
  - Dental clinic
- Any inmate seen twice for the same complaint will automatically be referred to a higher level Provider sick call.
- There are a variety of outcomes from sick call clinics including referral to a higher level of care, medication administration, diagnostic testing, and off-site specialty referral.

4. Sick Call

Sick Call Clinics are coordinated within the Facility's Administration and master operating schedule so that safety and other Facility activities are given appropriate consideration. Sick call will be held on each day, Monday through Friday, except holidays.

A sick call form tracking system will be implemented in compliance with NCCHC recommendations. All sick call forms and corresponding treatment notes will be incorporated into the inmate's medical record. The Medical Director/Physician will determine the appropriate triage mechanism to be utilized.

Clinic will be conducted as directed by the Medical Director and in accordance with ACA and NCCHC guidelines.

- All inmates requesting care will receive a response/treatment on the day of the request. Inmates referred as a result of the admission physical examination will be seen at the next scheduled sick call, unless otherwise ordered by the original QHCP.
- Inmates examined and treated at sick call, whose condition warrants medical follow-up, will be seen on the day ordered by the treating QHCP.
- Inmates discharged from the medical unit will be seen at sick call for a follow-up visit as ordered.
- Daily sick call services, except weekends and holidays, will be provided for any inmate whose custody status precludes attendance at regular sick call, and follow-up care will be provided as needed.

5. Mental Health Evaluation / Mental Health Services

CONMED will provide the services described below utilizing the resources of our mental health division, Correctional Mental Health Services (CMHS). The Mental Health Team will consist of Psychiatrists, Physician Assistants and/or Nurse Practitioners (referred to collectively as a "Psychiatric Provider") and other Mental Health Professionals who will deliver care in accordance with NCCHC Standards.



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The Mental Health Program for the Roanoke City Jail requires an experienced provider with a thorough understanding of the specialized needs of the incarcerated mentally ill, the unique nature of the correctional setting, and the specific needs of each institution. CONMED, through its mental health division, Correctional Mental Health Services (CMHS), is that specialized provider of mental and behavioral health services. CMHS has eight (8) years experience providing tailor-made, comprehensive mental health programs specifically to local detention facilities similar in size to the Roanoke City Jail.

We believe in a multidisciplinary approach to care and, although we recognize that all who we treat are detainees, we treat them as patients. Complete assessments, appropriate treatment, safe management, coordinated aftercare, and for correctional officers are all believed to be an integral part of an effective mental and behavioral health service. We understand a correctional environment's unique stressors, risk factors and barriers to effective management. Reaching out to those who do not or cannot ask for treatment is essential. Without an effective and well established management strategy, we realize that missed diagnoses of truly ill individuals, over medication for manipulative behaviors, risk of injuries to both staff and inmates, use of force and restraint, increased costs, and unacceptable liability can all occur. This further illustrates the need for the overall level of mental health services in the Roanoke City Jail to be of high quality, comprehensive and capable of meeting NCCHC Standards for appropriate level of care.

**Delivery of Mental Health Care**

Review of Initial Screening

All new intake screens are reviewed by Qualified Medical Personnel at the time of intake for the presence of symptoms, documented psychotropic medications, risk of withdrawal (from either street drugs or prescribed medications), behavior and/or recent documented history of dangerousness to themselves or others utilizing our Mental Health Screening Form (**APPENDIX 10 – Sample Forms**). If they are determined to be at acute risk, then action is initiated per established policy and procedures at the time of intake to insure safety, including placement on an increased level of observation and contacting the on-call psychiatric provider, if needed. The on-call Psychiatric Provider is available 24 hours/day, 365 days/year to provide verbal orders for medications or offer consultation on other management issues related to acute mental health needs, with follow-up by the on-site team the next time services are scheduled.

If no special housing or acute mental health needs are identified, then the Mental Health Professional (during scheduled days/times) will review all of the Mental Health Screening Forms to insure all who may require mental health follow-up can receive an assessment, as required. Any new intake with a "positive" screen for mental health will have a Mental Health Assessment completed within 14 days.

Complete Mental Health Assessment

Referral for services can be initiated (a) at the time of the Intake Screening; (b) in the presence at intake of active prescriptions for psychotropic medication; (c) anytime there is a mental health crisis or need for an evaluation/re-evaluation (d) placement on segregation or; (e) whenever suicidal threats and/or behavior are observed/reported. Inmates are encouraged to request services themselves, but may be referred by correctional, medical or any other staff when in need and unable or unwilling to do so themselves.

Under the Roanoke City Jail's comprehensive Mental Health Services Program, all detainees who request or are referred for services, will be assessed by a Mental Health Professional and, if further treatment or assessment is determined to be necessary, an "Initial Treatment Plan" will be completed and documented in the medical record. This Initial Treatment Plan gathers enough detailed information for the Mental Health Professional to formulate a diagnostic impression,



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initiate immediate intervention as necessary, plan for follow-up as needed and make referral to the Psychiatric Provider for a comprehensive mental health assessment when indicated.

Comprehensive Mental Health Assessment

Based on the initial mental health assessment, inmates in need of further evaluation for initiation or continuation of medication, diagnostic clarity, or who are otherwise complicated in their presentation, will be referred for a comprehensive mental health assessment by the Psychiatric Provider. Services will be provided on-site or via telepsychiatry (when/if available). The need to see the Psychiatric Provider will be determined by the licensed Mental Health Professional and they can also modify the Provider's list as needed to address acuity issues, time and space limitations and special needs.

In addition to further clarifying important clinical history, there is an emphasis on the mental status examination, suicide risk identification, diagnostic clarification, and a discussion of risks, benefits, indications and alternatives available to any prescribed medications when psychotropic medication is thought to be appropriate. When necessary to complete an assessment, monitor drug levels and/or track metabolic abnormalities, laboratory tests will be ordered. Additionally, further medical assessment will be sought whenever indicated.

Progress Notes

Progress note entries are completed by all mental health personnel following any mental health interaction. The inmate's medical record will contain all progress notes including a header indicating the level of training of the provider and the date and time of the interaction. Entries will contain a description of the actual behavior as observed or as reported, include relevant clinical data as well as pertinent negatives, and will be signed by the clinician.

Ongoing Care and Management

Inmates with a diagnosis of major mental illness (whether accepting medications or not), a history of self-injurious or disruptive behavior within the Facility, or with mental retardation, receive regular and ongoing follow-up throughout their incarceration by a Mental Health Professional. Management includes face-to-face contact and interaction with the inmate as often as daily, when indicated, monitoring of the adequacy and appropriateness of the treatment services provided to the inmate, apprising the security staff of any inmate's special needs or other related issues in the context of daily management and identification and communication of the inmate's special needs for classification decisions and transfers.

Inmates who refuse mental health services, but who otherwise require management, are provided management services via follow-up with medical, security and classification staff. They are periodically re-offered services and attempts are made to engage them in treatment. Ongoing assessments of safety or need for a higher level of care is performed and documented in the inmate's medical record.

A member of our mental health program staff can also act as a liaison between the courts, attorneys, family members, county agencies, and other mental health providers to ensure coordinated care and treatment within the Facility.

Management Plans

A Management Plan is a tool utilized to provide a coordinated approach to managing chronically ill or difficult to manage individuals. It is initiated when clinically indicated to assist in managing a complicated, behaviorally disturbed or symptomatic individual. This Management Plan incorporates the inmate's needs, strengths and skills required to be safely managed within the Facility, management goals, time guidelines for accomplishing these goals, clearly defined staff responsibilities and other related safety issues. The Management Plan meeting is intended to include at least one senior representative from mental health, medical and security staff.



#### Treatment Groups

CONMED offers a variety of groups that are designed to provide necessary life skills, improve coping and increase safety. Choices of group offerings will be determined based on the unique population and administrative needs of the Roanoke City Jail. They will be utilized as an integrated part of the comprehensive mental health service offerings, can help to manage the jail's population and their scheduling would be integrated into the daily routine that currently exists. Groups are typically time limited and composed of 10 – 12 detainees.

#### Case Management Services

Case Management Services should be provided to those inmates who are preparing for release and are in need of assistance connecting to external providers, entitlements and resources. All those who receive mental health services during incarceration will be offered assistance in obtaining aftercare and, at a minimum, a Resource List of community services that include community mental health providers, substance abuse programs, somatic care, shelters and transportation options. We will include disposition documentation in the inmate's medical record and work with the Roanoke City Jail Administration to define the process for coordination with release from custody. We will also establish communication with community providers to allow them to coordinate aftercare referral needs.

#### Pharmacotherapy

All new detainees with a documented, active psychotropic medication prescription who have been compliant with that medication immediately prior to entering the Facility, may have those medications continued by the On-call Psychiatric Provider upon verification with the pharmacy, and provided that the medication is not used primarily as an aid for sleep, prescribed during active substance abuse or when there is a clinical rationale for delaying its use. If medications might be necessary at the time of intake, the somatic nurse or mid-level provider can contact the on-call Psychiatric Provider via CONMED's established "Bridge Order Policy" to obtain orders for psychotropic medication. (A somatic provider is also available for somatic medications.) Once a medication is ordered by the Psychiatric Provider, it can only be discontinued by the Psychiatric Provider or the prescribing physician. Each Inmate receiving psychotropic medication will be scheduled to be seen by the Psychiatric Provider at least every 90 days, and more frequently as clinically required.

The cost of psychotropic medications have continued to increase at a rapid pace, placing more fiscal demands on facilities trying to provide consistent, comprehensive care to the inmate population. The overall intent will be to provide the best level of care for all detainees in the Roanoke City Jail, including the use of alternative strategies for the control of costs, not the least of which is accurate diagnosis, recognition of drug seeking behaviors, and avoiding the use of medications typically abused and used for sleep. Furthermore, the use of practice guidelines to make more evidence-based decisions regarding medication use in the jail settings, the use of algorithms, decision-tree formats, evidence-based formulary, and management alternatives all work towards controlling this ever spiraling cost.

#### Telepsychiatry

CONMED's mental health services subsidiary, CMHS, has been a leader in the development and utilization of telepsychiatry programs to address the needs of the mentally ill in detention centers. They began using telemedicine in 2004 and continue to utilize our state-of-the-art telemedicine equipment to provide psychiatric services to several sites throughout the country. CONMED is capable and willing to utilize telemedicine to provide services to the Roanoke City Jail. Services could include psychiatric, dermatologic, radiologic and other medical specialties that can be accomplished via telemedicine, both now and as they develop in the future.



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Policies and Procedures

CONMED will develop and implement policies, modified to the needs of Roanoke City Jail that address every aspect of mental health care, from intake, through management during incarceration and finally to release to the community. Our procedures and established education and training programs increase awareness of mental health symptoms and behavioral signs that warrant intervention. These programs are targeted towards detainees and correctional and medical staff and will be made available to all Roanoke City Jail Staff.

Training of Correctional Staff

We believe that providing ongoing training for correctional officers is an essential part of any successful Mental Health Service. We believe that if we are to deliver our promise of effective management of the detention center's mentally ill inmates, then the front line correctional officer who deals with them on a daily basis must be trained and equipped to play an integral role in their management. The offered training covers five (5) critical areas: Suicide Risk Factors, Identifying Signs of Mental Illness, Signs of Trauma, De-escalation Techniques and When to Refer for Evaluation. The training described has been approved in other states for up to four (4) hours of in-service credit and we will work with the Roanoke Sheriff's Office to obtain any available accreditation for this training. This program has gained acceptance in other states and has been well received by both rookie and veteran Correctional Officers.

This training will be offered up to four (4) times per year and is conducted as four-hour sessions. We will work with Roanoke City Jail Administration to schedule trainings at times throughout the year that are in line with the Roanoke City Jail's training schedule. Participants will take a post-test, complete a program evaluation and a certificate of completion will be awarded to those who successfully complete the program and post-test.

Psychiatric Service

We believe that a total of eight (8) hours of Psychiatric Provider time each week, is necessary to meet the clinical needs of the detention facilities and to achieve the stated goals of compliance with NCCHC standards, scheduled either on-site or via telepsychiatry to evaluate, diagnose, provide consultation and treat those identified as in need of services. The Psychiatric Provider will also be available for general management issues related to the efficient running of the mental health service.

Licensed Mental Health Professional Time

We believe that a total of forty (40) hours Licensed Mental Health Professional\* time each week is necessary to meet the clinical needs of the detention center and to achieve the stated goals of compliance with NCCHC standards. This will be provided on scheduled weekdays to perform the duties described in the delivery of care section above. They will also be available for general management issues related to the efficient and coordinated running of the mental health service.

\* *We define a Mental Health Professional as a licensed mental health provider, and would include a psychologist, a social worker, licensed counselor or a psychiatric nurse.*

Proposed Mental Health Staffing

The specific days and shift hours for the Psychiatric Provider and Mental Health Professionals shown are only meant to illustrate one possible schedule. The final schedules will be arranged in consultation with Facility Administration. The Mental Health staff will work a 49 week schedule to accommodate vacation time. Vacation time will be scheduled in a way to ensure coverage by other staff members; for example, the Mental Health Professional will not schedule vacation time when the Psychiatric Provider is on vacation.



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The Mental Health Services staff will recognize the same holiday schedule as does the Roanoke City.

Emergency Services

A CONMED Psychiatric Provider will be available by phone for consultation and/or medication orders 24 hours a day, seven (7) days week, 365 days a year.

6. Infirmary

CONMED will provide appropriate nursing coverage for the provision of care to inmates housed in the infirmary / observation unit. The frequency and nature of care provided will be at the direction of the Medical Director and will be consistent with defined Nursing Protocols. The medical record of each inmate housed in the infirmary / observation unit will have a separate section detailing care provided. Appropriate protocols will be followed for contact with and care of inmates with clinical reasons to in segregated housing.

7. Medical Detoxification Program

CONMED has provided safe, evidence-based healthcare for literally hundreds of thousands of cases of intoxication and detoxification for inmates in county jails for more than 25 years.

CONMED recognizes that intoxication and the subsequent detoxification is a frequent and dangerous condition occurring in inmates admitted to county jails. The Bureau of Justice Statistics reports that 68% of inmates in County jails have a diagnosis of substance abuse and/or dependence.

The tried and proven CONMED program is based on the following elements:

1. Early identification of at risk individuals
2. Close monitoring of the clinical condition during intoxication and withdrawal
3. Strict adherence to medical and nursing protocols
4. Transfer to acute care facilities for life threatening situations

Early Identification

CONMED utilizes a carefully constructed intake interview and examination that is highly sensitive in the detection of substance abuse issues by history and examination. (See APPENDIX 10 – Sample Forms for a copy of Intake Medical Screening Form. The Electronic Medical Record screens essentially replicate the content of the paper forms provided as samples). Inmates that are intoxicated with stimulants, such as methamphetamine who have significantly abnormal vital signs on intake are stabilized in an Emergency department prior to intake. Inmates with significantly suppressed mental status relative to narcotic medications are stabilized in an Emergency Department prior to intake. Individuals with multiple substance intoxication and significantly abnormal vital signs, excessive agitation or other conditions which preclude safe medical management within in the jail are stabilized in the Emergency Department prior to intake. CONMED is cognizant of the risk associated with less than optimal treatment of these conditions. Despite these fail-safe measures designed to identify the need for care in an Emergency Department, the vast majority of inmates are able to be managed throughout their course without the need to transfer to an Emergency Department.

Close Monitoring

Intoxication and detoxification are conditions that are characterized by predictable change over time and predictable consequences. Our program relies heavily on carefully designed, standardized and validated medical observations to guide treatment. These Clinical Institute Assessments for Withdrawal for Alcohol (CIWA) observations are the mainstay of the objective



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care. Inmates are typically housed in specially designated areas to allow or frequent Nursing observations.

Medical and Nursing Protocols

CONMED developed and strictly adheres to standard protocols using evidence-based medicine for the treatment of detoxification from alcohol, benzodiazepines, opiates, and stimulants. Our staff is oriented and periodically re-trained on these protocols. The adherence and outcomes of these protocols is audited on a regular basis. A copy of the Table of Contents of CONMED's Policies and Procedures Manual, and the Table of Contents for CONMED's Nursing Assessment Protocols are provided in **APPENDIX 9**.

8. Hospital Care

CONMED will provide for hospitalization and other medical specialty services on an outpatient/inpatient basis as required. Whenever off-premises care is required, CONMED will coordinate with the security staff when arranging transportation to allow security staff to provide correctional officer security coverage. The Facility will provide transportation of inmates between the facilities and local medical facilities for routine/non-emergency care requirements.

CONMED entered into an agreement with Carilion Clinic for the emergency healthcare, the full range of inpatient and outpatient services and specialty physician services requirements of the detainees of the Western Virginia Regional Jail. This agreement will be expanded to provide access to the same services for detainees of the Roanoke City Jail. CONMED will utilize a system of utilization management / utilization review that will include pre-approvals, case management, discharge planning as well as processing of all hospital and specialty practitioner invoices.

CONMED will work closely with the Medical Director and Health Services Administrator (HSA) to keep off-premises inmate healthcare visits at as low a level as possible. Our philosophy of care is to always provide the most cost-effective, evidence-based healthcare solutions. This approach to healthcare is deeply ingrained in all of our staff and managers. We are well aware of the great variability in costs associated with the provision of identical levels of quality care within the communities. We are experienced and successful in finding lower cost, higher quality solutions. We will bring this expertise to bear in cooperation with the Medical Director, HSA and Facility Administration as a good partner in order to assure our long-term relationship with the Roanoke City.

CONMED will be responsible for quality assurance for all costs associated with outside consultants and inpatient hospitalizations.

CONMED will have an established Utilization Review Program Committee to determine the appropriateness of each off-premises case.

CONMED has engaged HealthQuest, a KePRO Company, to provide Utilization Management and Utilization Review (UM/UR) services in support of the provision of comprehensive medical services to our contracted facilities. KePRO is a for-profit Pennsylvania corporation, 100% owned by the Pennsylvania Medical Society. HealthQuest is both Utilization Review Accreditation Commission (URAC) accredited in health utilization management and case management and International Organization for Standardization (ISO) 9001:2000 registered. Their knowledgeable staff consists of over 300 physicians, nurses, social workers, case managers, information technologists, data analysts, communications, and administrative professionals. Additionally, they have a nationwide peer review panel that consists of over 550 Board-certified, licensed physicians and other healthcare practitioners.

The HealthQuest comprehensive medical management program utilizes advanced technology and systems expertise to integrate the components into a seamless program to oversee and execute the clinical and administrative components to maximize program impact. Milliman Care



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Guidelines<sup>®</sup> are used for pre-certification of all outpatient elective procedures and InterQual<sup>®</sup> criteria are used for all retrospective reviews. The use of nationally recognized, proven, and validated criteria such as Milliman<sup>®</sup> and InterQual<sup>®</sup> will provide the following benefits to the Roanoke City Jail.

- Credible and consistent review decisions on all out-of-facility medical care;
- Appropriate identification of questionable care, which ultimately results in the provision of only necessary care; and
- Current decision criteria, kept current with industry standards through regular updates of both sets of guidelines.

The Milliman Care Guidelines<sup>®</sup>

The Milliman Care Guidelines are widely regarded as the industry's resource for evidence-based knowledge at the point of care. Designed to be used in conjunction with healthcare professionals' clinical judgment, the Care Guidelines are clinical decision support tools available to provide informed, consistent decisions, and to promote quality patient care through the best possible care management.

InterQual<sup>®</sup>

InterQual criteria meet professionally recognized standards for medical necessity, are comprehensive, and are updated periodically. Using InterQual not only ensures the provision of appropriate care, at the appropriate time, in the appropriate setting, by an appropriate provider, at the appropriate level, it facilitates the efficient use of resources and provides adequate planning for discharge. InterQual criteria are maintained by McKesson, Inc., and supported by teams of physicians, nurses, and other healthcare professionals who develop updates. The teams use a process that combines review of the latest medical literature and building consensus among an extensive panel of clinical experts. This process results in criteria that incorporate evidenced-based medicine, which can be used to achieve best practices in healthcare.

HealthQuest staff is trained to adhere to relevant criteria, regulations, and policies pertaining to reviews. Internal Quality Control (IQC) processes ensure consistency in the application of these guidelines. This approach will assure that the use of off-site services will be appropriate (medically indicated), and that the length of stay (if applicable) will be neither longer nor shorter than medically indicated.

Any inmate sent for off-site specialist services or to the hospital will have a "card" indicating that pre-approval for services must be obtained through HealthQuest (much like the approval required by civilian HMO's). CONMED receives daily reports regarding specialist services approved and admissions to the hospital for all inmates served. Standards of Care are used as the guidelines for approval of services and any additional services must be pre-approved if payment is expected by the provider.

CONMED will make a positive attempt to ascertain current information of an inmate's private health insurance carrier and share that information with the Roanoke City Jail Administration for further investigation.

Our philosophy of care is to always provide the most cost-effective, evidence-based healthcare solutions. This approach to healthcare is deeply ingrained in all of our staff and managers. We are well aware of the great variability in costs associated with the provision of identical levels of quality care within the communities. We are experienced and successful in finding lower cost, higher quality solutions. We will bring this expertise to bear in cooperation with the Medical Director, Health Services Administrator, and the Roanoke City Jail Administration as a good partner in order to assure our long-term relationship with the County.



9. Specialty Services

CONMED will provide specialty and subspecialty care where and when required or, if necessary, schedule and coordinate the provision of such care with outside providers for inmates whose healthcare requirements extend beyond on-site primary care. CONMED has an agreement in place with **Carilion Clinic**, in connection with our contract for inmate healthcare services at Western Virginia Regional Jail, for access to their extensive network of specialty physicians when specialty physician services are required by the inmates. This agreement will be expanded to provide access to the same services for detainees of the Roanoke City Jail. However, treatments will be provided in-house to the greatest degree possible. The following specialty care, by way of illustration and not limitation, is provided:

- a. OB/GYN (Including Pregnancy Testing)
- b. Dermatology
- c. Allergy
- d. Endocrinology
- e. Gastroenterology
- f. Cardiology
- g. ENT
- h. General Surgery
- i. Infectious Disease (including HIV/AIDS)
- j. Internal Medicine
- k. Orthopedics
- l. Optometry & Ophthalmology
- m. Physical Therapy
- n. Radiology (including Mammography)
- o. Urology
- p. Dental Medicine

CONMED will work with a network of local specialists (Board Certified or Board eligible, licensed in the State of Virginia) in the above noted areas, including the provision of a monthly infectious disease clinic.

We make every effort to have the specialists see inmates and provide care at the Roanoke City Jail. In the event that on-site care is not possible, we will coordinate all off-premises referrals with the Roanoke City Jail Administration.

In every case possible CONMED utilizes telephone consultations, in house evaluations and other available methods to identify and address health issues before they become critical. In critical care situations, our personnel triage the patient and consult with the staff Physician whenever possible before activating emergency medical transport.

Not only does this help control the cost of medical services, but it will also provide reductions in Facility staffing costs. When inmates are treated in your Facility instead of being hospitalized, you will not have to pay for the staff salary, and possible overtime, required to transport and maintain custody of the inmate during the hospital stay. Over the course of a year, this can result in significant savings.

CONMED will obtain copies of all diagnostic test reports, treatment reports and plans, and all other relevant information from all off-site specialty providers in a timely manner. Such information from off-site providers will be reviewed by the clinician and filed as part of the inmate's medical record.



CONMED's utilization review process for approval of outside consultations or inpatient care will be completed within five (5) working days of the request.

CONMED, in consultation with Roanoke City Jail Administration, will define an aggregate off-site services and hospital expenditure cap/limit of coverage that will be shared by the Roanoke City and CONMED.

10. Emergency Services

Our staffing plan is designed to provide Qualified Health Care Professional staff on-site 24 hours per day, seven (7) days per week, 365 days per year to accommodate emergency services as the need arises. In the event an emergency occurs at a time when one of our discipline-specific providers is not on-site, we ensure a comprehensive approach to handling emergencies as follows:

- Qualified Health Care Professional (QHCP) availability to quickly and accurately assess the patient, providing necessary stabilization and treatment within the scope of his/her licensure.
- If the emergency is life or limb threatening, based on the QHCP's assessment, 911 is immediately called for emergency services and likely transport to a local emergency room.
- If the patient is stable based on the QHCP's assessment, the staff is instructed to contact the on-call provider (medical or psychiatric) for further instruction. The on-call medical provider will also routinely be contacted for dental emergencies and give orders for on-site treatment, phone consult with the site dentist, or transport to a local emergency room.
- The on-call provider may give medical orders for on-site treatment and observation, may return to the Facility for direct patient assessment, or may direct the nurse to send the patient to the emergency room.

In the event a patient is transported to a local ER via 911 response, or per physician order, the on-site staff will place a phone call to the receiving hospital emergency department to provide necessary clinical information so the hospital emergency department medical staff is prepared to accept and treat the patient.

While the above system accommodates the needs for the inmate patient, we are also prepared to respond to all Facility staff and employee, and visitor emergencies as the need arises. Our medical personnel are instructed to immediately respond, assess, and stabilize the patient, offer any assistance necessary and refer the individual(s) to an appropriate healthcare setting outside of the Facility.

11. Ancillary Services

11.a. Laboratory Services

CONMED will provide and pay for all on-site and off-site diagnostic services, as indicated. Routine laboratory tests will be done, as permitted by law and license, at the facility. These tests may include simple urinalysis, pregnancy test and/or strep screening. Lab tests are drawn by staff and sent to reference labs. Electrocardiography services will be provided on-site. More extensive laboratory tests and other ancillary services are usually done outside the facility. Arrangements will be made for "STAT" emergency lab tests. The on-call physician will be notified immediately of all STAT lab test reports. All laboratory results will be reviewed by a physician after receipt of the test results.



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CONMED is aware of the security risks and costs associated with out-of-facility services. We make every effort to curtail use of these trips to only the clearly essential needs.

11.b. Pharmaceutical Services

CONMED will provide the services listed below in conjunction with our subcontracted professional pharmacy vendor. CONMED has 20 years of successful experience in working with subcontracted pharmacy vendors with the result of providing greater value to the counties we serve.

CONMED, working in conjunction with our professional pharmacy sub-contractor, will provide a state-of-the-art Medication Distribution System to ensure provision of all medications necessary for the proper medical care of inmates.

Medication Packaging and Dispensing

Our professional pharmacy sub-contractor will provide an array of medical and pharmaceutical packaging systems including blister card packaging, designed for convenience and to meet the needs of the inmates in Roanoke City Jail. Prescription medications in liquid form will be dispensed in multi-dose bottles. Prescription medications in cream form will be dispensed in the manner supplied by the medication's manufacturer. Non-prescription medications will be dispensed in a similar manner. CONMED ensures that all inmates will be provided with medications that are accurately packaged and delivered in a timely manner with written medical information for the inmates on self-administration of medications.

All prescriptions will be properly and accurately labeled in compliance with all applicable State of Virginia and federal laws and regulations.

Delivery

CONMED will provide 24 hours per day / seven (7) days per week medication and supplies services. Regular delivery of medications and supplies will be available for next day delivery at a scheduled time, Monday through Saturday. Emergency pharmacy services will be available on a 24 hours per day / seven (7) days per week basis through arrangement with a local pharmacy, for medications not part of the emergency box system.

Use of Generics

CONMED will dispense generic medications whenever their use is in adherence with the guidelines established by the United States Adopted Names Council (USAN) and is consistent with Federal Food and Drug Administration (FDA) requirements. A generic medication is considered the chemical or common name of a product having the same active ingredient, strength and dosage form as the brand name medication. In an effort to reduce your pharmaceutical costs, CONMED encourages the use of generic medications in accordance with the provisions of state law and the prescriber's therapeutic objectives. A therapeutically equivalent FDA approved A-Rated FDA Orange Book generic medication (comparable bioavailability and or bio-equivalency) will be substituted for a brand name medication in accordance with the provisions of State of Washington law, unless the prescriber specifically requires otherwise. If the prescriber requires a brand name medication, the words "Brand Medically Necessary" must be written on the order. Physicians, Psychiatrists and Dentists will be encouraged to use medications from the established Formulary. The lowest cost generic or brand name drug will automatically be substituted for a therapeutically equivalent A rated product unless requested otherwise by the prescribers.

Technology

Over the last several years, our professional pharmacy sub-contractor has worked diligently on an online computerized order entry program, bar code refill program, order reconciliation program, online reporting, and a paperless Medication Administration Record (MAR) program. Components of this system have been on the market for over four (4) years and the MAR function



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has been added after two (2) years of extensive testing in the field. With this proposal, all software, training, and support for this system will be provided at no charge to transmit all orders electronically. With this software, Roanoke City Jail will be able to have a complete paperless pharmacy and administration program at absolutely no software cost. Because this system is web based, there is no special software to install and our sub-contractor will house all data on their secure servers. This system is the most robust medication management system we have seen on the market.

On-line Ordering System

We are offering a comprehensive computerized online ordering program. This system will be a direct web-based interface between Roanoke City Jail and the pharmacy system. This is a bidirectional system through a secure server over the Internet in HL7 format and is fully HIPAA compliant.

- This system will enable Roanoke City Jail to order medications from the pharmacy online utilizing drop down screens.
- Online ordering will increase order accuracy as there will be less chance for transcribing errors or clarity issues when faxing orders from a physician's order sheet.
- This system will also help reduce non-formulary medications in that the staff entering will know upon entry if a medication is non-formulary.
- This system will allow providers to view patient's profiles, view when last filled, and view the formulary status of the medications prior to transmitting the order.
- The system will e-mail the Medical Director all non-formulary requests prior to them being transmitted where they can be approved from any web based computer, if requested. The system prevents non-formulary medications from being sent out without approval and if the medication is necessary, it allows for quicker approval and dispensing, compared to a paper based system, which translates to patients getting their medications sooner.
- In summary, this system will allow Roanoke City Jail to: order medications from the pharmacy online, reorder medications with a bar code scanner, easily view entire patient profiles and medication histories, maintain patient profiles, changes, and self medication status, notify staff if the medication ordered is a non-formulary medication, print paper Medication Administration Records (MARs) (if electing not to utilize paperless program), print a variety of utilization, administration and management reports, print paper copies of prescriptions for the charts, etc.

On-line Reporting

This robust online program will enable easy look-up of patient profiles, perform searches by patient, prescriber, formulary status, medication, drug class, patients on particular classes of medications, etc. and export to Adobe® or Excel® to sort and print the reports on demand. This system will enable on-site staff to sort and generate almost any type of usage report and since this program was designed internally by IT staff at our pharmacy sub-contractor, it can be customized and upgraded as needed specific to Roanoke City Jail request. This will allow immediate access to all prescribing information from any computer with an Internet connection. This system is not a substitute for the monthly formulary management reports or any impromptu reports that will be produced; it only enhances the reporting capabilities and provides additional conveniences for your staff.

Electronic MAR

We are offering a paperless Medication Administration Record (MAR), integrated into the overall Electronic Health Record, to enable the nursing staff to efficiently administer and track all medication administration. This system will enable staff to look up the inmate's medication



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schedule by scanning the inmate's barcode. All medications due for that inmate will appear on the screen for that particular administration time. The nursing staff will no longer need to search for the proper paper MAR in the book and find the proper medications for that time. Inmates may also be looked up alphabetically or by patient location.

When scanning the inmate's ID (or searching manually), all the proper medications for that inmate at that time will populate the screen. Each medication will then be scanned prior to administration assuming the nurse is administering the right medication to the right inmate at the right time. If the wrong medication is scanned for the wrong inmate or at the wrong time, the system will alert staff and help to prevent a medication error. The system will also electronically record the proper administration date, time, and nurse's initials when the medication is given. The system will let staff know which patients received their medications during the med pass, or after it is completed. Staff will also be able to check if a medication is refused, if medication is dropped, inmate is a no show, etc.

The system will allow staff to print reports on administration, non compliance, no shows, etc. Reports can be customized to show any parameters and timeframes. This information may be sorted or printed. This is a real time saver for the QI staff who typically visits med rooms, pulls charts, locates the MAR's and counts missed doses by hand. There are two (2) components of nursing efficiencies with this paperless MAR program. The first component is the MAR change-over at the end of every month when the new paper MARs are sent. Secondly, with this paperless system, this task will be eliminated since the orders will be updating the MARs continuously throughout the month. With the daily med pass administration component, med pass time should significantly reduce while accuracy increases.

CONMED will provide, utilizing the services of our professional pharmacy sub-contractor, all pharmaceuticals and all other medical supplies necessary for the proper medical care of inmates. CONMED will supply and administer over-the-counter (OTC) medications for treatment of symptoms of such conditions as allergic and fungal dermatitis, upper respiratory infection, uncomplicated headaches, constipation, diarrhea and dental pain. All prescription medications brought into the Facility by offenders will be turned in to CONMED medical staff for authenticity verification, documenting in the offender's medical record, and establishing an individual medication administration record.

STAT Box

CONMED will provide and maintain an emergency "STAT" drug box system to have a supply of immediately required medications on hand. The specific medications and the quantities of these medications to be available will be established in cooperation with the Medical Director and Roanoke City Jail Administration, in full compliance with applicable laws and regulations. Quantities of such medications dispensed for emergency use will be replenished with the next regularly scheduled prescription medication delivery. Unused and unopened medications will be returnable.

A formulary will be used as a means to reduce medical costs, improve patient accessibility to quality healthcare, and enhance their quality of life. Our combined Pharmacy and Therapeutics Advisory Committee continuously reviews the new medication and medical equipment approvals and subsequently updates the formularies to better serve a front line, first choice state-of-the-art healthcare system. The Pharmacy and Therapeutics Committee has responsibility for monitoring usage of pharmaceuticals, including psychotropic medications, and identifying prescribing patterns of the medical practitioners. CONMED will obtain a quarterly independent pharmacy review by an independent consulting pharmacist. Copies of all reports and recommendations will be provided to Roanoke City Jail Administration.



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Package labeling for prescription medications will adhere to all State and Federal regulations. Prescription labels will include the inmate's name, ID number, location, date dispensed, prescription number, drug name and generic interchange information, dosage strength, quantity dispensed, directions for use, physician's name, lot number and expiration date. Liquid psychotropic medications will be used whenever possible to ensure the inmates' compliance with the medication. Deliveries will be accompanied by a manifest detailing the contents by prescription number, inmate's name, quantity of medication, dosage or unit prescription and name of medication.

CONMED will provide the following comprehensive pharmacy services in conjunction with our Professional Pharmacy services sub-contractor:

- 24 hours per day / seven (7) days per week service
- Next day delivery of medications
- Emergency deliveries available as required, utilizing a local back-up pharmacy
- Medications provided by methods and packaging compliant with standards of care for jails
- Regulatory compliance with all applicable pharmacy standards, rules and regulations
- Compliance with all ACA, NCCHC and AMA standards
- Compliance with HIPPA and all Facility security policies and procedures
- Appropriate and required licensing

Safety or Storage

CONMED will have written policies and procedures governing the availability, control and management of prescription, stock, and over-the-counter medications which includes provisions for:

- Secure storage of all facility medication
- Specification of individuals having access
- Narcotic counts each shift by the off-going and on-coming nurses. All narcotics counts will be reconciled before the off-going shift departs
- Recorded disposal of unused and expired medications
- Handling of personal medication by the newly admitted inmate
- Handling of personal medication and facility prescribed medication for an inmate transferred or released
- All records of disposition will be closely monitored by the nursing supervisor (i.e. Director of Nursing, Charge Nurse) and the auditing Pharmacist to maintain oversight and ongoing supervision of nurses managing these medications.

11.c. Radiological Services

CONMED acknowledges its responsibility for providing mobile X-ray services at the Roanoke City Jail as required. All X-rays will be taken by a registered technician, and will be read by a Board Certified or eligible radiologist. CONMED will arrange for radiological services on-site to the maximum degree technically possible. CONMED will also develop contracts for on-site ultrasound services to the maximum degree technically possible.

12. Dental Care

CONMED will provide an on-site dental program for the detainees of the Roanoke City Jail utilizing the services of a Dentist fully licensed in the State of Virginia. The program will provide for basic dental services, including extractions and fillings; and unnecessary extractions will be



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avoided. Dental services will focus on emergency intervention to eliminate pain, swelling, and infection, and to restore function regarding the ability to masticate sufficiently to eat without a specially ground or pureed diet.

Dental screening will be given to each inmate by a nurse during his/her health appraisal examination, and inmates will be examined by a dentist within 90 days. A dental screening will include charting decayed, missing and filled teeth, and taking a dental history of the inmate. A dental record will be maintained as part of the medical record of the inmate. Annual dental examinations will be performed on each inmate.

CONMED will coordinate the dental services schedule based on the priority of care required and will work with the Roanoke City Jail Administration to ensure that a reasonable inmate waiting period is maintained.

CONMED acknowledges its responsibility to provide the required dental equipment.

13. Medical Records

CONMED will ensure specific compliance with all Federal, State and Local laws regarding confidentiality, informed consent, and access/disclosure, including the Health Insurance Portability and Accountability Act (HIPAA). CONMED will ensure that accurate, comprehensive, up-to-date medical information is maintained on each detainee under its care. All medical records will be considered confidential. Procedures will be instituted for the receipt and filing of all reports and documentation from outside consultations, emergency room visits, and inpatient hospitalizations.

All medical records are and remain the property of the Roanoke City Jail Administration and shall remain on premises. Medical records will not be destroyed under any circumstances.

A copy of the medical record or a summary of the medical record will be forwarded with the detainee when transferred to another facility.

All medical notes, forms, reports, and other appropriate material will be filed in the inmate's medical record within 48 hours of their creation or their being received in the Roanoke City Jail.

CONMED will provide Roanoke City Jail Classification Staff with requested medical information or mental health information deemed necessary in determining an inmate's security rating, housing assignment, job suitability, etc.

CONMED has a large repository of standard correctional healthcare record forms. It has been our experience that simple, accurate, consistent and straightforward record keeping is the heart of a good program. In that regard we accept nothing less than complete, easily retrieved records in our programs.

CONMED may require access to medical records pertaining to services delivered pursuant to any contract awarded under this proposal after the term of any such contract has expired in order to prepare for litigation or anticipated litigation brought by third persons in connection with the services rendered by CONMED pursuant to any such contract.

13.a. Electronic Medical Records (EMRs)

CONMED proposes the incorporation of a state-of-the-art electronic medical record (EMR) at the Roanoke City Jail during the term of the contract. We anticipate the use of a software product, CorEMR®, which is a full-function EMR tailored to the needs of correctional facilities. Prior to implementation, we will make certain that the system integrates with the current jail record keeping system.

CONMED has successfully implemented this software program at the Western Virginia Regional Jail, providing an essentially paperless medical records system. Our Medical Director at WVRJ is the same physician as currently provides services at the Roanoke City Jail, and she is fully



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familiar with the CorEMR® package. CONMED management staff at the WVRJ will be available to conduct initial and ongoing training for CONMED staff at the Roanoke City Jail to greatly simplify adoption of this system.

With this software product, we will be able to provide an essentially paperless medical record system. The program includes:

- a. Interface with jail management system for demographics and location integration
- b. Dashboard with all key clinical and operational features
- c. Clinic visit documentation
- d. Chronic care documentation
- e. Nurse visit documentation
- f. Scheduled tasks by time, inmate, location and responsible party
- g. Problem lists
- h. Allergy and special problem highlights
- i. Current and past medication listing
- j. Electronic forms for every current form used
- k. Electronic pharmacy ordering
- l. Electronic medication check in
- m. Electronic MAR
- n. Patient Education forms
- o. Electronic lab and x ray ordering and report systems
- p. Remote access possibility
- q. Robust report capability real time and aggregated
- r. Report consolidation for NCCHC and ACA files
- s. Formatted exam fields
- t. Flexibility to add, delete and modify forms and fields on-site

Please see **APPENDIX 11** for a detailed description of the CorEMR® program.

Electronic Medical Records (EMRs) are clearly the best method for the maintenance and retention of records in a modern correctional facility. Electronic records have the following benefits:

- a. Mandated by Federal Government for Universal Adoption
- b. Ability to have legible records
- c. Patient safety, e-prescribing, DUR checking
- d. Abolish lost records
- e. Reduce cost of record management
- f. Imbedded decision making assistance
- g. Imbedded protocols
- h. Ability to view at multiple sites simultaneously
- i. Ability to measure data and trend data
- j. Ability to aggregate data centrally
- k. Ability to provide Electronic Order entry
- l. Ability to provide E-MARs
- m. Ability to direct Lab / X-ray digitally to chart/provider with failsafe measures to avoid missed data
- n. Collects timing on activities to meet Performance Indicators
- o. Reduced liability risk, possibly reduced liability insurance costs



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CONMED Medical Providers have used electronic health records for over 16 years. We have the broadest experience and deepest knowledge of these products in the industry.

Electronic MAR

The electronic MAR is one of the strongest elements in the suite of EMR capabilities. With this function there is the highest degree of accuracy in the passing of medications, the quickest and most concise method of determining missed medications, and the only method that allows medical administrators to have "real time" knowledge of each medication pass. Features such as bar coding medications, inmate bar coded IDs, and scanning techniques make this a modern and high quality process.

14. Pharmaceutical and Medical Supplies

CONMED will supply all prescription and non-prescription medication, medical supplies, dentures, and prosthetic devices necessary for the proper care of detainees at the Roanoke City Jail. CONMED will also supply all appropriate forms, office supplies, medical records, supplies, books, and periodicals.

CONMED will not be financially responsible for AZT and other AIDS-related medication, or Hepatitis C treatments, but will order such medications on behalf of detainees of the Roanoke City Jail from our professional pharmacy sub-contractor as indicated.

All medications will be ordered by the responsible physician and records of administration will be properly maintained.

15. Special Medical Program

The CONMED special medical needs and chronic care program begins with the identification of such special medical needs and/or chronic illness at the intake screening. Once a special medical need or chronic condition is identified at intake, several steps are taken as follows:

- Inmates are asked to sign a Request of Information so that medical staff can accurately verify medications including dose, frequency of administration, and brand.
- Once medications are verified, medications are bridged from clinic stock and a 30-day patient-specific supply is ordered from the contracted pharmacy.
- The on-site or on-call provider is contacted for additional orders until the inmate is seen by a provider.
- The inmate is scheduled for a health appraisal physical with a prescribing provider which will also serve as the first special medical needs / chronic care clinic visit (unless the inmate's condition warrants evaluation more expeditiously).
- During the health appraisal physical or during special medical needs / chronic care clinic visits, the provider will assess medications, order clinically necessary diagnostic tests, and write orders for continuing special medical needs / chronic care evaluation not to exceed 90 days in duration and more frequently if clinically indicated.

Once a detainee is enrolled in a special medical needs / chronic care clinic, they are tracked through electronic means. Common special medical needs / chronic diseases include:

- Hypertension
- Seizure disorder
- Diabetes
- Asthma/COPD
- HIV
- Heart disease/lipid disorder
- HIV
- Liver Disease
- Any other chronic disease deemed appropriate by the Medical Director



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CONMED's site Medical Director will develop a written, individualized treatment plan for inmates requiring close medical care or supervision, e.g., those inmates with chronic or convalescent care, suicidal tendencies or a history of seizures, etc. The treatment plan will include directions to healthcare and other personnel in care and supervision of the patient, as well as any required pharmacological support.

16. Health Education

CONMED will conduct an ongoing health education program for inmates and correctional officers at the Roanoke City Jail, and its own medical and mental health services staff, designed toward raising the level of inmate health and healthcare. CONMED will provide a health education program and will also include health-related literature and videos. CONMED will provide an orientation regarding available medical services and disease prevention education for newly committed detainees. CONMED will develop and deliver a health education program including, but not limited to, HIV/AIDS education, substance abuse education (alcohol and drugs), management of violent behavior, impulse control, personal hygiene, pre-natal care, OB/GYN, women's health subjects (including family planning), parenting and dental hygiene. This program will be made available to all detainees. CONMED has an extensive library of health educational video programs available.

CONMED staff will provide education regarding HIV/AIDS, including living with the disease and prevention of the spread of the disease, and will provide support for peer education groups where they exist. CONMED will provide Facility staff with training regarding OSHA Guidelines, suicide precautions, mental health and medical emergencies, and chronic disease identification and management. CONMED will designate a healthcare staff member to participate in Facility new employee orientation. Such healthcare education and training programs will include, but not be limited to, at the Roanoke City Jail's request, programs in first aid, signs and symptoms of chemical dependency, and responses to medical emergencies.

Nursing staff will receive additional training topics, such as suicide awareness and prevention, HIV/AIDS, hepatitis, tuberculosis, alcohol or drug dependency, blood-borne and airborne pathogens, etc. Roanoke City Jail staff is invited to participate in any of these continuing education programs.

17. Administration

CONMED will provide and manage the delivery of an up-to-date healthcare program for the inmate population within the Roanoke City Jail that appropriately approximates the care offered to citizens in the local community, and meets or exceeds all of the Specifications and Program Requirements of RFP 10-07-04. CONMED is well aware of the stringent Constitutional requirements to meet a level of care comparable to that which is found in the community. CONMED is also aware of the high standards for care set by the auditing bodies and that this must be maintained at all times and is fully familiar with and complies with the Standards for Health Services in Jails, as published by the National Commission on Correctional Health Care (NCHC). CONMED is aware of the potential for litigation that may occur for failure to meet applicable standards. CONMED is aware of the frequent occurrence of poor health and hygiene exhibited by inmates in County Detention Centers. CONMED is aware of all of these factors and has been working successfully in this environment for 25 years. CONMED is extremely proud of our 25 year record of passing every audit. This is an accomplishment that does not happen without meticulous attention to detail on quality.

18. Support Services

CONMED successfully provides the support services described in Section 6.C of the RFP on an ongoing and continuous basis for all of its contracted facilities. The close proximity of CONMED's headquarters (within driving distance), the fact that the company's Chairman and Chief Executive



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Officer, Richard W. Turner, PhD, lives in Richmond VA, and the quality of our current support of our other accounts in Virginia, as demonstrated by their Accreditation and audit success, all combine to confirm our ability to provide the support desired by the Administration of the Roanoke City Jail.

A detailed discussion of the professional management services we will provide to the Roanoke City Jail is provide earlier in this proposal, in our response to Section 6.C

19. Equipment

CONMED will, at its expense, provide repairs or replacement from direct loss or damage to property or equipment of the Sheriff's Office caused by negligence of health care staff. CONMED will maintain all medical equipment warranties. CONMED will notify Roanoke City Administration regarding any equipment necessary for the delivery of proper care that is damaged and beyond reasonable repair in a timely manner so as to insure there is no loss in provision of medical services to detainees.

20. Transportation

Whenever off-premises care is required, CONMED will coordinate with the security staff when arranging transportation to allow security staff to provide correctional officer security coverage. It is understood that the Sheriff's Office will provide transportation of inmates between the jail facility and medical facility for routine/non-emergency care requirements. It is further understood that CONMED will be responsible for arranging emergency ambulance services when deemed necessary by CONMED medical staff, as well as the cost of such emergency ambulance services. It is understood that the Sheriff's office will provide and pay for security in connection will all transportation.

21. Medical Treatment Co-payment Program

CONMED will support the implementation of a medical treatment program that requires inmates to pay part of the cost associated with providing treatment, as set forth by Sheriff's Office procedures. We have experience with the administration of such co-pay programs at many of our other contracted facilities.

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Continued on the Following Pages

**GENERAL SPECIFICATIONS**

A. Standards

CONMED will provide medical services in complete accordance with Virginia Minimum Standards for Jails and Lockups, ACA standards and NCHC standards, CONMED will fully comply with HIPPA and OSHA rules and regulations, as well as with all Federal, State, Local and Roanoke City Jail laws, rules and regulations.

CONMED will maintain copies of all licensing and accreditation for all hospitals and/or clinics utilized, and this documentation will be made available to the Roanoke City Sheriff's Office Administration upon request.

B. Personnel

CONMED's recruiting and personnel practices are described earlier in this proposal. We acknowledge that the final selection of candidates for employment will be subject to approval by the Roanoke City Sheriff's Office Administration, and that this approval shall not be unreasonably withheld.

CONMED will only engage licensed and qualified personnel to provide professional coverage. All professional medical staff providing services under this contract will be licensed to practice in the State of Virginia.

CONMED will require all candidates to make an on-site visit to the Roanoke City Jail facilities prior to formal decision of employment.

CONMED acknowledges that all personnel will be required to pass a background investigation conducted by the Roanoke City Sheriff's Office as a requisite for initial and/or continued employment. And that the cost of this investigation will not be the responsibility of the CONMED.

All personnel will comply with current and future state, federal, and local laws regulations, court orders, Administrative Regulation, Administrative Directives, and policies and procedures of the Roanoke City Sheriff's Office.

CONMED acknowledges its responsibility for paying any and all State and/or Federal income, social security and unemployment taxes for the CONMED and its employees, and for paying any applicable workers' compensation coverage for its employees and any unemployment taxes due to the earnings of its employees.

C. Administrative

CONMED will design and implement policies, procedure and protocols for the healthcare unit and medical staff at the Roanoke City Jail, as discussed in Section 6.C.6 – Policies and Procedures. CONMED acknowledges that all policies and procedures are subject to review and approval of the Sheriff for the City of Roanoke.

CONMED will be responsible for ensuring that its staff will report any problems and/or unusual incidents to the Sheriff or his designee.

CONMED will represent the Roanoke City Jail health unit in discussions with local civic groups and/or visiting officials as mutually agreed upon by CONMED and the Sheriff for the City of Roanoke.

CONMED will complete employee evaluations for its staff at the Roanoke City Jail, in accordance with the City of Roanoke guidelines, as requested by the Sheriff for the City of Roanoke.



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CONMED will monitor the status of inmates admitted to outside hospitals and ensure that the duration of hospitalization is no longer than medically indicated. Please see CONMED's detailed discussion of UM/UR in **Section 6.D.8 – Hospital Care**.

CONMED will be responsible that the medical records of the inmates of the Roanoke City Jail will be properly documented in accordance with the approved medical records format. Please see CONMED's detailed discussion of Medical Records and EMRs in **Section 6.D.13 / 13.a**.

D. Schedules

All CONMED employees will comply with the sign-in/sign-out procedures for the Roanoke City Jail, as agreed to by the Sheriff and CONMED.

CONMED will provide medical and mental health services to the Roanoke City Jail at the staffing levels proposed in the staffing matrices provided in this response. Should there be a vacancy in any position, CONMED will be responsible for replacing personnel in such position, with all replacements subject to the approval of the Sheriff for compliance issues. Please see CONMED's detailed discussion of its recruiting practices in **Section 6.B – Personnel Services** of this response.

E. Security

CONMED acknowledges that all its personnel will be subject to all the security regulations and procedures of the Roanoke City Jail.

F. Referrals

1. CONMED will arrange referrals to medical specialists as deemed necessary and appropriate by the medical director for those inmates with problems which may extend beyond the scope of services provided on-site, subject to the approval of the Sheriff or his designee.

CONMED will define the limits of its responsibility for the cost of such specialist visits and/or outpatient services as part of our pricing proposal.

2. As part of CONMED's current health services contract with Western Virginia Regional Jail, CONMED has an agreement with Carilion Clinic to provide services for those inmates who require treatment and/or services which extend beyond the scope of services provided on-site. Carilion Clinic has an extensive network of specialist physicians and services that are available for inmates requiring such services, including two (2) hospital facilities in Roanoke. CONMED's medical staff will make every effort to treat inmates on-site, but will reserve the right to refer an inmate to an off-site facility as deemed medically necessary and appropriate by the medical director.

CONMED will define the limits of its responsibility for the cost of inmate hospitalization as part of our pricing proposal.

3. CONMED, with assistance from the Roanoke City Jail Administration, will seek to obtain health insurance information for inmates requiring services rendered by CONMED. CONMED will seek reimbursement from any lawful, applicable third-party payers which shall be the property of CONMED.
4. CONMED will assist the Roanoke City Sheriff's Office in establishing an agreeable method of charging and collecting co-payment fees for medical services rendered to inmates in accordance with the minimum standards established by the Virginia Board of Corrections.

G. Quality Improvement / Action Program

CONMED will provide in-service medical education programs for the Roanoke City Sheriff's Office personnel and the CONMED's personnel.



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Personnel files of CONMED's medical and mental health staff at the Roanoke City Jail will be kept in the HSA's office and maintained by the HSA, and available to Roanoke City Jail Administration upon request.

CONMED will institute a Quality Improvement Program and participate in Medical Audit Committee (MAC) meetings, as is discussed in detail in **Section 6.C – Program Support Services**.

H. In-service Training

Please see CONMED's description of In-service Training in Section 6.B. – Personnel Services in this response.

I. Orientation of New Employees

Please see CONMED's description of Orientation and Training of New Personnel in Section 6.B. – Personnel Services in this response.

J. Adjustments to Price

CONMED acknowledges that should the Roanoke City Sheriff's Office and CONMED mutually agree to a change in the scope of the program at anytime during the contract term, CONMED may be allowed to adjust the contract price accordingly as mutually agreed upon by the parties.

K. Modifications and Amendments to the Contract

CONMED acknowledges that any changes in contractual provisions of services to be furnished under the contract will be made only in writing and must be approved mutually by an authorized agent of each party to the contract, and that such changes shall take effect only after a proper amendment has been signed and executed by all parties.

L. Security of Inmate Files

CONMED acknowledges that all inmate files are confidential, and CONMED will ensure that all policies and procedures for safeguarding the confidentiality of such files will be honored by its staff. CONMED acknowledges that its staff will be allowed access to inmate files only as needed for the performance of their duties related to the contract, and in full accordance with the rules established by the Roanoke City sheriff's Office.

M. Research

CONMED will not conduct research projects involving inmates, other than projects limited to the use of information from records compiled in the ordinary delivery of patient care activities, without the prior written consent of the Roanoke City Jail Administration. The conditions under which the research will be conducted will be agreed upon by CONMED and the Sheriff and will be governed by written guidelines. In every case, the written informed consent of each inmate who is a subject of such a research project will be obtained prior to the inmate's participation as a subject.



## STAFFING PROPOSAL

### 1. Staffing and Schedules

CONMED is proposing to provide fully-qualified professional healthcare employee staff to deliver healthcare services coverage at the Roanoke City Jail. CONMED has a complete understanding of the types of services required, the population served, the physical facility characteristics, and the proposed staffing matrix. CONMED is confident that we will be able to provide the required level of care consistent with NCCHC guidelines, meeting and exceeding State of Virginia audit requirements. CONMED is also confident that we will be able to fill the new and vacant positions with appropriate well-qualified staff as proposed. As a corporate pledge, we strive to fill each position with the best person available.

### 2. Proposed Staffing

The CONMED 24/7 staffing proposal includes a full-time, on-site Health Services Administrator (HSA) who will have general responsibility for the successful delivery of healthcare services at the facility, pursuant to the contract. Clinical requirements on weekdays will be covered by the combination of the HSA Registered Nurse (RN), other Registered Nurses (RN), Licensed Practical Nurses (LPN) and Med Techs/EMT's and/or Certified Nursing Assistant (CNA). Day shift coverage on weekends and holidays will be provided by a LPN, . Evening and Night shift coverage will be provided through the use of LPN's and EMT's. CONMED's staffing proposal is based on the assumption that a full-time, on-site administrative assistant (clerical) to provide administrative support to the HSA, including filing, typing, record keeping, and a full time medical records clerk will be part of the team.

An RN may appropriately delegate clinical duties to a LPN or EMT. CONMED makes every effort to comply with all State and National professional standards, rules and regulations in providing staff to our contracted facilities. The LPNs will assist in Medical Sick Call Clinics and assist in medical procedures and other duties, as assigned, and within the Virginia Board of Nursing Scope of Work for that position.

A description of the key positions of the CONMED approach to staffing is provided below:

#### Health Services Administrator (HSA)

This is a key leadership position. CONMED will engage a well qualified Registered Nurse (RN) with leadership skills for this position. Our requirement for experience and training for this position is set very high. The person selected will report on operational matters directly to the CONMED Regional Vice President – Mid Atlantic Region, Steven Williams. The HSA will be responsible for maintaining the quality of the program, staffing, and budget compliance. The HSA will be responsible for administering and managing all healthcare operations on-site and will take calls at all other times. The HSA will be responsible on a day-to-day basis to serve as the liaison between the medical department and the Roanoke City Jail Administration.

All of our HSAs receive support from the HSAs at other facilities where we are providing contracted county detention center medical programs, specifically in this case, at the Western Virginia Regional Jail. In essence, with CONMED, the strength of the HSA is multiplied through the extensive use of back-up resources.

#### Medical Director

The Medical Director is a key role in the Medical Department. The Medical Director will play a continuous role in overseeing the medical aspects of the program. The Medical Director will visit Roanoke City Jail regularly for the direct delivery of healthcare services and treatments to the inmates. The Medical Director will manage all complex cases by referral other staff. The Medical



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Director will closely follow the care of all inmates who may be admitted to the hospital. The Medical Director will also oversee the Chronic Care Clinics. The Medical Director will have ultimate responsibility for supervision of all medical and clinical staff; nursing personnel will be responsible for intermediate levels of supervision of such staff. The current physician will be retained in the role of Medical Director, bringing to the role her experience with the Electronic Medical Records system (CorEMR) currently used at the Western Virginia Regional Jail.

The Medical Director will report to Robert B. Younes, M.D., CONMED's Regional Medical Director – Mid-Atlantic Region. CONMED Medical Directors meet on a monthly to discuss operational and healthcare issues pertinent to correctional healthcare. The Medical Directors are invited to an annual Medical Directors' meeting, at CONMED's expense.

3. On Call

The CONMED Medical Director, and HSA will be on call to the facility on a 24 hours per day, seven days per week, 365 days per year basis, and will be able to respond by telephone when notified of a bona-fide emergency.

4. Position Descriptions

All persons providing medical services will have written job descriptions and will meet applicable State of Virginia licensure requirements. Please see **APPENDIX 2** for copies of the Position Descriptions that comprise the proposed staffing matrix.

5. Staffing Matrix

The proposed staffing matrix for 24/7 coverage is based on CONMED's experience at other similar size facilities and is specifically responsive to the requirements indicated by the Roanoke City Jail Administration. CONMED believes this approach to staffing will assure the consistent delivery of high quality healthcare services for all inmates at the Roanoke City Jail.

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**EXHIBIT 3 TO CONTRACT  
CorEMR IMPLEMENTATION PLAN**



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**CorEMR Implementation Plan**

Since operational transition should be allowed to progress before introducing a major new project, at this point an August / September "go-live" start date for the implementation of the CorEMR Electronic Medical Records system is realistic. The main factors are the server set-up and JMS integration. Once those items are in place, the other processes go very quickly. The JMS integration will require some data fields from the JMS to be sent to a file where CorEMR can go retrieve the data. This "feed" should occur every 5-10 minutes to keep the data accurate.

**Hardware Procurement**

Servers	QTY= 1 (Comparable to Dell 2970)
Laptops	QTY= 1 per medication cart
Document Scanners	QTY= Conmed decision
Bar Code Scanners	QTY= Conmed decision
Signature Pad	QTY= Conmed decision

The current facility server may be used if available, and having adequate capacity. Delivery of hardware is determined by hardware availability from vendors. IBM / Dell servers are typically two weeks out on delivery from purchase date. Facility will also need a SQL license.

Many of the processes described below can run concurrently:

**Server/Database setup**

**Schedule**

Install server(s) operating system and configure remote connectivity for CorEMR software installation and going forward support.	<ul style="list-style-type: none"> <li>• If existing server is not adequate, Order server/servers from vendor and plan for a two week delivery timeline.</li> <li>• Configure server - CorEMR 3 days</li> <li>• Establish remote connectivity. 3 days</li> <li>• Testing – 1 day</li> </ul>
Configure Web server	
Configure Database server	
Install CorEMR software on server	
Test server configuration	

**Application setup**

Problems lists	<ul style="list-style-type: none"> <li>• Set-up and confirm the accuracy of these lists. 1 day</li> </ul>
Task Category lists	
Med Pass time slots	
Drug Formulary lists	
Scanned Document Types	



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**Interfaces**

Receive a real-time data push from JMS/OMS system feeds into CorEMR	<ul style="list-style-type: none"> <li>1 week after connectivity is established and application setup is complete.</li> </ul>
Configure Pharmacy interfaces	
Testing of all Interfaces	

**Final CorEMR Configuration Last 20 days before go live**

Define user roles	<ul style="list-style-type: none"> <li>Concurrent with interface work performed. 3 days</li> <li>Document/Chart scanning will be determined by Facility. But typical transition from paper to electronic charts is to pick a start date for using electronic records and from that point on no more paper charts are kept. Paper documents are scanned into the EMR on an as needed basis.</li> </ul>
Forms and Triggers – Conmed standards	
Create users	
Document/Chart scanning	

**Training/Testing Last 10 days before go live – *If needed* since CONMED staff is already trained on the software.**

Train Power Users	<ul style="list-style-type: none"> <li>4- 6 Hrs online training</li> </ul>
Train System Administrators	
Train on Forms Creation Tool	<ul style="list-style-type: none"> <li>2 Hrs.</li> </ul>
Training Schedule of end users	<ul style="list-style-type: none"> <li>Online / Onsite training</li> </ul>

**Note:** Schedule of deliverables subject to change due to the complexity of the interface integrations and hardware procurement delays.



## COST PROPOSAL

### OVERVIEW

It is CONMED'S firm belief that the proposed staffing and services will ensure the provision of cost effective high quality healthcare for the inmates at the City of Roanoke Jail. This belief is based on our 25+ year experience providing these exact services in Municipal / County Jails across the country. CONMED has never inconvenienced the clients we serve or the administrators we work with by calling for mid-contract re-negotiations or increases due to inappropriate "low-ball" bidding practices. We have sufficient experience in providing correctional healthcare services to be able to stand behind our proposals with continuous uninterrupted and high quality healthcare services.

CONMED programs emphasize streamlined protocols, selection of quality highly skilled and dedicated personnel with continuous management oversight. The net effect is a cost effective program that is more effective and efficient, and compliant with appropriate standards.

Implementing a cost effective program that maintains responsiveness and quality of healthcare services is a function of both the selection of the appropriate staffing and focusing these resources on the appropriate services. Our proposal is based on our experience with recruiting and retaining qualified people in similarly sized facilities and on our knowledge of current and competitive salary costs and the projected increased costs of health care.

We look forward to providing the City of Roanoke Jail with same high quality, cost effective healthcare as enjoyed by our other correctional facilities.

### ANALYSIS

Our corporate Chief Medical Officer, Howard Haft, MD, MMM, CPE is active in regional and national healthcare market analysis. In addition to his day to day business experience in this market he also teaches healthcare market analysis at the Georgetown University Graduate School of Business. Our Chairman and Chief Executive Officer, Richard Turner, Ph.D. is a veteran healthcare administrator with decades of experience in the healthcare market. The pricing methodology used in the preparation of our proposal is based on current costs and reasonable projections of market variations in the near future.

### PERSONNEL COSTS

The goal in pricing personnel costs is to have realistic competitive pricing that will allow adequate staffing and minimize employee turnover. We are keenly aware of the regional Nursing shortage, the sharp rise in Nursing salaries and the tight labor market. Our goal is to secure a stable and highly qualified staff. We understand how difficult that has been in many areas over the past several years. We will provide competitive salaries, opportunities for advancement and a good workplace atmosphere as our strategic approach to staffing. Having excellent and satisfied staff is the key to every successful program. The majority of our costs go directly into employee salary, benefits and development.

A qualified site administrator is of key importance to team success. Their salary will reflect their value to the institution. It is our intent to provide competitive salaries at market rates. This will have the effect of stabilizing the staff and assuring strong continuity in the leadership over the transition.



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#### **PHARMACY COSTS**

CONMED has many years experience managing pharmacy services for our contracted facilities, working in a sub-contractor relationship with a leading correctional pharmacy provider – Correct RX. The strength of our relationship with them has allowed us to obtain the most favorable pricing and support services structure available. It is this relationship, combined with our ability to effectively manage the use of formulary medications whenever appropriate that allows us to offer City of Roanoke Jail a fixed price for pharmaceuticals on an annual basis.

#### **AGGRESSIVE COST CONTAINMENT**

CONMED strives to keep down the cost of inmate health care services. Use of evidence based medicine, careful formulary selection, selected network of out of facility care providers are just a sample of our monthly statistical reporting that will help to keep down the cost of inmate health care services.

CONMED strives to contain rising costs on a daily basis, in every one of our supported facilities. We have identified the following issues, and aggressively pursue the strategies noted in an attempt to hold the line on rapidly increasing healthcare costs.

In every case possible CONMED will utilize telephone consultations, in house evaluations and other available methods to identify and address health issues before they become critical. In critical care situations, our personnel triage the patient and consult with the staff Physician whenever possible before activating emergency medical transport.

Not only does this help control the cost of medical services, but it will also provide reductions in correctional staffing costs. When inmates are treated in your facility instead of being hospitalized, you will not have to pay for the staff salary, and possible overtime, required to transport and maintain custody of the inmate during the hospital stay. Over the course of a year, this can result in significant savings

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EXHIBIT 4 TO CONTRACT  
CONTRACTOR REVISED COST PROPOSAL  
& STAFFING MATRIX



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**REVISED COST PROPOSAL & STAFFING MATRIX B – June 8, 2010**

Important: Please note that the original staffing proposal submitted on May 14, 2010 has been modified to the staffing matrix shown on the next page. Changes have been made to the Medical Records Clerk hours, the Mental Health Case Manager position has been omitted, and the Sunday coverage has been reduced by one (1) Med Tech per shift. The Provider coverage remains the same with a 30 hour per week Physician. The proposed cost for Year #1 for the services described in CONMED'S response to RFP #10-07-05, with the staffing modifications shown in the attached staffing matrix, and as required by said RFP for will be as shown below:

		Annual Allocation
(A)	Staffing <sup>(1)</sup>	\$ 1,158,780
(B)	Employee Education, Recruiting, Orientation	\$ 31,820
(C)	On Call Expense	\$ 17,813
(D)	Lab and Diagnostics	\$ 26,101
(E)	Medical Supplies	\$ 18,620
(F)	Telephone, Communications, Computers, Office Supplies, Equipment,	\$ 45,882
(G)	Pharmacy <sup>(2)</sup>	\$ 246,660
(H)	Out of Facility and Excluded Medications Capitation	\$ 120,000
(I)	Insurance	\$ 27,240
(J)	Administration, Overhead and Margin	\$ 102,784
	<b>Total Annual Cost</b>	<b>\$ 1,795,700</b>
	EMR Software License, Install, Training <sup>(3)</sup>	\$ 12,500
	EMR Usage Fee (based on 600 ADP) <sup>(4)</sup>	\$ 10,800
	<b>Total Annual Cost with EMR</b>	<b>\$ 1,819,000</b>

- (1) Wages, Benefits, Paid Time Off, Overtime, Payroll taxes, and Workers Compensation Insurance.
- (2) Excluding cost of medications for HIV/AIDS, Hepatitis C, Blood Coagulation Disorders, Chemotherapy
- (3) The total cost of EMR Software License, Install, Training is \$25,000, which is being divided between Year 1 and Year 2 of the contract
- (4) The EMR user fee is estimated at \$10,800 for Year 1, based on an Average Daily Inmate Population (ADP) of 600 inmates and calculated at the rate of \$1.50 per inmate per month.

6/3/2010



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Position	Medical / Mental Health	Shift								Week Total
			Sun	Mon	Tue	Wed	Thu	Fri	Sat	
Medical Director	Medical	Day		6	6	6	6	6	6	30
Midlevel Provider PA/NP	Medical	Day								
HSA	Medical	Day		9	9		9	9		36
Assistant HSA (LPN)	Medical	Day		10	10	10	10			40
Administrative Assistant	Medical	Day		8	8	8	8	8		40
Medical Records Clerk	Medical	Day		8	8	8	6			30
DON (RN)	Medical	Day			10	10	10	10		40
RN Intake	Medical	Day		16	8	8	16	16		64
LPN (Clinic sick Call Nurse)	Medical	Day	8	8	8	8	8	8	16	64
Med Tech (EMT)	Medical	Day	8	8	8	8	8	8	8	56
Med Tech (EMT)	Medical	Day	8	8	8	8	8	8	8	56
LPN	Medical	Eve	8	8	8	8	8	8	16	64
Med Tech	Medical	Eve	8	8	8	8	8	8	8	56
Med Tech	Medical	Eve	8	8	8	8	8	8	8	56
LPN	Medical	Night	8	8	8	8	8	8	8	56
Mental Health Professional	Mental Health	Day		8	8	8	8	8		40
Psychiatrist	Mental Health	Day			4	4				8
Dentist	Medical	Day						4		4
Dental Assistant	Medical	Day						4		4
Total Hours			56	121	127	118	129	121	72	744

Note: The day/hour slots indicated for the Physician, HSA, Dentist and Assistant, and Psychiatrist coverage are only meant to illustrate one possible schedule. The final schedule is subject to availability of the Professional staff member and to final approval from the City of Roanoke Jail Administration.



## RECRUITING OF EXISTING AND NEW STAFF / TRANSITION PLAN

Over the last 25+ years, CONMED has a proven track record of successful transition of correctional healthcare services when starting up service at new customer facilities. Our transition strategy is based on the following three core concepts:

- Keep that which currently works.
- Identify and fix outstanding problems.
- Incremental migration to newer and better processes.

Immediately upon execution of the Contract, CONMED will meet with City of Roanoke Jail Senior Facility Administration to compile a list of retention employees working under the current contract, and will offer positions as applicable. Further recruitment is an on-going process by advertising in local papers. The most valuable tool in recruitment is networking. CONMED contacts local training programs, provides incentives to existing staff for leads, and contacts other local healthcare facilities to develop a network of referral applicants.

### Maximizing Existing Resources

CONMED believes that the most valuable resource available to a facility and its healthcare program is the already trained and assembled staff. Our goal is to preserve the portions of that staff who are valuable and enhance their skills and capabilities over time.

During the transition period, CONMED evaluates the current personnel and makes offers to those who add value to the provision of services. The designation of valuable staff will be done in cooperation with Roanoke City Jail Senior Facility Administration. Occasionally, facility administrators may desire staff changes that are easy to accomplish at the time of contract turnover, but may be difficult to accomplish at other times.

After determination of the desired employees, CONMED proceeds to offering positions. Our experience in these transitions is that virtually all of the employees to whom offers are made will be retained. Our high retention rate is related to our attractive compensation and benefit package, as well as our solid reputation for treating employees fairly.

### Keep That Which Currently Works

Our primary goal in transitioning a facility's healthcare service is to avoid any major interruptions in service. Even though the healthcare contractor changes, the facility still has the same day-to-day operational requirements. The last thing any correctional facility wants or needs is a disruption in inmate healthcare services.

To this end, we initially leave existing systems and personnel in place to the fullest extent possible. In our experience, the majority of the existing staff will desire to keep their existing jobs at a facility when the contract is re-awarded, if given the chance. Utilization of existing staff has two very important advantages:

- No noticeable interruption of service, since the desired personnel are still in place.
- Reduction or elimination of ramp-up time required to hire, investigate and train significant new staff.



Our experience has shown repeatedly that the most successful transitions are those in which existing staff are employed by the new contractor, and continue to perform their daily job functions with as little interruption as possible.

#### Recruitment of New Staff

Initial recruitment to fill open positions will be an intense process, involving advertising in local papers and utilizing web-based recruiting networks, as well as regional and national healthcare personnel placement organizations. We will also recruit from within our existing cadre of over 970 health care professionals to identify candidates willing to relocate. The most valuable tool in recruitment is networking. CONMED will contact local training programs, provide incentives to existing staff for leads, and contact other local healthcare facilities to develop a network of referral applicants. CONMED's staff at the Western Virginia Regional Jail will serve as a source of referrals for candidates to fill open positions, while also providing a source for PRN coverage.

CONMED Human Resources Programs are designed to help us attract the most qualified candidates and to retain these valuable team members on a long-term basis.

CONMED is acutely aware that the causes of the current nursing shortage are interconnected and ongoing and that addressing the shortage is a difficult task. CONMED recognizes the fact that nurses are the largest group of healthcare professional providing direct care in county correctional facilities and the quality of care is strongly linked to our ability to obtain and retain healthcare contracts with various county governments.

Recognizing that our ability to staff our facilities is key to both current and future business opportunities, CONMED has redefined its retention and recruitment strategies. We believe that now is an opportune time to rethink how we retain, attract, and provide growth opportunities for nurses and other healthcare providers. We are striving to think outside our normal paradigms to create long-term solutions to our workforce shortages. We have developed and implemented techniques and strategies that can be sustained -- building interest and image and cultivating a positive workplace culture and sense of community.

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**TRANSITION IMPLEMENTATION SCHEDULE**

Facility: City of Roanoke Jail  
 Facility Address: 324 Church Avenue  
 Roanoke, Virginia  
 Contact: To Be Determined  
 Telephone No: To Be Determined  
 Contract Execution Date: To Be Determined  
 Contract Start Date: July 1, 2010  
 Transition Team Leader (TTL): Ron Grubman

**Section I – Operations / Business Development / Transition Team Leader (TTL)**

Activity / Task	Team Member	Completion Due Date	Actual Completion Date	Comments	Signature When Completed
1 Provide TTL with RFP, contract, contract amendments and budget with approved staffing matrix with salaries for each position.	Larry Doll	Four weeks prior to start date			
2 Review contract deliverables and personnel needs to implement contract transition.	Larry Doll, Ron Grubman	Four weeks prior to start date			
3 Assign a contract-specific Transition Team Leader (TTL) along with nursing and administrative support.	Ron Grubman	Four weeks prior to start date	5-10-10	Ron Grubman, Helen Sneed, Royce Evans, Ms. Peters (WVRJ), Liz Bouie(Henrico)	HS
4 Obtain facility administration contact information and provide key contact information for CONMED personnel.	Larry Doll	Four weeks prior to start date			
5 Prepare budget for final approved staffing matrix with salaries for each position	Helen Sneed,	One week prior to start-up			
6 Schedule an initial facility meeting with key Facility personnel and CONMED Management / TTL.	Larry Doll, Ron Grubman, Helen Sneed,	Three weeks prior to start-up			
7 Schedule meeting with existing medical staff, if possible.	Helen Sneed, Royce Evans	Four weeks prior to start date			



Activity / Task	Team Member	Completion Due Date	Actual Completion Date	Comments	Signature When Completed
8 Obtain approval for, and schedule, additional Facility visits prior to contract start; publish calendar of additional visits with visiting CONMED team members.	Ron Grubman	Four weeks prior to start date			
9 Request an inventory of medical equipment and supplies, computers, fax machines, printers, copiers, and telephones available to CONMED upon contract start.	Ron Grubman	Four weeks prior to start date			
10 Obtain security clearance for CONMED Management and Transition Team members.	Ron Grubman	Two weeks prior to start date			
11 Notify Medical Waste vendor to establish a site-specific account; schedule adequate removal schedule.	Ron Grubman	Three weeks prior to start date			
12 Establish a TPA account for out-of-facility medical expenses.	Damon O'Toole	Three weeks prior to start date			
13 Notify Medical Supply vendor to establish a site-specific account.	Ron Grubman	Three weeks prior to start date			
14 Notify Lab vendor to establish site-specific account with an effective date. Determine mechanism for STAT lab services.	Ron Grubman	Three weeks prior to start date			
15 Confirm existing Facility CLIA certification and obtain copy from administration. Initiate CLIA waiver if not in place, but required.	Ron Grubman	Three weeks prior to start date			
16 Notify pharmacy vendor to establish a site-specific account with an effective date. <ul style="list-style-type: none"> <li>Identify back-up pharmacy(s).</li> <li>Set plan for continuity of medication administration with pharmacy vendor, medical management, and operations.</li> <li>Place order for sufficient clinic stock to be delivered 3-5 days prior to contract start.</li> <li>Obtain necessary DEA registrations.</li> </ul>	Ron Grubman	Three weeks prior to start date			
17 Set up conference calls with outgoing vendors to address continuity.	Ron Grubman	Three weeks prior to start date			



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Activity / Task	Team Member	Completion Due Date	Actual Completion Date	Comments	Signature When Completed
18 Obtain Facilities KOP policy and list of drugs approved for KOP.	Ron Grubman	Two weeks prior to start date			
19 Establish vendor account for Durable Medical Equipment (including oxygen and X-ray)	Ron Grubman	Three weeks prior to start date			
20 Establish site-specific account for office supplies.	Ron Grubman	Three weeks prior to start date			
21 Obtain security clearances for vendors / Independent contractors	Ron Grubman	Two weeks prior to start date			
22 Work with medical supply vendor to set par levels for site inventory and ensure that par levels are stocked at site on start date.	Ron Grubman	One week prior to start date			
23 Obtain a list (electronically, if possible) of inmates and active prescriptions.	Ron Grubman	One week prior to start date			
24 Have electronic copies of CONMED's letterhead (with Facility address/phone number); fax cover sheet; memo format; etc., sent to HSA.	Ron Grubman	Start Date			
25 Establish UM / UR account	Ron Grubman	Two weeks prior to start date			

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**Section II – Medical / Mental Health**

	Activity / Task	Team Member	Completion Due Date	Actual Completion Date	Comments	Signature When Completed
1	Interview and recruit Physician, Mid-level Provider, Dentist, etc. as required by contract.	Howard Haft, MD Steve Goldberg, MD	Three weeks prior to start date			
2	Sign contracts with medical personnel to meet contract needs. (Physicians, mid-levels, Psychiatrist, LCSW, Dentist, etc.)	Robert Younes, MD, Johannes Dalmasy, MD, Royce Evans	Three weeks prior to start date			
3	Review all inmates on medication	Robert Younes, MD	Two weeks prior to start date			
4	Meet with facility administration.	Robert Younes, MD, Johannes Dalmasy, MD	Two weeks prior to start date			
5	Set up on call schedule.	Robert Younes, MD	One week prior to start date			
6	Transition pharmacy.	Robert Younes, MD, Ron Grubman	Start date			
7	Determine contacts at Facility's local hospital(s) and establish the providers' list (on-site and off-site specialty providers) with written agreements.	Robert Younes, MD	One week prior to start date			
8	Obtain names of inmates with serious medical/psychiatric conditions that require immediate follow-up upon contract start.	Robert Younes, MD, Johannes Dalmasy, MD	Start date			
9	Share the CONMED pharmaceutical formulary with all prescribing providers.	Robert Younes, MD, Johannes Dalmasy, MD	Start date			

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**Section III – Training and Orientation**

Activity/Task	Team Member	Completion Due Date	Actual Completion Date	Comments	Signature When Completed
1. Designate an experienced CONMED HSA to mentor new HSA and serve as ongoing support person.	Ron Grubman	Three weeks prior to start date	5-10-10	Lisel Browe	HS
2. Develop and implement plan for HSA orientation to corporate departments and requirements.	Ron Grubman	Start date			
3. Develop CONMED training and orientation schedule in coordination with Facility administration for all employees. (New Employee Orientation Manual One and Two, as applicable)	Helen Sneed, Judy Connelly, RN	Start date			
4. Identify existing CONMED Administrative Assistant to train site Administrative Assistant.	Ron Grubman	Three weeks prior to start date			
5. Train/certify HSA in the use of the Oral Stal test.	Ron Grubman	Start date			
6. Set up training for timekeeping system for HSA, and any other additional staff members as needed.	Ron Grubman	Start date			
7. Orientation for contract medical personnel (Physicians, mid-levels, Psychiatrist, LCSW, Dentist, etc.)	Robert Younes, MD, Johannes Dalmasy, MD	Start date			

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Section IV – Human Resources

	Activity / Task	Team Member	Completion Due Date	Actual Completion Date	Comments	Signature When Completed
1	Establish contact with new or existing HSA	Ron Grubman	Immediately upon Contract Signing			
2	Obtain list of current staff by position, status, salary, and other needed demographics.	Ron Grubman	Immediately upon Contract Signing			
3	Schedule a series of meetings / interviews with existing employees at the Facility.	Royce Evans, Ron Grubman	Four weeks prior to start date			
4	Prepare New Employee packets with state-specific withholding forms and benefits enrollment forms.	Royce Evans	Four weeks prior to start date			
5	Present New Employee packets and discuss New Employee paperwork and benefits.	HR Benefits Mgr.	Two weeks prior to start date			
6	Review existing employees at Facility with facility administration.	Royce Evans, Ron Grubman	Four weeks prior to start date			
7	Enter staffing data on spreadsheet for tracking purposes and offer letter merge.	Royce Evans, Ron Grubman	Start date			
8	Confirm licensure / certifications of existing employees.	Royce Evans	Two weeks prior to start date			
9	Determine if Facility will conduct another background investigation for existing employees.	Royce Evans	Four weeks prior to start date			
10	Identify LabCorp testing Facility for employee drug screens.	Royce Evans	Three weeks prior to start date			
11	Order sufficient Oral Stat Kits.	Royce Evans	Two weeks prior to start date			
12	Ensure that drug screens are completed prior to employee start date.	Royce Evans	Start date			
13	Collect new hire paperwork from applicants for start-up.	Royce Evans	Start date			
14	Compile list of local newspapers with publishing schedules for placing ads for new positions	Royce Evans	Four weeks prior to start date			



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Activity / Task	Team Member	Completion Due Date	Actual Completion Date	Comments	Signature When Completed
15 Determine which positions need to be advertised and place ad in local papers and other sourcing avenues; begin advertising initiatives.	Royce Evans	Four weeks prior to start date			
16 Prepare offer letters and transmit to potential employees.	Royce Evans	One week prior to start date			
17 Set up on-site employee personnel files using three-part design (personal, medical, training).	Royce Evans	Two weeks post start date			
18 Inspect Facility for required personnel postings and order if necessary.	Royce Evans	Start date			
19 Have MDs, DDSs and PAs covered on CONMED's liability insurance.	Royce Evans	One week prior to start date			
20 Obtain delegation agreements for mid-level providers.	Royce Evans	Thirty days post start up			
21 Enter payroll data.	Royce Evans	One week prior to start date			
22 Benefits enrollment.	Royce Evans	One week prior to start date			
23 Finalize list of employees to be retained.	Royce Evans	Two weeks prior to start date			
24 Notify employees of effective date of insurance.	Royce Evans	One week prior to start date			
25 Obtain information from CMO/Mental Health to issue Independent Contractor Agreements.	Howard Haft, MD Steve Goldberg, MD, Royce Evans	Two weeks prior to start date			
26 Notify new employees of effective date of health insurance benefits per Company policy.	Royce Evans	One week prior to start date			
27 Notify insurance companies (Workers Compensation, Medical Benefits Carrier(s) to set up a new location.	Royce Evans	Three weeks prior to start date			
28 Obtain Physicians Directory from Workers Compensation company.	Royce Evans	Two weeks prior to start date			
29 Prepare facility HR roster with salary and benefit information.	Royce Evans	One week prior to start date			



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Activity / Task	Team Member	Completion Due Date	Actual Completion Date	Comments	Signature When Completed
30 Review payroll status for new employees to confirm direct deposit.	Royce Evans	Start date			
31 All offer letters and contracts are complete and signed.	Royce Evans	Start date			

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**Section V – Quality Assurance / Standards**

	Activity/Task	Team Member	Completion Due Date	Actual Completion Date	Comments	Signature when Completed
1	Collect copies of Facility's policies and procedures.	Larry Delbridge	Two weeks prior to start date			
2	Determine which, if any, Facility forms require translation and acquire translation service accordingly.	Larry Delbridge	Two weeks post start date			
3	Review all current policies and procedures at Facility.	Larry Delbridge	Start date			
4	Review all standards and accreditations applicable to Facility. Determine dates for any upcoming audits and whether they are new or re-certifications.	Larry Delbridge	Two weeks prior to start date			
5	Ensure completion of all QA/Standards documentation.	Larry Delbridge	Start date			
6	Ensure that all necessary generic manuals and protocols are on site. (Policy and Procedures, Forms Manual, Nursing Protocols, Clinical Protocols, Environment of Care)	Larry Delbridge	Start date			
7	Provide necessary ACA, NCCHC, State Standards, PDR, medical reference books, etc. to HSA / Medical Director.	Larry Delbridge	Start date			
8	Set up QA/Standards visit to Facility to perform baseline compliance audit.	Larry Delbridge	Thirty days post start date			
9	Perform post-contract start-up assessment related to critical systems (i.e. sick call, medication distribution, physical assessments)	Larry Delbridge	Thirty days post start date			

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**Section VI – IT Support**

	Activity / Task	Team Member	Completion Due Date	Actual Completion Date	Comments	Signature When Completed
1	Report necessary computer, printer, fax machine, copier needs to CONMED's IT Department.	Ron Grubman, Damon O'Toole	Three weeks prior to start date			
2	Determine if Facility is sufficiently networked for email, Internet, and timekeeping / payroll needs. Identify Facility IT staff member for assessment and assistance.	Ron Grubman, Damon O'Toole	Three weeks prior to start date			
3	Place order for needed IT equipment; obtain appropriate authorization signatures.	Damon O'Toole	Two weeks prior to start date			
4	Assign cell phone / BlackBerry to necessary staff members and place order after obtaining necessary authorization.	Royce Evans	Start date			
5	Provide list of medical personnel needing CONMED e-mail addresses to Human Resources Department. Ensure e-mail addresses are established one week prior to contract start.	Ron Grubman	Start date			
6	Determine IT needs for electronic medical records (EMR) and provide county with implementation schedule.	Howard Haft, MD	Four weeks post start date			

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**Section VII – Accounting / Finance**

Activity / Task	Team Member	Completion Due Date	Actual Completion Date	Comments	Signature When Completed
1 Update Contract Summary spreadsheet to reflect all billing parameters	Damon O'Toole	Two weeks prior to start date			
2 Obtain performance bonds if necessary	Damon O'Toole	Three weeks prior to start date			
3 Investigate County licensure and tax requirements	Damon O'Toole	Two weeks prior to start date			
4 Compile final budget and financial metrics for site contract and input data into Great Plains accounting program	Damon O'Toole	One week prior to start date			
5 Establish contact with client to determine invoice delivery and payment methods. Include W-9 with first invoice.	Damon O'Toole	Start date			
6 Update Great Plains and corresponding codes in QQuast and Paychex, set up payroll tax withholding system	Damon O'Toole	Two weeks prior to start date			
7 Update FRx report and security for new HSA	Damon O'Toole	One week prior to start date			
8 Determine site specific pay policies, obtain approval, and implement in Paychex / QQuest (i.e. O/T, shift differentials, holidays, pay groups, rounding, meal policy)	Damon O'Toole	Two weeks prior to start date			

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