**RFP 26-85248**

**TECHNICAL PROPOSAL**

**ATTACHMENT Q**

The Indiana Department of Correction Health Services Division provides the highest available quality of care to incarcerated individuals. The [Physical Health](https://www.in.gov/idoc/3622.htm), Behavioral Health and Transitional Health Services provide various services within our facilities as well as coordinating services once released back into the community.

For sections that involve performance measures, the IDOC has the right to add, revise, or delete performance measures and audit tools during the course of the contract.

**Instructions: Please provide answers in the shaded areas to all questions. Reference all attachments in the shaded area.**

***Respondent’s Name:***

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**2.4.1 Scope of Work/General**

The Indiana Department of Correction (IDOC) is seeking a health services vendor that provides high quality, comprehensive health services to approximately 25,000-28,000 incarcerated individuals over the term of the contract resulting from this RFP. These individuals are incarcerated in eighteen (18) adult correctional facilities and three (3) juvenile correctional facilities located throughout the State of Indiana. Transitional Healthcare services will also be provided through staff trained to assist parolees in ten (10) parole districts in obtaining community-based health services including addiction recovery, mental health services, and support for chronic conditions. A complete list of the IDOC correctional facilities along with the custody level of each facility is included in this RFP as ATTACHMENT A – IDOC Facility Security Levels.

The IDOC is currently in the process of constructing a new correctional facility located in Northwestern Indiana. The new facility is projected to open in 2027. The IDOC and the Vendor will agree that an amendment will be entered into in order to address staffing arrangements and any other additional requirements.

All IDOC incarcerated individuals shall have access to services that meet their comprehensive health care needs. The health services to be provided are comprehensive and are to include, but not be limited to, primary care, nursing services, sick call, infirmary care, hospitalization, emergency care, maternal health care unit, chronic care, long term care, dialysis, hospice/palliative care; dental, optometry/optical, physical and occupational therapy, pharmacy services, laboratory services, mental health, illicit substance use/addiction recovery services, medication assisted treatment (MAT) for addiction, electronic medical record (EMR) management, county jail claims management, interstate compact offsite request reviews, transitional health care, ancillary and support services, supplies and equipment, and administration.

The services provided are to meet or exceed Constitutional and community standards; the standards of the National Commission on Correctional Health Care (NCCHC); the standards of the American Correctional Association (ACA); Americans with Disabilities Act (ADA); applicable Indiana statutes (which include, but are not be limited to, IC 11-10-3 et al., and 11-10-4 et al); the applicable policies, procedures, and directives of the State of Indiana regarding the provision of health services to include, but are not limited to, IDOC Health Care Services Directives (HCSD) attached to this RFP as Exhibit 1; recommendations of the Centers for Disease Control and Prevention (CDC); recommendations of the U.S. Preventive Services Task Force; all federal requirements, including any settlement agreement with the United States Department of Justice (DOJ), any court order applicable to Indiana, State policy, procedure, or health care service directive language shall have precedence over the Vendor’s language regarding the same in the event of any conflict between the two. The Vendor will follow all new IDOC Health Care Services Directives as issued. If any requirement of this RFP exceeds the standards of the ACA, NCCHC, CDC, or policies or procedures, the requirements of this RFP shall prevail.

Under current Indiana law IC 11-10-3-6, outpatient claims by medical providers are limited to a Medicare +4% rate, or in the event there is no Medicare reimbursement rate for the service, 65% of the claim. Most inpatient admissions are expected to be covered by either traditional Medicaid or HIP 2.0. Generally, inpatient hospital stays over 24 hours are covered by Medicaid.

***The Respondent should respond to this specification with a statement that it agrees to meet and comply with the specification. The response should also include a narrative that supports Respondent’s ability to meet the scope of work by detailing prior experience, clients, and available resources related to the provision of medical services to institutions.***

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**2.4.2 Administration**

The Vendor shall provide the necessary corporate administrative functions such as time keeping, payroll, personnel functions, billing tasks, obligations payment, telephone, and fax lines for long distance calls, etc. Additionally, the Vendor shall provide sufficient regional administrative staff to provide effective administration, clinical oversight, and quality assurance oversight for this contract. The regional administrative staff will reside in Indiana full time to be near IDOC Central Office and IDOC facilities. The Vendor shall have in place by the contract start date, the essential administrative personnel, and operational policies and procedures for compliance with contract specifications and administration of the health services program.

In the event that the Vendor also operates facilities elsewhere such as county jails or youth facilities in Indiana, the following positions shall not be shared with, or perform duties for, any other contract outside of the IDOC contract. These regional positions are to include Vice President of Operations (VPO), Medical Director, Director of Nursing (DON), Psychiatry, Mental Health, Quality Assurance, Transitional Healthcare, Addiction Recovery Services, and Dental Director.

Notwithstanding any provisions to the contrary, the IDOC reserves and retains the right to maintain and enter into arrangements through grants, contracts, or any other means for the provision of additional health services, including but not limited to grant funded programs, contracts with consultants to serve as senior medical and mental health consultants to provide services such as peer review, mortality review, case review, and contracts for purchasing pharmaceuticals and such other functions as may be deemed necessary by the IDOC.

***The Respondent shall respond to this specification with a statement that it agrees to meet and comply with the specification. Please describe the reports your time keeping system is capable of providing.***

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**2.4.3 Staffing –Minimum Staffing Document**

The Vendor will retain all staff necessary to provide health services within all IDOC facilities according to applicable standards. The IDOC highly prefers a staffing proposal that addresses retention, staffing vacancies, and coverage, in a realistic, practical, and thoughtful way.

Due to the importance of maintaining adequate staffing levels, the Vendor shall comply, at a minimum, with the staffing levels set forth in the Minimum Staffing Document attached to this RFP as ATTACHMENT B – Staffing Document. This Minimum Staffing Document sets the minimum staffing the IDOC believes necessary for services. If the Vendor believes an increase in staffing is required to meet the specifications of this RFP or believes it can deliver more effective care with increased staffing, the Vendor may increase the staffing levels over those set forth in the minimum staffing document. The Vendor’s choice to increase staffing will be at the Vendor’s own cost. After being awarded the contract, when the staffing schedule is increased at the request of the IDOC, the State shall negotiate either an appropriate increase in the per diem or a reduction in the reimbursements due (such reimbursements include the reimbursements due the State by Vendor as specified in this RFP, for example, the reimbursement for contract monitoring, the reimbursement for seat charges, and, if applicable, the reimbursement for staffing paybacks) in order to account for the increase. The aforementioned notwithstanding, a mutual re-structuring of the Minimum Staffing Document that is cost neutral shall not be cause for such a per diem renegotiation.

The Respondent shall complete a staffing plan for all facilities in a spreadsheet format that identifies the number and type of staff by shift. The plan should meet the expectations of this RFP as described in the Minimum Staffing Document. This “staff transition” applies to non-provider staff only. Any changes in nurse practitioners or physicians including site medical directors and psychiatrists must happen within sixty (60) days of the contract award.

This staffing plan should include any administrative staff needed to initiate and to continue delivery of the health services required in this RFP. The plan must also indicate how coverage will be provided for staff on vacation or other scheduled leave of absence. Upon award of the contract, the Vendor shall provide a final staffing plan for each IDOC facility. Deviations from the proposed plan must be approved by the IDOC Executive Director of Healthcare Operations and the Chief Medical Officer for IDOC. The staffing plan will be the basis for staffing throughout the Contract term. This plan will identify the minimum number of management and line staff positions by position title and scheduled hours of service for each position and each institution. The IDOC reserves the right to periodically review the Vendor’s staffing levels.

Any reallocation of positions that impact the staffing plan will be made by mutual agreement between the Vendor and the IDOC. In the event a mutual agreement cannot be reached, the decision of the RFP shall prevail. If, at any time, the staffing plan proves inadequate in practice to meet the incarcerated individuals’ health care needs, the Vendor must increase staff hours to provide the health care needs. The cost of these additional provider hours will be the sole responsibility of the Vendor. An exception to this would be any increase in staffing due to the IDOC’s compliance with a court’s order that requires additional staffing, or an increase necessary due to the opening of a new facility by the IDOC. In such case, the IDOC will negotiate an increase in the per diem with the Vendor.

To cover absences and leaves, the Vendor may have a higher-level staff cover the responsibilities of a lower-level staff; however lower-level staff (such as an LPN for an RN) is not permitted to cover for higher level staff. For example, in order for the Vendor to fulfill its contractual obligations to meet staffing or to fill vacancies, an LPN will not be able to substitute for an RN, a CNA may not substitute for an LPN, a mid-level provider may not substitute for a physician, and a nurse practitioner (different scope of practice) that is scheduled to see patients may not be counted toward RN coverage for that shift, etc. Hours of staffing for each position, by facility, are to be provided to the IDOC monthly. All vacancies and deficits of employee hours are to be determined by positions at each facility. Total hours of staffing provided for the facility as a whole will not meet this requirement. If substitution with a lower-level staff must be used on a temporary basis, no credit against paybacks for filling that position will be given and the position will still be considered vacant.

For facilities with only one position within a department where that position is vacant, the Vendor must provide adequate coverage for that position to complete all required services.

For the purpose of clarity, the Minimum Staffing Document set forth in this RFP is the minimum staffing that must be met by the Vendor; however, the Respondent in its proposal may add staffing to this plan as it deems necessary to meet the service, standards, and expectations set forth herein.

***The Respondent shall respond to this specification with a statement that it agrees to meet and comply with the specification. Respondent should provide a staffing proposal that provides at a minimum the staffing set forth in the Minimum Staffing Document attached to this RFP as* ATTACHMENT B – Staffing Document*.***

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**2.4.4 Staffing – Staffing**

The Vendor shall provide adequate and sufficient health care personnel necessary to perform the various services in accordance with the specifications of the State’s Request for Proposal (RFP).

The Vendor shall, monthly, provide the State with an itemized list of the hours worked at each IDOC facility, by position, for each of the positions listed in the Minimum Staffing Document. This should only include positions listed in the Staffing Schedule. The Vendor shall also report the overtime hours by existing employees used by the Vendor to cover vacant positions, indicating if the overtime was mandatory or volunteer. These hours shall be reported as Full Time Equivalents (FTE) and fractions of FTEs. Supporting payroll and automated time-keeping information that demonstrates and verifies filled and unfilled hours per position shall be provided by Vendor.

The staffing schedule will reflect staffing requirements in FTE hours for each position, including fractions of FTE hours. As a result, FTE hours worked in excess of the scheduled minimum FTE hours for a position at one facility shall not be used to offset a deficit of FTE hours for the same position at another facility.

The Vendor will use all reasonable efforts to fill vacancies. A vacant position is one that is not permanently filled or positions of staff that are on extended medical leave, military leave, or for any other reason the staff filling the position are not present for 30 days or more. The official start date of the vacant position will be considered the actual fill date and the end of the vacancy. Furthermore, the Vendor may not consider an accepted position as filled until the person occupying the position actually begins IDOC training. A vacant position will not be considered filled if the Vendor re-assigns existing staff, including staff from the regional office, or uses current staff in excess of a full time equivalent to cover the position.

To temporarily cover vacant positions, the Vendor may use part time, temporary, agency, locum, PRN, and overtime hours by existing employees, so long as the person meets the qualifications and licensing for the position. When existing employees are used by the Vendor to cover vacant positions, only FTE hours worked in volunteer or non-mandatory overtime by an existing employee shall count 100% toward covering the FTEs of a vacant position. The Vendor shall track and report to the IDOC all mandatory and volunteer overtime related to covering vacancies.

If substitution with a lower-level staff must be used on a temporary basis, no credit against staffing paybacks for filling that position will be given and the position will still be considered vacant. (e.g., an NP for an MD).

Consistent failure by Contractor to meet the Minimum Staffing Document set forth in this RFP, or as amended by mutual agreement of the parties, may result in the termination of the contract resulting from this RFP.

The IDOC values experienced staff and recognizes that involuntary overtime may lead to burnout and an increased turnover rate. The Vendor must establish a retention plan to retain capable staff.

***The Respondent shall respond to this specification with a statement that it agrees to meet and comply with the specification. Respondent should provide a narrative, along with any supporting documentation, of how it proposes to meet this specification including narrative of how it intends to handle vacancies to comply with the specifications set forth herein.***

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**2.4.5 Staffing – Qualifications**

All staff hired or provided through this contract must be appropriately qualified, and licensed or certified to perform the services required and must work within their respective scope of practice. The Vendor is expected to verify and maintain credentials and current licensure on file in the facility where the individual is performing services. The Vendor is required to submit the names and positions of all new possible hires to the Quality Assurance Managers prior to an offer. It is the responsibility of the employee providing these services to ensure that the facility has an up-to-date license or certificate. For physicians, advanced practice nurses, physician assistants, and dentists, these licenses shall include both federal and state permits to issue controlled substances. Physicians shall be Medicaid eligible within 90 days of the start of the contract.

The Vendor will not employ health care professionals whose licenses or certifications restrict them to working inside prisons only. Physicians must comply with Medication Assisted Treatment options in every IDOC facility for the treatment of substance use disorders and must maintain a current DEA registration that include Schedule III authority to prescribe buprenorphine for opioid use disorder.

The Vendor will assess the skills of all professional staff to assure competency to provide required services. Nursing staff and unlicensed assistive personnel will demonstrate and document skills on a specific check list applicable to each professional level prior to their assignment and yearly thereafter. The Vendor will establish a privilege list as a component of credentialing for physicians, nurse practitioners, and physician assistants. The credentialing process must be provided to the IDOC prior to the start of the contract. All clinical staff approved by the Credentialing Committee must have a credential review and approval by the CMO or designee as its final step.

Before being allowed to work with IDOC incarcerated individuals, includingincarcerated youth, the Vendor’s employees and contracted staff shall be subject to the security clearance policy and procedure of the IDOC. All employees of the Vendor including subcontractors shall undergo a thorough background check (e.g., criminal history background check, including a driver’s license check and fingerprinting, sex offender registry check, employment verification, educational verification, license or certificate verification, and in appropriate cases Children Protective Services check, in limited cases, credit history check, drug screen or any other screen or check deemed necessary by the Vendor or the IDOC.) Subsequent criminal history background checks shall be completed at least every four (4) years on current contract employees who have contact with incarcerated individuals. Entry to the IDOC facilities will be prohibited unless all staff including regional, administrative, PRN, and temporary staff such as locum tenens, have completed a background check. The IDOC will be financially responsible for any criminal/character/personal background check it performs; however, the Vendor shall be responsible for background checks that are performed to ensure Vendor’s staff is maintaining all required professional licensing and industry requirements to perform the health care services being provided. If the Vendor deems a particular screen or check as necessary, but the IDOC does not, the Vendor will pay for the screen.

The IDOC will retain the right to require the Vendor to exclude from working at any IDOC facility any employee of the Vendor who is deemed incompetent, insubordinate, or objectionable by the IDOC. If the IDOC invokes this right, the Vendor shall remove the employee immediately. The Vendor will agree not to hire or rehire any former employee of the Vendor or previous Vendor, or former employee of the IDOC, who was removed for cause, or resigned with prejudice.

The IDOC reserves the right to refuse entry onto its facility grounds an employee of the Vendor whom it has found to be in violation of the facility’s policies and procedures, charged or adjudicated in violation of state law in connection with the employee’s conduct toward a resident of the facility, prohibited from working with children pursuant to I.C. 4-13-2-7 et seq. or under investigation for violation of state law in connection with the employee’s conduct toward an incarcerated individual of the facility. If the IDOC invokes this right the Vendor shall remove the employee immediately.

Any person performing work under the contract agrees to adhere to all IDOC procedures, policies, and codes of conduct. All staff employed by the Vendor including subcontractors, both full and part time, must abide by the IDOC’s dress code.

The Vendor is responsible for all actions and work performed by its subcontractors and all staffing stipulations applicable to the Vendor’s staff apply to subcontractors.

Personnel files of all Vendor employees shall be on file at the facility, outside the secure perimeter. IDOC is responsible for providing a secure space where the Vendor may maintain these files. When necessary, the Vendor will provide pertinent or demographic information from the personnel files to the Warden or Investigations and Intelligence staff which is needed to complete an investigation.

The IDOC considers the hiring of the Health Services staff to be critical to the success of the health care delivery program. Therefore, the Vendor must comply with the following expectations:

* Recruitment efforts should concentrate on attracting quality candidates who also possess correctional experience.
* Health Services Administrators (HSA) must have at least a 4-year undergraduate degree (preferably concentrating in health care administration and budget) and strong health care supervisory and management or nursing experience acceptable to IDOC.
* HSAs must be assigned to all facilities. A full time HSA must be assigned to major facilities
* Directors of Nursing must be Registered Nurses and minimally have adequate experience in nursing and administration to support placement. A Baccalaureate degree is preferred.
* Newly employed HSAs, Directors of Nursing, and Medical Directors must have an assigned mentor to train these employees on Health Care Services Directives and the performance measures.
* Site Medical Directors must be board certified or board eligible (exceptions may be made for existing staff if hired by Vendor).
* Requirements for addiction recovery staff and mental health staff are found in HCSD 4.03A/Y and HCSD 4.01A/Y.

The IDOC reserves the right to approve or deny any individual or business that the Vendor intends to employ to serve IDOC, regardless of whether it is an independent contractor or a subcontractor. The Vendor must obtain written approval from the IDOC specific Executive Directors of Health Services/CMO for key staff prior to their starting date. Key positions include all regional office staff listed above, all facility HSAs, Medical Directors, and Directors of Nursing. The IDOC Executive Directors of Health Services/CMO will be provided with the curriculum vitae of the medical directors the Vendor intends to employ. The Vendor must advise the IDOC Executive Directors of Health Services, CMO, and the appropriate IDOC Health Services Quality Assurance Manager prior to dismissing or changing the location of any key positions including but not limited to HSA, DON, Clinicians, Regional Staff, etc. within twenty hours (24) of a change.

The Vendor must notify the IDOC Executive Directors of Health Services, CMO, and the Quality Assurance Managers whenever key staff members are on a leave of absence. This includes the VPO, executive directors of medicine, nursing, dentistry, addiction recovery and mental health, including the chief psychiatrist. The notification must include the dates of the planned or anticipated leave and should identify the staff member who will be covering the key position. The facility’s Health Services Quality Assurance Manager must be notified of any leave of absence of the facility’s Health Services Administrator (HSA), the Director of Nursing (DON), or the Medical Director.

***The Respondent shall respond to this specification with a statement that it agrees to meet and comply with the specification. Respondent should provide a narrative, along with any supporting documentation, of how it proposes to meet this specification.***

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**2.4.6 Staffing – Administration/Executive**

The Vendor shall identify the key corporate staff to be involved in managing the contract. The Vendor must have regional or central capability to supervise, manage, and monitor the health services program. The Vendor shall employ at a central or regional location within the state, at minimum, the personnel in the list below. If the Vendor intends to hire existing leaders or employees to serve the IDOC healthcare team, IDOC Executive Directors of Health Services or CMO must approve the hire. If the Vendor intends to hire existing staff in certain positions, please indicate such for each position.

* An executive with experience in a comprehensive health care program to oversee all aspects of the contract. The IDOC expects this to be a Vice President of Operations (VPO) or similar position.
* A full-time statewide Medical Director licensed in Indiana and Board Certified who will be responsible for managing clinical issues and overseeing the formulary, utilization management, and peer review programs. The statewide Medical Director will also review hospitalized incarcerated individuals and manage formulary exception requests and the utilization management program. The statewide Medical Director shall oversee the training of new physicians and physician extenders. The statewide Medical Director will work closely with the IDOC CMO.
* One Associate Regional Medical Director to assist the statewide Medical Director in managing clinical matters including processing formulary exceptions and off-site referral requests, training and mentoring new physicians, and covering physician vacancies. The ARMD must be board certified or eligible.
* A full-time Statewide Director of Nursing (RDON) who will be responsible for all aspects of the nursing program including the nursing orientation and nursing competencies. Minimum of a Bachelor of Science in Nursing (BSN) and strong leadership skills are mandatory for this position. If the current RDON does not have a BSN, consideration may be given.
* A full-time statewide psychologist Behavioral Health Director to oversee addiction recovery and mental health treatment and all associated policies.
* A full-time statewide, Associate Regional Director of Mental Health. The individual should have a Master’s level clinical degree.
* A Chief Psychiatric Director responsible for assuring that psychiatric services meet community standards of practice and managing formulary exceptions for psychotropic medication. Board certification is required.
* A Regional Dental Director who will be responsible for assuring all dental services covered in this RFP are delivered in a timely manner and will manage the dental prosthetic prior approval (PPA) process. The Regional Dental Director may be assigned to a facility, however; this director must conduct site visits at each facility with on-site dentistry at least once a year.
* Regional Managers to manage the day-to-day operations of the contract, ensure the Vendor’s employees are adequately trained, and to addresses issues and concerns raised by the IDOC in a timely manner.
* A full-time Regional Director of Transitional Healthcare responsible for Transitional Healthcare facilitators and liaisons and assuring transitional care for releasing persons is provided.
* A full-time Quality Assurance Professional who will be responsible for managing the continuous quality assurance program and serve as the point of contact for sentinel event reviews.
* A Hospital Case Manager who will be responsible for discharge planning for hospitalized individuals.
* Transitional Healthcare Facilitators and Transitional Healthcare Liaisons staffing in accordance with Staffing Control Document (SCD). The purpose of the Transitional Healthcare Facilitators is to provide transitional healthcare planning for releasing incarcerated individuals. The purpose of the Transitional Healthcare Liaison is to immediately engage with referred parolees upon release and provide access to community services. This requires the THF and THL to review upcoming releasing incarcerated individuals for medical, mental health, and substance use concerns that will affect their ability to successfully transition to their community.
* Two full time Administrative Assistants, one supporting physical health and one supporting behavioral health.
* A full time Regional Director of Addiction Recovery Services to oversee the daily operations of all modalities of substance use treatment at all adult and DYS facilities. Minimum requirement of a 4-year degree, State Professional License, and/or a Certified Alcohol and Drug Addiction Consultant (CADAC) certificate and leadership experience. Works with the IDOC Director of Addiction Recovery Services.
* Two full-time Medication Assisted Treatment (MAT) Coordinators to oversee the daily operations of MAT at all facilities.
* One fulltime Telehealth Coordinator & Data Coordinator.
* One fulltime Manager of Systems Integration.
* A point of contact for all IT and data related issues.
* A regional infection control nurse.
* A grievance/correspondence coordinator.
* Women/Youth/Infant Service coordinator.

***The Respondent shall respond to this specification with a statement that it agrees to meet and comply with the specification. Respondent should also include with its proposal a proposed staffing plan for the services utilizing the “full time equivalent” or “FTE” methodology.***

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**2.4.7 Staffing - Staff Training**

All staff employed by the Vendor must be provided with new employee orientation including orientation to the Facility, orientation to the health services area to which the staff member is assigned, and orientation to the staff member’s position. All staff employed by the Vendor shall receive culturally competent in-service training. New Employee Orientation should include a training program for employees new to corrections on appropriate interaction in a correctional environment, including training on the following:

* Prohibitions against fraternization.
* Improper relationships with incarcerated individuals.
* Trafficking.

All staff employed by the Vendor, and Vendor’s contracted staff who have incarcerated individual contact, including contact with youth, must receive initial training in the following topics during the first week of employment (Phase 1): facility tour, ID card issue, finger printing, and facility entry/exit procedures (4.5 hours), Use of Force (1.5 hours), Communication and Mental Prep (1.5 hours), Adult Disciplinary Process (3.0 hours), and Personal Protection (7.5 hours), as well as New Employee Training Process eLearning modules. Approved staff will not be required to complete the IDOC CPR/First Aid training if they are already certified. The staff member must provide a copy of this certification to their training coordinator within 5 days of employment. A copy of this certification will be placed in their employee training file. All training will be in addition to any new employee orientation that is provided by the Vendor. After completion of this phase, all staff will be required to complete 64 hours of on-the-job training as part of Phase 2 training. Upon completion of this phase, staff will either attend the traditional 1-week Phase 3 academy or complete the self-study program. The self-study program consists of assigned eLearning modules and successfully passing an electronic test. The self-study program must be completed within 30 days from the start of employment. Lastly, staff will enter Phase 4 and must complete a minimum of 16 hours of additional on-the-job training hours. Phase 2 and 4 on-the-job training will consist of IDOC and Vendor provided training topics. All phases of training must be completed before the staff member is authorized to work unsupervised. Any staff member failing to complete any phase of training will be subject to dismissal from the training program. All requests for reinstatement must be approved by the Executive Director of the Division of Workforce Engagement. After their initial training, staff will be required to complete annual in-service training during the fiscal year. This training will be a minimum of 40 hours and consist of an approved curriculum to include classroom and vendor-provided training. Any vendor-provided training must be documented and submitted to the training coordinator so it can be entered into the learning management system. If applicable, the staff member may complete annual eLearning modules in place of the vendor provided training if they do not receive at least 40 hours of combined classroom and vendor provided training.

All qualified health care professionals with direct contact with incarcerated individuals, adult and youth, must be certified in CPR/AED through an accredited organization such as the American Heart Association, Emergency Care and Safety Institute, or the Red Cross. Vendor is required to purchase their own Certification Cards at no cost to the IDOC for certification. The IDOC does provide this training to all vendor and contract staff if requested.

The Vendor shall adhere to any and all changes deemed necessary by the IDOC based on the needs of the Department.

Records of new employee orientation and annual training must be maintained. Once a month the HSA or designee must forward to the IDOC training staff and the assigned Quality Assurance Manager a summary of training activities completed during the previous 30 days. All required annual training must be completed by June 30th of each year.

The vendor is expected to provide IDOC staff with the following in-service training:

* Trauma Informed Care, at a minimum of once a month, in the Division of Youth Services (DYS) Making a Change (MAC) Academy.
* Suicide Prevention/Interventions overview at all five (5) regional training locations at a minimum of once a month during Phase Three (3) of the New Employee Training Process.
* Suicide Prevention/Intervention overview during In-Service Training at all Training Departments throughout the State.

* Suicide Prevention/Intervention overview for youth at a minimum of once a month at the MAC Academy at the Correctional Training Institute once a month.
* Vendor will provide at a minimum of two (2) times per year an instructor certification program for Suicide Prevention/Intervention and Trauma Informed Care for IDOC Staff. Lesson plan requires the approval from the Executive Director of Workforce Engagement before utilizing.
* For sites with paid Suicide Watch Companions, mental health staff will assist by delivering the Suicide Prevention and Behavioral Health components of training.

IDOC provided training will be provided free of charge to the Vendor, but the Vendor will be responsible for all per diem costs, travel, and salary of Vendor’s employees who attend the training.

The Vendor is responsible for ensuring appropriate personnel are “Fit Tested” so care can be provided to incarcerated individuals with communicable illnesses.

***The Respondent shall respond to this specification with a statement that it agrees to meet and comply with the specification. Respondent should provide a narrative, along with any supporting documentation, of how it proposes to meet this specification.***

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**2.4.8 Staffing - Recruitment and Retention and Minimum Salary Requirement**

The Vendor shall have the responsibility for determining the compensation, terms and conditions of employment or engagement and benefits, and for paying all compensation and other benefits to the personnel. Hourly rates of compensation for each category of personnel, including independent Contractors, shall be submitted to the IDOC on an annual basis. IDOC staff may act as advisors to the Vendor in determining compensation and benefits.

The IDOC desires a stable and effective workforce through the effective recruitment of professionals, the expedient replacement of professionals when vacancies occur, and greater retention of professionals once hired, thereby resulting in greater stability in the Vendor’s performance.

In the event the Vendor hires a professional medical position from staff currently employed and assigned to the IDOC health services contract by the current vendor for health services, the Vendor shall pay the employee no less than the most current salary the employee was paid by the current vendor for health services, or the median hourly wage for the position and location of the position, whichever is greater. This requirement is limited to employees hired by the Vendor (Respondent to this RFP) during the period three months immediately before or immediately after the contracted start date of the contract resulting from this RFP and only applies if the Vendor hires the employee to fill the same position it did for the current vendor under the current contract. The minimum salary shall include the same PTO (paid time off).

A professional medical position for purposes of this specification includes any position requiring a person to be licensed or credentialed as any of the foregoing as a requirement.

Upon reasonable prior notice, the IDOC may review the employment applications, resumes, and personnel files of the personnel during regular business hours. At the request of the IDOC, the Vendor shall provide a list of the names, home addresses, and telephone numbers of all personnel.

The Vendor shall provide copies of subcontracts and payroll hours by facility each month.

***The Respondent shall respond to this specification with a statement that it agrees to meet and comply with the specification. The Respondent shall respond and describe the ways in which it will ensure a stable and effective workforce to service the needs of this proposal, such a description should address items including, but not limited to, Salary, Benefits, PTO, Vacation time, Flexible Work Schedules, Continuing Education, Work/Life Balance initiatives and other benefits offered to retain staff. Respondent must include a list of the minimum salaries and benefits it will pay for the professional medical positions listed herein for staff providing services under this contract.***

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**2.4.9 Reception Screening Services**

The Indiana Department of Correction primarily receives new and returning incarcerated individuals at the:

* Rockville Correctional Facility (adult female),
* Reception and Diagnostic Center (adult male), and
* Indiana State Prison (males sentenced to death)
* Logansport Juvenile Intake/Diagnostic Facility (juvenile males)
* Laporte Juvenile Correctional Facility (juvenile females/YIAs)
* Pendleton Juvenile Correctional Facility (YIAs)

However, parole violators may be received at any IDOC facility, and the Vendor is expected to provide reception screening services to these incarcerated individuals at the facility where they are housed. Incarcerated individuals who are pregnant may go directly to Indiana Women’s Prison and are expected to receive the reception screening as appropriate.Youth Incarcerated as Adults (YIA) go directly to the Pendleton Juvenile Correctional Facility if male, and directly to the Laporte Juvenile Correctional Facility for intake process with the Division of Youth Services, if female.

The Vendor is expected to providephysical health, mental health, and addiction recoverystaff at all intake facilities.

All adults and youth are to receive a point of entry and arrival screening, tuberculosis screening, intake health appraisal completed by a nurse practitioner, physician assistant or physician, mental health screening, substance use disorder screening, dental screening, syphilis risk assessment, HIV and hepatitis C testing. Access to Care and Co-Pay information is to be provided to every incarcerated individual verbally and in writing. (HCV/HIV and syphilis testing are performed by the IDOH at no cost to the Vendor). The IDOC is currently involved in a pilot program with IDOH regarding syphilis testing and this is at no cost to the Vendor. The Vendor is responsible for collecting the specimens and preparing the specimens for shipping.

All incarcerated adults will be screened for suicide risk at intake immediately upon arrival in accordance with HCSD 4.03,” The Adult Mental Health Services Plan.” In addition, Facility Staff receiving a new incarcerated individual will also obtain information regarding conduct and demeanor during transport from the transporting officer or staff. Information obtained from transporting staff must be recorded in the appropriate spaces on the point of entry form. Facility staff in the intake area must not rely exclusively on an incarcerated individual’s denial that they are suicidal; any behavior or actions which suggest the incarcerated individual is at risk of suicide or self-injurious behavior must be documented and the nursing staff notified.

Mental health trained nursing staff will assess each incarcerated individual and complete the suicide potential screening template of the nursing intake section, on the suicide/BH screen template in the electronic medical record. Whenever an incarcerated individual responds “yes” to any bolded question or whenever the incarcerated individual has answered “yes” to five or more questions, the nurse will immediately contact the designated QMHP for guidance regarding management. No incarcerated individual will be assigned to a housing unit until the intake suicide risk assessment has been completed.

In accordance with HCSD 4.03Y, “Mental Health Services Plan,” youth will be screened as soon as possible after arrival by mental health trained nursing staff. When emergency mental health treatment needs are reported by the youth, they must immediately be evaluated by a qualified mental health professional (QMHP) or a mental health trained nurse who has consulted with a QMHP. Medications must be continued, and a psychiatrist must be available to intake staff at all times.

Within 24 hours of arrival, the youth shall receive a mental health screen conducted by mental health trained staff including administration of the MAYSI-2 and Limits of Confidentiality. Within 72 hours of arrival, a youth must receive a mental health intake appraisal conducted by a QMHP. Youth who disclose sexual victimization or perpetrating sexual abuse (regardless of location) must be offered a follow-up meeting with mental health staff within 14business days of the intake screening.

IDOC also receives Diagnostic Youth, youth who are before the court for a disposition who may be temporarily committed to IDOC for evaluation and determination of proposed assignment. Diagnostic Youth may only remain a DYS facility for 14 days or less. Contractual staff will evaluate the youth and complete a diagnostic evaluation within that time frame.

The Vendor is expected to obtain the following minimum assessments or diagnostic tests as part of the reception screening evaluation for incarcerated individuals living with certain chronic health conditions:

* Asthma: Pulmonary Function testing
* Cardiac disease: EKG
* HIV: HIV RNA, Cd4 count, CBC, chemistry panel, lipid panel and chest x-ray (regardless of TB skin test results)
* Hypertension: urinalysis (dipstick may substitute), blood glucose, potassium, creatinine, calcium, hematocrit, lipid panel, and an EKG.
* Dementia screening, when applicable.

Adults and youth must be questioned regarding personal or family history of heart disease and any symptoms such as dizziness, shortness of breath, or chest pain while exercising. Observations should document behavior including state of consciousness, mental status, appearance, conduct, tremor, and sweating during intake.

Reception screening for females, both adult and youth, shall include pregnancy testing, and screening for gonorrhea and Chlamydia. Gynecological examinations will be conducted as part of the Intake Health Appraisal. Pap smears are to be completed if the female is age 21 or older. Pap smears should be conducted for youth under the age of 21 if the youth has a history of previous abnormal cervical cytology/histology and if clinically indicated.

Incarcerated individuals will be assigned to an appropriate medical, behavioral health, and disability status code.

***The Respondent shall respond to this specification with a statement that it agrees to meet and comply with the specification. Respondent should provide a narrative, along with any supporting documentation, of how it proposes to meet this specification.***

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**2.4.10 Transfer Screening Services**

Transfer screening occurs every time an incarcerated individual transfers between IDOC facilities. The purpose of this screen is to create a checks and balances system designed to maintain continuity of care. The screening includes a brief review of the health record and a face-to-face interview with the incarcerated individual. The transfer screening must incorporate a review of the problem list, tuberculosis (TB) screen, medication review, suicide risk assessment, and any other unique aspects of care. A *Snellen* vision screen must be completed for incarcerated individuals and youth transferring from an intake facility. When indicated, appointments for chronic care follow up should be scheduled no later than 90 days after the previous chronic care clinic visit or intake health appraisal. An explanation of procedures for accessing physical health, behavioral health, dental services, and the grievance system shall be provided to incarcerated individuals verbally and in writing upon their arrival at the facility. This screening must be completed within 12 hours of arrival of an incarcerated individual to a facility with 24/7 nursing coverage and within 24 hours at a facility with less than 24/7 nursing coverage.

***The Respondent shall respond to this specification with a statement that it agrees to meet and comply with the specification. Respondent should provide a narrative, along with any supporting documentation, of how it proposes to meet this specification.***

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**2.4.11 Routine Primary Care Services**

IDOC believes a program that focuses on clinical quality metrics and preventative care is in the best interest of all of its patients and the most cost-effective approach (e.g., CD4 and VL in HIV patients, warfarin program, HgbA1C monitoring, FIT testing, lipid testing etc.,)

Routine primary care services must be provided in a timely manner and in a clinic setting by qualified health care professionals. The Vendor shall provide on-site primary health care and preventative services in accordance with the standards, policies, procedures, and statutes listed in this RFP.

The Vendor shall provide on-site all primary health care and preventative services, including but not limited to: daily triage of incarcerated individuals’ health complaints, provision of sick call, routine non-invasive diagnostic procedures, chronic care clinics, medication administration, and identification and referral of conditions requiring secondary and tertiary services.

The Vendor will administer an immunization program based on the recommendations of the Centers for Disease Control and Prevention and the Advisory Committee on Immunization Practices (ACIP) and in accordance with IDOC policy (See Specification 2.4.17, Infection Control, for more details regarding immunizations).

Each facility must have a physician on-call after normal business hours, and on weekends and holidays.

The frequency and duration of sick call must be sufficient to meet the health needs of the facility’s populationin accordance with applicable standards and policies.

Sick call is care for an ambulatory incarcerated individual with health care requests who is evaluated and treated in a clinical setting. Sick call applies to nurse sick call and provider sick call visits. It is also the system through which each incarcerated individual reports and receives appropriate health services for non-emergency illness or injury. Sick call shall be conducted by an on-site licensed nurse following established nursing protocols, with oversight by a Registered Nurse, mid-level practitioner, or physician, and shall include diagnosis, treatment, and referral services as appropriate.

The IDOC utilizes a written “health care request form” (HCRF) to permit incarcerated individuals and adjudicated youth to request health care services. These health care request forms must be collected and reviewed (triaged) daily. Each HCRF must be logged and stamped with the date and time received.

Most health care request forms require a face-to-face meeting with professional staff. All health care requests that note any clinical symptom must be seen face-to-face within 24 hours.

IDOC expects routine referrals to take place in a timely manner. The IDOC expects the Vendor to comply with the maximum waiting periods as defined in but not limited to Health Care Service Directives 2.01A/Y, 3.01A/Y, 2.21A/Y, and 4.03A/Y.

The Vendor may use nursing assessment protocols to facilitate the management of some acute conditions. Nursing protocols may not include prescription medication unless the protocol is for an emergent, life-threatening condition. Nursing protocols must be appropriate for the educational and skill level of the nurse. Nursing staff utilizing nursing protocols must be adequately trained including a demonstration of competency. Any nursing protocol completed by an LPN must be conducted under the strict supervision of an RN that will review and sign off all protocols completed before the end of shift and include at a minimum of five percent (5%) review of all charts completed.

For urgent and emergent health problems, the Vendor must respond to these problems within appropriate time frames, dictated by the incarcerated individual’s condition, either on-site or off-site utilizing local services, 24 hours a day, 7 days a week.

Incarcerated individuals located in restrictive housing units shall have the same access to care as do other incarcerated individuals, although some facilities may choose to provide services in examination rooms located within the restrictive housing units themselves.

Sick call and clinic visits shall not be deemed complete until all incarcerated individuals who are scheduled for that day’s clinics have been examined or treated. The IDOC reserves the right to require the Vendor to apply additional resources to any facility if this is necessary in order to reduce the waiting list to an acceptable duration.

Upon notice from the IDOC, the Vendor shall credit the IDOC $15,000for every facility that has a backlog of sick calls of more than twenty-five (25) incarcerated individuals at the end of a week during the contract term. The credit shall be $20,000 if the facility is an intake facility. This credit is to reimburse the IDOC for additional action, oversight, and review expended by the IDOC in dealing administratively with such backlogs. This reimbursement shall be paid as a credit on the next invoice due the IDOC after notification.

It is expected that the Vendor will address reported deficiencies within the next reporting period, so that each performance measure receives a passing score of 90% or higher.

Co-Pay Program

### The Vendor is expected to properly assess co-pay fees in accordance with state statutes and IDOC procedures. Co-payments are not charged to indigent incarcerated individuals however the Vendor does not need to determine indigence. This exemption is handled by other facility staff. Note: The Co-Pay program does not apply to youth.

***The Respondent shall respond to this specification with a statement that it agrees to meet and comply with the specification. Respondent should provide a narrative, along with any supporting documentation, of how it proposes to meet this specification. Please describe your program to manage quality of care by using clinical quality metrics.***

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**2.4.12** **Periodic Health Screening**

The Vendor will provide annual health screening in accordance with IDOC Health Care Services Directives (HCSD). Preventive screening interventions will be provided in accordance with the recommendations of the U.S. Preventive Services Task Force (USPSTF),CDC, and IDOH guidelines. Youth shall receive an annual Well Child examination as recommended by the American Academy of Pediatrics.

Upon notice from the IDOC, the Vendor shall credit the IDOC $15,000 for every facility that has a backlog of health screening of more than twenty-five (25) incarcerated individuals at the end of a week during the contract term. This credit is to reimburse the IDOC for additional action, oversight, and review expended by the IDOC in dealing administratively with such backlogs. This reimbursement shall be paid as a credit on the next invoice due the IDOC after notification.

It is expected that the Vendor will address reported deficiencies within the next reporting period, so that each performance measure receives a passing score of 90% or higher.

***The Respondent shall respond to this specification with a statement that it agrees to meet and comply with the specification. Respondent should provide a narrative, along with any supporting documentation, of how it proposes to meet this specification.***

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**2.4.13 Chronic Care**

The Vendor will manage incarcerated individuals with chronic diseases including but not limited to asthma, hypertension, diabetes, high blood cholesterol, HIV, seizure disorder, hepatitis C, medication assisted treatment (MAT), and other medical conditions through a formal chronic care clinic process. Each facility must maintain a list of incarcerated individuals living with chronic conditions. If any illness (in the opinion of a clinician) rises to a level requiring chronic medications the patient is to be enrolled in the Chronic Care Clinic (CCC) and the diagnosis listed in the EMR. Treatment protocols must be consistent with national clinical practice guidelines and include diagnostic testing, medication(s), therapeutic diet where indicated, self-care instructions, disease education, and follow up. At a minimum, incarcerated individuals with stable chronic health conditions will be seen once every 365 days, or as directed by the provider. Incarcerated individuals that are not stable must be seen at least every three months or as directed by the clinician. Incarcerated individuals with an A1C>8 must be seen monthly until stabilized and patients with Class 1 HCV must be seen monthly. A clinician reserves the autonomy to request the patient be seen more frequently. All incarcerated individuals diagnosed with HCV shall be treated in accordance with HCSD 3.04A. At the termination of the settlement agreement, the Vendor assumes all costs associated with Hepatitis management including treatment and medications.

All infected patients, regardless of liver inflammation, shall be counseled regarding HCV disease. This counseling shall include information on HCV infection, transmission, avoiding transmission, the nature of the HCV disease, its long-term sequelae, and the pros and cons of the treatment for HCV disease.

All patients with HCV disease shall be offered vaccination against Hepatitis B and Hepatitis A, unless previous infection or vaccination has been documented, or the attending physician believes that vaccination is unnecessary or contraindicated. All patients with HCV disease shall be offered vaccination against pneumococcus once, and against influenza annually. All patients with HCV shall be offered addiction recovery services, even if they have previously completed addiction recovery service treatment prior to their diagnosis.

Informed consent for treatment must be obtained prior to initiating treatment in accordance with Health Care Services Directive 2.12A/Y, “Consent and Refusal.”

*Acute Hepatitis C Treatment*: Acute HCV infection is defined as presenting within 6 months of exposure. Counseling is recommended for patients with acute HCV infection to avoid hepatotoxic insults, including hepatotoxic drugs (e.g., Acetaminophen) and alcohol consumption, and to reduce the risk of HCV transmission to others. A referral to Addictions Recovery Services shall be completed. Regular clinical monitoring, including routine laboratory testing, is recommended in the setting of acute HCV infection for 6 months to determine clearance versus persistence of HCV infection.

*Chronic Hepatitis C Treatment:* All incarcerated individuals living with chronic HCV infection are eligible for consideration of antiviral treatment. Certain cases are at higher risk for complications or disease progression and may require more urgent consideration for treatment. The IDOC has established a framework to ensure that incarcerated individuals with the greatest need are identified and treated. The Vendor’s chronic disease management protocols must be provided to and approved by the CMO and Executive Director of Physical Health within 30 days of the contract start date. Any updates to these protocols must also be approved by the Executive Director of Physical Health/CMO.

The IDOC clinical leadership recognizes the increasing role of sleep studies in preventative medicine. Currently sleep studies are completed on-site. It is the desire of IDOC that these continue to be completed on-site.

Upon notice from the IDOC, the Vendor shall credit the IDOC $15,000 for every facility that has a backlog for chronic care of more than twenty-five (25) incarcerated individuals at the end of a week during the contract term. This credit is to reimburse the IDOC for additional action, oversight, and review expended by the IDOC in dealing administratively with such backlogs. This reimbursement shall be paid as a credit on the next invoice due the IDOC after notification.

It is expected that the Vendor will address reported deficiencies within the next reporting period, so that each performance measure receives a passing score of 90% or higher.

***The Respondent should respond to this specification with a statement that it agrees to meet and comply with the specification. Respondent should provide a narrative, along with any supporting documentation, of how it proposes to meet this specification. Please describe your chronic disease management process with emphasis on case management. Also please indicate the degree in which clinical pharmacists participate in chronic disease management***

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**2.4.14 Health Education/Healthy Lifestyle Promotion**

The Vendor shall develop and implement, subject to IDOC approval, an ongoing program of health education and wellness information concerning self-care for all incarcerated individuals. Health education and wellness topics may include but are not to be limited to:

* Information on access to health care services
* The dangers of self-medicating
* Personal hygiene
* Dental care including oral hygiene
* Prevention of communicable diseases
* Substance use
* Family planning
* Self-care for chronic health conditions
* Self-examination
* The benefits of physical fitness
* Mental wellness

Access to health care information is provided upon intake and every transfer for every incarcerated individual.

At intake, health education is conducted either in groups or on a 1:1 to staff ratio. Information for chronic care is conducted in groups of a 1:1 incarcerated individual to staff ratio only.

Incarcerated individuals that are enrolled in chronic care clinics receive disease specific health education at every Chronic Care visit and this education is documented in the EMR. Annual health screens are completed for every incarcerated individual adult and youth as per HCSD 2.08A/Y. As part of the annual health screen, all youth shall receive a well child examination.

Health education material may include pamphlets, brochures, written handouts, information posted on bulletin boards, classes, and audio and videotapes. The IDOC reserves the right to provide educational information via the tablets system.

Newly confined incarcerated individuals at the intake units and facility must receive education on HIV and hepatitis prior to having their intake labs drawn.

The Vendor shall provide OSHA Bloodborne Pathogen training to incarcerated individuals working in a job assignment where they may be exposed to blood or other potentially infectious material (e.g., cleaning crews for the infirmary and health services unit, laundry, etc.).

To promote a healthy lifestyle and compliance with treatment, incarcerated individuals with identified treatment needs in physical health, mental health, or addiction recovery who opted into, or were incarcerated after the inception of the Case Plan Credit Time process must have identified Case Plan Credit Time goals integrated into their care and receive reviews at intervals specified by the IDOC. Clinical staff complete Case Plan Credit Time reviews as requested and provide a score related to the incarcerated individual’s compliance and engagement in treatment that is shared with Case Management staff. Clinical scores are integrated into the overall Case Plan Credit Time review and may result in the incarcerated individual being awarded credit time on their sentence and reducing the amount of time incarcerated in the IDOC.

***The Respondent should respond to this specification with a statement that it agrees to meet and comply with the specification. Respondent should provide a narrative, along with any supporting documentation, of how it proposes to meet this specification.***

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**2.4.15 Therapeutic Diets**

Therapeutic diets will be prescribed in accordance with Health Care Services Directive by doctors, dentists, nurse practitioners, physician assistants, and nurses following an approved nursing protocol when clinically indicated. The order for a therapeutic diet must align with the Foodservice Vendor’s therapeutic diets detailed in the Foodservice Vendor’s approved diet manual. The following diets are “formulary” and may be prescribed without a formulary exception request. (This formulary may be updated periodically after collaboration with a Registered Dietician)

* Cardiac Diet
* 1800 Diabetic Diet (No snack)
* 2200 Diabetic Diet (No snack)
* No Concentrated Sweets
* Pregnancy (HS snack)
* High Protein (HS snack)
* High Fiber
* Milk Intolerance
* Dental Soft
* Renal Pre-Dialysis (restricted protein)
* Renal Dialysis (increased protein)
* Clear Liquid
* Full Liquid (Broken jaw)
* Finger Foods
* Gluten Restricted (Celiac Disease only)
* HS Diabetic Snack
* Other diet (Must accompany an approved non-formulary request)

All other therapeutic diets will require the initiation and approval of a formulary exception request. Formulary diet orders may be written up to 365 days. Non-formulary diets must be renewed and approved by the RMD/ARMD every 180 days.

Once a diet has been prescribed or approved for an incarcerated individual, the Health Services staff is responsible for issuing a diet card containing all the information required by IDOC policy. The Vendor is responsible for providing the Foodservice staff with weekly therapeutic diet lists.

Formulary diets are expected to be appropriately prescribed.

The Vendor is responsible for providing nutritional supplements (e.g., Ensure) however the food service Vendor is responsible for HS diabetic snacks. The Vendor is responsible for providing the food which is used as part of a medical intervention or nursing protocol (e.g., hypoglycemic episodes in a diabetic). The food should be shelf-stable and, when possible, in single serving packets.

***The Respondent should respond to this specification with a statement that it agrees to meet and comply with the specification. Respondent should provide a narrative, along with any supporting documentation, of how it proposes to meet this specification.***

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**2.4.16 Infirmary Care**

The IDOC currently has 143 infirmary beds at 8 facilities. For males, these facilities are the Westville Correctional Facility, Miami Correctional Facility, New Castle Correctional Facility, Plainfield Correctional Facility, Putnamville Correctional Facility and Wabash Valley Correctional Facility. The prison for adult males under construction in northwest Indiana, will operate an infirmary. For females, these facilities are the Rockville Correctional Facility and the Indiana Women’s Prison. The Plainfield Correctional Facility, Miami Correctional Facility and Rockville Correctional Facility have at least 1 negative pressure room. Pendleton Juvenile Correctional Facility does provide a dedicated space for medically vulnerable male youth.

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| Facility | Total # of beds | # of negative pressure rooms |
| Westville | 18 | N/A |
| Miami | 28 | 2 |
| New Castle | 27 | N/A |
| Plainfield | 32 | 4 |
| Wabash Valley | 14 | N/A |
| Rockville | 12 | 1 |
| Indiana Women’s Prison | 4 | N/A |
| Putnamville | 8 | N/A |

The infirmaries are not licensed but do meet the applicable NCCHC and ACA standards. The infirmaries can provide:

* convalescent care
* skilled nursing care
* pre- and post-surgical management
* limited acute care
* hospice care

Infirmary beds must be able to accommodate the medical and mobility needs of the patient or a medical transfer to a higher level of care may be indicated.

Facilities without infirmaries will arrange transfer to a facility with an infirmary when indicated. The Vendor must work with Classification Services to move incarcerated individuals between facilities when that will improve inpatient unit utilization and reduce transportation time and cost. All infirmary transfers must be approved through the Executive Director of Physical Health or designee.

The Vendor will cooperate with the facility's maintenance staff in maintaining all negative pressure isolation rooms.The Vendor is responsible for the yearly recertification of negative air flow rooms and reporting the findings to the IDOC Health Services Team. IDOC will be responsible for maintenance. Negative pressure rooms are checked weekly and a copy of the checks maintained in the infirmary.

Nursing staff working in a facility’s infirmary must be competent in IV management and the administration of IV medication, oxygen, Continuous Positive Airway Pressure (CPAP) therapy, nebulizer treatments, tracheostomy care, wound care including vacuum-assisted wound closure and dressing changes, enteral nutrition, and burn, cast, and ostomy care.

Incarcerated individuals on home ventilators have been managed in several IDOC infirmaries. When a home ventilator is necessary, the Vendor must provide appropriate respiratory, nursing, and support care services.

When necessary, the Vendor is responsible for maintaining peripherally inserted central catheters (PICC lines). If PICC lines are inserted on-site, portable ultrasound must confirm placement.

The Vendor is responsible for maintaining all equipment. Maintenance, repairs, and replacement of infirmary beds will be the responsibility of the Vendor.

The Vendor will provide a sufficient number of health care professionals who are appropriately qualified to manage the number of patients in the infirmary, consistent with the severity of the patients' illnesses and the level of care required for each patient.

The Vendor shall provide the following services in each infirmary:

* A provider is on call or available 24 hours a day, 7 days a week, with a telephone response time of 20 minutes or less
* A provider rounds in the infirmary at least once on all business days
* Admission and discharge shall be upon the order of a physician, dentist, or licensed physician extender
* A licensed Registered Nurse must be physically present in the infirmary at least one shift per 24-hour day.
* A current infirmary manual which must include description of the scope of services available
* A current nursing procedure manual
* All patients will always be within sight or sound of staff
* The infirmary space and equipment shall be adequate and appropriately cleaned and maintained for the intended purposes. Incarcerated porters are provided for routine cleaning and general housekeeping services
* Documentation on infirmary patients must be distinctly labeled separating these entries from the other entries in the electronic medical record.

The Vendor shall provide services as directed in HCSD 3.15A, “Infirmary Manual,” and HCSD 3.15Y, “Medical Observation.” Each site with an infirmary shall develop a site-specific infirmary manual as outlined in HCSD 3.15A.

Each incarcerated individual must have:

* A provider's admitting order(s). The order(s) must include the admitting diagnosis, medications, diet, activity restrictions, diagnostic tests required, and frequency of vital signs monitoring if different from the defaults established by policy and the patient code status if the patient is terminally ill
* An initial admission note by a nurse reflecting a summary of the patient’s status including vital signs and other appropriate nursing assessments (e.g., finger stick blood sugar, PEAK flow, etc.) and a comprehensive head-to-toe evaluation. If the individual is admitted to the infirmary from another facility, a transfer screen must also be completed
* Vital signs obtained at least once each shift unless otherwise directed by the provider, but never less than once per shift
* Body weights must be obtained daily unless otherwise directed by the provider
* A nursing progress note at least once each shift
* A formal comprehensive nursing assessment completed every 24 hours during the patient’s stay unless the treatment plan stipulates more frequently
* A nursing care plan completed within 8 hours of admission. When this care plan is initiated by an LPN, an RN must review and sign it.
* An admission history and physical examination completed by a provider within one business day of admission.
* A problem list and treatment plan prepared by the responsible provider within one business day of the admission.
* Diagnostic studies appropriate to the patient’s needs.
* Progress notes from provider at least once each business day unless the patient’s condition dictates less frequent monitoring. All acutely ill patients must have progress notes from the provider each business day. The provider’s decision to visit less often than once each business day must be documented in the health record
* A provider's discharge summary which includes a final diagnosis, or resolution of the admitting problem and discharge instructions for the patient.

After discharge from an infirmary, the incarcerated individual must be seen by a provider within 7 days for a follow up evaluation unless the incarcerated individual’s clinical condition necessitates a shorter interval for follow up. The discharge summary must be generated on the day of discharge by the discharging clinician.

Incarcerated individuals may be admitted to the infirmary for medical or mental health observation. However, the patient who is being observed must be admitted and discharged only on a provider’s order and the order must include the type and frequency of assessments including vital signs, and call orders for the provider. If the patient’s observation stay exceeds 24 hours, they must be formally admitted, and the infirmary provisions apply.

***The Respondent should respond to this specification with a statement that it agrees to meet and comply with the specification. Respondent should provide a narrative, along with any supporting documentation, of how it proposes to meet this specification.***

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**2.4.17 Emergency Services**

Emergent problems include those which may result in death, loss of limb or bodily function, deterioration of function, or severe pain if not attended to immediately. Emergency services must be available 24 hours per day, seven days per week at every facility. When emergent or urgent health problems are brought to the attention of facility personnel, health care personnel must be prepared to address them immediately. In addition to incarcerated individuals, the Vendor shall provide necessary emergency care for staff, volunteers, and visitors. Emergency care for staff, volunteers, and visitors will only consist of necessary efforts to provide stabilization, including basic life support, of the physical status of the individual until emergency services assumes responsibility of care or the individual has been sent to a primary care provider or local hospital.

The Vendor shall ensure emergency services are available to every facility through written agreements with local hospitals and ambulance services. In addition, every facility must have access 24 hours a day, 7 days a week, to a physician, dentist, psychiatrist, mental health professional (including a psychologist), and Health Services Administrator services.

The site medical director shall communicate with the EMS committee for the county in which the facility resides to discuss the capabilities of the facilities in its geographic area. (e.g., where to send a patient with suspected STEMI or acute Stroke)

The Vendor must utilize ambulance transportation when simple automobile transportation is not in the best clinical interest of the patient. The Vendor is responsible for associated costs of all emergency or required medical transports when state vehicles will not suffice. The IDOC will provide transportation to an outside hospital or other location when a licensed health care professional determines that ambulance services are not necessary.

The Vendor must be prepared to implement the health aspects of the facility’s emergency response plan. Certification in basic life support (BLS) through an entity accredited by the American Heart Association is required of all Vendor’s staff working in Department facilities.The Vendor’s staff will participate in the facility’s emergency drills. The Vendor shall implement procedures for the review and rehearsal of the delivery of health services in the event of a disaster such as fire, tornado, epidemic, riot, or strikes.

Naloxone Nasal is made available at all facilities including Level 1 sites without 24-hour medical coverage. Naloxone delivery via nasal mist must be readily accessible for Custody staff to use at all times.

Automated External Defibrillator Devices

There are currently 125 automated external defibrillator devices (AEDs) in use at all IDOC facilities. These AEDs are located in health service areas and other areas of the facility (e.g., visiting room, recreation, etc.). The Vendor shall be responsible for providing, maintaining, and keeping operational the current number of AEDs along with, if applicable, an emergency response bag, during the term of the contract resulting from this RFP. The Vendor is expected to ensure there is a sufficient number of backup batteries for the number of AEDs. At the expiration or termination of the contract resulting from this RFP, the Vendor shall give the IDOC the option of purchasing the AEDs and batteries at the Vendor’s cost less depreciation. If the IDOC provides any AEDs to the Vendor, the Vendor shall provide a credit to the IDOC relative to the cost.

The Vendor must incorporate in the implementation plan how emergency services, both on-site and off-site, will be delivered at each facility.

***The Respondent should respond to this specification with a statement that it agrees to meet and comply with the specification. Respondent should provide a narrative, along with any supporting documentation, of how it proposes to meet this specification.***

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**2.4.18 Dental Care**

The Vendor shall implement an oral health program under the established IDOC Health Services Directives, and American Correctional Association (ACA) for standards of care, and National Commission on Correctional Health Care (NCCHC) standards of care**.** The program shall consist of diagnostic, preventative, restorative, and rehabilitative services. Health Care Service Directive 6.01A/Y shall be the directive that guides these procedures.

Dental services are to be provided on-site either in established dental clinics or with the use of mobile dental units. The IDOC approach includes consideration of the patient’s responsibility to manage oral hygiene and defers routine restorative dentistry when the patient will not take care of the restored product. The Vendor is expected to provide a broad range of dental services including intake screenings, oral exams, oral hygiene instructions, cleanings, dental sick call services, emergency care for the relief of pain, radiographs when appropriate, assessment of tooth and jaw fractures, control of bleeding and acute infection, restorative procedures, extractions, prophylaxis, and the provision of prosthetics as directed by IDOC policy and HCSD 6.01A/Y. The Vendor is responsible for providing a dental manual outlining dental services that is approved by the IDOC within 30 days of contract award.

The oral health program shall be directed by a clinical dentist, preferably with experience in a correctional setting. The Dental Director shall plan, organize, staff, direct, evaluate, and represent the oral health care program throughout the system. The program shall be staffed by dentists and dental assistants with the required radiological license to take radiographs as designated in HCSD 6.01A/Y

The Vendor shall be responsible for maintaining all dental equipment in working order; the provision of supplies and materials to ensure a functioning operation; ensuring compliance with OSHA standards; and providing quality services at a level consistent with the American Dental Association (ADA) Standards and as required by HCSD 6.01A/Y.

The provision of dental services shall be prioritized in a manner that approximates the following:

1. Emergency services for the relief of uncontrolled pain, bleeding, infection, trauma, etc.;
2. Diagnostic services and documentation;
3. Essential oral surgical services;
4. Conservative treatment of the periodontium to include oral hygiene instruction, scaling and root planning;
5. Conservative restorative services employing amalgam/resin/ionomer composite procedures;
6. Removable prosthetic appliances necessary to replace the incising and masticating functions;
7. Dental examination on all incarcerated individuals annually with respect to diagnoses of HIV, DM, and those that have been prescribed Dilantin. All other incarcerated individuals shall be seen through the use of request for health care forms and triaged appropriately as directed by HCSD 6.01A/Y and HCSD 2.01A/Y.

The Vendor shall implement the IDOC oral health care reporting system. Oral health care team productivity standards shall be established with the concurrence of the IDOC Executive Director of Physical Health and monitored on a continuous basis. The Vendor shall track and record all requests for services, complaints, schedules, and services provided, and utilization data as requested by IDOC. This should be completed and submitted monthly through the Health Services Report (HSR).

Dental practitioners shall be available twenty-four (24) hours per day, seven (7) days per week and dental practitioners must be on call after-hours on weekends and holidays by telephone, for emergency consultation and direction as indicated in HCSD 6.01A/Y and for back up coverage. There shall be a list of who is on call and their number made available to all staff that might need to utilize it.

The Vendor shall provide dental emergency care consisting of immediate assessment and/or treatment of conditions including but not limited to:

* Post-operative uncontrolled bleeding;
* Facial swelling that is of a life-threatening nature or is causing facial deformity;
* Fracture of the mandible, maxilla, or zygomatic arch;
* Avulsed dentition – an extremely painful condition that is non-responsive to the implementation of dental treatment guidelines;
* Intraoral lacerations that require suturing to include the vermilion border of the lips.

Minimally, the Vendor shall ensure that incarcerated individuals with an emergency dental need are triaged immediately by trained health care staff. The on-call Dentist shall be notified for orders and medications if needed. The incarcerated individual shall be seen by the Dentist on the first available working day. If the emergency is deemed to be too severe, the Vendor shall contact the facility and have the incarcerated individual transported to the emergency room when necessary.

The Vendor shall provide ongoing, routine care, defined as conditions that require treatment to restore the form and function of the patient’s oral tissues and are not solely elective or cosmetic in nature such as caries, chronic periodontal conditions, non-restorable teeth, edentulous and partially edentulous patients requiring replacement, presence of temporary, sedative, or intermediate restorations, broken or nonfunctional prosthetic appliance, if the patient qualifies, TMJ disorders, periodic examination, gingival recession or root sensitivity, and routine dental prophylaxis. The Vendor shall ensure compliance with IDOC dental exempt conditions, which are those conditions that do not fall in the above categories and are not provided by the Department, such as: fixed prosthodontics (crown and bridge), orthodontics, removal of asymptomatic third molars or impactions without pathology, treatment of discolorations, stains, cosmetic defects, ridge augmentations, vestibular extensions/implants in the absence of clinical necessity as directed in HCSD 6.01A/Y and IDOC policy.

The Vendor shall be responsible for arranging necessary dental services not available within the IDOC at on-site and off-site community provider facilities and specialty clinics.

The Vendor shall schedule and coordinate with IDOC facilities so that transportation requirements with the IDOC for incarcerated individuals requiring off-site dental care can be met (i.e., staff needed to transport, where the appointment is, and how long if indicated it will last).

Oral surgery services must be provided when indicated. Currently, the management of some jaw fractures is done on-site through an oral surgeon subcontractor. IDOC would like to continue treating jaw fractures on-site when clinically indicated. Off-site services for dental specialty care shall be subject to the Vendor’s prior utilization management/prior approval process. Considerations of responsibility for emergency care shall apply to dental care as described above under section 2.4.17, “Emergency Services.”

The Vendor is expected to provide routine dental services within 6 weeks of receipt of the incarcerated individual’s HCRF. Urgent care dental services including but not limited to bleeding, acute pain, swelling, trauma, or infection shall be provided within 48 hours of the incarcerated individual’s request. When the dentist is not on-site, a trained nurse will evaluate the incarcerated individual and contact the dentist on call for treatment orders.

Incarcerated individuals with HIV infection, diabetes, and/or those on medication known to cause gingival hyperplasia (e.g., Dilantin) will be screened annually by the dentist.

The Vendor shall employ one dental assistant for each clinical dentist as deemed necessary by the IDOC Executive Director of Physical Health.

Upon notice from the IDOC, the Vendor shall credit the IDOC $15,000 for every facility that has a backlog for dental care of more than twenty-five (25) incarcerated individuals at the end of a week during the contract term. The credit shall be $15,000 if the facility is an intake facility. This credit is to reimburse the IDOC for additional action, oversight, and review expended by the IDOC in dealing administratively with such backlogs. This reimbursement shall be paid as a credit on the next invoice due the IDOC after notification.

It is expected that the Vendor will address reported deficiencies within the next reporting period, so that each performance measure receives a passing score of 90% or higher.

***The Respondent should respond to this specification with a statement that it agrees to meet and comply with the specification. Respondent should provide a narrative, along with any supporting documentation, of how it proposes to meet this specification.***

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**2.4.19 Infection Control**

The Vendor shall implement an infection control program, which includes concurrent surveillance of patients and staff, preventive services, vaccinations, treatment, reporting of infectious diseases, and staff training in accordance with local and state laws. The program shall be in compliance with CDC guidelines, OSHA regulations, the Indiana Department of Health (IDOH) regulations, and IDOC policies and procedures.

The Vendor is responsible for all costs of the infection control program. Responsibility for the infection control program shall be assigned to one staff member, preferably a licensed nurse who will complete and forward all reports of communicable diseases required by the IDOH in accordance with state statutes, maintain statistics required by the IDOC, and generate the report of the safety and sanitation of the Health Services unit each month.

The Vendor will administer the Bloodborne Pathogen Control Program which includes:

* The proper methods of handling, storage, and disposal of biohazardous waste including sharps, needles, syringes, and other material used in the treatment of incarcerated individuals.
* The provision of Hepatitis B vaccine to all new employees within 10 working days of being assigned to a job with direct incarcerated individual contact. The Vendor will pay for Hepatitis B vaccines for IDOC staff. The Vendor will provide Hepatitis B vaccine to other contract staff working in IDOC facilities, but the contractor will reimburse the Vendor for the cost of the vaccine. Hepatitis B vaccine will be provided to incarcerated individuals assigned to work with potential infectious materials. The Vendor will be responsible for the cost of Hepatitis B vaccine provided to incarcerated individuals
* The provision of personal protection equipment (PPE) and devices required for patient care

The Vendor will ensure that all medical, dental, laboratory equipment and instruments are properly decontaminated.

The Vendor will adhere to the IDOC’s Tuberculosis (TB) Control Program. Incarcerated individuals, all facility IDOC staff, Vendor staff and Parole staff are to be screened annually for TB. TB skin test (TST) negative individuals and staff will receive a TST annually. Incarcerated individuals and staff with a history of a positive TST will receive a symptom screen and a chest x-ray once each year. The Vendor will provide screening for other contracted staff working in the facility at no charge. The Vendor will FIT test all employees for respirator use. The Vendor will complete FIT test screening paperwork for IDOC staff at no charge.

The Vendor will administer an immunization program based on the recommendations of the Centers for Disease Control, Prevention and the Advisory Committee on Immunization Practices (ACIP), and in accordance with IDOC policy. Influenza vaccine will be provided annually per ACIP protocol and in the event of a national shortage of the vaccine the Vendor must consult with the IDOC in order to prioritize who receives the immunization. Influenza vaccine may be administered to staff working in a facility at the Vendor’s cost. Any vaccine that the CDC or ACIP recommend will be the responsibility of the Vendor.

All IDOC Division of Youth Services (DYS) facilities participate in the federal Vaccines for Children program (CHIRP). This program provides all vaccines used in the DYS settings, including but not limited to Hepatitis B vaccine, at no cost to the IDOC. The Vendor’s personnel must register for this program and adhere to its guidelines including maintaining the proper storage of vaccines and documenting the refrigerator(s) temperature checks and completing required paperwork.

In accordance with state statute, all incarcerated individuals must be screened for HIV and Hepatitis C at intake. Management of incarcerated individuals living with HIV or Hepatitis will be consistent with IDOC policy and community standards of care. Incarcerated individuals found to be engaging in intravenous drug use will receive an initial screening for HIV and Hepatitis C. In addition, they will be screened at least once annually (per current Center for Disease Control recommendations) while incarcerated at IDOC. The Vendor is responsible for screening and universal vaccination for Hepatitis B in accordance with CDC guidelines.

The Vendor is responsible for the pre-assignment medical clearance examination required for food handlers by IDOC policy, ACA standards, and the documentation in the EMR. Hepatitis A vaccine will be mandatory for all food handlers.

The Vendor’s staff will participate in safety and sanitation inspections required by ACA standards and IDOC policy in accordance with the facility’s established procedure and schedule. The HSA will verify that the unit is clean and sanitary, and measures be taken to ensure the unit is occupationally and environmentally safe.

***The Respondent should respond to this specification with a statement that it agrees to meet and comply with the specification. Respondent should provide a narrative, along with any supporting documentation, of how it proposes to meet this specification.***

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**2.4.20 Specialty Care**

The Vendor is responsible for all specialty care, diagnostic services, and procedures which are necessary to treat a serious medical condition. Specialty physicians/providers must be available through a preferred provider network to all incarcerated individuals at all IDOC facilities. All non-emergent care should be directed to these providers. All specialists must be either board certified or board eligible in their specialty.

**Dialysis**

The Vendor is expected to manage the provision of dialysis to incarcerated individuals living with end stage renal disease. The IDOC has a dialysis unit with eight dialysis machines. This unit, which serves adults of all security levels and both sexes, is located in the Plainfield Correctional Facility. If replacement machines are needed, the Vendor will be responsible for the purchase of new machines.

Hemodialysis has been, to date, the dialysis treatment uniformly selected by the consultant nephrologist. However, the IDOC has no objection to utilization of peritoneal dialysis in appropriate patients. The dialysis services shall be overseen by a board-certified nephrologist. Potential vendors should assume hemodialysis is provided thrice weekly and cost calculations should include all associated standard medical costs including dialysis materials, pharmaceuticals such as Epogen, and other dialysis related equipment, products, and services.

The Vendor shall recognize that incarcerated individuals receiving hemodialysis are more susceptible to infection. Regular cleaning and routine disinfection shall occur in the Dialysis unit per CDC guidelines. The Vendor shall develop an Infection Control Plan in direct relation to hemodialysis unit. Routine checks and maintenance logs shall always be maintained on-site and available upon request. The Vendor shall develop and house a documented response for all infection control activities.

The Vendor shall be responsible for furnishing and maintenance of all equipment necessary for the provision of dialysis treatment including dialysis stations, dialysis chairs, water purification system, water filtrate, media, and pharmaceuticals required for dialysis. The Vendor shall be responsible for maintaining tanks, valves, meters, filters, etc., used in the pretreatment of water. The Vendor shall provide all necessary equipment including a replacement, backup, or special infectious disease dialysis unit if needed. The Vendor is responsible to maintain that equipment if necessary. Any supplementary equipment is also the responsibility of the Vendor.

The reverse osmosis system in the dialysis unit was replaced in March 2014. The Vendor will be responsible for the cost to service and maintain this system; the IDOC will be responsible for any physical plant remodeling or modifications.

The emergency response bag for the dialysis unit shall contain calcium chloride.

In the event of service interruption for any reason, the Vendor shall be responsible for providing uninterrupted dialysis treatment and shall take whatever steps necessary to ensure that services are provided. The Vendor shall identify an alternate site for dialysis for each incarcerated individual at their scheduled treatment time until the on-site services are again functional. In the event that dialysis services or equipment is non-functional, the Vendor shall be responsible for the cost of Custody to transport the incarcerated individual to the alternate site and the cost associated with the provision of dialysis treatment at the alternate site and shall notify the Quality Assurance Manager. If service interruption is due to interruption in utility service (e.g., power outage) or problems with the physical plant, IDOC will be responsible for the cost of transportation.

The Vendor shall provide an orientation packet to the incarcerated individuals on renal dialysis and ongoing training to assist in their understanding of their treatment.

IDOC recognizes that close monitoring of clinical metrics with patients on dialysis and early intervention with stage 4 chronic kidney disease is best for the patient and cost effective.

**Laboratory Services**

The Vendor shall enter into a subcontract for all laboratory services which cannot be provided on-site. If a Vendor chooses to bid behavioral health/addiction recovery services separately from, the Vendor shall be responsible for all laboratory costs associated with behavioral health/addiction recovery. The Vendor or its subcontracting laboratory(ies) shall comply with all federal and state laws, rules, regulations, and standards regarding analytical methods and procedures.

A provider shall review and sign off all routine laboratory results within 72 hours after receipt of test results. The physician on-call will be notified immediately of all STAT reports or critical lab values. Laboratory services must include a provision for "STAT" work and "critical level" abnormal values with results available within 4 hours after the specimen is obtained. A written report shall follow.

The Vendor is responsible for all costs associated with laboratory services including the cost of lab supplies. All laboratory services must meet state licensure requirements and certification by the American College of Pathologists and be Clinical Laboratory Improvement Act (CLIA) certified, and the Vendor is responsible for all costs associated.

The lab chosen by the Vendor must agree to interface results directly into the EMR within 24 hours of being performed. The lab chosen must agree to organize the pickup of specimens daily.

The Vendor is responsible for statutorily obtaining labs for all new intakes and parole violators to include but not limited to HIV, Hepatitis C, and a risk stratification for syphilis. These labs are processed through the IDOH at no additional cost to the Vendor.

The Vendor is responsible for obtaining DNA specimens required by state law or court order.

The Vendor is not responsible for the random drug or alcohol screening program managed by the facility. The Vendor is responsible for Urine Drug Screens for clinical and addiction recovery treatment purposes.

**EKG Services**

EKG services must always be available at all facilities. The Vendor shall include in its proposal a description of the methods through which EKG services will be provided to each IDOC facility.

EKGs shall be printed at time of completion and a physician will review all reports. The Vendor shall have all EKGs reviewed by a cardiologist. The cardiologist’s review shall be uploaded to the EMR. All EKG machines will be properly maintained. The Vendor is responsible for all costs.

The Vendor is also responsible for the renting of Holter Monitors when clinically indicated for the diagnosis of heart disease.

**Imaging Services**

Routine imaging services must be available at all facilities, through on-site production, mobile units, or utilization of off-site local facilities. The Vendor shall, in its proposal, describe how it plans to make available routine and fluoroscopic x-ray procedures, CT scans, and MRI scans, contrast studies, radionuclide studies, and ultrasound studies at each facility. Services should be provided on-site whenever possible. Digital imaging is the expected modality and should be strongly considered at all locations with sufficient volume to support their use.

All imaging studies must be timely read by a board-certified radiologist that is licensed in Indiana and significant abnormal findings must be called back to the facility immediately. Critical positive findings are to be faxed, emailed, or telephoned to the prescribing provider within two (2) hours of the x-ray. The on-call physician shall be notified of positive findings if the prescribing provider is not on duty. Documentation of the results shall be recorded in the incarcerated individual’s medical record.

For x-rays completed on-site, the image must be interpreted by a radiologist or radiology service within 48 hours of exposure and a written report forwarded to the facility within 48 hours of being read. Digital images and reports currently are not linked into the EMR, resulting in the reports having to be scanned into the EMR. These reports and images should be interfaced with the EMR.

It is an expectation that sites with permanent x-ray equipment continue to use it or other permanent equipment. This is to avoid portable equipment from coming in and out of our large facilities. An exception would be temporary usage of mobile equipment while the permanent equipment is being repaired or replaced. IDOC encourages on-site services whenever possible.

Any subcontractor used for radiology services must be approved by IDOC and staffing salary rules will apply.

**Auditory Services**

The Vendor shall provide an auditory services program. Hearing exams will be completed on all youth at intake in accordance with IDOC health care services directives. The Vendor must provide the continuum of audiology services, including hearing tests, hearing aids, and batteries. On-site services are preferred when possible, including the fitting of hearing aids. Any of these services including hearing aid fitting that can be completed on-site is desired. IDOC prefers that the testing vendor and hearing aid provider be separate entities.

**Optometry Services**

All optometry services including regular eye exams, prescribing, ordering, dispensing, and fitting of eyeglasses, are the Vendor’s responsibility. The Vendor is expected to provide glasses (with a limited and inexpensive frame choice) for those whose combined visual acuity is 20/50 or worse, or who have disabling presbyopia or hyperopia. Optometry services should be provided on-site, any exception to these requirements must be approved in advance by the IDOC. Incarcerated individuals who have been referred to the optometrist will be seen within 30 days for routine visits. Eyeglasses must be delivered within 10 working days from the date they are ordered. The Vendor is not expected to provide tinted lenses or contact lenses unless there is a specific medical indication (e.g., corneal deformity, uncorrectable myopia, and severe anisometropia).

The Vendor shall perform fundoscopic exams, at least annually, on incarcerated individuals living with HIV, hypertension, diabetes, and other conditions as clinically indicated by community standards. The fundoscopic exam for diabetics must be a dilated exam.

**Specialty On-site Services**

The Vendor will be responsible for physical, occupational, and speech therapy when these services are necessary to treat a serious medical condition. The Vendor is expected to provide physical therapy on-site at the following facilities unless the necessary services are more advanced that what can be provided on-site. The Vendor is expected to provide enough physical therapist coverage that wait times are not more than 30 days from the date of referral.

* Indiana State Prison
* Westville Correctional Facility
* Correctional Industrial Facility
* Pendleton Correctional Facility
* New Castle Correctional Facility
* Wabash Valley Correctional Facility
* Plainfield Correctional Facility
* Miami Correctional Facility
* Rockville Correctional Facility
* Indiana Women’s Prison
* Putnamville Correctional Facility
* Pendleton Juvenile Correctional Facility
* LaPorte Juvenile Correctional Facility

The Vendor shall provide all equipment and supplies necessary for a fully functional physical therapy program. The physical therapist(s) shall participate in a telemedicine referral for evaluation of incarcerated individuals at sites that do not have on-site physical therapy.

**Prosthetics/Orthotics/Durable Medical Equipment**

The Vendor shall be responsible for all prosthetics and durable medical equipment ordered by its providers including canes, crutches, wheelchairs, special shoes, orthopedic braces, glasses, hearing aids, orthotics, orthopedic shoes, and other assistive devices necessary to carry out activities of daily living. Provision of prosthetics, assistive devices, and durable medical equipment should be approved through a formal review process (e.g., formulary exception process) and after written authorization. Prosthetic services shall include the provision and fitting of the device and adjustment appointments, as necessary. Vendor may repair (rather than replace) prosthetic devices when economically feasible to do so. The Vendor shall be responsible for fitting, supply, and repair or replacement of prosthetics, including those prosthetic devices currently used by incarcerated individuals. The IDOC strongly encourages these visits to be performed on-site in order to avoid offsite trips.

Incarcerated individuals with CPAP machines may be housed at any facility with an available electrical outlet. CPAP machines do not have to be maintained in the infirmary.

If a releasing incarcerated individual has a prescription for the use of an assistive device or durable medical equipment, adequate support shall be provided in order to reasonably assure continuity of care upon release, which may include releasing with the device or equipment.

**Utilization Management**

The Vendor shall establish a utilization management (UM) program for off-site referrals including specialty care and inpatient stays. The UM program shall demonstrate that access to services is appropriate and timely, and the use of outside services is medically indicated.

The UM program shall be based upon evidence/criteria-based clinical guidelines or community standards of care. IDOC leadership has extensive experience with the success of a physician driven UM process which takes into account the unique aspects of correctional healthcare such as use of infirmaries, utilizing existing physicians’ skill sets (e.g., surgeon or internist), outdates, ability to monitor compliance, etc. It is expected that the UM process be driven by the Regional Medical Director. Review and approval of specialty care requests must be completed by the Regional or Associate Regional Medical Director or a physician designee. Decisions regarding routine off-site requests must be communicated to the requesting provider within 3 business days in accordance with applicable HCSDs and Performance Measures and documented in the EMR. If approved for an off-site appointment, an appointment date must be obtained within 10 days of the approval. When an offsite request is deferred, an alternate treatment plan (ATP) must be recommended and implemented. If the requesting provider disagrees with the physician reviewer, the requesting physician must contact the physician reviewer to discuss the patient. In the event the requesting provider disagrees with the physician reviewer decision on the offsite request, the CMO or designee shall review the incarcerated individual's clinical condition and health record and make a decision which will be final.

The Vendor shall be primarily responsible for making all decisions with respect to the type, timing, and level of services needed by incarcerated individuals covered by the program, including, without limitation, the determination of whether an incarcerated individual is in need of clinic care, hospitalization, referral to an outside specialist, or otherwise in need of specialized care. The IDOC retains oversight and ultimate responsibility for the health care services provided to incarcerated individuals. If necessary, the IDOC can and will override, through the CMO, clinical decisions made by the Vendor to ensure the best possible medical outcome for the incarcerated individuals and to meet legal requirements at the sole cost of the Vendor.

The Vendor must establish procedures for obtaining approval for urgent and emergent referrals (outside of emergency room visits) which do not delay necessary services. Urgent and emergent referrals must have a response documented within 3 business days and an appointment secured within 5 days of approval.

The Vendor UM procedures, guidelines, and reporting format must be approved by the CMO and the IDOC’s Executive Director of Physical Health within the first 30 days of the effective date of the contract. The IDOC reserves the right to mandate changes to the Vendor’s utilization criteria or UM program at any time it deems necessary to meet the comprehensive medical needs of incarcerated individuals.

There must be staff assigned at each facility to coordinate and track specialty care referrals. The tracking system must ensure that any additional information requested by the physician reviewer is provided in a timely manner and referrals which have been approved are scheduled.

Off-site clinic services must be provided within the time frame specified by the referring physician. A written report should be obtained from the consulting specialist within seven days of the specialist’s evaluation. Recommendations for treatment and follow up appointment(s) or services must be implemented by the on-site provider, or the on-site provider must document the rationale for not prescribing the recommended treatment.

All documentation regarding specialty care treatment including referrals that were deferred or an alternate treatment plan recommended must be incorporated into the electronic medical record.

**Hospitalization**

The Vendor is expected to provide stabilization. Emergency care is to be provided at the hospital nearest to the facility that is most capable of handling the present emergency. Each facility’s health services leadership will work with the EMS committee within its county to develop a better understanding of each hospital’s capabilities (e.g., where best to send a STEMI patient or acute stroke patient).

The Vendor shall arrange for acute inpatient care from licensed hospitals that are as close to each facility as possible. The Vendor shall establish procedures regarding the referral, scheduling, transportation, reporting of test results, health records, discharge summaries, and patient follow-up. The Vendor’s hospital case manager must regularly update the facility’s HSA and Warden or their designee regarding the condition and anticipated discharge date of a hospitalized individual on a daily basis. An incarcerated individual’s release from a hospital must be coordinated with Vendor’s on-site health services staff, the hospital personnel, IDOC transporting staff, and when the incarcerated individual needs to be reassigned to another facility, the Classification staff at the facility and in the IDOC Central Office.

The Site Medical Director, site Physician, or the Regional Medical Director is expected to actively participate in the case management of all incarcerated individuals assigned to their respective facility while they are on inpatient status to ensure the incarcerated individual is discharged as soon as possible.

IDOC has a high interest in providing off-site hospital care in close proximity to the correctional facilities when possible to reduce inmate transport and off-site security costs. The Vendor shall negotiate with appropriate community hospitals, clinics, and consultants to provide off-site consultations and emergent and elective hospitalizations. Hospitals currently utilized include but not limited to the following:

* Terre Haute Regional Hospital (secure unit)
* St. Vincent’s Anderson (formerly known as St. John’s)
* St. Vincent’s, 86th Street, Indianapolis
* Indiana University Hospitals (University Hospital (IUMC), Methodist, Riley, Ball Memorial Hospital, IU West)
* Eskenazi Hospital, Indianapolis
* Hendricks Hospital
* Franciscan/St. Anthony’s In Michigan City (particularly for oncology)
* King’s Daughters
* Deaconess in Evansville
* Henry County Hospital
* Union Hospital (Terre Haute and Clinton)
* Sullivan Hospital
* Johnson Memorial
* Duke Memorial
* South Bend Memorial-Beacon
* Parkview

Incarcerated individuals with complex health needs and incarcerated individuals receiving bone marrow transplants are managed at Indiana University Hospital. Currently incarcerated individuals requiring neurosurgery and cardiac surgery are managed at Methodist Hospital in Indianapolis.

When an incarcerated individual is discharged, written discharge instructions must accompany them upon release and a transcribed discharge summary must be obtained within 7 days. After returning to IDOC, the patient is to be seen by nursing immediately and the clinician is called for post discharge orders. The patient is to be seen by the clinician on the next business day following discharge or release from an emergency room.

Security coverage for inpatient services is the responsibility of IDOC. Incarcerated individuals will wear restraints as determined by IDOC in accordance with IDOC Policy and Administrative Procedure 02-03-110, “Adult Transportation,” 03-02-106, “Transportation of Youth,” and HCSD 3.16A/Y, “Restraints in General Medical Usage.”

The Vendor shall be responsible for all outpatient claims and those not covered by HIP 2.0 or traditional Medicaid (e.g., inpatient observations of less than 24 hours, and claims in which presumptive eligibility is not granted).

All claims that are the responsibility of the vendor are paid at the 104% Medicare rate.

**Transplants**

The only transplants which have been performed during the current contract have been corneal and stem cell. All costs associated with transplants are the responsibility of the Vendor. Incarceration does not preclude any transplant if medically necessary.

IDOC procedures do provide guidelines for incarcerated individuals who want to donate tissue or organs (e.g., kidney, heart) to a relative or other individual. The Vendor shall perform phlebotomy services and other small clinical services to further any incarcerated individual’s candidacy as a transplant donor. All associated costs must be borne by outside agencies, by the family, or by another third party

**Medical Transportation**

The IDOC expects the Vendor to establish regional off-site services (outpatient and inpatient) to minimize the travel distances necessary for obtaining care not available on-site. When outside health related trips are required, the Vendor will coordinate with the facility’s Operations staff in arranging transportation. The IDOC may use its vehicles in providing this transportation when clinically acceptable; otherwise, ambulance services, at the Vendor’s expense, shall be utilized.

Correctional Officer coverage is the responsibility of the IDOC. The Vendor will coordinate with the Custody staff to assure health and security needs are met per IDOC policies and procedures.

The Vendor is responsible for the coordination of health-related travel with Operations staff. The Vendor must identify as part of the proposal, how they will work with the IDOC to reduce transportation of incarcerated individuals and, when necessary, schedule in an efficient manner that limits the impact on state resources.

Correctional officers accompany incarcerated individuals on all outside health services. Incarcerated individuals wear restraints during these appointments as determined by the IDOC. Partial restraints are removed, if necessary, to complete examinations or diagnostic tests. Correctional staff will work with the health care providers to ensure an adequate examination can be conducted without compromising the safety of the staff and other clients of the facility.

**Provider Network**

The Vendor shall provide a managed, stable, high-quality network or networks of individual, group(s) and hospital health care providers to provide necessary services to treat a serious medical condition. The Vendor may establish its own network or access a commercial network. The network or networks shall be sufficient in number, mix, and geographic distribution to meet the needs of all IDOC incarcerated adults and youth. In accordance with IC 11-10-3-6 the reimbursement cost for health services provided through this network will be the federal Medicare reimbursement rate plus four percent (4%) (The exception is for inpatient stays approved by Medicaid).

The Vendor shall adjust the provider network and services as necessary to compensate for changes made by the IDOC due to facility capacities, acuity levels, and security levels. These changes may occur frequently over the life of the contract. IDOC shall keep the Vendor informed in a timely manner any circumstances that may alter the requirements of the provider network. The Vendor is required to modify/expand the provider network to meet these changes prior to the opening of a new facility or a change in mission of an existing facility.

The Vendor must have an active provider education program for all providers in the network. This program will be designed to enhance the providers’ awareness of IDOC Health Services Directives regarding health care for the incarcerated.

Any referral request by the network provider for additional medical services must be referred to the facility’s primary care physician for review. If deemed appropriate, the facility’s primary care physician shall request prior authorization for the additional referral.

On a quarterly basis, the Vendor will provide the IDOC Executive Director of Healthcare Operations an accurate, up-to-date list of the preferred hospitals and providers.

The Vendor shall describe its methodology to identify, monitor, report, and correct instances of network inadequacy. The Vendor shall document how it will meet, track, and report performance inadequacies of the provider network.

**Translation Services**

The Contractor shall provide translation services, when required, to meet the needs of the incarcerated population. Incarcerated individuals cannot be utilized as translators.

***The Respondent should respond to this specification with a statement that it agrees to meet and comply with the specification. Respondent should provide a narrative, along with any supporting documentation, of how it proposes to meet this specification. Please describe your UM process for outpatient and inpatient care.***

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**2.4.21 Pharmacy/Medication Administration**

The Vendor is responsible for all pharmaceuticals. Routine pharmacy services are to be supplemented by the availability of back-up pharmaceutical service from local pharmacies in the communities near each facility. The back-up pharmacy may be used to provide medications when the medication is immediately required but is not available within the facility.

The Vendor will supply all medications ordered by providers for use by incarcerated individuals while confined in IDOC facilities. This includes medications obtained from a contract pharmacy, from a local pharmacy, or from a hospital. Both legend and over-the-counter medications are included, as long as they are prescribed by Vendor staff and intended for use in the treatment of serious health conditions.

To obtain a discount on such pharmaceuticals, the IDOC has engaged in 340B Drug Pricing. The IDOC currently uses a 340B pharmacy to provide all 340B medications. The Vendor agrees to ensure EMR access for prescriptions. Prescriptions are to be transmitted electronically. If the IDOC pursues other medications through a 340B program outside of Hepatitis C. If, at any time, the Vendor is at cause for the failure of 340B regulations and results in IDOC losing 340B funding, the Vendor becomes fiscally responsible for all medication associated costs or reimbursement to the IDOC. The Vendor will adhere to the IDOC 340B procedure manual for monitoring the IDOC 340B program.

The IDOC does stock a limited number of over the counter (OTC) medications for purchase by incarcerated individuals in facility commissaries for use in self-care for non-serious conditions. The Vendor does not supply the commissary with these medications. OTC medications used in the treatment of serious medical conditions are supplied by the Vendor consistent with health care services directives. The list of OTCs which should be available in adult facility commissaries is as follows:

* Balanced liquid antacid

Prilosec OTC

An H-2 blocking agent such as Zantac

Natural fiber powder

Milk of Magnesia

Loratadine (generic Claritin)

* Allergy pill such as chlorpheniramine maleate, (e.g., Chlortrimeton)
* Acetaminophen (e.g., Tylenol) 325 mg
* Aspirin 325 mg
* Ibuprofen, (e.g., Advil) 200 mg
* Benzoyl peroxide, (e.g., Oxy) 5% (gel or liquid)
* Moisturizing hand and body lotion, any brand
* Dandruff shampoo
* Antifungal cream,
* Sunscreen with SPF at least 15
* Hemorrhoid cream with hydrocortisone (e.g., Anusol HC,)

Hydrocortisone, (e.g., Cortaid) 0.5% cream or ointment

* A mildly abrasive callous sponge
* Saline nasal spray (e.g., Ocean)
* Artificial tears
* Multivitamin tablet, any general purpose
* Melatonin

It is the intent of the IDOC that all provider orders shall be directly transmitted to the Vendor’s pharmacy through the EMR. It is the preference of the IDOC that an electronic medication administration record be utilized by qualified healthcare professionals.The Vendor will establish a mechanism for “24-Hour Chart Check” to ensure orders transcribed that day are accurate on the MAR.

The IDOC utilizes a formulary to help control the medications used. The Formulary is attached to this RFP as ATTACHMENT C – Indiana DOC Formulary. The Vendor is expected to utilize the IDOC’s formulary. The formulary is maintained jointly by the Vendor and the Health Services Division through a Central Office Pharmacy and Therapeutics (P&T) Committee. Recommended changes in the formulary are managed through the P&T committee. The IDOC CMO acts as the chairman of the P&T committee. The committee meetings will be facilitated by a clinical pharmacist.

Any FDA approved medication not on the formulary may be considered for use through a practitioner-initiated formulary exception process managed by the Vendor. The Statewide Medical Director is responsible for managing the formulary exception process.

In general, medications should be dispensed for 30 days at a time (maximum), whether for use as “hand feed” (DOT) or “may carry” (KOP) circumstances. Liquid medications may be dispensed in bulk form or unit of use as appropriate. The Vendor shall provide, furnish, and supply pharmaceuticals and drugs to the facility using a "unit dose method of packaging" which is properly labeled. The Vendor shall maintain starter dose(s) of medications which, if not readily available, could compromise the individual's health status.

Medications for self-administration shall be dispensed in accordance with IDOC policies and procedure, unless the preservation of the medication would be adversely affected (e.g., Nitroglycerin).

Medication is administered either under directly observed conditions (DOT/hand feed) or via keep-on-person (KOP/may carry) processes. In general, the Vendor is expected to administer medication within a one-hour window, 30 minutes before or after the designated time, unless facility circumstances (e.g., emergency lock down) preclude the delivery of medications. In this situation, the Vendor is expected to administer medications as close to the administration time as possible. Correctional officers are not utilized to administer medication but may be utilized to facilitate self-administration under observation, especially in DYS facilities, level one adult facilities, and work release centers.

Medication management including the distribution, administration, storage, and accountability of medication including controlled substances shall be in accordance with IDOC procedures, state and federal regulations and policies. Nurses or qualified medication assistants (QMA) shall administer all medication in accordance with IDOC procedures and state and federal regulations. In facilities without 24/7 nursing coverage, Custody officers will facilitate self-administration of medication. Training for Custody officers facilitating self-administration shall be provided by the Vendor.

The IDOC has a keep-on-person (KOP) policy, which excludes psychotropic, controlled substances, and medications that are easily abused. This policy is set forth in the Health Care Services Directives attached to this RFP.

The Vendor must maintain accurate records for tracking all controlled substances and account for each dose from the time the prescription arrives from the pharmacy until the medication is administered, returned, shipped to the reclamation company, or destroyed. In facilities with 24/7 nursing coverage, beginning and end of shift counts must be completed by two (2) staff members, preferably one staff member from the ending shift and one from the oncoming shift. In the event that a controlled substance is missing, the Vendor’s staff shall inform the facility’s Warden or other designated staff, the IDOC’s Executive Director of Physical Health, the Executive Director of Healthcare Operations and the appropriate Health Services Quality Assurance Manager. The Vendor shall take all steps necessary to locate or investigate the missing controlled substance.

The Vendor is responsible for maintaining inventory, cost, and ordering records for all pharmaceuticals, including OTC medications dispensed by the pharmacy.

To ensure continuity of care, the Vendor must establish a mechanism to identify incarcerated individuals whose medication(s) will expire within 14 days. No medication shall simply expire without an order to do so.

Consultant pharmacists must review the pharmacy operation at each IDOC facility quarterly and attend the Pharmacy and Therapeutics Committee meetings.

Clinical pharmacist(s) should participate as part of the multidisciplinary team in case management to improve clinical outcomes, and with improving clinical metrics.

Upon release from the IDOC, the Vendor must provide a 30-day supply of medications prescribed for behavioral health needs of incarcerated individuals, tuberculosis infection or disease, Hepatitis C and HIV disease along with a 30-day written prescription. For all other conditions, the incarcerated individual is to be provided with at least a 14-day supply of medication and written prescription for a 30-day supply of medication. For those individuals receiving medications from the 340B program (HCV medications) the entire current supply shall be sent with the returning individual along with prescriptions to cover the end of treatment with prior authorization completed by the facility provider. The Vendor will initiate a process whereby the incarcerated individual has signed for the medications provided upon release. Once this form is signed it will be maintained in the incarcerated individual’s health record and uploaded to the EMR.

The Vendor must provide at least a 7-day supply of medication for incarcerated individuals being sent out on temporary leave including incarcerated individuals transferred to a county jail.

The Vendor must prepare and supply emergency medications such as epinephrine pens for offsite workers and offsite trips.

**Blood Products**

Blood products used in the treatment of blood disorders, such as anti-hemophilic agents, coagulation factors VII Am, anti-hemophilic Factor VIII, Factor IX concentrates, Factor XIII, anti-inhibitor coagulant complex, and Von Willebrand Factor complex are to be considered pharmaceuticals. The Vendor shall be responsible for assuring the purchase, control, andadministration of these blood products.

**Special Consideration for Viral Hepatitis A/B/C Treatment**

The Vendor shall provide services for the screening, diagnosis, and treatment of infectious diseases including but not limited to HIV/AIDS and Hepatitis C. Treatment must be in a manner consistent with applicable standards of medical care including IDOC and CDC guidelines. The Vendor shall be responsible for all medical costs associated with the screening and treatment of infectious diseases.It is the expectation that the Vendor will treat all individuals diagnosed with Viral Hepatitis C and will meet the clinical indication without a stratification process.

***The Respondent should respond to this specification with a statement that it agrees to meet and comply with the specification. Respondent should provide a narrative, along with any supporting documentation, of how it proposes to meet this specification. Please describe your companies experience in using a clinical pharmacist to improve quality of care. Please also include your approach to case management for high-risk patients.***

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**2.4.22 Women’s Health**

Women’s health will be provided in accordance with IDOC procedures.

Screening mammography will be offered to all incarcerated females using the United States Preventive Services Task Force (USPSTF) Class A and Class B recommendations. To reduce off-site travel, the Vendor may schedule a mobile mammography unit, once each year, for all eligible womenincarcerated in IDOC at one female facility.

Cervical cancer and osteoporosis screening will be provided in accordance with IDOC policy and Class A and Class B recommendations of the USPSTF. Cervical cancer screening is to be provided on-site. It is the desire of the IDOC to have any gynecological procedures completed on-site, that are safe to do so, by an appropriately trained physician. Currently colposcopies, endometrial biopsies, and LEEPS are completed on-site by a gynecologist, which is preferred by IDOC.

The Officer Breann Leath Memorial Maternal Child Health Unit encourages the preservation of family by providing incarcerated mothers and their children a meaningful transition into the community. The Unit utilizes a holistic approach for the continuum of care by recognizing the mother’s individual strengths and barriers to social determinants of health and wellness.

The IDOC is dedicated to providing exceptional maternal health care to the incarcerated female population. It is the expectation of the IDOC that the Vendor recognizes the importance of maternal health care and that health care must be gender specific when addressing the health needs of the incarcerated female population.

IDOC and Eskenazi Medical E-Contract 73240 allows Eskenazi Medical staff to provide on-site well child visits and on call emergency care for the children of the Maternal Child Health Unit.

It is expected that the Vendor provides the female population with and produces the following pre-natal care:

* Infectious disease testing and STI testing within 30 days of arriving at IDOC
* Pregnancy testing upon intake
* Prenatal diet plan for incarcerated mother (pregnant and post-natal during

breastfeeding)

* Childbirth education, breastfeeding education, vaccination education
* Education on cesarian and vaginal births and create childbirth plan with incarcerated mother no later than 35 weeks from expected delivery date
* Individual prenatal exercise plan and education during pregnancy months

All pregnant women shall be seen by the Vendor’s OB/GYN within the first thirty (30) days of arrival at the facility.

All pregnant women shall be seen by the Vendor’s medical provider and behavioral health services provider monthly during the first thirty-six (36) weeks of pregnancy unless advised by a physician to attend more frequently.

All pregnant women shall be seen by the Vendor’s medical provider and behavioral health services provider on a weekly basis during weeks thirty-six to forty (36 to 40) of pregnancy unless advised by a physician to attend more frequently.

Prenatal care of non-high-risk pregnancies shall be monitored monthly or as deemed necessary by the Vendor’s medical provider. Prenatal care for high-risk pregnancies shall be monitored by the Vendor’s medical provider as determined by Vendor’s medical provider’s physician.

The Vendor will provide prenatal vitamins to all pregnant incarcerated females.

**Upon notice, from the IDOC, the Vendor shall credit the IDOC $15,000 for each pregnant female not seen for more than a fourteen-day (14) time period.**

It is expected that the Vendor will address reported deficiencies within the next reporting period, so that each performance measure receives a passing score of 90% or higher.

**Pre-natal and Post-partum**

All pregnant women shall be seen by the Vendor’s medical provider, mental health services provider, and/or addiction recovery services on a weekly basis during weeks thirty-six to forty (36 to 40) of pregnancy unless advised by a physician to attend more frequently. Both physical and mental health will begin using the Edinburgh Depression Scale to evaluate pre- and post-natal women for depression. Women will be screened during these times:

* First prenatal visit
* 2nd trimester (if applicable)
* 3rd trimester (if applicable)
* Within 30 days of delivery
* 3 months postpartum
* 6 months postpartum
* 9 months postpartum
* 12 months postpartum

Special behavioral health care will be provided to pregnant women who will not be keeping their babies, including access to groups run by behavioral health.

Post-natal care expectations include:

* All incarcerated mothers shall be medically evaluated by medical staff within seventy-two (72) hours of hospital discharge.
* Any incarcerated individual who experiences a miscarriage or stillborn shall be contacted by Mental Health staff within twenty-four (24) hours of hospital discharge.
* Post-partum patients shall be seen within three (3) days from hospital discharge
* The Vendor is expected to provide post-natal medical supplies including mesh panties, vaginal cooling spray, and a water bottle
* The Vendor is expected to provide postpartum depression screening and treatment to all incarcerated individual mothers.
* The Vendor is expected to test for gestational diabetes up to one-year postpartum

The Vendor is expected to facilitate weekly treatment groups for incarcerated mothers not eligible for the MCHU.

The Vendor is expected to provide medical birth control options within 30 days of release date to all releasing incarcerated individuals within childbearing age.

The Vendor is expected to provide the following gender specific behavior health services:

* Treatment programming focusing on maternal ambiguous loss, depression, and anxiety
* PTSD counseling relating to sexual abuse and domestic violence
* Licensed trauma informed behavioral health professional at each female facility location
* Annual depression screening for the general female population
* Treatment programming addressing self-esteem and empowerment

The Vendor is expected to market and incorporate a quarterly maternal health initiative at each female facility location. Educational material will be created for the tablets system.

The Vendor is expected to provide a thyroid screening to the female population.

The Vendor will provide education on Sexually Transmitted Infections and Diseases along with education on self-breast exam.

The Vendor is expected to provide to bone density scan for women over the age of 65 as well as women experiencing osteoporosis risk factors.

The Vendor is expected to provide annual iron and B12 deficiency screening.

The Vendor is responsible for all pre- and post-natal care and management of pregnant individuals that is consistent with IDOC policy. Expectant incarcerated individuals’ prenatal services are currently provided on-site by the Vendor and delivery at Eskenzai. There is no coverage for pregnant individuals for hospital deliveries. This will be the Vendor’s responsibility. However, the infants are covered under traditional Medicaid.

The Vendor shall provide a maternal child coordinator for the Leath Unit.The Vendor is responsible for vaccination storage and monitoring in accordance with ISDH guidelines and requirements.

***The Respondent should respond to this specification with a statement that it agrees to meet and comply with the specification. Respondent should provide a narrative, along with any supporting documentation, of how it proposes to meet this specification.***

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**2.4.23 Transitional Healthcare / Transitional Healthcare Facilitators and Liaisons**

The Vendor will provide for all incarcerated individuals with on-going medical, mental, or substance use treatment needs for the purpose of assisting the incarcerated individual immediately pre-release and immediately post-release with obtaining necessary health services in the community and in obtaining services from the Vendor to the extent required to be provided by the Vendor to incarcerated individuals upon release under the specifications set forth in this RFP.

Generally, there should be a continuum of services for incarcerated individuals from pre-release to post release, with the pre-release component of such services being provided by the Transitional Healthcare Facilitator in the facility, and the post release component of the services being provided outside the facility by a Transitional Healthcare Liaisons at an IDOC Parole office. The Vendor will provide 15 Transitional Healthcare Facilitators (THF) in facilities and 12 Transitional Healthcare Liaisons (THL) in the Parole Districts for all incarcerated persons with on-going physical or behavioral health needs for the purpose of assisting the person immediately pre-release and immediately post-release with obtaining necessary physical health, behavioral health, and other services related to social determinants of health in the community. These 27 positions should be interchangeable if the needs of the Department require a staffing adjustment. The IDOC Parole Districts (offices) are listed in ATTACHMENT D to this RFP. Note: Parole District Office 3 (PD3) will require two (2) THLs due to volume of parolees. The Two Special Needs THLs will work directly with the Vendor’s Regional Director of Transitional Healthcare in the Vendor’s Regional Office on the highest risk and most vulnerable releases.

The Transitional Healthcare Facilitators will provide transitional healthcare planning, linkage to available services, facilitation of telehealth intake appointments with community providers, and documentation of the care given. This requires the THF to review upcoming releasing individuals for medical, mental health, and substance use concerns that will affect their ability to successful transition to their community.

The purpose of the Transitional Healthcare Liaison is to work with Transitional Healthcare Facilitators pre-release and to immediately engage individuals post-release to provide a continuum of care and access to community services. This requires the THL to review upcoming releasing individuals for physical health, mental health, and substance use concerns that will affect their ability to successfully transition to their community.

The Vendor’s staff shall be required to complete all recommended training by the IDOC’s Executive Director of Transitional Healthcare, including Motivational Interviewing and Trauma Informed Care. The Vendor’s staff will be required to gather and deliver educational material relating to social determinants of health to the incarcerated population. This includes creating and delivering workshops, pamphlets, resource maps, and workbooks, as well as referrals and contact information for community resources.

The Vendor’s staff shall be responsible for discharge planning for incarcerated individuals requiring injectable medications, durable medical equipment, skilled nursing care, inpatient or outpatient mental health care and commitments, and addiction recovery services. As is available, Vendor’s staff will assist incarcerated persons in completing any necessary intake paperwork for community providers along with proctoring phone calls or video conferences relating to follow up healthcare in the community. The Vendor’s staff shall be required to gather medical records as requested by IDOC staff, sister state agencies, and community providers.

Once an incarcerated individual’s physical, substance use, and mental health status has been reviewed by a THF, the incarcerated person will be triaged by treatment need. Once triaged, discharge planning will occur by referring to the appropriate behavioral health or healthcare services in the community. The Vendor’s staff will be informed by Case Management staff of the incarcerated individual’s placement and will then be required to communicate with IDOC staff to determine services available in the releasing county. The Vendor’s staff will evaluate available treatment services for the incarcerated individual such as location of community behavioral health centers, physicians, pharmacies, and specific treatment services relevant to the incarcerated individual’s diagnosis(es) and need.

If the incarcerated person is to be supervised by IDOC’s Parole Division, the THF will send a referral to the assigned THL. The THL will engage the incarcerated individual with community medical, mental health, and addiction recoveryproviders. THLs are required to assist the released person with activation on HIP/Medicaid and/or refer to a HIP Navigator for assistance with activation. The THL will also assist the incarcerated individual in applying for other social services benefits and assistance with social determinants of health, as needed.

The Vendor agrees to note pre- and post-release planning and protected medical information in the EMR.

The Vendor’s Regional Director of Transitional Healthcare and THL will work directly with Parole Division Supervisors and Agents to build and maintain relationships with community addiction recovery services, mental health treatment providers, local NAMI (National Alliance on Mental Illness)and MHA (Mental Health America) Affiliates, Veterans Affairs Justice Outreach Coordinators, Area on Aging Case Managers, community transportation offices, community partners for housing opportunities, community colleges for incarcerated individual educational programs, and any advocacy groups or other community resources as they are identified and deemed appropriate.

The THF and THL will be required to meet monthly referral quotas along with tracking assigned data points. Data points and referral quotas will be assigned by the Executive Director of Transitional Healthcare. The Vendor’s staff will be required to submit monthly spreadsheets for assigned facilities or parole districts. The Vendor’s staff will be required to attend monthly meetings including but not limited to MAC and multidisciplinary team meetings, parole district meetings, and community resource meetings.

The Vendor’s staff shall be required to complete all recommended training by the Executive Director of Transitional Healthcare. The Vendor’s staff will be required to gather and deliver educational material relating to social determinates of health to the incarcerated population. This includes creating and delivering workshops, pamphlets, resource maps, and workbooks.

Once an incarcerated individual’s physical, substance use, and behavioral health status has been reviewed by a THF, the incarcerated individual will be triaged by treatment need. Once triaged, discharge planning will occur by referring to appropriate mental health, addiction recovery services, or healthcare services in the community.

THLs are required to act as authorized representatives as needed for the Family Social Services Administration (FSSA). This includes ensuring an incarcerated individual’s health coverage is activated and assisting the incarcerated individual in applying for other social services benefits as needed.

Generally, there should be a continuum of services for incarcerated individuals from pre-release to post-release, with the pre-release component of such services being provided by the Case Manager in the facility, and the post release component of the services being provided outside the facility by a Parole Liaison at an IDOC Parole office. The IDOC Parole Districts (offices) are listed in ATTACHMENT D to this RFP. Note: Parole Office PD3 and Parole Office PD10will require two (2) Parole Liaisons due to volume of parolees.

The Vendor should consider the following when determining the number of re-entry staff that will be required:

* There are 92 counties in the State of Indiana;
* The IDOC releases approximately 18,000 incarcerated individuals per year, and,
* Approximately 15-20% of individuals releasing from prison are prescribed physical, mental health, or Medication Assisted Treatment medications.

***The Respondent should respond to this specification with a statement that it agrees to meet and comply with the specification. Respondent should provide a narrative, along with any supporting documentation, of how it proposes to meet this specification.***

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**2.4.24 Special Considerations for Youth**

The Indiana Department of Correction’s Division of Youth Services (DYS) has specific expectations regarding programming and delivery of health and behavioral health care services that are unique to the youth population. In addition to youth who are adjudicated to DYS, a youth may be sent as a diagnostic. A safekeeper is a youth whose county has contacted the IDOC for assistance in housing the youth, and the Department has agreed to provide housing for the youth. A diagnostic is a youth who a legally constituted juvenile court has ordered to be temporarily committed to the Department for evaluation and determination of proposed assignment via Pre-Dispositional Diagnostic Services in accordance with Indiana Code 11-10-2-6. However, no matter the reason for being sent, most youth sent to DYS have overlapped and interdependent needs such as social, emotional regulation, and addiction recovery along with an increase in high acuity mental health needs.

**The Intake/Diagnostic Process**

To address these needs, the Vendor would need to coordinate with DYS’s multi-method and multi-source assessment intake/diagnostic process, which includes but is not limited to:

* Pre-dispositional reports
* Guardian feedback (where available)
* Probation officer feedback (where available)
* Community treatment records (if applicable)
* Clinical interviews
* MAYSI – 2 (Massachusetts Adolescent Screening Inventory – 2nd Edition), used for mental health and addiction recovery needs assessment
* Adverse Childhood Experiences tool, or ACEs, screens for potentially traumatic events that occurred in childhood (0-17 years)

Once the diagnostic process is complete, the Vendor’s designated mental health staff are expected to complete a Pre-dispositional Diagnostic Evaluation, which recommends an individualized rehabilitative treatment plan for each youth to assist in the determination of suitable treatment and/or placement alternatives by the county. These youth are then returned to the court following the completion of this process.

For all other youth, once the intake process is complete, the Vendor’s designated mental health staff will be expected to create a treatment plan that matches youth to the most effective individualized treatment programming and services. DYS uses a collaborative multidisciplinary team approach to deliver treatment programming and services. This approach includes a combination of mental health treatment, medication management, and trauma-informed care designed to maximize each youth’s ability to function effectively in the community. This approach also includes coordinated addiction recovery services (ARS) that provide education, treatment, and support programming for youths committed to DYS facilities, with the goal of reducing youth substance use and delinquent behavior and increase the potential for the youth’s successful Re-Entry into the community.

**Delivery of Mental Health Treatment Programs and Services**

Although treatment may be provided individually using the clinical discretion of the provider or the recommended approaches endorsed by the Vendor, small therapeutic groups may be facilitated in order to maximize youth impact within DYS’s limited schedule. Areas addressed via individual and small group therapy may include but are not limited to:

* Motivation – Readiness for Change
* Trauma-Informed Care and Recovery
* Crisis Management
* Emotional Dysregulation
* Severe Emotional Dysregulation
* Effective Communication
* Social Skills
* Stress Management/Coping Skills
* Positive Peer Choices/Healthy Relationships
* Family Relationships
* Transition/Release Readiness

In addition, the Vendor shall provide medication management for youth that are prescribed psychotropic medications. These youth shall be adequately prescribed and documented after a psychiatric assessment, including proper monitoring, and administered at appropriate times. Proper consent will be obtained for all psychotropic medications. If the youth refuses three psychotropic medications in a week, they will be referred back to a psychiatric provider.

The Vendor’s mental health providers will review youth progress in accordance with Department Health Care Services Directives and report out on youth progress and completion of programming and services during multidisciplinary team meetings (MDTs) with DYS Departments. Multidisciplinary team meetings (MDTs) shall also be used to review youth that are on psychotropic medications, youth who have been referred by other departments, and/or youth who are in crisis, which shall include youth in general population or in various forms of separation. Difficult cases of youth whose struggles in the facility have resulted in heavily extended lengths of stay shall also be discussed. The Vendor’s mental health providers may provide skills training and interventions to DYS staff for youth whose issues/behaviors may be rooted more in their criminogenic than mental health needs. The Vendor will also coordinate with DYS at these meetings to assess the need for family counseling and provide family counseling when needed.

The Vendor’s mental health staff shall be expected to assist with ordering, monitoring, and discontinuing therapeutic isolation, other forms of youth separation, and therapeutic restraint. This shall include making rounds of separation areas as directed by HCSDs in coordination with Department accreditation standards and policy requirements.

The Vendor’s mental health staff shall also be on call to serve in emergency situations and crisis management as required by HCSDs in coordination with Department accreditation standards and policy requirements.

The Vendor’s mental health staff shall coordinate each facility’s suicide prevention protocols and facilitate suicide prevention meetings and reviews for the facility.

**Delivery of Addiction Recovery Services (ARS)**

The Vendor’s Addiction Recovery Services (ARS) shall include assessment, treatment, and referral for post-release recovery support for youth with substance use disorder(s) or a pattern of problematic substance use. Continuity of care must be provided from admission to discharge from the IDOC, including referrals to appropriate community-based providers. All ARS services shall be conducted by ARS staff within the scope of their professional credential(s), competency, and training. All treatment interventions provided by ARS staff shall conform to accepted national professional standards, shall utilize standardized curricula approved by the IDOC, and shall be delivered in accordance with a level of care treatment plan based upon assessment during the intake process. The Vendor shall provide a menu of interventions, programs, and services, delivered individually or in groups. Youth shall be matched to a level of need based on assessments completed during the intake process, which shall include youth who require education and prevention strategies to youth who require intensive, residential-level care. Programs and services shall contain an aftercare component to assist youth and their families with translating skills to the community and obtaining support in the community.

The Vendor shall make Medication Assisted Treatment Therapy (MAT) available to youth aged 18 and over who are in DYS custody. Drug and alcohol testing shall be conducted in accordance with DYS policy and procedures.

The Vendor’s licensed ARS staff shall review youth progress in accordance with HCSDs and report on youth progress and completion of addiction recovery services during multidisciplinary team meetings (MDTs) with DYS Departments.

**Transitional Health Care**

Since a youth’s treatment needs do not end at the time of their release from DYS, release and discharge planning will be part of each phase of treatment for youth with behavioral health needs. The Vendor’s Transitional Health Facilitator and Behavioral Health staff will assist DYS in identifying the areas of continuing need for treatment and provide referrals to community-based service providers. The Vendor will provide treatment summaries and consultation to community providers as needed to ensure continuity of care to youth. The Vendor’s Regional Director of Transitional Healthcare and Transitional Healthcare Facilitator for youth will assist with making community appointments, as needed.

**Specialized Training of DYS Staff**

The Vendor is also expected to assist DYS, when requested or when the need is identified by the IDOC or the Vendor, with specialized mental health or addiction recovery training of DYS staff.

**Data Collection**

The Vendor is also expected to assist DYS, when necessary, with the collection of data as requested by the Department and/or the State of Indiana.

**Staffing Numbers**

Refer to **CAA Provisions.PDF** in ATT A - K Bidders Library.

All positions employed by the Vendor to work in DYS should have experience with youth or will receive adequate competency training on topics related to mental health, adolescent development, and developmental disabilities. Additional training and certification in adolescent mental health preferred. This training of 20 hours minimum shall be specific to the youth population.

***The Respondent should respond to this specification with a statement that it agrees to meet and comply with the specification. Respondent should provide a narrative, along with any supporting documentation, of how it proposes to meet this specification.***

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**2.4.25 Mental Health**

Mental health services within the IDOC include screening for, evaluating severity, and treatment of those with mental illness. The provision of mental health treatment is the responsibility of Health Services personnel. Mental health treatment shall be provided. Each facility must have a sufficient number of Qualified Mental Health Professionals (QMHP) to provide these services as well as preparing for discharge planning by communicating treatment needs to IDOC Transitional Healthcare for continuity of care in the community.

The scope of mental health services available in all adult facilities, and for Youth Incarcerated as Adults (YIA), includes intake, evaluation, psychoeducational classes, behavioral modification, group therapy, individual therapy, crisis intervention, psychiatric consultation, and services for managing intoxication and withdrawal when necessary, coordinated care for co-occurring disorders, use of emergency and involuntary medication, and medication management, which are provided when clinically indicated and in accordance with an individualized treatment plan. All mental health care provided must be in accordance with Health Care Services Directives. Policies and directives are reviewed annually or as needed. The Vendor acknowledges these changes may change the scope of work or contractual requirements for duties performed by Health Services staff.

It is recognized that the delivery of mental health care within a correctional setting must be held to a community standard. Quality medical documentation, peer review, and a solid continuous quality improvement committee are essential components of a sound correctional health care system. The IDOC has attempted to be responsive to the growing needs of this population and wishes to continue to deliver a high standard of care through its contracted Vendor.

The Vendor will provide mental health services in accordance with an individualized treatment plan in the least restrictive setting in which the incarcerated individual’s mental illness may be treated. Crisis management services must be available to all facilities and work release centers. Routine mental health services must be available at all facilities and, to a limited extent, work release centers. When more intensive mental health treatment is required, incarcerated individuals will be transferred to a Mental Health Unit (MHU) for care. MHUs are located in:

* New Castle Correctional Facility (for incarcerated adult males)
* Wabash Valley Correctional Facility (for incarcerated adult males)
* Pendleton Correctional Facility (for incarcerated adult males)
* Indiana Women’s Prison (for incarcerated adult females)

Approximately 18% of all incarcerated individuals are prescribed psychotropic medications.

IDOC has also developed and implemented Special Needs Acclimation Program (SNAP) units for incarcerated individuals living on the edge of the general population with mental illness, disabilities and other special needs. The goal of these units is to keep the incarcerated individual in general population by providing some additional support that may include more frequent individual therapy, group therapy, psychoeducational groups, or skill-based groups. These units are currently operational at the following facilities:

* Plainfield Correctional Facility
* Putnamville Correctional Facility
* Wabash Valley Correctional Facility
* Westville Correctional Facility

The staffing requirements of these units is included in the Minimum Staffing Document set forth in this RFP.

Mental health staff must determine how to meet the treatment needs of incarcerated individuals that repeatedly behave in a maladaptive manner, without compromising the safety and security of the facility. Facilities frequently house incarcerated individuals who behave in aggressive or disruptive ways. When behavior is related to a mental illness (including personality disorders) or a situational crisis, mental health staff are expected to partner with the facility’s administration to provide educational consultation and guidance in behavioral intervention or management approaches. QMHPs may create behavior intervention plans and work collaboratively with multidisciplinary teams and line staff to ensure strategies for behavioral management are implemented therapeutically and in a way that is not perceived as humiliating or inhumane.

**Release of Incarcerated Individuals with Mental Health Treatment Needs**

Incarcerated individuals with mental illness that affects their stability, or functioning must be identified during the pre-release stage to identify community resources to meet the incarcerated individual’s mental health treatment needs. The Vendor’s Regional Director of Transitional Healthcare, Transitional Healthcare Facilitator, and Transitional Health Special Needs Liaisons will collaborate with facility staff and other Transitional Healthcare staff to identify needs and make community appointments. Release planning should include providing medication (30-day supply unless contraindicated clinically and the individual has an appointment with a community provider before they will deplete the medication or if an appointment with an outside provider has been scheduled to continue injectable medication), appointments for follow-up care, and assistance with accessing financial support through Medicaid when necessary, etc. If an incarcerated individual being released meets commitment criteria, commitment must be sought through the courts. The Vendor’s mental health staff will participate in civil and assisted outpatient commitments.

**Psychological Evaluations**

In addition to clinical evaluations, in some circumstances, the Parole Board, the Division of Youth Services, or another correctional agency may request a mental health evaluation in order to assist its decision-making. The Vendor shall provide such evaluations, without compromising the facility mental health staff’s patient-to-provider relationships as outlined in applicable policies, procedures, and Health Care Services Directives (HCSD).

**Co-Occurring Disorders**

The Vendor agrees to provide mental health care and addiction recovery services to those incarcerated individuals diagnosed with a co-occurring substance use disorder. Incarcerated individuals who are receiving addiction recovery treatment will be evaluated by mental health staff, upon referral, and care for the treatment of any mental health condition and/or substance use disorder as described in the DSM-5-TR (APA 2022) in accordance with Health Care Services Directives.

***The Respondent should respond to this specification with a statement that it agrees to meet and comply with the specification. Respondent should provide a narrative, along with any supporting documentation, of how it proposes to meet this specification.***

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**2.4.26 Enhanced Services at Mental Health Units**

Vendor shall operate the New Castle Psychiatric Unit, the Indiana Reformatory Treatment Unit, the Wabash Valley Special Needs Unit, and treatment for mental health at the Indiana Women’s Prison, during the contract term as specified in the original specifications, but with the enhanced treatment and services set forth below:

The Wabash Valley Special Needs Unit, Indiana Reformatory Treatment Unit, New Castle Psychiatric Unit, and the Indiana Women’s Prison, must offer a minimum of ten (10) hours of out-of-cell therapeutic programming per week per resident. A resident may receive less than ten (10) hours of minimum out-of-cell treatment if the resident refuses the out-of-cell treatment after consultation with a QMHP. All treatment modalities offered to incarcerated individuals in other IDOC settings must also be available to patients in mental health units (MHUs). Therapeutic programming can include formal group therapy, individual therapy, therapeutic milieu activity and other activities determined by a QMHP to be therapeutic. This does not include regular recreation and showers.

If the MHU’s Multidisciplinary Treatment Team determines additional treatment hours for any individual are warranted, in excess of the minimum hours of treatment set forth herein, such treatment shall be provided. Treatment needs will be the focus of the Multidisciplinary Treatment Team as determined and supported by the individualized treatment plan and diagnosis, and the focus will not be providing the minimum treatment hours.

Vendor acknowledges that the IDOC may change, size, location, or number of MHUs to reflect changes in needs for housing, management, or treatment of incarcerated individuals. The Northwest Indiana Correctional Facility, currently under construction, will operate an MHU.

***Respondent should include an affirmative statement that it will comply with this specification if awarded a contract pursuant to this RFP. Additionally, Respondent should explain how it will meet the staffing and treatment requirements for the Wabash Valley, and the New Castle Psychiatric Unit, Indiana Women’s Prison, and Indiana Reformatory Treatment as set forth in this specification.***

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**2.4.27 Enhanced Screening and Treatment of Individuals in Restrictive Housing**

Vendor will provide the necessary services, including properly licensed and credentialed treatment staffing, to adhere to the requirements outlined in HCSDs 2.21A/Y, 4.03A/Y, and their attachments for individuals placed in any restrictive housing or restrictive housing-like space, including DYS separation, within IDOC.

All incarcerated individuals referred for placement in a Department-wide Restrictive Status Housing (administrative or disciplinary) unit will be evaluated by a QMHP. This evaluation will consist of a mental status examination and chart review for mental health needs. Classification staff will be notified of any significant findings, including presence of mental health diagnosis and the incarcerated individual’s risk of decompensation in a long-term restrictive housing environment.

Mental health staff will additionally review and classify individuals who meet specified criteria as Seriously Mentally Ill (SMI) in restrictive housing or like spaces where an individual is single-celled and in their cell for 22 hours or more per day within the IDOC. In addition to documentation required by policy, incarcerated individuals who are classified SMI must also be reported to identified Central Office and facility contacts the same day they are identified. Mental health staff will contribute to management decisions and provide clinical information as requested to support IDOC staff in appropriately managing individuals who are classified as SMI while in restrictive housing or like spaces within IDOC.

Incarcerated individuals with “D” Behavioral Health codes or who are within 30 days of post-release suicide observation, follow-up must immediately have a suicide risk and mental health screening, and the facility’s Lead Psychologist or designee must be contacted if no mental health staff are on-site and a QMHP must assess the patient on the next business day. During business hours, a QMHP must assess the individual to determine if any immediate action is necessary.

If a determination is made that placement in restrictive housing is clinically contraindicated, or that an individual’s treatment needs cannot be met in that setting, a QMHP will either staff the individual for placement in an MHU or discuss their concerns with the Executive Director of Behavioral Health and the Vendor’s Regional Director of Mental Health.

***Respondent should include an affirmative statement that it will comply with this specification if awarded a contract pursuant to this RFP. Additionally, Respondent should explain how it will meet the additional staffing and treatment requirements for the mentally ill incarcerated individuals in restrictive housing.***

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**2.4.28 Enhanced Review and Oversight**

Each facility shall establish a Multidisciplinary Treatment Team to review and to make decisions regarding the status, housing, and disciplinary reports of mentally ill individuals. The Vendor shall assist with the development of such teams including providing one or more QMHPs to serve on the Multidisciplinary Treatment Team at each facility. Mental health and restrictive housing units require their own Multidisciplinary Treatment Teams that are led by the site or unit’s lead QMHP.IDOC Central Office staff will provide review and oversight of the mental health services and mental health operations in general. The Vendor shall provide assistance and documentation to IDOC Central Office Staff as requested.

***Respondent should include an affirmative statement that it will comply with this specification if awarded a contract pursuant to this RFP. Additionally, Respondent should explain how it will meet the additional staffing and treatment requirements set forth in this specification.***

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**2.4.29 Enhanced Training of Mental Health Staff**

Additional resources for staff training shall be required for both IDOC and Vendor staff who work in mental health units more than 30 days in a calendar year in addition to the pre-service and in-service training set forth in the original’s specifications.

Staff who complete the initial 2-day training and the specialized 40-hour annual in-service training are Certified Treatment Specialists for IDOC. The training is specifically related to the treatment of individuals with mental illness and management of mental health units. Additional training may be required. The Vendor will assist the IDOC with providing input, classroom instruction, participation, and curriculum recommendation for training related to mental health.

***Respondent should include an affirmative statement that it will comply with this specification if awarded a contract pursuant to this RFP. Additionally, Respondent should explain how it will meet the additional treatment requirements set forth in this specification***

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**2.4.30 Special Populations**

The Vendor shall provide necessary services for incarcerated individuals with special needs including but not limited to dementia or other organic brain syndrome, traumatic brain injury, intellectual or developmental disabilities, autism, or physical impairment. The Expertise of a neurologist may be required as needed to diagnose more complex or equivocal conditions, including those that have an underlying general medical etiology, such as Wilson’s disease or Huntington’s chorea.The Vendor will assist the IDOC with the development and implementation of life skills programs for incarcerated individuals with special needs.

The Vendor will assist the IDOC and the New Castle Correctional Facility staff with referrals into the “A” building at New Castle, an assisted living unit. Incarcerated individuals in this housing unit have physical, mental, or cognitive impairment and require some assistance with activities of daily living. The IDOC requests that the Vendor staff A Dorm with a nursing assistant for at least 16 hours per day. The nursing assistant should remain in A Dorm until the end of shifts.

***The Respondent should respond to this specification with a statement that it agrees to meet and comply with the specification. Respondent should provide a narrative, along with any supporting documentation, of how it proposes to meet this specification.***

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**2.4.31 Addiction Recovery/Substance Use Treatment**

The Vendor will be responsible for a comprehensive addiction recovery service (ARS) program to provide treatment for substance use disorders for incarcerated individuals at all IDOC facilities, All ARS program activities shall be provided in a manner consistent with IDOC Policy and Procedure, Health Care Services Directive, and in conformity with all applicable state and federal laws. 42 CFR Part 2 shall be strictly adhered to regarding substance use disorder patient medical records.

The ARS clinicians will provide a full continuum of addiction treatment including Residential (RES) level of care services, intensive outpatient (IOP) services, traditional outpatient (OP), relapse prevention services, Foundations substance use education and After Care (AC) services. Services provided will include but are not limited to screening and assessment, grouptreatment, group skills training, aftercare planning, relapse prevention services, treatment for co-occurring substance use disorder and mental illness, peer services, and recovery groups/services embedded within other facility-based programs. Any patient not enrolled in their recommended level of care (LOC) treatment within 20 business days will result in a backlog reporting requirement. Patients in restrictive housing who cannot attend group treatment when that is the recommended LOC will be offered Foundations substance use education. Once Foundations is completed, if the patient is still unable to attend group treatment, their treatment plan will be completed, and they will not remain on the waitlist. They may submit a referral to return to addiction recovery treatment once their housing assignment allows.

Substance use treatment is provided at every IDOC adult and DYS facility. Due to varying security levels at facilities, physical logistics of the facilities and other special considerations, not every ARS level of care treatment is offered at each facility. The Vendor will be responsible for identifying substance use patients that require a transfer to a facility which provides the needed level of care treatment if they cannot receive appropriate care in their current location. The Vendor will be responsible for providing a transfer treatment summary and discussing the transfer need with the IDOC Director of Addiction Recovery who will approve all transfer requests. The request will be forwarded to the IDOC Classification Division for final approval and placement.

The Vendor will be responsible for recruitment, hiring, orientation, professional supervision, training, and education of its employees. Employees shall also complete the training and orientation required by the IDOC for persons and contracted staff working with incarcerated individuals. The Vendor will provide an updated contact list of all ARS staff by location not later than the 20th of each month to the IDOC Director of Addiction Recovery Services.

The Vendor will ensure that each addiction recovery employee possesses a bachelor's degree minimum education and is appropriately licensed and/or credentialed for the respective position in accordance with the requirements established by the Indiana Professional Licensing Agency (IPLA) and the Indiana Counselor’s Association on Alcohol and Drug Abuse (ICAADA). At minimum, employees providing addiction recovery services must possess a provisional Addiction Counselor in Training (ACIT) credential through ICAADA. Employees with an ACIT credential may provide services for up to 24 months while pursuing a more advanced credential under appropriate supervision (i.e., CADAC, LAC, LSW, etc.) Clerks may be used in facilities with a large population where administrative tasks can be assigned to increase efficiency.

The Vendor will ensure that an ARS Director will be located at all facilities. The Vendor agrees that employees in those roles will remain employees of the vendor and will not be part of any sub-contract for addiction recovery services staff. Vendor staff employed as a Director/Lead must possess a certification and/or licensure that is not provisional in nature and permits the Director to provide clinical supervision to their staff. Candidates with a provisional credential may be considered for a vacant Director position if they can demonstrate an ability to obtain a higher level of licensure within thirty (30) days of date of hire. The Vendor agrees that candidates being considered for the role of Director/Lead will be offered the position only after agreement from the IDOC Director of Addiction Recovery Services.

The Vendor will utilize the IDOC-approved standardized curriculum to provide ARS. The standardized curriculum may be revised and updated by mutual written agreement of the Parties and with the agreement of the IDOC Director of Addiction Recovery Services. Additional program curriculum, modules, materials, etc., may be utilized by the Vendor with the written approval of the IDOC Director of Addiction Recovery Services. The Vendor will work cooperatively with IDOC to facilitate treatment improvement initiatives, including but not limited to staff participation in focus groups, curriculum review, and programmatic/clinical structural change strategies.

Addiction treatment is a significant part of the broader behavioral health services provided by the Vendor. The Vendor agrees to address and treat those incarcerated individuals in addiction recovery services with co-morbid mental health treatment needs. The Vendor will ensure that all ARS staff have a basic understanding of mental illness and provide sufficient training to enable ARS staff to recognize signs and symptoms of common mental illnesses and refer incarcerated individuals for mental health services.

The Vendor agrees to utilize the various existing IDOC and external electronic systems to document all additional treatment-related activities in accordance with IDOC administrative policies and procedures and Health Care Services Directives (HCSDs). The electronic systems used may be modified/updated by mutual agreement of the Parties. All patient treatment shall be documented only in an HIPAA compliant electronic medical record system. All requests for substance use treatment records shall be requested through the IDOC Records Department.

The Vendor will ensure that each ARS staff provides a minimum of 20 hours of direct clinical contact per week, with exceptions for holidays, vacation, sick time, etc. Treatment hours will be provided based upon facility needs and incarcerated individual availability and may include early morning, evening, or weekend sessions. An hour of group, assessment, treatment plan review session, or making housing rounds constitutes one hour of clinical contact.

The IDOC is committed to medication-assisted treatment (MAT) for substance use disorders, including medication for opioid use disorder (OUD). The Vendor agrees to make available all categories of medication approved by the FDA for treatment of a substance use disorder to include long-acting injectables (LAI). The Vendor agrees to continue to prescribe and dispense MAT currently available for incarcerated individuals, and to work collaboratively with the IDOC to develop treatment protocols for the use of additional categories of MAT. The Vendor agrees to ensure that enough prescribers have obtained the required training, credentialing, and DEA licenses to prescribe all forms of MAT, including partial and full opioid agonist medications.

The Vendor will work collaboratively with the IDOC to pursue additional grant funds when appropriate opportunities arise and will ensure all data collection and grant reporting related to the ARS program is completed and submitted to the IDOC Director of Addiction Recovery Services in a timely manner.The Vendor will submit all required data points requested by the IDOC Director of Addiction Recovery to be published every month for the Health Service Report (HSR). The Vendor will submit all facility backlogs weekly for the Backlog Report. A patient is included in the ARS Backlog Report when they are not assessed for treatment needs within 20 business of submission of the referral.

The Vendor will work cooperatively with IDOC to maintain partnerships with universities and/or research entities.

Upon notice from the IDOC, the Vendor shall credit the IDOC $20,000 for every facility that has a backlog for addiction recovery services of more than twenty-five incarcerated individuals at the end of a week during the contract term. This credit is to reimburse the IDOC for additional action, oversight, and review expended by the IDOC in dealing administratively with such backlogs. This reimbursement shall be paid as a credit on the next invoice due after notification.

It is expected that the Vendor will address reported deficiencies within the next reporting period, so that each performance measure receives a passing score of 90% or higher**.**

***The Respondent should respond to this specification with a statement that it agrees to meet and comply with the specification. Respondent should provide a narrative, along with any supporting documentation, of how it proposes to meet this specification.***

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**2.4.32 Sexual Assault/PREA**

The Vendor will follow the IDOC directives and comply with ACA standards. Any sexual conduct including contact performed with full consent of the participating parties is to be considered sexual assault. The Vendor will follow the IDOC HCSD 2.22A/Y entitled, “Sexual Assault.” This HCSD requires the Vendor to provide an initial assessment of an alleged victim of sexual assault and enter into an agreement with a county hospital to provide for evaluation by a SANE (sexual assault nurse examiner). The Vendor shall be responsible for charges for this service, if any. The initial assessment of an alleged sexual assault must include an assessment of the injury and determination of immediate health needs, the provision of emergency care for trauma and determination of whether the sexual assault was recent. Testing and prophylactic treatment against sexually transmitted diseases shall be initiated. Mental health treatment will be provided. The IDOC requires the Vendor to work in conjunction with the facility PREA Compliance Manager to establish a MOU between the facility, the Vendor and the county hospital to provide a Sexual Assault Nurse Examiner (SANE), qualified and certified to perform forensic examinations of sexual assault victims, to ensure proper victim care, and proper collection of evidence. A SANE nurse who is qualified and certified shall be provided to perform forensic examinations of sexual assault victims, and to ensure proper victim care and proper collection of evidence. Due to the collection of forensic evidence, the SANE nurses shall not be on the staff roster of the IDOC or the Vendor.

All Vendor’s staff shall be trained in the preservation of evidence.

As part of new employee orientation training and annual in-service training, all Vendor’s employees and subcontractors must receive training in sexual abuse, sexual harassment, and the IDOC’s zero tolerance policy. The training shall include how to recognize signs and symptoms of sexual abuse, or misconduct, ways that the incarcerated may report incidents of sexual conduct, and the rights of the incarcerated, employee, or contracted staff to be free from retaliation for reporting sexual abuse.

Employees of the Vendor will be expected to complete the PREA Questionnaire attached to this RFP as ATTACHMENT E – PREA Questionnaire.

***The Respondent should respond to this specification with a statement that it agrees to meet and comply with the specification. Respondent should provide a narrative, along with any supporting documentation, of how it proposes to meet this specification.***

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**2.4.33 Employee Health**

The Vendor shall provide a limited range of services to IDOC staff having contact with incarcerated individuals. The IDOC currently has approximately 6,000 employees who have contact with incarcerated individuals. These services shall be provided as needed or on a periodic basis as required by IDOC Policy. (Note: Does not include pre-employment, or for cause, drug testing.)

These services include:

* TB screening
* Hepatitis B vaccinations
* Immediate review of exposure incidents (post-exposure follow-up and care is not the responsibility of the Vendor)
* Blood pressure and vision screening for ERO (emergency) members
* Brief mental health screening for ERO sharpshooters to rule out obvious mental illness
* Physical examination as required for commercial driver’s license (CDL exams must be performed by an Indiana Department of Transportation-certified physician) or barbering license, when the license is required by IDOC
* Food Service Health Examination to prevent illness transmittable food or utensils
* FIT test evaluation form reviews
* Appropriate documentation and completion of records and forms

***The Respondent should respond to this specification with a statement that it agrees to meet and comply with the specification. Respondent should provide a narrative, along with any supporting documentation, of how it proposes to meet this specification.***

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**2.4.34 Health Records**

The IDOC has been using an electronic medical record (EMR) developed by NextGen Healthcare for many years. This NextGen system is implemented through a partnership with our current healthcare provider. Information about this system can be found on the company’s web site at <https://www.nextgen.com/>

The IDOC requires all proposals to include an electronic medical record that at a minimum matches the scope and functionality equal to the current electronic medical record. The EMR was recently upgraded in 2024. It is the IDOC’s desire to ensure that the electronic medical record has the compatibility to interface with resources such as I-HI and Inspect.

If the Respondent identifies another system to be used in lieu of NextGen, the Respondent must describe in its proposal how it will transition from the current system using NextGen to a new system, including timelines for the changeover and how data from the current application will be maintained and made available to the Health Services staff. It is imperative to the IDOC that there be no loss in data or accessibility to the health care record in transitioning to a new system.

The IDOC is open to consideration of another system subject to approval by the Indiana Office of Technology (IOT) and the IDOC and expects that the Vendor assumes all costs associated with the implementation, transition, and continued operation of a new electronic medical record. Bid responses must indicate what electronic medical record will be utilized. The Vendor must describe how they will transition either the current system or their proposed system including timelines for the change-over of lab information, training, and other processes. In transitioning services from the current Health Services provider, the Vendor should expect to process data from IDOC’s DELTA system. One file is sent multiple times daily, while two other files are sent nightly. All files are in a flat file format, with predefined fixed layout. Vendor must have error handling capability in file processing. Errors must be identified when they occur, and the appropriate personnel are notified. Originating data files must be maintained for at least seven days in case of error or system failure where a process needs to be repeated.

IDOC desires to consume Classification Designation instrument data into any future system and other related data that may assist with Case Management and Re-entry planning. Additionally, medical clemency information/data may be desired, in an effort to assist the Indiana Parole Board.

The current computer terminals, printers, and network connections are all property of the IDOC and will be made available to the next Vendor. Patient records are maintained by the Vendor but stored on servers owned by the State, which are physically located and maintained by the Indiana Office of Technology. These servers and the medical records are to remain property of the IDOC. The Vendor is expected to work collaboratively with the IOT and the IDOC to establish agreeable Service Level Agreements for all facets of installing and hosting the EMR, to include Disaster Recovery.

Vendor shall be responsible for all costs associated with licensing, installation, implementation, storage, hosting, servers, disaster recovery, and any other services needed in conjunction of providing and operating an electronic medical record throughout the term of this contract. The Vendor will be responsible for continuous updates and maintenance of electronic medical record software. The IDOC retains ownership of all data in the EMR

The current Vendor does not use the EMR to track chronic care appointments. The tracking of chronic care clinic appointment is an integral aspect of chronic disease management. NextGen has the ability to integrate appointments, but this feature has not been implemented to date. Other methods would also be suitable providing it is accomplished in a manner that is consistent, reliable, and secure. IDOC Expects that all chronic care clinic appointments be tracked through the EMR.

The Respondent must also describe in its proposal how the transition of the electronic medical record data will occur at the termination of the contract awarded through this RFP.

The Vendor will comply with all state and federal laws with respect to the confidentiality of health records of IDOC staff and incarcerated individuals.

Vendor will meet any applicable requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and will covenant that it will appropriately safeguard Protected Health Information (defined in 45 CFR 160.103), and will agree that it is subject to, and shall comply with, the provisions of 45 CFR 164 Subpart E regarding use and disclosure of Protected Health Information.

Vendor shall be responsible for reimbursing the state if the state desires to request an independent security audit/assessment of information security controls and protections against misuse or breach of data residing in the EMR.

With the emergence of cloud computing and storage, vendors may offer cloud-based Electronic Medical Records (EMR) storage solutions instead of traditional hardware or platform-based systems. Regardless of the system used, the Vendor shall acknowledge that all incarcerated individual and staff health records remain the property of the Indiana Department of Correction (IDOC). At the termination of the contract, the Vendor must turn over these records, without conditions, to the IDOC. Furthermore, the IDOC requires that these records and data be stored either in the Indiana Office of Technology data center or within a state-owned cloud environment.

***The Respondent should respond to this specification with a statement that it agrees to meet and comply with the specification. Respondent should provide a narrative, along with any supporting documentation, of how it proposes to meet this specification.***

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**2.4.35 County Jails Claims Management**

The IDOC is required to pay the health care costs for all IDOC incarcerated individuals who are housed in county jails in Indiana. The Vendor shall manage and pay these claims on behalf of the IDOC and the IDOC shall reimburse the Vendor for such payments with such payment to be made outside the per diem rate. The Vendor is responsible for all costs associated with managing county jail claims including personnel or services required. The management of these claims which may be called “County Claims Management” shall involve the Vendor paying the providers on these claims with an attempt to reduce them with the IDOC reimbursing the Vendor for payment of the claims after any reduction is applied.

As part of the claim’s management, the Vendor will actively seek discounts or rebates to the claims it manages. The Vendor will apply all rebates, discounts, or otherwise negotiated lower costs it obtains to the claims to the benefit of the IDOC. The Vendor will ensure the claims are reduced due to application of Medicare, Medicaid, or State imposed limitations that reference Medicare or Medicaid, when applicable to the services. As an incentive to seek savings and to cover its administrative costs, the Vendor will be entitled to retain two (2%) percent of the reductions or savings it achieves in managing the claims, with the exception that the Vendor shall not be entitled to retain a percentage of the savings or reductions that are due to application of HIP 2.0, or due to application the statutory rates set forth under IC 11-10-3-6 (federal Medicare reimbursement rate +4%, or in the event there is no Medicare reimbursement rate for the service, 65% of the claim). That is, the Vendor shall only be allowed to take a percentage of the savings as an incentive/administration fee that are for savings unrelated to application of the statutory minimums on provider claims. The majority of inpatient admissions for incarcerated individuals in county jails are expected to be covered by either traditional Medicaid or HIP 2.0.

The IDOC will reimburse the Vendor for any claims the Vendor pays after the rebate, discount, limit, reduction, or negotiated lowered rate obtained by the Vendor (which shall not include savings due statutory rates or application of HIP 2.0 as stated above). In processing the claims, the Vendor may retain two percent (2%) of the itemized savings as an administrative fee subject to the limitations set forth herein. These claims will be reconciled monthly in an invoice that itemizes each claim, including the amount billed, the amount actually paid, and the amount to be reimbursed, and the savings realized, noting specifically the reason for the savings (e.g., savings were due to application of HIP 2.0, or the reductions were due to application of Vendor’s insurance).

***The Respondent should respond to this specification with a statement that it agrees to meet and comply with the specification. Respondent should provide a narrative, along with any supporting documentation, of its approach to managing these claims and achieving cost savings.***

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**2.4.36 Interstate Compact Management**

IDOC uses interstate compact agreements between states for management of the population. For Indiana, IDOC-placed individuals that are housed in another state and require offsite routine specialty care, a review is completed by the Vendor’s Medical Director or designee as a consultant for approval or additional information. The CMO or designee will have final approval. Billing for offsite services will be through the Vendor and IDOC will reimburse. For individuals housed in Indiana from other jurisdictions, the same process will follow, and routine offsite services must receive approval from the sending state. Routine medical care at the facility is not eligible for reimbursement. Communication regarding interstate compact individuals will go through the office of the Interstate Corrections Compact Administrator.

***The Respondent should respond to this specification with a statement that it agrees to meet and comply with the specification. Respondent should provide a narrative, along with any supporting documentation, of its approach to managing these claims and achieving cost savings.***

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**2.4.37 IDOC Claims Management**

IDOC seeks a consolidated claims processing solution which will result in improved customer service, maximized efficiencies, and reduced operational costs to the IDOC. The Vendor shall implement procedures that maximize claims processing efficiencies.

The Vendor shall receive, and process all claims in a variety of media including paper, electronic, and Web Portal. The Vendor’s claims processing solution shall support online, real-time adjudication and inquiry of claims. This solution shall be provided at no cost to the IDOC.

***The Respondent should respond to this specification with a statement that it agrees to meet and comply with the specification. Respondent should provide a narrative, along with any supporting documentation, of how it proposes to meet this specification.***

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**2.4.38 Financial Management**

The Vendor shall maintain all fiscal records in accordance with generally accepted accounting principles (GAAP). The Vendor shall maintain accurate control of payments, perform internal audits, and process provider payments, refund checks, adjustments and recoupments.

IDOC and its duly authorized representatives shall have access to such fiscal records and other books, documents, papers, plans, and writings of the Vendor that are pertinent to this contract to perform examinations and audits and make excerpts and transcripts.

The Vendor shall retain and keep accessible all such fiscal records, books, documents, papers, plans, and writings for a minimum of five (5) years, or such longer period as may be required by applicable law. Fiscal records shall include, but are not limited to, all records necessary to verify the amount paid for any and all claims.

***The Respondent should respond to this specification with a statement that it agrees to meet and comply with the specification. Respondent should provide a narrative, along with any supporting documentation, of how it proposes to meet this specification.***

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**2.4.39 Supplies and Medical Equipment**

The Vendor shall be responsible for all supplies and equipment necessary to provide health care delivery, including both medical and non-medical supplies; including bedding and linens in infirmaries. Additionally, the Vendor must maintain inventory information on all supplies and equipment to ensure necessary materials are available and usage is appropriate. The Vendor shall be responsible for all clinical and administrative supplies necessary to carry out the specifications of this contract. Vendor will provide office supplies for its infirmaries and will be responsible for all related costs of services, cost of postage for mailing lab specimens, dental prosthetic molds, and any other health related material including mailing copies of medical records to outside entities.

ATTACHMENT F – Facilities Medical Inventory to this RFP lists the medical equipment at each IDOC facility that is currently in operation. The state will make this equipment available to the Vendor. All other health equipment necessary to deliver health services will need to be provided by the Vendor at the Vendor’s cost. Any equipment provided by the state will remain property of the state and must be maintained and replaced as needed by the Vendor at the Vendor’s cost. If any State-owned equipment provided to the Vendor must be subsequently repaired or replaced, the repaired or replacement property shall be the property of the state. At the end of the contract, the Vendor shall grant the state the option of purchasing any health equipment purchased by the Vendor and not owned by the state, or otherwise not considered property of the state pursuant to this Clause, at Vendor’s cost less depreciation.

In the event new medical equipment is needed due to opening of a new IDOC facility or expansion of an existing IDOC facility beyond the specifications in this RFP, the IDOC will be responsible for the reimbursement of capital equipment. In such case, the Vendor will be responsible for the cost of any new equipment with a cost of $500 or less. To prepare for such an expansion, the Vendor will set up an escrow account in the amount of $125,000 each year of the contract term for new equipment. Capital equipment will not include copiers, fax machines, or computers. Any unused funds that are not used in a contract year will be returned to IDOC.

The Vendor will establish a preventative maintenance program, in accordance with IDOC policy for all medical equipment. Reports required by this program will be submitted to the IDOC as required. Upon termination of the contract, all equipment shall remain that belongs to the state or IDOC and shall become the property of the state. With respect to the telemedicine/telehealth system, The Vendor will pay for maintenance agreements and for all hardware/software connected with this telemedicine system, unless the state provides such hardware, in which case the Vendor will reimburse the IDOC for the maintenance/seat charges as set forth in this RFP. The Vendor will retain and pay for an information technology employee to ensure that the telemedicine system remains functional and to troubleshoot all problems, in conjunction with IDOC Central Office Technology ServicesDivision.

The Vendor will provide an electronic medical library such as Up-To-Date for clinical staff at each site and IDOC Health Services staff use. Additionally, paper publications such as a current medical dictionary, Physician’s Desk Reference (PDR), Pharmacology Reference, a nursing procedure manual, and the ACA standards applicable to that facility are to be put in place. Vendor shall be responsible for the cost, supplies, and maintenance of copiers and other office equipment in Health Services areas.

The IDOC shall be under no obligation to provide any additional equipment except as Vendor and the IDOC may agree in writing. If the Vendor is provided with equipment by the IDOC, the equipment shall become the sole and exclusive property of the IDOC upon termination of the contract. Each State-owned item is to be conspicuously identified with a State I.D. # (tag). The Vendor will provide the IDOC with a continually updated listing of equipment that it provides at any facility or location. This list is to include a sufficient description so that each item can be distinctly identified. It shall include the type of equipment, brand, model, color or style, serial number and location by room and facility designation, as appropriate. The Vendor will assist the IDOC in its annual inventory of medical and non-medical equipment located within each facility’s Health Services areas. If the term of the contract expires or is terminated, the Vendor agrees that when the Vendor leaves, the state-owned equipment provided to the Vendor for use will be in as good condition/working order as when it was received. In the case of riot or natural disaster, the IDOC shall replace equipment that is destroyed or becomes inoperable as a result of said riot or natural disaster. The Vendor shall establish and maintain an equipment maintenance database which shall include an equipment inventory as well as maintenance provided. At a minimum the database will include:

* Inventory item by description (e.g., furniture, intravenous pump, wheelchair)
* Date of purchase
* Cost at time of purchase
* Serial number of equipment if available
* If purchased for a particular individual, their name and IDOC identification number
* Delivered to individual date (if applicable)
* Monthly inspection date
* Inspection outcome (condition of equipment)
* Repairs needed (if applicable)
* Cleaned monthly date (if applicable).

***The Respondent should respond to this specification with a statement that it agrees to meet and comply with the specification. Respondent should provide a narrative, along with any supporting documentation, of how it proposes to meet this specification.***

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**2.4.40 Bio-Hazard Waste Disposal**

Hazardous biological waste shall be managed and controlled in accordance with the IDOC Bloodborne Pathogen Control Plan, IDOH recommendations regarding medical waste, and applicable state and federal regulations and laws. The Vendor is responsible for the collection, storage, and removal of medical wastes.

***The Respondent should respond to this specification with a statement that it agrees to meet and to comply with the specification. Respondent should provide a narrative, along with any supporting documentation, of how it proposes to meet this specification.***

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**2.4.41 HIP 2.0 Impact**

The IDOC is responsible for ensuring that all releasing individuals have an opportunity for HIP health care coverage post-release. IDOC has established a Memorandum of Understanding and procedures outlined with the Family Social Services Administration (FSSA) along with Office of Medicaid Policy and Procedures (OMPP) to address health care coverage for releasing individuals.

Within the HIP program, incarcerated individuals may be eligible for presumptive eligibility (PE). PE is federal government funding that assists in the financial cost of eligible incarcerated individuals’ inpatient hospital stay. The cost saving from PE coverage will offset the increases associated with services requested under this RFP.

Incarcerated individuals ages 19-64 and citizens of the United States are eligible for PE coverage. It is the responsibility of the Vendor to notify designated IDOC Health Services Division staff of an incarcerated individual’s admission to an inpatient hospital stay. This notification is required by midnight of same day admission. Failure to submit notification within this time frame will result in financial penalties.

If an incarcerated individual has active health care coverage, it is the responsibility of the Vendor to request suspension of such coverage and pursue PE. Active health care coverage is not a factor in PE eligibility.

IDOC will request PE coverage through completing the questionnaire and a full Medicaid application. RID numbers generated through the questionnaire will be provided to the Vendor as requested. IDOC will house all inpatient stay data.

Incarcerated individuals over the age of 64, pregnant, or not a confirmed United States citizen are not eligible for PE coverage. There is not a federal government program available to assist in offsetting the inpatient hospital cost for these populations. The Vendor is responsible for one hundred percent of cost of care. Acute rehabilitation relating to the inpatient stay is eligible for PE coverage.

PE coverage is active for one full calendar year. The Vendor will be responsible for managing, tracking, and updating a daily inpatient log. The inpatient and Emergency Room run log will be provided to the designated Health Services staff daily by close of business.

When PE is activated, the IDOC is to pay a portion of the claim. Quarterly, the Vendor shall reimburse the IDOC 100% of the portion IDOC pays.

The Vendor is to communicate directly with the IDOC regarding questions or concerns with PE coverage. At no time is the Vendor to contact OMPP or FSSA directly.

Below is a snapshot of inpatient admissions:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 2024 | Admissions | 18-64 | 18</>65 | Total Days | ALOS |
| January | 80 | 66 | 14 | 65 | 4.64 |
| February | 88 | 70 | 18 | 136 | 7.55 |
| March | 84 | 69 | 15 | 87 | 5.80 |
| April | 59 | 43 | 16 | 114 | 7.10 |
| May | 87 | 69 | 18 | 139 | 7.72 |
| June | 72 | 58 | 14 | 86 | 6.14 |
| July | 72 | 63 | 9 | 47 | 5.22 |
| August | 86 | 76 | 10 | 57 | 5.70 |
| September | 75 | 68 | 7 | 61 | 8.70 |
| October | 86 | 73 | 13 | 79 | 6.07 |
| November | 80 | 70 | 10 | 54 | 5.40 |
| December | 84 | 70 | 14 | 119 | 8.50 |
| Totals | 953 | 795 | 158 |  |  |

***The Respondent should respond to this specification with a statement that it agrees to meet and comply with the specification. As an option, Respondent may provide a narrative, along with any supporting documentation, of how it proposes to meet this specification.***

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**2.4.42 Administrative Responsibilities**

The Vendor shall prepare and participate in external reviews, inspections, and audits as requested and shall participate in the preparation of responses to internal or external inquiries, correspondence, or grievances. The Vendor shall develop and implement peer review and plans to address or correct identified deficiencies.

The Vendor shall comply with the policies, procedures, directives, and practices of the IDOC in dealing with grievances or complaints regarding any aspect of the health services delivery system. The Vendor shall maintain monthly statistics summarizing grievances filed, both informal and formal. The Vendor will process all grievances in accordance with the IDOC policies and procedures. The site HSA will meet weekly with the facility grievance coordinator to discuss open grievances. The facilities’ Health Services teams are strongly encouraged to meet with incarcerated individuals face-to-face that have difficult grievances.

The IDOC Division of Health Services reserves the right to review and approve policies and procedures of the Vendor in any areas affecting the performance of its responsibilities.

The Vendor shall maintain ACA accreditation achieved for the current State and private run institutions and any new facilities that are opened or modified during the contractual term. The Vendor shall be responsible for maintaining ACA accreditation files relating to medical standards and for ensuring that documentation is provided to facility ACA Accreditation Manager by the specified deadline.

The Vendor shall reimburse the IDOC for the cost of the ACA re-accreditation fees for all facilities that are re-accredited each year. This covers roughly 7-8 facilities a year at a cost of approximately $15,000 per re-accreditation. This reimbursement shall be made by credit memo. The IDOC intends to maintain accreditation at all facilities.

The Vendor shall be responsible for ensuring that its staff reports any problems and/or unusual incidents to the IDOC Health Services Executive Directors. This includes but is not limited to clinical, security-related, and personnel issues that might adversely impact on the delivery of health care services. Transparency and two-way communication are imperative.

***The Respondent should respond to this specification with a statement that it agrees to meet and comply with the specification. Respondent should provide a narrative, along with any supporting documentation, of how it proposes to meet this specification.***

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**2.4.43 Required Committee/Meetings**

At a minimum the Vendor’s proposal must include the committees listed below and identify Vendor’s participants subject to approval by the IDOC. The minimum frequency of meetings must be consistent with IDOC policy.

Central Office Administrative Meeting

This group will meet monthly. These meetings will address:

* Identify general problems and subsequent solutions
* Management of site-specific issues
* Review of staff issues

Pharmacy and Therapeutics Committee

The Vendor must establish a statewide Pharmacy and Therapeutics committee responsible for formulary maintenance, monitoring usage of pharmaceuticals including psychotropic medications, identifying prescribing patterns of providers, and reviewing the consultant pharmacist reports. This committee will meet quarterly. The IDOC’s CMO will be the chair of this committee. A clinical pharmacist will be responsible for scheduling and facilitating the meeting. The IDOC formulary must be utilized, not the Vendor’s formulary.

Facility Administrative Meetings (MAC)

The Vendor’s health services staff shall attend meetings as determined by facility correctional administrators to discuss health care services and the medical, mental health,addiction recovery, transitional health, and dental needs of individual incarcerated individuals monthly. Minutes of these meetings will be prepared and maintained by the HSA and distributed to attendees. These meetings are to be multidisciplinary in nature and should include, but not be limited to HSA, DON, Warden, Major, Mental health lead psychologist, Medical Director, Food services, Transitional Healthcare Facilitators and Case Management.

Multidisciplinary Team Meetings (MDTM)

The Vendor’s health services staff shall hold monthly MDTM meetings that are separate from the MAC meetings. These meetings should include but not be limited to HSA, DON, Warden or designee, Investigations and Intelligence, Classification, Custody, Food Service, Case Management, Mental Health, Addiction Recovery Services, Transitional Healthcare Liaisons or Facilitators. This meeting is designed to identify special needs releases, complex medical, mental health, and addictions cases, complex releases etc., and is meant to be multidisciplinary in nature.

Credentialing Committee

A credentialing committee shall be established between the Vendor and IDOC Health Services leadership to review on-boarding practitioners’ licenses, credentials, and certifications for appropriateness to correctional practice.

Emergency Department Review Committee

A multidisciplinary Central Office team meets monthly to discuss emergency department trips. The multidisciplinary team will deliberate to develop methods or procedures to reduce emergency department trips.

Continuous Quality Improvement (CQI)

The Vendor will implement and maintain a continuous quality improvement program at the facility level and statewide consistent with IDOC policy and IDOC HCSD 2.25A/Y, “Continuous Quality Improvement Program.” Quality Improvement criteria will be agreed on and developed by the Vendor and IDOC Health Services leadership. It is strongly encouraged that the IDOC's performance measures will be incorporated into the Vendor's quality improvement program. In addition, the CQI Committee will review additional issues based upon frequency of occurrence and severity of impact. An improvement plan, based on audit findings, will be monitored by the facility and Central Office committees to assess the effectiveness of the plan. Each facility should have a monthly CQI Committee meeting to discuss findings and develop corrective action plans if needed. These meetings should include detailed minutes and the following attendees: HSA, DON, SMD, Psychologist, Dentist, Mental Health Professionals, and Addiction Recovery Director.

Within the CQI process, the Vendor will conduct sentinel event reviews (Critical Clinical Incidents). A sentinel event is any incident involving an incarcerated individual’s death, serious physical or psychological injury, or any event in which a recurrence would carry a significant chance of serious adverse outcome. When a sentinel event occurs, the Vendor and IDOC Health Services Leadership are expected to conduct a timely, thorough, and credible root cause analysis, design and implement a corrective action plan, and monitor the effectiveness of the plan. Mortality and sentinel event reviews shall be completed within 30 days. The statewide CQI Committee will monitor a facility’s progress in implementing the corrective action plan

The vendor is responsible for monitoring and tracking all action plans resulting from the CQIprocess. Each month the vendor will submit a performance summary outlining results/finding of the quality assurance programs**.**

**For any CCI event review that results in a Category Four the Vendor shall credit the IDOC $15,000. This credit is to reimburse the IDOC for additional action, oversight, and review expended by the IDOC in dealing administratively with such findings. This reimbursement shall be paid as a credit on the next invoice due the IDOC after notification.**

**It is expected that the Vendor will address reported deficiencies within the next reporting period so that each performance measure receives a passing score of 90% or higher.**

Health Services Staff

The Vendor shall conduct monthly health services staff meetings at all IDOC facilities. The Vendor must maintain minutes of the staff meetings and submit them to the facility’s Warden and the facility’s IDOC Health Services Quality Assurance Manager.

***The Respondent should respond to this specification with a statement that it agrees to meet and comply with the specification. Respondent should provide a narrative, along with any supporting documentation, of how it proposes to meet this specification.***

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**2.4.44 IDOC Provided Administrative Equipment and Services**

The IDOC will provide the Vendor with office space, examination rooms, and utilities. The IDOC shall provide a sufficient number of security staff to maintain safety and security in all health services areas and for off-site supervision and transportation of incarcerated individuals for health services. The IDOC shall provide housekeeping and cleaning supplies, laundry services, and janitorial services.

The IDOC will provide and maintain all facility computers and monitors for the EMR but will require the Vendor to reimburse it for all costs associated with maintaining and upgrading these computers. The IDOC refers to these costs as the “seat charge”. The Vendor shall make this reimbursement by credit memo with the actual amount based on the number of computers it uses for the previous month. The specifications as to what the IDOC will provide and what the Vendor will be responsible for is set forth below. The Respondent should indicate in its proposals that it agrees to be responsible for such reimbursement.

* The IDOC will provide all computer equipment (one computer, one monitor, keyboard, & mouse per user – i.e., 24-hour shifts – 3 users only one computer or 3 users day shift only –total of 3 computers), etc. Vendor should indicate in its proposal the number of computers it will need for both its staffing and for its medical services, including electronic medical records.
* The Vendor will be required to reimburse the IDOC its SEAT charge, or maintenance, cost for all computers at the current rate,which is currently $80.15, plus $52.89 for security support based on FY20 rates. This rate is evaluated and published by the Indiana Office of Technology (IOT) every fiscal year beginning July 1st. Any rate changes (increase or decrease) will be applied for the calendar year.
* All computers, multi-function copiers, and other miscellaneous equipment to be utilized under the Contract will be provided by IDOC and remain the property of the IDOC/State of Indiana. Miscellaneous equipment will be identified in the inventory listing the Vendor will supply.
* All Vendor’s staff must complete electronic training and acceptation of The Indiana Office of Technology’s Information Resources Use Agreement for use of state computers and technology equipment (<http://www.in.gov/iot/IRUA.htm>) Vendor’s staff will also be subject to all applicable IT related policies/procedures of the IDOC, including but not limited to internet and file sharing access.
* Regardless of the reason, if additional computers, multi-function copiers or secure, encrypted flash drives are needed by the Vendor, the Vendor must provide a written request to the IDOC Executive Director of Healthcare Operations that includes a justification for the additional need.
* The Vendor must communicate in writing to the Executive Director of Healthcare Operations the exact access requirements for IDOC applications/systems/programs, to include timely notification when staff are no longer employed by the vendor so account access can be disabled.
* The Vendor must communicate to the Health Services Division the total number of staff positions and any office moves.
* The Vendor must communicate in advance and in writing any wiring or infrastructure changes that will be needed to accommodate its computer locations. Once physical areas are identified on the floor plan and set up, any reason to relocate must be requested in writing from the Vendor to the Warden’s office for review. No action can be taken on relocation without final approval from IDOC Central Office.
* VPN requests will only be accepted from Vendor contact designee and shall include justification for non-facility access requirement. IDOC has the right to deny any VPN request deemed not essential. The Vendor is to provide IDOC a complete inventory of computers/laptops/monitors it is using by make, model, IOT tag number, and username upon request.
* Additional charges to be reimbursed by Vendor include VPN or email charges, Server access and Server storage overage, and charges to maintain disaster recovery capability (<http://www.in.gov/iot/2336.htm>)

***The Respondent should respond to this specification with a statement that it agrees to meet and comply with the specification.***

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**2.4.45 Reports/Measurable Outputs/Reports/Performance Measures**

Reports

The Vendor shall be required to keep statistical data related to the health services program which shall include utilization of service statistics and other areas that the Vendor and IDOC agree would be useful to evaluate the health services program and anticipate future needs. Generally, the Vendor shall prepare statistical reports on a monthly/quarterly basis in a mutually agreed upon format; however, some reports shall be provided to the IDOC upon request, or more frequently. The frequency with which those reports are to be provided is listed next to the report in the following list:

At a minimum, reports to be provided will include detail on the following:

* Staffing plans (Required monthly).
* Vacancy reports should also include length of time the position has been unfilled (Required weekly).
* Turnover rates (Required monthly).
* Prescription drug and selections by category, facility, and prescriber, including psychotropic medication categories (Required upon request).
* Off-site trips and types of care obtained (Required upon request).
* On-site specialty clinics by facility, type, and size (Required upon request).
* Numbers of patients with serious chronic illnesses, including mental illnesses. (Required upon request).
* Numbers of patients with serious disabilities (Required upon request).
* Clinical Critical Incidents, including deaths and other potentially high-risk problems (Required monthly).
* Number of pregnant individuals and number of deliveries (Required monthly).
* Number of treatment hours offered to patients in mental health units. (Required upon request).
* Number of serious suicide attempts (Required monthly)
* Number and duration of suicide observations ordered monthly (by site)
* Number of mental health groups offered monthly (by site)
* Number of intoxication and overdose events that required offsite care
* All data required by ACA outcome measures (Required monthly).
* Health Services Report (HSR) (Required monthly at the facility level and forwarded to the IDOC Health Services Leaderships and Quality Assurance Managers).
* Performance summary to include HSR stats. (Required monthly)
* All backlogs to include CCC, NSC visits, MDSC visits, labs, Annual Health Screens, dental services, mental health, and addiction recovery services, et al. (Required weekly with comprehensive action plans).
* Infection control statistics (Required monthly).
* Inpatient logs (Required daily).
* Outpatient requests (OPRS) and Formulary Exception Requests (FERS) entered (Required monthly).
* Number of OPRS and FERS with an ATP (Required monthly).
* Telehealth and telepsych data (Required monthly).
* Grievances (Required monthly).
* Kronos and reporting capabilities (Required upon request).
* Clinical metrics and trends (Required upon request).
* Licensure and credentialing upon request but must be kept on-site
* Monthly training reports to the Quality Assurance Managers.
* Any report deemed necessary by the IDOC (Required upon request).

The HSA at each site is responsible for ensuring the complete accuracy of each report sent to the Vendor’s regional level. Ultimately the VPO is held accountable to ensure that all reports submitted to the IDOC Central Office are accurate and concise.

In addition to the reports, the Vendor shall provide a narrative performance summary report each month delineating the status of the health services program, which also identifies potential problems and discusses methods to resolve them. The Vendor shall additionally provide an annual report containing utilization statistics and a narrative summary delineating the accomplishments of the Vendor. Again, the VPO is expected to be held accountable to ensure that these reports are concise, clear, and completely accurate.

Contract Monitoring/Regional Management Reimbursement

The Vendor shall be responsible for all costs associated with IDOC contract monitoring including the salary, benefits, and travel of all IDOC Health Services Division staff. Vendor(s) submitting proposals for dental, mental health, and/or addiction recovery must include the cost associated with contract monitoring. The IDOC requires reimbursement by the vendor for contract monitoring/administration to be $710,000 per year. Such reimbursement shall be by credit memo.

Compliance with Performance Measures

The Vendor’s performance will be evaluated on a facility and statewide level and measured against the Performance Measures attached as ATTACHMENT G – Performance Measures to this RFP.

The Vendor shall be required to reimburse the IDOC for additional action, oversight, and review expended by the IDOC in responding administratively to the Vendor’s failure to meet the Performance Measures. The method of determining the reimbursement due is more fully set forth in ATTACHMENT G– Performance Measures.

**On a quarterly basis, the Health Services Vendor will be provided with a summary of all quality assurance activities completed during that Quarter. Any audit under 90% found at a facility will require the Health Services Vendor to reimburse the Department for additional action, oversight and review expended by the Department in responding administratively to the deficiency. The minimum cost to the Department of such additional action, oversight and review shall be $15,000 per audit under 90% at each facility. Each audit under 90% found during an audit shall be subject to this reimbursement. This reimbursement shall be paid as a credit on the next invoice to the Department after notification.**

***The Respondent should respond to this specification with a statement that it agrees to meet and comply with the specification. Respondent should provide a narrative, along with any supporting documentation, of how it proposes to meet this specification.***

***The report details set forth in this specification are critical to the State. Please review each field requested above and indicate your company’s ability to provide the level of reporting detail described above. Please also describe, in detail, how you intend to generate all the fields listed above (for example – if you have reporting systems that will generate these reports of if you plan to do them manually, etc.) Please provide sample reporting as a separate exhibit.***

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**2.4.46 Confidentiality – Trade Secrets**

Any contract resulting from this RFP will be considered public record and subject to disclosure to the public. If the state receives a public records request that relates to information or documents in the possession of the state related to the Vendor’s (or any Subcontractor’s) intellectual property, trade secrets, or other proprietary rights, the state shall promptly forward such request to the Vendor for response. The Vendor shall designate in writing which of those documents, if any, the Vendor considers confidential information or otherwise excepted from public disclosure requirements and state with specificity of the factual or legal basis for objecting to the disclosure of such documents. The Vendor agrees and acknowledges that only information falling within a specific exemption permitted under IC 5-14-3-4 shall be designated as confidential. The Vendor shall mark each page of a document considered to be confidential information as “Confidential” or a similar designation. The state shall promptly review the basis for the Vendor’s claim of confidentiality, and shall not disclose the documents subject to The Vendor’s claim if the state concurs with such claim, provided that if the State determines that its obligation under public access law requires such disclosure, the State shall promptly notify the Vendor of such determination and will not make such disclosure if the Vendor (or a Subcontractor) obtains, prior to the expiration of the applicable timeframe to respond to such request, either an opinion from the Indiana Public Access Counselor that such disclosure is not required or a protective order or other relief from any court of competent jurisdiction in the State of Indiana preventing such disclosure.

***The Respondent should respond to this specification with a statement that it agrees to meet and comply with the specification.***

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**2.4.47 Tele-Health/Tele-Medicine Services**

The Vendor shall deliver a portion of medical and mental health services that require consultation with a specialist physician through a “telehealth” method or through on-site specialty clinics or mobile services. The extent of such telehealth services is not specified herein, but proposals that offer a robust, but practical and realistic use of telehealth to lower costs by reducing off-site transportation and allow for more efficient delivery of health services without diminishing patient care, will be scored higher in the Quality and Management section of the RFP, than proposals that offer a less robust and practical utilization of telehealth, or that have a lower ratio of face-to-face encounters per telehealth visit.

Telehealth used in mental health services should be proposed as an adjunct to services provided on-site.

Where the Vendor provides services through telehealth, the IDOC requires a reasonable amount of actual face-to-face interactions with incarcerated individuals. This ratio does not have to be the same for all services and can be tailored to various services as appropriate. The IDOC prefers the Vendor maintain at least a 60/40 ratio of face-to-face / telehealth encounters, with the exception of mental health encounters. With approval from the CMO, this ratio may be adjusted. The IDOC would expect an even higher ratio of face-to-face visits to tele-health visits for youth. All initial intake visits with a patient are to remain face-to-face.

The Vendor shall be responsible for the purchase and maintenance of telehealth equipment and software used in delivering services; however, the IDOC reserves the right to provide the computers and computer monitors used for telehealth services under the arrangement set forth herein where the vendor will pay the seat charges for such computers and monitors.

Once awarded a contract, the Vendor shall submit to the IDOC a final telehealth plan designed to expand telehealth services over the term of the contract resulting from this RFP. This plan is subject to approval by the IDOC. In the event the Vendor is unable to provide telehealth or on-site specialty care to the extent described in the Vendor’s RFP proposal, the Vendor will be responsible for reimbursing the state for transportation costs of incarcerated individuals to have received services proposed by the Vendor to be covered by telehealth. The cost of transporting incarcerated individuals shall include custody costs for incarcerated individuals being transported and receiving care at an offsite facility. Currently, the cost for Correctional Officers is $49.79 per hour and for transportation in a State vehicle, $0.49 per mile. The Vendor shall review the plan semi-annually and revise the plan as needed based on analysis of utilization trends and the telehealth program’s goals. A report of the analysis and plan revisions shall be submitted to the IDOC as requested. Any revision to the Vendor’s plan is subject to IDOC approval. An annual report on the effectiveness of the telehealth program goals shall be submitted to IDOC.

All telemedicine services are to comply with IDOC policy and federal and state law.

***Respondent should respond to this specification with a statement that it agrees to meet and to comply with the specification. Additionally, Respondent should provide a narrative, along with any supporting documentation, of how it proposes to provide telemedicine, to include identification of the telehealth equipment and type of services to be rendered, and identification of a network of physicians and hospitals that will be used in its telehealth network. The Respondent should also indicate the minimum ratio of face-to-face visits to telehealth visits it will use in providing telehealth services (Example: 1 face-to-face visit per every 10 Tele-health visits).***

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**2.4.48 Media Releases**

The Vendor or Vendor’s personnel shall not issue press or media releases regarding the program, the IDOC or the contract, except through the designated staff in the IDOC Commissioner’s office.

**2.4.49 Implementation**

The IDOC is currently under contract for all its health services (comprehensive) from a single Vendor, under a contract that expires afterJune 30, 2025, with an anticipated 9-month extension.

The Vendor must have all clinical and treatment services in place at the start of the contract resulting from this RFP and shall state in its proposal how this will be accomplished through a written implementation plan. The implementation plan should indicate how the Respondent will ensure an orderly and efficient start up and transition from the current Vendor. Considering the rapid implementation required, the Respondent must include in its implementation plan the following sections:

* Key steps
* Timeframes
* Target Dates
* Responsible Parties
* Status
* Comment Section

***The Respondent should respond to this specification with a statement that it agrees to meet and comply with the specification.***

***The Respondent should additionally provide a narrative describing how it will meet this specification and include an implementation schedule that indicates how Respondent will ramp up and implement services to coincide with the expiration date of the current contract. If Respondent, cannot meet such implementation date, it should indicate the next best date when services can be implemented, along with a proposed schedule for full implementation.***

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Does the respondent currently have or the ability to provide a non-emergency phone line for the family members of the incarcerated to provide incoming messages related to healthcare for their family member? If so, please explain the specifics below**.**

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Can the respondent provide translation services and if so, what translation services (ie: languages, sign etc.) do you provide.

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