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**ATTACHMENT S**

**SCOPE OF WORK**

**RFP 26-85248**

**1.4 SUMMARY SCOPE OF WORK**

**Applicable Standards**

The services provided under this contract will be comprehensive in nature. Health care services provided under this contract must comply with:

* National Commission on Correctional Health Care (NCCHC) standards
* American Correctional Association (ACA) standards
* Indiana Department of Correction (IDOC) Health Care Services Directives
* Any applicable Settlement Agreements with the State of Indiana or Federal government
* CDC and US Preventive Services Task Force recommendations
* Indiana Code
* Applicable Federal statutes.

In the event of a conflict between vendor standards and IDOC policy, IDOC policy shall prevail. If this RFP sets requirements that exceed ACA, NCCHC, or other guidelines, this RFP shall take precedence.

Health care is provided according to standards of care that are different for adult and youth populations. In youth facilities, health care is provided as part of a collaborative continuum of care that includes treatment teams, intensive case management and a therapeutic environment focused on rehabilitation and habilitation. The IDOC Health Care Services Directives for both incarcerated adults and incarcerated youth are included in the Appendix to this RFP as Exhibit 1 and 2, respectively.

The ACA dates of accreditation and re-accreditation for IDOC facilities are set forth in a chart attached to this RFP as Attachment H-ACA Plan.

**Agency Overview/Current Services**

The 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 the RFP. These incarcerated individuals are incarcerated in eighteen (18) adult correctional facilities and three (3) youth facilities located throughout the state of Indiana. Transitional Healthcare services will be provided through trained staff 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 facilities along with the incarcerated population of each facility is included in this RFP as Attachment I-IDOC Facility Bed Counts.

Two (2) of the adult facilities, New Castle Correctional Facility (NCCF) and the Heritage Trails Correctional Facility (HTCF) are managed privately by the GEO Group; however, the Vendor shall be responsible for providing comprehensive health services for individuals in these facilities.

The State of Indiana has implemented a hybrid vehicle for Medicaid expansion called Healthy Indiana Plan 2.0 (HIP 2.0). The impact of HIP 2.0 is a reduction in the cost of inpatient hospital claims. When incarcerated individuals are deemed presumptively eligible for HIP 2.0 due to inpatient status in a hospital, the federal government and the Family and Social Services Administration (FSSA) will pay a significant portion of inpatient claims. This should reduce the overall cost to the Vendor in providing health services pursuant to this RFP.

HIP 2.0 includes terms that enable incarcerated individuals aged 19 to 64 who have inpatient status in a hospital to be presumptively eligible (PE) for Medicaid coverage. If an incarcerated individual comes in who is already on the HIP 2.0 plan, FSSA has agreed to suspend the coverage which can simply be reactivated to cover inpatient care making PE unnecessary. It is expected that this pool of incarcerated individuals will increase since all incarcerated individuals who qualify for HIP 2.0 are enrolled by IDOC as part of the re-entry process.

When PE is activated under HIP 2.0, an interagency agreement exists between the IDOC and FSSA which requires the IDOC to pay a portion of the claim (approximately 33%). The Vendor shall reimburse the IDOC the approximately 33% portion of all such claims on a quarterly basis. The aforementioned notwithstanding, the Vendor shall not be responsible for reimbursing the State for the portion of a claim paid by either traditional Medicaid or by the Federal government.

HIP 2.0 Cost Structure Summary:

* Incarcerated individuals may be presumptively eligible for HIP 2.0 during inpatient hospital stays
* FSSA covers the majority of the cost
* Vendor must reimburse IDOC for ~33% of these claims on a quarterly basis
* Vendor is not responsible for the portion covered by Medicaid or the Federal government
* Claims not covered under HIP2.0 are reimbursed at Medicare plus 4%

The IDOC is currently under contract for all of its health services from a single vendor, Centurion Health of Indiana, LLC, which expires March 31, 2026, and seeks to deliver quality and cost effective health services to its populations by new contract.

A list of IDOC facilities with addresses and populations is attached to this RFP as Attachment J-Facility Addresses. This list includes restricted housing beds.

**Minimum Staffing**

The vendor must maintain a real-time staffing dashboard accessible to IDOC with monthly variance reports. Failure to maintain an 85% fill rate will result in tiered penalties:

* 85%-75% Warning and corrective action plan
* 74%-60% Invoice deduction
* Below 60% will result in 10% invoice deduction and potential review of contract

The contract resulting from the RFP will utilize a minimum staffing schedule. The minimum staffing schedule is set forth in Attachment B-Staffing Document, for this RFP. The Vendor may exceed this staffing schedule if it believes it necessary to meet the specifications set forth herein, but the Vendor will be responsible for any additional cost for staffing. All licensed staff must be credentialed prior to job assignment.

Health and Behavioral Health Staff:

* Physicians
* Physician Extenders (Nurse Practitioners, Physician’s Assistants)
* Health Services Administrators
* Registered Nurses including Directors of Nursing and Nurse Managers)
* Licensed Practical Nurses, Certified Nursing Assistants, and Medical Assistants
* Unlicensed Assistive Personnel (Qualified Medication Aides, Phlebotomists)
* Administrative Support Staff (Clerical Assistants, medical records clerk)
* Psychologists
* Mental Health Professionals
* Psychiatric Aides
* Addiction Recovery Staff
* Dentists
* Dental Assistants
* Optometrist
* Physical Therapists
* X-ray Technicians

The services to be provided include:

**On-Site Medical Services**

* All routine primary care services including acute care, chronic disease management, and preventive services including vaccinations
* On-site urgent and emergent services
* Intake screening and appraisals, syphilis risk assessment, HIV testing, and hepatitis C testing
* Transfer screening
* Infectious disease management
* Infirmary (inpatient) care including skilled nursing care, convalescent care and hospice services
* Nursing services
* Medication management
* Therapeutic and diagnostic ancillary services including laboratory; x-ray, nuclear medicine, and other imaging modalities such as EKGs
* Dialysis services
* Physical therapy and occupational therapy
* All health-related durable medical equipment and assistive devices
* Hearing screening and other services necessary to identify and treat serious hearing impairment
* All optometry and podiatry services
* Women’s health including sexually transmitted infections screening at intake, pre- and post-natal care, on-site screening mammograms and routine outpatient gynecological services (e.g., colposcopy and LEEPS)
* Telemedicine or on-site specialty care
* Health education
* American Heart Association CPR certification for IDOC staff

**Re-entry / Discharge Planning**

The vendor must integrate Medicaid reactivation protocols and ensure patient discharge summaries include community referral coordination. The vendor shall participate in CMS-required Medicaid Section 1115 Waiver reporting, if applicable.

**On-Site Mental/Behavioral Health Services**

All staff shall receive annual training in trauma-informed care. Vendor must follow evidence-based practices (e.g., Motivational Interviewing) and maintain behavioral health caseload ratios aligned with ACA and NCCHC standards.

* Intake services including screening, appraisal, and evaluation to determine mental health needs
* Routine interventions including screening and evaluating requests for services from incarcerated individuals, treatment planning, medication management, individual therapies, group therapies, and other mental health treatment programming
* Crisis management and acute stabilization services including the use of involuntary psychotropic medication
* Management of the mental health special needs units
* Suicide prevention
* Restricted Housing rounds
* Case management and discharge planning services
* Trauma informed care in youth facilities
* Provision of mental health medications and therapies

**Addiction Recovery Services**

The vendor must submit a strategy for minimizing inpatient detoxification usage and increasing outpatient substance use disorder treatment. Relapse rates and community referrals will be reported monthly.

* All addiction recovery services including pre-screening and intake assessments, individualized treatment planning, individual and group counseling, life-management skills, and relapse prevention
* Management of therapeutic community programs and outpatient treatment programs
* Treatment summaries
* Release/recovery plans and recidivism prevention

**On-Site Dental Services (All facilities)**

* Dental screening at intake including oral hygiene instruction
* Emergency dental services
* Routine procedures (problems that can be addressed days or weeks into the future without affecting eventual outcome)
* Restorative procedures
* Extractions
* Endodontic services
* Prosthetics (full and partial)
* Prophylaxis
* Oral surgery services

**Pharmacy Services**

* All prescription medications
* Formulary management including a formulary exception process
* Routine and emergency procurement of medication
* Medication distribution
* Controlled substance management and accountability
* Discharge medication for released individuals
* Regional Pharmacy and Therapeutics Committee
* Pharmacist consultant for on-site inspection and review of the pharmaceutical program

**Vendor Responsibility for Electronic Health Record (EHR) Management**

Vendor shall provide a detailed Technology Transition Plan within 30 days of contract award, outlining system migration, staff training, cybersecurity compliance, and EHR interface with State Medicaid billing systems. Quarterly EHR functionality and data security audits are required.

* Provide and maintain all necessary hardware and software
* Maintain license compliance and perform regular updates
* Disaster recovery
* Job specific training and maintenance of user guides
* Respond to request for medical or behavioral health record from outside agencies and providers
* Ensure EHR functionality includes;
* Patient demographics
* Clinical notes
* Allergies
* Problem lists
* Templates for vital signs, weights, and other patient assessments, intake screens, routine encounters, screening activities including transfer screens and annual health screens, nursing protocols, chronic disease management, vaccinations, TB screening, and behavioral health evaluations
* Formulary
* Electronic prescribing including alerts for drug-to-drug interactions
* Medication reports (e.g., new/renewed prescription list, medication due to expire, etc.)
* Medication lists
* Health maintenance reminders
* Laboratory and radiology interface
* Patient education material
* Query tools

**Off-Site Care**

* Establishment of a network of regional and tertiary care settings for outpatient specialty services
* Establishment of arrangements for local off-site emergency room services
* Establishment of a process for managing a prior approval process for necessary off-site services
* Hospital services *Note: Some inpatient services will be paid for under HIP 2.0, the IDOC’s vehicle for Medicaid expansion. In such a case, the Vendor’s cost will be the reimbursement to IDOC for the IDOC’s portion of the claim (approximately 33%). Vendor will be responsible for the entirety of inpatient services when presumptive eligibility is not obtained under HIP 2.0*
* Medical transportation
* Therapeutic and diagnostic ancillary services which cannot be provided on-site including CT, MRIs, nuclear medicine, and other tests
* Hospital deliveries by pregnant incarcerated women are covered under traditional Medicaid
* Emphasis/Prioritization of on-site specialty clinics to reduce risk liability to the public

**County Jail Claims Management**

* Associated personnel or services required to manage claims
* Vendor will manage and pay these claims with an attempt to reduce them subject to reimbursement by IDOC
* The Vendor shall have a right to a 1% administration fee for any savings gained. The savings do not include savings resulting from the statutorily mandated Medicare +4% rate, or application of HIP 2.0

**Administrative Responsibilities**

* Credentialing of staff
* Health services staff orientation and annual in-service training
* Annual and ad hoc peer reviews
* Quarterly Medical Administrative Meeting (MAC)
* Monthly quality assurance meetings including mortality reviews, patient safety, and sentinel event reviews
* Monthly staff meetings
* Informal and formal grievance management
* Maintenance of ACA accreditation files and outcome measures
* Reimbursement of IDOC for ACA Accreditation/Re-Accreditation fees
* Maintenance of Correctional Leader’s Association (CLA) data
* Reimbursement of IDOC for computer “seat” charges for computers provided by the State
* Reimbursement of the salaries and benefits of the IDOC CMO, contract monitoring staff, and Health Services Executive Directors
* Reimbursement of IDOC’s portion of claim under HIP 2.0 (approximately 33%)

**Other Service Categories**

* Employee health (limited to TB screening, flu shots, Commercial Driver’s License physical exam when the CDL is required by IDOC, first responder care for IDOC staff)
* All costs for medical/surgical and office supplies
* All costs for on-site medical and office equipment needed in addition to existing equipment
* Other costs not specifically identified but commonly associated with delivery of necessary health services
* Biohazard waste removal
* Sharps/tools management and inventory control

The services to be provided by this RFP are currently being provided by a private vendor, Centurion Health of Indiana LLC, under a contract that is due to expire after March 31, 2026. The selected vendor to this RFP will be required to ensure a seamless transition including:

* Transfer of medical records
* Orientation and credentialing of all staff
* Establishment of pharmacy and off-site provider networks
* Completion of any necessary EHR integration

The selected vendor must submit a transition plan within 15 business days and a continuous quality improvement plan (including defined clinical indicators, mortality reviews, patient safety tracking, and feedback loops) within 60 days of contract award.