

## Comprehensive Medical Services

### REQUEST FOR PROPOSALS

Meherrin River Regional Jail  
Alberta, Virginia

February 24, 2023

#### ADDENDUM NO. 1

TITLE:            COMPREHENSIVE MEDICAL SERVICES

RFP NO.:        01-FY2023

DUE DATE:      **The due date for RFP 01-FY2023 has been extended to March 9, 2023**

1. Question: Do you wish to retain any of the current medical staff?

Answer: Yes

2. Question: Can you provide current staff's salary range and seniority with the current vendor?

Answer: These are Mediko employees and their salaries are not subject to public information requests.

3. Question: How many officers currently work at each facility?

Answer: Alberta 56, Mecklenburg 0 – satellite is temporarily closed at this time. All resources are allocated to the Alberta facility at this time.

4. Question: Is the health services provider responsible for the cost of all drug screenings for employees at the facility?

Answer: No, but we are not opposed to this. We encourage all vendors to be creative with their proposals.

5. Question: Can we please get a copy of the current staffing matrix with the hours each licensure covers at the facility per day for 2 weeks?

Answer: The staffing matrix is included in the RFP. Scheduling is done by the current provider, not MRRJ and we do not have this information.

6. Question: Who is/are your current physician(s)?

Answer: Our current physician is an employee of Mediko. Incumbent staff information will be provided during negotiations with the selected vendor.

7. Question: Would you like the vendor to continue work with this physician if possible?

Answer: N/A. Please see answer to #6.

8. Question: Is an Advanced Practice Provider (NP/PA) acceptable with oversight by a licensed physician?

Answer: No.

9. Question: Please provide your current nursing schedule noting RN or LPN.

Answer: Scheduling is done by the current provider, not MRRJ and we do not have this information.

10. Question: What are the current salaries for the nurses?

Answer: These are Mediko employees and their salaries are not subject to public information requests.

a. Is there a shift differential?

Answer: N/A

11. Question: Is there a supervising nurse?

Answer: Yes, there is a supervising nurse on each shift.

a. If so, is he or she an RN or LPN?

Answer: RN

b. Is he or she administrative only?

Answer: The supervising nurse on shift is the charge nurse. In addition to these positions on each shift, we have a Health Services Administrator which is administrative.

12. Question: The RFP states that all RN staff must be MAT trained/certified. Please provide information regarding the type of certification that the Jail is requiring.

Answer: Substance Abuse and Mental Health Services Administration (SAMHSA) Certification.

13. Question: Will the Jail or the Medical Service Provider be responsible for paying the bills of the current pharmacy company (Contract Pharmacy Services) under the new contract?

Answer: Medical Service Provider.

14. Question: Please provide the following information about medication administration.

a. Who administers medications, e.g., RNs, LPNs, medical assistants?

Answer: RN, LPN.

b. How many medication passes per day do you currently have and at what times?

Answer: 2 medication passes. These are done at 6:00 a.m. and 6:00 p.m.

c. Are medications passed out in the housing unit and by whom?

Answer: Medications are passed out in the housing units by nursing staff.

d. Are any medications sent with inmates/detainees upon discharge?

Answer: Yes, a seven (7) day supply is given to all offenders upon discharge.

e. Are the medication carts owned by the County?

Answer: Jail

15. Question: Are any medications allowed to be brought in from home?

Answer: Yes, if the prescription is current.

16. Question: Are any medications allowed to be “kept on person” within the jail?

Answer: Yes.

a. If so, which are allowed?

Answer:

Creams (Acne cream, Hydrocortisone, anti-fungal, triamcinolone, or other ointments the doctor may order)

Asthma inhalers (Albuterol)

Shampoo (Anti-dandruff, t-gel)

Birth control

Nasal Spray (Saline)

Glasses/ Reading glasses

Eye drops (artificial tears)

Ear drop (debrox drops)

Braces/Ace Wraps

Tuck pads (for hemorrhoids)

Monistat- Yeast infection cream

17. Question: Are there over-the-counter medications on commissary?

Answer: Yes.

a. If so, are the inmates/detainees allowed to keep commissary medications on person?

Answer: Yes.

18. Question: Please provide a listing of current medical commissary items.

Answer: Acetaminophen and Ibuprofen.

19. Question: Under the current contract, who is financially responsible for the cost of HIV medications and other AIDS-related drugs? Will this remain the same under the new contract?

Answer: Contractor. Yes.

20. Question: What time(s) and location(s) are sick call currently conducted?

Answer: 8am-11am, 1pm-4:30pm and 8pm -11pm. Medical Department and Units in certain situations.

21. Question: Are there specific times that jail security does not want inmate/detainee movement for sick call?

Answer: Yes.

a. If so, when?

Answer: 11am-1pm, 4:30pm-8pm, 11pm-7am.

22. Question: Is a security officer currently present for every sick call?

Answer: Yes.

23. Question: What on-site specialty clinics are conducted?

Answer: Dental, Eye Doctor.

24. Question: How many health assessments are performed each week?

Answer: 2022 – average of 3 per day for 14-day Health Assessment.

25. Question: Do you currently have a dental room and equipment?

Answer: Yes.

26. Question: Do you currently have a dentist who comes on-site?

Answer: This information is provided in the RFP.

a. If so, how long is the dentist onsite?

Answer: This information is provided in the RFP.

b. How many days per week is the dentist on-site?

Answer: This information is provided in the RFP.

c. Does the dentist have an assistant?

Answer: This information is provided in the RFP.

27. Question: If you do not have a dentist on-site, how many inmates/detainees do you take off-site to see the dentist in a month?

Answer: N/A.

28. Question: Please provide a list of medical equipment that is currently on-site for use by the vendor.

Answer: Please refer to Attachment B of this addendum.

29. Question: Do you currently do TB screening by asking questions and/or TB skin test? If you do TB screening, when do you complete the screening or skin tests? How many TB tests did you perform in 2022? How many done so far in 2023?

Answer: Both. This is completed during intake screening and yearly. 2022 – 1,030. 2023 - 121

30. Question: Are there any special business license fees or taxes that are to be paid to the city or County/ Commonwealth?

Answer: None that we are aware of.

31. Question: Do you currently have a financial limit (POOL) with the current contract?

Answer: No.

a. If so, what does it cover and how much is it?

Answer: N/A.

32. Question: Have you gone over the financial limit (POOL)?

Answer: N/A.

a. If so, how many months into the contract was it before you went over the limit?

Answer: N/A.

b. If so, how much over the financial limit (POOL) did you go over every year?

Answer: N/A.

33. Question: How much is the current co-pay?

Answer: We currently have several different co-pays for various services.

34. Question: Who is your current medical services contractor?

Answer: Our current medical services contractor is Mediko, P.C.

35. Question: Can you please provide a copy of the current medical services contract?

Answer: Please refer to Attachment C of this addendum.

36. Question: Would you like the new contractor to re-price all medical claims?

Answer: Please feel free to include your suggested process/suggestions within your proposal.

37. Question: What is your current process for re-pricing medical claims?

Answer: N/A.

38. Question: Do you have a state statute that you reprice to?

Answer: None that we are aware of.

39. Question: What is the 3-year average spending on the following: ambulance, in/outpatient, pharmacy, medical supplies, durable medical supplies, mobile x-ray and laboratory?

Answer:

Ambulance: \$1,600

In/Outpatient: \$176,001

Pharmacy: \$314,240

Medical Supplies: \$39,886  
Durable Medical Supplies: N/A  
Mobile X-Ray: \$16,694  
Laboratory: \$27,799

40. Question: May we provide an alternate proposal?

Answer: The Jail is always open to innovative and creative ideas/suggestions/proposals.

41. Question: Would the county prefer the vendor to review/verify the inmate/detainee medical bills, apply any discounts and pay the invoice for the county (act as a third-party administrator)?

Answer: Yes.

42. Question: Is there a dedicated fax line to medical?

Answer: Yes.

a. If not, is a fax line available?

Answer: N/A.

43. Question: We understand that you have CorEMR for your EMR, do you have a server onsite that the program is run through or is the program cloud based?

Answer: Server on-site.

44. Question: Can you please provide the current EMR pricing?

Answer: The cost is based on ADP and the price can be obtained by contacting CorEMR.

45. Question: Is there a jail owned computer for use in each medical office? If not, how many medical offices are present in which computers will be needed?

Answer: No. There is one (1) Jail owned computer at the nurse's station.

46. Question: Is there internet connection already in the medical unit?

Answer: Yes.

a. Is this provided by the county or the current contractor?

Answer: This is provided by the Jail.

b. If the current contractor is providing, do you know the cost?

Answer: N/A.

c. What kind of network gear is needed or currently in place for internet at your facility if contractor must supply?

Answer: N/A.

47. Question: How many simultaneous med passes occur?

Answer: 0.

48. Question: Who is your JMS provider?

Answer: JailTracker.

49. Question: How many laptops does the medical staff currently use?

Answer: We do not have this information.

a. How many are county owned vs. contractor owned?

Answer: None are Jail owned.

50. Question: Are there internet capabilities where the medical staff will be seeing patients? Exam Rooms? Booking areas? Hardwire? Wireless?

Answer: Yes, Hardwire and Wireless

51. Question: How many scanners does the medical staff currently use?

Answer: Five (5).

a. How many are county owned vs. contractor owned?

Answer: Two (2) are Jail owned.

52. Question: How many printers does the medical staff currently use?

Answer: Six (6).

a. Are they county owned or contractor owned?

Answer: Two (2) are Jail owned.

53. Question: Can we please have a copy of all questions/answers received by other vendors?

Answer: As stated during the mandatory pre-proposal meeting all questions from all vendors will be addressed in an addendum to the RFP and the addendum will be posted on eVA and the Jail's website for review by all vendors.

54. Question: Are any members of the jail's current health service workforce unionized? If yes, please provide the following:

a. A copy of each union contract

b. Complete contact information for a designated contact person at each union

c. The number of union grievances that resulted in arbitration cases over the last 12 months.

Answer: No members of the Jail's current health service workforce are unionized.

55. Question: May we obtain the most recent accreditation reports for ACA and NCCHC if applicable?

Answer: Please refer to Attachment D of this addendum.

56. Question: Is the jail currently subject to any court orders or legal directives? If yes, please provide copies of the order/directive.

Answer: No.

57. Question: Does your jail provide mental health services to inmates/detainees? If no, please proceed to question 62.

If yes, please answer questions 56-61.

Yes  No

Answer: This information is provided in the RFP.

58. Question: Can inmates/detainees request mental health services?

Yes  No

Answer: This information is provided in the RFP.

a. If yes, are inmates/detainees charged a fee for mental health services?

Yes  No

Answer: This information is provided in the RFP.

59. Question: Indicate who provides mental health services. (Check all that apply)

- County agency (Human or Social Services, etc.)
- Contracted provider
- Jail/sheriff's department hired staff.
- Other (please explain)

Answer: This information is provided in the RFP.

60. Question: Is your mental health program accredited by any professional organization? (NCCHC, ACA)

Yes  No

Answer: This information is provided in the RFP.

61. Question: What mental health services are available to inmates/detainees in your jail? (Check all that apply)

- Crisis intervention
- Medications and their management
- Psychiatric medications and their management
- Referral of inmates/detainees to mental health provider
- Individual counseling/therapy
- Group counseling/therapy
- Substance abuse treatment/services
- In-depth physical evaluation assessment (typically occurs after 14 days in custody – includes mental health issues)
- Case management Release planning



\_\_\_\_\_ Other (please explain)

Answer: This information is provided in the RFP.

62. Question: Is crisis intervention available 24 hours per day/7 days per week?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Answer: This information is provided in the RFP.

63. Question: Indicate the titles of the provider(s) of mental health services in your jail. Please check all that apply and indicate the average number of hours per week for each.

Answer:

_____ Psychiatrist -	_____ hours/week
_____ Psychologist -	_____ hours/week
_____ Masters Level Social Worker -	_____ hours/week
_____ Registered Nurse (RN) -	_____ hours/week
_____ Nurse Practitioner -	_____ hours/week
_____ Licensed Practical Nurse (LPN) -	_____ hours/week
_____ Jail Chaplain -	_____ hours/week
_____ Other (please explain) -	_____ hours/week

With the exception of Jail Chaplain, this information is provided in the RFP. Jail Chaplain – 10 hours/week.

64. Question: Indicate the level of screening for inmates/detainees at your jail. (Check all that apply)

Answer:

- Basic intake health screening, generally done at booking for medical and mental health issues by correctional officer.
- Separate screening tool specific to mental health/suicide prevention issues completed by correctional officer.
- Separate screening tool specific to mental health/suicide prevention issues completed by RN or mental health professional.
- Other (please explain) Physical, TB & COVID screening

65. Question: Is there a secondary review of screening reports for accuracy, completeness, legibility, and the referral process? (e.g., by first line supervisor, jail nurse, etc.)

\_\_\_\_\_ Yes, by whom? \_\_\_\_\_ No

Answer: Yes, by the Health Services Administrator.

66. Question: Is staff required to use a prescribed form when making mental health referrals?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Answer: Yes, mental health referral form.

67. Question: Are arresting/transporting officers and probation agents, etc. required to complete a pre-incarceration form identifying mental health risk issues?      Yes \_\_\_\_\_ No

Answer: Yes, the arresting/ transport officer is asked about any comments referring to suicide.

68. Question: Does your jail staff receive ongoing training on mental health issues?  
How often? (Please explain) \_\_\_\_\_  
How is training delivered? (Please explain) \_\_\_\_\_

Answer: Yes. Every 2 years, online.

69. Question: Does your jail staff receive ongoing training on suicide prevention issues?

Answer:

X  Yes. How often? (Please explain)  Annually

How is training delivered? (Please explain)  Written and classroom

70. Question: Will the county want the vendor to do CPR and AED training with their staff at the Corrections Center/ Detention Center?

Answer: No.

71. Question: Will the County allow for the top 2 or 3 vendors to make oral presentations after the panel scores the responses?

Answer: Selected vendors will present oral presentations during the discussion phase of the RFP process.

72. Question: Please list the programs offered to inmates/detainees in your jail, such as education, religious, recreation, life skills, substance abuse, etc.

Answer: Substance Abuse, Anger Management, Social Skills, Parenting, Art, Religious.

73. Question: RFP page 28, Subsection 9. Cost of Services states: "Since this is a contract for professional medical, mental health, dental and pharmaceutical services, the cost of services shall not be included in the proposals." Could you kindly clarify if the Jail would like a budget included with the response or a budget provided that is separately sealed from the RFP response.

Answer: As stated on page 28 of the RFP, "At the discussion stage, the Jail may discuss non-binding estimates of the project cost." As required by the Virginia Public Procurement Act – for professional services the cost of services shall not be included in offeror proposals.

74. Question: RFP Section 3.2.E (p 28). The proposal format to follow does not address the scope of services provided in Requirements, Sections 2.1 – 2.9.

Section 3.2.F.23 (p 31) states: "*Proposals shall be organized in the exact order in which requirements are presented in the RFP and must be page numbered.*" Please identify where the scope of services requirements should be in the proposal layout.

Answer: Scope of services should be included in the Description of the Firm section.

75. Question: RFP Section 2.1; p 7-8. "The Vendor shall continue to work in collaboration with the Southside Community Services Board for the administration of Mental Health Services." Please identify the mental health services provided by the Southside Community Services Board (CSB).

Answer: CSB provides crisis screening for offenders needing in-patient hospitalization.

76. Question: Please identify the mental health personnel and hours provided by the CSB.

Answer: There are no onsite hours provided by the CSB.

77. Question: How does the MHP that works under the current provider matrix work with the CSB?

Answer: When crisis screening is needed and continuity of care.

78. Question: Please confirm that the ADP to be used for staffing and pricing is 400.

Answer: Yes, ADP for staffing & pricing is 400.

79. Question: RFP Section 1.2; p 4. Please identify the role and responsibilities of the MRRJA's Administrative Coordinator.

Answer: The Jail's Administrative Coordinator schedules off-site appointments and handles all Medicaid applications.

80. Question: Were there any deficiencies in the last NCCHC audit? Please provide details.

Answer: Please refer to #55.

81. Question: If there were any corrective actions resulting from the NCCHC audit, please provide details.

Answer: Please refer to #55.

82. Question: RFP Section 2.2.A.7; p 8. Please confirm the Authority is seeking ACA accreditation for the Jail.

Answer: The Jail anticipates achieving ACA accreditation during the contract term associated with this RFP.

83. Question: RFP Section 2.2.A.14; p 9. "Medical and behavioral health staff must be available 24/7, with behavioral health staff sufficiently available to assess new admissions during the intake process." Please clarify if behavioral staff is required 24/7 to assess new admissions during the intake process. The RFP staffing shows only one (1) Mental Health Professional.

Answer: Behavioral health staff must be available 24/7 on-site or by phone.

84. Question: RFP Section 2.2.A.15; p 9. Please identify the services provided by Southside Health District and Southside Community Corrections, respectively.

Answer: Southside Health District and Southside Community Corrections do not provide on-site services.

85. Question: RFP Section 2.2.B.5; p 16. How many MRRJA staff will require annual testing/vaccinations?

Answer: 56 Currently.

86. Question: RFP Section 2.2.B.6; p 16. What is the approximate number of MRRJA new hires each year requiring physicals?

Answer: 42.

87. Question: RFP Section 7; p 31. This section requires a minimum of five references. RFP Attachment A, Item 5 – Vendor Data Sheet; p 44. The form requires three recent accounts. Please clarify how many references are required – five as stated in Section 7, or three in Attachment A?

Answer: Please refer to Attachment A of this addendum which has been revised and requires five (5) references.

88. Question: RFP Section 2.2.A.39; p 14. Is there a current patient backlog for dental services?

Answer: No.

89. Question: RFP Section 2.2.A.39; p 14. What has been the number of outside dental referrals in the last year?

Answer: 25.

90. Question: RFP Section 2.2.A. 43, page 13. Please provide the current vendor/agency for the following services, (unless indicated in parentheses as given in the RFP) and indicate “yes” or “no” on whether the current EMR interfaces with this service?

- a. JMS
- b. Lab (LabCorp/Garcia)
- c. Pharmacy (Westwood)
- d. Electronic prescription interface
- e. Health Information Exchange
- f. Other

Answer:

- a. JailTracker, Yes.
- b. Yes.
- c. Yes.
- d. CorEMR.
- e. N/A.
- f. N/A.

91. Question: RFP Section 2.2.A.46; p 14. Will direct access to the Jail Management System (JMS) be available on the clinical computers?

- a. If so, what are the requirements (installation, network, accounts)?

Answer: The JMS application can be installed on the vendor computers if needed. The computers will need to reside on the Jail’s LAN for proper communication the JMS server. The Jail Staff can work with vendor’s support staff to have the program installed and provide JMS login accounts to the staff.

92. Question: RFP Section 2.2.A. 46, p 14. Will the Authority provide Local Area Network (LAN) Services for the Vendor, or is this a Vendor responsibility?

- a. If the Authority will provide, can the Vendor PCs reside in the Vendor's Active Directory Domain, or must they reside in the Authority Active Directory Domain?
- b. If the Vendor will provide:
  - i. how many wiring closets service the PCs used by the medical Vendor?
  - ii. will the Vendor be allowed to use existing network drops?
  - iii. will the Vendor be allowed to used existing fiber to interconnect wiring closets if required?

Answer: We have LAN services that the vendor PC’s can utilize. Vendor PC’s can reside in the vendor’s active director or utilize the Jail’s active directory.

93. Question: RFP Section 2.2.A. 46; p14. Does the Authority or current Vendor provide any wireless connectivity/access to medical?

- a. If access is already established, what locations are in scope?

- b. If the Vendor provides access, are there any preferred/existing vendors that can be leveraged to provide this service?

Answer: Please refer to #46 and #50.

94. Question: RFP Section 2.2.A.46; p 14. If the Vendor is required to provide LAN, Wi-Fi, or end user equipment, are there any restrictions to the products used, or can the vendor implement its standard design and equipment?

Answer: The vendor may use the Jail's LAN and Wi-Fi. Wi-Fi for medical and in housing areas would need permission from our phone vendor.

95. Question: RFP Section 2.2.A.46; p 14. Who will be responsible for providing network infrastructure (switches and firewall—the Authority or the Vendor?

- a. If the Vendor, does the current Vendor provide network infrastructure?

Answer: The vendor may use the Jail's existing network infrastructure. Depending on the need, the vendor may need to provide their own firewall.

96. Question: RFP Section 2.2.A.46; p 14. Who is responsible for providing copiers—the Authority or the Vendor?

- a. If the Authority, what is the model number of the current copier?

Answer: Jail has a copier with fax capabilities in Intake and Medical. The current copiers are Konica Minolta Bizhub 368e.

97. Question: RFP Section 2.2.A.46; p 14. Will the Authority provide end user IT equipment (PCs, Printers, etc.) for the Vendor, or is this a Vendor responsibility?

Answer: Please refer to #49, #51 and #52.

98. Question: RFP Section 2.2.D.6, p 18. Does the current Vendor provide time clocks?

Answer: No.

99. Question: RFP Section 2.2.A.46, p 11. Does the Authority's medical program currently incorporate any telemedicine and/or tele-psychiatry?

- a. If yes, please provide a list of clinics, and of any equipment (including age) that will remain and be available to the selected Vendor.

Answer: Tele-Psychiatry with our current vendor.

100. Question: In light of the DOJ report regarding medication-assisted treatment (MAT), will you allow the Contractor to continue FDA-approved medications for those who come in on verified treatment?

Answer: Yes.

101. Question: Do you currently continue MAT medication (e.g., methadone, buprenorphine, naltrexone/Vivitrol) when a patient entering the facility was receiving the medication in the community? Or do you require these patients to detox?

Answer: Yes, except methadone.

102. Question: If you continue MAT medication, which medication(s) do you provide?  
Answer: All of the above with the exception of methadone.
103. Question: How many patients are you treating on average per month by medication?  
Answer: Currently 2.
104. Question: What medication do you currently use for opioid-dependent pregnant patients?  
Answer: Provider discretion.
105. Question: Do you currently induct new patients into MAT at the facility prior to discharge?  
a. If so, what medication(s) do you provide?  
  
Answer: Yes, provider discretion.
106. Question: How many patients are you inducting on average per month by medication?  
  
Answer: Currently 2.
107. Question: If you are not currently inducting new patients into MAT, are you interested in providing induction service going forward?  
  
Answer: Yes.
108. Question: Please provide the percentage of intakes who enter the facility on a verified MAT program in the community.  
  
Answer: Currently 2.
109. Question: Please provide the percentage of patients at intake diagnosed with opioid use disorder (OUD).  
  
Answer: A diagnosis is given once seen by the provider.
110. Question: Do you have grant funding for MAT? If so, please provide details.  
  
Answer: No
111. Question: What is your anticipated budget for MAT?  
a. Have you considered costs other than staffing, such as medications, drug screens, labs, supplies, and additional custody staff?  
b. Do you want to establish a licensed and certified on-site opioid treatment program (OTP), which has its own associated costs?  
  
Answer: We currently do not have a MAT budget. If we have the demand, yes.
112. Question: RFP Section 2.2.B.4; p 16. Please specify what RN MAT certification must be obtained.  
  
Answer: Please refer to #12.
113. Question: RFP Section 2.3; p 19. "All offenders receive an initial mental health screening at the time of admission to the facility by mental-health trained or qualified mental-health care personnel." Please clarify if this is the intake nurse, who has received Mental Health training.  
Answer: Yes.

114. Question: RFP Section 2.3, Mental Health Appraisals; p 20. "All offenders receive a mental health appraisal by a qualified mental health person within 14 days of admission to the facility. If there is documented evidence of a mental health appraisal within the previous 60 days, a new mental health appraisal is not required, except as determined by the designated mental health authority."

- a. Please clarify. Is this referencing the mental health appraisal conducted during an H&P, or is the Mental Health Professional to complete a Mental Health Appraisal on every patient that is admitted to the facility?

Answer: The Mental Health Professional is to complete a Mental Health Appraisal on every patient admitted.

115. Question: Please provide a copy of the current medical vendor contract, including all exhibits, attachments, and amendments.

Answer: Please refer to #35.

116. Question: What is the value of the medical contract for the current contract year?

Answer: Please refer to Attachment C of this addendum.

117. Question: How many patients did you have on Hep-C meds each year for 2021 and 2022?

Answer: 0.

118. Question: Please confirm if the Authority or Contractor would be financially responsible for the cost of Pharmacy services?

- a. Please clarify who is currently financially responsible.
- b. Are there any Caps or pass-through cost with the existing provider?

Answer: Please refer to #13. No.

119. Question: Please identify the members of the proposal evaluation committee.

Answer: The proposal evaluation committee will be determined at a later date.

120. Question: Will there be an opportunity to ask additional or follow-up questions?

Answer: Yes, during the interview/negotiation phase of this process.

121. Question: What is the Authority's policy regarding the cost of care for pre-existing conditions?

- c. Are the hospitals receiving payment for any pre-existing conditions?
- d. Has there been any pushback in getting paid for services rendered by the hospital?

Answer: The Jail follows the AG's opinion in regards to pre-existing conditions. If there are any questions regarding pre-existing conditions, they are handled on a case-by-case basis.

122. Question: How many intakes are conducted on average per day?

Answer: 5.

123. Question: Are PPDs implanted on all offenders during the 14-day health assessment, or only as medically indicated?

Answer: At intake and yearly.

124. Question: Is the facility currently under a consent decree or DOJ monitoring?

- a. If so, please provide details.

Answer: No.

125. Question: Population

- a. Please provide Average Daily Population (ADP) numbers for the past three (3) years.
- b. Are there any juveniles housed in the facility?
- c. Please provide a breakdown of the offender/detainee population included in the overall population figures, as follows:
  - i. County
  - ii. State DOC
  - iii. ICE
  - iv. U.S. Marshals Service
  - v. Work Release
- d. Please provide a breakdown of the offender/detainee population included in the overall population figures, as follows:
  - i. Male
  - ii. Female
  - iii. Transgender

Answer:

- a. FY20 – 400; FY21 – 402; FY22 – 328
- b. No.
- c.
  - i. FY20 – 222; FY21 – 214; FY22 – 180
  - ii. FY20 – 129; FY21 – 161; FY22 – 139
  - iii. We do not have ICE offenders.
  - iv. FY20 – 41; FY21 – 18; FY22 – 2
  - v. FY20 – 2; FY21 – 2; FY22 – 2
- d.
  - i. FY20 – 346; FY21 – 347; FY22 – 283
  - ii. FY20 – 53; FY21 – 53; FY22 – 44
  - iii. FY20-1; FY21-0; FY22-1

126. Question: Staffing

- a. Please provide the current staffing plan by position, credential, and shift.
- b. Please provide current wage rates for all positions.
- c. Is the current staffing plan considered adequate for the facility?
- d. Can more than one staffing option be provided and still be considered compliant with the RFP?
- e. Does the facility currently use 12-hour or 8-hour shifts? Other?
  - i. Is this structure working well, or is a new structure desired?
- f. Are any of the healthcare staff unionized?
  - i. If so, please provide the applicable bargaining agreements.
- g. Which discipline/credential conducts the intake/receiving screening (e.g., RN, LPN, EMT, Correctional Officer)?
- h. Which discipline/credential conducts the 14-day health assessment (e.g., RN, Mid-level Practitioner, Physician)?

Answer:

- a. Please refer to #5 and #9.
- b. Please refer to #10.
- c. No.
- d. Yes.
- e. 12. Yes. No



- f. Please refer to #54.
- g. RN.
- h. RN.

127. Question: Mental Health Services

- a. How many offenders are currently receiving mental health services?
- b. Is the current mental health staffing considered adequate?
- c. What mental health services are currently provided on site by the MHP? d. Are group therapy services required? If so, who currently performs these responsibilities?
  - i. If so, what types of groups are currently provided?
  - ii. Please indicate the number of times per week each group is provided.
- e. Are discharge planning services required? If so, who currently performs these responsibilities?
  - i. If so, please provide specific requirements.
- f. Is there a requirement for any court involvement by the mental health staff?
  - i. If so, please describe the required involvement.
- g. Are mental health staff responsible for coordinating trial competency examinations and transfers?
- h. Are substance use treatment services offered to the offenders at the facility?
  - i. If so, is there a limit to the number of patients in the program?
- i. Is there any specialty housing available for offenders with mental health problems?
  - i. If so, please provide the number and capacity of mental health housing units.
- j. Do mental health staff conduct rounds in the restricted housing unit?
  - i. If so, how many days per week?
- k. Who is financially responsible for psychiatric emergencies and/or psychiatric hospitalizations—the Authority or the Contractor?

Answer:

- a. 83.
- b. Yes.
- c. Counseling, General MH Treatment, Crisis Intervention, Scheduling appointments for Psychiatrist, Mental Health training for Security Staff.
- d. No.
- e. Yes. Refer Patient to their current MH provider. Nursing staff performs.
- f. Yes. Coordinate transfer with in-patient facilities.
- g. They work with the in-patient facilities.
- h. Yes. No.
- i. No.
- j. Yes. Once per week.
- k. State responsibility.

128. Question: Mental Health Statistics: Please provide the following information:

- a. Number of attempted suicides in the past two (2) years
- b. Number of deaths by suicide in the past two (2) years
- c. Number of episodes of suicide watch per month in the past two (2) years
- d. Number of self-injurious events in the past two (2) years
- e. Number of psychiatric hospitalizations in the past two (2) years
- f. Number of psychiatric inpatient hospital days in the past two (2) years
- g. Total cost of psychiatric inpatient hospitalizations for each of the past two (2) years
- h. Number of episodes of restraint per month in the past two (2) years
- i. Number in restrictive housing in the past two (2) years
- j. Number of forced psychotropic medication events in the past two (2) years
- k. Number of Psychiatrist visits per month
- l. Number of mental health grievances per month
- m. Number of episodes of seclusions per month

Answer:

- a. 10.
- b. 0.
- c. 77.
- d. 0.
- e. 29.
- f. N/A.
- g. N/A.
- h. 18 for restraint chair.
- i. 2021 - 320, 2022 – 307.
- j. 0.
- k. Average 40.
- l. 0.
- m. 0.

129. Question: Dialysis:

- a. How much has been spent annually on dialysis over the past two (2) years?
- b. What are the average weekly number of treatments?
- c. Are dialysis services provided on site or off site?
- d. Please identify the on-site and/or off-site dialysis provider

Answer:

- a. N/A
- b. N/A.
- c. Off-site.
- d. Last one we had went to the hospital for dialysis.

130. Question: On-Site Services:

- a. Are there currently any specialty clinics being conducted on site (i.e. optometry, OB/GYN, oral surgery)? If so please identify:
  - i. Provider name and contact information
  - ii. Frequency of clinic

Answer:

- a. Please refer to #23.
  - i. Gedalia Schwartz, O.D.  
Family Vision Care, Chesapeake, VA  
Office: 757-484-8080  
[www.FamilyVisionVA.com](http://www.FamilyVisionVA.com)
  - ii. 1 to 2 times a quarter depending on need.

131. Question: On-Site Service Statistics: Please provide statistical data for the past two (2) years regarding on-site services, including but not limited to:

- a. Nurse sick call, Mid-level sick call
- b. Offender physicals
- c. Number of offenders evaluated by the psychiatric/mental health providers
- d. Number of chronic care visits by type
- e. Number of on-site clinic visits by type (e.g., OB/GYN, orthopedics, ophthalmology, cardiology, etc.)
  - Ophthalmology
- f. Labs
- g. X-rays
- h. Telemedicine encounters by specialty

Answer:

- a. 10,731 Nurse Sick Call. 3,306 Doctor Call.
- b. 2,060.
- c. 698.
- d. Pulmonary - 158, Endocrine - 90, HIV/AIDS - 14, Cardio - 305, MH – 350, Neuro - 64, HCV - 92
- e. 133
- f. 590
- g. 123
- h. 0

132. Question: Off-Site Services:

- a. Please provide a list of currently utilized off-site specialty providers and outpatient providers.
- b. Who is responsible for off-site costs—the Authority or the Contractor?

Answer: Please refer to Attachment E of this addendum. The Jail is responsible for the costs.

133. Question: Off-Site Service Statistics: Please provide historical utilization statistics for the past two (2) years by facility regarding off-site services, including but not limited to:

- a. Number of ER visits that resulted in inpatient admissions
- b. Number of ambulance transfers
- c. Number of non-ambulance transfers
- d. Number of 911 transfers
- e. Number of Life Flight/helicopter transfers
- f. Number of inpatient admissions
- g. Number of inpatient days
- h. Number of hospital observations
- i. Number of one-day surgeries
- j. Number of office specialty visits by provider type Ophthalmology
- k. Number of off-site radiology exams by type (e.g., CT scan, MRI, etc.)

Answer:

- a. 30.
- b. 106.
- c. 61.
- d. 106.
- e. 2.
- f. 30.
- g. 69.
- h. 0.
- i. N/A.
- j. 133.
- k. N/A.

134. Question: Medication Administration:

- a. How many med passes are conducted daily?
- b. Which discipline(s) conducts med passes (e.g., CMT, LPN, RN, etc.)?
- c. How many med carts are utilized per med pass?
- d. How long does the average med pass take to complete?
- e. Does the facility currently utilize an electronic Medication Administration Record (eMAR)? If so, please identify the eMAR software program.

Answer:

- a. 2.

- b. LPN, RN.
- c. 1.
- d. 1 hour.
- e. CorEMR

135. Question: Pharmacy Statistics: Please provide the following information for the past two (2) years:

- a. Average number of offenders on HIV/AIDS medication(s) each month (RFP indicates 31; please clarify if that is a monthly average or total number for the year)
- b. Average number of offenders on hepatitis medication(s) each month
- c. Average number of offenders on hemophilia medication(s) each month
- d. Average number of offenders with diabetes each month (RFP indicates 39; please clarify if that is a monthly average or total number for the year)

Answer:

- a. Total for year.
- b. 0.
- c. 2 in the last 2 years.
- d. Total for year.

136. Question: Expenses: Please provide the following information for the past two (2) years:

- a. Total pharmacy costs
- b. Total psychotropic medication costs
- c. Total HIV/AIDS medication costs
  - i. Does the facility currently receive any assistance on HIV/AIDS medication costs?
  - ii. If so, please explain.
- d. Total ER visit costs
- e. Total inpatient hospitalization stay costs
- f. Total off-site specialist visit costs
- g. Total off-site, one-day surgery costs
- h. Total pre-booking hospital costs
- i. Total ambulance service costs

Answer:

- a. \$335,313
- b. N/A Pharmacy costs is for all medications.
- c. i. No.  
ii. N/A.
- d. Please refer to #39.
- e. Please refer to #39.
- f. Please refer to #39.
- g. Please refer to #39.
- h. \$0.00.
- i. Please refer to #39.

137. Question: Equipment

- a. Please provide a list of all medical and dental equipment that will be available to the Contractor, including the model, age, and condition.
- b. Please provide a list of all office/computer equipment that will be available to the Contractor (e.g., computers, printers, fax machine, copier, etc.), including the model, age, and condition.
- c. How many AEDs are on site?
- d. Who is responsible for maintaining the AEDs— the Authority or the Contractor?

Answer:

- a. Please refer to #28.

- b. Please refer to #28.
- c. Please refer to #28.
- d. Contractor

138. Question: Catastrophic Financial Capitation: (If applicable)

- a. What is the current catastrophic financial capitation?
- b. Have the costs for capitated services fallen below or exceeded the capitation limits in the past two (2) years?
- c. By how much has the current Contractor fallen below or exceeded the cap in each of the past two (2) years?
- d. How many offenders have exceeded the per offender cap and by how much in the past two (2) years? (If applicable)
- e. Is there a cap on pharmaceuticals?
  - i. If yes, what is the current cap?
- f. Is any specific class of drugs excluded from the current Contractor's financial responsibility?
  - i. If yes, which are excluded?
- g. Recent changes in hepatitis C treatment protocols have created significant unpredictability in the cost of this treatment. Would the County be willing to either:
  - i. Apply a specified annual limit to the Contractor's financial responsibility for the cost of hepatitis C treatment, or
  - ii. Allow the Contractor to pass through to the County the actual costs associated with hepatitis C treatment (i.e., carve out)?
- h. Given the unpredictable costs associated with factor replacement therapy for the treatment of hemophilia (and also the infrequent need for such treatment in a jail setting with a more transient population), would the County be willing to:
  - i. Allow the Contractor to pass through to the County the actual costs associated with factor products (i.e., carve out)?

Answer: Not applicable.

139. Question: Is the Authority open to different pricing models that may be financially beneficial to MRRJA?

Answer: Yes.

140. Question: RFP Section 2.2.A.20; p 10. "The successful vendor will partner with a Pharmacy Provider to provide daily pharmaceutical deliveries to the jail. Deliveries will be at a minimum of 2 times per day, Monday Friday, and 1 delivery on weekends (no mail order deliveries will be accepted)." By requiring twice-daily delivery of medications, the RFP greatly restricts pharmacy subcontracting options to local vendors that can make a same-day delivery to the jail but may not be able to offer many of the cost effective or quality-oriented solutions you are seeking regarding technological, clinical, formulary management, and operational services and efficiencies. Technologies such as free electronic ordering and eMAR software, access to a pharmacist 24/7/365 for operational and clinical consultation, proper licensing for stock distribution and medication repackaging, first-line pharmacist formulary management reviews, and compliance with regulatory and accrediting agencies are critical components of a comprehensive pharmaceutical program.

- a. If an offeror provides: (1) cost-effective and quality-oriented solutions through an out- of- state pharmacy provider that are customized to the MRRJA; (2) clear documentation of significant cost savings regarding the pharmacy component; (3) emergency first-dose stock medications at your facility; (4) coordination of all emergency prescriptions through a contracted local backup pharmacy; and (5) starter kits (which is standard practice throughout Virginia), would you consider repealing this requirement to allow bidders to subcontract with out-of-state pharmacy vendors that provide next-business day delivery, which will ensure the most cost-effective and quality-orientated solutions to the Authority?

Answer: Yes, we will review such proposals.

141. Question: Contract/Financial - Page 17, C.3 – Financial Goals - Please describe what reports will be required.

Answer: This information is provided in the RFP.

142. Question: Staffing - Would you like the vendors to include the percentage of agency (**not PRN**) nurses used in 2022 in all of their current contracts?

Answer: Yes.

143: Question: Staffing - Please verify that the current staffing may not reflect the preferred staffing and that you would like to review the details/options of staffing as part of this proposal as follows:

**Option 1:** Projected staffing to provide services and cover all the needs at the adult detention facility located in Alberta to include, but not be limited to, addressing all requirements in the RFP and protect and maintain your NCHC accreditation at a level that continues your last survey of zero deficiencies.

**Option 2:** Staffing for coverage of a complete MAT program **in addition to Option 1.**

**Option 3:** Staffing for Mecklenburg County facility located in Boydton, VA to include licensed nursing staff 24/7 and cover all necessary services at this site without disruption and in a safe manner.

Answer: Yes.

144. Question: Staffing - Please verify the staffing matrix should be based on an ADP of 400.

Answer: Please refer to # 78.

145. Question: Proposal - Page 28, Item 3.2.E. outlines how the proposal is to be setup:

Table of Contents

Title Sheet – Request for Proposals Title Pages, pages 1 and 2 of this RFP Section 1 - Description of Firm

Section 2 - Experience of Firm Section 3 - Termination History Section 4 - Leadership of Firm Section 5 -

Accreditation Experience Section 6 - Litigation History

Section 7 - References

Section 8 - Indemnification and Hold Harmless Clause/Insurance and Certificate Requirements

Section 9 - Insurance Documentation

Section 10 – Attachment A & Attachment B of this RFP

On page 29, Item 3.2.F. the RFP states:

The written narrative shall include:

1. Project methodology.

2. Project schedule.

In what section do you want the project methodology and project schedule placed?

Answer: These should be included in the Description of the Firm section.

146. Question: Proposal - Please verify you would like two electronic copies of the proposal (each provided on a separate USB) submitted with the physical proposals; one being an exact version of the proposal submitted and one being a redacted version of the proposal.

Answer: This information is provided in the RFP.

147. Question: General - Please verify you prefer to see the resumes of the vendor's candidates for site health services administrator, medical director, and qualified mental health professional.

Answer: Yes.

148. Question: General - Page 30, Item 15 requires the litigation history of the provider. Please verify that the litigation history should include all judgments, settlements, dismissed and open cases.

Answer: Yes, litigation history should include all judgments, settlements, dismissed and open cases.

149. Question: General - Please verify whether the Authority would like to know detail about whether the provider or any of its executive team have been associated with a company (on an executive level) that has been disqualified from competing in any state under any company name.

Answer: Yes, the Jail would like to know details about whether the provider or any of its executive team have been associated with a company (on an executive level) that has been disqualified from competing in any state under any company name.

150. Question: Pg. 8, REQUIREMENTS: At a minimum, the following requirements should be met by the Vendor. Please confirm that bidders do not need to respond to every item in the Requirements. Please confirm that an overall statement of compliance will suffice and that we should address specific items in F where applicable.

Answer: Yes, an overall statement of compliance with all requirements stated in the RFP will suffice.

151. Question: Pg. 17, D. Security Goals: Is the Jail requiring this information to be submitted with proposal responses or upon contract award? Please clarify.

Answer: Upon award of contract.

152. Question: Pg. 28 E. The proposals shall have each section divided and appropriately labeled. The format and sections of the proposal shall conform to the structure outlined below. And Pg. 29 F. Vendors shall address, in written form, each numbered section and sub-section of this RFP. If the Vendor takes exception to a specific section, it shall fully describe the exception thereto. The written narrative shall include: Some of the items in F are repetitive of the sections/tabs in E. Do you want us to refer you to those tabs listed in E or repeat the response? Please confirm that you want us to keep the questions in F in order.

Answer: Section E briefly provides the required structure and section titles for the Offeror's proposal. Section F provides additional guidance regarding what information should be included in each of these sections of the Offeror's proposal. The items in F should be presented in the appropriate sections/order stated in Section E.

153. Question: Pg. 29, E. Section 9 - Insurance Documentation - What does MRRJ want here as opposed to under section 8? Are you looking for sample certificate of insurance?

Answer: Yes.

154. Question: Pg. 4, Purpose "The jail is currently NCCHC accredited, and the expectation is that the Vendor maintains the current accreditation." What is your reaccreditation date?

Answer: Prior to July 1, 2024.

155. Question: Pg. 4, 1.2 A.- Description of Facility The Meherrin River Jail is a 697-bed facility.

- What is your current ADP?

- What population number do you want the vendor to use to build you a quote?

Answer: Our current ADP is 248. Please refer to #78.

156. Question: Pg. 4, 1.2 B. - Description of Facility - The satellite facility in Boydton is temporarily closed. Do you want a quote for the satellite facility included with our proposal or will it be negotiated prior to opening?

Answer: A quote for the satellite facility should be included with the proposal.

157. Question: Pg. 8, 2.2 = Requirements, A-20 “Deliveries will be at a minimum of (2) times per day.” - Do you mean maximum? There should not be a need for 2 deliveries a day.

Answer: They currently deliver Tuesday – Saturday once a day. 2 times a day if needed.

158. Question: Pg. 10, 2.2 - Requirements, A-26 Is it required that the Quality Improvement program be added to the proposal?

Answer: The Quality Improvement program does not need to be added to your proposal, a statement confirming that the Offeror has such a program is sufficient.

159. Question: Pg. 10, 2.2- Requirements, A-28 Is it required that the health education program be added to the proposal?

Answer: The health education program does not need to be added to your proposal, a statement confirming that the Offeror has such a program is sufficient.

160. Question: Pg. 13, 2.2- Requirements, A-43, “The vendor shall implement and maintain a non-proprietary electronic medical records system utilizing its own chart forms and medical record at no cost to the Jail.”

- Is there currently an EMR?
- If so, what is its name?
- Who currently owns the EMR?
- Do you want the vendor to replace the current EMR (if one currently exists)?
- If there is currently an EMR and you want the vendor to take over responsibility for it, are there any fees or maintenance costs to be borne by the vendor?

Answer: Yes, CorEMR. The Jail owns the EMR but the vendor will maintain it. Yes, we want to keep CorEMR. Please refer to #44.

161. Question: Pg. 14, 2.2- Requirements, A-48 Who is your current Pharmacy vendor?

Answer: This information is provided in the RFP.

162. Question: Pg. 15, 2.2- Requirements, A-49 - What is the current process for the medical vendor to track offender co-pays?

- Please attach all policy's, protocols and forms for the offender co-pay program.
- Is there currently an area for offenders to sign for co-pays within the EMR?

Answer: Please refer to Attachment F and Attachment G of this addendum. We do not currently sign co-pays in the EMR.

163. Question: Pg. 16, 2.2- Requirements, B Clinical Goals -“All Rn staff must be MAT trained/certified” - What does your current MAT program consist of for offenders while incarcerated and post-release?



Answer: The program is intended to provide medication assisted treatment to offenders in the regional jail with opiate use disorder.

During incarceration, the services provided include medicated treatment, individual and group therapy, psychoeducational groups, addiction, and recovery educational groups.

Post-release, a connection to services and a seamless transition to MAT in the community will be provided.

164. Question: Pg. 17, 2.2- Requirements, C Financial Goals #4 KOP Program, - What are your current KOP medications approved for KOP?

Answer: Please refer to #16.

165. Question: Is there a current backlog of any medical care? If so, how long is it?

Answer: No.

166. Question: Please confirm that a cost proposal/ pricing should not be submitted with the response.

Answer: Please refer to # 73.

167. Question: Please provide a copy of the current health services contract, including exhibits, attachments, and amendments.

Answer: Please refer to #35.

168. Question: Is the County currently subject to any court orders or legal directives that would impact the services provided? How many lawsuits (frivolous or otherwise) have been filed against the County or Contractor pertaining to inmate health care in the past three years?

Answer: Please refer to #56.

169. Question: Please provide a current list of staffing vacancies by position. Please provide a current staffing schedule.

Answer: Please refer to #5 and #9.

170. Question: If available, please provide salaries/wages for the incumbent health service staff.

Answer: Please refer to #10.

171. Question: What is the annual spend amounts for the past three years for the following categories:

- a. Total off-site care?
- b. Total pharmacy expenditures?
- c. Laboratory services?

Answer:

- a. FY21 and FY22 are available in the RFP. FY20 - \$142,724.
- b. \$314,240
- c. \$27,799

172. Question: Please furnish a list of equipment (including dental, x-ray, dialysis, computer hardware) available for use in the facility at the start of the contract.

Answer: Please refer to #28.

173. Question: Please confirm that all equipment is in correct working order and certified in good condition

Answer: Please refer to #28.

174. Question: Will any of the current equipment in the facility require replacement during the scope of the contract?

Answer: N/A.

175. Question: Approximately how long is a typical facility med pass?

Answer: One (1) hour.

176. Question: Can you confirm the total numbered carts in the facility?

Answer: 3.

177. Question: How often is medication distributed each day?

Answer: This information is provided in the RFP.

178. Question: Please provide the following historical data regarding the size of the inmate population:

- a. Average daily population over the past two years.
- b. Two years of projected populations.
- c. Number of intakes over the previous three years.

Answer:

- a. Please refer to #125.
- b. This information is not available.
- c. 2020 – 1,477; 2021 – 1,567; 2022 – 1,672.

179. Question: How are the following services rendered under the current scope of work (on-site/off-site)? (Please identify vendor, if applicable)

- a. Vision.
- b. Dialysis.
- c. OB/GYN.

Answer: Please refer to #23.

180. Question: Are there currently any backlogs in services/clinics – chronic care, sick call, dental, etc.?

Answer: Please refer to #88 and #165.

181. Question: Please provide the previous two years of statistical data for each of the following:

- a. Number of off-site inpatient hospital days.
- b. Number of outpatient surgeries.
- c. Number of outpatient referrals.
- d. Number of trips to the emergency department (ED).

- e. Number of ED referrals resulting in hospitalization.
- f. Number of ambulance transports.
- g. Number of air ambulance transports.
- h. Number of dialysis treatments.
- i. Number of inmates on suicide watch.
- j. Number of completed suicides.
- k. Number of deaths.

Answer:

- a. Please refer to #133.
- b. Please refer to #133.
- c. Please refer to #133.
- d. 167.
- e. Please refer to #133.
- f. Please refer to #133.
- g. Please refer to #133.
- h. Please refer to #129.
- i. Please refer to #128.
- j. Please refer to #128.
- k. 0.

182. Question: How many patients required some form of detox and/or medical intervention due to opiate misuse in the past year?

Answer: 2022-292

183. Question: Does the facility provide and/or encourage group therapy?

Answer: We have different programs done as a group.

184. Question: Please provide any facility statistical reports related to the medical operation for the past 12 months.

Answer: None are available at this time.

185. Question: Does the facility currently house any pregnant inmates?

Answer: 0.

186. Question: Pharmacy - Would the facility be willing to change pharmacy subcontractors with the new medical vendor?

Answer: Yes, if in the best interest of the facility.

187. Question: Pharmacy - What is the average monthly number of inmates receiving pharmaceutical treatment for the following conditions?

- a. Hepatitis C.
- b. HIV/AIDS.
- c. Hemophilia and other bleeding disorders.

Answer:

- a. 0.

- b. 2 currently.
- c. 2 in the last 2 years.

# ATTACHMENT A

## VENDOR DATA SHEET

**Note: The following information is required as part of your response to this solicitation.**

1. Qualification: The vendor must have the capability and capacity in all respects to satisfy fully all of the contractual requirements.

2. Vendor's Primary Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

3. Years in Business: Indicate the length of time you have been in business providing this type of good or service:  
\_\_\_\_\_ Years \_\_\_\_\_ Months

4. Vendor Information: eVA Vendor ID (if applicable): \_\_\_\_\_

5. Indicate below a listing of at least five (5) recent accounts, either commercial or governmental, that your company is servicing, has serviced, or has provided similar goods/services. Include the length of service and the name, address and telephone number of the point of contact.

Company: \_\_\_\_\_ Contact: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Project: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ \$ Value: \_\_\_\_\_

Company: \_\_\_\_\_ Contact: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Project: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ \$ Value: \_\_\_\_\_

Company: \_\_\_\_\_ Contact: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Project: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ \$ Value: \_\_\_\_\_

Company: \_\_\_\_\_

Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Project: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

\$ Value: \_\_\_\_\_

Company: \_\_\_\_\_

Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Project: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

\$ Value: \_\_\_\_\_

## ATTACHMENT B

### Medical Equipment Inventory

Item Description	Make	Model	Placed in Service	Quantity	Good Working Condition
Wheelchair	Medline		2/28/2019	2	X
Wheelchair	Medline		9/5/2019	1	X
EKG Machine	Schiller	AT-2	6/1/2012	1	X
EKG Machine	Schiller	AT-2	7/26/2021	1	X
Spot Vital Sign	Welch Allyn		6/1/2012	3	X
Mobile Stand For Spot Vital	Welch Allyn		6/1/2012	3	X
Diagnostic W/Oto & Ophth	Welch Allyn	76710-71M	6/1/2012	4	X
Physician Scale	Health-O- Meter		6/1/2012	1	X
Pocket Otoscope			1/12/2022	1	X
Digital Scale	Medline		1/11/2023	1	X
Concentrator F/02	Devilbiss	525DS	6/1/2012	1	X
Fingertip Pulse Oximeter	Medsorce		6/1/2012	1	X
Opti Vac Suction Aspirator			6/1/2012	2	X
Nebulizer Compressor	Omron	NEC-25	6/1/2012	3	X
Lifeline AED	Defibtech	DDU-100A	6/1/2012	4	X
Steth 22"			6/1/2012	6	X
Blood Pressure Cuff Adult			7/1/2012	4	X
Blood Pressure Cuff Large			5/12/2014	4	X
Blood Pressure Unit Adult			11/2/2012	4	X
Blood Press Unit Adult Large			6/1/2012	4	X
EKG Cart			6/1/2012	1	X
Utility Cart			6/1/2012	2	X
Pill Carts	Phoenix	855 MED CART	7/1/2012	3	X
Life Doppler	Summit Doppler	L250	6/1/2012	1	X
Woods Lamp		GF ITEM 2211	11/14/2012	2	X
Exam Lamp	Tech Med	4397	6/1/2012	4	X
Exam Stools			6/1/2012	4	X
Exam Table			6/1/2012	4	X
Back Board			7/1/2012	1	X
Stretcher			6/1/2012	2	X
Document Scanner	Fujitsu	FI-6130Z	7/1/2012	1	X
Shredder Compact	Swingline	EX10-06	7/1/2012	2	X
Shredder	Fellowes	23265	7/1/2012	1	X
Shredder	Fellowes	2326C	7/1/2012	1	X
Hospital Bed		111-3775	6/1/2016	6	X
Digital Scale	Health-O- Meter	110-7427	10/7/2015	1	X
Digital Scale	Medline	MDR440FD	7/24/2019	1	X
Digital Scale	Health-O- Meter	689025	6/29/2016	1	X
Red Step On Biohazard Cans	Rubbermaid		6/1/2012	6	X
White Metal Waste Cans	Brewer Company		6/1/2012	6	X
Eyewash Station	Pacc-Kit Safety		6/1/2012	2	X
Sharp Container/Glove Dispenser			6/1/2012	6	X
Refrigerator/Locks			7/1/2012	1	X
Refrigerator/Staff	General Electric		7/1/2012	1	X
Refrigerator/Lab	Avanti	RM16JOW	10/27/2022	1	X
Refrigerator/Lab	Magic Chef		7/1/2012	1	X
Shower Chair			6/1/2012	1	X
Trauma Bag			6/12/2012	2	X
Polycom Telemed	Global Med		1/14/2016	1	X
Laptop Rolling Carts	Techni Mobili	TRA-B005-BK46	3/25/2019	2	X
Step On Trash Cans	Safeco	SAF9710BL	7/1/2012	2	X

## Dental Equipment Inventory

Item Description	Make	Model	Placed in Service	Quantity	Good Working Condition
Operatory Package	Dansereau	AM3	5/4/2012	1	X
Am3 Chair W/Ultra Thin Back			7/1/2012	1	X
3 Handpiece Unit			7/1/2012	1	X
3 Way Syringe W/Water			7/1/2012	1	X
Rear Mounted Assist Pkg			7/1/2012	1	X
Diamond Dental Light			7/1/2012	1	X
Stool Combo			5/4/2012	1 Set	X
Doctors Stool			7/1/2012	1	X
Assistants Stool			7/1/2012	1	X
HP Oil- Less Air Compressor/Dryer		DHP2101	5/4/2012	1	X
HP Single Vacuum Pump		DHP1001	5/4/2012	1	X
Single Air Water Seperator			5/4/2012	1	X
Intraoral X-Ray Machine		Belmont 097	5/4/2012	1	X
X-Ray Pass Thru Mounting Plate		Belmont 097	5/4/2012	1	X
Sterilizer		Tuttnauer 1730	5/4/2012	1	X
Intra-Ex X-Ray Processor		Velopex	5/4/2012	1	X
Biosonic Ultrasonic Cleaner	Coltene/Whaledent	UC300B	6/21/2012	1	X
Mobile Cabinet	Modular & Custom	MFB217SSA	6/21/2012	1	X



# ATTACHMENT C

## INMATE COMPREHENSIVE MEDICAL SERVICES CONTRACT

THIS CONTRACT ("Contract") is entered into this <sup>7<sup>th</sup></sup> 30 day of June, 2018 between the MEHERRIN RIVER REGIONAL JAIL AUTHORITY ("MRRJA"), a political subdivision of the Commonwealth of Virginia, and MEDIKO, P.C. ("MEDIKO"), a Virginia professional corporation.

WHEREAS, MRRJA issued Request for Proposal ("RFP") MRRJA No. 02-FY2018 for the provision of comprehensive medical, mental health, dental and pharmaceutical services to serve the inmates of the MRRJA; and

WHEREAS, MEDIKO submitted its proposal dated March 28, 2018 in response to the RFP for comprehensive medical services ("Proposal"); and

WHEREAS, during the negotiation phase, MEDIKO submitted a cost proposal ("Cost Proposal") dated April 20, 2018;

WHEREAS, MRRJA determined to award the RFP to MEDIKO.

NOW THEREFORE, for and in consideration of the mutual promises, conditions and covenants herein set forth, the parties agree as follows:

### 1. Term of Contract and Termination

The initial term of this Contract is for three (3) years, beginning July 1, 2018 and ending June 30, 2021. The Contract may be renewed for two additional one-year terms upon written agreement of the parties on or before the expiration of the then existing term. This Contract may be terminated by MRRJA, in whole or in part, for convenience upon ninety (90) days written notice to MEDIKO.

### 2. Scope of Services

MEDIKO shall provide all comprehensive medical, mental health, dental and pharmaceutical services ("Services") including, but not limited to, providing staffing and management services, to the inmates of the MRRJA as described in the RFP, attached and incorporated herein as Exhibit "A", the Proposal submitted by MEDIKO in response to the RFP, attached and incorporated herein as Exhibit "B" and MEDIKO's Cost Proposal, attached and incorporated herein as Exhibit "C".

The payment responsibility for Services shall be based according to the following schedule:

Item/Service	Payment Responsibility	Comments
On-site medical staff of 15.30 FTE (salary and benefits)	MEDIKO to pay for 13.30 FTE	Medical Secretary in Alberta Facility and LPN at Mecklenburg Facility are not Mediko's payment responsibility as described below.
On-site medical services	MEDIKO to pay	This also includes overtime, backfill and PRN pool nurses. MEDIKO will pay in-full for services.
On-site dental services	MEDIKO to pay	MEDIKO will pay in-full for services.

Item/Service	Payment Responsibility	Comments
On-site x-ray services	MEDIKO to pay	This covers all on-site diagnostic x-ray studies that can be performed on-site, including but not limited to, all providers included in MEDIKO's staffing matrix (such as Dentist and Dental Assistant).
On-site laboratory services	MEDIKO to pay	MEDIKO will pay in-full for services.
Off-site services	MRRJ to pay	Includes inpatient and outpatient hospitalization, emergency room visits, offsite radiology services, offsite pathology services, and specialty consultants
Ambulance	MRRJ to pay	
Pharmaceuticals (including psychotropic medications)	MEDIKO to pay	MEDIKO will pay in-full for services.
Medical supplies	MEDIKO to pay	MEDIKO will pay in-full for services.
Medical waste removal	MEDIKO to pay	MEDIKO will pay in-full for services.
Professional and general liability insurance with limits equal to the then applicable cap set forth in Virginia Code Section 8.01-581.15	MEDIKO to pay	MEDIKO will pay in-full for services.
Training for security staff as described in Exhibit B	MEDIKO to pay	MEDIKO will pay in-full for services.
Training and education for health care staff as described in Exhibit B	MEDIKO to pay	MEDIKO will pay in-full for services.
Corporate management and oversight	MEDIKO to pay	MEDIKO will pay in-full for services.
Licensure cost for an electronic medical record (EMR) system. (Jail already has the licensure for the CoR EMR)	MEDIKO to pay	MRRJ will <i>own</i> the EMR system. MEDIKO will pay monthly maintenance fees in-full for services.

MRRJA agrees to be responsible for any off-site healthcare services or ambulance services under this Agreement, provided however, that in accordance with Section 53.1-126 of the Code of Virginia, nothing herein shall be construed to require MRRJA to pay for the off-site medical treatment or ambulance services of an inmate for any injury, illness, or condition that existed prior to the inmate's commitment to a local or regional facility, except that medical treatment shall not be withheld for any communicable diseases, serious medical needs, or life threatening conditions.

The Medical Secretary in the Alberta Facility and the Licensed Practical Nurse in the Mecklenburg Facility are currently employees of MRRJA (each a "Retained Employee" and collectively the "Retained Employees") whose compensation is funded by the Compensation Board. Each Retained Employee shall remain an employee of MRRJA until the termination of the employment of such Retained Employee. The parties acknowledge and agree that the costs of such Retained Employees are not included in the fees described in Section 3 below. Accordingly, all compensation and all benefits for each Retained Employee shall be paid to each Retained Employee by MRRJA and MEDIKO shall have no obligation or liability for any compensation, benefits or other amounts payable to either Retained Employee and shall not be required to reimburse MRRJA for any such amounts. Notwithstanding the foregoing, the Retained Employees shall provide services under the direction and supervision of MEDIKO.

Upon the termination of employment of either Retained Employee, MEDIKO and MRRJA shall mutually determine whether to replace such Retained Employee. If MEDIKO and MRRJA mutually agree to replace such Retained Employee, MEDIKO shall hire and employ a replacement employee and the total monthly cost for such replacement employee (compensation plus benefits) shall be added to the then current monthly fee described in Section 3 below for all future periods.

### **3. Compensation for Services**

MRRJA shall pay MEDIKO the fixed rate of ONE HUNDRED SIXTY-FOUR THOUSAND SEVEN HUNDRED EIGHTY TWO DOLLARS AND SIXTY SEVEN CENTS (\$164,782.67) per month, which is based on an annual rate of ONE MILLION NINE HUNDRED SEVENTY SEVEN THOUSAND THREE HUNDRED NINETY TWO DOLLARS AND FOUR CENTS (\$1,977,392.04) for the Services described in Section 2 above. Prices shall remain firm for the initial term of the Contract. Effective upon each July 1 following the initial term, the annual compensation will be increased by a three percent (3%) cost of living adjustment. Monthly payments shall be made within the first ten (1) days of the calendar month following the month in which services are provided.

The above compensation rate is based on an inmate population with a range from 410 to 450 average daily population (ADP). If the ADP during any two consecutive calendar months at MRRJA exceeds 451 inmates, then MRRJA will pay MEDIKO an additional fee of \$1.29 per day for each additional inmate above 451 during such months. In the event of a sustained (*for at least six consecutive months*) increase or decrease in ADP beyond 500 inmates, the compensation rate will be renegotiated by mutual agreement.

### **4. Insurance**

MEDIKO shall also maintain the minimum insurance coverage limits for professional liability/medical malpractice, workers' compensation insurance, automobile insurance, general liability insurance and any other insurance limits as defined in the RFP details. Proof of such insurance shall be provided at the beginning of the contract period and annually thereafter to MRRJA.

### **5. Independent Contractors**

The persons providing services under this Contract, and MEDIKO, shall be considered independent contractors, and shall not be deemed to be employees of MRRJA for any purpose.

**6. Nondiscrimination**

- (a) During the performance of this contract, MEDIKO agrees not to discriminate against any employee or applicant for employment because of race, religion, color, sex or national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment except where there is a bona fide occupational qualification reasonably necessary to its normal operation. Notices setting forth the above language shall be posted in conspicuous places, available to employees and applicants for employment.
- (b) MEDIKO, in all solicitations or advertisements for employees placed by or on its behalf, will state that it is an equal opportunity employer.
- (c) Notices, advertisements and solicitations placed in accordance with federal law, rule or regulation shall be deemed sufficient for the purpose of meeting the above requirements.
- (d) MEDIKO will include the provisions of paragraphs (a), (b) and (c) in every subcontract or purchase order over \$10,000, so that the provisions will be binding upon each subcontractor or vendor.

**7. Payment of Subcontractors**

The contractor agrees to take one of the two following actions within seven days after receipt of amounts paid to the contractor under this contract for work performed by a subcontractor under this contract:

- (a) Pay the subcontractor for the proportionate share of the total payment received attributable to the work performed by the subcontractor under this contract, or
- (b) Notify MRRJA and the subcontractor, in writing, of MEDIKO's intention to withhold all or part of the subcontractor's payment with the reason for nonpayment.

MEDIKO shall pay interest to the subcontractor on all amounts owed that remain unpaid after seven days following receipt of payment for work performed by the subcontractor under this contract, except for amounts withheld as allowed in (b) above. Unless otherwise provided under the terms of this contract, interest shall accrue at the rate of one percent per month. The interest charge shall not be deemed an obligation of MRRJA, and a cost reimbursement claim may not include any amount for reimbursement for such interest charge.

MEDIKO shall include in each of its subcontracts a provision requiring each subcontractor to include or otherwise be subject to the same payment and interest requirements with respect to each lower-tiered subcontractor.

**8. Federal Identification Number**

MEDIKO's federal identification number is 54-1823521.

**9. Contractual Disputes**

Contractual claims, whether for money or other relief, shall be submitted by MEDIKO in writing no later than sixty days after final payment; however, written notice of the intention to file such claim shall have been given at the time of the occurrence or beginning of the work upon which the claim is based. MRRJA shall consider the claim, and shall make a written determination as to the claim within forty-five days after receipt of the claim. Such decision shall be final and conclusive unless MEDIKO appeals within six months of the date of the final decision by instituting legal action as provided in the Virginia Public Procurement Act.

**10. Drug-Free Workplace**

During the performance of this contract, MEDIKO agrees to (i) provide a drug-free workplace for its employees; (ii) post in conspicuous places, available to employees and applicants for employment, a statement notifying employees that the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana is prohibited in the workplace and specifying the actions that will be taken against employees for violation of such prohibition; (iii) state in all solicitations or advertisements for employees that MEDIKO maintains a drug-free workplace; and (iv) include the provisions of the foregoing clauses in every subcontract or purchase order over \$10,000, so that the provisions will be binding upon each subcontractor or vendor.

**11. Venue for Suit**

This Contract shall be interpreted under the laws of the Commonwealth of Virginia. Any action for breach or enforcement of this Contract shall be brought and litigated in the Circuit Court for the County of Brunswick, Virginia.

**12. Entire Agreement**

This Contract including the RFP attached as Exhibit "A", the Proposal attached as Exhibit "B", and the Cost Proposal Attached as Exhibit "C" represents the entire agreement of the parties and any modification of this contract shall be made in writing and executed with the same formality as this Contract. In the event of a conflict between this Contract and the Exhibits, the order of precedence shall be as follows in order of first to last:

- (1) This Contract;
- (2) The RFP attached as Exhibit "A";
- (3) The Proposal attached as Exhibit "B";
- (4) The Cost Proposal attached as Exhibit "C"

**13. Employment of Illegal Aliens**

MEDIKO does not, and shall not during the performance of this contract, knowingly employ an unauthorized alien as defined in the Federal Immigration Reform Act.

**14. Indemnification**

Section 3.2, subsection 25 (page 23-24) and Section 6.13 (page 28) of the RFP are hereby deleted and replaced with the following:

To the fullest extent permitted by law, the offeror, for itself, heirs, representatives, successors and assignees agrees to save, defend, keep harmless and indemnify the Jail and all of its officials, agents, and employees (collectively, the "Jail") from and against any and all claims, loss, damage, injury, costs (including court costs and attorney's fees), charges, liability or exposure, however caused, resulting from, arising out of or in any way connected with the offeror's performance (or nonperformance) of the agreement terms or its obligations under any resultant agreement; provided, however, that offeror shall not be required to indemnify the Jail with respect to such risks to the extent caused by the negligence or intentional misconduct of the Jail or the Jail's vendors, over whom offeror has no authority or control. The Jail will not agree to indemnify the offeror.

#### **15. Ownership of Documents**

Notwithstanding anything in Section 6.19 of the RFP (under "General Terms and Conditions") to the contrary, the Jail acknowledges and agrees that Contractor has previously developed certain proprietary guidelines, policies, procedures, protocols, manuals and forms for the provision of healthcare services to correctional institutions (collectively, "Contractor Materials"), that such Contractor Materials are valuable to Contractor in that they enable Contractor to provide the healthcare services more efficiently and with greater quality, and that Contractor owns all rights, title and interest in and to such Contractor Materials (including, but not limited to, the right to seek copyright, patent or other registration for such Contractor Materials). During the term of this Contract, Contractor will utilize the Contractor Materials in the performance of its duties hereunder and the Jail acknowledges that such Contractor Materials may be utilized and stored within the electronic medical records system and on the computer hardware owned by the Jail. As the owner of the Contractor Materials, Contractor shall be entitled, during the term of this Contract and following termination of this Contract, to use the Contractor Materials for any purpose including, without limitation, providing healthcare services to other jails and correctional facilities; provided that in all cases Contractor shall not use specific inmate or patient data. Upon the termination of this Contract, Contractor agrees that the Jail shall have the right to continue using, for the Jail's internal use only, any Contractor Materials previously provided by Contractor; provided that the Jail shall not be entitled to disclose, transfer or license any Contractor Materials to any third party. In addition, any modifications or improvements to the Contractor Materials developed during the term of this Contract shall not be considered a work for hire and shall be owned exclusively by Contractor, subject to the Jail's limited right to use such materials as described above.

#### **16. Staffing**

The MRRJA and the Superintendent acknowledge and agree that all employees and independent contractors of Contractor, whether previously employed by the MRRJA or not, shall be supervised and managed by, and be accountable to, Contractor. Accordingly, the Superintendent, MRRJA management, MRRJA officers and other MRRJA personnel shall not participate in the supervision, management or discipline of the employees of Contractor. If the Superintendent or any MRRJA personnel have any concerns with an employee of Contractor, such concerns shall be promptly communicated to Contractor's on-site Health Service Administrator. If the Superintendent or any MRRJA personnel are not satisfied with the response of the on-site Health Service Administrator, such concerns shall be promptly communicated to Contractor's regional Health Service Administrator.

If the Superintendent becomes dissatisfied with any employee provided by Contractor hereunder, Contractor, in recognition of the sensitive nature of correctional services, shall, following receipt of

written notice from the Superintendent of the grounds for such dissatisfaction and in consideration of the reasons therefor, exercise its best efforts to resolve the problem. If the problem is not resolved satisfactorily to the Superintendent, Contractor shall cause the employee to cease providing services under this Agreement; provided that Contractor will be allowed reasonable time to find an acceptable replacement without penalty to Contractor.

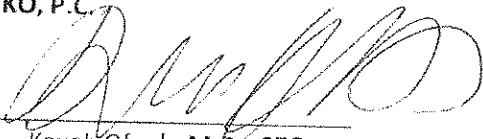
Notwithstanding the foregoing, the Superintendent or his designee at all times shall retain sole discretion over whether to permit any individual to enter the MRRJA's grounds or facility.

If the MRRJA requires fingerprinting, background checks, drug testing or other screenings of Contractor's employees (whether such employees are currently employed by the MRRJA or are new employees), the MRRJA shall pay all expenses associated with such fingerprinting, background checks and screenings.

IN WITNESS WHEREOF, the parties affix their signatures below.

MEDIKO, P.C.

By:

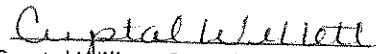
  
Kaveh Ofogh, M.D., CEO

Date:

7-1-2018

MEHERRIN RIVER REGIONAL JAIL AUTHORITY

By:

  
Crystal Willett, Superintendent

Date:

7-1-2018

**FIRST AMENDMENT TO  
INMATE COMPREHENSIVE MEDICAL SERVICES CONTRACT**

THIS FIRST AMENDMENT ("Amendment") to Inmate Comprehensive Medical Services Contract, dated <sup>April</sup>~~March~~ 16, 2021, is made by MEDIKO, Inc. ("Contractor") and the Meherrin River Regional Jail Authority ("Authority") and recites and provides as follows:

**RECITALS:**

A. Contractor and Authority are parties to an Inmate Comprehensive Medical Services Contract dated June 30, 2018, for the provision of certain inmate health care services at the Meherrin River Regional Jail ("Contract") commencing July 1, 2018.

B. The parties desire to amend the terms of the Contract as set forth in this Amendment.

**AMENDMENT:**

NOW, THEREFORE, in consideration of the above recitals, the agreements made herein and other good and valuable consideration, the Contract is hereby amended as set forth below:

1. Unless otherwise defined in this Amendment, capitalized terms used in this Amendment shall have the meanings set forth in the Contract, as amended.

2. The Term of the Contract is extended for one (1) year beginning July 1, 2021 and ending June 30, 2022 (the "Extension Term").

3. The base compensation payable to Contractor during the Extension Term for the scope of services described in the Contract shall equal \$2,076,261.64 per year or \$173,021.80 per month.

4. In addition to the services described in the Contract, commencing on July 1, 2021 and continuing throughout the Extension Term, the Contractor shall provide additional services at the Mecklenburg facility as described on Exhibit A attached hereto.

5. As compensation for the services described in Section 4, Authority shall pay Contractor an amount in addition to the base compensation set forth in Section 3 equal to \$439,751.00 per year for the Extension Term. This amount shall be payable on a monthly basis in the amount of \$36,645.92 per month.

6. The total amount of base compensation payable under Section 3 above and additional compensation payable under Section 5 above shall equal \$2,516,012.64 for the entire Extension Term or \$209,667.72 per month during the Extension Term. Monthly payments of the total compensation payable shall continue to be made on or before the tenth (10<sup>th</sup>) day of the calendar month following the month in which services are provided.

7. In all other respects, the Contract is hereby ratified and confirmed.



8. This Amendment may be signed in any number of counterparts but all counterparts taken together shall constitute one agreement.

IN WITNESS WHEREOF, the parties have caused this Amendment to be duly executed intending to be bound thereby.

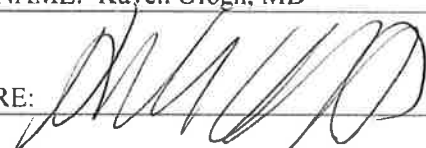

MEDIKO, INC.	MEHERRIN RIVER REGIONAL JAIL AUTHORITY
PRINTED NAME: Kayeh Ofogh, MD	PRINTED NAME: Crystal L Willett
SIGNATURE: 	SIGNATURE: 
TITLE: Founder & CEO	TITLE: Superintendent
DATE: 4-12-2021	DATE: April 6 2021

EXHIBIT A

Contractor will expand services provided in the Contract to the Mecklenburg facility located 600 Herbert Drive, Boydton, VA 23917 (the "Mecklenburg Facility") with an Average Daily Population (ADP) of 50 inmates. Authority acknowledges Contractor will be required to hire additional personnel and will incur additional costs and expenses to provide the same level of services if the inmate population at the Mecklenburg Facility exceeds 75 inmates for two consecutive months. At that time, Authority and Contractor shall negotiate in good faith an increased amount of compensation for the remainder of the Extension Term that takes into account the additional personnel and other costs incurred by Contractor in connection with providing services to such increased population.

Contractor will provide 24/7 coverage to the Mecklenburg Facility based on the following Staffing Matrix.

The services provided by Contractor at the Alberta Facility and the Staffing Matrix for the Alberta Facility will remain the same as set forth in the Contract.

<b>Staffing Matrix - Meherrin River Regional Jail -- Mecklenburg Site</b>									
<b>Day Shift</b>									
<b>Position</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>	<b>Hrs/Wk</b>	<b>FTE</b>
Site Practitioner (NP)				2				2.00	0.050
Licensed Practical Nursing (LPN)	12	12	12	12	12	12	12	84.00	2.100
<b>Total Hours/FTE - Day</b>	<b>12.00</b>	<b>12.00</b>	<b>12.00</b>	<b>14.00</b>	<b>12.00</b>	<b>12.00</b>	<b>12.00</b>	<b>86.00</b>	<b>2.150</b>
<b>Evening Shift</b>									
<b>Position</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>	<b>Hrs/Wk</b>	<b>FTE</b>
<b>Total Hours/FTE - Evening</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Night Shift</b>									
<b>Position</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>	<b>Hrs/Wk</b>	<b>FTE</b>
Licensed Practical Nursing (LPN)	12	12	12	12	12	12	12	84.00	2.100
<b>Total Hours/FTE - Night</b>	<b>12.00</b>	<b>12.00</b>	<b>12.00</b>	<b>12.00</b>	<b>12.00</b>	<b>12.00</b>	<b>12.00</b>	<b>84.00</b>	<b>2.100</b>
<b>Proposed Staffing Matrix - Meherrin River Regional Jail - Mecklenburg</b>									
<b>Roll-up Totals</b>									
<b>Position</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>	<b>Hrs/Wk</b>	<b>FTE</b>
Healthcare Provider			-	2	-	-	-	2.00	0.050
Licensed Practical Nursing (LPN)	24	24	24	24	24	24	24	168.00	4.200
<b>Total Hours/FTE - All Shifts</b>	<b>24.00</b>	<b>24.00</b>	<b>24.00</b>	<b>26.00</b>	<b>24.00</b>	<b>24.00</b>	<b>24.00</b>	<b>170.00</b>	<b>4.250</b>

**SECOND AMENDMENT TO  
INMATE COMPREHENSIVE MEDICAL SERVICES CONTRACT**

THIS SECOND AMENDMENT ("Amendment") to Inmate Comprehensive Medical Services Contract, dated May 9, 2022, is made by MEDIKO, Inc. ("Contractor") and the Meherrin River Regional Jail Authority ("Authority") and recites and provides as follows:

**RECITALS:**

A. Contractor and Authority are parties to an Inmate Comprehensive Medical Services Contract dated June 30, 2018, for the provision of certain inmate health care services at the Meherrin River Regional Jail ("Contract") commencing July 1, 2018. The Contract was amended by a First Amendment to Inmate Comprehensive Medical Services Contract dated April 6, 2021 ("First Amendment").

B. The parties desire to amend the terms of the Contract as set forth in this Amendment.

**AMENDMENT:**

NOW, THEREFORE, in consideration of the above recitals, the agreements made herein and other good and valuable consideration, the Contract is hereby amended as set forth below:

1. Unless otherwise defined in this Amendment, capitalized terms used in this Amendment shall have the meanings set forth in the Contract, as amended.
2. The Term of the Contract is extended for one (1) year beginning July 1, 2022 and ending June 30, 2023 (the "Extension Term").
3. The base compensation payable to Contractor during the Extension Term for the scope of services described in the Contract shall equal \$2,180,074.72 per year or \$181,672.89 per month.
4. In addition to the services described in the Contract, commencing upon 60 days' notice by the Authority, and continuing throughout the Extension Term, the Contractor shall provide additional services at the Mecklenburg facility as described on Exhibit A attached hereto.
5. As compensation for the services described in Section 4, Authority shall pay Contractor an amount in addition to the base compensation set forth in Section 3 equal to \$439,751.00 per year for the Extension Term. This amount shall be payable on a monthly basis in the amount of \$36,645.92 per month.
6. The total amount of base compensation payable under Section 3 above and additional compensation payable under Section 5 above shall equal \$2,619,825.72 for the entire Extension Term or \$218,318.81 per month during the Extension Term. Monthly payments of the total compensation payable shall continue to be made on or before the tenth (10<sup>th</sup>) day of the calendar month following the month in which services are provided.

7. In all other respects, the Contract is hereby ratified and confirmed.

8. This Amendment may be signed in any number of counterparts but all counterparts taken together shall constitute one agreement.

IN WITNESS WHEREOF, the parties have caused this Amendment to be duly executed intending to be bound thereby.



MEDIKO, INC.	MEHERRIN RIVER REGIONAL JAIL AUTHORITY
PRINTED NAME: Kaveh Ofogh, MD	PRINTED NAME: Crystal L. Willett
SIGNATURE: 	SIGNATURE: 
TITLE: Founder & CEO	TITLE: Superintendent
DATE: <i>MAY-13-2022</i>	DATE: <i>MAY 9 2022</i>

EXHIBIT A

Contractor will expand services provided in the Contract to the Mecklenburg facility located 600 Herbert Drive, Boydton, VA 23917 (the "Mecklenburg Facility") with an Average Daily Population (ADP) of 50 inmates. Authority acknowledges Contractor will be required to hire additional personnel and will incur additional costs and expenses to provide the same level of services if the inmate population at the Mecklenburg Facility exceeds 75 inmates for two consecutive months. At that time, Authority and Contractor shall negotiate in good faith an increased amount of compensation for the remainder of the Extension Term that takes into account the additional personnel and other costs incurred by Contractor in connection with providing services to such increased population.

Contractor will provide 24/7 coverage to the Mecklenburg Facility based on the following Staffing Matrix.

The services provided by Contractor at the Alberta Facility and the Staffing Matrix for the Alberta Facility will remain the same as set forth in the Contract.

<b>Staffing Matrix - Meherrin River Regional Jail -- Mecklenburg Site</b>									
<b>Day Shift</b>									
<b>Position</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>	<b>Hrs/Wk</b>	<b>FTE</b>
Site Practitioner (NP)				2				2.00	0.050
Licensed Practical Nursing (LPN)	12	12	12	12	12	12	12	84.00	2.100
<b>Total Hours/FTE - Day</b>	<b>12.00</b>	<b>12.00</b>	<b>12.00</b>	<b>14.00</b>	<b>12.00</b>	<b>12.00</b>	<b>12.00</b>	<b>86.00</b>	<b>2.150</b>
<b>Evening Shift</b>									
<b>Position</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>	<b>Hrs/Wk</b>	<b>FTE</b>
<b>Total Hours/FTE - Evening</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Night Shift</b>									
<b>Position</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>	<b>Hrs/Wk</b>	<b>FTE</b>
Licensed Practical Nursing (LPN)	12	12	12	12	12	12	12	84.00	2.100
<b>Total Hours/FTE - Night</b>	<b>12.00</b>	<b>12.00</b>	<b>12.00</b>	<b>12.00</b>	<b>12.00</b>	<b>12.00</b>	<b>12.00</b>	<b>84.00</b>	<b>2.100</b>
<b>Proposed Staffing Matrix - Meherrin River Regional Jail - Mecklenburg</b>									
<b>Roll-up Totals</b>									
<b>Position</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>	<b>Hrs/Wk</b>	<b>FTE</b>
Healthcare Provider			-	2	-	-	-	2.00	0.050
Licensed Practical Nursing (LPN)	24	24	24	24	24	24	24	168.00	4.200
<b>Total Hours/FTE - All Shifts</b>	<b>24.00</b>	<b>24.00</b>	<b>24.00</b>	<b>26.00</b>	<b>24.00</b>	<b>24.00</b>	<b>24.00</b>	<b>170.00</b>	<b>4.250</b>

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**NATIONAL COMMISSION  
ON CORRECTIONAL HEALTH CARE**

# **Health Services Accreditation Report**

**Meherrin River Regional Jail  
Alberta, Virginia**

**Survey Date: July 15-16, 2021**

**Report Date: October 31, 2021 (revised February  
21, 2023)**

Meherrin River Regional Jail, VA  
October 31, 2021 (rev February 21, 2023)

The National Commission on Correctional Health Care is dedicated to improving the quality of correctional health services and helping correctional facilities provide effective and efficient care. NCCHC grew out of a program begun at the American Medical Association in the 1970s. The standards are NCCHC's recommended requirements for the proper management of a correctional health services delivery system. These standards have helped correctional facilities improve the health of their inmates and the communities to which they return, increase the efficiency of their health services delivery, strengthen their organizational effectiveness, and reduce their risk of adverse patient outcomes and legal judgments.

### Survey Information

On July 15-16, 2021, NCCHC conducted its blended review for **initial** accreditation of this facility. We commend the facility staff for their professional conduct, assistance, and candor during the course of our review. The NCCHC's team of experienced certified correctional health professionals utilized NCCHC's 2018 *Standards for Health Services in Jails* as the basis of its health services analysis. It is most effective when read in conjunction with the *Standards* manual. The information in this report is privileged and confidential and is intended for the sole use of persons addressed.

### Essential Standards

There are 39 essential standards, 36 are applicable to this facility and 36 (100%) were found to be in full compliance. One hundred percent (100%) of the applicable essential standards must be met for to achieve accreditation. Listed below are standards that were not compliant, partially compliant, or not applicable.

Standard number and name not compliant:

None

Standard number and name partially compliant:

None

Standard number and name not applicable:

J-E-03 Transfer Screening

J-F-02 Infirmary-Level Care

J-G-03 Emergency Psychotropic Medication

## Important Standards

There are 20 important standards; 19 are applicable to this facility and 18 (95%) were found to be in compliance. Eighty-five percent or more of the applicable important standards must be met. Listed below are standards that were not compliant, partially compliant, or not applicable.

Standard number and name not compliant:

None

Standard number and name partially compliant:

J-G-05 Informed Consent and Right to Refuse

Standard number and name not applicable:

J-C-08 Health Care Liaison

Decision: On October 31, 2021, NCCHC's Accreditation and Standards Committee awarded the facility accreditation.



## **FACILITY PROFILE**

The facility's security classification is: minimum, medium, maximum

The facility was built in: 2012

There have been no recent changes (within the last year) in mission or purpose.

The facility is located in: southeast region of US

The facility's supervision style is: direct supervision

The facility's structural layout is: modular and dormitory

In the last year, there have not been major renovations/expansions/closures in the facility, and none were anticipated at the time of the survey.

Total Inmate Count on day of survey: 398

Total number of adult males on day of the survey: 329

Total number of adult females on day of the survey: 69

Average Daily Population (ADP) for last completed calendar year: 402

The design-rated capacity for the facility is: 400

There has not been a substantial increase or decrease in the inmate population.

Admissions to the facility arrive: unscheduled at any time of day

The total number of admissions to the facility last year was: 1567

The average daily intake to the facility last year was: 4

The total number of correctional staff assigned to this facility is: 158

The usual shift coverage for correctional staff is: two, 12-hour shifts

There has not been a recent change in health care contractor.

Health services are provided by: private vendor

They have provided health services since: 2018

There have not been any distinctive events that may affect the delivery of health care.

The facility has one satellite, which was closed at the time of the survey.

## **Survey Method**

We toured the clinic area, inmate housing areas, intake/receiving area, medical housing unit and segregation. We reviewed health records; policies and procedures; provider licenses; administrative, health staff, and continuous quality improvement (CQI) meeting minutes; job descriptions; statistical and environmental inspection reports; and health services personnel and CO training records. We interviewed the captain, responsible physician, health services administrator, psychiatrist, mental health counselor, dentist, nurses, COs, and seven inmates selected at random.

## Survey Findings and Comments

### A. GOVERNANCE AND ADMINISTRATION

Standards in this section address the establishment of a health care system that ensures access to care, professional administration of all aspects of health care, and monitoring and quality improvement policies that effectively process health care issues from identification through resolution.

#### Standard Specific Findings

<b>J-A-01 Access to Care (E).</b>			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. The responsible health authority identifies and eliminates any unreasonable barriers, intentional and unintentional, to inmates receiving health care.	X		
Comments:			
None			
The following corrective action is required:			
None			

<b>J-A-02 Responsible Health Authority (E).</b>			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. The RHA arranges for all levels of health care and ensures quality, accessible, and timely health services for inmates.	X		
2. The RHA's responsibilities are documented in a written agreement, contract, or job description.	X		
3. The RHA must be on-site at least weekly.	X		
4. Final clinical judgments rest with a single, designated, licensed <i>responsible physician</i> .	X		
5. Where there is a separate organizational structure for mental health services, there is a <i>designated mental health clinician</i> .	X		
6. Where there is a separate organizational structure for dental services, there is a <i>designated dental clinician</i> .	N/A		

7. The responsible physician (and designated mental health clinician and dental clinician, if applicable) is available to the facility frequently enough to fulfill the position's clinical and administrative responsibilities.	X		
8. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>The following corrective action is required:</b>			
None			

<b>J-A-03 Medical Autonomy (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Clinical decisions are determined by qualified health care professionals and implemented in an effective and safe manner.	X		
2. Administrative decisions are coordinated, if necessary, with clinical needs so that patient care is not jeopardized.	X		
3. <i>Custody staff</i> support the implementation of clinical decisions.	X		
4. <i>Health staff</i> recognize and follow security regulations.	X		
5. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>The following corrective action is required:</b>			
None			

<b>J-A-04 Administrative Meetings and Reports (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Administrative meetings are attended by the facility administrator and the responsible health authority (RHA) or their designees, and other members of the medical, dental, and mental health and correctional staffs as appropriate.	X		

2. Administrative meetings are held at least quarterly. Minutes or summaries are made and retained for reference, and copies available and reviewed by all appropriate personnel.	X		
3. Health staff meetings occur at least monthly to address pertinent health care issues. Minutes or summaries are made and retained for reference, and copies are available and reviewed by all health staff.	X		
4. Statistical reports of health services are made at least monthly. They are provided to the facility administrator and others as appropriate and are used to monitor trends in the delivery of health care.	X		
5. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>The following corrective action is required:</b>			
None			

<b>J-A-05 Policies and Procedures (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Policies and procedures address each applicable standard in the <i>Standards for Health Services in Jails</i> .	X		
2. Health care policies and procedures are site specific.	X		
3. Health care policies and procedures are reviewed at least annually by the RHA and responsible physician.	X		
4. Documentation of this review includes signatures of the RHA and responsible physician and the date of the review.	X		
5. Health staff review policies and procedures any time they are revised or new policies are introduced.	X		
6. Other policies, such as those for custody, kitchen, industries, and health care vendor or other contractors, do not conflict with health care policies.	X		
7. The manual or compilation is accessible to health staff.	X		
8. All aspects of the standard are addressed by written policy and defined procedures.	X		

Comments:
None
The following corrective action is required:
None

<b>J-A-06 Continuous Quality Improvement Program (E).</b>			
	The compliance indicator is:		
	Fully Met	Partially Met	Not Met
1. The responsible health authority establishes a continuous quality improvement program that includes a <i>quality improvement committee</i> with representatives from the major program areas. The committee meets as required but no less than quarterly. The committee:			
a. Identifies aspects of health care to be monitored and establishes <i>thresholds</i>	X		
b. Designs quality improvement monitoring activities	X		
c. Analyzes the results for factors that may have contributed to below threshold performance	X		
d. Designs and implements improvement strategies to correct the identified health care concern	X		
e. Monitors the performance after implementation of the improvement strategies	X		
2. CQI meeting minutes or summaries are made and retained for reference, and copies are available and reviewed by all appropriate personnel.	X		
3. <i>Health record reviews</i> are done under the guidance of the responsible physician or designee to ensure that appropriate care is ordered and implemented and that care is coordinated by all health staff, including medical, dental, mental health, and nursing.	X		
4. Beyond chart reviews, the responsible physician is involved in the CQI process.	X		
5. When the committee identifies a site-specific health care concern from its monitoring, a <i>process and/or outcome quality improvement study</i> is initiated and documented.	X		

6. At least one process and/or outcome quality improvement study is completed per year.	X		
7. The committee documents a written annual review of the effectiveness of the CQI program by reviewing CQI studies and minutes of CQI, administrative, and/or staff meetings, or other pertinent written materials.	X		
8. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
The following corrective action is required:			
None			

<b>J-A-07 Privacy of Care (I).</b>			
	The compliance indicator is:		
	Fully Met	Partially Met	Not Met
1. Discussions of protected patient health information and <i>clinical encounters</i> are conducted in private.	X		
2. Privacy (e.g., privacy screen, curtain, private area) should be afforded during physical exams, with special considerations for pelvic, rectal, breast, or other genital exams.	X		
3. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
The following corrective action is required:			
None			

<b>J-A-08 Health Records (E).</b>			
	The compliance indicator is:		
	Fully Met	Partially Met	Not Met
1. The method of recording entries in the health record and the <i>health record contents</i> and format are approved by the responsible health authority (RHA) or designee.	X		
2. If electronic health records are used, procedures address integration of health information in electronic and paper forms.	X		

3. Where mental health or dental records are separate from medical records:			
a. A process ensures that pertinent information is shared	N/A		
b. At a minimum, a listing of current problems, allergies, and medications is common to all medical, dental, and mental health records of an inmate	N/A		
4. Evidence exists that the health record is available to health staff and health encounters are documented.	X		
5. Criminal justice information that is pertinent to clinical decisions is available to qualified health care professionals.	X		
6. Health records stored in the facility are maintained under secure conditions separate from correctional records.	X		
7. Access to health records and health information is controlled by the RHA.	X		
8. Evidence exists that health staff receive instruction in maintaining confidentiality.	X		
9. If records are transported by nonhealth staff, the records are sealed.	X		
10. When an inmate is transferred to another correctional facility:			
a. A copy of the current health record or a <i>comprehensive health summary</i> accompanies the inmate	X		
b. The transfer and sharing of health records complies with state and federal law	X		
11. There is a system for the reactivation of records when requested by health staff.	X		
12. The jurisdiction's legal requirements regarding records retention and release are followed.	X		
13. All aspects of the standard are addressed by written policy and defined procedures.	X		

Comments:
None
The following corrective action is required:
None

<b>J-A-09 Procedure in the Event of an Inmate Death (I).</b>			
<b>X</b> There have been no deaths at the facility since in the last year. Policy and procedures are written in accordance with the standard, should there be a death in the facility.	The compliance indicator is:		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. A <i>clinical mortality review</i> is conducted within 30 days.			
2. An <i>administrative review</i> is conducted in conjunction with custody staff.			
3. A <i>psychological autopsy</i> is performed on all deaths by suicide within 30 days. (NA if no suicide deaths)			
4. Treating staff are informed of pertinent findings of all reviews.			
5. A log is maintained that includes:			
a. Patient name or identification number			
b. Age at time of death			
c. Date of death			
d. Date of clinical mortality review			
e. Date of administrative review			
f. Cause of death (e.g., hanging, respiratory failure)			
g. Manner of death (e.g., natural, suicide, homicide, accident)			
h. Date pertinent findings of review(s) shared with staff			
i. Date of psychological autopsy, if applicable			
6. All aspects of the standard are addressed by written policy and defined procedures.			
Comments:			
None			
The following corrective action is required:			
None			



<b>J-A-10 Grievance Process for Health Care Complaints (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. A grievance process is in place.	X		
2. The grievance policy includes:			
a. A time frame for response	X		
b. The process for appeal	X		
3. Responses to inmate grievances are:			
a. Timely	X		
b. Based on principles of adequate medical care	X		
c. Include documentation of response	X		
4. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>The following corrective action is required:</b>			
None			

**B. HEALTH PROMOTION, SAFETY, AND DISEASE PREVENTION**

Standards in this section address the need to optimize education, safety, and preventive care. Policies and procedures related to these standards require involvement by all facility staff.

**Standard Specific Findings**

<b>J-B-01 Healthy Lifestyle Promotion (I)</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Health staff document that patients receive individual <i>health education</i> and instruction in <i>self-care</i> for their health conditions.	X		
2. General health education (e.g., pamphlets, news articles, video, classes) is accessible to all inmates.	X		
3. The facility provides a <i>nutritionally adequate</i> diet to the general population.	X		
4. A <i>registered dietitian nutritionist</i> (RDN), or other licensed qualified nutrition professional, as authorized by state scope of practice laws, documents a review of the regular diet for nutritional adequacy at least annually.	X		
5. The facility has a procedure in place to notify the RDN whenever the regular diet menu is changed.	X		
6. Health staff promote and provide education on exercise and physical activity options in the facility.	X		
7. Smoking is prohibited indoors. If the facility allows smoking outside, specific areas are designated.	X		
8. Information on the health hazards of tobacco is available to inmates.	X		
9. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>The following corrective action is required:</b>			
None			

<b>J-B-02 Infectious Disease Prevention and Control (E)</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. The facility has a written <i>exposure control plan</i> that is approved by the responsible physician. The plan is reviewed and updated annually.	X		
2. The responsible health authority ensures that:			
a. Medical, dental, and laboratory equipment and instruments are appropriately cleaned, decontaminated, and sterilized per applicable recommendations and/or regulations	X		
b. Sharps and biohazardous wastes are disposed of properly	X		
c. Surveillance to detect inmates with infectious and communicable disease is effective	X		
d. Inmates with contagious diseases are identified and, if indicated, <i>medically isolated</i> in a timely fashion	X		
e. Infected patients receive medically indicated care	X		
3. <i>Standard precautions</i> are always used by health staff to minimize the risk of exposure to blood and body fluids.	X		
4. Inmate workers, if used, are trained in appropriate methods for handling and disposing of biohazardous materials and spills. (N/A if inmate workers are not used at this facility)	X		
5. Patients requiring respiratory isolation are housed in a functional negative pressure room.	X		
6. Inmates who are released with communicable or infectious diseases have documented community referrals, as medically indicated.	X		
7. The facility completes and files all reports as required by local, state, and federal laws and regulations.	X		
8. Effective <i>ectoparasite</i> control procedures are used to treat infected inmates and to disinfect bedding and clothing.	X		
a. Inmates, bedding, and clothing infected with ectoparasites are disinfected.	X		

b. Prescribed treatment considers all conditions (such as pregnancy, open sores, or rashes) and is ordered only by providers.	X		
c. If the facility routinely delouses inmates, only over-the-counter medications, such as those containing pyrethrins, are used.	X		
9. An environmental inspection of health services areas is conducted monthly to verify that:			
a. Equipment is inspected and maintained	X		
b. The unit is clean and sanitary	X		
c. Measures are taken to ensure the unit is occupationally and environmentally safe	X		
10. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>The following corrective action is required:</b>			
None			

<b>J-B-03 Clinical Preventive Services (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. The responsible physician determines the medical necessity and/or timing of screenings and other preventive services (e.g., mammograms, colorectal screening, prostate screening, Pap smears).	X		
2. The responsible physician determines the frequency and content of periodic health assessments.	X		
3. The dentist determines the frequency and content of periodic dental evaluations.	X		
4. The responsible physician determines the medical necessity and/or timing of screening for communicable diseases (e.g., HIV, syphilis, gonorrhea, chlamydia), to include laboratory confirmation, treatment, and follow-up as clinically indicated.	X		
5. Immunizations are administered to patients as clinically indicated.	X		

6. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>The following corrective action is required:</b>			
None			

<b>J-B-04 Medical Surveillance of Inmate Workers (I).</b>			
<input type="checkbox"/> <b>NOT APPLICABLE</b> The facility does not use inmate workers	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. There is an institutional committee or equivalent body that identifies and oversees inmate occupational-associated risks through a <i>medical surveillance</i> program	X		
2. An initial <i>medical screening</i> of an inmate for contraindications to a work program, based on job risk factors and patient condition, is conducted prior to enrollment in the program.	X		
3. Ongoing medical screening of inmates in work programs is conducted in a way that affords the same health protections as medical screening of employee workers in equivalent jobs.	X		
4. The responsible physician reviews and approves the health aspects of the medical surveillance program.	X		
5. Inmate illness or injury potentially related to occupational exposure or with occupational implications is identified and the information provided to the quality improvement committee for review.	X		
6. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>The following corrective action is required:</b>			
None			

<b>J-B-05 Suicide Prevention and Intervention (E).</b>			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. The responsible health authority and facility administrator approve the facility's suicide prevention program.	X		
2. A suicide prevention program includes the following:			

a. Facility staff identify suicidal inmates and immediately initiate precautions.	X		
b. Suicidal inmates are evaluated promptly by the designated health professional, who directs the intervention and ensures follow-up as needed.	X		
c. <i>Acutely suicidal</i> inmates are monitored by facility staff via constant observation.	X		
d. <i>Nonacutely suicidal</i> inmates are monitored by facility staff at unpredictable intervals with no more than 15 minutes between checks.	X		
3. The use of other inmates in any way (e.g., companions, suicide-prevention aides) is not a substitute for staff supervision.	X		
4. Treatment plans addressing suicidal ideation and its reoccurrence are developed.	X		
5. Patient follow-up occurs as clinically indicated.	X		
6. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>The following corrective action is required:</b>			
None			

<b>J-B-06 Contraception (I).</b>			
<input type="checkbox"/> <b>NOT APPLICABLE</b> The facility does not accept women.	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Emergency contraception is available to women at intake.	X		
2. For planned releases to the community, arrangements are made to initiate contraception for women, upon request.	X		
3. Information about contraceptive methods and community resources is available.	X		
4. All aspects of the standard are addressed by written policy and defined procedures.	X		

Comments:
None
The following corrective action is required:
None

<b>J-B-07 Communication on Patients' Health Needs (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Correctional staff are advised of inmates' special health needs that may affect:			
a. Housing	X		
b. Work assignments	X		
c. Program assignments or selection	X		
d. Disciplinary measures	X		
e. Transport to and from outside appointments	X		
f. Admissions to and transfers from facilities	X		
g. Clothing or appearance	X		
h. Activities of daily living	X		
2. Communication of health needs is documented.	X		
3. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
The following corrective action is required:			
None			

<b>J-B-08 Patient Safety (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Facility staff implement <i>patient safety systems</i> to prevent <i>adverse</i> and <i>near-miss</i> clinical events.	X		

2. The responsible health authority (RHA) implements a reporting system for health staff to voluntarily report, in a nonpunitive environment, adverse and near-miss events that affect patient safety.	X		
3. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>The following corrective action is required:</b>			
None			

<b>J-B-09 Staff Safety (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Methods of communication (e.g., radio, panic button, voice proximity) between health staff and custody staff are available.	X		
2. When a safety concern arises, custody staff are requested and readily available to health staff.	X		
3. On each shift where health staff are present, inventories are maintained on items subject to abuse (e.g., needles, scissors, other sharp instruments) and discrepancies are immediately reported to the custody staff.	X		
4. As in the community, health staff identify and use contemporary equipment during the course of their duties (e.g., personal protective equipment, needle safety devices such as self-sheathing needles or needleless systems).	X		
5. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>The following corrective action is required:</b>			
None			



### C. PERSONNEL AND TRAINING

Standards in this section ensure that appropriately trained personnel are in place to deliver health care to the inmate population and that qualified health care professionals are evaluated for continuing competency.

#### Standard Specific Findings

<b>J-C-01 Credentials (E).</b>			
	The compliance indicator is:		
	Fully Met	Partially Met	Not Met
1. All qualified health care professionals have credentials and provide services consistent with the licensure, certification, and registration requirements of the jurisdiction.	X		
2. The responsible health authority (RHA) ensures that new hires undergo a credential verification process that confirms current licensure, certification, or registration.	X		
3. The credential verification process includes inquiry regarding sanctions or disciplinary actions of state boards and, for <i>prescribers</i> , the National Practitioner Data Bank (NPDB).	X		
4. Qualified health care professionals do not perform tasks beyond those permitted by their credentials.	X		
5. The RHA maintains verification of current credentials for all qualified health care professionals at a readily accessible location.	X		
6. A license that limits practice to only correctional health care is not in compliance with this standard.	X		
7. Specialists providing on-site or telehealth care services have appropriate licenses and certifications on file.	X		
8. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>The following corrective action is required:</b>			
None			

<b>J-C-02 Clinical Performance Enhancement (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Clinical performance enhancement reviews are conducted, at a minimum, on all full-time, part-time, or per diem:			
a. Providers	X		
b. RNs	X		
c. LPNs	X		
d. Psychologists	X		
e. Licensed clinical social workers	X		
f. Dentists	X		
2. The clinical performance enhancement review is conducted annually.	X		
3. Clinical performance enhancement reviews are kept confidential and incorporate at least the following elements:			
a. The name and credentials of the individual being reviewed	X		
b. The date of the review	X		
c. The name and credentials of the reviewer	X		
d. A summary of the findings and corrective action, if any	X		
e. Confirmation that the review was shared with the individual being reviewed	X		
4. A log or other written record listing the names of the individuals reviewed and the dates of their most recent reviews is available.	X		
5. The responsible health authority (RHA) implements an <i>independent review</i> when there is concern about any individual's competence.	X		
6. The RHA implements procedures to improve an individual's competence when such action is necessary.	X		

7. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>The following corrective action is required:</b>			
None			

<b>J-C-03 Professional Development (E).</b>			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. All qualified health care professionals obtain at least 12 hours of continuing education per year or have proof of a valid license in states where continuing education is required for licensure.	X		
2. The responsible health authority (RHA) documents compliance with continuing education requirements.	X		
3. The RHA maintains a list of the state's continuing education requirements for each category of licensure of all qualified health care professionals.	X		
4. All qualified health care professionals who have patient contact are current in cardiopulmonary resuscitation technique.	X		
5. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>The following corrective action is required:</b>			
None			

<b>J-C-04 Health Training for Correctional Officers (E).</b>			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. A training program is established and approved by the responsible health authority in cooperation with the facility administrator.	X		
2. An outline of the training, including course content and length, is kept on file.	X		
3. Correctional officers who work with inmates receive health-related training at least every 2 years. This training includes, at a minimum:			
a. Administration of first aid			

b. Cardiopulmonary resuscitation including the use of an automated external defibrillator	X		
c. Acute manifestations of certain chronic illnesses (e.g., asthma, seizures, diabetes)	X		
d. Intoxication and withdrawal	X		
e. Adverse reactions to medications	X		
f. Signs and symptoms of mental illness	X		
g. Dental emergencies	X		
h. Procedures for suicide prevention	X		
i. Procedures for appropriate referral of inmates with medical, dental, and mental health complaints to health staff	X		
j. Precautions and procedures with respect to infectious and communicable diseases	X		
k. Maintaining patient confidentiality	X		
4. A certificate or other evidence of attendance is kept on-site for each employee.	X		
5. While it is expected that 100% of the correctional staff who work with inmates are trained in all of these areas, compliance with the standard requires that at least 75% of the staff present on each shift are current in their health-related training.	X		
6. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>The following corrective action is required:</b>			
None			

<b>J-C-05 Medication Administration Training (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Correctional or health staff who administer or deliver prescription medication to inmates must be permitted by state law to do so.	X		

2. Staff who administer or deliver prescription medications are trained in matters of:			
a. Security	X		
b. Accountability	X		
c. Common side effects	X		
d. Documentation of administration of medicines	X		
3. The training is approved by the responsible physician or designee and facility administrator or designee.	X		
4. Documentation of completed training and testing is kept on file for staff who administer or deliver medications.	X		
5. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>The following corrective action is required:</b>			
None			

<b>J-C-06 Inmate Workers (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Inmates do not make treatment decisions or provide patient care.	X		
2. Inmates are not substitutes for health staff, but may be involved in appropriate peer health-related programs or <i>reentry health care training programs</i> .	X		
3. Other than those in a reentry health care training program, inmates are not permitted to:			
a. Distribute or collect sick-call slips	X		
b. Schedule appointments	X		
c. Transport or view health records	X		
d. Handle or administer medications	X		
e. Handle surgical instruments and sharps	X		

4. Inmates in peer-health related programs are permitted to:			
a. Assist patients in <i>activities of daily living</i> (except for infirmity-level care patients)	N/A		
b. Participate in a buddy system for nonacutely suicidal inmates after documented training	N/A		
c. Participate in hospice programs after documented training (see F-07 Care for the Terminally Ill)	N/A		
5. Patients have the right to refuse care delivered by inmates who are in a reentry health care training program (e.g., dental assistant, nursing assistant). N/A if there are no reentry health care training programs	N/A		
6. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>The following corrective action is required:</b>			
None			

<b>J-C-07 Staffing (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. The RHA approves the staffing plan.	X		
2. Prescriber and nursing time must be sufficient to fulfill clinical responsibilities.	X		
3. Responsible physician time must be sufficient to fulfill administrative responsibilities.	X		
4. A documented plan is in place for custody staff to follow when a health situation arises and health staff are not present.	X		
5. The adequacy and effectiveness of the staffing plan are assessed by the facility's ability to meet the health needs of the inmate population.	X		
6. All aspects of the standard are addressed by written policy and defined procedures.	X		

Comments:
None
The following corrective action is required:
None

Staffing Plan				
<p>Number of On-Site Health Staff (Full-Time Equivalents) <i>Someone working a regular 40 hour week is considered 1.0 FTE. To calculate FTEs, take the total number of hours by employee category and divide by 40 (or the jurisdiction's equivalent of a full-time workweek). For example, someone working 16 hours would be a .40 FTE (16/40 = .40); 5 part-time LPNs working a total of 60 hours would be 1/5 FTE (60/40 = 1.5).</i></p>				
Employee Category	Main Unit	Satellites		Vacant
		1	2	
Administrator (HSA - NP)	1.0			
Administrative Assistant				
Medical Assistant				
Discharge Planner				
Physician	.40			
Physician Assistant				
Nurse Practitioner	.20			
DON	0			
Registered Nurse	4.0			
Licensed Practical Nurse	7.0			
Psychiatrist	.10			
Psychologist	0			
Mental Health Worker	1.0			
Dentist	.10			
Dental Assistant/Hygienist	.10			
Pharmacist	0			
Health Records Personnel	0			
Lab Technician	0			
EMT	0			
CNA	0			

<b>J-C-08 Health Care Liaison (I).</b>			
<b>X NOT APPLICABLE</b> The facility does not require a health care liaison	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. A designated, trained <i>health care liaison</i> coordinates health services delivery in the facility and satellite(s) on days when no qualified health care professionals are on-site for a continuous 24-hour period.			
2. The health care liaison is instructed in the role and responsibilities by the responsible physician or designee.			
3. The health care liaison should have a plan that includes contact information for the on-call health staff, ambulance, and other emergency community contacts.			
4. The health care liaison receives instruction in reviewing patient information.			
5. The health care liaison maintains confidentiality of patient information.			
6. Duties assigned to the health care liaison post are appropriately carried out.			
7. All aspects of the standard are addressed by written policy and defined procedures.			
<b>Comments:</b>			
None			
<b>The following corrective action is required:</b>			
None			

<b>J-C-09 Orientation for Health Staff (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. The orientation program is approved by the responsible health authority and the facility administrator.	X		
2. The orientation lesson plan is reviewed annually or more frequently, as needed.	X		
3. All health staff receive a <i>basic orientation</i> on or before the first day of on-site service.	X		
4. Within 90 days of employment, all health staff complete an <i>in-depth orientation</i> .	X		



5. Completion of the orientation program is documented and kept on file.	X		
6. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
The following corrective action is required:			
None			

#### D. ANCILLARY HEALTH CARE SERVICES

Standards in this section address the establishment and maintenance of all necessary procedures for the provision of ancillary health care services.

#### Standard Specific Findings

J-D-01 Pharmaceutical Operations (E).			
	The compliance indicator is:		
	Fully Met	Partially Met	Not Met
1. The facility complies with all applicable state and federal regulations regarding prescribing, <i>dispensing</i> , <i>administering</i> , <i>procuring</i> , and <i>disposing</i> of pharmaceuticals.	X		
2. The facility maintains procedures for the timely procurement, dispensing, <i>distribution</i> , <i>accounting</i> , and disposal of pharmaceuticals.	X		
3. The facility maintains records as necessary to ensure adequate control and accountability for all medications, except those that may be purchased over the counter.	X		
4. The facility maintains maximum security storage of, and accountability by use for, Drug Enforcement Agency ( <i>DEA</i> )- <i>controlled substances</i> .	X		
5. Drug storage and medication areas are devoid of outdated, discontinued, or recalled medications, except in a designated area for disposal.	X		
6. A staff or consulting pharmacist documents inspections and consultations of all sites, including satellites, at least quarterly.	X		
7. All medications are stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security.	X		

8. Antiseptics, other medications for external use, and disinfectants are stored separately from internal and injectable medications. Medications requiring special storage (e.g., refrigeration) for stability are so stored.	X		
9. An adequate and proper supply of antidotes and other emergency medications (e.g., naloxone, epinephrine) and related information are readily available to the staff.	X		
10. The poison control telephone number is posted in areas where overdoses or toxicologic emergencies are likely.	X		
11. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>The following corrective action is required:</b>			
None			

<b>J-D-02 Medication Services (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Medications are administered or delivered to the patient in a timely and safe manner.	X		
2. Prescription medications are given only by order of a physician, dentist, or other legally authorized individual.	X		
3. A policy identifies the expected time frames from ordering to administration or delivery to the patient and a backup plan if the time frames cannot be met.	X		
4. The responsible physician determines prescribing practices in the facility.	X		
5. If the facility maintains a <i>formulary</i> , there should be a documented process for obtaining nonformulary medications in a timely manner. N/A if the facility does not use a formulary	X		
6. Medications are prescribed only when clinically indicated.	X		
7. Medications are kept under the control of appropriate staff members, except for <i>self-medication programs</i> approved by the facility administrator and responsible physician.	X		

8. Inmates are permitted to carry medications necessary for the emergency management of a condition when ordered by a prescriber.	X		
9. Inmates entering the facility on verifiable prescription medication continue to receive the medication in a timely fashion, or justification for an alternate treatment plan is documented.	X		
10. The ordering prescriber is notified of the impending expiration of an order so that the prescriber can determine whether the drug administration is to be continued or altered.	X		
11. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>The following corrective action is required:</b>			
None			

<b>J-D-03 Clinic Space, Equipment, and Supplies (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Examination and treatment rooms for medical, dental, and mental health care are available and equipped to meet the needs of the patient population.	X		
2. Pharmaceuticals, medical supplies, and mobile emergency equipment are available and checked in accordance with policy.	X		
3. There is adequate office space with administrative files, secure storage of health records, and writing desks.	X		
4. When laboratory, radiological, or other ancillary services are provided on-site, the designated area is adequate to hold equipment and records.	X		
5. When patients are placed in a waiting area for more than a brief period, the waiting area has seats and access to drinking water and toilets.	X		
6. The facility has at a minimum, the following equipment, supplies, and materials for the examination and treatment of patients:			
a. Hand-washing facilities or alternate means of hand sanitization	X		
b. Examination table	X		

c. A light capable of providing direct illumination	X		
d. Scale	X		
e. Thermometers	X		
f. Blood pressure monitoring equipment	X		
g. Stethoscope	X		
h. Ophthalmoscope	X		
i. Otoscope	X		
j. Transportation equipment (e.g., wheelchair, stretcher)	X		
k. Trash containers for biohazardous materials and sharps	X		
l. Sterilizer for non-disposable medical or dental equipment	X		
m. Appropriate space, equipment, and supplies for pelvic examinations if the facility houses females.	X		
n. Oxygen	X		
o. Automated external defibrillator	X		
p. Pulse oximeter	X		
q. Personal protective equipment (e.g., gloves, eye protection, gowns, masks)	X		
7. Basic equipment required for on-site dental examinations includes, at a minimum:			
a. Hand-washing facilities or alternate means of hand sanitization	X		
b. Dental examination chair	X		
c. Examination light	X		
d. Instruments	X		
e. Trash containers for biohazardous materials and sharps	X		
f. A dentist's stool	X		
g. Personal protective equipment	X		

8. The presence of a dental operatory requires the addition of at least:			
a. An X-ray unit with developing capability	X		
b. Blood pressure monitoring equipment	X		
c. Oxygen	X		
9. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>The following corrective action is required:</b>			
None			

<b>J-D-04 On-Site Diagnostic Services (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. The responsible health authority maintains documentation that on-site diagnostic services (e.g., laboratory, radiology) are certified or licensed to provide that service.	X		
2. There is a procedure manual for each on-site diagnostic service, including protocols for the calibration of testing devices to ensure accuracy.	X		
3. Facilities have at a minimum, multiple-test dipstick urinalysis, finger-stick blood glucose tests, peak flow meters (handheld or other), stool blood-testing material, and in facilities housing women, pregnancy test kits.	X		
4. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>The following corrective action is required:</b>			
None			

<b>J-D-05 Medical Diets (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Medical diets are provided per prescriber order and documented in the health record.	X		
2. Orders for medical diets are communicated in writing to dietary staff and include the type of diet, the duration for which it is to be provided, and special instructions, if any.	X		
3. A registered dietitian nutritionist (RDN) or other licensed qualified nutrition professionals, as authorized by state scope of practice laws, documents a review of all medical diets for nutritional adequacy at least annually.	X		
4. The facility has a procedure in place to notify the RDN whenever the medical diet menu is changed.	X		
5. Written documentation of menu reviews includes the date, signature, and title of the dietitian.	X		
6. Workers who prepare medical diets are supervised in diet preparation.	X		
7. When inmates refuse prescribed diets, follow-up nutritional counseling is provided.	X		
8. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>The following corrective action is required:</b>			
None			

<b>J-D-06 Patient Escort (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Patients are transported safely and in a timely manner for medical, dental, and mental health clinic appointments both inside and outside the facility.	X		
2. Patient confidentiality is maintained during transport.	X		
3. All aspects of the standard are addressed by written policy and defined procedures.	X		

Comments:
None
The following corrective action is required:
None

<b>J-D-07 Emergency Services and Response Plan (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. The facility provides 24-hour emergency medical, dental, and mental health services.	X		
2. Facility staff provide emergency services until qualified health care professionals arrive.	X		
3. The health aspects of the documented emergency response plan are approved by the responsible health authority and facility administrator, and include, at a minimum:			
a. Responsibilities of health staff	X		
b. Procedures for triage for multiple casualties	X		
c. Predetermination of the site for care	X		
d. Emergency transport of the patient(s) from the facility	X		
e. Use of an emergency vehicle	X		
f. Telephone numbers and procedures for calling health staff and the community emergency response system (e.g., hospitals, ambulances)	X		
g. Use of one or more designated hospital emergency departments or other appropriate facilities	X		
h. Emergency on-call physician, dental, and mental health services when the emergency health care facility is not nearby	X		
i. Security procedures for the immediate transfer of patients for emergency care	X		
j. Procedures for evacuating patients in a mass disaster	X		
k. Alternate backups for each of the plan's elements	X		
l. Time frames for response	X		

m. Notification to the person legally responsible for the facility	X		
4. <i>Mass disaster drills</i> are conducted so that each shift has participated over a 3-year period, including satellites.	X		
5. A health emergency <i>man-down drill</i> is practiced once a year on each shift where health staff are regularly assigned, including satellites.	X		
6. The mass disaster and man-down drills are <i>critiqued</i> , the results are shared with all health staff, and recommendations for health staff are acted upon.	X		
7. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>The following corrective action is required:</b>			
None			

<b>J-D-08 Hospital and Specialty Care (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Evidence demonstrates that there is appropriate and timely access to hospital and specialist care when necessary.	X		
2. When patients are referred for outside care, written or verbal information about the patient and the specific problem to be addressed must be communicated to the outside entity.	X		
3. The health record contains results and recommendations from off-site visits, or attempts by health staff to obtain these results.	X		
4. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>The following corrective action is required:</b>			
None			



## E. PATIENT CARE AND TREATMENT

Standards in this section ensure the delivery of health care from arrival through discharge for health care issues. All care is timely and appropriate, and continues until resolution of the problem or until discharge.

### Standard Specific Findings

<b>J-E-01 Information on Health Services (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. A sign explaining how to access health services is posted in the intake/processing area.	X		
2. Within 24 hours of their arrival, inmates are provided with written, electronic, or video information about:			
a. How to access emergency and routine medical, dental, and mental health services	X		
b. The fee-for-service program, if one exists	X		
c. The grievance process for health-related complaints	X		
3. Procedures ensure that inmates who have difficulty communicating (e.g., foreign speaking, developmentally disabled, illiterate, mentally ill, deaf) understand how to access health services.	X		
4. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>The following corrective action is required:</b>			
None			

<b>J-E-02 Receiving Screening (E)</b>			
<input type="checkbox"/> <b>NOT APPLICABLE</b> This facility receives inmates only from other facilities within the same correctional system. There are no inmates that arrive directly from the community or a facility outside of the correctional system.	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. Reception personnel ensure that persons who are unconscious, semiconscious, bleeding, mentally unstable, severely intoxicated, exhibiting symptoms of alcohol or drug withdrawal, or otherwise urgently in need of medical attention are referred immediately for care and <i>medical clearance</i> into the facility.	X		
a. If they are referred to a community hospital and then returned, admission to the facility is predicated on written medical clearance from the hospital.	X		
2. A <i>receiving screening</i> takes place as soon as possible upon acceptance into custody.	X		
3. The receiving screening form is approved by the responsible health authority and inquires as to the inmate's:			
a. Current and past illnesses, health conditions, or special health requirements (e.g., hearing impairment, visual impairment, wheelchair, walker, sleep apnea machine dietary)	X		
b. Past infectious disease	X		
c. Recent communicable illness symptoms (e.g., chronic cough, coughing up blood, lethargy, weakness, weight loss, loss of appetite, fever, night sweats)	X		
d. Past or current mental illness, including hospitalizations	X		
e. History of or current suicidal ideation	X		
f. Dental problems (decay, gum disease, abscess)	X		
g. Allergies	X		
h. Dietary needs	X		
i. Prescription medications (including type, amount, and time of last use)	X		

j. Legal and illegal drug use (including type, amount, and time of last use)	X		
k. Current or prior withdrawal symptoms	X		
l. Possible, current, or recent pregnancy	X		
m. Other health problems as designated by the responsible physician	X		
4. The form also records reception personnel's observations of the inmate's:			
a. Appearance (e.g., sweating, tremors, anxious, disheveled)	X		
b. Behavior (e.g., disorderly, appropriate, insensible)	X		
c. State of consciousness (e.g., alert, responsive, lethargic)	X		
d. Ease of movement (e.g., body deformities, gait)	X		
e. Breathing (e.g., persistent cough, hyperventilation)	X		
f. Skin (including lesions, jaundice, rashes, infestations, bruises, scars, tattoos, and needle marks or other indications of drug abuse)	X		
5. The disposition of the inmate (e.g., immediate referral to an appropriate health care service, placement in the general population) is appropriate to the findings of the receiving screening and is indicated on the receiving screening form.	X		
6. Receiving screening forms are dated and timed immediately on completion and include the name, signature and title of the person completing the form.	X		
7. All immediate health needs are identified through the screening and properly addressed by qualified health care professionals.	X		
8. Potentially infectious inmates are isolated from the general inmate population	X		
9. If a woman is pregnant, an opiate history is obtained.	X		

10. If a woman reports current opiate use, she is immediately offered a test for pregnancy to avoid opiate withdrawal risks to fetus.	X		
11. When health-trained correctional personnel perform the receiving screening, they have documented training by the responsible physician or designee in early recognition of medical, dental, and mental health conditions requiring clinical attention.	X		
12. Health staff regularly monitor receiving screenings to determine the safety and effectiveness of this process.	X		
13. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>The following corrective action is required:</b>			
None			

<b>J-E-03 Transfer Screening (E).</b>			
<b>X NOT APPLICABLE</b> A receiving screening is completed for all inmates entering the facility.	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Qualified health care professionals review each transferred inmate's health record or summary to ensure continuity of care and medications.			
2. When transferred from an intake facility, inmates who do not have initial medical, dental, or mental health assessments are to be evaluated at the receiving facility in a timely manner.			
3. Documentation in the health record demonstrates continuity of health care and medication administration.			
4. All aspects of the standard are addressed by written policy and defined procedures.			
<b>Comments:</b>			
None			
<b>The following corrective action is required:</b>			
None			

<b>J-E-04 Initial Health Assessment (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
<b>Compliance Indicators: Full Population Assessment (1-9)</b>			
<input type="checkbox"/> <b>NOT APPLICABLE</b> The facility has implemented option #2, Individual Assessment When Clinically Indicated.			
1. Receiving screening results are reviewed within 14 days.	X		
2. All inmates receive an initial health assessment as soon as possible, but no later than 14 calendar days after admission to the facility.	X		
3. If the health assessment is deferred because of a documented health assessment within the last 12 months, documentation in the health record must confirm that the new receiving screening shows no change in health status.	X		
a. If the receiving screening shows a change in health status, the initial health assessment is repeated.	X		
4. The responsible physician determines the components of an initial health assessment.	X		
5. Initial health assessments include, at a minimum:			
a. A qualified health care professional collecting additional data to complete the medical, dental, and mental health histories, including any follow-up from positive findings obtained during the receiving screening and subsequent encounters	X		
b. A qualified health care professional recording of vital signs (including height and weight)	X		
c. A <i>physical examination</i> (as indicated by the patient's gender, age, and risk factors) performed by a physician, physician assistant, nurse practitioner, or RN.	X		
d. A screening test for latent tuberculosis (e.g., PPD, chest X-ray, laboratory test), unless completed prior to the initial health assessment.	X		
6. All abnormal findings (i.e., history and physical, screening, and laboratory) are reviewed by the provider.	X		
7. Specific problems are integrated into an initial problem list.	X		

8. Diagnostic and therapeutic plans for each problem are developed as clinically indicated.	X		
9. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Compliance Indicators: Individual Assessment When Clinically Indicated (10-16)</b>			
<b>X NOT APPLICABLE</b> The facility has implemented option #1, Full Population Assessment			
10. Inmates identified with <i>clinically significant findings</i> as the result of a comprehensive receiving screening receive an initial health assessment as soon as possible, but no later than 2 working days after admission. To qualify for this option, an institution:			
a. Has 24-hour, 7-day on-site health staff coverage			
b. Allows only licensed health care personnel to conduct a comprehensive receiving screening on all inmates			
c. Includes in its comprehensive receiving screening all elements of the receiving screening standard plus:			
i. Further inquiry into past history and symptoms of chronic diseases			
ii. Finger stick on individuals with diabetes			
iii. Vital signs (including pulse, respirations, blood pressure, and temperature)			
iv. Further inquiry into medication and dosages where possible			
v. A screening test for latent tuberculosis (e.g., PPD, chest X-ray, laboratory test).			
11. If the health assessment is deferred because of a documented health assessment within the last 12 months, documentation must confirm that the new receiving screening shows no change in health status.			
a. If the comprehensive receiving screening shows a change in health status, the initial health assessment is repeated.			

12. The responsible physician determines the components of an initial health assessment.			
13. Individual health assessments include, at a minimum:			
a. A review of comprehensive receiving screening results			
b. A qualified health care professional collecting additional data to complete the medical, dental, and mental health histories, including any follow-up from positive findings obtained during the receiving screening and subsequent encounters			
c. A qualified health care professional recording of vital signs (including height and weight)			
d. A physical examination (as indicated by the patient's gender, age, and risk factors) performed by a provider.			
e. Laboratory and/or diagnostic tests for disease, such as peak flow for asthma patients and blood work for diabetes patients.			
14. Specific problems are integrated into an initial problem list.			
15. Diagnostic and therapeutic plans for each problem are developed as clinically indicated.			
16. All aspects of the standard are addressed by written policy and defined procedures.			
Comments:			
None			
The following corrective action is required:			
None			

<b>J-E-05 Mental Health Screening and Evaluation (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Mental health screening is performed as soon as possible but no later than 14 calendar days after admission.	X		
2. Mental health screening may be conducted by <i>qualified mental health professionals</i> or qualified health care professionals who have received documented training.	X		
3. The initial mental health screening includes a structured interview with inquiries into:			
a. A history of:			

i. Psychiatric hospitalization and outpatient treatment	X		
ii. Substance use hospitalization	X		
iii. Withdrawal seizures	X		
iv. Detoxification and outpatient treatment	X		
v. Suicidal behavior	X		
vi. Violent behavior	X		
vii. Victimization	X		
viii. Special education placement	X		
ix. Cerebral trauma	X		
x. Sexual abuse	X		
xi. Sex offenses	X		
b. The current status of:			
i. Psychotropic medications	X		
ii. Suicidal ideation	X		
iii. Drug or alcohol use	X		
iv. Drug or alcohol withdrawal or intoxication	X		
v. Orientation to person, place, and time	X		
c. Emotional response to incarceration	X		
d. A <i>screening for intellectual functioning</i> (i.e., mental retardation, developmental disability, learning disability)	X		
4. The patient's health record contains results of the initial screening.	X		
5. Inmates who screen positive for mental health problems are referred to <i>qualified mental health professionals</i> for further evaluation.	X		
6. Mental health evaluations of patients with positive screens should be completed within 30 days or sooner if clinically indicated.	X		



7. Patients who require acute mental health services beyond those available on-site are transferred to an appropriate facility.	X		
8. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>The following corrective action is required:</b>			
None			

<b>J-E-06 Oral Care (E).</b>			
	The compliance indicator is:		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. <i>Oral care</i> under the direction and supervision of a licensed dentist is provided to each inmate.	X		
2. Care is timely and includes immediate access for urgent conditions.	X		
3. <i>Oral screening</i> is performed as soon as possible but no later than 14 calendar days from admission.	X		
4. Oral screening may be done by the dentist or qualified health care professional who has received documented training approved or provided by the dentist.	X		
5. Instruction in oral hygiene and preventive oral education are given within 14 days of admission.	X		
6. An initial <i>oral examination</i> is performed by a dentist within 12 months of admission.	X		
7. <i>Oral treatment</i> , not limited to extractions, is provided according to a treatment plan based on a system of established priorities for care when, in the dentist's judgment, the patient's health would otherwise be adversely affected.	X		
8. Radiographs are used in the development of the treatment plan.	X		
9. Consultation through referral to oral health care specialists is available as needed.	X		
10. Each inmate has access to the preventive benefits of fluorides in a form determined by the dentist to be appropriate for the individual's needs.	X		

11. Extractions are performed in a manner consistent with community standards of care.	X		
12. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>The following corrective action is required:</b>			
None			

<b>J-E-07 Nonemergency Health Care Requests and Services (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. All inmates, regardless of housing assignment, are given the opportunity to submit oral or written <i>health care requests</i> at least <i>daily</i> .	X		
2. The health care requests are picked up daily by health staff.	X		
3. Health care requests are reviewed and prioritized daily by qualified health care professionals, or the health care liaison if applicable.	X		
4. A face-to-face encounter for a health care request is conducted by a qualified health care professional, or the health care liaison (if applicable), within 24 hours of receipt by health staff.	X		
5. Patients are evaluated in a <i>clinical setting</i> as indicated.	X		
6. All aspects of the health care request process, from review and prioritization to subsequent encounter, are documented, dated, and timed.	X		
7. The frequency and duration of response to health services requests is sufficient to meet the health needs of the inmate population.	X		
8. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
The percentage of face-to-face encounters that are completed within 24 hours is approximately 98%.			
<b>The following corrective action is required:</b>			
None			

<b>J-E-08 Nursing Assessment Protocols and Procedures (I).</b>			
<input type="checkbox"/> Nursing assessment protocols are not used at this facility	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Nursing assessment protocols and nursing procedures:			
a. Are used by nursing personnel	X		
b. Are appropriate to the level of competency and preparation of the nurses who will carry them out	X		
c. Comply with the state practice act in the facility's jurisdiction	X		
2. Protocols and procedures are developed and reviewed annually by the nursing administrator and responsible physician based on the level of care provided in the facility.	X		
3. The protocols and procedures are accessible to all nursing staff.	X		
4. There is documentation of nurses' training in use of nursing assessment protocols and nursing procedures based on the level of care provided by the nurse. Documentation includes:			
a. Evidence that new nursing staff are trained and demonstrate knowledge and competency for the protocols and procedures that are applicable to their scope of practice	X		
b. Evidence of annual review of competency	X		
c. Evidence of retraining when protocols or procedures are introduced or revised	X		
5. Nursing assessment protocols for nonemergency health care requests include over-the-counter medications only.	X		
6. Approved assessment protocols pertaining to emergency life-threatening conditions (e.g., chest pain, shortness of breath) may contain prescription medications and must include immediate communication with a provider.	X		
7. Emergency administration of prescription medications requires a provider's order before or immediately after administration.	X		
8. All aspects of the standard are addressed by written policy and defined procedures.	X		

Comments:
None
The following corrective action is required:
None

<b>J-E-09 Continuity, Coordination, and Quality of Care During Incarceration (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Patients receive medical, dental, and mental health services from admission to discharge per prescribers' recommendations, orders, and evidence-based practices.	X		
2. Prescriber orders are implemented in a timely manner.	X		
3. If deviations from evidence-based practices are indicated, clinical justification for the alternative treatment plan while in custody is documented.	X		
4. Diagnostic tests are reviewed by the provider in a timely manner.	X		
5. Treatment plans are modified as clinically indicated by diagnostic tests and treatment results.	X		
6. Treatment plans, including test results, are shared with patients.	X		
7. For hospitalization, urgent care, emergency department, or specialty visits:			
a. Patients are seen by a qualified health care professional or health care liaison (if appropriate) upon return	X		
b. Recommendations are reviewed for appropriateness of use in the correctional environment	X		
c. A provider is contacted in a timely manner to ensure proper implementation of any orders and to arrange appropriate follow-up	X		
8. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None			
The following corrective action is required:			
None			

<b>J-E-10 Discharge Planning (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. For planned discharges, health staff arrange for a <i>reasonable supply</i> of current medications.	X		
2. For patients with serious medical, dental, or mental health needs, arrangements or referrals are made for follow-up services with community prescribers, including exchange of clinically relevant information.	X		
3. All aspects of discharge planning are documented in the health record.	X		
4. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>The following corrective action is required:</b>			
None			

#### F. SPECIAL NEEDS AND SERVICES

Standards in this section address patients with special health care needs and establish compliance requirements specific to each health care issue

#### Standard Specific Findings

<b>J-F-01 Patients with Chronic Disease and Other Special Needs (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Patients with chronic diseases and other <i>special needs</i> are identified.	X		
2. The responsible physician establishes and annually approves clinical protocols.	X		
3. Clinical protocols are consistent with <i>national clinical practice guidelines</i> .	X		
4. Clinical protocols for the identification and management of chronic diseases or other special needs include, but are not limited to, the following:			

a. Asthma	X		
b. Diabetes	X		
c. HIV	X		
d. Hyperlipidemia	X		
e. Hypertension	X		
f. Mood Disorders	X		
g. Psychotic disorders	X		
5. Individualized <i>treatment plans</i> are developed by a physician or other qualified provider at the time the condition is identified and updated when warranted.	X		
6. Documentation in the health record confirms that providers are following chronic disease protocols and special needs treatment plans as clinically indicated by:			
a. Determining the frequency of follow-up for medical evaluation based on disease control	X		
b. Monitoring the patient's condition (e.g., poor, fair, good) and status (e.g., stable, improving, deteriorating) and taking appropriate action to improve patient outcome	X		
c. Indicating the type and frequency of diagnostic testing and therapeutic regimens (e.g., diet, exercise, medication)	X		
d. Documenting patient education (e.g., diet, exercise, medication)	X		
e. Clinically justifying any deviation from the protocol	X		
7. Chronic illnesses and other special needs requiring a treatment plan are listed on the master problem list.	X		
8. Medical and dental orthoses, prostheses, and other <i>aids to reduce effects of impairment</i> are supplied in a timely manner when patient health would otherwise be adversely affected, as determined by the responsible physician or dentist.	X		

9. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>The following corrective action is required:</b>			
None			

<b>J-F-02 Infirmiry-Level Care (E).</b>			
<b>X NOT APPLICABLE</b> Patients in need of infirmiry-level care transferred off-site to an appropriate facility.	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Policy defines the scope of medical, psychiatric, and nursing care available on-site to patients who need infirmiry-level care.			
2. Patients who need infirmiry-level care are always within sight or hearing of a facility staff member, and a qualified health care professional can respond in a timely manner.			
3. The number of qualified health care professionals providing infirmiry level care is based on the number of patients, the severity of their illnesses, and the level of care required for each.			
4. At least daily, a supervising RN ensures that care is being provided as ordered. Initiation and discontinuation of infirmiry-level care is by provider order.			
5. The frequency of provider and nursing rounds for patients who need infirmiry-level care is specified based on clinical acuity and the categories of care provided.			
6. Health records for patients who need infirmiry-level care include:			
a. Initial clinical note that documents the reason for infirmiry-level care and outlines the treatment and monitoring plan			
b. Complete documentation of the care and treatment given			
7. All aspects of the standard are addressed by written policy and defined procedures.			
<b>Comments:</b>			
None			
<b>The following corrective action is required:</b>			
None			

<b>J-F-03 Mental Health Services (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Patients' mental health needs are addressed on-site or by referral to appropriate alternative facilities.	X		
2. Outpatient services include, at a minimum:			
a. Identification and referral of inmates with mental health needs	X		
b. Crisis intervention services	X		
c. Psychotropic medication management, when indicated	X		
d. Individual counseling	X		
e. Group counseling and/or psychosocial/psychoeducational programs	X		
f. Treatment documentation and follow-up	X		
3. When commitment or transfer to an inpatient psychiatric setting is clinically indicated:			
a. Required procedures are followed	X		
b. The transfer occurs in a timely manner	X		
c. The patient is safely housed and adequately monitored until the transfer occurs	X		
4. Outpatients receiving mental health services are seen as clinically indicated and as prescribed in their individual treatment plans.	X		
5. Mental health, medical, and substance abuse services are sufficiently coordinated such that patient management is appropriately integrated, medical and mental health needs are met, and the impact of these conditions on each other is adequately addressed.	X		
6. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>The following corrective action is required:</b>			
None			



<b>J-F-04 Medically Supervised Withdrawal and Treatment (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Protocols exist for managing inmates under the influence of or undergoing withdrawal from alcohol, sedatives, opioids, and/or other substances.	X		
2. Protocols for intoxication and withdrawal are approved by the responsible physician annually and are consistent with nationally accepted treatment guidelines.	X		
3. Individuals showing signs of intoxication or withdrawal are monitored by qualified health care professionals using approved protocols as clinically indicated until symptoms have resolved.	X		
4. Individuals being monitored are housed in a safe location that allows for effective monitoring.	X		
5. If the findings from patient monitoring meet the national guidelines to begin prescription medications, <i>medically supervised withdrawal</i> is implemented.	X		
6. Medically supervised withdrawal is done under provider supervision.	X		
7. Inmates experiencing severe or progressive intoxication (overdose) or severe alcohol/sedative withdrawal are transferred immediately to a licensed acute care facility.	X		
8. The facility has a policy that addresses the management of inmates on medication-assisted treatment (MAT).	X		
9. Inmates entering the facility on MAT have their medication continued, or a plan for medically supervised withdrawal is initiated.	X		
10. Disorders associated with alcohol and other drugs (e.g., HIV, liver disease) are recognized and treated.	X		
11. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>The following corrective action is required:</b>			
None			

<b>J-F-05 Counseling and Care of the Pregnant Inmate (E).</b>			
<input type="checkbox"/> <b>NOT APPLICABLE</b> Females are not housed at this facility	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Counseling and assistance are provided and documented in accordance with the pregnant inmate's expressed desires regarding her pregnancy, whether she elects to keep the child, use adoptive services, or have an abortion.	X		
2. Prenatal care includes:			
a. Medical examinations by a provider qualified to provide prenatal care	X		
b. Prenatal laboratory and diagnostic tests in accordance with national guidelines	X		
c. Orders and treatment plans documenting clinically indicated levels of activity, nutrition, medications, housing, and safety precautions	X		
d. Counseling and administering recommended vaccines in accordance with national guidelines	X		
3. Pregnant patients with active opioid use disorder receive evaluation upon intake, including offering and providing medication-assisted treatment (MAT) with methadone or buprenorphine.	X		
4. Emergency delivery kits are available in the facility.	X		
5. Custody restraints are not used during labor and delivery.	X		
6. Custody restraints, if used, at other points of pregnancy and the postpartum period shall be limited to handcuffs in front of the body.	X		
7. <i>Postpartum care</i> is provided and documented.	X		
8. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>The following corrective action is required:</b>			
None			

<b>J-F-06 Response to Sexual Abuse (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. The facility has guidelines or protocols regarding the detection, prevention, and reduction of sexual abuse.	X		
2. Health staff are trained in how to:			
a. Detect, assess, and respond to signs of sexual abuse and sexual harassment	X		
b. Preserve physical evidence of sexual abuse	X		
3. Emergency contraception is available to female victims of sexual assault.	X		
4. Recent sexual assault is either referred to a community facility for treatment and gathering of evidence, <b>or</b> if these procedures are performed in-house, the following guidelines are used:	X		
a. A history is taken and qualified health care professionals conduct an examination to document the extent of physical injury and to determine whether referral to another medical facility is indicated.	N/A		
b. Personnel trained in examination of sexual abuse victims will conduct the exam.	N/A		
c. Whenever possible, the examiner will not have a therapeutic relationship with individuals involved in the incident.	N/A		
d. With the victim's consent, the examination includes collection of evidence from the victim, using a kit approved by the local legal authority.	N/A		
5. In all cases, whether the victim is treated in-house or referred to an outside facility, the following activities occur:			
a. Prophylactic treatment and follow-up care for sexually transmitted infections or other communicable diseases (e.g., HIV, hepatitis B) are offered to all victims, as appropriate.	X		
b. There is an evaluation by a qualified mental health professional for crisis intervention counseling and follow-up.	X		

c. A report is made to the correctional authorities to effect a separation of the victim from the abuser in their housing assignments.	X		
6. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>The following corrective action is required:</b>			
None			

<b>J-F-07 Care for the Terminally Ill (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. A program to address the needs of terminally ill inmates includes <i>palliative care</i> .	X		
2. When the responsible physician determines that care in a community setting is medically preferable, a recommendation is made to the appropriate legal authority regarding the patient's transfer or <i>early release</i> .	X		
3. If there is an on-site palliative care program:			
a. Enrollment is a patient's informed choice	N/A		
b. Qualified health care professionals working in the program have received training in palliative care techniques	N/A		
c. Inmate workers or volunteers providing services in the program are properly trained and supervised	N/A		
4. <i>Advance directives</i> , health care proxies, and "do not resuscitate" (DNR) orders are available when medically appropriate.	N/A		
5. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>The following corrective action is required:</b>			
None			

**G. MEDICAL – LEGAL ISSUES**

The standards in this section ensure that health services comply with legal requirements.

**Standard Specific Findings**

<b>J-G-01 Restraint and Seclusion (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. With regard to <i>clinically ordered restraint and seclusion</i> :			
a. Policies and procedures specify:			
i. The types of restraints or conditions of seclusion that may be used	N/A		
ii. When, where, how, and for how long restraints or seclusion may be used	N/A		
iii. How proper peripheral circulation is maintained when restraints are used	N/A		
iv. That proper nutrition, hydration, and toileting are provided	N/A		
b. In each case, use is authorized by a physician or other qualified health care professional where permitted by law, after reaching the conclusion that no other less restrictive treatment is appropriate.	N/A		
c. Unless otherwise specified by a physician or other qualified health care professional, health-trained personnel or health staff evaluate any patient placed in clinically ordered restraints or seclusion at an interval of no greater than every 15 minutes and document their findings.	N/A		
d. The treatment plan provides for removing patients from restraints or seclusion as soon as possible.	N/A		
e. The same types of restraints that would be appropriate for individuals treated in the community are used in the facility.	N/A		
f. Patients are not restrained in a position that could jeopardize their health.	N/A		

2. With regard to <i>custody-ordered restraints</i> :			
a. When restraints are used by custody staff for security reasons, a qualified health care professional is notified immediately in order to:			
i. Review the health record for any contraindications or accommodations required, which, if present, are immediately communicated to appropriate custody staff	X		
ii. Initiate health monitoring, which continues at medically appropriate intervals as long as the inmate is restrained. If the inmate's health is at risk, this is immediately communicated to appropriate custody staff.	X		
iii. If health staff are not on duty when custody-ordered restraints are initiated, it is expected that health staff review the health record and initiate monitoring upon arrival	X		
b. If the restrained inmate has or develops a medical or mental health condition, the provider is notified immediately so that appropriate orders can be given.	X		
c. When health staff note use of restraints that may be jeopardizing an inmate's health, this is communicated to custody staff immediately.	X		
3. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>The following corrective action is required:</b>			
None			

<b>J-G-02 Segregated Inmates (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Upon notification that an inmate has been placed in segregation:			
a. A qualified health care professional reviews the inmate's health record	X		
b. If existing medical, dental, or mental health needs require accommodation, custody staff are notified	X		

c. The review and notification, if applicable, are documented in the health record	X		
2. The health professional's monitoring of a segregated inmate is based on the degree of isolation:			
a. Inmates in <i>solitary confinement</i> with little or no contact with other individuals are monitored daily by medical staff and at least once a week by mental health staff.	X		
b. Inmates who are segregated and have limited contact with staff or other inmates are monitored 3 days a week by medical or mental health staff.	X		
3. Documentation of segregation rounds is made on individual logs or cell cards, or in an inmate's health record, and includes:			
a. The date and time of the contact	X		
b. The signature or initials of the health staff member making the rounds	X		
4. Significant health findings are documented in the inmate's health record.	X		
5. Health staff promptly identify and inform custody officials of inmates who are physically or psychologically deteriorating and those exhibiting other signs or symptoms of failing health.	X		
6. All aspects of the standard are addressed by written policy and defined procedures	X		
<b>Comments:</b>			
None			
<b>The following corrective action is required:</b>			
None			

<b>J-G-03 Emergency Psychotropic Medication (E).</b>			
<b>X</b> Patients in need of emergency psychotropic medication are transferred off-site to an appropriate facility.	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. The policies on <i>emergency forced psychotropic medication</i> :			
a. Require licensed provider authorization prior to use			
b. Specify when, where, and how the psychotropic medication may be forced			
2. When a provider orders psychotropic medication to be forced, he or she documents in the patient's record:			
a. The patient's condition			
b. The threat posed			
c. The reason for forcing the medication			
d. Other treatment modalities attempted, if any			
e. Treatment plan goals for less restrictive treatment alternatives as soon as possible			
3. Appropriate follow-up care is provided when medication is forced.			
4. Follow-up documentation is made by nursing staff at least once within the first 15 minutes, then every 30 minutes until transfer to an inpatient setting or the patient no longer requires monitoring.			
5. All aspects of the standard are addressed by written policy and defined procedures.			
<b>Comments:</b>			
None			
<b>The following corrective action is required:</b>			
None			



<b>J-G-04 Therapeutic Relationship, Forensic Information, and Disciplinary Actions (I).</b>			
	The compliance indicator is:		
	Fully Met	Partially Met	Not Met
1. Health staff are not involved in the collection of <i>forensic information</i> .	X		
2. Health staff do not participate in disciplinary action nor are compelled to provide clinical information solely for the purposes of discipline.	X		
3. Treatments and medications are never withheld as a form of punishment.	X		
4. Segregation and restraints are never clinically implemented as disciplinary action.	X		
5. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>The following corrective action is required:</b>			
None			

<b>J-G-05 Informed Consent and Right to Refuse (I).</b>			
	The compliance indicator is:		
	Fully Met	Partially Met	Not Met
1. All examinations, treatments, and procedures are governed by <i>informed consent</i> practices applicable in the jurisdiction.	X		
2. For procedures and medications that in the community setting would require informed consent, written documentation of informed consent is required.	X		
3. Any health evaluation and treatment refusal is documented and must include the following:			
a. Description of the service being refused	X		
b. Evidence that the inmate has been informed of any adverse health consequences that may occur because of the refusal		X	
c. The signature of the patient		X	
d. The signature of a health staff witness		X	

4. If the patient does not sign the refusal form, it is to be noted on the form by a second health or custody staff witness.	X		
5. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
Of the more than 40 health records we reviewed that contained documented health care refusals, none were signed by the inmate/patient. There was no documentation on the refusal indicating potential complications of the refusal, nor that it had been explained to the inmate/patient. There was space for two witness signatures, but oftentimes officers signed in both places.			
<b>The following corrective action is required for Compliance Indicators #3b, c and d:</b>			
Acceptable documentation includes: <ul style="list-style-type: none"> <li>• A plan by the RHA on how this standard will be corrected</li> <li>• A CQI study assessing the effectiveness of the corrective action plan</li> </ul>			

<b>J-G-06 Medical and Other Research (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Guidelines are in place that specify:			
a. The process for obtaining approval to conduct the research	N/A		
b. The steps to be taken to preserve the subject's rights	N/A		
2. When inmates who are participants in a community-based research protocol are admitted to the facility, procedures provide for:			
a. Continuation of participation	X		
b. Consultation with community researchers so that withdrawal from the research protocol is done without harming the health of the inmate	X		
3. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None			
<b>The following corrective action is required:</b>			
None			

# ATTACHMENT E

## Offsite Service Providers

ALBERTA VOLUNTEER FIRE DEPARTMENT
AMERICAN ANESTHESIOLOGY OF VIRGINIA PC
BREG INC
BRUNSWICK COUNTY BOARD OF SUPERVISORS
CARL B WEISS MD PC
CENTRAL LIFESAVING AND RESCUE SQUAD
CHESTERFIELD ORAL SURGERY
CMH ANESTHESIA SERVICES
CMH ER PHYSICIANS, LLC
CMH PHYSICIANS SERVICES LLC
COLONIAL ORTHOPAEDICS, INC.
COMMUNITY MEMORIAL HOSPITAL
FOUNDATION MEDICINE INC/CA
FOUNDATION RADIOLOGY GROUP PC
LABCORP HOLDINGS OF AMERICA
LIFESTAR AMBULANCE SERVICE INC
MCV ASSOCIATED PHYSICIANS
MEMORIAL REGIONAL MEDICAL CENTER
NIAMTU & ALEXANDER ORAL & MAXILLOAFACIAL
RADIOLOGY ASSOCIATES OF RICHMOND
ROBERT STRAUSS DDS
SHRAVAN K RENAPURKAR DMD
SOUTHERN VA REGIONAL MED CTR
SOUTHERN VIRGINIA MEDICAL CENTER
SOUTHSIDE PHYSICIAN NETWORK LLC
SOUTHSIDE REGIONAL MEDICAL CENTER
TRI COUNTY GASTROENTEROLOGY PC
USA RADIOLOGY MGMT SOLUTIONS
VCU HEALTH SYSTEM
VIRGINIA EMERGENCY GROUP LLC
VIRGINIA EYE INSTITUTE
VIRGINIA EYE SPECIALISTS PC
VIRGINIA GROUP SERVICES LLC
VIRGINIA SURGERY CARE CENTER

# ATTACHMENT F

## 4C-03 SICK CALL

### Policy

It is the policy of the Meherrin River Regional Jail that sick call is conducted on a scheduled basis by or at the direction of a registered nurse and is available to all inmates. Inmates may initiate requests for health services on a daily basis. Requests are triaged daily by health professionals or health trained personnel. A priority system is used to schedule clinical services. Clinical services are available to inmates in a clinical setting at least five days a week and are performed by a physician or other qualified health care professional. Health care request forms are readily available to all inmates on the housing units.

### General Information

1. During sick call, a nurse examines inmates who have non-emergency illnesses or injury. This provides the means by which the nurse can assess inmate referrals to the Physician.
2. The Officer remains in the Nurse's Station at all times when inmates are present.
3. The Director of Nursing or designee may consult the Facility Physician regarding the well being of an inmate.
4. Medical treatment for each inmate is documented in his/her medical records file.
5. The Meherrin River Regional Jail provides a Physician on a regularly scheduled basis for the inmates.
6. When the nurse determines the need to see an inmate on a regular basis to follow progress of a non-emergency illness, the nurse adds the name of this inmate to the Sick Call list for the necessary days.
7. When medically necessary, the facility's health care provider authorizes the transport of an inmate to the hospital.
8. When the inmate returns from the hospital, the Jail Doctor determines the need for convalescent care. If it is determined the inmate needs further medical observation or attention, the Jail Doctor or his designee will assign the inmate to a Medical cell.
9. Medical care for inmates is never refused. However, some medical services are charged to the inmate.
10. Free Medical services are:
  - a. Admitting physical screening
  - b. Admitting dental screening
  - c. Mental health screening
  - d. Medical emergencies
  - e. Follow-up visits as determined necessary by Medical Staff
11. The Medical Staff determines when an emergency medical problem exists. If deemed an emergency, there is no charge.
12. Costs for non-emergency treatment are charged to the inmates as follows:
  - a. Sick-Call Visit \$10.00

- b. Doctor Visit \$10.00
- c. Dentist Visit \$10.00
- d. Prescription Handling Fee \$ 5.00/\$10.00/\$20.00  
(based on tier System)
- e. Hospital Visit \$13.50
- f. Hospital Admission \$100.00 per day
- g. Off Site Physician's Visit \$40.00
- h. Transportation Fee \$20.00
- i. Snellen Eye Test \$20.00
- j. Eyeglasses (if ordered by Jail Physician) Cost  
Reading Glasses \$ 8.50
- k. Extractions or Fillings \$10.00
- l. Rental Fees for Canes, Crutches, Walkers,  
Wheelchairs Cost + \$5.00 admin fee
- m. Ace Wraps, Splints, Misc. Supplies \$ 3.00
- n. Lab fee \$12.00
- o. X-Ray \$10.00

14. Inmates who inflict harm to themselves or others will be held responsible for the cost of medical treatment in accordance with Virginia Code (53.1-133.01-1).

## **Procedures**

### **A. Sick Call for general population**

1. Sick call slips are available in all housing units. They can be accessed through the unit officer.
2. Inmates will complete a sick call slip describing their medical problem.
3. Inmates will place the completed sick call slip in the secure medical box. Inmates will receive a copy for their records.
4. Officers will not handle the completed sick call slips.
5. The Medical staff will collect the forms from the housing units at least once a day.
6. The Medical staff will evaluate and prioritize the slips according to inmate needs and then provide the Officer assigned to Medical with a list of names of the inmates to be treated.
7. The Medical Officer advises the proper Housing Officer of the appropriate inmate's names to be seen by the nurse.
8. The Housing Officer notifies the appropriate inmates to prepare for sick call ensuring to check the inmates ID bracelet before leaving the housing unit.
9. The Housing Officer logs the inmate's name and time out on the Housing Unit logbook.
10. The inmate exits the housing unit.
11. The Central Control Officer opens the door and the inmate proceeds to the Medical. Females, maximum security, special management and high risk inmates are escorted by the Rover.
12. The Nurse examines the inmate, initiates appropriate treatment, and completes necessary paperwork.
13. When the Nurse determines an inmate needs to be seen by the Jail Doctor, Dentist, or Mental Health the inmate's name is placed on the appropriate list to be seen.
14. When the Nurse completes treatment, the inmate(s) return to their housing unit. Females, maximum security, special management and high risk inmates are escorted by the Rover.
15. This procedure is followed until the Nurse has treated all inmates.

### **B. Sick Call for Maximum Custody**

1. All maximum custody status inmates shall be brought to the medical unit individually for sick call.
2. The supervising Officer shall remain with the inmate during the entire sick call process.
3. Maximum custody status inmates shall be brought to the Medical Unit after all the other housing units have completed the sick call process.

4. Procedures 1 thru 3 should be repeated until the entire maximum custody status inmates have completed the sick call process.
5. Inmates in Disciplinary Custody or deemed high risk will be in full restraints.

#### C. Dental Sick Call

The procedures listed in section A shall be followed for inmates scheduled to attend dental sick call.

#### D. Inmates Unable to Attend Sick Call

In the event an inmate is unable to attend sick call, the Medical Staff will conduct sick call at his or her place of confinement.

#### E. Charge for Services

1. At the conclusion of each sick call visit, the nurse completes a Charge Slip. The inmate signs (when available) this form and receives a copy. Acknowledgement shall be signed by a witness if the inmate refuses to sign.
2. A copy of the charge slip will be forwarded to the Account Clerk III for deduction from the inmate's account.
3. One copy of the Medical Charge Form is placed in the inmate's medical file.
4. A separate bank account or accounting process shall be established and used exclusively for the deposit and disbursement of medical service fees.

# ATTACHMENT G

## MEHERRIN RIVER REGIONAL JAIL Medical Division CHARGE SHEET

Inmate Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Housing Location: \_\_\_\_\_

### SERVICES

Date of Charges: \_\_\_\_\_

<u>Type of Service</u>	<u>Cost</u>	<u>Quantity</u>	<u>Total</u>
___ Sick Call Visit	\$10.00	_____	_____
___ Doctor Visit	\$10.00	_____	_____
___ Dentist Visit	\$10.00	_____	_____
___ Hospital Visit	\$13.50	_____	_____
___ Hospital Admission	\$100.00 per day	_____	_____
___ Off-site Administration Fee	\$40.00	_____	_____
___ Transportation Fee	\$20.00	_____	_____
___ Tier I Prescription	\$5.00	_____	_____
___ Tier II Prescription	\$10.00	_____	_____
___ Tier III Prescription	\$20.00	_____	_____
___ Extractions or Fillings	\$10.00	_____	_____
___ Labs	\$12.00	_____	_____
___ Radiology (x-ray, ultrasound, etc)	\$10.00	_____	_____
___ Reading Glasses	\$8.50	_____	_____
___ Miscellaneous _____	\$3.00	_____	_____

**TOTAL CHARGES:** \$ \_\_\_\_\_

Inmate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If I refuse to sign, I understand that these fees will still be charged to my account.**

Medical Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness (Only If Inmate Refuses) \_\_\_\_\_ Date: \_\_\_\_\_

Posted to Inmate's Commissary Account

Account Clerk III: \_\_\_\_\_ Date: \_\_\_\_\_