

**EXHIBIT C:
NCCHC Resources, Inc.'s
Proposal Response to RFP 98180024**

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**Response to RFP #98180024 – Technical Proposal
Correctional Medical Services Contract Monitor**

October 26, 2018

Confidential and Proprietary





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EXECUTIVE SUMMARY (RFP 5.1.1)

The Milwaukee County Jail and House of Correction house approximately 2,000 male and female inmates. The health care for these inmates is provided by a third-party vendor. A consent decree oversees the medical care at both facilities with a court-appointed monitor to ensure compliance. Milwaukee County is currently reviewing proposals from health care vendors and will award a multiyear contract to one of them. In conjunction with this award, Milwaukee County seeks a consultant to provide clinical and fiscal oversight monitoring and oversight of this contract.

NCCHC Resources applauds Milwaukee County for identifying the need for an outside party to provide expert and impartial health services support as the county transitions to a new clinical services provider. Milwaukee County is taking an important step in ensuring that quality health care is provided and shares our vision that correctional facilities (especially jails and those housing people for limited periods) serve as a vital link in the public health system. By selecting a contract-monitor approach to ensuring high quality, efficient, and effective health care, Milwaukee County is taking great strides to meet its legal and public health responsibilities and to serve the people in a transparent and accountable way. This will support a cooperative and collaborative approach to the challenging mission.

NCCHC Resources brings unparalleled organizational experience providing quality assurance services for with correctional health care programs nationwide. With more than 40 years of experiences in over 400 facilities in nearly every state, we have encountered essentially every challenge that can occur while providing health care for incarcerated men, women, and youth and are trusted partners in forging solutions with government entities of all size. We have deep experience in jails across the nation staffed by a variety of vendors and staffing models. Our organization provides or has provided monitoring services (accreditation under NCCHC) or technical assistance (NCCHC Resources) at some of the largest and most complex jail systems in the country (Houston, Phoenix, Dallas, Chicago, Riverside County, Seattle, and many others). Our largest current client is a jail system housing about 8,000 persons.

Given the public and well-known challenges facing correctional health care in Milwaukee County, effective monitoring requires more than a review of documents and records; rather, it requires a systematic, ground-up evaluation of how health services are provided and development of a comprehensive ongoing quality control relationship. To this end, one of our first undertakings of our expert team of consultants will be a complete assessment of the clinical services, processes, and policies and procedures directing the delivery of care to inmates as measured against the consent decree requirements and the NCCHC *Standards for Health Services in Jails* (2018). The report of findings will identify gaps in service and establish a baseline for areas of improvement. The expectation is that the vendor will develop a plan for improving the deficiencies and the NCCHC consultants will monitor their progress toward meeting the improvement goals.

In our experience, correctional health care programs, and any program under scrutiny, tend to respond and react to what is being assessed. There is a tendency to “prepare for the test” and ensure that everything is at its best when someone is watching. Health care experts like those with NCCHC Resources understand that quality health care is a continuous activity and that everyone must work for the well-being of the patient (members of one of our most vulnerable populations). By integrating a high-quality expert monitoring team, the County is helping to ensure that the Medical Services Provider always and willingly operates at the highest level, never cutting corners or allowing problems to become

systemic and enduring. This is a multilevel multiyear process and we are very excited that the County is considering a long-term solution and partner, rather than a one-off technical assist.

Monitoring clinical and behavioral health services is a core competency of NCCHC Resources and goes back to our roots in NCCHC as the gold standard national accrediting body for correctional health care. We understand like no other firm that providing appropriate, high-quality health services is an essential component of the institution's overall safety and security. Our team members have served as staff and surveyors at institutions all around the nation and have seen firsthand how poor quality health care not only compromises ethical, legal, and humanitarian requirements but also can compromise the safety and security of an institution. We also recognize and support the prevailing view among medical professionals that jails now play a critical link in the county and state public health infrastructure. The opioid crisis gripping our nation is a vivid case in point.

Monitoring fiscal management of this very large contract is a key duty of the monitoring team, specifically Mr. Voisard and Ms. Reed. Mr. Voisard has extensive experience providing oversight of large correctional health care contracts and understands the costs to local governments of providing these services. Ms. Reed has experience in several commercial industries where a variety of controls were required to manage costs and ensure business value. Working together (with clinical input from Drs. Kuber and Gibson), our team will ensure contract compliance and develop plans to assess and manage penalties for poor performance. For example, the RFP for Correctional Medical Services (#98180010) specifies several areas where penalties may be assessed. These include staff vacancies and failure to achieve national health services accreditation.

Building on the experience and tools of the Moss Group (a nationally recognized correctional consulting service firm), the NCCHC Resources team will develop a fiscal framework that collects and measures all data required to assess the vendor's performance to contract, calculates fines, and provides reports and analysis to the County. The team will work with the vendor to identify the data required, ensure that the data support the performance requirement, and collect the data in an efficient and timely manner. The team will work with the County to establish a process for reporting fines and holdbacks to ensure that the County can collect any monies due to it.

Through **review of health services policies, procedures, and practices, we can determine the County's progress** in addressing compliance and implementing recommendations of the **National Commission on Correctional Health Care** and its *Standards for Health Services in Jails*. Our team will initially review policies and practices to determine the need for revision based on national best practice and standards. Subsequent remote and on-site monitoring will measure the extent to which any needed changes have been made and make recommendations to assist both the County and the MSP in reaching compliance.

The consultant team will present approaches to **optimizing methods used to capture, analyze, and describe health services information** that best reflects the Jail and House of Corrections' actual progress toward compliance and best practices.

We will work with the County staff and representatives of the MSP to **develop detailed survey and assessment plans** and conduct surveys designed to confirm compliance and/or identify areas of concern or potential noncompliance with national standards and best practices. We will also review the County's and the vendor's existing auditing systems and processes to ensure that the health services CQI and other relevant programs measure areas of strength and areas requiring further development.



We emphasize that NCCHC Resources believes in a continuous and transparent approach to communication to the Sheriff, facility leadership, and other stakeholders. Our teams never take a “gotcha” approach nor do we operate like white-glove inspectors. Because of our shared values with NCCHC and its 40-year history of collaborative quality improvement efforts, we understand clearly the challenges of providing correctional health care services *and* ensuring quality. We also look for every opportunity to identify and praise a job well done and signs of positive systemic changes.

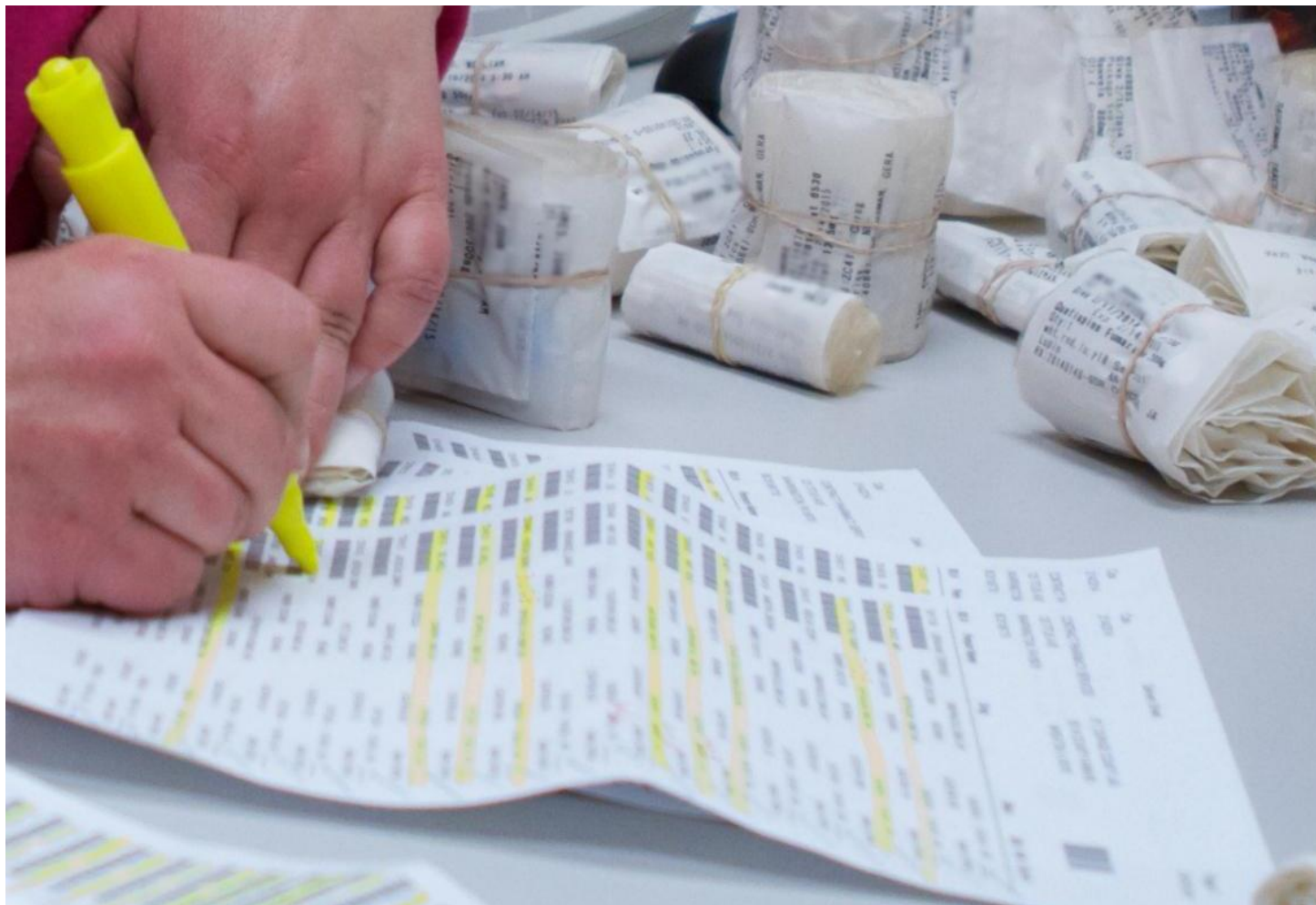
At NCCHC Resources we understand like no other firm that providing appropriate, high-quality health services is an essential component of the overall safety and security of the institution. Our team members have seen firsthand how poor quality health care can compromise the safety and security of an institution. We also recognize and support the prevailing view among medical professionals that jails now play a critical link in the county and state public health infrastructure. We are excited about the opportunity to partner with Milwaukee County and provide the monitoring services necessary to ensure that inmates receive high-quality care.

Important Disclosure: Because NCCHC Resources is an independent entity from the National Commission on Correctional Health Care and accreditation surveys are a separate activity, there is no implied or guaranteed assurance that accreditation will be achieved.

QUALIFICATIONS (RFP 5.1.2)

The Contract Monitor Team

We take a team approach to contract monitoring, and will use a team selected specifically for Milwaukee County. Details of support for each requirement of this RFP are found in the Technical Requirements & Scope of Work section below.



TECHNICAL REQUIREMENTS & SCOPE OF WORK (RFP 2.4 & 5.1.3)

RFP 2.4.1. Develop and propose a Scope of Work for services requested under this RFP, including expected hours per month per defined task, clear deliverables, service level agreements, and a list of individuals to be staffed on the project. Hours of work to be performed on-site and off-site should be clearly detailed.

Introductory Comments

NCCHC Resources proposes the following basic Statement of Work based on our approach to similar projects. We also propose to develop a final statement of work in coordination with Milwaukee County officials.

Initial Project Stages

During this engagement, the NCCHC Resources consultant team will be assisted by a highly experienced project management office. These professionals will undertake key tasks such as **planning and scheduling assessment activities, gathering and sharing information among our team members and the County, researching key issues as necessary, coordinating with the MSP personnel, and streamlining the data gathering and reporting processes.**

Project Staffing Requirements

RFP 2.4.2. Provide medical contract oversight consultation services for the House of Correction and Milwaukee County Office of the Sheriff on the Correctional Medical Services Contract.

RFP 2.4.3. Provide a qualified, State of Wisconsin licensed, Board Certified medical physician or physicians with Correctional Medical experience and who is clinically active in the management of care for a variety of patients, including chronically ill patients and acutely ill or injured patients and who is capable of review and oversight of medical, mental health, and dental care provided to incarcerated individuals in a multi-facility contract.

RFP 2.4.4. Provide an individual capable of review and control of financial aspects of the contract, including the collection of fines, oversight of cost-control measures and assessment of the measures' effectiveness, and proposal of other cost-savings measures as appropriate.

Project Task Requirements

RFP 2.4.5 – Task 1. Provide medical review of the Contractor's medical services for both facilities, specifically to ensure that requirements under RFP 98180020 and the Correctional Medical Services Contract are being met.

The lead consultant and the medical consultant will perform an initial review of all aspects of the provision of care to incarcerated patients. This will include an initial review of critical document such as policies and procedures as well as a site visit to the Jail and the House of Corrections. Activities will include the following:

- Monitor and track the delivery of health care at both correctional facilities in aggregate yet analyze performance data in a manner that will identify issues/concerns/deficiencies that are unique to personnel and operations at each facility
- Render recommendations for personnel and operational adjustments specific to the findings and facility

Key Deliverables

- Approved work plan
- Monthly contract monitoring meeting with corrections leadership
- Quarterly policy and procedure audit review
- Monthly contract staff interviews (3)

RFP 2.4.6 – Task 2. Work with the court-appointed monitor on a regular basis to address the monitor’s concerns and ensure the County’s and the Medical Service Provider’s compliance with the Christensen Consent Decree.

The NCCHC Resources team will maintain an open communication channel with Dr. Shansky and ensure that he is able to reach the lead and clinical monitors. As soon as possible after project award, the team will meet with Dr. Shansky to ascertain the current areas of clinical concern, especially any that remain to be fully addressed since the latest comments from the monitor.

- Meet with court-appointed monitor to establish a rapport and gain insight into previous and ongoing compliance monitoring activities. Ensure that monitoring tools and reports will be effective in the conveyance of critical analysis that will be used to quantify contract compliance and done so at a frequency that is timely, yet meaningful.
- Establish a compliance matrix for both the agency contract compliance criteria and for the court-monitor-imposed stipulations, which will be cross-referenced for efficiency and elimination of duplication of monitoring efforts.
- Maintain open and ongoing communication with the court-appointed monitor for the provision of a comprehensive overview and efficient and effective monitoring activity that will result in valid findings that can be used to ensure vendor accountability and the provision of constitutionally appropriate health care.

Key Deliverables

- Monthly check-in calls with court-appointed monitor
- Monthly brief written report

RFP 2.4.7 – Task 3. Serve as advisor to Milwaukee County regarding medical services provided under the contract, raising any issues pertaining to quality of care, Medical Service Provider’s ability to meet service requirements, status of contract compliance, and potential cost-saving measures.

RFP 2.4.8 – Task 4. Attend meetings and participate in the Continuous Quality Improvement Committee.

RFP 2.4.9 – Task 5. Review studies, methodology, and annual audit plans.

RFP 2.4.10 – Task 6. Review the August 2018 Milwaukee County Audit Report from the Milwaukee County Office of the Comptroller, Audit Services Division (Attachment M). Provide and implement a plan in collaboration with the Medical Services Provider which addresses all recommendations stated in, and concerns raised by, the audit report.

RFP 2.4.11 – Task 7. Work closely with the health administrator and review routine activities, including, but not limited to:

- a. Reviewing and monitoring progress of NCCHC requirements for accreditation;
- b. Monitoring monthly personnel position reports, specifically:
 - i. Tracking all clinical positions for vacancies and number of days unfilled monthly;
 - ii. Tracking all clinical positions filled by agency and the number of days used per month;
 - iii. Tracking all sick calls answered by position, per month;
 - iv. Tracking resignations by class via exit interview;
 - v. Tracking contractor-initiated terminations, by class.

RFP 2.4.12 – Task 8. Perform reviews of all time-specific metrics and deliverables (for example, receiving screenings, initial health assessments, medical services provided, sick call responses) as described in RFP 98180020 and as required by the NCCHC standards and any associated contract to ensure compliance.

RFP 2.4.13 – Task 9. Monitor all tracking and analysis of emergency medical transfers to evaluate clinical necessity.

RFP 2.4.14 – Task 10. Monitor all tracking of time from specialty referral made until patient is seen by a specialist.

RFP 2.4.15 – Task 11. Monitor tracking and analysis of the number of inmates hospitalized (by diagnosis).

RFP 2.4.16 – Task 12. Monitor tracking and analysis of the number of days inmates are hospitalized, including, but not limited to, average length of stay.

RFP 2.4.17 – Task 13. Monitor contractor's daily checks on health status of hospitalized inmates.

RFP 2.4.18 – Task 14. Provide an additional review of medication administration records (MARs), to include patient refusals.

RFP 2.4.19 – Task 15. Conduct a sampling of health records as per NCCHC standards.

RFP 2.4.20 – Task 16. Review the Medical Service Provider’s proposed cost containment procedures and management information system to determine whether it is capable of providing statistical data necessary for the self-evaluation and monitoring of health and mental health services. Oversee the Medical Service Provider’s established measurable patient care and fiscal outcomes based on NCCHC standards.

RFP 2.4.21 – Task 17. Work closely with the Medical Service Provider’s staff to provide reports and documentation on an established basis including, but not limited to, the following:

- a. Health record audit documentation for all disciplines;
- b. Monthly statistics by discipline and category, including unsuccessful completions and wait times;
- c. Staffing vacancies by position, hours, and FTE, reported weekly;
- d. Staffing disciplinary matters that directly impact patient care, reported weekly;
- e. Work hours on-site and coverage gaps;
- f. Recruitment efforts and list of eligible candidates;
- g. Monthly grievance log;
- h. Medication errors and pharmacy reports;
- i. Inpatient hospital and emergency reports;
- j. Utilization management reports;
- k. Suicide watches and special management placements;
- l. Intake receiving/screening timeline report.

RFP 2.4.22 – Task 18. Receive and analyze the following Contract Management Reports from the Medical Services Provider:

- a. Monthly utilization and administrative reports;
- b. Monthly time reports;
- c. Monthly off-facility transfer reports;
- d. Monthly physician and advanced practitioner matrix reports;
- e. Monthly nursing matrix reports;
- f. Monthly position control and vacancy reports;
- g. Monthly statistical reports;
- h. Monthly fiscal reports, including pharmacy, of amount budgeted vs. actual;
- i. Annual reports.

RFP 2.4.23 – Task 19. Provide oversight and reporting regarding the Medical Services Provider’s compliance with contract terms as well as with the requirements of RFP 98180020: Correctional Medical Services. Provide regular performance assessments on Medical Services Provider’s performance based on compliance with the above, and document performance over the life of the contract.

RFP 2.4.24 – Task 20. Provide consultation and other services as specifically requested and authorized by the Superintendent of the House of Correction or Milwaukee County Sheriff.





**Response to RFP #98180024 – Annual Pricing Model and Cost Proposal
Correctional Medical Services Contract Monitor**

October 26, 2018

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Table 1 - Annual Pricing Model

YEAR 1 ESTIMATES				
Role	Rate	Hours per Month	Annual Hours	Total Price
Lead monitor				
Medical monitor				
Fiscal monitor				
Transition support				
Executive lead				
Back office support				
Personnel total				\$347,148.00
Travel expenses	Monthly Expense			Total Travel
				\$26,040.00
Annual Total Year 1				\$373,188.00

Table 2 - Projected Level of Effort - Year 1

Monitor Activity	To Meet Requirement	Level of Effort: Hours					
		Lead Monitor	Clinical Monitor	Fiscal Monitor	Transition & Cost Containment	Executive Oversight	Back Office
	Task # - see proposed Technical Approach						
Research and analysis	1, 2, 6, 7, 9, 10, 11, 17						
Document and report review	1, 6, 8, 16, 17, 18, 19, 20						
Remote medical chart review	3, 13, 14, 15, 17						
Writing and editing	1, 4, 5, 6, 7, 9, 10, 11						
On-site meetings and consultation	1, 3, 4, 13, 14, 15, 17, 19, 20						
Remote meetings and consultations	1, 2, 4, 17, 19, 20						
Annual hours							



Table 3 - Pricing for Option Years (see narrative)

Year 2	\$410,506.80
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Year 3	\$451,557.48
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Year 4	\$496,713.23
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Year 5	\$546,384.55